University of Sheffield

General Practice at the Deep End
Yorkshire and the Humber

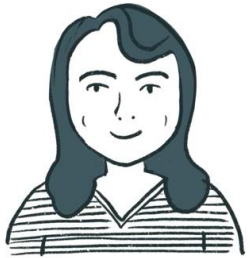
FAIRSTEPS Study: Framework Addressing Inequities in pRimary care using STakEholder PerspectiveS

Guidance for action in primary care to address health inequities

NHS
Health Education England

Ben Jackson, Steven Ariss, Chris Burton, Jo Coster, Caroline Mitchell, Josie Reynolds, Tom Lawy

FAIRSTEPS Framework – Intro Animation



Click here to see below to view video

So, what is FAIRSTEPS?

- Framework to design your own primary care interventions to make services more equitable for underserved patients.
- Rooted in real world practitioner experience, patient and public lived-experience and research evidence.
- A set of recommended interventions, taken from the evidence base and prioritised by 40 primary care practitioners working in deprived settings for usefulness and feasibility.

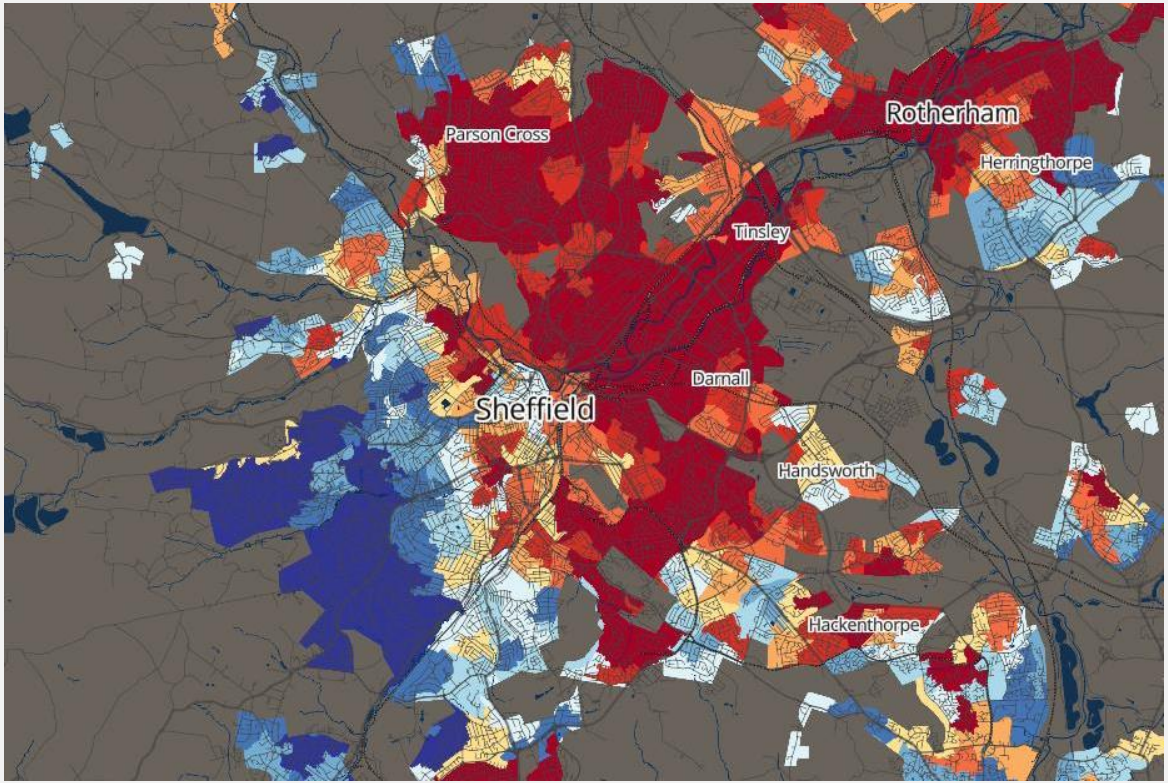
Take home message:

FAIRSTEPS is a tool to support your primary care team to make evidence-based changes to improve equity.

Why we need FAIRSTEPS

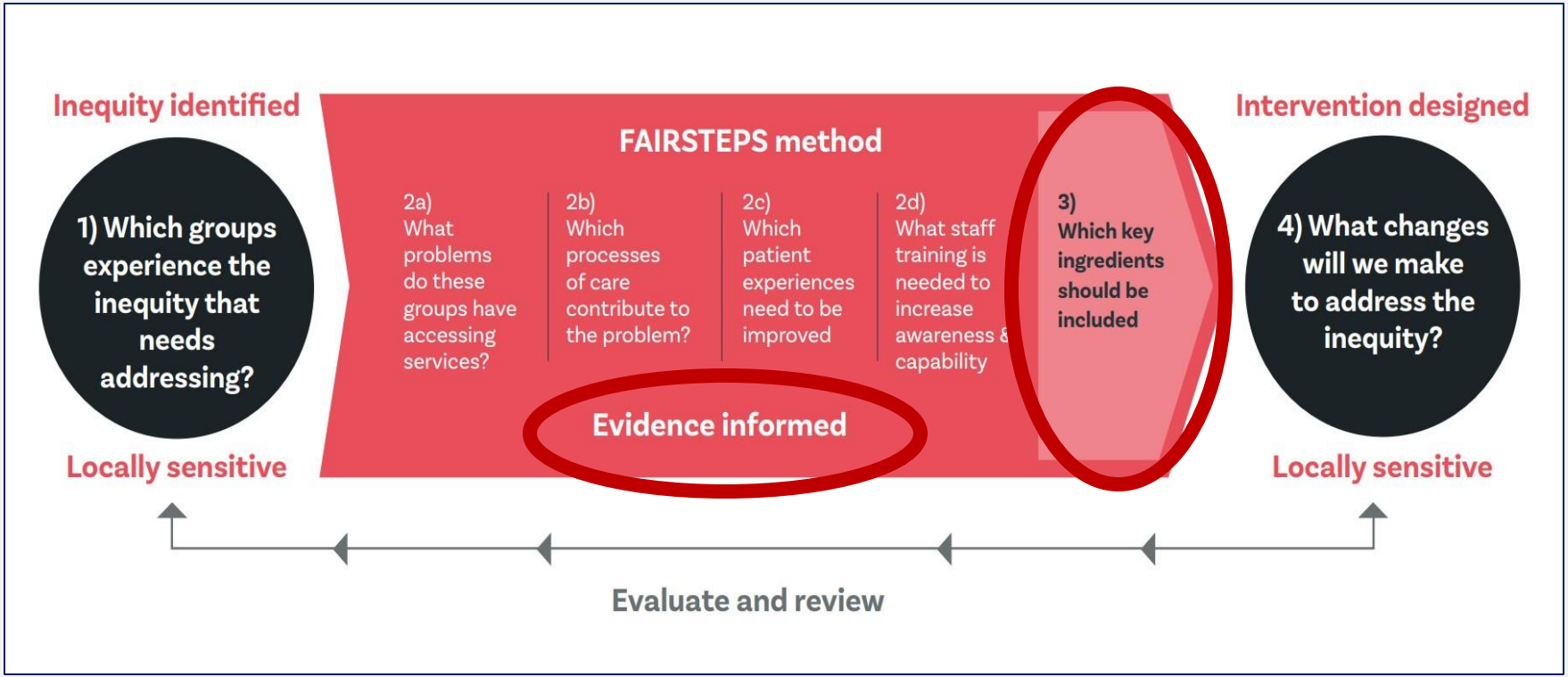
Stark inequities across our region

Dark red are areas that are in the most 10% deprived across England



https://mapmaker.geods.ac.uk/#/index-of-multiple-deprivation?d=11110000&m=imdh19_dc&lon=-1.4424&lat=53.3917&zoom=9.65

