



How General Practice is trying to tackle health inequalities

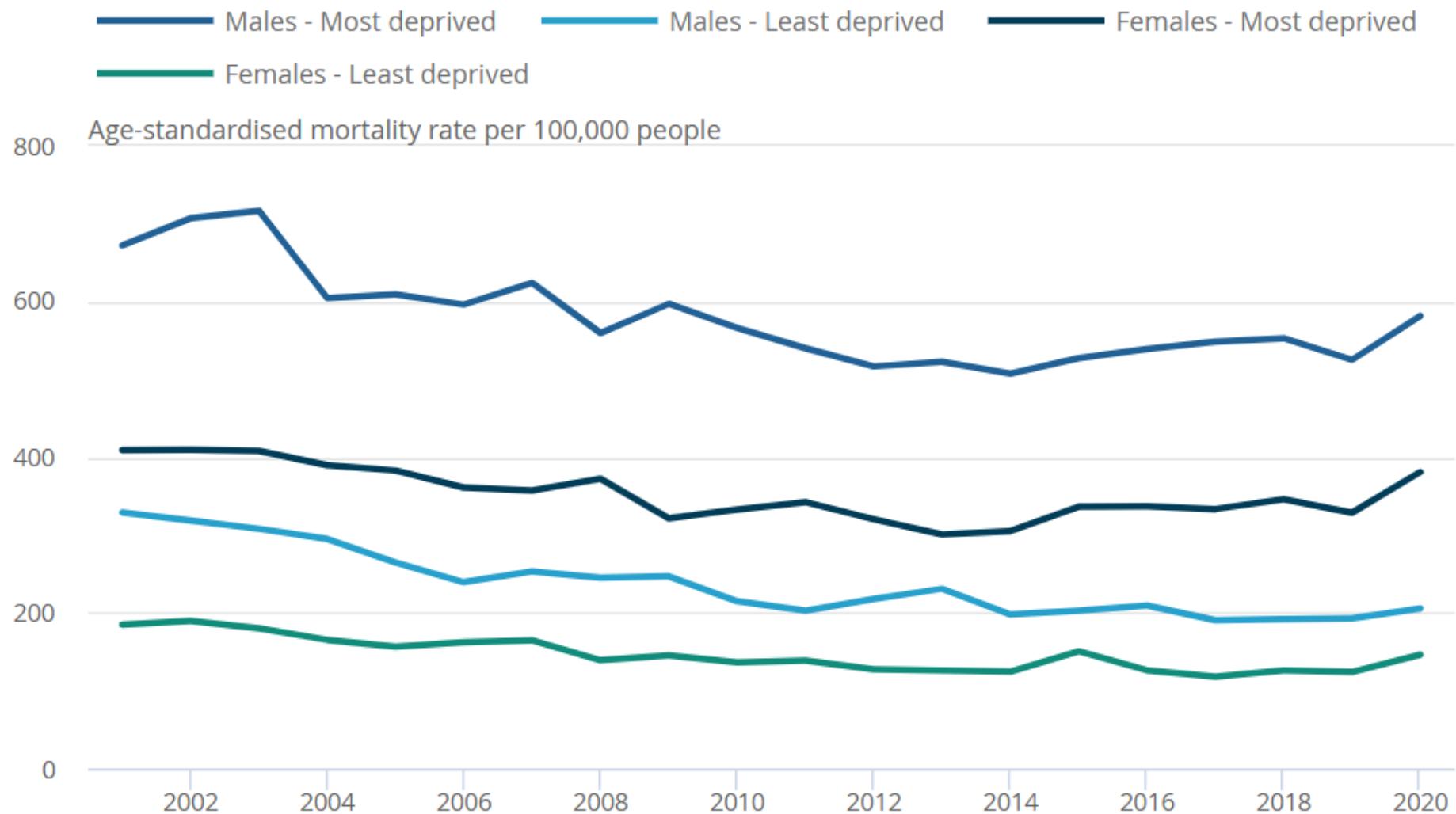
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Royal College of Physicians Clinical Update
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We have no financial interests or relationships to disclose regarding the subject matter of this presentation



To all the people who should have lived longer.

