SAPC | 2019 Conference

The Society for Academic Primary Care (SAPC)North Conference

28 & 29 November 2019: University of Central Lancashire, Preston

INNOVATIVE THINKING FOR THE REAL WORLD

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University of Central Lancashire

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Prof Carolyn Chew-Graham: What can SAPC do for you – and what can you do with SAPC?

Abstract: The blurb on the SAPC website states: "Membership of the Society for Academic Primary Care offers you the opportunity to belong to a group of primary care academics – clinicians, educators and health services researchers, who champion expertise in primary care research and education, and drive forward improvements in primary care services. Membership of SAPC enables you to register for the annual conference at the reduced registration fee for members. Your membership fee is tax deductible." What does this mean?

You are probably most familiar with the Annual Scientific Meeting (ASM) – this year's conference in Exeter was the 48th annual meeting, and preparations are well ahead for the 49th conference in Leeds. But SAPC is so much more than the ASM.

This presentation will outline a short history of SAPC, and key, influential academic GPs. Joint working with the Royal College of General Practitioners (RCGP) and international academic primary care bodies is key, with impact on (academic) general practice nationally and internationally. The support available for members by the variety of groups under the SAPC umbrella, including Special Interest Groups, the Mentorship scheme and PHoCuS will be described.

Members of the SAPC Executive committee are very keen that we continue to develop our society, and we are looking to our newest members for ideas and suggestions. So, your input will be requested and appreciated – please bring a pen.

Biography: Prof Carolyn Chew-Graham is a GP Principal in Central Manchester, Professor of General Practice Research at Keele University, Honorary Professor of Primary Care Mental Health at Midlands Partnership Foundation Trust and Honorary Professor of Primary Care, University of Manchester.

Her main areas of interest and expertise include the primary care management of people with anxiety and depression, multiple health conditions, unexplained symptoms. She has qualitative research methods expertise, drawing on theories from social sciences and psychology, but always with a focus on clinical practice – trying to answer questions that are important to patients, their families, health care professionals and the NHS.

She is Chair of Society Academic Primary Care (SAPC), and Chair of RCGP Scientific Foundation Board and RCGP 'Curriculum Advisor, Mental Health. She currently chairs the RCGP 'Research Paper of the Year' panel.

She is currently a member of the NICE Clinical Guideline Development Group Depression (update) – work which directly impacts on commissioning decisions and patient care. She is Section Editor *BMC Family Practice* and Editor-in-Chief *Health Expectations*.

Prof Robbie Foy: Rigorous, real-world research on implementation.

Abstract: This presentation will summarise two large, pragmatic, randomised trials evaluating the effectiveness and cost-effectiveness of an adaptable package to promote the implementation of evidence-based indicators in UK primary care.

Clinical evidence that can help cut avoidable deaths and enhance quality of life does not reliably find its way into everyday patient care. The gap between evidence and practice is strategically important because it limits the health, social and economic impacts of clinical research. Multiple priorities and system pressures make closing this gap between evidence and practice particularly challenging in primary care. Implementation studies typically focus on single problems (e.g. diabetes, stroke prevention); it is often uncertain therefore whether an implementation strategy that works for one problem will work for another. We developed and evaluated a uniquely adaptable implementation package targeting four different 'high impact' indicators. These indicators comprised achievement of recommended treatment targets for all of haemoglobin A1c, blood pressure and cholesterol in type 2 diabetes, avoidance of risky prescribing of non-steroidal anti-inflammatory and anti-platelet drugs, anticoagulant prescribing for stroke prevention in atrial fibrillation, and achievement of recommended blood pressure levels in patients at high risk of cardiovascular events.

We undertook two parallel, pragmatic cluster-randomised trials using balanced incomplete block designs in general practices in West Yorkshire. We used 'opt-out' recruitment and randomised practices to an implementation package that targeted either diabetes control or risky prescribing (Trial 1); or blood pressure (BP) control or anticoagulation in atrial fibrillation (Trial 2). The implementation package embedded behaviour change techniques within audit and feedback, educational outreach, and computerised support, with content tailored to each indicator. We randomised 178 general practices, collectively serving 1.3 million patients, and used routinely collected data to assess outcomes.

The presentation will highlight key findings and lessons learned about implementation in primary care.

Biography: Robbie Foy is Professor of Primary Care at the Leeds Institute of Health Sciences and a general practitioner in Leeds. His field of work, implementation research, aims to inform policy decisions about how best to use resources to improve the uptake of research findings by evaluating approaches to change professional and organisational behaviour. His former posts include a clinical senior lectureship at Newcastle University, and an MRC training fellowship in health services research based jointly between the Universities of Edinburgh and Aberdeen. He also trained as a public health physician. He was a 2006-7 Harkness / Health Foundation Fellow in Health Care Policy, based jointly between the Veteran's Administration and RAND in Los Angeles. He was a founding member of the UK Society for Behavioural Medicine and Deputy Editor-in-Chief of the open access journal, *Implementation Science*, until 2015.

Prof Mark Gabbay: The NIHR ARC North West Coast.

Abstract: This talk will introduce the NIHR North West Coast Applied Research Collaboration (ARC) North West Coast; and highlights from the NIHR Collaboration for Leadership Applied Research and Care CLAHRC) NWC. This Investment of around £40M over nearly 11 years and covering 50 plus different health, local government and social care organisations undertakes applied research and implementation projects with the potential to reduce health inequalities. There is a major primary care focus (we are the only CLAHRC/ARC hosted by a CCG) and the ARC includes Primary Care networks as well as CCGs. At its heart is co-production, robust public involvement, capacity building in partner/member organisations and the public and many innovations.

Biography: Prof Mark Gabbay is a practicing GP and Chair of General Practice at the University of Liverpool. An applied health researcher using mixed methods, inner-city GP and active teacher at both undergraduate and postgraduate levels, Mark is passionate about Primary Care, Health Inequalities and an effective NHS providing high-quality individual care underpinned by evidence, with providers and commissioners committed to learning and organisational excellence supported by academics.

Prof Ben Jackson: Scholarship for all in primary care – supporting the new kids on the block

Abstract: Changes in the way primary care is delivered and workforce challenges to address healthcare needs are driving inequities in access to care and changing traditional professional boundaries in General Practice. But how should academic primary care support and accommodate scholarship for our new colleagues?

Biography: Ben Jackson is a GP Partner in Conisbrough, South Yorkshire and Director of Primary Care Teaching at the Academic Unit of Primary Medical Care, University of Sheffield. As well as medical education, his academic interests include addressing health inequities and the development of new clinical roles in General Practice. He is a member of the RCGP Health Inequalities Steering Group and chairs the regional Primary Care Workforce Hub which works to support the development of a sustainable primary care workforce for all communities.

Thursday 28 November 2019	
11:30-13:00	**Registration and lunch**, Venue 53
13:00-13:10	**Welcome: Prof Catherine Jackson,** Harrington Lecture Theatre
13:10-13:40	**Keynote Lecture: Dr Ben Jackson: Scholarship for all in primary care – supporting the new kids on the block,** Harrington Lecture Theatre
13:45-15:15 (1h 30 min)	Parallel sessions (oral presentations 15 min each, poster pitches 3 min presentation and 2 min Q&A)

Education / Chair: Prof Joanne Protheroe (Harrington Lecture Theatre)

Poster Pitches (15 min)
Sophie Murdoch: *Evaluation of GP clinical placement supervisor workshop on Health Literacy*
Hammond Ellie: *Early clinical placements programme for medical students in Primary Care: An evolving journey*
Dr Michael Harrison: *GP clinical teachers' self-perceptions of their role as teachers: A pilot study*

Oral presentations (1 hour)
Lauren Berry: *Parallel surgeries in undergraduate medical education: Perceptions of active learning*
Dr Jayne Cullen & Dr Emily Cottrell: *By choice – not by chance three years on: What has been the response at medical schools to raising the profile of GP as a career?*
Dr Anthony Codd: *What do students value in their General Practice placements? A multi-centre evaluation*
Anna Stickland: *The Patient Journey Project: Increasing student exposure to complex healthcare interfaces*

Poster Pitches (15 min)
Matthew Gale: *Using student perceptions of early clinical experience to improve primary care teaching*
Dr Shehleen Arbab Khan: *Do clinical debrief sessions help students develop their understanding of professionalism issues facing doctors?*
Gemma McNally: *What interventions are most effective in teaching and maintaining empathy in medical students?*

Research / Chair: Prof Nefyn Williams (Greenbank Lecture Theatre)

Oral presentations (1 hour 15 min)
Dr Claire Sloan: *Development of a psychosocial intervention for older adults with depression and multiple long-term conditions: A qualitative study utilising interview and co-design methods*
Dr Claire Sloan: *Implementation of a community pharmacy intervention to manage sub-threshold depression in people with long-term conditions: A qualitative study utilising Normalisation Process Theory*
Prof Joanne Reeve: *Optimising a whole-person-centred approach to stopping medicines in older people with multimorbidity and polypharmacy: The Tailor Medication Synthesis*
Dr Alison Doherty: *Barriers and facilitators to deprescribing in primary care for patients with multimorbidity and polypharmacy: A systematic review*
Nadine Mirza: *The influence of culture on cognitive tests: The development and cultural validation of the Addenbrooke's Cognitive Examination Version III Urdu UK for a Pakistani Urdu speaking population (PACE Project)*

Poster Pitches (15 min)
Ujala Shahmalak: *The experiences of lay health workers trained in task-shifting psychological interventions: A qualitative systematic review*
Timothy Smith: *Reducing the impact of parental loneliness: The RIPpLe Project*
Dr Vishal Aggarwal: *Implementation of a supported self-management intervention for chronic orofacial pain: A theory, evidence and person based approach*

15:20-15:30	Coffee break (Venue 53)
15.30-16:00	Poster Tours (Venue 53)
16:00-16:30	Keynote Lecture: Prof Robbie Foy: Rigorous, real-world research on implementation, Harrington Lecture Theatre
16:30-17:30	Workshops:

Increasing ethnic minority recruitment to mental health research (Dr Waquas Waheed, Yumna Masood; Nadine Mirza, Room AL004)	*From psychological detachment to well-being at work* (Dr Alexander Montasem, Room AL104)	*Developing clinical epistemology: the missing tool for 21st century medical practice* (Prof Joanne Reeve, Room HA113)	*How can QI programme support primary care to reduce amenable mortality?* (Dr Michelle Coleiro, Dr Julia Reynolds, Room HA108)

18:30-19:00	Pre-dinner drinks (Venue 53)
19:00	Dinner (Venue 53)

	Friday 29 November 2019
7:30-8:30	**Yoga session run by Dr Sakthi Karunanithi* & Emma Lowther-Wright**** Studio Red, Sir Tom Finney Sports Centre
8:30-9:00	**Registration and coffee**, Venue 53
9:00-9:30	**Keynote Lecture: Prof Mark Gabbay: The NIHR ARC North West Coast** Harrington Lecture Theatre

9:35-11:05 (1 h 30 min) — Parallel sessions (oral presentations 15 min each, poster pitches 3 min presentation and 2 min Q&A)

Education Chair: Dr John Richmond (Harrington Lecture Theatre)	Research Chair: Prof Joanne Reeve (Greenbank Lecture Theatre)
Oral presentations (1 hour) Dr Louise Milburn: *The lost tribe, is our current training structure driving the FY3 phenomenon?* Lucy Astle: *The Ribblesdale Heart Failure project* Dr Nicola Cooper-Moss: *A review of cancer-specific significant event analyses: Evidence for improving patient care* **Poster Pitches (20 min)** Dr Alastair Dodsworth: *An evaluation of the perceptions of year four undergraduate medical students and their clinical supervisors taking part in three simultaneous student selected components (SSC) in a novel longitudinal placement* Sarah McMullen: *A systematic review of the effectiveness of psychological interventions used to support female victi of domestic violence* Dr Susan Harris & Dr Emma Pimlott: *How can we make medical educational activities more active?* Dr Sabia Dayala: *Is Emotional Intelligence taught in undergraduate curriculae?*	**Oral presentations (1 hour 15 min)** Dr Suhail Tarafdar: *Family caregiver perspectives of dementia: A qualitative study of South Asian experiences within the West Midlands* Prof Nefyn Williams: *What is the role of primary care in reducing the decline in physical function and physical activity in people with long-term conditions? Findings from realist synthesis involving theory-building workshops, systematic and iterative literature searches* Dr Soo Oh & Sirah Shaheen: *Recognition and disclosure of perinatal anxiety: A qualitative study of women's experiences* Helen Martin: *Research LIVE: What are the drivers and enablers for involvement in primary care research?* Kate Watson: *What role do community pharmacies play in the support of people with multiple long term health conditions* **Poster Pitches (15 min)** Prof Joanne Protheroe: *Is it important to identify patients with low health literacy in primary care?* Prof Nefyn Williams: *A definitive randomised controlled trial (RCT) and economic evaluation of a community-based rehabilitation programme following hip fracture. Fracture in the Elderly Multidisciplinary Rehabilitation – Phase III (FEMuR III)* Efioanwan Andah: *Can revitalising professionalism reverse the retention crisis in medicine: A rapid review*

11:10-11:20	**Coffee break** (Venue 53)
11.20-11:50	**Poster Tours** (Venue 53)
11:50-12:20	**Keynote Lecture: Prof Carolyn Chew-Graham: What does SAPC do for you – and what can you do with SAPC?** (Venue 53)
12:20-12:50	**Closing: presentation of prizes and time for the next year's host** (Venue 53)
12:50	**Buffet lunch** (Venue 53)

*Dr. Sakthi Karunanithi MBBS M.D. MPH FFPH

Director of Public Health, Lancashire County Council

Dr. Sakthi Karunanithi is an experienced director with a demonstrable history of working in the NHS, local government and industry. He is skilled in Population Health Management, Evidence-based policy advice, Epidemiology, Prevention, Health Promotion, Healthcare Management, and Healthcare.

**Emma Lowther-Wright

Yoga teacher & sound therapist, Director of Mandala Yoga Preston. Creator of soundscapes and Soundbaths and private sound healing treatments.

A

Dr Vishal Aggarwal: Implementation of a Supported Self-management Intervention for Chronic Orofacial Pain: A theory, evidence and person based approach.

