MANCHESTER
1824
The University of Manchester

SAPC
Society for Academic Primary Care

SAPC North Conference
16th November 2023, 9.30am to 4pm
People’s History Museum
Left Bank, Manchester M3 3ER

“Primary Care in the North – is a new approach needed?”

09.30	Coffee and poster set-up		
10.00 **Engine Hall**	**Welcome – Professor Katherine Checkland, University of Manchester**		
10.10 **Engine Hall**	**Stewart Mercer, Professor of Primary Care and Multimorbidity, University of Edinburgh** ‘Primary care transformation – lessons from the new GP contract in Scotland’		
10.55	**Improving health equity and technological/societal change theme – chaired by Ben Brown** **Engine hall**	**Partnering with local/ underserved communities – chaired by Katherine Checkland** **Coal Store (36 people)**	**WORKSHOP** **Learning Studio (25 people)**
11.00	1 Tom Kingstone/Michelle Rickett, Keele University How does primary care support people in Early Intervention in Psychosis services? A qualitative study	12 Lisa Riste, U of Manchester FLAG-Me Vision: A co-produced solution to reduce medication errors for people with sight impairments in community pharmacy	PRIMER group/Rebecca Morris/Kelly Howells/Jessica Drinkwater, University of Manchester Established Patient and Public Involvement (PPI) groups no longer have a future: Discuss! To have a balanced discussion about the potential benefits and drawbacks of different approaches to patient and public involvement (PPI) such as working with established PPI groups and voluntary, community, and social enterprise (VCSE) organisations. This will be a fun and interactive session with: • An initial staged debate outlining provocative opinions for and against the motion: Established PPI groups no longer have a future. (15 min) • Facilitated small group work to discuss the debate and reflect on workshop participants’ opinions and experiences. (30 min) • Large group feedback aiming to produce a constructive and nuanced future role for established PPI groups.
11.15	2 Yezhou Li, U of Manchester A hypothesis-free big-data approach in auditing prescribing: A case study at a UK general practice	13 Miglena Fox/Jon Dickson, U of Sheffield Methods of delivering relational continuity of care in GP practices in UK and NHS: a scoping review	
11.30	3 Helen Riding, NHS, NHS North of England Commissioning Support Unit Research in the Deep End: understanding research engagement & delivery in areas of deprivation	14 Selina Robertson, Bracondale Medical Centre, NHS GPs and community engagement: Content review of regulatory guidance and training curricula	
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11.45 to 12.30	4 Abigail Woodward, UCL Improving support services for Pakistani family carers through social prescribing	15 Kelly Birtwell, U of Manchester Autistic adults’ perspectives on growing older: findings from a mixed methods survey	
	5 Charlotte Sharp, U of Manchester Writing to patients: Design of a study to support rheumatology multidisciplinary team to write directly to patients	16 Jack Marshall, U of Sheffield What are the perspectives of General Practitioners regarding the provision of suicide prevention in primary care? – a scoping review	
	6 Nawwarah Alfarwan, U of Manchester Clinical- and Cost-effectiveness of Telemedicine among Patients with Type 2 Diabetes in Primary Care: A Systematic Review and Meta-analysis	17 Sarah Penhearow/Lucy Astle, University of Central Lancashire Are you living well?	
	7 Owen Thomas, U of Leeds Comparing paper Letters in addition to Emailed Audit and feedback in Refining Asthma treatment to Improve clinical and environmental Results in primary care – The CLEAR AIR Study	18 Alison Janes, Newcastle University Exploring public perspectives and understanding of routine text messages sent by general practices in socioeconomically disadvantaged neighbourhoods: a qualitative study	
	8 Gail Davidge, U of Manchester ‘Getting it Write’ in a new era of patient online access to primary care health records	19 Victoria Silverwood, Keele University Stakeholder perspectives of accessing interventions for perinatal anxiety in primary care: A qualitative study	
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	10 William Evans, U of Nottingham Antinuclear antibody (ANA) testing. Why did I request it and what do I do now? An observational study of UK primary care	21 Rebecca Elvey, U of Manchester Simple yet complex: implementation of a novel treatment via primary care	
	11 Alex Walter, University of Manchester Inequalities in the usage of an online consultation system 2020 to 2022	22 Shamanthi Jayasooriya, U of Sheffield Missed Opportunities for improving outcomes in Chronic Obstructive Pulmonary Disease in underserved populations	

12.30	**LUNCH**		
13.00	**POSTER VIEWING AND NETWORKING (afternoon session begins 13.40)**		
13.40	**Research theme – chaired by Tom Blakeman Engine hall**	**Education/Other – chaired by Rebecca Farrington Coal Store (36 people)**	**WORKSHOP Learning Studio (25 people)**
13.45	23 Jessica Drinkwater, U of Manchester Exploring the feasibility of GPs working with local people and communities to address health inequalities	33 Nicola Franc, Newcastle University Medical Students' Perspectives of their Rural Primary Care Placements	Catherine Nagel/Ryan Offutt, University of Sheffield Medical Improv for person-centred consultations In this workshop we will begin by sharing our findings from a pilot half-day improv session for medical students. An experienced improv trainer will guide you through three established improv exercises and the workshop will conclude with a discussion. We will focus on skills suitable for communication where there are barriers to understanding in terms of differences in culture, education and authority. The session is suitable for teachers and researchers of clinical communication, and for practitioners who want to consider some different skills for increasing the person-centredness of the care they provide.
14.00	24 Anna Anderson, U of Leeds "Potential to be useful" – clinicians' views of a proposed intervention for identifying people at risk of rheumatoid arthritis in primary care	34 Ella Norgaard Morton, U of Manchester Current thoughts about the term 'medical student' from clinical years students	
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14.15 to 15.00	25 Ali Hindi, U of Manchester How is quality of care in community pharmacy defined according to the literature? A systematic review	35 Ada Achinanya, U of Sheffield Talking about complex mental health difficulties: new approaches needed!	
	26 Zal Canteenwala/Alice Faux-Nightingale, Keele University Perspectives of the oldest old population on managing non-palliative pain with opioid medications in adults aged 80 years and older: a qualitative synthesis	36 Ciaran McInerney, U of Sheffield Identifying complex mental health difficulties in health records: a new approach	
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	29 Cassandra Kenning, U of Manchester Building a culture for research activity in general practice	39 Claire Burton, Keele University Symptom Patterns and Life with Post-acute Covid-19 in Children aged 8-17 years (SPLaT-19_C) – a baseline description of the cohort	
	30 Kathryn Harvey, U of Liverpool What interventions are effective in reducing development of hypertension and other cardiovascular complications in women who have had hypertensive disorders of pregnancy? A systematic review	40 Jennifer Voorhees, U of Manchester Developing the OATH (Optimising Access through Human Fit) Resource Set using Participatory Research	
	31 Tamsin Fisher/Tom Kingstone, Keele University A mixed methods approach to the identification of risk factors of perinatal anxiety	41 Nadine Mirza, U of Manchester The Cultural Sensitivity and Accessibility of North West Memory Clinics: A Service Evaluation	
	32 Rebecca Goulding, U of Manchester Can we deliver an intervention to improve communication and reduce risks to patient safety for people aged 65+ with multiple long-term conditions?		
15.00	**COFFEE BREAK**		
15.15 **Engine Hall**	**Aneez Esmail, Emeritus Professor of General Practice, University of Manchester** 'Lessons from the past. Hope for the future. Research and political activism'		
15.50 **Engine Hall**	**Closing remarks – Professor Peter Bower, University of Manchester**		

Speakers' Biographies

Katherine Checkland, Professor of Health Policy and Primary Care, University of Manchester

Kath Checkland is Professor of Health Policy and Primary Care at the University of Manchester and a GP by training, having worked in general practice for more than 30 years in Stockport and rural Derbyshire. Her work focuses upon the impact of health policy on the NHS, with a particular focus on primary care including workforce issues.

Stewart Mercer, Professor of Primary Care and Multimorbidity, University of Edinburgh

Stewart is a GP and Professor of Primary Care and Multimorbidity at the University of Edinburgh, where he is Deputy Director of the Advanced Care Research Centre (https://www.ed.ac.uk/usher/advanced-care-research-centre) and leads the work-stream on new models of care. He has extensively researched multimorbidity, especially with regards to deprivation and the inverse care law, and is currently evaluating the new Scottish GP contract in terms of its impact on health inequalities. Stewart is an Honorary Professor at the University of Manchester.

Aneez Esmail, Emeritus Professor of General Practice, University of Manchester

Aneez Esmail is an Emeritus Professor of General Practice at the University of Manchester. He retired in March 2022 but continues to be active as a clinician, a non-executive director of the North West Ambulance Trust and in NHS and medical politics.

Aneez has been recognised nationally for his research on discrimination in the medical profession. Much of the work that he has carried out in this area has resulted in significant changes in recruitment, selection, monitoring and assessment of the medical profession. This work was recognised internationally with the award of a Harkness Fellowship and Visiting Professorship at Harvard University in 1997. He was the Medical Advisor to the Shipman Inquiry between 2000-2006. The Shipman Inquiry developed recommendations for the reform of medical regulation, revalidation, the monitoring of general practitioners, death certification and the use of controlled drugs. He was offered but declined an OBE for his contribution to primary care and race relations in 2002.

Peter Bower, Professor of Health Services Research, University of Manchester

Peter currently leads the Centre for Primary Care and Health Services Research, a member of the NIHR School for Primary Care Research. He is the Health Services Research Speciality Lead for the NIHR CRN, an NIHR Senior Investigator, and an honorary Fellow of the Royal College of General Practitioners. His main research interests concern effective ways of managing long term conditions, with a focus on multimorbidity and mental health.

Abstracts

1 Tom Kingstone/Michelle Rickett, Keele University

How does primary care support people in Early Intervention in Psychosis services? A qualitative study

Background

Early Intervention in Psychosis (EIP) services offer treatment in the community to people with a first episode of psychosis. Following treatment of up to three years, those with ongoing symptoms and care needs are transferred to a Community Mental Health Team (CMHT) and those who are sufficiently recovered are discharged back to primary care.