FAIRSTEPS – intervention framework



Overview

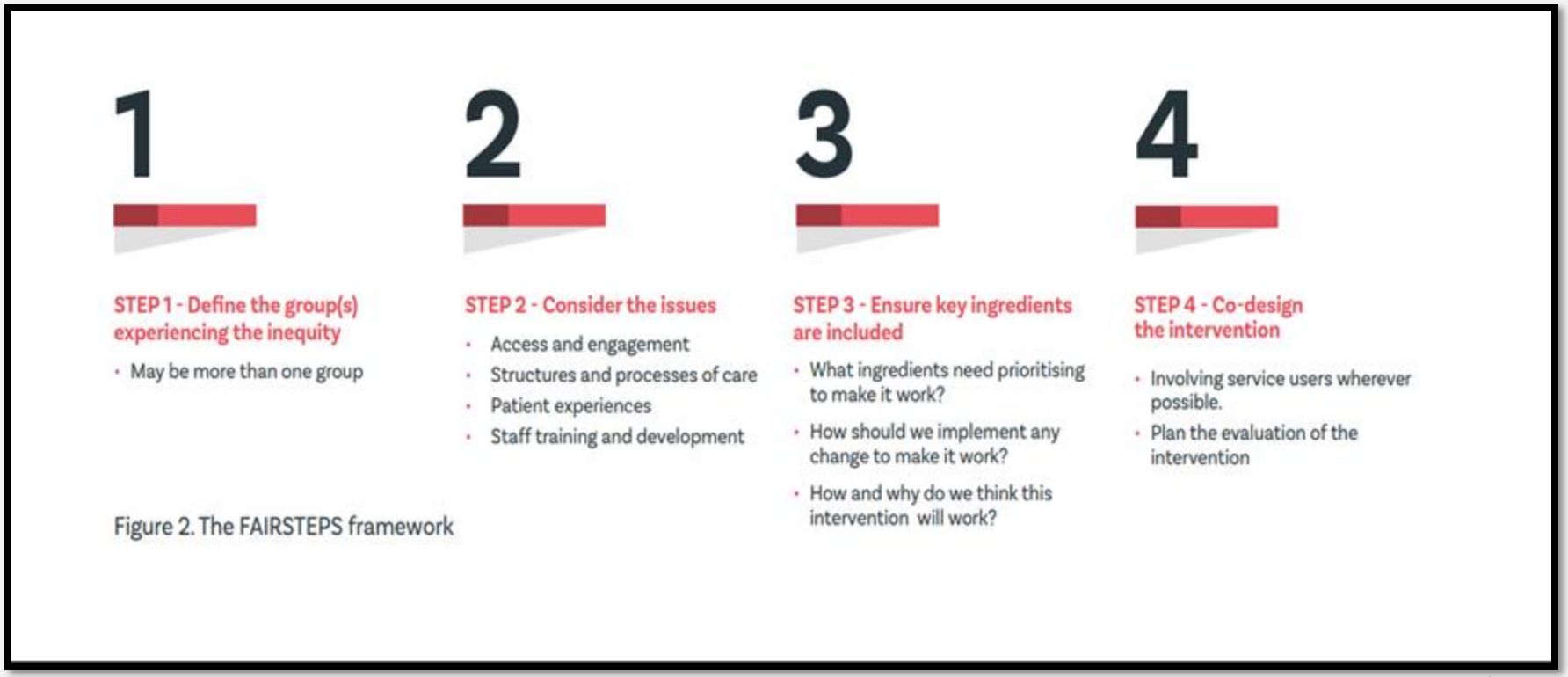


Figure 2. The FAIRSTEPS framework

FAIRSTEPS prioritised interventions

Networks and Practices

easier to do

harder to do

useful

more useful

Fantastic, really important

Systematic flagging of patient records to identify those who may be vulnerable to inequities in health prevention (e.g. cancer screening)

'SAFE Surgery' initiative ensuring migrants and other groups are aware that care is available without ID and interpreters are available if required .

Multi-lingual promotion of cancer screening for non-English speakers including computer prompts for practitioners to signpost

Link with local charities

Group health coaching appointments for underserved groups to improve risk factors and manage chronic conditions

Targeted wellbeing and housing advice and support for domestic violence victims and vulnerable families

Easy pathways to mental health support targeted at at-risk individuals in vulnerable groups (e.g. homeless, socially isolated)

Very important. Ensure professional oversight.

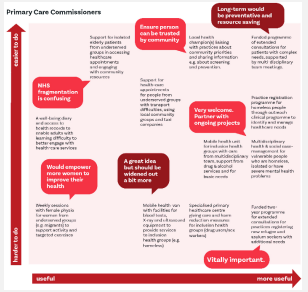
Group educational sessions on cancer screening for women from underserved groups with childcare, food and the opportunity to have screening tests

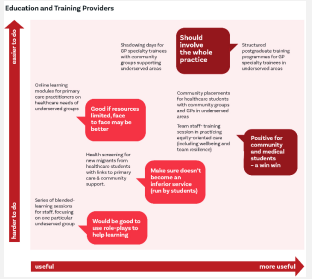
Locally led volunteer buddying service to provide support and accompany isolated people from underserved groups to appointments

Welfare advisors on hand to assist with benefits for patient and carers on low-income, including drafting letters and appeals.

