In at the Deep End: co-creating a primary care network with practitioners serving communities living in areas of blanket socioeconomic deprivation

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What is the "Deep End" movement and why is it needed?

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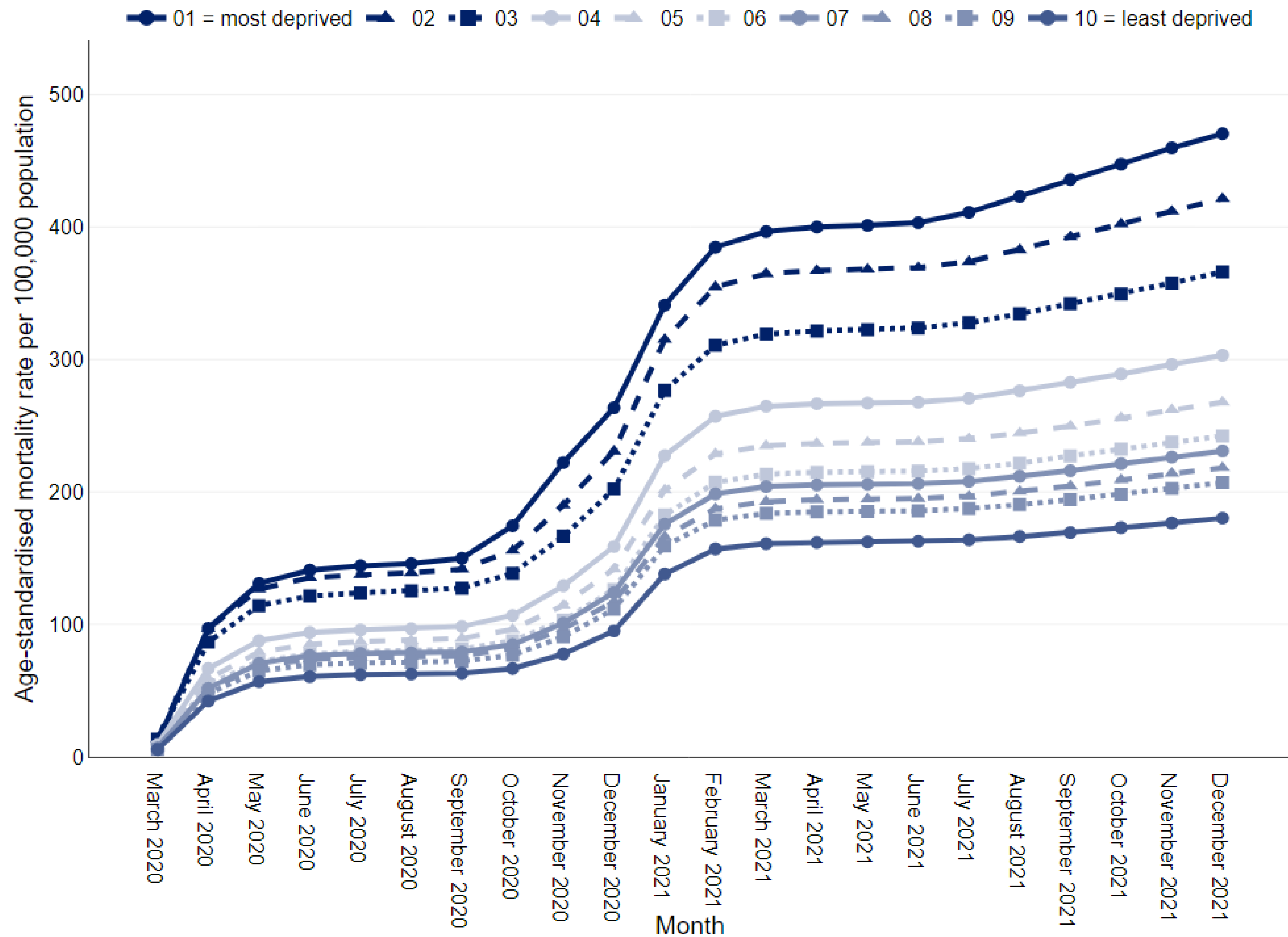
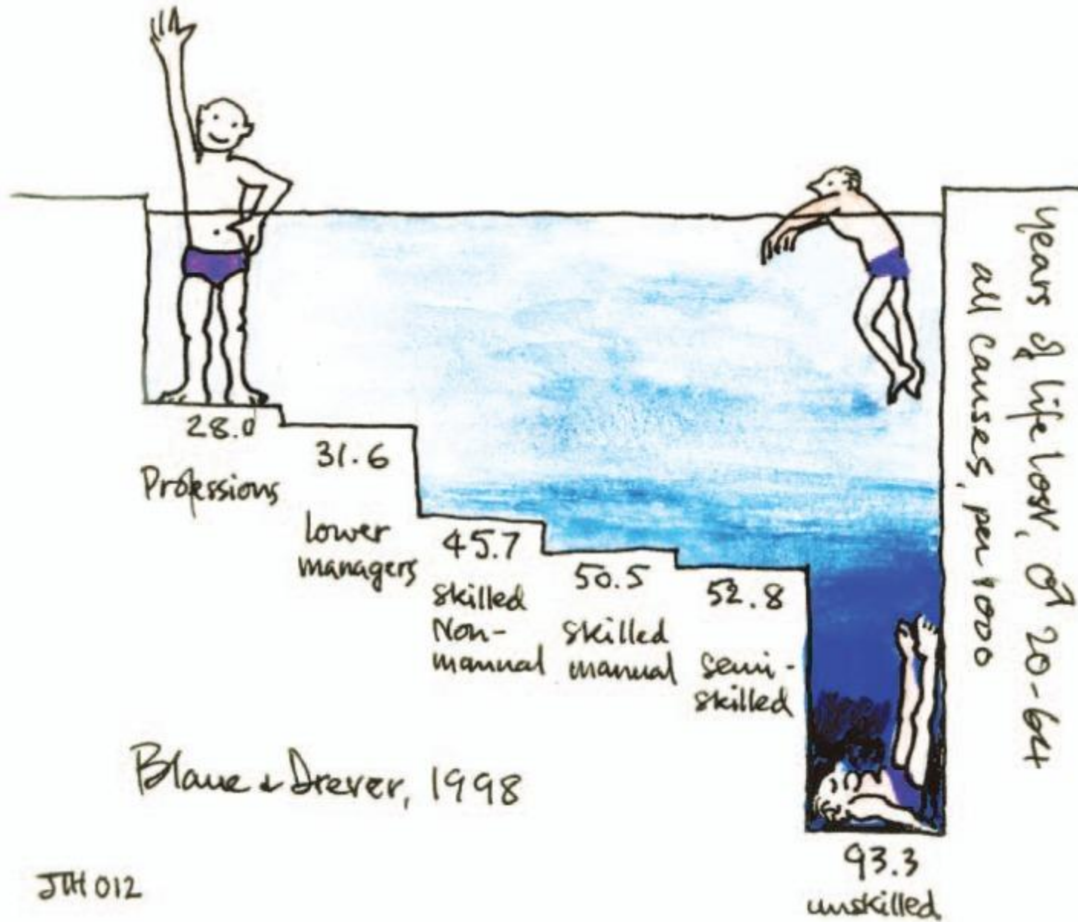


