A general practice and district nursing perspective on inequalities and palliative care.

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What we'll cover…

- An overview of health inequalities, general practice, and a brief introduction to the Scottish Deep End project.
- 'in conversation' with District Nurse Kaye Nicholl on the realities of providing palliative care in one of Scotland's poorest communities.

Health inequalities in Scotland



- Are avoidable, unfair and systematic differences in health between different groups of people
- There are many types of health inequality, the key driver is socio-economic status
- Despite well-intentioned policies, Scotland has the lowest life expectancy in Western Europe
- The gap in Healthy Life Expectancy is now a quarter of a century shorter in the most deprived tenth of areas in Scotland compared to the least deprived tenth of areas.

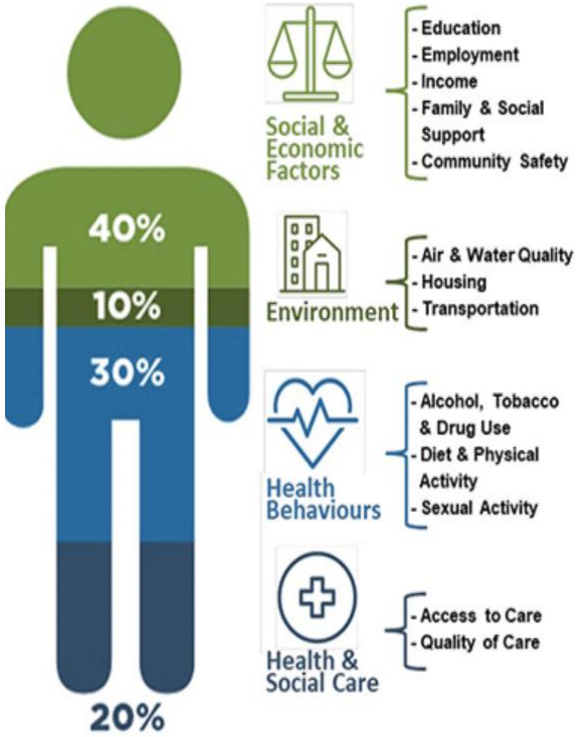
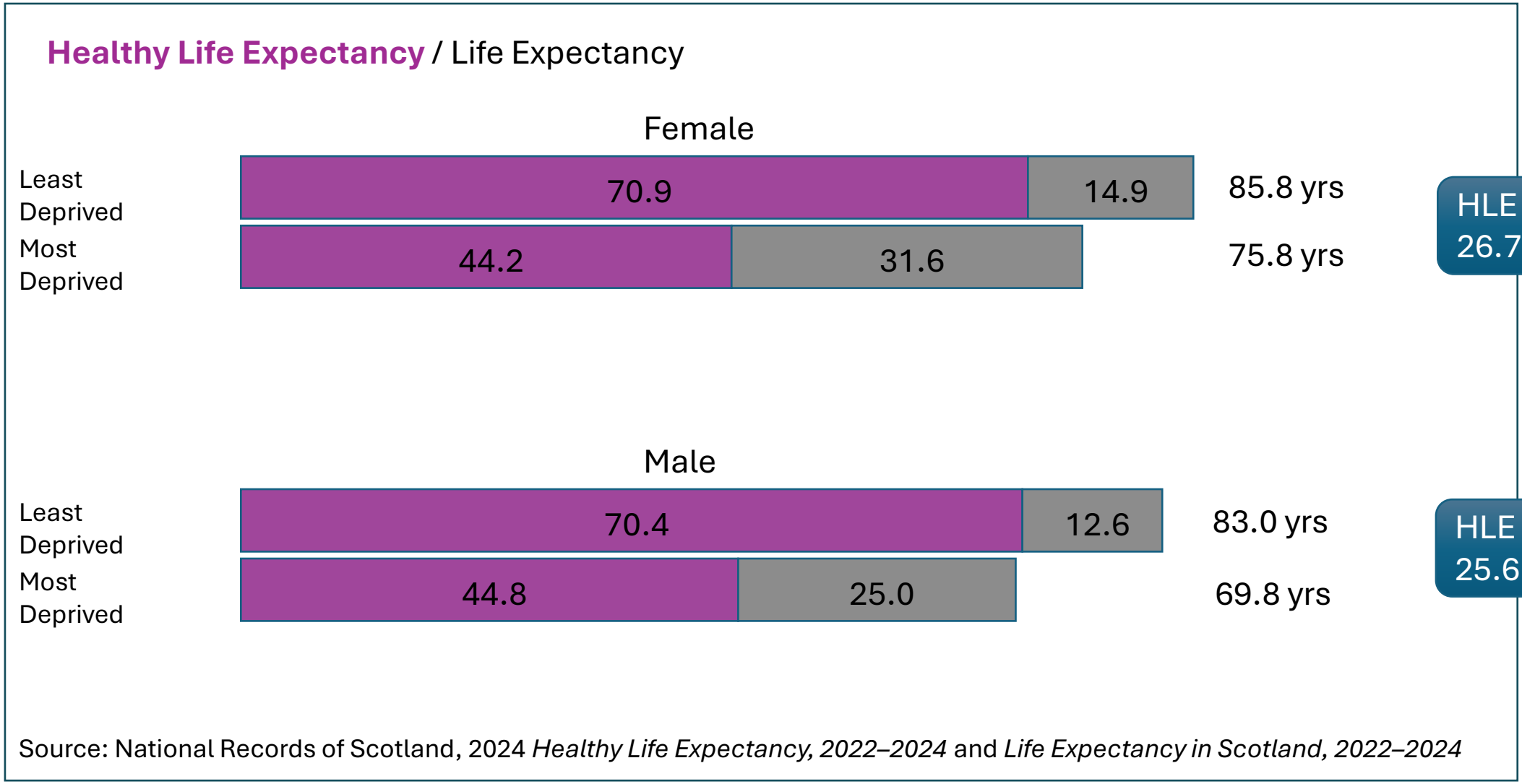