Weekly weight loss group coaching programmes targeted at people with low incomes

Ensure easy access



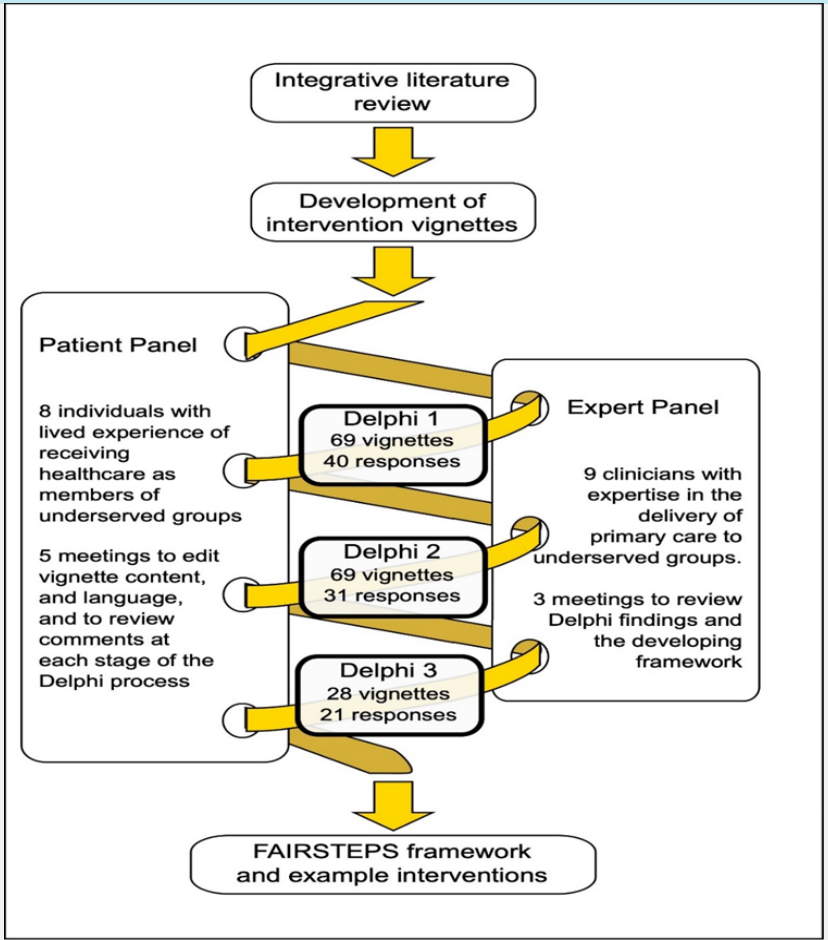


FAIRSTEPS – Partnership with patients

Talk from Aaishah Aslam – PPI contributor

Collaborative method

Evidence ← → Practitioners ← → Patients



- ***Evidence review – international***

  Reports, evaluations, academic papers 2010-date...

- Barriers and facilitators to equitable care - (106 papers)
- What seemed to make interventions work - (68 papers)
- Collated examples into 69 suggested changes to make

- ***Delphi survey of practitioners*** ranked suggestions on…
- Feasibility *in their setting*
- Usefulness *in their setting*
- Value in addressing inequity

- ***Patient partnership*** and active dialogue shaped…
- Study design
- Description of suggested changes
- Analysis and outputs

Types of interventions found in the FAIRSTEPS review

A catalogue of interventions described in the FAIRSTEPS review		
• Additional or longer appointments • Advocacy with patients • Automated reminders • Capacity building • Case management • Community engagement • Counselling and coaching • Employment advisors • Exercise • Extended hours • Financial incentives	• Group-based interventions • Health checks • Housing provision • Income optimisation • Organisational change • Outreach & Transport • Motivational interviewing • Multidisciplinary Team working • Participatory Action Research (PAR) • Patient Education • Plan Do Study Act cycles	• Professional support networks • Screening • Self-management • Signposting • Staff self-care • Staff training • Standardised coding of patients from underserved groups • Survey & Small groups • Translation • *Compound activities – more than one intervention*

FAIRSTEPS – ingredients that make interventions work in practice

Active ingredients: implementation

- Collaboration
- Context-sensitive
- Embed into existing processes
- Facilitation as advocacy
- Flexibility
- Co-design through participatory approach
- Partnership working

FAIRSTEPS outputs – priority interventions - providers

Networks and Practices

Fantastic, really important

easier to do

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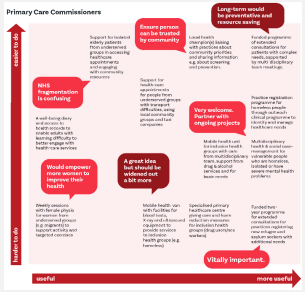
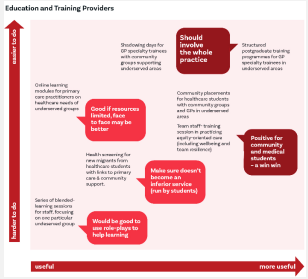




FAIRSTEPS outputs – priority intervention - commissioners

Primary Care Commissioners

easier to do

harder to do

Long-term would be preventative and resource saving

Ensure person can be trusted by community

Support for isolated elderly patients from underserved groups in accessing healthcare appointments and engaging with community resources

Local health champion(s) liaising with practices about community priorities and sharing information e.g. about screening and prevention.

Funded programme of extended consultations for patients with complex needs, supported by multi-disciplinary team meetings.

NHS fragmentation is confusing

Support for health-care appointments for people from underserved groups with transport difficulties, using local community groups and taxi companies

Very welcome. Partner with ongoing projects

Practice registration programme for homeless people through outreach clinical programme to identify and manage healthcare needs

A well-being diary and access to health records to enable adults with learning difficulty to better engage with health-care services

Mobile health unit for inclusion health groups with care from multidisciplinary team, support from drug & alcohol services and for basic needs

Multidisciplinary health & social case-management for vulnerable people who are homeless, isolated or have severe mental health problems

Would empower more women to improve their health

A great idea but should be widened out a bit more

Weekly sessions with female physio for women from underserved groups (e.g. migrants) to support activity and targeted exercises

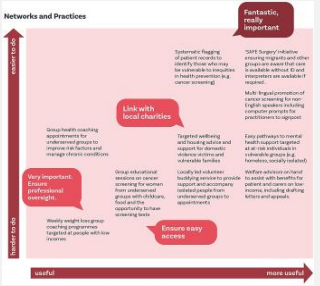
Mobile health van with facilities for blood tests, X-ray and ultrasound equipment to provide services to inclusion health groups (e.g. homeless)

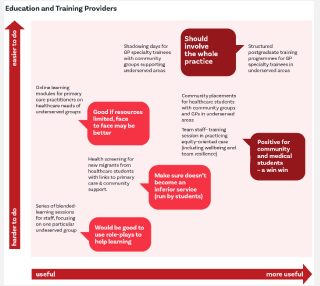
Specialised primary healthcare centre giving care and harm reduction measures for inclusion health groups (drug users/sex workers)

Funded two-year programme for extended consultations for practices registering new refugee and asylum seekers with additional needs

Vitally important.

useful — more useful





FAIRSTEPS outputs – priority interventions – education

Education and Training Providers

easier to do

harder to do

Shadowing days for GP specialty trainees with community groups supporting underserved areas

Should involve the whole practice

Structured postgraduate training programmes for GP specialty trainees in underserved areas

Online learning modules for primary care practitioners on healthcare needs of underserved groups

Good if resources limited, face to face may be better

Community placements for healthcare students with community groups and GPs in underserved areas

Team staff- training session in practicing equity-oriented care (including wellbeing and team resilience)

Positive for community and medical students – a win win

Health screening for new migrants from healthcare students with links to primary care & community support.

