Is academic general practice an oxymoron ?

Is academic general practice relevant ?

Can we exclude exclusions ?

PUB
QUIZ
TONIGHT

PUB
QUIZ
TONIGHT

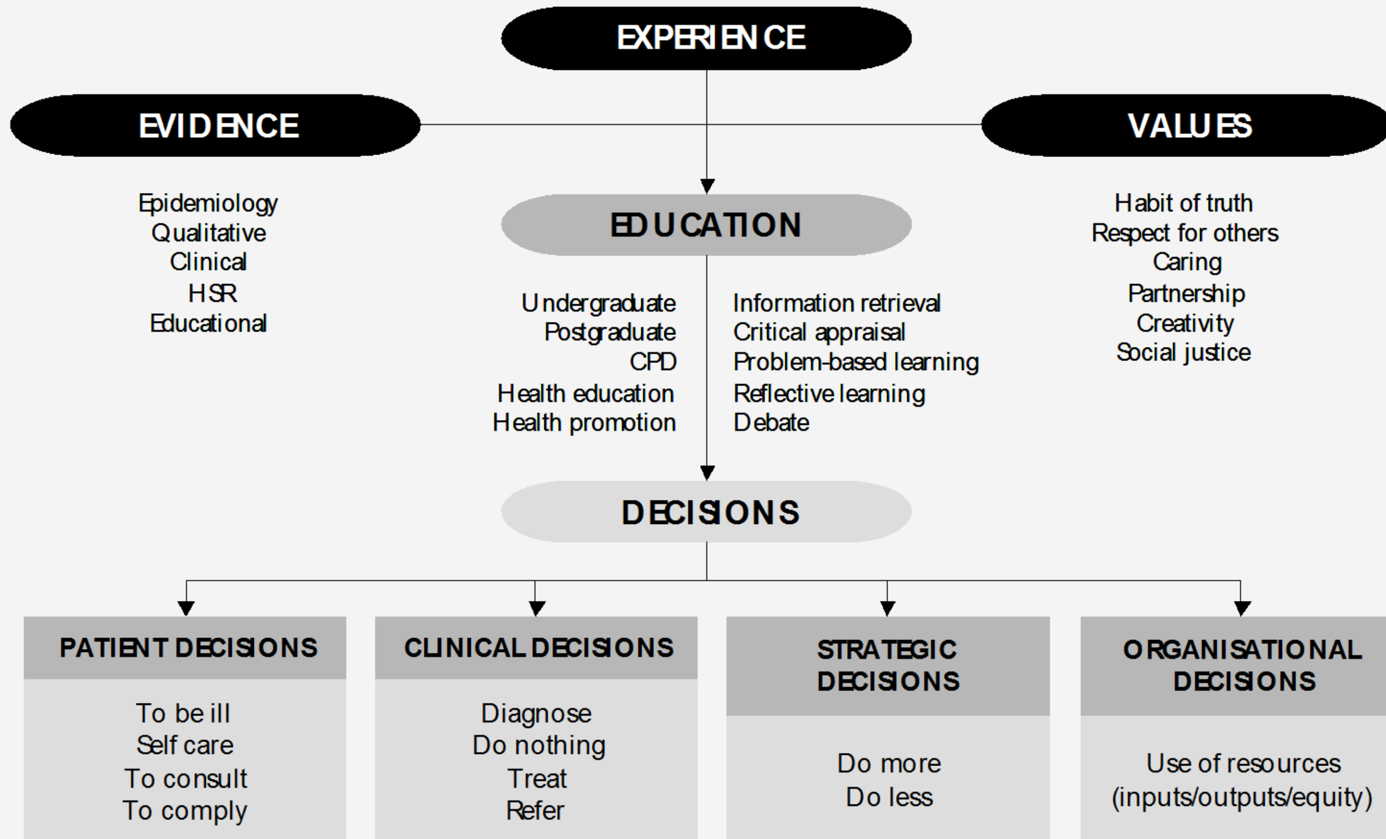
no smart arses

THE END OF THE PIER SHOW

The largest ever sighting of Professors of General Practice in Scotland

Luss, *2004*

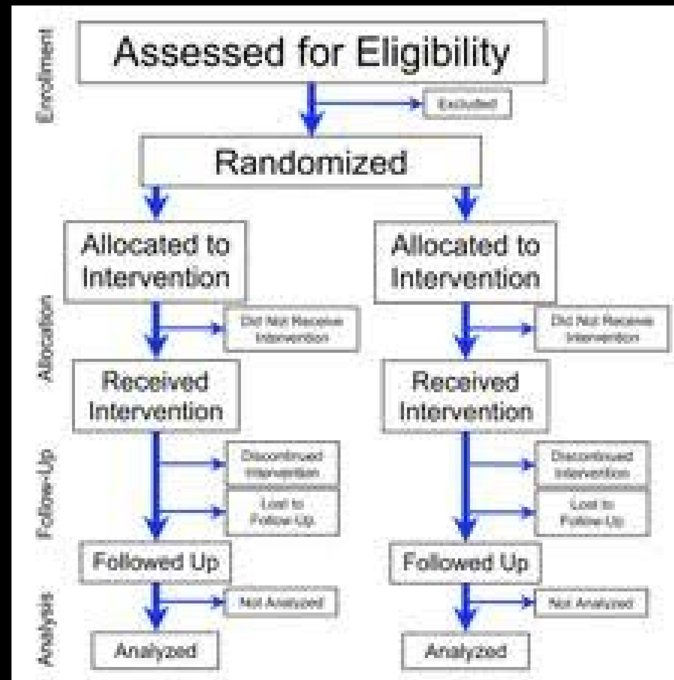
THE CONTRIBUTION OF ACADEMIC GENERAL PRACTICE AND PRIMARY CARE



GPPC

GPPC

RANDOMISED CONTROLLED TRIALS



A SYSTEMATIC SOURCE OF BIAS

The epidemiology of multimorbidity in a large cross-sectional dataset: implications for health care, research and medical education

Karen Barnett, Stewart Mercer, Michael Norbury, Graham Watt
Sally Wyke, Bruce Guthrie

LANCET 12th May 2012

SOCIAL PATTERNING OF MULTIMORBIDITY

Percentage of patients with 2 or more conditions

100
90
80
70
60
50
40
30
20
10
0

Age Group (years)

0-4
5-9
10-14
15-19
20-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70-74
75-79
80-84
85+

