Cross-Party Group on Health Inequalities

6.00 pm-7.30 pm, Wednesday 19th October

Minute

Present

MSPs

Paul O'Kane
Carol Mochan
Emma Harper
Brian Whittle

Invited guests

Carey Lunan, GP and Chair of Scottish Deep End Project
Laura Wilson, Practice & Policy Lead, Royal Pharmaceutical Society Scotland

Non-MSP Group Members

Pervin Ahmad, Saheliya
Lauren Blair, Voluntary Health Scotland
Christine Carlin, Home-Start UK
Alison Crofts,Voluntary Health Scotland
Sarah Curtis,University of Edinburgh/Durham University
Beth Davidson, Children's Health Scotland
Helen Forrest, Children's Health Scotland
Jennifer Forsyth, Obesity Action Scotland
Karen Garrott, Stroke Association
Rob Gowans, Health and Social Care Alliance Scotland (the ALLIANCE)
Gillian Hallard, RNIB
Roseann Logan, The Health and Social Care Alliance (Scotland)
Una Mac Fadyen, Children's Health Scotland
David Main, Voluntary Health Scotland
Catriona Melville, Age Scotland
Bruce Nisbet, ROSPA
Jim O'Rorke, ASH Scotland
Nell Page, Salvesen Mindroom Centre
Fiona Partington, The Health Agency
Alison Railton, Kidney Research UK
Tilly Robinson-Miles, Food Train
Pete Seaman, GCPH
Jonathan Sher, Queen's Nursing Institute Scotland
Findlay Smith, Voluntary Health Scotland
Kimberley Somerside, Voluntary Health Scotland
Claire Stevens, Voluntary Health Scotland

Tom Wightman, Pasda

Non-Members

Margaret Brown, NHS Highland
Steve Brown , Roche
Ashley Cameron,Families Outside
Terence Canning, UK Sepsis Trust
Susan Fullerton, PLUS (Forth Valley) Ltd
Toni Groundwater, Families Outside
Stephanie Morrison, Robert Gordon University
Gemma Richardson, Royal College of Paediatrics and Child Health
Elizabeth Smith, NHS
Kimi Smith, Scottish Government
Meg Thomas, Includem

Annual General Meeting

Agenda Item 1 Welcome and apologies

Apologies

Donald Cameron

Agenda item 2 Election of Convenors

The group agreed that Emma Harper MSP, Paul O'Kane MSP and Brian Whittle MSP should be re-elected as co-convenors for the next 12 months.

Agenda item 3 Appointment of Secretary

Paul O'Kane proposed Voluntary Health Scotland be re-appointed as Secretary for the next 12 months, this was seconded by seconded Ashley Cameron, Famlies Outside.

Agenda item 4 Annual report and return

Paul O'Kane drew attention to the short report circulated by Voluntary Health Scotland on the work of the CPG since September 2021. He noted that Voluntary Health Scotland would prepare the Annual Return as required by the Scottish Parliament and submit this once signed by a Co-Convenor. This will be publicly available via the CPG web page.

Agenda Item 5 Any other competent AGM business

There was no other competent business.

Business Meeting

Agenda item 1 Welcome and Apologies

Apologies received were as for the AGM.

Agenda item 2 Minutes of last meeting

The group approved the draft minutes of the last meeting on 3rd May 2022, a joint meeting with the CPG on Mental Health, chaired by Emma Harper. Ashley Cameron, Families Outside, seconded the minutes.

Paul O'Kane noted the group held a successful event in the Garden Lobby on 27th September, hosted by Brian Whittle and organised by Voluntary Health Scotland. A number of MSPs were present.

