

Deep End Ireland

Health Inequalities in Women

Women's Health Taskforce Feb 2020

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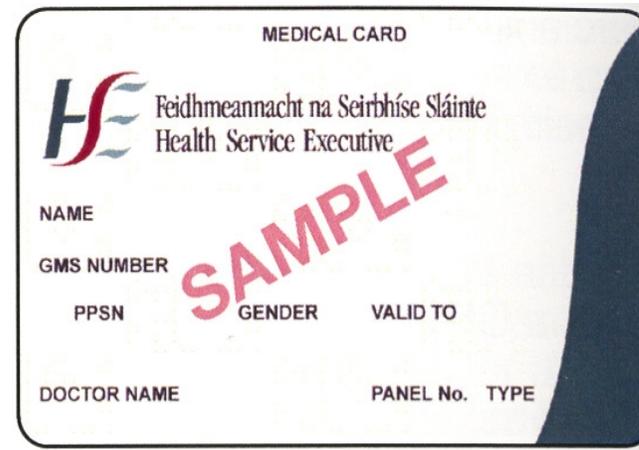
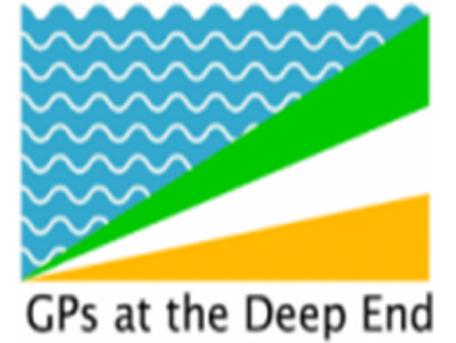
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Overview

- Context
- Deep End Ireland
- Health Inequalities
- Women's Health
- Deep End experience and recommendations

The Irish Context

- Health system in crisis
- Cutbacks during recession
- GP recruitment & retention
- Slaintecare



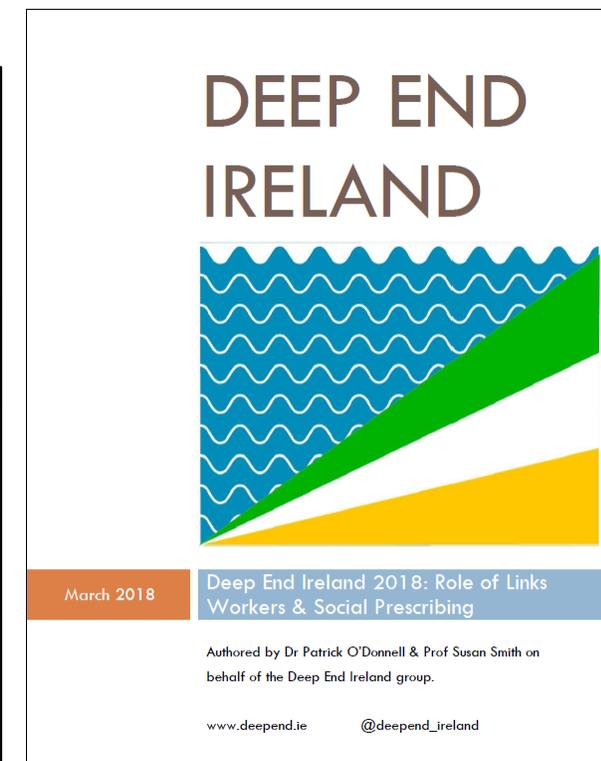
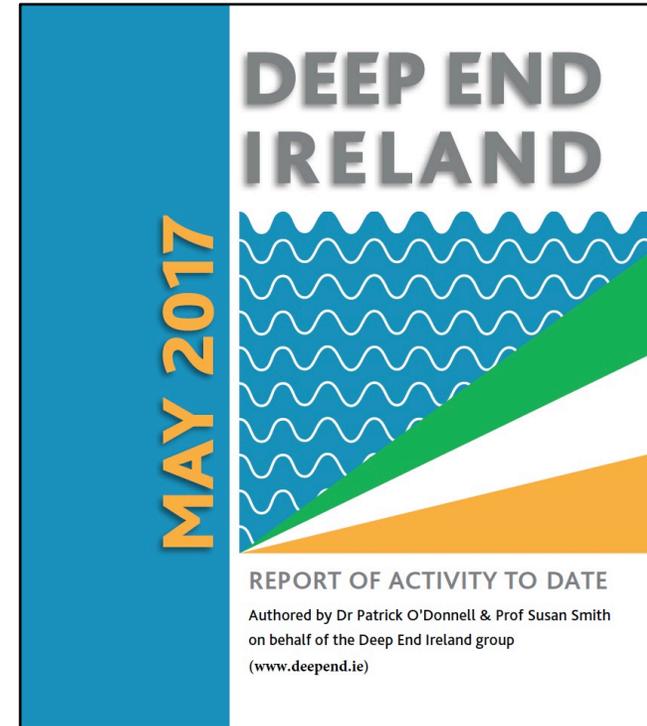
The Inverse Care Law