Aims

To understand how decisions about duration of EIP care are made and how to improve collaboration between primary and secondary care.

Methods

Qualitative study. We conducted semi-structured interviews with service users (SUs), carers, health care professionals (HCPs) from primary and specialist care, managers and commissioners. Interviews were conducted online or by telephone and transcribed with consent. Thematic analysis conducted using principles of constant comparison. Patient and public involvement key to all stages of the study, including contributing to data analysis.

Results

We conducted 54 interviews in total - with service users (11), carers (10) and general practitioners (GPs)/ EIP HCPs/ managers/ commissioners (33). SUs reported little contact with primary care during their time with EIP services. HCPs reported that duration of care and time of discharge for those with ongoing difficulties can depend upon availability of access to CMHTs rather than SU need. GPs reported that discharge planning rarely involves communication between primary and specialist care, and SUs reported that the transition to primary care can lead to distress with deterioration in symptoms. Meanwhile, GPs described concerns about being made aware of patients at discharge who they have had no contact with for three years. GPs also described concerns about managing complex medication regimes, and barriers to re-referral to mental health services.

Implications

This research provides a framework to understand opportunities for shared decision-making around duration of care, discharge planning and post-discharge support for SUs, across primary and specialist care.

2 Yezhou Li, University of Manchester

A hypothesis-free big-data approach in auditing prescribing: A case study at a UK general practice

Introduction

To examine the utility of a novel big data-driven approach to provide GP practices with individualised feedback on their prescription practices.

Methods

A retrospective analysis of all anonymised prescription records of GPs in Lancashire, England from 2014 to 2022 was conducted as a basis to benchmark the case study GP practice, the Hawthorn Medical Centre (HMC). A longitudinal analysis compared the trend in prescription count changes of the top 150 drugs and 75 drug classes at HMC to all other regional GPs. Moreover, a cross-sectional analysis examined whether HMC prescribed a significantly higher percentage of a drug as a fraction of all prescriptions in that drug class than other regional GPs in 2022.

Results

In both analyses, drugs ranked in the top or bottom 10% among all regional GPs in each metric were marked as outliers to be reviewed at an HMC clinical meeting. Among the outliers, fluticasone inhalers, sedative-hypnotics, and allopurinol were chosen for further in-depth analyses, which included patient-level data analyses and interviews with stakeholders. Sedative-hypnotics were shown to be prescribed more to patients with poorer continuity of care ($p = 0.023$). Allopurinol accounted for 79.4% of anti-gout medications at HMC (colchicine accounts for 17.7%) while the average was 90.1% for other practices, suggesting earlier initiation of allopurinol may be recommended.

Conclusion

The hypothesis-free approach in auditing prescribing practices by benchmarking GP practices against the norm may prove an innovative way to identify unusual prescribing patterns and prescribing quality.

3 Helen Riding, NHS North of England Commissioning Support Unit

Research in the Deep End: understanding research engagement & delivery in areas of deprivation

What's the problem

The North East and North Cumbria (NENC) Deep End (DE) network consists of 36 general practices serving patients living in the most socio-economically deprived neighbourhoods in England. For research to be generalisable and to reach where the patient need is we wanted to understand the research activity in DE practices and explore how to enhance this

What we did

A mixed-methods evaluation including quantitative analysis, an online survey, qualitative interviews and focus groups which informed evidence-based recommendations to support engagement with NIHR portfolio research in areas of deprivation.

What we found

Although there is not a strong correlation between practice population deprivation and recruitment, there is a statistically significant association between these variables. Results are compatible with lower levels of recruitment, in practices where more patients live in the most deprived areas. There is a statistically significant difference between DE practices and the most deprived non-DE practices, compatible with lower levels of recruitment in practices with the highest levels of blanket socioeconomic deprivation. The qualitative results suggested there was no “one magic bullet” solution. Suggestions included that research needs to be relevant to patient population; more accurate research costing and resourcing is required; clearer communication of "gives and gets". One key theme was the need for a designated person with protected time to co-ordinate, support and deliver portfolio research in areas of deprivation.

What it means

High-quality evidence is needed to shape health inequalities policy and practice at local and national level. Patients involved in research have better outcomes; enhancing research participation could support better understanding of treatment acceptability, feasibility, and effectiveness in socio-economically deprived populations. Some recommendations from this study are being implemented in DE practices NENC by NENC CRN.

4 Abigail Woodward, University College London

Improving support services for Pakistani family carers through social prescribing

What's the problem?

Experiences of ethnic minority carers vary and can be different and more challenging than those of White British carers. The Pakistani group has a high prevalence of informal carers, yet they are less likely to engage in support outside of informal/family networks. Social prescribing (SP) is a process of referral usually from a GP to community-based services. SP can help people get more control over their healthcare in a non-medical way and manage their needs through tailored support. To date, the role of SP in supporting the Pakistani group is under-explored, particularly in relation to the cultural and religious challenges around access, and how services can be delivered in a culturally appropriate way.

What we did

One-to-one interviews with Pakistani carers (n=27) and SP stakeholders (n=10). Participants were recruited in Sheffield and London. Fieldwork was completed in July 2023. Analysis is ongoing.

What we found

Preliminary findings highlight a lack of awareness about SP among Pakistani carers. Most had never heard of the term or been referred to any carer support through their GP. Carers were positive about the potential of SP and identified specific support they would benefit from. Support needs varied according to gender; female carers required emotional peer-support due to limited social interaction beyond their family/tight-knit communities, male carers identified a need for practical support. Stakeholder data suggests that Link Workers can provide a package of holistic support to Pakistani carers when needed. However, there is still an unmet demand due to lack of awareness of SP among carers.

What it means

Understanding and identifying how culturally sensitive services can address carer needs will lead to better support for Pakistani carers. Recommendations on ways to develop and refine SP services to address the unmet health and wellbeing needs of Pakistani carers will be discussed.

5 Charlotte Sharp, University of Manchester

Writing to patients: Design of a study to support rheumatology multidisciplinary team to write directly to patients

What's the problem?

How would you feel if your GP and hospital specialist discussed your health in front of you, without including you in that conversation? This is how most written communication between healthcare professionals (HCPs) working in primary and secondary care currently occurs. Historically, HCPs have written to each other about the patient in the third person, using excluding and sometimes judgmental phrases. Guidance issued in 2018 stated that HCPs should write clinic letters directly to patients. Only a minority of HCPs have taken up this approach.

What do we plan to do?

This qualitative study aims to understand current patient and professional perspectives and practice on writing directly to patients, and to co-produce resources to support the rheumatology multi-disciplinary team to write directly to patients.

The scoping phase aims to establish patients' current understanding of rheumatology terminology, and existing professional practice. Patients (~150) in four North West rheumatology outpatient clinics and rheumatology HCPs (~100) from across the UK will be invited to complete surveys. The exploring phase aims to understand patient and HCP perspectives. Interviews and focus groups will include 20 participants from each group. The third phase will bring patients and HCPs together to co-produce resources to support HCPs to write directly to patients. These resources might include example letters, training resources, patient materials and will be disseminated via the British Society for Rheumatology, which funds the study.

What are the potential implications for practice?

We hope that improving written communication to patients will: enhance shared decision-making; improve patient understanding, experience and self-efficacy; improve patient safety; and reduce the frequency with which primary care HCPs are asked to 'translate' clinic letters.

How will we tell if the work has been worthwhile?

We hope to evaluate the resources' impact on practice, which will require further funding.

6 Nawwarah Alfarwan, University of Manchester

Clinical- and Cost-effectiveness of Telemedicine among Patients with Type 2 Diabetes in Primary Care: A Systematic Review and Meta-analysis

Background

Telemedicine has been promoted as an effective way of managing type 2 diabetes. There are two types of telemedicine: synchronous and asynchronous. Asynchronous telemedicine refers to the store-and-forward technique, whereas a patient collects clinical information and then sends it to a specialist physician for diagnostic and treatment expertise. Synchronous telemedicine refers to the delivery of health information in real-time between the patient and healthcare professionals, encompassing face-to-face contact through teleconferencing equipment, telephone, and live chat via web-based applications. However, the effectiveness of synchronous and asynchronous telemedicine is currently not clear. Therefore, this study aimed to evaluate the effectiveness of synchronous and asynchronous telemedicine versus usual care on clinical outcomes in patients with type 2 diabetes within the primary health care setting.

Methods

In this systematic review and meta-analysis, we searched Medline, Embase, Cochrane, CINHAL, Proquest, and Econlit in January 2022, for randomised controlled trials (RCTs) that examined the effectiveness of telemedicine interventions on clinical outcomes [e.g., haemoglobin A1c (HbA1c), cholesterol, blood pressure, quality of life} in adults with type 2 diabetes, published in English from inspection until December 31, 2022. Screening was carried out using Covidence, and data were extracted following Cochrane's guidelines. Reviewers independently extracted data and used the Cochrane tool to evaluate risk of bias. Meta-analyses were conducted using random-effects models. A pooled mean difference (MD) for both HbA1c (mmols/mol), body mass index (BMI) (kg/m2), systolic blood pressure (SBP) (mm Hg), diastolic blood pressure (DBP) (mm Hg), high-density lipoprotein (HDL-cholesterol) (mg/dL), low-density lipoprotein cholesterol (LDL-cholesterol) (mg/dL), Total cholesterol (mg/dL), Triglycerides (mmol/L) and weight (kg) were calculated. The study was registered with PROSPERO, CRD 42022375128.

Results

Of the 4,093 records identified, 21 RCTs from 7 regions, were included in the systematic review and meta-analysis. Sixteen of the 21 studies provided telephone intervention; 2 studies used internet-based intervention, 2 studies used videoconference, and 1 study used telephone and emails intervention. Telephone interventions reported higher reach compared with videoconference and website-based interventions. The meta-analysis showed no significant difference in HbA1c (MD -0.08, 95% CI -0.18 to 0.02 mmols/mol) when comparing the intervention with the usual care group. In addition, no significant effects on BMI (MD 0.51, 95% CI −0.21 to 1.22 kg/m2), systolic blood pressure (MD −1.48, 95% CI −3.22 to 0.26 mm Hg), diastolic blood pressure (MD 3.23, 95% CI −0.89 to 7.34 mm Hg), HDL-cholesterol (MD 0.01, 95% CI −0.03 to 0.05), LDL-cholesterol (MD 0.08, 95% CI -0.22 to 0.37 mg/dL), triglycerides (MD -0.08, 95% CI -0.31 to -0.15 mmol/L), total cholesterol (MD −0.10, 95% CI −0.25 to 0.04 mg/dL), and weight (MD −0.50, 95% CI −1.21 to 0.21 kgs) were found.

