Shared Health Foundation.

Review

Deprivation GP Programme

2020-2021

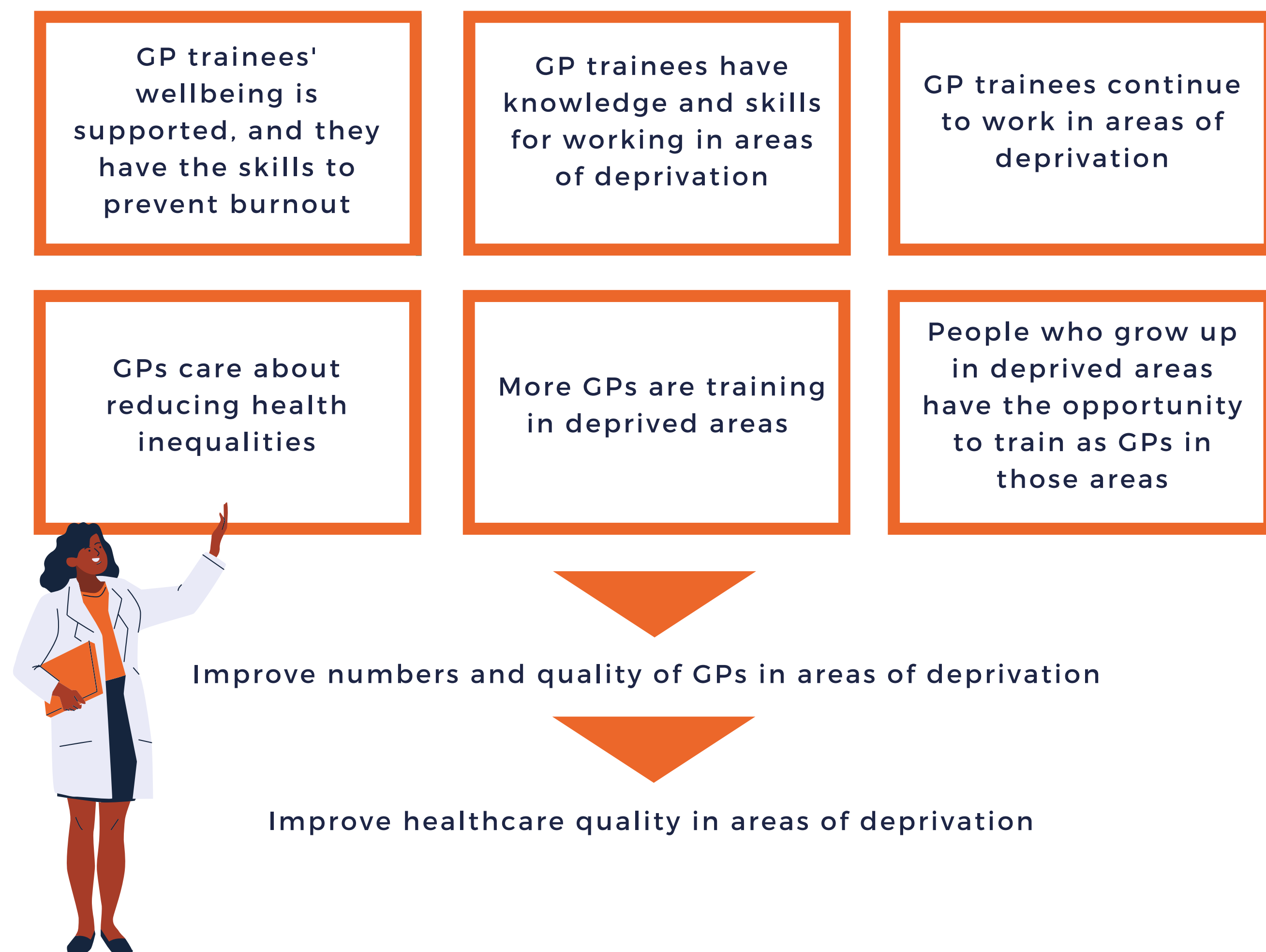
Greater Manchester Deprivation GP Speciality Training Programme, August 20-21

The Greater Manchester Deprivation GPST Programme is a three-year scheme which prepares GPs to work in disadvantaged communities, where health outcomes are often poorest, the availability of good quality healthcare is limited and burnout of doctors is common.