Avoidable deaths: the task for the NHS



37.0% of all male deaths in the most deprived areas of Wales compared with 18.9% in the least deprived areas in 2020;

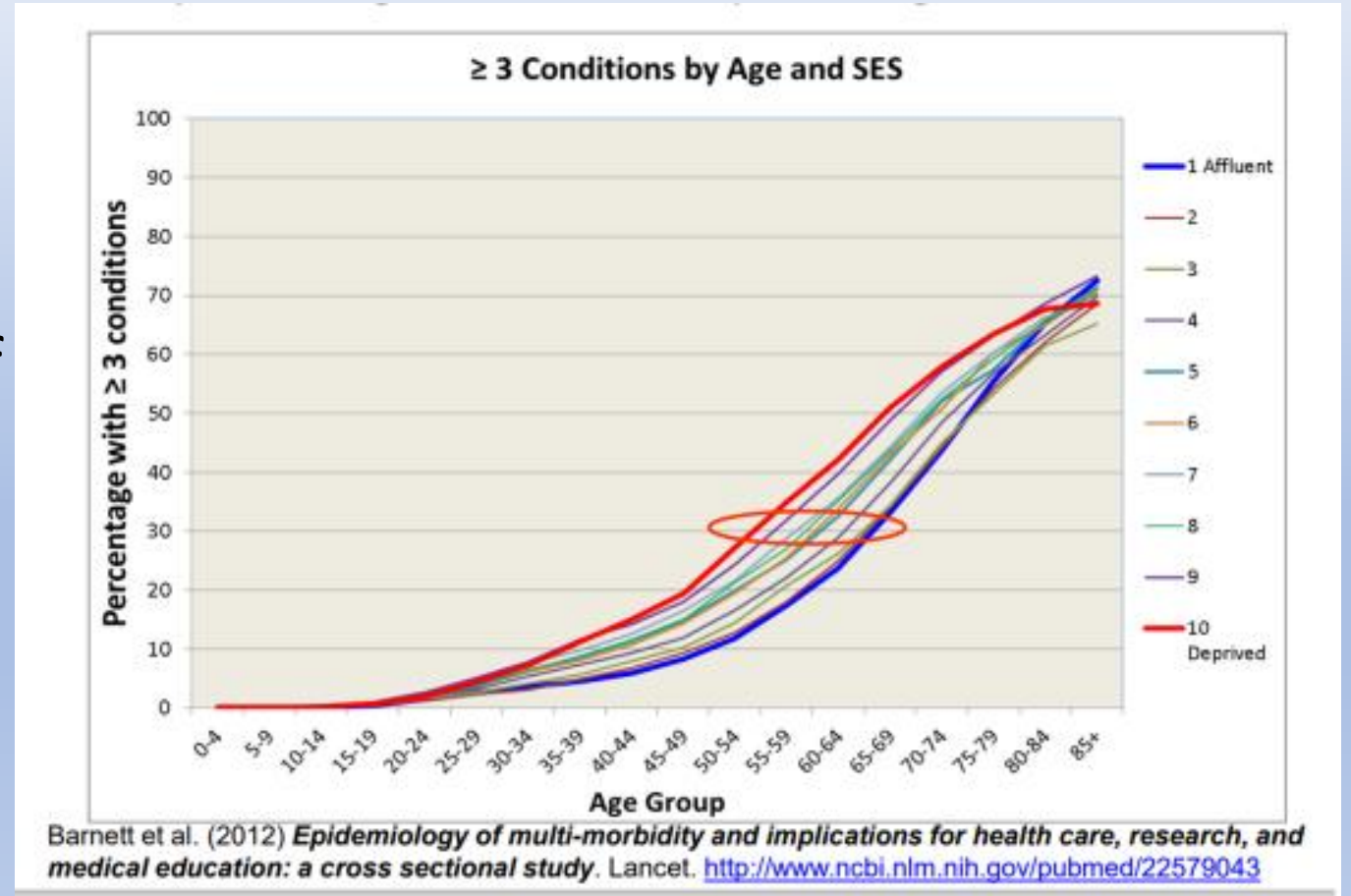
For females it was 25.7% and 14.1% respectively.

Source ONS

Not only death but misery

The poor get more sicknesses at a younger age and for longer

- Men living in the most deprived communities spend an average of 13.3 **more** years living in poor health
- Women living in the most deprived communities spend an average of 16.9 **more** years living in poor health



This massive burden of poor health has a **HUGE** impact on GP workload in more disadvantaged areas.

The Inverse Care Law

“The availability of good medical care tends to vary inversely with the need for it in the population served”

- **Not the difference between good and bad care, but between what general practices *can* do and what they *could* do with resources based on need.**
- **The inverse care law is a policy of the NHS which restricts care in relation to need.**

Dr David Blane,
Deep End Scotland

“It’s not a neutral situation. There is very solid evidence that the NHS, though free, isn’t impartial. It actively favours affluent populations.”