Diagram adapted from Bookse et al., 2010 and King's Fund – A Vision for Population Health

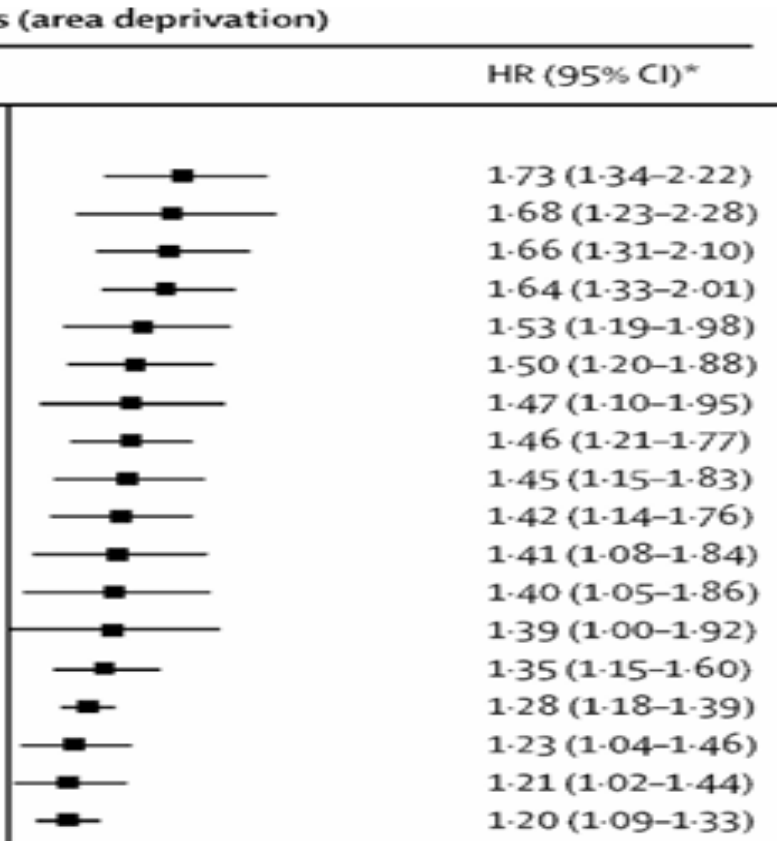
Health Inequalities in Scotland



Source: National Records of Scotland, 2024 *Healthy Life Expectancy, 2022–2024* and *Life Expectancy in Scotland, 2022–2024*

Links between poverty and disease

	Socioeconomic status (area deprivation)	
	New cases	HR (95% CI)*
Diseases associated with low socioeconomic status (both indicators)†		
Obesity	394	1·73 (1·34–2·22)
Self-harm	248	1·68 (1·23–2·28)
Poisoning	438	1·66 (1·31–2·10)
Psychotic disorders	599	1·64 (1·33–2·01)
Anaemia	358	1·53 (1·19–1·98)
Chronic obstructive bronchitis	454	1·50 (1·20–1·88)
Lung cancer	271	1·47 (1·10–1·95)
Disorders due to substance abuse	665	1·46 (1·21–1·77)
Dementia	452	1·45 (1·15–1·83)
Heart failure	466	1·42 (1·14–1·76)
Renal failure	313	1·41 (1·08–1·84)
Pancreatitis	291	1·40 (1·05–1·86)
Arteriosclerosis	208	1·39 (1·00–1·92)
Mood disorders	922	1·35 (1·15–1·60)
Diabetes	3206	1·28 (1·18–1·39)
Cerebral infarction	765	1·23 (1·04–1·46)
Diseases of the liver	747	1·21 (1·02–1·44)
Ischaemic heart diseases	2309	1·20 (1·09–1·33)



