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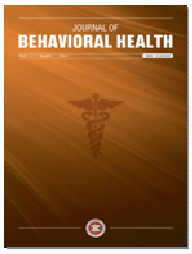

**Original Research**

# Helping clinicians improve the health of their communities: The Beddoes Fellows Programme

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**Abstract**

The importance of prevention in medical practice has been recognised for well over a century. In recent years however, the amount of engagement in preventative medicine has lessened as consultants have been concentrating on achieving targets and the conditions of their contracts have become more specific and service driven. In response to this situation, the NHS in the South West of England drew up a programme called the Beddoes Fellows programme to encourage doctors engaged in clinical practice in the South West to spend some of their time advocating the primary prevention of disease and injury at a local level. The areas that they choose to focus on were as follows: • Prevention of paediatric scalds. • Addressing shortfalls in immunisation rates. • Addressing unhealthy excessive exercise. • Raising the profile of mental health issues through a radio phone-in programme. Although at the time of writing this article the projects were not fully completed the results from these projects were already beginning to speak for themselves. Indeed the contribution that primary preventative medicine can make to individuals, communities, healthcare professionals and NHS services can not be underestimated. At a time of tightened public sector funding it is apparent that primary prevention has rarely been more important as the contribution that prevention can make to the reduction in demand for NHS services is far from insignificant. This paper highlights the importance of not only clinicians leading and being advocates of primary prevention medicine but also having mechanisms and structures in place to support clinical consultants in this work.



## INTRODUCTION

The importance of prevention in medical practice has been recognised for well over a century [1,2,3]. It can be argued that the need for preventative medicine is just as great as it ever has been and this is borne out by England's public health White Paper: Healthy Lives, Healthy People [4].

There is a long tradition of medical consultants taking an active advocacy role in the prevention of ill health in their communities i.e. practising 'preventative medicine'. This endeavour has generally been seen as complementary to, and influenced by, their clinical responsibilities for individual patient care.

Preventive medicine can be subdivided into primary,

secondary, tertiary or quaternary. Primary prevention is defined as prevention of disease or mental disorders in susceptible individuals or populations through promotion of health and specific protection, such as in immunisation. Most population-based health promotion activities are primary preventive measures. Secondary prevention is a level of preventive medicine that focuses on early diagnosis, use of referral services, and rapid initiation of treatment to stop the progress of disease processes or a handicapping disability. Tertiary prevention is treatment which aims to reduce the negative impact of established disease by restoring function and reducing disease-related complications. Lastly, quaternary prevention describes a set of health activities that mitigate or avoid the consequences of unnecessary or excessive interventions taking place in a health system [5].

In several regards, clinicians are in an ideal position to undertake and lead preventative medicine. They have the privilege of close contact with patients and have a good understanding of the causation of disease in individuals as well as seeing the consequences of those disease processes. Doctors that engage actively in preventative medicine are often well known and respected individuals in the local community and, because of their clinical role, have substantial credibility in the eyes of the public. Over the years much of the progress that has been achieved in prevention of injury and illness has come about because of the substantial efforts of individual, and groups of, doctors.

Examples of such clinicians taking the lead and making a real difference to their community's health include Professor Jonathan Shepherd, an Oral and Maxillofacial Surgeon, who has been instrumental in leading a successful campaign to produce a shift to toughened glassware in pubs and clubs in Cardiff. Such efforts have had a significant impact on the numbers of glassing related injuries seen by local NHS services [6,7]. Other examples include informal collectives of doctors campaigning for tighter tobacco control and smoking cessation [8,9]. In another example, the colleges themselves have lead the way, for example, the Royal College of Physicians in 2007 created Alcohol Health Alliance UK. This organisation aims to highlight the rising levels of alcohol health harm, propose evidence-based solutions to reduce this harm and to influence decision makers to take positive action to address the damage caused by alcohol misuse [10].

