Review

GM Deprivation GPST scheme

2021-2022

Shared
Health
Foundation.

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List of Acronyms

GP General Practitioner
GM Greater Manchester
GPST General Practice Specialty Training
RCGP Royal College of General Practice
MSK Musculoskeletal
AKT Applied Knowledge Test
CCT Certificate of Completion of Training
ENT Ear Nose Throat
ITP Integrated Post
MDT Multi-disciplinary Team
CBT Cognitive Behavioural Therapy

Introduction: GM Deprivation GPST Programme August 21-21

The inverse care law (1), published in 1971 by Tudor Hart stated, "The availability of good medical care tends to vary inversely with the need for it in the population served." Despite the year in which this quote was proposed, the inequalities of health are just as relevant today. Across England the life expectancy and health of life expectancy at birth between the demographic of the most and least deprived populations is great (2), and, fuelled further by the post pandemic, the primary care workforce continues to be under-funded, under-doctored and over-strained. (3)

The GM Deprivation - created to reverse the inverse care law - is a three-year GPST scheme that prepares GPs with the best knowledge, skills, and expertise to work in areas of deprivation. It relies on delivering a person-centred approach to care and acts to intervene and prevent the harm poverty can bring.

In achieving this the programme follows the aims set by its own 'Theory of Change' (listed below). The aims will, as done so since 2020, guide the programme's activities towards combating the disparities in health and strengthening the practices and the communities they serve.

This report will describe how the programme has developed over the past two years, and what plans it has (based on GP trainees' feedback) to improve on its deliverables.

Theory of Change

GP trainees' wellbeing is supported, and they have the skills to prevent burnout	GP trainees have knowledge and skills for working in areas of deprivation	GP trainees continue to work in areas of deprivation
GPs care about reducing health inequalities	More GPs are training in deprived areas	People who grow up in deprived areas have the opportunity to train as GPs in those areas

Improve numbers and quality of GPs in areas of deprivation

Improve healthcare quality in areas of deprivation

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

1a. Subjective Wellbeing

The wellbeing of the GP trainees matters greatly when faced with the challenges that deprivation can bring. Fig. 1a and b. show retrospective wellbeing for the years August 21-22 and 20-21 in five areas. Overall both current and prospective trainees reported 'fairly good in their self-esteem, stress management and coping strategies. Greater percentage of current trainees reported their life balance as 'fairly good' and 'very good' compared to those about to start, as shown in the previous year. However, a small percentage of current trainees rated their stress management as being 'not very good'. Reason for this was not provided by the trainees, although fewer trainees responded to the questionnaire than compared to previous year. Nevertheless, the programme will inquire reasons for stress inducement amongst trainees and seek solutions.

Figure 1a. Self-rated wellbeing and resilience. From August 20-21 trainees (n=13) and prospective trainees (n=7) were asked to rate their wellbeing in five areas. In August 21-22 trainees (n=8) and prospective trainees (n=5) were asked to do the same.

Figure 1a. Self-rated wellbeing and resilience. From August 20-21 trainees (n=13) and prospective trainees (n=7) were asked to rate their wellbeing in five areas. In August 21-22 trainees (n=8) and prospective trainees (n=5) were asked to do the same.

1b. Wellbeing Teaching

Over the past two years, trainees have benefitted from two wellbeing sessions per year – one half day and one full day. Like the previous year trainees were taught resilience on 'The Five Ways to Wellbeing' (4) in their 1st session. This year, in the 2nd session, trainees were introduced to a Venn diagram of the four areas to overall health: Physical, Mental, Emotional and Spiritual.

Fig. 2a. shows improvements in trainees self-rated understanding of wellbeing before and after teaching, while Fig. 2b. compares ratings from the preceding year (Aug 20-21). Trainee's ratings of self-understanding of wellbeing in Fig. 2b. reveal slight improvements compared to trainees' results in Fig. 2a.

The variance in the number of respondents from both years has been taken into consideration. However, directed teaching on wellbeing shows to have a significant effect amongst trainees. Trainees viewed the wellbeing sessions as a positive experience, where they learned how to connect with their personal self and recognise when the physical and emotional symptoms of stress were raised. Trainees enjoyed learning tools such as taking time to recharge, implementing breaks to their day, and tapping into their creativity as strategies for reducing anxiety and preventing burnout. The wellbeing sessions were considered to be a vital part of the trainees training and no other suggestions for development were made.

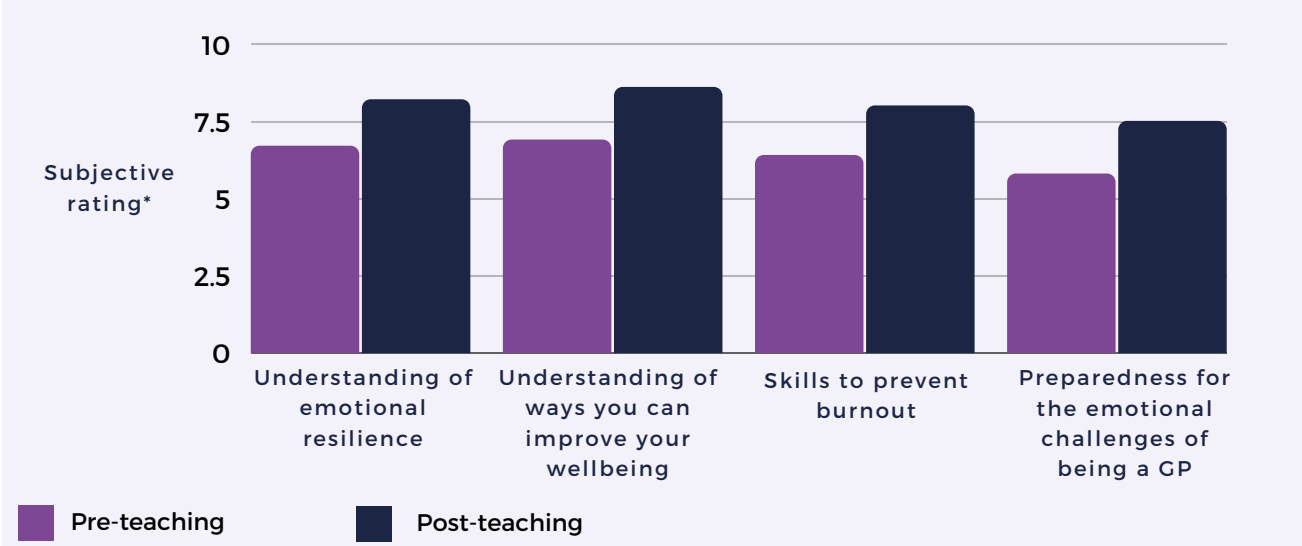

Figure 2a. Self-rated understanding and skills related to wellbeing pre- and post-teaching. Trainees (n=21) rated using anonymous questionnaires. *1 no understanding-10 full understanding. They rated retrospectively for August 21-22

