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# HEALTHCARE FOR ALL

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## Health inequalities and the inverse care law



Welcome to the eighth of twelve newsletters, highlighting research that addresses the top challenges currently facing general practice...

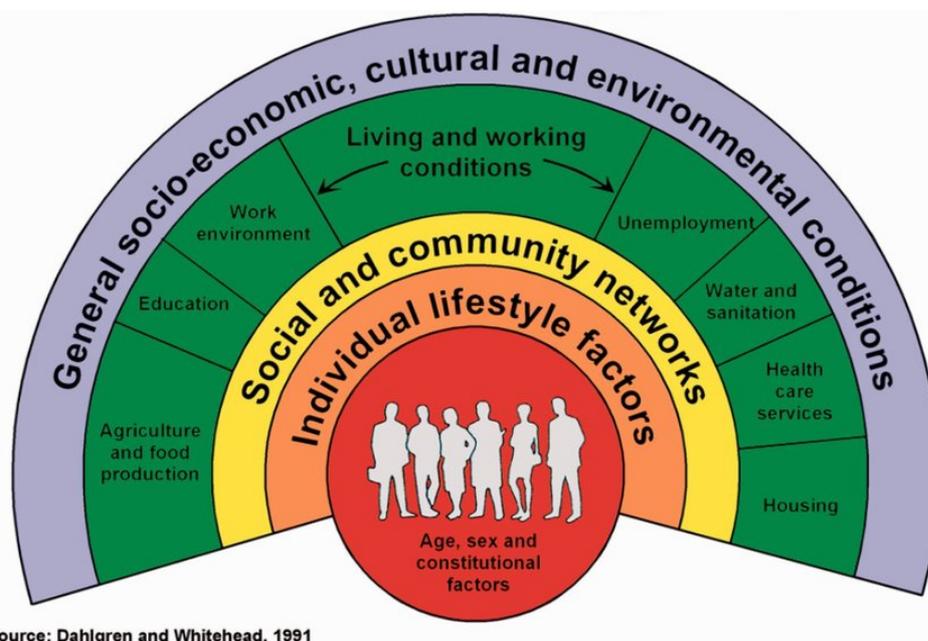
### **The role of Primary Care in tackling health inequality**

Health inequity is defined as avoidable and unjust differences in health between different groups of people. In the UK there is significant inequality in health by socioeconomic status.<sup>1</sup> People living in wealthy areas can expect to live almost ten years more than their counterparts in poorer areas and people in poorer areas will spend more of their time in poor health. Health inequality is widely found across the socioeconomic continuum and does not just affect the poorest.

In 2010 the Marmot report described the lack of progress in addressing health inequity in England and called for a wide range of actions to improve health across the population.<sup>2</sup> In 2020 a follow up report was published showing that little meaningful progress had been made and there have been increases in inequalities in life expectancy particularly for women and a worrying increase in mortality in people aged 40 – 50 years old.<sup>3</sup>

## What can GPs do?

Access to healthcare does not play the largest role in population health with social, cultural, and economic factors all being as important. The multi-layered determinants of health are represented in the model below.<sup>4</sup> Nonetheless it is important to consider access to good quality healthcare as an important determinant in reducing health inequalities. Because GPs are integrated in their local communities they can also act as advocates, highlighting social, economic and cultural factors that can affect health for vulnerable groups.



Source: Dahlgren and Whitehead, 1991

Dahlgren and Whitehead (1991) model of the determinants of health

## The persistent inverse care law

In 1971 Welsh GP Julian Tudor Hart wrote a landmark research paper describing the Inverse Care law – that is, the availability of good quality medical care varies inversely with medical need, where market forces are allowed to operate freely. <sup>5</sup>

The inverse care law continues to operate today with patients in deprived areas being more likely to have shorter consultations despite having more health problems.<sup>6</sup>

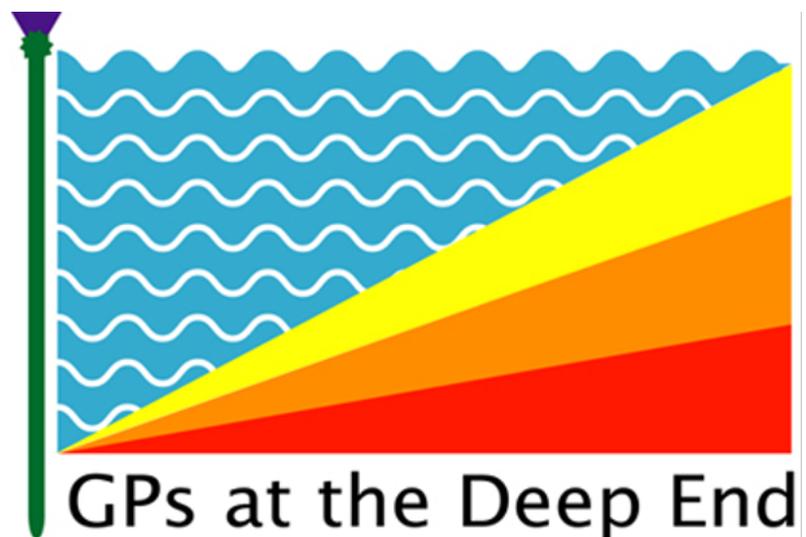
Funding for primary care in socioeconomically deprived areas does not take account of the higher clinical need in these areas and doctors in Scotland working in socioeconomically deprived areas were found to be more at risk of burnout. <sup>789</sup>

## Deep End Groups

In 2009 GPs serving the 15% of the most socio-economically deprived areas in Scotland came together to form a group of “deep end GPs”. The metaphor is that of a swimming pool, it appears everyone is equal but due to the hidden need beneath the “deep end” (socioeconomically deprived communities) GPs there are just treading water while the rest can stand.

The deep end website has a wealth of reports and knowledge about providing care and deep end groups have now started over the UK and in other countries.

<https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/>



## What about Wise GP?

Good primary care is essential to tackling health inequality. Disadvantaged communities suffer from systemic barriers to accessing health services and primary care should be grounded in the community and easily accessible to all.<sup>10</sup> Being grounded in the community also means GPs are uniquely placed to know local needs and community groups and charities that can help patients – link workers have been a great support with this.

As GPs we should not be afraid to advocate for our patients and to be clear where there are barriers to accessing timely and appropriate care. Wise GP aims to highlight the importance of good holistic primary care to the NHS and empower newly qualified GPs to be advocates for a strong primary care system and for their patients. By promoting a strong community of practice we help to prevent burnout and promote empathy which in turn will help lead to positive outcomes for patients and communities.

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## HIGHLIGHTS FROM WISEGP

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### WiseGP podcasts...

Hosted by Wise Intern Johanna Reilly this month's podcast is a deep dive into narrative medicine, street level bureaucracy and complexity with GP's Rupal Shah and Jens Foell.

Available to download on our website and from several major podcast hosts please have a listen and let us know if you like it, and if you would like to be a guest or have any guest suggestions!

<https://www.wisegp.co.uk/podcast>



Over a series of twelve newsletters we will be focussing on research addressing the top challenges currently facing general practice. If you haven't already, please sign up to receive regular WiseGP newsletters at <https://www.wisegp.co.uk/>.

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In our next newsletter we will be focusing on how to be a greener practice...

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## References

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