Year 5 Student Project Guide 2025/26

GP5

University of BRISTOL
Centre for Academic Primary Care

Healthier Together

Improving health and care in Bristol, North Somerset and South Gloucestershire

Healthier **Together**

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North Somerset and South Gloucestershire

Year 5 Student Project 2025/26

An Introduction to Healthcare and the Wider Community

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Introduction

Now you have passed finals, this project is your opportunity to spend some time thinking about the wider aspects of the healthcare system you are about to work in. How can your practice improve the health and wellbeing of a population?

This handbook gives you an overview of quality improvement (QI), population, public and migrant health and sustainability in healthcare including sustainable QI (susQI). We share some examples of student projects and how these can be completed during your 9-week placement.

Your project may be an audit or QI project within the practice, perhaps you want to organise a teaching session on a particular topic or create a leaflet for patients. You could choose to undertake your project with a local third sector organisation. Consider asking your tutor for ideas or if you have a particular interest you may want to propose this option. Whatever you choose, you should spend a **minimum of 2 hours each week developing the project** and present your work at the end of the attachment.

What do you need to do:

1. Read this project guide

2. Discuss with your tutor about a project and identify a project(s) you would like to do (either your choice or guided by your practice)

3. Carry out the project using the PDSA cycle

4. Present the project to your practice

5. Consider applying to present your work at the RCGP conference in October 2026 (bursaries available and GP5 leads are available to assist with this).

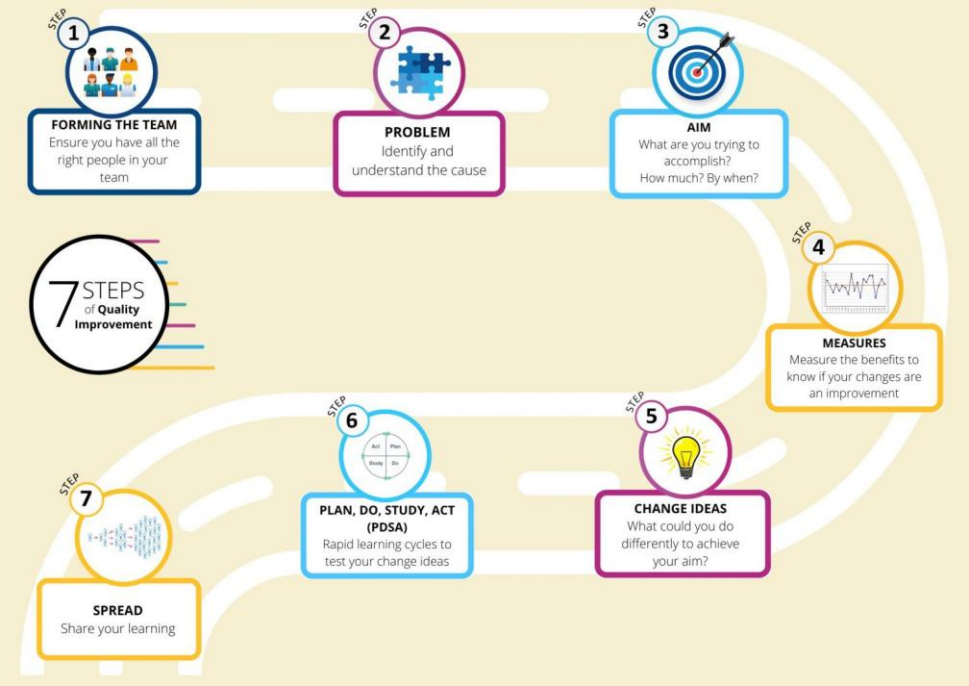
Quality Improvement

Aims

1. Understand the framework for completing a quality improvement projects
2. Understand the role of sustainability in quality improvement, and how to apply this

Framework

This diagram represents a seven-step approach to quality improvement (1):



<u>Step 1 – Forming the team</u>

The number of team members will depend on the individual project but think if there is an expert in that area. You may want to do this in your pair or have an individual project in mind. As a medical student (and usually as a junior doctor) you'll need a clinical supervisor to help guide you.

<u>Step 2 - Problem</u>

Discuss with your GP tutor about a problem you or they might have noted, which may be suitable as a focus for your project. Try to understand the root cause of the problem, before jumping in to try and fix it.