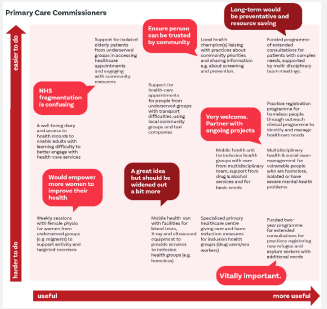
Make sure doesn't become an inferior service (run by students)

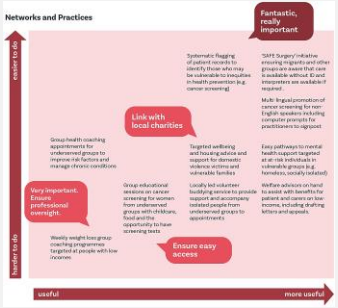
Series of blended-learning sessions for staff, focusing on one particular undeserved group

Would be good to use role-plays to help learning

useful

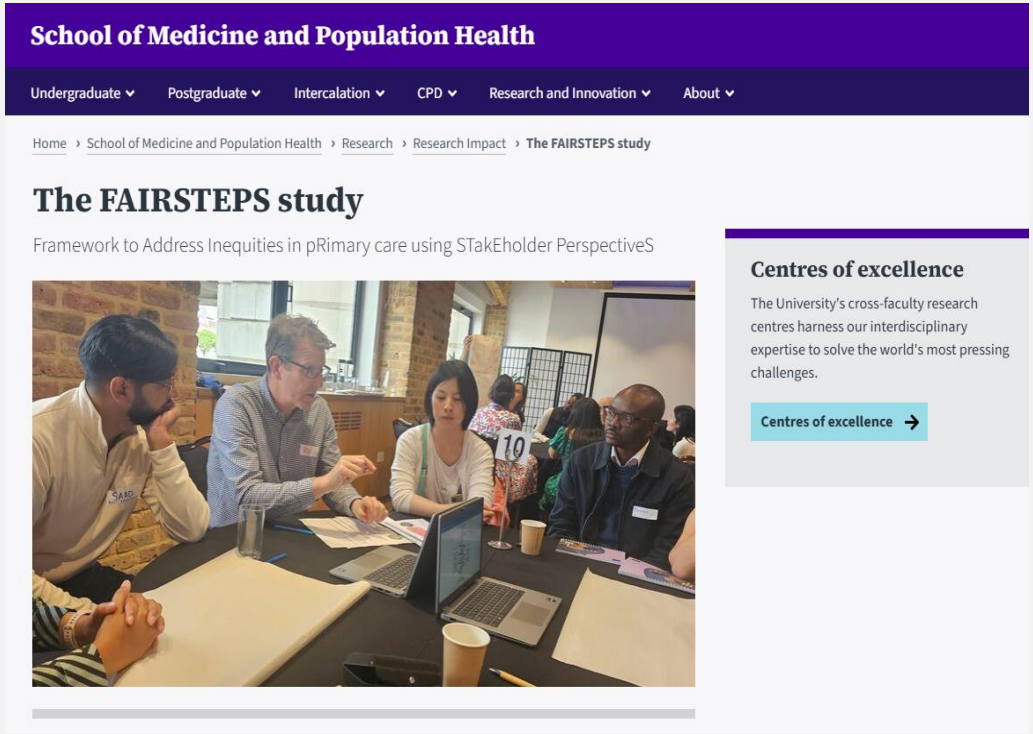
more useful





FAIRSTEPS Masterclass 2025

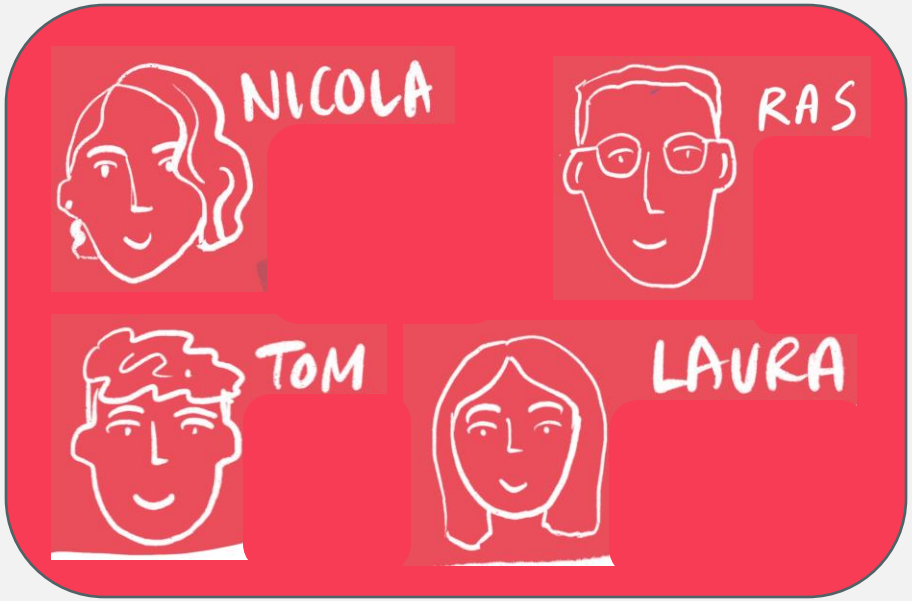
- Addressing health inequity requires focused work
- Masterclass training for primary care practice + network leaders
- Variety of projects
- Aiming to repeat on regular basis



Resources are freely available:
https://sheffield.ac.uk/smph/research/research-impact/fairsteps

