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Working with Patients who live in Deprived Areas

INTRODUCTION

This module is the second in a series dealing with working with patients living in deprived areas. The other modules focus on (1) managing patients with multi-morbidity, and (2) maintaining team optimism and resilience – both topics are significant challenges for primary health care professionals who work in deprived areas. Much has been published on health inequalities by the Deep End Project and representatives from the project helped to identify learning needs that are the foundation for these modules.[1,2]

Audit Scotland has presented information showing the stark contrasts in health between the most affluent and most deprived areas in Scotland.[3] Male life expectancy is 70 years in deprived areas but 81 in affluent, with the figures for women being 76 and 84 respectively. Other markers such as breast feeding rates (15% v 40%) and smoking rates (40% v 11%) underline the contrasts. People living in deprived areas have poorer health in addition to shorter life expectancy, and live with illness (often multi-morbidity) for much longer compared to people in affluent areas.

The cases in this module are complex, reflecting the reality of general practice in deprived areas, and illustrate the interwoven links between health and social care. This is appropriate as Scotland's NHS merges with social care in 2015.[4] As is usual with PBSGL, the cases were drawn from the authors' clinical experiences.

Aims of the module

- To understand the challenges of improving patient engagement and enablement with patients living in deprived areas
- To be familiar with changes in the State Benefit System
- To learn about recent legislative change in Scotland concerning vulnerable adults
- To improve health care for asylum seekers and refugees
- To learn about benzodiazepine misuse, addiction and support for withdrawal