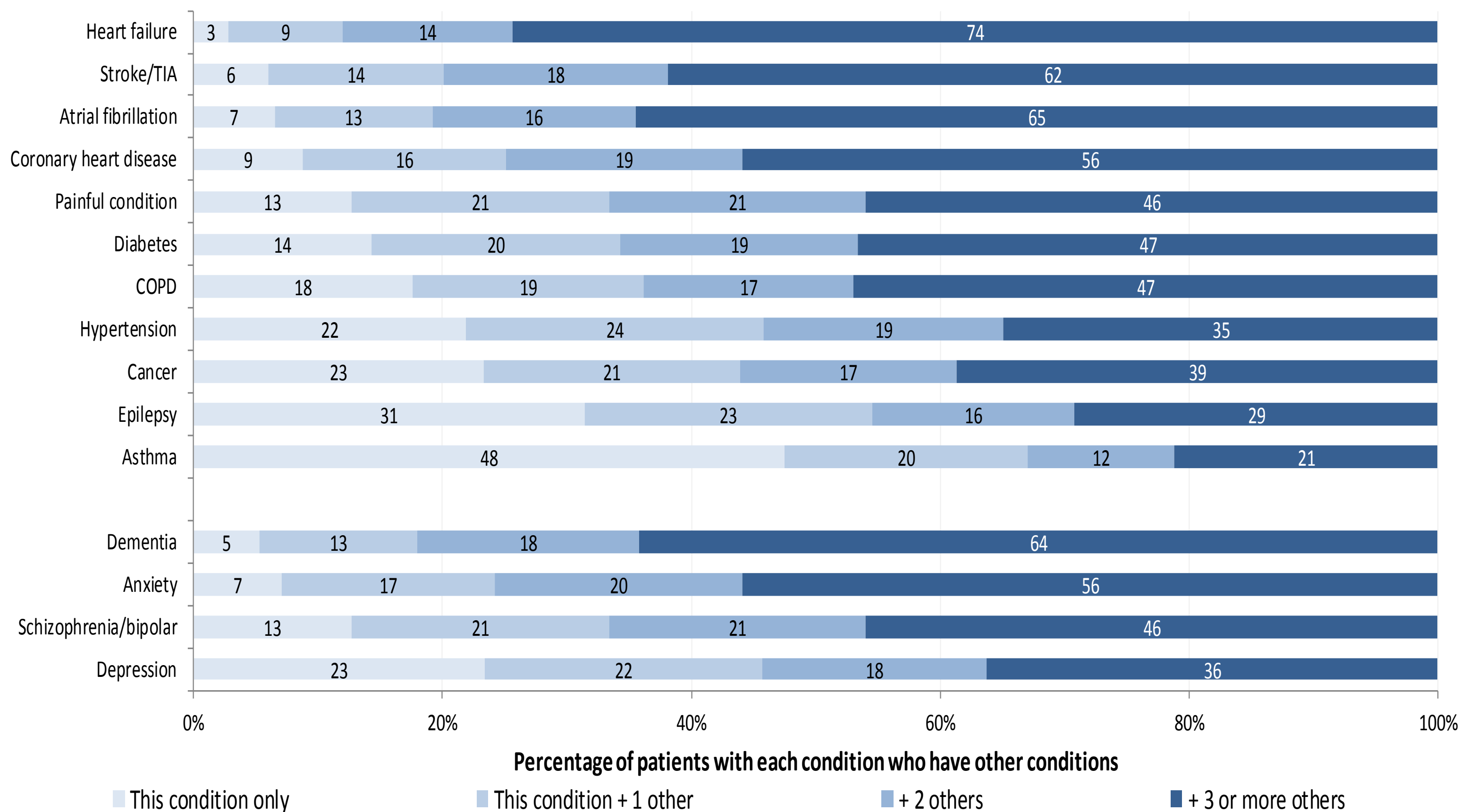
Deciles of deprivation

10 Deprived
9
8
7
6
5
4
3
2
1 Affluent

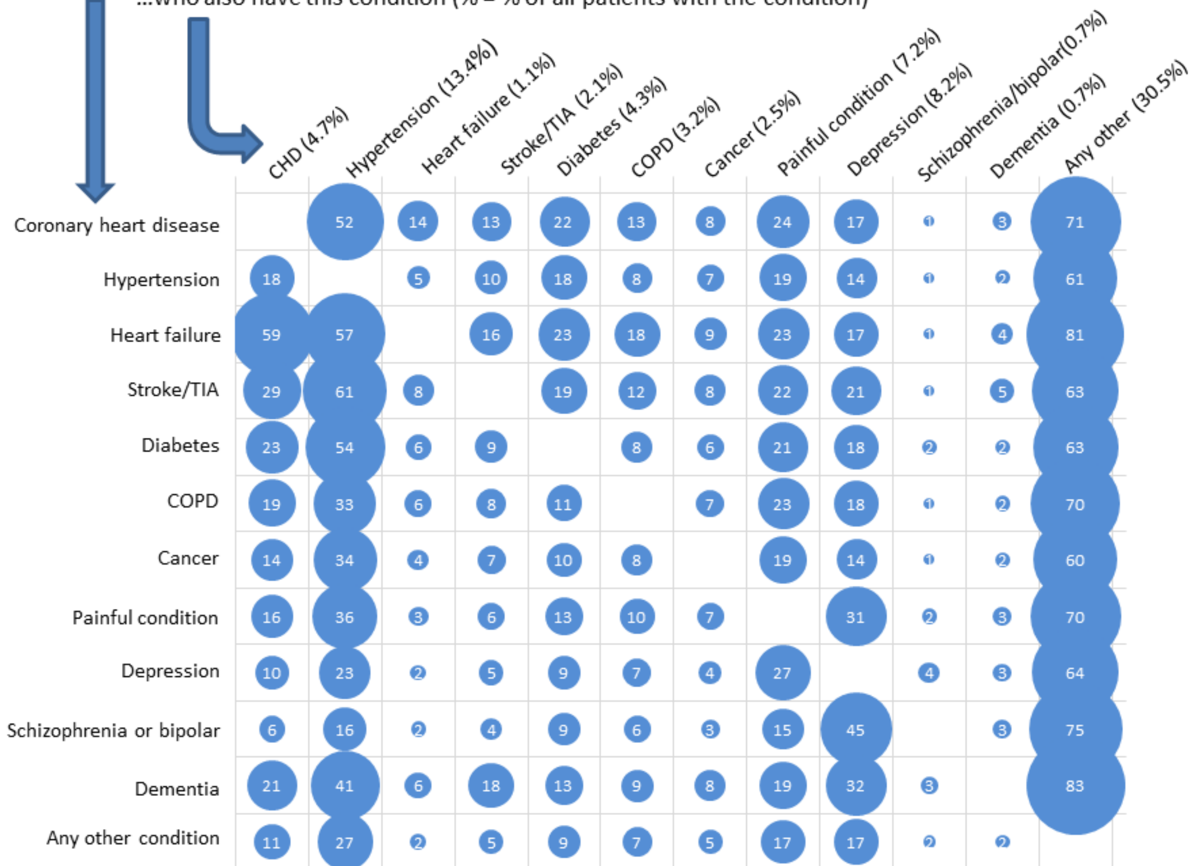
4.0
8.0
12.0
16.8
21.2
26.8
36.8
45.4
54.2
64.1
70.6
76.5
79.4
80.6

3.0
4.8
6.3
7.9
9.8
13.4
18.3
26.8
34.8
46.5
58.3
69.1
76.6
82.9

PATIENTS WITH SINGLE CONDITIONS ARE A MINORITY



MOST PEOPLE WITH ANY LONG TERM CONDITION HAVE MULTIPLE CONDITIONS IN SCOTLAND



% of patients with this condition...

