

The Essence of General Practice

- *“It is open-ended, inclusive rather than exclusive, dealing in wholes not parts. It is personal, it is continuing, ... it is about respect, trust, independence and personal integrity. It is founded on science, and yes, yes, evidence, but it also involves the reconciliation of incompatibles, irrationalities and impossible expectations. It rejects the inhuman and the formulaic. It involves privileged access to other people’s deepest secrets, their bodies, and their homes. Will future doctors leave this natural niche unfilled?”*
- **Professor James Willis, November 2006**

Hart, Julian Tudor; Dieppe Paul: Lancet 1996

- *“Caring has been central to medical practice in all cultures throughout history, and still motivates most health workers. The trade-offs between caring and technical expertise are not rational, necessary, or inevitable, provided that health services pursue human rather than commercial goals.”*

Vincent Dole
1913 - 2006

- **Listen to your patients**

Harm Minimisation

Goal	Intervention
Stop sharing	Needle exchange
Stop injecting	Change subculture
Stop illicit drug use	Substitute prescribing
Normalise lifestyle	Maintenance prescribing
Stop drug use	Withdrawal programmes

STRENGTHS OF GENERAL PRACTICE

- **RELATIONSHIPS**
- **CONTACT**
- **COVERAGE**
- **CONTINUITY**
- **COMPREHENSIVENESS**
- **COORDINATION**
- **FLEXIBILITY**

Drug-Related Deaths

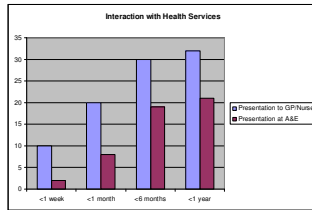
An audit of patients from
the Edinburgh Access
Practice

Aim and Method

- To identify risk- and protective-factors and patterns in drug-related deaths
- Looked for any drug-related sudden death amongst EAP's patients from 01/01/2004 to present.
- 32 drug-related deaths found
- Audited these patients' records for 26 factors

Contact with Health Services

- 31% (10/32) had presented to the GP or Nurse within the last week before death; 63% (20/32) within the last month; 94% (30/32) within the last six months (including one who had moved on to a main-stream practice). The remaining two had each presented within the last year, and one had re-registered with a main-stream practice.



• NB - 25% (8/32) had no record of their A&E history.

The Inverse Care Law

'The provision of good medical care tends to vary inversely with the need for it in the population served.'

Julian Tudor Hart, Lancet 1971

The problem of concentration

50% are registered with the 100 "most deprived" practice populations

The problem of dilution

50% are registered with the other 900 practices in Scotland

ASPECTS OF THE 100 MOST DEPRIVED PRACTICES

43% of male deaths and 24% of female deaths occur under 70
(compared with 25% of male and 14% of female deaths in the most affluent 100 practices)

85 practices are in Glasgow

(5 in Edinburgh, 5 in Inverclyde, 2 in Dundee, 2 in Ayrshire, 1 in Renfrewshire)

20 practices are single-handed

60% have three or fewer WTE general practitioners

WHAT CAN THE 100 MOST DEPRIVED PRACTICES DO ?

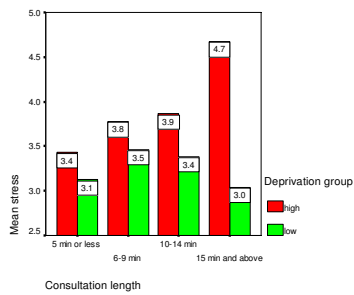
QOF POINTS 2007

	TOTAL	CLINICAL	NON-CLINICAL
Most affluent practices	984	645	339
Mixed practices	979	643	336
Most deprived practices	977	641	335

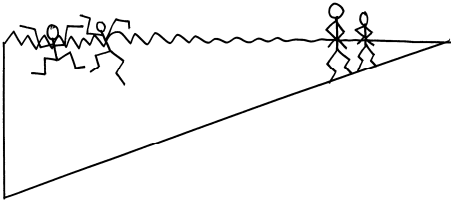
CAN GENERAL PRACTICE DO ANYTHING TO REDUCE HEALTH INEQUALITIES ?

1. The combination of evidence-based, effective interventions PLUS whole population coverage CAN improve population health
2. By inequitable delivery of effective interventions, the NHS CAN widen health inequalities
3. In theory, general practices serving deprived areas COULD IMPROVE POPULATION HEALTH, AND NARROW INEQUALITIES by increasing the volume, coverage and quality of what they do
4. BUT Resources are lacking Evidence is partial Practices are already very busy The NHS is not the main problem

GP stress by clinical encounter length in areas of high and low deprivation



GENERAL PRACTITIONERS AT THE DEEP END



WEAKNESSES OF GENERAL PRACTICE

- LACK OF RESOURCE
- CAN'T DO EVERYTHING
- DOMINANT REACTIVE PATTERN OF CARE
- LOW EXPECTATIONS ?
- ISOLATION
- LACK OF SUPPORT SYSTEMS
- LACK OF VOICE AND INFLUENCE

PRINCIPLES OF ENGAGING WITH GENERAL PRACTICE

- CANNOT BE LED FROM OUTSIDE
- BUILD ON CORE ACTIVITIES AND STRENGTHS
- NO ADDITIONAL WORK WITHOUT ADDITIONAL RESOURCE
- THE TIME THAT IS MOST VALUABLE IS THAT OF EXISTING LEADERS WITHIN GENERAL PRACTICES
- SOURCE(S) OF ADDITIONAL RESOURCES MUST BE CLEAR
- MUTUAL RESPECT

HOW CAN GENERAL PRACTICES WORK BETTER TOGETHER ?

SHARING ACTIVITY

SHARING EXPERIENCE

SHARING INFORMATION

SHARING EVIDENCE

PRODUCING NEW EVIDENCE

SPEAKING WITH ONE VOICE
