Future proof?
RESILIENCE IN PRACTICE
ACC LIVERPOOL ▪ 2-4 OCTOBER 2014

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Sara Vogan, Severn Deanery

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Rachel Friel, Department of Primary Care and Population Health, University of London
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P001  The role of central sensitization syndrome in the etiology of medically unexplained symptoms

JP Errico; C Maguire; J Humphries; J Day; A Vance; S Davis; J Blake
electroCore, USA; Interface Clinical Services Ltd UK; Kapur Family Care, Oldham

The challenge of managing patients with multiple medically unexplained symptoms remains an important unsolved problem, with soaring costs and dissatisfaction spread across the patient and provider populations within NHS. Treating the patient, rather than a list of diagnoses, is a worthwhile goal. The multiple complaints may not be separate conditions, but symptoms of an underlying condition (or susceptibility). Central Sensitization Syndrome (CSS) comprises an overlapping and similar group of syndromes without peripheral causal pathology - such as migraine, fibromyalgia, post traumatic stress disorder, depression and irritable bowel syndrome. In order to study the CSS subset of multi-morbid patients we reviewed pseudo-anonymized electronic medical records for the entire active adult patient populations of four participating GP practices (28,877 patients). The population was stratified into groups according to diagnostic codes. The condition-specific and total number of Read codes received within each group (patients with diagnoses in more than one category existing in both categories) was calculated. The 10% of the population who ever received a diagnosis for Primary Headache, for example, had an associated total of 75,874 codes, 4,479 of which were for the Primary Headache condition. For all diagnostic categories, the number of codes more than double as compared to those in the group that was free of the 8 diagnostic categories linked to CSS. Referrals and prescriptions were also at least doubled. CSS represents an important new concept that may explain multi-morbidity, not as a plurality of separate conditions, but as a unifying pathology that leads to greater susceptibility to seemingly disparate symptoms.

P002  Asthma: can it be predicted?

Ibrahim Arosi; Hasan Ali Khan; Saleem Akhter
University of Manchester; Chadderton Town Health Centre

Aims: We aimed to investigate whether we could predict whether a child under the age of four would go on to develop asthma.

Content: We searched for all the asthmatic children between the ages of 8-12 who have been registered with the GP since birth. We searched for how many times they presented with respiratory symptoms (coughs, colds, URTI, and bronchiolitis) before the age of four. We compared these children with non-asthmatics, and tried to see if there was a statistically significant difference.

Relevance: Asthma poses a large burden on the NHS, and can cause a reduction in the patients’ quality of life. Early intervention and management might reduce the large asthma burden, and improve patients’ quality of life.

Outcomes: The mean number of presentations of asthmatic children was 13.1, compared to 4.8 for the none-asthmatics. With a standard deviation of 8.3 and 3.6 respectively, it might be assumed that the larger standard deviation indicates a varying severity of asthma amongst children affected. Taking p=0.05, confidence intervals for asthmatics were 10.4-15.8, and for none asthmatics 3.6-6. The T value was 5.44 showing statistical significance, thus the two sets of data were significantly different from each other.

Discussion: Asthmatic children are much more likely to present to their GP with respiratory symptoms than non-asthmatics. The results show a large statistical significance, and thus we advise a high index of suspicion for asthma is exercised in any child who has nine or more respiratory presentations before the age of four.

P003  A project in primary care reviewing newer drug prescribing for patients with Type 2 Diabetes Mellitus in accordance with clinical guidelines

Georgina Hatton
Eastville Medical Practice, Bristol, Avon

Aim: The aim of the project was to review the management of patients with Type 2 Diabetes in an inner city GP practice and specifically that GLP-1 mimetics and DDP-4 inhibitors were being prescribing appropriately. The NICE...
standard is that 100% of these medicines are initiated in line with the guidance, and that 90% are reviewed at 6 months and continued according to set criteria. The project explored whether these standards were met.

**Content:** The poster will give an overview of what the project involved and will highlight the results of the project and their implication for practice.

**Relevance:** Type 2 Diabetes is one of the most common chronic diseases affecting the UK population and is one of the leading causes of patient morbidity. The newer drugs have been shown to help weight reduction and glycaemic control. This audit explores the use of the newer agents, their efficacy and adherence to the set standards.

**Results:** 30 patients were prescribed a new diabetic medication. 100% were initiated correctly as per guidance. 50% and 36.8% of patients taking GLP-1 mimetics and DPP-4 inhibitors respectively were reviewed at 6 months and found to have a satisfactory weight and HbA1c reduction and managed as per guidance.

**Discussion:** The results indicate a need for enhanced diabetic care in an inner city multi-cultural practice with a population who are difficult to engage. The results demonstrate a gap between an understanding of the guidelines and their implementation in practice.

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**P004  Ramadan and fasting for the diabetic patient: a need for guidelines**

**Affaq Razaq**

**Manchester Medical School**

**Background:** Ramadan occurs on the ninth month of the Islamic Calendar. This calendar is based on a lunar calendar. It is because of this the length and duration of the fast varies. In summer fasts can be as long as 19 hours. This increases the risks of fasting for the diabetic patient. Most Muslims have 2 meals during the month: a pre-dawn meal (sehri) and a post-sunset meal (sahoor). They are not allowed to drink or eat anything in between. Diabetes affets 4% of the Caucasian population but grossly affects the South East Asian population. 22% of Pakistani men and women have diabetes. The number of Muslims living with diabetes is 32500.

**Aims:** My literature review and questionnaire aimed to see if current guidelines were present and if they were sufficient.

**Results:** My questionnaire revealed that 60% of Muslim patients were unaware about the dangers of fasting and 40% were unaware on how to treat a hypoglycaemic episode. The literature was also sparse on the guidelines.

**Recommendations:** There needs to be national guidelines for diabetic patients who wish to fast.

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**P005  Provision of written information about diabetes & driving to diabetic patients who are at risk of Hypoglycaemia**

**Faiza Zafar**

**Bridge Practice Chertsey**

**Aim:** All diabetic patients who are at risk of hypoglycemia should be given a leaflet about diabetes & driving including hypoglycemia advice & latest DVLA guidelines.

**Method:** After reading literature about how to make patient information leaflet & latest DVLA guidelines, information leaflet about diabetes & driving was made & sent to all target patients (diabetics who are on insulin or sulphonylurea or Glinides). Also changes were made in local diabetic guidelines & leaflet was saved in it with Right read code.

**Results:** Another search with new read code was done which confirmed that all patients in original target group have been sent letters & has been recorded in the record with appropriate read code. Feedback from patients was taken. Most of the patients were already aware about information provided but had never been given any written information & mostly received information from various websites like Diabetes UK.

**Conclusion:**

- It was a small project with SMART objective.
- Aim of project was achieved - all target group patients have been provided with written information about Diabetes & driving.
- Good record keeping of advice about hypoglycemia & when to inform DVLA- important for patient’s safety & also medico-legally important for doctors.
New read code used in local Diabetic Guidelines which will help in future audits & this good Practice will continue.

Comment: I submitted this project to KSS Deanery & won an award in category of "Improvement in Patient Care".

P006  The communication challenge of primary care: a case report

Valeed Ghafoor; Mohammad Ahmad; Kamal Sharif
University of Liverpool

Objective: To discuss the difficulties of communication experienced in primary care in the prevention of disease complications.

Background: Diabetes mellitus is a common condition, affecting over 3 million people in the UK; type 2 diabetes (DM2) accounts for 85-95% of diabetes. 1 Complications from diabetes can be numerous; these can include retinopathy, neuropathy, nephropathy as well as vascular changes. 2 Patient input in the management is vital to preventing complications and secondary events.

Case Report: A 75 year old, caucasian male with a diagnosis of DM2 in 1993. Past medical history also includes hypertension, chronic kidney disease and angina. In 2009, the patient developed diabetic neuropathy, with recurrent leg ulcers since. The patient has also had erectile dysfunction. The patient only takes Gliclazide 1.5mg twice daily for DM2. There are concerns that treatment will have a nephropathic impact.

Discussion: The challenge concerns the communication with the patient in educating with respect to the possible complications. Patients are often concerned about their condition, which need to be addressed. This can lead to better management of disorders and prevention of complications.

References:

P007  Non-alcoholic fatty liver disease: What are GPs doing about it?

Laura Drayer Turner; Ruth Gailer; Ankur Srivastava; Alex Warner; William Rosenberg
Department of Primary Care and Population Health, UCL; UCL Institute of Liver and Digestive Health, London

Aims/objectives: We describe how GPs are managing Non-alcoholic Fatty Liver Disease (NAFLD) and what factors may account for variation before initiation of a new care pathway - developed between Hepatologists and two London CCGs.

Content:
- What are the attitudes of GPs about NAFLD prior to pathway implementation? Online questionnaire to all 76 practices via CCG.
- Who have GPs referred over the 12 months prior to pathway implementation? Retrospective analysis of referrals.
- What variation is seen in referrals between GP practices? What patient or practice factors predict this?
- The novel referral pathway will be presented, with cases demonstrating how patient journeys are already changing.

Relevance/impact:
- NAFLD has a prevalence of 15-40%. It is considered part of the metabolic syndrome but now accounts for ~20% of all liver transplants.
- With rising prevalence and little consensus on management, focus is now on stratifying patients through use of biomarkers and risk scores.

Outcomes:
- 76 Practices were contacted and while 84% agree NAFLD is a significant problem, prevalence is underestimated at 10.8%. While 69.5% feel confident diagnosing NAFLD, only 27.3% feel confident managing it.
- Of 612 Hepatology referrals in 2012-13, 21.01% were for NAFLD, of which 72.7% were GP referrals. Predictors of referral and clinical outcome will be analysed.
Discussion: Knowledge of practice level factors will guide further joint primary/secondary working. Very early use of this pathway already suggests significant change in clinical management, streamlining working for GPs and hepatologists.

P008 Development of a new surveillance colonoscopy pathway – An innovative quality improvement project by GP Registrars

Lee Aye; Mark Lumb
Health Education Thames Valley

We set out to take a leadership role in developing a new clinical pathway for surveillance colonoscopy, including the creation of a nurse led clinic. This was in response to local resource challenges and issues raised between the LMC and Hospital Trust about the current process.

We planned to achieve this by working in conjunction with our local clinical commissioning group and hospital endoscopy unit. The aim was to complete this process within a three-month time frame.

We implemented a new independent, efficient surveillance colonoscopy pathway based on local best practice and national guidelines. This improved both patient and practitioner experience. Evidence has shown that a 50% reduction in surveillance colonoscopies can be achieved by such methods, thereby reducing strain on resources and ensuring appropriateness of procedures for patients.

We demonstrated key skills of GP Registrars as leaders of the future - the ability to negotiate between and work amongst different professional groups, advising in clinical and non-clinical areas including fitness for bowel preparation, patient safety and logistical analysis, whilst championing patient choice.

We developed new personal skills, such as designing standard operating procedures, decision trees and process mapping. From here, we prepared a prospective audit to be set up as to numbers of surveillance colonoscopies performed/saved after nurse led clinical validation. We also built links between local clinical commissioning groups and hospital units - as GP Registrars we acted as the facilitators and implementers of change.

P009 Time bomb of atrial fibrillation

John Havard; Timothy Reed
Saxmundham Health; Orchard Medical Practice

This poster brings the urgency of anticoagulation in atrial fibrillation (AF) into focus by using a graphic of a time-bomb strapped to a brain. It uses the East Suffolk data to point out that we have 44 preventable AF strokes expected locally and that we should think of untreated AF patients as ticking time-bombs! Nationally we are in a situation where the NICE CG 180 on AF has removed anti platelet agents completely from the management of stroke reduction in AF. The latest GRASP data is showing that 35% of AF patients still only have aspirin as their stroke prevention and also if you look deeper in to the data you find about 95% of the AF population are CHADSVASc 1 or greater so there is a considerable amount of work to do! GPs and patients alike need prompting about failure to anticoagulate and I hope that the ticking timebomb is a memorable illustration.

The final line of the poster tries to consolidate the theme.

Stroke is a devastating bomb connected to AF by a fuse - warfarin can put out that fuse and protect patients from stroke. Suffolk needs a determined bomb disposal squad throughout the County. Furthermore GRASP AF data can be used to amend the poster to include the figures from any CCG to make it locally relevant and impactful.

P010 Venous Thromboembolism Quality Improvement (CQUIN)

William Nabulysto; Madyan Qureshi; Sheena Seewoonarain; Satish Kuty; Yvonne Barlow
Princess Alexandra Hospital

Aims/objectives: To assess current rate of VTE assessment in our district General Hospital (DGH) and whether this was in keeping with the NICE 100% gold standard and our 98% local CCG/CQUIN target standard.

Content: 2 long term audit loops one to assess percentage of pre-operative VTE assessment across all surgical disciplines and another to assess the trust wide VTE assessment levels.
**Relevance**: Each year over 25,000 people in England die from Venous Thrombo-Embolic (VTE) contracted in hospital. The total cost (direct and indirect) to the UK of managing VTE is estimated at £640 million (House of Commons Health Select Committee, 2005) with GPs accounting for the majority of diagnosis.

**Outcomes**: Over the past 4 years VTE assessment in our DGH has increased dramatically from 49% to 98.1% but the snap shot data suggests that 87.7% overall assessment which is woefully short of the 100% gold standard and disappointingly below the 98% CQUIN target. 980 pre-operative patients assessed over 6 month period of these 86.2% had VTE assessment.

**Discussion**: VTE Assessment proforma on drug chart re-vamped to improve assessment concordance and be in keeping with current NICE guidance. New protocol in place, no admission into anaesthetic room without pre-operative VTE Assessment with view to incorporating this into WHO checklist. Assigned VTE champions as this improved assessment concordance as did trust wide laminated posters. Continued staff and patient education.

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**P011**  **The repeat prescription ordering system: is yours ‘abuse-proof’?**

Daniel Kristiansen; Rachel Lindley

*University of Manchester*

**Aims/objectives**: To assess for evidence of over accumulation of prescriptions for pregabalin via the repeat ordering system at an inner city GP practice.

**Content**: Pregabalin is known to have a recreational street value of up to £2.50 per capsule. The prescription history of 64 patients having pregabalin on repeat prescription was investigated. Significant over accumulation of capsules was identified via the repeat system in 5 patients. In one case, 610 excess capsules were accumulated over 12 months by a patient who was coded as having substance misuse problems. The over accumulation identified was chiefly due to patients ordering repeat prescriptions too frequently which was not picked up by the systems currently in place at the practice. A variety of weaknesses were identified in the repeat ordering system, leaving it open to abuse for pregabalin and other drugs.

**Relevance/impact**: After liaison with the area medicines management team, the repeat ordering system at the practice was deemed to be typical to others in the UK. This makes the weaknesses we identified relevant to conference attendees – the same may be occurring at their practice. The poster will share these weaknesses and the steps GP practices can take to make their own repeat ordering system ‘abuse-proof’.

**Discussion**: Practices may unwittingly participate in the illicit prescription drug market and systems are required to prevent this. This is of particular concern with ‘emerging’ drugs of abuse, such as pregabalin, which GP’s may not be aware of.

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**P012**  **Rationalisation of opioid prescribing in the primary care setting; a quality improvement intervention**

Jamie Watson; Sasha Robinson; Melody Rhydderch; Adrian Edwards

*Wales Deanery; Cochrane Institute Primary Care and Public Health, Cardiff University*

**Background**: Concern is growing locally and nationally surrounding opioid prescribing, tramadol being a particular concern in South Wales. It is recognised that patients are coming to harm from opioid prescribing and so a quality improvement intervention was undertaken to rationalise and improve opioid prescribing in one general practice.

**Design and setting**: A review of opioid prescribing to the 8,800 registered patients over six months was undertaken to assess the scale of the problem. Workshops were held exploring doctors’ views on pain management; consequently it was decided to stop new prescriptions of fentanyl and tramadol.

**Method**: Patients receiving strong opioids or large quantities of tramadol were offered dedicated review appointments. The aim was to improve pain control whilst keeping in line with prescribing guidance. Opioid prescribing was reviewed again after six months.

**Results**: 50 patients were reviewed in 16 clinics. There was improved prescribing in 70% of patients receiving strong opioids, as well as 82% of patients receiving large quantities of tramadol. There was a sustained reduction in fentanyl prescribing ranging from 13% to 100% depending on patch strength, with sustained reductions of tramadol scripts of 34%.
Conclusion: There was success in the rationalisation of prescriptions of strong opioids with sustained reductions in prescriptions of tramadol and fentanyl. Doctor and patient attitudes changed during this process with the majority reporting a positive experience. This intervention took over 110 hours, but the improved quality of care and patient safety was felt to justify this investment.

P013  Using an innovative primary care psychotherapy service for complex patients

Will Brook
Well Street Surgery, Hackney, London

This describes the experience of using an innovative psychotherapy service in an inner city primary care setting. It is a flexible and pragmatic service for people who do not meet criteria for existing secondary care services or who find it difficult to engage with these services.

Categories include:
- Medically unexplained symptoms
- Personality disorder with difficulty in engaging with services
- Frequent attendees for GP consultation or at A&E
- People with chronic problems who do not meet referral thresholds for secondary psychiatric services.

The staff involved are psychotherapists, based in the practice itself. ‘Everyday’ links with these staff members are encouraged, so referrals can be facilitated by informal conversations. The same clinician will see the case through, thus avoiding the frustrating sequence of assessment, followed by a waiting list and then being passed on to a different clinician. The service is aimed at GPs as much as patients, so that regular team case discussions and joint consultations (if an individual GP wants this), are available for complex cases.

Every GP will have cases that involve multiple encounters with unexplained physical symptoms, often where the relationship is difficult. Cases like these may traditionally have been brought to Balint groups. This service can be seen as linking such discursive ‘GP-psychology’ work directly with a rigorous clinical practice. It demonstrates how commissioning can be thoughtful, pragmatic and effective.

The presentation will include outcome data that demonstrates savings that can be made in terms of how some of these patients use NHS services.

P014  Innovative delivery of specialist management of depression in primary care

Richard Tranter; Lee Kissane; Carys Hogan
Kawai Clinic, Nelson Marlborough District Health Board; Keio University Department of Health Policy and Management, New Zealand; Mental Health CPG, Betsi Cadwaladr University Health Board

Aims: The poster describes a development pathway to deliver specialist expertise in optimizing depression care to primary health care settings.

Content: A specialist nurse delivered system of assessment and monitoring of treatment outcomes, with reporting back to GPs, was initially developed as part of a Wales NISCHR Clinical Research Fellowship. This system has now been implemented within a secure anonymised web-based platform linking GPs with patients, shifting time-consuming assessments outside of the clinic setting and delivering detailed monitoring of treatment response.

Relevance: Depression is the leading cause of disability across Europe. Only a third of patients achieve remission with first line treatments. Optimizing treatment can double remission rates and half indirect costs of depression.

Outcomes: Pilot results from the nurse specialist delivered service demonstrated significant improvements in standardized outcome measures for depression and achieved the predicted additional one third of patients, previously resistant to at least two iterations of treatment, achieving remission.

Discussion: It is possible to deliver specialist care of depression in primary care settings through innovative systems and technologies, doubling the number of patients achieving remission, realizing enormous savings in indirect costs of the illness and achieving significant gains in public health. The web-based system allows this service to be extended throughout the NHS. It also reduces assessment burden on time-constrained clinics, and allows benchmarking and auditing of clinical outcomes in depression against national standards.
**P015**  An audit to see compliance of post ECT reviews with standard guidelines

Aqsa Fahd; Ajay Verma Macharouthu

NHS Dumfries and Galloway Mental Health Board

ECT (Electro-convulsive therapy) is a standard psychiatric treatment in which seizures are electrically induced in patients to provide relief from psychiatric illnesses. ECT is usually used as a last line of intervention for major depressive disorder, schizophrenia, mania and catatonia. One of the long term side effects of ECT is cognitive impairment and according to SEAN(Scottish ECT Accreditation Network) guidelines patients should have 3 monthly and 6 monthly reviews with formal cognitive assessment.

Having seen myself a 60 year old man developing cognitive problems following ECT, I decided to do an audit to see if we've been conducting formal cognitive assessments and medical reviews for ECT patients as per guidelines.

Clinical Notes of patients who received ECT over a period of one year were explored retrospectively for Clinical Review recorded at 3 and 6 months after completion of ECT and Cognitive Review recorded at 3 and 6 months after completion of ECT.

A total of 21 patients had ECT. Only 1 patient out of 21 had cognitive assessment at 4 months recorded in medical notes using Addenbrooke’s Cognitive Examination-Revised (ACE-R) tests. 4 patients had medical review at 3 months. 11 patients at medical review at 6 months. The results show that both medical reviews and cognitive assessments are not being carried out in every patient as per guidelines. It has been recommended that a proforma can be incorporated into the ECT folder to make sure that patient has cognitive and a medical review at 3 and 6 months.

**P016**  ADHD and GPs: transition of young adults with ADHD from child to adult services

Clodagh Murphy; Thembani Dube; Mark Pitts; Helen Dove; Antonia Ditttner; Stefanos Maltezos; Anastasios Galanopoulos; Susie Whitwell; Dene Robertson; Nicola Gillan; Declan Murphy

Adult ADHD and Autism Service The Maudsley Hospital; Sackler Institute for Translational Neurodevelopment and Department of Forensic and Neurodevelopmental Sciences, King’s College London, Institute of Psychiatry

**Objectives:** Investigate the transition of young adults with Attention Deficit Hyperactivity Disorder (ADHD) from child to adult ADHD-services, in a commissioned satellite-psychiatry service based in a GP centre.

**Relevance:** ADHD frequently persists from childhood to adulthood. However, UK adult ADHD clinics are scarce. As increasing numbers of young people graduate from child ADHD teams without access to adult ADHD teams, GPs are gatekeepers of care for rising numbers of young adults who have historically not been managed in primary care.

Research investigating the transition of young people with ADHD from child to adult health services is limited.

**Content:** 104 adults (83 males/21 females) were assessed in a specialized weekly satellite-psychiatry ADHD Transition Clinic for young adults (17-24 years old), based in a GP centre (2009-2011). Paediatric ADHD teams referred patients for transition to adult ADHD services. The clinic included neuropsychiatric/physical health assessment/medication review/neuropsychological assessments/genetic assessments, twice-yearly ADHD regional GP training (assessment/management).

**Outcomes:** ADHD persisted in 99% of young adults at transition. 39% had a forensic history (police charges), 4% had prison sentences (rape, GBH, ABH). 5% were employed, 44% unemployed, and 51% in training/education. 15% had episodes of homelessness. 5 were teen-parents. 17% of genetic investigations reported chromosomal anomalies. Twice-yearly ADHD training was provided to regional GPs and a GP ADHD/special interest session developed.

**Discussion:** Symptoms of ADHD typically persisted to young adulthood and were commonly associated with significant academic/occupational/forensic difficulties and homelessness.

Results have significant implications for health economics and primary care ADHD services development.

**P017**  Genetics, GPs’ and adult autism – why is it important?

Dene Robertson; Ellie Wilson; Debbie Spain; Deborah Ruddy; Grainne McAlonan; Janneke Zinkstok; Deirdre Howley; Eileen Daly; Christine Ecker; Declan Murphy; Clodagh Murphy;

Adult ADHD and Autism Service The Maudsley Hospital; Clinical Genetics Dept, Guy's & St Thomas' NHS Foundation Trust; Sackler Institute for Translational Neurodevelopment and Department of Forensic and Neurodevelopmental Sciences, King’s College London, Institute of Psychiatry
Aims: To help understand the relevance of new genetic investigations to primary care by reviewing genetics results of primary care patients referred to a national autism service.

Content: GPs are increasingly receiving clinical genetics reports that may be difficult to interpret or to see their relevance to primary care. These may include copy number variations (CNVs); a major cause of chromosomal duplications and deletions. CNVs were undetectable with traditional chromosomal analysis, may be benign, but are also associated with physical/mental health problems. We reviewed genetic investigations of 85 consecutive patients (18–65 years) diagnosed with autism spectrum disorder (ASD) following primary care referral to the Maudsley Adult Autism Clinic (2009–2010). Assessments included gold-standard neuropsychiatric assessments for autism/psychiatric co-morbidity and genetic investigations (comparative genomic hybridization [CGH]).

Relevance: CNVs are relevant to patients and GPs as they may be associated with physical/mental health disorders and will be increasingly managed within primary care.

Outcomes: 31% (19 male, 7 female) of ASD patients had chromosomal anomalies identified (some with associated health problems, eg cardiac/autism); 5 had a single chromosome deletion, 16 a single duplication, 2 had 2 deletions, and 3 had both deletion and duplication. Genes affected varied widely.

Discussion: Preliminary results suggest a third of adults with ASD referred from primary care have an associated chromosomal anomaly. Identification of CNV’s may have important implications for physical/mental health (eg. cardiac/immunodeficiency/schizophrenia/ASD) and require discussion in primary care. GPs should have sufficient understanding of new genetic investigations to signpost ASD patients to expert advice.

P018 Risk factor modification to delay the onset of dementia: what the latest evidence suggests

Ratika Bird; Blossom Stephan
Newcastle University

Aims/objectives: The global prevalence of dementia worldwide is set to double every 20 years. Current estimations do not account for preventative measures or modification of risk factors. Emerging research shows declining incidence and prevalence of dementia in developed countries, possibly attributable to risk factor and lifestyle modification. The aim is to review recent literature on the role of diet, lifestyle, and cardiovascular risk factors in dementia and Alzheimer’s disease prevention to guide current clinical practice.

Relevance/impact: The literature synthesis is of particular relevance to primary care which faces the increasing burden of ageing populations and lies at the forefront of guiding patients towards healthy living, managing risk profiles and supporting public health initiatives.

Findings and discussion: Robust evidence from high-income countries suggests stable or decreased dementia prevalence over the last 20–30 decades. Recent studies from Europe and the US have identified a cohort effect by comparing two populations from the same socio-demographic backgrounds, separated by time. Decline in stroke incidence, use of thrombolytic and lipid-lowering drugs, better control of cardiovascular risk and improved education are factors implicated in the observed trends. Current evidence advocates seven modifiable risk factors (diabetes, depression, smoking, physical inactivity, midlife hypertension, midlife obesity, cognitive inactivity and low educational attainment) to have a plausible relationship with Alzheimer’s disease. These findings suggest that public health interventions to minimise dementia risk and progression may be the ‘golden key’ to managing this epidemic; enabling the ‘ageing brain’ to become ‘future proof’.

P019 Dementia - service, quality and care in primary care

Will Howe
Lostwithiel Medical Practice

A practice with 4850 patients had experienced less the optimum care for patients with dementia from local providers.

An innovative service was commissioned and a dementia nurse was employed by the practice for new and established cases of dementia. This provided continuity of care for the patient and family. Clinical staff in the practice could refer patients for assessment and co-ordination of nursing, medical and social needs.
Con temporaneous notes were made on the practice system and prospective measurements were made of patient/family satisfaction, emergency hospital admissions, referrals to secondary care and place of death. All outcome measures improved.

This work has contributed to a change of policy within the local mental health trust.