...who also have this condition (% = % of all patients with the condition)

	CHD (4.7%)	Hypertension (13.4%)	Heart failure (1.1%)	Stroke/TIA (2.1%)	Diabetes (4.3%)	COPD (3.2%)	Cancer (2.5%)	Painful condition (7.2%)	Depression (8.2%)	Schizophrenia/bipolar(0.7%)	Dementia (0.7%)	Any other (30.5%)
Coronary heart disease		52	14	13	22	13	8	24	17	1	3	71
Hypertension	18		5	10	18	8	7	19	14	1	2	61
Heart failure	59	57		16	23	18	9	23	17	1	4	81
Stroke/TIA	29	61	8		19	12	8	22	21	1	5	63
Diabetes	23	54	6	9		8	6	21	18	2	2	63
COPD	19	33	6	8	11		7	23	18	1	2	70
Cancer	14	34	4	7	10	8		19	14	1	2	60
Painful condition	16	36	3	6	13	10	7		31	2	3	70
Depression	10	23	2	5	9	7	4	27		4	3	64
Schizophrenia or bipolar	6	16	2	4	9	6	3	15	45		3	75
Dementia	21	41	6	18	13	9	8	19	32	3		83
Any other condition	11	27	2	5	9	7	5	17	17	2	2	

DEFINITIONS OF MUTLIMORBIDITY

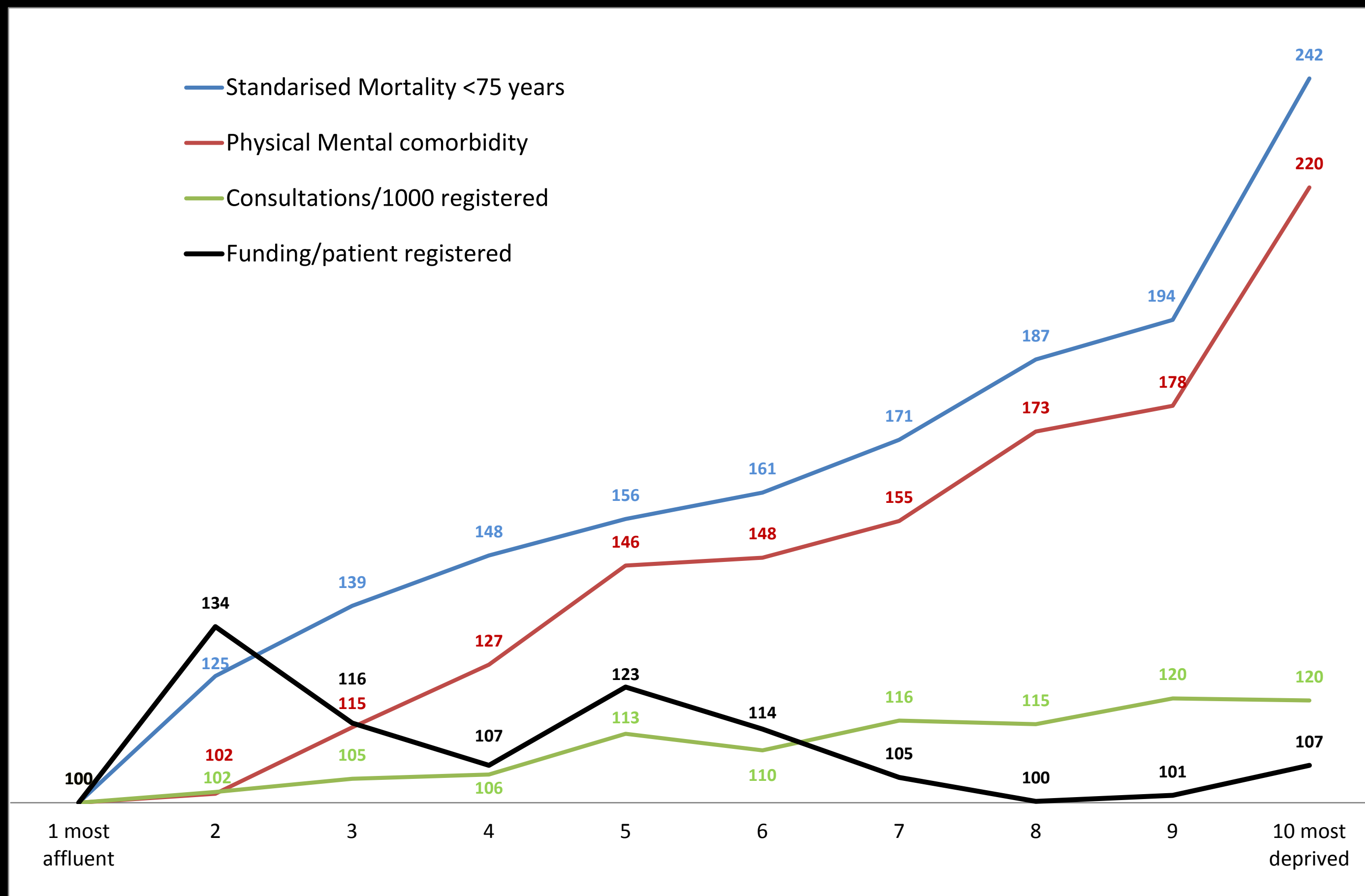
Two or more conditions

The number, severity and complexity
of health and social problems
within families and households

When sorrows come, they come not single spies
but in battalions

HAMLET, William Shakespeare

% DIFFERENCES FROM LEAST DEPRIVED DECILE FOR MORTALITY, COMORBIDITY, CONSULTATIONS AND GP FUNDING



THE INVERSE CARE LAW IN SCOTLAND

I’VE JUST INVENTED A MACHINE

THAT DOES THE WORK OF TWO MEN.

UNFORTUNATELY,

IT TAKES THREE MEN TO WORK IT

SPIKE MILLIGAN

Patients and caregivers are often put under enormous demands by health care systems

Frances Mair, Carl May

Thinking about the burden of treatment

BMJ 2014;349:g6680 doi: 10.1136/bmj.g6680 (10th November 2014)

HEALTH CARE AS A PINBALL MACHINE

EXHIBIT ES-1. OVERALL RANKING

COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*

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

Notes: * Includes ties. ** Expenditures shown in $US PPP (purchasing power parity); Australian $ data are from 2010.
Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011;* World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

GATEKEEPING

87 : 13

86 : 14

85 : 15

84 : 16

Applying the CARE measure and Patient Enablement Instrument (PEI) after general practice consultations

YOU CAN GET EMPATHY WITHOUT ENABLEMENT

BUT YOU NEVER GET ENABLEMENT WITHOUT EMPATHY

Mercer SW Jani BD Maxwell M Wong SYS Watt GCM
Patient enablement requires physician empathy:
a cross-sectional study of general practice consultations
in areas of high and low socio-economic deprivation in Scotland
BMC Family Practice 2012, 13:6

SERIAL ENCOUNTERS

BRIEF ENCOUNTERS

WHO NEEDS INTEGRATED CARE ?

