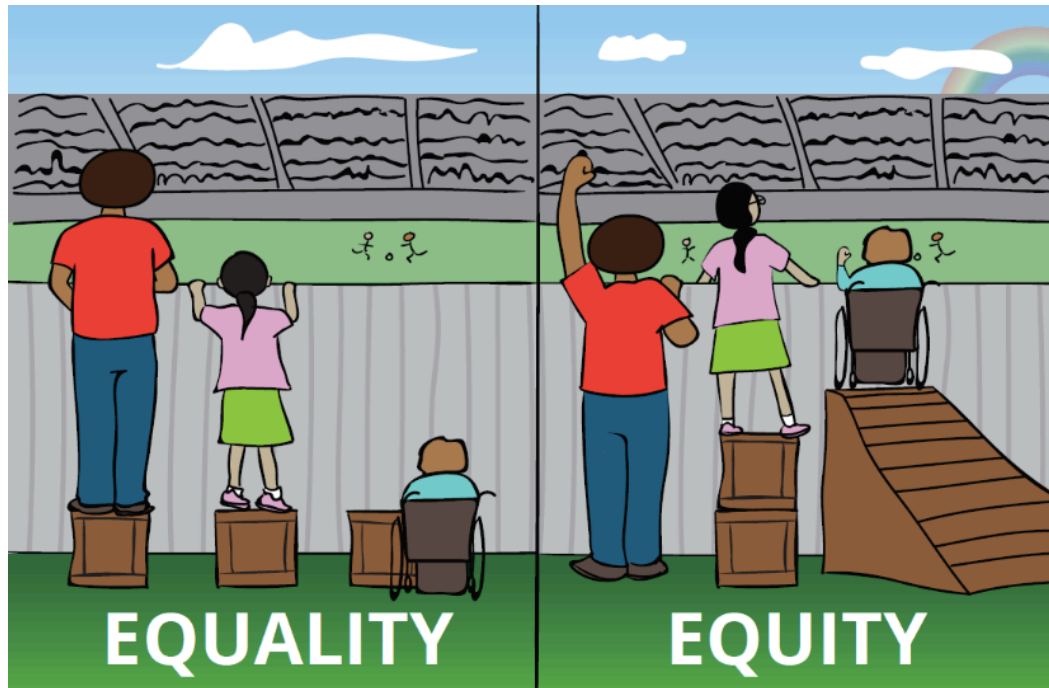


Health Equity Y4 Module – Tutor Lesson Plan 2022 2023



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Health Equity

We are really pleased to announce implementation of teaching VIRTUALLY for our Y4 students. As East London GPs and Educators we have always been passionate about helping our patient population who come with unique issues and concerns. COVID-19 has highlighted more than ever this Health Inequality.

Aims and Objectives

The aim is that future health care professionals need to understand the problems of health equity at an international, national, local and individual level. This teaching will ensure that our students are familiar with these concepts, understand the factors that influence health equity and understand the role that HCPs can take in challenging these inequalities.

Please see Session 1/2/3/Learning Objectives respectively in Powerpoint attached.

Year 4 BARTS AND THE LONDON – BACKGROUND

Traditionally Year 4 is the “Speciality” year. They complete blocks of Obs and Gynae, Paediatrics etc. with small GP blocks running a long side. This year we are moving from small GP modules to 1 large GP4 module. There will be 6 blocks of GP teaching 6 weeks through the year. Students will be placed with a surgery for 6 weeks, and the rest of the year will be looked after by our Secondary Care colleagues. The focus in GP4 will be on generalism and general practice. During this time is when this HE teaching will occur.

Method

- Each student will be given materials such as videos, journals, policies and articles to read in the morning with tasks (in a form of a PowerPoint).
- In the afternoon they will meet virtually (groups of approx. 12) with their Community GP Tutor to discuss the mornings information. We will ask you to guide them through these discussions using the attached PowerPoint. Please take time to work through the Powerpoint before each session and use this Lesson plan to help aid discussion. We also attach resources that you may have trouble accessing without Athens etc. Explore the Additional reading section as this may help with confidence surrounding certain topics.
- Each student will have 3 sessions with a Community GP Tutor throughout their year.

