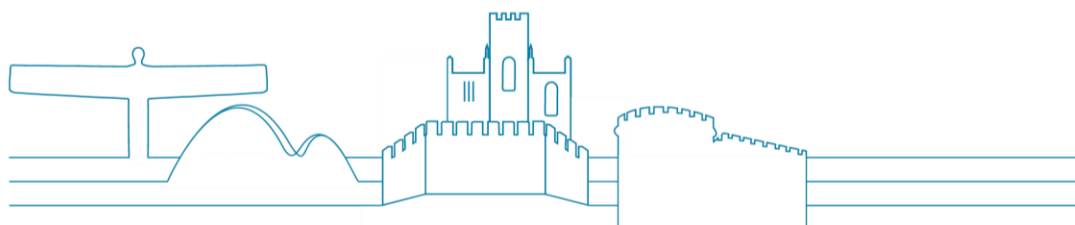


# **NENC Deep End Network**

## **Overview of Deep End Webinar 7**

30<sup>th</sup> November 2022



## 1. Introduction

The theme of the seventh webinar was research and engagement; specifically, how can practices in the Deep End shape and develop the network. Keynote speakers included Dr Matt Armstrong who presented his findings from his research project on 'Training & Recruitment in the Deep End – What are the main barriers?'; Dr Vivienne Branton who provided an update in respect of the Education workstream and potential ways to target the barriers identified by Matt's research; and Alison Janes who presented her research project focusing on health literacy and health inequalities/Deep End practice.

A group discussion took place that centred around:

- Shaping your Deep End events
- Connecting with us and each other
- How can we best help (serve) you

## 2. Agenda

The agenda for the event is outlined below:

Item	Topic	Owner	Time
1	Welcome & Introduction	Dr Sameena Hassan	12:30 – 12:35
2	Training & Recruitment in the Deep End – What are the main barriers?	Dr Matt Armstrong	12:35 – 13:00
3	How can we address these barriers? Education Workstream Update	Dr Vivienne Branton	13:00 – 13:10
4	Group Discussion <ul style="list-style-type: none"><li>• Shaping your Deep End events</li><li>• Connecting with us and each other</li><li>• How can we best help (serve) you</li></ul>	ALL	13:10 – 13:40
5	Feedback on Key Themes	ALL	13:40 – 13:50
6	Research Project – Health literacy & health inequalities/Deep End practices	Alison Janes	13:50 - 13:55
5	Next Steps & Close	Dr Martin Weatherhead	13:55 – 14:00

### **3. Training & Recruitment in the Deep End – What are the main barriers? – Dr Matt Armstrong**

Dr Matt Armstrong's session focussed on his findings from the research project that he conducted looking into 'what are the main barriers to training & recruitment in the Deep End.'

Interestingly, when Matt asked students if they understood the concept of the Deep End, 54% did not. This highlights in the first instance the need to embed Deep End medicine learning into the medical student curriculum, which will combat the fear of the unknown in students. It was noted that there are clinical challenges to working in the Deep End, but there are also a lot of benefits that can be rewarding, such as appreciation from patients and gaining a broad range of clinical experience to name a few.

The study highlights a lack of awareness regarding 'Deep End' medicine amongst students and in light of this, it is recommended that we try to increase the number of Deep End practices that are training practices and advocate for training placements in Deep End practices to be made a compulsory part of general practice training.



The full presentation is available here:

### **4. How can we address these barriers? Education Workstream Update – Dr Vivienne Branton**

Dr Vivienne Branton provided an update on the Education Workstream plan and the work that she has completed so far in respect of this. Viv explained that the ultimate aim is to engage the potential workforce so that people want to work in Deep End practices.

One way we are looking to tackle this, is by looking at all of the touch points in a medical student's journey (following the Roadmap to the Deep End developed by Claire Norman) and looking at where we can influence this training to ensure that students can start learning about the issues that are unique to the Deep End so that they don't feel overwhelmed or put off by the prospect of working there. The aim is to break down the stigma that some attach to working in more deprived areas from the start and ensure those who do have an interest in it, are able to gain experience and exposure in Deep End practices (at present they don't appear to be able to choose this option).

We are looking into SSCs and how to make a Deep End specific option; given that students select this themselves it shows they are already interested so we are keen to utilise this.