FAIRSTEPS Masterclass

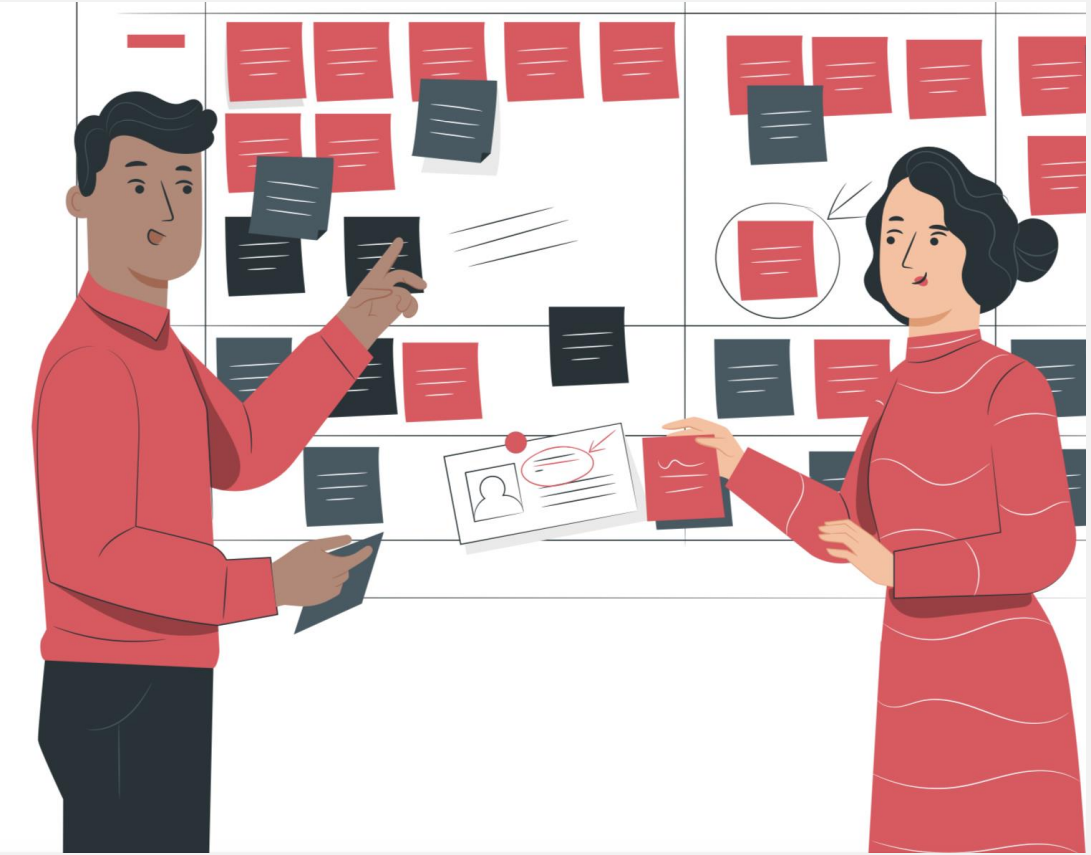
- Advertised across South Yorkshire
- Successful applicants:
  Health Inequality PCN leads x3 & GP x1
- Delivered 3 half-day bespoke masterclass workshops
- Supported to use the FAIRSTEPS tools to design their own projects
- Expert guest speakers
- Provided with up-to-date evidence summaries to help real-time decision making



Action Learning Set Approach

- Peer-led problem-solving approach
- Peer-expertise and local advice shared
- Creates peer-support for future sustainability of projects

