



# October 2020 Research Update

## Research

### Members Research Interests:

The NCRHC members research interests survey remains live – many thanks to those that have responded. So far your responses have enabled us to share details of member's events and to begin to gather some interesting information on the projects and research programmes that our members are involved in, which will in due course be shared across the membership and on the National Centre for Rural Health and Care's website. If you have not done so yet, you can fill it in here: [NCRHC Member Interests Survey](#) .

Of the responses submitted so far, the most commonly shared areas of interest are:

- Remote and Digital Health Service
- Isolation and Loneliness
- Evaluation of Service Delivery
- Cost of Rural Healthcare
- Accessibility of Services

## Data and Insights



### [Assessing the Impact of Covid-19 - Northamptonshire Acre and Public Health Northamptonshire](#)

Following the outbreak of the COVID 19 pandemic, Public Health Northamptonshire worked to develop a COVID-19 Equality Impact Assessment that looked at a moment in time in May 2020. The aim of the Equality Impact Assessment was to explore the likely impact of the coronavirus pandemic on different groups of people within the county in the short term, mid-term and in the longer term. Due to the significant proportion of the population of Northamptonshire living in rural areas, Northamptonshire ACRE were asked to support this process by providing a rural perspective. Their

recommendations were made up, in part by the recommendations of the 2010 [Marmot Review: Healthy Society, Healthy Lives](#) and also the [Marmot Review: 10 Years On](#) report.

The Rural-related negative outcomes identified include:

- Higher proportions of the population may be impacted due to older population demographics in many rural areas. Older people are generally more likely to be in the higher risk categories, either simply by virtue of age or due to the increased prevalence of various long-term conditions
- The impacts on agriculture/farming will be varied and complex. Changing food consumption patterns and supply chains may cause difficulties in some circumstances. Businesses who rely on bringing in temporary/seasonal labour may be particularly affected by travel limitations and social distancing requirements.
- Some business more prevalent in rural areas may be impacted during peak seasons (e.g. tourist season/agricultural seasons.)
- Community facilities such as village halls may be threatened in the longer term as the response to Covid-19 impacts on their income from community activities.

There was however a potentially positive outcomes for rural areas identified, that of the increased use of tools to enable remote access, which may provide a longer-term benefit for rural communities

The assessment also looked to explore the potential mitigations to the situation brought about by COVID-19, and sought to identify actions that could be taken to support these. Within this assessment tool there is the functionality for organisations to develop their own COVID-19 Equality Impact Assessment Action Plan using information within the document. This tool can be used by organisations in, and outside of Northamptonshire and provides functionality for different group characteristics within a community to be considered separately, for example, under 18s, those with dementia, pregnant women and those who are homeless.

The assessment is available for use by any interested organisations and can be accessed [here](#).

Northamptonshire Acre have also produced a map of Good Neighbour groups, existing neighbourhood support groups, and pop-up COVID-19 response support groups. This can be accessed [here](#).

# Member Case Study:

## Lincolnshire Refugee Doctors Project



With a growing need for clinicians in the UK, the Lincolnshire Refugee Doctors Project was set up as a not-for-profit organisation in 2016 by Dr Andrew Mowat. Now led by Dr Vince Ion, the organisation's mission is to *"provide humanitarian support to medically qualified refugees and their families. For them to resettle and be able to continue their medical careers within the local NHS, and to make a contribution to the workforce needs of the local NHS"*. In order to do this, the programme supports members with;

- Sourcing accommodation
- Social Mentorship
- Clinical Mentorship
- English Language support and examination - ESOL/OET
- PLAB 1 and PLAB 2 preparation
- 3 month work placements
- GMC registration
- Support to gain employment in the NHS



When the project first commenced there were 5 similar programmes in the UK, but the Lincolnshire project was the first to establish a programme in a rural location. The programme started recruiting in 2019 for Grimsby and the surrounding area, and later in 2020 will expand the Grimsby part of its operation, as well as opening the Lincoln (and surrounding area) recruitment phase of the project.

The project has worked hard to ensure the programme is tailored to the refugees' personal skills and knowledge to ensure that the process is as individual as possible to enable the doctors to achieve a successful transition into NHS employment. Their aim is, over a period of time, to recruit 30 doctors in each area. There are currently twelve clinicians involved in the programme, two of which have already achieved GMC registration.

The Lincolnshire Refugee Doctors Project programme is supported by a number of key working partners and volunteers who are critical to their success, these include Health Education England, Commissioners, Acute Trusts, Private Sector Organisations, local charities and numerous individuals who give their time freely to support the doctors. The project's current focus is on building key partnerships in the Lincoln area, specifically around housing and accommodation, clinical mentorship volunteers, social mentorship volunteers and charities who can support with the programme.

The Lincolnshire Refugee Doctors Project features in a [film](#) made by Syria Public Health Network and features Ba'raa, a 29 year old doctor who fled Homs in 2019.

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