POTENTIALLY ANYONE BUT MOSTLY

THE 15% OF PATIENTS

WHO ACCOUNT FOR 50% OF NHS WORKLOAD

A MINORITY OF PATIENTS GENERATE LOTS OF ACTIVITY

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.

CMAJ 185 (e-publication ahead of print): E221-E228, 2013, doi:10.1503/cmaj.121349

SCHEHEREZADE

TELLING 1001 TALES

HOW COULD THEY TELL ?

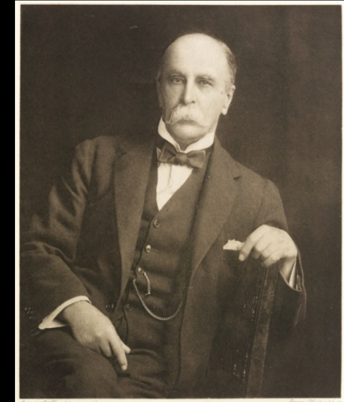
Dorothy Parker

BRINGING IT ALL TOGETHER- ARLENE

- 68 yr old wife, mother, grandmother X3
- About 5 yrs ago, started feeling unwell
- Saw several docs, "borderline diabetes", BP "a little high"; prescribed meds, told to "exercise & lose weight"
- Couldn't make follow up appts, fill rx's
- Continued poor control over 5 yrs
- Admitted to ED with acute MI…

… story totally unlikely, or all too familiar?

Listen to the patient
He is telling you the diagnosis



SIR WILIAM OSLER

Listen to the patient
She is telling you her treatment goals

PROFESSOR JAN DE MAESENEER

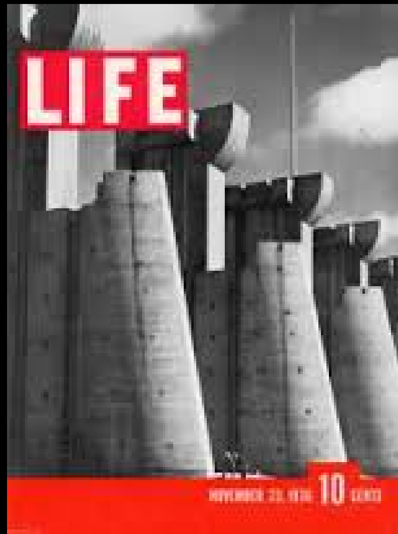
MEASURING OMISSION

THE RULE OF HALVES

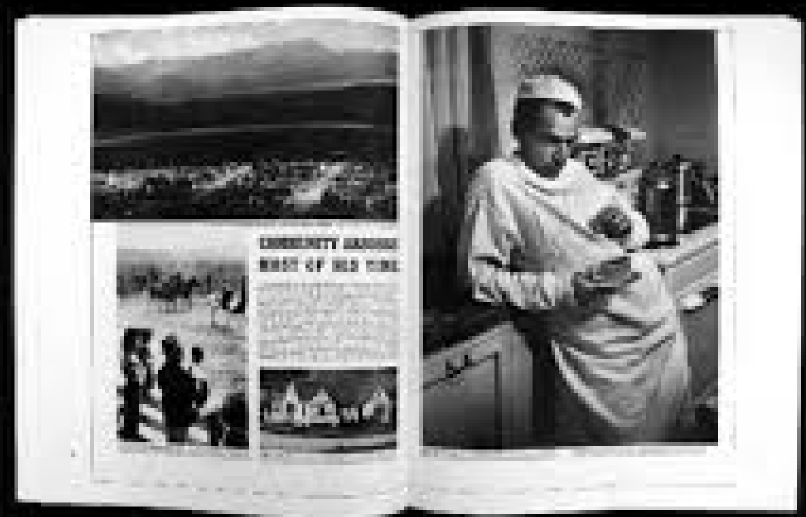
50% were diagnosed
50% were treated
50% were controlled

i.e. 12% get best care

THE IMPORTANCE OF GOOD INFORMATION



COUNTRY DOCTOR



THE COUNTRY DOCTOR

INTRINSIC FEATURES OF GENERAL PRACTICE

Contact

Coverage

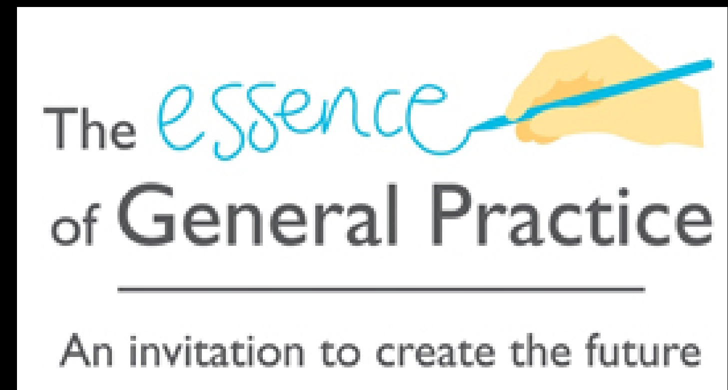
Continuity

Coordination

Flexibility

Relationships

Trust



The essence of General Practice

An invitation to create the future

INVENTING THE WHEEL LINKS

HUB

Contact
Coverage
Continuity
Comprehensive
Coordinated
Flexibility
Relationships
Trust
Leadership

SPOKES + RIMS

Keep Well
Child Health
Elderly
Mental Health
Addictions
Community Care
Secondary Care
Voluntary sector
Local Communities