Association between socioeconomic status and the development of mental and physical health conditions in adulthood: a multi-cohort study. Kivimäki et al; Lancet Public Health. January 30th 2020. https://doi.org/10.1016/S2468 2667(19)30248-8

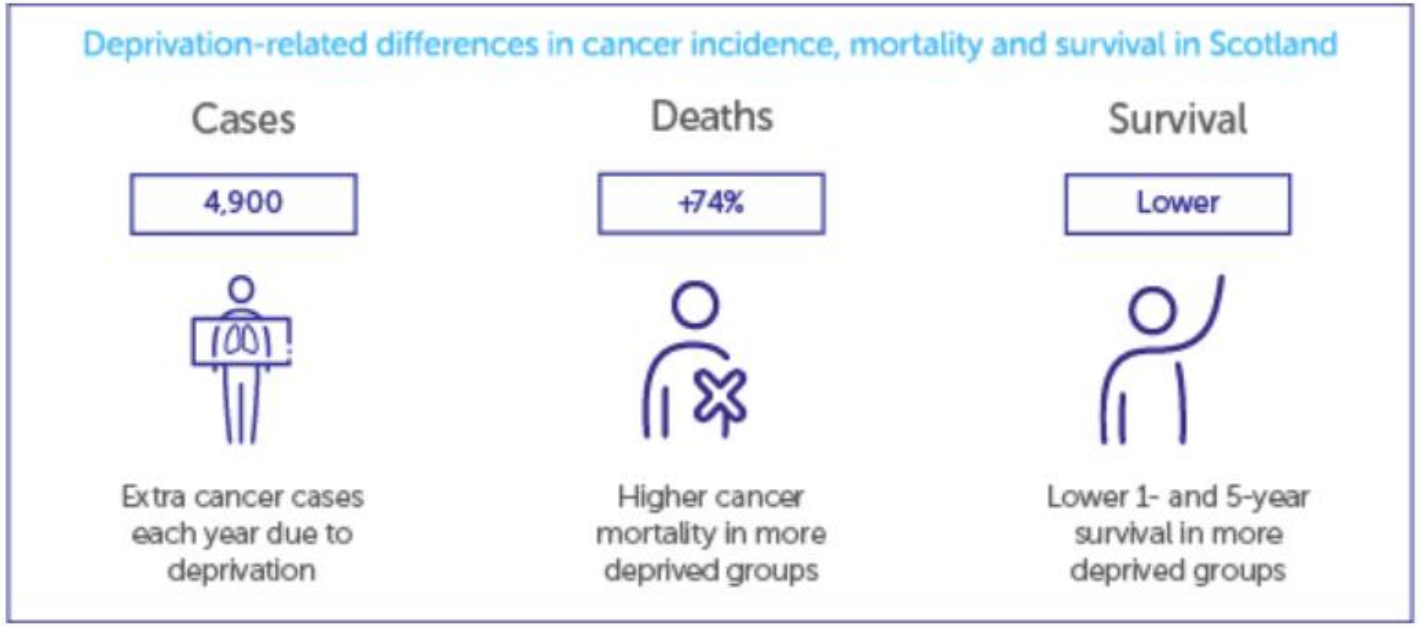
*"In terms of mortality, those living in the most deprived fifth of areas are **at least twice as likely to die from almost every cause examined** as those in the least deprived fifth, and for some outcomes, such as the so-called 'deaths of despair' (from suicide, drugs, alcohol), these inequalities are far greater.."*

Source: The Health Foundation, 2022
EXEC-SUMMARY-Health-Inequalities-Scotland-Trends-in-deaths-health-wellbeing-behaviours-health-services.pdf



Cancer inequalities as an example

- The burden of cancer morbidity and mortality is not equally felt
- In deprived areas:
  - More likely to have cancer (and at a younger age)
  - More likely to die from cancer (mortality rates 74% higher)