Tudor Hart's observation of an Inverse Care Law (1) – "The availability of good medical care tends to vary inversely with the need for it in the population served" – persists today; disadvantaged areas in the UK have a scarcity of GPs, and numbers are shrinking (2). In parallel, there are fewer training practices in disadvantaged areas; this inverse training law means fewer GPs are training in this rich learning environment (3).

The GP training programme aims to reduce the Inverse Care Law in Greater Manchester. Below are the aims of the programme which guide its activities towards reducing health inequity. This report will describe how the program has developed over the last year and what we plan to do over the next year to work towards each of these aims.

Theory of Change



1 GP trainees' wellbeing is supported, and they have the skills to prevent burnout

Subjective Wellbeing

Fig. 1. shows retrospective wellbeing for the year August 20-21 in five areas. A greater percentage of current trainees reported their life balance, stress management, self-esteem and coping strategies as 'fairly good' or 'very good' compared to those about to start. All trainees and prospective trainees described their ability to form positive relationships at work as 'fairly good or 'very good'.

Figure 1. Self-rated wellbeing and resilience. Trainees (n=13) and prospective trainees (n=7) were asked to rate their wellbeing in five areas. They rated retrospectively for August 20-21.

Wellbeing Teaching

Trainees benefitted from one half-day and one full-day wellbeing session led by wellbeing practitioners. In the first session, trainees were taught about resilience and the Five Ways to Wellbeing (4). Fig. 2. shows improvements in trainees self-rated understanding of wellbeing before and after teaching. Trainees reported that they benefited from increased personal awareness and a reminder to take notice of their feelings and environment. Trainees felt they learnt ways to cope with anxiety and the importance of having small strategies in place to maintain wellbeing and prevent burnout. Trainees did not suggest any improvements to the session but did suggest they would benefit from a few similar sessions a year.