INTEGRATED CARE DEPENDS ON MULTIPLE RELATIONSHIPS

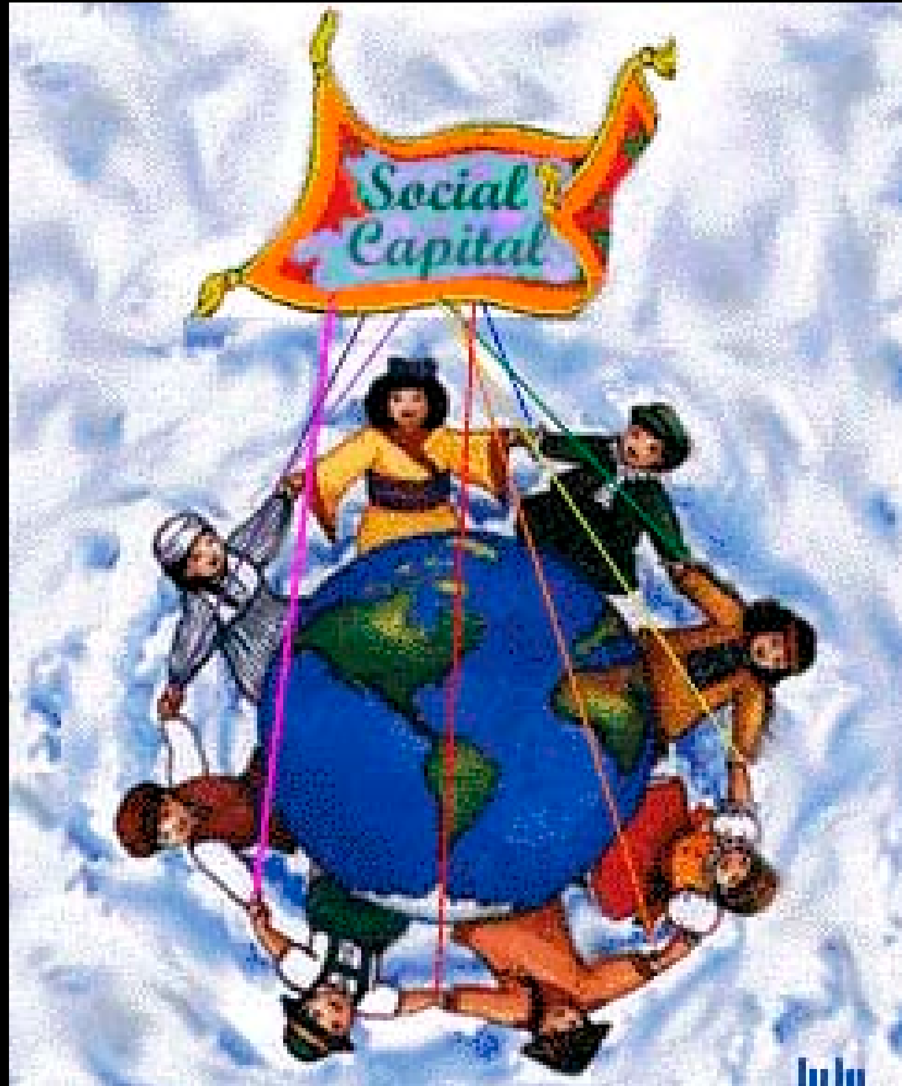
Health practitioners need to ask
not only “What do I do?”
but also “What am I part of?”

Don Berwick
Head of US Medicare and Medicaid

BUILDING SOCIAL CAPITAL

RESOURCE
POOR

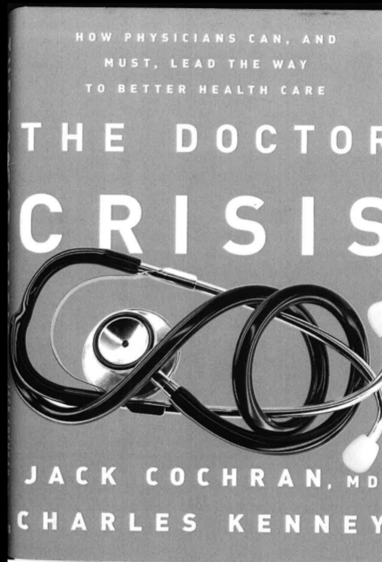
PEOPLE
RICH



RESOURCE
RICH

PEOPLE
POOR

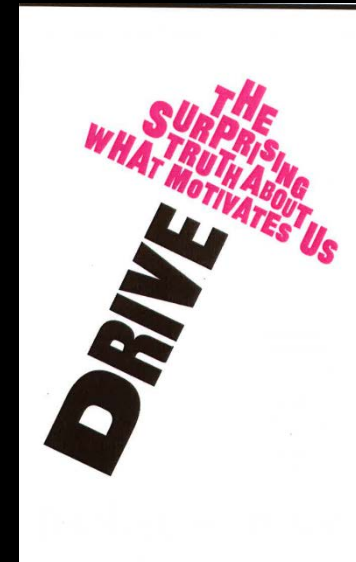
WHAT MAKES PEOPLE ENJOY THEIR WORK ?



AUTONOMY

MASTERY

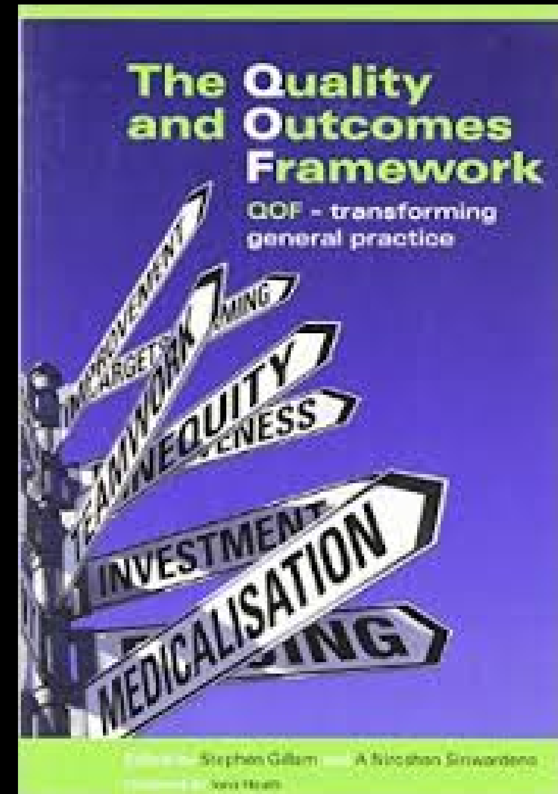
PURPOSE



but only after basic needs are met

COVERAGE

QOF



50-60 clinical targets
Requiring high population coverage

Doctors warn austerity is damaging patients' health

GPs in deprived areas see sharp rise in social issues

STEPHEN NAYSMITH
SOCIETY EDITOR

GPs working in the most deprived communities in Scotland have warned of increasing levels of mental and physical health problems among patients affected by austerity.

The Deep End group of GPs, representing 360 doctors in 100 practices, said job losses, welfare reform and cuts to social services were all affecting the health of their patients.

The 100 Deep End group of general practices that serves the most socio-economically deprived areas of the country was set up in 2009. It is backed financially by the Scottish Government.

In a new report, the group says austerity measures are causing increased distress and poverty among their patients, and an increased workload for family doctors.

The GPs add that the growing impact of benefit cuts mean much of their time is taken up with social issues rather than patients' underlying health problems.

In February, the group surveyed members to ask about their experiences of austerity. Doctors responded that patients were suffering deteriorating mental health, and also physical problems.

The report says: "GPs report less time to deal with physical problems, as these are no longer a priority for the patient."

Benefit changes were also a concern for many GPs, because they felt patients were wrongly being declared fit to work in medical tests on behalf of the [...] for work was particularly frustrating.

She said: "So may people who are clearly unfit for work are being assessed as capable of work after a cursory assessment.

"We see people with uncontrolled chronic conditions, who are physically quite disabled or have significant mental health problems. The system seems to maximise their distress.

"The majority appeal and the majority of them win."