Coauthors: Alan Mighell, Frank Fox, Elizabeth Bradley, Allan House, Elspeth Guthrie, Jianhua Wu
Institutions: Faculty of Medicine and Health, University of Leeds

Problem
Current management of Chronic Oro-facial Pain by doctors and dentists in primary and secondary care involves invasive and irreversible interventions that are not evidence based. It relies on a biomedical model to explain subjective pain symptoms that are unaccounted for by underlying organic abnormalities. Evidence from a recent systematic review supports the use of self-management interventions in the management of chronic orofacial pain. However they are not routinely implemented in the clinical care of these patients. We have previously developed a supported self-management intervention and shown it to be feasible and acceptable in a pilot trial., Aim:, To evaluate the impact of our supported self-management intervention, in secondary care patients with chronic orofacial pain, by measuring post intervention consultation rates, pain severity, interference with life and impact on co-morbid pain conditions.

Approach
The intervention was delivered to 66 patients with chronic orofacial pain (predominantly chronic burning mouth syndrome, chronic temporomandibular pain, and persistent idiopathic orofacial pain) attending the oral medicine department at Leeds Dental Institute. Process mining was used to outline patient care pathways and consultation rates before and after the intervention was implemented. Brief Pain Inventory (BPI) scores were used to measure pain severity and interference with life before and after the intervention.

Findings
Process mining showed high rates of service usage with 31 patients also attending 51 other specialist clinics between them reflecting the prevalence of co-morbid conditions in this group of patients. Average monthly specialist clinic visit reduced from 0.23/month before the intervention to 0.15/month after the intervention (p-value = 0.008). BPI scores also significantly improved after intervention. Of 22 patients with BPI recorded before and after clinical consultation, mean pain severity score (standard deviation: SD) reduced from 5.70 (1.89) to 3.78 (2.34); mean pain interference score (SD) reduced from 19.95 (9.41) to 12.05 (9.64).

Consequences
Supported self-management for chronic orofacial pain has a positive impact on pain intensity and patient quality of life. In addition it reduces service usage as evidenced by a reduction in consultation rates. Early management of such interventions to prevent chronicity by implementation in primary care should be a priority for future testing.

Efioanwan Andah: Can revitalising professionalism reverse the retention crisis in medicine: A rapid review.

Coauthors: Blessing Essang, Charlotte Friend, Sarah Greenley, Kathryn Harvey, Joanne Reeve, Maria Spears
Institutions: Hull York Medical School

Problem
The NHS is dealing with a workforce crisis. The progression of doctors into specialty training after the foundation programme has fallen from 71.3% in 2011 to a staggeringly low 37.7% in 2018. Furthermore, despite a greater need for community-based care due to an ageing population, there are significantly declining numbers of district nurses and GPs. If this significant shortage in the workforce is to be tackled, we need a better understanding of factors which motivate people to leave the profession. A body of work led by Moss Kanter at the Harvard Business Review states professional motivation can be explained by the presence/absence of 3 concepts meaning, mastery and membership. Her work was developed in non-medical professions. This rapid review will critically examine whether the 3 M's model can explain the current medical workforce crisis and offer new insights into tackling this important issue effectively.

Approach

This is an exploratory study. We therefore opted to undertake a critical, rapid qualitative literature review to assess whether/to what extent the 3M's described by Moss Kanter can explain reported reasons for leaving medicine. With the aid of an Information Specialist, we constructed a search strategy to identify literature containing terms such as doctor, workload, job satisfaction, burnout, early retirement, NHS etc. We excluded studies with non-medical healthcare professionals, studies not published in English language and commentaries/editorials amongst other criteria. We applied the search strategy to two electronic databases, MEDLINE and EMBASE. Studies were limited to post-1990 in order to allow for changes in the GP contract and the publication of the Calman report. Abstracts were screened by EA with 25% double screened by SG to identify papers meeting the inclusion criteria. Disagreements were resolved through discussion. A study bespoke data extraction tool was applied to the final selection of papers to describe study design and quality; and to identify factors which describe/explain motivation for leaving the medical profession.

Findings
The search produced 3273 results (2223 from MEDLINE and 1050 from EMBASE). Screening of these studies excluded 2997 papers with 73 final included papers. Data extraction has identified that the 3 themes of mastery, membership and meaning are substantially present within the identified literature. Further detailed thematic analysis identified 6 key themes which aid in describing the reasons for doctors leaving medicine; loss of meaning, doctor/patient/public disconnect, changing job role, negative personal effects, lack of support, and unnecessary bureaucracy and government interference.

Consequences
The 3M's of membership, mastery and meaning proposed by Moss Kanter does aid in describing what motivates a workforce, translating effectively to the NHS, with the themes highlighted showing how these can influence those that leave medical practice. This supports the development of relevant and more targeted solutions to effectively tackle the worsening workforce crisis.

Lucy Astle: The Ribblesdale Heart Failure Project.

Coauthors: Gillian Anderson
Institutions: Ribblesdale PCN (Lucy Astle), University of Manchester (Gillian Anderson)

Problem
Heart failure is a complex clinical syndrome affecting over half a million people in the UK. Symptoms such breathlessness, fatigue and swelling of the legs can impact on all aspects of life and wellbeing. Depression is common and there is an increased risk of emergency hospital admission and prolonged inpatient stays. Evidence-based guidelines support a multidisciplinary approach to the management. The Ribblesdale Heart Failure Project was established to improve the care of patients with heart failure, using a collaborative quality improvement approach. The project is also a test bed for development of Primary Care Network (PCN) pathways and processes.

Approach
A core project group was established with a GP and nurse from four participating practices, a Consultant Cardiologist and two heart failure specialist nurses. Audit and process mapping was carried out to identify key areas for improvement. From this, individual work streams were developed, using a Plan-Do-Study-Act (PDSA) approach: 1) development of a pathway for diagnosis and management, 2) development of a template to support primary care reviews, 3) education for practitioners, 4) development of consistent coding. Audit and case review was used to evaluate the impact of the interventions.

Findings
In the initial audit of 353 patients with heart failure, 19 different diagnostic codes were in use. This was refined to 2 main diagnostic codes. A subsequent register validation and re-audit at one of the practices led to an increase in prescribing of ACEi/ARB from 28% to 60%, and for ACEi/ARB and beta-blockers from 18% to 46%. The evaluation of the template included 78 patients. Data was collected on 22 clinical indicators. The results showed improvement in recording of some indicators, for example assessment of breathlessness increased from 51% to 80%. Feedback from patients indicated that symptom control is important to people living with heart failure. Other areas showed no improvement, for example referral to cardiac rehabilitation (4% to 0%), but this could be improved through more training.

Consequences
A consistent approach to coding improves care for patients with heart failure by enabling clinical systems to guide management, for example by highlighting eligibility for medication. It can also support the development of key care standards and processes, which may be used for real-time benchmarking. An evidence-based template to support primary care heart failure reviews improves the quality of review, ensuring areas important to patients are covered. Ongoing training and template development is needed to achieve a gold-standard review. Collaborative working within a PCN is an effective strategy for developing clinical pathways and up-skilling primary care. For patients this can bring care closer to home, and for the NHS, has the potential to relieve pressure on secondary care services.

Lauren Berry: Parallel surgeries in undergraduate medical education: Perceptions of active learning.

Coauthors: David Tan, Hugh Alberti, Sophie Park
Institutions: Newcastle University

Problem
Parallel surgeries are a teaching method employed throughout undergraduate and postgraduate primary care education. They involve the student consulting with patients and formulating their own clinical assessment independently before calling in the supervising GP to discuss their impressions and recommendations, usually with the patient present. A literature gap was identified surrounding the implementation of parallel surgeries in UK undergraduate education. Consequently, there is little consensus on optimal teaching in parallel surgeries. Our aim is to describe the perceptions of this educational tool from student, patient and doctors' perspectives.

Approach
We conducted semi-structured interviews with the students, GPs and patients directly following parallel surgeries at four UK practices within the Northern region. The interviews were transcribed verbatim and analysed collaboratively using thematic qualitative data analysis.

Findings
The overarching themes identified were 'active learning versus passive learning', 'progression- bridging the gap between student and doctor', 'roles', 'challenges' and 'benefits'. Discussion of roles featured extensively and the challenge of 'role management/conflict' between the GPs and students was evident. The GP could hold one of many roles (practitioner/facilitator/supervisor/teacher/service delivery) and the student strived to act as 'practitioner'. Challenges were separated into subthemes of 'individualistic nature', 'role management/conflict' and 'patient sensitivity'. Benefits were identified for all three parties. Experiences of feeling 'legitimate/validated' were emphasised by the students as a main benefit.

Consequences
Parallel surgeries are generally perceived as positive experiences with a plethora of benefits for students, patients and GPs. Whilst challenging at times, solutions and ways of negotiating challenges were demonstrated suggesting these can be overcome. When conducted expertly, parallel surgeries are predominantly an active learning experience that allows the student to progress, taking the next step up the ladder to becoming a doctor, building confidence and skills successfully in a legitimate and valid role. Role awareness and consideration could be beneficial as there is a complex interaction and dynamic of roles within the consultation, particularly for the GP.

Dr Anthony Codd: **What do students value in their General Practice placements? A multi-centre evaluation.**

Coauthors: Anthony Codd (1), Hugh Alberti (1), Kevin Anderson (2), Martina Kelly (3), Sophie Park (4), Neelam Parmar (4)
Institutions: (1) Newcastle University, (2) Hull-York Medical School, (3) University of Calgary, (4) University College London

Problem
Worldwide, medical schools are using general practice (GP) placements to deliver a significant proportion of the curriculum – on average 13% of the curriculum in the UK. Whilst we are developing an understanding of the learning taking place in GP, we are yet to explore fully students' perceptions about the value of their GP placements. The Wass report reminds us of the responsibility of medical schools to improve the quality, content, timing and variety of GP placements, to address the current GP recruitment crisis. Therefore, we need to identify and understand students' experience in GP placements to effectively train tomorrows doctors to align with the future needs of society (GMC Outcomes for Graduates, The Future of Medical Education Canada MD), based on a need for more general practitioners and focus on community care.

Approach
Varied cohorts of clinical medical students at six universities undertaking placements in GP (UK) or Family Medicine (Canada) will be asked, as part of their usual feedback process, to answer three additional questions: 1.   What did you value about your GP/FM placement? 2. What did you not value about your GP/FM placement? 3. What did you learn that might be relevant for your future practice? Students from different year groups are included to gain a broader view of placements and allow tailoring to the needs of these different groups. Pilot studies in individual institutions in the UK generated themes which were found to map to the eight items of the Manchester Clinical Placement Index (MCPI), a measure of the conditions required for effective

undergraduate experience-based learning. Thus, the MCPI will be used to generate a priori codes for template analysis of the new data.

Findings
Preliminary data from two of the UK medical schools (373 respondents) shows that students particularly value active learning, opportunities to inhabit the role of the GP, a wide variety of real patients, supportive and well-prepared tutors and staff, and learning activities closely aligned with curriculum outcomes. Poor timetabling, preparation of tutors, and lack of variety of clinical learning activities were amongst the components of the placements valued least. Learning for future practice was primarily reported as development of consultation skills. Full findings from the three UK medical schools will be presented.

Consequences
The emergence of a strong preliminary theme of GP-based tutorials/seminars, outside the scope of the MCPI, hints that GP, while a key source of experience-based learning, should be considered as a holistic learning environment, rather than a discrete set of patient experiences. Further implications will be drawn from analysis of the full data set, but it is anticipated that the findings will inform how local GP/FM placements are organised and quality-assessed to provide the greatest value for students.

Dr Nicola Cooper-Moss: A review of cancer-specific significant event analyses: Evidence for improving patient care.

Coauthors: Umesh Chauhan, Neil Smith
Institutions: School of Health, University of Central Lancashire, East Lancashire Clinical Commissioning Group

Problem
Recent years have shown a rise in the use of Significant Event Analysis (SEA) in cancer care; particularly relating to the events surrounding new cancer diagnoses. Cancer-specific SEA is quoted by multiple studies as a recommendation for improving early diagnosis and patient care pathways. The 2015-2020 national cancer strategy proposes that all General Practices should undertake annual SEAs of new cancer diagnoses. In 2016, the Royal College of General Practitioners (RCGP) launched a cancer SEA toolkit. Despite these developments, the role of SEA for improving and sustaining cancer outcomes remains a subject of debate. This review aims to consolidate existing knowledge on the use of SEA in cancer care.

Approach
Four electronic databases were searched for articles pertaining to significant events in cancer care from January 1990 to July 2019. Relevant studies were also identified through reference lists; citation tracking and a conference index search. Studies have been appraised according to three characteristics: nature of the significant event; methodology applied for exploring the significant event; and evidence of improved patient care. The review is currently ongoing and the completed results will be presented at the meeting.

Findings
Following the removal of duplicates, 1027 records were identified and systematically screened. Preliminary findings suggest the included studies to be clinically and methodologically diverse. Studies most frequently adopted a qualitative design; including thematic analysis of SEA documents and semi-structured interviews with patients and stakeholders. Several large multi-site studies provide descriptive insights into the events surrounding new cancer diagnoses, emergency admissions and referral processes. Selected patient and educational outcomes have also been reported by individual studies based on SEA as an intervention. These include an increase in suspected cancer referrals; improved team-work and self-reported changes in referral practices.

Consequences
Learning from significant events in cancer care is a feasible and acceptable method for quality improvement among patients, health professionals and stakeholders. SEA encourages individual practices to successfully implement action plans. Findings from multi-site SEA provide insights into positive and negative aspects of patient care pathways; providing opportunities for collective learning and re-design of local/national cancer protocols. The majority of studies did not demonstrate evidence that SEA alone had resulted in improved patient care or cancer outcomes. Further research is required into the factors affecting system-level change following cancer-specific SEA and the impact on wider indicators for quality of care.

Louise Crossley: Impact of peer role play in End of Life Care (EOLC) on medical students.

Coauthors: Louise Crossley
Institutions: University of Manchester

Problem
Medical undergraduates feel under equipped to participate in End of Life Care (EOLC) discussions despite an increase in general communication skills training.Over 50% of published interventions to improve generalist EOLC communication skills have a role-

play component. Due to the relative infancy of undergraduate level training, it is uncertain if active role-play with student peers can offer self-rated improvements in competence and confidence with EOLC discussions. This workshop delivered at the RCGP student conference 2018 (Manchester) sought to establish if active involvement in role-play at undergraduate level could increase self-rated knowledge, skills and confidence in EOLC discussions.

Approach
A workshop was held for self-selected clinical medical students attending the RCGP student conference 2018 (Manchester). The workshop (8 participants) consisted of a brief theoretical session on EOLC followed by role-plays requiring active involvement from participants, based on authentic clinical scenarios. Evaluation was completed pre and post session for the workshop through Likert-type scale responses and qualitative free text comments.

