

Caring at the Margins

Scottish Health and Homelessness
Conference

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Royal College of
General Practitioners



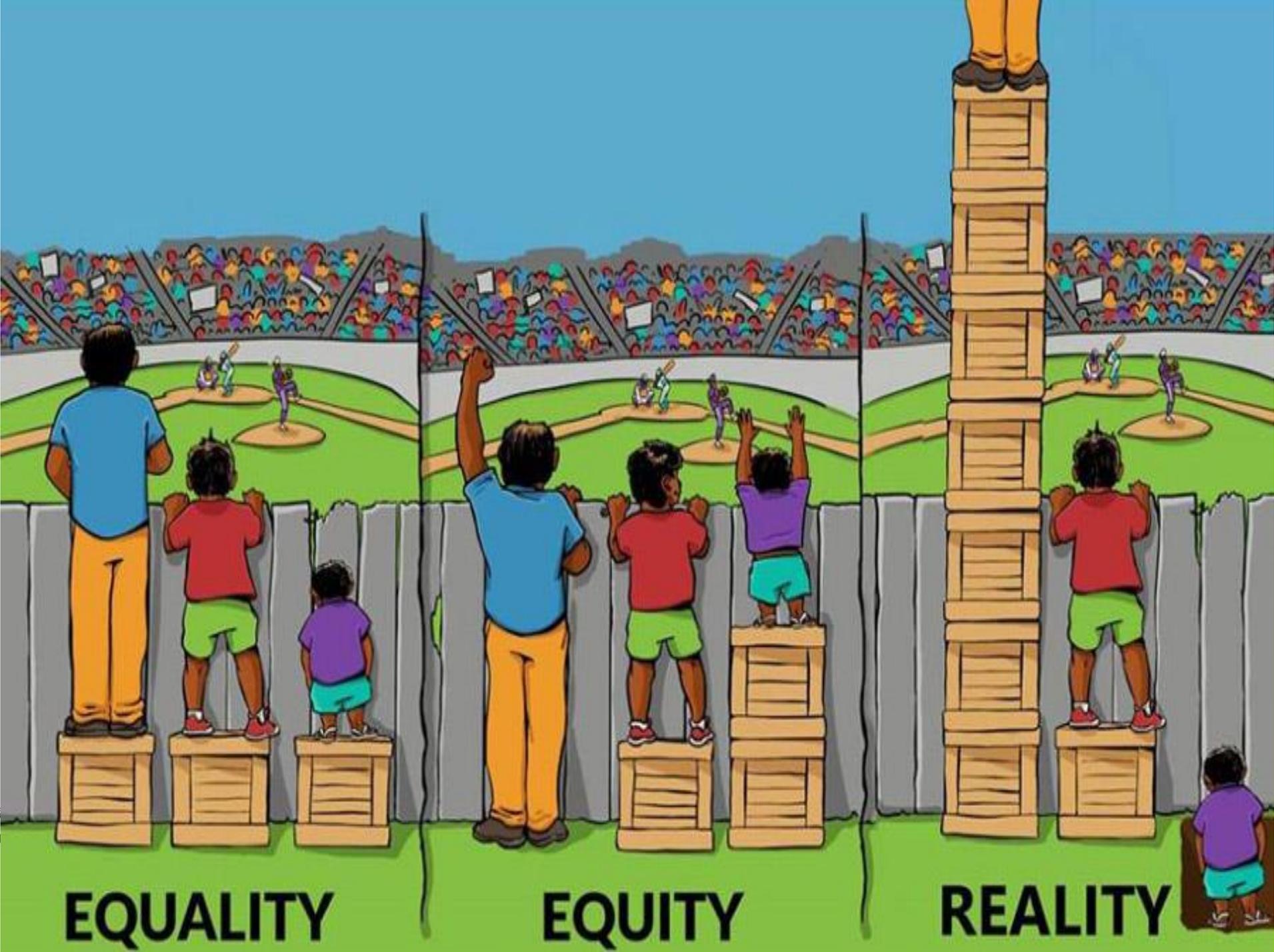
A Joint Statement



“Those who are living on the margins of society are too often poorly served. We believe that care must be tailored to reflect the particular needs of each patient, with clinicians addressing the patients’ total health, care and social needs. There is a growing understanding of the impact of health inequalities on patients and healthcare providers.....”