The report draws attention to the impact of cuts in other public services, such as education, social work and addiction support. Dr Craig added: "The minimum pricing of alcohol is a great thing, but addiction services are falling by the wayside. Austerity measures also affect children, but social work only have the resources to get involved in the most disturbed and difficult situations."

Dr Graham Watt, professor of General Practice at Glasgow

So many people who are clearly unfit for work are being assessed as capable of work after a cursory assessment

University, helped compile the report. He said: "These GPs are absolutely on the front line. Many of them are frustrated that they can see all this happening but people don't know about it."

Aberdeen South MP Anne Begg chairs the work and pensions select committee at Westminster, and has written to

ON THE FRONTLINE: GPs Margaret Craig, left, and Petra Sambale are part of the Deep End group of GP practices. Picture: Colin Mearns

Cases of concern

Patients and doctors in the report are anonymous to protect confidentiality.

- A doctor saw a 40-year-old woman who had been sexually abused as a child and had struggled with alcoholism. "She was found to be capable [...] worry that her mental health will deteriorate. Her benefits were stopped. She was diagnosed with type 2 diabetes ... instead of working with her setting goals for her diabetes I wrote a letter for an appeal and referred her to the benefit [...]

- Another reports seeing a former labourer in his early fifties who was out of work due to osteoarthritis. His disability allowance had been cut and he was unable to afford his mortgage. "This patient's mental health problems have escalated and he is being seen [...] psychologically cope with retraining."

- A third case reads simply: "Eastern European pregnant lady with no money or food. Living in squalor with approximately eight other adults. No money available or [...]

Large city hospitals 'are hubs for MRSA'

HOSPITALS in large cities act as "breeding grounds" for the superbug MRSA, which then spreads to smaller regional hospitals and health centres, according to a new study.

Researchers from Edinburgh University found evidence that shows for the first time how the superbug spreads between different hospitals throughout the country.

The study involved looking at the genetic make-up of more than 80 variants of a major clone of MRSA found in hospitals.

Scientists were able to determine the entire genetic code of MRSA bacteria taken from infected patients.

They then identified mutations in the bug that led to the emergence of new MRSA variants and traced their spread around the country.

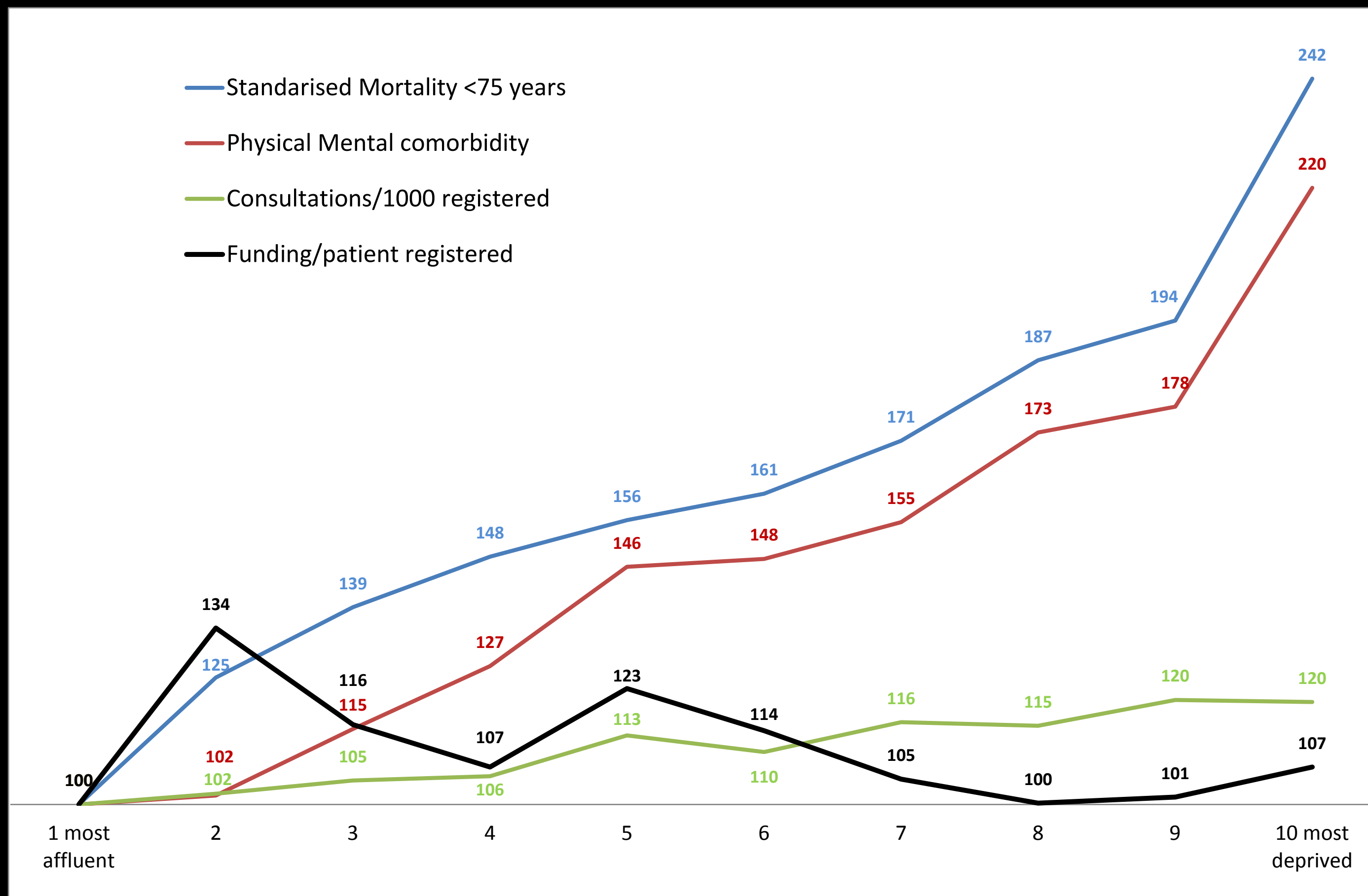
Dr Ross Fitzgerald, of The Roslin Institute at Edinburgh University, who led the study, said: "We found that variants of MRSA circulating in regional hospitals probably originated in large city hospitals.

"The high levels of patient traffic in large hospitals means they act as a hub for transmission between patients, who may then be transferred or treated in regional hospitals."

E.ON to freeze its prices

ENERGY giant E.ON reassured its five million customers after it pledged to keep residential energy [...]