Cumulative directly age-standardised mortality rate per 100,000 population, for deaths involving COVID-19 in England by deprivation decile, March 2020 to Dec 2021

https://analytics.phe.gov.uk/apps/chime/

The Inverse Care Law



"The availability of good medical care tends to vary inversely with the need for it in the population served. This inverse care law operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced."

Julian Tudor-Hart 1927-2018

Blane D, Drever F. Inequality among men in standardised years of potential life lost, 1970–93. British Medical Journal. 1998;317:255.

Figure 1: Trends in GP practice payments per patient by neighbourhood deprivation

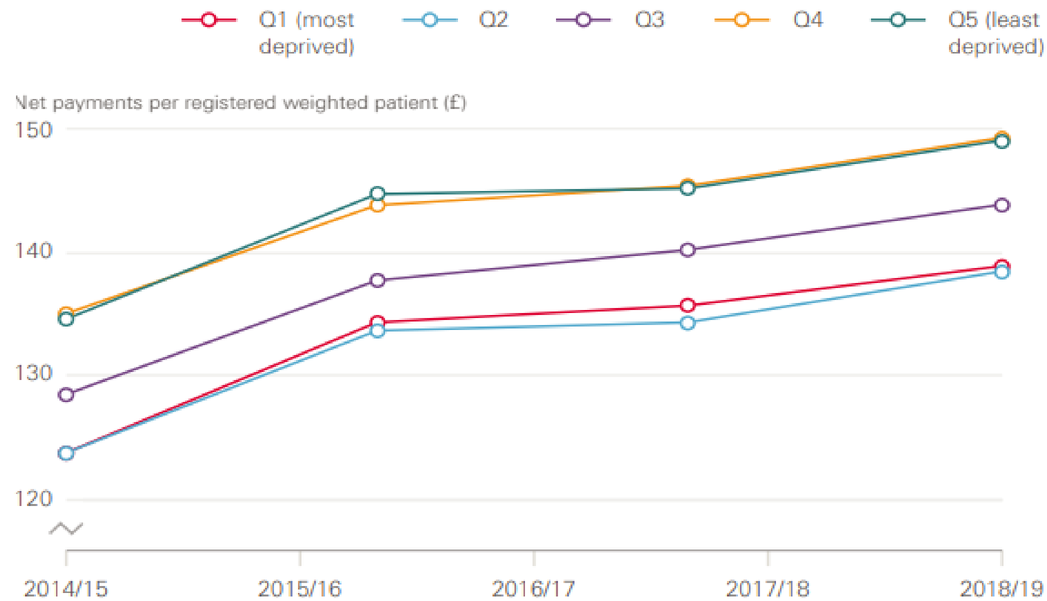
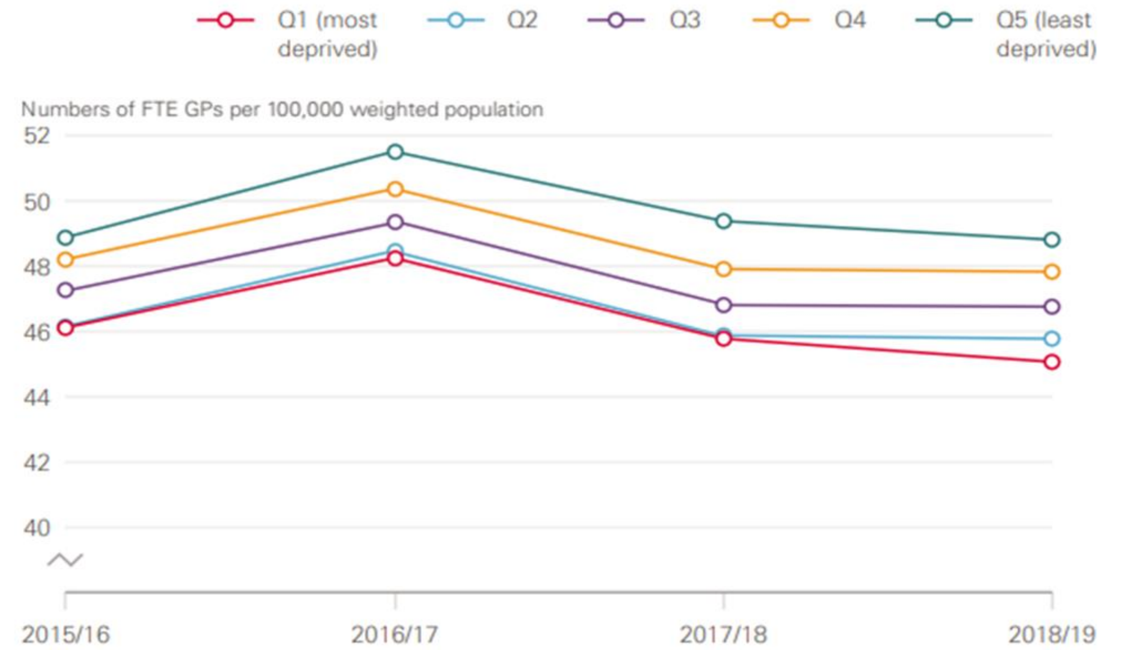
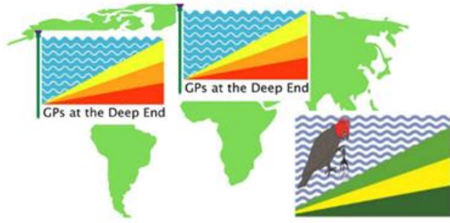


Figure 4: Trends in GP supply per 100,000 population by neighbourhood deprivation in England, 2015/16 to 2018/19

