*Dear Colleagues,*

*The BMA is producing a toolkit for frontline clinicians, including those in general practice, who feel frustrated by the health inequalities they see in their work, and who wish to do something about it. The BMA would really like to hear from those who have seen or participated in schemes to address health inequalities in their local area. We hope the final published toolkit will support clinicians to tackle health inequalities, either through direct action on behalf of their patients, through joint working with other local organisations, or indirectly through lobbying local, regional or national government.*

*The initiative is part of a project by BMA president Sir Harry Burns, who is making inequalities the focus of his one-year term in office. As well as the toolkit, the BMA also*[*published a paper*](https://www.bma.org.uk/media/3944/bma-mitigating-the-impact-of-covid-19-on-health-inequalities-report-march-2021.pdf)*in March recommending actions UK governments could take to mitigate the effect of the pandemic on health inequalities and the social determinants of health.*

*I am contacting you specifically because I anticipate GPs and the wider team in general practice are most likely to use such a resource. I have been working closely with the policy staff at the BMA, and we are keen to hear feedback from GPs and everyone working as part of the wider practice team (including sessional and locums GPs) to enable us to design practical resources in a way that is as useful as possible. I am conscious the resources we produce must not make health professionals solely responsible for tackling a problem which has structural roots, and which all UK governments have a responsibility to address.*

*For the toolkit to be as helpful as possible, it needs to capture the widest possible range of experiences from members across many different branches of practice and areas of the UK.  Examples of best practice might include access to technology and remote appointments, the challenges of hidden inequalities in rural areas, and support for issues outside of medicine, such as housing and benefits.*

*I am asking two things of you. Firstly, we are asking all BMA members to send in examples of projects or initiatives you have seen in your local area to reduce health inequalities.*[***Please do send in your examples by filling in this webform.***](https://forms.office.com/Pages/ResponsePage.aspx?id=vo5Ev1_m5kCeMTP9qkEogHjNKUPFt8pNkFawDIpx_fRUOU9GOVIxNVVCN0JDR1E3UFBQVzAySlhKTC4u)

*Secondly, please email Liv Clark at**oclark@bma.org.uk**if you have any general feedback on what you would find useful in a toolkit, as a GP. What would it help you to do, in an ideal world? How would it be structured? What would make you more or less likely to use it?*

*Please do let me know if you have any further questions. This is our chance for us to demonstrate the amazing innovation that takes place within general practice when we have the resources and stop top down micromanagement from the centre. It would be great for GPC to feed that into the wider project on inequalities lead by Sir Harry Burns and show how powerful the independent contractor model is for the wider population.  Please do engage if you can so we can access the best examples.*

*Kind regards,*

*Krish*