THIS WILL NOW TAKE PLACE ON MS TEAMS 1.30-3.30pm

We will discuss slight changes in regards to this on your Training day.

Changes 2022-2023

As last year was a pilot year we sought feedback from existing tutors and students on the sessions – both content and method. We have taken all feedback on board and made the following changes...

1. Reduced heavy reading in students’ morning session
2. Try to add discussions surrounding solutions, as students at times felt overwhelmed.
3. Included new resources/exercises according to your input, and changes clinically that have occurred in the last year e.g. Okenden Report etc
4. A Lesson plan – to **GUIDE** you through sessions (we are flexible on how you wish to run the session as long as an overview of the material is covered).

5. PLEASE INCLUDE 5-10min **BREAK** in middle of session for students comfort (as well as your own).
6. MS teams – using this platform as Blackboard is no longer available. Our wish was to have this F2F but we have practical issues around this, which are beyond our control.

NOTE - WE OF COURSE WELCOME FURTHER FEEDBACK in the upcoming year

Welcome and Introductions – especially 1st session

- Tutors you may want to do a more formal icebreaker – eg Favourite rice dish
- You may also when you introduce yourself and tell them why you teach these sessions
- Talk through with Ground Rules and Psychological Safety
- Discuss Aims and Objectives of the afternoon

If students are logging from inappropriate spaces/(refuse to have mics/cameras) that don't allow for proper engagement, please politely remind them it is inappropriate (and not QMUL policy for online teaching) and/or feedback to module leads as is a professionalism issue.

Slide No.	Discussion	Approx Timings
Day 1 Slide 8 and 9	<p>Exercise 1 - Define Health Equity</p> <ol style="list-style-type: none"> 1. Start by asking thoughts of the term before video, and then after? 2. Then please consider sharing an example of health inequality either personally or professionally that illustrates the challenges of health equity in our community. 3. Then discuss any of their stories and what it means to them? <p><i>FYI Don Berwick - famous Professor of patient safety and David R Williams Prof Public Health Harvard</i></p> <p>Total 30 mins approx</p>	10 mins
Slide 10	<p>Exercise 2 - Understanding the data</p> <p>Tutors please do below quiz – you do not need to formally discuss but know that students did try this in the AM</p> <p>https://www.gapminder.org/</p> <p>https://upgrader.gapminder.org</p> <ol style="list-style-type: none"> 1. What did you think of Hans R video? <p>Eg Inspiring video, still poor stats and stats are imperative to try to</p>	

	<p>understand and thus improve outcomes</p> <p>2. You were asked this morning, what factors did you see from the video that influences poverty?</p> <ul style="list-style-type: none"> - Eg - GDP per capita, Life E, fertility, child mortality, at some point developed v undeveloped country, technology... <p>3. Please watch Video IN THE SESSION - 2 mins - "How Does Income Relate to Life Expectancy? gap minder"</p> <p>https://www.gapminder.org/answers/how-does-income-relate-to-life-expectancy/</p> <ul style="list-style-type: none"> - Ask what they thought? <p>Eg - NO high income country with poor life E and the inverse.</p> <p><i>Note middle rated income countries varied hugely re: life E - depends on money distribution and how it is used.</i></p>	15 mins
Slide 11 and 12	<p>Exercise 3 - Health System in UK</p> <p>Please be aware that we also asked students this morning to read the Key Messages ie page 3 of the Exe Summary.</p> <p>Health Equity in England The Marmot Review 10 Years On executive summary_web.pdf</p> <p>https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf</p> <p>1. What did you think of the article, the summary and the Marmot You tube video?</p> <p>Eg Huge disparity within the UK, even the same city</p> <p>Its not always lack of medical care that causes morbidity - its the social determinants</p> <p>2. Which are the social determinants?</p> <ul style="list-style-type: none"> - born, live, work, age, power/£/resources (distribution of) 	
	<p>3. What are Commercial `determinants of Health?</p> <ul style="list-style-type: none"> - Ask them their understanding of this term? <p>(They have not got these resources).</p> <p>See below to help guide you.</p> <p>https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health</p>	