<u>Step 3 – Aim</u>

Ask yourself some questions:

a) What are you trying to achieve? E.g. every patient with the condition or a sample (from a set time period or with certain values).
b) Is it achievable in the timeframe?

Use SMART goals: Specific, Measurable, Action-Orientated, Realistic, Time-Bound

Step 4 – Measures

Measuring allows us to monitor progress and identify if we can tweak anything to achieve better results. There are three types of measures in QI:

a. *Outcome measure*: to identify the impact of your change on the intended target
b. *Process measure*: to check if the parts of the system are functioning as planned
c. *Balancing measure:* to check if changes are causing any negative impact elsewhere

Step 5 – Change ideas

Suggest things you could do differently from the current practice to achieve your aim.

These are just some concept ideas to consider:

- **Eliminate waste** – look for activity/resource that does not add value to patient/professional
- **Improve workflow** – improved processes lead to improved quality
- **Change the work environment** – this could make all other process changes more effective
- **Focus on variation** – reducing variation improves predictability and helps reduce frequency of poor outcomes
- **Error proofing** – redesign of the system to make it less likely that errors occur, for example by changing a process to not rely on someone's memory with prompts

Step 6 – Tests of Change

Plan, Do, Study, Act (PDSA) cycles: test one change idea at a time using this cycle, fine-tune and test again; only stop repeating the cycle once it stops becoming useful.

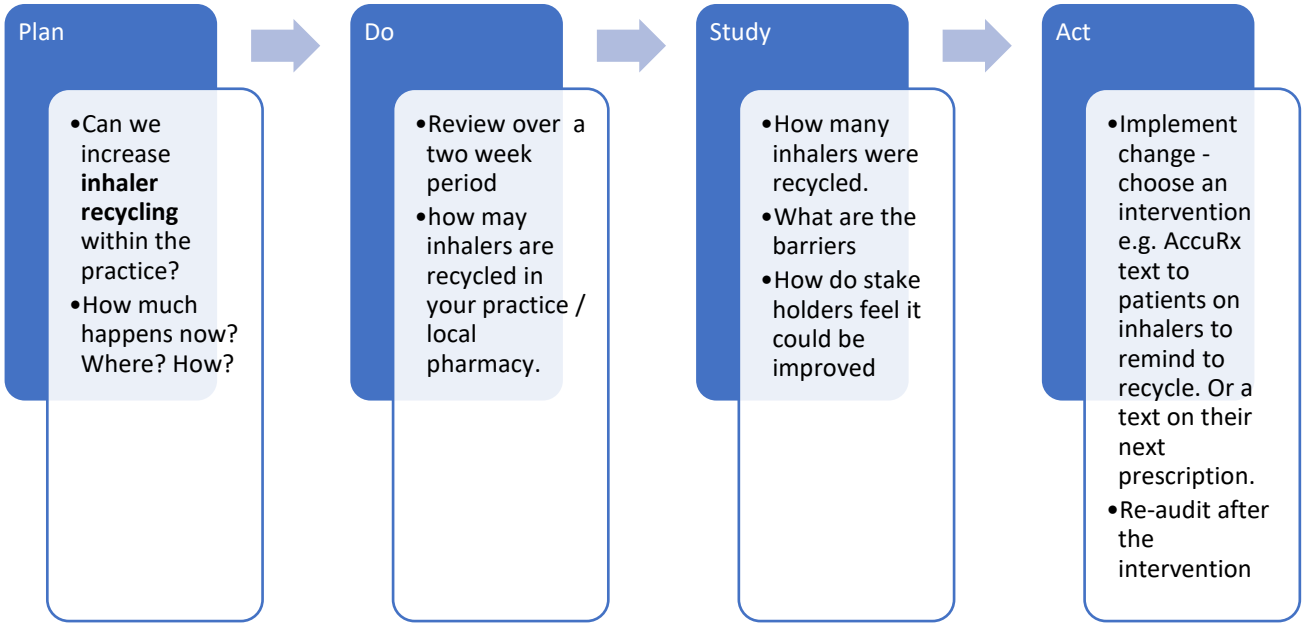
Step 7 – Spread

Try and ensure that the change can be applied on a permanent basis.