Findings
Following the workshop, students were less apprehensive and more likely to encourage patients who initiated an EOLC discussion to express their views. They reported a need to practice and witness authentic EOLC discussions. Additionally, student understanding of how to initiate a discussion about EOLC increased, they reported an improvement in their requisite skills for this task and they were more likely to begin a discussion about EOLC in the future. They expressed the need for additional practice, having an awareness of local management options for EOLC and how to establish key EOLC priorities.

Consequences
The resultant good outcomes, providing support for the use of active role-play in undergraduate EOLC training, may be due to several factors including peer support and enhanced reflective learning through the acquisition of feedback. Self-rated competence, confidence and future likelihood of involvement in EOLC discussions for medical undergraduates can improve through the use of workshops that include active role-play. This may enable senior medical students to feel better equipped to evaluate and communicate with patients approaching the end of life which is a General Medical Council (GMC) competency in the "Outcomes for graduates" document (2018).

Dr Jayne Cullen & Dr Emily Cottrell: By choice – not by chance three years on: What has been the response at medical schools to raising the profile of GP as a career?

Coauthors: Dr Jayne Cullen, Dr Emily Cottrell, Dr Hugh Alberti, Prof Joe Rosenthal, Prof Trevor Thompson
Institutions: Newcastle University, SAPC HoTs group

Problem
In 2016, the Medical Schools Council and Health Education England published a joint report chaired by Professor Val Wass: "By choice:not by chance: Supporting medical students towards future careers in general practice". It listed 15 recommendations for various stakeholders to raise the profile of General Practice (GP).Three years on, this project aimed to: 1) Explore the views of GP HoTs at UK medical schools as to whether and how the report has supported them in raising the profile of GP to their medical students; 2) Describe and quantify the initiatives developed by medical schools in response to the report's recommendations.

Approach
This work combines the relevant findings from the National Survey of undergraduate teaching in General Practice in the United Kingdom 2018 with those obtained from a smaller survey focusing specifically on the Wass report. Both were emailed to all GP HoTs at UK medical schools in December 2018.

Findings
Response rates were 100% and 70% respectively. There was an overwhelming feeling that the Wass report has been hugely influential in facilitating the promotion of GP as a career to medical students. It was felt that the report has enabled medical schools to engage with key regional and national stakeholders, framed local debate, and provided evidence to support developments at an individual medical school level. In this way, the report has been a positive political tool and has helped drive curriculum change.We describe multiple specific initiatives developed in response to the report's recommendations. The National Survey demonstrates that whilst there is a significant variation across medical schools, most aim to raise the profile of GP amongst students prior to medical school entry by involving GPs in outreach, widening participation and selection processes. The majority also report GP representation at careers events. The use of the curriculum to influence formally is more variable: 80% of schools teach about the primary-secondary care interface yet 40% or less teach about career options in GP, business elements and undermining. Initiatives relating to the informal curriculum include 75% of schools involving GPSTs in teaching as positive and enthusiastic role models, and 57% demonstrating the breadth of GP by including purposively varied placements. Other themes include raising the profile of academic GP and empowering student-led activity.

Consequences

Whilst increasing recognition of the importance of GP teaching remains challenging, the Wass report is perceived by HoTs to have been instrumental to current progress. Several initiatives undertaken by medical schools to raise the profile of GP are described, yet considerable variation between schools exists. Areas for urgent attention include formal teaching on GP career options and business elements of GP, in order to equip medical students with a better understanding of what a GP career can offer.

D

Dr Sabia Dayala: Is Emotional Intelligence taught in undergraduate curriculae?

Coauthors: Sebastian Stedman
Institutions: University of Manchester

Problem
The construct of Emotional Intelligence (EI) can be understood by different models and therefore has varied definitions. Measured as an ability, EI describes how effective we are at recognising our own and other people's emotions and using this information to manage our behaviour and reactions. Higher measures of EI are associated with reduced stress levels, less risk of burnout and lower rates of depression, especially pertinent for medical students as doctors are known to be at greater risk of depression and suicide than the general population. Though highly valuable and relevant as a skill for future doctors, medical undergraduate teaching in EI is not prevalent nor well reported in the literature perhaps somewhat due to the varied and complex way in which it is defined and measured, making research in the area very difficult to conduct in a climate of co-existing overcrowded medical curriculae.To bypass these difficulties, this project sought to breakdown EI into selected core skills that could be easily identified and commented on. We wanted to discover:, Which core skills of EI are explicitly included in UK medical school core curriculae? Are certain components taught more extensively than others?

Approach
A scoping survey of binary response questions were emailed to appropriate recipients at 36 UK medical schools actively teaching medical students to ask if their curriculae included teaching of the following core skills: 1) Reflecting on emotions, 2) Developing empathy, 3) Handling difficult interactions, 4) Emotional mirroring, 5) Stress-management skills, 6)   Dealing with difficult emotions.

Findings
All nine schools (25% response rate) offered teaching in the first 3 above core skills, suggesting that students receive teaching on perceiving emotions, which are essential components of EI. However there was less coverage of the last 3 skills, which place emphasis on teaching students to perceive and manage emotions in themselves rather than others.

Consequences
While current teaching practices in UK medical schools include activities which develop aspects of medical students' Emotional Intelligence, it appears that there is an imbalance with more focus being placed on students' interactions with others rather than on developing their own emotional self-awareness. Whilst it may be argued that responsibility for emotional self-awareness and regulation rests with the student, in a medical undergraduate culture that demands excellent levels of academic competency from selection to graduation, encourages competition against peers to gain favourable foundation programme rankings together with all the pressures of learning and embedding core values of the profession, the resultant toll on emotional self-awareness and regulation should not be underestimated. We feel that there is more scope for current teaching to include emotional self-awareness and regulation, which may have wider implications for medical student wellbeing.

Dr Alastair Dodsworth: An evaluation of the perceptions of year four undergraduate medical students and their clinical supervisors taking part in three simultaneous student selected components (SSC) in a novel longitudinal placement.

Coauthors: Hugh Alberti, Helen Collingwood, Alastair Dodsworth, Richard Frearson, Sharmila Jandial
Institutions: School of Medical Education, Newcastle University

Problem
The Newcastle University MBBS programme is introducing a Longitudinal Integrated Clerkship (LIC) to year four from September 2020. Students will undertake simultaneous placements in General Practice, Medicine and Surgery over nine months To inform the development of the future LIC, Longitudinal Student Selected Components (LSSCs) were offered to year four students, whereby they undertook their three SSCs simultaneously over 18 weeks instead of three sequential six week blocks. Students were timetabled two sessions a week in each of their chosen specialities and one session to attend a group tutorial. Remaining sessions were timetabled for self-directed learning. 9 students and 26 supervisors, from General Practice and secondary care specialties, took part.The aim of the evaluation was: 1) To understand the perceptions of students and clinical supervisors

undertaking LSSCs, including what worked well and what challenges they faced. 2) To create practical recommendations to inform the development of the LIC at Newcastle University.

Approach
A qualitative methodological approach was chosen to explore participants' perceptions. The LSSC students were invited to attend focus groups in weeks 1, 9 and 18 of the LSSC. Nine attended the first and eight the second and third. Supervisors were invited in weeks 1 and 18, to take part in interviews (face-to-face, telephone or online teleconferencing) or complete an online questionnaire. For pragmatic reasons a variety of mediums were offered to supervisors to work round their clinical commitments. Nine supervisors took part in week 1, whilst eight took part in week 18. All focus groups and interviews used a semi-structured approach. Approval was granted from the Newcastle University Ethics Committee. All participants provided written consent. Interviews and focus groups were audio-recorded. AD and HC thematically analysed the data to identify similar and contrasting themes through the time-course of the LSSC. Practical recommendations were created.

Findings
12 themes and 30 recommendations were identified. Themes identified were: students building relationships with patients; students integrating into the department/team; the student-supervisor relationship; developing clinical knowledge and skills; the link between specialties; flexibility; variety; group teaching; preparing for life as a doctor; assessment; conflict between different groups of students; preparation of supervisors for students.In conclusion, results have highlighted key recommendations including: the preparation of students/supervisors/other healthcare staff for a LIC; the benefits of a weekly group tutorial; the role of self-directed study; the opportunities of allowing flexibility within timetables.

Consequences
The evaluation has been written up as a report for curriculum working groups at Newcastle University Medical School. Findings will generate discussion and help support the development of the LIC planned for September 2020. A repeat of the LSSC with some recommendations implemented, and students matching the future LIC placements in General Practice, Medicine and Surgery is being considered.

Dr. Alison Doherty: Barriers and facilitators to deprescribing in primary care for patients with multimorbidity and polypharmacy: A systematic review

Coauthors: Doherty, A.J. (1), Boland, P.(1), Reed, J. (1), Clegg, A.J. (1), Stephani, A-M. (1), Williams, N.H. (2), Hedgecoe, L. (PPI rep.), Shaw, B. (3), Hill, R. (2), Walker, L. (2)
Institutions: (1) University of Central Lancashire, (2) University of Liverpool, (3) Oregon Health & Science University

Problem
The management of patients with multimorbidity and polypharmacy is one of the biggest challenges facing health-care systems globally. Care for such patients predominately takes place in the primary care setting. Deprescribing guidelines and interventions exist. However, these are not fully accepted and / or routinely implemented., Previous reviews have explored the topic of polypharmacy and deprescribing. However, none of these fully explored all the different cultural, organisational, interpersonal and individual-level barriers and facilitators to safe deprescribing in patients with multimorbidity and polypharmacy in primary care. A greater understanding of the barriers and facilitators to safe deprescribing in primary care for this population is required to inform policy, practice and intervention development., Aim, To identify the various conditions that facilitate, or act as barriers to, safe deprescribing for adults with multimorbidity and polypharmacy in primary care settings.

Approach
Study design, A systematic review of studies published between 2000-2019 examining deprescribing interventions for adults (aged 18 years and above) with multimorbidity and polypharmacy (PROSPERO record CRD42019121848)., Methods, A search of electronic databases: Medline, Embase, CINHAL, Cochrane and HMIC (26.02.19) using an agreed search strategy, supplemented by handsearching relevant journals, key authors, and screening of reference lists and citations of included studies. Barrier and facilitator themes were identified using thematic analysis.

Findings
Thirty-two studies in primary care settings from 13 different high-income-countries were identified. Barriers included an overarching cultural-level of diagnosis and prescribing, and a lack of non-pharmacological alternatives. Organisational-level barriers included a lack of shared communication and decision-making systems between primary care and other specialists; a lack of practical tools and resources; and evidence-based guidance which focuses on single disease management (rather than on multimorbidity and the interaction of different medications). Interpersonal and individual-level barriers included professional etiquette; fragmented care; prescribers'and patients' uncertainties and fears; and gaps in tailored support and reasonable adjustments for patients with differing needs: including those who may be reliant on others for support. Facilitators included encouragement of a prudent prescribing culture; greater availability and acceptability of non-pharmacological alternatives;

improved multimorbidity evidence-based guidance; tools and resources; improved communication between patients and general practitioners and other specialists; improved prescriber and patient knowledge and understanding; patient-centred care; and patient involvement in decision-making., Conclusions, There is no single solution to overcoming the identified barriers to safe deprescribing in patients with multimorbidity in primary care. A whole-systems and patient-centred approach is needed to address the plethora of barriers identified at different cultural, organisational, interpersonal and individual socio-ecological levels.

Consequences
The themes that have emerged from this review provide a useful indication of the issues for further research, policy and practice.

G

Matthew Gale: **Using student perceptions of early clinical experience to improve primary care teaching.**

Coauthors: Dr Cathy Williamson
Institutions: Newcastle University

Problem
Medical students learn the basics of medical training at University however opportunities to apply their knowledge and skills in a clinical context are mainly in the later years of their undergraduate education. Early clinical experience is important for building student's confidence and skills in the transition between non-clinical and clinical training.At Newcastle University, first and second year students attend short placements in both hospital and primary care, known as Early clinical and community experience (ECCE). The ECCE placement aims for students to interview and meet patients, practise clinical skills, experience patient care in different contexts and shadow members of the multidisciplinary team. Using student feedback we aimed to evaluate whether the teaching aims in primary care were being met and identify improvements for design of the early clinical placements and primary care teaching.

Approach
We have collected feedback from second year medical students at the end of the ECCE block, via an online questionnaire in quantitative and qualitative format. 390 second year students from a cohort of 425 responded.

Findings
Our results show most students felt early clinical experience had improved their clinical and communication skills (92.4%), qualitative data reflected this with students desiring an active clinical role and opportunities to practice clinical skills. Students also agreed that their understanding of their professional role, as well as awareness of other healthcare professionals had improved (84.0% and 87.4% respectively). Additionally students agreed they received useful feedback in this placement (85.3%) and commented positively on the benefits of teaching and feedback.The main clinical issue students flagged up through qualitative feedback was the lack of an active role in clinical skills training (88 total comments). Students commented they would prefer a more structured session and ideally to see more patients.

Consequences
In conclusion, the feedback suggests the ECCE placement generally allows students to achieve their learning aims. Based on the feedback we have received we would recommend primary care teaching sessions for first and second year medical students contain: 1) Structured clinical sessions. 2) Student-led clinical interactions. 3) Brief formal teaching and feedback based on the interactions. 4) Active participation (when possible) for the students when shadowing other health care professionals.

H

Dr Susan Harris & Dr Emma Pimlott: **How Can We Make Medical Educational Activities More Active?**
Institutions: Community Based Medical Education, Department of Medical Education, The University of Manchester

Problem
Background, Sedentary learning behaviour is widespread and ingrained. There is some research demonstrating benefits of increased physical activity and reduced sedentary behaviour in school and university teaching environments including increased vigour, reduced fatigue and improved sense of wellbeing. Also the effects of rest breaks during mentally demanding tasks are shown to be enhanced by engaging in physical activity or relaxation exercises. A literature search suggests there is no similar research into physical activity specifically within undergraduate medical educational environments. Failing to incorporate physical activity risks both the physical and mental health of individual learners through long periods of inactivity, while potentially reducing the efficacy of any learning achieved.Aim, The aim of this study is to scope ideas from medical educators around how to

make educational activities less sedentary and promote physical activity in the medical undergraduate educational environment. This work is in line with aims of the Greater Manchester Moving initiative to have 75% of people active or fairly active by 2025 and improve activity within the workplace.

Approach
Methods, Preliminary discussions were held with GP educators based on the aims of this study. A further focus group is planned (on 4th September 2019) which will comprise a multidisciplinary group of clinically active GPs and allied health professionals who also hold teaching-based clinical lectureships within the University of Manchester Medical School. We will ask: i)Why do you think educational activities have historically been inherently sedentary? ii) What impact do you think this may have on medical student learning and working habits? iii) How do you think we can make ourselves and our medical educational activities more active?