	<p>https://www.youtube.com/watch?v=0_QCHgG7Q1U</p> <p>https://www.youtube.com/watch?app=desktop&v=AUIwl_0Gdwl</p> <p>4. Ask them if they can think of any examples of this?</p> <p>Eg – Manufacturing (marketing) doubt with health risks e.g. Tobacco companies re: cause to Lung Cancer</p> <p>Adding addictive substances like MSG to certain foods</p> <p>“Selling sickness” is a profitable business – leading to over diagnosis and often mismanagement</p> <p>BREAK SUGGESTED 5 - 10mins</p>	20 mins
Slide 13	<p>Exercise 4 - Access to healthcare</p> <p>Watch this video NHS England Improving Access</p> <p>https://www.england.nhs.uk/gp/gpfv/redesign/improving-access/reducing-inequalities-in-access-to-gp-services/</p> <p>Read through</p> <p>NHS Englands’ commitment for improvement</p> <p>https://www.england.nhs.uk/wp-content/uploads/2017/07/inequalities-resource-sep-2018.pdf</p> <p>Ask..</p> <p>1. Think about when you move to a new address and need to register with a GP.</p> <ul style="list-style-type: none"> - How would you find a GP? What website would you recommend? - What if you did not have reliable access to the internet? - What documents do you need? Why is this difficult for some patients? - Why do you think access it is like this? - Why do we concentrate on community access so much? 	
Slide 14	<p>Access to Healthcare</p> <p>2. What difficulties do you think Primary care has in East London with “understanding their population”?</p> <ul style="list-style-type: none"> - Wide range of cultures, language barriers, expectations of healthcare - difficult to cater to, wide variety of incomes (often very close together), lots of deprivation, expensive day to day life, population ever changing “40 % of Newhams population changes every year, multiple family households <p>3. What difficulties especially in East London do we have with access?</p>	

	<ul style="list-style-type: none"> - Large surgeries - under paid per capita compared to rural areas, high demand due to deprivation, higher % of population compared to other areas in the UK with poor access to internet, language/cultural barriers/beliefs <p><i>Commend on how the ability to articulate oneself (not just language) is also a barrier to health care</i></p>	20 mins
Slide 15	<p>Exercise 5 - Social History</p> <ol style="list-style-type: none"> 1. What do you think the social history should include? 2. In light of what you have been considering this morning how could we use social history more effectively? 3. What else should be added? <p>Think.. "What are the causes, behind the causes?"</p> <p>How can you ask this?</p> <p>Tutors can you give an example of the importance of a proper social history?</p>	10 mins
Slide16 -19	<p>Exercise 6 – Understanding the Benefit System</p> <p>READ -</p> <p>CABA</p> <p>https://www.caba.org.uk/financial/benefits-advice/understanding-uk-benefits.html</p> <p>Students also read in the AM..</p> <p>Universal Income</p> <p>https://www.coventrytelegraph.net/news/universal-credit-plan-scrap-benefit-22974237</p> <p>Former Tory Leader’s opinion on benefits:</p> <p>https://www.theguardian.com/politics/2022/may/21/iaian-duncan-smith-calls-benefits-rise-in-line-inflation</p> <p>Daily Mail: Benefits scroungers</p> <p>https://www.dailymail.co.uk/news/article-3793976/Mother-five-pockets-19-000-year-benefits-says-needs-t-afford-buy-school-uniforms-children.html</p> <p>DISCUSS</p> <ul style="list-style-type: none"> • What are you thoughts on benefits as a concept? <p>In 1834 – The new Poor Law ensured that the poor were housed in workhouses, clothed and fed. Children who</p>	