In recent years however, the amount of engagement in broader community issues has lessened as consultants have been concentrating on achieving targets set from above and the conditions of their contracts have become more specific and service driven. This has lead to less emphasis being placed on the importance of consultants being actively involved in primary preventative medicine. As a result, there is now greater distance between Public Health physicians and consultants in clinical specialties. Indeed, for very many clinical consultants there is now no discernable engagement in a primary preventative medicine role.

## METHODS

Despite the decreasing focus on preventative medicine, in today's NHS we believe that clinicians are still passionate about and understand the importance of primary prevention. Their daily close encounters with patients experiencing illness frequently re-enforces the importance of primary preventative medicine. Unfortunately, however, they have little time and very limited encouragement to become actively involved in such work.

In response to this situation, the NHS in the South West of England drew up a programme called the Beddoes Fellows programme to encourage doctors engaged in clinical practice in the South West to spend some of their time advocating the primary prevention of disease and injury at a local level. The name Beddoes was adopted to recognise the inspiration provided by Dr Thomas Beddoes', see Table 1 [11,12].

**Table 1**. Thomas Beddoes

| Dr Thomas Beddoes (1760 - 1808) |
| --- |
|  In the closing years of the eighteenth century, Thomas Beddoes established his Pneumatic Institute in Bristol for the treatment of consumption. He was the most famous physician of his time and wrote and argued eloquently for preventative measures to be given priority. He strove to achieve social good by popularising medical knowledge and was both admired and criticised for his progressive and radical views on a wide range of subjects. |

The Beddoes' programme was created to enable established medical consultants to spend a minimum of one half day per week of their time for a year on community orientated prevention advocacy and activity. The funding arrangements for this programme were that the NHS Trust that employs the Consultant Beddoes Fellow was reimbursed by the South West Strategic Health Authority for one session of that consultant's time per week for up to one year. To

ensure that these Beddoes Fellows were appropriately skilled and supported to deliver their preventative medicine objectives, a series of events was planned to run in parallel to their prevention work throughout the year. The purpose of these events was to enable learning from one another as well as developing new skills and approaches.

Applicants were invited to apply for a Beddoes Fellow Scholarship following advertisement in BMJ Careers and notification to all the NHS Trust medical directors in the South West. Applications were then short listed and interviews held, resulting in the appointment of four Beddoes Fellows who commenced their primary preventative medicine projects in November 2010. The details of the Beddoes Fellows and their projects are shown in Table 2.

**Table 2.** Overview of Beddoes Fellows Projects

| Beddoes Project | Rationale | Aim | Lead Consultant Clinician |
|---|---|---|---|
| Prevention of paediatric scalds. | Every year approximately 350 children are seen in the South West with scalds from hot drinks [13]. | To communicate to the general public the risk of hot drinks to small children "Hot drinks Harm!" | Dr Amber Young, Consultant Paediatric Anaesthetist and Burn Network Children's Lead, North Bristol NHS Trust |
| Addressing shortfalls in immunisation rates. | Two adjacent boroughs with similar demographics with large differences in vaccination uptake [14]. | To improve the immunisation uptake in the borough with the lower rate by learning lessons from good practice. | Dr William Ward, Consultant Paediatrician, Dorset County Hospital NHS Foundation Trust |
| Addressing unhealthy excessive exercise. | People suffering from/at risk of developing Eating Disorders often use gyms excessively [15,16,17]. | To equip gym staff with the skills and guidance to support these clients helpfully. | Dr Hugh Herzig, Consultant Psychiatrist, Avon and Wilts Partnership NHS Trust |
| Raising the profile of mental health issues through a radio phone-in programme | Mental illness affects at least one in four people in their lifetime and is a major cause of suffering to patients and economic burden to society [18,19,20]. | To improve community awareness of mental illness and knowledge of treatments, by developing radio programmes on mental health topics. | Dr Rohit Shankar and Dr Richard Laugharne, Consultant Psychiatrists, Cornwall Partnership NHS Foundation Trust |

## RESULTS

At the halfway stage of the projects the benefits of the Beddoes programme are already apparent.