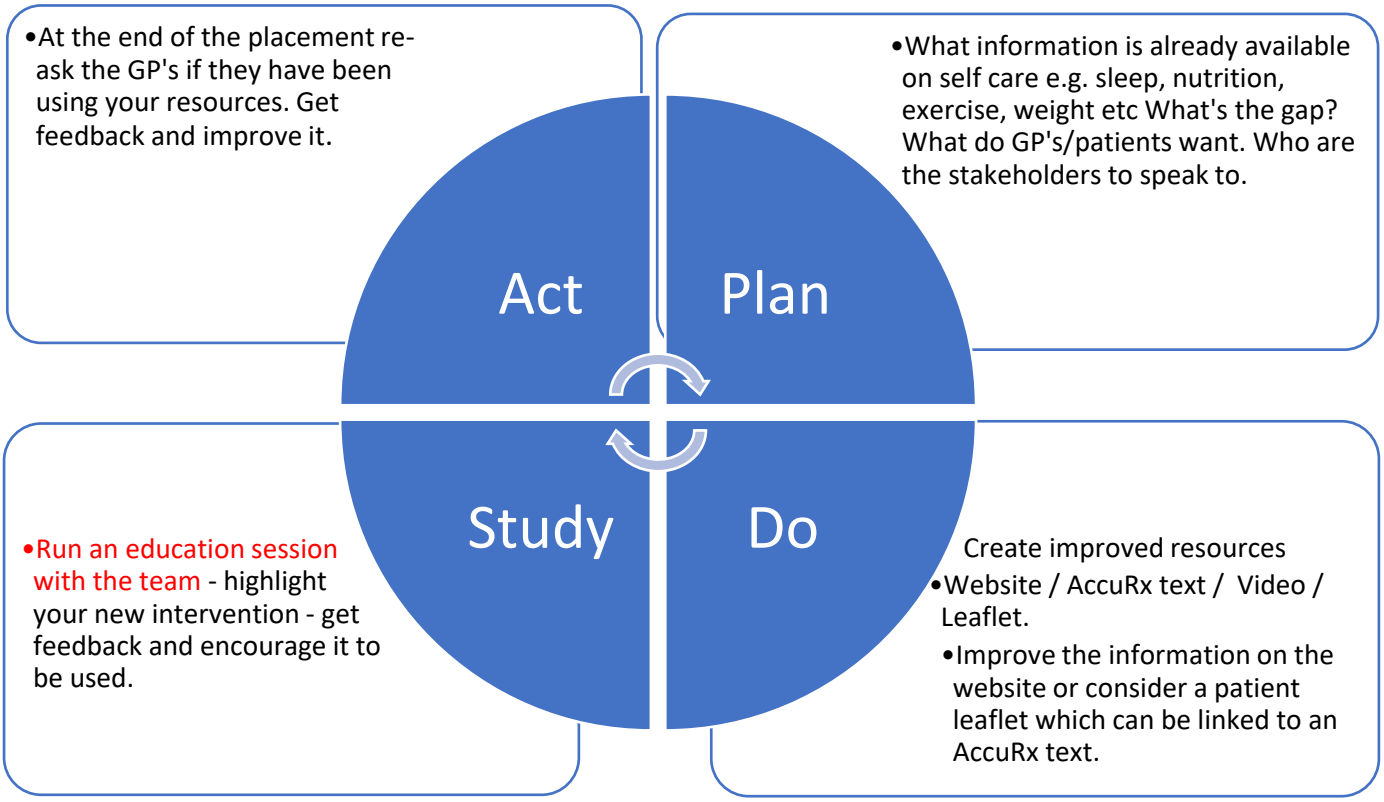
Share your learning to help colleagues and patients and inspire others! Some ways you could do this are by presenting at a practice meeting, informal sharing with colleagues and/or creating a poster and presenting at a conference.

Worked examples

1. **QIP - Inhaler recycling project**



2. **Patient Information - Resources on Self- care**



3. **Audit –** e.g. COPD patients still smoking, aiming an intervention to improve smoking cessation. Extend this into a SUSQI audit, thinking about the triple bottom line.

   PLAN – How many patients with a diagnosis of COPD over the last 12 months still smoke. What smoking cessation services are available.