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

Julian Tudor Hart, The Lancet, 1971

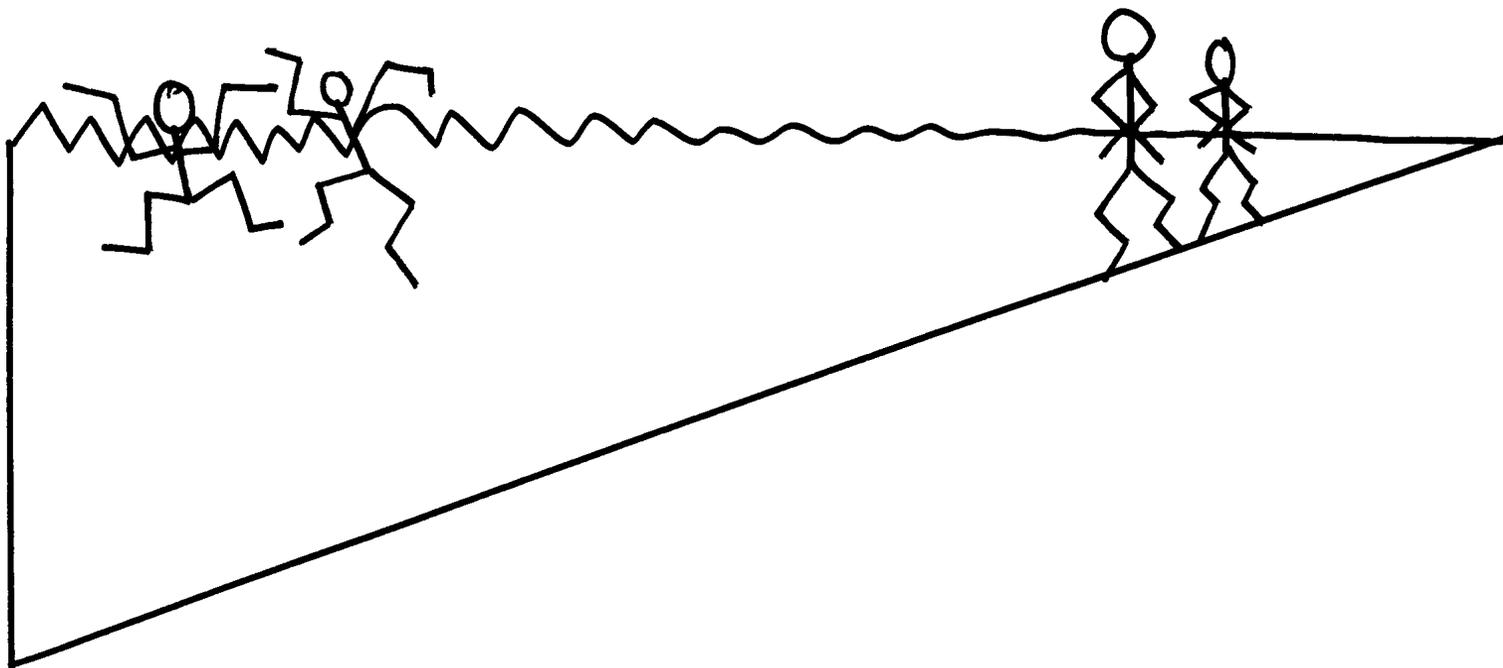
Deep End Ireland

- Began in Dublin, 2012
- Aimed to share experiences
- Linked with Deep End in Glasgow
- Difficulties identifying GPs

