



GPs at the Deep End NENC

NENC Deep End Network –Webinar 8

Item	Topic	Owner	Time
1	Welcome & Introduction	Dr Sameena Hassan	12:30 – 12:35
2	Deep End Update	Dr Sameena Hassan	12.35 – 12.55
3	Health Literacy	Dr Gill Rowlands	12.55- 13.05
4	Group Discussion <ul style="list-style-type: none">• Social Determinants of health pilot• Immunisation Pilot	Facilitators: Dr Sarah Sowden Dr Sameena Hassan	13:05 – 13:50 N.B. Change at 13.30
5	Close	Dr Sameena Hassan	13:50 – 14:00



NIHR | Applied Research Collaboration
North East and North Cumbria

Welcome

Workstream updates

Dr Sameena Hassan

Co-Clinical Lead of NENC Deep End Network | GP Chopwell Primary Healthcare Centre

Purpose

- To support the Deep End Network of GP practices that serve the most deprived populations covering areas of blanket socio-economic deprivation across the NENC

Key Aims

- To support high quality, sustainable, and resilient General Practice in the Deep End
- To address the inverse care law & advocate for wider systemic change in healthcare funding through the delivery of Proportionate Universalism
- To work collaboratively to change the way primary care is delivered, that creates positive change for practices and communities
- To improve population health outcomes
- To be a member-led network focused on practice priorities and challenges

W.E.A.R

Workforce - You Said:



Recruitment challenges

All areas of the team, including non-clinical and clinical staff.



Retention challenges

- Increased complexity, needs increased time
- Admin staff under pressure – pay is not comparable to other sectors
- Wider teams in community also impacted – district nursing and health visitors (Increased safeguarding)



Lack of understanding from regulators and commissioners



Staff well-being needs to be addressed

We are doing:

1. To provide additional capacity and resource for Deep End practices
2. Attract new primary care professionals to work in Deep End
3. Practices Improve and develop new ways of working to address patient needs
 - Embedded Psychologists in Deep End Practices
 - Reducing opioid / gabapentinoid use in Deep End Practices
 - Childhood immunisation catch-up team for Deep End Practices
 - Social Determinants of Health Link Workers in Deep End Practices

Education - You said



Additional funding

“Backfill money for locum cover to enable GP to complete trainer courses and work involved; support from existing trainer”



Lack of space to accommodate them.



Supervision time

ANPs to be involved in some supervision to reduce burden on GP time



“More of our practices would become training practices if we had more GPs”

We are doing

1. To develop training within primary care across multiple career levels and roles that develops an understanding of health and healthcare inequalities
 2. To develop the General Practice workforce and attract staff to train and work in Deep End practices
- TRAINDeep pilot
 - Embedding a trainer in practice to enable them to become a training practice
 - Deep End Fellowship
 - Aligned to HEE fellowships but specific to Deep End practices.
 - Deep End CPD events
 - All practice staff invited
 - Undergraduate and Foundation training
 - Linking Deep End practices to students/trainees and other member practices

Advocacy and Research - You Said

Research is a
luxury

Time is limited

High workload –
not cost efficient

Prioritise target
driven work which
directly impact
funding

Need protected
time

Backfill for
involvement

Integration into
financial incentives
like QoF

Funding formula
doesn't
adequately adjust
for deprivation

We are doing - Advocacy

- 1.To advocate within the ICB for policy development that takes into account the challenges that Deep End Practices and their patients face
 - 2.To support the ICB in delivering on Proportionate Universalism across Primary Care.
 - 3.To build strong links with other Deep End Networks across the country.
- Ensuring the Deep End Project works effectively within the Healthy and Fairer Programme, to share and learn across the programme
 - Host engagement events for practices



GPs at the Deep End NENC

What are we doing - Research

1. To develop our network by engaging with and learning from our members and other Deep End Networks.
 2. To disseminate learning beyond the Deep End to all primary care practices within the NENC ICB
- Support the co-design of projects, ensuring projects are delivered with, and not to, Deep End practices
 - Evaluation projects linked to each Deep End project

Introduction to Organisational Health Literacy and General Practice



Gill Rowlands, Population Health
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Wednesday, 27 September 2023

From Newcastle. For the world.