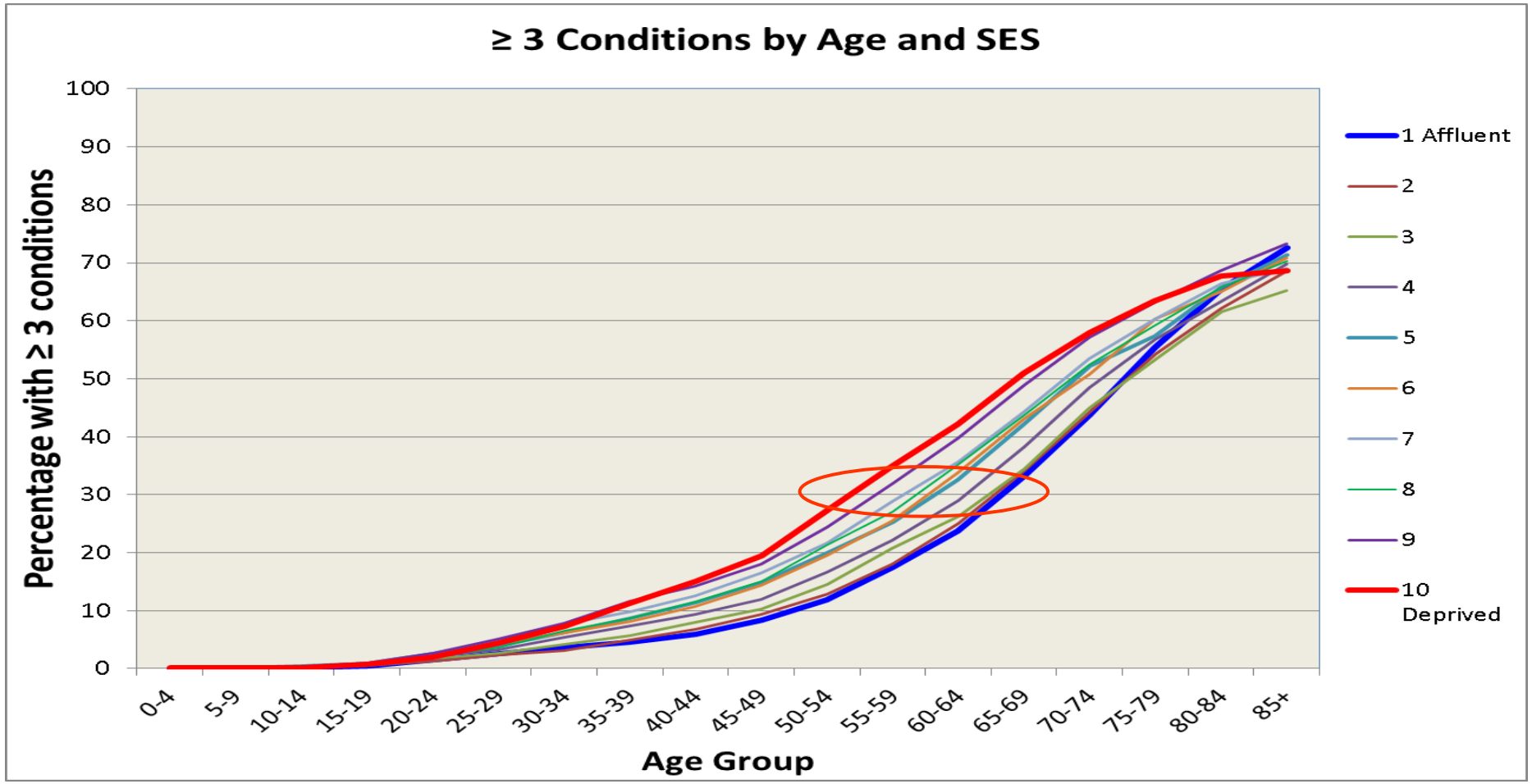
Source: New report highlights stark cancer inequalities across Scotland (cancerresearchuk.org) 2022

Plus, multi-morbidity occurs 10-15 years earlier among patients in the poorest areas..