Conclusion

This study finds that synchronous and asynchronous telemedicine were as effective as usual care and have the potential to improve health outcomes of patients with type 2 diabetes. Their advantage could lie in reducing face-to-face consultations to resolve the rising demand for primary health care services. Thus, synchronous and asynchronous telemedicine could be an alternative to usual care.

7 Owen Thomas, University of Leeds

Comparing paper Letters in addition to Emailed Audit and feedback in Refining Asthma treatment to Improve clinical and environmental Results in primary care – The CLEAR AIR Study

Background

Despite UK asthma prevalence being approximately 10%, over 120,000 serious asthma prescribing errors were identified in primary care between 2010 and 2013. The inhalers used to treat asthma produce 3% of total NHS greenhouse gas production, despite low-carbon options being available. Audit & Feedback (A&F) is effective at changing health professional prescribing behaviours (mean adjusted risk difference 13.1%). However, there is still debate about how best to deliver A&F reports. In West Yorkshire, previous qualitative studies have questioned if A&F is more effective when paper reports are used to supplement emailed reports.

Intervention

This study has cluster randomised primary care practices involved in a pre-existing quality improvement project to receive emailed A&F reports with, or without, posted paper A&F reports. Active consent has not been sort from participating practices. Instead, they received information about the study and were given the opportunity to opt-out. To evaluate the intervention and the acceptability of this innovative study design, qualitative semi-structured interviews involving regional primary care staff are planned.

Outcomes

The primary outcome of this study will be the change in use of local guideline-compliant ‘low-global warming potential’ inhalers within West Yorkshire primary care at the practice level. Secondary outcomes will explore other local asthma prescribing priorities. A framework analysis will be used to evaluate interviews through the lens of the Normalisation Process Theory.

Innovative ethics and consent process

This trial aims to improve local asthma outcomes whilst making progress towards the NHS net-zero target. Progress in isolating key factors for the success of A&F has been hampered by the high cost of running randomised controlled trials. If successful, this study will provide evidence of the acceptability of this cost-efficient study design and provide a path for future studies to research A&F delivery techniques.

8 Gail Davidge, University of Manchester

‘Getting it Write’ in a new era of patient online access to primary care health records

What we did

We conducted interviews and focus group discussions with 26 patients from underserved communities. Using patient personas and fictionalised consultation notes, we explored patient reactions. Participants assessed the clarity of fictional records and identified potential comprehension issues, offensive content, or anxiety triggers.

What we found

Most participants struggled to understand a large proportion of fictional consultation notes, particularly medical acronyms, clinician shorthand, and non-clinical abbreviations. Participants also identified issues which may cause unintended offence or additional anxiety. Participants considered that most patients will struggle to fully understand the content of their consultation notes in their current format. They made a number of suggestions about how this service may be improved to meet the needs of patient audiences and maintain positive patient-clinician relationships.

What this means

To make the most of NHS investment in this policy and avoid worsening health inequalities, it’s essential to ensure that all patients can access the benefits of online access to their notes. Healthcare professionals need to be supported to manage the challenges of writing consultation notes for patient audiences, while continuing to maintain effective clinical care.

9 Stephanie Gillibrand, University of Manchester

Exploring the barriers to cervical screening amongst under-screened groups in Greater Manchester

Background

There are clear differences in cervical screening attendance for different groups according to factors such as health, income, ethnicity and age. Previous research looking into barriers to screening for underserved and marginalised groups, has focused on barriers specific to the routine method of healthcare practitioner taken cervical samples (i.e. the “smear” test). Many of the barriers to screening link closely to the cervical sampling method of screening and therefore this has been a focus of research in this space. Recent developments on the potential use of self-sampling methods for cervical screening, including vaginal and urine sampling provide a potentially less intrusive method. However, research is needed to explore how this may address inequalities in screening uptake for different groups.

Methods

Semi-structured interviews and focus groups were held with under-screened groups and primary care healthcare professionals in Greater Manchester. Data was analysed using thematic framework analysis. Working with community partners, participants were recruited via the community and from GP practices with the lowest screening levels identified through analysis of publicly availably data. The research sought to address the following research questions:

- What are the experiences of under-screened groups in undergoing and accessing cervical screenings?
- How do these experiences impact their likelihood to undergo screening?
- What are the views of under-screened groups and health care professionals about the use of self- sampling and how might this address barriers to screening?

Results

Barriers to cervical screening remain for under-screened groups. Key barriers including a lack of awareness and information of key features of the screening process, negative previous experiences and structural barriers. New methods were generally viewed positively.

Discussion

Self-sampling methods to cervical screening (as an alternative to the traditional ‘smear’ test) was generally viewed positively by participants, with both new methods (self-swabbing and urine sampling) well-received, although distinct nuances remain. The importance of choice between different methods was a key factor for participants.

10 William Evans, University of Nottingham

Antinuclear antibody (ANA) testing. Why did I request it and what do I do now? An observational study of UK primary care

What's the problem

ANA testing is performed when there is a suspicion that a patient may have one of several autoimmune conditions that affect multiple organ systems, these include Lupus, scleroderma, Sjogren's syndrome and autoimmune liver disease. Many patients diagnosed with these conditions describe years of delay before diagnosis.

A positive test is useful to help direct further investigation and referral; however, a sizeable proportion of patients can have a positive test but not have disease, at least at the time of testing. This makes deciding on appropriate follow up challenging.

What we did

We used a large database of primary care records (CPRD Aurum) to examine ANA testing.

- We used a case-control study design to see when and in whom the ANA test is performed (cases defined as having an ANA test regardless of result matched to a control population).
- We used a cohort study design in those who test positive to identify features that influence if they develop an associated disease and in those that do when this occurs.

What we found

We identified more than 900,000 patients who have had an ANA test. There is significant variation in how often this test is requested with a 30-fold difference between testing from the lowest 10% of requesting practices to the highest 10%.

In those who are ANA positive; just over 14% will develop an associated disease, with most (2/3) of these developing the condition in the first 5 years. Being female, under the age of 55, and of minority ethnicity significantly increases the likelihood of developing a later disease. I intend to present additional findings that will be available at the time of the conference.

What it means

We hope that information from this study will enable more targeted follow up of positive patients, directing attention to those who need it most.

11 Alex Walter, University of Manchester

Inequalities in the usage of an online consultation system 2020 to 2022

Background

Online consultation (OC) and triage systems are central to policies to increase access to UK general practice. Concerns have been raised about OCs potentially widening inequalities in access though a recent systematic review presents a more nuanced picture. OCs can be used either for "total triage", where all demand for appointments requires the submission of an online request, or as an additional service complementing existing routes of access.

This study aimed to describe the use of a single OC system (www.patchs.ai) to understand the demographics of patients accessing OCs and what demographics appear to be associated with greater use of OCs.

Methods

Data comprises 740,818 individual patient requests over 283,016 patients and 546 practices for the period March 2020 to December 2022. The date and time and nature of request (new medical problem, admin query etc) were listed. Patient demographics included age, sex and ethnicity. Descriptive statistics looked at demographics of patients having an OC and OC requests by day of week. Count models were estimated to assess whether the volume of OCs varied by patient demographics.

Results

62% of OC's were for female patients, and 72% were aged under 44 years. Ethnicity was poorly coded but where present suggested 55% were of white ethnicity. Mondays had most OC requests, this declined over the working week. Females, those aged 30 to 64, and of white ethnicity were more likely to have a greater volume of OCs.

Discussion

This study confirms earlier findings that younger women are the predominant users of OC. Differences between demographics of users and the volume of use require investigation. Higher rates of younger patients and minority ethnic groups but lower volumes of use either suggests OCs are used for singular requests for these groups, or experience creates barriers to future engagement.

12 Lisa Riste, University of Manchester

FLAG-Me Vision: A co-produced solution to reduce medication errors for people with sight impairments in community pharmacy

What's the problem?

People with sight impairments (SI) can experience medication errors, many due to difficulties accessing medication and safety information. Accessible Information Standard (AIS) posters displayed in pharmacies, encouraging patients to report their additional information needs, are inaccessible to people with sight loss. People with SI expect community pharmacists (CPs) can view their electronic health record (EHR) and be aware of diagnoses. CPs don't have routine access, and without a mechanism to identify people with SI, are unable to offer support.

What we did

During co-design workshops with people with SI and CPs, both parties thought offering 1:1 consultations guided by resources could reduce medication errors.

We created a FLAG-Me Vision micro-service which screens EHRs for specific diagnostic codes which indicate SI. When a match is encountered, it requests an alert be displayed on pharmacy software systems. 'The shaded eye logo' (courtesy of The Partially Sighted Society) helps avoid 'pop-up' fatigue observed with text alerts and prompts CPs to offer 1:1 consultations.

What we found

Our audit of five Greater Manchester community pharmacies found 48% patients with SI were unknown.

During 'lab-testing', the micro-service code was integrated into Open Source pharmacy software and accurately detected patients with SI codes added to 'dummy' NHS patient data.

What it means

FLAG-Me Vision can enable pharmacists to automatically identify people with SI. During 1:1 consultations, CPs can be guided by our web resources to help provide solutions tailored to patient need; eg. distinguishing between medication (using tactile markers), or providing dosage and safety information in accessible formats e.g. large font, braille, audio. Future work includes piloting FLAG-Me Vision in community pharmacy to determine its ability to identify people with SI. We believe by working collaboratively with pharmacists, people with SI could be empowered and help avoid future medication errors occurring.