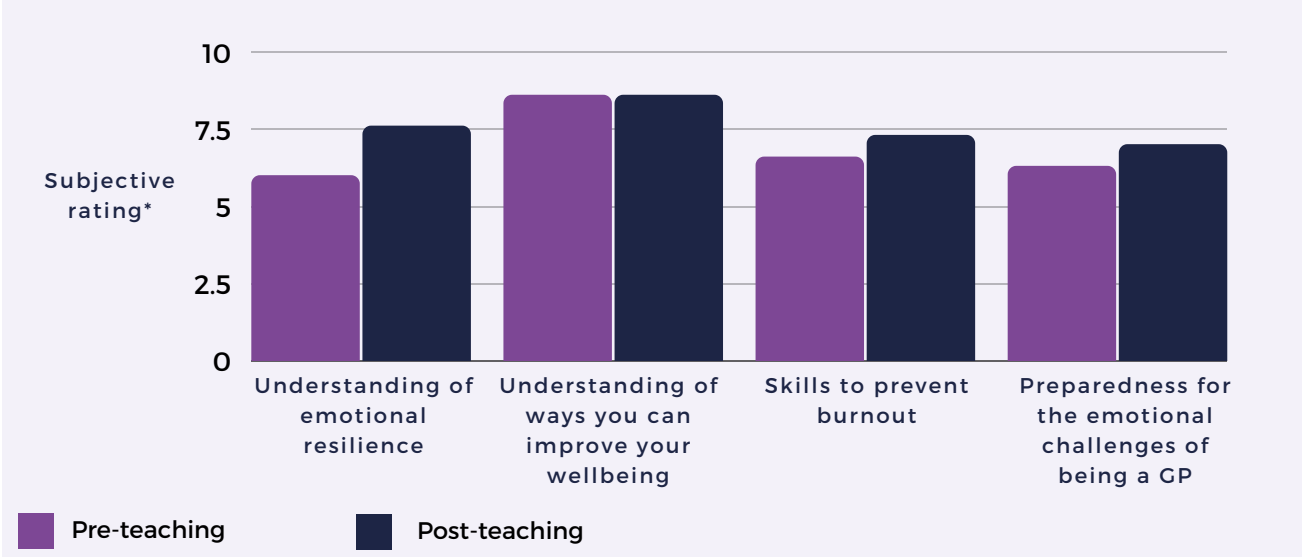

Figure 2b. Self-rated understanding and skills related to wellbeing pre- and post-teaching. Trainees (n=10) rated using anonymous questionnaires. *1 no understanding-10 full understanding. They rated retrospectively for August 20-21

1c. Impact of regular teaching on wellbeing

Trainees viewed regular teaching to have a positive impact on their wellbeing especially when facilitated in person, with one trainee stating teaching "to be the highlight of their week". Similarly to the Annual Report 20-21, trainees expressed that teaching provided a safe and open environment for learning that was 'often inspiring and engaging'. The main reason for this was the feeling of being part of a community where opportunities to share challenges faced were celebrated and building relationships was encouraged.

Plan for 2021-2022

- Seek solutions to stress inducement and add follow-up wellbeing learning into other sessions
- Programme to update wellbeing resources and support available and to disseminate to trainees directly also
- Continue delivering wellbeing teaching (half day, term 1; full day, term 2)

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

2a. 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. The majority of trainees stated learning the most from clinically focused topics such as Polypharmacy, Frailty and MSK conditions. One trainee enjoyed how the programme reflected on the wider detriments that further exacerbated patient's conditions, and how it showed ways that they could better support their patients. Other trainees mentioned enjoying less acknowledged topics such as homeless families, trans and travellers' health. Both the consistency of the varied topics taught, and peer support combined gave trainees the ability to perform better in their training. One recent graduate expressed that teaching instilled them with the stability and confidence needed to be a good GP. Trainees valued guest presentations from GPs and allied health professionals. Topics that trainees found most helpful were:

- Polypharmacy
- Musculoskeletal
- Frailty
- Consultation skills
- Gypsy & Travellers Health
- Trans Health
- Palliative Care
- GP management
- Uncertainty in medicine
- Homeless families
- Neurology
- AKT
- HRT/Menopause
- Balint

Balint groups also proved to be particularly useful amongst trainees. The primary reason behind this was the ability to reflect on the difficult and often challenging cases most represented in disadvantaged communities.
Trainees' suggestions in December 2021 guided the programme for the Spring term 2022. The same trainees also made other suggestions for future teaching, such as:

- Wellbeing post CCT
- Primary care structure
- Paediatrics
- Nutrition/dietetics
- Peer Teaching
- Admin
- Dermatology
- Ophthalmology
- Referral pathways
- Social prescribing
- ENT

2b. Placements: ST1

Trainees who join the programme begin their first year of training by completing two secondary care posts in a 6-month rotation. Like the preceding year, trainees did one Urgent care post followed by either an Obstetrics & Gynaecology or Paediatrics posts. Trainees completed these posts in terms Aug 21 – Feb 22 (1st term) and Feb – Aug 22 (2nd term). To what extent the trainees enjoyed their placements is shown in Fig. 3a.

<u>Urgent Care</u>

Training in the Urgent care post proved to be most successful out of all ST1 placements. Trainees enjoyed and learnt most from first hand exposure to the variation in presentations. Experiences in emergency and ambulatory medicine encouraged trainees to make independent decisions and build confidence in safety netting. Trainees also valued managing common cases such as paediatric, MSK and ophthalmology conditions and found these, in addition to training with community medicine, to be the 'most applicable to GP'.

In terms of areas for development, one trainee (like the previous year) thought the clinical assessment unit to be the least relevant to GP. Other trainees viewed the weekly rota 'unsettling' and it was suggested a fortnightly rota be implemented to allow time to embed within the team. Trainees from both 1st and 2nd term described accessing opportunities during community weeks as confusing and recommended these to be highlighted clearly early on in training. On the whole, trainees thought the post prepared them for working in a deprived area and praised the friendly and supportive working environment for encouraging a healthy work life balance, despite the daily pressures.