Paul O'Kane also noted that on 28th September the Health, Social Care and Sport Committee published its report and recommendations following its inquiry into health inequalities: Tackling Health Inequalities in Scotland. He suggested we explore this report at a future meeting

Paul O'Kane also highlighted Brian Whittle's parliamentary motion celebrating the work of the group and encouraged MSPs to sign it. It reads:

> "That the Parliament notes reports that Scotland has the lowest life expectancy in Western Europe and is falling behind some Eastern European countries; recognises the sustained efforts of the Cross-Party Group on Health Inequalities to generate awareness, understanding and action on health inequalities across Scotland; acknowledges what it sees as the value of a cross-party and cross-sectoral approach that focuses on addressing the underlying causes of health inequalities as well as their symptoms, and applauds the group's collaboration with Voluntary Health Scotland and others to highlight evidence, policies and interventions that could help prevent, mitigate or undo health inequalities."

Agenda item 3 Applications to join the CPG

The group accepted Food Train's application to become a member of the CPG. Tilly Robinson-Miles, Food Train, clarified it was Food Train that had applied to become a member not Eat Well Age Well which was a project delivered by Food Train. This was an error in the agenda and the group was happy to accept Food Train as a member.

Agenda item 4 Discussion

Discussion topic: understanding and addressing the health inequalities and the role of health in the communities

- **Dr Carey Lunan, GP and Chair of Scottish Deep End Project**

Carey Lunan spoke about taking community-based approach to addressing health inequalities, drawing on her experience at Craigmillar Medical Group and as part of the Deep End Project. She outlined how general practice can work as a natural hub in communities to support people. Carey highlighted the issues that affect Deep End communities, explaining people develop conditions associated with old age much younger, people die earlier, the GPs have higher consultation rates and practitioner stress is higher. Many of these issues drive 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."*

Carey explained general practice was in a unique position to make a difference in Deep End communities as they have a big population coverage (10%), continuity of care, multidisciplinary teams and an important advocacy among other things.

Deep End GPs saw a "triple whammy" for their patients during the pandemic, they were more likely to catch COVID-19, more likely to get sick or die and less likely to be vaccinated. There were also significant indirect effects from the pandemic which were felt starkly in their communities. Craigmillar Medical Group were most concerned about the people they weren't seeing or who were "missing" from healthcare. Carey said digital exclusion was a concern and the nuance offered by in-person consulting was starkly missed. She felt we thought about the medically vulnerable during the pandemic, but we should have also thought about the socially vulnerable.

Carey explained the key to making a difference in the Deep End communities was:

- Building teams that promote social inclusion
- Sharing practical resources with patients
- Advocating, lobbying and influencing on their behalf and with communities

Carey explained the different roles in general practice which can promote social inclusion:

- **Care Coordinators** have a much wider role than medical receptionists. They are "the front-line of the front-line". They were the first to notice the people who were missing from Craigmillar Medical Group during the pandemic. Their practice made a list of vulnerable people to reach out to and called them to check-in. Eight out of ten calls resulted in an onward referral.
- **Community Link Workers** (CLW) are generalist social practitioners who can have tailored conversations with patients providing the most up to date

information and support in their community. Carey highlighted the success of the CLW programme.

- **Welfare Advisors** provide advice on income maximisation, social security, debt issues, housing and employability issues supported by Citizens Advice Scotland. GPs find being able to refer into this service incredibly valuable, as sometimes issues aren't about access to medication but access to money.
- **Mental Health and Addiction Nurses.** Mental health consultations account for more than 30% of consults in "normal times" but this is on the rise along with addiction issues. Their ethos is accessibility, inclusivity and continuity.

Carey explained the importance of sharing resources with patients, highlighting the Cooking Without a Cooker book and warm coats for families. She underlined the importance of sharing resources sensitively and effectively signposting. She felt practitioners should be supporting patients to self-advocate along with advocating on behalf of individuals and communities.

She closed by advocating for adequate resources for health and social care proportionate to need and sustainable funding for the third sector. She said services needed to be at their best where they were needed most.