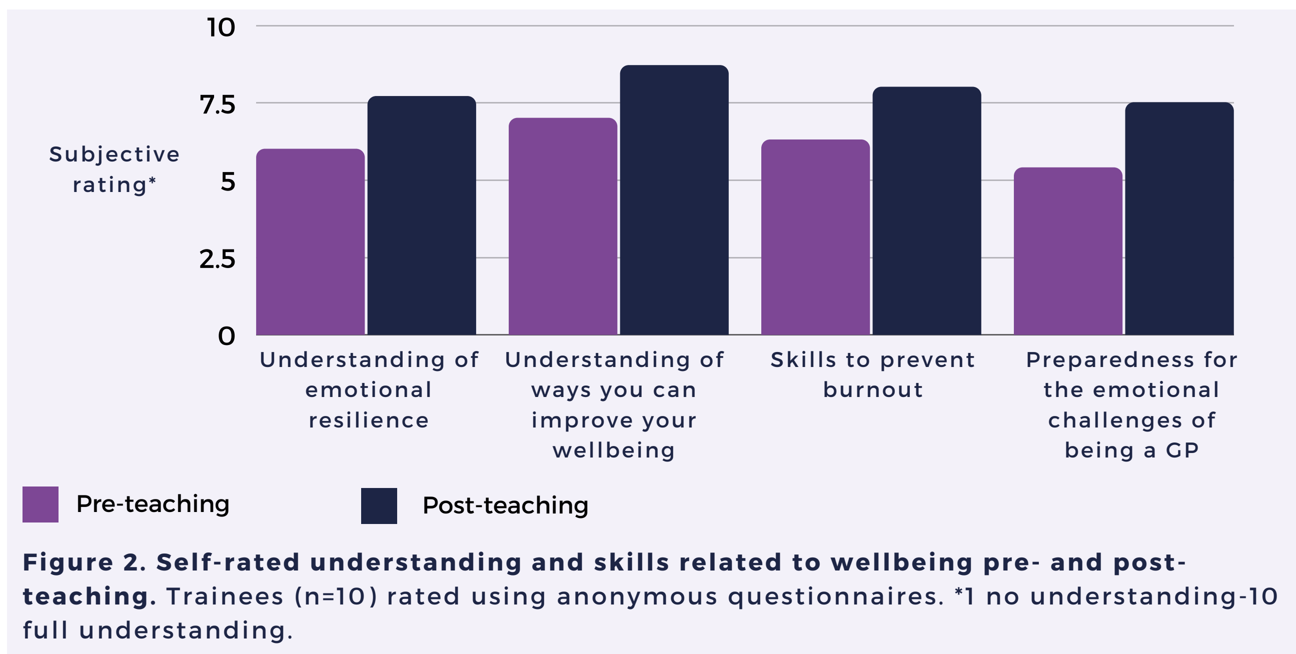


Figure 2. Self-rated understanding and skills related to wellbeing pre- and post-teaching. Trainees (n=10) rated using anonymous questionnaires. *1 no understanding-10 full understanding.

Impact of regular teaching on wellbeing

Trainees viewed weekly teaching to have a positive impact on their wellbeing. The primary reason for this was the supportive culture and feeling of community. Trainees viewed teaching as particularly important to their sense of wellbeing amongst the challenges of the pandemic.

Trainee's made a number of suggestions in which the programme could better support their wellbeing:

- Peer mentors
- Social activities
- Yoga
- Advice for part-time working/alternative GP careers with wellbeing in mind
- information about more specialist support, for example a Practitioners Health Programme or Professional Support Unit
- Free counselling
- Earlier recognition and support from ST2 clinical supervisor
- Support to change culture of medicine

Plan for 2021-2022

- GP trainees to appoint a Social Secretary
- Programme to compile wellbeing resources for GPs and support available and disseminate to trainees directly and publish on the website
- Set up and maintain peer-mentorship
- Continue delivering wellbeing teaching (half day, term 1; full day, term 2)
- Build follow-up from wellbeing teaching into other sessions
- Innovative GP careers teaching to be delivered

2 GP trainees have knowledge and skills for working in areas of deprivation

Teaching

Teaching was delivered across a range of topics from the core RCGP curriculum with a focus on presentations common to general practice in deprived areas. One trainee emphasised there was a good balance between deprivation-focused and more generalised medicine. Trainees viewed the teaching sessions as a 'safe space' with a 'friendly and fun atmosphere' in which diversity was celebrated and everyone was encouraged to speak openly. Trainees valued teaching delivered by GPs, allied health professionals and expert patients and the majority of teaching topics were highlighted as particularly useful:

- Nutrition on a budget
- Campaigning and advocacy
- Substance misuse
- Dermatology
- Homelessness
- Musculoskeletal
- Women's health
- Dealing with uncertainty
- Psychological medicine
- Smoking cessation
- Contraception

Reasons for the psychological medicine teaching being particularly helpful was an increased confidence working with complex patients, formulations and therapeutic approaches. One trainee described the teaching as 'fantastic and energising'. Trainees were particularly grateful that face-to-face teaching had continued throughout the 'chaotic, uncertain covid world'. Trainees expressed that the teaching was inspirational, motivated them towards social change and that they experienced a 'collective sense of purpose' and 'genuine feeling of action around improving inequality'.

Trainee's suggestions for teaching in December 2020 guided the programme for the Spring 2021 term. Trainees also suggested they would benefit from peer mentors, which have been allocated from August 2021. Suggestions for future teaching are as follows:

- More psychological medicine
- Neurology presentations in general practice e.g. headaches
- GP careers and opportunities for post-CCT portfolio career
- Polypharmacy
- Gynaecology/genitourinary medicine
- Getting the practice active
- Consultation skills, role play of difficult consultations
- Eating disorders
- AKT preparations
- Keeping up to date with medical news/academic research
- Supporting transgender patients
- Health literacy
- Fit notes/employment law
- Palliative care in Primary Care
- Traveller communities

Placements
In their first year, trainees did one Urgent Care post and either Obstetrics & Gynaecology or Paediatrics. In the second year, trainees shared their time between GP and a 6-month rotation in a GP+ post relevant to working in an area of deprivation. All trainees did one GP+ post in an area of psychological medicine compared to approximately a third of trainees on other training programmes in Greater Manchester. Trainee's final year is spent in a GP practice in a deprived area. To what extent trainees enjoyed their placements is shown in Fig.3A, B and C.

