Health Inequalities - Early Years

Royal College of General Practitioners

The Royal College of General Practitioners (RCGP) is the academic organisation in the UK for general practitioners. Its aim is to encourage and maintain the highest standards of general medical practice and act as the ‘voice’ of general practitioners on education, training and issues around standards of care for patients.

The College in Scotland came into existence in 1953 (one year after the UK College), when a Scottish Council was created to take forward the College’s interests within the Scottish Health Service. We currently represent over 5000 GP members and Associates in Training throughout Scotland. In addition to a base in Edinburgh, the College in Scotland is represented through five regional faculty offices in Edinburgh, Aberdeen, Inverness, Dundee and Glasgow.

Comments

1. We are aware of a small number of interventions which have been proven to reduce health inequalities.

   a) The Family Nurse Partnership was piloted in Lothian and has been rolled out into Tayside. It targets young single pregnant women and provides intensive one to one support from early in the second trimester until the child is two. Results in Lothian show a wide range of improved outcomes including smoking cessation, breastfeeding and delay in commencing the next pregnancy.

   b) Giving it up for Baby has shown some good results with regard to smoking cessation in pregnancy.

2. We believe there are a number of current initiatives which, although not specifically targeted at our most vulnerable families, are likely to have a higher impact on these families.

   a) The Early Years Collaborative is a Scottish Government led initiative which brings together Community Planning Partnerships from all over Scotland. Its strap line is “Scotland, the best place in the world to grow up” and its stretch aims are reducing stillbirth rates and improving outcomes at child development checks.

   b) It differs from other initiatives in that it charges delegates with the task of leading improvement work in each person’s working base. Many projects are very small but delegates bring back their own piece of improvement work to the next learning set with the aim of spreading good practice.
The collaborative is less than 18 months old so we cannot evaluate it yet.

c) The Keeping Childbirth Natural and Dynamic programme included guidance on identifying vulnerable families and targeting interventions. The Refreshed Maternity Framework has continued this. Boards have used the Framework to benchmark their services and identify the gaps in service. Tayside, for example, has a separate vulnerability maternity pathway.

d) Heat targets include targets which address inequalities. For example, having a HEAT target for accessing maternity services earlier in a pregnancy means that services need to have reliable and effective systems to allow women fast and easy access to services. The national campaign to have midwives as the access point should mean that vulnerable women are picked up earlier in the pregnancy and those with special needs directed to appropriate services. The Scottish Woman Held Maternity Record ensures a consistent approach to maternal history taking across all Board areas. This includes routine questioning on gender based violence and the booking guidelines for midwives were the first set of guidelines to include this as a routine enquiry.

It was disappointing that the HEAT target on breastfeeding was not met. Since 30% of all those who commence breastfeeding give up before their child is 6 weeks old, for remediable reasons, more needs to be done to support women in those first 6 weeks.

e) GIRFEC principles are designed to include all children and are a comprehensive framework for designing services. There is a lack of awareness of GIRFEC amongst some health professionals however.

f) We believe we have good systems in place to ensure that staff are up to date with child protection training.

3. Every new guideline and strategy related to maternal and child health should take into account the needs of patients living in situations of deprivation. This includes those living in isolated and rural areas.

4. There is a Scotland-wide shortage of Health Visitors. As well as a shortage of trained staff there is a problem recruiting into training courses. We are not aware of any work to identify causes but we are aware of anecdotal evidence suggesting the shift away from the care of new mothers and babies towards child protection work is putting staff off from entering into training courses.

This presents challenges in terms of providing universal coverage for new parents.
The move away from GP practice based health visitors has added an additional challenge to communication, eg about child protection issues.

5. 

a) Separately, the Scottish stillbirth rate has seen a significant reduction. There is going to be a press release around this shortly which will provide details. Stillbirth rates are higher in deprived communities. The reduction in stillbirths is multifactorial.

b) There are currently discussions on whether flour should be fortified with folic acid because we still see a large number of unplanned pregnancies and therefore the mother has not been taking folic acid. There is some evidence from other countries that this cuts the number of babies born with Spina Bifida.

c) There are collaborations between the NHS and commercial weight loss companies regarding obesity in pregnancy. Having a BMI> 30 at the start of a pregnancy results in a higher risk of a number of complication resulting in poorer outcomes for mother and baby.

d) General Practice has a unique place at the heart of delivery of patient centered, community orientated care and is key to integrating the work of health, social care and other providers. General Practice is facing a crisis as it struggles to provide the care needed by an ageing and increasing patient population in a time of financial constraint.

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