	<p>entered the workhouse would receive some schooling. In return for this care, all workhouse paupers would have to work for several hours each day.</p> <ul style="list-style-type: none"> • Does any one have any idea where the idea of benefits came from? <p>In the 1908 – Old-Age Pensions Acts introduced the state pension</p> <ul style="list-style-type: none"> • How do we support the poorest and most vulnerable in our society? <p>In 1948 – social security reforms as recommended by Beveridge Report</p> <ul style="list-style-type: none"> • What does the gap between the poorest and the richest in our society have to do with this problem? <p>Cost of Living Crisis</p> <p>Ask..</p> <ul style="list-style-type: none"> • What are the main contributors to the cost of living crisis in the UK? <p>Covid</p> <p>Huge price rise in oil and gas</p> <p>War in Ukraine – reduced export of wheat and food oil>increased prices</p> <p>Long term stagnation of UK wages</p> <p>Brexit</p> <ul style="list-style-type: none"> • What does this mean for the UK economy and by extension you and me? <p>Inflation</p> <p>Increasing financial distress amongst the poorest in society</p>	<p>20 mins</p>
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	<p>Eg</p> <p>Actually state “particular attention needs to be given to those who are subject to other socio-economic inequalities, as they are particular susceptible to adverse effect of air pollution.” London named specifically. 5% of Transport and travel on roads are connected to the NHS as an organisation.</p> <p>2. What kind of paper is this? What are the strengths and benefits of this? *Systematic rv</p> <p>3. How does pollution affect CV health?</p> <ul style="list-style-type: none"> - Short term pollution can cause plaques to rupture, causing MI in patients who already have atherosclerosis. Some evidence that causes inflammatory effects on heart muscle. Not fully understood as yet. (Bhatnagar, 2004) <p>4. Who are the “stakeholders” and why are they important? (to me this isn’t clear) – worth noting.</p> <p>5. What was the criteria selection and protocols used to select studies for review? (idea is for them to see how they can access it).</p> <p>Under Methods paragraph 3 - ref to NICE 2016 - can click this link and above appears https://www.nice.org.uk/guidance/ng70/documents/review-protocols</p>	10 mins
Slide 36	<p>Having read the NICE/PHE recommendations and Sadiq Khans pledge...</p> <p>1. What did you find interesting in these resources?</p> <ul style="list-style-type: none"> - Largest environmental risk to public health - The scale of the problem slide is shocking I think - but also makes me wonder how to do they come up with these stats? - Ideas to aid road traffic - better cycling/walker systems, cheaper transport, better school walking paths - 2 million car travel daily is under 2km in London <p>2. What is particulate matter?</p> <p><u>Particulate matter</u> is the sum of all solid and liquid particles suspended in air many of which are hazardous. This complex mixture includes both <u>organic</u> and <u>inorganic</u> particles, such as dust, pollen, <u>soot</u>, smoke, and liquid droplets. These particles vary greatly in size, composition, and origin.</p>	10 mins

<p>Slide 37-40</p>	<p>Exercise 3 – Environment</p> <p>Having watched the video and read the article..</p> <p>1. What did they find interesting?</p> <ul style="list-style-type: none"> - In the US race beats social class when it comes to proximity to waste - Black British children 30% more likely to be exposed to high levels of Air P than white counterparts <p>2. Did you know that many GPs take part in campaigns such as this? What do you think about GPs involvement like this?</p> <p>3. - Some argue a scheme like this would never be allowed to happen in areas such as SW London? How do you feel about this statement?</p> <p>BREAK SUGGEST 5-10mins</p>	<p>15 mins</p>
<p>Slide 43 - 44</p>	<p>Exercise 5 Climate Crisis</p> <ul style="list-style-type: none"> • Discuss - Quality-adjusted life year (QALYS): A measure of the state of health of a person. One QALY is equal to one year of life in perfect health. It is often measured in terms of the person’s ability to carry out the activities of daily life, and freedom from pain and mental disturbance. <p>Note there is a difference with 1 year in a life and 1 year of quality</p> <ul style="list-style-type: none"> • Tutor please discuss the slide - starting with Left “UK transport system” 	<p>10 mins</p>
<p>Slide 45</p>	<p>How we can improve....?</p> <p>“Playing out” is a scheme where roads can opt to close them to traffic to allow children to “play out”.</p> <p>NOTE HPs means – Health Practices</p>	<p>5 mins</p>
<p>Slide 46</p>	<p>1. What is good health v no illness?</p> <ul style="list-style-type: none"> - Eg prevention, disease free, being able to make decisions for oneself, access to healthcare when needed, same outcomes as others independent of social determinants, education of healthy choices, independence, mobility etc <p>2. What things would/could have helped a child like Ella? A 9 year old with poorly controlled/brittle asthma?</p> <ul style="list-style-type: none"> - Good inhaler technique/understanding of when to use/concordance inc appointment attendance, no smoking, no 	