Obstetrics and Gynaecology

Similarly to the Annual Report 20 - 21, trainees viewed both medical disciplines as beneficial towards their learning. Experience with gynaecology outpatient clinics, the emergency gynae unit, maternity triage and vulval clinics were deemed as most helpful. Trainees described how the practice of seeing patients in a short consult manner and the understanding of the complications that arise from post-operations were most applicable to the role of a GP. Trainees enjoyed being part of a large and supportive team and mentioned particular areas that improved their training: performing speculum examinations, assisting in childbirth, and presentations from the emergency gynae unit.

Trainees made a few suggestions as to ways in which the post could be developed. The most popular recommendation was a need for more gynaecology experience. According to one trainee, the post felt too 'obstetrics-heavy' and was, as stated, 'less relevant to GP'. In particular, trainees emphasised the vast learning opportunities they felt they had missed due to a disproportion of gynae responsibilities. Moreover, other significant mentions for improvement included more senior support, facilitation of educational opportunities from both medical areas and further time spent with the midwifery team. Despite the issues raised above, trainees gained experience working with vulnerable and homeless patient groups which they felt prepared them most for working in an area of deprivation.

Paediatrics

Trainees from the paediatrics post learnt most from experience within the observation and assessment unit. Trainees expressed how regular input from senior clinicians improved their ability to recognise acutely unwell children and when they should be discharged or admitted. Trainees felt this experience, as well as interactions with the deprived population it served, prepared them most for the primary care world. Strengths of the placement included 24-hour senior support and a well-rounded organised department in a busy ward.

Trainees in the first term, however, found the on-call rota to be intense and disruptive to their work-life balance. One trainee reported the placement negatively affected their educational progress with GPST teaching sessions due to the heavily serviced provisional rotas and an understaffed nursing team. Conversely, one trainee from the 2nd term felt positively about their experience, expressing how the post was a great working environment that improved their knowledge and skills.

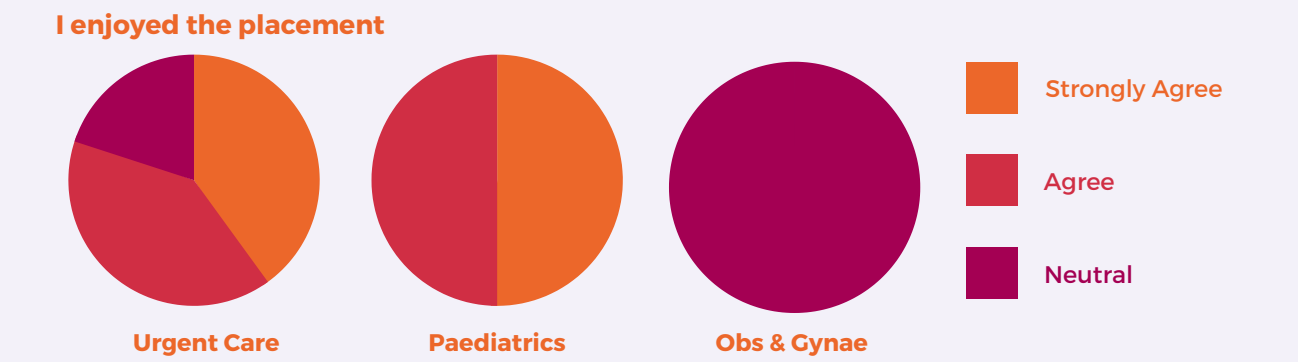

Figure 3A. Enjoyment of ST1 placements. Trainees gave feedback by questionnaire following placements in urgent care (Aug 21- Feb 22, n=3; Feb 22- Aug 22, n=2), paediatrics (Aug 21-Feb 22, n=2; Feb 22-Aug 22, n=2) and obstetrics & gynaecology (Aug 21-Feb 22, n=2). Trainees from Feb 22-Aug 22 did not complete the questionnaire.

2c. ST2

In the second year, trainees are allocated to a GP+ placement, also known as an Integrated Post (ITP).

In a GP+ post, trainees divide their responsibilities between working in a practice and another post relevant to deprivation. Much like the previous year, trainees completed (alongside their GP placement) a post per 6-month term in psychological medicine and in either substance misuse, prison (secure environments) and homeless families. Trainees completed these posts in terms Aug 21 – Feb 22 (1st term) and Feb – Aug 22 (2nd term). To what extent trainees enjoyed their placements is shown in Fig. 3b.

<u>GP+ Substance Misuse</u>

The Substance Misuse placements are delivered by Turning Point. Trainees described involvement with the MDT meetings, seeing patients, and the overall delivery of methadone review clinics as the pivotal part of their learning with substance misuse. Key areas that trainees found prepared them for life as a GP was the availability of supportive resources, ability to confidently stop and reduce medications and the challenging consultation experience. Trainees reported the usefulness in seeing and learning about the complex social issues clients faced, especially clients who came from highly deprived backgrounds. According to a trainee from 1st term, exposure to patients with challenging personalities and volatile behaviours strengthened their ability to make difficult decisions. Trainees enjoyed being part of a supportive team and noted this as being one of the highlights of the placement. Additionally, trainees described how the variety in the range of problems seen during their placements helped them gain familiarity with the common situations' patients were in, such as, homelessness, probation and social isolation.

On the whole, trainees largely enjoyed their placements but made suggestions as to where they needed development. One of the main recommendations was an incorporation of other activities, such as involvement with hepatitis clinics to enrich their learning. Another trainee (in the 2nd term) expressed the need for more direct supervision after describing being most often ‘the only prescriber in the building’. In terms of how the placement affected trainees’ wellbeing, it was noted that the role could be ‘emotionally taxing given the nature of the clients'. However, one trainee mentioned being resilient to these issues and described having good strategies to manage them.

GP+ Secure environments

The secure Environment post is delivered by Spectrum Community Health CIC and involve working at a women’s prison. Overall, the post was described as ‘more mental health related’. Trainees developed key consultation skills and gained great insight into the challenges the prisoners faced both socially and psychologically. Trainees also enjoyed how the placement delivered a focus on education and felt relatively supported by members of the team. Not much feedback was provided on how well the placement performed in comparison to the other placements. However, trainees made particular mention of some of the issues they had encountered. One of the most prevalent issues raised was the constant change in staff and lack of clinic room availability that resulted in a ‘fragmented timetable’. One trainee from the 1st term also described a delay in starting their post due to the ‘long vetting process’.

Another area, one trainee noted, as a need for improvement was a lack of a diverse rotation. It was suggested that embedding opportunities to work with the 'mental health' and 'drug and alcohol' support teams would have benefitted their learning.

Despite the difficulties encountered, the location of the prison coupled with the intellectually challenging workload prepared trainees for working in an area of disadvantage, and their wellbeing was positively affected throughout their placement as a result.