Get sicker younger

More years in poor health

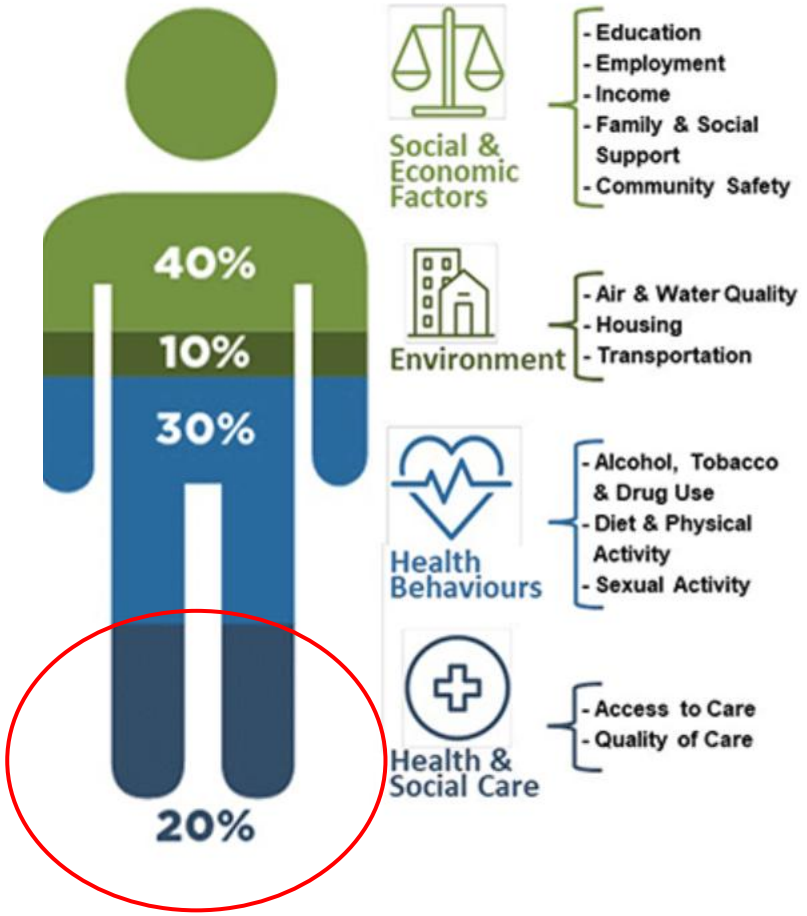
Die younger.



Barnett et al (2012). Epidemiology of multi-morbidity and implications for health care, research, and medical education: a cross sectional study. Lancet

What is the role of healthcare? ('Healthcare Inequalities')

- The social determinants do the 'heavy lifting' but healthcare has a key role too – 'healthcare inequalities
- Healthcare systems with **strong primary care** systems are recognised across the world to improve health outcomes, improve population health and improve health equity
- Healthcare systems also need to be **at their best where they are needed the most** if we want to maximise their impact on health inequalities, addressing the persisting 'Inverse Care Law'

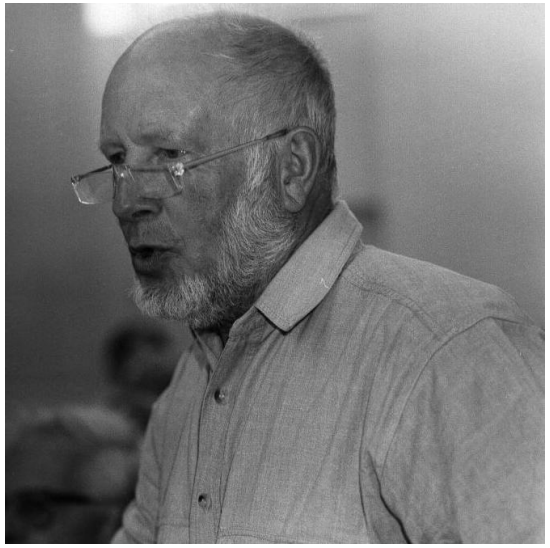


WHY is primary care (general practice) uniquely placed to address health inequalities?

- Population coverage
- Care in social context
- Continuity of care (trust)
- Coordination of care
- Team working
- Advocacy role
- Inclusivity of care
- Professional autonomy



BUT we have a persisting ‘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. “*
The Lancet, 1971.



Source: 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.

The ICL in general practice manifests as…

- Smaller workforces (clinical and administrative)
- Higher consultation rates
- Shorter appointments
- Reduced patient expectations and enablement
- Practitioner stress
- In the context of social complexity, premature multiple morbidity, higher need for translators, and lower health literacy.

Inability to adequately harness the potential of general practice to address unmet need and healthcare inequalities.

The overarching vision of the Scottish Deep End Project is for NHS general practice to be at its best – where it is needed the most.

- Comprises GPs (and others) from 100 general practices serving communities most impacted by poverty and inequalities.
- Centrally coordinated, led from the frontline.
- Involvement in:
  - Workforce
  - Education
  - Advocacy
  - Research
  - (also collaboration with national stakeholders and involvement in policy development, media work, and more)
- More info at www.gla.ac.uk/deepend and @deependGP

GPs at the Deep End



Our current key messages: (based on the evidence)

- Enable and increase relational continuity of care.
- Allocate resource fairly (people and £) by proportionate universalism.
- Apply a 'missingness lens' to healthcare.

