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General Practice – Voluntary and Community Sector collaboration to address health inequalities in deprived communities

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Introduction

General Practice (GP) – particularly those in deprived communities – is buckling under mounting financial pressures and demand from patients to address problems with a social dimension^{1,2}. A holistic approach, linking the resources of GPs with neighborhood based voluntary and community sector (VCS) organisations, can yield benefits for individuals and health systems and is increasingly advocated^{3,4,5}.

This poster reports on:

collaborative practice between GPs and VCS organisations embedded in their communities – ‘anchor organisations’ – to address health inequalities in deprived communities.

This area was explored because GPs and anchor VCS organisations are both neighborhood based organisations.

Models of working and factors positively and negatively affecting collaborations are described.

Methods

Literature review: non-systematic, 34 publications identified, including peer-reviewed articles (n=7) and grey literature (27)

Case studies: Working relationship between four pairs of GPs and anchor VCS organisations with whom they work was explored.

Interviews (n=18) and focus groups (n=1) conducted with staff in each organisation about: organisational working relationships; important aspects to the collaboration; and areas for improvement.

Results

No universal model of collaboration identified; unique collaborations developed to suit need.

Relationships mainly transactional rather than integrated; Health trainers and social prescribing as core elements.

- GPs as a ‘hub’ for patients, refer patients to appropriate community provision.
- Anchor VCS organisations receive ‘prescribed’ patients and provide support.

GP-VCS collaborations thought to yield positive outcomes; improved wellbeing, reduce demand for statutory health services, challenge ‘medicalised’ cultures.

Personal relationships and opportunities for formal/informal interaction significant.

Conclusion

GP-VCS collaborations are a valuable addition to ‘traditional’ primary care models.

Collaboration re-orientates power and roles; optimal where the hegemony of the medical model is reduced in favor of a more socially orientated approach.

Further research required:

- initial pathways to, and developmental pathways within collaborations
- outcomes of (different forms of) collaboration.