Urgent Care - Trainees enjoyed and learnt most from exposure to a variety of emergency, ambulatory and community medicine. Experience with emergency and ambulatory medicine prepared trainees to make swift decisions about how problems should be managed with particular relevance of minor injuries and musculoskeletal complaints to being a GP. Experience with community teams helped trainees to learn the range of services available and referral pathways from primary care. One trainee viewed the Clinical Assessment Unit as least relevant to GP. Some trainees felt the community experience could be more structured and it was suggested that Out of Hours experience could be integrated into the post. Trainees on the Urgent Care post from Feb-Aug 21 reported more negatively than trainees in the year preceding. One trainee described being regularly moved to the Urgent Care Centre to cover rota gaps where there was poor support from senior staff and lots of pressure from management. Trainees thought the post prepared them for working in deprivation, describing how presentations were related to the conditions of deprived areas.

Paediatrics - Trainees enjoyed being part of the supportive team and reported learning most from the observation and assessment area, in addition to newborn and infant physical examinations and the postnatal ward, all of which they felt prepared them for being a GP. Ideas given for the post to be developed included improving IT, more time in clinics for educational opportunities and a rota which allowed for all trainees to attend local teaching. Trainees described challenges on postnatal wards, including relationships with midwifes and being the first attender at deliveries. Trainees experienced a range of presentations influenced by deprivation including very unwell children with complex needs, safeguarding concerns, feeding issues and wheezing children.

Obstetrics & Gynaecology - Trainees learnt from both medical disciplines, with experience of gynaecology outpatient clinics, ward rounds, urgent care, in addition to obstetric triage and specialist clinics. Trainees enjoyed many aspects of the post including building confidence with examinations, taking referrals from the emergency department, postnatal reviews, working with midwifery and medical teams, assisting C-sections, and the general working environment. Trainees suggested the strengths of the placements were rotas adapted to their development, lots of independent working, the supportive team, high medical complexity, continuity of care and supervision and speciality teaching targeted at GPs. Trainees' confidence improved on clinic prioritisation, common problems during pregnancy, safe prescribing in the perinatal period, women's health and a holistic approach. Trainees felt the post prepared them for being a GP and noted the usefulness of seeing which issues were referred by GPs.

Trainees mentioned a number of areas the placement could be developed. Some trainees viewed the placement as too obstetrics-focused despite gynaecology experience, in particular outpatient gynaecology, being much more relevant to GPs. This was exacerbated by the pandemic as clinics were cancelled or numbers of staff present limited. Trainees noted that at times support was poor particularly in triage and at night-time in gynae urgency; one trainee was the only doctor on obstetric triage during their first weekend on call. They viewed the consultant team as too large to build relationships and for continuity of teaching and reported having great difficulties getting in touch with their supervisors. A trainee also noted travelling between different sites during the day left little time for a break. Trainees suggested that the entire placement prepared them for working in areas of deprivation, in particular 'frequently dealing with people from minority groups with health disadvantages and multiple comorbidities in pregnancy'.