% DIFFERENCES FROM LEAST DEPRIVED DECILE FOR MORTALITY, COMORBIDITY, CONSULTATIONS AND FUNDING



THE INVERSE CARE LAW IN SCOTLAND

CONSULTATIONS IN DEPRIVED AREAS

Multiple morbidity and social complexity

Shortage of time

Reduced expectations

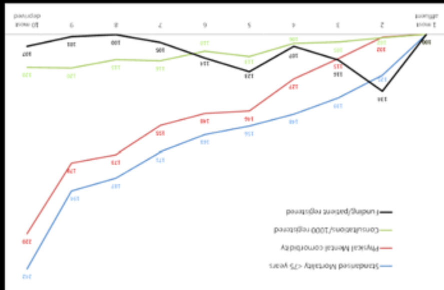
Lower enablement (especially for mental health problems)

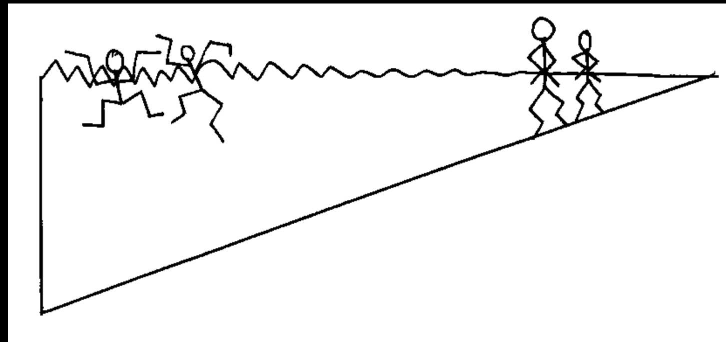
Health literacy

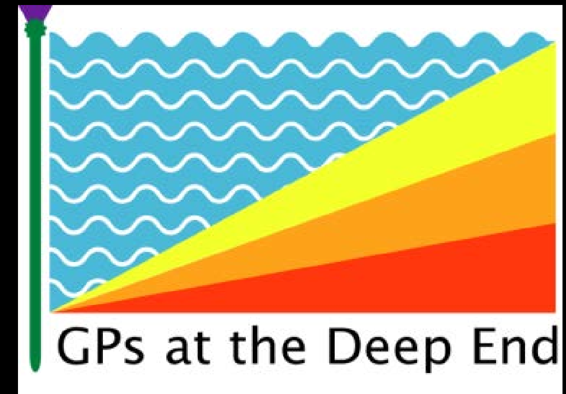
Practitioner stress

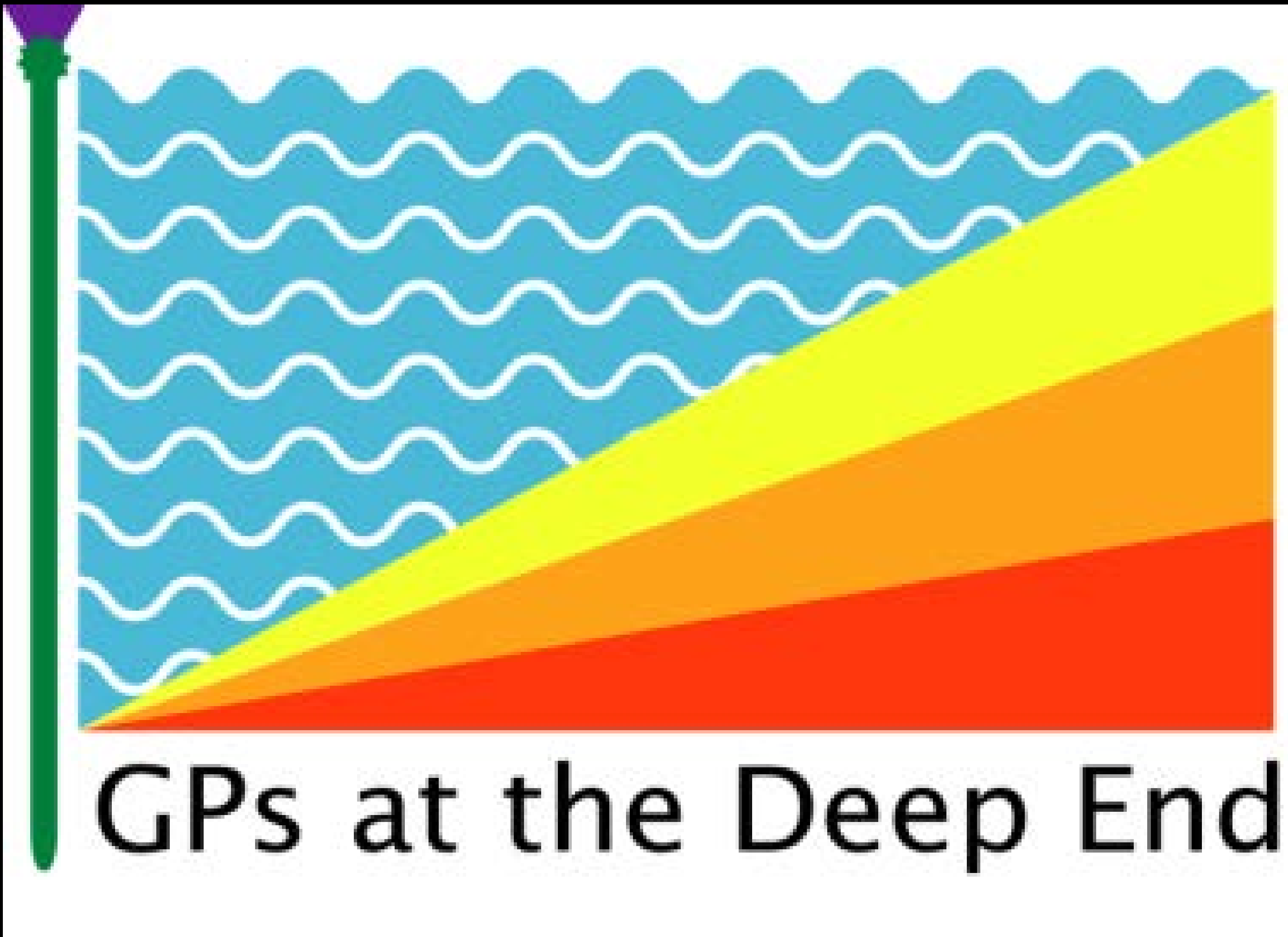
Mercer SM, Watt GCM
The inverse care law : clinical primary care encounters in deprived and affluent areas of Scotland
Annals of Family Medicine 2007;5:503-510

GENERAL PRACTITIONERS AT THE DEEP END





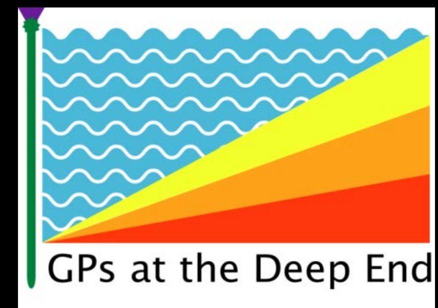


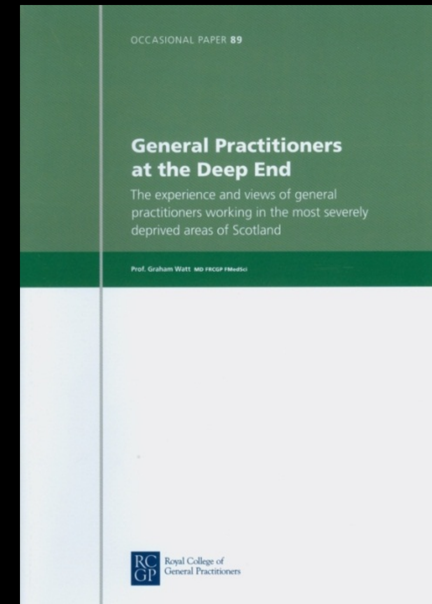

GPs at the Deep End

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
13. The Access Toolkit : views of Deep End GPs
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 heath 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 health issues in very deprived areas