**P020**  
A comparison of general practitioners (GPs) attitudes towards dementia between Dorset, Portsmouth and nationally collated data

**Bryony Sales; Emer Ford; Balaji Wunftakal; Sue Crane; Clare Wedderburn**
*Wessex School of General Practice, Wessex Deanery, UK; St James Hospital, Portsmouth*

**Aims/objectives:** To provide a contemporary comparison of GPs attitudes towards dementia in Dorset, Portsmouth and nationally.

**Content:** GP attitudes towards early diagnosis of dementia were assessed using questions selected from the National Audit Office (NAO) report (2010) ‘Improving Dementia Services in England’. Data gathered in Portsmouth (n=76) was compared to Dorset (n=178) and national data (n=1001).

**Relevance/impact:** Dementia is a national priority however a recent study by the Alzheimer’s Society suggested diagnosis rates are significantly lower than expected across most of the UK. Previous research suggests that many GPs do not believe early diagnosis is beneficial and requested more training (Renshaw et al., 2001).

**Outcomes:** Results demonstrate Portsmouth and Dorset GPs’ attitudes (2013) are generally comparable and more positive than NAO data (2009). 84% Dorset and 80% Portsmouth GPs agreed that ‘much could be done to improve the quality of life of patients with dementia’ compared to 72% GPs nationally. More Portsmouth and Dorset GPs thought that families would rather be told about dementia (66% and 71% respectively) compared to NAO data (36%). Some Portsmouth (16%) and Dorset (26%) GPs agreed that ‘managing dementia is often frustrating’ compared to NAO data (74%). Fewer than 50% GPs anywhere agreed with the statement ‘there are satisfactory services’. Results guided further local educational events in Portsmouth and Dorset, and enabled appropriate service development.

**Discussion:** GPs have an important role in identifying patients with memory problems; it is imperative that GPs have a positive attitude towards identification and management of dementia.

**P021**  
Management of dementia in primary care: a national survey of future general practitioners

**Eugene Tang; Louise Robinson**
*Institute of Health and Society, Newcastle University*

**Aims/objective:** To assess the current knowledge, views and attitudes of dementia in future general practitioners (GPs).

**Content:** Dementia remains a global health challenge owed to population ageing and growth. GPs have previously expressed a lack in confidence and skills in managing dementia. We present the findings from a national survey, which was formatted and distributed to all academic GP trainees at a national conference. The survey included questions on attitudes to dementia care, difficulties encountered when managing dementia and a dementia knowledge quiz.

**Relevance/impact:** Assessing how trainees view current dementia management has the potential to identify gaps in knowledge and service provision so that individuals with dementia, in the future, can be better cared for.

**Outcome:** 29 of 64 trainees responded to the survey (response rate 45%). In general, trainees were positive about promoting the quality of life of patients and their carers. Confidence was low in managing and giving advice about symptoms and behavioural problems associated with dementia. There was poor awareness of epidemiology and national guidelines but overall knowledge was good. The majority of trainees (86%) felt that earlier diagnosis is important in primary care. The majority of trainees also expressed an interest in further dementia training during their registrar years and once qualified.

**Discussion:** Future educational support should be targeted at managing behavioural and psychological symptoms associated with dementia to promote confidence in managing these symptoms. Although screening is not recommended, more emphasis should be placed on identifying those at risk of future dementia.
P022  **General practitioners' views on barriers to diagnosing dementia**

Anita Chithiramohan; Steve Iliffe; Iram Khattak

*University College London*

**Introduction:** Dementia is of increasing clinical relevance in an ageing population but diagnosis rates are comparatively low. Several studies have identified barriers leading to missed or delayed diagnosis but all were conducted before recent NHS campaigns specifically targeting the under-diagnosis of dementia. As the first point of contact for patients with suspected dementia, General Practitioners (GPs) are well placed to understand barriers to diagnosis.

**Aim:** To explore GPs’ opinions concerning barriers to diagnosing dementia, in light of recent NHS campaigns.

**Design and setting:** A qualitative study was undertaken across 2 culturally diverse cities in England. A total of 13 GPs were interviewed, with 9 individual and 2 group interviews.

**Methods:** In-depth, semi-structured interviews were conducted face-to-face. Interviews were audiotaped and transcribed verbatim. Data was analysed independently by 2 investigators using the framework approach and thematic analysis.

**Results:** GPs’ reported barriers previously unidentified in the literature, barriers that appear to be consistent with the literature, as well as barriers that contradicted previous findings. There were 4 major themes: organisational factors (time constraints, diagnostic tools, primary-secondary care interface, funding, treatability), clinician-related factors (special interest, doctor-patient relationship), patient-related factors (patient awareness, family, stigma) and societal influences (cultural factors).

**Conclusion:** General practitioners perceived recent NHS campaigns to improve dementia diagnosis to be successful overall in raising awareness of dementia, but identified barriers faced by practicing clinicians in the current healthcare system. These findings warrant reflection and further investigation.

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P023  **Can early diagnosis improve dementia care?**

Halima Choonara; Lovereet Gill

*University of Manchester*

**Aims:** With increasing prevalence and awareness of dementia as a public health concern there is a need to improve the quality of management of dementia. This presentation will look at the management of dementia in primary care, with specific focus on the benefit of diagnosing dementia early.

**Content:** The presentation will include findings from a literature review on the current management of dementia, supported by results from an audit on the time between presentation of dementia symptoms and formal diagnosis.

**Relevance:** The estimated cost to the UK of dementia care in 2013 was £23 billion. With the awareness of dementia as a public health concern increasing there has been much interest in improving the quality and efficiency of care provided. In 2009 the Department of Health (DOH) issued a report entitled ‘Living well with dementia, a National Dementia Strategy’, which promoted timely diagnosis as a key part of improving dementia care.

**Discussion:** Results from the audit found on average a 19 month delay between symptom presentation and diagnosis. Barriers to diagnosis exist from both patients and practitioners that can be attributed to this. While there is a lack of quantitative data to support the benefits of early diagnosis, current expert opinion is that early diagnosis can optimise overall care.

**Outcome:** It appears there is a reluctance to diagnose dementia early. However, early diagnosis is a notion supported by the DOH and the Wold Alzheimer’s Report 2011 that could prove pivotal in improving dementia care and outcomes.

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P024  **Polypharmacy review in a Medway nursing home**

Harkiran Sohal; Chidambaram Balachander; Sanjay Suman

*Borstal Village Surgery; Medway NHS Foundation Trust*

**Aims and objective:** To identify residents with polypharmacy (≥4 medications), any adverse drug reactions (ADR) noted and whether a formal medication review was performed in the last 6 months.
Content: Medications prescribed were identified using drug chart for residents of a Medway based Nursing Home in November 2012 (N = 44).

Relevance: An estimated 5% of the UK population lives in the care homes and this group is prescribed up to four times the number of medications as compared to non-care home patients. Polypharmacy in nursing home patients contributes to ADR, hospital admissions and mortality.

Outcome/results:
Total number = 44 (35 Female, 9 male)
• Medication review in last 6 months
• 11/44 (25%) patients
• Polypharmacy
• 30 / 44 patients (68%)
• 11/30 aged > 85 years
• Cardiovascular medications, analgesics and laxatives accounted for > 50%
• Adverse drug reactions
• Constipation: 3 patients (opiates)
• Drowsiness: 1 patient (temazepam, quetiapine, promethazine, citalopram)
• Falls: No existing policy to review medication
• End of life Patients
• 5 patients were identified as approaching end of life with ≥ 4 medications (3 / 5 on ≥ 10)

Recommendations:
• Regular medication reviews should be carried out in nursing homes to reduce the burden of polypharmacy (annually for individuals > 75 years old and 6 monthly for those on ≥ 4 medications)
• Adverse drug reactions (including falls) should prompt a medication review and culprit medications discontinued
• For individuals approaching End of life, unnecessary medications should be stopped
• General Practitioners, Geriatricians and Community Pharmacists should work collaboratively with nursing home staff to accomplish reduction in polypharmacy in Care Homes

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P025 'Add to your life'; much more than a website
Karen Gully; Cathy Weatherup; Sue Mably; Margie Fielden
Welsh Government; Public Health Wales

Aims and objectives: To encourage and support citizens in understanding and managing their own health and well being.

Content: The Welsh 'over 50 health check' was developed with a strong emphasis on stakeholder engagement. A consensus was reached to produce an holistic self-assessment, enabling access to high quality information through a simple on line tool. To ensure equitable access the tool was supported by telephone or face to face support as required.

Relevance/impact: There is increasing recognition of the importance of patient 'activation' to improve outcomes. In the primary care context, issues such as health literacy influence choices, effective management and perceived health status. Given the significant workload in primary care it is essential that effective use is made of tools to support shared decision making and care planning. When used with appropriate support, on line resources can be extremely helpful.

Outcomes: In addition to positive user feedback, unintended consequences included new champions for health information including a network of senior librarians. The initiative has also proved a stimulus for new health promotion activity at a local level.

Discussion: GP Practices face significant challenges from rising demand and recruitment challenges. Signposting to an on line assessment can ensure that important public health issues are highlighted, personalised information is developed and follow up scheduled if individuals wish. This approach can increase patient independence and self management, with levels of support proportionate to need.

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Quality assured content and navigation to appropriate sites may be challenging as the volume of information increases.

**P026  Clicks at the third age: the new technologies’ impact on the elderly’s quality of life**

**Ana Sofia Pena; Ana Isabel Custódio**  
*USF Samora Correia, ARSLVT, Portugal*

**Introduction:** The internet globalization occurred in the nineties. Since 2004-2005 the social networks evolved in an exponential way, conquering fans of all ages. The elderly represent, each day, a more significant group of users.

**Objective:** Understanding the impact of the internet and social networks on the elderly’s quality of life.

**Material and methods:** We performed a narrative literature review, searching the MeSH terms “social network”, “internet”, “information technologies”, “older adults” e “elderly” on PubMed, Medline, HTA and Cochrane Library.

**Results:** We selected 10 articles written in English. The growing affinity of the elderly to the new technologies have opened a great range of social interaction opportunities. The greater use of the internet has been associated to less isolation and loneliness. Although it is not consensual among the authors, autonomy and quality of life of this population seem to improve by the use of this tools. Different studies have shown positive impact of the social networks on the elderly’s cognitive performance, mental health and quality of life.

**Discussion/conclusions:** Most studies acknowledge benefit of these tools on the elderly’s quality of life at various levels. Despite of the limited number of articles about this topic and their small sampling, they reflect the present lege artis, theme novelty, relevance of a bigger comprehension about the role of the internet in the gain and maintenance of the elderly's social capital, and, therefore, the need of more research in this area, in order to build a new tool for community support in Portuguese Primary Care.

**P027  FALLS - importance of read coding falls or syncope in the electronic primary care record**

**Joanna Lawson; Steve Parry; Nick Lawson**  
*Newcastle Upon Tyne Hospitals NHS Foundation Trust; Monkseaton Medical Centre, North Tyneside*

**Aim:** To assess accuracy of identifying (read coding) falls or syncope on patient electronic record summaries in general practice.

**Content:** A novel, community-based falls service saw older persons with falls, syncope or dizziness identified from case-note audit of risk factors. All patients had GP electronic summaries provided to the service that GPs would use in typical consultations. The presence of falls or syncope listed on the electronic problem list was recorded and compared to information on falls or syncope obtained from patients when attending the clinic.

**Relevance:** NICE guidelines recommend opportunistic identification of older persons with falls and from health screening in primary care. Syncope is an important symptom that should be highlighted on problem lists as may have relevance to new diagnoses and medications e.g specific ECG abnormalities.

**Outcome:**

- 2 practices were used
  - Falls:
    - Practice A identified 24% (58 out of 242)
    - Practice B identified 0% (0 out of 136)
  - Overall GPs only had falls listed on problem list in 15% of 387 fallers
  - Syncope:
    - Practice A identified 17% (4 out of 23)
    - Practice B identified 16% (2 out of 12)
  - Overall GPs only had syncope listed on problem list in 17% (6 out of 35)

**Discussion:** Falls and syncope are under recorded on electronic problem lists by GPs despite evidence-based national guidance regarding the need for opportunistic screening and management. Primary care opportunistic screening, review and referral are vital in reducing admissions and morbidity in these common symptoms.
P028  FALLS - innovative falls prevention service results from a typical practice

Nick Lawson; Joanna Lawson; Steve Parry  
Norprime Limited; Newcastle Hospitals NHS Foundation Trust

Aim: To demonstrate, using results from one GP practice, how a community based, multi-organisational, multi-professional falls service diagnosed key, modifiable risk factors for falls in community dwelling older persons.

Content: The process of identifying those at risk of falls from electronic records, use of postal questionnaire to identify those who have falls, dizziness, or syncope and the process of targeted assessment of risk factors for falls as per NICE guidelines in the clinic by nurse, senior physiotherapist and senior doctor with specialist experience in falls and syncope is illustrated. All patients received individual care plans, recommendations were made to GP’s if required and were referred on for strength and balance classes run by Age UK if appropriate.

Relevance: Falls are a significant health burden to the NHS and patients. In this CCG, only 10% of those who fall are being seen by existing services and often late in their falls career.

Outcome:

• 1915 identified from electronic record audit being at risk of falls. 1225 (64%) replied to a postal questionnaire of which 544 were invited to attend, reporting falls, dizziness or syncope. 338 attended.
• Mean age 75, mean number of falls 2 in last year. 82% required some action of which most was managed in primary care e.g culprit medication review for hypotension, Osteoporosis, BPPV.
• Minority required secondary care intervention.

Discussion: This novel service identified modifiable risk factors for falls allowing larger numbers of patients to be seen efficiently in the community.

P029  Deciding Right Project: right care, right plan for the right patient

Zahida Adam; Rajesh Than; Preeti Wadhwa; Mohammed Ayubi; Rishabh Prasad; Christina Faull; Sarah-Jane Gray
Leicester City CCG

Background: Recognising the scope for improvement in palliative care services, the CCG, local hospice and Macmillan collaborated in launching an innovative project. The aims were to promote identification of patients in their last year of life to provide timely and robust multidisciplinary care, based on the patient’s choices.

Description: The project focussed on training and education of local health professionals. Four GP mentors, appointed to facilitate and deliver the objectives of the project, received training in Palliative Care at masters level. The unique collaboration of the CCG, local palliative care consultants and Macmillan paved the way for mentors to access training at national level through Macmillan’s GP support program, in addition to local mentoring support. The project also identified a palliative care lead GP for each practice. These GPs are given training in the identification of patients in their last year of life and communication skills to improve their care planning. Training extended to include sessional GPs and care home staff.

Results and reflections: In its first year the Deciding Right project has achieved improvements in the number of patients on the palliative care register. Every practice now has a dedicated Lead GP for End of Life Care, who is supported by a mentor. Ongoing evaluation of impact is being collated through the completion of After Death Audit for every death that occurs in the city. An initial survey has shown that 85% of patients who had completed Advance Care Plans died in their preferred place of death.

P030  Building a palliative care toolkit app for GPs

Nicholas Cooper
South West Peninsula Deanery

I designed an app in order to equip GPs with a means of accessing information and support when providing end of life care in the community.
There is an imperative for GPs to provide palliative care for more patients at home due to patient choice, recognition that more people may benefit from a palliative approach, and a pressing need to deliver high value services. However, GPs’ confidence in managing end of life care is variable, and those working out of hours may not be familiar with, or have access to, relevant local clinical guidance and other information. Increasing numbers of doctors are using personal smartphones and tablets to inform their clinical practice, by allowing them to access information conveniently.

I created an app which amalgamates existing clinical guidance for the area in which I work, providing information on symptom control, using syringe drivers, emergencies in palliative care and managing the last few days of life. It also provides locality-specific contact details for specialist palliative care support services, hospices and urgent social care. It reproduces prognostic guidance and pain assessment tools. It also contains links for educational resources. The app will be deployed on the tablet devices used by the out of hours GP service. There is scope for using it as a template to enable other localities to benefit from it. The project is an example of a way in which GPs can utilise mobile technology to facilitate community-based palliative care by improving remote access to information.

P031 Delivering primary care into Ealing nursing homes: early experiences from an innovative new service

Anna Down; Graham Stretch; Gouri Dhillon; Sapna Sharma; Raj Krishna; Natasha Griffin; Arjun Dhillon

The Argyle Surgery

In July 2013, having won the contract in open tender, The Argyle Surgery started delivering primary care to all of the nursing home residents of the borough of Ealing. A GP-led multi-disciplinary service working 8am-8pm 7 days a week, incorporating pro-active care with regular rounds at every home, bi-annual reviews of every patient and their care plan, and regular medication reviews. Integral to the team are a pharmacy service – including prescribing pharmacist, clinical pharmacist and pharmacy technicians, and a dedicated administration team and single point of access phone number.

One year in we have 858 active patients in 18 nursing homes with an average age of 81 years (range 28-106y), 44% are over 85. We are now seeing early successes and trends emerging, despite the fact that this period encompasses mobilisation of the service and several larger homes have only been registered for six months. We received 100% satisfaction rating from our managers in June 2014. 100% of deaths are reported as in the patient’s preferred place of care, with over 80% of these remaining in the nursing homes. A&E attendances and emergency admissions from nursing homes have fallen year-on-year every month since October 2013; April 2014 showed a 20% reduction compared to April 2013. Calls to London Ambulance Service from Nursing Homes under the service have also fallen. We look forward to the continuation of these trends as we get whole year and ongoing data.

P032 Literature review of terminal sedation

Ellen Grose-Hodge

Keele University

Aims/objectives: This presentation aims to discuss the practice and implications of terminal sedation - evaluating the extent to which it may represent true intent to alleviate suffering, or reflect a veiled practice of euthanasia in the NHS today. Reportedly affecting up to half of all palliative cases (Davis & Ford, 2005) the potential to affect such a high number of vulnerable patients necessitates review.

Content: A peer-review of published articles, sourced through established databases, was conducted and the arguments for and against the use of terminal sedation explored. A discussion of principle versus practice is presented here with the intention of highlighting the gravity of such end of life decisions to GP’s as non-specialists. Increasing awareness of the ethical quandary between terminal sedation and assisted death, whilst encouraging thought for how the management of those dying with intractable and intolerable symptoms should be addressed in the future.

Relevance: Awareness of the practice in primary care fields provides a real opportunity to prevent malpractice, securing terminal sedation as a viable option for patients and professionals alike.

Discussion: With a paucity of research available to date, interpretation rather than fact continues to form the basis of opinion and is still open for debate. Whilst evidence to suggest terminal sedation in the UK disguises a more sinister intervention is sparse, neither is it absent. For patients and practitioners, this answer remains unsatisfactory.
P033  Doctors’ comfort level with palliative care and DNACPR decisions

Sarah Mills
University of Dundee

Introduction: Palliative care is an core aspect of general practice.

Aim: To determine doctors’ comfort level with elements of palliative care, and assess their self-reported knowledge and practices with palliative patients and their families.

Methods: A questionnaire was distributed to junior doctors, GPs and consultants.

Discussion: Doctors’ self-rated confidence with each of the physical, social, psychological and spiritual dimensions of palliative care was assessed, as was self-rated confidence in core palliative care skills, including: breaking bad news, prescribing analgesia, prescribing for other palliative symptoms (breathlessness, agitation etc.), financial support at the end of life, and engaging with spiritual/faith needs. Doctors were asked if they had had formal teaching in palliative care, and if they had unmet learning needs in palliative care. They were questioned on whether they routinely initiate end-of-life discussions with terminal patients, and whether they feel comfortable discussing dying with patients. Doctors reported their level of comfort with DNACPR decisions; namely, whether they had enough knowledge about success rates and likely outcomes in CPR, whether they felt comfortable discussing CPR with patients and/or with their families, and whether they consistently discuss DNACPR issues with patients prior to completing DNACPR paperwork. Global self-rated confidence linear analogue scales were used to evaluate overall confidence in managing palliative patients’ care needs and in making DNACPR decisions.

Conclusion: Doctors were more confident with the physical needs of palliative patients, and less so with the social, psychological and spiritual needs. Learning/experience gaps were identified in core skills and DNACPR.

P034  What is the understanding, experience and views about advance statements of oncology patients who receive palliative chemotherapy?

Caroline Thurlow; Nicola Holton; Alexia Papageorgiou
Norwich Medical School, University of East Anglia; Norfolk and Norwich University Hospital NHS Foundation Trust, Norwich; University of Nicosia, St George’s University of London Medical School at The University of Nicosia, Cyprus

Aims: To explore the views, experiences and understanding of patients who receive palliative chemotherapy in relation to advance statements.

Relevance: There is limited research evidence in the UK about advanced statements, and reluctance to research this sensitive area still considered taboo. Previous studies suggest that discussions about advanced statements with patients who have been diagnosed with terminal illness improve both patients’ and health professionals’ satisfaction with end-of-life care. Improving patient participation during end-of-life decision making is at the heart of patient centred medicine and one of the most difficult clinical tasks to achieve.

Methods: Semi-structured interviews were used to explore views and experiences of ten patients. Interviews were tape recorded, transcribed and analysed using Interpretative Phenomenological Analysis to identify themes, words, phrases, and differences. Data collection was stopped when theme saturation was achieved.

Outcomes: The majority of patients had not considered advanced statements, either as unaware or felt were not relevant to them, and had limited knowledge of about what processes and resources could be put in place. However, those that had, felt completion increased their participation and satisfaction with their care as well as improving communication with health professionals and their loved ones. Patients also felt that they could accept their imminent death more calmly.

Discussion: Advanced statements are useful tools during end-of-life discussions for patients, carers and health professionals. Study results will inform and enrich current existing policies around end-of-life care and will provide pilot data for a larger study on the best ways of implementing advance statements locally.
P035  Re-prescribing regular medications to prisoners entering custody in a UK prison

Daniel Kristiansen; Aran Gillespie
University of Manchester

Background: UK Prisons provide primary healthcare services to prisoners. Government policy dictates this should be of an equivalent standard to community care. Prisoners frequently complain about delay in represcribing of their regular medications initiated in the community.

Aims: For a sample of prisoners reporting a sertraline prescription upon entering custody: (1) investigate the extent of delay of represcribing (2) identify the factors leading to this delay, (3) make recommendations to address it.

Content: We will detail the background, methodology and recommendations of the project. The main finding was an average represcribing delay of 8.3 days amongst prisoners for whom a regular prescription was eventually verified. Weaknesses in the system leave opportunities for greater delays. Factors implicated in the delay included: variability in prescriber’s confidence to represcribe without objective evidence of prescription; the time taken to receive evidence of prescription from community prescribers.

Relevance/impact: (1) Recommendations to prison and community care providers on how to reduce the represcribing delay. (2) Increase community GP’s awareness of continuity of care for their patients who may be/become prisoners.

Discussion: Prisoners may not receive equal access to medications on transfer from primary care in the community to prison. To reduce delay and improve access, prescribers at entrance to custody may need to trust prisoners self-reporting of medicines more frequently. This may be achievable for those medicines less likely to be reported fraudulently. As we have demonstrated, antidepressants may be one group of such medicines and further study is called upon to identify others.

P036  A Review of the Hepatitis C Service at HMP Leeds and Wealstun 2008-14

Iain Brew; Joan Williamson
Leeds Community Healthcare NHS Trust

Introduction: Hepatitis C is a significant problem, especially among injecting drug users. Untreated, it leads to cirrhosis in most after years of asymptomatic infection. It is estimated by Public Health England that 175,000 people in England are suffering from chronic hepatitis C and up to 10% of this population may be in prison. The supportive, stable environment prison offers makes it an ideal opportunity to treat patients who find it difficult to access treatment. Since 2008, HMP Leeds and Wealstun have been treating patients in-house with the support of the Hepatology Department at St James Hospital in Leeds.

Service milestones: In January 2012, the Community MDT started, formalising the service in HMP Leeds and the Community Drug Treatment Service. The MDT has proved extremely effective, allowing continuity of care between prison and the community and between Primary and Secondary Care providers.

Results: Seven of 132 patients were lost to follow up, meaning results are available for 94.7% of patients. Three patients (2.3%) were deceased: No deaths were directly caused by treatment. Overall, 72 (60%) patients achieved sustained viral response (SVR). Of the available results, 64.9% achieved SVR.

P038  A review of hearing standards required to join the armed forces, fire and police service

Gareth Jones; Shailes Agrawal; R Murphy; Michael Sadik
Pennine Acute Hospitals Trust

Objectives: The authors aimed to collate the hearing requirements to join the British Army, Royal Navy, RAF, Fire and Police services to equip general practitioners with the necessary knowledge to advise potential recruits.

Content: The poster will demonstrate the standards required for each profession clearly in tables.

Relevance: Medical entry standards to join the military have existed since the Boer War (1899-1902) with the police and fire service introducing standards later. One of the few standards still objectively measured is hearing. ENT
specialists and General Practitioners with knowledge of hearing requirements can effectively counsel patients wishing to pursue careers in the services.

**Outcomes:** Hearing recruitment standard is assessed with pure tone audiogram. A score of H2 is required to pass the selection medical. For the military and police this reflected less than 84dB over the low frequencies (0.5-2kHz) and 123dB over the high frequencies (3-6kHz). The fire service and police consider individuals requiring hearing aids/cochlear devices to acquire these thresholds, the military do not. Both ears had to be above standard to be deemed fit except for the police who consider individuals with one ear above standard.

**Discussion:** The underlying principle for requiring hearing standards in the UK armed forces and services is to minimise risk by ensuring effective communication, both face to face and via radio. Knowledge of these hearing requirements can enable doctors to correctly advise patients under their care aiming for careers in these professions.

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**P039  A review of ENT related conditions that preclude entry to the UK armed forces**

**Gareth Jones; Michael Sadik; Shailesh Agrawal; M Isles**

*Pennine Acute Hospitals Trust; Royal Centre for Defence Medicine, Birmingham*

**Objectives:** General practitioners may encounter patients with aspirations to join the military. This paper aims to offer guidance about ENT conditions that may preclude entry to the UK’s armed forces.

**Content:** The authors examined the medical and occupational literature and interviewed military ENT advisors to ascertain ENT recruitment preclusions to the British Army, Royal Navy and RAF.

**Relevance:** Patients should have access to all the facts in order to make fully informed decision about their medical treatment. Occupational factors should be considered if a young patient with an ENT condition has aspirations to join the military. It is important to be aware of these conditions firstly to facilitate treatment to achieve entry requirements and secondly to avoid embarking on treatment that may condemn a potential recruit to permanent exclusion.

**Outcomes:** Some of the most important ‘absolute’ preclusions are persistent facial palsy, nasal polyposis, tympanic membrane perforation and grommets. Recurrent otitis media, externa and nosebleeds are considered if asymtomatic for 1-year and 6-months respectively with hearing above standard. Patients having myringoplasty and mastoidectomy are considered if tympanic membrane has healed, audiometry is above standard and has been 3-months and 2-years respectively since the operation.

**Discussion:** Military personnel operate in arduous environments and require medical screening to reduce the risks to themselves and comrades. General Practitioners should be aware of ENT conditions that affect an individual’s ability to join the forces. Imparting this knowledge to potential recruits can enable them to make a fully informed decision about their medical treatment.