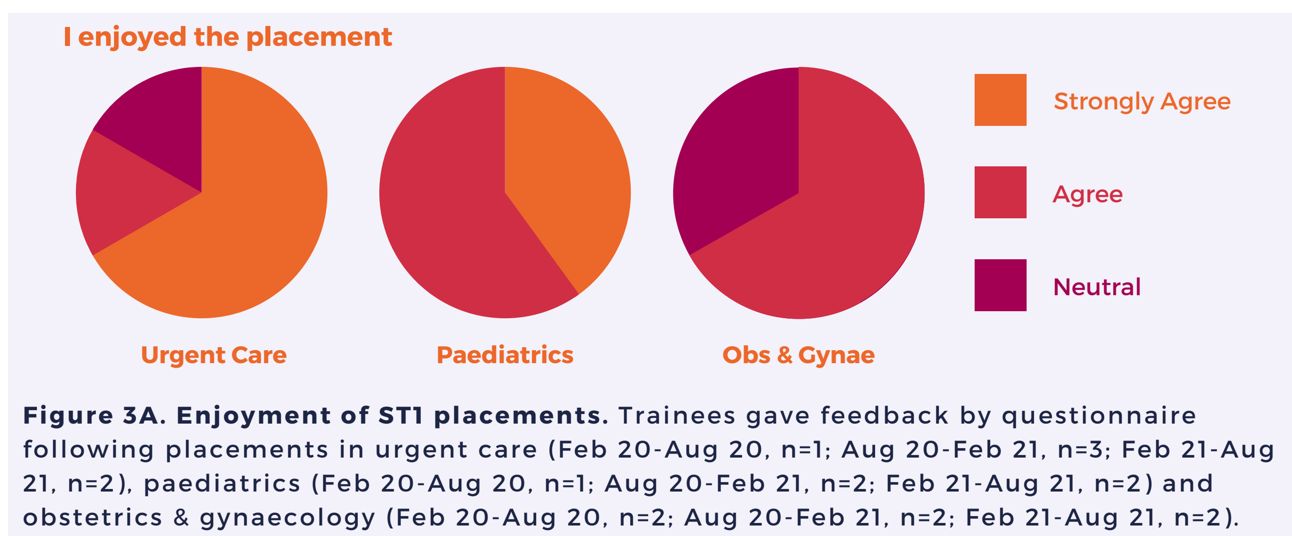


Figure 3A. Enjoyment of ST1 placements. Trainees gave feedback by questionnaire following placements in urgent care (Feb 20-Aug 20, n=1; Aug 20-Feb 21, n=3; Feb 21-Aug 21, n=2), paediatrics (Feb 20-Aug 20, n=1; Aug 20-Feb 21, n=2; Feb 21-Aug 21, n=2) and obstetrics & gynaecology (Feb 20-Aug 20, n=2; Aug 20-Feb 21, n=2; Feb 21-Aug 21, n=2).

GP+ Substance Misuse - Substance misuse posts are delivered by Turning Point. One trainee learnt most from a variety of different experiences including review clinics, new starter clinics, complex case meetings, Hepatitis Clinics whilst others learnt most from discussions with their team, including recovery key workers and their clinical supervisor. Trainees enjoyed their own review clinics, learning about the lives of patients and working with key workers to support complex patients to get the healthcare they need. Trainees valued the exposure to managing patients with substance misuse problems, the supportive environment, team working to deliver psychosocial interventions and the opportunity to work both independently and outside the NHS. One trainee described a strength of the placement as 'working with people that care passionately about the outcomes of their clients/patients' as opposed to process. Aspects of the placement which trainees thought prepared them for being a GP included review clinics, opiate substitution prescribing and working with patients to negotiate treatment plans.

A trainee who completed the placement Feb-Aug 20 felt the induction could be developed but a trainee in Aug 20-Feb 21 felt it was a strength of the placement. It was suggested that more structured supervision and observations of consultations could be offered but not all trainees felt they would benefit from them. One trainee who completed the post in the pandemic felt they missed out on the experience of Hepatitis Clinics. Trainees reported very few difficulties with their placement,

although one struggled to adapt to working in a non-NHS setting initially. One trainee described the importance of learning to be compassionate towards patients with self-destructive behaviour, particularly because many of the patients they encountered had had negative experiences with doctors. They felt that understanding this behaviour in the context of social issues, such as homelessness, abuse and poverty was crucial to prepare them for working in deprivation.

GP+ Secure Environments - The Secure Environments GP+ post, delivered by Spectrum Community Health CIC in a women's prison, was described as a 'learning experience' particularly working in multidisciplinary, substance misuse and mental health teams, responding to emergencies and having their own clinics. Of the two trainees on the post, one trainee enjoyed it more than the other, in particular the welcoming healthcare team, antenatal cases, attending prison meetings and having their own regular patients. They described many aspects of the placement that prepared them for being a GP including clinics, prescribing and understanding the lives of prisoners. The other trainee described difficulties with their placement in relation to supervision; their supervisor was off site and therefore did not work closely with them causing issues with their examination. The trainee felt it would be much more suitable for their supervisor to be someone working within the prison. One trainee noted that she had learnt that prison medicine did not suit her, whereas the other 'would feel happy to go and work in a prison as a GP'.