Findings
Results, Preliminary discussions revealed some ideas – walking meetings, movement breaks during small group activities, and standing breaks during lectures. Focus group data will be themed by two researchers revealing perceived barriers to increasing physical activity in medical educational environments, and possible solutions.

Consequences
Summary and Recommendations, Our findings will be used to inform changes specific to medical learning environments and methods to increase physical activity within them. From there we can identify elements of our undergraduate medical course which are adaptable and methods with which to maximise physical activity within them. Impact will be reinvestigated in future study.

Dr Michael Harrison: GP clinical teachers' self-perceptions of their role as teachers: A pilot study.

Coauthors: Hugh Alberti
Institutions: School of Medical Education, Newcastle University

Problem
The volume of educational activity in primary care has increased over the past thirty years, and is expected to rise further as medical schools continue to expand the amount of General Practice teaching. However, evidence suggests that medical students perceive General Practice teaching as having restricted value compared to hospital-based teaching: General Practice is seen as a place to learn about communication skills and social aspects of health care, and the hospital setting a place to learn about clinical skills and signs of disease. As the expansion of primary care teaching continues, GP teachers can expect to take on additional teaching roles and responsibilities. However, there is currently minimal research identifying how GP teachers perceive their own role as educators. This is a pilot study that aims to explore how GP clinical teachers perceive their role as community-based educators. The results will help in the design of a larger, multi-site study.

Approach
From a theoretical perspective, the study is in keeping with the interpretivist paradigm. Three interviews of GP clinical teachers on the Newcastle University MBBS programme were conducted. Interviews were audio-recorded and transcribed. Common themes from the initial interviews were identified.

Findings
Initial analysis identified several emerging themes. GP teachers described their role as teachers of generalist, primary care orientated medicine. This included teaching about common self-limiting diseases, conditions not seen in a hospital setting e.g rashes, clinical decision making and communication skills.GP teachers commented on the dominance of both hospital-orientated medical curricula and healthcare, and perceived primary care teaching to be under-represented in medical curricula. They felt that their role was often to compliment learning done in a hospital, but they also wanted to challenge this dominance through involvement in teaching and promoting General Practice as a career. GP teachers also felt they had a responsibility to act as role models to students. This included demonstrating what it means to be a good GP, e.g knowledgeable, but also to teach about human aspects' of being a doctor, e.g. managing work-life balance. GP teachers also felt well-positioned to provide pastoral and mentorship support to students.

Consequences
The authors acknowledge that this is a small pilot study, and a larger study is required to ensure the credibility of the findings. Nevertheless, this study has identified several important findings that may help medical schools support GP clinical teachers in their role, as well as guiding ongoing curricular reform. In particular, medical schools may wish to take steps to address the perception amongst GP teachers of under-representation of primary care teaching in medical school curricula. Efforts to address this may include extending the range of clinical topics taught by GPs and optimising the interface between GP teachers and the medical school.

Dr Shehleen Arbab Khan: **Do Clinical Debrief sessions help students develop their understanding of professionalism issues facing doctors?**

Institutions: Community Based Medical Education, University of Manchester

Problem
Doctors face challenges in their professional lives regularly, often involving making decisions that require keeping professionalism issues in mind and following GMC's good medical practice guidance. Students at times, struggle with the complexities of these decisions. My aim was to gather qualitative data of how students felt discussions around professionalism issues during the course of weekly clinical debrief (CD) sessions, have impacted on their understanding of professionalism issues facing doctors., Clinical Debrief (CD) sessions are facilitated by GP lecturers with 3rd Year Medical Students and involves Clinical Supervision, development of Clinical Reasoning skills and preparation for practice.

Approach
I gathered qualitative comments from my CD students across two sites, Manchester Royal infirmary (MRI) and Royal Preston, using an anonymised questionnaire which enabled qualitative responses. The students were able to report how CD had aided their understanding of professionalism, using qualitative statements. They equally had the opportunity to report if they felt CD had not added to the development of their understanding in this area and why., A qualitative approach was felt to be the most appropriate method, so as to gather authentic responses of the student experience. The results were then themed by myself.

Findings
I received 16 completed responses with qualitative comments; eight from MRI and eight from Royal Preston. All of them stated that CD had helped in the development of the understanding of professionalism issues facing doctors., Results showed that the main ways in which CD aided the understanding of professionalism issues were: 1) students reported benefiting from group discussion of issues observed while on placement; 2) discussing SJT questions and the underlying professionalism issues aided their understanding for future practice; 3) attending the medical practitioners' tribunal hearings to observe fitness to practice proceedings gave a good insight into the consequences of when things go wrong in a doctor's professional life. There were no responses with regards CD not aiding understanding of professionalism. Though there were two comments in this section, both from the same group at MRI, and they were around one member of the group talking in an opinionated manner when professionalism issues were being discussed. All 16 respondents found the discussions helpful in aiding the understanding of professionalism. They felt that while they had been taught professionalism issues during medical school, CD enabled them to discuss real life scenarios and develop a more comprehensive understanding.

Consequences
These findings support the fact that students benefit from professionalism discussions in their year 3 CD sessions. Students reported feeling more confident to deal with such issues in the future as a result of the discussions. Therefore, this could be something that could be considered to be introduced in later years, especially for final year students in preparation for practice.

Rama Lakshman: A closed loop audit looking at patients with a recent diagnosis of Atrial Fibrillation (AF) and a high risk of stroke on sub-optimal aspirin monotherapy.

Coauthors: Prasanti Alekhya Kotta, Hera Asad, Rama Lakshman, Fiona Kenny,
Institutions: University of Cambridge

Problem
To identify patients with a recent diagnosis of atrial fibrillation and a CHA2DS2-VASc score ≥ 2only on aspirin for stroke prevention Around 1.2 million people in the UK have AF. The irregular atrial contractions and the resulting stasis of blood predispose to the formation of clots in the atria, increasing the risk of stroke. The CHA2DS2-VASc score predicts the risk of stroke in patients with AF and NICE Guidelines recommend that patients with CHA2DS2-VASc score ≥ 2 should be anticoagulated to prevent strokes. The 2014 NICE guidelines highlighted the inferiority of aspirin compared warfarin/Non-Vitamin K antagonist oral anticoagulants (NOAC) and advised that it is inappropriate for patients to receive aspirin monotherapy for stroke prevention

Approach
The following inclusion criteria was used: diagnosis of AF in the past two years, AF coded as an active problem, CHA2DS2-VASc score ≥ 2, not on warfarin/NOAC, aspirin on repeat prescription for no other indication, no contraindication to anticoagulation (allergies, bleeding, high HASBLED score, impaired kidney function). Patient records of the identified patients were carefully analysed, data collated and presented to the practice pharmacist. The pharmacist confirmed that the patients were correctly

identified and liaised with each patients usual GP to arrange an appointment with these patients to address the sub-optimal management of their AF. An email was also sent out to all GPs at the practice highlighting the results of the audit with a remainder that warfarin/NOAC and not aspirin monotherapy should be used for stroke prevention in patients with AF with a CHA2DS2-VASc ≥ 2. Post-intervention, this data was again collected to complete the audit cycle.

Findings
A total of four patients were identified with AF with a CHA2DS2-VASc score ≥ 2on sub-optimal aspirin monotherapy without a clear contraindication for warfarin/NOAC. On re-audit, no new patients were identified.

Consequences
This audit identified four patients with active, high-risk AF on sub-optimal aspirin therapy. It highlighted the importance of liaising with the pharmacist to reach out to these patients to rectify their management and reminding GPs of the NICE 2014 Guidelines that aspirin shouldn't be used to prevent stroke in patients with AF.

M

Helen Martin: **Research LIVE: What are the drivers and enablers for involvement in primary care research?**

Coauthors: Shona Haining, Helen Riding, Joanne Smith
Institutions: North of England Commissioning Support (NECS)

Problem
Despite the perception of general practice being not academically or intellectually challenging compared to hospital specialities (Lambert et al 2017, Reid and Alberti 2018), the success of the Society for Academic Primary Care (SAPC) and its conferences show an active research community. The need to raise the profile of academic primary care has now been recognised and promoted within medical education to attract more medical students to work within primary care (Lamb, 2019). A study looking at barriers to academic medicine found a lack of readiness or mentorship, being the most common barrier, followed by work-life balance (Lin et al. 2018). However, there is little research looking at this from a positive angle, identifying the drivers and enablers, e.g. specific behaviours and opportunities, to enable clinicians and academics to get involved in research.

Approach
This study will invite all the attendees of the SAPC North conference 2019 to complete an online survey during the first day to identify how and why they got involved in research. The survey will use mixed methodology (free text, open and closed questions) to explore delegates experiences and identifying drivers and enablers. Delegates will be informed about the study at registration by issuing an information card summarising the project and with a QR code which can be scanned to access the survey. The research team from NECS will complete a rapid analysis of the results to present preliminary findings on the second day of the conference.

Findings
Initial analysis is likely to reveal a range of experiences, career paths, and ideas, which may differ depending on the individual's background. This will also include looking at differences and similarities between the experiences of non-clinical and clinical researchers in primary care. Further more detailed analysis will be conducted after the conference and a report circulated and submitted for publications widely. It will also inform the primary care research strategy of the North East and North Cumbria and beyond, with academics, practice, NIHR and HEE stakeholders looking to evolve their approach to raising the awareness of research opportunities in general practice. In addition, there will be an evaluation of the Research Live's approach.

Consequences
This will help inform in real time what is required for those currently working in and with general practice, who are not currently research active to become more involved, and add to the support for current researchers throughout their research career. In turn, this may aid recruitment and retention of the general practice workforce and increase research opportunities in primary care. This will also enable a pilot of this novel rapid approach to data collection and analysis, which could be adopted widely if successful.

Sarah McMullen: **A systematic review of the effectiveness of psychological interventions used to support female victims of domestic violence.**

Coauthors: Dr Kevin Wing, Dr Waquas Waheed
Institutions: London School of Hygiene and Tropical Medicine, University of Manchester

Problem

Domestic violence is an important and complex issue, primarily affecting women worldwide. The World Health Organisation acknowledges domestic violence as significant public health problem. They recommend supporting victims of domestic violence through psychological support. Studies on the effectiveness of psychological interventions for domestic violence victims have been conducted. However, there is currently no systematic review comparing the effectiveness of different treatment approaches. In this context, I performed a systematic review to assess the effectiveness of psychological interventions used to support female victims of domestic violence. The aim of the project is to understand the effectiveness of the psychological interventions given to females who have suffered from domestic violence specifically the type of treatment/intervention given for their specific mental disorders and the effect size of that treatment. The secondary objectives of the project were to assess the quality of the studies included and to assess the quality of reporting of the psychological interventions used to support victims of domestic violence.

Approach
Relevant studies were identified by searching key databases (MEDLINE/EMBASE/PsycINFO/CinahlPlus) from inception to July 2018 and hand-searching reference lists. Methodological and reporting quality was assessed using the Cochrane Risk of Bias Tool for Randomised Control Trials tool and an adapted version of the CONSORT Checklist for Randomised Control Trials was used to assess the quality of the reporting.

Findings
Six relevant studies were identified, out of which three reported a large intervention effect, two reported a medium size effect and one reported a small/no intervention effect on depression and PTSD. Psychological interventions were not as effective for anxiety disorders. Some interventions are more effective than others namely EMDR and group CBT adapted for victims of domestic violence. Studies were of low/unclear on methodological quality and the reporting quality of the studies was moderate overall. Due to a lack of comparable studies a Meta-Analysis was not conducted. Heterogeneity was also not investigated formally.

Consequences
Currently most of the research conducted in this area is confined to partner based violence. This review includes all forms of domestic violence including spousal abuse, intimate partner violence, battering, or family violence. This systematic review further aims to help future research, as currently in primary care in the UK there are no psychological interventions focused specifically on victims of domestic violence. The review identified an absence of high quality published studies on this topic. Whilst some studies found a large intervention effect, this effect is not reliable or generalisable to all women suffering from domestic violence specifically due to a small sample size. Future publications should follow a standardised reporting criteria to minimise the poor quality of evidence.

Gemma McNally: What interventions are most effective in teaching and maintaining empathy in medical students?

Coauthors: Sarah Sharp
Institutions: University of Manchester

Problem
The benefit and decline of clinical empathy throughout the medical degree are well documented; experiential interventions have been evaluated as an alternative way to teach empathy. This method addresses issues with traditional communication skills-based teaching which have been found to be insufficiently effective at maintaining empathy throughout medical school. Experiential learning can be defined as learning through individual experiences and interactions, including learning through patient roles (simulations) or patient narratives. No consensus has been reached, however, as to whether one experiential intervention is more effective. In addition, no study found has used both quantitative and qualitative research when measuring an intervention to teach empathy., This study sets out to research experiential teaching of empathy by comparing two experiential interventions that have been found to increase empathy, to reveal whether one has a larger effect.

Approach
A comprehensive literature review was performed first to obtain studies that reported increased empathy scores after an experiential intervention. The Critical Appraisal Skills Programme (CASP) checklist was used in order to critically appraise each study and the most valid experiential intervention studies were selected to inform the novel teaching session: a simulation and patient narrative intervention. A single-site cohort study amongst was carried out, assessing the efficacy of simulation and patient narrative teaching on clinical empathy. 16 medical students were recruited, and baseline characteristics were collected which included gender, age and specialty choice. Students were split into an intervention and control group, matched according to these factors in order to ensure the groups were as similar as possible. Both interventions were compared to the control group, and then compared to each other to assess whether one was more effective at increasing student's empathy. The quantitative measure of empathy was created using questions taken from the JSPE-MS and the author's own Likert scale, due to free access of the official JSPE-MS being unavailable. Qualitative data was collected through a focus group.

Findings

Empathy scores demonstrate the patient narrative intervention having more of an effect, with an increased questionnaire score of 1.75 as opposed to an increase of 1.25 for the simulation. Interestingly, however, in the focus group, students reported that they found the simulation increased their empathy the most.

Consequences
These findings demonstrate that there is a potential for medical schools to implement experiential interventions into the curriculum, and this study goes some way to inform schools of which intervention is best suited to teach medical student's empathy.

Dr Louise Milburn: The lost tribe, is our current training structure driving the FY3 phenomenon?

Coauthors: Louise Milburn, Jack Streeter, Alexander Hollis, Hugh Alberti, Clare Van Hamel
Institutions: Newcastle University, Health Education England

Problem
To explore the reasons why foundation doctors are choosing not to go directly into specialty training and understand how they might be better supported through this early stage of their careers.