....Whilst many people experiencing deprivation will face the health impact of inequality, this impact is particularly acute for the most marginalised. People in this situation may include homeless people, vulnerable migrants, sex workers, Gypsies and Travellers and those in contact with the criminal justice system”

Promoting 'Proportionate Universalism' – health resource distribution that favours the disadvantaged and **actively reverses the 'inverse care law'**



EQUALITY

EQUITY

REALITY

- Offering **GP registration** to all who need healthcare

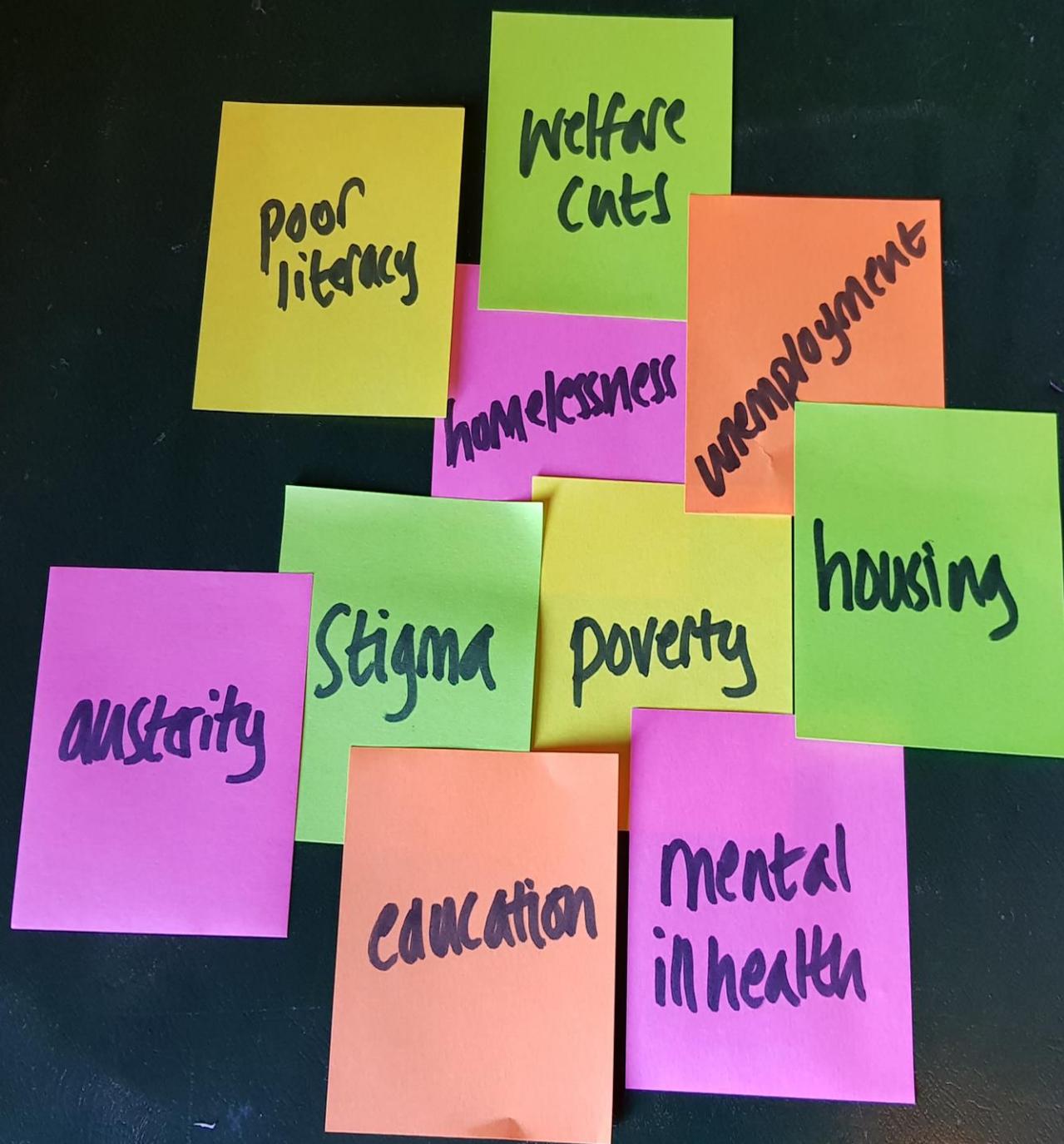


- Integrated care that considers patients' physical, psychological and social care needs, with complexity managed by individual care coordination supported by a **multi-disciplinary team**



Improving awareness that health care alone cannot transform health inequalities

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- A recognition that all clinicians must be involved in helping patients to improve their health, not just by medical treatment but through **advocacy, inter-professional working and engagement** with Public Health.—