Dr Branton advised if any practices who were interested in to contact her via email:

### **5. Group Discussion**

Training practices

- Key issues/barriers: available space to host trainees (often outside of practice control) and finding capacity to become a training practice - some practices have therefore had to look at other options, for example buddy systems;
- Trainees who haven't been trained in Deep End practices often don't have insight into the difficulties faced in DE practices;

- Dr Hameed advised in their practice they have a lot of patients requiring translators – these appointments take 20-30 minutes, however they don't receive any additional funding to factor this in and it is an example of how DE practices have to work within limitations;
- Dr Armstrong advised that from his research, the more information practices can include in their job adverts regarding their practice environment, support etc would be really useful and may help to attract candidates;
- Dr Tasker advised that they are a teaching practice in Newcastle however they still have problems with recruitment, mainly due to workload. It is not possible for them to increase appointment times to 15mins – if they did this it would reduce the overall amount of appointments available by about 30%;
- It was felt that the key is to find people who enjoy the job and who want to work in a Deep End practice – it isn't for everyone, but there are some who enjoy and prefer it. If trainees / GPs who are attracted to this work don't know where the DE practices are, they won't know where the opportunities are. Need to look at how jobs are advertised and make sure they go to the right people who have an interest in DE medicine.

## Education

- Dr Winfield noted that she used to work in a university as a senior lecturer and looking back at the teaching provided regarding the inverse care law, it is presented as a very socioeconomical concept;
- Agreed that we need to target all points of the student's journey – looking at GP training specifically is great, but we also need to start earlier than that and look at university teaching.
- Dr Winfield would be interested to volunteer to help deliver any teaching if required as she is conscious that it is usually presented as a very dry topic however there are much better ways to deliver this. Viv confirmed she would touch base with her about this in more detail.
- Dr Winfield also noted that they have really good feedback from medical students who come through their practice, however they probably don't know that they are going into a Deep End practice so we need to make sure they are aware of this and ensure the concept is planted much earlier.

## Face to Face Engagement Event

- The main issue/barrier in respect of this is time. Dr Tasker noted other partners would have liked to attend today but couldn't work it around clinics – he is actually on a day off so is able to join today.
- It was queried whether receiving costs to cover backfill would help to address this issue – it was felt that it may help slightly however it doesn't completely resolve the issue.
- It was acknowledged that the gift of time has been the biggest challenge and ask from practices and we want to explore how we can create opportunities to enable this.
- Dr Hameed noted that face to face meetings are good but are sometimes difficult to attend due to time pressures especially with travel time factored in.
- Webinars work well in this respect as no travel time required and can still fit it around afternoon clinic so doesn't impact appointments;
- In respect of content for a F2F event, it would be useful if we could invite any trainees who are interested in working in DE practices.

- Dr Winfield advised that time is always going to be an issue in Deep End practices but unless they invest some time they will continue to drown. She feels that if people start to feel tangible benefits then they will realise that it is time well invested and we can demonstrate the network isn't just a talking shop. From her experience this is in respect of the psychology pilot – she felt that it has been a good process in that her practice expressed an interest to take part and the project team have worked on this in the background in order to get it off the ground. It hasn't required any time, input or involvement from the practice, until we are at a point that we are ready to go with a Psychologist that we can embed in practice. She feels we should sell this aspect more.
- It would be good if the engagement event could be targeted at the wider practice team as well, i.e. practice managers or nursing colleagues who could come along instead if GPs can't be released. The ability to meet people and network would be good.
- It was queried whether they would feel benefit from having external groups attend an engagement event to present or have a stand etc – all agreed that it would depend on the remit, however it was felt that if the network are engaging with them then they wouldn't need to do it on an individual practice level so this probably wouldn't be needed and time could be better spent networking.

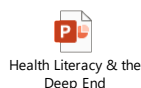
## 6. Research Project – Health literacy & health inequalities/Deep End practices

Alison Jane's session focused on 'the capacity of individuals, families and communities to access, understand, appraise and apply health information in order to make judgements and take decisions which maintain or improve their quality of life'.

Alison asked 'are there priority areas where information for your patients need to be easy to read and understand' and if so, do you have any examples where patient facing literature needs to be checked in the community. If so, please contact Jane on the emails below.

[alison.janes3@nhs.net](mailto:alison.janes3@nhs.net) or [a.janes2@newcastle.ac.uk](mailto:a.janes2@newcastle.ac.uk)

Full presentation attached



## 7. Next Steps

- Work continuing on education workstream – any practices who have an interest in this please contact Viv , for example, in being training practice, delivering training, hosting SSCs/ITPs etc
- We will take feedback on board in respect of planning for face to face engagement event – looking to host this in April 2023 (backfill funding will be available) – further info to follow.

For further information, queries or comments please contact [necsu.deependnenc@nhs.net](mailto:necsu.deependnenc@nhs.net)