

Coventry and Warwickshire Trailblazer Fellowship

Final Reports Cohort 5 - 2024/25

October 2025



Fellows:

Dr Charlie Averill – Woodside Medical Centre, Coventry

Dr Mary Bronwen – Bulkington Surgery, Bulkington

Contact: CWTH Fellowship Lead - Dr Sarah Hall sarah.hall24@nhs.net

The Trailblazer scheme allows motivated, qualified clinicians, to work in practices in areas of socio-economic deprivation. The aim is to develop the skills, knowledge, experience, and resilience to stay working in these challenging, but incredibly rewarding, environments and to help practices in under-resourced areas to recruit and retain clinicians.

These fellowships are offered by NHS England - Midlands, via the Workforce, Training & Education Directorate, with Coventry and Warwickshire Training Hub supporting their delivery locally since 2020.

Charlie Averill

Trail Blazer Fellowship Final Report

Coventry & Warwickshire Cohort 5

My name is Charlie Averill and I have been a partner at Woodside Medical Centre for the past twelve years, in the Tile Hill area of Coventry. It was Tile Hill that I was sent to in my first term at Warwick Medical school as part of my Health in the Community Module, so perhaps I was always destined to take settle there, and to take part in this Fellowship.

I have always had a strong affiliation for my practice area, as it shares some of the severe deprivation and associated Health Inequalities as the former mining and pottery town I grew up in on the outskirts of Stoke-on -Trent.

I have always had an interest in helping those with Substance Misuse, and at the start of my partnership took on the role of our Heroin Substitution prescriber. I found this very fulfilling as it allowed me to develop much closer relationships to patients that present a common paradox in General Practice: often those with the highest levels of Health Inequalities are those we manage to engage with the least. Unfortunately my role was removed when the prescribing became centralised back to the Substance Misuse Service we use in Coventry – Change Grow Live (CGL).

I had been making enquiries into perhaps setting up Alcohol Clinics with CGL at our practice, and being awarded the Trailblazer Fellowship not only acted as the catalyst for this happening, but has helped to consolidate my relationship with CGL.

As I began my Trailblazer Fellowship, I was presented with a huge amount of information and resources relating to Health Inequalities, delivered consistently by inspiring experts in the field. This was initially overwhelming, but I found that by splitting my personal aims into three, that I was able to manage workload better. The three aims were; Specific improvement of Substance Misuse, Improving my General Awareness of Health Inequalities and applying that at a practice level, and Improving my own skillsets in IT and Management.

Over the past twelve months, alongside regular remote national meetings and local support from my Mentoring lead, the Fellowship has opened doors for me to speak to other fellows with similar interests, GPs working for CGL elsewhere in the UK, Coventry City Council's Drug and Alcohol Programme Lead, members of Coventry's Marmot Partnership, and has allowed me to attend the Managing Addictions in Primary Care Conference remotely, and the National HEFT Health Equity Conference in person. I have also appreciated support from a GP mentor,

which the Fellowship facilitated, and the study budget I received was invaluable in allowing me to access essential courses and resources that complimented my study.

Within my practice, the Alcohol Clinic is now successfully running every fortnight and I hope that this will become weekly to allow more follow up for patients using the service. I harbour hopes that I may also be able to bring a Drug Clinic back to Woodside as I continue to develop closer links with CGL. In fact, on my most recent visit I was shown around their new minibus. This amazing mobile unit provides facilities for needle exchange, blood taking, confidential support and even has a shower and spare clothes. I am hoping I might be able to use this facility for visits to my practice.

I have also helped set up my practice's first ever participation in the Tile Hill Community Fun Day. Annoyingly I was away for the actual day, so I briefed our GP trainees and members of our Patient Participation Group so they could run it, and they were received well by our community.

I also prepared the resources for the stall, such as a Healthy Living Initiative leaflet I developed using AI (and a clever IT friend) our PCN banner and CGL handouts.

The Healthy Living Initiative leaflet has several aims, including informing our patients about how we are trying to improve access to all patients through our new online consulting tool.

It also mentions the Alcohol Clinic and how I am setting up a service for patients to register their interest for me to create a personalised Healthy Living Plan to help improve their health with consideration of any specific barriers they may have to healthy living.

Furthermore, it promotes how I have used the Fellowship to fulfil my long held ambition to set Woodside up as a Parkrun practice. I aim to 'encourage' some of my colleagues to join me at least quarterly at Coventry Parkrun, and then roll this invitation out to our patients.

I now plan to set up a similar stall when we run our annual Flu Clinics later this year.

Summarising the impact this Fellowship has made to me is difficult, as I have realised that much of this is not as tangible as an Alcohol Clinic or a Healthy Living Leaflet. I have relished the ability to improve awareness of Health Inequalities within my colleagues and our GP Trainees (as my role as GP Trainer), and have improved my relationship with our social prescribers, our other PCN practices and our Patient Participation Group.

Perhaps most satisfying is how it has already improved communication between us and our patients, as well as access to our services. This is true of our patients in general, and returning to my earlier comments, for those that need our input the most.

What is harder to convey is the personal impact it has had on me. The Fellowship found me at a time in my career where I had become good at 'treading water'. I was good at doing the daily work required of me whilst never finding the time to pursue my own professional ambitions. The Fellowship actively encouraged me to revisit these ambitions, and I now realise that the twelve month fellowship was not just limited to that timeframe, but has acted as a

foundation for me to embark on an exciting next phase of my career as a GP committed to his patients.

Finally, it has improved my own professional skills in domains such as leadership, management and IT, and personally has improved my self-confidence and self-worth.

The fellowship challenges us to form our own ideas on how we can improve Health Inequalities, and to run with them. It does so in a nurturing environment that creates a safe space for our opinions, and for that I am so grateful for having been given the opportunity to take part in it.