GP+ Psychological Medicine - Trainees learnt about supporting patients with complex health problems using a holistic and biopsychosocial approach, using techniques such as formulation and Cognitive Behavioural Therapy (CBT). Trainees valued being part of a welcoming, friendly team with excellent support and supervision and working with a diverse range of interesting, and at times, challenging patients. Aspects of the placement which trainees thought prepared them for being a GP included managing patients with functional disorders, treating anxiety and depression, service development and CBT training. Trainees valued the flexibility of the placement and gave just two areas to be developed: earlier exposure to formulation and receiving a laptop earlier in the post. The post was viewed as relevant to working in deprivation because of the exposure to patients from many different backgrounds.

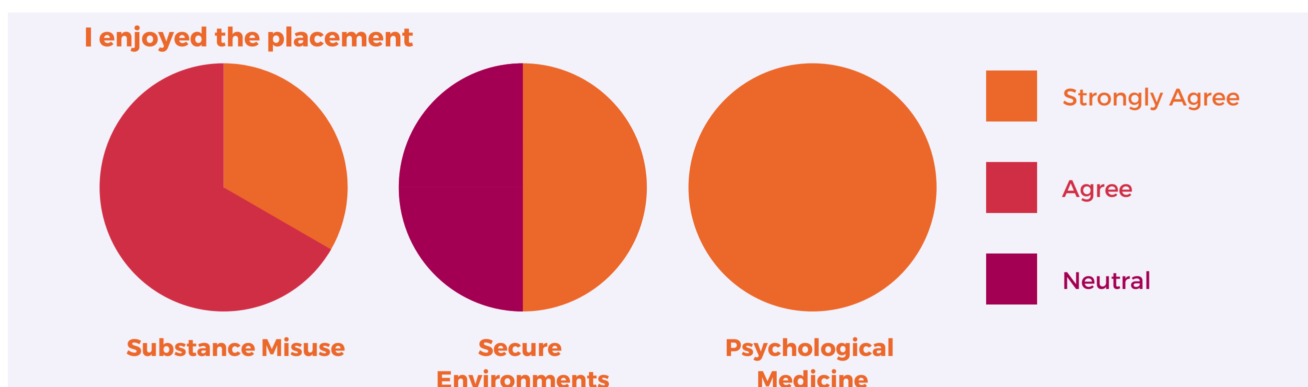


Figure 3B. Enjoyment of ST2 placements. Trainees gave feedback by questionnaire following placements in substance misuse (Feb 20-Aug 20, n=1; Aug 20-Feb 21, n=1; Feb 21-Aug 21, n=1), secure environments (Aug 20-Feb 21, n=1; Feb 21-Aug 21, n=1) and psychological medicine (Aug 20-Feb 21, n=2; Feb 21-Aug 21, n=2).

General Practice - Trainees described learning from seeing patients, clinical sessions and being part of the team, in addition to resilience in the workplace and South Asian culture. Trainees enjoyed a number of aspects of working as a GP including minor surgery and having their own patients. Posts were strengthened by supportive, multidisciplinary teams and diversity in the patient population. Difficulties trainees encountered included feeling isolated as the only trainee in a small GP surgery, having too many clinical sessions than they felt was safe or appropriate and regularly finishing late. Trainees felt prepared for general practice in deprived areas and had developed skills to work with patients from different backgrounds, including using interpreters effectively.