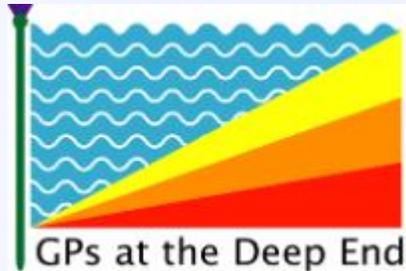
respect



Improving medical and nursing **education** so that healthcare professionals are equipped with the skills and confidence to address health inequalities and care for vulnerable patients with complex health and social needs



The Deep End Concept



- Established 2009
- RCGP Scotland initiative
- Dual funding: RCGP and Scottish Government
- 100 most deprived practices in Scotland
- Shared learning, research and recommendations

General practitioners at the Deep End struggle with higher volumes and levels of complex need and lower levels of health literacy and personal agency (the “unworried unwell”), with no extra GP funding...”

Deep End Manifesto 2017

Extra funding for...

Longer consultations

More effective MDT working

Attached teams: link workers, financial workers, addictions workers

Activities focused on **team wellbeing**

Life Lesson: Put on your own oxygen mask before assisting others.



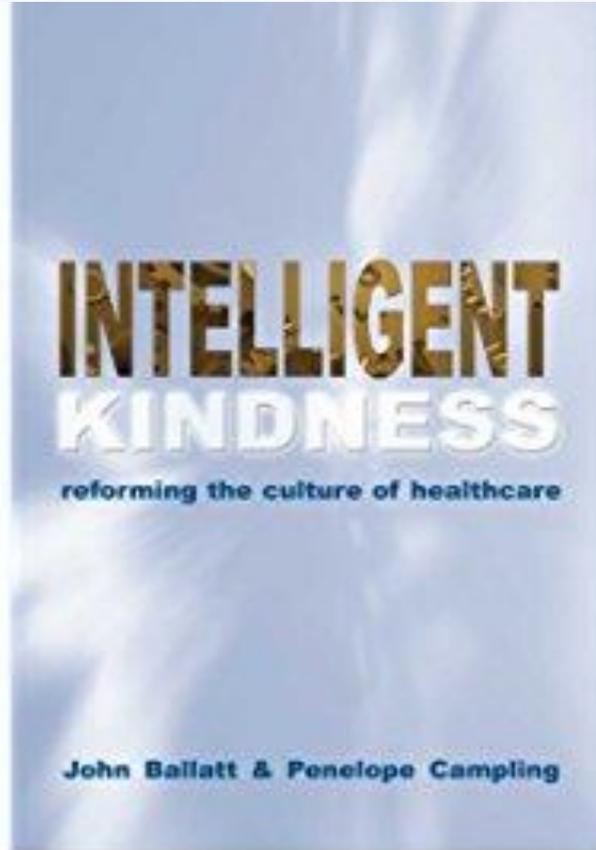
seriously.
you can't help anyone if you're dead.

Case Study

I was working as a frontline support worker, then later a coordinator role in a drop-in service. I had a social work related degree but not a professional qualification. Prior to this I only had agency jobs in related types of work, and worked abroad in a children and families setting. I was fairly young and inexperienced, just a couple of years into my working life. I felt there was a lot of stress but lots of camaraderie and lots of out of work drinking nights to cope with stress. Different people managed the stress and lack of support in different ways, from anger and frustration to upset and tears. Boundaries were very challenging due to little guidance and stress levels; managing professionalism in an environment that feels unsafe for staff is not possible. The working situation made me feel very unhappy and stressed in and out of work. A desire to move on from a job which had elements of positivity in it. I started to question my own skills and abilities to do my job, and this made personal life relationships strained and unfulfilling.

Case Study

At the time what a difference could have been made by having positive and healthy management and supervision structures. Clearer boundaries to begin with. More transparent systems around staff development and review processes. A message that it's ok to find things tough and not have to push on through every trauma. Bullying from the leadership/management team needed to be addressed and there was nowhere to go out with the organisation to report this issue/concerns. There needed to be a clearer support system internally and externally to protect us as a staff team from a chaotic environment with internal bullying issues. Having left since and now working in a much healthier environment, I can reflect back on the need for staff support.



