SAPC

Poster Presentations

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HEALTH SCIENCES

SW SAPC Poster Presentations Booklet

Rebecca Anderson-Kittow (University of Oxford)

Title

The documentation of prognostication in out-of-hours primary care consultations with terminal care patients: an analysis of case record data

Abstract

Background: Out-of-hours primary care is a key part of providing good care to patients at the end of life. Terminal care patients and their families need to know they will have support to control their symptoms outside of GP office hours. If their health deteriorates out-of-hours, there may be a need for clinicians to have difficult conversations about prognosis and care.
In previous research, out-of-hours clinicians have expressed dread about terminal care consultations. This was due to a lack of confidence and a conflict between high pressure primary care out-of-hours services designed to deal with acute problems, and the need for long, complex consultations with terminal care patients.

Aim: To explore how prognostication is documented in case records of consultations between out-of-hours clinicians and terminal care patients.

Methods: A mixed methods analysis of a database of patient contacts to one UK regional out-of-hours primary care service over the 12 months from April 2019 to March 2020. Two-hundred case records were selected at random (based on case priority level; 1:1 ratio of routine or urgent calls) from a sample of 1,089 records of contacts coded as 'terminal care'. Descriptive statistics will be used to summarise characteristics including demographics, type of consultation and call origin. Free-text entries will be coded using content analysis to identify discussions and documentation of prognostication and decision making.

Results: Initial descriptive statistics show that 1.2% of all calls were coded as terminal care, 51.2% of these calls resulted in a home visit, and the majority of calls were from nursing homes (27.8%), paramedics (12.9%) or other healthcare professionals (33.3%). Free-text coding frameworks are currently being developed. We will present findings on the frequency and content of documented prognostication and decision making. Quotations will be used to demonstrate the different ways in which these are discussed and documented.

Conclusions: This study will provide an indication of the frequency and types of prognostication occurring in out-of-hours terminal care consultations. Detailed free-text coding will give insights into the role of generalist out-of-hours clinicians in these discussions and the support they may need to feel well prepared for these sensitive consultations.

Jodie Blackadder-Weinstein (Academic Department of Military General Practice)

Title

Defence Primary Care during Covid-19: A qualitative study revealing the importance of human connection

Abstract

Aim:
To explore the experiences of clinicians working within Defence Primary Healthcare clinicians during the COVID-19 pandemic, drawing lessons learned from their experiences with regards to leadership, clinical delivery, and clinician wellbeing to inform future Defence Primary Healthcare (DPHC) planning and decision making.

Background:
In Dec 2019, news was breaking about a coronavirus strain emerging from Wuhan, China. With growing concerns about virus mortality, scenes of medical systems overwhelmed in China and Italy, and cases in the United Kingdom (UK) increasing rapidly, the UK was locked down in March 2020. This had a significant impact on both civilian and military primary care, with a rapid change to telehealth provision and remote working.

Methods of data collection:
Virtual qualitative semi-structured interviews were conducted with both military and civilian doctors and nurses who worked in the DPHC setting during the COVID-19 pandemic. A total of 14 participants were interviewed.

Data analysis: Data was transcribed, and reflexive thematic analysis was used to code the data and develop themes and sub-themes.

Findings: Themes of telehealth delivery, unity, and division while working in DPHC, leadership within DPHC, and re-evaluation of priorities were identified. A golden thread, which the researcher named ‘human connection’, ran throughout the themes and sub-themes, representing the desire for human connectedness.

Conclusions: By supporting the clinician desire for human connection across the themes, wellbeing, innovation, and service delivery will be supported.

Lin Bowker-Lonnecker (University of Oxford)

Title

Discrete choice modelling to understand the influence of sharing polygenic risk scores related to cardiovascular disease risk with primary care patients

Abstract

Cardiovascular disease (CVD) is a leading cause of death in the UK and globally. People identified as being at high risk may receive further investigations or preventive treatment. Polygenic risk scores (PRSs) give a summary of overall underlying genetic risk, and may be used to give additional information that GPs can use alongside other information about the patient to determine which interventions, if any, would be beneficial. A discrete choice experiment (DCE) is a quantitative tool seeking to measure the preferences of participants. We undertook two DCEs to examine the potential impact of providing patients with PRSs for cardiovascular disease, with a representative sample of 2000 participants recruited from the English general adult population, including 50 participants for a pilot study. The first DCE aims to determine people's preferences about getting their PRS in the context of cardiovascular disease, and what factors may influence these preferences. The second DCE aims to determine how people are likely to react to this risk information, and their stated probability of undergoing further investigation or interventions for disease management. This aims to provide new, quantitative information of whether individuals' health-related behaviour is likely to be modified by knowledge of one's PRS. The pilot study was completed in October 2024, which was then analysed using a multinomial logit model and used to inform the design of the main study. Main study data collection will start in December 2024 and should be completed by January 2025, with initial results available soon thereafter. Analysis will include marginal rates of substitution to determine the willingness to trade attributes off against each other, and heterogeneity analysis comparing people with different demographic characteristics. Ethics approval (reference: R89898/RE001) was obtained through the Medical Sciences Interdivisional Research Ethical Committee (MS IDREC) at the University of Oxford.

Natassia Brennan (University of Oxford)

Title

What matters to patients in relation to remote consultations.

Abstract

The shift to remote consulting following COVID-19 has had a lasting impact on the delivery of primary care, involving a mix of different modes of consultation. This has prompted much research interest into how, when, by whom and why decisions are made to use different modes of consultation. There has been a growing body of literature into patients' perspectives and barriers accessing or using remote consultations.

However, the field lacks a sophisticated account of what matters to patients with regard to different modalities. In this paper, we draw on post-phenomenologically and sociomaterially informed theories to explore patients' perspectives and experiences with different consulting modalities. The study is empirically based on 18 patient case studies, nested in three different GP practices. We purposefully sampled participants with 'complex needs', to provide a deeper understanding of how complexity (as experienced by patients and understood by clinicians) influence decisions about modality. Data sources included narrative interviews and examination of patient records, to retrospectively chart care trajectories and use of different modalities over a two year period.

Our analysis was guided by post-phenomenology (focusing on relationships between users and technologies, asking if and how technology shapes choices, actions and experiences) and Sayer's notion of "what matters" to people (including personal histories, material settings and networks of relationships within which people live and make decisions). Each patient case was structured to capture: a) their social, cultural and historical context, b) their experience of ill health, c) people in their lives, d) what matters to them in clinical encounters, e) their access/use of care; and d) encounters with remote consultations. The final analytical phase involves cross-case analysis to produce an overarching theorisation of themes and issues.

Emerging findings highlight the diverse and unique needs and capabilities of patients as they appropriate and adapt remote consulting technologies and channels. They highlight the importance of the human and interpersonal dimensions of care, and how these dynamically shape actions and decisions on modality. The findings illuminate the importance of foregrounding the subjective and experiential aspects of remote consulting, and implications for how remote consultations are used and supported.

Emily Brown (University of Bristol)

Title

Comparison of GP and central laboratory BioFire® FilmArray® point-of-care test performance as part of the RAPID-TEST RCT

Abstract

Background

Antibiotics are prescribed for around 50% of respiratory tract infections (RTIs) in primary care, despite good evidence most patients do not benefit. In the RAPID-TEST RCT, we investigated the effectiveness of the BioFire® FilmArray® Torch 1 (rapid microbiological point-of-care test, POCTRM) to improve antibiotic prescribing. Here, our objectives are to:
1. Compare POCTRM results at GP practices with POCTRM results at the central research laboratory
2. Compare POCTRM results at central research laboratory with extended TaqMan PCR

Methods

The RAPID-TEST RCT recruited patients ≥12 months with a RTI where the clinician and/or patient believed antibiotic treatment was, or may have been necessary, presenting to one of 16 GP practices in SW England provided with a BioFire® FilmArray® Torch 1 system. Patients were individually randomised to receive POCTRM testing for 19 viruses and four atypical bacteria at GP practices; or usual care. All patients had BioFire® FilmArray® Torch 1 and extended TaqMan PCR (29 viruses, 13 bacteria) testing at the central research laboratory.
We will describe the frequency distribution of microbes identified using the different methods and assess agreement using pairwise kappa statistics. Discrepancies between GP and central laboratory POCTRM will be explored in comparison to the quantitative cycle threshold data from TaqMan PCR.

Results

552 participants were randomised between December 2022 and April 2024. 63% were female; 86% 16+ years; 95% self-reported white ethnicity; 26% had chronic lung disease.

273 participants had POCTRM testing at GP practices. The most commonly detected microbe in both GP and laboratory POCTRM was human Rhinovirus/Enterovirus.

Of the 273 GP POCTRM results, 34 (12.5%) had discrepancies with the central research laboratory POCTRM results. 29 of these had with at least one positive result on laboratory POCTRM testing not seen at GP POCTRM (10.6%).

So far, 473 participants have had multiplex TaqMan PCR testing at the central research laboratory.

Conclusions

Full results will be available for conference. This globally original RCT will provide important evidence regarding the reliability of rapid multiplex microbiological point-of-care-tests in primary care.

Barbara Caddick (University of Bristol)

Title

An embedded approach to patient and public involvement (PPI): Reflections from the Qualitative Data Preservation and Sharing (Q-DaPS) study

Abstract

Medication reviews are a key strategy for improving safe and effective prescribing to improve health outcomes. Patient experience is an indicator of quality in care and positively associated with clinical effectiveness. However, little is known about patient experiences of medication review. Here we explore this in the context of an intervention delivering polypharmacy medication review in primary care.

The Improving Medicines use in People with Polypharmacy in Primary Care (IMPPP) randomised trial evaluated a complex medication review intervention against usual care. The intervention included a clinical informatics tool to identify patients aged 18+, receiving ≥5 long-term medications and with potentially inappropriate prescribing. Training was provided to clinicians to support delivery of a four-stage medication review (pharmacist case-note review, interprofessional collaborative discussion between pharmacist and general practitioner, review with patient, and follow-up). As part of the mixed methods process evaluation, patients receiving the intervention were invited to participate in a semi structured interview. Participants shared their views about their review including the mode of delivery, confidence in the reviewer and their involvement in decision making.

Twenty-eight participants were interviewed. Opinions on mode of delivery varied, some preferred telephone reviews for convenience, others preferred in-person meetings regarding these as providing a more thorough assessment. Reviews were considered less helpful when participants received no prior notification from the practice, felt unprepared, or did not gain new information or treatment options. Unexpected telephone reviews made it harder for patients to actively engage, negatively affecting overall experience. While most participants felt their reviewer was empathetic, some felt their concerns or personal context were not fully listened to or understood. Many participants appreciated being involved in medication-related decisions, but some preferred expert-driven decisions. Some resisted medication changes, needing clear justification or fearing disruption to their regimen. Most participants felt their views and preferences were respected and welcomed the opportunity to ask questions and discuss treatment options.

Participants generally valued the review describing an overall positive experience. Findings highlight the value of providing patients with opportunity to prepare for their review and enabling them to engage with decision making. This can significantly improve patient experience and satisfaction.

Amy Chinner (University of Exeter)

Title

Understanding the process and impact of communicating clinical uncertainty as a component of shared decision making for people with multiple long-term health conditions

Abstract

Background: Uncertainty is inherent within the practice of medicine. This is particularly relevant within primary care due to an increasing prevalence of people living with MLTC's where decisions can be complicated by complex health interactions and lack of research. Expert opinion suggests that shared decision-making (SDM) is likely to provide value in situations of uncertainty and NICE guidance recommends a SDM approach for the management of MLTC's.

However, GPs have reported difficulties accurately communicating the risks and benefits of care options to people with MLTC'S and a lack of confidence involving patients in decision discussions. This is argued to contribute to the increased risk of polypharmacy and a high treatment burden for people with MLTC's. In addition, patient and practitioner preferences for, and experiences when, communicating uncertainty remain poorly understood.

Aim: This project is designed to investigate the processes by which the communication of uncertainty impacts on SDM and healthcare outcomes, as well as patient and practitioner preferences for the communication of uncertainty as part of SDM. We aim to formulate the key components of a new educational intervention to support GPs with the communication of uncertainty as part of the SDM process for people with MLTC's.

Methods: This project will consist of four linked work packages:
1. Impact Assessment – to proactively plan the research outputs and outcomes (including identifying relevant stakeholders/PPIE for consultation, considering the healthcare context and planning for evidence and dissemination).
2. Scoping review – to highlight and map the current literature exploring the communication of uncertainty as part of SDM in healthcare, as well as where the evidence base is incomplete.
3. Qualitative study – to understand patient and practitioner preferences for the communication of uncertainty and highlight areas where an educational intervention is needed.
4. Prototype development – to bring together all the findings above into testable programme theories/logic models.

Expected outputs: Through consultation with stakeholders and PPIE we intend for this project to generate outputs for a range of audiences (e.g. a prototype educational intervention, publications in peer-reviewed journals, presentations at academic conferences and public dissemination), as well as provide platform for doctoral research skills training.

Jamie Chua (University of Oxford)

Title

Advice vs Support: A conversation analysis of primary care weight management discussions.

Abstract

Background:

Primary care practitioners are recommended to talk to patients with obesity about weight loss opportunistically. Whilst patients report welcoming these conversations, both patients and clinicians report that some ways of talking about weight loss can be a source of 'interactional trouble', causing challenges in the consultation. In many areas primary care clinicians can offer referrals for weight management support. However, these are not universally available across the NHS, meaning many clinicians can only offer weight loss advice. We compared conversations offering referrals with those offering advice, to understand if there were differences in potential for 'interactional troubles'.

Method:

Open-ended preliminary conversation analysis was conducted of 463 transcribed primary care weight management discussions collected as part of the Brief Interventions for Weight Loss (BWeL) trial.

Preliminary Findings:

Preliminary analyses indicate differences in conversation content and style depending on whether advice or a referral was given. Clinicians who could provide only brief advice tended to justify their advice in detail, highlighting a need for weight loss by referencing the specific risks of obesity (including listing specific conditions and risks that weight loss could prevent), and used softening language to mitigate the message (such as 'if you could lose even a bit of weight'). Clinicians that were able to offer the free referral mostly stated that losing weight could be beneficial, then offered patients the option for a referral to help. They rarely provided detailed justifications. These clinicians also tended to use less 'softening' language than their counterparts that provided only brief advice.

Interpretation:

Interactionally, providing unsolicited advice has greater potential for interactional trouble than making an offer of support. We observed this in action here as clinicians providing unsolicited advice used strategies to mitigate the potential for interactional troubles (justifications and softening), compensating for the potential interactional troubles that could be generated by lack of ability to help. On the other hand, clinicians that were able to offer referrals did not justify the need for weight loss, and tended to use less softening language, demonstrating they did not orient to these offers as a potential source of trouble.