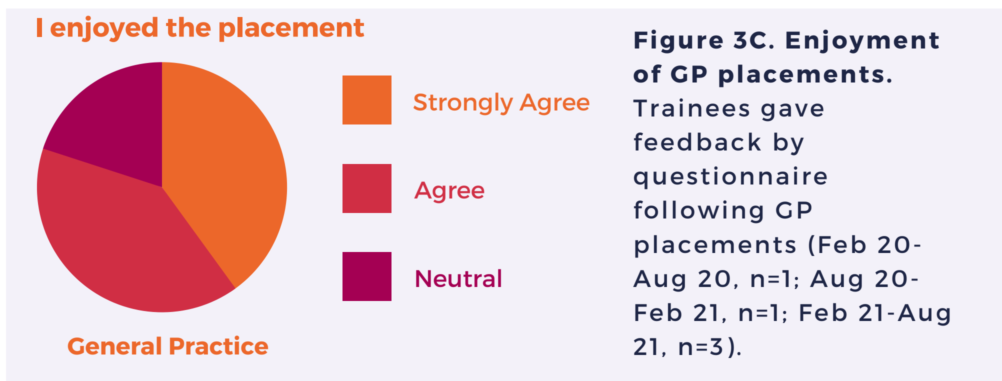


Figure 3C. Enjoyment of GP placements. Trainees gave feedback by questionnaire following GP placements (Feb 20-Aug 20, n=1; Aug 20-Feb 21, n=1; Feb 21-Aug 21, n=3).

Confidence

Fig. 4. overleaf shows trainees self-rated confidence of a number of topics related to delivering healthcare in areas of deprivation and their understanding of the health needs of marginalised groups. Trainees average confidence in all areas is greater after 2.5 years of training, than the baseline recorded prior to training, with variation in the years in between. The data shows that areas in which confidence or understanding needed most improvement included family homelessness, the UK benefits system and the health needs of Gypsy and Traveller communities. Trainees were most confident providing care to patients with complex multi-morbidity and polypharmacy and understanding the health needs of people from ethnic minorities.

Plan for 2021-2022

- Feedback disseminated to placement leads and support given to implement changes
- Take trainee's teaching suggestions and areas of confidence on board, in particular palliative care, health needs of Gypsy/Traveller communities and GP careers
- Work towards placement of two trainees in each GP practice

Figure 4. Average confidence of topics related to deprivation medicine. Trainees (0, n=12; 0.5, n=1; 1, n=9; 1.5, n=4; 2, n=3; 2.5, n=2) recorded responses by anonymous questionnaire in Summer 20 and 21. A) B) Trainees were asked 'if a patient presented to you with this condition/concern, rate your confidence in providing the appropriate care'. C) Trainees were asked to 'rate your confidence in the following areas'. D) E) Trainees were asked 'Rate your understanding of the health needs of people in the following marginalised groups'.

3 GP trainees continue to work in areas of deprivation

No trainees have completed the three-year programme to monitor whether they continue to work in deprivation in the long term. However, 95% of trainees intend to work in an area of deprivation (see Fig.5 for breakdown). Trainees gave a number of reasons as to what makes working in deprivation desirable and undesirable. The work appealed to trainees because of its variety and the ability to work holistically, taking account of the social and psychological; however, they felt frustrated at the 'systematic limitations' which prevented their patients from receiving the best care. Working in deprivation was described as stressful, as patient distress took an emotional toll, but with this challenge came a strong sense of reward and satisfaction. One trainee, due to start the programme in August 21 described growing up in deprivation and viewed the programme as a way of giving back. Trainees described the medicine as challenging because of the complexity, comorbidity and limited resources but were proud that they were providing healthcare to those who needed it most and making a difference to people's lives.

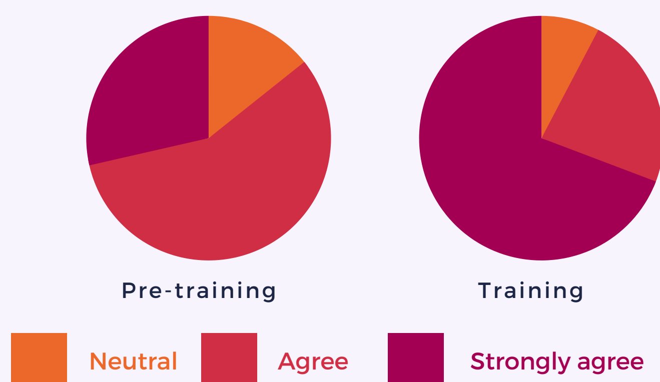


Figure 5. Work intentions. Responses recorded from prospective trainees for Aug 21 (pre-training, n=7) and trainees (n=13) by anonymous survey in July 21.