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**P040  CDT prescribing and GPs**

**Jane Wilcock**

*Salford CCG and University of Liverpool*

**Aims:** To improve prescribing in drug misuse patients.

**Content:**
- 84 patients had "drug misuse" on their notes.
- 29/84 had an opiate problem.
- Only 11/29 had an entry on their problem screen.
- 4 patients were on a repeat prescription (RP) of methadone. 2 on RP buprenorphine.
- 1 had out of date unissued RPs for disulfiram, acamprosate and naltrexone removed.
- 2 RPs were last authorised years ago.
- 1 with methadone RP had stopped attending the CDT.
- 5 buprenorphine and 9 methadone RPs were added.
- 15/20 CDT letters were within their review date or within 12 months of the last CDT letter.
- 9 patients required letters to CDT to request updated care plans.
• No patient had tried to obtain opiates whilst on CDT RPs.

Relevance: CDT drugs can be dangerous if co-ingested with GP prescribed medications. This discusses the issue in practice and steps to prevent error.

Outcomes: We updates notes, educated each other and devised a safe RP for these patients. In addition a number of other factors like Hepatitis C status were uncovered.

Discussion: A limiting factor was knowing how to enter a repeat script which GPs did not want to printed. CDT co-working improved vastly.

P041  Hearing the voices of the IRIS service users

Clare Ronalds; Gillian Granville; Clare McCann; Catherine Cutt
Manchester IRIS Sevice; Gillian Granville Associates; Manchester Public Health; Manchester IRIS Service

IRIS, Identification and Referral to Improve Safety, is an evidenced-based training and service for GP practices, to improve the identification of patients experiencing domestic abuse and their onward referral to a linked specialist service. The package includes communication skills training for GPs and practice nurses.

This in-depth study aimed to capture the voice and experiences of patients who accessed the local IRIS service over an eighteen-month period from 2012 – 2014, by an independent researcher using a semi-structured interview. It reports the experience of 17 women from 14 practices, across 3 CCGs, who referred 169 patients to the IRIS advocate educator during this time.

Analysis identified four key themes:

• Accessibility of IRIS service and GP context, disclosure process.
• Referral pathway, impact of IRIS referral.
• DVA costs the health service £1.7 billion annually, excluding mental health costs. It is associated with increased depression, alcohol and drug misuse and is a key factor in safeguarding: 73% of Child Protection Plans in this city cite domestic abuse.
• “If I had not been asked, I would not have told anyone and who knows what would have happened to me”.

The evidence demonstrates positive outcomes for women and children through improved mental health, increased opportunities for training and employment and the ability to take control of their lives. This study contributes to knowledge about DVA, the effectiveness of the IRIS service, and is of value to GPs, commissioners, Public Health, community, and voluntary sector wishing to develop DVA services.

P042  Homeless Patient Pathway

Muninder Lotay; Amy Hewett
Sandwell and West Birmingham Trust; Trident Reach the Peoples Charity

HPP is a GP led multi-organisational approach for patients experiencing homelessness admitted to hospital. Care of these patients is complex, requiring understanding of chronic interrelated problems including mental, drug, alcohol and social ill health.

The GP within a secondary care setting is best placed at anticipating health needs in the community and gaps in holistic care on admission. Unaddressed health issues will often become unaddressed needs that will warrant further admission.

HPP team includes a homeless housing charity and continues floating support and outreach care for 6 months after discharge into sustainable housing. We work alongside the admitting host team to address multi-morbidity and predict long-term health needs on discharge from hospital into the community.

A multimorbidity assessment tool consists of the use of AUDIT, HADS, BBV screen, TB IGRA, harm reduction and a sound social assessment inclusive benefits, welfare and housing. Joined up care is mediated through weekly MDT involving mental health, addictions, social services and primary care.

Typical presentations often fall outside social services remit or the one-size fits all approach, and ‘simple’ admissions neglect the more complex issues surrounding health and social care highlighting gaps in the care of our most vulnerable.
Families reunited: the challenges faced by refugees

Rebecca Farrington; Victoria Wijeratne
University of Manchester

Refugee family reunion is often after prolonged, enforced separation and may be seen as the end-point of their struggles, but can be a source of hidden challenge.

Aims/objectives: The medium-term issues faced by reunited families, the value of existing support, and their ideas for future help were explored.

Content: This qualitative study used guiding questions formed from a literature search and discussion with support agencies. 6 refugees were interviewed individually using interpreters.

The poster describes our motivation to study an under-represented group as part of our university’s social responsibility aims. We discuss the logistics of setting up a research project requiring close collaboration with the voluntary sector. The sensitive nature of communicating using interpreters around difficult issues is acknowledged.

Our results report themes that emerged and quote directly from the interviews.

Outcomes: All participants disclosed adverse effects of both their separation and reunion that were closely linked to health and wellbeing. These included parenting difficulties, high levels of stress, anxiety, depression and worsening of other co-morbidities. They identified peers and the voluntary sector as valuable to accessing healthcare.

Relevance/impact: These difficulties have potential to go unaddressed by healthcare professionals due to underrepresentation of refugees in the system, our ignorance around their situation, cultural and language barriers, and their reluctance to seek healthcare without assistance.

Discussion: Primary care staff are ideally situated to sensitively explore the hidden challenges faced by refugee families in order to facilitate their timely access to appropriate support and healthcare.

Primary care in the Amazon jungle

Anna Quine; Alexandra Callear
Derby GP trainee; Broad Based Trainee, South Yorkshire

Aim: To gain experience providing medical care to remote communities in South America.

Objectives:
• Time onboard a medical boat providing care for communities on the Amazon River
• Experience of the practicalities of disease management with limited resources
• Adaption of consultation style to incorporate new languages, cultural practices and different health beliefs
• To gain insight of factors leading to health inequalities and ways of improving services according to identified need.

Content: Health inequalities are common in many geographically isolated communities, reflecting multiple factors including widespread poverty and lack of resources. Our presentation will focus on our experience of providing health care in Amazonia.

Relevance: This project complemented our GP training and tested our skills of resource management and respect for cultural sensitivity, whilst maintaining a holistic approach.

Discussion: Within the Peruvian rural population, 56% are estimated to live in poverty (World Bank, 2004). The overall child mortality rate has been reported as 18/1000 (UNICEF, 2012). Common diseases relating to poverty were encountered, along with tropical conditions such as malaria.

Outcome: We completed our project in Summer 2013. Despite mosquitoes and piranhas we encountered the most welcoming and inspiring people. It is an experience through which we learned a great deal about ourselves, both as individuals and practitioners. Consulting presented challenges in terms of language, culture and ethical dilemmas.
Community identified needs included clean water and sanitation education. The care provided by this project gives communities an opportunity to break the poverty illness cycle and maximise health potential.

P045 Man’s worst friend?

Sara Cardoso; Soraia Reis

Aims: Dog bites are usually harmless but, in some cases, patients face the risk of developing serious complications. With recourse to a clinical case, we intend to highlight the importance of recognizing relevant risk factors that would allow the General Practitioner (GP) to provide more accurate and appropriate treatment in order to prevent irreversible damage.

Content: The poster will describe a clinical case in which various risk factors did actually lead to serious complications following a dog bite.

Relevance: Capnocytophaga canimorsus is a fastidious bacteria usually found in the oral flora of dogs and cats. Infection by this agent is often harmless, but in some cases it can have lethal consequences. Indeed, observing in a primary care unit a 55 year old man, who faced a septic shock from Capnocytophaga canimorsus, has lead us to review the literature. A dog bite with an undesirable outcome is more likely if there is a history of immunodeficiency, splenectomy or alcohol abuse in the patient. In such cases antibiotic prophylaxis with amoxicillin/clavulanate should be prescribed.

Outcomes: Raise awareness of cases in which antibiotic prophylaxis should be considered after a dog bite.

Discussion: GP is usually the first one managing pet bites and, therefore, should be aware of the history of the patient seeking consultation, given that adequate prophylaxis at the initial presentation can prevent serious damage.

P046 These children get sicker, quicker: Preventing death from systemic sepsis - a successful intervention strategy for managing acutely unwell children in remote Australia

David Gaskell

Background and aims: Systemic sepsis is one of the most common yet least recognised illnesses in both developed and developing countries with a reported hospital mortality rate of 30-60% and >6 million deaths annually in the developing world.[1] Here in the Kimberley, Aboriginal children born into poverty are at a much greater risk of death before age 5 years as those from wealthier families.

In my roles as clinician, medical director and Chair of the Kimberley AMS Committee, I represent here many colleagues who together have developed a COMMUNITY-BASED strategy and intervention tool, now adopted across the Health Region which aim to reduce the incidence of sepsis-related death in children.

It is widely known that the Aboriginal childhood population of the Kimberley are amongst the most disadvantaged Australians. The obstacles to good health which they endure are numerous: many live in remote settings in a harsh climate, amidst high levels of health illiteracy, alcoholism and social deprivation; contact with serious illness are common; Gram positive infection is prevalent with increasing rates of CA-MRSA; localised pyoderma - skin sores - is endemic, exacerbated by skin excoriation due to co-morbid scabies infestation - all compounded by malnourishment, reduced social hygiene, inadequate housing, over-crowding and poor plumbing. There can be limited access to primary healthcare; barriers to communication are many; and there is difficulty in recruiting and retaining health staff to remote areas.

So from before birth, indigenous children are exposed and more vulnerable to bacterial infection. They get ‘sicker, quicker’ and often present late to clinicians. In this challenging environment, the Kimberley Unwell Child Procedure is one small yet effective risk reduction strategy that has measurably influenced clinician decision-making in assessing and managing children, and seems to be saving young lives. It began several years ago with the deaths of 2 children in remote communities from unrecognised sepsis. So paediatrician Dr John Boulton came up with a simple yet innovative idea.
Methods: The introduction of a protocol-driven clinical tool for nurses and doctors – what was first the Kimberley Febrile Child Policy and has now been updated into the Assessment and Early Management of the Unwell Child Procedure – is, of course, nothing new. What is novel and risks controversy is the degree to which this tool guides frontline health staff to initiate early empiric broad-spectrum parenteral antibiotic therapy following a guided clinical assessment as to severity of clinical illness. The Procedure focuses on completed observations, behaviour and appearance. As I’ll illustrate with 3 slides shortly, it uses Advanced Paediatric Life Support cut-points for vital signs and other adjuncts to assessment, risk triaging all children who present unwell, with or without fever, with or without evident source of infection; and guides on investigations, initial antibiotics and further mx plan. The Procedure was initially implemented in June 2010 in the two most remote district hospitals in the region (first Hall’s Creek, then Fitzroy Crossing). It was subsequently adopted in remote community clinics and urban hospitals across the Kimberley through 2011.

As with any policy, the Procedure needed to be judged against outcomes, not its intentions. First, an audit of staff performance was performed in June 2012. It showed that staff liked using the ‘traffic light tool’ to direct their management plan. However, this audit showed inconsistent use of the Procedure with a low standard of documentation, especially for vital signs and assessment of dehydration, capillary refill time and pulse oximetry.[2] Measures to educate staff and influence prescribers were implemented region-wide and both uptake and concordance improved. Then last year, an audit of mortality data was performed through retrospective review of 210 medical records, charts and pathology data at 6 hospitals and 5 remote community clinics, with analysis of information from the Data Integrity Directorate DOH. This audit was actually a follow-up to an earlier audit performed in 2010, of deaths in Kimberley children under 5yrs from 2005 to 2010 (Epoch 1).

Results: This second audit - deaths from 2010 2013 (Epoch 2) - was performed to ascertain whether there had been a change in the number and rate of deaths in any age category following the Procedure’s implementation.[3] The results showed a fall in the IMR between the epochs from 10.0 to 6.3 per 1000 live births. For Aboriginal babies, the IMR fell from 14.9 to 9.0 per 1000 between epochs but remained the same for non-Aboriginal babies (2.3; 2.4). The post-neonatal mortality rate for Aboriginal babies fell from 8.2 to 4.9 per 1000 between epochs but remained the same for non-Aboriginal babies (0.8; 0). This fall in mortality rate was due to a fall in the number of deaths from infection.

The number of deaths from infection in the under 5yo category fell from 12 to 2. This is of statistical and clinical significance. Of significant note, there were 0 deaths reported in children presenting with febrile illnesses.

Innovation, development and roll-out of the strategy: In December 2013, the Kimberley Antimicrobial Stewardship Committee tasked a working group with representation from key stakeholder services to update the Procedure. The clinical assessment procedure was improved in step with current evidence-based guidelines. The most significant changes are that all children under 16 years old and unwell children without fever are now included – hence the Procedure’s change in title. (Temperature alone is not a good predictor of serious bacterial infection.) The general appearance of the unwell child is emphasised; physical examination for vital and focal signs is mandatory; basic life support is paramount; tachycardia and/or tachypnoea are red flags; dehydration assessment is clearly defined; and so on. To optimise antimicrobial prescribing, specialists in microbiology, infectious diseases, paediatrics and epidemiology from WA, NT and QL were consulted. In the 2 pathways instructing DO NOT DELAY ANTIBIOTICS, the empiric choice of parenteral antibiotic was broadened to include Gentamycin IV/IM as well as Ceftriazone IV/IO/IM for all age groups.

A common Kimberley template for the Procedure has been created with improved design of the flowchart. Succinct guidance about how to use the Procedure is clearer, emphasising need for safety netting if an unwell child is sent home. The revised Procedure has now been endorsed by the Kimberley Aboriginal Health Planning Forum’s Maternal & Child Health Sub-Committee and so at last it is ratified for use in all 5 Aboriginal Medical Services. An education programme is underway.

Conclusions: Prior to the FCP, the post-neonatal mortality in the Kimberley was 7 times the average for Western Australia with nearly all deaths due to sepsis. Whilst the long-term effects post-implementation of this Procedure will take years to become apparent due to low population size and statistical power, reviews performed to date indicate that widespread acceptance and uptake of the Unwell Child Procedure have had a number of positive results:
• The index of suspicion amongst frontline clinicians for potentially lethal sepsis in children has been raised
• Assessment, decision-making and management plans are evidence-based and protocol-driven
• Early clinical management – basic life support, investigations and empiric antimicrobial prescribing – should now be the same for all health staff region-wide
• Sepsis-related mortality has significantly reduced since the introduction of the procedure
• Social and micro-economic healthcare burdens have reduced

There is scope to build on these successes and further validate the clinical intervention strategy by studying, for example, the effects of the broadened use of empiric antibiotics (Ceftriaxone, Gentamycin) on bacterial ecology.

After spending 7 years living in Bangladesh and working across the south Asian sub-continent, the Kimberley seems to me to be a Fourth World almost on its own. Any research from elsewhere will have to be intelligently interpreted before it can be considered relevant, applicable and without risk of bias. It is easy to find criticism of this tool: overtreatment; inappropriate treatment of viral disease; risk of developing antimicrobial resistance. Yet so far, in trying to address the WHO’s fourth Millenium Development Goal here in remote Australia, the Kimberley Unwell Child Procedure seems to be making a difference saving children from dying from bacterial sepsis.

[2] Compliance in measuring and recording each step of the Procedure for febrile children who fitted the criterion of “no evident source of infection” was low – 25%.

P047  Rheumatic fever: Feasibility of a population-based screening programme targeting school children in a rural village in Nepal
Sindhu Pathmabaskaran; Sarayu Sanguhan
London Deenery GP trainees

Objectives: To demonstrate the feasibility of a local screening program for ARF and GAS pharyngitis in school aged children in a rural village of Manthali, located in central Nepal.

Method: Population based study targeting the prevention of rheumatic heart disease through early detection of ARF using the resources available. 479 school children aged between 7-17 years old from two local private schools were selected for the screening programme. Laboratory investigations, data collection and analysis were performed at Tamakoshi Cooperative Hospital, Manthali.

The initial stage of the screening programme was comprised of clinical examination and standardised history taking. Children found to have a cardiac murmur were then asked to attend Tamakoshi Cooperative hospital for blood tests. Diagnoses of suspected cases of ARF and GAS pharyngitis were made using the Modified Jones criteria.

Results: Of the 479 children screened in the programme, just over a third (164/479) were found to have a murmur. To date, 31.7% children have returned for blood tests. Of those, 11 children had clinical evidence suggestive of GAS pharyngitis and were treated with a short course of antibiotics in line with the primary prevention protocol. Two children had clinical evidence suggestive of ARF and were treated with a course of antibiotics followed by referral to Shahid Gangalal National Heart Hospital, Kathmandu.

Conclusion: The implementation of this practical screening programme in a resource poor region with high rates of ARF and RHD is a feasible and affordable public health measure.

P048  Circumcision – an evaluation of post-operative complications in neonatal males circumcised in primary care
Zoya Kiani; Tahmeena Dean
University of Manchester

Background: Circumcision is the most frequently performed surgical procedure in human history. The most common post-operative complications of removing the foreskin include bleeding, swelling and dysuria.

Method: Medical records of all children circumcised at the practice since the service began in November 2013, were analysed. 173 records were reviewed for evidence of post-operative complications.
Results: 10% reported a post-operative complication. The most common complication was the plastic ring not falling off within a week. In some boys, this was because the ring had slipped on to the shaft of the penis, and the excess swelling was not allowing the ring to slide off. In some boys the glans of the penis became so swollen that the swelling had not gone down even a week later, therefore the plastic ring had to be removed manually. 2% had a complication requiring referral to secondary care. 90% of patients did not return for a follow up appointment. In those who did not return for follow up, it is assumed that they had an uncomplicated recovery.

Conclusion: The majority of complications that were seen at the practice were due to the PlastiBell clamp that was used. The introduction of routine follow-up appointments for all boys circumcised at the practice, and looking into other possible methods of circumcision, may bring down rates of post-operative complications.

P049  What challenges does general practice face in managing chlamydia?

Rehan Chaudary
Heatherwood and Wexham Park Hospitals NHS Trust

Introduction: Chlamydia is the commonest STI in the UK (46% of diagnoses in 2012). Guidelines on chlamydia management are naturally of great importance to General Practice, which has the greatest opportunity to address this issue. Sexual health clinics provide an invaluable source of data to determine the challenges faced in implementing these guidelines and reveal lessons useful for primary care.

Aim: To use data collected from a tertiary sexual health clinic to assess the practicalities and difficulties of implementing chlamydia guidelines to assist General Practice in service provision.

Method: Patients diagnosed as chlamydia positive over a 4 week period in a sexual walk-in clinic in Slough, UK had their records reviewed to assess compliance with the British Association of Sexual Health and HIV (BASHH) and Medical Foundation for HIV & Sexual Health (MEDFASH) guidelines for management of chlamydia.

Results: Results (65 population) showed 87% were first time presentations, of which only 73% had HIV screening. 51% asymptomatic and treated with azithromycin within an average of 4 days (in accordance with guidelines). Only 69% given advice about unprotected sex with insufficient numbers of contacts receiving treatment (58%). 1.22 female to male ratio. 95% heterosexual and 5% homosexual. Average age was 25. 65% of patients of white UK ethnicity.

Discussion: This study highlighted the difficulty in HIV screening patients with concurrent STDs; this is a crucial area where General Practice is on the front line. Sexual health advice also appears difficult with insufficient numbers given advice about unprotected sex and contact tracing. This difficulty will only be increased in primary care and thus GPs should be aware of the need to ensure systems are in place to help. The demographics of high risk populations (25 year old heterosexuals of white UK ethnicity) was in keeping with current guidelines and, combined with the fact that half of patients were asymptomatic, shows it is of importance for primary care doctors to be aware of this and offer screening/testing to this group in particular.

P050  Chlamydia screening in times of austerity

Sebastian Kalwij
NHS Lambeth

Lambeth in South London has a very successful chlamydia screening programme. 50 practices are taking part since 2003. Since 2010. GPs in Lambeth contributed more than 40% of all community based tests for Chlamydia; this is the highest rate in the country for the third consecutive year. A strategy combining educational outreach and a financial incentive worked well. In 2011 it was decided to terminate the Local Enhanced Service due to changing financial priorities, from the 1st of October onwards. GP support continued but practices were no longer reimbursed for tests. We compared the number of tests in the period before, October 2009-September 2011 and the period afterwards October 2011-September 2013 to evaluate long-term effects. We also conducted a short survey amongst GPs in 9 practices in Lambeth. We compared data from Lambeth with neighbouring Southwark. Lambeth and Southwark have a long history of working together and their chlamydia screening programme are similar. The only difference is that in Southwark GPs continued getting paid after October 2011 but no longer received practice support.

**Conclusion:** In Lambeth, removing the financial incentive but keeping the peer support helped increase testing and diagnosis rates. The conclusion from the survey was that though GPs preferred getting paid, they realised that Chlamydia was an important public health issue and found it worthwhile to test young people.

**P051  Cervical screening: A survey to establish reasons for non-uptake**

*Aleena Suhail; Nicholas Walton*

*University of Manchester; The Uplands Medical Practice*

**Background:** Cervical cancer screening is the 11th most common cancer in the UK and the most common cancer in women under 35 years of age. The NHS Cervical screening programme has been shown to be effective in preventing 75% of cancers.

The national target for general practice is 80% coverage of women between the ages of 25 and 64 years. It is therefore important that women in the target age group attend cervical screening, and reasons for non-attendance are established.

**Aim:** My aim was to calculate the uptake rate of cervical screening at the practice and to evaluate the current methods of promoting cervical screening. A telephone survey was carried out on women with history of non-attendance to establish their reasons. Potential improvements would then be considered to increase uptake.

**Criteria:** Cervical screening is offered to all women between 25 and 64 years.

**Results:** 2168 women were eligible for cervical screening, of which 1774 women had undergone screening. 40 patients out of 394 with no history of screening within the past 5 years were contacted by telephone. The reasons for non-attendance included preconceived ideas that they didn’t need the test (19%), time restrictions (47%) and feeling uncomfortable (16%). Other reasons included irregular menstrual cycles and physical restrictions.

**Discussion:** The current methods employed by the practice were very effective, as 82% of the target age group had undergone cervical screening. However, focused patient education, offering evening and weekend opening times and sending regular reminders can be discussed.

**P052  Emergency contraception: knowledge and attitudes among Arab women**

*Syed Irfan Karim; Farhana Irfan*

*King Saud University, College of Medicine, Riyadh, Saudi Arabia*

**Aims:** To assess the knowledge and attitude towards the use of Emergency Contraception(EC) among married women of child bearing age who were attending Family Medicine clinic in Riyadh, Saudi Arabia. This is a Cross-sectional descriptive study.

**Impact:** This study focuses on the knowledge, attitudes, beliefs and barriers towards EC in the area of research in the Kingdom of Saudi Arabia. It will offer a valuable information for reproductive health planners intending to improve the national family-planning services. A questionnaire based survey was administered to the 242 married women assessing attitudes towards Emergency contraception use in relation to knowledge and barriers.

**Outcomes:** Of all the women interviewed (n=242) 73.1% were “house wife” and only 15 (6.2%) showed some knowledge of emergency contraception. Two thirds of participants (72.3%) stated that nothing could be done after unprotected intercourse. Family members (57.15%) were the major source of information for most of them. About 73.3% favored that EC should be widely advertised. In the decision-making process about 80% would discuss with their partners and mutually decide. Only 20% expressed feelings of shyness as a barrier to purchase it and only 13.3% have objection due to religious values. About 73.3% are worried about medical side effects and expressed this as a major hindrance to its use.

**Discussion:** Lack of patient awareness is one of the causes for underutilization of EC health care professionals were the least reported source of information, which is a cause for concern. Providing free and accessible services to promote awareness is recommended, by keeping view the social norms and Islamic values. These findings are useful for health authorities and health service planners who are interested to take up the challenge, both globally and within SA.
**P053**  A study of the use of Implanon at an inner city GP surgery

*Katy Gines*

*South Worcester GPVTs*

**Background:** Subdermal contraceptive implants are a reliable method of contraception lasting three years. However many women report unwanted side effects, mainly irregular bleeding and have the implant removed early.

**Method:** 47 patients were identified who had an Implanon inserted between July 2009 and February 2011 at a GP surgery in Worcester. Their notes were reviewed to determine how long they kept the Implanon for and the reason for removal.

**Results:** The average duration of treatment was 23.7 months (range 8 days – 40 months). Only 9% of patients had the Implanon removed within the first six months. 38% of patients kept the Implanon for more than 30 months. The most common reasons for early removal were bleeding problems (58%) and a desire to conceive (18%).

**Conclusion:** Implanon is a very effective method of contraception but patient side effects and tolerance varies. Bleeding problems are the most common reason for early removal. 9% of patients kept the Implanon for less than six months – this may indicate more counselling is required before insertion.

**P054**  The management of mental health in pregnancy: A survey of GPs

*Ella Rogers; Danya Bakhbakhi; Rachel Liebling*

*University of Bristol*

**Aim:** To investigate how antenatal mental health is managed in primary care.

**Content:** The findings from an online questionnaire sent to GPs.

**Relevance/impact:** Mental health problems during pregnancy can have serious consequences to the long term outcomes of the mother, family, and baby.

**Outcomes:** 252 GPs were contacted from 38 practices. 43 GPs replied, giving a response rate of 17.1%. 44.2% stated that they saw a pregnant woman with a mental health issue at least once a month or more. 97.56% reported seeing depression and 80.49% anxiety in pregnancy in the last 6 months. 58.13% seek advice and 55.56% refer at least one in four pregnant women they see with a mental health issue. Respondents felt most confident managing depression (7.42) and anxiety (7.23) and were least confident in managing schizophrenia (2.42) (1=Not at all confident and 10 = Very confident). Respondents were most aware of the risks of prescribing medications in pregnancy for depression (8.02) and least aware for schizophrenia (5.98) (1=very uncertain, 10 very aware).

**Discussion:** GPs report seeing patients with mental health problems in pregnancy regularly. They feel confident in managing mental health conditions that they see frequently, but are not as confident in managing those that they see less frequently. A similar pattern emerges for the prescribing of medications during the antenatal period. This highlights the need for additional education of GPs and furthermore the implementation of a specialist perinatal mental health service for GPs, to seek advice and refer patients.

**P055**  A rare vulval tumour masquerading as a recurrent Bartholin’s cyst: Case report and literature review

*Margaret Mascarenhas; Huyam Abdel Salam; Marie Metelko; alaa El-Ghobashy*

*The Royal Wolverhampton NHS Trust, Department of Gynaecological Oncology; Royal Shrewsbury Hospitals NHS Trust, Department of Pathology; Royal Shrewsbury Hospitals NHS Trust, Department of Clinical Radiology; The Royal Wolverhampton NHS Trust, Department of Gynaecological Oncology*

It is essential for doctors to take a thorough history and perform a structured examination when patients present with a vulval lesion, as with any other presenting complaint. Whilst it is true that ‘common things are common’, there are certain circumstances whereby clinicians should exercise extra caution. This is particularly true when a patient re-presents with the same symptoms.