Jenny Cooper (University of Birmingham)

Title

What do primary healthcare professionals think of using artificial intelligence to make prescribing decisions with patients with multiple long-term health conditions?

Abstract

Background

Living with multiple long-term conditions (MLTC) is now the norm for over 50 year olds in the UK. Combining the richness of GP healthcare records data with artificial intelligence (AI) technologies may identify new strategies to improve lives for such patients who are typically excluded from clinical trials. AI technologies are being rapidly developed for use in healthcare settings. We are developing an AI tool to support prescribing decisions in patients with MLTCs. However, the perspectives of the GPs, practice nurses, and pharmacists who may be expected to use these technologies have not previously been explored.

Methods

We conducted 20 1:1 interviews with GPs, practice nurses, and clinical pharmacists. Interviews were conducted using a topic guide to explore perspectives on the challenges of managing complex multimorbidity, current understandings of AI, and the principles of using AI in an example consultation involving prescribing a new medication to a patient who has four long term conditions. Transcripts were analysed using Framework analysis.

Results

Clinicians find managing MLTCs challenging. The complexity is driven not simply by the number of conditions a patient has but by patients' health literacy, lifestyle factors, and the challenge of applying multiple rigid guidelines to individual people's lives. Time pressures and lack of continuity are key organisational factors that will influence the potential success or failure of AI tools in clinical practice. Clinicians are very interested but sceptical about how AI may be used to support decision-making with patients with MLTCs Potential advantages include standardising good quality care and reducing human error. However, clinicians are concerned that use of AI in the consultation could impact on the doctor-patient interaction, and have unforeseen medicolegal and ethical implications.

Conclusion

Clinicians feel AI tools could support but not replace expert clinical judgement in managing MLTC. An increasingly complex patient population combined with declining numbers of GPs means new strategies are welcome. However, AI tools built using healthcare data need to be developed in collaboration with clinicians and patients to ensure that they have a positive impact and do not worsen existing inequalities.

Jenny Cooper (University of Birmingham)

Title

How should we define severity phenotypes for long-term health conditions in analyses of primary care electronic health records?

Abstract

Background
Primary care electronic health records (EHR) are a rich real-world data source to study patients with multiple long-term conditions (MLTC) who are typically excluded from clinical trials. Studies of MLTC in EHR rarely account for disease severity since this information is not readily available in EHR. Those with severe disease experience a different quality of life, treatment regime and susceptibility to and progression of other conditions compared with mild disease. We aimed to develop consensus on reliable proxy indicators of severity within EHR for analyses of MLTCs.

Methods
This was a mixed-methods study. From existing literature, we identified potential severity phenotypes and explored feasibility of their use in EHR through analysis of data from 31 randomly selected general practices in Clinical Practice Research Datalink (CPRD) Aurum, a large UK-based primary care EHR database. We recruited clinical academic experts to participate in a survey and nominal group technique workshop. Participants used a Likert scale to rate clinical importance and feasibility for each severity phenotype independently (informed by the exploratory analysis). For the optimal severity phenotype (highest combined score) for each condition, adjusted hazard ratios (aHR) of five-year mortality were calculated using Cox regression on the full CPRD database.

Findings
Fifteen existing severity indexes for nine LTCs informed the survey. Eighteen clinical academics participated in the survey, twelve also participated in the workshops. Combined mean scores for clinical importance and feasibility were highest for estimated glomerular filtration rate (eGFR) for chronic kidney disease (CKD) (9.42/10) and for microvascular complications of diabetes (9.08/10). Mortality was higher for each reduction in eGFR stage; Stage 3b aHR 1.42, 95%CI 1.41-1.44 versus Stage 3a CKD and for each additional microvascular complication of diabetes; one complication aHR 1.44, 95%CI 1.32-1.57 versus none. Some phenotypes (e.g., depression severity) were not well recorded within the database.

Conclusion
We developed severity phenotypes for diabetes, ischaemic heart disease, CKD and peripheral vascular disease for use in analyses of primary care EHRs. Recording of many severity indicators that are important to patients and clinicians should be improved in primary care.

Emelie Couchman (University of Sheffield)

Title

Rethinking continuity in context: introducing the CAP Continuity theory

Abstract

Objectives: Continuity has benefits at individual and organisational levels but is compromised by challenges within healthcare systems internationally. This paper describes a new theoretical framework entitled 'CAP Continuity', which was developed within a realist evaluation exploring continuity in UK general practice for people with mesothelioma. It highlights three key elements of continuity: competence, attitude, and provision.

Methods: Nine patient case studies were formed through longitudinal realist interviews. Data were triangulated by also interviewing healthcare professionals (n=12) and close persons (n=9). The analytical approach to the development of the new theoretical framework consisted of three concurrent components: reflexive thematic analysis of the interview transcripts; the development of realist Context-Mechanism-Outcome configurations; and the application of two existing theories (the Burden of Treatment Theory and the Candidacy Framework).

Results: The CAP Continuity framework stipulates that healthcare professionals and patients must be sufficiently competent to provide care or navigate the system to receive such care (competence); each party within the clinician-patient relationship, and the wider healthcare team, requires an attitude that reflects appreciation of the value of continuity (attitude); and the healthcare system must be adequately resourced, both physically and strategically (provision).

Conclusions: The CAP Continuity framework does not seek to replace existing definitions of continuity, but to help integrate such definitions within clinical practice and policy. It could be applied to contexts beyond mesothelioma, general practice, and the UK, and is potentially relevant to all patients seeking to achieve, and all healthcare professionals keen to deliver, continuity of care.

Aislinn Cragg (University of Southampton)

Title

Herbal galactagogues to improve breastmilk production and lactation in mothers of preterm babies: a systematic review of clinical trials

Abstract

Background: Premature infants suffer from conditions such as necrotising enterocolitis and sepsis whose risk is reduced by breastmilk. Rates of breastfeeding are lower in premature infants compared to term infants. Insufficient breastmilk is the most commonly cited reason for breastfeeding termination. Herbal medicines are commonly used for promoting breastmilk production, but their safety and efficacy is unclear.

Aim: To assess the safety and efficacy of herbal galactagogues to improve breastmilk production in mothers who delivered prematurely.

Method: Six databases were searched (Medline, Embase, CINAHL, AMED, COCHRANE library, ProQuest dissertations and theses global) with no language or date restrictions. We included randomised controlled trials of herbal galactagogue use in mothers of preterm infants.
Results: Nine randomised controlled trials were included, each investigating a different galactagogue or mixture of galactagogues. Two scored 'high' for risk of bias, the remainder scored 'some concerns'. There was low certainty evidence of an increase in milk volumes by day 7 of the intervention period with barley malt and lemon balm (mean difference 149 ml, 95%CI 38-260); Silybum marianum alone or in combination with other agents (pooled mean difference 96ml, 95%CI 29-162); Pimpinella anisum (98ml, 95%CI 63-133); and Latuca sativa (mean difference 82ml, 95% CI 60-105).

Conclusion: There is a lack of high quality randomised controlled trials on herbal galactagogues within the preterm population. There is low certainty evidence that Barley malt with lemon balm, Silybum marianum, Pimpinella anisum and Latuca sativa increase breastmilk production, but higher quality trials are needed to confirm this effect.

Rosina Cross (University of Exeter)

Title

Patient-Led Interventions to Manage Symptoms and Episodes of Atrial Fibrillation: A Mixed-Methods Study

Abstract

Background: Atrial fibrillation (AF) is the commonest cardiac arrhythmia, affecting 1.4 million adults in England. Up to 25% experience paroxysmal AF, with episodes interspersed with periods of normal sinus rhythm. AF is associated with reduced health-related quality-of-life (HRQoL) and psychological and physical symptoms including anxiety, palpitations, dyspnoea, fatigue and cognitive decline. AF carries future risks of stroke and heart failure. Reducing episodes of AF may reduce progression to permanent AF or development of complications.

Lifestyle interventions are essential to improving AF outcomes but are poorly articulated in clinical guidelines for management of AF. Evidence supports participation in rehabilitation to improve functional and HRQoL outcomes with AF, but it is not routinely offered. Interventions to encourage exercise alongside weight loss, smoking cessation and alcohol reduction appear beneficial in reducing episodes and progression of AF. However, there is uncertainty over the optimum type, duration and intensity of exercise. It is unknown whether exercise choices can be individualised to optimise rate and rhythm control or reduce future risks.

Aims: To synthesise the evidence for effective lifestyle interventions in AF to inform co-design of a self-help and exercise-based resource for patients.

Methods/ Approach: Umbrella review: searches of Medline, Embase, CINAHL, Cochrane database, PsycINFO and Epistemonikos were conducted in May 2024. Titles, abstracts and full texts for reviews will be screened independently by two authors using Covidence (Veritas Health Innovation, Melbourne, Australia).

Results/ Evaluation: After deduplication, 1,165 records were screened and 1,041 excluded during title/abstract screening. Of the 124 full texts reviewed, 59 were excluded, leaving 65 studies meeting inclusion criteria. Data extraction continues; key emerging themes for self-help, to discuss with patient and stakeholder groups, include; 1) Alcohol, smoking and caffeine, 2) Obesity, diet, weight management, diabetes and sleep apnoea, 3) Anxiety, stress, depression and acupuncture, 4) Medication adherence, anticoagulation, behavioural and educational interventions, patient self-management, digital, 5) Hypertension, 6) Exercise for athletes and non-athletes with AF. Full results will be presented to the conference.

Conclusions: Finding from this umbrella review will inform the design of a self-help resource for people with AF.

Rosina Cross (University of Exeter)

Title

A Systematic Review of Blood Pressure Device Validation Studies Published Since January 2018

Abstract

Background
Blood pressure (BP) monitoring is essential for diagnosing, treating, and managing hypertension. Home BP measurement is now a mainstay of primary care, so knowledge of which BP monitors are accurate is important to guide both practice and patient choices. While validation protocols exist to ensure monitor accuracy, few commercial devices adhere to these standards. The British and Irish Hypertension Society (BIHS) maintains a peer-reviewed list of validated BP monitors, independent of commercial interest, that informs NHS monitor choices. Following publication of the Universal Standard for BP device validation, an updated review is needed.

Aims
This systematic review of validation studies to aims to explore
1. How many published studies are there of validated BP monitors since the last substantial systematic review (published 2019)?
2. Which validation protocols are being used to validated BP monitors? Have these changed since the publication of the Universal Standard Protocol in 2018?
3. What proportion of contemporary published BP monitor validations meet the validation criteria of selected validation protocols

Methods/ Approach
Searches identified BP monitor validation studies published since 2018. Narrative synthesis methods are used to summarise the evidence, in order to provide an updated list of BIHS approved validated BP monitors. The systematic review has been registered with the PROSPERO: International Prospective Register of systematic reviews.

Results/ Evaluation
After de-duplication, 1,483 records were screened and 1,267 excluded during title/abstract screening. Of the 216 full texts reviewed, 79 were excluded, leaving 137 studies (assessing 176 monitors) meeting inclusion criteria. Data extraction is nearing completion and has already uncovered examples of violations of validation protocols within published studies. Full findings will be presented to the SW SAPC conference.

Conclusions
This systematic review will bring the BIHS list of approved validated BP monitoring devices for ambulatory, clinic, home and specialist use up to date. It has identified shortcomings in the peer review process for published validation studies. It will form the basis of an ongoing review process for approval of BP monitors to support patients and clinicians in choosing an accurate blood pressure monitor.

Francesca Dakin (University of Oxford)

Title

Integrating digital technologies in general practice in the UK and the Netherlands: overcoming the burden of adaptation on staff wellbeing

Abstract

Background

In the UK and (to a lesser extent) the Netherlands, rising healthcare demand accompanied by chronic underfunding, high administrative burden, and worsening workforce shortages has increased workloads to unsustainable levels. To manage this, the UK and Dutch governments have called on digital innovations to change the organisation and delivery of care.

Aim

To share knowledge between the UK and the Netherlands on digital transformation in primary care internationally. Here, we focus specifically on how integrating these new technologies changed how work is coordinated across patients and different kinds of practice staff and the impact of having adequate time and resources to adapt working routines proactively.

Design, setting, method

Multi-sited comparative case study of how different modes of access and consultation (digital and traditional) are used in GP practices across the UK and the Netherlands. We draw on data from three practices in the UK (consisting of patient and staff interviews and ethnographic observations), as well as data from four practices in the Netherlands (including patient and staff interviews, ethnographic observations, and stakeholder workshops).

Results

In both countries, introducing new digital technologies required integrative and adaptive work, as well as the development of new working routines, which could have negative consequences for the wellbeing of staff. Often this burden was felt disproportionately in reception staff. Practices across both nations had similar difficulties with the initial implementation of – and adaptation to – new technologies. However, practices that were able to set aside adequate time and resources to design the most locally appropriate configuration (in consultation with practice staff across all roles) and have a dedicated period of whole-team adaptation were better able to harness the advantages of these digital solutions and negate the risk of adverse effects.

Conclusion

Digital transformation instigates far-reaching changes to daily practice work and routines, creating additional workload and often compromising staff wellbeing. With adequate time, resources, and team buy-in, these compromises can be short-term and offer long-term benefits that outweigh the burden of adaptation. Conversely, without these three conditions, the burden is protracted and can have long-term consequences for staff wellbeing and organisational durability.

Rosie Essery (University of Southampton)

Title

Recruiting and engaging young people in the Acne Care Online Randomised Controlled Trial: early challenges and lessons learned

Abstract

Acne is common among teenagers and young adults, often negatively affecting physical and mental health. We have developed the Acne Care Online digital behaviour change intervention to support acne self-management amongst this group, and to improve acne-related quality of life. We are currently evaluating its effectiveness in a randomised trial employing multiple recruitment routes. Here we report reflections on recruitment challenges faced and early attempts to understand and enhance participants' online engagement.

Methods

Recruitment of 13-25 year-olds with acne is underway, with participants randomised to Acne Care Online or existing online NHS webpages. We aim to recruit n=588 participants by September 2025; half from primary care mailouts/SMS, and the remainder through school and college mailouts, social media advertising, and opportunistic community pharmacy recruitment. Alongside quantitative usage data, early qualitative interviews with participants (n=7 to date) has explored engagement with Acne Care Online, focusing on barriers to effective engagement, especially amongst those with minimal use. Initial rapid analysis of interview field notes identified recurring issues, with further in-depth thematic analysis planned.