13 Jonathan Dickson/Miglena Fox, University of Sheffield

Methods of delivering relational continuity of care in GP practices in UK and NHS: a scoping review

Background

Continuity of care has been a distinct feature in NHS delivery of care since its foundation. However, it has seen a steady decline in the recent years. Through past research we know that continuity of care is good for patients and clinicians and leads to better health outcomes. This results in reduced costs for the NHS. Nevertheless, little attention has been paid to studying mechanisms of delivery of relational continuity of care.

Methods

This scoping review followed the guidelines outlined by the Joanna Briggs Institute for conducting systematic scoping reviews (Peters et al., 2015). The reporting of the review adhered to the 'Preferred Reporting Items for Systematic Reviews and Meta-Analyses' (PRISMA) extension specifically designed for scoping reviews (PRISMA-ScR) (Tricco et al., 2018). Various sources of information were utilized, including MEDLINE, EMBASE, and a search of grey literature.

Results

This review included seventeen distinct entries that were identified during the search process. The interventions aimed at enhancing continuity of care exhibited a wide range of approaches. Clinical management strategies included assigning patients to specific clinicians or personal lists, modifying booking procedures, conducting comprehensive reviews, implementing patient profiling, utilizing digital technology, establishing acute hubs, and facilitating follow-up appointments with the same clinician. Additionally, some interventions employed implementation strategies such as planning, education, financing, restructuring, quality management, and policy considerations.

Discussion

Based on the evidence available in published sources, it is evident that General Practitioners (GPs) frequently utilise diverse elements to improve relational continuity of care. However, this scoping review only offers an initial insight into the current practices related to relational continuity of care and it's important to highlight that this review did not assess the comparative effectiveness of these strategies. To determine the most effective approaches, methods to measure their effectiveness, and successful implementation, further investigation and dedication are necessary.

14 Selina Robertson, Bracondale Medical Centre, NHS

GPs and community engagement: Content review of regulatory guidance and training curricula

Background

The NHS belongs to the people and is accountable to the public, communities and patients it serves1. Recent policy encourages GPs to partner with diverse local people and communities outside the consulting room, with the goal of tailoring services to address health inequalities2. Evidence suggests GPs are unclear about how to do this, and whether it is within the remit of their role3. Therefore, we aim to review the current regulatory frameworks and training curricula to explore whether and how community engagement work is framed.

Methods

A scoping review of key documents from the General Medical Council and Royal College of General Practitioners was undertaken. Papers were found via searching both organisations' online repositories and reference list screening. In this review, the documents were scanned for relevant information on: (1) how communities are defined (2) the purpose of working with communities (3) guidance on how to work with communities (4) whether patients and the public were involved in the production of said guidance. The results were tabulated to aid comparative analysis.

Results

Overall, community and patient engagement was viewed as an educational tool to support shared decision making within consultations. Where community engagement was advocated, there was no clear guidance on how this could be achieved. Indeed, where a theme of community orientation was considered, it was acknowledged that capabilities relating to this theme were the most challenging to develop4 and no practical applications were discussed. None of the documents acknowledged any patient or public involvement in their production.

Discussion

There is a disconnect between the ideals espoused in the NHS constitution, the policy expectations that GPs partner with people and communities, and the regulatory framework/guidance to support this. This disconnect creates further uncertainty about the role of GPs engaging beyond the consulting room.

15 Kelly Birtwell, University of Manchester

Autistic adults' perspectives on growing older: findings from a mixed methods survey

Background

Autistic people experience a range of challenges accessing healthcare and are subject to health inequalities. Conditions such as osteoporosis, cancer, epilepsy, and heart disease are more common in autistic than non-autistic older adults. However, we know little about autistic adults' perspectives on growing older, or about the needs and experiences of autistic older adults. Our aim was to explore the experiences, health and support needs, and research priorities of autistic people in relation to ageing.

Methods

Autistic adults aged over 18 were recruited to an online mixed methods survey. The survey was designed with input from autistic individuals, including members of the Autism@Manchester expert by experience group. Data from open, closed, and Likert scale questions were discussed with autistic public contributors, and are being analysed using qualitative and quantitative methods.

Results

121 people completed the survey; 23 identified as male, 76 as female and 16 as non-binary. The mean age was 45.5 years (18-45: N=71; 46+: N=50). 59 people identified as heterosexual and 55 identified as a different sexual orientation. Preliminary analyses suggest that independence, autonomy, and financial security were considered important by respondents. Isolation and loneliness were a concern, and participants reported greater personal acceptance of autism with age. It was thought that lack of knowledge and understanding from health and care staff, and lack of flexibility from services and environments (e.g. care homes) could have an even more detrimental impact on autistic older adults due to sensory needs, communication differences, and diagnostic overshadowing. Participants' autism and ageing related research priorities included menopause, social inclusion, care homes, dementia, and healthcare services and staff.

Discussion

Our findings illustrate the ageing-related experiences and needs of autistic people. The findings will inform clinical practice and future research in what is a highly heterogeneous group, to support autistic adults to age well.

16 Jack Marshall, University of Sheffield

What are the perspectives of General Practitioners regarding the provision of suicide prevention in primary care? – a scoping review

What's the problem?

Suicide is a major public health issue and is the leading cause of death of men under the age of 50 in the UK.(1) Patients are more likely to visit their General Practitioner (GP) in the months leading up to a suicide attempt, thus highlighting the key role GP's play in suicide prevention.(2) The objective of this scoping review was to map the current research on the experiences of GP's regarding suicide prevention and to identify knowledge gaps within this area.

What we did

This scoping review followed the methodologies of Arksey and O'Malley (2005) and was reported in accordance with PRISMA-ScR guidelines.(3, 4) A search of MEDLINE and Web of Science was performed using a three-step search strategy. Abstracts and titles of relevant articles were screened initially. Articles at full-text review were assessed for their inclusion in the study against predetermined eligibility criteria. Included studies were qualitative in nature, English-language and had a focus on the perspectives of GP's regarding suicide prevention.

What we found

1993 abstracts were screened and 10 studies were included at full text review. Included studies used a mixture of individual interviews and focus groups and transcripts were analysed using variations of thematic qualitative analysis. Three studies focused on managing suicidal behaviour in young people. Common themes relating to challenges in suicide prevention were lack of specialist training, short consultation times and fragmented relationships with mental health services. However, the nature of these challenges varied depending on the study location, patient population and context of the study question.

What it means

The challenges relating to suicide prevention in Primary Care are well documented but vary depending on the location and patient population in question. A realist approach would be appropriate to assess what suicide interventions work for different populations in different contexts.

17 Sarah Penhearow/Lucy Astle, University of Central Lancashire

Are you living well?

What's the problem?

Burnley has four priority wards where people fall into the 20% most deprived populations by the index of multiple deprivation and have a higher-than-expected rate of hospital attendance. People living in these communities are less likely to access the standard NHS Health Check or long-term condition follow-up in primary care.

What we did

We delivered Enhanced NHS Health Checks in Community venues situated in priority wards in Burnley. We worked with community-based groups supporting people with homelessness and addiction, asylum seekers, and minority ethnic groups. The clinics offered open access and opportunistic checks as opposed to a formal clinic structure and invitations. We worked with Lancashire Adult Learning to consider health literacy in the leaflets and information written about the checks.

What we found

Up to the end of June 2024 410 EHCs were completed across 13 community venues. 254 (62%) of people did not fall into a cohort identified by the Population Health Tool as being a priority for an EHC yet were accessing support for health inequality. A service evaluation is planned to understand the outcomes of the EHCs completed, particularly around understanding onward referrals to services and organisations, and health and wellbeing outcomes. Understanding whether an EHC has made a difference to people is also important

What it means

Population health tools do not identify everybody with health inequality. The plus populations of CORE20PLUS are likely to be larger than anticipated. Outreach is a way to reach people with health inequality whilst they access groups and services that are supporting their health and wellbeing. Such charities are providing considerable support to people with health inequality, and this is not always recognised or funded by formal health and social care organisations.

18 Alison Janes, Newcastle University

Exploring public perspectives and understanding of routine text messages sent by general practices in socioeconomically disadvantaged neighbourhoods: a qualitative study

Background

The North East & North Cumbria (NENC) Deep End Network supports GP practices serving the most deprived populations.

Text messages (SMS) are identified as useful for reaching these populations. Deprivation is associated with low health literacy and digital exclusion.

This study explored how GP practice routine SMS are perceived and understood by people experiencing socioeconomic disadvantage.

Methods

23 members of the public and 2 community workers were recruited to 3 focus groups in May 2023. Groups were located in community venues close to Deep End practices. Participants were aged 26-75 years; over half spoke English as a second language. Semi-structured discussions were facilitated using a topic guide and routine SMS templates.

Results

GP practice texts were regarded as useful. They allowed time for those with English as a second language to translate information. Appointment reminders helped navigate daily life, including caregiving and employment.

Texts were perceived as one-way communication due to access barriers associated with telephone and online consultations, which deprivation can amplify.

SMS content included some complex syntax, vocabulary, and jargon which affected understanding. Content which anticipated the patient perspective and next steps was valued. Polite language was seen as warm and encouraging.

Understanding of texts was influenced by social expectations, and informed by experiences of individuals and their networks.

Conclusion

Texts are a useful tool for routine communication, but they can cause confusion and feel like an unequal exchange. There is potential to develop SMS templates to support understanding, reduce access barriers, and better reflect the practice-patient partnership.

19 Victoria Silverwood, Keele University

Stakeholder perspectives of accessing interventions for perinatal anxiety in primary care: A qualitative study

The Problem

Perinatal anxiety (PNA) occurs during pregnancy and up to 12 months post-partum. PNA affects more than 21% of women worldwide and can impact adversely on mothers, children and their families. The National Institute for Health and Care Excellence (NICE) guidance recommends psychological and/or pharmacological therapy to manage women with PNA. NICE has identified evidence gaps around non-pharmacological interventions for PNA and recommended this as a research priority.

This study aimed to understand the perspectives of a variety of Perinatal Mental Health (PMH) stakeholders to gain a more complete understanding around acceptability, accessibility and appropriateness of non-pharmacological PNA interventions.