This is a case report of a rare vulval neoplasm which was initially treated as a recurrent Bartholin’s cyst. The patient had conservative treatment, followed by drainage and marsupialization. At the third presentation, the patient had a biopsy. The final diagnosis was a low grade myxoid chondrosarcoma.
Extraskeletal primary myxoid chondrosarcoma is a rare vulval neoplasm. It tends to recur after a prolonged remission. Most of the recurrences occur in the lungs. There is little available information in literature about its behaviour and treatment. To date, only a few cases have been reported in the literature. This report includes the steps that led to the diagnosis in this particular case, as well as the multi-disciplinary management and follow-up. A summary of the current cases reported in the literature is also presented.

P056  White coat hypertension and severe pre-eclampsia in pregnancy: a case report

Joshua Burke; Phillip Lewis
The University of Manchester Medical School; Steppinghill Hospital, Stockport, Manchester

Background: Blood pressure and its control often dictate the length of gestation yet, the classification and management in pregnancy differs internationally, from guideline to guideline. Particularly in the United Kingdom, there are no guidelines associated with white coat hypertension in pregnancy and such management in the community is often avoided.

Aims: This report describes a case of pre-eclampsia where a diagnosis of gestational white coat hypertension was vital in management of the patient in her own home and prolonging gestation.

Results: Average clinic blood pressure over the 19 week consultation period prior to delivery was 168/109mmHG compared to the home blood pressure monitor average of 128/81mmHG. The patient was treated with Oxprenolol when at 35 weeks 2 days the patient noticed a sustained rise in home blood pressure to 180/100mmHG which resulted in admission and early delivery of the fetus.

Relevance: It is clear that white coat hypertension needs to be differentiated from true gestational hypertension and managed accordingly in pregnancy. Undoubtedly, HBPM was advantageous in this instance, despite the lack of validation of the chosen home blood pressure monitor in pregnancy.

Discussion: Threshold systolic and diastolic readings should be made explicit by national guiding bodies and white coat hypertension in pregnancy should be defined. Diagnosing white coat hypertension, enabling patients to monitor their own blood pressure at home with or without initial ambulatory blood pressure monitoring and using this to guide management may reduce unnecessary treatment, hospital admission, prolong gestation and decrease anxiety throughout pregnancy.

P057  Maternal and fetal death following Group A Streptococcal Meningitis in mid-term pregnancy

Venothan Suri; Sayinthen Vivekanantham; Nadeesha Muralige; Abdo Kamaledeen; Penelope Law
Devonshire Lodge Practice; Imperial College London; Imperial College London; Kings College London; Hillingdon Hospital

Background: Group A streptococcal (GAS) meningitis is rarely seen in the antenatal period, but is associated with significant mortality. We present a case of a mid-trimester woman who developed fulminant meningitis following a rapid onset atypical presentation of infection with this organism.

Case: A multiparous 23+5 week woman presented with a 10 day history of a cough associated with pyrexia. Within minutes of her admission, she collapsed with loss of consciousness. She had visited her GP three days before with a cough and fever. She was advised rest and fluids and no antibiotics were necessary. Sepsis syndrome was suspected and a multidisciplinary approach was initiated. She was managed empirically with broad-spectrum antibiotics and mannitol for suspected infection and raised intra-cranial pressure, respectively. A CT head revealed diffuse oedema with coning of the cerebellar tonsils. Brainstem death was certified within 19 hours of admission and fetal death ensued. Post-mortem bacteriology confirmed GAS meningitis.

Conclusion: Through raising awareness of this patient, we hope that future policy decisions, primary care and hospital level management will be informed accordingly for treatment of pregnant women with suspected GAS infection. We highlight the crucial role of the primary care physician in safety netting these patients with appropriate follow up. Furthermore, having discussed the inadequacies of the use of the centor criteria in the community setting
for the pregnant patient, we suggest that the threshold should be lowered for investigation and antibiotics for the pregnant pyrexial patient with a cough presenting in the community.

**P058  Efficacy of a non-invasive transcutaneous bilirubinometer in the assessment of neonatal jaundice in primary care**

Anthony Dann; Vishwa Narayan

Withybush Hospital

**Aims:** To evaluate the quantification of serum bilirubin using a transcutaneous bilirubinometer with the standard measurement of blood bilirubin.

**Content:** Evaluation of hyperbilirubinaemia involves the visual assessment of jaundice. Visual estimation is subjective and often inaccurate and can be confounded by skin colour and haemoglobin levels. Neonatal jaundice is commonly encountered in primary care. Hyperbilirubinaemia could lead to kernicterus and subsequent neonatal morbidity and mortality.

**Relevance/impact:** Currently bilirubin measurement requires a capillary or venous blood sample which is invasive, time consuming, results in pain and can cause iatrogenic complications. Noninvasive transcutaneous methods exist but are not widely utilised and could have a valuable role.

**Outcomes:** Twenty-seven prospectively matched bilirubin blood and transcutaneous non-invasive measurements were compared. Fourteen matched samples from preterm gestation below 36 (range 28+3 to 35+4) weeks and thirteen term (range 38 to 41 weeks) samples were evaluated. The median difference between measurements was 28% (SD 12%), and 15% (SD 3%) in preterm and term groups, respectively. Covariance analysis demonstrated a significant variation (P<0.05) in the preterm group. In the term group there was a highly positive correlation between measurements (PEARSON 0.993) and covariance analysis showed acceptable reproducibility of the measurements.

**Discussion:** Non-invasive bilirubinometer in term infants correlates closely with venous sampling and since it is a simple rapid test it makes it a potentially useful adjunct to primary care practice in the assessment of jaundice. However, in preterm infants (gestation below 36 weeks) the bilirubinometer performed poorly and should be used with caution.

**P059  Evaluation of an NHS Juvenile Idiopathic Arthritis (JIA) treatment pathway compared to published international recommendations**

Katherine Green; Marinka Twilt

Birmingham Children’s Hospital

**Introduction:** The ACR recommendations for the treatment of Juvenile Idiopathic Arthritis (ACR-JIA) were published in 2011 with the aim of providing an evidence-based therapeutic pathway for safe and effective JIA treatment. Our aim was to determine the feasibility of applying ACR-JIA to a real-life paediatric JIA cohort and to evaluate the treatment pathway of those children in hospital and the community.

**Methods:** We conducted a retrospective analysis of a single-centre paediatric JIA cohort. This included a review of patient case notes, radiology and drug monitoring data of all children with JIA diagnosed with multi-joint disease since ACR-JIA were published. In total, 30 patients fulfilled ILAR criteria for the diagnosis of JIA: polyarthritis (n=25) and extended Oligoarthritis (n=5).

**Results:** 22 females and 8 males (median age at onset 13, range 1.5-15 years) were included in the evaluation. Median age at disease onset was 10 years (1.5-16), with a median of 12 joints (12-38) active at presentation. 23/30 patients followed the ACR recommendations for treatment according to their disease severity, commencing methotrexate therapy within a median of 6 weeks (3-37) of diagnosis and etanercept (where relevant) within a median of 7 months (3-24) of diagnosis. 7 patients did not follow ACR-JIA guidelines due to experiencing excessive durations between diagnosis and commencing appropriate treatment. One patient did not have safe regular drug monitoring tests.

**Conclusions:** Overall, 23/30 patients followed the ACR-JIA recommendations. This evaluation highlights the difficulty of achieving rapid commencement of new JIA therapies and the challenging of ensuring regular drug monitoring in all patients.
P060  Referrals to children's hospices; knowledge, attitudes and experiences of general practitioners and paediatricians

Adilah Mulla; Gordon Thomas
Keele University Medical School; Trentham Mews Medical Centre

Relevance: It is estimated that each year 20,000 children in England require access to palliative care services. With the number of children's hospices growing steadily over the past 30 years, many children who could benefit from their services are not referred. In 2013, less than 10% of referrals to a local children's hospice came from GPs and paediatricians. This raises the question of whether doctors are aware of the range of services offered by the hospice, the referral process or whether they feel the services may not be necessary.

Aim: To identify areas in the referral process that can be improved to ensure children or families who are potentially able to benefit from referral are offered the opportunity to do so.

Content: An online questionnaire was completed by 27 GPs/57 practices and 21/37 Paediatricians in North Staffordshire. We evaluated their referral experiences, opinions on barriers to referral, and knowledge on who should refer, when to refer, patient eligibility and services offered.

Outcomes: 93% of GPs believed there were opportunities within their role to make a referral, with 22% stating there were barriers such as not being clear about the referral pathway, public perception and lack of experience. 63% also felt their medical training in paediatric palliative care was insufficient.

Discussion: Although paediatric palliative care forms an infrequent part of care delivered by GPs, a greater awareness of the services offered by children’s hospices and the process of referral is required to ensure optimal care for these children and their families.

P061  Sharing treatment information with eczema patients aged 12 years and below

Vera Nakata
University of Manchester

Relevance: Atopic eczema affects up to 1 in 6 children in United Kingdom, and is associated with a considerable reduction in health-related quality of life. Latest National Institute for Health and Care Excellence (NICE) guidelines state that management of childhood eczema is often unsuccessful due to a lack of patient education about treatment regime.

Aims: The primary aim of this 4-week student project was to investigate whether a single general practice team was sharing treatment information with its paediatric eczema patients as per NICE guidelines. Based on the findings, a lay document was to be developed so that relevant information could be more effectively communicated to the paediatric population.

Methods: A questionnaire was constructed to investigate how general practitioners (GPs) at the surgery were sharing treatment information about childhood eczema. To better understand the information needs of paediatric eczema patients, brief interviews were also conducted with 20 pairs of paediatric eczema patients and their parents/carers.

Outcomes: Based on the questionnaire results and interview responses, a child-friendly electronic storybook was developed to explain what eczema is, as well as the different mechanism of action and application instructions of emollients and steroids.

Impacts: Patient understanding of the condition and treatment regime improved after accessing the material. This project reinforced that there are observable benefits from educating paediatric eczema patients about their condition and treatment regime. An age-appropriate interactive storybook was developed which was shown to help healthcare practitioners share such information more effectively.

P062  Recurring neck lumps in a teenager: a case report

Mohammad Ahmad; Valeed Ghafoor; Kamal Sharif
University of Liverpool

Objective: A report of an interesting case of recurring neck lumps arising within a 19 year old, with discussion on the diagnostic dilemma and management.
Case report: A 19 year old male presented with a right sided neck lump. After an initial assessment, the lump was deemed to be from the lymph nodes. After a course of antibiotics, the patient had no more complaints. The lump returned 2 months later at the same sight. After a second course of antibiotics, the lump settled. The patient returned 6 months later with a neck lump in the same position along with otalgia and dysphagia; specialist advice was indicated under the 2 week cancer referral. Specialist advice returned with no signs of underlying malignancy. The lump settled and 4 months later it recurrent with some cystic signs. Specialist advice suggested surgical excision and confirmed a 2nd branchial arch cyst after radiological and pathological diagnosis.

Conclusion: Embryological understanding of the development of branchial arches is important in the management of neck cysts. This avoid unnecessary treatment and delay. Second branchial arch anomalies are most common branchial arch anomalies. Presentation, imaging and fine needle aspiration cytology together aid in definitive diagnosis and management.

Audit

P063  Improving TB screening
Saara Adam; Rishabh Prasad; Zahida Adam; Harsimran Singh
University of Leicester; Willowbrook Medical Centre; University of Leicester

Background: The TB incidence in England is 16/100,000 cases per year, locally this is drastically higher at 56/100,000. A link was established between practices with the highest number of TB cases and the highest number of immigration registrations from high-incidence TB countries. Although the highest incidence is in sub-Saharan Africa, in the UK 48% of TB cases are from those born in India or Pakistan.

Limitations of current screening: NICE recommends local TB services screen new entrants for LTBi from sub-Saharan Africa or countries with TB incidence >500/100,000. This only acknowledges the very high-risk countries. The majority of TB from non-UK born cases are from countries where the incidence is <500/100,000, specifically India and Pakistan. Immigrants from these countries are being missed. Lowering the threshold to countries with a TB incidence >150/100,000 would detect 92% of LTBi cases.

Intervention: The introduction of an additional screening stage at the point of registration with the GP. A retrospective audit over three months identified seven patients who had not been offered screening. Of these, five were referred and two declined screening.

Reflection: Results from the audit suggest that a simple IT intervention can improve the quality of patient identification for TB screening, thus reducing the number of missed cases and aid the prevention of TB locally. A potential future study including the offer of educational, self-referral slips to patients that decline screening, may contribute further to reducing TB cases locally.

P064  Have all eligible patients received the shingles vaccination since it became available on 1st September 2013? An audit.
Sarah Ellis
Manchester Medical School, The University Of Manchester

An audit was carried out at an inner city GP Practice in the North West of England in order to determine whether 100% of eligible patients had received the herpes zoster vaccination since the beginning of the programme on the 1st September 2013 when it was made available to those aged 70 years as part of a routine programme and to those aged 79 years as part of a catch-up programme.

This audit was undertaken as herpes zoster vaccination was only recently introduced and is just reaching the end of its first year. The department of health specifies that this is a service that should be offered in primary care and the audit had never been performed before at this practice therefore after consultation with the practitioners this topic was decided upon.

Overall 75% of eligible patients had received the herpes zoster vaccine. Further breakdown of the results indicated that 62.5% of patients eligible to the vaccine as part of the routine programme had received it compared to 100% of those in the catch-up programme.
Discussion around barriers to vaccination resulted in proposals for the future in order to ensure maximal uptake. This includes ensuring relevant health care professionals are trained regarding the correct read coding and inputting of data into the computer system; different methods of patient education regarding the shingles vaccination; resending of invitation letters to eligible patients who have not already attended for vaccination as well as re-audit in 12 months’ time.

P065 Improving the uptake of the influenza vaccine amongst children with asthma

Charlotte Reddick; Kaushik Chakraborty
Salford Royal NHS Foundation Trust; The Lakes Medical Centre, Swinton

Background: Influenza is a common contagious respiratory illness caused by the influenza viruses. Individuals with chronic respiratory conditions are at greater risk of developing serious complications. UK policy is to immunise those at higher risk, including individuals with asthma. However, the uptake of the influenza vaccine amongst patients with respiratory disease is only 50-52% nationwide. Recent Public Health England recommendations stress the importance of parents of children with asthma understanding the protection offered by the vaccine.

Aims: To review the uptake of the influenza vaccine amongst children with asthma in one primary care setting.

Methods: Children (6 months – 17 years) with asthma were identified using the practices’ computer database and uptake of the influenza vaccine was recorded using a spreadsheet. A subset of 30 patients who had not received the vaccine were randomly selected, and telephone interviews explored parental understanding and views regarding immunisation.

Results: 82.5% of patients had been invited for immunisation. Only 28.5% of eligible patients received the vaccination. The most common reason for non-vaccination was being unaware of eligibility. This was followed by parental opinion that the immunisation was not necessary. Conclusions: Public Health England aims to vaccinate 75% of children with asthma. To improve vaccine uptake clinicians should remain mindful of barriers – including knowledge of vaccine eligibility, benefits and potential side effects. Practices should consider a comprehensive approach to increasing immunisation rates – providing clear written information, in addition to reminders such as text messages, posters at schools and surgeries and verbal information during consultations.

P066 Improving immunisation uptake in children under two: an example from a rural practice

Aiesha Sriram; Paul de Cates; Elizabeth Jones
University of Warwick

Aims/objectives: To identify how many children aged 24 months or under were behind the national schedule and review for follow-up.

Content: The immunisation schedule of childhood vaccinations is designed to provide early protection against the most dangerous infections. This is based on age-specific risk of disease and the ability to respond to the vaccine. The schedule should therefore be followed as closely as possible. An audit of immunisations in a rural practice found 96% vaccination coverage for children aged < 24 months.

Relevance: The findings of this audit provide an excellent example of how multidisciplinary team work and good communication can achieve better care for patients.

Outcomes:
• 91 children aged ≤ 24 months were identified: 44 < 12 months; 41 between 12 – 23 months and 6 aged 24-36 months. 9 children were identified who were behind on their immunisations
• 2 of these were <2 months. 5 out of 7 were behind on 2 or more vaccines.
• All children 24-36 months were up to date with their immunisations. Of the 5 children aged <12 months who were behind on 2 or more vaccines, all 5 had booked appointments with a practice nurse for immunisations in the next 14 days.
Discussion: The method used to implement childhood immunisations, is achieving 96% vaccination coverage in children under 2. This poster will discuss how co-ordination and communication between the practice nurses, health visitors, GPs and patients can improve vaccine uptake.

P067  An audit into the diagnosis and management of urinary tract infections in children in a primary care setting

Roisin Borrill
University of Manchester

Background: Urinary tract infections (UTIs) in children are a common problem within primary care with variable and often non-specific presentations. Furthermore, there can be long term consequences for patients if not managed correctly.

Aim: To assess the performance of two healthcare centres in their compliance to NICE clinical guideline 54 issued in 2007.

Method: EMIS was searched for all patients less than 16 years of age who, within a 12 month period, had been diagnosed with a UTI and/or presented with urinary symptoms and/or received a trimethoprim prescription and/or had a urine sample test recorded. Notes were then analysed on the basis of the criteria of the audit.

Results: 115 patients were included. 100% of children presenting with fever over 38°C had urine samples taken and sent for testing within 24 hours. 96% of children presenting with symptoms of a UTI had urine samples taken and tested. For samples taken from children greater than 3 years old, 50% were dipstick tested as first-line. In 73% of cystitis diagnoses and 33% of pyelonephritis diagnoses antibiotics were prescribed for courses longer than the recommendations.

Discussion: Doctors and nurses should be encouraged to test urine samples from all children presenting with symptoms of a UTI, and dipstick testing should be used first-line in all children greater than 3 years of age. Antibiotic prescriptions should follow guidelines at 3 days for acute cystitis and 7-10 days for acute pyelonephritis. Re-audit should take place within 12 months.

P068 Audit: Looking into unnecessary attendances of children to A+E from a multicultural practice in Lonsight, Manchester. Were parents aware of other healthcare services available?

Sohail Nawaz; Naz Ahmed; Almas Agha
University of Manchester; Parkside Surgery

Background: Parkside Surgery, a multicultural practice based in Longsight, were asked to evaluate the attendance of their paediatric patients to A+E and to look into whether these patients could have been managed in a primary care setting instead. Were these attendances necessary?

Aims: To highlight frequent A+E attenders within a set period of time and to establish the reason for attendance. Were parents aware of other settings to take their children apart from A+E and the GP practice?

Methods: We used the NHS database MAGIC to identify paediatric patients at the surgery who had attended A+E within a three month period. We then tried to obtain a reason for the attendance by either looking at the electronic notes or ringing the parents. Parents were asked a series of questions to evaluate their knowledge of other healthcare settings, and parent education was given.

Results: 27 patients were found. The parents of 20 patients were questioned of which 60% were deemed to be unnecessary attendances and 40% were not. 55% of parents were aware of NHS direct, 100% were aware of walk in centres and 10% of patients were aware of the phone number for NHS direct.
**Conclusion:** A significant proportion of patients were deemed to have attended A+E unnecessarily. The practice needs to increase its awareness of other healthcare providers in order to manage A+E attendances more effectively. Patient education is key.

**P069 Reducing inappropriate antibiotic prescribing in Upper Respiratory Tract Infections (URTI) in children in an inner city general practice**

Hannah Baird; Thomas Cufflin

*The Arch Medical Practice*

**Aim:** Research indicates that up to 75% of antibiotics prescribed for children with an upper respiratory tract infection (URTI) in primary care, are unnecessary(1) and that increasing antimicrobial resistance is related to of overprescribing of antibiotics(2). This project aimed to reduce inappropriate antibiotic prescribing for children presenting with sore throat and ear pain by 50% by March 2014.

**Method:** A retrospective analysis identified the number patients coded as presenting with ‘sore throat’ or ‘ear pain’ over an 8 month period and the number when compared with NICE Guidance were found to have been incorrectly prescribed antibiotics.

Discussion with clinicians identified common themes including: a lack of clear guidance, lack of knowledge, parental expectation, and a fear of complications. Three approaches were then implemented: Firstly, during a practice meeting with all the clinicians, we discussed the evidence base for antibiotic prescribing in URTI. Secondly, we produced a clear set of local guidance, combining the latest NICE guidance and HPA information. Finally, a parental leaflet was created explaining URTI in children the role of antibiotics.

**Outcomes:** Prior to intervention the overall rate of incorrect antibiotic prescribing was 89% for ‘ear pain’ and 11% for ‘sore throat’. Immediately after intervention the rates of incorrect antibiotic prescribing fell sharply to 30% and 8% respectively.

**Discussion:** Through identifying key concerns and implementing simple interventions to approach high prescribing rates, significant improvement was demonstrated. It is however important to continue education and data analysis, to ensure that change is sustained.

**P070 Re-audit of the NICE guidelines on feverish illness in children: CG160**

Lucy Duckworth; Roisin Jordan; William Taylor

*Lordswood Medical Practice, Birmingham*

**Aims/objectives:** To see if after presenting the initial audit with recommendations and introducing a template for GPs to use, whether this has led to an improvement. To see if in the re-audit we have improved adherence to the NICE guidelines in routinely assessing children with a fever (documenting respiratory rate, pulse, capillary refill and temperature) and safety netting parents with appropriate information.

**Content:** Retrospective audit, identifying all children seen after 3pm during a two month period. Identifying whether the four parameters were documented in the notes reviewed.

**Relevance/impact:** The four parameters should form part of clinical assessment; this is helpful if documented for when the child is later reviewed by a colleague. Medico-legally documentation is very important.

**Outcomes:** Individual parameters are being recorded more frequently. An improvement with 23.1% of the notes having all four parameters recorded an increase from 5.0%. Documented safety netting has also increased.

**Discussion:** This improvement in recording all four parameters is predominantly due to the use of the template, as when it is used all four parameters are documented.

**P071 Assessing the quality of GP referral letters to the Children Admissions Unit (CAU)**

Shahad Bashagha; Refat Parveen

*Leicester Children’s Hospital, LRI, UHL*

**Introduction:** A GP referral, made via telephone or letter, is a process in which patient information is shared between a GP and the specialist. Referrals can vary in quality and a high quality referral is essential to good clinical care.
Aim: To assess the quality of GP referral letters to the children’s admissions unit (CAU).

Methods: A total of 35 paediatric patients admitted to the CAU over 7 days were audited. A proforma was developed using current guidance from SIGN and the King’s fund. The following key details were required from the referral letter – demographic details, history, clinical examination including observation, diagnosis and reason for admission.

Results: Of the 35 patients, 8/35 (23%) had a letter written to CAU, 23/35 (66%) had a GP record summary (GPRS) sent and 4/35 (11%) had neither sent. All letters and GPRS included demographic details and clinical history. However, past medical history was less likely to be included – GPRS 61% & letters 88%. Most included a clinical examination (GPRS 96% & letters 88%), however, observations were often omitted with no observations included in the letters and only 9% of GPRS stating them. A diagnosis was recorded in 74% of GPRS and 50% of letters. Reason for admission was only included in 57% of GPRS and 63% of letters.

Conclusion: Overall, the quality of referral letters was variable and most omitted a key clinical component – observations. We recommend developing local guidelines to GPs stating the necessary details required for a referral letter to CAU to improve quality.

P072  Child protection - caring is information sharing

Katherine Green; Helen Morris
Birmingham Children’s Hospital

Introduction: A large proportion of children with potential safeguarding concerns present to A&E, where clinicians unfamiliar with the child must ensure their safety with scarce background information. Contacting local Social Care is one method employed to gather or share information. We assessed how this informs management of children at a paediatric Emergency Department (ED).

Methods: The medical proformas for all ED attendances at a paediatric hospital during a fortnight period in summer 2013 were reviewed and potential safeguarding cases identified. The ED notes for these patients were analysed and assessed for documentation of rationales, whether a return call was awaited, senior reviews and resolution of the child’s management.

Results: Approximately 1.7% of all ED presentations involved safeguarding concerns, with 21/1296 admissions entailing a call to social care. Of the documented calls made for advice or information, 62% (n=13) awaited a return call, 29% (n=6) did not, and 9% (n=2) had no return call. The management outcomes of the cases were: discharged without action (n=1), discharged with social care referral (n=6), discharged with paediatric liaison health visitor (n=15), admitted (n=3), and other (n=2). A rationale for clinical decision-making was considered adequately documented in 62% (n=13) cases, with a documented senior review in 81% (n=17) cases.

Conclusions: Documentation of safeguarding concerns, local social care dialogues and management resolutions was poor. The social care telephone call did not appear to benefit or alter patient management with 1/3 children discharged without social input. Many safeguarding issues remain to be identified and managed in the community.

P073  Initial health assessments for looked after children

Ximena Poblete; Amar Jitu Shah
North West London Hospitals NHS Trust

Aims/objectives: Under the 1989 Children’s Act, a child is legally defined as ‘looked after’ if they are accommodated for more than 24 hours by the local authority. These children require an initial statutory health assessment (IHA) by a medical practitioner within 28 days of coming into care. Locally, IHA’s are carried out by paediatricians. The aim of this audit was to review the IHA referral process and health issues identified.

Content: The presentation outlines the local referral pathway of social care referrals to looked after children (LAC) clinics, with an emphasis on timescales, information provided and issues of consent. It highlights a wide range of health problems requiring input, particularly from primary care, as part of multidisciplinary support.

Relevance/impact: This audit confirms the wide range of unmet health needs of LAC and contributes to the understanding of community inter-agency support.

Outcomes: Mental health was the main concern identified in health plans as 93% of children presented with emotional and behavioural difficulties. Although all children were seen with consent for the examination, only 7% of
IHA’s were carried out with sufficient health information available to the clinician as parents were rarely present (28%).

Discussion: The paucity of data with which IHA’s were carried out impacted in the quality of assessments. It raises the question as to whether these assessments can be carried out in the community by GP’s, who may know the family, have further information available, and can contribute to support in the community.

P074  Looked after children: supporting them to reach their full potential in general practice

Rebecca Harrison; Rachel Lindley
University of Manchester

Background: It is estimated that around 60% of children and young people who are looked after in England have emotional and mental health problems. Their outcomes in all aspects of life, including health, have been found to be consistently poorer than those children who have never been in care. Every health care professional, including GPs, have a role to play in helping looked after children (LAC) overcome these disadvantages and reach their full potential.

Aims: Audit the adherence of a large primary care practice to current NICE quality standards on the care of LAC.

Methods: Data was collected from the EMIS computer system and communication with health care professionals. This was used to assess whether LAC were correctly coded on the system, whether they were up to date with their immunisations and whether their statutory health assessments were documented.

Results: 10 LAC (0.08% of the total practice population) were identified through a database search and communication with health care professionals at the practice. 30% were correctly coded on the system. 57% were not up to date with their immunisations. 100% of LAC had their statutory health assessments documented.

Recommendations: A large proportion of this vulnerable group were not coded on the EMIS system correctly. The addition of a protocol for coding LAC would alert health care staff at the practice to potential unmet health care needs of LAC during consultation, e.g. lack of immunisations.

P075  Identifying factors that lead to delayed diagnosis in children with Type 1 Diabetes Mellitus

Katie Long; Tasneem Kapasi; Aashiya Ali
North West London Hospitals NHS Trust

Background: Diabetic ketoacidosis (DKA) is the leading cause of the death in children. Approximately 25% of children presenting with a new diagnosis of type 1 diabetes (T1DB) are not diagnosed until they are in DKA with this number remaining unchanged over the last 20 years. Timely diagnosis and referral should be made for any patient presenting to a healthcare professional with these symptoms.