In the first six months the Beddoes programme as a whole has held three development days for the Beddoes Fellows with further sessions planned. Each has taken the format of a feedback/update piece in the morning from each of the Fellows with the opportunity for questions and discussion to work through any challenging issue and an afternoon session with a development session. Topics covered in the development session have been media training, delivering change in the NHS and presentation skills training. Each session has had positive informal feedback from the Beddoes Fellows. The progress of the individual projects is outlined below

The Prevention of Paediatric Scalds project designed and executed a multi media publicity campaign using the latest online communication methods. An advert was made communicating the message "Hot drinks Harm" as a DVD and uploaded onto You Tube, along with creation of a website detailing how to treat and prevent scalds in toddlers. These links were then made openly available using various means including targeting relevant web sites e.g. netmums, twitter and other email cascade systems to both the general public and heath care professionals. Within two weeks of the publicity launch the prevention DVD which had been uploaded to you tube had already had over 2,000 hits and it is anticipated that by the end of the campaign this number will increase substantially.

The Addressing Shortfalls in Immunisation Rates project initially conducted an analysis to compare two adjacent boroughs' community immunisation programmes, with very different up take in immunisation. From this analysis it was possible to take away lessons learnt and methods of good practice. These learning points have then been communicated and developed by working with the health professionals to improve immunisation service and population uptake.

The Controlling Unhealthy Weight project has developed a bespoke presentation to take to local gym staff to educate them on this topic. The presentation aims to: explain the problems of excessive exercise in people with eating disorders, how to identify such individuals and how to advise, help and signpost such individuals to get the right support.

The 'Raising the Profile of Mental Health' project is a collaboration with BBC Radio Cornwall to broadcast one programme every month for a year. The first seven programmes covered dementia, depression, childhood ADHD, alcohol problems, post traumatic stress disorder and psychosis. The success of the programmes is being evaluated through number of callers, satisfaction of callers and the number of hits on specific web pages. Public Health professionals and Radio Cornwall are helping the NHS Trust with the evaluation. Early indications suggest that the programmes have been well received. The radio station itself has been very positive about the programmes and every programme has run over its allotted time due to interest from listeners ringing in. Radio Cornwall has agreed to extend the programmes beyond the duration of the Fellowship.

The full effect of these projects will be assessed following completion, however, it is clear to see already the possible impact that they may have on their communities' health and the disease and illness that they will prevent.

## CONCLUSION

The contribution that primary preventative medicine can make to individuals, communities, healthcare professionals and NHS services can not be underestimated. For example, every child that is prevented from suffering a hot drink scald will avoid associated physical and mental suffering which sometimes can be lifelong. Even without taking into account the cost savings to the NHS, the benefit is clear. Indeed at a time of tightened public sector funding it is apparent that primary prevention has rarely been more important as the contribution that prevention can make to the reduction in demand for NHS services is far from insignificant.

This paper highlights the importance of not only clinicians leading and being advocates of primary prevention medicine but also having mechanisms and structures in place to support clinical consultants in this work. So the question remains where should funding for such vital work come from? At a time of considerable organisational change and reducing budgets how can preventative medicine continue to be supported? One possibility would be for Directors of Public Health to commission sessions of clinical time for medical consultants to work on primary prevention projects. Another scenario would be for such work to be recognised and legitimised in an amended consultant contract and for it to be commissioned as part of the contract for general treatment services. Alternatively, it may be possible for funding of such work to come from charitable institutions and non-governmental organisations, although this negates the view that prevention should be a part of routine medical practice. Whatever the solution the key would seem to be to further develop an operational model to tap into clinicians' enormous potential and enthusiasm in

advancing preventative medicine, for without it, our communities and NHS will forgo the benefits.

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**COMPETING INTERESTS**

"All authors have completed the Unified Competing Interest form at www.icmje.org/coi_disclosure.pdf (available on request from the corresponding author) and declare that GS have support from the Strategic Health Authority for the submitted work; GS has no specific relationships with any company that might have an interest in the submitted work in the previous 3 years; their spouses, partners, or children have financial relationships that may be relevant to the submitted work; and GS has no non-financial interests that may be relevant to the submitted work."

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