The Approach

Ethics approval. Qualitative study utilising semi-structured interviews with women with lived experience of PNA, healthcare professionals (HCPs), voluntary community and social enterprise (VCSE) PMH stakeholders and commissioners of PMH services. Study recruitment via social media and PMH networks. Interview topic guide modified in response to emerging themes.

A patient advisory group was involved throughout study. Interviews digitally recorded with consent, transcribed and anonymised prior to analysis. Thematic analysis using principles of constant comparison; themes agreed through discussion within the research team.

Findings

25 interviews completed. Data will be presented around the importance of women being able to choose from a range of interventions to manage PNA, emphasising that many women choose to access services which are not NHS commissioned and seek support from VCSE PMH organisations.

Implications

Tension exists between what is currently recommended by NICE and the types of intervention that women choose to access, including support from VCSE services. Clinicians should be aware of local VCSE PMH organisations as management options for women with PNA. Commissioning for these organisations could be considered. There is an evidence gap around the effectiveness of various interventions including VCSE PMH services which requires further exploration.

20 Kate Bosanquet, University of York

Behavioural Activation in Social IsoLation (BASIL+) for older adults at risk of depression and loneliness during the COVID-19 pandemic: a qualitative study

What's the problem?

Older adults may be socially isolated or experience loneliness, increasing the risk of depression. Behavioural Activation (BA) is an effective evidence-based intervention for depression in older adults and people with multiple long-term conditions (LTCs), which can be delivered by non-specialist practitioners.

What we did

The BASIL+ qualitative study was nested within the BASIL+ definitive randomised controlled trial, designed for people aged 65 years and over with two or more LTCs, identified by primary care sites across England and Wales. Semi-structured telephone interviews were conducted with 24 older adult participants, two caregivers and 16 BASIL Support Workers (BSWs)and were digitally recorded and transcribed professionally. Data were analysed thematically using constant comparison.

What we found

Themes included:

- Older adult participants reported experiences of loneliness and social isolation prior to COVID-19 pandemic restrictions;
- The intervention components (BA, self-help booklet, BSW, collaborative care) were synergistic, with BSWs proving pivotal to participants' understanding of BA, making the booklet more tangible, and providing collaborative care along with supportive sign-posting to other sources of care or support;
- The principal advantage of the intervention was perceived to be its structured but flexible approach, enabling person-centred delivery;
- Relatively small, incremental changes to participants' daily lives and behaviour were perceived to lead to positive impact on functioning and mood.

What it means

- BASIL+ findings draw attention to the ways in which social isolation and loneliness experienced by older adults were exacerbated during COVID-19 restrictions, highlighting the ongoing need for psychosocial interventions for older people.
- The BSW was regarded as a critical component of the intervention by enhancing its delivery and optimising its impact.
- Older adults reported different, often subtle, benefits from the intervention underlining the importance of a nuanced approach to what constitutes a positive outcome.

21 Rebecca Elvey, University of Manchester

Simple yet complex: implementation of a novel treatment via primary care

The problem

Statins are widely prescribed for high cholesterol and are effective, but often not effective enough or not tolerated. A new treatment, inclisiran, was developed; earlier trials demonstrated efficacy and safety. Inclisiran was introduced in England via the first NHS population health agreement.

What we did and what we found

SPIRIT – a Type 1 hybrid trial, provided evidence for the implementation of inclisiran within a primary care setting. We undertook the process evaluation, which explored the feasibility and acceptability of inclisiran to patients and providers, as well as wider 'transactability'. 92 people took part in interviews. The SPIRIT trial was designed as a 'real world' 'test bed' and the findings were to inform the rollout of inclisiran.

The SPIRIT process evaluation showed that inclisiran was acceptable and seen as a straightforward and effective treatment, by patients and providers, with primary care a suitable setting for delivery. However, barriers such as competing priorities, lack of financial incentives and discomfort with initiating a medicine in primary care, meant that implementation was complex and prescribing levels for inclisiran remained low compared to expectations (and targets).

After SPIRIT, we conducted a 'follow-on' study of the work undertaken at Academic Health Science Networks (AHSNs), which were tasked with supporting the roll-out of inclisiran, taking this as an example of diffusion of an innovation in primary care.

We interviewed 27 people, including representatives from all 15 AHSNs and eight working within the AHSN national team/regional NHSE team. Our analysis provides insights into the range of approaches to spread and adoption by AHSNs, facilitators such as effective working relationships, champions and early adopters, tensions between pathway approaches and working to prescribing targets, and working with formularies and incentives in primary care.

Implications

The findings have relevance for population health management and the implementation of innovations in primary care.

22 Shamanthi Jayasooriya, University of Sheffield

Missed Opportunities for improving outcomes in Chronic Obstructive Pulmonary Disease in underserved populations

Background

COPD is a preventable, treatable chronic lung disease affecting three million people in the UK, associated with a substantial disease burden. COPD is commoner in deprived communities and associated with risk factors such as smoking, air pollution and poor housing. Some ethnic minority groups are at higher risk of developing COPD as they are both more likely to smoke and live in the most income-deprived neighbourhoods. In addition, they are more likely to have non-smoking COPD, and first-generation immigrants are likely to have alternative risk factor exposures.

Aim

Describe the percentage of patients diagnosed with COPD in general practices in Sheffield and South Yorkshire.

Method

National routinely collected NHS digital data describing the number of adults with diagnosed COPD per 1000 adults over the age of 40 years by general practice, and the 2021 census data to estimate ethnicity data at general practice level was used. A multivariable analysis was conducted including smoking, age and index of multiple deprivation deciles.

Results

The greater the percentage of ethnic minorities registered at a general practice in Sheffield the lower the percentage of patients diagnosed with COPD when adjusting for age, smoking and index of multiple deprivation decile. The same pattern is observed within South Yorkshire regional general practice data, with decreasing percentages of patients diagnosed with COPD in practices with higher percentages of patients from ethnic minority backgrounds.

Conclusion

These data suggest that current strategies used for recognising COPD, are disproportionately missing cases in ethnic minority populations. Ethnic minority populations are likely to be at high risk of COPD, are more likely to smoke and have non-smoking related COPD but have lower rates of diagnosed COPD. This is area-level data reflecting general practice populations, therefore analysis at the individual level is needed to confirm these associations.

23 Jessica Drinkwater, University of Manchester

Exploring the feasibility of GPs working with local people and communities to address health inequalities

What's the problem

Care designed and delivered with the people who receive it can help address health inequalities. To achieve this, health policy promotes integrated working between GPs and local Voluntary, Community, and Social Enterprise (VCSE) organisations. We aimed to explore the feasibility and impact of GPs working with local people and VCSE organisations.

What we did

Participatory action research with eight early career GPs working in areas of socioeconomic deprivation enrolled on a paid fellowship scheme. The GPs met eight times over one year, took part in multiple individual interviews, and made reflective audio and written diaries about their work with local people and VCSE organisations. Meetings and interviews were audio-recorded, and all audio data was transcribed. Data analysis was concurrent with data collection and was informed by normalisation process theory to explore the barriers and facilitators of this new way of working. The GPs, researchers, and a group of nine public contributors contributed to analysis during regular meetings and one applied theatre analysis workshop.

What we found

The GPs had limited understanding of working with local people or VCSE organisations. Their training and experience focused on a narrow view of the doctor-patient relationship within the consultation. Working with local people and VCSE organisations raised the GPs awareness of their value and increased the GPs understanding of patients' lives. It also challenged the GPs' clinically focused identity, particularly power asymmetries at the boundary of the traditional doctor-patient relationship. These were barriers to the development of meaningful ongoing partnerships with local people and VCSE organisations.

What it means

Working with the public and VCSE organisations is unfamiliar to new GPs and disrupts their emerging identity. This has implications for policies aiming to address health inequalities through general practice integration with VCSE organisations.

24 Anna Anderson, University of Leeds

"Potential to be useful" – clinicians' views of a proposed intervention for identifying people at risk of rheumatoid arthritis in primary care

What's the problem?

Identifying early rheumatoid arthritis (RA) in primary care is challenging as people's symptoms are often non-specific. Testing people who present to primary care with new-onset, non-specific musculoskeletal symptoms for anti-cyclic citrullinated peptide (anti-CCP) antibodies could help address this as those who test positive are at increased risk of developing RA. However, overuse of anti-CCP testing could have unintended negative consequences.

What are we doing?

We are developing a new intervention, the 'Improving iDEntification of rheumatoid ArthritiS (IDEAS) in primary care' (IDEAS-PC) model, to support clinicians to identify people at risk of RA in primary care by targeted anti-CCP testing. We expect the IDEAS-PC model will include a clinical decision support system (CDSS) that predicts whether an individual is likely to test positive for anti-CCP, and related resources. To help plan the IDEAS-PC model, we are interviewing General Practitioners (GPs) and Musculoskeletal First Contact Practitioners (FCPs) and analysing the data using the framework method and Behaviour Change Wheel.

What are we finding?

We have interviewed three GPs and seven FCPs so far, with more interviews planned. Our early findings suggest:

- Clinicians' views of the proposed IDEAS-PC model vary widely, and it has "potential to be useful".
- Perceived benefits include supporting clinicians' clinical reasoning and improving patient outcomes.

- Key concerns relate to the workload implications for the whole system, cost implications, supporting evidence, and risk of causing anxiety/early disability in patients informed they are at risk of RA.
- Being able to access and use the CDSS quickly and easily appears to be essential, but clinicians' preferred delivery format varies.

What it means

Based on our early findings, we expect key components for IDEAS-PC model will include a simple CDSS, supporting evidence (including about costs), and patient education resources. Delivering the CDSS in multiple formats is likely to be optimal.

25 Ali Hindi, University of Manchester

How is quality of care in community pharmacy defined according to the literature? A systematic review

What's the problem?

Increasing pressured general practice has driven the expansion of CP services into more patient-centred and clinical areas. It is imperative to ensure this expanded role of CP is safe, effective and integrated within primary care systems. However, little is known about what quality in CP means or how to measure it.

What we did?

A systematic review was conducted (October 2022 - January 2023) using six electronic databases (Embase, PubMed, Scopus, CINAHL, Web of Science, PsycINFO) to identify and define quality of care for CP healthcare services and synthesise these into the dimensions of a quality framework relevant to CP service provision within an integrated primary care system. Search terms related to "community pharmacy" and "quality" were used. A narrative synthesis was undertaken.