Dr Peter Cawson, Founder member of Deep End Scotland

Primary Care is the bedrock of future healthcare

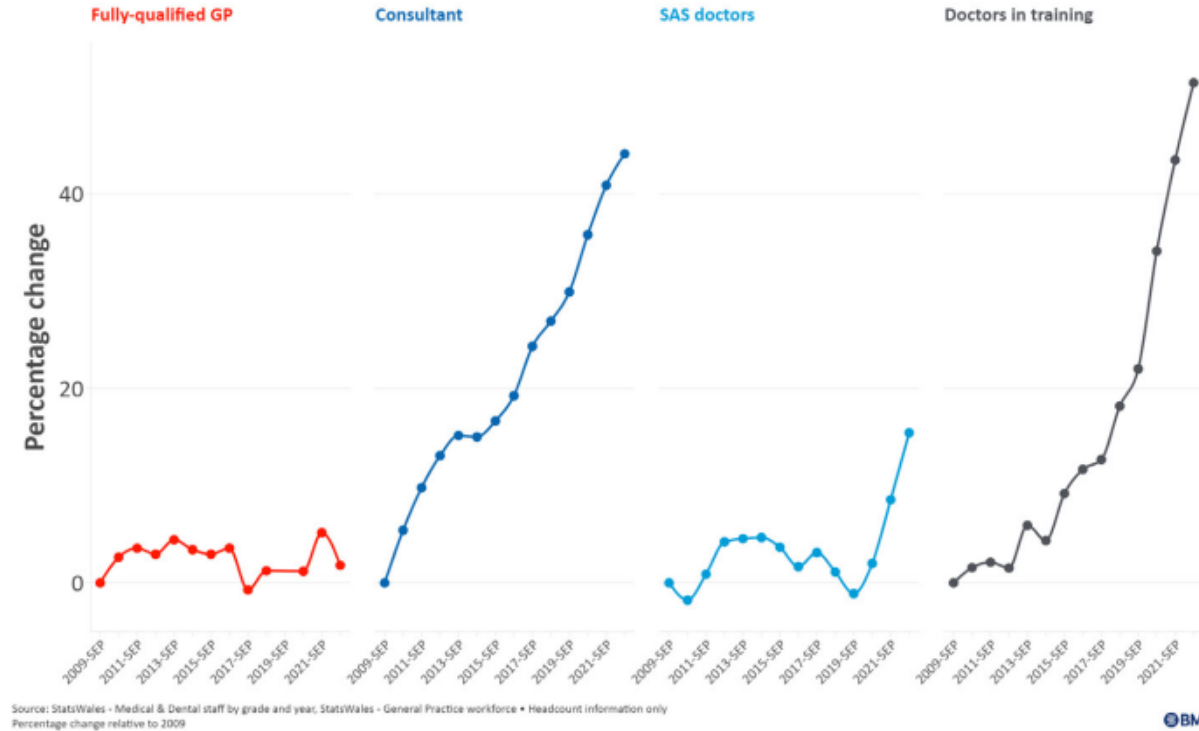
- Global evidence is that the stronger the primary care system, the stronger the overall health system is to improve health outcomes, reduce costs, and maximise equity for the population
- for every £1 invested in primary care, at least £14 is delivered in productivity across the economy
- Relationship based care works: Continuity of care gives high rates of patient & doctor satisfaction, reduced burn out, lower admission rates to A&E, OOH & to medicine/ surgery, lower referral rates and lower mortality
- **Future healthcare needs will be driven by age, inequality and multiple co-morbidities – these needs will be met by community and social care**



“the GP morning surgery is one of the wonders of modern medicine”