★★★★★ (22 Reviews)

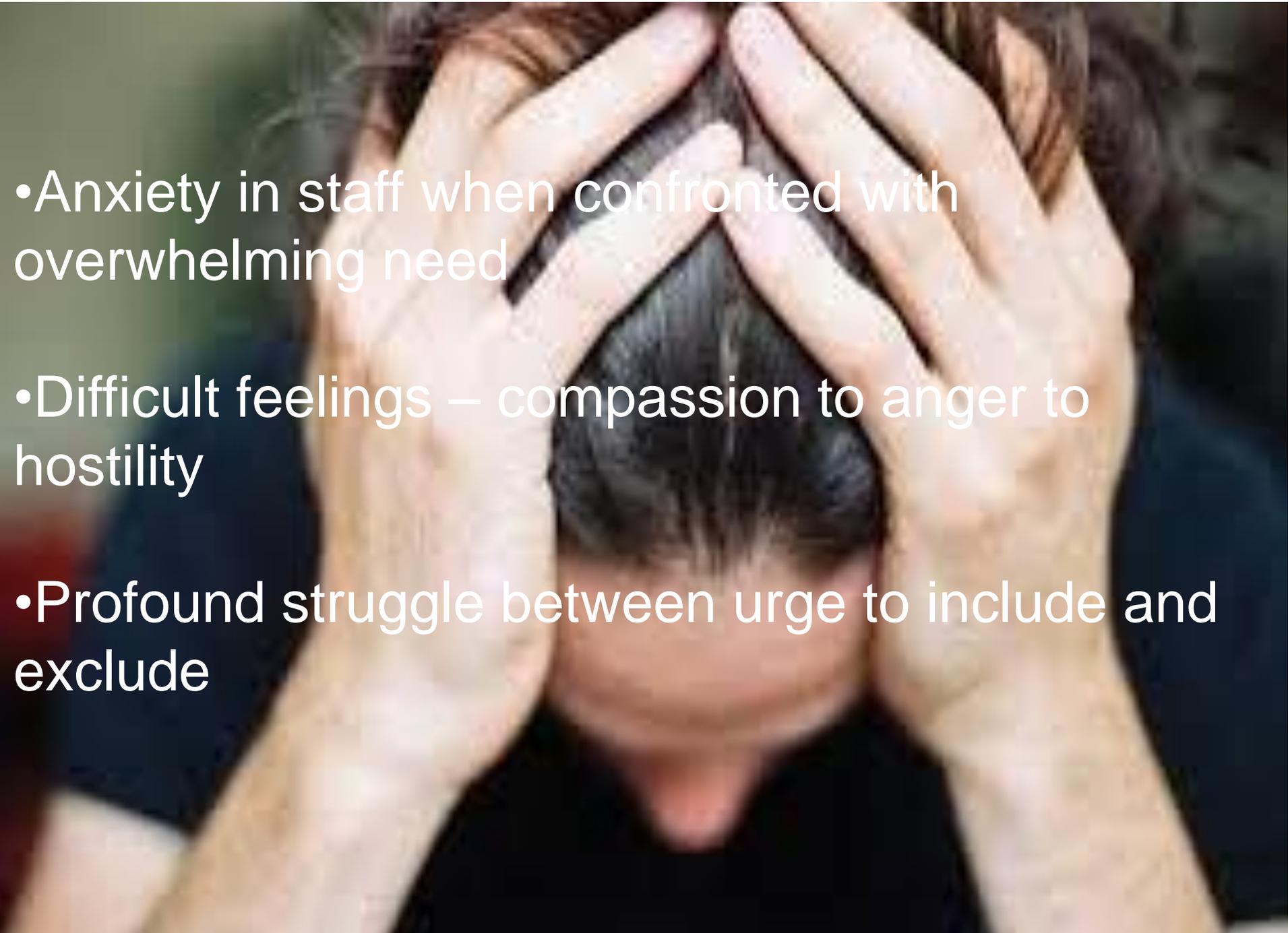


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Chapter 7: On the Edges of Kinship

Understanding what drives people to be kind and compassionate is the key to understanding what makes the NHS work

Lack of investment in this results in systemic abuses, waste, poor performance, low morale and burnout

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- Anxiety in staff when confronted with overwhelming need
 - Difficult feelings – compassion to anger to hostility
 - Profound struggle between urge to include and exclude

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- Polarised thinking – extremes of idealisation to denigration
 - Exclusion behaviours
 - Undiagnosed cognitive problems

So what do we need?

Induction for roles

Buddying, peer support, mentoring

Team building activities

Active feedback

Protected learning time

Improving the interfaces

Reflective practice groups

Reflective practice groups

- Listening skills
- Emotional intelligence
- Managing self-trauma
- Setting personal boundaries
- Acknowledging fatigue, emotions





You cannot *drink*
from an empty cup.

FILL YOURSELF UP. YOU'RE WORTH IT.