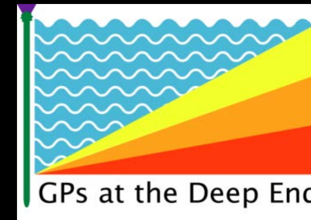
www.gla.ac.uk/deepend





ISSUES ESPECIALLY PREVALENT IN THE DEEP END

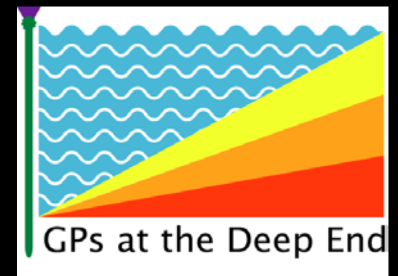
Mental health problems
Drugs and alcohol
Material poverty
Vulnerable children and adults
Migrants, refugees and asylum seekers
Fitness to work
Sexual abuse history
Homelessness



GENERIC ISSUES

How to engage, with patients who are difficult to engage
How to deal with complexity in high volume
How to apply evidence

DEEP END REPORT 24

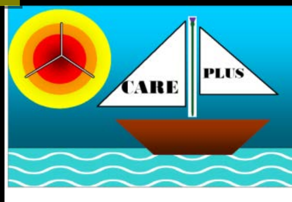


SIX ESSENTIAL COMPONENTS

1. Extra TIME for consultations (INVERSE CARE LAW)
2. Best use of serial ENCOUNTERS (PATIENT STORIES)
3. General practices as the NATURAL HUBS of local health systems (LINKING WITH OTHERS)
4. Better CONNECTIONS across the front line (SHARED LEARNING)
5. Better SUPPORT for the front line (INFRASTRUCTURE)
6. LEADERSHIP at different levels (AT EVERY LEVEL)

THE CARE PLUS STUDY

An exploratory cluster RCT
of a primary care-based complex intervention
for multimorbid patients living in deprived areas of Scotland



CARE Plus prevents decline in QOL (EQ5-DL)

baseline
6-month

Effect size = 0.35

Cost < £13,000 per QALY

NICE currently supports a cost of £20,000 per QALY

THE IMPORTANCE OF CO-DESIGN

Practice recruitment

Invite:95; Reply: 26 (27%); Agree: 12 (46%)

Patient recruitment and baseline

Invite: 225; Agree and baseline data: 152 (68%)

Randomisation 4 + 4

CARE Plus = 76

Usual Care = 76

No contact: 6; left practice 3

Follow-up

No contact: 4; left practice 3

6 month = 91%

6 month = 89%

12 month = 88%

12 month = 88%

BY POWERFUL PEOPLE ?

BY CLEVER PEOPLE ?

LEADERSHIP FOR INTEGRATED CARE

BY STEETWISE PEOPLE ?

BY THE PEOPLE ?

LEARNING BY TRIAL AND ERROR

SPOCK to KIRK : “It’s not logical, captain”

FIXING IT FOR PATIENTS

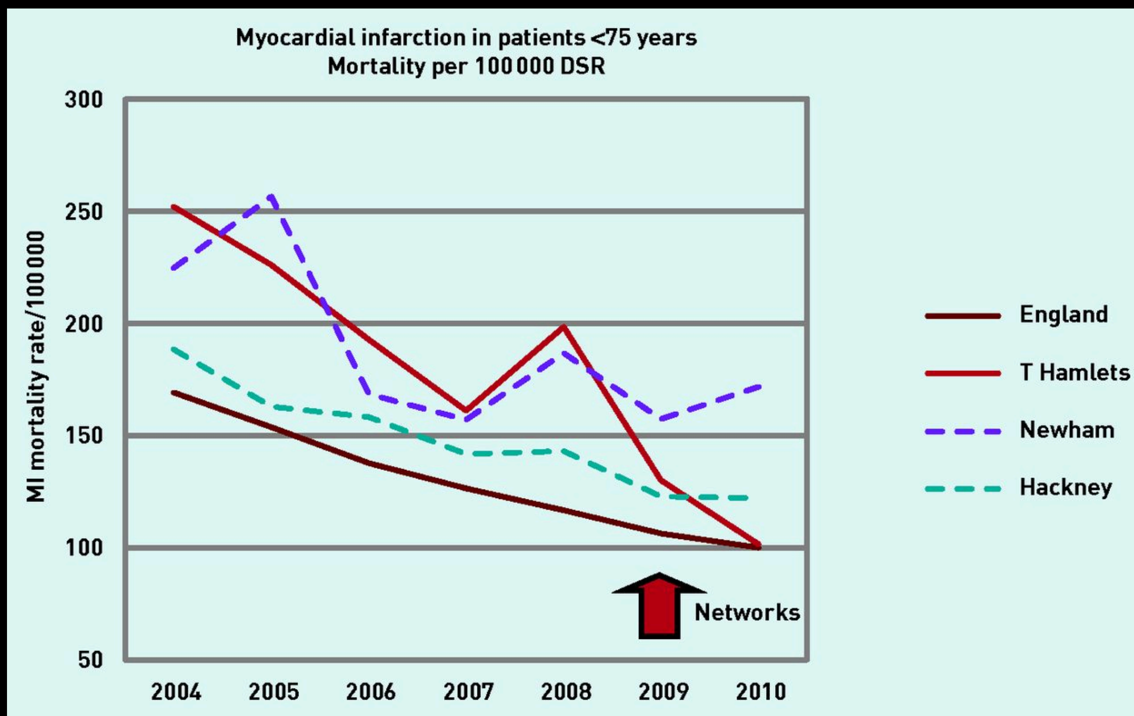
WHO ARE FLOUNDERING

BETWEEN DYSFUNCTIONAL,

FRAGMENTED, SERVICES

BUILDING PRODUCTIVE LOCAL SYSTEMS

CREATING A SOCIAL REVOLUTION IN HEALTH CARE



Robson J Hull S Mathur R Boomla K

Improving cardiovascular disease using managed networks in general practice : An observational study in inner London

BJGP 2014:64;e268-e274

Watt G (editorial)

A landmark study of collective action by general practices

BJGP 2014:64:218-219

A NEW BUILDING PROGRAMME FOR INTEGRATED CARE

PATIENT STORIES

LOCAL HEALTH SYSTEMS

MACHINES THAT DO THE WORK OF TWO MEN

Is academic general practice an oxymoron ?