What we found?

Following title and abstract screening of 11,493 papers, a total of 81 studies (qualitative and quantitative) included in the review. The quality framework emerging from the literature consisted of six dimensions:

a) Access: opening hours, waiting time, physical access, availability of medicines and availability of pharmacy staff to provide services
b) Environment: the impact of facilities, equipment, and pharmacy layout on the quality of healthcare service provision
c) Competence: of pharmacy staff in the dispensing process, pharmacy professionals' clinical knowledge and diagnostic skills to assess and refer patients
d) Person-centred care: patient experience; patient-pharmacist relationship; and professionalism.
e) Safety: identifying errors and intervening; accuracy in compounding; adequate information sharing between pharmacy staff when exchanging shifts; and having systems for monitoring quality and safety
f) Integration: ways for CP to establish and sustain relationships with the wider healthcare team by having interprofessional partnerships, communication mechanisms and information systems.

What it means?

The framework proposed could be used to help measure and improve quality of CP services and is relevant to the increasing role of CP in an integrated health and social care system. Further research is needed to refine and validate the framework.

26 Zal Canteenwala/Alice Faux-Nightingale, Keele University

Perspectives of the oldest old population on managing non-palliative pain with opioid medications in adults aged 80 years and older: a qualitative synthesis

Background

Pain in people over 80 years old is common and difficult to manage in the presence of multimorbidity, frailty, and polypharmacy. Guidelines encourage a non-pharmacological approach, yet analgesics including opioids continue to be prescribed. Despite known effective analgesic properties, opioids have adverse effects which can lead to increased care needs and unplanned hospital admissions. To optimise prescribing of opioids in this age group, it is important to understand the perspectives of this population. Our qualitative synthesis sought to investigate perceptions of adults aged 80 years and older towards opioid use for chronic non-palliative pain.

Methods

A systematic search of Embase, Medline and Cinahl was conducted in May 2022 combining terms for aging/frailty, analgesia/opioids, and qualitative research; publications from relevant organisations were also searched. Community-dwelling adults aged 80 years and older living with chronic non-palliative pain were included. Studies were screened, and a synthesis of findings from each study and a thematic synthesis of quotations from adults aged 80 years and older, were completed.

Results

72 full texts were reviewed from 298 unique studies identified; six were included in the thematic synthesis. No studies were designed exclusively to investigate the oldest old. Patient agency was the main theme, appearing to facilitate active engagement with decisions around opioid use and being linked with trust in the prescribing doctor. Fitting opioid use around daily life, constantly balancing the benefits and disadvantages of taking opioids, and opinions towards opioid addiction influenced use.

Discussion

With a dearth of literature exploring the views of people aged over 80 years towards opioid use in this population for chronic non-palliative pain, there remain unanswered questions. Developing a greater understanding of the nuances in this specific population around patient agency, trust in professionals and the balancing of risks could ultimately optimise opioid prescribing and reduce related adverse events.

27 Charlotte Morris, University of Manchester

Peak Expiratory Flow and Incident Dementia: An analysis of the English Longitudinal Study of Ageing

Background

Dementia is a global health priority. Around 40% cases may be preventable through modifying its risk factors, many of which are managed in primary care. Some studies suggest respiratory function, measured by Peak Expiratory Flow (PEF), may represent a further modifiable dementia risk factor.

Methods

We used data from the English Longitudinal Study of Aging (ELSA). Participants were followed from waves 2 (2004) through 9 (2019). Survival analyses were completed using incident dementia as the failure variable, with PEF (measured at waves 2 and 4) as the exposure. Covariates (demographics, smoking, alcohol, BMI, co-morbidities, self-reported hearing and loneliness) were sequentially added to the model. Multiple imputation techniques were used as sensitivity analyses.

Results

Unadjusted complete case analysis included 11145 participants, 54 with dementia. Those in the highest PEF quintile had 81% lower risk of incident dementia (HR 0.19; 95%CI 0.07-0.57), compared to those with in the lowest quintile. Fully adjusted analyses included 9814 participants, 35 with dementia. Those in the highest PEF quintile had non-significantly increased risk of incident dementia (HR 1.56, 95%CI 0.31-7.71). Missing PEF data limited this analysis.

Sensitivity analyses using multiple imputation (n=17586, 688 dementia cases) found those in the highest PEF quintile had 93% lower risk of incident dementia (HR 0.07; 95%CI 0.01-0.35) compared to those in the lowest PEF quintile. This relationship was attenuated in the adjusted model, with those with the highest PEF having 49% lower risk of incident dementia (HR 0.51, 95% CI 0.07-3.67). This was non-significant suggesting confounding from co-variates.

Discussion

In ELSA, the relationship between PEF and dementia risk seen in unadjusted analyses is attenuated by the addition of covariates into the model. Further investigation is needed to establish the utility of PEF as a predictor of dementia risk; these results suggest any association is heavily influenced by confounding factors.

28 Mia Holley, University of Sunderland

Consequences of Over-Diagnosing Hypothyroidism in an Ageing United Kingdom population (CODHA UK)

Background

Hypothyroidism is a common condition, with approximately 3 - 5% of the UK population suffering. People diagnosed with hypothyroidism are typically prescribed levothyroxine. The number of prescriptions for levothyroxine is increasing yearly in the UK. Hypothyroidism is diagnosed when a patient has elevated thyroid-stimulating hormone levels. There is evidence for rising thyroid-stimulating hormone levels with age, but despite this, age-specific reference ranges for diagnosing hypothyroidism are not used. Therefore, we may over-prescribe elderly patients with levothyroxine, worsening cardiovascular and bone health outcomes.

Methods

This research aims to evaluate whether levothyroxine affects cardiovascular and bone health outcomes in people over 50 with marginally raised thyroid-stimulating hormone levels. Three studies will be conducted as part of this research: a systematic review and meta-analysis, a cohort study, and an emulated target trial study. The systematic review searched PubMed, Embase, Cochrane Library, MEDLINE and Web of Science databases were searched from inception until March 13, 2023. The retrospective cohort study and emulated target trial will be conducted using electronic patient records in The Health Improvement Network database.

Results

The systematic review found no association between adverse cardiovascular effects and levothyroxine use in patients with subclinical hypothyroidism over 65 (odds ratio 0.99; 95% confidence interval 0.86 – 1.15. There was also no association between adverse bone health outcomes and levothyroxine use (odds ratio 0.99; 95% confidence interval 0.52 – 1.88). This review revealed a paucity of studies and failed to identify articles on patients aged between 50 and 65.

Discussion

A cohort study and an emulated target trial study remain to be completed for this research. The main outputs from this study will be reports (funder, local and national policymakers), academic publications, and national and international conference presentations. The findings of this study aim to influence policy to introduce age-specific reference ranges for thyroid-stimulating hormone levels.

29 Cassandra Kenning, University of Manchester

Building a culture for research activity in general practice

Background

Research is fundamental to improving care. Recent policy has highlighted the need to expand research participation in an inclusive way, aligned with population burden. Around half of practices in England recruited to NIHR CRN supported studies in 2021/22. However, relatively few staff within general practices are actually engaged in research.

Method

A range of general practices from across England were recruited to a qualitative study. Practices that were research active or were in the process of becoming active were included. Semi-structured interviews were conducted with 41 clinical and administrative staff from those practices. Interviews were audio recorded, transcribed and coded by three researchers across the sites. Interviews were coded independently by researchers to an agreed coding frame. Analysis was inductive and themes were discussed regularly with the wider team to reach consensus.

Results

Many practitioners reported that there was not a strong culture for research in primary care. This was put down to a number of factors including: a) lack of awareness of research in general practice, b) lack of training in research as medical students going into general practice; c) misconceptions around research, what it entails, how much time it takes and what is needed to be able to take part in research; c) difficulty navigating the pathway to becoming research active. The interviewees identified ways in which they thought these barriers could be addressed, building a stronger culture for research across primary care.

Conclusions

Whilst many felt that awareness of research in primary care was improving, with the help of supporting bodies such as NIHR Local Clinical Research Networks and academic GP training schemes, many of the cultural barriers remain. Understanding these barriers and developing effective strategies to overcome them has the potential to improve the engagement of general practices in primary care research.

30 Kathryn Harvey, University of Liverpool

What interventions are effective in reducing development of hypertension and other cardiovascular complications in women who have had hypertensive disorders of pregnancy? A systematic review

What's the problem?

Hypertensive disorders of pregnancy (HDP) affect approximately 10-15% of pregnancies with pre-eclampsia affecting 3-5% of pregnancies. Women with a history of pre-eclampsia/HDP are at increased risk of hypertension (2 to 5 times) and major cardiovascular disease (1.5 to 3 times). There is little guidance on how to reduce this risk and few studies of interventions have looked beyond the immediate postpartum period. This systematic review aims to establish if there are interventions in women with previous HDP or pre-eclampsia that reduce the risk of developing adverse cardiovascular outcomes.

What we did

A systematic review protocol was developed and submitted to PROSPERO; inclusion and exclusion criteria determined and a search strategy implemented. Primary outcomes were: development of hypertension or change in blood pressure and development of other cardiovascular complications. Records and full texts were screened independently by two reviewers and disagreements resolved by discussion. Quality assessment used the Cochrane Risk of Bias tool.

What we found

A total of 3593 articles were screened. Nine articles were included. There were seven randomized-controlled trials and two quasi-experimental studies. One study looked at antihypertensive use, two studies focused on blood pressure monitoring and the remaining six studies focused on lifestyle interventions. A meta-analysis was not conducted due to heterogeneity. Three trials, two looking at monitoring and one looking at antihypertensives, reported significant reductions in diastolic blood pressure in the experimental group. No studies looked at the impact of interventions on the development of long-term cardiovascular complications. Most studies were of low quality with concerns about blinding of outcome assessment and incomplete outcome data.

What it means

More research is needed looking at potential interventions and optimal timing of interventions to reduce cardiovascular risk in this population. Alongside this, women need to be consulted about their preferences in relation to discussions about cardiovascular risk and potential interventions.