Relational continuity of care

It’s better for:

PATIENTS

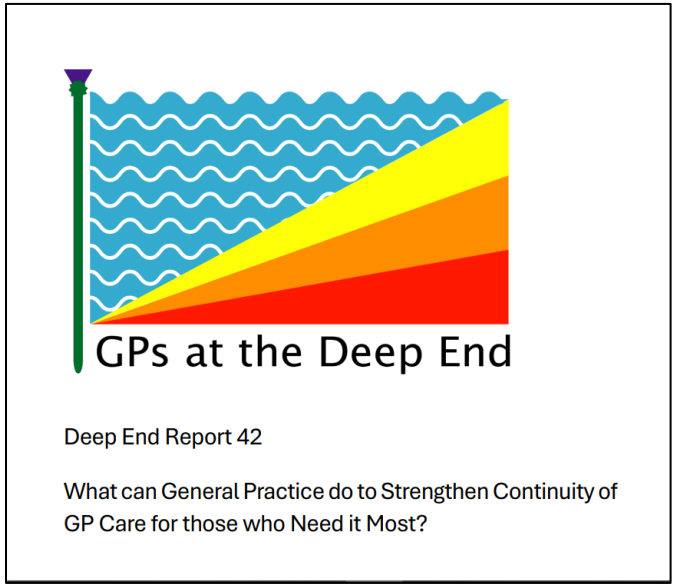
Care is safer, higher quality, with positive impacts on experience, morbidity & mortality. Continuity saves lives.

CLINICIANS

Practice workload reduces, access improves, stress & burnout reduces, complaints & litigation reduce.

THE NHS

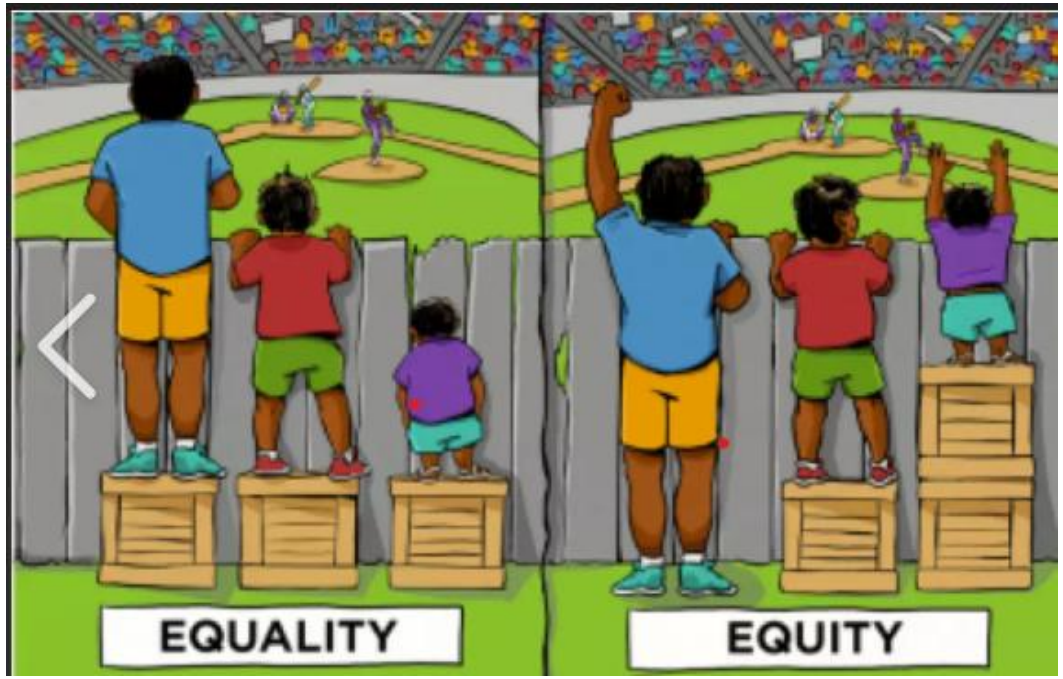
Care is more cost-effective, adherence to treatment and uptake of prevention increases. Less use of unscheduled care. Fewer unnecessary test and referrals into secondary care.