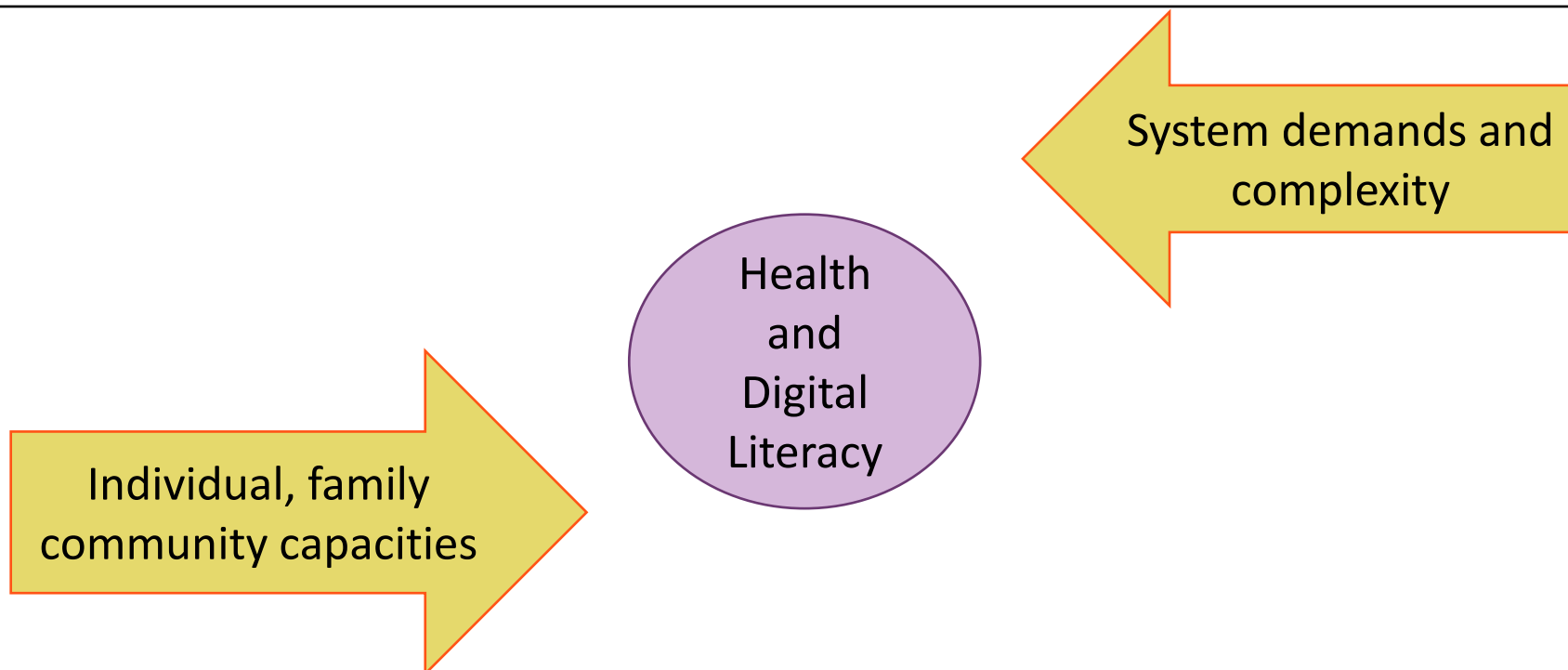
The aims of this introduction are to:

- **Explain what health literacy and organisational health literacy are and why they are important**
- **Outline the steps General Practice can take to develop health literate policies and staff**