Results

Recruitment is progressing well (n=180) with primary care mail-outs yielding highest numbers. However, primary care recruitment to date has provided limited representation of young men, under 16s and people from lower socioeconomic backgrounds. Other routes demonstrate greater diversity but not without challenges: targeted social media advertising is costly, and setting up school/college and pharmacy recruitment is time-consuming. Whereas school recruitment is proving valuable in recruiting 13-15 year-olds, community pharmacy recruitment remains very limited despite significant efforts. Early insights from usage data and participant interviews indicated the need for minor changes to the presentation of initial online pages and the timing and wording of reminder messages to maximize effective engagement.

Conclusions and Implications

Setting up multiple trial recruitment routes has proven challenging and time-consuming, but appears to be maximising diversity of participant characteristics. The minor changes indicated from early process interviews have improved engagement.

James Faulkner (University of Southampton)

Title

The effect of uninterrupted and interrupted sitting on vascular function in people with Long COVID

Abstract

INTRODUCTION: Long COVID (LC) has been increasingly recognized as a condition with a significant vascular component, including transient elevations in arterial stiffness. In healthy individuals, sedentary behaviour, such as uninterrupted sitting, is known to acutely exacerbate arterial stiffness and increase cardiovascular disease risk, an effect that can be attenuated through light movement. This study aimed to investigate: (i) whether prolonged uninterrupted sitting exacerbates vascular dysfunction more severely in individuals with LC compared to healthy controls; and (ii) whether introducing brief bouts of light movements during sitting periods alleviates vascular dysfunction in individuals with LC.

METHODS: Thirty participants with LC and 15 healthy controls were recruited from three Primary Care practices and two NHS LC clinics. All participants underwent two experimental conditions, each lasting 2-hours: (i) uninterrupted sitting and (ii) sitting interrupted by light bouts of movement. In the interrupted condition, participants engaged in movement every 30 minutes consisting of three minutes of self-paced walking, and five sit-to-stand transitions/bilateral calf raises. Physiological assessments included blood pressure (BP), measures of central vascular function through arterial wave reflection (augmentation index [AIx]), and arterial stiffness (carotid-femoral pulse wave velocity [cfPWV]). These parameters were evaluated both before and after each sitting condition.

RESULTS: There was no two-way interaction of Time (pre, post) x Condition (uninterrupted, interrupted), or Time x Group (LC, control) for any outcome measure. There was a main effect of Time, with increases in central systolic BP (MD = 3.37, SE = 0.93, p = < 0.001) and central diastolic BP (MD = 3.00, SE = 0.58, p = <0.001) observed, however, AIx (MD = -3.10, SE = 0.89, p = <0.001) significantly decreased. No significant interactions or main effects were observed for cfPWV (p >0.05).

CONCLUSION: Acute bouts of prolonged sitting cause increases in BP and decreases in surrogate stiffness measures in both LC and healthy controls. Interrupting sitting with light movement does not have a protective effect against increases in BP over 2-hours of sitting. Future research should investigate whether extended durations of sedentary behaviour, reflective of the elevated sedentary tendencies reported in LC, exacerbate vascular dysfunction compared to controls.

Susannah Fleming (University of Oxford)

Title

Can you trust your sats probe? Device accuracy study of fingertip pulse oximeters

Abstract

Background

Pulse oximetry is frequently used in primary care and by patients at home, but the accuracy of widely available and potentially cheaper fingertip devices is not well understood.

Aim

To assess the accuracy of commercially available pulse oximeters at various price points, and to investigate how long is needed to obtain a reliable measurement.

Design and setting

Prospectively designed and powered device accuracy study on 49 patients from an oxygen assessment clinic in Oxford, UK, and 26 healthy volunteers.

Methods

All participants had pulse oximetry with 6 test oximeters and a reference (gold standard) oximeter. Where blood gases were clinically indicated, these results were also recorded.

Results

Compared to the reference oximeter, average errors in oxygen saturation ranged from 0.6% to 2.6% overestimation. The limits of agreement ranged from 4% underestimation to 7.5% overestimation. On average, heart rate was consistently overestimated, with biases from 0.8 to 2.7 bpm.

All devices appeared to require some time to "settle" to an accurate reading, but accuracy at 30 seconds from application was similar to that at 2 minutes. There was no clear association between device cost and accuracy.

Conclusions

Fingertip pulse oximeters tended to overestimate oxygen saturation by up to 2.5% on average, but errors may exceed 7% in around 1 in 20 measurements, so repeating with a different device may add certainty where there is clinical concern. We recommend that pulse oximeters are not read immediately after application, but are allowed at least 30 seconds to settle to an accurate reading.

Susannah Fleming (University of Oxford)

Title

Embedding a cluster-randomised RCT within a primary care database: CASNET2 and ORCHID

Abstract

Background
Randomised controlled trials are typically expensive and resource-intensive to run. Database studies, using routinely collected primary care data, are much more resource efficient, but typically only allow for observational study designs. We present a case study of an interventional RCT, where all outcome data was collected through a database of routinely collected primary care data.

Methods
CASNET2 is a pragmatic cluster-randomised RCT, where the intervention was applied at the GP practice level, and outcomes were collected and analysed at the patient level. Contribution of routinely collected data to the ORCHID database was an inclusion criterion for practices taking part in the CASNET2 study, and practice recruitment, training, and communication were facilitated by the ORCHID practice liaison team. All outcome data were extracted from the ORCHID database.

Results
We successfully recruited and retained 52 practices into the CASNET2 study through the ORCHID database, representing an eligible patient population of over 440,000 patients. The study was “light touch”, with only minimal study activities required of participating practices.

We will discuss the advantages and challenges associated with this hybrid methodology, including a discussion of recruitment, intervention implementation, data collection and analysis, and limitations.

Conclusions
It is possible to carry out an RCT embedded within a primary care database. Future similar studies may benefit from the learnings obtained during the CASNET2 study.

Rebecca Garnett (University of London)

Title

Willingness of older adults and their informal caregivers to deprescribe medication: primary care survey study

Abstract

Introduction

Reducing polypharmacy and potentially inappropriate medications is a major public health goal. Deprescribing is considered one potential solution. Although patient attitudes towards deprescribing have been relatively well studied, little consideration has been given to the informal caregiver perspective and whether this differs from patients' views and hence how that might influence care. This study addresses this research gap.

Method

A survey including demographic questions, the Trust in Physician scale and the revised Patients' Attitude Towards Deprescribing (rPATD) questionnaire was undertaken. The primary outcome was to identify respondents' willingness to deprescribe. This survey was distributed as online or paper versions, via social media, community centres, day care centres, local organisations, and personal networks. It had two sections composed of equivalent questions; one for the 'patient' (age 65+, living in England, prescribed one or more regular medication) and one for their 'informal caregiver' (age 18+). Data were analysed using descriptive statistics and binomial logistic regression models.

Results

After exclusion of ineligible respondents, a total of 1,306 survey responses were received (861 patients and 445 caregivers). The average patient was 76 (IQR: 72-81) years and prescribed 4 (IQR: 2-6) regular medications. A majority of patients were female (526; 61.6%), white (831; 97%), and educated to degree level (482; 56.9%). The average informal caregiver was 73 (IQR: 64-78) years, female (278; 62.9%), white (426; 96.4%) and educated to degree level (259; 58.6%). While 77.1% of patients agreed that they were willing to deprescribe (one or more) medication(s) if their doctor said it was possible, significantly fewer informal caregivers agreed to deprescribe their family member's medication (59.6%; p-value for difference <0.001).

Patient willingness to deprescribe was associated with their trust in physicians, concerns about stopping medication and belief in medication appropriateness. For informal caregivers, willingness to deprescribe was influenced by their belief in the appropriateness of medication and their involvement in patients' medication management.

Conclusion

This large study suggests patients are more willing to deprescribe than their informal caregivers. Better understanding these attitudes and how they differ between patients and informal caregivers, will help inform interventions to improve their involvement in medication-related decisions.

Jenna Garrod (University of Southampton)

Title

Point-of-Care Testing to Reduce Unnecessary Antibiotic Use for Lower Respiratory Tract Infections in Older Adults in Primary Care: A Randomised Feasibility Trial

Abstract

Background: Lower respiratory tract infections (LRTIs) are a common reason for primary care consultations, often leading to antibiotic prescriptions. However, most LRTIs are viral; therefore, antibiotics offer little benefit. Studies have shown that “just in case” prescribing occurs in older adults, who are more at risk of complications, contributing to unnecessary antibiotic use, antimicrobial resistance, and increased NHS costs. One reason for high prescribing rates is the difficulty in determining the cause of infection based solely on symptoms. Point-of-care testing (POCT) could provide rapid insight into the infection's aetiology, helping clinicians make more informed prescribing decisions.

Aim: This trial aims to evaluate the feasibility of using pathogen-detection POCTs with and without biomarker testing to guide the management of LRTIs in older adults in primary care settings.

Methods: The study will compare pathogen-based (COVID-19/Influenza A/B) and biomarker (CRP and FebriDx) POCTs with usual care. We will recruit 180 participants aged 65+ who present with LRTI symptoms from six primary care sites. Participants will be randomly assigned to one of four groups: COVID-19/Flu test, COVID-19/Flu + FebriDx, COVID-19/Flu + CRP, and usual care. The trial will assess the feasibility of POCT implementation in primary care, including recruitment, randomisation, and barriers to adoption. We will also examine the impact of POCTs on antibiotic and antiviral prescribing in an exploratory analysis. Interviews with clinicians and participants will explore their views on the study design, POCTs, and their overall experience.

Results: Emerging data will be presented at the conference.

Conclusion: This trial will provide important insights into the feasibility of investigating the practicality and effectiveness of POCTs in primary care for managing LRTIs. Our feasibility outcomes will inform a future trial to evaluate the effect of POC testing on antimicrobial prescribing.

Yicen Guo (University of Oxford)

Title

The Role of Older Adult Patients' Companions in Episodes of Medical Care: A Scoping Review

Abstract

Background: Between 20-57% of adults (aged 65+) are accompanied by a family member or friend during medical visits. In primary care, companions can play a critical role in identifying problems, facilitating care access, advocating for patients, and providing treatment support post-visit. Despite growing interest in this area, most research on older patients' companions has been limited to the medical visit itself rather than the wider roles companions may play during episodes of care.

Objective: To review the scope of existing research on the role of older patients' companions, and their impact on patient outcomes across different healthcare settings.

Methods: A review protocol was registered on OSF. Evidence was sourced from MEDLINE, Science Citation Index, Sociological Abstracts, PsycINFO, Embase, and CINAHL. Inclusion criteria were: (1) Studies involving informal, unpaid companions (aged 18+) of older adult patients (65+), (2) Peer-reviewed qualitative, quantitative, or mixed-methods studies examining the role and impact of companions during episodes of care, (3) All healthcare settings (e.g., primary care, hospitals, hospice, patients' homes), and (5) published in English, before July 2024.

Preliminary results: The review identified 35 studies, with 28 published after 2000 and 4 in 2024, indicating recent research interest in the role of patient companions. The studies were predominantly from the United States, with others from Europe, Australia, and Asia. Most studies used the term "family caregivers" rather than "companions." Research themes included companions' roles in medical settings, different perspectives on companions' involvement, companions' participation in triadic communication, and their influence on patients' outcomes, healthcare utilization and decision-making. Methodologically, half of the studies reported qualitative research, using interviews, and audio-recordings of medical visits. Studies were mostly conducted in hospital outpatient settings, involving patients with cancer, dementia, and heart failure. The majority of companions were spouses or partners of the patients. While most findings highlighted the benefits of caregiver involvement, some studies also noted potential negative effects.

Conclusion: This review underscores the significant role of family caregivers in older adults' medical care. However, the lack of research in primary care and urgent care settings warrants further investigation to fully understand the impact of companions in these environments.

Brenda Hayanga (University of London)

Title

A systematic review of healthcare interventions to improve health outcomes for minoritised ethnic people with multiple long-term conditions

Abstract

Having multiple long-term conditions (MLTCs) is associated with poor health outcomes and there is a growing body of evidence suggesting that many people from minoritised ethnic groups have more long-term conditions, receive poor care quality, have lower levels of satisfaction with primary care service and lower survival rates than their white counterparts. Despite this, there is a dearth of studies on what constitutes effective interventions to prevent and/or improve the health outcomes of minoritised people with MLTCs. This systematic review seeks to address this gap by identifying and describing healthcare interventions designed to improve health outcomes for minoritised ethnic people living with MLTCs, (2) assessing which healthcare interventions work best to improve health outcomes for minoritised ethnic people with MLTCs, (3) identifying the processes associated with (in)effective interventions and (4) making recommendations for promising areas for future healthcare interventions. Given that inequalities in health are driven by the intersection of wider societal processes with micro-level processes and primary care is deemed the best place to manage MLTCs, we focus on interventions aimed at healthcare providers/systems within clinical settings and/or community settings. We searched ASSIA, CINAHL, MEDLINE, Journal of Health Visiting, PubMed, PsycINFO, Open Grey, National Grey Literature Collection and the International Research Community on Multimorbidity website for eligible studies. We identified, 6907 studies, 12 of which met the inclusion criteria. Preliminary findings suggest that collaborative, integrated-care interventions involving multidisciplinary teams using trained support workers with local knowledge of the community and/or lived experiences of MLTCS have the potential to improve health(care) outcomes for minoritised ethnic people with MLTCs

Jennifer Hirst (University of Oxford)

Title

Disparities in menopause symptoms coded in UK primary care – An analysis of electronic health records of 2 million women 2013-2023

Abstract

Introduction Hormone replacement therapy (HRT) is effective at treating menopausal symptoms and recommended in guidance. In the UK, general practices in areas of highest social deprivation have the lowest HRT prescribing rates, but there is little evidence on how HRT prescribing differs by individual characteristics, which could inform tailored interventions.

We described HRT prescribing by ethnicity, social deprivation and region and identified factors associated with HRT prescribing.

Methods We identified females aged 40-60 years between 2013-2023 using the QResearch primary care database to determine prescriptions of any HRT and different HRT formulations. We used logistic regression to identify factors associated with HRT prescriptions including ethnicity, socioeconomic status and region in England. Results were reported as adjusted odds ratios.

