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Bridging Gaps: Improving access to primary care with women who experience severe and multiple disadvantage

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SUMMARY (100 word abstract)

People with severe and multiple disadvantage (SMD- experiences of homelessness, substance misuse, violence and abuse) often have serious mental/physical health needs, but poor access to primary care. The Bridging Gaps project was co-produced with women with SMD using open, participatory methods, working in partnership with community organisation [One25](#), who support highly marginalised women. Working together over 3 years, we co-designed a new open access clinic for people with SMD at Wellspring GP practice, trained 5 GP practices, co-wrote an open access chapter about our participatory research experiences, and are sharing learning on co-producing work with people with SMD.

What did you do?

We worked with a group of women with SMD to initiate and develop the Bridging Gaps project together, sharing decision-making at every stage. We have met fortnightly through the pandemic, tackling issues of digital exclusion to ensure that everyone could still take part wherever possible. We have run 5 training courses with GP practices, co-developed an open access clinic for people with SMD, and are working with 3 GP practices to improve their access for people with SMD. We have engaged in high-profile advocacy at a national and international level, co-presenting with women with SMD at national and international conferences, including an invited national plenary.

Why did you do it?

Lucy's experiences as a GP at One25 gave her deep insight into the barriers that people with SMD face when trying to access primary care services. Women with SMD are 12 times more likely to die compared to those without SMD. Whilst people with SMD have a relatively young average age, they experience levels of multimorbidity and frailty comparable to those aged ≥ 85 years in the general population and have six to eight times higher rates of disability than those who do not. The inequalities are devastating and widening, even more so since the pandemic. We wanted to change that and improve access, pioneering inclusive open research methods with a highly marginalised group.

How did you do it?

We coordinated the group and facilitated meetings and activities approximately every two weeks for three years. We have 5 successful research bids (where possible including women with lived experience as co-applicants). The group delivered collaborative training meetings at 5 GP surgeries and are working with 3 GP surgeries to improve access to primary care for people with SMD in collaboration with health system leads, including a new GP-led Open Doors clinic for people with SMD. 25 women with lived experience of SMD and 18 professionals have contributed to this project.

What barriers / challenges did you have to overcome?

Establishing trust with people who have been let down by services was key. Involving everyone in decision-making was essential, and that involved disagreements sometimes as to the best way forward which we had to discuss and work

through together as a group. Most women with SMD we worked with were digitally excluded at the beginning of the pandemic. We had to create an agreement, in partnership with UoB IT, the University lawyer and procurement so that group members could own digital equipment bought by our funding so that people could join online meetings wherever possible. Working with busy GP practices meant we needed an open approach to engage with them.

What does it mean for you and your research?

Lucy is building on her work with UoB as an Academic Clinical Fellow and In-Practice Fellow by currently applying through UoB for a PhD fellowship to establish herself as a leading clinical researcher in inclusion health, championing open research practices involving people with lived experience of marginalisation. This will focus on using open research practices to improve access to primary care for people with SMD. Michelle has just won funding from the NIHR to evaluate the [Changing Futures](#) programme which aims to improve outcomes for people with SMD through creating more trauma-informed, integrative support, to influence future local and national health system policies.

How might your findings / approach help other researchers?

We are sharing our work locally, nationally and internationally. We have designed and delivered training on co-production for the NIHR School for Primary Care Research. We are writing an open access article for a public involvement journal on how to ensure that participatory research is trauma-informed and meets the needs of people with SMD, and another for a primary care journal sharing our learning on how to improve access to primary care for people with SMD. We will provide web resources and training for people who want to work with marginalised communities within participatory research. We are collaborating with health system leads who wish to apply findings from this work and process to working with other marginalised groups. Marginalised groups are rarely involved in research, through this process we have supported and developed an expert patient group, who can contribute to other research, and are motivated to use the expertise of their lived experience in open research.

Additional Information

Lucy has coordinated and delivered a medical student selected component in Inclusion Health for 3 years, including facilitating experiential learning placements and teaching in prison healthcare, refugee and asylum healthcare, homeless healthcare and healthcare for sex workers for 25 students. This also involved preparing and delivering central teaching on health inequalities and access to health; supervising 4 students, marking 6 literature reviews and reports written by the students and supporting them to make academic posters and present their work at conferences. She has embedded open research practices throughout this. Michelle is working with students/ potential PGR students, advising on how to develop and include marginalised groups within their participatory research.

<https://q.health.org.uk/idea/2020/making-primary-care-accessible-to-women-with-experience-of-trauma/>