GP+ Psychological Medicine

In parallel to the feedback from Aug 21, trainees learnt the most from observing colleagues, attending MDT meetings, working with the pain clinic and liaison teams and, most particularly, assessing patients with chronic and other mental health complexities. Under supervision, trainees benefitted and enjoyed conducting CBT and assessments to manage patients with mental health conditions. One trainee described how the CBT training provided them with the 'tools and techniques' for treating mental health in the primary care setting. Another trainee emphasised how approaches to delivering trauma-informed care and exposure to patients with Adverse Childhood Experiences (ACEs) prepared them for working in a disadvantaged area. The ‘perfect mix’ of autonomy, support and supervision proved particularly encouraging for trainees and they reported this as being the strength of the placement.

This included evaluating and discussing patient conditions with a supervisor post-clinic who was keen to teach, understanding and managing patients with chronic pain issues, and being made aware of the local services to refer patients in. Overall, trainees reacted positively to working in this environment and gave just two areas where the post could be further improved: more opportunities to observe the liaison practitioners and structured teaching around pharmacy in psychiatry.

GP + Homeless Families

Introduced as a trial placement in August 21, the Homeless Families post was created to provide clinical support for families experiencing homelessness. In its aim the post encourages trainees to practice holistically, implementing GP responsibilities outside of their traditional duties.

Initially separated into three roles, Apex House, Castleton Hotel and Healthy Gems Hub (HGH), the post as from February 2022 and onwards now focuses on the Apex House and Healthy Gems hub roles. There are developments in progress to re-open the Castleton post once a focused care practitioner has been recruited to work alongside a prospective trainee.

Apex:
Apex house is a converted office block servicing 20-plus self-catered flats for homeless families needing temporary accommodation. Families are referred to Apex house by Manchester Council under their duty-to-refer and are placed there for a duration of two to three months before finding them a permanent home.

Castleton Hotel:
Castleton Hotel offers accommodation to homeless families who have been referred to by Salford, Manchester City and Rochdale Councils. Families are placed there by the local authorities under the duty-to-refer and stay for a duration of two to three months before being found a permanent home. Visits to this site were accompanied by a paediatrician.

Healthy Gems Hub (HGH):
The Healthy Gems Hub is a project aimed at engaging with families and children at the point of need, by delivering them support and access to health and wellbeing resources. The hub is located at a practice in Oldham and provides care packages to new parents after childbirth. The packages include nappies, hygiene products, toiletries and more. The project is funded by Shared Health Foundation (SHF) and works alongside primary and social care professionals to promote health and provide holistic care.

Trainees learnt most about the journey into family homelessness, describing gaining insight into the housing benefits systems, the role of safeguarding vulnerable children, the systemic barriers preventing qualities of healthcare and the outcomes of health from an unsettled home. Experience with meeting homeless families gave trainees a better understanding of the health needs of these patient groups and helped to promote a sense of trust towards the trainees by creating a good healthcare relationship.

Trainees enjoyed the creative elements of the role and the flexibility to launch their own ideas in servicing support – an aspect which was encouraged by the team members of the posts. The varied tasks of the placement gave trainees an awareness of the community services available, and trainees noted improvement in their communication, management, and leadership skills as a result. Working alongside a Focused Care (FC) Practitioner also proved to be particularly useful for trainees' development. Trainees appreciated the impact FC practitioners had on the families and valued their expertise and experience on effectively managing hard to engage or reach families.

Of the two trainees on the post, the trainee from the 1st term disliked the placements' lack of structure most and found this aspect difficult to navigate as a GP. The trainee also described certain areas of the placement as being more FC relevant than GP and was discouraged by the lack of quantitative data they could draw on to illustrate any impact they had on the lives of the homeless families. The primary reason for this was due to the programme being in its initial phase and, as a result, a lack of patient engagement and referrals to provide data was to be expected. In spite of this, the proceeding trainee stated thriving most in this area of unfamiliarity which further expanded on their 'potential portfolio opportunities' on what a GP could offer outside of the traditional features of the role.

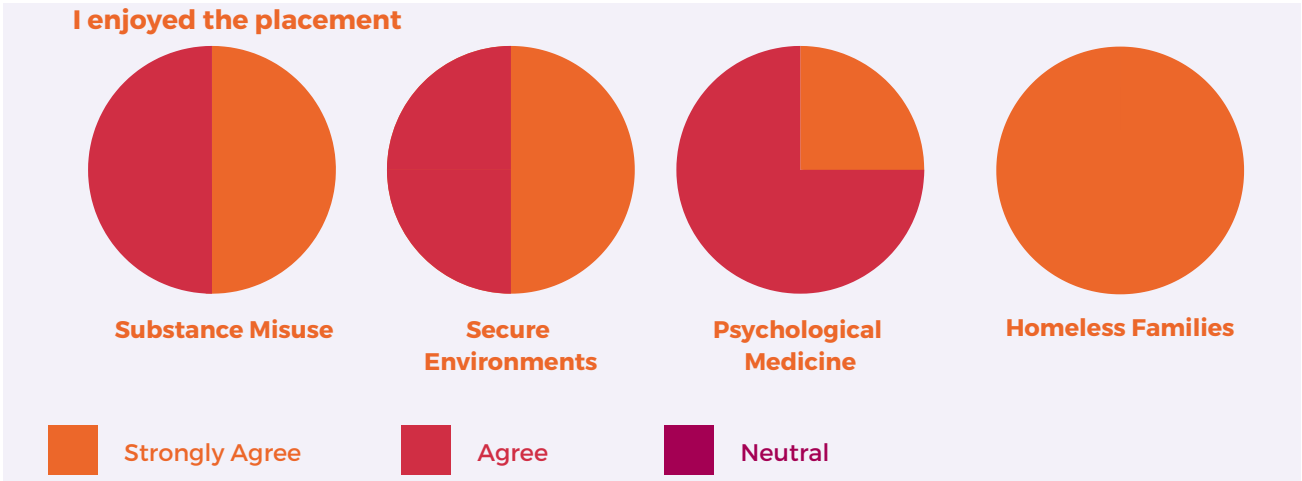

Figure 3b. Enjoyment of ST2 placements. Trainees gave feedback by questionnaire following placements in substance misuse (Aug 21-Feb 22, n=2; Aug 20-Feb 21, n=0), secure environments (Aug 21-Feb 22, n=1; Feb 22-Aug 22, n=1), psychological medicine (Aug 21-Feb 22, n=3; Feb 22-Aug 22, n=1) and homeless families (Aug 21-Feb 22, n=0; Feb 22- Aug 22, n=1).