   DO – Carry out an IT search to identify your population list (See Appendix B)

   STUDY – look at the population still smoking. Have they had smoking cessation advice.

   ACT – Consider what intervention you might use and enact it.

This principal can be used for many other conditions e.g. how many patients with 'gout' have had 'allopurinol' in the last 12 months. Present your results at a practice meeting and consider handing over after an intervention for re-audit by the next students.

Is there a previous audit that was done that you could re-audit and update the practice?

4. **GP safe surgeries - Improve health for the migrant population**

A safe surgery is a surgery that is open and accessible to the whole population including refugees and vulnerable patients. NHS England guidance states that everyone living in the UK is entitled to register and consult with a GP. However, practice administrative procedures and lack of awareness of NHS England policy means that many practices put up barriers to access, such a s requiring I.D. documents which many refugees may not have. A safe surgery initiative reduces any barriers to registration and supports the most vulnerable patients.

Is your surgery a safe surgery? If you are not sure you could email - safesurgeries@doctorsoftheworld.org.u. If not is this something that you could set up?

There are 6 key steps to the Safe Surgeries QIP:

1. Introducing your QIP to your practice.

2. Baseline assessment (including staff knowledge and attitudes survey and observation/interviews with admin staff).

3. Provide the training and implement the Safe Surgeries process at your practice.

4. Follow-up evaluation, 2 months after implementation of the new policy and training.

5. Collate data and present your findings to your practice.

6. Share your findings with DOTW UK to receive Safe Surgeries certificate

A guide has been created by Doctors of the world to support you with this QIP. Please have a look.

Population and Public Health

Aims

1. Understand what Population Health – Project ideas
2. Understand the role of Public Health – Project ideas

Population Health

The King's Fund, an independent think tank for health and care, defines Population Health as:

"An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities." (2)

Population Health is a relatively new concept, and looks proactively about whole populations and communities, rather than just individual patients.

Population health includes areas such as **prevention, understanding unmet needs in a population, and analysing inequalities in access**, experience and outcomes within a service.

Project thought:

Can you think of an intervention which would improve the health of a population.

- ✓ Perhaps certain communities are under-represented (e.g. Global majority and cervical screening).

Public Health

Public health is defined as ***"the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society".*** (3)

The UKHSA "is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats." This will include population vaccination coverage, antimicrobial resistance, sexually transmitted infections, notifiable diseases and air pollution. (4)

Project thought:

- ✓ *Vaccination rates for children decreased during the pandemic, how is your practice doing and could you improve this?*
- ✓ *What about anti-microbial resistance, are GPs prescribing appropriate to guidelines?*

Sustainability in Healthcare

Aims

1. Understand the wider concept of sustainability including social, economic and environmental sustainability and how it relates to healthcare
2. Have the knowledge and practical skills needed to improve the “triple bottom line” of health systems

Patient care, health and sustainability are inextricably linked. The NHS currently contributes an estimated 4-5% of England’s entire carbon footprint (5), which then has an impact on public health as fossil fuel emissions contribute to respiratory illnesses, extreme weather events due to climate change cause mental and physical illness, and our pharmaceuticals have direct effects on plants and animals.

The goal of sustainable healthcare is to meet the health needs of patients and populations today and in the future. It brings a more holistic perspective to healthcare management: we need to make sure that we are considering the needs of the entire population, not just the individual patient; we need to think about preventing illness and making best possible use of finite resources.

Healthcare is part of the problem but can also be a part of the solution. In October 2020, the NHS became the world’s first health service to commit to reaching carbon net zero (5).

Primary care is well placed to make these changes, given it delivers a large proportion of patient contact.

“Those who profess to care for the health of people perhaps have the greatest responsibility to act.” (McCoy et al., 2014).