What makes working in an area of deprivation desirable?

"I want to work with people that are often forgotten or ignored by society. I think that often the best healthcare is given to the wealthiest (and often healthiest) people and that's often because Drs don't want to work in areas of deprivation. I'm interested in health inequalities and how we can work against them to give everyone a chance of living a healthy life." – New starter, Summer 2020

"To fight against the system of injustice and try and minimise the impact deprivation has on health." – ST2, Summer 2021

Plan for 2021-2022

- Support trainees to make informed choices about careers post-qualification
- Monitor where trainees go on to work and whether they choose careers in deprivation in the long-term

4 GPs care about reducing health inequalities

All new starter and current trainees agreed with the statements ‘I care about reducing health inequalities’ (agree, 10%; strongly agree, 90%) and ‘reducing health inequalities is part of the role of a GP’ (agree, 25%; strongly agree, 75%). In addition to their work some trainees contributed to reducing health inequalities by volunteering for a homeless charity, advocacy and increasing their knowledge of the topic. Trainees felt they would have done more if it wasn't for the pandemic.

Plan for 2021-2022

- Continue to support trainees personal and professional development

5 More GPs are training in deprived areas

To support this aim the programme must prove it is sustainable and reproducible. The programme has continued to expand, with seven new GP trainees joining in the last year and nine more arriving in August 21. Five new trainers have been recruited but a number of trainers due to become clinical supervisors changed their minds, which has meant four trainees are with supervisors from other programmes, some of which are in more affluent areas than planned. With the additional stressors of practicing in a deprived area, particularly in the pandemic, the programme may need a number of reserve supervisors to be sustainable. Trainers who responded to an anonymous survey (n=2) viewed the role as 'time consuming' and that it took up 'brain space'. Despite this, trainers thought their own learning was stimulated by trainees, patients benefitted greatly and they found it enjoyable and rewarding. The training courses and support from the programme was described as excellent but one trainer had difficulty negotiating tutorial time with their practice. Suggested improvements included CPD grants which could pay for time, not just resources and tighter chairing of trainers meetings.

"Everyone who can become a trainer should do!" - GP trainer

Innovative GP+ posts in secure environments and mental health are being duplicated elsewhere. The programme is also supporting the development of a generalist Internal Medicine Training programme, with focus on deprivation.

Plan for 2021-2022

- Build capacity in trainer team to be resilient to challenges of practicing in deprivation and thus sustainable in the long-term
- Share learning with Health Education England and support replication of best practice
- Provide guidance to Turning Point should they wish to develop substance misuse posts nationally

6 People who grow up in deprived areas have the opportunity to train as GPs in those areas

The socioeconomic backgrounds of trainees has not been considered in the evaluation; however, it is notable that one new starter reported growing up in deprivation as a driver to applying for the programme. In Aug 20-21 the programme did not take part in any activities to improve access to careers in medicine but did approach the Social Mobility Foundation to enquire about how trainees could contribute to this aim in the future.

Plan for 2021-2022

- Shared Health to develop medical careers support for local schools
- GP Trainees to contribute as application support/mentors in study leave (ST3) or quality improvement (ST2) time

Conclusion

The Greater Manchester General Practice Speciality Programme has continued to develop to better support its aims to reduce health inequity. The programme has a number of plans over the next 12 months and beyond to improve which have been outlined throughout this report. Shared Health Foundation will continue to evaluate the programme, taking into consideration the views of trainees and trainers. We are very excited to see where our trainees go on to work and whether they continue to provide healthcare in areas of deprivation. As trainees qualify we will be able to understand whether the programmes is a successful tool to improve healthcare quality in areas of deprivation and whether similar programmes could be used to reduce the inverse care law.

References

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About Shared Health

Shared Health Foundation is a not-for-profit organisation working to reduce health inequalities in Greater Manchester. We are led by clinicians whose expertise and experience of best practice informs the development of our projects.

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Reducing the impact of poverty on health in Greater Manchester

The Deprivation GP programme was developed in partnership with Health Education England and the Royal College of General Practitioners.

Royal College of General Practitioners

Health Education England

Shared Health Foundation.