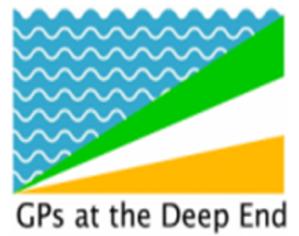


- Reports on Inverse Care Law; Linkworkers; Health inequalities in Children
- Submissions/ meetings Slaintecare, CAMHs, Mental Health

GPs at the Deep End



DEI Recommendations



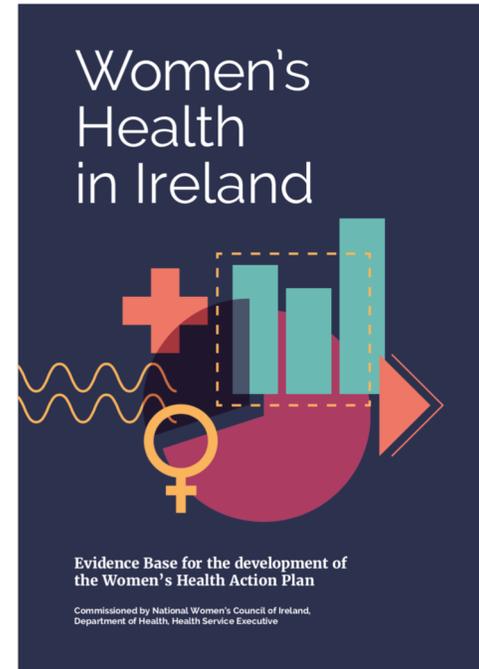
- Fully functioning primary care teams and infrastructure in deprived areas
- GP supports including:
 - longer consultations ; additional practice nurses and administrative staff
 - deprivation weighted capitation payments
- Improved access to diagnostics and other secondary care services

Children

- Enable GPs, particularly in disadvantaged communities to coordinate early intervention when children and their families show signs of distress
- Model of care where referred children and families in distress are triaged by a multi disciplinary team and organized into appropriate referral pathways

Women's Health

One of Key Areas for consideration:
Barriers to healthcare and poor health outcomes experienced by women who are socially or economically disadvantaged