Project thoughts:

One of the biggest issues in sustainability is in overprescribing. *Can you think of a practice wide change that could help with the 'carbon net zero target' e.g. getting people to cycle to work. Improving waste recycling or computers being switched off?*

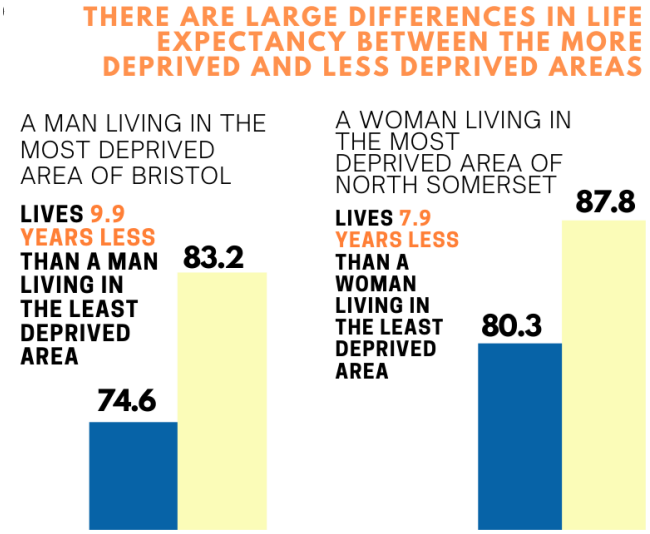
- ✓ *How does your practice encourage its patients to recycle their inhalers? Could this be monitored and improved?*
- ✓ *Are patients on appropriate medications? For patients on more than 10 medications, could they be reduced? Can you decrease the number of dosette boxes?*

Health inequalities and sustainability

'Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.' (6) Tackling these is now a priority for the NHS. (7)

Wider determinants of health, such as housing, air pollution, transport, nutrition, access to green spaces and education, have major impacts on our health but are unequally distributed across society.

This graphic shows the substantial difference in life expectancy between people living in our most and least deprived areas locally: (8)



Climate change disproportionately affects the most deprived communities, contributing to increased health problems such as heart and lung disease. A good example of this is air pollution, which shares many of the same causes as climate change (e.g. burning of fossil fuels), is strongly linked with multiple diseases, particularly respiratory diseases, and disproportionately affects deprived populations.

You may have come across 'The Inverse Care Law', which describes that the availability of good medical or social care varies inversely with need. (9)

Project thoughts:

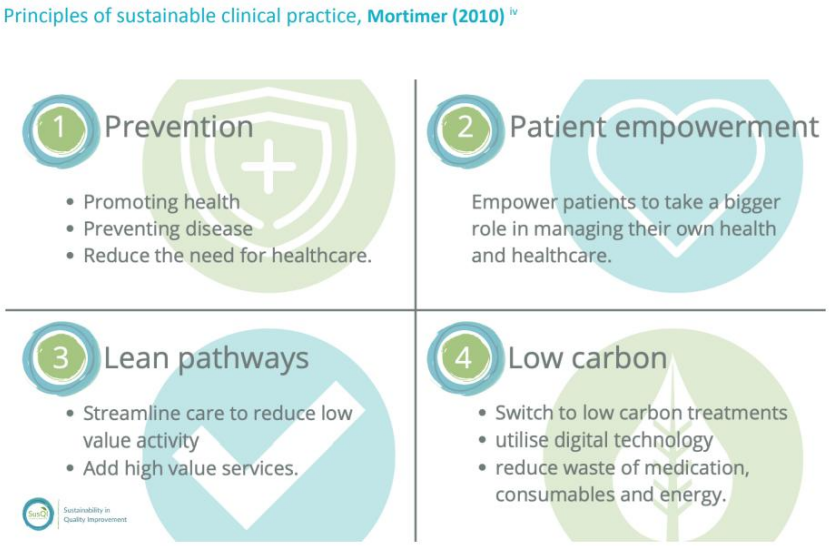
Can you think of any examples of health inequality in your practice population?

- ✓ *How does your practice support patients to monitor their blood pressure at home if they can't afford a machine?*
- ✓ *Is access to the practice the same for all patients? What about those without the internet or a smart phone?*

Actions can, and should, be taken that tackle health inequalities and improve environmental sustainability together. This was demonstrated with the "Saving lives with Solar" initiative, which combined reducing NHS carbon footprint with raising funds for fuel poverty schemes. (10)

Sustainable Quality Improvement (SusQI)

Sustainable Quality Improvement uses the main principles of sustainable clinical practice throughout its process: disease prevention, empowering patients, efficient clinical pathways and low-carbon alternatives.