Definitions

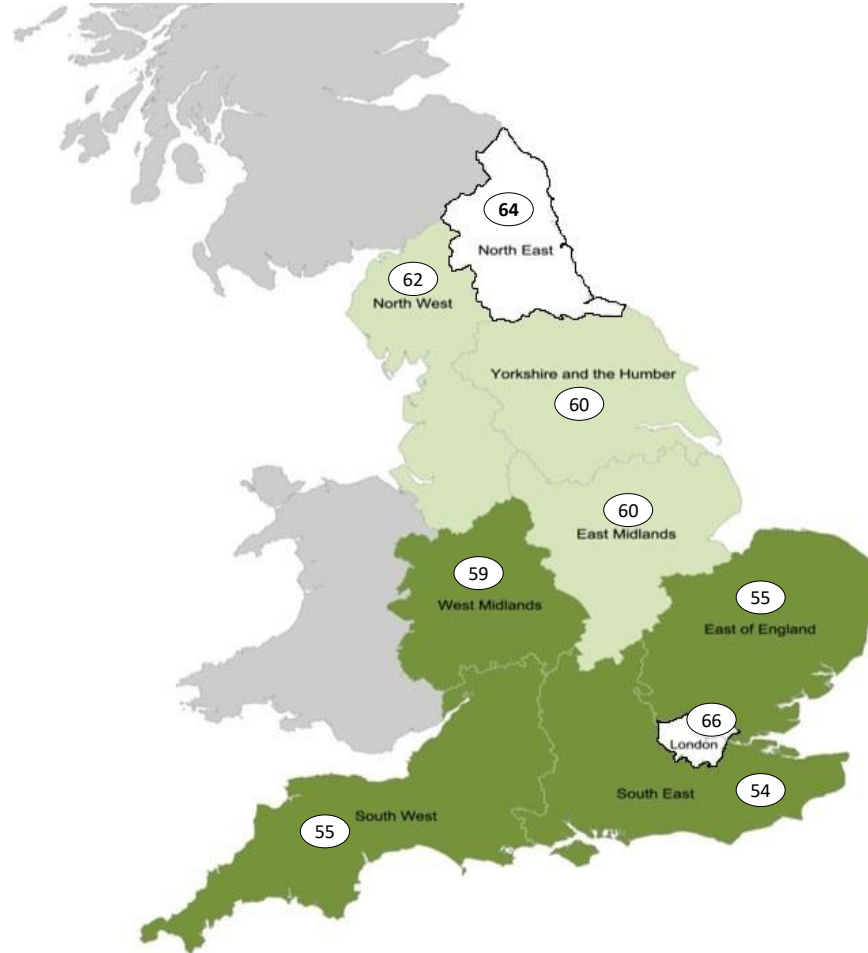
- (Health literacy is) the motivation, knowledge and competencies to access, understand, appraise and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life throughout the course of life' ¹
- (Organizational health literacy / health literacy responsiveness) is the way in which services, organisations and systems make health information and resources available and accessible to people according to health literacy strengths and limitations ²
- Universal precautions are specific actions that minimize risk for everyone when it is unclear which people have the most need or risk – can be applied in any health care area including health literacy ³

(1) Sorensen K, Van den Broucke S, et al 2012 (2) IUHPE position statement on health literacy 2018 (3) Universal precautions toolkit. De Walt et al 2010





Prevalence and geographical inequalities: the percentage of adults aged 16-65 years for whom health information is too complex