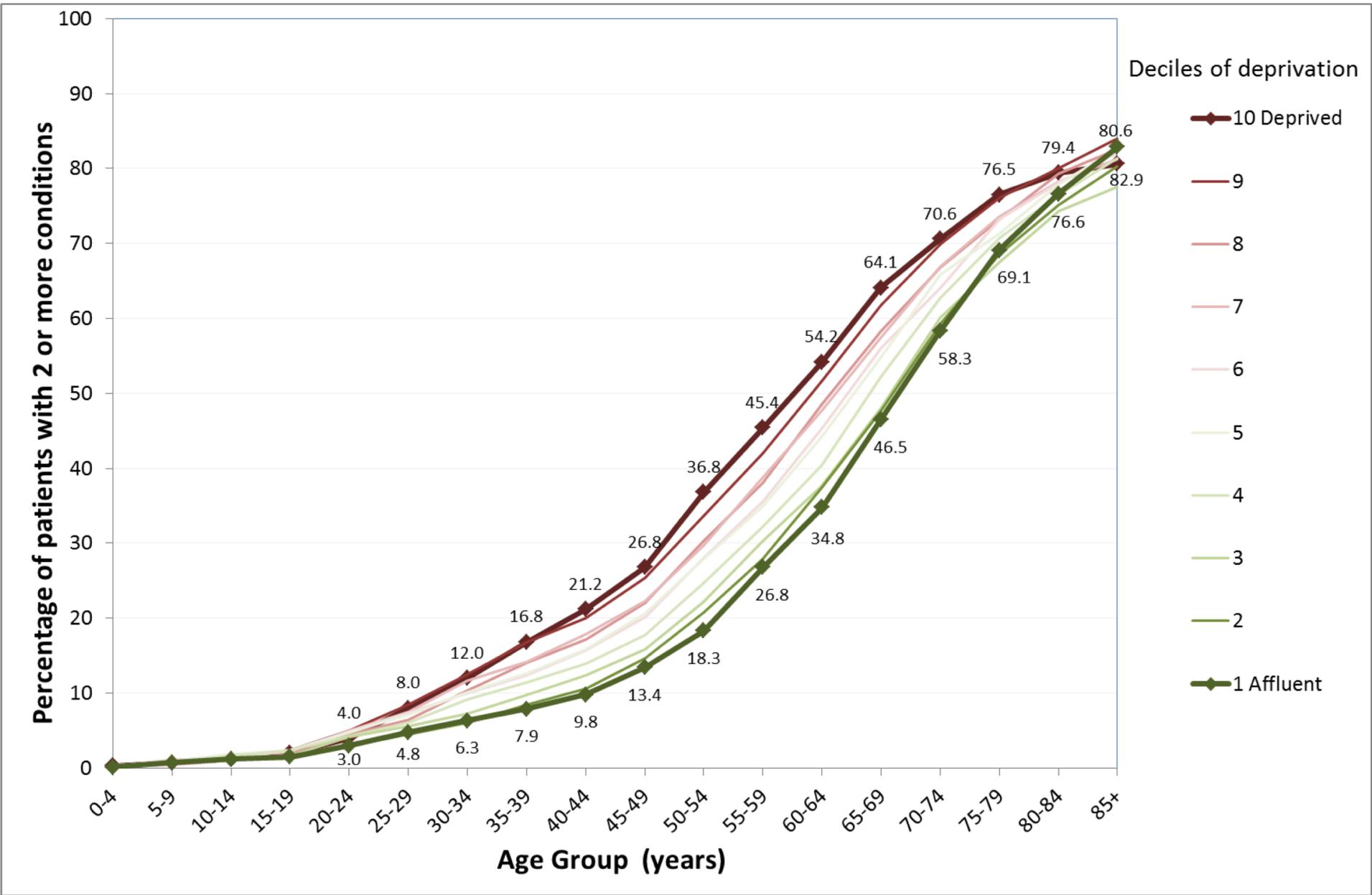


Health outcomes for women in Ireland: Context

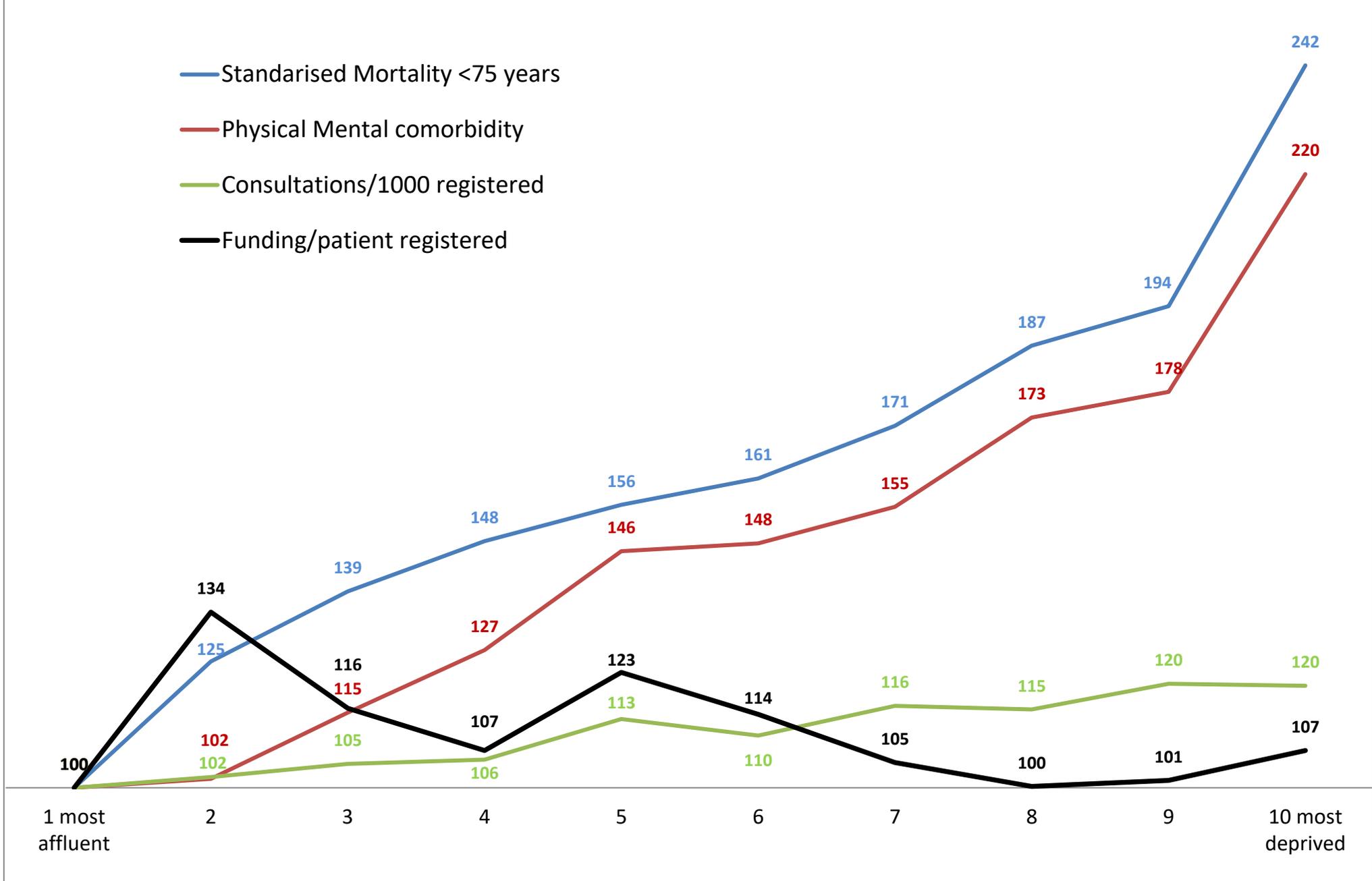
- Wider social determinants of health (life course)
 - Income inequality
 - Child rearing and childcare; other caring responsibilities
 - Gender based violence
 - Education and environment (green spaces; diet)
- Particularly vulnerable groups
 - Travellers and Roma; homeless; migrants
- Current approach to addressing health inequalities
 - Slaintecare: needs-based approach to allocation
 - Revisions to GP contract 2020: €2m for GPs in urban deprived areas