Objective: Identify factors which lead to delayed diagnosis in children with diabetes in our area.

Method: Retrospective study from Jan-Dec 2013 looking at all children diagnosed with T1DB using hospital notes. Analysis of possible factors related to delay in diagnosis.

Results: 10 patients included within study. 50% had delayed diagnosis due to wrong diagnosis (4) or wait for diagnostic tests (1). Main differences between two groups were in median range (delayed group 7, immediate referral group 11) and variation of symptoms. Similar results were found between delayed diagnosis and immediate referral for those presenting in DKA, symptom duration and family history of diabetes.

Discussion: An unacceptable number of delayed referrals of children with T1DB are made within our local area. Our recommendations include education to local healthcare professionals on the recognition of T1DM in young children, the urgency of referral to acute paediatric care and a change in hospital emergency department policy to include routinely checking finger prick glucose levels in children under 2 years of age particularly if presenting with vomiting.
**P076** An audit of the use of the HbA1C test to identify patients at high risk of developing type 2 diabetes in primary care

**Jack Murrell**  
*The University of Manchester*

**Background:** Type 2 diabetes is associated with considerable morbidity and mortality and is creating an increasing financial burden on society in the UK. The 2012 NICE guideline on preventing diabetes suggests the use of the HbA1C blood test to identify patients at high risk of developing the disease (pre-diabetes).

**Aims:** To establish how many patients registered at a GP surgery were pre-diabetic according to their HbA1C results, and whether they had received appropriate lifestyle advice and follow-up.

**Method:** A search of electronic practice records identified non-diabetic patients with an HbA1C of 42-47 mmol/mol between 10/12/2012 and 10/12/2013. These patient’s records were analysed to see whether the results had been noted to signify high risk of developing diabetes; the correct advice was given; and follow-up arranged in accordance with NICE guidance.

**Results:** Of a total of 40 patients at risk, 30 (75%), had results labelled normal with no advice or follow-up, highlighting a need to improve awareness of the guidelines amongst the practitioners at the surgery. A re-audit seven months later revealed that out of a further 32 patients with a pre-diabetic HbA1C result since the original audit, 26 (81.3%) received appropriate advice, reflecting an improvement in practice.

**Conclusion:** Measures introduced included a new, universal, pre-diabetes read code; a flow chart for the practitioners detailing the management of patients with suspected diabetes; and the addition of reference values for pre-diabetes accompanying HbA1C results from the local hospital laboratory. Introducing similar measures may help other GPs identify and manage patients with pre-diabetes.

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**P077** A clinical audit on the management and care of type 2 diabetics ≤ 60 in a primary care setting

**Kokul Sriskandarajah; Robin Davies**  
*University Of Liverpool Medical School; NHS West Cheshire CCG*

**Background:** Type 2 diabetes is a significant metabolic disorder occurring as a result of relative insulin deficiency. It is a major health problem worldwide, being described as a ‘global pandemic’ by WHO. Consequently a clinical audit on, 50 out of a possible 300 (~17%), type II diabetes was conducted at a busy general practice.

**Aim:** This audit was performed to observe whether the main targets, set out in the NICE guidelines, were being met. The study was limited to diabetics < 60 yrs of age because of this age-group’s vulnerability to diabetic complications in the future.

**Method:** An online search was conducted to research on the topic of type II diabetes, in order to create 12 defined standards which aligned with NICE guidance. The EMIS web patient database, at the practice, was then exploited to collect data on each standard for further analysis.

**Results:** Scrutiny of the data showed that 6 out of the 12 standards were unmet, but markedly those of HBA1C and total cholesterol levels, as well as attendance to retinopathy checks were considerably below expected.

**Discussion:** Reasons for such underachievements were investigated, and the main conclusion reached was that patient lifestyle and disease understanding may have had some influence on the results.

**Conclusion:** The unmet standards were discussed and recommendations given as appropriate; mainly that of improving communication with patients, making sure they understand about the help and advice available to them. This audit outlines the importance of diabetes health education and how national improvements are required.

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**P078** A review of BMI: preventing Type 2 Diabetes Mellitus in Asian patients

**Rebecca Ward**  
*University of Birmingham Medical School*

**Aims/objectives:** To review whether recent NICE (National Institute for Health and Care Excellence) guidelines concerning new BMI (Body Mass Index) targets in Asian patients have been utilised by General Practitioners.

**Background:** In July 2013 NICE released new guidelines on BMI targets for Asian patients. Evidence now gathered confirms that Asian patients are at an increased risk of Type 2 Diabetes Mellitus (T2DM) at the same BMI level as
their Caucasian counterparts. NICE has therefore recommended using lower thresholds of BMI to prevent T2DM in Asian patients where 23kg/m² or above indicates increased risk of developing T2DM and 27.5kg/m² and above indicates high risk.

Relevance: Diabetes uses 10% of the NHS budget and with an ever increasing and aging population it is important to prevent such diseases. Lifestyle modifications such as exercise and maintaining a healthy weight can help prevent T2DM. Medical records of 125 Asian patients in an inner city GP practice whose BMIs had been measured within the last 12 months and were between 23-30kg/m² were looked at to see whether they had received lifestyle advice.

Findings: The results of this audit show that Asian patients who are at an increased risk of developing T2DM are not receiving appropriate lifestyle advice unless they have other healthcare conditions that are also affected by their lifestyle. This is perhaps due to the guidelines being new; but further promotion of these new BMI ranges should be done to help prevent T2DM.

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P079  Audit of statin use in patients with type 2 diabetes in general practice

Miriam Barclay; Bushera Choudry
Manchester University; Walkden Medical Centre

Introduction: The risk of a first cardiovascular event in subjects with Type 2 Diabetes (T2D) is similar to that in non-diabetics with a previous cardiovascular event. NICE guidelines recommend almost all Type 2 Diabetics are prescribed a statin.

Aims: To audit statin use in subjects with diabetes at the Walkden Medical Centre.

Method: An EMIS search was conducted identifying all patients with T2D, demographic, cholesterol assay data, and statin usage status. For those patients not currently on statin therapy data on cessation indication in previous users, and reason for not using a statin in never-users was identified.

Results: 480 patients with T2D were identified of whom 70 (14.6%) were not currently on statin therapy. 33 of these 70 had previously taken a statin. 47% had cessated due to side effects. 37 had never been prescribed a statin and 73% of this group had no reason documented as to why not.

Discussion: Patients who had never been on a statin were considered to be at risk group. The audit findings were presented to the clinicians and it was decided that all patients in this group should be reviewed and invited to come to the surgery to discuss statin therapy. In those who refuse or who can’t tolerate a statin, this should be documented in the notes.

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P080  The delivery of a patient information leaflet to patients with advanced diabetic foot disease improves their knowledge of foot care

Sarah Blagden; Allen Edwards
Queen Elizabeth Hospital Birmingham

Aims: To assess understanding of foot care in patients with advanced diabetic foot disease, and to re-evaluate this after the delivery of a patient information leaflet.

Methods/audit content: A questionnaire assessing understanding of diabetic foot care against the National Institute for Health and Care Excellence guidance was delivered by interviews to twenty vascular surgery inpatients. Participants were given a patient information leaflet and delivered the same questionnaire by telephone eight weeks later.

Relevance/impact: 15% of diabetic patients develop foot ulceration, leading to infection, amputation and quality of life impairments. This could be limited by patient awareness and personal foot care. Regularly delivering patient education is time-consuming and potentially unfeasible. Patient information leaflets could be a cheap and practical education method.

Outcomes: Twenty patients undertook initial interviews, of which 60% had foot ulceration and 40% were unilateral amputees. 45% of patients knew that they should monitor their feet for skin changes and 50% knew not to walk barefooted. 45% were aware of neuropathy and its consequences and 65% knew which symptoms should trigger medical attention. Twelve patients participated in follow-up. 83% knew that they should check their feet for skin changes and 67% were aware of neuropathy and its consequences. All knew which symptoms should prompt medical consultation and to avoid walking barefoot.
Discussion: Baseline patient knowledge of foot monitoring, neuropathy and concerning signs/symptoms was poor. Provision of a simple patient leaflet improves understanding in these areas and could be deployed in a wide range of settings.

P081 An audit of the management of patients with impaired glucose tolerance in Craigmillar Medical Group

Faye McWilliam; Walter Jamieson
NHS Lothian; Craigmillar Medical Group

Objective: To follow-up a previous audit to ascertain how many patients of Craigmillar Medical Group had impaired glucose tolerance (IGT) and how many of these patients had received annual follow-up.

Background: It is thought 17% of the UK population aged 40-65 has a degree of IGT. There is risk of conversion to diabetes and elevated hBA1c levels are positively and independently associated with cardiovascular disease. By modifying the risk factors of those with IGT, it is possible to delay, if not completely prevent the onset of disease. Annual follow-up is recommended to assess glucose regulation and cardiovascular risk factors. A previous audit found that only 28% of patients at Craigmillar Medical group received this. The criteria for this audit was: All patients identified as being glucose intolerant should have annual follow-up and review, the standard set to 90%.

Methodologies: Patients were identified via the practice coding system. The IGT code was run through the 'Vision' computer system; yielding 27 patients coded during the period: March 2012 to October 2013. Eight patients were excluded as one year had not passed since diagnosis, leaving 19 patients.

Results: 93% of patients identified were retested within a year. 81% of patients discussed the significance of the result and received lifestyle advice from a General Practitioner. 60% were given a lifestyle management appointment with a nurse.

Conclusions: There has been marked improvement in practice and follow-up since the previous audit. 93% were retested, representing a 72% improvement and it is higher than the standard set.

P082 Diabetes screening in Poly Cystic Ovarian Syndrome

Masoud Amini; Sahadev Swain
Blenheim Medical Centre

PCOS affects as many as 18% of women of reproductive age, and at least 70% remain undiagnosed in primary care. Research shows PCOS is a significant risk factor for developing T2DM and increased cardiovascular disease risk. NICE suggests to screen women with PCOS for diabetes and BMI in those who has certain criteria. In this Audit we studies how well we do the diagnosis, screening for T2DM and further follow ups if indicated and also how well we are following patients weight.

Based on practice size, we should have had 250 patients registered as PCOS, but we have 52. out of these 81% south asian. only 7% of them had no criteria for continuous follow up for diabetes. We showed we had 53% initial blood test and 58% uptodate with regular screening. It also showed there is an average increase of 11.7 in patients BMI. After initiating some changes in our practice, we could improve to 87% of patients with uptodate blood results.

We decided to implement the following policies for our practice:
1. Poster in waiting room to increase awareness.
2. FPG at diagnosis for every newly diagnosed PCOS.
3. CMD risk assessment at the time of diagnosis.
4. Offering weight reduction programme if appropriate.
5. Explaining future long term implications to patients (T2DM, Obesity, HTN) and promoting self care and taking responsibility for their own health.
6. FPG and BMI check at least every 2 years in at risk patients.

P083 Audit of the screening for diabetes in women diagnosed with Polycystic Ovarian Syndrome (PCOS)

Bushera Choudry; Holt Walters
Manchester Medical School
Background: PCOS is an endocrine condition involving high levels of luteinising hormone, androgens and insulin, characterised by hirsutism, acne, alopecia, weight gain, menstrual problems and reduced fertility. Sufferers risk developing insulin resistance and diabetes. NICE’s Clinical Knowledge summaries state everyone should be offered a glucose tolerance test (GTT) when diagnosed with PCOS. Patients with reduced glucose tolerance or those with normal results plus risk factors should be offered a yearly GTT. If their GTT is normal then offer a GTT every 2 years, or measure fasting glucose annually, if this is over 5.6 mmol/l perform a GTT.

Aims: To assess if patients with PCOS had appropriate screening for Diabetes.

Method: An EMIS search was conducted for patients with a diagnosis of PCOS and details of their most recent plasma glucose, GTTs, BMI, family history of diabetes and recent pregnancies were reviewed.

Results: 86 patients with PCOS were identified, 4 patients (5%) were offered a GTT. 22 (25%) women who had BMI>30 or family history of diabetes had plasma glucose tests if not a GTT in the last 2 years.

Conclusion: Patients with PCOS require more screening at the practice. The findings were presented at a practice meeting. We discussed that GTTs for every patient is an unrealistic target, so regular monitoring of HbA1c would be a more prudent choice and offering a GTT to newly diagnosed patients.

P084 Advice regarding vitamin D supplementation in pregnant women, breastfeeding mothers and children under five: an audit of current practice

Ailidh McQuillan; Kalpesh Dixit
University of Manchester; Salford Royal Foundation Trust

Aims/objectives: To establish the proportion of patients at risk of vitamin D deficiency who were advised about vitamin D supplementation in Salford.

Content: Groups at high risk of vitamin D deficiency are pregnant women, breastfeeding mothers and children under 5. In 2012 the Chief Medical Officers of the UK recommended all patients in these at risk groups should be advised to take a multivitamin containing vitamin D. 157 mothers were opportunistically interviewed in well baby clinics. Results showed 82% of breastfeeding and 87% of bottle feeding mothers were advised about multivitamins prenatally. 80% of lactating mothers were advised to take multivitamins while breastfeeding. 68% of mothers were instructed to give their child a multivitamin; however only 42% of mothers were actually giving any supplements.

Relevance/impact: There is room for improvement in advice being given to at risk groups in Salford as 100% recommendation rate was not achieved in any question area.

Outcomes: Rickets and other vitamin D related illnesses are becoming increasingly common in the UK. Because of this, it is paramount that midwives, health visitors and GPs advise 100% of patients in these at risk groups to take vitamins in line with the standard set out by the Chief Medical Officer.

Discussion: During interviews, some mothers noted confusion about shop bought vitamins and lack of knowledge about the Healthy Start scheme. These are both areas that can be tackled during appointments with health visitors and GPs in primary care which could improve uptake of vitamin D supplements.

P085 FIRST prescription of the COCP – are the guidelines being followed?

Gemma Bustom; Emily Ball; Rafiqul Huda; Rosie Field
University of Birmingham

Aims: To assess if prescribers at Rushall Medical Practice (RMP, West Midlands) are compliant with Faculty of Sexual and Reproductive Healthcare (FSRH) guidelines when issuing a first time combined oral contraceptive pill (COCP) prescription. 100% of first prescription COCP consultations should record blood pressure (BP), body mass index (BMI) and smoking status in patients aged 35+. It is good practice to provide advice about long acting reversible contraceptives (LARC), hence this was also assessed.

Method: The EMIS database was used to create an audit with the following criteria: currently registered patients at RMP prescribed the COCP 2/10/2013 to 2/4/2013, excluding all patients who received a COCP prescription prior to this period (thus excluding repeat prescriptions).

Results: 36 patients fulfilled the criteria, age range 12y8m to 49y. 2 patients (5.6%) were aged 35+, both of whom had their smoking status recorded. 86.1% of consultations recorded BP. Only 33.3% of consultations recorded BMI.

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69.4% of prescribers gave LARC advice, although not all COCP prescriptions were for contraceptive purposes (for menstrual regulation instead).

**Conclusion:** Prescribers at RMP are not 100% compliant with FSRH guidelines, despite there being an EMIS template to aid first prescription COCP consultations. This may be due to recent documentation of the patient’s BP/BMI, or simply ‘eyeballing’ the patient to assess BMI. To ensure patient safety, recommendations include: convey audit findings and significance to staff, ensure there are scales in every room, encourage template use, and re-audit in 6 months.

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**P086 Investigating the pre-implantation counselling given to patients before IUS insertion**

**Naz Ahmed; Kevin Dean**

University of Manchester; Heald Green Health Centre

**Aims:** To establish whether patients at a general practice in Manchester are receiving high quality pre-implantation counselling in accordance with NICE guidelines. Is there a link between patients opting for early removal of the IUS and the quality of counselling they received?

**Background:** The intra-uterine system (IUS) is licensed as a form of contraception, to manage idiopathic menorrhagia and to prevent endometrial hyperplasia in patients receiving hormone replacement therapy (HRT). Despite its differing uses, the counselling patients receive before IUS insertion should be the same. Guidelines state this must include information regarding its mode of action, duration and efficacy, as well as possible risks and side effects.

**Methods:** Patients who had the IUS inserted in the last two years were identified using EMIS. These patients’ electronic records were retrospectively examined to see what counselling these patients had been given. This was compared to current NICE guidelines on IUS counselling.

**Results:** In total 29 patients were identified. 22 of these patients (76%) had received counselling which adhered to NICE guidelines. Of these 29 patients, 7 had had the IUS removed within a year of insertion (24%). No relationship was found between the patients who had the IUS removed early, and the quality of counselling that these patients received. Findings were presented and amendments were suggested. These included using a template for all IUS counselling consultations, increasing the duration of appointments for IUS insertion and reminding doctors of the need for thorough documentation of all consultations.

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**P087 Continuation rates and reasons for removal of Implanon**

**Veronica Barry**

Manchester Medical School

The aims of the study were to assess continuation rates with Implanon® and to identify reasons for early removal. A retrospective review of records of patients who had the implant fitted between 01/01/2010 and 31/12/2010 at Pennygate Medical Centre (PMC) was carried out.

177 women had the implant fitted within the study period. Of these, 44 were lost to follow up, leaving a sample of 133 women. Continuation rates were 70% at one year, 50% at two years, and 30% after the maximum three years. The failure rate was zero and no pregnancies were reported. The main reasons for early removal were unacceptable side effects, most notably irregular bleeding, as well as a desire to conceive. Teenage pregnancy rates remain high in Britain creating a significant social and economic burden. Increased uptake of long-acting reversible contraception (LARC) would reduce the rates of unwanted pregnancy. PMC are providing a good service to their patients, and the Implanon® is a highly effective method of contraception which, despite the recognised side effects, shows good overall continuation rates and has been proven to be cost-effective.

PMC were found to be very diligent at giving verbal counselling but very few patients received any written information. Providing more extensive counselling could help to improve continuation rates; patients have been
shown to have better coping mechanisms when they know what to expect. Women who wish to conceive within 12 months should be advised to use an alternative method of contraception.

**P088**  Is the progesterone-only implant removed on time, and does Walkden Medical Centre have a system for identifying patients whose implant is due for replacement?

*Miras Medenica; Bushera Choudry*

*University of Manchester; Walkden Medical Centre*

**Objectives:** To assess if patients who had the progesterone-only implant fitted in the practice had their implant removed at the recommended period of 3 years. To assess if the practice has a system of identifying patients whose implant is due for removal or replacement.

**Methods:** An EMIS search was conducted for those patients who had a progesterone-only implant fitted between 18/06/2008 – 18/06/2011. The patient records were reviewed and the date of implant insertion and if the implant had been removed was identified. The reason for premature removal of the progesterone-only implant was also noted.

**Results:** A total of 32 patients had the implant fitted during the study period. Of these, 9 % of patients had not had their implant removed, 24 % had their implant removed late and 31 % have had their implant removed prematurely. The most common reason for this was irregular bleeding. There is no system for identifying patients whose implant is due for removal, instead the practice relies on the patient to identify that the implant should be removed when the viability period ends.

**Conclusions:** Relying on the patient’s memory could leave a number of patients at risk of unplanned pregnancy. The results were presented at a clinical practice meeting. It was agreed a log-book of implant procedures would be kept and reviewed each month, if a patient’s implant is removed they would be removed from the log, if the patients implant is due for removal the practice will call the patient to make an appointment.

**P089**  Audit on informed consent for intrauterine contraception

*Ravi Patel; Bushera Choudry*

*University of Manchester; Walkden Medical Centre*

**Aims:** Are patients adequately informed about insertion of intrauterine contraception at Walkden Medical Centre. Focussing on specific information given to the patients as set out in The Faculty of Sexual and Reproductive Healthcare’s Guidelines and NICE Long-acting reversible contraception guidelines.

**Methodology:** An EMIS search for all patients who had any intrauterine device (IUD) in the past year. Their consultation notes were examined to find information recorded by the clinician as proof they have adequately informed the patient, which was then crosschecked against the information that NICE recommends.

**Results:** 51 patients were identified in total. 100% of patients had a ‘chaperone offered’, ‘gynaecological exam’. 98% of patients had been told to ‘check threads’, 93% of patients had ‘fertility advice’ and 91% had ‘procedural information’. 2% patients had been told the duration time of the IUD. 0% of patients were told about the method of action of the IUD and contraindications were checked. Other categories were checked as well.

**Conclusions:** The results were mixed with some categories being recorded more than other. It may be the case that the patient was informed about the procedure verbally but not recorded in the consultation notes, which could explain some of the poor results.

**Recommendations:** The findings were presented to the GPs at a practice meeting. A consent form has been produced, this can be printed off and signed by the patient and then scanned back into the patients notes.

**P090**  Challenges faced maintaining patients on 2nd line osteoporosis treatment in primary care: the results of a cyclical audit of patients started on denosumab at Royal United Hospital, Bath

*Tessa Fraser; Alison Maggs; Celia Gregson; Jackie Webb*

*Royal United Hospital, Bath; Royal National Hospital for Rheumatic Disease*

The management of osteoporosis is an important component of good primary care. Denosumab is a second-line treatment for osteoporosis, given by 6-monthly subcutaneous injection. Our audit aimed to assess continuity of care
between treatment initiated in an older person's unit in secondary care, and subsequent primary care dosing, and patient outcomes.

All patients starting denosumab are added to a central register and a specific notice is sent through to their GP. Questionnaires, sent to GPs 3 months prior to administration of the second dose, quantified side effects and the GP's intention to give second and subsequent doses (response rate 66%).

Overall 76 patients (96% female) started denosumab. In 33% the GP had no record of the date on which the first dose was given; 23% were not co-prescribing calcium and vitamin D despite the risk of hypocalcaemia. Only 43% were confident they would give the second injection of denosumab. No adverse reactions were reported, although there were 2 cases of asymptomatic hypocalcaemia.

Despite directed protocols to communicate denosumab initiation in secondary care, GPs remained unaware in many instances, and there was a high degree of uncertainty about subsequent dosing. The questionnaire has now become part of routine clinical practice, acting as a treatment reminder and prompting the offer of 1:1 communication between secondary and primary care in individual cases of uncertainty. Given the rapid rise in bone turnover if denosumab doses are missed, it is very important to ensure systems are in place to avoid treatment omissions.

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**P091 Audit of initiating Hormone Replacement Therapy (HRT) in general practice**

**Emma Lindon-Morris; Bushera Choudry**

**Manchester Medical School; Walkden Medical Centre**

**Introduction:** HRT is used to treat vasomotor symptoms in both perimenopausal and postmenopausal women. NICE in Clinical Knowledge Summaries and the BNF suggest that blood pressure, weight, personal and family history of breast cancer and venothromboembolism (VTE), personal history of cardiovascular disease and the risks and benefits of treatment should be discussed when initiating HRT. These patients should be reviewed after 3 months and once settled, annually thereafter.

**Aims:** To assess the initial prescribing of HRT and subsequent follow up.

**Method:** 34 patients between 40 and 64 years had been prescribed HRT in the practice within the last 10 years.

**Results:** The results showed that the aspects advised by NICE were not well recorded. Less than 15% of patients had any one of their history of breast cancer, VTE or cardiovascular disease documented. Only 3 of the 34 patients had any family history documented. Baseline measurements of blood pressure were recorded in 56% of cases and patients’ weight was recorded in 29% of cases. Less than half the patients were documented to have any education about the risks and benefits. 75% of patients were reviewed within the 3 month time period. 18 of the 34 patients had had a discussion of the risks and benefits of treatment documented.

**Discussion:** Global documentation was poor. These findings were presented in a meeting to all the clinicians, a proforma for all consultations when precribing HRT was agreed and printing a patient information leaflet.

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**P092 Uptake of cervical screening amongst 25-29 year olds: A primary care audit**

**Amy Livesey; Richard Lambert; Jasaman Sidhu; Caroline Green; Jeremy Dale**

**Warwick Medical School, University of Warwick; Arrow Surgery**

**Introduction:** Cervical screening is routinely offered to all women in England aged between 25-64 years. The aim of screening is to detect early changes of cervical epithelium, which may predispose to cervical cancer. Uptake of screening has historically been low amongst those aged 25-29 years, despite an increasing rate of cervical cancer within this group. This audit aimed to analyse uptake of screening in this age group in a small rural practice, compared to national data.

**Methods:** We audited female patients aged between 25-29 years from April 2010 to October 2013. Clinical data was obtained retrospectively from patient records using an EMIS database. Exclusion criteria included previous total hysterecomy and recent colposcopy. The audit standard was set to 80%.

**Results:** 105 patients met the inclusion criteria and were eligible for cervical screening in the time frame outlined. One patient was excluded due to recent colposcopy. Of the remaining 104 patients, 57 (55%) attended the screening programme, whilst 47 (45%) did not.

**Conclusions and recommendations:** Uptake amongst women aged 25-29 was lower than the national average (63%), and the standard of 80% was not met. Current ‘Call and recall’ methods are less effective in patients of this
age, as indicated by higher uptake in other age groups. General practitioners and practice nurses are in a position to opportunistically remind patients if their cervical screen is outstanding and explore any concerns or issues that have led to non-attendance. A re-audit is proposed to determine whether altered practice policy is effective.

P093  Is detection of chlamydia in under 25s meeting national standards in general practice?

Rhianna Netherton; Bushera Choudry
University of Manchester; Walkden Medical Centre, Worsley

Chlamydia testing is simple, quick and free, so why is chlamydia the most common sexually transmitted disease in the UK? Chlamydia can cause multiple health problems both short term (abnormal discharge, dysuria and dyspareunia) and long term (pelvic inflammatory disease and infertility).

The National Chlamydia Screening Programme (NCSP) was created to reduce prevalence. Target GP diagnostic rates were set to annually assess the efficacy of screening programmes. This target is now used to encourage GPs to reach out to those at highest risk and increase the total screening rate.

**Aims:** Evaluate the success of the screening programme in under 25s by comparing the annual diagnostic rate to the target set by the NCSP.

**Methods:** An EMIS search collected data on registered patients aged 15-24 years who tested positive last year.

**Results:** From 28/11/12 - 28/11/13 there was 1 diagnosed case amongst 15-24 year olds against a target of 25 - the practice is under-achieving its target by 24. The low diagnostic rate is partially accounted for by the older age patient demographic of the practice.

**Conclusions:** From the data analysis recommendations were made to improve screening and diagnosis:

- Create a guide advising on how to complete a chlamydia test - give out in a pack from reception.
- Posters in the surgery demonstrating the simplicity of testing.
- Send text reminders encouraging testing.
- In late 2014 a re-audit will assess whether these recommendations have improved the diagnosis rate.

P094  The management of the initial presentation of genital herpetic episode in the Walkden Medical Centre

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University of Manchester; Walkden Medical Centre

**Introduction:** Genital herpetic is a sexually transmitted infection that is characterised by an initial episode of symptoms, followed by intermittent recurrences. Whilst incurable, the symptoms are manageable. The British Association for Sexual Health and HIV (BASHH) provides guidelines on the antivirals, analgesia, sexual advice, follow-ups and referrals to reduce the duration and severity of the symptoms.