Results The cohort comprised 1,978,348 women with a median age of 49 years, (IQR 44, 54) and 54% with documented white ethnicity. 19.2% of women received at least two HRT prescriptions, which varied from 3.9% in women from Black African ethnic groups to 22.6% in white women. HRT prescribing rates were 24.4% for women living in the most affluent neighbourhoods and 11.0% in the most deprived neighbourhoods. Similar prescribing patterns were seen across all HRT formulations. Logistic regression analyses adjusting for age confirmed that women across all minority ethnic groups had significantly lower proportions of HRT prescribing compared to white women, with odds ratios ranging from 0.18 (95%CI 0.17-0.19) in Chinese women to 0.49 (95%CI 0.47-0.51) in Caribbean women. HRT prescribing significantly decreased for each increase in quintile of social deprivation with an odds ratio of 0.61 (95%CI 0.60-0.61) for the most deprived compared to the most affluent quintile. HRT prescribing rates were significantly higher in all regions of England in comparison to London.
Conclusions This study is the first to quantify individual level inequalities in HRT prescribing in England. It identified disparities in HRT prescribing by ethnicity, social deprivation and region, with fewer women prescribed HRT in non-white ethnic groups and in areas with the highest social deprivation. There is a critical need to explore how these differences arise and factors underpinning them, to consider opportunities to mitigate against these inequalities.

Janice Hoang (University of Oxford)

Title

Preliminary analysis of breast cancer, thrombosis and osteoporosis in a cohort of women of menopausal age by ethnicity and social deprivation.

Abstract

Background
Hormone replacement therapy (HRT) is prescribed to relieve menopausal symptoms and protect against osteoporosis. HRT use has been associated with adverse outcomes (thromboembolism and breast cancer). This study described diagnoses of breast cancer, thrombosis and osteoporosis by HRT use and demographic characteristics.

Methods
Data from the QResearch primary care database linked to hospital records, cancer registries and ONS mortality were used to identify women aged 40-60 between 01/01/2013 and 13/07/2023. We described ethnicity, social deprivation and region of England for those with diagnoses of breast cancer, thrombosis, and osteoporosis during follow up, stratified by HRT use. Those with a pre-existing diagnosis of each of the conditions prior to the entry date were excluded to created three cohorts.

Results
The full cohort comprised 1,978,348 women with a mean (SD) age of 49.4 (6.0) years, 76.2% white, 3.0% Indian, 1.7% Pakistan, 0.8% Bangladeshi, 1.9% Other Asisan, 1.7% Caribbean, 3.4% Black African and 1% Chinese. Overall, 383,515 (19.4%) women received two or more HRT prescriptions.

Breast cancer: Of an eligible 1,951,174 women, 46,225 (2.4%) developed breast cancer, mean age at diagnosis 54 (SD: 6), ranging from 2.6% in white women to 1.2% in Bangladeshi women. Of these, 6,584 (14.2%) received two or more prescriptions of any HRT before diagnosis.

Thrombosis: Of an eligible 1,944,396 women, 36,660 (1.9%) developed thrombosis, mean age at diagnosis 54 (SD: 7), ranging from 2.9% in Caribbean women to 0.5% in Chinese women. Of these, 6,230 (17.0%) received two/ more prescriptions of any HRT before diagnosis.

Osteoporosis: Of an eligible 1,922,701 women, 55,981 (2.9%) developed osteoporosis, mean age at diagnosis 57 (SD: 6), ranging from 3.4% in white women to 1.0% in Black African and Caribbean women. Of these, 10,391 (18.6%) received two/ more prescriptions of any HRT before diagnosis.

Conclusion
This preliminary descriptive analysis has revealed that there are some differences in the proportion of women who developed breast cancer, thrombosis and osteoporosis by ethnic group. This work is ongoing, and a case control matching of outcomes and conditional

logistic regression analysis will determine whether these differences remain significant after adjusting for HRT exposure and other factors.

Trenton Honda (University of Oxford)

Title

Genetic characteristics of E. coli in recurrent and chronic UTIs from patients in the community in the UK

Abstract

Introduction:
Urinary tract infections (UTI) are the most common bacterial infection encountered in women in a primary care setting. Recurrent UTIs ((rUTI), severely impact quality of life and contribute to development of antimicrobial resistance (AMR). Several bacteria are known to cause UTIs, with uropathogenic Escherichia coli (UPEC) by far the most common causative agent. rUTIs may arise from reinfection from the perineum or re-emergence of infection from the bladder wall. By comparing bacterial presence in the urine or the perineum when women do not have symptoms to bacteria present during periods of symptomatic infection, we can understand which mechanisms may be underlying recurrence.

Methods:
Using data from participants in the 'D-Mannose to prEvent Recurrent urinary tract InfecTions (MERIT) study, we identified all participants with E. coli organisms cultured in baseline samples (i.e., perineal swab and asymptomatic urine), as well as at least one follow-up urine sample from episodes of subsequent infection. We extracted DNA from each sample to examine the phylogroup and sequence type, genotypic AMR, and virulence characteristics. Statistical analysis is ongoing.

Results:
We identified 282 isolates corresponding to 54 MERIT participants for our study. The most common phylotype was B2 (59.6%) followed by D (13.3%). We will present descriptive statistics to characterize the distribution of bacterial characteristics identified, Sankey diagrams to visualize longitudinal changes across the baseline and follow-up study period, and regression approaches (presented as odds ratios and confidence intervals) to examine magnitudes of association over time. We will further explore associations between baseline asymptomatic urine and perineal E. coli and subsequent UTI -causing E. coli, AMR genes, and virulence genes, as well as compare these associations for sub-groups with infection profiles consistent with rUTI versus cUTI.

Discussion:
Understanding the link between perineal and bladder colonisation in rUTI and cUTI, and how these associations might be modified by bacterial lineage, the presence or absence of virulence factors, and specific AMR resistance profiles, will provide additional information to help guide empiric antibiotic therapy among general practitioners.

Hilda Hounkpatin (University of Southampton)

Title

Social experiences of people living with multiple long-term conditions (MLTC): a qualitative study

Abstract

Background:

Social relationships influence people's risk of developing multiple long-term conditions (MLTC) and are also impacted by having MLTC, further influencing people's ability to manage their health. Despite the interaction between social relationships and MLTC, little is known about how people living with MLTC experience social relationships. This study examined experiences of social relationships in older adults living with MLTC.

Methods:

Semi-structured qualitative interviews were conducted, by telephone, with 22 people (12 women, 10 men) living with MLTC in Southern England. Participants were recruited through charity and local community networks, and GP practices. Eligibility criteria were: individuals aged ≥45 years living with MLTC within the community (i.e. not in a care or nursing home). Participants were purposively sampled to allow diverse characteristics in terms of age, gender, and residential area deprivation. Transcribed interview data are being analysed using reflexive thematic analysis.

Results:

Two themes are identified from preliminary analysis: "a change in sense of self" and ''a need to be seen and understood". Participants experienced low mood, anxiety and depression due to having MLTC, which was reported to impact their relationships with others negatively. Participants recognised the importance of social relationships, finding value in talking about their conditions with others who have shared experiences. Participants experienced a sense of abandonment when they felt unable to share with friends and family members. Some participants experienced distress around the need to self-manage their health, reinforced by limited health and care services.

Conclusion:

This study has identified potential processes through which social relationships and MLTC may be related. These findings can inform development of interventions that support appropriate and meaningful social connection.

Linda Huibers (Aarhus University)

Title
Telemedicine Applications in General Practice – the Danish experience

Abstract
Background: European primary care services face increasing pressure due to demographic shifts and the transfer of tasks from secondary to primary care. These trends have resulted in rising workloads. Simultaneous, there is shortage of healthcare professionals. Ensuring the accessibility and availability of high-quality primary care, including acute and unplanned care, is critical for a sustainable healthcare system. Digital decision support tools and artificial intelligence are increasingly seen as potential solutions to these challenges. Telemedicine applications such as telephone triage systems, use of video, and symptom checkers for self-triage offer opportunities to alleviate workloads. However, the evidence supporting their implementation and impact remains limited.

Methods: We are conducting a narrative review-inspired study to explore existing evidence on telemedicine applications in general practice. The results of this review will be presented within a theoretical framework focusing on the quality of care. In this presentation, we highlight the Danish perspective.

Results: Preliminary findings include a range of studies examining the use of video consultations both during and outside office hours. Key themes addressed in the literature include identifying target populations, evaluating added value, understanding communication dynamics, and addressing issues of health inequity.

Conclusion: We argue that to ensure the effective and equitable implementation of video consultations in primary care, evidence-based guidelines are crucial. Additionally, rapid-cycle evaluation studies are necessary to provide timely, practice-relevant data that can guide the development and refinement of telemedicine interventions.

Haseeb Imtiaz (University of Edinburgh)

Title

The efficacy of body temperature as a diagnostic tool to identify novel respiratory infections

Abstract

Background
Body temperature is a regularly measured physiological parameter that is commonly used as a sign of infection. Pandemic preparedness will require diagnostic and screening strategies in advance of the development of disease-specific tests; the accuracy of body temperature as a diagnostic criterion for novel respiratory infections remains unclear.

Aim
We investigated the value of body temperature as a diagnostic tool in the early detection of novel respiratory infections.
Study design
Systematic review of observational studies.

Methods
Studies were included if they reported both temperature measurement and an objective test for infection with COVID-19, SARS, MERS or influenza. Screening and data extraction were carried out independently by two researchers. We extracted the sensitivity of fever for each paper, and where possible, we also extracted the specificity, PPV and NPV. Quality assessment was conducted using the QUADAS risk of bias tool.

Results
We screened 2699 studies, with 110 studies eligible for data extraction. There was high heterogeneity in the sensitivity of body temperature for identifying respiratory infections, with an average sensitivity of 53.2%, and ranging from less than 10% to more than 90%. Surprisingly, sensitivity did not seem to be associated with the temperature used to define fever. There also did not appear to be an association with the type of respiratory infection or the country in which the study was conducted.
The quality assessment highlighted a variable quality of research in the studies, with particularly poor reporting of thermometer type and site of temperature measurement, both of which are known to affect accuracy of temperature measurements.

Conclusions
Body temperature is widely used to screen for infection but the efficacy of it as a diagnostic tool remains unclear due to the large variation in sensitivity. There is a frequent lack of reporting on how temperature is measured.

Tassella Isaac (University of Southampton)

Title

Developing an Ontology to Address the Social Needs of Multimorbid Patients: Implications for Policy and Patient Care

Abstract

Background

Multimorbidity, the presence of multiple long-term conditions, is prevalent in primary care. Despite its significant impact on patient outcomes, integrating social care needs (SN)—such as challenges with daily living, mobility, and social support—into clinical practice remains limited. This study aims to develop an ontology to identify social needs within electronic health records (EHRs) for multimorbid patients and test it on a cohort of 9.1 million patients in England and Wales. Integrating social care needs into EHRs can enhance person-centred care, address healthcare disparities, and improve outcomes for diverse populations.

Methods

The study began with a systematic review of literature and policy documents to identify relevant social needs, followed by qualitative interviews with patients, relatives, and carers. An iterative Delphi process involving stakeholders (experts, clinicians, social care workers, patients, and carers) finalized the list of social needs. These needs were categorized into eight domains and mapped to relevant EHR codes, with accuracy assessed across two independent databases: the Clinical Practice Research Datalink (CPRD) in England and the Secure Anonymised Information Linkage (SAIL) Databank in Wales. Statistical analyses will explore how social care needs intersect with demographics and clinical conditions, highlighting disparities in healthcare access and outcomes.

Results

The study will prioritize social care needs often overlooked in clinical practice and aim to integrate these into routine care. Statistical analysis will assess how social care needs intersect with demographic factors like age, sex, ethnicity, and socioeconomic status, identifying disparities that can inform more inclusive healthcare policies. Feedback from patients and clinicians will be incorporated into the final ontology to ensure its relevance and applicability across diverse patient populations.

Implications

This research will inform healthcare policy and practice by promoting a more inclusive, person-centered approach to care. Integrating social needs into EHRs enables clinicians to address non-clinical factors that impact patient outcomes. The findings will encourage policies that incorporate social care into clinical practice, potentially improving patient outcomes, reducing healthcare disparities, and enhancing the quality of life for multimorbid patients, particularly those from underserved communities.

Mavin Kashyap (University of Bristol)

Title

How equitable, diverse and inclusive are UK primary care trials? A systematic review

Abstract

PROBLEM:

Randomised Controlled Trials (RCTs) are central to evidence-informed medicine and their findings greatly influence clinical guidelines and pathways. More trials are being delivered in primary care however, for the findings to be generalisable, they should be inclusive of the populations for which the intervention is targeted. The NIHR's INCLUDE project looked to address this by creating a framework to consider inclusivity throughout each step of the trial process, concluding at the end of 2021. The PRO EDI initiative, created by the Trial Forge collaborative looks to improve how equity, diversity and inclusion are handled in evidence synthesis, outlining characteristics about trial participants to guide data extraction. Therefore, using the PRO EDI template, this systematic review aims to address the question "How equitable, diverse and inclusive are UK primary care trials?"

APPROACH:

This systematic review will be carried out in accordance with PRISMA guidelines and has been prospectively registered on OSF (https://doi.org/10.17605/OSF.IO/492GF). MEDLINE, Embase and the Cochrane Central Register of Controlled Trials (CENTRAL) will be searched to identify any RCT conducted in the UK from January 2022 – September 2024. The search strategy was developed using a combination of medical subject headings (MeSH terms) and free-text terms with support from an experienced information specialist (FS). Covidence will be used to assist in the reviewing of titles and abstracts and subsequent full-text screening which will be conducted by two independent reviewers (MK and JC) with any discrepancies resolved through discussion. Preliminary searches have identified 4471 records for title and abstract screening stage. A standardised form will be used (Excel/MS Word) to extract the PRO EDI characteristics of study participants from the identified studies that are included in the review.

FINDINGS:

This work is ongoing but we aim to present the prevalence of PRO EDI characteristics of trial participants in the UK primary care setting at the conference.

CONSEQUENCES:

With our findings we hope to describe the state of equity, diversity and inclusion of trial participants in UK primary care, in the post-INCLUDE framework period.

Kornelija Kildonaviciute (University of Oxford)

Title

What are patients' and healthcare professionals' views on management of penicillin allergy?: a systematic review and thematic synthesis

Abstract

Introduction

Almost 95% of penicillin allergy records are incorrect. Incorrect penicillin allergy records pose a risk of adverse effects, such as developing antimicrobial resistance and increase in mortality and morbidity, arising from consumption of alternative non-penicillin antibiotics. Availability of specialist allergy assessment services to correct these records is limited. Evaluation and testing of penicillin allergy is complex, but evidence shows that it can be safely performed outside the specialist setting.

We aimed to review the literature on patients' and healthcare professionals' views on the management of penicillin allergy and provide an interpretation of the evidence which would inform the development of strategies to increase penicillin allergy evaluation and testing.