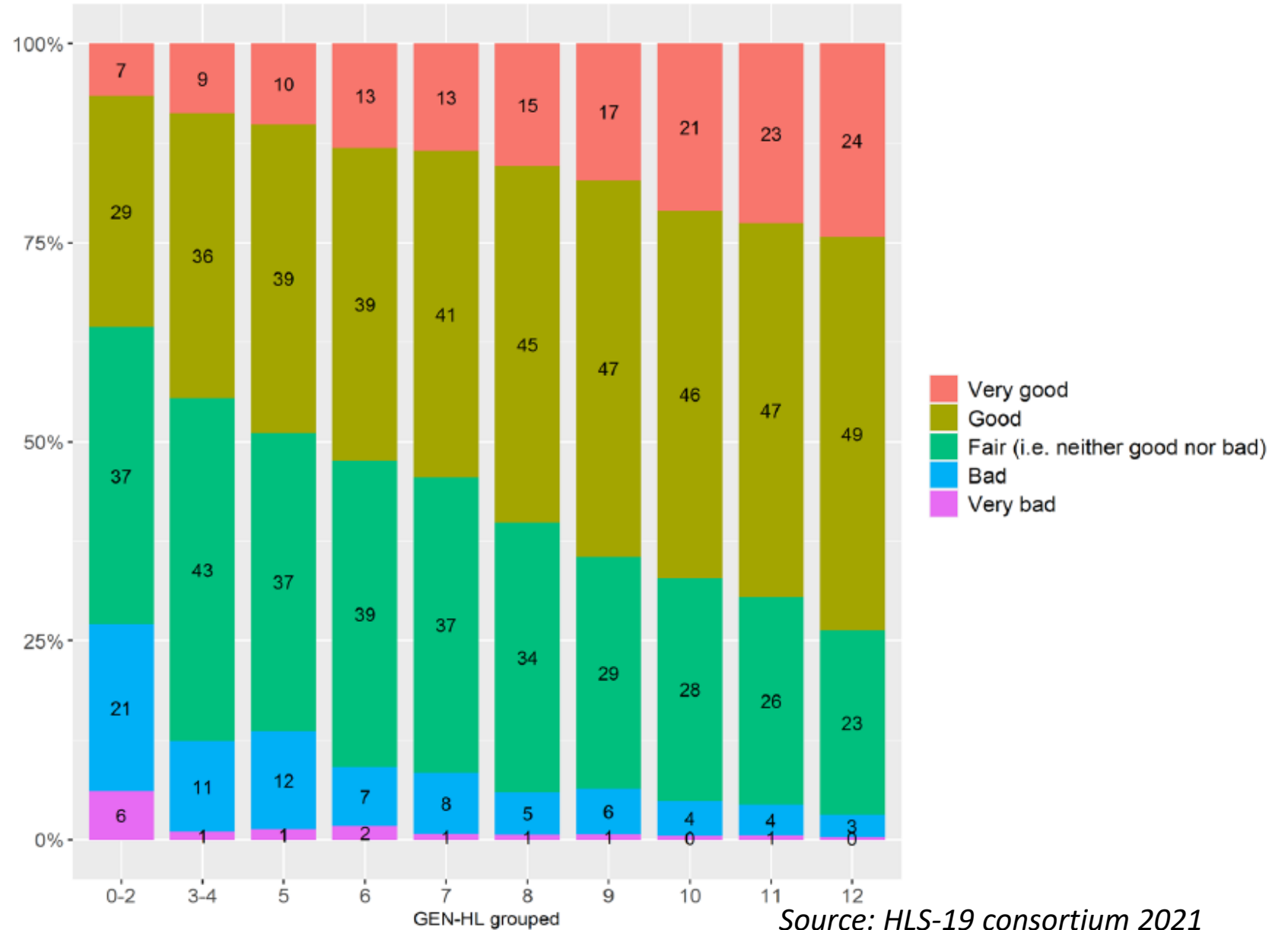


**Text (literacy)
AND
Numeracy
component of
health materials**