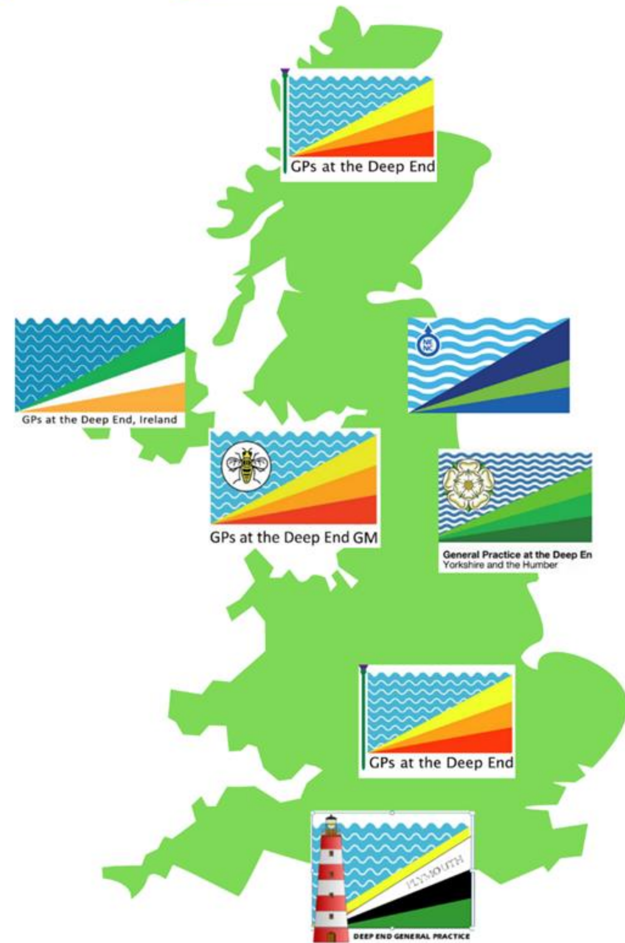


Tackling the inverse care law

[Tackling the inverse care law - The Health Foundation]



Deep End General Practice Networks



The Deep End movement started in Glasgow over a decade ago, bringing together GPs serving the most deprived communities to share learning and ideas, and to address the Inverse Care Law

Aim to change the way primary care is delivered and advocate for wider systemic change in healthcare funding

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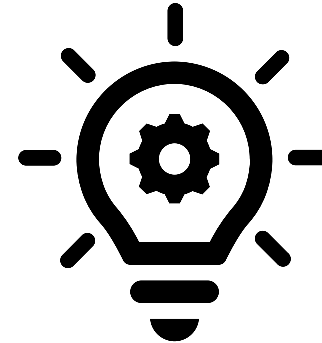
Research aims

Generate an in depth understanding of the challenges of delivering primary care in areas of severe socioeconomic deprivation, including experiences through the Covid-19 pandemic



Co-create with primary care practitioners a Deep End network for the North East and North Cumbria region to ensure it serves their needs.

Research methods

- Semi-structured interviews with practitioners working in primary care practices in NENC identified as ‘Deep End’ (as defined by IMD applying methodology developed by Scotland Deep End).
- Participants were recruited via purposive and snowball sampling.
- Interviews were conducted using video-conferencing software.
- Data were analysed using thematic content analysis through a social determinants of health lens.

What did we find out and what impact did it have?

“The legacy of this, the unemployment, the deprivation, that’s just going to get worse for patients because as with all of these things, our communities will be the hardest hit going forward…They’re not going to bounce back …in the way that other areas may be able to.”

General practitioner working in a Deep End practice in North East & Cumbria

Norman, C.; Wildman, J.M.; Sowden, S.
COVID-19 at the Deep End: A Qualitative Interview Study of Primary Care Staff Working in the Most Deprived Areas of England during the COVID-19 Pandemic.
Int.J. Environ. Res. Public Health 2021, 18, 8689.**DOI:** ijerph18168689

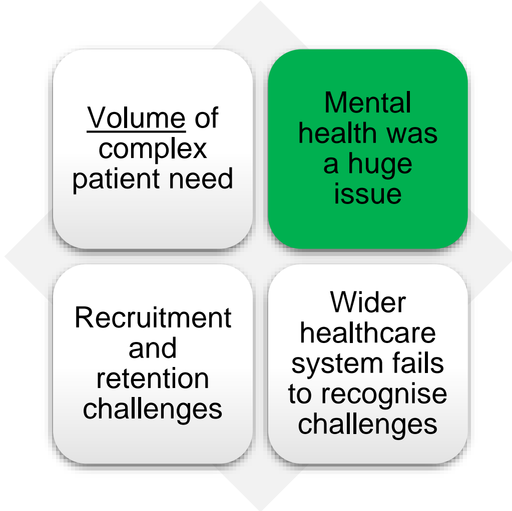
Volume of complex patient need

Mental health was a huge issue

Recruitment and retention challenges

Wider healthcare system fails to recognise challenges

Our patients present later [with cancer] than the national average. I think a lot of that must have to do with deprivation…[they're] worried about where the next meal is going to come from…they're not going to worry quite so much if there's a little bit of blood in their cough.