Q&A:

- **Healthier Pregnancies**: Jonathan Sher, Queens Nursing Institute Scotland (QNIS), asked about preconception health education and care, highlighting general practice didn't have a history in this. He drew attention to the QNIS Coalition for Healthier Pregnancies, Better Lives campaign and urged organisations to join. Carey Lunan agreed prevention was better than cure and felt the Deep End Project would be interested in raising this and looking at the role of GPs in healthier pregnancies.
- **Social Prescribing:** Emma Harper asked about the use of ALISS as a system for social prescribing. Her experience was it didn't really help in the way CLWs do. Carey agreed keeping ALISS up to date was a challenge, so resources sometimes weren't relevant or functioning anymore. She didn't use it as a GP and was more likely to speak to her CLW as they were in contact with services on a day-to-day basis.
- **Deep End Project:** Karen G-Russell, Stroke Association, recognised the same problem with ALISS but noted Stroke Association still used it. She asked whether there was a network of Deep End projects. Carey said 100 practices were part of the project and highlighted the importance of sharing resources and learning between practices. Shared learning was the ambition of a round table discussion happening in the coming month.
- **Smoking Cessation:** Jim O'Rorke, ASH Scotland, noted 35% of all deaths in areas of high deprivation were smoking-related. He asked why this was not given parity with drug and alcohol issues. Carey didn't know why smoking wasn't included in community plans to the same level as drugs and alcohol.

She said she frequently spoke to patients about smoking. Emma Harper suggested the Lung Health CPG should look at this in a future meeting.

- **Staff Retention**: Carol Mochan asked about how we attract practitioners to Deep End practices and how we better share resources based on need. Carey said practices needed to be an attractive place to work and sustainable to stay. She highlighted the issues they face in Deep End practices with fewer staff, higher workload and higher staff turnaround which all impact workforce. She explained the benefits of supporting new practitioners into Deep End practices with mentorship and leadership as it gives them the confidence to work in these areas. She highlighted ambitions to develop a GP training scheme in Scotland that had a health equity focus.
- **Language Barriers**: Pervin Ahmad, Saheliya, asked how Deep End practices were engaging with patients who have English as a second language. She highlighted the language barriers facing some ethnic minority women and that they often have to bringing family members as interpreters to appointments. She also felt GPs starting appointments by asking "what would you like from me?" was compounding barriers to access. Carey recognised these issues. She highlighted a project Craigmillar Medical Group carried out to better understand the needs of patients with English as a second language. She said about 11% of the practice list needed interpreters and they offer double appointments for all of these. She explained the challenges of remote consulting and digital healthcare for people without English as a first language. She also spoke about the sensitivities of family members being interpreters during certain consultations. She highlighted the need to better resource Deep End practices to offer these services.

- **Laura Wilson, Practice & Policy Lead, Royal Pharmaceutical Society Scotland**

  Laura Wilson spoke about the role of pharmacy in tackling health inequalities as the third largest healthcare profession. Pharmacists are accessible through various settings and have community teams embedded in the most deprived areas. She spoke about the multiple factors which can affect someone's use of medicines such as poverty, cultural barriers, education, geography and housing among other things. She referenced the Pharmacy 2030 vision throughout her presentation which recognises that pharmacy has to have sharp focus on tackling health inequalities rather than just having it as an undercurrent through all policies. She noted health inequalities can arise when patients have a lack of information about managing their condition and pharmacy has a role in empowering patients and ensuring equity of access. The Royal Pharmaceutical Society will look at issues like alternative formats for information and labelling medication, the use of technology and stigma. By 2030 their ambition is pharmacy teams will have a significant role in preventing ill health. They hope

taking a sustainable approach to delivering pharmacy services will address over-prescribing and make patients feel part of the conversation.

To develop the Pharmacy 2030 vision, the Royal Pharmaceutical Society had to look at what pharmacists already do. Pharmacies provide a number of services that work to tackle health inequalities like Pharmacy First. The approach in the vision is about pivoting current services towards tackling health inequalities rather than creating new standalone services. Laura highlighted the shift from thinking of people as "hard to reach" towards making services more accessible. The Royal Pharmaceutical Society is helping practices think about their policies and how they might help reduce inequalities. Laura echoed Carey in underlining the importance of reaching out to patients who may be missing in health.