Women living in the most disadvantaged areas:

- Die 4.5 years earlier and spend more of their lives with disability
- Have higher levels of multimorbidity; cancer
- Poorer access to health care
- Poorer self-rated health; higher stress
- Poorer health behaviours
- Families transitioning into poverty leads to a 50% higher risk of behavioural and emotional difficulties in children

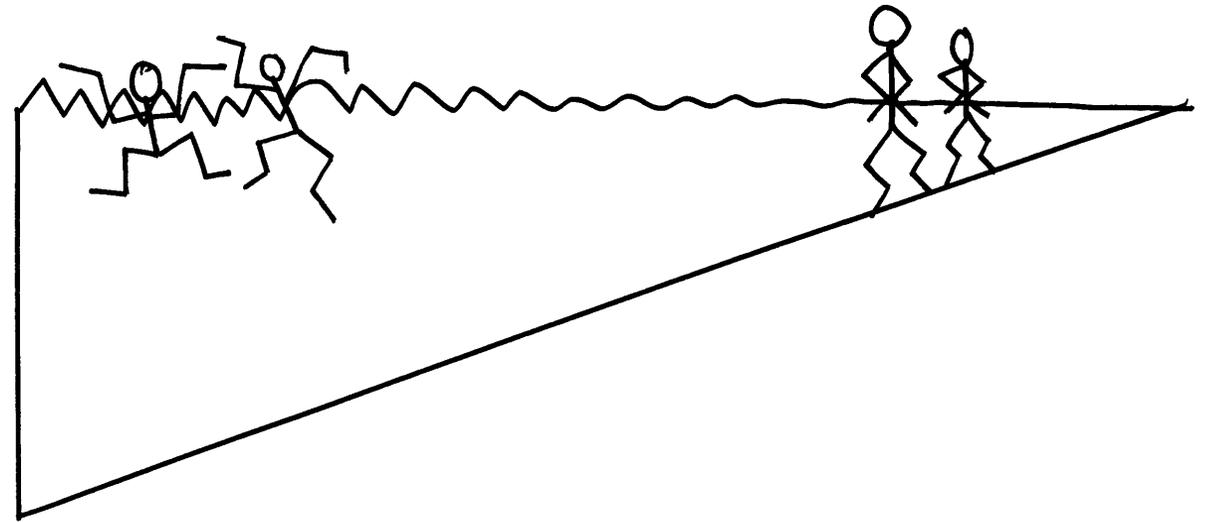
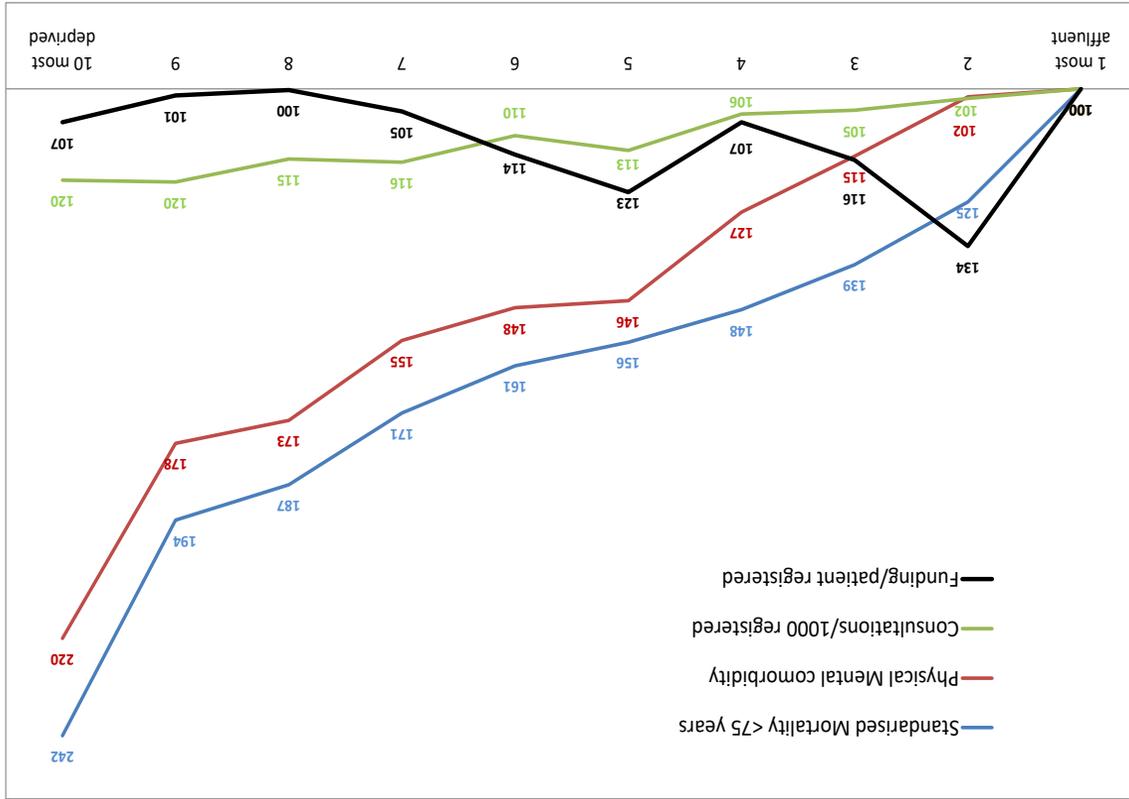


Barnett et al, Lancet 2012



McLean G, Guthrie B, Mercer SW, Watt GC. **General practice funding underpins the persistence of the inverse care law: cross-sectional study in Scotland?** BJGP 2015; 65(641): 799-805.

Percentage differences from least deprived decile for mortality, comorbidity, consultations and funding



Experience of Deep End GPs

- Patients
 - Reduced expectations
 - Lower enablement
 - Lower health literacy
 - Vulnerable children and families
- Care delivery
 - Chaos
 - Multimorbidity and social complexity
 - Shortage of time
 - Practitioner stress



Dr Edel McGinnity, Mulhuddart

Particular challenges for women's health

- Poverty and impact on physical and mental health
- Single parent households
- Stress, generational effects
- Services: Addiction, Community Psychology, Psychiatry, CAMHs
- Contraception

- Focus is on everyone around them

Potential solutions (Deep End)

- Resources (Challenge in Irish system)
- Linkworkers for social prescribing
- Deprivation payment in revised GP contract

- Resourcing general practice in disadvantaged areas will benefit most vulnerable women
 - We see them all the time
 - Never get to the preventive tasks
 - Vaccinating children (role of practice nurses)

Key messages

Impact of poverty on health, intergenerational

Particular effects on women

Strengthening of general practice and primary care supports

Need to reource GP in deprived areas and have an inter-departmental approach considering wider determinants of health