2d. ST3

Trainees in their final year are allocated to the same practice as their Educational Supervisor for the duration of 12 months. To what extent trainees enjoyed their placements can be seen in Fig. 3c.

GP Practice

Trainees were posted in practices under Hope Citadel Healthcare (HCH) across Greater Manchester. The practicality and regularity of seeing patients with a variety of conditions was deemed as most helpful in terms of learning. Trainees gained confidence in managing more cases and valued their educational tutorials and feedback from their video consultations. Trainees enjoyed being part of the practice team and appreciated the supportive and thriving culture of the working environment, where everyone worked towards improving the lives of their community holistically and patients were received with respect. One trainee expressed feeling independent in their role and felt like a valued member of the team.

One of the strengths of the posting was the variance in the presentations (exacerbated by a level of deprivation) and the expertise and experience of the GPs working alongside them within the practice, which combined to improve the trainees' resilience and helped them perform better in their daily practice. Liaising with FC teams was also recognised as one of the key aspects to the placement.

In terms of development, trainees suggested allowing trainees more opportunities to be involved with the practice meetings and more supervision was requested. Nonetheless, trainees did not express having any difficulties with their training and felt in fact carefully considered throughout their journey. This was most apparent in terms of wellbeing and personnel commitments such as childcare, family illness and issues that had emerged with COVID. One trainee even emphasised that the practice helped them through their struggles and 'improved their wellbeing'.

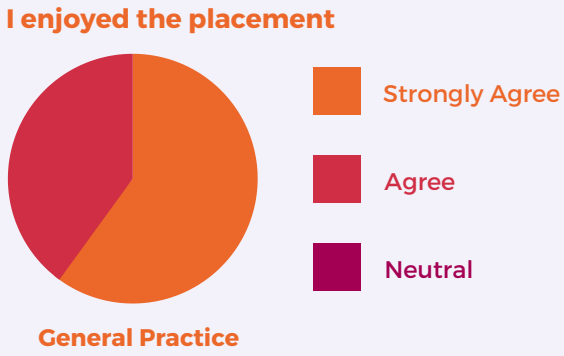

Figure 3c. Enjoyment of GP placements. Trainees gave feedback by questionnaire following GP placements (Aug 21-Feb 22, n=4; Feb 22-Aug 22, n=1).

2e. Confidence

Fig. 4a, b & c. overleaf shows comparisons of trainees' self-rated confidence on a number of topics related to delivering healthcare in areas of deprivation and their understanding of the health needs of marginalised groups from years 20-21 & 21-22. Trainees' average confidence in all areas is greater after 2.5 years of training than the baseline recorded prior to training, with little variation in the years in between. The data shows that areas in which confidence has significantly improved from the previous year include street homelessness, complex multi-morbidity and polypharmacy and the UK benefits systems. Additionally, confidence in understanding the health needs of ethnic minorities, refugees and asylum seekers, and people in contact with the criminal justice system, improved greatly. Of areas which trainees needed more confidence in were family homelessness and understanding the health needs of vulnerable migrants.

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 the health needs of homeless families and vulnerable migrants
- Work towards expanding training practices with two trainees per practice

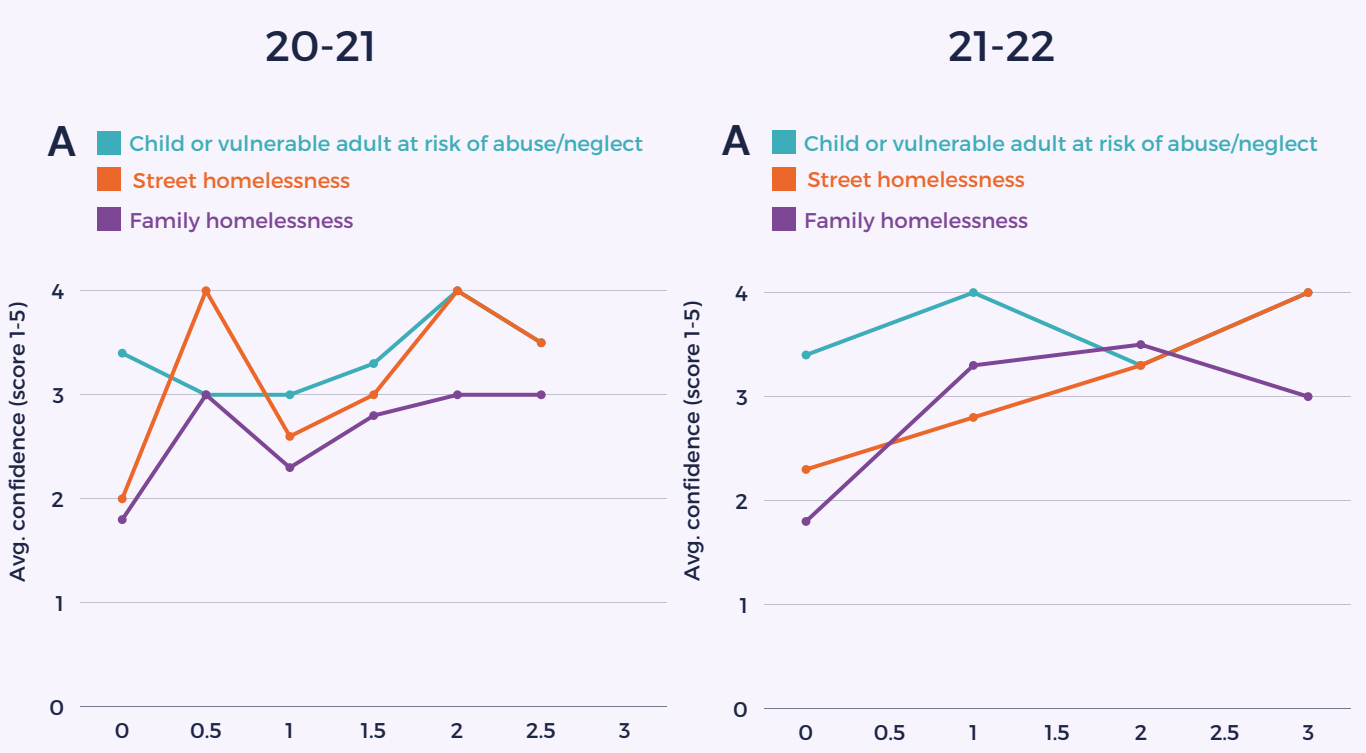

Figure 4a. Average confidence of topics related to deprivation medicine. Trainees (0, n=6; 1, n=3; 2, n=3; 3, n=1) recorded responses by anonymous questionnaire in Summer 21 and 22. A) Trainees were asked 'if a patient presented to you with this condition/concern, rate your confidence in providing the appropriate care'