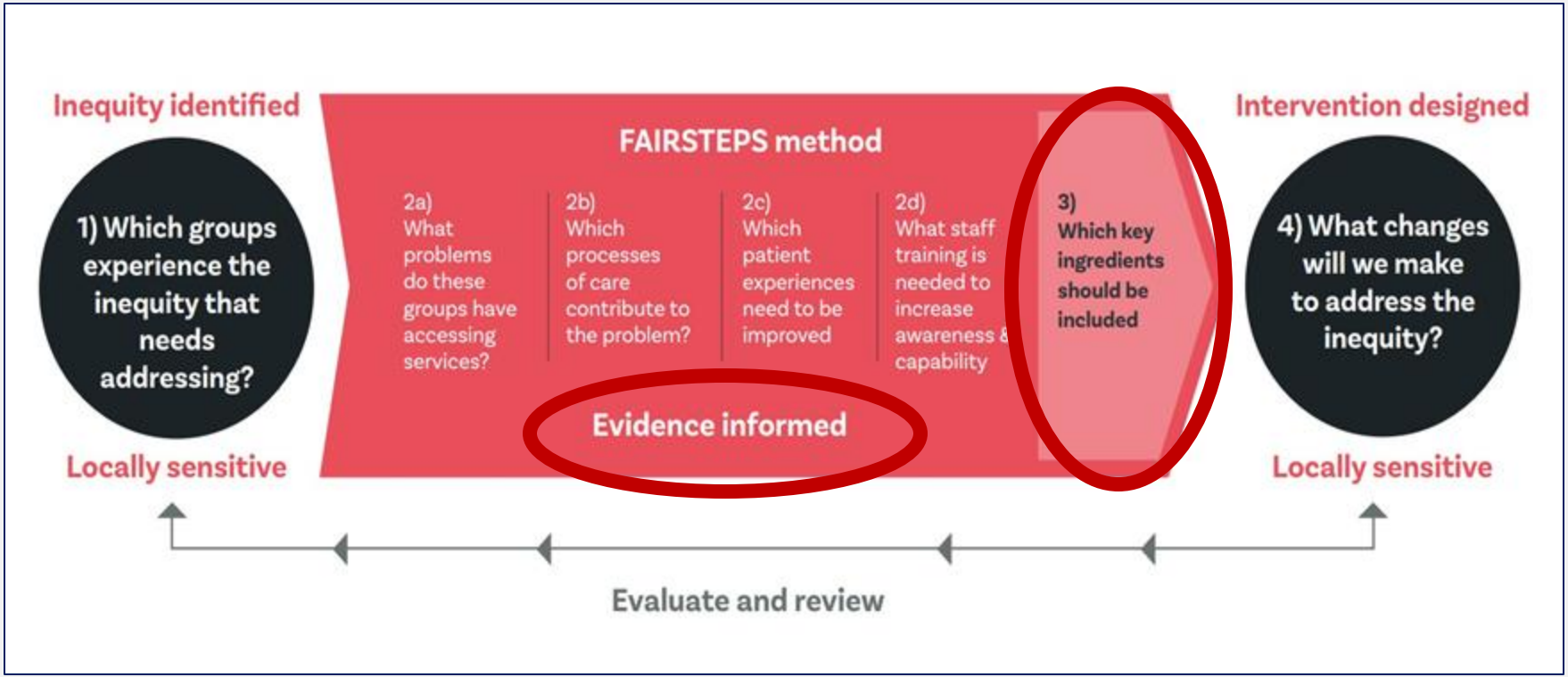
How to use the FAIRSTEPS framework



General Practice at the Deep End
Yorkshire and the Humber

Deep End Research Alliance

FAIRSTEPS – intervention framework



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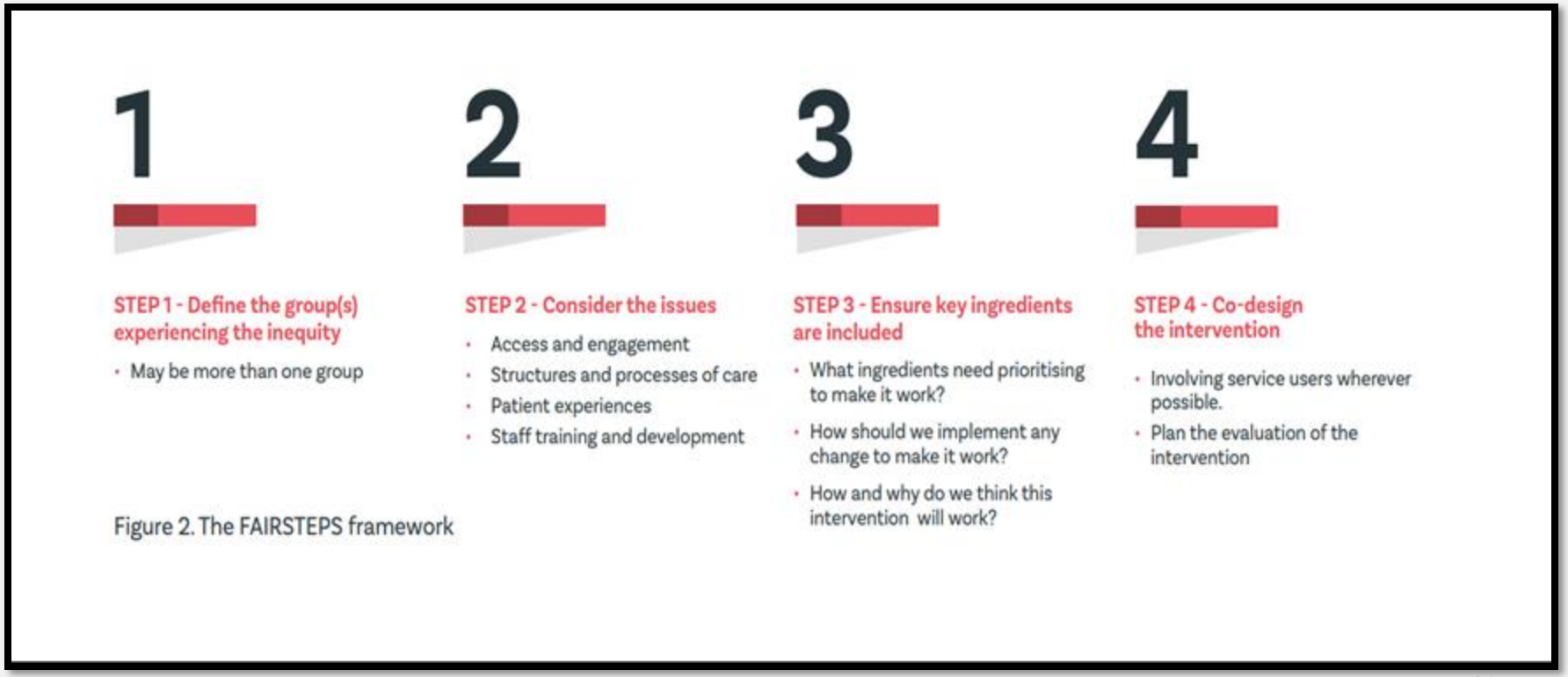


Figure 2. The FAIRSTEPS framework

Worked example - Safe Surgeries

- Initiative started by Doctors of the World
- Practices sign up to improve access for migrants
- Reduce barriers to primary care e.g. ID requirement, immigration status and language

Step 1

Define the groups experiencing the inequity

- The nature of the inequity problem
- The patient groups experiencing it
- Identified with local data ***or*** something commissioned or incentivised
- Define and describe the group, and why it is a priority

Safe Surgeries example:

A locally sensitive approach is required so that each practice can identify which are the specific migrant groups affected in their catchment area, their cultural norms, languages spoken, health and social needs.

Step 2

Consider the issues:

This step has four stages (a-d) relating to

a) Access and engagement
b) Structures and processes
c) Patient experience
d) Staff training and development

a) Access and engagement
    - Difficulties people face accessing services
        - Location, scheduling, transport, interpreter availability
    - Service capacity

b) Structures and processes
    - Ways current care is provided
        - Triage systems, telephone appointments
        - Processes of communication
        - Focus and priorities of care delivery (e.g. incentivisation of activity)

c) Patient experience

- Relationship and trust developed
- Responsiveness to individual circumstances

d) Staff training and development

- Identifying knowledge & skill gaps that influence inequities
- Potential judgemental and prejudicial attitudes
- Skill-mix of practice and wider team
- May be single issue or wider understanding of health inequities

Step 2

Consider the issues:

a) Access and engagement

b) Structures and processes

c) Patient experience

d) Staff training and development

Safe Surgeries example:

a) Lack of information

b) Requests for ID, appt systems, lack of interpreters

c) Negative interactions, mistrust

d) Legal entitlements of migrants, health inequalities and support for vulnerable patients

Step 3

Active ingredients

- Consider *how* will you make your changes
- What approach would make an intervention work better for this group?

Trauma informed care	**Culture and language**	**Multidisciplinary**
Health literacy	**Anti-stigma interventions**	**Continuity of care**

Step 3

Active ingredients

Consider *how* will you make your changes

- What approach would make an intervention work better for this group?
- Can you work collaboratively, use local resources or embed into existing services?

Safe Surgeries example:

Trauma-informed, human rights approach, culturally aware

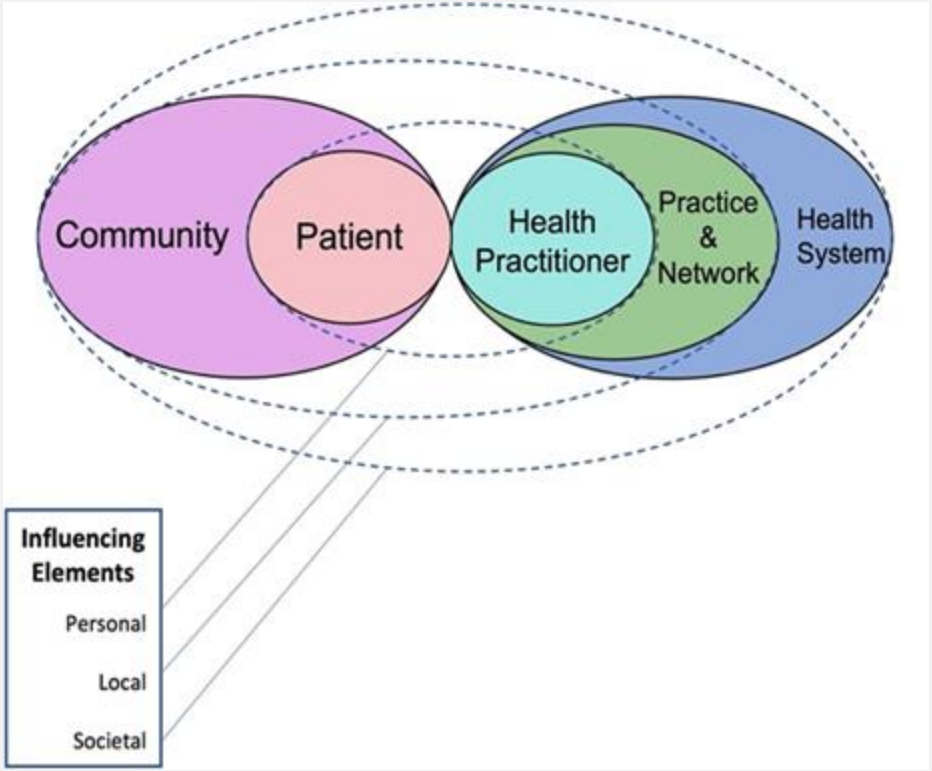
Step 4

Co-design the intervention

- Involve relevant patient groups and community organisations
- Consider how to evaluate your impact