Method

We performed a systematic search in 6 databases for primary qualitative or mixed-methods studies reporting findings on patients' and healthcare professionals' views on the management of penicillin allergy. Papers were screened using Covidance; and the CASP tool was used for quality appraisal. Thematic synthesis involved systematic line-by-line coding in NVivo and generation of descriptive and analytical themes using inductive approach.

Results

Out of 1110 papers, 18 met the inclusion criteria. Majority of the studies were from the UK and North America. Five of the studies were based in primary care.

Five analytical themes were developed showing that (1) the management of penicillin allergy was perceived by healthcare professionals as requiring specific training; (2) healthcare professionals expressed uncertainty over their responsibility in managing penicillin allergy and indicated that (3) existing systems did not support penicillin allergy assessment. (4) The management of penicillin allergy was associated with perception of risk and diagnostic uncertainty by both patients and healthcare professionals; and, overall, (5) investigation of penicillin allergy was not a priority.

Conclusion

Perception of risk and competing clinical priorities impede penicillin allergy assessment. Therefore, research exploring perception of risk associated with the management of penicillin allergy, prioritisation of allergy assessment in routine practice, and overcoming systemic barriers which hinder penicillin allergy assessment is needed. Evidence about the management of penicillin allergy in primary care is limited and warrants further research to explore how primary care can support penicillin allergy assessment.

Judit Konya (University of Exeter)

Title

Early cancer detection in community pharmacies in deprived areas – a systematic review.

Abstract

Background

Early detection is key to favourable cancer outcomes. Patients most often present to general practice with red flag symptoms, however they may present to community pharmacies (CPs) too. CPs are accessible healthcare providers, with rapidly increasing clinical roles.

We aimed to summarize the available international evidence of outcomes from early cancer detection programs in CPs: to i) describe the approaches being offered, ii) summarize outcomes, iii) describe the perceived barriers and facilitators to the delivery of such programs, and iv) summarize service users' and stakeholders' experiences. We aimed to undertake subgroup analyses to account for deprivation.

Methods

We have undertaken a systematic review. The following databases were searched: MEDLINE, EMBASE, CINAHL, PsychINFO and Cochrane Central Register of Controlled Trials (CENTRAL). We searched relevant websites from the United Kingdom.

We included relevant articles published in or after 2015, written in any language, reporting on, or describing any interventions or programs in community pharmacies to aid early cancer detection.

We used a narrative approach to synthesise the evidence. Quality assessment was completed using the Mixed Methods Appraisal Tool (MMAT) and the Authority, Accuracy, Coverage, Objectivity, Date, Significance (AACODS) checklist.

Results

We identified 20375 records. 14143 abstracts and titles were screened, and 330 full-text articles were assessed for eligibility. 52 publications were included for data extraction. The most studied cancer sites were colorectal (n=27) and lung (n=9). 9 publications included outcomes regarding all cancer sites. Most frequently the publications reported on cancer screening (n=26) and diagnosis (n=13). The outcomes reported were diverse: rate (n=53) including outcomes such as screening uptake, number of referrals or presence of high-risk behaviors, professional (n=31) and/or patient or service user (n=25) perceptions. The latter includes barriers, facilitators or participants' experiences. Deprivation related outcomes were rarely reported (n=8).

Conclusions

The findings from our review show that there is growing evidence of the positive impact CPs can have on early cancer detection. The variety of ways they can be involved, and the common themes of barriers and facilitators need to be taken into consideration when new services are piloted or being introduced.

Anastasiia G Kovalenko (University of Bristol)

Title

‘It’s a constant balancing act:’ Treatment burden in people with MLTC aged 18-65 and the impact of primary care services.

Abstract

Multiple long-term health conditions (MLTC) affect approximately one-quarter of the UK population. Most research on MLTC has focused on patients aged over 65, but younger populations face distinct challenges, such as balancing work and caring responsibilities. This study investigated how people aged 18-65 with MLTC experience treatment burden and how primary care services influence this burden.

Method

Patients were recruited from general practices within primary care networks (PCNs) in two geographical areas. We used purposive sampling to ensure diversity in long-term conditions, ethnicity, socio-economic background, and age. A topic guide, informed by existing literature and the Cumulative Complexity Model, was developed and pre-piloted with input from the PPI group. Semi-structured interviews were conducted by phone, video-call, and in-person. Participants were asked about their experience and capacity to manage the workload, how different health conditions interact to influence burden, and experiences of interacting with primary care services. Audio-recorded data was anonymised and transcribed verbatim and analysed thematically with the support of PPI group to ground the analysis in the lived experience of people with MLTC.

Results

Thirty-two patients were interviewed (20 female, 12 male, age 18-65). Three broad themes were defined: ‘Interactions with primary care: perceptions, navigation and impact,’ ‘The complexity of patient workload,’ ‘Patient capacity: having to prioritise.’ Analysis revealed that miscommunication with primary care services often added to the mental workload, leaving patients feeling dismissed, uncertain, stuck, or “falling through the crack.” The added responsibility of having to coordinate communication increased the overall patient workload. The complex management of multiple symptoms, medications, and sometimes conflicting advice was described as an overwhelming never-ending balancing act, particularly for those with caring responsibilities and employment. Limited patient capacity sometimes forced selective engagement with primary care services, and trade-offs, such as prioritizing family needs over own health. These and other findings are discussed.

Conclusion

This research advances our understanding of how people with MLTC aged 18-65 experience treatment burden and how the primary care services affect this burden. This study will inform further development and testing of interventions to reduce treatment burden and improve health outcomes for younger people with MLTC.

Stella Kozmer (University of Exeter)

Title

Exploration of current practices of identification and management of Binge Eating Disorder and Bulimia Nervosa in primary care in the United Kingdom: a national survey

Abstract

Aims

A previous review highlighted that a limited knowledge and understanding of BED & BN in primary care professionals may negatively impact the identification and management of BED and BN. Whilst NICE guidelines offer some guidance on identification and management, they assume a general understanding of BED & BN. Currently, it is unknown what, if anything, is actively implemented and used in practice to identify and manage BED & BN in the UK. Hence, this ongoing study explores current practices used in primary care in the UK.

Method

An online survey was distributed across the UK to all primary care HCPs, individuals with lived experience of BED and BN (LE), and commissioners. Data collection is ongoing. Simple random sampling was used to collect data. Data was collected on (a) demographics, (b) screening and identification practices, and (c) referral and treatment practices. The survey was designed with lived experience and stakeholder input. Preliminary data analysis was carried out using descriptive analysis of demographics and close-ended questions. Free-text responses were analysed qualitatively to identify themes. Further analysis will be explored once data collection is finalised.

Results

Preliminary data was analysed from 133 respondents (1 commissioner, 103 HCPs, 29 LE) most of whom were GPs (73%, N=75) and LE with BN (66%, N=19). On average 66% of HCPs do not screen for BED & BN. 50% of LE with BED did not have a formal diagnosis. If BED & BN are screened for, the primary screening tool used is SCOFF. However, the screening process lacked clarity and transparency for LE. The most common management method was referral. However, differences between BED & BN were observed. LE reported being primarily managed in ways other than referral to ED services, such as self-help and NHS Talking Therapies, which was deemed inappropriate by LE. The final results will be presented at the conference.

Conclusions

A lack of active screening and continuous management of BED and BN is reported. The current state of BED and BN identification and management has noticeable gaps and needs urgent focus and coordinated approaches involving all stakeholders to address them.

Stella Kozmer (University of Exeter)

Title

The accuracy and suitability of eating disorder screening tools for Binge Eating Disorder and Bulimia Nervosa in a primary care setting: a mixed-method systematic review

Abstract

Aims

Binge Eating Disorder (BED) and Bulimia Nervosa (BN) are some of the most common eating disorders (EDs) in the UK, mainly identified in primary care. A national survey study suggested that the most commonly used screening tools to identify BED & BN are general EDs tools, such as SCOFF or EDE-Q. However, it is unknown how accurate these tools are for BED & BN in a primary care setting and whether they are suitable for healthcare professionals (HCPs). Hence, this systematic review aims to address this gap.

Method

A mixed-method systematic review was conducted following standard PRISMA guidelines. From conception to September 2024, searches were completed in six databases. Included studies had to be conducted in primary care and the general population. The quality of articles was assessed using the Mixed-Methods Appraisal Tool and CASP (Qualitative). Data was analysed using a convergent integrated approach, during which quantitative and qualitative data were analysed separately and then integrated into one narrative. Data analysis is still ongoing.

Results

1679 articles were identified and screened for inclusion by two independent reviewers and checked by independent reviewers. Four articles were included for analysis. All articles were of medium quality with a medium risk of bias. Two articles were from the US, the rest were from the UK and Spain. Two articles focused on SCOFF, the rest on BEDS-7 and EDE-Q. Preliminary results suggest that current screening tools might not be suitable for HCPs in primary care primarily due to limited implementation. The accuracy of screening tools was unclear, and further analysis is being carried out. The final results will be presented at the conference.

Conclusions

The limited evidence available suggests unclear accuracy and arguable suitability for primary care. However, no strong conclusions can be made. This review highlights a significant gap in the current literature on EDs screening tools for BED and BN in the context of primary care and calls for further high-quality research with significant inclusion of stakeholders to address these gaps.

Catherine Lamont-Robinson (Bristol Medical School)

Title

Dancing with Difficulty: critical enquiry through arts-based research

Abstract
Bristol Medical School has a long history of providing curricular and SC opportunities for students to learn alongside more minoritized individuals and communities and later, to process their experiences and insights through the arts.

OutOfOurHeads - Bristol's medical arts website, hosts creative enquiry in categories generated on a wide range of themes. One of these with a more political angle is:
'Does it have to be this way?'
In parallel with the recent shift towards embracing a more 'critical' Medical Humanities, we have noted a steadily increasing student orientation to explore troubling and complex societal issues through arts media see https://outofourheads.net/2023/09/30/disparities-in-the-dark-2/

This spirit of pro-active, creative engagement has generated deep-dives into health inequalities and poor health outcomes concerning historically minoritized ethnic groups. Individual students engaging in community contexts observe how the arts facilitate inclusive channels of communication - often more accessible and democratic than verbo-centric methods.

The embedded endorsement of creative methodologies within the medical school is key to students' confidence in appearing above the parapet in this way. Students also contribute to arts-based research and teaching programmes linked with Primary Care at Bristol, for instance in 2024 student works feature alongside external submissions in our polemical exhibition "Turning the Tide" looking at water and health.

In this studio workshop we present creative pieces from the www.outofourheads.net website focusing on inclusion and diversity in healthcare and medical research. Subjects include: Asylum Seekers' access to healthcare, Maternal Health Inequalities in minoritized communities, Access to Clinical Trials for under-served groups and Diversity within Medical Research.

We will then guide participants to create individual or collaborative responses related to 'a challenging issue' through mixed-media providing a brief, hands-on experience of inclusive, creative methodologies in participatory healthcare research.

Examples of our recent and current collaborations with Research England, UKRI and Wellcome Trust addressing diversity and inclusion in healthcare will also be displayed.

We will invite external contributions from delegates to respond to this conference topic in our exhibitions programme: https://outofourheads.net/exhibitions/ This curation will provide a timely multi-disciplinary arts/academic resource focusing on diversity and inclusion in Primary Care education and research.

Layla Lavallee (University of Oxford)

Title

Environmental hazards - Important but overlooked risk factors for hypertensive disease in pregnancy and associated cardiovascular disease.

Abstract

Women and infants affected by hypertensive disorders of pregnancy (HDP) are at a significantly higher risk of developing future cardiovascular disease (CVD). Evidence suggests that postnatal interventions could help reduce these risks, and my research focuses on maximising this opportunity for ethnic minority women and infants, as well as those facing socio-economic adversity, who are disproportionately affected by HDP, CVD, and poor outcomes. While reviewing the literature, it became apparent that efforts to address HDP and CVD are currently undermined by an important and neglected factor - environmental hazards.

There is growing evidence that exposure to air pollution, toxic metals, endocrine-disrupting chemicals, micro-plastics, excessive noise, light pollution, and extreme heat is associated with an increased risk of HDP and CVD. However, key research into strategies aimed at reducing HDP-related CVD risks, and HDP clinical guidelines, largely - if not entirely - overlook environmental hazards. This is a critical oversight, given the combined burden of HDP and CVD and the pervasiveness of environmental threats, which are compounded by the climate crisis and disproportionately impact vulnerable groups.

Overcoming these gaps in evidence and practice requires greater stakeholder awareness, enhanced surveillance, innovative strategies, and stronger regulatory protections. Adopting a new paradigm that acknowledges the connection between planetary and human health and integrates environmental considerations into maternity care and research would support these efforts and likely improve the health outcomes of those affected by HDP as well as wider population and planetary health.

Jeremy Leslie-Spinks (University of Oxford)

Title

Dance It for Me -- casting the role of Narrative in Dance Medicine

Abstract
Dance it for me – casting the role of narrative in Dance Medicine

Purpose:
I studied dancers' career-ending illness or injury, to explore use of narrative in clinical encounters and devise mitigatory interventions.

Literature:
I searched PubMed and Google Scholar for literature on dance injury aetiology, narrative and translational medicine, clinical dance awareness, the medical gaze, treatment outcomes, communities of practice, dance identity, power gradients, and epistemic injustice.

Methods:
Against a background of 55-95% global dance injury rates, I recorded and transcribed 67 unstructured biographical interviews with dancers sampled for career termination by illness or injury. The study had University ethics board approval, with participants' written informed consent. Their experiential narratives yielded thick, rich primary data which I viewed through a critical realist ontological lens and analysed using hermeneutically phenomenological epistemology.

Results and Discussion:
Injury and illness prematurely ended these dancers' performing careers. Many recalled the clinical dialogue as inadequate, perceiving this to have mediated career termination. Involuntary traumatic career transition was associated with long-term negative sequelae, including loss of livelihood, financial insecurity, deprivation of habitus, reduced social capital, identity confusion, stigma, isolation, psychic trauma, depression, suicidal ideation, and incapacity. They spoke of their emotional investment in dance, their tenacious, lifelong 'dancer identity', and their coping strategies. I used insights from critical medical humanities and the sociology of occupations to examine their post-dance lives. Hoping to regain part of their dancing selves, most, reluctantly, became teachers, the more successful among them at vocational level.
Input from a clinical focus group offers further insights into perceived inadequacies of dancer-clinician dialogue, suggesting potential options to enhance mutual comprehension and communication.

Conclusion:
To improve dancer-clinician dialogue and recovery prospects for future dancer patients, I advocate for:
• fostering agency and biomedical literacy in both dance students and professionals,
• enhancing proactive mutual awareness between clinicians and dance institutions, and

• expanding dissemination of Narrative and Dance Medicine within academic clinical education.