**Aims:** To audit the management of a first genital herpetic episode at the practice using BASHH guidelines.

**Methods:** An EMIS search was conducted for patients who had a first presentation of genital herpes in the last 8 years. The medication prescribed, analgesic and sexual advice given, follow-ups arranged, and referral to a GUM clinic was reviewed.

**Results:** 10 patients were identified. Of these 10 patients:

- 9 were given antivirals at the correct dose.
- 4 were given advice, 2 as to analgesia, 1 as to when to admit into hospital and 1 as to abstaining from sex.
- 2 had follow-ups arranged at the practice, both concerning persistent sores.
- 4 had been referred to a GUM clinic.

**Discussion:** The practice did well with the medication, but could improve the advice given, both analgesic and sexual, and the referrals made to the GUM clinic. The follow-ups that were recorded do not include follow-ups that could have been made at the GUM clinic. These findings were presented at a practice meeting and a practice protocol was agreed.

P095  How effective is the communication between primary and secondary care? A retrospective audit of general practitioners’ referral letters

Samantha Worrall; Daniel Hughes; Lorna Fern; Richard Neal
Aims and objectives: We assessed the detail of communication between primary and secondary care. Our objective was to evaluate the adequacy of clinical details included in referral letters.

Content: This retrospective audit was carried out in a single general practice. Following a literature review, we constructed the proforma based on the Scottish Intercollegiate Guidelines Network guideline. We reviewed 100 referral letters, 11 were excluded.

Relevance/Impact: Communication between primary and secondary care is essential for further investigations and management of patients within the appropriate speciality. National guidelines exist to ensure that relevant and appropriate clinical information is included in all referral letters. Inadequate clinical details may prolong the diagnostic time interval adversely affect clinical outcomes.

Outcomes: Eighty-nine referral letters were examined, all letters detailed the presenting complaint and the clinical reason for referral was contained in 99% of the letters. Approximately, 42% (37/89) of letters recorded any formal clinical examination and fewer (38%, 34/89) recorded initial investigations initiated by the general practitioner (GP). Over half 63% (56/89) of GP letters discussed the past medical history and 62% (55/89) recorded current medication, 54% (48/89) documented the clinical urgency of the referral. Further analysis revealed referral letters using the practice’s set template included significantly more clinical information than individually typed referrals (p=0.001).

Discussion: We have shown that following a template improves the clinical detail provided in referral letters. Clear identification of which clinical information is required for an effective referral, will improve communication between primary and secondary care.

**P096  Coding and documentation in general practice**

**Bridget Buckley**

*University Hospital South Manchester*

Background: Properly coding and documenting correspondence between primary and secondary care is an integral part of patient care. If done improperly, important information relating to diagnoses, investigations, treatments, and medications may be overlooked; potentially leading to patient mismanagement and medicolegal difficulties.

Method: Investigators used the electronic notes system (EMIS) to assess whether all letters received by the general practice from secondary care between October-December 2012 had been properly coded and documented. The coding of 4 clinical areas were reviewed: investigation, diagnosis, treatment and medication. In total 30 letters from secondary care were audited. The target for coding and documentation was set at 100%.

Results: The quality of coding varied across the 4 clinical areas. Only 33% of patients had all investigations coded. Those most often not coded were blood, ECG and visual acuity results. Diagnoses were relatively well documented with all diagnoses coded in 92% of cases. One case of early dry macular degeneration and acute kidney injury were not coded. Medication documentation was excellent with 100% of medication documented correctly. Similarly, treatments were also well documented.

Conclusion: This audit demonstrates that this general practice is not attaining the target set for coding and documentation; an oversight which could potentially lead to missed diagnoses and patient mismanagement. Several recommendations were made following this audit: (1) the results of this audit be presented to staff (2) GP’s to highlight important information for coding; (3) coding staff to undergo further training; (4) re-audit in 12 months.

**P097  Telephone consultations in primary care**

**Alicia Pawluk; Rebecca Collins; Gemma Hogg**

*University of Manchester*

Aims/objectives: Internationally, successful telemedicine models have been developed to cope with the increased financial and workload pressures in general practice. These models have shown to improve cost-savings and deliver better patient outcomes. The purpose of this audit was to evaluate the effectiveness of telephone consultations as an alternative to standard appointments in the general practice setting.

Content: An evaluation of the effectiveness of using telephone consultations in general practice.
**Relevance/Impact:** By conducting an in-depth audit on the use of telephone consultations, this report provides the context to help guide the implementation of telephone consultations on a wider scale, both within the UK and internationally.

**Outcomes:** From previous telephone consultations, 94% of patients rated their health care as 7/10 or above, with 51% rating it 10/10. Regarding access to care, it was found that patients are less concerned by continuity of care when they require an urgent appointment. Furthermore, 80% of the doctors surveyed agreed they could implement more telephone consultations, and were happy with the effectiveness of telephone consultations in general.

**Discussion:** The outcomes of this report may be used to guide other general practices to adopt telephone consultations as a viable method to improve their own clinical practice and reduce costs. This audit therefore provides valuable insight into how increasing the use of telephone consultations in primary care can improve patient satisfaction and quality of care delivered by managing patients more effectively.

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**P098  Smart phone apps - GP’s future best friend?**

*Venugopal Yuvaraj*

*Park Medical Centre, Leek, North Staffordshire*

**Introduction:** Doctors are increasingly using smart phones for medical applications (apps) as we integrate technology into daily clinical practice. There are almost 30,000 registered medical apps and can cost between £0-£250 each. This is the first study looking at the use of medical apps among GPs in UK.

**Aim:** To survey the use of medical apps among GPs in North Staffordshire in UK.

**Methods:** A questionnaire was distributed to 200 GPs attending two separate Clinical Commissioning Group meetings during December 2013.

**Results:** 110 questionnaires (M:F=60:40) were returned. 60% of these were GP partners and 16% were salaried GPs. 60% of the responders were aged between 35-55 years. The results showed that 98(89%) of GPs owned a smartphone and among these 60(54%) owned medical related apps. Most GPs (67%) had 1-4 medical apps and 23% had 5-9 medical apps on their smartphone. The main apps used by GPs were emails and calendar (75%), calculator tools (48%), drug formularies (49%) and diagnosis (39%). The most recommended apps by GPs were medical resources (e.g. NICE, BMJ), drug formularies and medical calculators. GPs rated accessibility and functionality as the main reason for using these apps.

**Discussion:** Medical apps have a real potential to aid GPs in delivering effective patient care and improve efficiency in the future. This survey confirms that majority of GPs use apps in daily clinical practice. A validated list of apps for professionals similar to health apps NHS library for patients will help increase GPs confidence in apps usage.

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**P099  A primary care perspective of the ‘Two-Week-Wait’ referral system: audit and service evaluation**

*Patrick Holton; Jeremy Dale*  

*Warwick Medical School, University of Warwick*

**Introduction and aims:** National Institute for Health and Care Excellence (NICE) publish guidelines regarding diagnosis of cancer and referral to secondary care in suspected cases. Such urgent referrals should be made within 1 working day of the decision to refer, and seen in secondary care within 2 weeks. We aimed to audit in one rural practice (registered population 4,700) the efficiency of urgent referral of suspected cancer to secondary care; and then evaluate the outcomes of these referrals.

**Methods:** The practice database was used to identify all 2 week wait referrals during one calendar month (June 2013). There were no exclusion criteria. We then established:

(i) the time elapsed between decision to refer and submission of the referral.

(ii) the outcome of the referral to secondary care. An audit standard of 100% was used for urgent referral of suspected cancer to be made within 1 working day.

**Results:** 23 referrals met the inclusion criteria. Of these referrals, 21 (91%) were made within 1 working day. Overall, cancer was diagnosed in 3 out of 23 patients (13%). The largest group of referrals was to Dermatology (8; 35%). Of those referred to Dermatology, 2 were diagnosed with cancer (25%).
Conclusions and recommendations: The 100% standard set for making 2 week wait referrals within 1 working day was not met. This could be improved by publishing guidelines in each consultation room. We intend to re-audit against this standard after 6 months. The 13% conversion rate is in line with national data.

P100 GP open-access to imaging: a comparison of non-trauma CT thorax, abdomen and pelvis requests made by GPs and hospital clinicians

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Introduction: The Royal College of General Practitioners (RCGP) and Royal College of Radiologists (RCR) support GP open-access to diagnostic imaging as it has shown to provide fast diagnoses with reduced cost and referrals to secondary care. Body Computed Tomography (CT) is an investigation increasing requested by GPs. This study aims to assess whether there was a difference in the diagnosis of abnormalities following non-trauma body CT scans when requested by GPs and hospital clinicians.

Methods: The indications for 200 consecutive non-trauma CT thorax, abdomen and pelvis requests from GPs were compared with 200 requests from hospital clinicians. The indications were also evaluated against the RCR guidelines to assess the appropriate use of the service.

Results: Requests for suspected malignancies formed the majority of referrals from GPs (83%) and hospital clinicians (93%). 56% GPs and 71% hospital clinicians requested CTs which confirmed malignancies. Cancers of the lung, colon and ovaries were the most common malignancies. 76% GP’s and 87% hospital clinician’s referrals complied with RCR guidelines. Non-compliant cases from both groups mainly consisted of weight loss only and unexplained anaemia.

Conclusions: GP and hospital clinician requests for non-trauma body CTs demonstrated a similar frequency of radiologically significant changes. Malignancies constituted most of the cases. Both GPs and hospital clinicians were making appropriate requests for body CT to investigate suspected cases as shown by the high compliance rate to RCR guidelines.

P101 A single practice audit of the efficacy of the two-week wait criteria: revisions needed?

Eugene Tang; Ellen Osborne
Dunelm Medical Practice, Durham

Aims/objective: To assess the efficacy of two week wait (2WW) criteria in managing those with symptoms suggestive of malignancy.

Content: Mortality rates for several cancers in the UK compare unfavourably internationally. The 2WW referral guidelines were designed to be used by general practitioners (GPs) to prioritise referrals. The guidelines have often been accused of low sensitivities/specificities and inappropriate use by GPs. This audit aims to assess all 2WW referrals from a single, three site practice of 11903 patients.

Relevance/impact: 2WW referrals offer relief to patients but inappropriate use can overwhelm secondary care services. We need to highlight areas for improvement so that we can continue to provide these services.

Outcome: 136 consecutive patient records were reviewed between July and December 2013. The mean age of the patients was 57 years (range 18 – 93, 52 males; 84 females). 2WW referrals were made to nine different specialties: lower gastrointestinal (LGI) (n = 32), breast (28), upper gastrointestinal (UGI) (19), gynaecology (14), dermatology (13), ear nose throat (11), respiratory (6), urology (3) and neurology (2). Only ten patients (7%) received a positive diagnosis of malignancy during this period (urology 3, respiratory 3, breast 2, dermatology 1, gynaecology 1). Seven referrals were rejected as being 2WW referrals (n = 5).

Discussion: GPs are referring to the 2WW pathway appropriately with only 4% of referrals being rejected. Investigative findings prompted the majority of positive referrals. Revision of referral criteria, particularly for LGI and UGI referrals may be required to reduce service burden.

P102 Urgent suspected cancer referrals (HSC 205 Pathway) from a general practice in Stockport, UK: audit of compliance with referral guidelines and eventual outcomes

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University of Birmingham

**Background:** Cancer is a major cause of mortality and morbidity in the UK. It is estimated that more than one in three people living in the UK will be diagnosed with some form of cancer at some point during their life. It is widely agreed that late diagnosis of cancer is currently the major contributing factor for the poor survival rates in the UK. A "2-week wait" rule was implemented, which guaranteed all patients with signs or symptoms of suspected cancer, would be seen by a hospital specialist within 2 weeks of a primary care physician requesting an urgent appointment (Health Service Circular 205; HSC 205).

**Aim and results:** This retrospective study observed all HSC 205 referrals made by doctors at a General Practice in Stockport, during a 6 month period between July and December 2012; to assess compliance with referral guidance, and eventual outcomes.

Using patient’s notes, demographical information was collected. The cancer referral request containing symptoms; was then compared to national guidelines. After exclusions, 64 referrals were included in the analysis. 92.2% of referrals were appropriate, and the overall cancer conversion rate was 18.8%.

**Discussion:** It is important to understand that the NICE 2-week referral guidelines will not specifically cover all situations. GPs face many challenges from symptom recognition to service management. With the added threat of naming and shaming GPs with low cancer referral rates from the current health secretary; it is important GPs are well trained and accurate when it comes to managing cancer referrals.

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**P103** An audit of surgical excision of basal cell carcinoma in general practice

**Joshua Burke**

The University of Manchester Medical School

**Background:** Basal Cell Carcinoma is the most common cancer in the United Kingdom and is managed in both primary and secondary care. Recently, there has been a reduction in the number of general practices providing surgical services throughout the United Kingdom. A recent update to national guidance has enabled many practices to continue providing this service despite a lack of evidence comparing management in primary and secondary care.

**Standard:** There are currently four documents which provide guidance on performance of Basal Cell Carcinoma excision in the community.

**Methodology:** All patients listed for excision of Basal Cell Carcinoma were reviewed retrospectively. A total of 44 lesions were analysed, 33 of which were included in the final results.

**Results:** Mean age of presentation was 69.5 years (44 - 94.75 years). Correct clinical diagnosis was made in 64% of cases with a misdiagnosis seen in 21% which may be comparable to the national average. In 6 out of 33 lesions (18%) the size at presentation was not recorded in the patient notes.

**Conclusion:** Risk factors for Basal Cell Carcinoma are not routinely recorded in the patient’s notes. The size of lesion is often not recorded. The practice may see benefit from increased use of punch biopsy prior to excision. From the results of this audit, it may be possible improve the minor surgery service in line with the Community Based Surgical Audit results in due to be published in 2014.

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**P104** Lowering and monitoring serum urate levels in gout

**Maryam Ahmed**

St George’s University of London

**Objective:** Are gout patients, treated with Allopurinol at Furnace Green Surgery, having their serum uric acid (SUA) levels tested and treated to target according to latest guidelines?

**Relevance:** Long-term maintenance of low SUA concentrations prevents development of gout complications, with Allopurinol being first-line treatment. BSR/BHPR recommend target SUA ≤360μmol/l. NICE CKS recommends gout patients on Allopurinol have SUA levels checked every 3 months in first year, annually thereafter.

**Criteria:** ≥80% have SUA ≤360μmol/l, if not within target, a plan noted >90%. ≥90% SUA checked within last year (3/12/12 – 3/12/13). Inclusion: Age ≥18, male/female, past history of gout +/- acute gout flare up in past 12 months (3/12/12 – 3/12/13). Exclusion: first gout presentations in past 12 months.

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P105  **Management of gout in primary care**

**Evelyn Li Ping Lim**  
*University of Manchester*

**Introduction/aims:** Gout has been implicated to be a risk factor for cardiovascular diseases. A recent rise in the prevalence of gout has subjected primary care to being obliged to manage gout efficiently. This study was designed to evaluate the management of gout based on the adequacy of initiation of urate lowering therapies and regular monitoring of disease progression.

**Methods:** Audit criteria were extracted from the British Society of Rheumatology guidelines. A database search of gout identified a cohort of patients from 2010-2013. Patients were subdivided into two groups i.e. prescribed urate lowering therapy (allopurinol) or not. Subsequently, patients started on allopurinol were analysed based on medical records while those not on allopurinol had their follow-ups reviewed.

**Results:** The retrospective study yielded a total of 112 patients with the diagnosis of gout, out of which only 46% of patients were reviewed after an acute attack. Among those who were prescribed allopurinol only 19% achieved target serum urate levels while only 67% had their serum urates checked regularly and 31% had dosage adjustments. Comparatively, of patients not prescribed allopurinol, a few indications for initiating treatment were detected, out of which 29% had more than one attack of gout in a year, 27% suffered from renal insufficiency, 2% presented with tophi while 17% were on diuretics.

**Conclusion:** Gout management among primary care providers is suboptimal. The indifference shown by health care professionals should be addressed accordingly. Therefore, incorporating gout into the QOF system would encourage a more serious outlook for this chronic disease.

P106  **Effective CKD (Stage 3 – 5) detection in primary care**

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*Burton NHS Foundation Trust; Holmcroft Surgery, Stafford*

**Aims:** Effective search and detection of potential CKD patients in primary care using EMIS.

**Criteria and standards:** K/DOQI standards for diagnosis of CKD status: Two consecutive eGFR results 3 months apart and both below 60 ml/min/1.73m².

- Stage-3A eGFR 59-45 ml/min/1.73m²
- Stage-3B eGFR 44-30 ml/min/1.73m²
- Stage-4 eGFR 29–15 ml/min/1.73m²
- Stage-5 eGFR <15 ml/min/1.73m²

**Method:** Using EMIS population reporting in a practice setting of 10560 patients, all registered non-CKD patients previous investigation were searched for two consecutive eGFR results below 60 ml/min/1.73m², and further divided into a potential CKD Stage 3a, 3b, 4 and 5 lists. Patients with only one eGFR reading below 60ml/min/1.73m² were listed separately.

**Results:** The patient lists consisted of, 71 patients with potential Stage-3a and 13 patients with potential Stage 3b, no patients was Stages 4 or 5. 19 patients had only a single eGFR result below <60ml/min/1.73m².
Analysis and discussion: Listed patients had to be individually assessed if eGFR samples were 3 months apart. Once assessed 67% (n=48) of Stage-3a and 84% (n=11) of Stage-3b patients were coded according to their CKD status. 23 (n=22 CKD-3A, n=1 CKD-3B) patients required repeat tests as investigations were not 3 months apart. 2 patients eGFR improved above 60. Repeating the search after 1 month resulted in 3 new Stage-3A and 1 new Stage-3B patients. All single eGFR result patients were advised to have a second test to establish if kidney functions truly impaired. Repeating search at 3 months interval enables further diagnosis of potential CKD patients.

### P107 Urinary albumin-creatinine ratio measurement in general practice

**Bhaveshree Patel**  
*University of Liverpool*

**Aims/objectives:** To audit the number of patients that have had their urinary albumin-creatinine ratio (uACR) checked.

**Content:** 257 patients on the chronic kidney disease register were eligible for uACR measurement. In September 2012, 21% patients had not had their uACR measured in the preceding 15 months. The Quality and Outcomes Framework suggests an 80% target and therefore, a 90% target was set to be achieved at the practice in 3 months. To reach this target, eligible patients were posted letters reminding them to give in a urine sample at the GP surgery for ACR testing. A letter was chosen for the intervention as it is an efficient and reproducible method for re-audit. It also provides patients with written information and gives the surgery the opportunity to contact a large number of patients. Fellow healthcare professionals were also asked to remind patients to have their uACR checked when visiting the practice, thus involving the whole team.

**Relevance/impact:** The uACR is an important investigation for identifying renal function in patients with diabetic renal disease.

**Outcomes:** Following the intervention, 91% of eligible patients had had their uACR measured. Hence, the target set was achieved.

**Discussion:** Following the initial search, additional patients became eligible for uACR testing. Therefore, some patients missed out on the intervention letter, limiting the audit. In the future, multiple reminder letters could be posted throughout the year ensuring that no patients are missed. Opportunistic testing could also be used in the future by setting up computerised reminders.

### P108 Statins and liver function: a retrospective audit

**Sangeetha Sornalingam**  
*St. Andrew’s Surgery, Lewes*

**Aims/objectives:** To audit the performance of an East Sussex GP surgery in measuring liver function tests (LFT) in patients on statin treatment, in accordance with NICE guidelines.

**Background:** Approximately 7 million patients in the UK take a daily statin for either primary or secondary prevention of cardiovascular disease. This number will greatly increase if the updated 2014 NICE guidance is fully adopted to consider statin therapy in those with lower cardiovascular risk scores. A rare but serious side effect of statin therapy is liver damage. To minimize risk of this, guidance advises prescribing clinicians to monitor LFTs at baseline, within 3 months and at 12 months of commencing statin treatment.

**Method:** A retrospective audit of LFT monitoring in patients commenced on statin treatment from September 2012-March 2014 was conducted at a training practice in East Sussex.

**Outcomes:** 82 patients were identified as starting on a statin in the audit period. Looking at these patients only 38% had LFTs checked in the 12 months prior to commencing statin therapy. 46% had liver tests checked within 3 months and only 15% at 12 months. Patients having had checks at 12 months were either taking statins for secondary prevention or had a concomitant chronic health condition requiring yearly health monitoring.

**Discussion:** A new system for identifying patients commenced on a statin has now been implemented and a re-audit planned in one years time. Guidance on interpretation of liver transaminase results, whilst on statins, will be summarised within this poster presentation.
Diagnosis and management of patients with irritable bowel syndrome: an audit of the doctors in a community-based medical practice

Jenna Lakhanji; Michael Capek
University of Manchester

Irritable Bowel Syndrome (IBS) is a functional bowel disorder that affects a significant proportion of people in the UK. Although no serious risk of further GI pathology, this condition has an effect on the physical and psychological health of patients, and NHS resources. Through a diagnosis of exclusion, pharmacological and psychological management can be beneficial to many of these patients. By auditing the doctors of Northern Moor Medical Practice, the appropriate use of diagnostic tests, referrals for red-‐flag symptoms as well as the management of IBS has been evaluated in relation to the 2008 NICE Guidelines. Results show less than 10% of patients diagnosed with IBS in the past three years were given all appropriate diagnostic tests to rule out other GI pathology. Additionally, 20% of patients reporting red-‐flag symptoms were not referred for secondary investigations. Many patients were not given optimal pharmacological treatment for their symptoms and only 1 of 6 patients with persisting symptoms were offered a referral for psychological management, as suggested by the NICE guidelines. All doctors of the practice could be diagnosing and managing IBS more effectively to benefit patients, and the costs to the NHS. Recommendations can be made to adequately diagnose patients by ruling out organic bowel disease, optimally treat symptoms and address the psychological aspects of this psychosomatic disorder.

An audit of the co-prescription of gastroprotective agents with non-steroidal anti-inflammatories in patients at high risk of gastrointestinal complications

Sarah Hutchinson
Warwick Medical School

Aims: To assess general practitioners’ knowledge and implementation of the NICE guidance on co-prescription of gastrointestinal protection with oral non-steroidal anti-inflammatory drugs (NSAIDs).

Methods: 4/6 GPs in a medium sized practice (5773 patients) were interviewed regarding their knowledge of NICE guidance. A retrospective audit of NSAID prescriptions in selected at risk groups during 2013 was undertaken to assess compliance. The audit standard was 90%.

Relevance: Long-term NSAID use is associated with an increased risk of gastric and duodenal ulceration and bleeding in certain patient groups. There is clear NICE guidance on which patients are at risk. There is evidence that this risk is significantly reduced when a proton pump inhibitor (PPI) is co-prescribed with the NSAID, compared to when NSAIDs are prescribed alone.

Outcomes: GPs were broadly aware of the NICE guidance and quoted between 2-5 of the 9 high-risk groups. 146 prescriptions for NSAIDs in high-risk groups were identified. Of these, 88 (60%) were co-prescribed with gastro-protection. Compliance varied from 100% in those with a history of GI bleeding (n=7), to 86% in patients with osteoarthritis (n=7), 80% in patients aged >65 (n=69), 77% in patients with rheumatoid arthritis (n=13), 58% in patients with chronic back pain aged >45 (n=7), to 12% in patients prescribed venlafaxine (n=43).

Discussion: There is a gap in GPs’ knowledge about which patient groups require PPIs. Recommendations include highlighting high-risk groups on clinical software when prescribing NSAIDs and encouraging pharmacy to check for co-prescription when dispensing.

Bronchiectasis - audit of antibiotic prescribing

Nitin Bhalla
Brighton and Sussex University Hospital Trust

Aim/objectives: In accordance with the BTS Guidelines (2010) for infective exacerbation of bronchiectasis, the audit assessed appropriateness of antibiotic prescribing, duration and whether sputum was sent for microbiological testing. In addition, hospital admissions rates and the proportion of patients under secondary care were assessed. Antibiotics were deemed suitable if:

• They were the first line empirical antibiotics as suggested by the BTS guideline
Outcomes/impact: For the period of July 2010 till November 2013, 37 patients were reported to have bronchiectasis, of which 24 had an infective exacerbation during the study period. In total, 60 different courses of antibiotics were prescribed. Of these, only 52% were deemed suitable, with Ciprofloxacin and Doxycycline being the most common culprits of inappropriate antibiotic prescribing. Only 25% were of the correct duration, with an average antibiotic course length of 9.9 days (mode and median were both 7). Of the patients who had an exacerbation, only 42% had evidence of sputum microbiology, 29% had a hospital admission and only 50% were under secondary care follow up.

Following this audit, a local practices meeting occurred. Contributory factors were discussed and as a result, all bronchiectasis patients now have pop up reminders when their history is opened. As well as this, local guidelines for primary care physicians are being produced.

P112  Audit on the safe and effective prescribing of disease-modifying anti-rheumatic drugs in general practice

Omar Mahmoud
University of Manchester

Aims:
- To assess the level of monitoring correctly performed on patients prescribed the following DMARDS: methotrexate, azathioprine and sulfasalazine.
- To assess whether patients on DMARDS have been prescribed contraindicated medication whilst on DMARD therapy.
- To assess if folic acid has been correctly been prescribed to patients on methotrexate.
- To assess the uptake of recommended vaccinations by patients currently on DMARDs.

Outcomes:
- 64% (21/33) patients were up-to-date with their blood monitoring.
- 2 patients were prescribed contr-indicated medication whilst on DMARD therapy.
- 80% of patients on methotrexate were prescribed folic acid as recommended.
- 64% of patients had received the annual influenza vaccine in the previous year whilst 56% of patients had received the pneumococcal vaccine since commencing DMARD therapy.

Discussion: In order to improve monitoring levels, communication between primary and secondary care must improve for example hospital letters must clearly indicate if blood tests have been done. Blood results for tests performed in hospitals must be uploaded onto the practice’s Emis system. To maintain the value of pop-up alerts, unnecessary alerts on patient’s notes must be removed. A reminder to prescribe folic acid should be automatically generated when a patient is prescribed methotrexate. The alert should also clearly state the recommended dosage. During patient contact encounters, patients should be encouraged to keep up-to-date with their vaccinations moreover letters sent out regarding the annual influenza vaccine must state clearly to the patient why exactly they are being encouraged to receive the immunisation.

P113  Audit of PPI prescribing in remote general practice

Laura Mulligan
University of Glasgow

Background: Proton pump inhibitors are drugs used to inhibit gastric acid secretion. They are used in a variety of conditions including peptic ulcer disease, gastro-oesophageal reflux disease and helicobacter pylori eradication. In NHS Highland, PPIs are no longer recommended as the first line anti-secretory medicines for the treatment of reflux and indigestion because of their link to Clostridium Difficile infection. Instead, prescribers should first consider the use of a histamine receptor antagonist, such as ranitidine.

Methods: Perform a retrospective audit of all patients with an active repeat prescription for a proton pump inhibitor registered at the Bowmore Medical Centre on the Isle of Islay to identify:
The indication for each PPI prescription
That PPIs are prescribed according to the NHS Highland guidelines
If any patients can be safely swapped to a lower dose or stepped off treatment.