Approach
Design: Semi-structured interviews., Setting: Two centre study involving the Northern Foundation School and the West Midlands Foundation School. Participants: 16 Foundation year two doctors who had not applied to speciality training were purposefully sampled in the Northern (n=8) and the West Midlands (n=8) foundation schools. Main outcome measure: Thematic analysis of the reasons why foundation doctors were not entering specialty training and suggestions as to how their training and development could be better supported.

Findings
Several themes predominated our interviews. Trainees reported significant feelings of uncertainty regarding career choice at such an early stage of their profession and this challenge was magnified by a perceived lack of flexibility of training which is causing many to take things into their own hands by taking a year out. Trainees feel a lack of support in planning and undertaking the year and being helped back into the workforce. Trainees overwhelmingly reported that they feel undervalued by their employer. Importantly, however, not going into training directly was not always a reflection of dissatisfaction with training. Many trainees spoke very positively about their planned activities and often saw a break in training as an excellent way to recharge, develop skills and prepare for the rest of their careers in medicine.

Consequences
Junior doctors are increasingly deciding not to go directly into speciality training and the latest figures show that this is now the majority of those completing FY2. Trainees reflected on systemic issues within the NHS and how junior doctors and staff are treated. The FY3 year was often seen as an opportunity to regain control and autonomy that many felt was lost during traditional training structures. Participants also expressed concern of a potential for a â€˜lost tribe'of FY3's as you transition from the traditional training pathway to a cliff edge with little or no safety net. This is an area that needs urgent attention nationally to better support trainees at this crucial early time of their career.

Nadine Mirza: The influence of culture on cognitive tests: The development and cultural validation of the Addenbrooke's Cognitive Examination Version III Urdu UK for a Pakistani Urdu speaking population (PACE Project)

Coauthors: Tahir Khan, Taha Khan, Waquas Waheed
Institutions: University of Manchester, University of Cambridge, Queen Mary University of London

Problem
The majority of cognitive tests utilised globally have been developed in Western countries for English speaking populations, ill suited to the needs of those from different ethnic backgrounds. This is due to the impact of culture on the perception of test questions. South Asians are no exception to this cultural bias. We aimed to demonstrate this impact of culture while simultaneously addressing the need for culturally matched cognitive tests for South Asians by adapting an existing cognitive test for Pakistani South Asians., The Addenbrooke's Cognitive Examination III (ACE), a robust gold standard cognitive test, had been culturally adapted and culturally validated for Urdu speaking British South Asians by our team (ACE-III Urdu UK). Despite matching Pakistani South Asians for ethnicity and language, it still demonstrated significant differences in culture. We therefore aimed to culturally adapt it further for a Pakistani population and eliminated cultural bias through a qualitative assessment of its understanding and acceptability.

Approach

We ascertained the quality of the translation and cultural adaptation of the ACE-III Urdu UK for a Pakistani Urdu speaking population. This was done through the Manchester Translation Evaluation Checklist (MTEC), a seven point checklist used to highlight errors and provide feedback on cultural adaptation. Utilising feedback from the MTEC, the ACE-III Urdu UK was further culturally adapted through a think-aloud protocol, resulting in the development of the ACE-III Urdu PK. We recruited 25 cognitively healthy Pakistani lay persons over the age of 60 and administered them the ACE-III Urdu PK. Cognitive interviews were conducted to gauge participants'overall thoughts on the test and on the individual questions to determine their understanding and acceptability of the test. Interviews were recorded, transcribed in Urdu and English, and underwent a qualitative analysis.

Findings
MTEC results showed that translation of the test was appropriate, however further cultural adaptation was required for eight of the questions, pertaining to the cognitive domains attention, memory and language. Following this, cognitive interviews were undertaken across the cities of Islamabad, Lahore and Karachi to culturally validate the ACE-III Urdu PK. Across participants, 18 were male (72%), ranging from ages 60-91 years (M=69.52, SD=8.48), with education level ranging from none to postgraduate. Feedback from the interviews was overall positive, with a qualitative analysis allowing us to extract essential changes needed and apply them.

Consequences
Our cognitive interviews determined the ACE-III Urdu PK was understandable and acceptable with regards to cultural context, requiring minor changes to ensure cultural validation. We also highlighted for the second time the approach of cognitive interviewing for culturally adapting cognitive tests. Our study has also demonstrated the impact of culture beyond ethnicity and language, by highlighting key differences between the ACE-III Urdu UK and its Pakistani version.

Sophie Murdoch: Evaluation of GP clinical placement supervisor workshop on Health Literacy.

Coauthors: Sarah Sharp
Institutions: University of Manchester

Problem
Understanding is an important determinant of health. 43% of adults in England do not have adequate literacy skills to understand health information. Ensuring that communities have access and can understand information and health services is extremely important as people with low health literacy are at an increased risk of health inequalities. Higher level cognitive skills are required by patients to analyse health information and engage in decision making., It is important that doctors are aware of this during consultations, and there is strong evidence to support health literacy having more prominence alongside existing medical school communication skills teaching. Health literacy teaching would also support the GMC graduate outcomes 2018, which state that newly qualified doctors must be able to provide an explanation, advice and support that matches patients'level of understanding., The aims of this study are to evaluate a workshop, held for GP clinical placement supervisors, about increasing students'awareness of health literacy and checking patients'understanding.

Approach
A workshop was delivered to GPs who take students on placement. Three interactive resources were demonstrated and discussed which could support students'awareness of health literacy and checking patients understanding. Participants provided free text comments and indicated on a 5-point Likert scale how confident they were in teaching each of the topics, before and after experiencing each resource: 1. Defining health literacy 2. Introducing Teach back to check patients'understanding 3. Overview of poor patient outcomes linked to low health literacy.

Findings
All three resources were rated by the GP tutors as being useful in increasing students'awareness of health literacy and the Teach back technique. The feedback also allowed GP tutors to identify barriers to teaching health literacy in GP placements. Comments were themed and utilised to inform the content of a subsequent clinical placement supervisor workshop. The workshop is a useful teaching tool for clinical placement supervisors, some of whom indicated the value of sharing the health literacy and teach back resources with the wider practice team.

Consequences
The workshop evaluation provides evidence for delivering this workshop again so that health literacy teaching is implemented by more clinical placement supervisors., Good practice tips generated by the participants will be shared in future workshops., The workshop encourages additional opportunities for students to experience adapting their language, to match the level of patients'understanding (GMC outcomes for graduates 11d).

O

Dr Soo Oh & Sirah Shaheen: Recognition and disclosure of perinatal anxiety: A qualitative study of women's experiences.

Coauthors: Sirah Shaheen[4], Carolyn A. Chew-Graham[1 2 3], Victoria Silverwood[1,2], Jacqualyn Walsh-House[4], Athula Sumathipala[1 2], Tom Kingstone[1 2]
Institutions: School of Primary, Community and Social Care – Keele University[1], Midlands Partnership NHS Foundation Trust[2], WM CLAHRC[3], Keele Medical School[4]

Problem
Perinatal anxiety (PNA) occurs during pregnancy or up to twelve months post-partum. Global prevalence of PNA is estimated to be over 15% and at least as common as depression over this period. PNA can adversely impact both mother and child, with implications for obstetric, foetal and neonatal outcomes. Despite this, research into PNA is sparse and has been identified as a priority by the National Institute for Health and Care Excellence. This study aimed to explore the views and experiences of women with PNA.

Approach
A qualitative study utilising semi-structured interviews to generate data. Ethics approval obtained from NHS ethics committee. Women recruited via social media, local parent support groups, children's centres and NHS services (primary and secondary care) and invited to participate in a face-to-face, telephone or Skype interview (participant's preference). The interview topic guide was informed by a literature review and altered iteratively to explore emerging themes from analysis. Thematic analysis using principles of constant comparison is being undertaken. Interviews were digitally recorded with consent, transcribed and anonymised. Emerging themes are to be agreed through discussion within the research team. Data collection will continue until data saturation is achieved. A Patient and Public Involvement and Engagement'(PPIE) group was involved in development of the research idea, lay summary and public facing study documents as part of the application for ethical approval. We will meet with the PPIE team again to discuss findings.

Findings
Twelve interviews have been completed to date. A key theme surrounds stigma and its impact on disclosure of PNA. Mental health problems were often not disclosed to healthcare professionals (HCPs). A second theme describes the variation in access to and satisfaction with HCP encounters; a lack of confidence in the ability of HCPs to recognise changes in mood and behaviour was commonly expressed. A third theme identifies the importance of social support networks in managing PNA. Women preferred to seek support away from HCPs despite recognition that medical intervention may be beneficial.

Consequences
Women's reports of PNA are highly-individualised in nature and present a challenge to its recognition and management. Fear of disclosure and stigma around PNA is a recurring theme that can have a negative impact on interpersonal relationships between women and HCPs. A lack of continuity of care may further compound barriers to disclosure, delaying women from seeking help. Support from partners, family and peers were identified as being important, however not always available or perceived as acceptable by women. Therefore, active recognition and continuous involvement of HCPs could provide women with another source of support in these times and highlights an area for improvement.

P

Prof Joanne Protheroe (1)(2): Is it important to identify patients with low health literacy in primary care?

Coauthors: Paul Campbell (2), Rosie J. Lacey (2), Gillian Rowlands (3),
Institutions: School of Medicine, Keele University (1); School of Primary, Community, and Social Care, Keele University (2). Institute of Health and Society, Newcastle University (3).

Problem
People with low health literacy (HL) are at increased risk of poor health outcomes, and receive less benefit from healthcare services. However, healthcare practitioners can effectively adapt healthcare information if they are aware of their patients' HL. Measurements are available to assess HL levels, however they can be invasive and time consuming and therefore not practical for use within primary care settings. New alternative assessment methods based on demographic indicators have been successfully developed using routine medical records, however we have demonstrated limitations associated with this method. This raises the question of whether it is worth using routine medical records despite limitations - as 'better than nothing' or do such limitations render the effort worthless?

Approach

Secondary analysis was carried out from a recently completed prospective cohort study that investigated a primary care population who had consulted about a musculoskeletal pain problem. Participants completed questionnaires (assessing general health, HL, pain, and demographic information) at baseline and 6 months, with linked data from the participants' consultation records. The Single-Item Literacy Screener was used as a benchmark for HL. We tested the performance of an existing demographic assessment of HL, whether this could be refined/improved further (using questionnaire data), and then tested the application in primary care consultation data.

Findings
In total 1501 participants were included within the analysis and 16.1% were categorised as having low HL. Tests for the existing demographic assessment showed poor performance (AUC 0.52), refinement using additional components derived from the questionnaire improved the model (AUC 0.69), and the final model using data only from consultation data remained improved (AUC 0.64). Sensitivity and specificity tests for this final model showed 40% sensitivity and a 89% specificity meaning the test would be unlikely to exclude those with low HL (high specificity) but would be likely to include others without low HL (low sensitivity).

Consequences
The data analysis was published – but in this presentation we want to build on the findings further to consider the question of whether 'defining' health literacy in this way is accurate enough to make a difference to the patient and their care? If these measures were in place would we want or need any healthcare professional training or additional resources? We will consider whether or not communication should be adapted for those with low HL, or whether we should be delivering the message to GPs, and all health professionals, that communication should be understood by all.

Prof Joanne Protheroe: **Early clinical placements programme for medical students in Primary Care: An evolving journey.**

Coauthors: Hammond, E., Panesar, A., Abdalla, M.W., Blanchard, D., Beddows, J., Hay, F., Jensen, K., Smithson, S, Webb, M. .
Institutions: Keele Medical School

Problem
Keele Medical School prides itself in graduating excellent clinicians, as described in Outcomes for Graduates' (GMC 2018). The formal review of the medical curriculum in 2015 provided an opportunity for the Academic General Practice team to enhance students' clinical learning opportunities with early and authentic clinical experience in primary care and promote the specialty of General Practice as a positive and intellectually challenging career choice. Initially, a programme of Longitudinal Early Clinical Placements in Primary Care (LECPIP) was developed for Year 1 medical students, but due to work force pressures in General Practice, this became unsustainable.

Approach
The proposed new Phase 1 Early Clinical Placement Programme in Primary Care (ECPPC) builds on feedback from Students, GP tutors, the Medical School placement team and the Academic GP Team. It will remain aligned with the educational principle described by Birden et al., (2012) who state, early meaningful exposure to patients has been shown to improve the transition from medical student to junior doctors. This presentation will describe how we used multi-source feedback alongside educational theory and practical workplace limitations.

Findings
Development of the new Early Clinical Placement Programme which aligns well with the overarching vision of Keele Medical School and that of the undergraduate general practice team.

Consequences
Discussion of expansion of authentic clinical placements within the current national workforce crisis.

R

Prof Joanne Reeve: Optimising a whole-person-centred approach to stopping medicines in older people with multimorbidity and polypharmacy: The Tailor Medication Synthesis

Coauthors: Kamal Mahtani (2), Geoff Wong (2), Ruaraidh Hill (3), Michelle Maden (3), Amadea Turk (2)
Institutions: (1) Hull York Medical School, (2) Nuffield Dept of Primary Care Health Sciences, (3) Liverpool Reviews and Implementation Group University of Liverpool

Problem

Background: The burden of polypharmacy is one of the most challenging problems facing modern health care. Appropriate polypharmacy can offer benefits to individuals and health systems alike. But patients report growing concerns that, for some, the burden of medication-use can outweigh the potential benefits. Clinicians describe uncertainty in how best to safely and effectively tailor medicines to the needs and circumstances of individuals. Aim: to provide clinicians with the evidence-base they need to safely and effectively stop medication in older people living with multiple long-term conditions and at risk of problematic polypharmacy.

Approach
We are undertaking two interlinked and simultaneous evidence syntheses conducted from a shared search strategy. Our literature search systematically identified interventions being used to safely withdraw medication in populations of older people (>50) living with multimorbidity (>2 conditions) and polypharmacy (>5 medications). Two analytical approaches are being applied. A scoping review will describe what interventions are being used, in what context, to achieve what effect. Realist synthesis methodology is being used to produce a refined realist programme theory that will explain why, how, in what ways and under which circumstances medications can be safely tailored and/or withdrawn in this patient group.

Findings
Initial screen of scoping review reveals significant variation in i) terminology (deprescribing, discontinuation, tapering); ii) reported goals of care (medicines optimisation – biomedical focus; tailoring: person-centred focus; and end-of-life care); and iii) reported outcomes (adherence, safety, costs). Leading us to describe a revised search strategy to generate a focused map of evidence underpinned by a logic model derived from the Realist Synthesis. The Realist Synthesis has described an initial draft programme theory. Detailed analysis now examines the mechanisms including barriers to deprescribing.

