DURHAM UNIVERSITY’S DIFFICULT AND DEPRIVED AREA PROGRAMME:

EQUIPPING FUTURE DOCTORS FOR PRIMARY AND COMMUNITY CARE ROLES IN CHALLENGING ENVIRONMENTS

Suzanne Newbrook
Programme Manager
Difficult & Deprived Areas Programme
Introduction

- Growing Inequities
- Increase strain on acute care services
- Need more resources in primary & community sectors
- Innovative models tackling problem
- Need appropriately trained staff to work in these models & manage complex care of marginalised groups
- HEIs should prepare HCPs to meet these needs
Background

The Lancet Report 2010 assessed Healthcare Education and found:

- Health inequalities were on the rise & HCPs were over-stretched and inadequately prepared
- HCPs not taught where their patients are

The Lancet Report proposed:

- Teach future HCPs the ‘Big Picture’
- Expose future HCPs to MDTs & innovative networks of care
- Train future HCPs in non-traditional learning environments
- Develop core competencies amongst HCPs that encompass social determinants of care
Social Determinants

- The Marmot Report 2008 acknowledged the link between social-economic deprivation and mortality rates:

  “social injustice is killing people on a grand scale”

- The report called for a prompt change in social policies to reduce health inequities as it was an ‘ethical imperative’ to undertake such action
DOH Report 2010

‘many practitioners (especially in non-specialist settings) lack awareness, skills and training to cope effectively with the most excluded’

Source: Department of health, National Inclusion Health Programme (2010): Improving the way we meet primary healthcare needs of the socially excluded
National Inclusion Health Programme

- Gathered extensive data on HCP education
- Found the following gaps:
  - Inconsistent Inclusion Health education
  - Limited academic expertise on Inclusion Health
  - Lack of opportunities for students to engage with marginalised groups
  - Few options for students to work with community organisations specialised in relevant care
  - Significant absence of assessment
  - Lack of specialist training programmes to help existing HCPs develop their clinical and non-clinical knowledge & skills
NIHP Recommendations for HEIs

- Review curricula to ensure that Inclusion Health learning outcomes are demonstrated across all their programmes.
- Ensure programmes are appropriately assessed as relates to Inclusion Health.
- Ensure staff have appropriate knowledge and skills to support the Inclusion Health agenda.
- Work more closely with organisations that support socially excluded groups,
- Widen access to content for continuing professional development
NIHP Recommendations for content

- Mental health
- Substance misuse
- Health inequalities
- Safeguarding
- Social and economic determinants of health
- Homelessness
- Asylum
- Sexual exploitation of vulnerable groups
- Skills that promote patient engagement
Durham University’s Difficult & Deprived areas Programme (DDAP)

- Established in 2013 with HENE funding
- Goals of DDAP:
  - Promote recruitment & retention of GPs in deprived areas
  - Ensure practitioners were adequately prepared to care for deprived populations
  - Develop practitioners empathetic to the needs of marginalised populations
  - Expose students to multi-disciplinary & innovative models of care to encourage creative future practice
DDAP Programme structure

- 14 Weeks
- Two days a week with community organisation
- Two days a week with a local GP
- Half day a week in classroom setting
  - lectures from partner organisation experts and regional specialists in care of deprived populations.
  - Small group activities and workshops that teach skills focused on the special needs of the vulnerable patients they work with
DDAP Programme Content

1) Introduction to Poverty & Deprivation
2) Commissioning in Relation to Deprived Areas
3) Asylum Seekers & Refugees
4) Substance Misuse
5) Mental Health
6) Safeguarding Children
7) Homelessness
8) Sexual Health & Sex Workers*
9) Implicit Bias Workshop
10) Conflict Management & Verbal De-escalation Workshop
11) Clinician Stress Management & Self Care Workshop*
12) Motivational Interviewing Workshop*
DDAP Assessment

- Graded learning portfolio
  - Includes course and customised learning objectives
  - Student must demonstrate how the objectives are met through multiple mechanisms:
    - Graded presentation
    - Reflective writing
    - Community supervisor feedback
    - GP feedback

- Identify a public health problem for study and propose a solution (cohorts 2016 onward)

- Brief report describing DDAP experience
London Field Trip

- Day & night Immersive experience in line with the recommendations of NIHP
- Working with St Mungo’s London, students:
  - get a unique insight into innovative and integrated service models providing care to the homeless of London
  - visit several hostels and spent an evening with No Second Night Out (NSNO)
  - participate in clinical reporting of the Pathways team at University College Hospital and saw patients in clinical beds at one of the Hospital Discharge Network locations
  - spend time with the Street Med Team
  - accompany staff on night-time street outreach
  - visit a resource-rich hostel that connects to homelessness medicine specialty GP practice.
DDAP Feedback

Student rated DDAP:

- 100% for its ability to increase awareness of medicine in difficult and deprived areas
- 100% for providing content that was stimulating and motivational, and for meeting the programme learning objectives.
- 100% for overall experience of the London Field Trip.

The students unanimously agreed that the immersive experience spent with staff at hostels & shelters, in specialised medical care teams, and on the streets providing outreach, has made them not only better professionals but better people.
DDAP Research

A funded PhD researcher completed over 100 hundred interviews and found that DDAP:

- enhanced student knowledge about psychosocial determinants of health
- developed compassion
- reinforced clinical skills
- promoted deeper learning about the role of the doctor
- gave students an understanding of delivering healthcare for patients with complex deprivation issues.
Sharing Best Practice

Durham University:

- has reached out to the local foundation school and the GP vocational training scheme for specialist registrars
- is discussing Inclusion Health education with international universities
- is sharing ideas with regional Universities
- welcomes any requests to discuss the programme
Conclusion

Appropriate HEI education on inclusion Health has multiple benefits:

- better prepared workforce
- better care for marginalised populations

There is still work to be done

- All HCP programmes would benefit from including core competencies and assessing Inclusion Health content
References


3) Department of health, National Inclusion Health Programme (2010): Improving the way we meet primary healthcare needs of the socially excluded


5) Nigel Hewett, Aidan Halligan, & Trudy Boyce (2012). BMJ. A general practitioner and nurse led approach to improving hospital care for homeless people