Results:
• 101 out of 178 patients had no indication for long term PPI use and no reason was evident for PPI prescribing in 8 patients
• 80 patients were prescribed the first line choice, lansoprazole, whereas 90 patients were prescribed omeprazole
• 59 patients could have their dose reduced and 101 patients should be stepped off treatment.

Conclusion: In conclusion, the majority of patients are receiving PPI therapy inappropriately. These patients may benefit from discontinuation of therapy after effective medication review and alternatively offered lifestyle advice and treatment only on an ‘as required’ basis.

P114 Changing prescribing practises of effervescent analgesics within a rural community general practise: an audit and patient awareness campaign

Lilli Nelson; Andrew Thornley
The University of Manchester; Lambgates Health Centre

The medicines we prescribe are marketed in various forms. One commonly available and popular format is the effervescent type, which allows patients to dissolve their tablets in water prior to administration. Whilst this format is often more desirable to patients than the equivalent oral tablet, recent warnings regarding the high sodium content of these particular medications have come to our attention. High dietary sodium intake has implications for health including increasing cardiovascular risk and complicating cardiac and renal disease. However some patients maintain a deep seated preference for these types of medication which makes them difficult to discourage.

This audit at Lambgates Health Centre identified patients who were being prescribed high sodium containing medications and subsequently contact was made with affected patients to discourage their usage, if appropriate. Of all patients found to be taking effervescent versions of medications, 28% were identified as being prescribed them inappropriately, and of these, 60% were successfully encouraged to agree to begin taking the standard preparation in its place. In the remaining 40% a change was deemed inappropriate due to the indication.

The audit aided our understanding of attitudes to medications at the practise and has enabled the launch of a patient awareness campaign with the production of a patient information leaflet, in the hope of this becoming more wide ranging.

P115 Audit: Safe use of non-steroidal anti-inflammatory drugs (NSAIDs) in patients over 65 in primary care

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NHS Greater Glasgow and Clyde

Background: NSAIDs are commonly prescribed in a GP setting and its adverse effects favour Ibuprofen and Naproxen over Diclofenac and Cox-2 inhibitor. This is reflected in the NHS Greater Glasgow & Clyde Formulary. NSAIDs have various side effects such as gastro-intestinal, cardiovascular and renal complications, especially in the elderly. This risk can be prevented by concomitant use of gastro-protective agents.

Aim: An audit was carried out to compare current prescribing practice against local guidelines. The main aim was to ensure that all repeat NSAID prescribing was appropriate and that all patients who are 65 years or older with established risk factors have had their risk adequately assessed and minimised.

Method: Practice database was used to identify all patients 65 years and older on NSAIDs or coxib drugs. Individual patients’ risk factors were documented and stratified.

Results: 14 patients with no gastro-protection agents were identified (0 %). 29% of these patients were on either Diclofenac or Cox-2 inhibitors adverse to local guidelines. 50 % of these patients had co-morbidities such as IHD, CKD and diabetes.
**Conclusion:** Recommendations for change were made based on results and the audit was repeated. The main aim is to avoid NSAIDs in the elderly if at all possible. However, if an anti-inflammatory is required, the lowest possible dose should be given for the shortest period necessary to control symptoms. It should rarely be on repeat prescriptions. The potential for various toxicities of NSAIDs may be further aggravated in this group as polypharmacy is common.

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**P116  Five year review of oral bisphosphonate therapy**

**Thomas Cufflin; Hannah Baird**

*Central Manchester University Hospitals*

**Aim:** Developing research suggesting that the benefits of Bisphosphonate use may decline over time has prompted the National Osteoporosis Guidance Group to recommend that patients taking oral bisphosphonate therapy should have their treatment reviewed after 5 years of continuous usage. This audit, conducted at an inner-city practice, aimed to identify what proportion of patients taking oral bisphosphonates had a documented review after 5 years.

**Method:** Patients on continuous oral Bisphosphonate therapy for over 5 years were identified. These records were reviewed to identify if a documented review of the Bisphosphonate therapy had been performed.

**Outcome:** Analysis identified 24 patients with 5 years continuous Oral Bisphosphonates therapy. Of these, 5 (20.8%) had a documented review. To improve this figure, we attempted to identify reasons for this through discussion with the clinicians in the practice. We identified a lack of awareness of the new guidance and unfamiliarity regarding what constituted a bisphosphonate review.

To address these concerns and improve the review process, two interventions were implemented. Firstly a tutorial for all clinicians was held, discussing the evidence for Bisphosphonate review. Secondly an algorithm for Bisphosphonate review produced by the Rheumatic Disease Bone Guidance Group was distributed and incorporated into Practice guidance.

**Discussion:** Re-audit 10 weeks following implementation found the number of Bisphosphonate reviews had more than doubled. Review of Bisphosphonate therapy is vital in order to evaluate patient benefit. In order to improve this process, Clinicians must understand the need for review and be clearly guided on the review process itself.

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**P117  Bisphosphonate holiday-the journey continues**

**Chitra Nair; Jackie Panesar; Elizabeth Macphie**

*Ash Tree House Surgery, Kirkham*

**Background:** Bisphosphonates originally started off as water softening agents in pipes and managed to reach a bestseller status as the panacea for osteoporosis. Though relatively safe there have been concerns about effects of long term treatment including osteonecrosis of the jaw and atypical fractures secondary to adynamic bone formation. The National Osteoporosis Guideline Group (NOGG) advises that patients on bisphosphonates for more than 5 years undergo a risk assessment after which a drug holiday may be considered. There is ongoing discussion regarding the instigation and duration of this holiday.

**Methods:** We reviewed a general practice with 10664 registered patients. Patients with bisphosphonates on their repeat prescription were identified after a VISION search. Each patient’s record was reviewed to check the duration of bisphosphonate therapy and to check if they had been recalled for risk assessment after 5 years of therapy.

**Results:** 130 patients were prescribed oral bisphosphonates on their repeat prescription, with 12 on Risedronate and 118 on Alendronic acid. Of these, 52 (40%) patients had been on bisphosphonates for more than 5 years. This group consisted of 41 females and 11 males. The age range was 57-91 years with a mean age of 76 years. None of the patients had been recalled for a risk assessment as per NOGG guidelines.

**Conclusion:** Within one practice we found a considerable number of patients on bisphosphonates for more than 5 years without any recall or risk assessment. This highlights the need for staff and patient education about the guidelines and the need for implementation of a robust recall programme.

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**P118  The effect of bisphosphonates on the development and subsequent healing of atypical femoral fractures**

**Sneha Shah**

*Peninsula College of Medicine and Dentistry*
There is strong evidence to support the use of bisphosphonates in the prevention of osteoporotic fractures. There has, however, been growing concern that prolonged use of bisphosphonates can lead to the development of atypical femoral fractures and can protract healing time. We conducted a retrospective study looking at all femoral fractures between 2007-2011. Of 109 patients, 12 were diagnosed with atypical femoral fractures. 7 were on Bisphosphonates on initial presentation. The mean age of presentation was 69 (52-92). 5 patients had no history of falls and presented with hip pain. The remaining 7 sustained minor falls. Femoral fractures were divided into 7:5 (unilateral:bilateral). All fractures were managed with intermedullary nailing. Bisphosphonates were discontinu ed in 5 cases, continued in 2 and commenced in one patient who developed bilateral fractures. Healing time was prolonged in all cases. The mean healing time was 7.3 months.

Overall, we noticed that patients with exaggerated bisphosphonate use were more susceptible to atypical fractures and had a prolonged recovery time. Increasing awareness amongst medical professionals; specifically general practitioners, may aid in more efficient diagnoses and subsequent referrals to orthopaedics specialists. Recognition of these fracture may also enable early discontinuation of bisphosphonates which may prevent future fractures and better bone healing times.

P119  
Audit: the drug interaction between statin and macrolide

Li Tian Yeo
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Prescribing is an essential skill for doctors to master. On average 926 million prescription items are issued annually, making it the most common form of treatment within primary care services. However, with the rise in polypharmacy and co-morbidities in patients, it can be difficult to ensure that prescribed drugs do not interact amongst one another. One of such drug interaction is between statin and macrolide. Guidelines provided by the British National Formulary recommends that some statin should be temporarily discontinued when macrolide antibiotics are given. This is to prevent increased risk of statin-induced myopathy.

An episode of this interaction was observed in a practice, prompting them to initiate an audit. Actions were taken to safeguard such an event from happen again. The objective of this paper will be to review the practice and determine if improvements have been made. It will also establish if further actions are warranted. This will be a re-audit.

Results from the data indicate that although some improvements were noted, majority of these issued prescription were still not accompanied with advice: to temporarily stop statin use. Such results also applied to patients that were at high risk of suffering from adverse drug reaction:- Elderly and patients with kidney or liver impairment. This prompted further investigation to understand why such a result was seen. A literature search also determined that with better usage of a electronic prescribing system, such as those seen in EMIS WEB, a large number of these drug interaction would have been picked up.

P121  
An audit to analyse the adequacy of the current assessment for anticoagulation in patients with established or new onset atrial fibrillation, including the assessment of embolic and bleeding risk

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Countess of Chester Hospital

The most common anticoagulant used for treating atrial fibrillation (AF) is warfarin. Prior to starting a drug like warfarin, thrombotic and bleeding risk should always be considered. SIGN guidelines and local policies recommend the use of CHA2DVAS2 to determine a person’s stroke risk and the HASBLED algorithm to calculate the possibility of bleeding. The objective of this audit was to look at the adequacy of current assessment for anticoagulation in inpatients with established or new AF. This includes the assessment of embolic and bleeding risk. The evaluation was conducted by collecting information from the notes of patients with established or new onset AF that had been recently discharged. Information was entered into a questionnaire. Once all data was collected, it was then entered into a table in Microsoft Excel where it was analysed. The results demonstrated that only a small amount of people were assessed for stroke and bleeding risk using the recommended CHA2DVAS2 and HASBLED algorithms. The majority of patients had no assessment documented at all, despite many having other co-morbidities that would increase either their risk of stroke or bleeding. The results suggest that the assessment of the need for
Anticoagulation and the assessment of bleeding risk for those considering warfarin for AF could be much improved and better documented in patient notes. From this audit, a template has been created that is transferable between primary and secondary care. This template would help to ensure patients are assessed appropriately and promote continuity of care in the future.

**P122**  
**Outcome reaudit of management of patients with atrial fibrillation by 7 day amecg in general practice, comparing CHA2DS2-VASc to CHADS2 scoring**  
**Juliette Howard; John Howard**  
*University College London; East Surrey CCG*

To improve management of patients with atrial fibrillation (AF) and reduce thromboembolism risk. To compare rate of thromboembolic events, and anticoagulant concordance when using CHA2DS2-VASc versus CHADS2. To reaudit implementation of General Practitioner with Special Interest advice.  
A reaudit of detection of AF diagnosed by 7 day amecg in patients referred by their GP, in 12 months An audit of the outcome of subsequent management advice given to GPs by the GPwSI, using CHA2DS2-VASc. 2012/13 NHS implementation on Quality Innovation Productivity and Prevention places AF as a priority, because AF is a major predisposing factor for stroke. AF detection and stroke risk stratification are major priorities for NHS Commissioning Board Strategic Clinical Networks from April 2013.  
The detection rate of AF in patients referred for this local 7 day amecg service was 15%: 73 patients from 486 referrals (13% in 2012-13). The response rate of 77% to a GP postal survey demonstrated: The proportion of patients managed by suggested antithrombotic therapy was 77%, (69% in 2012-13). The number of patients who had a TIA/stroke was 2, (3 in 2012-13). The number of patients who died was 0, (2 in 2012-13). CHA2DS2-VASc scoring provides improved risk stratification and advice to patients and their GPs, over CHADS2. Oral anticoagulant therapy (OACT) threshold has been reduced. Warfarin remains the first choice OACT. Novel OACTs provide wider patient choice, aiding concordance and adherence.

**P123**  
**Anticoagulation in atrial fibrillation patients**  
**Khairun Nessa; Mohammed Abdullah; Sajjad Haider; Vaneeshwar Rajamooorthy; Anjana Kumar**  
*University of Manchester*

**Aims:** An audit was carried out at a GP practice to determine whether patients with atrial fibrillation (AF) are being managed according to NICE guidelines on stroke prevention in AF patients.  
**Relevance:** AF is the most common cardiac arrhythmia, affecting around 800,000 people in the UK. Untreated AF is the leading cause of ischemic stroke and approximately 12,500 strokes that occur every year in the UK are due to AF. Therefore, besides rate and rhythm control, the main aim of treatment is to prevent stroke from occurring.  
**Method:** Using electronic patient records, 20 out of a total 3233 patients with a diagnosis of AF were identified. The CHA2DS2VASc score was calculated manually for each patient, as the practice patient database was only able to calculate the CHADS2 score.  
**Outcomes:** 17 patients had a CHA2DS2VASc of ≥2 and therefore should have been taking oral anticoagulant therapy (OAT). Only 52.9% (9/17) of these patients were taking OAT. Of the 8 patients who were not taking OAT, 4 had either previously refused OAT or OAT was contraindicated. Therefore, overall, 23.5% of patients (4/17) were not being managed according to NICE guidelines. There were no records available to indicate why these patients were not taking OAT.  
**Discussion:** Increased education on OAT is needed for both clinicians and patients. Clinicians must regularly review their AF patients to ensure that those who are at an increased risk of stroke are offered OAT. Recommendations for change were made, and we plan to re-audit in 6 months time.

**P124**  
**The management of patients with chronic heart failure at a suburban GP surgery: a clinical audit**  
**Megha Agarwal; Natalie Brown**  
*College of Medical and Dental Sciences, University of Birmingham; Wychall Lane GP Surgery, Birmingham*
Background: Heart failure (HF) is a complex condition with a poor prognosis; 30-40% of HF patients die within the first year of diagnosis. Optimal management of patients with heart failure is imperative to improve prognosis.

Methods: Three NICE recommendations were chosen to audit the management of patients with HF (audit standards set at 100%) at a suburban GP surgery. These include (i) offering “both angiotensin-converting enzyme inhibitors (ACEI) and beta-blockers (BB) ...to all patients with HF due to left ventricular systolic dysfunction (LVSD)”, (ii) prescribing aspirin “for patients with the combination of HF and atherosclerotic arterial disease” and (iii) at least six-monthly monitoring of patients including “serum urea, electrolytes, creatinine and eGFR”.

Results: Of 72 patients (42 female) with HF, 56 (78%) had LVSD. 32/56 (57%) were on ACEI and BB, with valid justification for all but five patients (9%) who were not. 18/25 (72%) of patients with arterial disease and HF were prescribed aspirin. 46/72 (64%) had had the recommended 6-monthly monitoring.

Conclusion: The Surgery is successfully offering correct treatment for the management of HF. However, regular monitoring of kidney function requires improvement; setting up automated pop-up reminders for blood tests that are due may help. A reminder of the latest guidelines (e.g. audit presentation at the Surgery) may also be beneficial. Improvement should be evaluated by re-auditing.

P125 Audit of the quality of primary care INR monitoring in patients following co-prescription of potentially hazardous drugs with warfarin

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Keele University; Health Education West Midlands; Wolstanton Medical Centre

Aims: To assess primary care INR monitoring following co-prescription of potentially hazardous drugs among patients on warfarin whose INR is inadequately controlled.

Content: Notes of patients with an INR time in therapeutic range (TTR) <58% were analysed to identify concomitant prescription of potentially hazardous drugs and INR testing after commencing such treatment. Data was split according to whether the prescription was intermittent or regular and if issued >12 months ago or issued/reissued ≤12 months ago. Appropriate standards and targets were predefined.

Relevance/impact: Warfarin has a narrow therapeutic window and numerous drug interactions. Frequent INR monitoring is required particularly if potentially hazardous medications are started to maximise TTR. Suboptimal monitoring following potentially hazardous prescriptions in primary care should be addressed.

Outcomes: Of 148 patients being monitored, 28 (19%) patients had TTR <58%. 13 patients (46%) were prescribed hazardous drugs (25 prescriptions) after they started warfarin. INR was checked 3-5 days after 10% of prescriptions started ≤12 months ago and after 13% prescriptions started >12 months ago. For all hazardous drugs re-prescribed intermittently in the last year, INR was not checked on time.

Discussion: Although 81% of patients have satisfactory TTR, anticoagulation control may be maximised by avoiding hazardous drug prescription and testing INR if co-prescription is necessary. Interventions that may improve monitoring practice include prompts on electronic prescribing systems and raising awareness of these issues among the wider primary care team which may be through team meetings and/or multidisciplinary workshops. The audit cycle should be repeated once interventions have been implemented.

P126 Screening for familial hypercholesterolaemia

Abid Ali; Shazia Ali
Holmfirth

Aims and objectives:
• To provide information about the importance of screening for familial hypercholesterolaemia in general practice.
• To provide information about how to implement screening in general practice using an audit of an inner city practice and subsequent project as an example.
• To provide a protocol to help practices screen for familial hypercholesterolaemia.
Content: The presentation will begin with a description of familial hypercholesterolaemia and the risk of premature cardiovascular disease in affected carriers. Factors that should prompt screening for the heterozygous carrier state of this genetic condition will be outlined along with an explanation of the Simon Broome criteria. A protocol designed during the use of an audit will be presented and the practical implications of screening and further management will be discussed. This will include a discussion about the application of screening criteria retrospectively to patients already taking a statin.

Relevance/impact: The results of an audit conducted in a busy inner city practice and its results will be used to demonstrate how screening can be implemented in primary care. It will demonstrate how screening can be implemented practically and in an effective manner.

Discussion: Tips on how to discern who requires referral to secondary care will be discussed, further management including targets for cholesterol control in these patients will be discussed.

P127 Heart failure in general practice: Creating an audit model for optimised medical management
Beatrice Foster; Jamie Green
Kings College London; Delapre Medical Centre

Heart failure bares a heavy burden in general practice, with an average of 30 patients per General Practitioner list carrying this diagnosis and a 5-year survival which is comparable to most cancers. Optimised medical management is key for maintaining stability and preventing early mortality. Guidelines and evidence advocate the use of cardiovascular disease prevention strategies, angiotensin converting enzyme inhibitors and beta blockers, those licensed for this purpose being carvediol, bisoprolol and nebivolol with others showing no benefit. QOF currently allows patients with heart failure to be treated with any beta blocker, at any strength, irrespective the effect on long term mortality. The aim was to audit patients with heart failure against current management guidelines, with an emphasis on identifying those being treated with a beta blocker of no proven benefit in the management of heart failure. In our practice, we found that 41% of those with heart failure were on either an inappropriate beta blocker or none at all. In addition, 50% of patients were not on the recommended combinations of treatment for their heart failure. In response to this audit, patients were switched to an appropriate beta blocker, medication reviews were set up for the patients identified and recommendations were made for concrete electronic coding be implemented. Significant reductions in mortality can be achieved in heart failure by optimising medical management. Therefore we have designed an audit strategy and suggested material for patients to aid the conversion to appropriate optimised medical management.

P128 Impact of CHA2DS2-VASc risk stratification for thromboprophylaxis in atrial fibrillation
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Atrial fibrillation (AF) affects up to 1% of the United Kingdom population and accounts for up to 10% of ischaemic strokes. The role of antiplatelet agents, such as aspirin, and the breadth of indication for oral anticoagulation (OAC) in the prevention of stroke secondary to AF has changed in the most recent guidelines from the National Institute of Health and Care Excellence (NICE) - CG180, 2014 and the European Society of Cardiology (ESC) 2012. The aim of this study was to identify what proportion of patients in a UK primary care setting with AF (Male:Female 2:1; median age 80 years), who were not previously prescribed OAC, are a) now recommended OAC and b) prescribed aspirin solely for stroke prevention. Using recommended risk prediction criteria, 57% of patients with AF, not prescribed or offered OAC, had become eligible for OAC. The largest contributor to this redistribution was being aged between 65-75 now recognised as a risk factor for stroke in AF. Of the 43% of patients in whom OAC was not indicated according to new risk stratification criteria, one-third were prescribed aspirin solely for stroke prevention, which is no longer recommendend. These data show how, in particular patients ≥65 years of age, are redistributed from low to high risk categories by current recommendations.

P129 Secondary prevention of myocardial infarction – a clinical audit
Yajur Narang; Ian Minshall
**University of Liverpool; Northgate Village Surgery**

**Introduction:** Myocardial Infarction (MI) is a common condition, which places a huge burden on the UK society. Patients who survive an initial MI event are at a greater risk of reinfarction or death. However this risk can be significantly reduced if effective secondary strategies are implemented.

**Aim:** The aim of this audit was to assess the effectiveness of treating post-MI patients at a primary care level and see if any areas of care required improvement.

**Method:** A keyword search was carried out in several databases to gather relevant articles and studies on different aspects of post-MI care. Data was collected on 111 patients with a previous MI using the EMIS system at the Northgate Village Surgery. This was analysed by comparing it to 10 standards that were formulated using the National Institute for Health and Care Excellence (NICE) guidelines.

**Results:** The findings showed that the Northgate Village Surgery is providing a good level of care in managing post-MI patients. However there are some areas of service provision, which could be addressed in a better way. These include better uptake of cardiac rehabilitation programmes in post-MI patients, lowering their total cholesterol levels to <4mmol/L and low-density lipoproteins (LDL) to <2mmol/L and conducting routine annual cholesterol checks on them.

**Conclusion:** It is vital that GP surgery makes rigorous efforts to improve compliance with the key priorities for implementation as mentioned under the NICE guidelines. This should include drug therapy, diet and lifestyle advice and appropriate use of cardiac rehabilitation service post MI to gain beneficial results.

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**P130**  **An audit into the secondary prevention of strokes**

Mark Platt  
University of Manchester

Stroke is a major cause of death in the UK. Of the patients who survive, more than half have long-term disability and they also have a high risk of having another stroke; 26.4% of patients have another within 5 years and 39.2% within 10. Therefore, prevention of a second stroke is critical. There are several well-known factors that have been identified as treatment targets. Correct management of these factors act cumulatively to substantially decrease the risk of a second stroke.

This audit looked at the management of patients at a General Practice who had a previous transient ischaemic attack or occlusive stroke by using the patients’ electronic and written notes. Their care was compared to standards set by NICE.

The results of the audit showed that the vast majority of patients were managed appropriately. Some could not tolerate the recommended treatment or requested not to take it. Their management justifiably did not meet the standards set.

However, the audit showed that the management of some patients did not meet the required standards without justification. The care of these patients was reviewed following the audit. The reason behind these cases was typically because most of the patients had home consultations, which meant their electronic notes were not available. Thus the doctor was not aware of the patient’s past medical history or medication list. This highlights a simple but important area for change in practice within this surgery, and possibly others nationwide, with regards to the long term prevention of second strokes.

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**P131**  **A retrospective audit of clinical compliance to current standards pertaining to the use of effervescent, dispersible and soluble sodium-containing drug formulations in patients with hypertension or coronary heart disease in the primary care setting**

Mohammed Mubin  
University of Birmingham

**Background:** Last year, George et al. reported a nested case-control study demonstrating a significantly increased risk of hypertension and adverse cardiovascular events (non-fatal MI, non-fatal stroke, vascular death) in a primary care cohort of 1,292,337 age and sex-matched UK adults, who had been prescribed effervescent, dispersible or soluble sodium-containing drug formulations rather than the standard formulations of the same drug(s).
**Aims & objectives:** To assess how current prescribing practices impact on the daily sodium burden of hypertensive and coronary heart disease patients against 2013 ESH/ESC guideline recommendations.

**Methodology:** EMISWeb® was retrospectively searched to identify local practice-registered hypertensive or coronary heart disease patients who were prescribed one or more of the 27 NHS available sodium-containing analgesic drug formulations within the last 12 months. Total daily sodium load (mmol/day) was calculated from analgesic drug dosage and the sodium content of each drug per unit dose. Clinical compliance was measured before and after a focused intervention.

**Outcomes:** 43 out of 9000 potential patients met the audit search criteria. 60% of these failed to meet guideline targets. 53% discontinued or changed their drug(s) to standard formulations post-intervention.

**Relevance:** NICE public health guidance stipulates targets of 6g/day and 3g/day of salt intake for 2015 and 2025 respectively.

**Discussion:** This audit makes practical and simple recommendations, showing how GPs can mitigate the contribution of drug-related sodium burden on patients’ daily sodium intake.

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**P132 The use of aspirin in the primary prevention of cardiovascular disease within the community: audit**

**Hirel Patel**

*University of Manchester*

**Introduction:** Aspirin has been used for decades in the primary prevention of cardiovascular disease; however questions have been raised regarding its application. Recent evidence has questioned drug efficacy in certain patients, particularly diabetics, and concerns were highlighted about the adverse side-effects. Patients should be individually assessed for aspirin use, evaluating their benefit against risk.

**Method:** An audit was conducted in a small general practice to analyse whether patients were compliant to NICE guidelines and to identify patients who were unnecessarily on aspirin. A cohort of 32 patients who commenced low dose aspirin therapy for the primary prevention of cardiovascular disease was selected. QRISK2 scores, blood pressures and ages were collected from the patients and cross matched to current NICE guidelines to determine whether patients were correctly on aspirin.

**Discussion & conclusion:** Of the 32 patients previously identified on the practices database, 9 were not compliant with the guidelines set by NICE. It became apparent that the majority of these patients were put on aspirin before attending a rapid chest pain clinic. However, after negative tests the discharge letter had no reference to aspirin discontinuation or continuation and aspirin remained on the repeat medication. GP doctors should be aware of the current evidence and implement it in their clinical practice. Due to the lack of evidence supporting aspirin allocation, alternative methods should be endorsed for the primary prevention of CVD before aspirin, such as better blood pressure and cholesterol control.

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**P133 Anticoagulation monitoring in primary care: a quality improvement initiative**

**Margaret Waterfield**

*Bassett Road Surgery, Leighton Buzzard*

**Background:** From April 2014 it is unclear whether practices will continue to be funded for anticoagulation monitoring but practices still have a responsibility to provide a safe and clinically appropriate service.

**Objectives:**
- Were all patients identifiable and coded correctly?
- Why were they on warfarin and was this reviewed appropriately?
- Was there a clear audit trail of warfarin dosing?
- Was there a system for transferring patients from secondary to primary care?

**Results:**
- 187 patients were taking warfarin in our Bedfordshire practice of 12,500 patients
- 48% of patients did not have a code for warfarin
- The most common indication for warfarin therapy was atrial fibrillation 51% (none of these patients had a CHADSVASC score recorded)
• 52% of GP managed patients no longer required warfarin
• 55% of remaining GP controlled patients were appropriate for nurse control
• 23% of all patients were managed in secondary care, 15 miles away, with no system in place to facilitate their transfer to primary care.

Discussion: A system for reviewing the indication and appropriateness of anticoagulation can improve patient experience and increase patient safety. We have developed an electronic template to improve the quality of patient care. This template includes a code for warfarin monitoring and a review date. This new system also includes a waiting list to facilitate the transition of warfarin management from secondary to primary care. The template and waiting list system could be easily adopted by other practices to improve the safety and efficiency of their anticoagulation service.

