



DURHAM UNIVERSITY'S DIFFICULT AND DEPRIVED AREA PROGRAMME:

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

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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-strained 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

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