	<p>pets, exercise, reduction of allergens and cleaner air (avoiding certain roads etc) – at least patient/parent awareness of pollution impact</p>	<p>5 mins</p>
<p>Slide 47-49</p>	<p>Sustainable Healthcare Framework - SOLUTIONS</p> <p>Thinking about Ella and this framework what could we have done to help her?</p> <ul style="list-style-type: none"> - Advising\helping to move house - parent - Exercise tolerance - Wasteful inhalers usage - Stream line appointments, no multiple appointments into hospital – reduced carbon footprint but also patient experience – ambulances/transport vans – DIESEL fumes – we know from previous that NHS contributes to 3% of UK Road traffic - Looking at your own personal use, helping to be more sustainable at work – lights, paper, inhaler prescriptions, cycle to work scheme/allowing time for employees to do this, if you want get involved politically like the Silvertown campaign etc <p>These are SUSTAINABLE HEALTH PRACTICES and should help guide you in coming up with solutions!</p> <p>Don't forget to look further than you being an F1 and F2 – you will be the policy and decision makers – what can you do then? We are suggesting these are things you also need to think about.</p>	<p>20 mins</p>

Slide No.	Discussion	Approx Timings
<p>Day 3 Slide 58</p>	<ul style="list-style-type: none"> • What are your thoughts from your last session? <p>eg Climate Crisis – impact on health, NHS practice polices re: Sustainability</p> <p>TASK</p> <p>During GP4 module – part of your sign off of assessments is to talk to a pregnant woman and reflect specifically on her social history and any health inequalities she may face.</p> <p>Tutors please decide with the group which 1 or 2 you wish to discuss further.</p>	<p>25 mins</p>
<p>Slide 60 and 61</p>	<p>Exercise 1 – Marginalised Groups</p> <ol style="list-style-type: none"> 1. Ask their thoughts on the maternity papers... <p>NOTE</p> <p>Right to free maternity care is complex. Depends on nationality, immigration and resident status at the time of medical need. A patient may be invoiced upon birth of the baby by the Overseas Team in an NHS hospital. Costs are determined as per hospital can be up to £14 000</p> <p>Many women arrive with legal status (eg student visas) but upon re-application fall short, due to the complex re-application process and money required to reapply to the home office (often £1-3K approx).</p> <ol style="list-style-type: none"> 2. Can you think of other marginalised groups on society that may have similar issues? <p>Homeless, people seeking asylum, non-english speaking people, ethnic minorities, LGBTQ+ (esp services for trans community and esp for MH), patients with addiction issues.</p> <ol style="list-style-type: none"> 3. Can you think of any experiences or observations you have had of marginalised groups in society having problems with access? <p><i>Please give an example of your own to start discussion if needed</i></p>	

	<p>4. Thoughts on how why this is and how to improve this?</p> <p>Eg Money, lack of data on scale of problem and lack of evidence for positive change, time, racism/"nationalism" (people don't see the needs of certain groups as important/"they" don't pay tax)</p> <p>Tutors please state to students that</p> <p>WE ARE VERY AWARE THAT WE are limited with time in regards to talking about the needs for example of other marginalised groups like LGBTQ+ community, refugees etc</p> <p>We concentrate today on Womens health and BAME women in particular not because they are more important but because it is hard to fit it all in with limited time. We look to find more time in the curriculum to discuss this at a later date.</p> <p>BREAK SUGGESTED 5 -10 mins</p>	20 mins
Slide 62 - 65	<p>Exercise 2 - Origins</p> <p>1. How do you feel about these words (RACE Ethnicity)? 2. What do you prefer?</p> <p>3. Have you ever had difficulty describing where you are from? Especially if asked..</p> <p>"What race are you?" "What is your ethnic background?"</p> <p><i>How do you include culture of who you are with these questions? Is this important?</i></p> <p>Try to encourage less vocal students thoughts on this, did they even know these words could be offensive? E.g. race</p> <p>NOTE: this may come up (know the term – Intersectionality)</p> <p>https://www.youtube.com/watch?v=rwqnC1fy_zc</p> <p>Important to note a lot of people have different emotions attached to certain words and sometimes this is a conscious thing and sometimes it is subconscious. And others may and may not be aware of this at all.</p>	10 mins