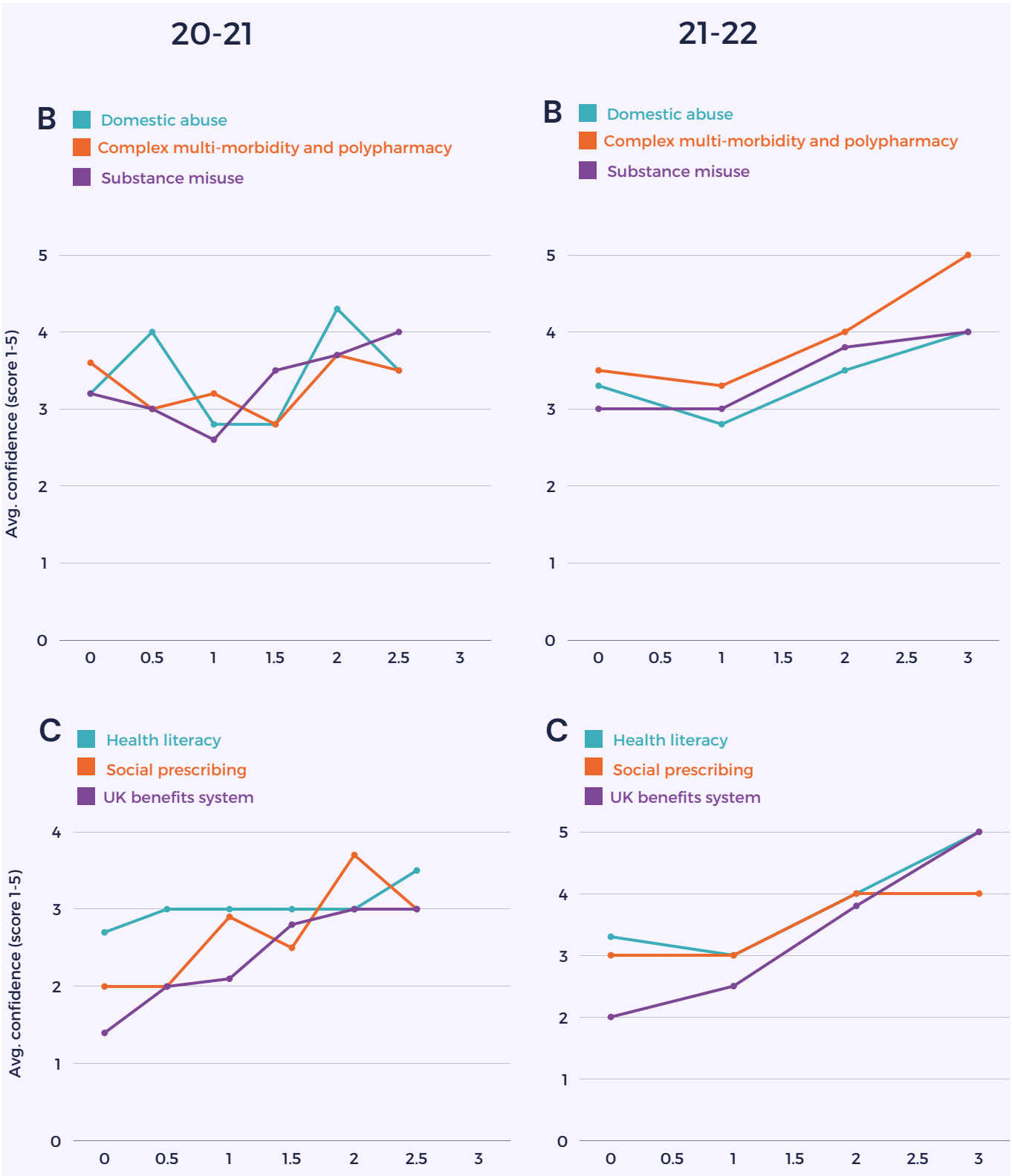

Figure 4b. Average confidence of topics related to deprivation medicine. B) Trainees were asked 'if a patient presented to you with this condition/concern, rate your confidence in providing the appropriate care'. C) Trainees were asked to 'rate your confidence in the following areas'.

