

Celebrating the exceptional potential of general practice

This essay is inspired by the book *The Exceptional Potential of General Practice: Making a Difference in Primary Care*, edited by Professor Graham Watt and with 55 contributors from 11 countries.¹

The origin of the symbol of General Practice at the Deep End was from a drawing 25 years ago by Julian Tudor Hart that showed patients and doctors at the deep end of the swimming pool trying to keep afloat. That sketch led to the logo of GPs at the Deep End, serving the 100 most deprived communities in Scotland, now followed by similar projects and logos in Ireland, Yorkshire/Humber, and Greater Manchester,² and celebrated during a 2-day meeting at the University of Strathclyde in Glasgow on 14–15 February 2019.

KNOWLEDGE OF THE DEEP END

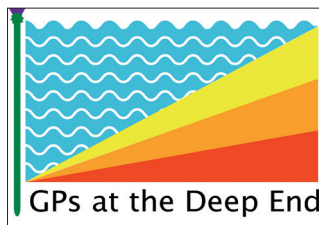
Presentations were primarily from practitioners whose views and descriptions of work in deprived communities came from their experiences in the neighbourhoods where they practise. The gathering was a spectacular display of the energy, creativity, and innovation that marks the collective efforts of many GPs and GP training schemes to show that working in the most difficult communities can inspire a new generation of GPs.

Presentations ranged from discussing the power of biography, to organising data to make changes in practice, to curricula addressing working with marginalised populations, to discussions about ways to affect local and regional policy. The Pioneer Scheme was highlighted as a way to continue growing new generations of GP leaders in community engagement.³

The constant theme was that GPs cannot do our work with difficult populations without the time to have conversations, and without a close working relationship with community agencies of all sorts. Solidarity with the community is essential to making progress and finding local solutions.

As John Montgomery from Govan said, *'local knowledge cannot be underestimated'*.

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The investment that the NHS and health systems must make is in people and time — continuing support of creative approaches and what was called ‘protected time’ for planning, talking, and acting on connections and creating community-based curricula. My only suggestion would be to replace that term with ‘engagement time’ or ‘creative time’: terms used in successful innovation organisations worldwide. It is time for reaching out and connecting, not pulling in.

SOLIDARITY AND COLLECTIVE ACTION

Following Julian Tudor Hart’s pioneering work in Glyncoirwg in South Wales, the gathering reinforced the notion that physicians are social beings who want and need to be part of a local and a professional community, and also need to engage in self-reflection and study with the communities they serve. The success of all the examples portrayed in presentations came from GPs creating solidarity and collective action helping to address the looming burdens of increasing social problems. A recent US study showed that family doctors working in clinics with the capacity to assist with patients’ mental health and social needs have more enthusiasm for their work and suffer less discouragement.⁴ That certainly is the case in the Deep End practices as well.

One point was raised by someone from the audience who mentioned that most general practices have Deep End patients even if they are not in Deep End communities. Creating links from successful approaches to social problems in Deep End practices with neighbouring GPs to help with their Deep End patients may help create more regional solidarity and raise the morale of all.

The presentation by Andy Haines, whose career has ranged from work in the Welsh mining village of Glyncoirwg to chairing WHO panels on global health services research, addressed how local socially sustainable health systems could come about through collective action. The final day, chaired by Richard Horton, editor-in-chief of the *Lancet*, included panels of GP educators and clinicians, and a group of young GPs and trainees reflecting on their and general practice’s future.

YOUNG GPs LEADING THE WAY

One of the most noticeable elements of the audience of 240 was the presence of large numbers of young GPs whose enthusiasm to be a part of this movement was palpable. A noon breakout session of what was supposed to be 15 trainers and trainees grew to 40 people who are very likely to create a movement within a movement. The conference included singing, music, and poetry, but it mostly celebrated the successes and challenges of GPs working face to face instead of back to back, making a difference for themselves and their communities.

As Austin O’Carroll from the North Dublin GP Training Scheme put it: *‘young people want to make a difference and it is up to us to show them how’*.

It was the young people at the Glasgow meeting who showed everyone how.

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