Samuel Li (University of Cardiff)

Title

Effect of ambient temperature on measles infections: A Systematic Review

Abstract

Background

Measles is a leading cause of vaccine-preventable death and morbidity worldwide particularly in low resource settings. Reported absolute case numbers of measles have risen annually since 2021 both globally and in the UK with vaccination rates falling in the UK and across Europe. Climate change, specifically temperature changes, may alter infectious disease incidence. This is the first systematic review on ambient temperature and measles incidence.

Aims:

This review aims to understand associations between ambient temperature and measles incidence.

Methods:

Medline and Global Health via Ovid, Web of Science, Scopus, Embase and CINAHL were searched for observational studies with ambient temperature as exposure and measles incidence as outcome. We did not limit by patient age, setting, publication date or language. These were screened by two independent reviewers and any disagreements discussed within the review group. Data to be extracted will include author and year, study design, methods, population, study country, study duration, sample size; measures of temperature and measles incidence with time resolution or lags, models used and estimates of effect size.

Risk of bias will be assessed independently using the ROBINS-E tool by two reviewers. Meta analysis will be dependent on availability of homogenous data. If this is not possible then we will develop a narrative synthesis.

Results:

The current progress of the systematic review will be presented. This will include results describing the association between ambient temperature and measles, quality of included studies and discussion of remaining research gaps.

Records identified from databases = 4475

Records screened = 2877

Reports sought for full text screening = 134

Preliminary findings suggest a minimum of 12 papers will be included.

Conclusion:

This review seeks to present current evidence on the effects of ambient temperature on measles incidence in the context of global climate change and rising global average temperatures. If changes in ambient temperature are associated with increased measles incidence, then this review will provide further evidence that planning and efforts to increase vaccination rates are needed for eradication.

Lee Joshua Melo (Queen Mary's University London)

Title

What works: addressing health inequalities through integrated neighbourhood teams

Abstract

Introduction: Health inequalities arise from social determinants of health, creating complex care needs for disadvantaged communities. Integrated neighbourhood teams (INT) unite health and social care professionals within the community to deliver care closer to patients' homes. INT has the potential to address fragmented healthcare, social determinants of health, and limited healthcare access for disadvantaged communities. As an emerging community care model in the United Kingdom and internationally, evidence on its impact on health inequalities remains limited. Using an inequality lens can develop understanding of how INT can address health disparities.

Aim: To explore the ways in which INT can address health inequalities.

Methods: An evidence brief was produced using a living evidence map from the AI-powered EPPI-Reviewer used by the Health Equity Evidence Centre. Forward and backward citation tracking supplemented the search. Alternative search terms were developed for INT, given the variety of terms used across different regions. The study population included older adults and ethnic minority groups. INT provision that focussed on the hyperlocal level were included, while studies without an inequality angle to service provision were excluded. Data were synthesised using thematic analysis.

Results: Four qualitative studies and one evaluative review were included in the evidence brief, the majority of which originated from the USA. All studies evaluated the performance of INT provision, obtaining feedback from service users and programme implementers. Key themes emerged as ways in which INT can address health inequalities: cultivating community trust and partnership, synergising family and community involvement in patient care, a multidisciplinary team providing care directly at the patients' doorstep, and inequality-focussed evaluation to guide improvements.

Discussion: Adopting an inequity lens in INT provision ensures that the health needs of marginalised communities are identified and addressed. Collaboration with community leaders can build trust, while proximal community services and holistic care can counteract the effects of the inverse care law and address the social determinants of health. Inequality-focussed evaluation of INT may amplify feedback from patients affected by health inequalities. Despite the emerging potential of INT, further studies are needed evaluate its impact on health equity.

Paul Mitchell (University of Bristol)

Title

Patient and parent/carer preferences related to rapid microbiological point-of-care-testing in primary care for respiratory tract infections: a discrete choice experiment from the RAPID-Test trial

Abstract

Background

To help achieve the objective of reducing unnecessary antibiotic prescribing, the use of rapid microbiological point-of-care-testing (POCTRM) in primary care is seen as a promising option. A key challenge with the possible introduction of POCTRM would be the initial budget impact for a primary care system already under significant resource pressure. Therefore, an important consideration before the introduction of any such POCTRM will be to develop a greater understanding to the benefits it offers to patient and parent/carer health seeking behaviour in primary care.

Methods

A discrete choice experiments (DCE) - a health economics stated preference survey method, primarily drawing from qualitative interviews conducted as part of the RAPID-TEST trial (NIHR131758). The RAPID-TEST trial is investigating the impact of POCTRM on antibiotic use and clinical outcomes in primary care. Qualitative interviews with patients and parents/carers involved in the trial have also taken place to better understand their views on such technology being used in primary care.

From an initial preliminary thematic analysis of the qualitative interviews, the DCE research questions and candidate attributes were developed, with an iterative process where draft DCEs were discussed with the research team of health economists, qualitative researchers and clinicians, alongside other members of the RAPID-Test trial management group, including PPI representatives.

Questions on the patient DCE ask patients to consider two treatment options in cases of suspected respiratory tract infection. An initial list of eight attributes were considered, with four attributes chosen (swab test required; health care professional type; appointment waiting time; waiting time for treatment decision at the appointment). The DCE was developed using REDCap (https://project-redcap.org/) and will be completed by participants online.

Results

Pilot data collection targeting the first 50 patients and parents/carers involved in the RAPID-Test trial who opted in to be contacted about the DCE survey is under way and will be completed in December 2024.

Discussion

Pilot results will be presented at the meeting, which will provide initial indications on patient preferences related to the use of POCTRM in primary care. We would welcome feedback on our work in progress findings from attendees at the SW SAPC meeting.

Abi Moore (University of Oxford)

Title

Microbiological and clinical features of care home suspected UTI: early results from the DISCO UTI study

Abstract

The problem

Diagnosis and treatment of urinary tract infection (UTI) is common for care home residents (CHR). However, establishing an accurate diagnosis is challenging in this population because: (i) symptoms and signs can be non-specific; (ii) histories can be unreliable due to cognitive impairment; (iii) obtaining an uncontaminated urine sample can be difficult; and (iv) there is a high prevalence of asymptomatic bacteriuria. The aim of the DIagnoSing Care hOme UTI Study (DISCO UTI) was to assess feasibility and acceptability of conducting a prospective cohort study of UTI in CHR and explore potential future diagnostic or prognostic strategies.

The approach

CHR in England were recruited to the cohort, with up to one year follow up. Urine samples were collected from all participants when asymptomatic at baseline. If a participant had a possible UTI (as suspected by care home staff) during follow up, data and three further urine samples were collected (at onset, day 14 and day 28). Urine samples were analysed in terms of appearance, microscopy and significant growth on culture. The study also involved exploratory work on urinary biomarkers and novel point-of-care tests.

Findings

81 participants have been recruited from 8 care homes. 69% participants are female, mean age is 85.4, 46% lacked capacity. Follow up is still ongoing for some; mean follow up is currently 241 days. To date there have been 22 suspected UTI episodes from 18 participants (14 female, 4 male). This equates to 0.11 episodes per 100 resident days. Localising urinary symptoms were only present in 8 (36%) of these episodes, with the remainder having non-specific symptoms and signs. 16 (73%) were treated with antibiotics. 18 (82%) episodes had a research urine sample collected at onset. Of these, 3/18 (17%) met the laboratory definition of UTI based on microscopy and culture. Updated results will be presented at the conference.

Implications

This study provides insights into the presentation and management of suspected UTI in care homes. We have been able to demonstrate that a cohort or diagnostic accuracy study in this setting would be feasible.

Jacqueline Morgan (University of Birmingham)

Title

An atypical presentation of Budd-Chiari syndrome: The role of primary care in the identification of rare diseases

Abstract

Diagnosis of a rare disease often begins with the general practitioner (GP) (Vandeborne et al. 2019), as they are frequently the first port of call for a patient when symptoms develop.

In this report we highlight a case of a unique patient presentation to primary care, ultimately leading to a diagnosis of Budd-Chiari syndrome (a rare condition affecting 0.001% of the world's population) (Aydinli et al. 2007).

This case exemplifies the difficulties that GPs often face when presented with undifferentiated patients, especially with abnormal findings that do not neatly fit into common conditions.

Although independently each rare disease has low likelihoods, overall, the burden of rare diseases is high, both on an individual and societal level (Stoller 2018, Kolkhir et al. 2023). Primary care has the distinct position of 'dealing with uncertainty'. It is through these skills that uncommon or unique presentations can probe a clinician to explore further for rarer causes of symptoms.

Primary care clinicians, therefore, must be able to utilise their 'generalist gut feeling' to advocate for patients when presented with an atypical clinical presentation. Although, ultimately, the longer-term care for rare conditions falls within the realm of secondary care, it is through the expertise of general practice that these cases are first identified.

Isman Nageye (University of Southampton)

Title

A systematic review of deprescribing interventions for older patients with heart failure.

Abstract

Background: Heart failure (HF) is a chronic condition marked by breathlessness, fatigue, and swelling, predominantly affecting older adults with comorbidities. In the UK, HF is a leading cause of hospital admissions for those over 75, with high readmission rates. Treatment guidelines often lead to problematic polypharmacy, increasing risks such as falls, cognitive decline, and prolonged hospital stays.

Optimising HF treatment may involve deprescribing (reduction/tapering, stopping or switching drugs with the goal of improving outcomes for patients). It's been argued that a multidisciplinary approach across primary and secondary care is necessary. However, this can be challenging and deprescribing can lead to symptom exacerbation.

This systematic review aims to examine the available evidence on deprescribing interventions for older adults diagnosed with HF.

Methods: The literature was searched using EMBASE, MEDLINE, The Cochrane Library and Web of Science Core Collection to identify relevant studies. Interventional studies in any healthcare setting were included if they reported a deprescribing element, with a mean sample age of 75 and over. The outcome measures derived from primary data related to deprescribing, including safety, mortality, hospitalisation, adverse events, and quality of life. A narrative synthesis was conducted to summarise findings and study quality assessed using Joanna Briggs Institute checklists.

Results: 3691 articles were identified, with seven studies included, and a total of 19,618 participants across all studies, with a mean age of 75. There were four randomised control trials and three cohort studies. Studies were heterogeneous in design, setting, type of medication deprescribed and outcomes. Deprescribing was conducted by physicians (n=5), with six studies in hospital settings. The New York Heart Association classification was used to identify participants (n=5), whilst the other two used pre-existing databases/registries. All studies reported safety outcomes; three reported poor outcomes in mortality and HF readmissions. One study reported reducing furosemide dosage led to an improvement of left ventricle diastolic filling and blood pressure with another study reporting positive outcomes in reducing hyperkalaemia.

Conclusion: The limited data found in the searches highlights a significant gap in the literature regarding deprescribing HF medications for older adults, aged 75 and above, and no studies measured frailty.

Guan Naijie (University of Birmingham)

Title

Self-management of long COVID symptoms with over-the-counter medicines and other non-prescribed therapies: a cross-sectional survey

Abstract

The high prevalence of long COVID globally necessitates investigation into its self-management, especially given the absence of definitive and effective treatments and uneven access to healthcare services. This study surveyed the use of over-the-counter (OTC) medicines, supplements, remedies, and other non-prescription therapies for managing long COVID symptoms in the UK. It aimed to identify the range of treatments used for self-management, explore the sources of these treatments, factors influencing treatment choices, and associated out-of-pocket expenses. A cross-sectional electronic survey targeted individuals experiencing long COVID, focusing on their use of OTC medications, supplements, and other therapies, their sources, decision-making influences, and financial costs. Descriptive statistics and thematic analysis were applied to analyse the data. Among 193 surveyed participants, significant use of vitamins, minerals, and herbal treatments (88.8%), and analgesics (73.6%) was reported, with 42% exceeding recommended dosages. Some participants sought relief through alternative therapies such as physiotherapy and acupuncture, often incurring significant personal expenses. Choices about self-management were influenced by medical professionals, family, friends, and online sources, including support groups and social media. This insight underscores the need for reliable guidance on safely managing long COVID symptoms, and highlights the challenges faced by sufferers in the absence of known effective treatments.

Cecilia Okusi (University of Oxford)

Title

Federating sentinel network clinical data, reference respiratory virology data, and viral genome sequence data to enable genomic surveillance

Abstract

Background: The World Health Organisation (WHO) recommends integrating viral genome sequences with sentinel surveillance data to enable genomic monitoring of viruses with pandemic potential. Following the COVID-19 pandemic of 2020, the WHO outlined a 10-year genomic surveillance strategy. This study reports progress in linking primary care sentinel surveillance data, clinical records, and viral sequence data to advance genomic surveillance efforts.

Methods: We linked primary care electronic health records from sentinel general practices in the virology surveillance programme of the Oxford-Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC), with virology laboratory results from the UK Health Security Agency (UKHSA) respiratory virus unit. Samples were flagged if corresponding viral genomic sequence data were available in publicly accessible repositories, such as the Global Initiative on Sharing All Influenza Data (GISAID). Metadata also identified contemporaneous test-negative controls. The scope and availability of this genomic surveillance dataset spanning 1992 to 2023 were summarised within the newly developed Wellcome Quinquagenarian (QQG) biomedical resource. The QQG resource also integrates pseudonymised, coded patient-level clinical data, including vaccine exposure, and enables linkage to hospital and other datasets.

Results: From 1992 to 2023, 13,665 influenza-positive samples were reported, 2,819 were sequenced from 2009, of which 97.1% were successfully linked to electronic health records (EHRs). For respiratory syncytial virus (RSV), 3,791 positive samples were reported, 1,251 were sequenced from 2008, of which 96.8% were linked to EHRs. For SARS-CoV-2, 5,068 positive samples were reported, 2,486 were sequenced from 2020, of which 98.9% were linked to EHRs. By including test-negative controls and linking genomic and clinical data, the QQG resource provides a robust foundation for genomic surveillance.

Discussion: The Wellcome Quinquagenarian (QQG) biomedical resource is positioned to play a pivotal role to enable real-time tracking of viral variants. This resource can also inform public health policies and guide genomic surveillance strategies.

Conclusion: Influenza, RSV, and SARS-CoV-2 are key respiratory viruses associated with morbidity and mortality. Federating sentinel surveillance data with genomic data enhances our ability to ensure robust public health preparedness.