**National average
61%**

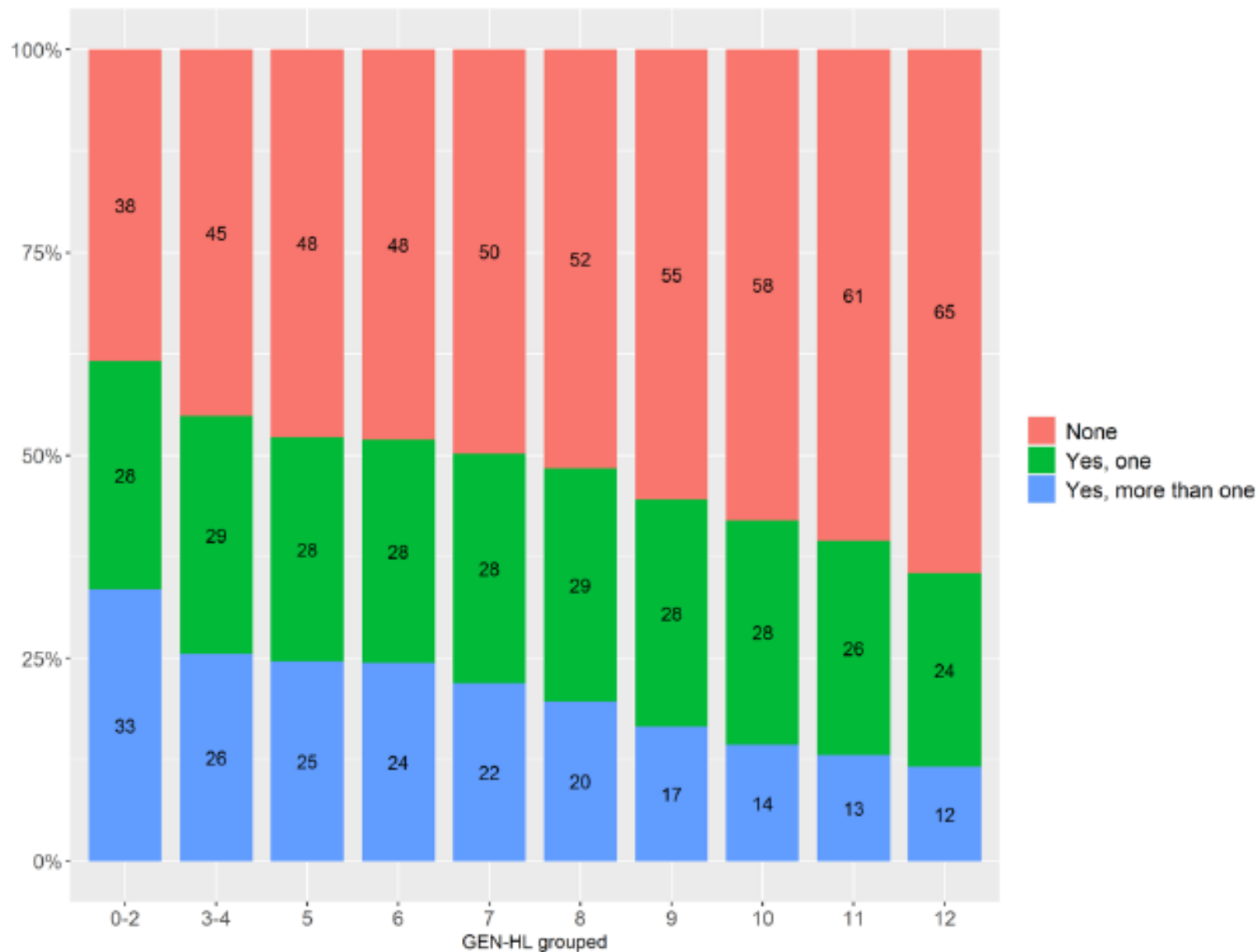
Rowlands et al (2015)