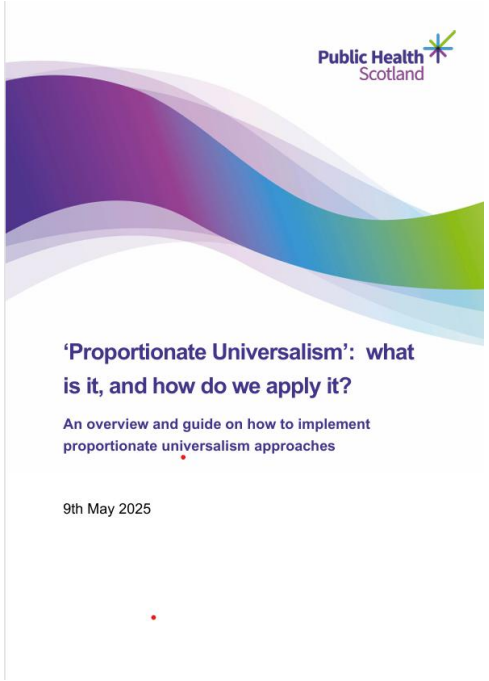


It is also an important way of addressing healthcare inequalities through **building trust**, understanding **social context**, supporting earlier disclosure of symptoms, and helping people feel able to accept the care offered.

Proportionate Universalism

"An approach to the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need."



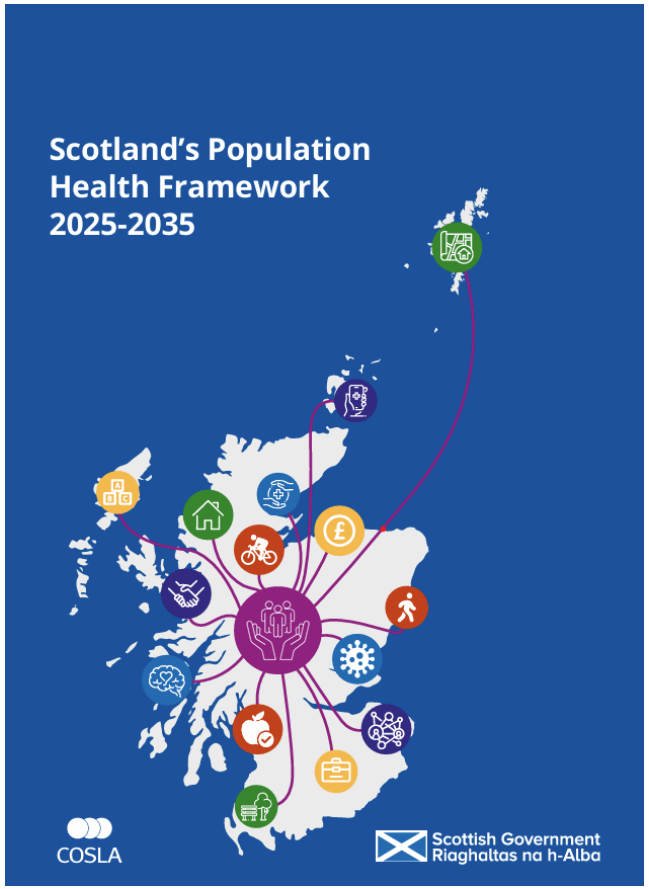




‘Missingness’

- A way of understanding repeated non-engagement (‘DNAs’)
- Defined as *“a repeated tendency not to take up offers of care such that it has a negative impact on the person and their life chances”*
- Causes are complex, and consequences are significant- people who recurrently miss appts are at risk of early death.
- The ‘missingness lens’ approach shifts the question from *“why didn’t the patient come?”* to *“what barriers, experiences or service design might be making care hard to reach or use?”*
- Increasingly included in Policy, Strategy (eg the Population Health Framework, Cancer Strategy), CMO reports, Service design, Service evaluation
- Recommended video: Introduction to Missingness in Healthcare
- Co-designed suite of interventions recently published

Key policy?
Scotland's Population Health Framework 2025 - 2035



access HERE

Heavy emphasis on the importance of prevention (primary, secondary, tertiary)

Specific section on the role of healthcare inequalities, and a commitment to develop an action plan, to include:

- Addressing 'missingness' in physical and mental health services
- Improved data collection and analysis to drive accountability
- Embedding a proportionate universalism approach
- Improving education and training for health and social care teams.

What can make palliative care uniquely challenging in communities impacted by poverty and inequality?