31 Tom Kingstone/Tamsin Fisher, Keele University

A mixed methods approach to the identification of risk factors of perinatal anxiety

What's the problem?

Perinatal anxiety (PNA) is anxiety experienced throughout pregnancy, and up to one year after childbirth. Global prevalence is estimated at 21%; perinatal depression (PND) is around 11%. We aim to understand if women most 'at risk' of PNA can be identified using primary care records and to understand women's lived experiences of PNA and attitudes to being labelled as 'high risk'.

What we did

Mixed methods study. Ethical approval from Keele University.

A Patient Advisory Group (PAG) and Clinical Advisory Group (CAG) informed each stage of the research.

Quantitative data analysis utilising the Clinical Practice Research Datalink (CPRD) and the IQVIA Medical Research Database (IMRD).

Qualitative interviews explored the lived experiences of women who have had PNA, and healthcare professionals and Voluntary Community Social Enterprises working with women with lived experiences of PNA. A second round of interviews will be informed by the quantitative findings.

Interviews were conducted online and in person, digitally recorded with consent, transcribed and anonymised. Data were thematically analysed.

What we found

Initial analysis of qualitative data has highlighted a number of factors that might either predispose women to PNA or perpetuate symptoms. Many of these are 'psychosocial' in nature, making them less likely to be coded in primary care records and challenging to identify in database analyses.

Whilst the idea of a risk tool was acceptable, clinician knowledge of the women was felt to be important.

Initial quantitative data analysis suggests PNA is more likely in younger women, in more deprived areas and with instrumental delivery.

What it means

What is currently recorded in primary care records may limit the extent to which a risk tool based on EHR coding could be used to identify women at risk of developing PNA: the patient-clinician interaction and good history-taking remains important.

32 Rebecca Goulding, University of Manchester

Can we deliver an intervention to improve communication and reduce risks to patient safety for people aged 65+ with multiple long-term conditions?

Background

Older people aged 65+ with multiple long-term conditions experience difficulties communicating with healthcare staff. Patient safety can be threatened when communication breaks down. To improve communication and reduce risks to patient safety, we developed SPEECH: Safer Patients Empowered to Engage and Communicate about Health. SPEECH comprises a booklet for patients (addressing capability, opportunity and motivation to communicate) and an associated guide for staff.

Methods

General practices in the North West were recruited to a single-arm feasibility study with embedded process evaluation. Participating practices (from areas of high, moderate and low deprivation) were asked to share the SPEECH intervention with all staff. Participating patients were sent the SPEECH booklet after completing baseline questionnaires. Both patients and staff were sent follow-up questionnaires, and a sub-sample were invited to participate in interviews about the intervention and study. Patients and the public were involved from generation of the initial idea to interpretation of findings.

Results

Five general practices were recruited. Fifty-five patients expressed an interest in participating, and 40 were recruited and received the booklet. Thirty-eight patient participants (95%) completed follow-up questionnaires, including self-reported measures of patient empowerment, empathy from care providers, treatment burden and patient safety. The Empowerment Scale showed the greatest average absolute level of change, and 75% of patients felt more empowered at follow-up. Additional questionnaires and the interviews showed patients and staff found SPEECH and the study processes acceptable. Some suggested simplifying the language in the booklet and creating a video to engage staff.

Discussion

As we met our recruitment targets, this study shows it would be feasible to deliver a trial to assess the effectiveness of SPEECH. While the intervention was considered acceptable, suggestions from participants should be incorporated and further work conducted to examine SPEECH through a health equity lens and increase the usefulness of this intervention.

33 Nicola Franc, Newcastle University

Medical Students' Perspectives of their Rural Primary Care Placements

Introduction

Medical school curricula have seen an expansion of teaching in the community. A rural primary care setting may afford a student exposure to a variety of patients and opportunities to improve their clinical skills and work as part of a small team. GP recruitment is an issue particularly for rural areas and there is some evidence that exposure to rural settings may positively influence students career intentions. There is a lack of research into students' perceptions of their rural primary care placements.

Aim

This study aimed to increase understanding of medical students' experiences of rural primary care placements.

Methods

An Interpretative Phenomenological Approach was utilised to explore students' lived experiences of their rural primary care placements. Semi structured interviews were conducted with five final year medical students.

Results

Interview transcripts were analysed, and themes identified, interpreted, and developed to generate multiple Personal Experiential Themes and Group Experiential Themes. This led to the development of four overarching concepts: adjusting to rural living, relationship with GP supervisor and team, autonomy and developing as a doctor. A sense of belonging and integrating into the team can facilitate learning.

Discussion

Students' experiences of rural primary care placements are influenced by their adjustment to their new environment. Once a student's basic needs are met on this foundation other factors important in learning can begin to develop including a sense of belonging for a student. A student's relationship with their GP supervisor and team is important and may influence their autonomy A rural placement may offer opportunities for students to integrate into a small team, feel valued and have an 'almost doctor' role consulting with a diverse range of patients, learning by doing and preparing them to be independent practitioners.

34 Ella Norgaard Morton, University of Manchester

Current thoughts about the term 'medical student' from clinical years students

What's the problem?

The medical education community has started to question whether 'medical student' is best serving the students who use it. Anecdotal reports have suggested that the term results in patient confusion and requires explanation. Having a term that neatly communicates the role and capabilities of the student is important for several reasons, including patient consent and the professional identity development of the student.

What we did

We conducted thirteen one-to-tone interviews with clinical years students at the University of Manchester. The data was then coded according to grounded theory.

What we found

The data suggest that students' relative level of professional confidence influences the choice of nomenclature in their introduction, but also their licence over adapting their introduction. Students view the alternative term 'student doctor' as a mostly unwelcome cognitive leap towards facing their upcoming responsibility and role. Students also recounted numerous experiences of patient confusion over the term 'medical student', the confusion leaving space for students to become vulnerable to the insertion of patient bias.

What it means

This study has identified numerous specific areas of future research, but overall recommends encouraging students to engage consciously with their 'introductory script', modifying it to best suit the patient interaction. Furthermore, we recommend encouraging them to mentally align themselves with their future role and responsibility, and thus the use of the alternative term 'student doctor' is useful for later years clinical students.

35 Ada Achinanya, U of Sheffield

Talking about complex mental health difficulties: new approaches needed!

Background

Complex mental health difficulties (CMHD) is a generic term describing multi-dimensional difficulties (including personality disorder and complex trauma) that do not meet current definitions of severe mental illness. Care for people with these difficulties is often episodic and crisis-related.

Methods

Understanding Services for Complex Mental Health Difficulties (UnSeen) is a mixed methods research project. Its aim is to understand how people with complex mental health difficulties are recognised in primary care and how general practices could work with other healthcare services to provide more joined-up care. This presentation relates to a qualitative interview study of GPs and people with lived experience of CMHD. Individual semi-structured interviews were carried out with 11 GPs and 19 patients recruited from participating general practices. Analysis used a reflexive thematic analysis approach.

Findings

The analysis is ongoing and will be completed by the time of the conference. In preliminary findings, we have identified that GPs recognise the complexity of mental health difficulties in multiple ways. They emphasise patients' individuality but are ambivalent about terms such as personality disorder. Patients recognise the complexity of mental health difficulties in ways that are largely similar to the GPs, but many find that GPs fail to recognise what the diagnosis of personality disorder means. Being treated by health services as a "person-with-a-named" condition may be different from being treated as a person (without an explanation).

Both patients and GPs seek better ways of "explaining why I act the way I do". While both aspire to work together, well-intentioned but unsuccessful referral attempts (blocked by overloaded services) can give an impression of "giving the run-around."

Conclusion

This study will contribute to a toolkit for helping practices and new services work together to help people with complex mental health difficulties.

36 Ciaran McInerney, University of Sheffield

Identifying complex mental health difficulties in health records: a new approach

Context

Complex mental health difficulties (CMHD) is a generic term describing multi-dimensional difficulties (including personality disorder and complex trauma) that do not meet current definitions of severe mental illness. Care for people with these difficulties is often episodic and crisis-related.

The problem

The Understanding Services for complex mental health difficulties (UnSeen) project aims to help understand how people with complex mental health difficulties are recognised in primary care, and how general practices could work with other healthcare services to provide more joined-up care. One part of our mixed-method approach is to query electronic health records for indicators of complex mental health difficulties. This is challenging, because the concept of complex mental health difficulties lacks formal definition, indicative features are under-reported, and clinical coding is both sparse and inconsistent.

Progress so far

We have developed a set of multi-dimensional patient features, for use within a database of anonymised health records (Connected Bradford). These features represent meaningful concepts which are rarely directly coded, such as early life adversity, presenting multiple types of mental health difficulty, and chaotic healthcare use.

This has involved conceptual and technical challenges. Conceptual challenges include developing feature sets from multiple sources such as hierarchical illness taxonomies (e.g. SNOMED), ideas from published literature and themes being developed in parallel qualitative work. Technical challenges include programmatically (rather than manually) aggregating and filtering a very large number of clinical codes and estimating unknown non-linear associations with minimal assumptions.

Where are we heading?

This list partly informs a toolkit for helping practices and new services work together to help people with complex mental health difficulties. My goal in this presentation is to show some of the tools and theories that have helped us address these problems and present some provisional findings.

37 Jayne Jeffries, Newcastle University

Professional and patient experiences of embedding clinical psychology teams in primary care in socioeconomically disadvantaged areas to address health inequalities: a qualitative evaluation

What's the problem?

'Deep End' primary care is a network of general practices serving communities facing extreme socioeconomic disadvantage. In the 'Deep End' there are high levels of patient mental ill-health support needs. MINDED (Mental Health In the Deep End) aims to understand the feasibility and acceptability of implementing a complex intervention to embed psychology teams in 'Deep End' primary care within Northern England.

What we did

Case studies of three models of service delivery in practices are being explored using qualitative interviews with professional staff in clinical and non-clinical roles; and patients offered, using and declining the service. Topic guides examine the site of each pilot; staff recruitment, secondment and organisational change; and delivering the intervention and patient experience. Audio-recorded, online interviews are transcribed verbatim, and data analysed thematically. A public advisory team reviewed and commented on the findings at a workshop.