We see this all the time, patients who end up on an absolute cocktail of pain meds and psychiatric meds, and all the rest of it, for really quite shaky indications. And my fear is we end up doing them harm by trying to help ... If we get beyond with the patient, the idea that a pill might help, there isn't much else around that's accessible and that's acceptable to offer as an alternative.

Volume of complex patient need

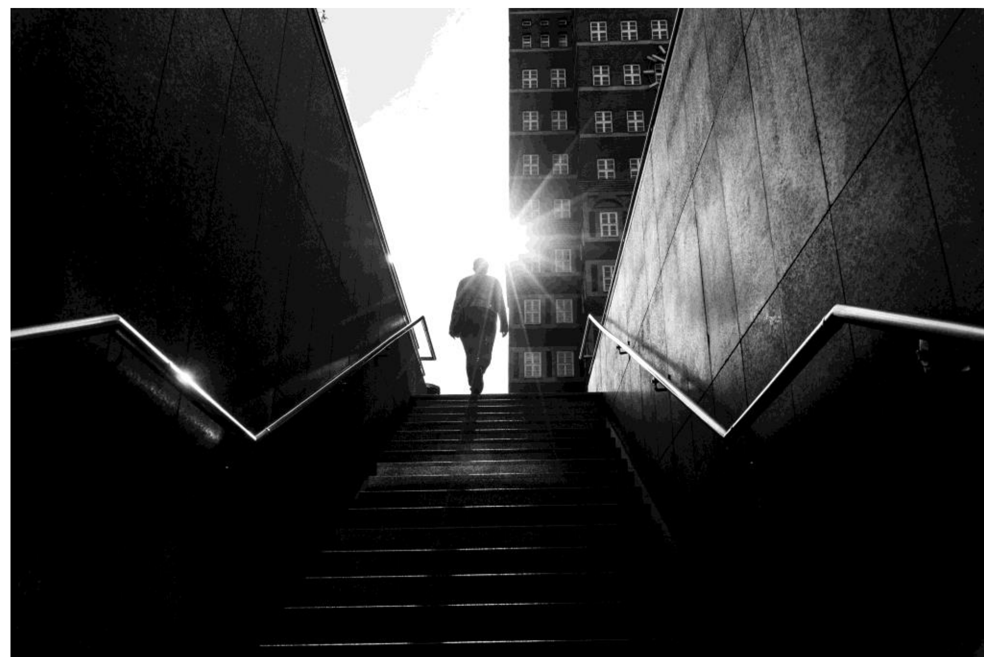
Mental health was a huge issue

Recruitment and retention challenges

Wider healthcare system fails to recognise challenges

The biggest standout for me probably is around recruitment. Recruitment, undoubtedly is more of a challenge for a deprived practice. Especially a small deprived practice. People don't want to work in small practices. They don't want to work in deprived areas. And that leaves us you know with, you know, most of the time running without adequate provision.

We feel often that we're having to defend ourselves in certain areas when we get flagged up. Whether it be opiate abuse or pregabalin use, or lots of the areas that are very much linked with deprivation.



I never realised that we were a 'Deep End' practice. I mean, I knew I worked in a deprived area, and I knew there were challenges that came with that, but also just a recognition...kind of giving you an extra bit of your identity, which I think is really helpful already.

A little ray of hope that something might change

The benefits [of a Deep End Network] will be a change in narrative and a change in consensus around how important it is to consider the inverse care law and the inequalities gradient in everything that we do.

Research impact

Providing supportive community for practices working in the Deep End by a series of webinars "by the Deep End for the Deep End" Events Archive - GPs at the Deep End NENC GPs at the Deep End NENC and newsletters

Research led to the creation of pilot projects focused on addressing key challenges identified through the co-design work:

- Embedded clinical psychologists Making a difference to mental health care in areas of blanket deprivation - ARC (nihr.ac.uk)
- Opioid prescribing reduction Projects - GPs at the Deep End NENC GPs at the Deep End NENC
- Early Career Trailblazer Fellowship scheme

Thank you
Research team, research participants and NENC Deep End network

Deep End website https://deependnenc.org/ @deependNENC

Applied Research Collaboration (ARC) https://arc-nenc.nihr.ac.uk/

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