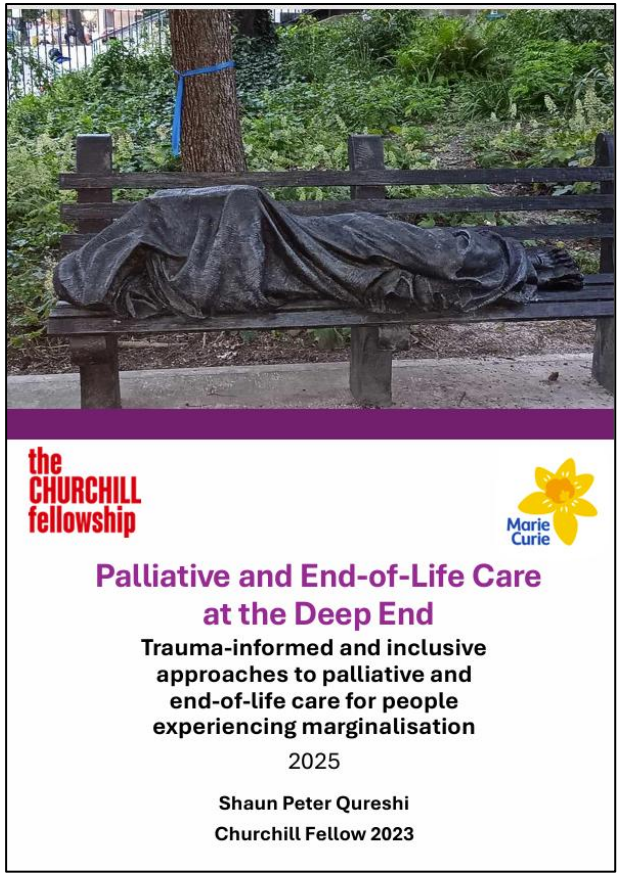
- **Structural barriers**
  - Social complexity around access to specialist palliative services, equipment, and medications—especially opioids for pain relief.
  - Limited access to specialist mental health and addition services
  - Underfunded primary care and community nursing teams, leaving gaps in continuity and home support and pressures on time (the inverse care law)
- **Socioeconomic stress**
  - Poverty amplifies suffering: patients may also face food insecurity, poor housing, and fuel poverty, all worsening symptoms and stress.
  - Families often cannot afford time off work, transport to appointments, changes in their home or diet - constraining care choices.
- **Hidden need and late presentation**
  - Serious illness may go unrecognised or untreated until late stages due to competing priorities and low health literacy.
  - Stigma and mistrust of institutions can delay engagement with services.

- **Relational complexity**
  - Clinicians often navigate histories of trauma and adversity, social exclusion, and complex family dynamics while trying to maintain trust and dignity.
  - ‘Emotional labour’ is intensified when patients’ social circumstances are precarious.
- **Equity and advocacy**
  - Clinicians often act as advocates for basic entitlements—housing, benefits, heating—alongside symptom control.
  - “Good death” ideals may clash with structural realities, requiring flexible, compassionate definitions of quality care.
- **Enduring impacts after death**
  - The ripple-effects of loss for families from premature death– emotional, social, financial – and the need for ongoing support.

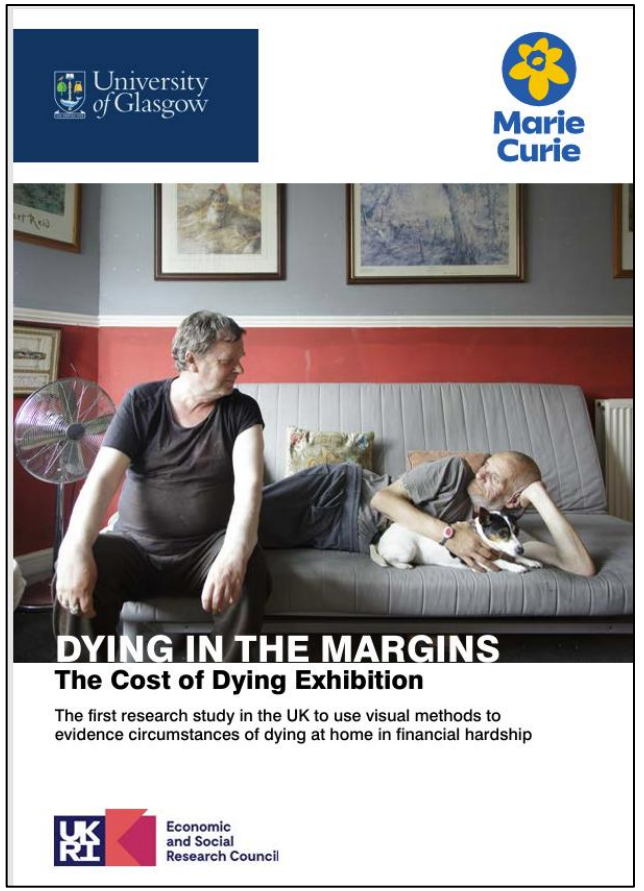
- In general practice, our district nursing colleagues are the experts
- They provide the majority of our palliative care, with huge skill, flexibility, pragmatism and accessibility, without stigma or judgement.
- How is it for them?

Let's have a conversation…

Some useful reading. Thanks for listening ☺



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