Anna Pathmanathan (University of Bristol)

Title

Ethnicity, Respiratory Health and AMR: a Qualitative Interview Study

Abstract

The UK Health Security Agency English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR) report (November 2023) suggests that people from minoritised ethnicities have a greater risk of carriage of antibiotic-resistant bloodstream isolates than those of 'white' ethnicity. Carriage of antibiotic-resistant bugs is linked to being prescribed more antibiotics. Many factors influence antibiotic prescribing, such as clinical uncertainty of healthcare professionals, time pressures in appointments, perceived pressure from patients and lack of continuity of care. Patient ethnicity may influence these drivers of antibiotic prescribing, resulting in higher rates of prescribing in different ethnic groups, exacerbating health inequities. There is documented evidence that minoritised ethnicity patients experience poorer quality of healthcare in the UK than 'white' ethnicity. However, little is known regarding the quality of communication in respiratory consultations specifically. This study aims to address this gap in the literature, and investigate adult patients' and healthcare professionals' experiences and views regarding respiratory healthcare and treatment in a primary care setting.

Qualitative semi-structured interviews with up to 30 prescribing healthcare professionals and up to 30 patients will be conducted. Interviews will enquire about: experiences of primary care consultations for respiratory conditions; explore problems with accessing or providing appropriate healthcare; investigate reasons for any inequalities; and obtain views on how to reduce inequities for minoritised ethnicity patients. Interview recruitment is underway and preliminary findings will be presented in future.

To ensure public involvement in the research, an advisory group of people with African and Asian heritage has been formed to support this research. This group meets regularly to advise on the research including: interpretation of the analysis findings; development of qualitative study recruitment strategy and materials, and will advise on disseminating the study results.

Through exploration of patients' and clinicians' experiences, we will understand this phenomenon, of increased antibiotic resistance in minority ethnicity communities, to a greater extent. Through this improved understanding, health service improvements can be made and interventions developed, to reduce health inequity between different ethnic groups of patients.

Sadaf Qureshi (University of Birmingham)

Title

Who should be involved in pharmacogenomic testing in primary care?

Abstract
Who should be involved in pharmacogenomic testing in primary care?

The Genomic Medicine Service has the ambition to embed genomic technology across the NHS, making it one of the first National Health Systems to offer genomic medicine as part of routine care for patients. This includes the use of pharmacogenomic testing - matching people to the most effective medications based on their unique set of genes, reducing the likelihood of an adverse drug reaction, and costs.

As evidence for the clinical and cost effectiveness for pharmacogenomic testing develops, implementation issues for primary care in the UK remain unknown. In this study I explore the role of different healthcare professionals (HCPs) in delivering pharmacogenomic testing in primary care, through the use of interviews and focus groups with healthcare professionals and patients. My goal is to understand the views of primary care HCPs and patients on the potential use of pharmacogenomic testing including the barriers and facilitators and when, where and by whom would patients accept pharmacogenomic testing.

Ultimately the aim is to develop a decision-analytical model to estimate the cost-effectiveness of different HCP led pharmacogenomic -guided clinical pathways.

Methods
Workstream 1: To recruit and conduct one-hour semi-structured interview with 1) primary care HCPs (n=18) and 2) patients (n=6), to explore awareness, perceptions and potential barriers to pharmacogenomic testing in primary care.

Workstream 2: To recruit and facilitate four focus groups with 1) primary care HCPs with genomics expertise and 2) patients to refine and validate the proposed pharmacogenomic pathways.

Workstream 3: To develop and refine pharmacogenomic-guided clinical pathways led by various primary care HCPs, informed by interview findings and discussion in focus groups (workstream 2) and to test the effectiveness and cost effectiveness of these pathways.

Outcomes
This study seeks to enhance our understanding of current awareness and knowledge of pharmacogenomic in primary care among both HCPs and patients. Additionally, it will assess the acceptability and cost-effectiveness of different HCP-led, pharmacogenomic-guided pathways. Findings will provide important insights into the feasibility of integrating pharmacogenomic testing within primary care and inform NHS policy on delivering genomic medicine services effectively.

Sakshi Setia (University of Oxford)

Title

Using the NASSS-CAT tool to evaluate the complexity in the implementation of a chat-story intervention in Brazil: An Implementation Project

Abstract

Overview: The global public health challenge of young people's mental health is particularly evident in Brazil, which is considered the most anxious country and fifth most depressed globally (WHO, 2017). In response to this, a digital intervention that takes the form of a storytelling chatbot named “Cadê o Kauê?” (translation: “Where is Kauê?”) was co-produced by Engajadamente’s interdisciplinary team of researchers, young people and narrative designers to strengthen Brazilian adolescents’ skills in promoting their peers' mental health through peer support and collective action (Pavarini et al., 2023). The tool's implementation commenced in select schools in Brazil and online via social media, but it encountered challenges during the initial adoption phase in school settings. This project aims to evaluate the implementation of the chat-story intervention in school settings and address the complexities in its adoption. The NASSS (Non-adoption, Abandonment, Scale-up, Spread, Sustainability) framework is selected as the theoretical framework to identify different areas of complexity across domains and further thinking of ways to reduce or manage these.

Methods: Data was gathered by conducting structured online interviews with the Engajadamente team members based in the UK and Brazil. The NASSS-CAT tool was employed as a sensemaking device to facilitate a collective understanding of the implementation, and narratives were mapped onto specific domains. Key sub-themes were identified across overarching domains of NASSS using thematic analysis to meet the aims and objectives of this service evaluation.

Findings: The results mapped onto the NASSS domains generated a rich sense-making narrative about the initial implementation of “Cadê o Kauê?” in schools. Existing and potential complexities across technology, organisation, and wider system domains were characterised by interdependencies, unintended consequences, and uncertainties.

Conclusion: Key recommendations were generated using theory-informed approaches to technology implementation and presented as managing complexity in technology, maximising values, recognising enabling factors in organisation, and ‘running’ with socio-political and emerging complexity.

Christina Ann Sam (University of Cardiff)

Title

The effectiveness of hormone replacement therapy including testosterone for migraine in (peri)menopausal women: systematic review

Abstract

Introduction: Migraine is a complex multifactorial neurological disorder characterised by reoccurring debilitating headaches which can be accompanied with or without an aura. Globally, migraines are ranked as the second highest cause of years lived with disability (YLD). Women experience migraines at about twice the rate of men. Peri-menopause can increase the severity of existing migraine and some women develop new migraine. However, it is not clear whether hormone replacement therapy (HRT) will help with migraine. Recent National Institute for Health and Care Excellence (NICE) guidelines do not provide advice for women with migraine. There is some evidence that the management of vasomotor symptoms with HRT can improve migraine, but other literature suggests that HRT can exacerbate migraine. Subsequently, women in the menopausal transition do not have clear evidence-based guidance on whether the use of hormone replacement therapy (HRT) including testosterone is effective in management of migraines. Therefore, this systematic review aims to review the available evidence documenting the use of oestrogen, progesterone and or testosterone and assessing its effectiveness on migraine symptoms during perimenopause.

Methods: Data from Embase and Medline via Ovid libraries were utilised to identify relevant literature. Search terms relating to HRT, Testosterone, Migraine*, Headache*, menopause and perimenopause* were used. A protocol has been developed and registered with PROSPERO. Two independent reviewers will screen papers for inclusion at each stage of selection. Appropriate CASP checklists and the Cochrane Risk of Bias Tool for RCTs will be used to assess quality.

Results: will be available at the time of the conference

Conclusion: will be available at the time of the conference

Leigh Sanyaolu (University of Cardiff)

Title

IMproving Prophylactic Antibiotic use for Recurrent urinary Tract infection (IMPART): mixed-methods study to address evidence gaps and develop a decision aid.

Abstract

Introduction

Recurrent UTIs (rUTIs) cause significant morbidity and healthcare costs. Research suggests women would like more information on rUTI prevention. Integrating shared decision-making (SDM) into routine clinical practice is recommended by NICE and could improve rUTI preventive management discussions. Therefore, we aim to develop an evidence-based patient decision aid (PtDA) to improve SDM in this context.

Methods

We adhered to the NICE standards for PtDA development. Work-package (WP) 1a involves evidence syntheses of the effectiveness of preventive rUTI treatments using a network meta-analysis. WP 1b aims to understand the views of patients and clinicians using a qualitative evidence synthesis (QES). WP2 uses routinely collected data to understand the characteristics of women with rUTIs and to estimate the risk of antimicrobial resistance (AMR) with prophylactic antibiotic use using the target trial methodology. WP3 involved five focus group interviews (n=25) with women with rUTIs and interviews with 15 primary care healthcare professionals (HCPs) to understand their decisional needs. WP4 involves early user-testing, via 'Think aloud' interviews, of a prototype PtDA informed by the earlier work-packages.

Results

This study is ongoing but will be completed by the conference date including a prototype PtDA. Our work to date demonstrates:

WP1: rUTIs have significant impact on women's lives and women would like more information on non-antibiotic prevention,

WP2: significant numbers of women have rUTIs (n=92,213) and use prophylactic antibiotics (n=26,862). Prophylactic antibiotics increase the risk of AMR on urine culture, including multi-drug resistance (absolute risk increase = 6.9% and numbers needed to harm = 14.6),

WP3: there is significant stigma associated with rUTIs and HCPs find prophylactic antibiotic de-prescribing challenging. Both patients and HCPs feel a PtDA could improve SDM for rUTI prevention and this WP provides important information to support its development and use in primary care.

The network meta-analysis (WP1a) is ongoing and early-user testing (WP4) is planned for early 2025.

Discussion

This research provides evidence to address key gaps in the context of rUTIs and integrates systematic reviews, routine population-scale epidemiological data and patient / clinician decision needs to develop an evidence-based PtDA to support SDM and improve care in this field.

Priya Sarkar (University of Birmingham)

Title

Prevalence and demographic variation of chronic respiratory diseases in a large English Primary Care Database

Abstract

Background

Chronic respiratory diseases (CRDs), including asthma, chronic obstructive pulmonary disease (COPD), bronchiectasis, obstructive sleep apnoea (OSA), and interstitial lung diseases (ILD) are a major contributor to global disease burden and mortality and the seventh leading cause of disease burden in England. There is also increasing recognition of the overlap between CRDs, as reflected the Asthma COPD Overlap Syndrome (ACOS), with around an estimated fifth of patients with a primary care diagnosis of asthma and/or COPD also having ACOS

We aimed to describe the prevalence, co-prevalence and socio-demographic variation of CRDs in a large, nationally representative, English primary care database and compare this with prevalence estimates from other epidemiological sources.

Methods

This was a cross-sectional study using CPRD Aurum (contains individual patient level data from 738 English general practices). The study date was 01/01/2020 for contemporary prevalence estimates whilst avoiding periods of disruption to healthcare activity during the COVID-19 pandemic.

We calculated the prevalence of five CRDs and used logistic regression to assess how this varied by age, sex, ethnicity, socio-economic status (SES), and smoking status. We searched the literature for population prevalence estimates from other electronic health records (EHRs), self-reported doctor diagnosed cases in representative surveys (Health Survey for England), and screening studies.

Results

17.5% of our sample (14,254,404) had any CRD. Asthma (15.59%) and COPD (2.47%) had the highest lifetime prevalence. OSA (1.08%), bronchiectasis (0.45), and ILDs (0.15%) were less common.

CRD prevalence increased with deprivation and positive smoking status. Lifetime asthma prevalence was highest in younger age groups, while current asthma prevalence increased with age. Significant co-occurrence was observed with COPD and asthma (65.35%). All CRDs showed highest prevalence in the White ethnic group. Asthma and bronchiectasis were slightly more common in females, while the rest showed male predominance. Comparisons with other literature showed that CPRD estimates were slightly higher, except for screening studies which generally reported higher prevalence estimates.

Conclusion

The prevalence of CRDs in primary care records closely matched that of other sources. The sociodemographic variations may reflect true variation in prevalence or systematic differences in clinical presentation, methods of diagnosis, coding and practice.

Vanashree Sexton (University of Oxford)

Title

Recruitment of a large scale, diverse population-based cohort in the UK through the Oxford-Royal College of General Practitioners Research and Surveillance Centre (RCGP RSC): The third study of infectious intestinal disease in the community (IID3).

Abstract

Introduction:

We describe the use of technology to recruit UK wide population level cohorts to IID3, a study to measure the incidence of IID in the community, and the demographics of the study volunteers; the study runs from September 2023 to April 2026. We discuss the use of this approach to rapidly recruit a diverse range of participants into the study.

Methods:

The study comprises three cohorts recruited via the primary care surveillance network the Oxford-Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC), a network of over 2,000 general practices representing 32% of English general practices, including within some of the most deprived regions.

Cohort 1: households were recruited using a technology intervention combining text message invitation and sign up via mobile app, they consent to report IID status for a 12-month period and send a stool specimen to our Liverpool diagnostic laboratory for testing a wide range of causative organisms. Cohort 2: participants who attend their general practice with IID and are tested for causative organisms at the diagnostic laboratory; and Cohort 3, which is usual practice (IID is one of 40 conditions monitored by the RSC).

Results:

For cohort 1, in the first 6 months of recruitment March - August 2024, over 450,000 SMS texts messages were sent across 126 practices, resulting in 6,613 participants being recruited. The drop-out rate (patients who have not completed their weekly questionnaires about whether they had vomiting and/or diarrhoea for more than three weeks in a row) in the week 26 August – 1 September was 0.02 (2%). A range of participants in different ethnic groups have been recruited to date; we will present further analyses of participant characteristics by deprivation level. Early findings indicate a causative organism was more frequently identified in GP presentations (cohort 2) than households (cohort 1), respectively 41.7% and 12.7%.

Discussion:

Whilst there may be possible disparities in patient recruitment due to recruitment via mobile app, we demonstrate rapid, UK wide recruitment across sociodemographic groups enabled through the RSC sentinel surveillance network.

Funding: Food Standards Agency: FS301058

Ethical approval at: https://tinyurl.com/586jrv22.

Katy Stevenson (University of Plymouth)

Title

Empowering Communities: The Plymouth Cancer Champions' Project tackles cancer care inequities through asset-based community development

Abstract

Background

There are stark differences in cancer survival between people from low and high-income areas but despite initiatives to improve mortality these inequities prevail. By capitalising on the assets of those living within lower-income communities, inequities may be reduced. Macmillan, a national cancer charity, has partnered with local organisations across the UK to reduce the drivers of inequity in cancer care.

In Plymouth, a low-income city in the South-West of England, cancer mortality rates are significantly higher than the national average. Here, Macmillan has partnered with Zebra (a community collective working toward social justice), General Practice (GP) surgeries, Age UK Plymouth (a charity working to support over 50s), and The Wolseley Trust (a social prescribing provider), to explore an asset-based community development approach to tackle cancer care inequity in low-income areas of Plymouth.