What we found

Semi-structured interviews with professionals and with patients from six Deep End general practices are being conducted. Initial analysis highlights the importance of considering the context and culture of each practice when embedding a new initiative.

What it means

The evaluation is capturing key learning in respect of the hopes, expectations, barriers and bumps to integrating new in-house psychology services in primary care. The complexities uncovered through this research will inform service transformation and act as a guide to other areas wishing to implement similar interventions and address socioeconomic inequalities in health and care.

38 Emma Hillier, University of Bristol

What are the attitudes of the English Public towards prescription medication sharing?

Background

Prescription medication sharing means giving medication prescribed for you to someone else or taking medication that has been prescribed for someone else. People who share bypass the safety checks that healthcare professionals perform. Negative aspects of sharing include increased risk of adverse effects, drugs interactions, or delayed healthcare seeking. Prevalence rates for sharing range from 5-52%. However, there has been no research in the UK on this topic.

Methods

Telephone survey with 3000 members of the English public. Data included age, sex, ethnicity, number of people in household and measures of socioeconomic status alongside responses to 22 attitudinal statements with 5-point Likert response to capture components of behaviour based on the COM-B model. Responses were converted into an attitudinal score. Multivariate and univariate analysis explored the relationship between demographics and attitude score.

Results

Overall, 18.37% of responders had a positive attitude score with 19% disagreeing that there were risks involved in sharing prescription medicine without medical advice. Attitudes varied by characteristics; people living in larger households on average had a more positive attitude. Age showed the biggest variation in attitudes with younger people being more positive about sharing. The multivariate analysis shows many characteristics being correlated with attitudinal score and that characteristics measured account for a small part of the variation in attitudinal score between individuals.

Discussion

This is the first survey of attitudes of the English population towards sharing. Findings suggest that a significant minority of the public have a positive attitude to this behaviour. Healthcare professionals should consider informing young adult patients about the risks of giving or taking prescription medication without medical advice. Further research is required to determine if positive attitudes to prescription medication sharing are linked to engagement in the behaviour and the impact of behaviour on health and wellbeing.

39 Claire Burton, Keele University

Symptom Patterns and Life with Post-acute Covid-19 in Children aged 8-17 years (SPLaT-19_C) – a baseline description of the cohort

What's the problem?

Covid-19 in children and young people (CYP) usually causes mild illness, but some experience longer-term consequences. Long-covid is a patient derived term describing symptoms, lasting more than 4 weeks. The aim of this cohort study is to understand how Long-covid affects CYP in the later part of the pandemic, to better inform clinical practice and interventions.

What we did

CYP aged 8-17 years, registered at general practices selected based on variability in ethnicity and deprivation data, were invited to participate by SMS. CYP with no recorded mobile number or who had dissent codes for research and/or messaging, were not contacted. Consent/assent was obtained electronically. Cohort data is being collected prospectively every 3 months, for 1 year and includes the KIDSCREEN-10 quality of life measure, symptom inventories, service utilisation questions and other biopsychosocial variables.

What we found

40,874 SMS invites were sent out from 40 general practices. Baseline data was collected between October 2022 and February 2023. At baseline, there were 502 participants (280, 55.78% female), mean age 13.11 years, and 41 (8.17%) describing their ethnicity as none-white. Deprivation data will be provided.

374(74.50%) participants reported at least one episode of acute Covid-19. 310(61.75%) reported at least one Covid-19 vaccination. The most frequent symptoms of acute Covid-19 were sore throat, headache, and cough. 265 participants reported one or more symptom persisting for more than 28 days; 233 had one or more symptom persisting for 3 months or more. We will further describe these symptoms and their impact on quality of life.

What it means

We will describe the prevalence and severity of persisting symptoms and their impact on quality of life, following acute Covid-19, in a population of CYP recruited from primary care. These data highlight potentially unmet needs of CYP as we emerge from the Covid-19 pandemic.

40 Jennifer Voorhees, University of Manchester

Developing the OATH (Optimising Access through Human Fit) Resource Set using Participatory Research

What's the problem?

Access to general practice is a crucial issue, particularly in the context of the COVID-19 pandemic, the workforce crisis, and growing population health inequalities. Patient and staff perspectives are not always prioritised in policies or research about access. We aimed to develop resources that reflected these perspectives, in order to embed the idea of access as human fit as a way to help practice staff and patients work together to address longstanding problems of access.

What we did

We worked within our previously established participatory research team, including patients, carers, general practice staff, commissioners, the voluntary sector, and academic researchers. The team met 19 times over 2021-2023 to guide decision making, discuss emerging ideas, and plan dissemination.

Using qualitative methods, we conducted 45 hours of observations in seven general practice sites, and interviews and focus groups with 60 patient and staff participants. In nine 'Collaborative Focus Groups', we facilitated staff and patients at five sites to explore access challenges and develop plans together. We developed the OATH Resource Set iteratively from ongoing analysis of all data.

What we found

We created the OATH Resource Set, an innovative product of research that can be used in practice and training to help staff and patients bridge gaps that the pandemic widened. It includes guides for meetings, diagrams of concepts, vignettes of patient-staff interactions, and action plan templates.

What it means

Our findings highlight the potential for participatory research to improve processes, outcomes, and experiences. However, there remain challenges in bringing general practice staff and patients together to engage in conversations about access. We will continue to adapt the OATH resource set through further research to maximise usefulness in practice and work with policy makers to align incentives to allow for this kind of work to be done.

41 Nadine Mirza, University of Manchester

The Cultural Sensitivity and Accessibility of North West Memory Clinics: A Service Evaluation

What we did?

Despite ethnic minorities making up 25% of the UK population and expecting a 7 to 8 fold increase in dementia diagnoses, only one service evaluation explores lack of ethnic minority access to memory clinics for dementia diagnosis and management. As this service evaluation primarily looked at London and the South, we conducted a service evaluation of North West memory clinics' cultural sensitivity and accessibility.

We developed the Memory Services Cultural Sensitivity Questionnaire (MSCS-Q) according to NICE Guidelines, a literature review of recommendations for improving ethnic minority access to dementia services, and shadowing of a memory clinic. The MSCS-Q was distributed to North West memory clinics between January 2020 and May 2023.

What we found

Twelve memory clinics participated, showing varying approaches. Memory clinics provided referral data between January 2022 and January 2023 and 9 reported an underrepresentation of ethnic minorities. Five reported being unable to record ethnicity for all referrals. Barriers included poor website navigation, language issues, variance working with interpreters, a lack of appropriately translated materials and assessment tools, and limited staff training. Provisions included prior community engagement, better communication with primary care, flexibility with interpreters and in-house training on working with them, reliance on history taking and collateral information, and signposting to multifaith and ethnicity based services.

What this means

Despite existing guidelines memory clinics operate in differing ways within the same region. Memory clinics should enhance community engagement, create an accessible online presence, provide staff training on working with interpreters, signpost to established organisations familiar with ethnic minority needs, and collect patient feedback using translated materials. Memory clinics should more accurately record ethnicity at referral and at diagnosis provision and be provided with interpreters trained in assessment. Further research should investigate use of original versus translated assessment tools to determine a uniform diagnostic procedure.

Posters

Area	Presenter	Title
Engine Hall	P1 Hareesha Bharadwaj, University of Manchester	Exploring Freedom to Speak Up in General Practice
Engine Hall	P2 Alison Janes, Newcastle University	Exploring new Allied Health Professional roles in Primary Care at place-level
Engine Hall	P3 Matthaus Marriott, University of Sheffield	Inequalities in access and uptake of dementia services within ethnic minority communities living in the UK: a scoping review
Engine Hall	P4 Nicola Ditzel, University of Central Lancashire	Developing a patient satisfaction survey for non-English speakers: An alternative approach
Engine Hall	P5 Genevieve Shimwell, University of Manchester	Podcasts in Medical Education: Gimmick or real place for empowering our future doctors with clinical skills and knowledge?
Tower	P6 Christina Roberts, University of Central Lancashire	Constipation in people with a learning disability who died: prevalence, management, and the role of prescribed medications
Tower	P7 Lewis Roberts, University of Sheffield	Dementia diagnosis: how best to implement a novel memory assessment tool
Tower	P8 Shraboni Ghosal, University of Manchester	Association of Orlistat with Weight loss in Type 2 Diabetes and Prediabetes – An Electronic Healthcare Database Study
Tower	P9 Louise Clarke, University of Nottingham	Barriers to identifying, diagnosing, and treating Vulval Lichen Sclerosus in primary care: A mixed methods survey study
Tower	P10 Dalal Al-Bazz/Ryan Cory, University of Sheffield	Ethnic minority women's experience and access to contraception in UK primary care; a qualitative evidence synthesis
Tower	P11 Clare Clarke/Rikki Kasmir, University of Manchester	Greener Prescribing in Asthma: Everyone’s a winner!?
Tower	P12 Siddiqa Hashmi, University of Manchester	Continuity of primary care: Assessing the feasibility of an international comparison
Tower	P13 Clare Clarke/Luke Wilkinson, University of Manchester	HIV Zero 2030: Client choice in PrEP
Coal Store	P14 Shahad Al Hashemi, Newcastle University	A review of family medicine teaching in UAE medical schools: Exploring the development, barriers and facilitators
Coal Store	P15 Anjali Vaidyanathan, University of Manchester	Micro-aggressions: The Impact on Student Learning
Coal Store	P16 Samantha Robinson/Deborah Wilmot, Newcastle University	Hidden outcomes of in-person interprofessional education
Coal Store	P17 Sarah Cope/Sajni Gupta, Newcastle University	How Inclusive is your induction?
Coal Store	P18 Samantha Robinson/Deborah Wilmot, Newcastle University	Multiprofessional learning is a good idea. Isn’t it? Evaluation of multiprofessional small group teaching with General Practitioner Doctors in Training (GP PGDiT) and Physician Associate (PA) preceptors
Coal Store	P19 Samantha Robinson/Deborah Wilmot, Newcastle University	Multi-professional multi-regional virtual teaching