Laura outlined the services which could potentially be enhanced:

- **Vaccinations:** Primarily by increasing access to those people who are often missed during rollouts, promoting vaccine campaigns and reducing hesitancy through information.
- **Smoking cessation**: Laura suggested training on inequalities could help identify barriers to successful cessation.
- **Diabetes** – Similarly, there could be training to identify high risk individuals earlier.
- **Substance misuse**: Laura felt it was important to actively engage patients rather than wait for patients to engage with services.
- **Community Link Workers:** There is an interest in exploring the potential for direct engagement with primary care link workers

Next steps: The Royal Pharmaceutical Society is holding stakeholder engagement events and would welcome engagement from the group on this.

- **Accidents and Safety**: Bruce Nesbit, Royal Society for the Prevention of Accidents asked about safety considerations in using the cookbook referenced by Carey Lunan. She wasn't aware of any accidents using the book.
- **Stroke:** Karen G-Russell, Stroke Association, asked about the role of pharmacy in identifying people at risk of stroke. Laura felt this was about raising awareness of symptoms and the reality of referral pathways. She felt it would be beneficial if pharmacists could refer to specialist services as opposed to the general practice. Karen also asked about blood pressure readings and Laura explained this service wasn't routinely funded in pharmacies.
- **Tabacco and Medication:** Jim O'Rorke, ASH Scotland, highlighted the impact smoking can have on people's medication and asked if pharmacists were trained in this. Laura said pharmacist were taught about the effect of tobacco smoke on medicines.
- **Diabetes Testing:** Alison Railton, Kidney Research UK, highlighted diabetes tests dropped during lockdown and sought clarification about whether pharmacy

could offer these tests. Laura felt there could be a benefit for patients if diabetes services were adapted in pharmacies to reduce inequalities, but at present there were no plans to offer these tests to patients. Primarily pharmacists currently offer advice to patients as opposed to carrying out the tests.

- **Inhaler Technique:** Emma Harper highlighted the reduction of hospital admissions for asthma and COPD if patients were aware of the correct inhaler technique. She asked about the move to the powder inhalers and implications for people's technique. Laura said pharmacists were encouraged to ask patients when they last had their technique checked. Carey added patients were invited in for at least an annual review during which their technique was checked. She said this was becoming a common conversation as patients were moved to the more environmentally friendly powder inhalers.

Agenda item 5 Any other competent business

None was tabled.

Agenda item 6 Date and topic of next meetings

Paul O'Kane highlighted the next meeting dates:

- Wednesday 14th December 6.00 -7.30 pm via Zoom, chaired by Emma Harper. Topic: **Unpaid Carers and Health Inequalities**, with Richard Meade of Carers Scotland presenting.

- Tuesday 7th February 1.00 – 2.30 pm, in-person in the Scottish Parliament, chaired by Brian Whittle. Topic: **health inequalities and people in prison**, with Wendy Sinclair, HM Chief Inspector of Prisons, presenting.

Contact Lauren Blair to book a place: lauren.blair@vhscotland.org.uk

Health Inequalities Report: Claire Stevens highlighted Voluntary Health Scotland were thinking about how to respond to the Health, Social Care & Sport Committee's report on health inequalities and encouraged members to reach out to herself or Lauren Blair if there were any points they would like raised.

Notes from the Zoom chat:

- Prof Sarah Curtis, Honorary Professor University of Edinburgh, highlighted an advice paper posted by the RSE regarding the Health, Social Care & Sport Committee inquiry on health inequalities: https://rse.org.uk/expert-advice/advice-paper/inquiry-on-health-inequalities/
- Sheila Thomson, Community Renewal, noted Edinburgh Community Link Workers use the EVOC Red Book more than ALISS for social prescribing.

- Ashley Cameron, Families Outside, said she would reach out to Claire Stevens, Voluntary Health Scotland about the CPG meeting in February on the health inequalities facing people in prison.
- Margaret Brown asked if future in-person meetings of the CPG would be available on Zoom. Claire Stevens, Voluntary Health Scotland explained the Scottish Parliament's set up did not allow for this, but the group would not be reverting to in-person meetings only as online had been such a success in enabling people to attend.