Slide 66	<p>Exercise 3 – Maternal Mortality</p> <p>1. Ask their thoughts on this? Points of particular interest?</p> <p>Eg Prompt about pain, what the Doula said about wording of Qs, no target to improve outcomes? No real data on near misses</p> <p>Is pain taken less seriously in BAME women than their white counterparts? Please see paper in additional reading for more details.</p> <p>Evidence from the US shows in AE non-white patients prescribed less pain relief upon discharge than white counterparts</p>	10 mins
Slide 67	<p>Read Saving Lives, Improving Mothers' Care</p> <p>https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/MBRRACE-UK Maternal Report 2019 - WEB VERSION.pdf</p> <p>1. What percentage of maternal deaths could have possibly been prevented with improvement of care?</p> <p>Paper states (29%) but Prof in programme says nearly half</p> <p>2. What was the 2nd leading cause of maternal death by a direct cause of pregnancy?</p> <p>Suicide</p> <p>If interested in knowing more see link in Additional Reading of Louis Theroux BBC documentary (Mothers on the Edge) – maternal MH</p>	10 mins
Slide 68	<p>Black people, racism and human rights</p> <p>Tutors please read out this statement on slide</p> <p>(Highlight the above is to address the question around whether it is actually racism and not “just varying prevalence of co-morbidities”)</p> <p>These are statements from leading experts in a parliamentary document highlighting UKs issues</p>	5 mins

Slide 69-70	<p>A Constellation of Bias</p> <p>Again highlights the complex nature of trying to tackle these issues as so many factors involved.</p>	5 mins
Slide 71 - 72	<p>Improvements?</p> <ol style="list-style-type: none"> 1. Better Births March 2020 and NHS Long Term plan 2019 <ul style="list-style-type: none"> - is one of the only places where there is a pledge that ¾ of BAME women/deprived women during antenatal period should have the same midwife by 2024. - Does this go far enough? Do we know that this will actually improve outcomes? What is this research based on? <p>In 2021/2022 – NOTE a lot has happened this year in regards to Women’s Health and Racism within the NHS</p> <p>2.Ockenden Report – review of Shrewsbury and Telford NHS Trust Maternity services</p> <p>The review, led by Donna Ockenden, examined cases involving 1,486 families and 1,592 clinical incidents. The review found that 201 babies and nine mothers could or would have survived if they had received better care. In the last year since our first report was published, we have seen significant pressures in maternity services in the recruitment and retention of midwives and obstetricians. Workforce planning, reducing attrition of maternity staff, and providing the required funding for a sustainable and safe maternity workforce is essential. Continuing progress on funding the maternity multi-professional workforce requirements now and into the future will mean that we can continue to ensure the safety of mothers and their babies, <u>and meet the government’s key commitment to halve the 2010 rates of stillbirths, neonatal and maternal deaths, and brain injuries in babies occurring soon or after birth by 2025.</u></p> <p>THERE IS HOPE BUT YET CONFIRMED INITIATIVES FROM THIS THAT NHS England WILL INCLUDE THE NEED TO SET SPECIFIC TARGETS FOR BAME WOMEN TOO</p> <ol style="list-style-type: none"> 3. Ethnic Inequalities in Healthcare – Rapid Review <p>Looked at a handful of key areas Inc. MH services and Maternal health etc. – they found that Institutional racism</p>	

	<p>e.g. in communication and policy decisions etc. played a part in poorer outcomes for marginalized groups within maternal services. Called for NHS England again to seriously commit to research/data collection in this area to look to improve patient safety and quality care.</p> <p>4. FIVEXMORE</p> <ul style="list-style-type: none"> - This Charity took matters into their own hands and surveyed 1300 Black women to look into the maternity experiences. Inc. mortality but also serious pregnancy complications. - Aims to yearly survey, look for more research into community based initiatives to help improve outcomes etc <p>THEY HAVE in Spring 2021 created...</p> <p>5. Level up Maternity Care and tackle disparities - DOH</p> <ul style="list-style-type: none"> - Explore reasons/drivers for disparities in maternity care and address poor outcomes for women from ethnic minority communities and those living in deprived areas. NO target however. 	Slide 10 mins
Slide 73 - 74	<p>What can we do? Solution finding exercise</p> <p>At the end...urge them to read the Uni of Leeds Active Bystander website – really helpful</p>	10 mins