Prof Sir Muir Gray

Percentage change in doctor type in Wales since 2009



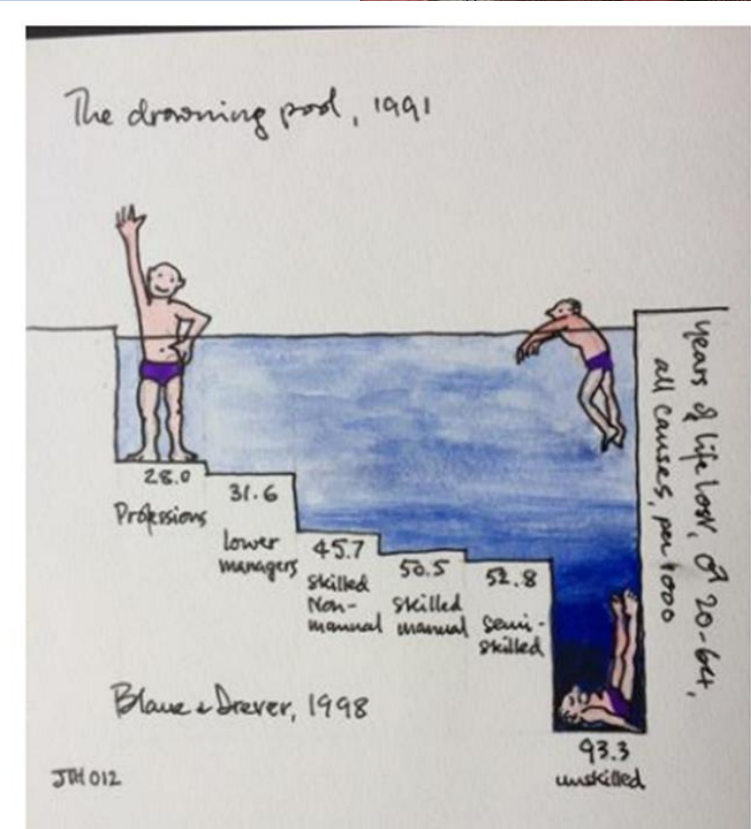
From General Practice to specialists.....