FAIRSTEPS - Barriers and Enablers to Equitable Primary Care

Understanding the system, before you start to make changes



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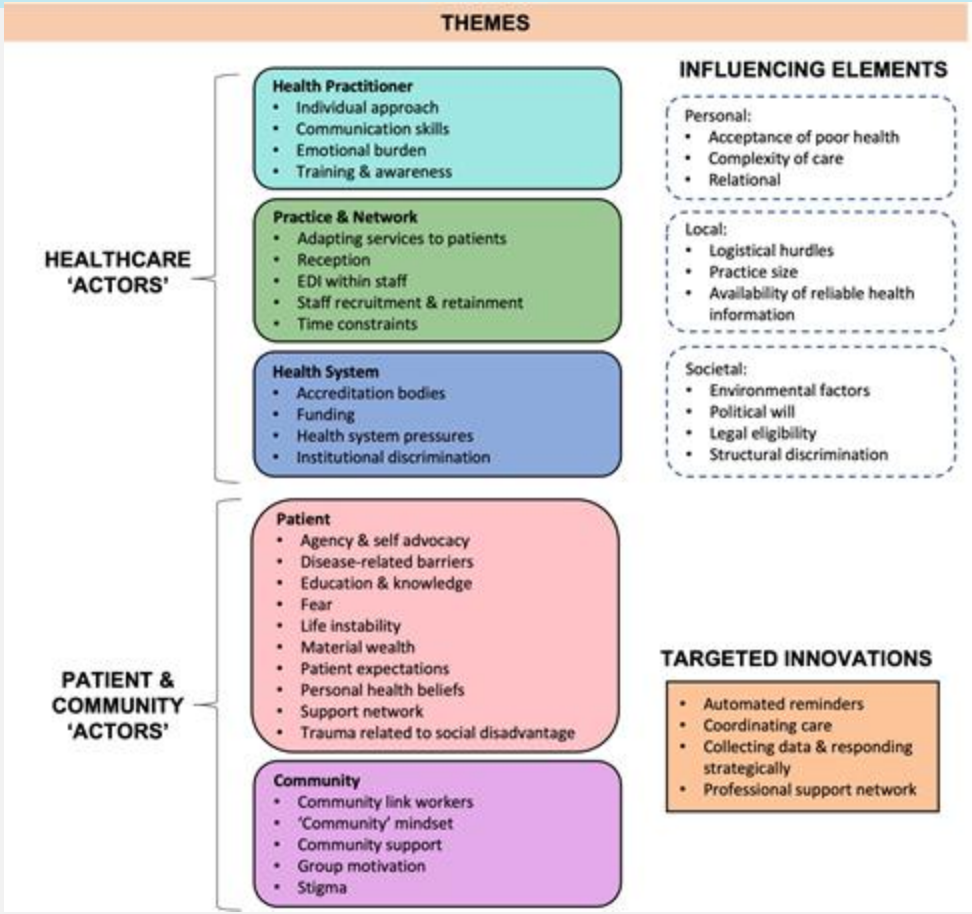
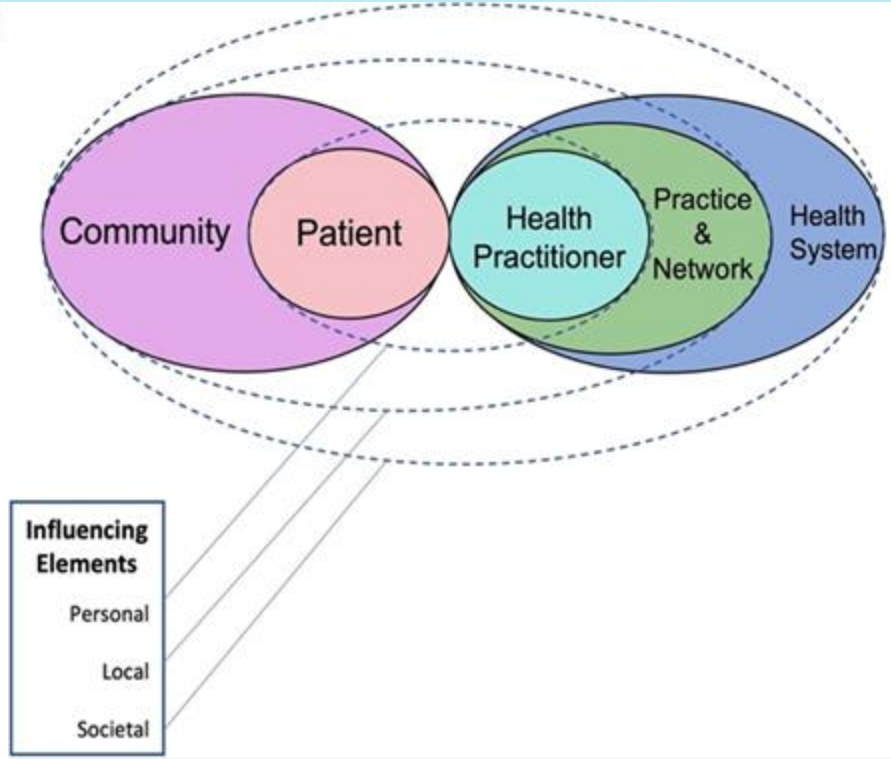
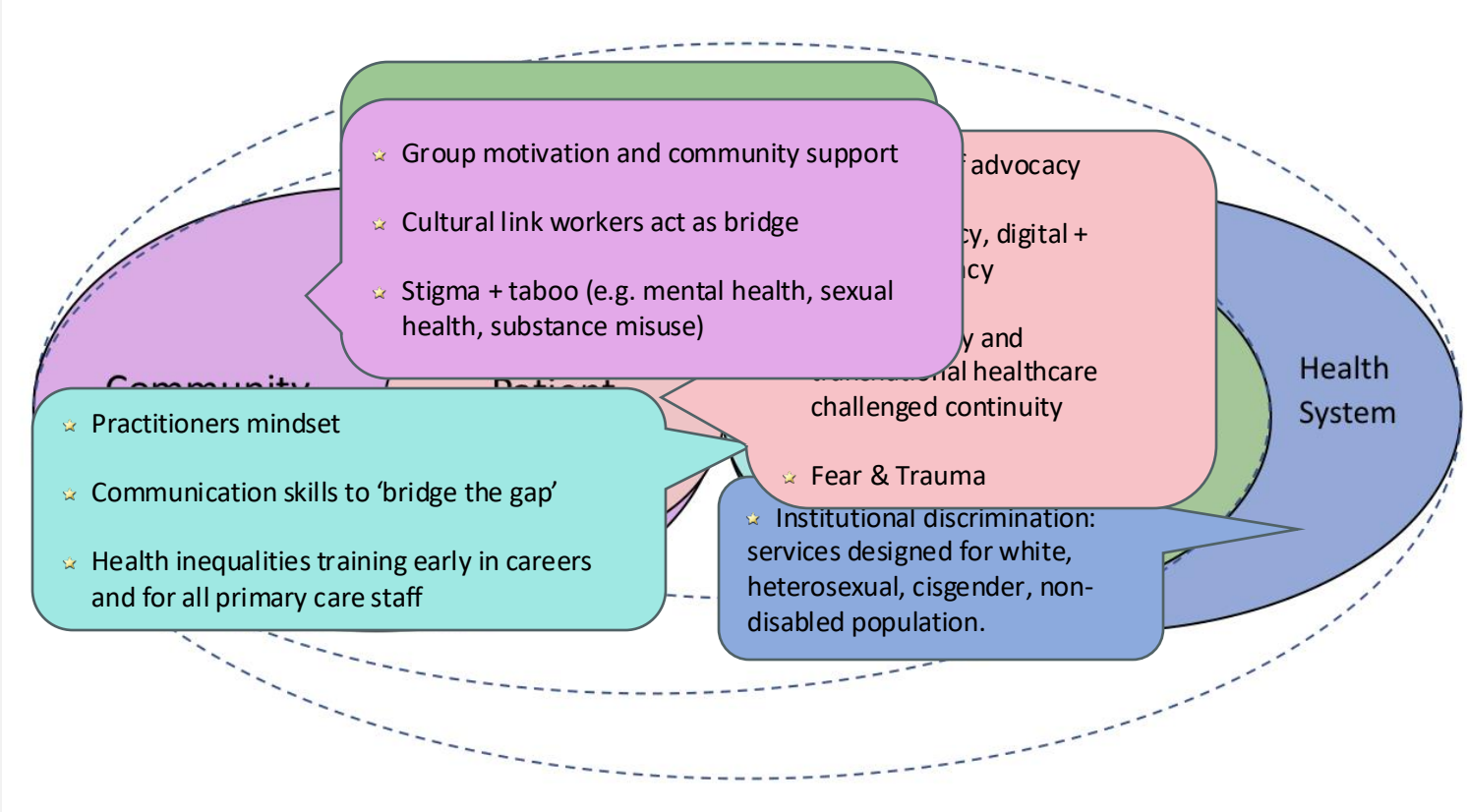
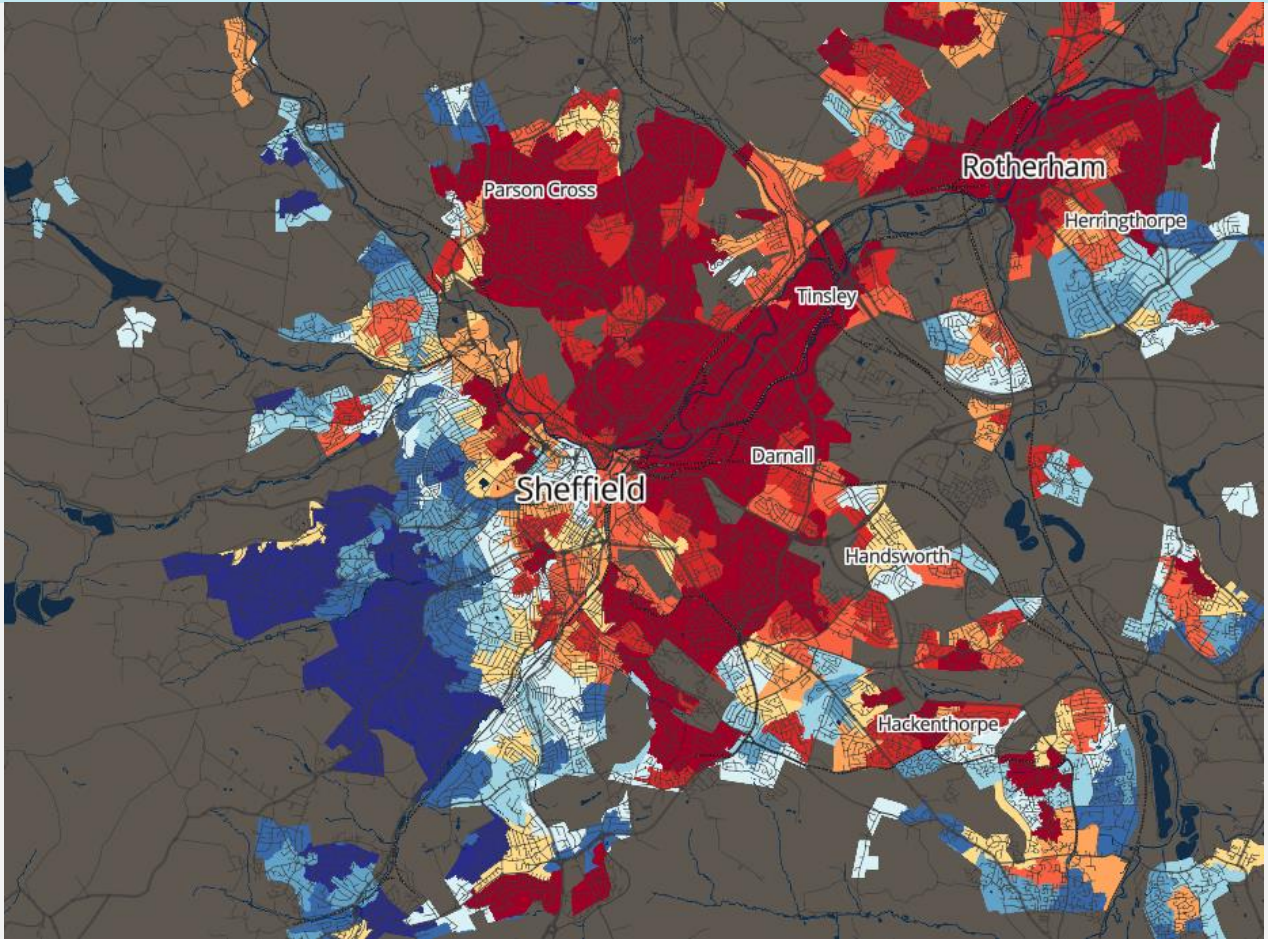





Group motivation and community support
Cultural link workers act as bridge
Stigma + taboo (e.g. mental health, sexual health, substance misuse)
advocacy
cy, digital +
cy
y and
nal healthcare
challenged continuity
Fear & Trauma
Institutional discrimination: services designed for white, heterosexual, cisgender, non-disabled population.
Health System
Practitioners mindset
Communication skills to 'bridge the gap'
Health inequalities training early in careers and for all primary care staff

Questions?


Parson Cross
Rotherham
Herringthorpe
Tinsley
Darnall
Sheffield
Handsworth
Hackenthorpe