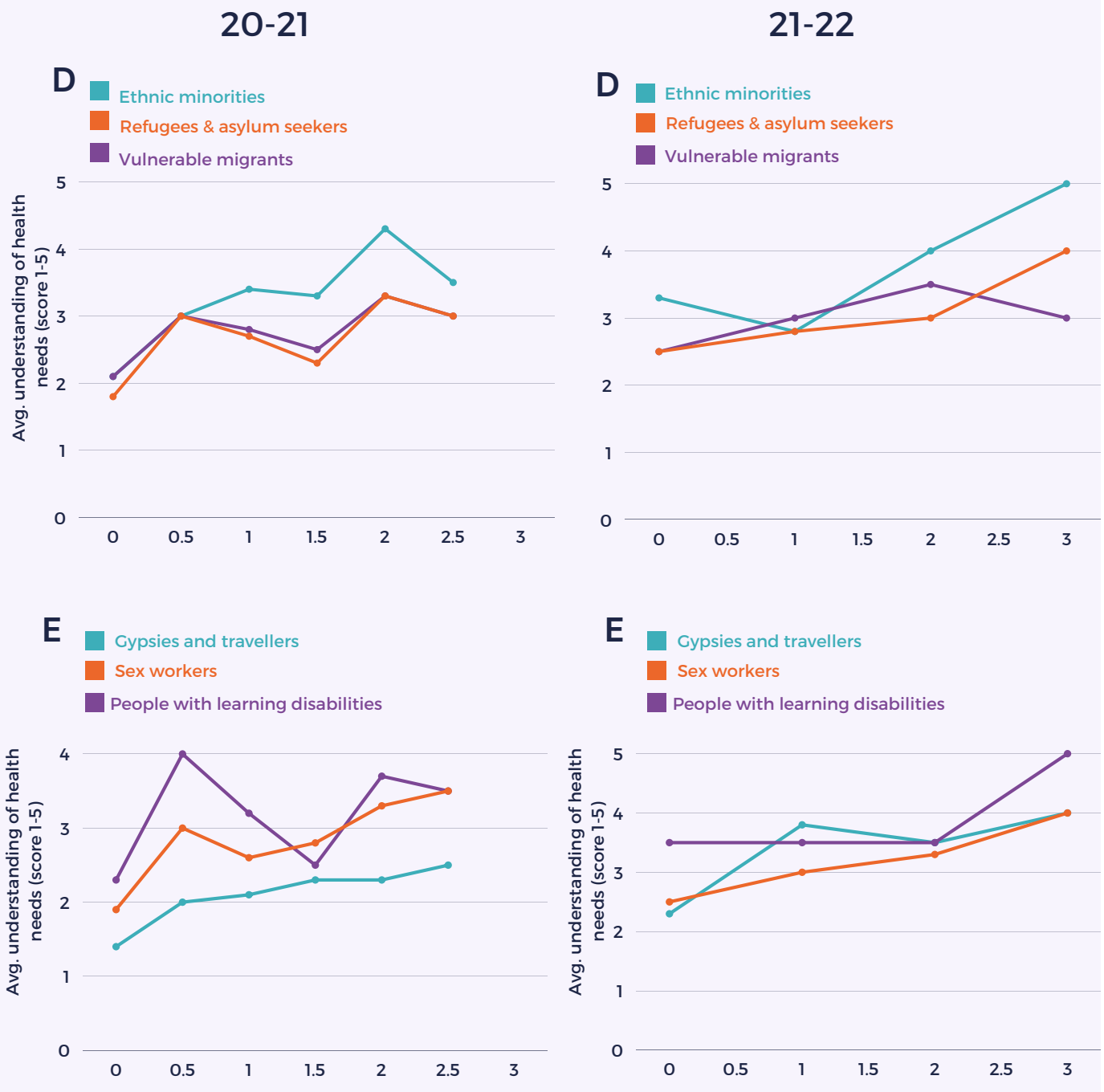

Figure 4c. Average confidence of topics related to deprivation medicine. D) E) Trainees were asked 'Rate your understanding of the health needs of people in the following marginalised groups'.

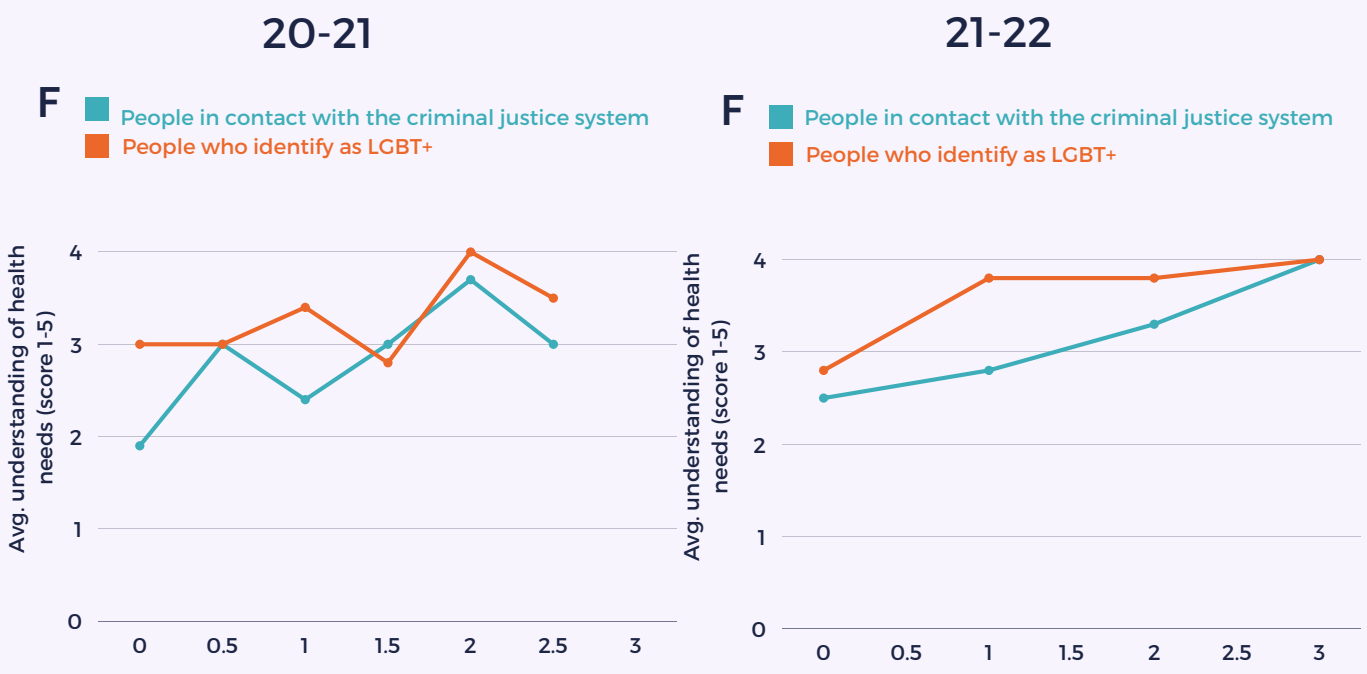

Figure 4c. Average confidence of topics related to deprivation medicine. F) Trainees were asked 'Rate your understanding of the health needs of people in the following marginalised groups'.

3 GPs continue to work in areas of deprivation

Four of the trainees who enrolled in the GM Deprivation Scheme in 2019 have successfully graduated from the three-year scheme. The graduates are now working as GPs in HCH practices and intend to work in an area of deprivation for the long term. Towards the end of their training, the graduates were interviewed based on understanding how the programme prepared them to work in a deprived-focused practice. One of the questions asked was – 'What made you want to work as a GP in deprivation and do you still feel the same?' The graduates answered confidently and felt strongly passionate about continuing their journey in deprivation medicine, stating the role was 'extremely rewarding and fulfilling'. The area which captivated the trainees the most was the social aspect of the role and their drive to support those less fortunate – as one graduate stated, 'everyone is deserving of good healthcare'. Graduates also acknowledged the 'unique challenges' that come with the role but felt the programme had given them the tools, techniques, and support to manage them. One graduate even welcomed the challenges and stated them as 'what makes working in deprivation medicine interesting'. Another graduate however, wished the programme was longer but felt ready to be a GP, and was also assured by extra peer support from another graduate.

Since the graduates have not completed a year post-training, there is no other data to see whether they will continue to work in an area of deprivation in the long future, aside from the opinions they expressed during the interview. However, it is notable to add that a few expressed plans of becoming a trainer when they are ready. The programme will continue to monitor their development and if it has been successful in its aims. Moreover, both current and prospective trainees were asked if they 'intend to work in an area of deprivation in the future'. The data collected reported overall good results, with 77% of current trainees and 80% of prospective trainees agreeing to the statement above. The trainees gave several reasons as to what makes working in deprivation desirable and undesirable. Much of what appealed to trainees was similar to last year: being in a position to make a real impact, reduce the inverse care law and to work more holistically in a field with interesting challenges in biosocial medicine. At the same time, working in areas of deprivation was described as emotionally draining, where a patient's trauma or distress could 'break your heart'. The limitations in support and resources to better integrated care was also an undesirable factor in this field.