Proportion of NHS Wales funding provided to General Practice

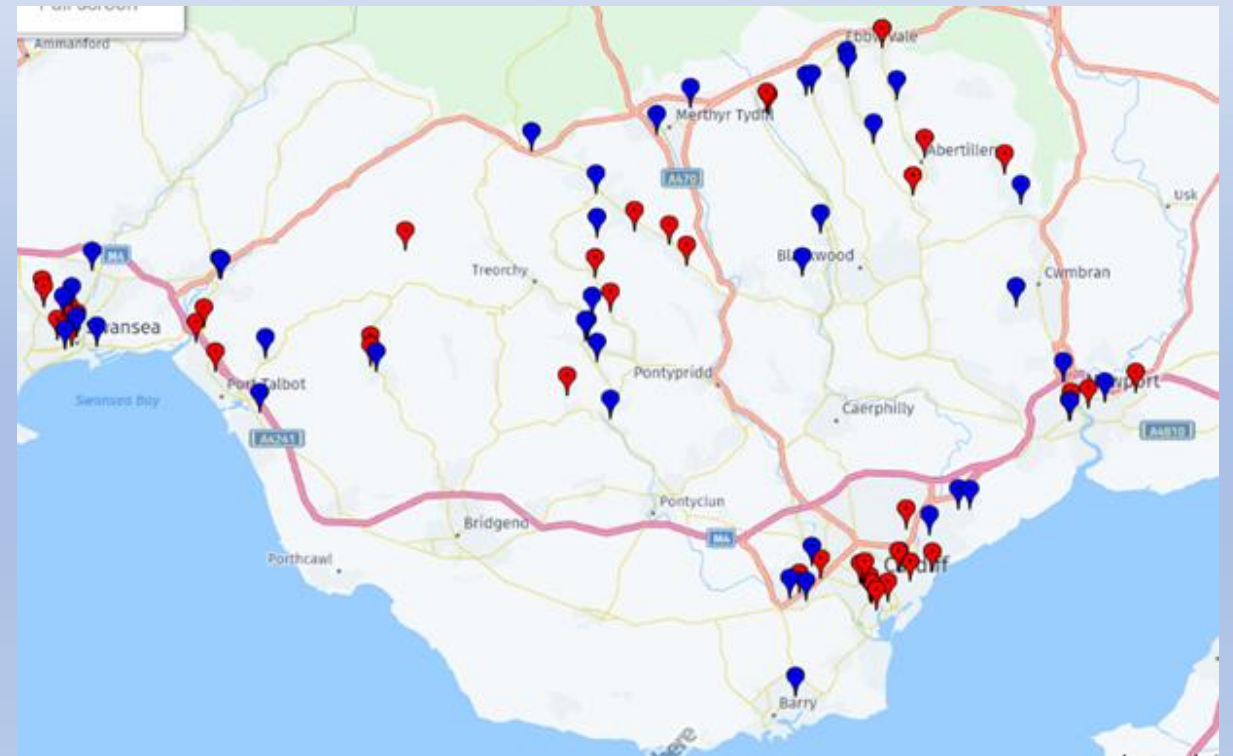
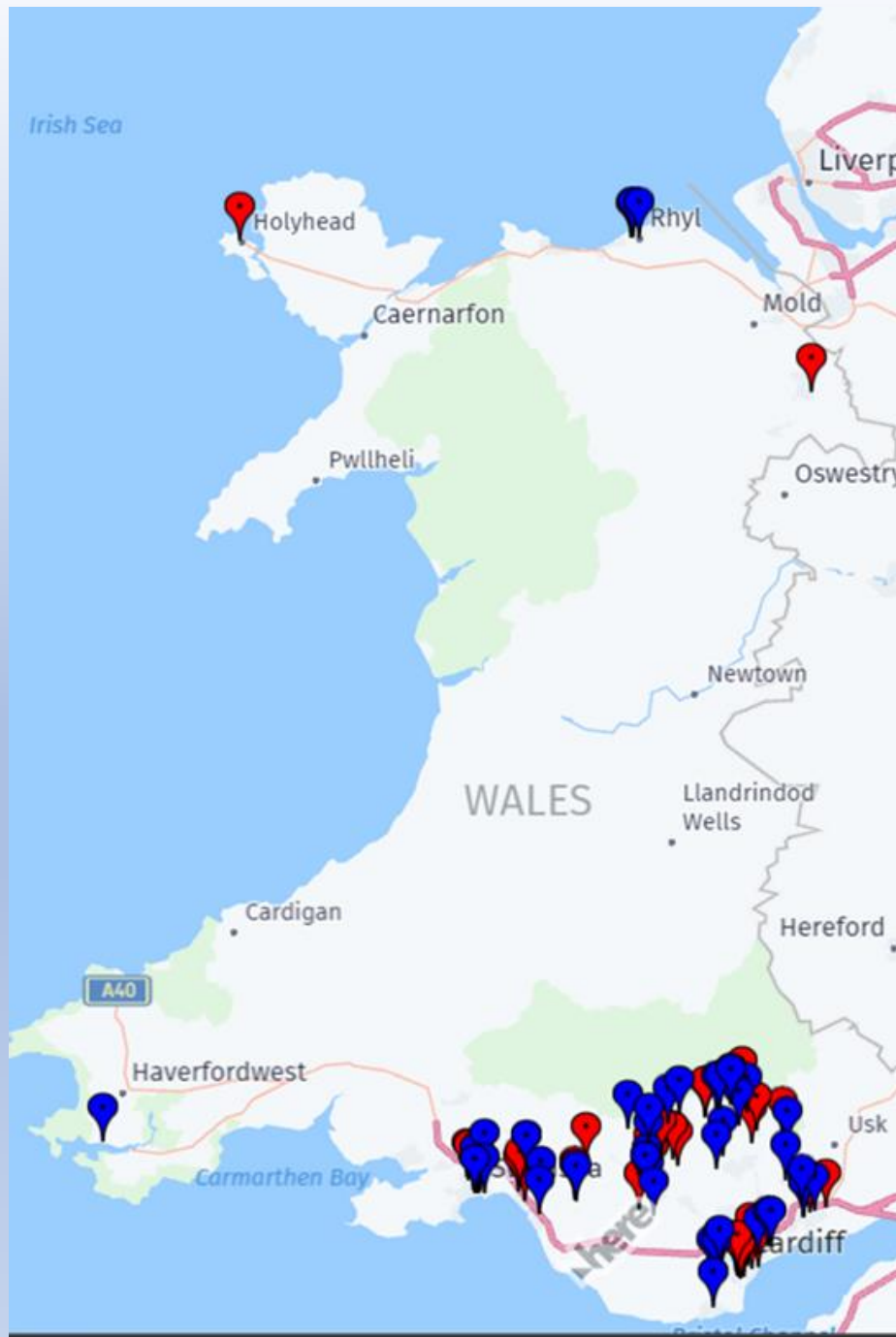


From General Practice to hospitals.....

Deep End Cymru



Maps of 100 GP Practices with highest proportion of patients in most deprived quintile of WIMD



To look up any GP Practice in Wales, go to Stats Wales [here](#)

What are we doing?

1. Workforce
 1. Highlight the facts! Deep End practices have 30% more patients per partner
 2. Link workers embedded in GP, addressing non-medical needs
2. Education and training
 1. Work with HEIW so that all health care trainees have health equity training and experience
 2. GP, Nurse and Admin staff have specific health equity training schemes
3. Advocacy
 1. Together we are stronger! Mutual support and sharing
 2. Proportionate distribution of funding and workforce, within NHS and within Primary Care
4. Research
 1. Funding inequity study, and experience of working in Deep End study
 2. Delphi study on research gaps



Thank you

Diolch un fawr

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