The overall goal of SusQI is "to deliver the best possible health outcomes, with minimal financial and environmental costs, while adding positive social value at every opportunity". (11) This maximises "sustainable value", which can also be thought of as an equation:

$$\text{Sustainable value} = \frac{\text{Outcomes for patients and populations}}{\text{Environmental + social + financial impacts (the 'triple bottom line')}}$$

Why do we need SusQI? Dr Frances Mortimer, Medical Director at CSH, explains in this video:

Why do we need sustainable quality improvement? - YouTube

Take a look at the SusQI website below, at the step by step guide to how to complete a project.

Home | Sustainable Quality Improvement (susqi.org)

Sustainability should be considered in every project, but you may also choose for it to be the full focus of your project.

Putting Quality Improvement into Action

As part of your final year GP placement, you need to take part in a quality improvement. Have a think about what interests you and discuss your ideas with your practice. Your practice may already have some suggestions about the kind of project you could help with.

One of the options you could choose is to complete a quality improvement project with a central focus on **sustainability (SusQI)** within your GP surgery. Previously, students have done projects on social prescribing, pharmaceutical waste, establishing new exercise groups for ethnic minority women, minimising glove usage, the health benefits of cycling and the use of energy monitors.

In the appendix you will find some project ideas that previous students have completed and also a formative mark sheet to help guide you on what is expected.

Good Luck!

Appendix A - Project ideas

There are so many things that you could choose to do. You may have a particular interest, or your practice may identify an area of need.
In case you are still stuck for ideas here are some projects from previous years:

1. **QI projects**

- **Cancer Care** – reviewing new cancer diagnosis over last 3 months and identifying any learning points for the practice.
- **Statins:** Identified patients who should be on statins (e/.g. CKD 3 +) and Increased statin uptake by creating a text messaging.
- **Child vaccine uptake:** Reviewed those who hadn't responded, phoned non responders to explore reasons for non-attendance. Creating an Accurx to explain the importance of childhood vaccines. Re-look if uptake has increased.

2. **Mini audits:**

    - **Diabetic patients with HBA1c > 75** – have they come for their health check, how can we improve this.
    - **If coded 'fragility fracture'** have they been investigated for osteoporosis/ started on bone health treatment
    - **eCitalopram** – following NICE guidelines change to over 65 – are > 65 on correct dose / Had ECG
    - **Antibiotic review are they following guidelines e.g. :**
        - Long term antibiotics for acne (NICE suggests only for 3/12 then review and also only with topical agent)
        - Flucloxacillin 1g QDS for cellulitis if BMI > 30
        - FeverPAIN review and appropriate antibiotics
    - **Review new NICE guidance**, check how relates to current practice and put new protocol in place
    - E.g. review patients > 65 on NSAIDs/DOACs but not on PPI
    - Correct DOAC dose for AF based on CrCl.
    - Is Allopurinol prescribed in Gout patients, has it been titrated

3. **Create a Leaflet** - Producing a leaflet/poster/electronic screen message for patients

- **FIT test** – Reviewed if correct coding been used when a FIT test was given and design a leaflet for patients highlighting the importance of doing a FIT test in a timely manner
- **Cholesterol** – created a patient information leaflet about alternative lipid-lowering medications and lifestyle advice for patients unable to tolerate statins.

4. **Update an area on the practice website** that is patient facing – link this to an AccuRx text

- Created information on less obvious signs of domestic abuse.
- Website and leaflet information on HRT

5. **Run Education sessions**

    - Asthma update - 'Ran an education session to practice staff on new Asthma guidelines'
    - Familiarity with Resus trolly – Pre-questionnaire to staff, created an education video / teaching session, then post-questionnaire.

Appendix B - Additional reading and useful resources

For more information on QI in healthcare generally, and tools that might be **helpful for your project**:

1. Run charts in healthcare - (PDF) The run chart: A simple analytical tool for learning from variation in healthcare processes (researchgate.net)
2. Academy of Medical Royal Colleges, 2019. Training for better outcomes: Developing quality improvement into practice. Academy of Medical Royal Colleges (2019). https://www.aomrc.org.uk/reports-guidance/developing-quality-improvement-into-practice/

For more information and resources specific to **SusQI**:

1. Green Impact for Health toolkit Log in - SOS-UK (log in using the username gifh@greenimpact.org.uk and the password *testtoolkit*)

For more information about **population health, public health and health inequalities**, check out these links for a good place to start:

