

Final Report – HEE Wessex and Thames Valley Fellowship in Health Inequalities

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January 2023

Aim: To improve the educational opportunities in Health Inequalities (HI) for GP Specialty Trainees (GPSTs) across Wessex

Objectives:

- Review what HI education and relevant placement opportunities exist for GPSTs
- Develop an educational package that can be used by Programme Directors and GP Trainers
- Deliver a pilot of the training package and analyse feedback
- Map what other HI work is happening across Dorset and South West England

Context:

Health inequity in England is worsening. For the first time since the beginning of the 20th Century life expectancy is stalling, and for women in the most deprived areas, it is falling (Marmot, et al., 2020). This is nothing short of shocking. Across England, there are fewer GPs in areas of deprivation (Nussbaum, et al., 2021), highlighting that Julian Tudor Hart's Inverse Care Law from 1971, which states 'the availability of good medical care tends to vary inversely with the need for it in the population served' (Hart, 1971), still rings true.

We need to engage health practitioners in education and training on this topic and to improve awareness of the wider determinants of health (Marmot, et al., 2008). However, it is not commonly taught in medical schools, postgraduate training nor continuing medical education (Fitzpatrick, et al., 2021). The General Medical Council's policy paper 'Tomorrow's Doctor' highlights the requirement for all doctors' training to include health inequalities (GMC, 2009). It also forms part of The Royal College of General Practitioner's Curriculum, 'Being a General Practitioner' (RCGP, 2019). Under the Community Orientation capability GPs must acknowledge their 'professional duty to help tackle health inequalities and resource issues', and under the Organisation, Management and Leadership capability GPs must 'analyse relevant patient feedback and health outcome data to identify unmet health needs, identify inappropriate variations in health outcomes and highlight opportunities to reduce health inequalities'. The King's Fund's research paper 'Tackling Health Inequalities in General Practice' makes the case for HI to form an explicit part of trainee learning (Hutt & Gilmour, 2010). A study of medical student attitudes to health inequalities showed a preference for interactive education (Dixon, et al., 2021). It is this apparent lack of formal education that drives me in my fellowship work.

There is little research into GP educators' understanding or approach to HI with GPSTs. One study found that GP trainers in areas of affluence were less likely to consider the GP as having a role in reducing inequalities and therefore, less likely to explore health inequalities with their trainees. The GP trainers in areas of greater deprivation felt their trainees managed more deprivation related complexity, which they felt was not reflected in RCGP assessments (Blane, et al., 2013).

During my GPST3 year in Poole, 2016-2017, I recognised a lack of diversity in the patient population with which I was working. It was a largely elderly, affluent, white population with no exposure to minority, marginalised or socioeconomically deprived communities. Therefore, with the approval of

my trainer, I arranged placements for myself at a practice with a very socioeconomically deprived population, the homeless health service, a prison and the local addiction services. The exposure to these contrasting patient populations helped me, I believe, to become a more rounded GP. I want to help equip our future GPs with the knowledge to understand the impacts of HI on their patients so they can develop the skills and knowledge to deliver compassionate, holistic care.

Achievements:

Part of my fellowship time has been used to deepen my own understanding of HI and how this relates to us as GPs. I have attended many stimulating and inspiring events with keynote speakers including Sir Professor Michael Marmot, Dr Bowa Owalabi and Dr Rebecca Fisher. I have completed online learning through Fairhealth. I have learned from podcasts including Finding Fairhealth, The Health Foundation, CQC connect and The NextGenCast.

In April 2022, I led a Health Inequality learning event for the GPST3s in Dorset. I facilitated case based discussions in the morning and gave a presentation in the afternoon which was an overview of health inequalities and its relevance as a GP trainee. It was well received and, most importantly, there was a significant improvement in how they rated their understanding of HI from the feedback and 90% reported their practice would change as a result of my presentation.

Following the success of this session, I developed and produced an electronic education package for Wessex GP trainees. This is a Powerpoint presentation, with the option of viewing the presentation as a video recording, that can be used by trainees alone, or with GP trainers or at Day Release with Programme Directors. It has been specifically tailored to GP trainees in Wessex as information on the training practices and their deprivation scores are included.

I presented to over 120 GP trainers at three different trainer's meetings across Wessex in September/October 2022 (Dorset, Southampton, New Forest and Jersey, and Mid-Wessex). This session was a brief overview of health inequalities, why it matters as a GP trainer and signposting to relevant educational resources that can be used with their trainees. The feedback was excellent with all 116 respondents reporting the session was 'very helpful' or 'somewhat helpful'. All but 7 reported that their educational practice as a GP trainer would change as a result of my presentation, and 100% reported they would use the educational resources I suggested.

I facilitated an interactive education session for the 2022 cohort of HEE Primary Care Fellows. All 9 attendees reported it was 'very helpful', 7 reported their practice would change as a result of the session (the remaining two reported it might) and all attendees reported an improvement in their understanding of health inequalities.

I have been working heavily on the proposed Health Equity Focused Training (HEFT) scheme that we hope to pilot in Wessex from August 2024. For this, I have collected data on all GP practices that fall within the geography of 'Wessex'. I have collated information on whether the practice is a training practice or not, the number of trainees and the Index of Multiple Deprivation (IMD) scores and indices for the practice populations. With this data, I have created multiple interactive maps – one for all of Wessex, and one for each of the four patches in the Deanery. This clearly highlights where the areas of deprivation in Wessex are and thus has allowed me to identify what practices may be most suitable for this new, enhanced GP training programme. I have attended national and regional lead meetings about HEFT and continue to actively engage in this.

I have connected and worked with Public Health Dorset, Wessex Academic Health Science Network, Population Health Management Dorset, HEE's South West Lead in Health inequalities and many

more in Dorset ICB. With the support of my local training hub and Our Dorset, I am organising a Health Inequalities Symposium in February 2023 which is not just for GP trainees but open to all primary care staff, third sector organisations, ICS personnel and more. I am part of a group of local GPs who are passionate about improving care and outcomes for vulnerable patients. We meet every couple of months to share ideas.

Leadership has been a strong theme during my fellowship, and I took the opportunity to organise and facilitate, along with a colleague, our fellowship conference. This was a one day, in person event for the current and incoming cohort of fellows to showcase our work and provide networking opportunities.

Reflection:

This fellowship has allowed me to delve into a real passion of mine. I have raised awareness amongst GP trainers, Programme Directors and GP trainees about the importance of Health Inequalities education and do hope that I have gained some momentum in this area in Wessex. I have enjoyed the challenges of trying to connect with the right people and have also experienced the frustrations that come with this. I have had the opportunity to enhance my presentation, teaching, leadership, and facilitation skills. The fellowship has certainly positively impacted my grass roots work as a GP, increasing my compassion and understanding of my patients' backgrounds. The study funding has allowed me to further my interest in medical education (I am doing an MA in Medical Education at Winchester University).

I am lucky to have been afforded a 6-month extension to my fellowship. I have plans to deliver further education in Health Inequalities and have booked sessions with Dorset First5, Hampshire and IOW New to Practice Fellows, Dorset ST3s, Southampton and New Forest ST3s, and Portsmouth and Isle of Wight ST3s. I will also continue to work on developing HEFT placements in Wessex. Over the next 6 months I will be attending a conference on Homeless Health in London and a Conference on Health Equity Education for GPs and GP trainees in Dublin.

References

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