IS PRIMARY CARE MISSING THE MOST VULNERABLE?

Williamson’s editorial in this month’s BJGP might make for uncomfortable reading for hard-pressed clinicians and policymakers wrangling with overheated healthcare systems.1 The ‘missingness’ that Williamson describes opens the door to a thorny problem—socially vulnerable people miss out on healthcare opportunities at least partly because they have poorer health. If, as clinicians, we would prefer to prioritise seeing the people who are most unwell then as clinicians, we would prefer to prioritise. If, at least out on healthcare opportunities

problems — socially vulnerable people miss out on healthcare opportunities at least partly because they have poorer health. If, as clinicians, we would prefer to prioritise seeing the people who are most unwell then we may have to accept that general practice is failing to do that.

In the UK, the idea that it is not possible to get a GP appointment has taken hold as a self-evident truth. The actual evidence about appointment availability is almost entirely superfluous. For the record though: in July 2023 NHS England reported that 51% of appointments were on the same or next day. Around 16% were 15 days or longer from booking to appointment.2 It is now shorthand, used by politicians and commentators of all stripes, for the deterioration of the health service and the erosion of public services generally. This might not be fair, but we need to look hard at how the most vulnerable people in our community access care. The evidence, as discussed by Williamson, is that they are often missing. They are not banging at the metaphorical doors of the surgery. This is not just the challenge for those working in inclusion health—it’s a system-wide problem.

In the PHOENix (Pharmacist Homeless Outreach Engagement Non-medical Independent prescribing Rx) study, published in the BJGP this month, there are some important statistics tucked away.3 The aim was to investigate treatment burden in people experiencing homelessness who had a recent non-fatal overdose. There are few groups as marginalised as this. Out of 123 people recruited, 112 (91%) had five or more long-term conditions. Remarkably, 56 people (44%) had nine or more long-term conditions. The treatment burden is heavy and nearly 60% found attending appointments difficult.

As a provocation, let me flag an area of ‘missingness’ that might not obviously fall into the remit of primary care: discharge against advice at 12%.4 This is an extreme manifestation of missingness. It is not just the challenge for those working in its most egregious.

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See online Supplementary Data for references.

DOI: https://doi.org/10.3399/bjgp23X734973

© British Journal of General Practice 2023; 73: 433-480