Consequences
Work continues with final outputs aimed for June 2020. We anticipate these will include a conceptual framework for best practice (describing the core elements needed for safe, effective deprescribing); and a reference data set for clinicians on how to implement. Our work is also highlighting the methodological implications (challenges and utility) of combining evidence syntheses approaches to generate new knowledge for practice .

S

Ujala Shahmalak: **The experiences of lay health Workers trained in task-shifting psychological interventions: A qualitative systematic review.**

Coauthors: Amy Blakemore, Mohammad W. Waheed, Waquas Waheed
Institutions: University of Manchester

Problem
Interest in task-shifting psychological interventions has grown due to the increasing prevalence of common mental disorders, demand for effective psychological interventions, and a shortage of mental health workers. A number of studies have trained lay health workers (LHWs) to successfully deliver psychological interventions in order to meet the demand for mental health care. Despite increased interest in this area, to date no review has been conducted on lay workers'experiences on training. Therefore, the aim of our review is to systematically review the qualitative literature on the impact of training and delivery of psychological therapies by NTPs. This systematic review is deemed important so as to provide the evidence base of existing knowledge to direct future training and delivery programmes.

Approach
Electronic databases (MEDLINE, EMBBASE, PsycINFO and CINHAL) were systematically searched to capture studies on task-shifting psychological interventions for common mental disorders. Data were extracted on the experiences of the lay-workers on training and therapy delivery. Thematic analysis was used to analyse the data. Themes and subthemes of LHWs views on receiving training, barriers and facilitators to therapy delivery, factors required to become a successful therapist and the impact of training and therapy delivery on the therapists are described.

Findings
10 studies were eligible for inclusion. Key themes were: LHWs were satisfied with training but wanted more robust supervision; not enough time was given to training on understanding mental health problems; LHWs grew in confidence and this impacted on their personal relationships with others.

Consequences

This is the first review to explore LHWs experiences in training and therapy delivery by synthesising existing qualitative research. A number of key messages derived out of this review can help in further improving the quality of the training programmes and highlighting the benefits that are available for the LHW in delivering psychological interventions.

Timothy Smith[1]: Reducing the impact of parental loneliness: The RIPpLe Project

Coauthors: Rebecca Nowland[1], Gill Thomson[1], Karen Whittaker[1], Amanda Gregory[1], Lucy Cross[1], Lara McNally[1], Crispin Day[2], Joanna Charles[3]
Institutions: (1) University of Central Lancashire, (2) King's College London, (3) University of Bangor

Problem
In recent years loneliness has emerged as a risk factor for poor physical health and mental well-being, increasing risks of early mortality. Those findings have led to a UK governmental agenda to reduce loneliness. Loneliness has been shown to be increased during transitional periods, with becoming a parent highlighted as a time where loneliness is high. This is a cause for concern because a third of parents in the UK report feeling lonely often or always, with more than two-thirds feeling 'cut off' from friends and family since having children. However, there is little primary research on parental loneliness, so risk and protective factors are not well-known and there has been little research examining strategies to reduce parental loneliness.

To address those gaps in the evidence a writing group has been formed to develop a high quality multidisciplinary bid to identify risk and protective factors for parental loneliness and health and well-being impacts on children, parents, and family, and examine mental health interventions and/or peer support that show promise in reducing parental loneliness.

Approach
The main aim of the RIPpLe Project is to develop bid-writing work for a funding application for future research. The first stage of that work has been to perform a scoping review of the literature (in preparation for publication). The group is also planning a series of additional research projects: 1) thematic analysis of parents' online blogs about their experiences of loneliness, 2) narrative review on economic costs of parental loneliness, and 3) online survey of public opinion on research priorities.

Findings
Preliminary findings of the scoping review show that research into parental loneliness is sparse, with few intervention studies and much of the literature being of poor quality. Existing literature highlights that adolescent mothers, mothers with poor health, low-income parents, parents with children with special needs or health conditions, first time parents, parents with substance misuse, widows/divorcees, and immigrant parents may be at increased risk of experiencing loneliness. Loneliness has reciprocal relationships with post-natal depression and has been associated with child abuse/neglect.

Consequences
Reducing parental loneliness has transgenerational health implications. Parental loneliness directly impacts parent or carer health and well-being, but is also linked to poorer child health outcomes, including higher loneliness, poorer attachment and lack of social skills. Further, parental loneliness has been shown to predict their child's loneliness in adolescence and loneliness experienced in childhood has been associated with greater risks of experiencing loneliness in adulthood. Thus, reducing parental loneliness has the potential to optimise health outcomes for parents and carers, their children and may prevent loneliness in older age.

Dr Claire Sloan: Development of a psychosocial intervention for older adults with depression and multiple long-term conditions: A qualitative study utilising interview and co-design methods.

Co-authors: Claire Sloan[1], Dean McMillan[1], David Ekers[1,2], Liz Littlewood[1], Simon Gilbody[1], Gemma Travis-Turner[4], Peter Coventry[1], Della Bailey[1], Suzanne Crosland[1], Eloise Ryde[1,2], Andrew Henry[1,2] & Carolyn Chew-Graham[3]

Institutions: [1] Department of Health Sciences, University of York, [2] Tees, Esk & Wear Valleys NHS Foundation Trust, [3] School of Primary, Community and Social Care, Keele University, [4] University of Leeds.

Problem
Long-term conditions (LTCs) are prevalent amongst older adults: 60% of people aged 70-79 years and 70% of people aged 80+ years report one or more LTCs. Demographic changes mean that LTC management is an increasing health priority. Depression is 2 to 3 times more common in people with LTCs, resulting in poorer health outcomes and increased mortality, increased treatment costs and a significant contribution to health inequalities. The study aimed to iteratively develop and refine a psychosocial intervention for older adults with depression and LTCs to improve physical and psychological functioning including Behavioural

Activation (BA) within a collaborative care framework. The effectiveness of this intervention will be tested as part of a larger programme of research: the Multimorbidity in Older Adults with Depression Study (MODS).

Approach
An iterative process of intervention development and refinement using interview and co-design methods was adopted, following O'Cathain et al's., (2019) recommendations for developing interventions to improve health (1 Partnership; 2 Target population-centred; 3 Theory and evidence-based; and 4 Implementation-based). Semi-structured interviews conducted with physical and mental healthcare professionals (HCPs), older adults (OAs) who had experienced low mood and/or had two or more LTCs, and people who provided informal care to this OA population (Caregivers, CGs). Interviews explored OAs'and CGs'experiences of mental-physical multimorbidity, access to and experiences of care for physical and mental health symptoms, ideas about how to make care more relevant to improving function, views on the proposed intervention; and, for HCPs, experiences of providing care for OAs with depression and LTCs. Â Â Data analysis utilised thematic analysis (TA) and Framework Analysis (FWA). Key questions generated from data analysis were presented and discussed at 3 stakeholder co-design workshops. The prototype intervention and OA materials were tested with a small sample of OA participants (case series), who were then interviewed to explore their experiences of the intervention., Ethical and regulatory approvals were obtained.

Findings
Practical features of the intervention, including number of sessions and mode of delivery, were agreed during the co-design process. Agreement on how to include a caregiver, liaison with other HCPs, and methods of sign-posting to other services was achieved. The co-design workshops contributed to development of materials for OAs, including patient diaries, goal setting and patient stories. These were all further refined following the case series.

Consequences
The value of co-design to develop a psychosocial intervention which aims to improve the mental and physical health outcomes and quality of life of OAs with LTCs will be discussed. The intervention will be tested in a future trial and, if acceptable and effective, can be applied across a range of healthcare settings.

Dr Claire Sloan: Implementation of a community pharmacy intervention to manage sub-threshold depression in people with long-term conditions: A qualitative study utilising Normalisation Process Theory.

Coauthors: Claire Sloan(1), Samantha Gascoyne(1), Caroline Pearson(1), Elizabeth Littlewood(1), Della Bailey(1), Suzanne Crosland(1), Elizabeth Newbronner(1), Alastair Paterson(2), Simon Gilbody(1), David Ekers(1,3) & Carolyn Chew-Graham(4)
Institutions: (1) Department of Health Sciences, University of York, (2) Pharmacy Department, Northumberland Tyne and Wear NHS Foundation Trust, (3) Tees, Esk and Wear Valleys NHS Foundation Trust, (4) School of Primary Care, Community and Social Care, Keele University

Problem
Approximately 30% of the UK population have long-term health conditions (LTCs). People with LTCs are 2-3 times more likely to experience depressive symptoms which can result in poorer health outcomes, lower quality of life, and increased healthcare utilisation and costs. Sub-threshold depression (mild depressive symptoms) is a risk factor for progression to major depression; symptoms can go undetected and untreated alongside LTCs. This qualitative study, nested within a pilot randomised controlled trial (RCT), aimed to explore implementation of a brief psychosocial intervention [Enhanced Support Intervention (ESI)], designed to reduce depressive symptoms and prevent progression to major depression, for people with LTCs.

Approach
The ESI included Behavioural Activation, supported by a self-help workbook, comprising up to 6 sessions delivered face-to-face within the pharmacy, or over the telephone. Forty-four people with LTCs and sub-threshold depression were recruited to the pilot RCT with 24 participants randomised to receive the ESI. Individual interviews were conducted with participants who competed the ESI (completers), participants who did not start or complete the ESI (non-completers), and trained pharmacy staff (ESI facilitators). General pharmacy staff (across a range of roles) and GPs were also invited to individual interviews. Interviews explored experiences/views of the study/intervention, barriers/facilitators to recruitment and implementation, and impact on pharmacy practice. Interviews were transcribed verbatim and data analysed using a two-step approach using an initial thematic analysis, and a secondary analysis using the Normalisation Process Theory concepts of coherence, cognitive participation, collective action and reflexive monitoring with respect to the implementation of the ESI within pharmacies.

Findings
Semi-structured interviews were completed with 13 ESI completers, 3 ESI non-completers, 9 ESI facilitators, 11 general pharmacy staff, and 3 GPs.People with LTCs were initially unsure of the place of pharmacy staff in supporting them with mood problems, although convenience was recognised; whilst the ESI facilitators understood the impact of low mood on people with LTCs, and their role in delivering the ESI (Coherence). Both ESI facilitators and completers reported good levels of cognitive participation and collective action regarding delivering the ESI. ESI facilitators and pharmacy staff described key barriers to implementation and

reflected on what might be done differently if this intervention was to be rolled out into routine practice. Some ESI participants reported that they had continued to use the workbook and diary after the ESI had finished (Reflexive Monitoring).

Consequences
Further work is needed to address organisational barriers to facilitate delivery of an intervention for sub-threshold depression by pharmacy staff, for people with LTCs, including explanation of the role of the ESI facilitator and ensuring adequate time available for pharmacy staff to deliver the intervention. Modifications to the participant workbook to encourage engagement were suggested.

Anna Stickland: The Patient Journey Project: Increasing student exposure to complex healthcare interfaces.

Coauthors: Anna Stickland, Anna Ballinger, Matthew James
Institutions: University of Liverpool

Problem
The University of Liverpool, School of Medicine offers a Community based Selective in Advanced Medical Practice (SAMP) to cohorts of 5th year MBChB students. During this placement students spend six weeks in General Practice and a further two weeks in a community-based speciality of their choice. There is mounting support for the use of patient stories and exposure to patient's longitudinal experiences within undergraduate medical education.

Approach
During the 2018-2019 academic year, we introduced The Patient Journey Project as an opportunity for students to follow a patient's journey from Primary Care across a healthcare interface, for example into secondary care, and back again. The intended learning outcomes being to improve student understanding of the impact of the healthcare related journey for a patient, to understand the interfaces across which care transfers and the communication required so that they will be better able to navigate complex healthcare systems in the future. Students engaged with a variety of patients and experiences for this project and presented their reflections on the project to their peers.

Findings
We aim to share our learning related to setting up this project and the improvement measures we made over the academic year.

Consequences
We will welcome advice and discussion from colleagues regarding potential improvement suggestions to further build on this project and to discuss transferability across different curricula.

T

Dr Suhail Tarafdar: **Family caregiver perspectives of dementia: A qualitative study of South Asian experiences within the West Midlands.**

Coauthors: Tom Kingstone, Paul Campbell, Carolyn Chew-Graham
Institutions: Research Institute, Primary Care & Health Sciences, Keele University; Midlands Partnership Foundation Trust; West Midlands Collaboration for Leadership in Applied Health Research

Problem
Dementia prevalence in the UK is rising. Black, Asian and Minority Ethnic groups are forecast to experience a particularly steep increase in prevalence (seven-fold) compared to an overall two-fold estimate, by the year 2051. Vascular risk factors in some South Asian (SA) groups contribute to this increase. In addition, due to cultural differences, the needs of SA groups are likely to be different to other ethnicities with dementia. Research within SA groups has generally focused on barriers to service provision, while information on overall experiences of dementia is lacking. Therefore, this study focused specifically on this group. The aim of this study was to explore the experiences of SA people with dementia from the perspectives of informal family caregivers, with a particular focus on quality of life outcomes.

Approach
University ethics was approved. A topic guide was developed using the findings from a literature review and the International Consortium of Health Outcome Measurements (ICHOM) . Family caregivers were recruited through third-sector organisations that have SA clients (Bangladeshi, Pakistani and Indian) with dementia, using a purposive sampling, followed by snow-balling to increase the number of participants. Face-to-face semi-structured interviews were conducted, which were digitally-recorded with

consent, transcribed verbatim and analysed thematically. A Patient and Public Involvement and Engagement (PPIE) group discussed findings.

Findings
Fifteen interviews were completed: 14 were individual interviews, but one was dyadic, giving a total of 16 participants. The journey of the South Asian person with dementia was delineated. Respondents reported poor awareness of dementia and delays in consulting their GP due to language barriers and stigma. Following the diagnosis, participants described how their needs were unmet and the experiences with formal care services were largely negative with poor understanding amongst formal carers and health and social care professionals regarding religious and cultural needs. A lack of culturally sensitive community services was described, leading to isolation. Caring was felt to be burdensome, with a tendency to care for people in their own home by one or a few family members taking overall responsibility for care. At end-of-life, rituals were important, including repatriation of the body back home.

Consequences
This study has identified that public health initiatives to increase awareness of dementia are needed, with support to access care. Furthermore, there are gaps in culturally-sensitive service provision for South Asian persons with dementia. It is vital that cultural and religious preferences are taken into account in ongoing care and support and in palliative care services. Awareness of primary care clinicians of these religious and cultural needs and preferences, might be met with clinician and support staff training, translational services, and educational information for the registered population.