1) Health and care explained | The King's Fund (kingsfund.org.uk)
2) Health inequalities | The Health Foundation
3) The cost-of-living crisis is a health emergency too - The Health Foundation
4) Home | The Nuffield Trust
5) Working in public health | Health Careers

If you're interested in finding out more about **sustainability in healthcare**, check out the resources below:

1. Greener Practice – Greener Practice – UK's primary care sustainability network
1. Sustainable Specialties video: https://youtu.be/KlT4kP8WSms
2. Mccoy, D. & Hoskins, B., 2014. **The science of anthropogenic climate change: what every doctor should know**. 5178(September), pp.1–11. Available at: http://dx.doi.org/doi:10.1136/bmj.g5178.
3. Retallack, S. & Lawrence, T., 2007. **Harnessing people power to prevent climate change**. Institute for Public Policy Research. London.

Acknowledgements

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- Dr Alice Clack (SusQI Education Fellow) for SusQI resources

Appendix C - References

1. **https://somersetcollaborationhub.org/our-7-steps/. [Online]**

2. https://www.kingsfund.org.uk/publications/population-health-approach. [Online]

3. *The untilled fields of public health.* CEA, Winslow. 1920, Science, pp. 51(1306):23–33.

4. https://www.gov.uk/government/organisations/uk-health-security-agency. [Online]

5. https://www.england.nhs.uk/greenernhs/publication/delivering-a-net-zero-national-health-service/. [Online]

6. https://www.kingsfund.org.uk/publications/what-are-health-inequalities. [Online]

7. https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/. [Online]

8. BNSSG, Healthier Together. *Our Future Health.* 2022.

9. *The Inverse Care Law.* Hart, Julian Tudor. ISSUE 7696, s.l. : The Lancet, 1971, Vol. VOLUME 297. P405-412.

10. https://www.sustainabilitywestmidlands.org.uk/wp-content/uploads/Saving-Lives-with-Solar-Community-Energy-scheme.pdf. [Online]

11. https://www.susqi.org/. [Online]

Appendix D - Marksheet for GP5 Student Initiated project

Student Name	
Tutor Name	
Title of Project	
Brief Description	
Overall Project Rating (Your global judgement based on marking scheme below)	
Overall Comments	

	Requires Improvement (RI)	Satisfactory (S)	Good (G)	Excellent (E)	Outcome	Comments
Background Is there a good reason for this project being chosen? Have they researched the root cause of the problem? Have they consulted relevant stakeholders?	No clear reason for project	Clear reason for project. Required a lot of support to complete project.	Reason for project justified by research/national guidelines Mainly driven by students, little support needed.	Reason for project discussed in relation to local or national priorities with consultation with relevant stakeholders. Completely self directed.		
Aims Is the aim SMART? (specific, measureable, achievable, relevant to problem, time-bound)	No clear project aim	A project aim suggested	A SMART project aim suggested	A SMART project aim which has been discussed and optimised in relation to problem, population and context		
Measures and Method Is it clear how progress is measured? How was data collected? Do they follow the PDSA cycle? (Plan, do study, act)	No clear measures or methods	A measure suggested. Follows the PDSA cycle	Clear and justified measures. Follows PDSA cycle and methods appropriate for achieving stated project aim.	Clear and justified measures including social and environmental impacts. Follows PDSA cycle. Methods clear enough to be repeated.		
Results and Analysis What was achieved? Did they discuss sustainable value? Reflection on strengths and weaknesses	Results not clear	Discusses key finding	Clearly presented key findings relevant to specific aims. Strengths and limitations discussed.	Strengths and Limitations discussed in relation to literature. Health outcomes and social/environmental		

			Health outcomes and social/environmental and financial impacts discussed	and financial impacts robustly calculated. Publishable.		
Implications for practice and further research	No comments on implications of project	Comments on usefulness of project and implications for practice and future research	Comments critically on the usefulness of the project and implications for practice/future research. Comments on potential to embed/spread lessons from the project	Has a plan to embed/spread lessons from project. Could be used at a national level.		
Quality of Presentation	Unstructured presentation with little understanding of project and poor engagement	Well structured project, some errors or some parts unclear	Well structured, engaging presentation	Project presented at conference standard. Clear and structured, Engaging and evokes discussion		