

**W48**

**45 years of the 'Inverse Care Law': developing sustainable approaches to reducing health inequalities**

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**Background and Aim:** in 1971 Professor Julian Tudor Hart described the Inverse Care Law: that 'the availability of good medical or social care tends to vary inversely with the need of the population served'. 45years later inequalities in access and outcomes of care persist- and in some cases have increased. Clinicians working with vulnerable populations face additional workload and these demands exacerbate recruitment and retention challenges.

Wales is the birthplace of the UK National Health Service and the country where the Inverse Care Law was first described. The health care system serves a population of 3 million people with a strong focus on actions to reduce social and health inequalities. The health strategy encourages family practices to play a lead role in the redesign of the healthcare system to more effectively meet population needs and to integrate with social care services. This is set within the context of a 'Wellbeing of Future Generations' Act.

**Method:** Networks of family practices have been established to work with communities of 50-100,000 citizens to plan services. This 'Cluster' approach builds on a shared assessment of need, influencing the use of all public and third sector services to address local priorities.

**Results:** This approach is:

- Increasing sensitivity to local need
- Ensuring a 'prudent' approach strengthening, not duplicating, existing services with equity as one of four guiding principles
- Identifying new, complimentary workforce roles
- Highlighting organisational development priorities to ensure sustainable family practice.
- Examples will be used to inform and stimulate discussion.

**Conclusion:** Family practitioners are well placed to understand individual and community concerns. When this knowledge is informed by high quality population health intelligence and developed through peer and public discussion, a powerful programme can be developed to drive community focused service improvement. This collaborative approach supports the development of sustainable primary care systems: opportunities to develop attractive new roles for family practitioners and to extend the multidisciplinary workforce are emerging.

Competing interests: No competing interests

1 <http://gov.wales/topics/health/nhswales/plans/care/?lang=en>

2 <http://www.legislation.gov.uk/anaw/2015/2/contents/enacted>

3 <http://www.prudenthealthcare.org.uk>