Charlotte Taylor: **The characteristics of prostate cancer in men of South Asian origin in East Lancashire.**

Coauthors: Charlo
tte Taylor, Umesh Chauhan
Institutions: East Lancashire Hospitals NHS Trust, University of Central Lancashire

Problem
Prostate cancer is a common malignancy in men with 47,000 men being diagnosed with this disease ever year in the UK. There appears to a pronounced degree of racial variation within prostate cancer. There is some evidence that prostate cancer is less common in men of South Asian (Indian/Pakistani/Bangladeshi/Sri Lankan) men living in the UK. East Lancashire has a sizeable South Asian population and, since 2009, 113 men have been diagnosed with prostate cancer at ELHT. This unique group has not been studied and little is known about the patterns and challenges of prostate cancer diagnosis and management in South Asian men. We aim to scrutinise this group to identify patterns and differences between parameters in prostate cancer diagnosed in South Asian and Caucasian men.

Approach
A retrospective analysis will be undertaken to compare two groups. The study group will comprise 113 men of South Asian origin diagnosed with prostate cancer. The control group will consist of all Caucasian patients diagnosed with prostate cancer in East Lancashire during the previous 5 years. The health records of the patients in the study group will be analysed to chart their prostate cancer journey, including to identify demographic parameters such as age at presentation; PSA at presentation; nature of symptoms; role of screening; communication issues; patient understanding or the diagnosis and management process; grade and stage of disease; trends in treatment choices, the presence and influence of non-cancer co-morbidities.

Findings
All the data has been obtained and is currently undergoing analysis. This will be ready for presentation at the conference.

Consequences
Our intention is that this analysis of a unique group of patients would help to identify patterns and differences between South Asian and Caucasian prostate cancer patients. Additionally, this will be preliminary step towards understanding the possible factors behind any differences which will then form the basis of a larger, externally funded study to investigate prostate cancer awareness in the South Asian community in Lancashire/UK.

Heinz Tilenius: Dietary Knowledge of General Practitioners in the West of Scotland

Institutions: NHS Greater Glasgow & Clyde

Problem
To date, the knowledge about diet and nutrition of GPs has not been investigated in Scotland. 65 percent of the population living in Scotland are currently overweight or obese. Obesity has a long-term impact on population health and in particular increased risk of type 2 diabetes and cardiovascular disease. A review of the policy: 'Eating for Health: The Scottish Diet Action Plan, in 2005, found that whilst there had been some improvements in diet in Scotland, overall the changes had been considered to be

disappointing in scale. The aim of this project is to understand the basic dietary knowledge of GPs in Western Scotland. As GPs have a key role for promoting a healthy diet, it is critical to know their level of nutritional expertise.

Approach

A questionnaire containing 20 questions about caloric content nutritional value of commonly consumed foods in Scotland will be developed via the internet accessible Survey Monkey tool. 30 randomly selected GPs working at NHS Greater Glasgow and Clyde (GGC) will be invited to participate via email, containing a link to the survey. GPs will be assured of anonymity of their responses, and be financially compensated for their time. The answers to each of the 20 questions will all consist of 3 different options, which of only one will be correct. Responses will be collected anonymously. The maximum achievable score of this questionnaire will be 20. Findings will be presented in 3 categories: 1. dietary knowledge below proficiency: less than 50% correct answers, 2. adequate: 50% to 74% of correct answers, 3. good or very good: 75% or more correct answers. The project will be self-funded by the author, and ethics approval will be obtained prior from NHS GGC.

Findings

Findings can't be confidently predicted. However, dietary knowledge among GPs might not be as robust as presumed by many clinicians and medical academics, as diet is not specifically taught as part of medical studies in the UK. A student project among MPH students at the University of Glasgow in 2017 suggested weaknesses in dietary knowledge of these students, indicating that health professionals might not be as well educated about diet as desirable. The score achieved of those students was 6.5 out of 10 maximally achievable.

Consequences

The findings of this research will be significant, and will either confirm that dietary knowledge in GPs is sound, therefore providing a robust basis for dietary advice, or that GPs might need further diet specific education for promotion and improvement of population health, addressing the current obesity epidemic. Clinical practice and GP education are likely to change, should significant gaps in dietary knowledge of GPs be identified. This project will increase awareness for the importance of basic dietary knowledge among health professionals.

W

Kate Watson: What role do community pharmacies play in the support of people with multiple long term health conditions?

Coauthors: Professor Carolyn Chew-Graham
Institutions: Keele Medical School Keele University, School of Primary, Community and Social Care Keele University

Problem

Over a quarter of the UK population have more than two long term health conditions, and multimorbidity is more common in older adults. Anxiety and depression are often comorbid with long term physical conditions (LTC). Anxiety and depression puts an increased burden on the patient, leading to poor clinical outcomes, and increases the cost to the NHS., Community pharmacies offer an increased range of services, such as smoking cessation, to reduce the burden on primary care. This study explores the role the community pharmacy might play in the management of mood in older adults with LTCs.

Approach

Secondary analysis of a qualitative data set generated as part of the CHEMIST study, (https://www.york.ac.uk/healthsciences/research/mental-health/projects/chemist/). The CHEMIST study explores the feasibility of pharmacy staff delivering psychosocial intervention to adults with multiple health conditions and depression. Ten transcripts of interviews with patient participants were analysed thematically using principles of constant comparison.

Findings

The key themes were; experiences of living with LTC, their experiences of healthcare and use of community pharmacies., Participants described high illness and treatment burden, including poor mobility, and an unknown future. High treatment burden was said to be caused by the number of medications, appointments and hospital stays. People described fragmentation of care, both between primary and secondary care, but also within primary care. Patients reported difficulty in access to primary care, and a lack of continuity with GPs; and perceived poor communication between hospital consultants and GPs. Patients reported an emphasis on physical health from healthcare providers, and the lack of non-pharmacological treatments offered to manage mental health conditions.Use of the pharmacy for most patients was limited to picking up prescriptions and purchasing cosmetics. Patients were unaware of the extended services pharmacies offer, and did not perceive that the pharmacy would be interested in mental health., Patients reported that they found it helpful to be able to talk to someone about their mental health, and felt comfortable to speak to pharmacy staff about mood.

Consequences
Community pharmacies can have a role to play in management of low mood of people with LTCs. A psychosocial intervention was acceptable to participants in the CHEMIST study.

Prof Nefyn Williams: What is the role of primary care in reducing the decline in physical function and physical activity in people with long-term conditions? Findings from realist synthesis involving theory-building workshops, systematic and iterative literature searches.

Coauthors: Rebecca Law, Lynne Williams, Chris Burton, Beth Hall, Joe Langley, Rebecca Partridge, Julia Hiscock, Val Morrison, Andrew Lemmey, Jennifer Cooney, Candida Lovell-Smith, John Gallanders
Institutions: University of Liverpool, Bangor University, Sheffield Hallam University

Problem
Declining physical function and physical activity in people with long-term conditions can cause deteriorating physical, social and psychological health, and reduced independence. In line with the renewed declaration from the World Health Organisation, primary care is well placed to empower individuals and communities to reduce this decline. However, current evidence suggests the best approach is uncertain and the complexities of the needs of people with long-term conditions and of primary care service delivery requires further investigation. Therefore, this study aims to unpick this complexity and develop evidence-based recommendations about how primary care can facilitate improved physical function and physical activity for people with long-term conditions.

Approach
Realist evidence synthesis combining evidence from varied sources of literature with the views, experiences and ideas of stakeholders. Established realist methods will develop and refine theories about improving physical function and promoting physical activity for people with long-term conditions. In particular, what works (or does not work), for whom and in what circumstances. We have used LEGOÂ® SERIOUS PLAYÂ® as a participatory method for two theory-building stakeholder workshops, enabling expression and creativity through building models and sharing. These included 13 health and social care professionals, 10 people with long-term conditions and the two lead researchers. We have also incorporated expertise and perspectives from the public contributors on our study team as well as members of our international external Project Advisory Group. The initial theory areas have informed the literature review and the programme theories developed from the literature will inform three co-design workshops for a primary care service innovation.

Findings
Initial overarching theory areas from the stakeholder workshops include the promotion of physical literacy and organising care according to the International Classification of Functioning. These can be applied at the level of the individual patient, and further sub-divided into physical, psychological and social components, the individual health professional, the practice, and then wider programmes and localities. For example, value and responsibility for physical activity and function, enjoyment and identity, as well as social support have been identified so far. Following initial title and abstract screening of 20,436 articles, the literature search has identified 2069 articles, which are being selected for inclusion according to relevance and theoretical richness. Selected studies are being mapped against our initial theory areas from which we will develop our final programme theories that will be described in terms of contexts, mechanisms and outcomes.

Consequences
This work is important because shifting the emphasis of long-term condition management away from the diagnosis and categorisation of disease towards the promotion of physical activity has the potential to improve physical functioning and independent living. It will have important implications for practice, primary care education and policy.

Prof Nefyn Williams: A definitive randomised controlled trial (RCT) and economic evaluation of a community-based rehabilitation programme following hip fracture. Fracture in the Elderly Multidisciplinary Rehabilitation – Phase III (FEMuR III).

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Institutions: (1) University of Liverpool, (2) Bangor University, (3) University of Nottingham, (4) Cardiff University, (5) University of Oxford, (6) Kings College London, (7) Involving People

Problem
Background, Proximal femoral fracture, commonly known as hip fracture, is common, disabling and costly. Rehabilitation has the potential to maximise functional recovery and maintain independent living, but evidence of effectiveness and cost-effectiveness is lacking. So far, we have developed a community-based rehabilitation programme that was designed to enhance usual rehabilitation and have assessed the feasibility for this definitive randomised controlled trial (RCT). Objectives, What is the

effectiveness and cost-effectiveness of an enhanced rehabilitation programme following surgical repair of proximal femoral fracture in older people compared with usual care? What are the mechanisms and processes that explain the implementation and impacts of the enhanced rehabilitation programme?

Approach
Design: Multi-centre, pragmatic, parallel group, two-armed RCT with 1:1 allocation ratio stratified by gender and site. Blinded outcome assessment and statistical analysis; unblinded patient and carer participants and clinicians. Internal pilot phase, concurrent process and economic evaluations.Setting: Participant recruitment on orthopaedic wards; intervention delivered in the community following hospital discharge. 12 sites in England and Wales.Participants: Older adults (aged â‰¥60) recovering from surgical treatment following hip fracture, with mental capacity and living independently prior to fracture. Interventions: Usual care versus enhanced rehabilitation (workbook, goal-setting diary, six additional therapy sessions).Outcome measures: Baseline, 4 and 12 months follow-up. Nottingham Extended Activities of Daily Living (NEADL), EuroQol EQ-5D-3L, Hospital Anxiety and Depression Scale (HADS), self-efficacy, hip pain intensity, fear of falling, grip strength, physical performance battery. Carer strain Index and HADS.Sample size: 446 to detect a difference of 2.4 in NEADL (SD 10), 5% significance, 90% power, 79% retention.Data analysis: Effectiveness analysis will be ANCOVA at 12 months for NEADL, adjusting for baseline score, site and gender. The economic analysis will be a cost-utility analysis with a health service and personal social care perspective. The process evaluation will include qualitative interviews of a purposive sample of patients, carers and therapists. An internal pilot phase will assess recruitment and retention after the first six months.Internal pilot: An internal pilot phase will assess recruitment and retention for the first 6 months in terms of the number of sites open to recruitment, the number of patient participants recruited per open site per month, and the retention rate at the 4 months follow-up assessment.

Findings
Trial progress, particularly the site and participant recruitment in the internal pilot.

Consequences
The enhanced rehabilitation intervention has the potential to influence outcomes for people recovering from hip fracture. The focus in hospital is discharging people home safely; from a primary care perspective, rehabilitation is also about recovering function for everyday independent living. It also has implications for rehabilitation from other serious illnesses, and long-term conditions managed in primary care, which might benefit from a functional assessment, improved self-efficacy, goal setting and self-monitoring.

WORKSHOPS

Increasing ethnic minority recruitment to mental health research
Facilitators: Dr Waquas Waheed, Reader in Psychiatry; Mrs Yumna Masood, NIHR PhD Student; Ms Nadine Mirza MRC PhD Student

What is the purpose of this workshop?
People from ethnic minorities are reported to have higher rates of physical and mental disorders. Despite this, they are underrepresented in clinical research. This reduces the generalisability of research findings across multiethnic populations and hinders development of accessible health services.
Researchers often face difficulties to recruit ethnic minority participants to clinical research due to low levels of cultural competence and limited resources. There is no training currently available to meet these needs. It was proposed that specialised training could equip researchers with the confidence to work with ethnic minorities, and skills to develop culturally sensitive recruitment strategies, leading to an increased ethnic recruitment.
We have developed a training programme for researchers called SHAMIL aimed to increase the recruitment of ethnic minority participants to health research. Preliminary evaluation of SHAMIL shows that it enhances knowledge, confidence and skills in the researchers.

What will the workshop cover?
The training workshop will cover an introduction to the subject area, an overview of the barriers faced in recruiting ethnic minorities to health research, and proposed solutions to overcoming these barriers.

Format of the workshop
The format will consist of presentation, handouts and interactive group discussions.
We plan to email the participants copies of relevant publications and workshop materials.

What will SHAMIL workshop include?
SHAMIL training manual comprise of total 33 barriers and their proposed solutions. For this workshop the focus will be on 4 main barriers and proposed solutions to be discussed interactively with detailed examples. Proposed topics to be covered:

1. Translation of health questionnaires
    a. Describe a methodological framework on translating health questionnaires.
    b. Introduce participants to various checklists developed by the presenters to check quality and reporting of translation.

2. Culturally competent communication
    a. Conducting culturally sensitive research interviews.
    b. Use of interpreters and bilingual matched staff.
    c. Strategies to improve participants understanding of the study information materials by developing a glossary of technical terms and user testing of participants information sheets.

3. Developing community Partnership
    a. Describe ethnic patient and public involvement
    b. Working with key informants.
    c. Culturally sensitive outreach activities in community

4. Providing additional resources for ethnic participants
    a. Childcare provision
    b. Transport facility
    c. Culturally appropriate incentives
    d. Location of interview

Who is the training suitable for?
It is suitable for academics, research assistants, clinical studies officers and related staff.

What are the possible benefits of this workshop?
We hope that this will be useful and informative experience for the attendees, impacting positively on their work. This workshop will be a platform to gain insight to effective strategies to recruit ethnic minorities in health research.
This workshop will give researchers an opportunity to liaise with our research team and link up to work collaboratively in their research projects.