Impact: health literacy and self-rated health



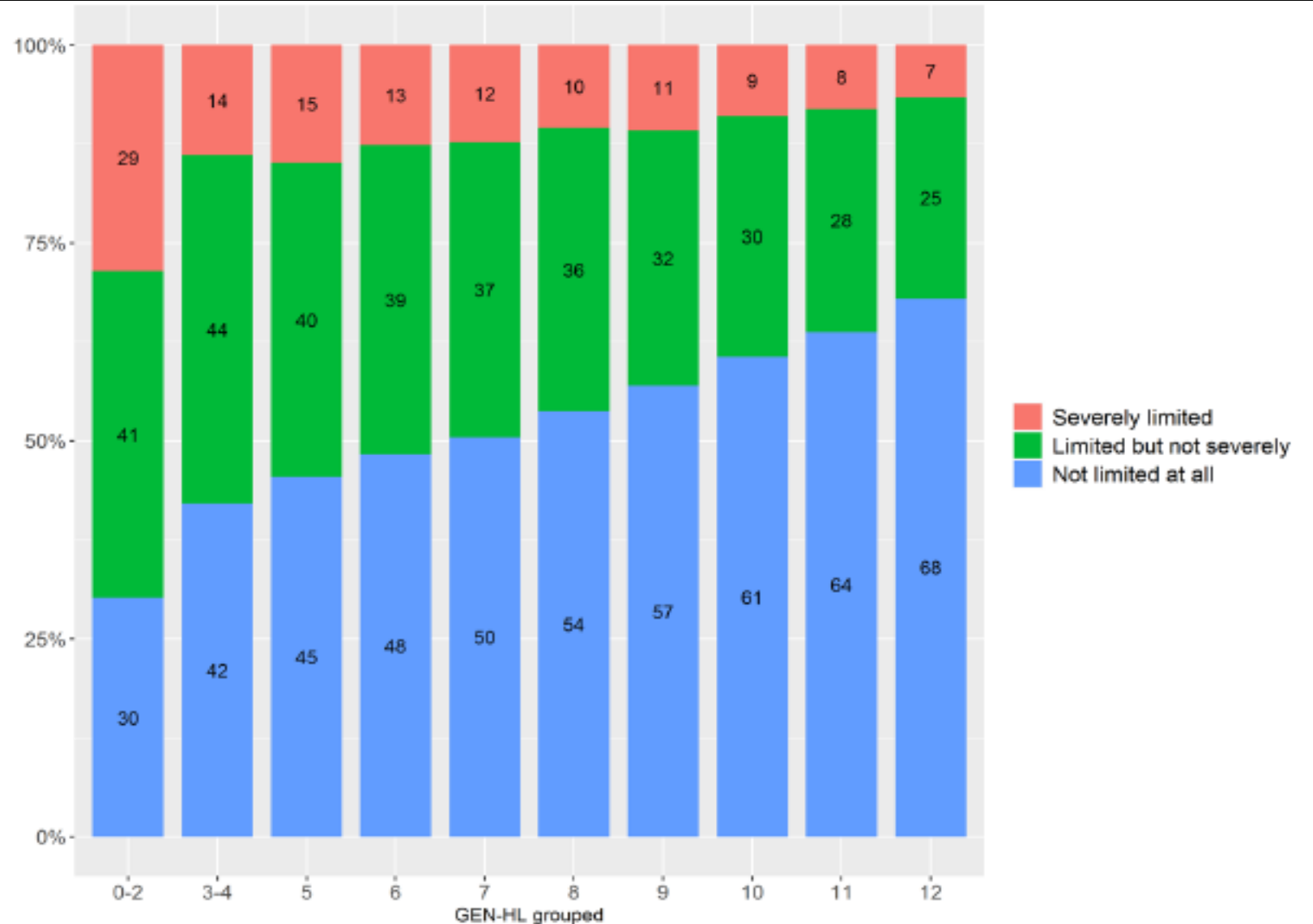
Impact: health literacy

and long term health conditions



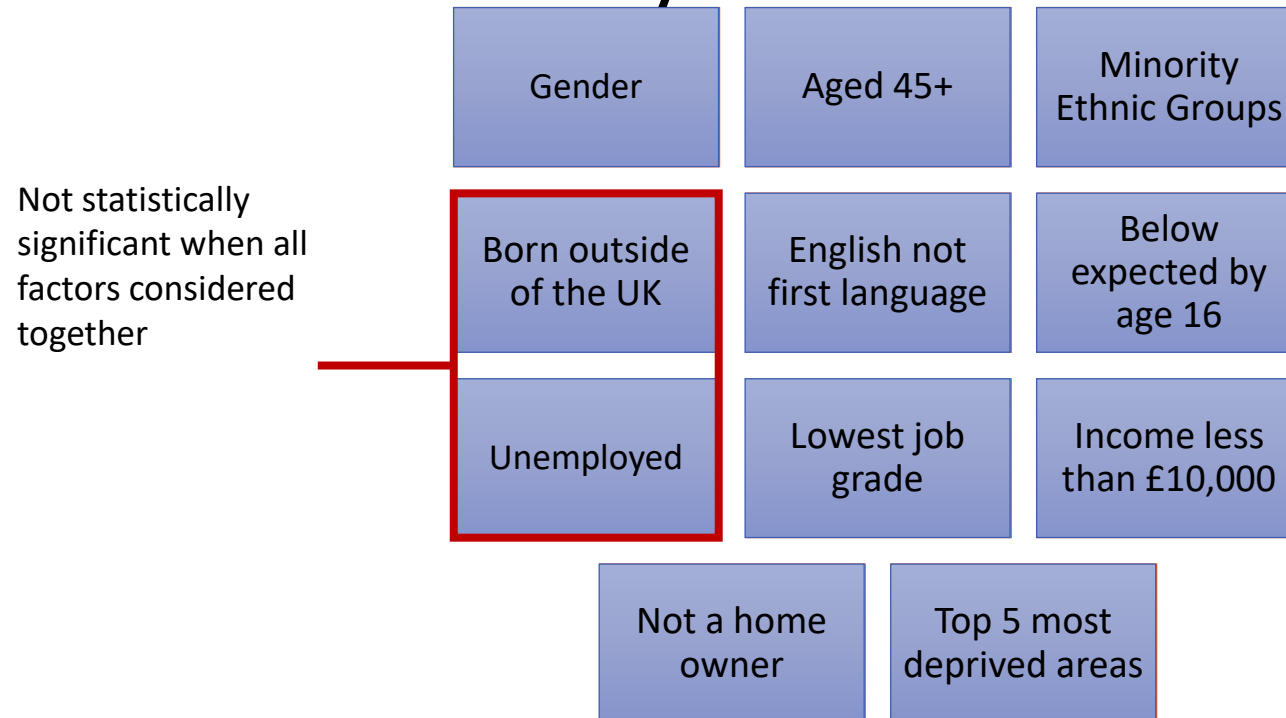
Impact: health literacy

and limitation from long term health conditions



Inequalities

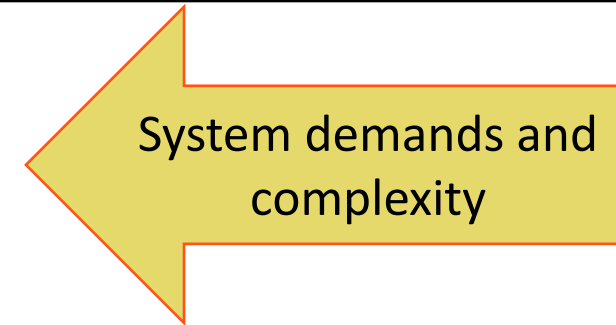
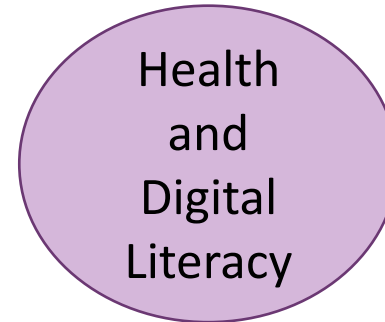
Characteristics of those at highest risk of being below the health literacy threshold in the UK



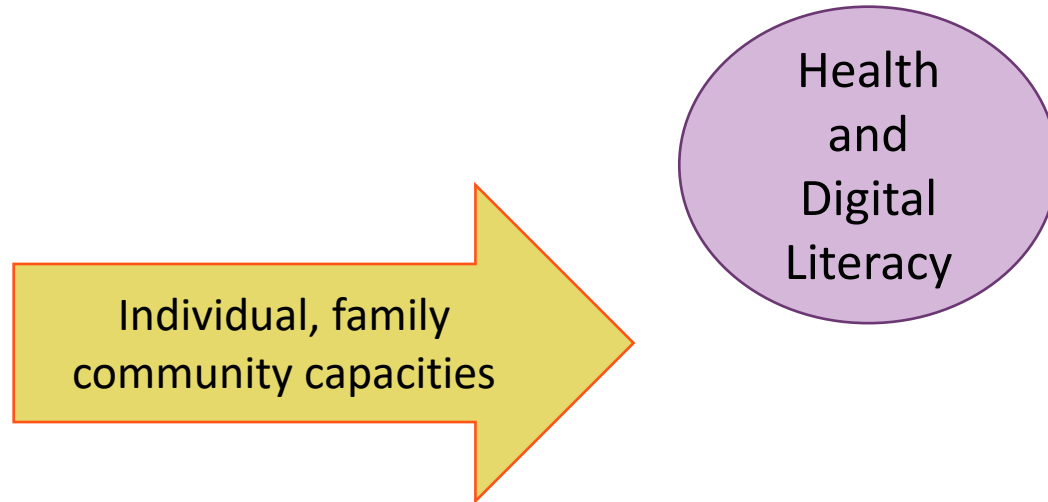
Rowlands et al (2015)

Actions

- **Whole practice approach**
- **Patient-centred**
- **Audit tools:**
 - Walk-through audit
 - Organisation questionnaire
 - Patient questionnaire
- **Web tools for simplifying health information / letters**
- **Consultation tools:**
 - Teach-back
 - Chunk & Check
 - Use simple language



Actions



- **Building language and confidence over time**
 - Longitudinal relationships
- **Signposting to adult learning opportunities**
 - Local libraries
 - Adult skills classes - Local Authority

Summary

- Health literacy is important: it is common, increases illness and reduces health, and causes health inequalities
- It is particularly important in Deep-End practices
- Practices can take steps to make care more responsive to patient health literacy needs
- A practice health literacy approach will improve patient skills and confidence for health service interactions outside the practice.
- Next steps.

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Group Discussion

NENC Deep End – Social Determinants of Health Pilot

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NENC Deep End – Social Determinants of Health Pilot

"We might get a referral for, for example, stress or anxiety, and then we're able to do a bit of digging and find out that, actually, this stress is caused by this social need, or by this family issue happening, or by an employment issue. That's when the social prescribing asset really comes into play, because we're able to pick up on all these extra external factors that in a 5-minute GP appointment, you're not going to have time to, and then do some of the longer case work with the patients."

To cite this article: Josephine M Wildman, Sarah Sowden & Claire Norman (2023): "A change in the narrative, a change in consensus": the role of Deep End networks in supporting primary care practitioners serving areas of blanket socioeconomic deprivation, *Critical Public Health*, DOI: [10.1080/09581596.2023.2205569](https://doi.org/10.1080/09581596.2023.2205569)



Group Discussion

NENC Deep End – Immunisation Pilot

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