Editor's Briefing

HEALTH INEQUALITIES — IT'S *DÉJÀ-VU* ALL OVER AGAIN

Highlights

One helpful management model is to be mindful of three overlapping circles: the needs of the task, the needs of the team, and the needs of the individual. The current pandemic has forced these circles into harsh focus, often into opposition. There is plenty in this month's *BJGP* to remind us of our task as we continue to battle the challenges of COVID-19. But the editorial by Kendrick and her colleagues reminds us starkly of the high price paid by healthcare workers and their families.

This month we examine many aspects of our wider task, including adapting consultations to the dangers of the pandemic, how calculating risk can help us to make rational decisions, how therapeutic interventions should reach beyond the prescription pad, and how we sometimes need to tuck the prescription pad away.

And we examine some of the problems we ourselves may face, and that our teams must face together. It's just as well that GPs are good jugglers!

* * *

Plus ça change ...

Like many of us, I have probably given more vaccinations in the last month than in the rest of the previous decade. It is remarkable that, within a year of the pandemic hitting the Western world, we have several effective COVID-19 vaccines. There is a long way to go, but it feels like miraculous progress.

In the consistently excellent Life & Times this month, Peter Toon reminds us (if we ever needed reminding) that the medical battle is nested within a wider societal response to the pandemic. The vaccination programme is going well, but we have a lot of ground to make up.

With this thought in mind why is it that, 50 years after Tudor Hart's landmark paper on the inverse care law,[1] we appear to have made so little progress on reversing health inequalities? Why is it that, in an editorial this month by Ashworth and colleagues, they must remind us that the funding structures of primary care further entrench health inequalities? Why is it that Shah and colleagues — in a research paper this month — report that, although health-related quality of life measures are steady overall, there is actually a worsening of health inequalities, particularly in the mental health experience of younger women (aged 18–24 years), in deprived areas?

And, in another research paper this month, Stafford and colleagues report that, although consultations with patients with multimorbidity are generally longer wherever they live, patients with higher deprivation factors will still have shorter consultations than other patients.

Just like giving a COVID-19 vaccine, the medicine is often the easy bit. Offering effective care depends on understanding the interpersonal context of that care — the relationships of understanding and trust that we have, or perhaps do not have, with our patients. And the place of that care itself within our wider society.

How we care for our patients will always be a negotiation between us and the rest of society. With a shake-up of primary care networks (see this month's editorial by Checkland and colleagues), and yet another round of NHS reform on the way, we may not like politics much but we cannot escape it.

So how should general practice change? How might we imagine ourselves in our post-pandemic 'new-normal' world? Might we even be able to use this opportunity to finally make the same sort of progress with health inequalities that we are making with the battle against COVID-19?

We would like to hear from you! *BJGP Life* (https://bjgplife.com) is calling for your articles along the theme of 'general practice after COVID-19'. The best of these will then find their way to *BJGP* Life & Times. These articles should either be 600–700 words as an opinion piece, or up to 2000 words if you have something to say in greater depth.

See https://bjgplife.com/contribute/ and join in the conversation.

David Misselbrook,
Deputy Editor, *BJGP*

REFERENCE

1. TJ Hart. The inverse care law. *Lancet* 1971; **1(7696):** 405–412.

DOI: https://doi.org/10.3399/bjgp21X714941

© British Journal of General Practice 2021; 704: **97–144**

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2019 impact factor: 4.190

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ISSN 0960-1643 (Print)
ISSN 1478-5242 (Online)

PRINTED BY WARNERS 01778 395111
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