



'You never really understand a person until you consider things from his point of view...until you climb into his skin and walk around in it'
Harper Lee, To Kill a Mockingbird.

Background

When I applied for the Fellowship, I had been working as a GP for over 10 years. My children were at school, and I felt strongly that I needed new challenges as a GP, both to sustain my interest, and to give me a greater sense of personal value.

Why Health Equality Fellowship?

I qualified as a GP in the North East of England. During my GP training, and for several years after qualification, I worked in GP practices serving populations with very high levels of deprivation. I had no training in Health Equity, but it would have been valuable.

Now working in a very different demographic in Hampshire, the pockets of my local population that contend with complex social issues and disadvantage are less visible, but no less important.

When researching the different fellowships offered by TV and Wessex Health Education England, the Fairhealth website opened my eyes to steps that GPs could take to reduce health inequities, and made me enthused to undertake a Health Equity Fellowship.

Learning

I have gained hugely from information gathering during my Fellowship year. I strongly recommend undertaking the e-learning modules from Fairhealth and e Learning for Health, and taking time to listen to and gain inspiration from podcasts such as those by Fairhealth, NextGenCast, and Shared Health Foundation. Tackling Causes and Consequences of Health Inequalities A Practical Guide, online resources including Core20PLUS5, and the Marmot Reviews have been formative fellowship reading resources.

To better understand public health data, I have attended population health workshops and undertaken training in Shape Atlas and ONS Fingertips. Meeting with local Public Health Consultants and networking with other colleagues, enabled discussion of potential projects, both for my Fellowship year and beyond.

Local to my GP practice, I visited Inclusion Health teams, and spoke with Social Prescribers about a more holistic approach to supporting our patients.

I was fortunate in April 2023, to travel to Dublin to attend the first ever Wellness on the Margins Conference. This was a Deep End Conference for GPs working with deprived and marginalised communities. Key Speakers included Carey Lunan, Laura Nielsen, and Michael Marmot. This was hugely inspiring. I came away more hopeful, and more empowered. It made me reflect particularly upon those patients with whom it can be difficult to engage. I now reflect 'why do I find these consultations difficult, what does it tell me about their past trauma', and try to spend more time in identifying and tackling the barriers faced. I am starting to become a better advocate for my patients.

Fellowship Project

In December 2022, I had a virtual conversation with Rachel Elliott, Primary Care Dean for Wessex and Thames Valley. We spoke about possible fellowship projects, including offering Health Equity Focused Training (HEFT) to local GPs in training. HEFT became the focus of my fellowship.

The aims of the Health Equity Focused Training Scheme (HEFT) are for GPs in training to develop the skills, knowledge, experience and resilience to work in areas of poverty and with excluded groups. The hope is that GPs will then want to stay working in these rewarding but challenging environments, so that recruitment and retention in areas of socio-economic deprivation is enhanced.

The HEFT training runs from ST1 to ST3. In ST1, relevant hospital posts are allocated (for example Emergency Department, Mental Health). In ST2 and ST3 trainees are placed in training practices covering areas of higher socioeconomic deprivation. The trainees have access to National training and peer support in health inequity (they attend a half day virtual training session every 8 weeks, alongside the standard GP training programme). The National training follows the Fairhealth curriculum and covers topics such as substance misuse, adverse childhood experiences, homelessness healthcare.

I have been working with Head and Deputy Head of School for Primary Care for Thames Valley (TV) and Wessex to introduce Health Focused Training (HEFT) Vocational Training Scheme (VTS) posts for Thames Valley. I have met regularly with the National HEFT lead, and Regional HEFT Leads, to gain an understanding of other deaneries' experiences.

As a guide to which GP practices might be well suited to support HEFT, I collected data on GP practices across Thames Valley, looking in particular at their index of multiple deprivation, primary care network, and teaching status. I used this information to create an interactive map using MyGoogleMaps.

After presenting to and liaising with the VTS Education Programme Directors, to agree their support in the project, relevant training positions have been earmarked. The GP surgeries being used for HEFT are existing training practices serving the more highly deprived communities in the region, many with preexisting links to support services for inclusion and marginalised groups.

The first medical graduates will apply to the Thames Valley HEFT scheme in December 2023 and commence in GPST1 in August 2024. Nationally, Wessex and Thames Valley are one of the last deaneries to participate in offering this training, so we are taking an important first step. It is a fantastic scheme and we are really excited that we are offering a HEFT post in each of the Thames Valley patches for August 2024 (7 posts in all).

Looking forwards, I am hopeful that the new Trailblazer Fellows will want to carry the HEFT baton onwards. There are a number of projects that they may wish to take ownership of. The intention is that HEFT GP trainees will be given regional support, and this needs planning and organisation. Services for marginalised groups and inclusion services in the Thames Valley area need further identifying and mapping, and links forged.

Study Budget

I am looking forward to participating in courses in Health Coaching and Motivational Interviewing. I will be undertaking the Core Accreditation in Lifestyle Medicine and attending the Lifestyle Medicine Conference in 2024. I used my study budget funds to attend the Wellness on the Margins Conference this year, and hope to attend the next conference in 2024.

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Reflections and next steps

The Fellowship year, and all I have learned from it, has led me to feel invigorated about General Practice. Importantly, it has made me more curious in my day-to-day clinical practice, and braver to unpick cases where there are complex social issues. I feel more empowered to advocate for my patients, and to and try to engage those on the margins. It has I think, made me a better doctor.

The Fellowship has not been without its challenges and frustrations, so has been a lesson in perseverance. I can say that I now feel better equipped to consider tackling future health projects.

Moving forwards from the Fellowship, I have taken on the role of Clinical Cancer Champion for our Primary Care Network. I will be working with our PCN team and Wessex Cancer Alliance to promote cancer screening and improve cancer referrals, in particular looking at health inequality. I have also become a Mentor for two of our PCN's Social Prescribers. I have recently commenced the NHS Leadership Academy's Edward Jenner Programme.