From Psychological Detachment to Work Well-Being – An exploration of psychological tools for primary care physicians and allied health professionals

Facilitator: Dr Alexander Montasem, Senior Lecturer in Social and Behavioural Sciences, University of Central Lancashire School of Medicine

Description
The recent General Medical Council (GMC) report published in December 2018, *The state of medical education and practice in the UK*, highlighted that doctors in the UK report considerable work pressure, poor psychological wellbeing, and impaired work-life balance. GPs included in this study highlighted some of the specific work pressures compared with other doctors. Psychological wellbeing of GPs is especially important in the delivery of good quality of care to patients in the NHS, as GPs are at the forefront of the bulk of healthcare delivery in the UK (George et al., 2019). As the main sources of GPs stress is work, and whilst we wait for these systemic changes in the NHS to set in, there is an urgent need to explore alternative approaches to mitigate GP's stress at work. This interactive workshop is a mix of research and expert opinion, reflective exercises and group discussions aiming to explore new routes to mitigating stress, improving quality of life and increase the resilience of clinicians. Participants are able to share experience and pool knowledge, enabling critical comparison of their skills with their peers and peer learning.

Format of the workshop: interactive

Who is the workshop suitable for?
GP's and allied health professionals

What are the benefits of the workshop?
The workshop explores:
- the extent to which burnout has been identified as a risk for patients, clinicians and healthcare organisations
- key personal and organisational factors that have been identified as potential barriers to achieving work well-being in the workplace
- lessons that can be learnt from individuals and systems outside of healthcare

- simple, practical solutions to ensure that key drivers of burnout and recovery are understood and addressed

Developing Clinical Epistemology: The missing tool for 21st century medical practice

Facilitator: Prof Joanne Reeve, Academy of Primary Care Hull York Medical School

Description
The SAPC-RCGP WISE-GP programme aims to champion and cultivate the clinical scholarship at the heart of clinical practice (https://sapc.ac.uk/article/gp-scholarship-wise-gp). WISE-GP recognises that clinical practice requires that clinicians not only possess the knowledge of clinical practice, but also the expertise to *use* that knowledge appropriately (safely, wisely, robustly) in order to deliver the highest standards of patient care.

A growing body of empirical work describes clinical scholarship in action in the primary care context: e.g. Gabbay's (2010) account of the generation of knowledge-in-practice-in-context; Donner-Banzhoff's (2016) observation of 'inductive foraging'. Yet elsewhere, clinicians report feeling that profession training doesn't adequately prepare them for this important task (Reeve et al 2013, 2017).

Clinical scholarship refers to the principles and practice by which clinicians make decisions as valid and trustworthy as possible. It recognises that quality practice depends on not what you know, but how you use that knowledge to interpret, explain and make judgements driving clinical action (Wenzel 2017). The skills of clinical scholarship thus build on the core concepts of epistemology (the study of knowledge and justified belief) and pedagogy (the study of how knowledge is imparted). Clinical training does not routinely teach these concepts. To strengthen scholarship for modern clinical practice, we need to address that gap.

This workshop brings together clinicians, researchers and educators to consider how we might develop a programme of work on clinical epistemology to drive improvements in primary care practice.

Format of the workshop
As part of the WISE-GP programme, a team at Hull York Medical School has started work to develop a programme of applied epistemology for clinical practice. We will set the scene for the workshop with a brief outline of our team's work.

How can a Quality Improvement Programme support Primary care to reduce amenable mortality? The North West Coast Atrial Fibrillation (AF) Collaborative is an example of improving diagnosis and management of people with AF in primary care. How can we translate and apply this to wider QI needs in Primary Care?

Facilitator: Dr Michelle Coleiro, michelle.coliero@innovationagencynwc.nhs.uk
Dr Julia Reynolds, julia.reynolds@innovationagencynwc.nhs.uk Innovation Agency, Academic Health Science Network for the North West Coast

Description
Aim: To demonstrate, practice and debate a QI methodology which can be used in primary care using AF as an exemplar.
There is considerable variation in primary care in the diagnosis and management of people with AF (and other conditions) and more can be achieved faster with a focussed QI approach. There is also variation on the ingredients which make a QI approach effective. The experience of Collaborative 1 and Collaborative 2 (results pending) will be discussed. This workshop will outline the methods and how they have been applied in the area of Atrial Fibrillation and encourage workshop participants to use a driver diagram and develop a plan for an area of quality improvement that they would like to develop. A QI tool-kit will be made available to participants to support the activity.
Our exemplar work around Atrial Fibrillation will be discussed. Atrial Fibrillation (AF) is associated with a five-fold increase in stroke risk. From 2016-2018 the Innovation Agency led a Quality Improvement Collaborative that supported 68 practices in primary care to (1) use innovative methods to case-find unidentified people with AF (2) improve the management of those at high stroke risk (CHA2DS2-Vasc >1) through anticoagulation treatment. Across practices, 808 patients were added to AF registers and 806 high risk AF patients were initiated on anticoagulation therapy over the 9-month intervention period. Qualitative data showed that this led to sustainable changes in the management of AF that improved patient care. By the time of the workshop we will have data on approximately 40 additional practices who took part in the second AF Collaborative. The improvement in the management and care of AF patients can be effectively supported by a QI approach and this initiative led to an estimated 32 strokes saved per year (based on one stroke per 25 people not anticoagulated), approximate savings to the health system of £416,000.

Primary care networks will be encouraged to carry out quality improvement work, incentivised by QoF points from 2020. This workshop will demonstrate how simple quality improvement methodologies can be employed to demonstrate improved outcomes for patients and practices. The evidence-based QI methodology can be applied to a multiple of scenarios.

Format of the workshop
This type of improvement work is valuable in accelerating innovation and improvement in patient outcomes. The model could be applied to other conditions. We will present work and outcomes and host an activity and discussion around the following issues:

- Practical experience of using tools (e.g. driver diagrams) applied to a real-world scenario and using the QI tool-kit
- How can primary care take a greater role in quality improvement – upskilling and support?
- How can primary care networks support improvement work?
- How should a QI approach embed into primary care roles?
- What support do primary care organisations need? Making QI the easy option – discussing QI under the radar
- We can also debate our learning from wave 1 and wave 2 of the AF Collaborative – what makes QI QI+++

Who is the workshop suitable for? GPs and practice staff who want to learn about QI and how it is applied in real world settings

What are the benefits of the workshop? QI methods which are tried and tested in a variety of GP practices. A variety of tools and a simple methodology which participants can test in their own practices.

We then invite participants to join us in 3 tasks: 1) scoping if and how epistemology is currently taught; 2) identifying enablers and barriers to enhancing clinical scholarship; 3) generating Dangerous Ideas to take this work forward.

We will conclude with the generation of an action plan for this work: to develop and implement educational resources; and to research their impact (e.g. on person-centred care and the capacity to develop practice-based-evidence) across the SAPC North network.

Who is the workshop suitable for?
Clinicians, researchers and educators working to improve person-centred primary care; engaged in professional education and workforce development; and/or researching the delivery and impact of person-centred care.

What are the benefits of the workshop?
Join a facilitated discussion which will frame the problem and set a targeted agenda for action – including new funding applications.
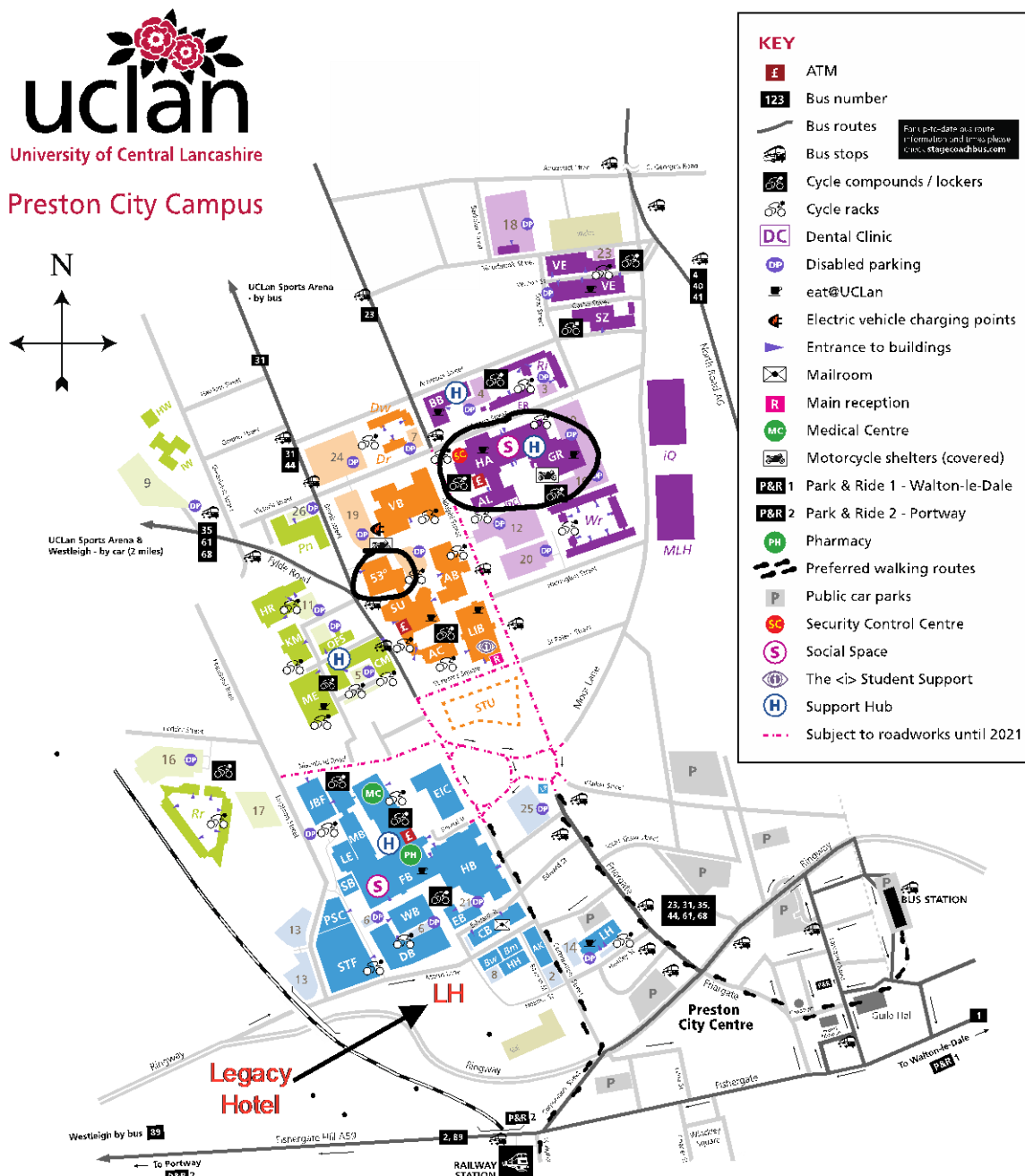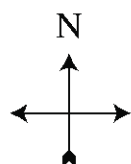Be part of a growing network of scholars with an interest in developing, delivering and evaluating 'professional wisdom.

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UCLan
University of Central Lancashire

Preston City Campus

N

KEY

£	ATM
123	Bus number
	Bus routes
	Bus stops
	Cycle compounds / lockers
	Cycle racks
DC	Dental Clinic
DP	Disabled parking
	eat@UCLan
	Electric vehicle charging points
	Entrance to buildings
	Mailroom
R	Main reception
MC	Medical Centre
	Motorcycle shelters (covered)
P&R 1	Park & Ride 1 - Walton-le-Dale
P&R 2	Park & Ride 2 - Portway
PH	Pharmacy
	Preferred walking routes
P	Public car parks
SC	Security Control Centre
S	Social Space
i	The <i> Student Support
H	Support Hub
-·-·-	Subject to roadworks until 2021

For up-to-date bus route information and times please check stagecoachbus.com

UCLan Sports Arena - by bus

UCLan Sports Arena & Westleigh - by car (2 miles)

iQ

MLH

LH

Legacy Hotel

Preston City Centre

To Waltonle-Dale

Westleigh by bus 39

To Portway P&R 2

Fishergate Hill A59

RAILWAY STATION

BUS STATION

To Portway P&R 2

BLUE ZONE - Harris Site

AK	Askew House
CB	Chandler Building
DB	Darwin Building
EB	Edward Building
EIC	Engineering Innovation Centre
FB	Foster Building
JBF	JB Firth Building
HB	Harris Building
HH	Heatley House
LE	Leighton Building
LH	Livesey House
LP	Lamb & Packet
MB	Maudland Building
PSC	Pre-School Centre
SB	Stewart Building
STF	Sir Tom Finney Sports Centre
WB	Wharf Building
Bm	Boatmans Court
Bw	Bowran House
2	Askew Car Park
6	Darwin Car Parks
8	Heatley Car Park
13	Leighton Car Parks
14	Livesey Car Park
21	Harris Car Park
25	Fylde II Car Park

GREEN ZONE - Media Factory Site

CM	Computing & Technology Building
HR	Hanover Building
HW	Hawkins Building
IW	The Ironworks
KM	Kirkham Building
ME	Media Factory
OFS	Oasis, Faith and Spirituality Centre
Pn	Pendle Hall
Rr	Roeburn Hall
5	Computing & Technology Car Park
9	Fylde Road Car Park
11	Hanover Car Park
16	Roeburn I Car Park (Pedder Street)
17	Roeburn II Car Park (Pedder Street)
26	Pendle Car Park

ORANGE ZONE - Adelphi Site

AB	Adelphi Building
AC	St. Peters Arts Centre
LIB	Library and Learning & Information Services (i5)
STU	Student Centre (Due 2021)
SU/53	Students' Union / 53 Degrees
VB	Victoria Building
Dr	Douglas Hall
Dev	Derwent Hall
1	53 Degrees / Adelphi Car Park
7	Douglas Car Park
19	Victoria Car Park I (reserved spaces for visitors)
24	Victoria II Car Park (Pay and Display)

PURPLE ZONE - Harrington Site

AL	Allen Building
BB	Brook Building
ER	Eden Building
GR	Greenbank Building
HA	Harrington Building
SZ	Sizer House
VE	Vernon Building
iQ	iQ Kopa
MLH	Moor Lane Halls
Ri	Ribble Hall
Wr	Whitendale Hall
3	Ribble Car Park
4	Brook Car Park
10	Greenbank Car Parks
12	Harrington Car Park (Pay and Display)
18	Vernon Car Park (Berkeley Street)
20	Whitendale Car Park
23	Vernon Car Park (Moorbrook Street)

University Car Parks require UCLan permits.