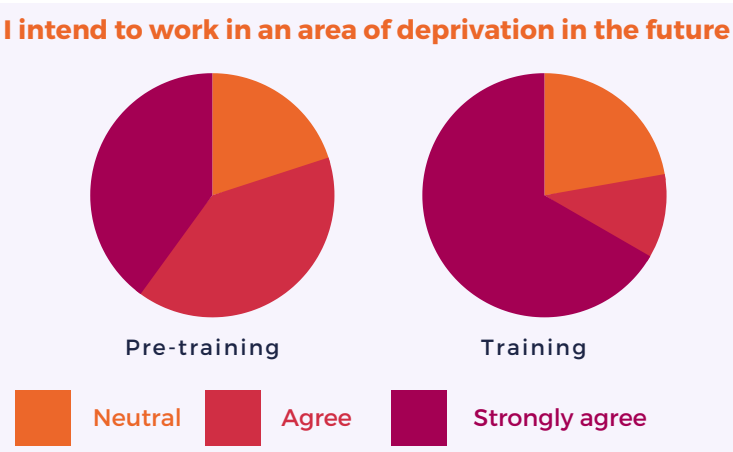

Figure 5. Work intentions. Responses recorded from prospective trainees for Aug 22 (pre-training, n=6) and trainees (n=6) by anonymous survey in July 22.

What makes working in an area of deprivation desirable?

"I find that generally biomedicine treats all bodies to the be the same everywhere - however I feel there is lots of evidence that biology and the social are intertwined. From this perspective the victims of this cultural ideology of bodies existing somehow in a social, political and economic vacuum to me are people who live in an area of deprivation. To me personally the social is as interesting as the biological and I can't imagine having a career without consideration of both - it would be too boring!" - New starter, Summer 2022.

Plan for 2021-2022

- Support trainees to make informed choices about careers post-qualification
- Monitor newly qualified GPs in their current practices to see if they continue to use and develop the skills learnt from training

4 GPs care about reducing health inequalities

All new starter and current trainees agreed with the statements 'I care about reducing health inequalities' (agree, 6%; strongly agree, 94%) and 'reducing health inequalities is part of the role of a GP' (agree, 13%; strongly agree, 87%). In addition to their work, some trainees contributed to reducing health inequalities by volunteering for a homeless charity, mentoring a youth with a keen interest in medicine and increasing their knowledge of the topic. Other trainees are exploring taking on extracurricular activities in the future.

Plan for 2021-2022

- Continue to support trainees personal and professional development

5 More GPs are training in deprived areas

To support its aim, the programme must prove it is both sustainable and reproducible. The programme has continued to expand, with nine new GP trainees joining in the last year and ten more who have arrived in August 22 (one deferring to February 2023).

Despite having recruited seven trainers to the programme, only three were able to take on trainees in August, with two of these being clinical supervisors. As a result, two trainees out of eight were forced to continue their ST1 year. With the added stressors of practicing in a deprived area, some trainers felt overwhelmed and hesitant to take on the role, preferring to start in the next year instead. This forced the programme to borrow some trainers from other GPST schemes and rely on a few of its existing trainers to make up the loss. Trainers who responded to an anonymous survey (n=2) expressed finding the role as good and even enjoyable, but admitted it could be time consuming especially, as one trainer noted, 'if the trainee has more needs.'

Regardless of this, trainers appreciated the impact trainees made on the practice and one remarked on how well liked they were by the staff. The training courses and support from the programme received mixed views. One trainer felt very supported throughout their journey but felt more prepared as a trainer after taking the WPBA masterclass rather than the training courses. The other stressed the need for all training practices to implement a 'standardised training time'.

Moreover, the programme will be welcoming four new trainers in the next year. As a consequence, it is hoped the programme will meet its demand and remain sustainable going forward.

Plan for 2022-2023

- 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
- Expand homeless families post to two trainees, and re-open Castleton role

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

The programme and SHF have worked alongside Social Mobility Foundation to improve the access to careers in medicine. This was facilitated in two ways; mentoring and work experience. Some trainees have taken on a student to mentor, however no monitorisation of its success has been taken. The programme will continue to encourage this for the next term.

Additionally, one of the HCH practices welcomed two students for a duration of one week each. This included shadowing reception, admin, a FC practitioner and SHF staff. Following feedback to an anonymous survey, one student expressed enjoying the placement, in particular the patient visits with a FC practitioner. The student described learning most from interacting with patients from different socioeconomic backgrounds and observing the practitioner's engagement with them. The enriching experience improved their interpersonal and communicational skills which was considered as important towards their goals of being a doctor. Overall, the student found the placement as inspirational and admired the teams' dedication to improving lives and their resilience in doing so. Due to the success of the work placement, SHF will look to open more opportunities in other HCH practices for the following summer.

Plan for 2021-2022

- Shared Health to continue work experience opportunities and expand this into other Hope Citadel Healthcare practices

Conclusion

The GM Deprivation GPST has continued to develop to better support its aims to reduce health inequity and looks towards achieving a number of plans which have been outlined throughout this report. SHF will continue to evaluate the programme, taking into consideration the views of trainees and trainers, including its role in creating work experience opportunities. With four graduates qualified and practicing in deprived areas, we are very excited to observe their journey and see if the skills and training learned will aid in the improvement of healthcare of the deprived population, and its success in reducing the inverse care law.

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Appendix

Focused Care - Formed in partnership with SHF and Hope Citadel Healthcare, Focused care is a model with the central aim of making the invisible patient visible. This long-term resource is available to GP teams working with the most vulnerable and hard to engage households across Greater Manchester.

Hope Citadel Healthcare- Hope Citadel Healthcare (CIC) provide GP services to their registered population in a caring, compassionate and safe way that leads to clinical excellence. They want to improve patient quality of life, and where possible make interventions and diagnoses that improve health.

Clinical Supervisor - A trainer who is appropriately trained to be responsible for overseeing a trainee's clinical work and providing constructive feedback during a training placement.

Educational Supervisor - A trainer who is appropriately trained to be responsible for the overall supervision and management of a trainee's educational progress during a clinical training placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement.

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.

RC GP Royal College of General Practitioners

NHS Health Education England

Shf. Shared Health Foundation.