Approach

The Principal Investigator is a GP Trainee and with Zebra they are taking an embedded ethnographic action-research approach to explore how the Plymouth Cancer Champions' Project (PCCP) influences Plymouth communities' engagement with cancer services. The University of Plymouth has ethically approved this project.

Thirteen PCCP stakeholders have been recruited as participants. Data from naturally occurring events such as meetings, cancer awareness events, and participant reflective logs have been collected, and focus groups will be facilitated and final thematic analyses will be undertaken in early 2025.

Results and implications

Since June 2024 the PCCP team have hosted nine community cancer awareness events in low-income areas across the city, and have undertaken outreach work with minority ethnic groups, and have interacted with 139 members of the community. The team have unearthed barriers and are providing facilitators to cancer care for local people facing mental health issues, financial difficulties, substance dependence, homelessness, as well as those from asylum seeker and minority ethnic backgrounds.

Following decades of community work, Zebra's longstanding relationship with their community has enabled them to engage with local citizens in a rapid yet deep manner. Zebra is acting as a web, connecting healthcare providers, community resources, and citizens, forming a network to address cancer inequities and foster deeper connection through meaningful engagement via an asset-based community development approach.

Zhaozhang Sun (University of Birmingham)

Title

Addressing Type 2 Diabetes Stigma through Strategic Digital Influencer Interventions

Abstract

The stigma associated with Type 2 Diabetes (T2D) is a pervasive issue, rooted in public misconceptions, societal blame, and discrimination, often directed at visible self-management behaviours such as insulin injections and dietary restrictions. This stigma significantly undermines emotional well-being, discourages public health engagement, and compromises disease management outcomes. Addressing T2D stigma is essential to improving both individual health trajectories and broader societal perceptions of diabetes.

Health communication has been widely recognised as a critical strategy for reducing stigma and fostering behaviour change. While traditional methods, including education campaigns and interpersonal interventions, have demonstrated some efficacy, they are often constrained by limited reach and scalability. The rise of social media offers a transformative opportunity to address these limitations. Social Media Influencers (SMIs), characterised by their authenticity, relatability, and ability to engage large audiences, are increasingly recognised as effective communicators in shaping online public discourse and promoting positive health behaviours. Their potential to normalise T2D and reduce associated stigma warrants exploration.

This study thus aims to design and evaluate SMI-led interventions through three objectives: (1) co-creating evidence-based content to foster positive narratives, (2) developing a culturally relevant campaign with Diabetes UK and public contributors, and (3) assessing the campaign's impact on public sentiment, media discourse, and patients' experiences of stigma.

The project uses a phased, mixed-methods approach, starting with co-design workshops to create campaign materials. The campaign is launched across multiple social media platforms and refined iteratively based on real-time engagement metrics and feedback. Evaluation includes sentiment analysis of social and traditional media to track shifts in public attitudes and focus group discussions to understand changes in patient perceptions of stigma and self-management.

This research contributes significantly to public health by providing empirical evidence on the efficacy of SMI-led interventions in reducing stigma and enhancing health outcomes for individuals with T2D. It provides actionable insights for policymakers, healthcare practitioners, and researchers, offering a scalable framework for tackling stigma in other chronic conditions.

Nguyen Tran (University of Oxford)

Title

The Power of Collaboration: A Pan European Primary Care Clinical Research Network.

Abstract

The Power of Collaboration: A Pan European Primary Care Clinical Research Network.
Ellie Newbury and Binitha Paruthickal

To generate a rapid research response to infectious disease outbreaks, research infrastructure must be equipped to initiate high-quality clinical studies quickly. However, securing regulatory approvals and selecting diverse, inclusive study sites can be time-consuming, delaying the collection of high-quality data necessary for identifying effective treatment strategies. This challenge is particularly significant in primary care, where diverse patient populations are often underrepresented in clinical research.
The ECRAID-Base project addresses these challenges by creating a sustainable, pan-European clinical research network focused on inclusivity and efficiency in infectious disease research. Building on past collaborations such as GRACE, PREPARE, Value-Dx, and RECOVER, ECRAID-Base captures diverse patient care realities across different countries and settings. ECRAID-Base facilitates several Perpetual Observational Studies in hospital settings, with one focused on primary care: the Perpetual Observational Study of Acute Respiratory Infections in Primary Care (POS-ARI-PC). POS-ARI-PC aims to establish a multi-country primary care network that prioritizes inclusivity and equity in patient recruitment and data collection. Its master protocol allows the integration of new clinical studies as appendices, leveraging the CORE protocol for efficient setup. This structure ensures smaller or less-resourced sites can participate in research, overcoming common barriers to inclusion.
Although still in its early stages, POS-ARI-PC has already demonstrated its commitment to diversity. In winter 2023/2024, 18 European countries contributed to the POS-ARI-PC AUDIT, registering 3,358 patients with Acute Respiratory Infections (ARI). This anonymous registration study provided valuable insights into healthcare practices and patient engagement across diverse demographic, geographic, and socioeconomic groups.
Ecraid's emphasis on building diverse relationships streamlines multi-country trial setups. The standardised CORE protocol harmonises procedures while allowing flexibility to meet local needs, ensuring equitable access to research participation and data collection. Additionally, ECRAID-Prime, an adaptive European platform trial for COVID-19 therapeutics in primary care, benefits from this inclusive network.
In summary, Ecraid's PC network highlights the importance of diversity and inclusion in strengthening Europe's response to infectious disease outbreaks, accelerating clinical trial processes, and delivering impactful findings for all communities.

Eve Tranter (University of Oxford)

Title

Which factors are associated with severity and type of menopause symptoms in women aged 40-60? A systematic review and meta-analysis.

Abstract

Background

Symptoms of the menopause usually last several years and can affect sleep and cognition, which can impact quality of life if problematic or severe. Data suggest that women from ethnic minority backgrounds and more deprived backgrounds may experience longer duration or severity of menopausal symptoms. We will conduct a systematic review to assess which factors are associated with bothersome symptoms of menopause. We will review and combine data in the literature on predictors of menopause symptoms.

Methods

We conducted a systematic review to include prospective cohort studies, case-control studies and cross-sectional studies in women aged 40-60 reporting risk factors for menopause symptoms. Exclusion criteria were surgical menopause, secondary care and personal cancer history. We searched Medline, Embase and CINAHL databases for studies reporting exposures including demographic information: ethnicity, income, education and comorbidities. Outcomes assessed were individual symptoms and overall symptom severity score, measured using a recognised scale. We will report results for a range of menopause symptoms including vasomotor symptoms, sexual dysfunction, mild cognitive impairment, urogenital symptoms, fatigue and insomnia, depression, locomotor, somatic, palpitations, joint and muscle pains). We will investigate the overall impact of menopause symptoms on quality of life by meta-analysing papers using menopause related quality of life measures, such as MENQOL and the Green Climacteric Scale. Meta-analysis will be completed in Stata, using the Hartung-Knapp-Sidik-Jonkman (HKSJ) random effects model. Statistical heterogeneity will be assessed using the I2 statistic. We will report odds ratios among the following groups: obesity, education, ethnicity, deprivation and comorbidities.

Results

Searches identified 9228 studies for screening, of these 575 full texts were assessed for eligibility. 335 studies will be included for data extraction and meta-analysis for each factor.

Conclusions

Data extraction for the 335 included articles is in progress. Data analysis will be complete in time to present results at the conference. The results will be used to inform decision making in prescribing HRT in England, through identifying patient groups at highest risk of severe menopause symptoms.

Bethan Treadgold (University of Exeter)

Title

What do we know about the quality of information and advice exchanged within peer online support groups about health conditions? Scoping review of the literature

Abstract

Problem

The use of health-related peer online support groups to aid self-management of health issues has become increasingly popular. The quality of user-generated health information and advice exchanged in peer online support groups may have important impacts for health. There is some evidence of variable quality information but the extent to which misinformation in such support groups is a problem is unclear.

Aim

The aim of this study was to gain insight into the quality of information and advice about health conditions in peer online support groups, and how this is measured.

Method

A scoping review was undertaken in accordance with the Joanna Briggs Institute methodology for scoping reviews and reported using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews. Literature was identified through searching electronic databases (Medline (Ovid), CINAHL, Web of Science and ASSIA, ProQuest Dissertation and Theses, and Google Scholar) from inception to November 2023, and through reviewing citations of included papers. Primary research studies, reviews and grey literature were considered that explored the quality of information and advice about health conditions in peer online support groups. Data was extracted, tabulated and key findings were summarised narratively.

Findings

The search strategy yielded 3136 results. A total of 14 papers met the inclusion criteria and were included in the review. The quality of information and advice varied according to the condition in focus and across online platforms. It was reported across the literature that there was more evidence of poor-quality information and misinformation, than of good quality, particularly around long-term and life-threatening conditions. Fellow peer online support group users have often sought to correct misinformation through replying to false claims or through providing correct information in subsequent posts. Commonly used quality appraisal tools, by health professionals and researchers, included the DISCERN instrument, the HONcode criteria and the JAMA benchmark.

Implications

Misinformation is a problem in peer online support groups. Clinical and academic experts could play an active role in quality assuring condition-specific content.

Umasha Ukwatte (University of Oxford)

Title

An app-based technology for the management of chronic wounds.

Abstract

Introduction

Chronic wounds are a hidden epidemic, costing the NHS £3.1 billion annually. District nursing (DN) services provide wound care to patients with frailty, multiple long-term conditions, or those who are housebound. However, quality of care varies widely. DN services face unprecedented demand due to an ageing population but remain chronically under-resourced and understaffed.

Digital Wound Management Technologies (DWMT) offer potential benefits, including wound monitoring, improved documentation, and enhanced communication among clinical teams. Despite these advantages, little evidence exists on their implementation. DNs face unique challenges adopting new technology, working largely alone in patients' homes without easy access to peer support or supervision.

We are conducting an evaluation of DWMT implementation in a large DN service, addressing three key questions:

(1) What is the accuracy of the wound measurement app compared to standard measurement tools and how does it perform across different skin tones?
(2) What is the impact of the technology on wound outcomes and overall service delivery?
(3) What are the experiences of the DNs adopting this new technology?

Methods

The study is set in a large DN service caring for a population of 700,000 in England, with 1500 chronic wounds on their case list. To address question (1) 100 different chronic wounds will be measured three times, twice using the eKare inSight mobile application, and once using standard care, alongside patient skin tone estimates as determined by DNs. To address question (2) electronic health care records will be used to compare wound care and service delivery outcomes pre- and post-implementation. For question (3) semi-structured interviews will be conducted with members of the DN team with experience using the wound care application. Audio-recorded and transcribed data will be thematically analysed.

Results

eKare inSight has been piloted in two DN teams to answer question 1. Data collection is ongoing with 47 wound measurements recorded so far. Results presented will inform on the performance accuracy of DWMT together with experiences of the DNs from the early findings of qualitative interviews.

Conclusion

This study will improve our understanding of the accuracy, impact, barriers and facilitators to implementing DWMT in an under-digitized community service.

Ellen Van Leeuwen (Ghent University)

Title

A pill for life? Older Adults' Perspectives on the discontinuation of Long-Term Antidepressants.

Abstract

Background

Antidepressant (AD) use is widespread, including in Belgium. Depression guidelines recommend AD treatment for 6 months, and 2 years for those at high risk of relapse. However, many older adults use ADs for years or even decades. Research on their views about discontinuing long-term AD use is limited. This study examines older adults' perspectives on discontinuing long-term ADs, including facilitators and barriers.

Methods

A qualitative study was conducted with older adults who had been using AD long-term for depression, were clinically stable, and were living at home or in a nursing home. Patients with dementia were excluded. Participants were recruited from GP practices, and 14 semi-structured interviews were conducted until data saturation was reached. Interviews were analysed thematically.

Results

Fourteen older individuals participated, of whom 10 were female, with an average age of 80 years. Four themes emerged: (1) limited knowledge about medication, (2) AD as a lifeline, (3) fear of discontinuation, and (4) the role of the GP. (1) Older adults often lack sufficient knowledge about their ADs and potential side effects and are unaware of the option to discontinue. Not all know they were taking AD. (2) ADs are seen as essential for coping with life challenges and maintaining social connections, which reinforces the reluctance to stop. (3) Fear of relapse into depression is a major concern when considering discontinuation. Unsuccessful previous attempts to stop, often without medical guidance, have increased anxiety. Family members often share these concerns, influencing patients' decisions. (4) The GP's role is crucial. Patients trust their GP and expect them to initiate conversations about discontinuing ADs. However, repeat prescriptions are often issued without assessing the need for continued treatment, reinforcing the status quo. Many patients expressed a willingness to consider discontinuation if guided by their GP.

Conclusion

Older adults are generally reluctant to discontinue long-term AD use due to limited medication knowledge, fear of relapse, and reliance on GP guidance. Addressing these barriers is crucial for helping older adults make informed decisions about their medication. Further research into family member's perspectives is needed, as older adults view them as key trusted persons.

Jane Vennik (University of Southampton)

Title

Carer support for people with learning disabilities attending annual health checks in UK primary care: The Supporter-HC Study

Abstract

Problem
People with learning disabilities experience significant health inequalities: they have poorer physical and mental health and reduced life expectancy compared to the general population. Annual health checks are recommended internationally to identify unmet health needs, monitor ongoing health problems, promote health and well-being, and are available to all patients on GP practices intellectual disability registers. However, these checks vary between GP surgeries, and people with learning disabilities report mixed experiences. Carers often accompany people to appointments, but they can be unsure of their role and how they should support people to understand, interpret and implement their health plan and manage their health afterwards.
The aim of this work is to explore out how professional/paid and family carers support people with learning disabilities to attend their annual health check, to understand and implement their health plan, and to manage their health afterwards.

Approach
Qualitative semi-structured telephone/online interviews will be conducted with a purposeful sample of 20 professional and family carers, varied according to age, gender, ethnicity and carer role and experience. Participants will be recruited through community groups, charities, social media, and through word of mouth.
Interviews will explore carers' experiences of i) supporting people with learning disabilities to plan, prepare for and attend their annual health check, ii) facilitating communication and understanding during the health check, iii) how health action plans are discussed, communication and agreed, and iv) supporting implementation of health action plans and helping people to better manage their health in their daily lives.

Findings
The study has ethical approval and recruitment is underway. Study progress and initial findings will be presented.

Consequences
Alongside evidence from qualitative interviews with people with learning disabilities and primary care professionals, these findings will be used to develop recommendations for GP practice staff and carers to support people with learning disabilities to understand the role and importance of their annual health check, and how best to implement their health plans in their daily lives.