P134  Primary care assessment of cardiovascular risk in patients with psoriasis

Chandni Sinha
University of Birmingham

Introduction: Psoriasis is a common chronic inflammatory disease. Recent evidence suggests that it is an independent risk factor for cardiovascular disease. NICE recommends that a discussion addressing cardiovascular risk factors should take place in consultations with patients who have any type of psoriasis. This audit aims to assess whether there is documented evidence of such discussions in psoriatic patients, within a general practice.

Methods: Over two years, 107 patients with psoriasis were identified as having consulted their GP. Data from these consultations was then analysed for documentation of smoking status, alcohol consumption, BP, BMI, family history, total cholesterol, fasting glucose and HbA1c. The remaining list was then subdivided into under or over 40 years of age.

Results: Overall, no discussion for CV risk factors had been recorded. Documentation of fasting glucose, HbA1c, cholesterol and relevant family history was especially poor in the <40 age group. This was slightly better in the 40-74 age group, but similar areas were still lacking documentation.

Conclusions: CV risk assessment in patients with psoriasis needs to be improved, particularly in the >40 age group who should be offered cardiovascular risk assessment regardless of health status. Evidently, clinicians need to be more aware of the possible increased risk in people with psoriasis.

P135  An audit of the prescription of Ezetimibe at the Slieve GP surgery in the West Midlands

Lucy Arnold; Sangeeta Patel
University of Birmingham

Two thirds of the UK population have serum cholesterol levels >5.2 mmol/L [1]. The Joint British Societies (JBS2) guidelines advocate an optimal total cholesterol level of <4.0 mmol/l or an LDL cholesterol concentration of <2.0 mmol/l to effectively manage coronary heart disease, diabetes mellitus, primary familial hypercholesterolemia and cerebrovascular conditions[2]. As ineffective control has such serious implications, it is vital that patients receive the most appropriate management.

GP surgeries have the challenging job of balancing the various needs of their patient population to ensure that resources are optimally utilised. If patients are not on the most appropriate management regime, there are medical and financial implications. It is therefore important that protocols are followed.

Our results showed that 66% of patients prescribed Ezetimibe at a GP surgery were done so inappropriately, as lower cost statins could have been used. As there has been no evidence to indicate Ezetimibe has the cardio-protective qualities of statins, it should only be prescribed in cases of statin intolerance and uncontrolled hypercholesterolemia. We addressed this problem by reviewing the indication for Ezetimibe and suggesting statin alternatives for the GP to implement in conjunction with patient’s wishes in order to control cholesterol levels and allocate resources more effectively.

P136  Screening for depression in coronary heart disease

Chris Wheeler
University of Manchester

It is well established that depression is a risk factor for coronary heart disease (CHD), in that it increases the risk of developing the disease significantly. NICE recommend that depression should be taken into account when assessing CHD risk in the guidelines for the management of depression in chronic physical illness. This audit outlines the current practice for the screening for depression within a small semi-rural general practice based on the quality and outcomes framework register for coronary heart disease. Furthermore, the action taken by the clinician to arrange a mental health assessment was audited. The results show that 64% of CHD patients were screened in the last year and 84% in the last 18 months. Of the patients being found to be at risk, 66% were offered referral for mental health assessment but declined. The practice currently has a high proportion of CHD patients with an established diagnosis of depression. This may have skewed the results as the screening may have been effective in the past. It is recommended to add the screening questions to the annual CHD patient review, and to add a reminder within the patient’s records to ensure this is documented in the patient journal.

P137  Schizophrenia audit: ensuring all patients with schizophrenia are offered long term physical health management

Francesca Birkinshaw; Uday Kanitkar
University of Manchester

Background: Patients with schizophrenia are at a 4 fold increased risk of premature death, which is partially due to antipsychotics increasing their risk of cardiovascular disease. It is vital these patients receive continued physical health monitoring as if managed correctly this risk can be reduced and deaths can be prevented. Monitoring should include long term follow up of physical health in line with NICE guidelines and QOF targets.

Aim: To audit an average sized GP practice (4100 patients) assessing if all patients with schizophrenia are being offered long term physical health management. Using this information we will provide recommendations to GPs to correctly manage the long term physical health of patients with schizophrenia.

Method and results: Patients were identified using the EMIS search system, patients included were on the mental health register, with a diagnosis of schizophrenia and being treated with antipsychotics. Patients were then analysed according to NICE guidelines. The percentage of patients with selected parameters recorded in the last 12 months was as follows: mental health review 90%, blood pressure 95%, lipids 76%, glucose 76%, BMI 95%, alcohol 90%, smoking 100%, Q Risk calculation 15%.

Conclusion: Recommendations include the introduction of an annual schizophrenia physical health check up, which would include BMI, blood pressure, glucose and lipid levels, alcohol and smoking recording and Q Risk calculation. With antipsychotics putting patients at increased risk of cardiovascular disease it is vital these patients receive continued monitoring to prevent adverse outcomes.

P138  Physical health monitoring in psychosis and schizophrenia

Annabelle Machin
University Hospital of North Staffordshire

Aims/objectives: To audit physical healthcare of people with severe mental illness (SMI) in an adult community mental health clinic.

Content: The estimated life-expectancy of patients with Schizophrenia is 15 to 20 years less than the general population. With the majority of premature deaths due to cardiovascular disease, diabetes mellitus and chronic
obstructive pulmonary disease, NICE guideline (CG 178) recommends that patients with psychosis on antipsychotic medication have an annual review to discuss lifestyle factors and monitor blood pressure, BMI and fasting bloods. The Lester Tool supports this process.

In June 2014 I performed an audit at a community mental health centre in Staffordshire to assess whether the physical health monitoring of patients with Schizophrenia was complete. Between 73-80% of patients had fasting bloods and 68% a documented blood pressure and weight. However, only 35% had a recorded smoking history and just 20% had received lifestyle advice. Non-attendance was a significant problem.

**Relevance/impact:** Approximately one third of patients with schizophrenia are solely managed in primary care. However, following recent changes to the Quality Outcomes Framework, incentives to monitor BMI, fasting cholesterol and glucose have been retired. Consequently more responsibility may fall on secondary care to monitor patients.

**Outcomes:** I have produced an induction document for new community mental health doctors, improved clinic documentation to prompt discussion of lifestyle factors and instituted a standard approach for non-attendees.

**Discussion:** The audit will be repeated in 12 months to assess response to changes instituted.

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**P139  Improving care of people with Schizophrenia and Bipolar Disorder: Aiming for a patient-centered and affordable future**

**Yajur Narang; Robin Williams**

*University of Liverpool*

**Introduction:** Schizophrenia and Bipolar Disorder are serious and enduring forms of mental illnesses that affect patients in the long term and pose a huge financial burden on the society. The aim of this audit was to determine the extent of health service usage by patients with these psychotic illnesses and to determine whether the care they receive can be improved by being more accessible, patient centered, well coordinated and cost effective.

**Methods:** A keyword search was carried out in several databases to gather relevant articles and studies on schizophrenia and bipolar disorder, in terms of general framework of the disease and the financial burden these pose to the society. An audit was conducted across 7 GP practices in the Wirral, United Kingdom to determine the extent of uptake of services and the total costs were then evaluated across different healthcare sectors.

**Results:** The data collected showed that the money being provided to secondary care under the block contract is not being effectively used towards patient care. On evaluating the costs across different healthcare sectors, it was also evident that primary care is much more cost-efficient when as compared to secondary.

**Conclusion:** Proposals mentioned in the White Paper can only be achieved if implemented well by providing a greater control to primary sector, involving more community health services, detecting and intervening early to prevent hospital admissions and making the care more coordinated between different health care sectors. If some of these measures are implemented properly, it can result in an affordable and improved future.

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**P140  Are certain aspects of the management of schizophrenia adequate in Levenshulme Medical Practice?**

**Shafi Miah; Enam Haque**

*University of Manchester*

**Background:** Schizophrenia is a mental illness that causes problems with thoughts and emotions often resulting in abnormal behaviour. The management of schizophrenia is complex involving medications and considerations of their adverse affects, patient beliefs and adherence to treatment.

**Methods:** EMIS web was used to analyse documentation of side effects and evidence of cultural awareness in all adult patients with schizophrenia at Levenshulme Medical Practice. A feature on the EMIS web showed the average amount being prescribed giving some insight into the level of adherence. A standard was developed which includes: 40% documentation of side effects, 50% documentation of side effects and 80% of prescriptions to be within range of 100-150%.

**Results:** Levenshulme Medical Practice showed 0% documentation of cultural awareness, 30% documentation of side effects and 30% prescriptions were within the range of 100-150%.

**Discussion:** The findings have been used to suggest recommendations to adapt the mental health template to remind clinicians of considering health beliefs, cultural awareness and adherence. Recommendations have also been
made to update schizophrenia population list to include ethnicity in all patients and to exclude patients who were misdiagnosed with schizophrenia within the next 12 months.

P141  **Service users experience of a National Adult ADHD Service**

Susannah Whitwell; Stefanos Maltezos; Mark Pitts; Nicola Gillan

*South London and Maudsley NHS Foundation Trust; King’s College London*

**Objectives:** Adult ADHD is currently underdiagnosed and undertreated with service provision and support for primary care varying widely across the country. Research on Adult ADHD service provision and service users’ experiences is limited. The purpose of this study was to evaluate adult ADHD service user satisfaction with the aim to better tailor services to needs.

**Methods:** The National Adult ADHD Service at The Maudsley Hospital is a specialist service for the assessment of suspected adult ADHD and it receives the majority of referrals from primary care. Data from 68 assessments was collected through service user surveys over a one year period.

**Results:** The majority of service users were satisfied with pre-assessment processes and with the assessment itself. The assessment report was described as helpful by 79% service users. Most service users stated that reports were factually correct, understandable and did not have too much jargon. 73% received a diagnosis of ADHD. 27% received an additional diagnosis (including obsessive-compulsive disorder, anxiety, depression, or an additional neurodevelopmental disorder).

**Conclusions:** Results indicate a high level of satisfaction from National Adult ADHD Service users. The high rate of ADHD diagnosis may reflect the increased awareness of referrers regarding Adult ADHD but the low comorbidity rates in comparison with current clinical research could indicate that where ADHD is comorbid with another disorder, impairment may be attributed to the comorbid disorder leading to delayed referral for ADHD assessment. Our view is that support and education of primary care to detect ADHD in a priority.

P142  **Antipsychotics - who should take responsibility?**

Umair Gondal; Valeed Ghafoor; Ashbal Chaudhary

*University of Manchester; Royal Preston Hospital*

Atypical antipsychotics put patients at higher risk developing cardiovascular disease and diabetes which can lead to an increase in mortality. Approximately 8 million people in England suffer from a mental health condition, costing the NHS an estimated £11.5 billion annually. An Emphasis must be placed into monitoring treatment to reduce costs and mortality.

NICE published guidelines stressing the importance for patients to undergo baseline testing. These tests include measurements of waist and BMI as well as blood tests. To assess whether these guidelines were being followed an audit of the current practise was done. The audit involved 22 patients who had been prescribed an atypical antipsychotic between January 2010 and June 2014. The patients had received a repeat prescription for the same medication since 2010. The population age ranged from 19-92.

Patient file were analysed to see if there was evidence as to whether the baseline test was done. The results showed that only about 40% of the patients had their baseline tests when they started on their medication.

A significant problem identified for this was the lack of clear communication between primary and secondary care. Uncertainty with regards to roles of practitioners leads to poor compliance with guidelines. This can lead to cardiovascular disease and diabetes as a result of insufficient testing.

Parameters for baseline testing must be clarified and agreed upon and then rigorously adhered to. Some GPs may feel uneasy starting treatment; however it is possible to tightly regulate monitoring to avoid unnecessary morbidity and mortality.

P143  **Detecting suicidal ideation in older adults: looking at referrals from GPs to an old age community mental health team**

Rachel Smyth; Pradeep Arya

*Surrey and Borders Partnership Trust*
**Background:** The majority of referrals made to old age community mental health services (CMHT) are from GPs. Although self-harm and depression make up a lower proportion of referrals, it is important that suicidal ideation (SI) is picked up and acted upon.

**Aim:** To assess GPs ability to detect SI in older age adults who are referred to community mental health team.

**Methods:** GP referrals made to an old age CMHT over a 3 month period were reviewed. The referral letter from the GP and the initial assessment carried out by a member of the CMHT were compared. The terms “suicidal ideation” or “suicidal ideas” was set as the mandatory detection criteria stated in the GP referral letter. The GP referral letter content was compared to the risk summary conducted in the initial CMHT assessment.

**Results:** 119 patients referred over a 3 month period were reviewed. 104 referrals were made by GPs. 5 patients were referred with SI and were also found to have SI when assessed by a CMHT member. There were no patients referred who expressed SI that went undetected by the GPs. No referrals made stating patients expressed SI who were then assessed and found not to.

**Conclusion:** This study demonstrates that there were equal detection rates of SI between GP’s and the old age CMHT services.

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**P144 Elderly care in the Emergency Department**

**Sarah Mills; Kirsty Tonge; Anthony Hagger; Jill Roche; Euan Chalmers; Kiyo Adya; Alistair Hogg; Gwen Gordon; Turgay Bagdu**

**NHS Tayside**

**Introduction:** A&E department guidelines mandate that all patients over 65 have their cognition, medication, social/functional history and discharge planning documented prior to discharge.

**Methods:** A month-long review of documentation for all patients aged >65 assessed and discharged from A&E (111 patients), and analysed by age and severity of presenting complaint (Stream1: minors, Stream2: majors, Stream3: Resus). Interventions to improve documentation were made. On re-auditing, notes from all patients >65 seen over one month period (149 patients) were examined and analysed in the same way.

**Discussion/intervention:** Initially documentation was poor and did not meet departmental standards, with completion rates for each area between 26%and84%. The frequency with which cognition and social/functional history were recorded was correlated with the patients’ age; however, medication reconciliation and discharge planning were age-independent. Documentation of social/functional history, cognition, medication reconciliation and discharge planning were all completed more frequently in patients with higher severity of presenting complaint (Stream3vsStream1). The department implemented training in elderly care and introduced ‘aid memoire’ cards on history-taking in elderly patients. These cards were displayed in all clinical areas. On re-auditing, completion rates improved across all categories. Documentation of cognition increased eight-fold, medication documentation increased 20%, social/functional history by 10-15% and discharge planning by 10-20%.

**Conclusions:** The level of documentation of medications, social/functional history and discharge planning varied more with severity of presenting complaint than with age, and did not achieve departmental targets. Following intervention, documentation rates improved dramatically. These tools could be used in history-taking in GP to improve documentation in elderly care.

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**P145 Is there a difference in the assessment of nutrition of elderly patients in elderly care wards compared to non-elderly care wards?**

**Katherine Collins; On Wei; Lieke Spee-Horsu**

**Countess of Chester NHS Foundation Trust**

The National Institute of Clinical Excellence (NICE) guidance on nutrition support in adults recommends screening patients on admission, repeating screening weekly for inpatients and referring patients who are at risk of malnutrition to dietitians. Our hospital utilises the Malnutrition Universal Screening Tool (MUST) for these purposes. We aim to determine whether there is a difference in the assessment of nutrition of patients who are admitted to elderly care (EC) wards compared to general medical (GM) wards.

A retrospective audit was completed, with data collected on the usage of the MUST tool for the assessment of nutrition on admission, weekly as inpatients and then for referral to dietitians.
P146  'Statement of Intent' in palliative care, an audit
Kaushik Chakraborty
The Lakes Medical Centre, Swinton, Salford CCG

Aims: Audit on the provision of ‘statement of intent (SOI)’ letter (Intent to provide the death certificate when next open) to out of hours (OOH) service, for a palliative care patient expected to die over the next few days.

Objectives: Letter to be faxed over to the OOH from the GP surgery, which can then be confirmed to the funeral director/police, if required.

Content: Standard: Families and carers of people in the last days of life feel that everything was done to meet the person’s needs and preferences during this time, as far as possible (NICE Quality Standard).

Criteria: All palliative care patients expected to be on their last days should be on the Electronic Palliative Care Coordination System (EPaCCS).

Target: 100% patients on the EPaCCS should have an OOH notification, SOI.

Relevance/impact: For ‘out of hours’ deaths without a provisory note from the surgery, the police need to be called out, who then arranges for the deceased to be removed to the mortuary. The entire process can be very distressing for the family members.

Outcome: Data was collected prospectively. Practice list of 8500 patients, 38 patients were on the GSF register. We had 10 expected deaths in a 6 mth period, all were on the EPaCCS, target was achieved maintaining the set standards. Discussion: Information sheets were given to colleagues during clinical meetings. Reaudit was done for the next 6 mths with similar results. We are successfully providing care to our palliative care patients at their preferred place.

P147  Actioning “less serious” results – an audit of vitamin D insufficiency reveals a problem with follow up in an area not covered by QOF
Azad Hussain; Pip Fisher
University of Manchester; Whitehouse Centre

Background: The majority of patients in our practice do not have fair skin and many female patients cover themselves, therefore many are at high risk of having low vitamin D. Under local guidelines vitamin D deficiency should be treated with high dose cholecalciferol for 12 weeks and thereafter low dose supplements (the treatment for vitamin D insufficiency) are recommended. We audited our records to determine whether we were following local guidelines for follow up of these conditions.

Methods: We reviewed the records of all adult patients in our practice who had a READ code of vitamin D deficiency or insufficiency in 2013.

Results:
- 141 patients had vitamin D deficiency or insufficiency.
- 86% (73/89) of those who required high dose treatment received it.
- 69% (97/141) were prescribed, or advised to buy, low dose vitamin D supplements for follow up of deficiency or treatment of insufficiency.

Discussion: This audit revealed a problem with follow up of results within our practice, particularly those results (such as vitamin D insufficiency) which were not considered to justify a letter or phone call to the patient. Relying on the patient to contact the practice for results, or the clinician to act on reminders in the records was not adequate to
ensure that all vitamin D insufficient results were communicated to the patients. As a result of this audit we will be reviewing our processes for handling results to ensure that patients are always informed of abnormal results.

P148  Diagnosis & management of vitamin B12 deficiency in primary care – are we following the guidelines?

Timothy Shao Ern Tan; Joanne Protheroe; Pauline Harris
Manchester Medical School, The University of Manchester; West Gorton Medical Centre, Manchester

Aim: To evaluate the appropriate diagnosis and management of Vitamin B12 deficiency in our primary care centre against recognized standards.

Content: A clinical audit of patients who are currently on oral cyancobalamin and/or intramuscular hydroxocobalamin injections over a 1-year period.

Relevance/impact: Vitamin B12 deficiency is common in primary care but its treatment varies across practices. One important cause of B12 deficiency is pernicious anaemia (identified by intrinsic factor antibodies), which is a risk factor for developing gastric carcinoma, and should be excluded. Additionally, recent evidence has suggested that some patients have been continued on B12 injections with no clear clinical indication. Recently, guidelines were produced to improve investigation and management of B12 deficiency. Hence, this audit studied the investigation and management of B12 deficiency and adherence to clinical guidelines in a GP practice in North-West England.

Outcomes: 38 patients (66% females, 34% males) who are receiving treatment for B12 deficiency were identified. Of these, 55% (21/38) had intrinsic factor antibodies checked and 52% (13/25) were managed according to guidelines. 100% (8/8) of patients with dietary B12 deficiency (non-vegans) and 75% (3/4) of B12-deficient patients on long-term metformin have had follow-up serum B12 monitoring.

Discussion: There is a need to improve investigating for B12 deficiency, adherence to clinical guidelines, and documentation of patients’ diagnosis, treatment plan, dietary status and any required monitoring. We anticipate that adhering to guidelines when appropriate, with clear documentation, will improve diagnosis and management of B12 deficiency so that safe prescribing and potential cost savings are achieved.

P149  Are patients under the shared care agreement for their DMARD monitoring receiving their investigations on time?

Ella-Grace Kirton
University of Nottingham

An audit was performed of patients taking disease modifying anti-rheumatic drugs. Patients were identified in a single inner city practice in Derbyshire for whom the practice was responsible for monitoring under a shared care agreement. A guideline is provided by the Derbyshire Joint Area Prescribing Committee for the frequency of monitoring investigations. A standard of 90% was set. 30 patients were identified using the Emis records system and 17 were included in the audit. Of these 70% underwent monitoring that adhered to the guidance. The main reason for this not occurring was failure to issue reminders to patients to ensure that patients were aware that investigations were due, leading to tests being performed late. Recommendations are made to improve the proportion of patients receiving their investigations on time.

P150  Local audit of the management of sore throat symptoms in children in relation to Centor criteria and NICE CG69

Elizabeth Carr; Rohan Shotton; Dawn Tragen
University of Manchester; University Hospital of South Manchester; Firsway Health Centre

Introduction: Sore throat is a common presentation to the GP. The majority of cases are viral and occur in young patients, most resolving spontaneously. Bacterial infections, typically with group A beta-haemolytic streptococcus (GABHS), may be amenable to antibiotic treatment. Selection of patients for antibiotic therapy should use the Centor criteria to assess likelihood of bacterial aetiology of symptoms. An audit was performed to assess whether this is routine practice.

Methods: The practice database of 18000 patients was searched for children aged 3-14 years presenting with sore throat symptoms in September – December 2013. Case records for these consultations were interrogated for
evidence of Centor symptoms, antibiotic prescriptions, consideration of throat culture, or conservative management.

**Results:** Records of 32 consultations were viewed. 2 patients were excluded, as one was a chronic sore throat, and the other was an allergic reaction. 11 patients scored ≥ 3, of whom 6 were prescribed antibiotics. 1 was given a delayed prescription and 4 were advised on conservative treatment. Of the 19 patients who scored 0-2, 2 were given antibiotic prescriptions. One of these was due to the patient having a history of GABHS, but the reason for the other prescription was unclear. No throat cultures were performed.

**Conclusions:** 93% of the eligible cases showed correct management of sore throat according to Centor criteria. 83% showed incomplete documentation of symptoms, most commonly omitting the presence of cough and tender lymphadenopathy. Centor awareness could be improved in GPs, and symptom recording standardised to improve care.

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**P151 Sore throats and Centor criteria: doctors’ and patients’ responses**

*Joseph Freer*

*Barts Health NHS Trust*

**Background/relevance:** Despite national guidelines recommending clinical tools to classify sore throats as viral (~90%) or bacterial (~10%), data suggests most patients are still receiving antibiotics - either for immediate or delayed use.

**Aims:** Review coherence to SIGN/NICE guidance of Centor/McIsaac criteria for directing prescribing. Question parents given a “delayed prescription”: whether, when, and why the prescription was used. Review whether prescribing affected re-presentation – assessing treatment complications, persistence of symptoms, complication rate.

**Results:** Records of 296 children were reviewed. 45% with Centor=0 got antibiotics, 73% with Centor=1, 84% with Centor=2, 97% with Centor=3, 100% with Centor=4. 71% were prescribed antibiotics for a <10 day duration. 83% of children with absence of cough (AOC) got antibiotics, 84% with fever (F), 92% with lymphadenopathy (LN), and 100% with tonsillar exudate (TE). 5/32 parents whose child got a delayed prescription responded to the questionnaire; all gave antibiotics immediately; the most common reasons for dispensing were odynophagia and persistent fever.

**Discussion/impact:** Over-prescribing for scores of 0-2 may reflect the known poor PPV of Centor –guidelines recommend immediate antibiotics for a scores of 3 or 4, but are unclear about lower scores. However, Centor has a high NPV; almost 50% with 0/4 symptoms/signs receiving antibiotics denotes inadequate treatment rationing. The heterogeneity of likelihood ratios for individual symptoms/signs is known, so the intuitive hierarchy that practitioners constructed (TE>LN>F>AOC) when choosing treatment is not evidence-based and should be avoided. The questionnaires suggested parents immediately gave antibiotics, in spite of clinical advice to delay treatment.

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**P152 An audit of antibiotics for presentation of a sore throat**

*Abigail Knight*

*University of Manchester*

**Aims:** To check that prescription of antibiotics for tonsillitis is given in line with NICE guidelines and to investigate the reasons for any discrepancies between the guidelines and reality. NICE recommend offering antibiotics only if the patient has 3 Centor criteria or more.

**Methods:** The medical notes of 76 patients that had presented with a sore throat over a 9 month period were examined to calculate the Centor score and see the treatment offered. 7 patients were excluded due to poor documentation or due to multiple complaints.

**Results:** All patients were being offered antibiotics with a Centor score of 3 or more which is in line with NICE guidelines. Patients with exudate or temperature were mostly prescribed antibiotics even if they don’t have 3 Centor criteria. Patients with neither of these signs were never given antibiotics.

**Discussion:** Whilst we can only speculate on the consequences of overprescribing antibiotics, we can be sure that using too many is a bad thing for the future of antibiotic efficacy. This audit has shown that temperature and exudate are being used as independent diagnostic features and these patients are being given antibiotics without reaching a Centor score of 3.
**Conclusion:** Doctors need to use the Centor criteria correctly and only offer antibiotic treatment when 3 or more of the Centor criteria are fulfilled.

**P153  Audit of NICE guidelines for sore throat**

Emily Wersocki  
*Keele University*

**Aims/objectives:** Antibiotics stewardship is the responsibility of every clinician and it is an area that needs to be improved. One of the prescribing targets regionally is to decrease the amount of antibiotics prescribed. The aim was to audit whether NICE guidelines for assessing and treating sore throat were being followed in a primary care setting then to use the results to educate colleagues and following this re-audit.

**Content:** NICE guidelines recommend using Centor criteria to assess sore throats and guide treatment. EMISWeb was searched for 18 read codes for sore throat over 2 periods 1st-31st of December in 2012 and 2013. 94 cases were identified in period 1 and 58 in period 2, a random number generator was used to select 25 cases from each group. The records were hand searched for use of Centor criteria and whether antibiotics were prescribed as per guidelines. Prior to re-audit there was an education meeting and a template set up on EMISWeb containing Centor criteria to automatically appear if tonsillitis is recorded as the read code.

**Results:** Centor criteria were recorded in 0% (0/25) of records in period 1 and this increased to 64% (16/25) in period 2, treatment were as per guidelines in 48% (12/25) initially and this rose to 77% (19/25). Inappropriate antibiotic prescription dropped from 69% (11/16) to 26% (5/14).

**Discussion:** Through a simple intervention of targeted education and introduction of a template on EMISWeb there was decreased inappropriate antibiotic prescribing, there is however still room for improvement.

**P154  Full cycle audit - Improved awareness of NICE guidelines for sore throat required**

Alexander Yao; Sana Rizvi; Rita Bagchi  
*Newcastle Upon Tyne Hospitals NHS Foundation Trust; University Hospitals Coventry and Warwickshire NHS Trust; Midlands Medical Partnership*

**Aims/objectives:** A full cycle audit was conducted analysing the prescribing of antibiotics for sore throat against the relevant NICE clinical guideline.

**Relevance/Impact:** Sore throat is one of the most common presenting complaints to the GP practice. Growing concerns over antibiotic over-prescribing and resistance patterns, correct prescribing practice is increasingly important.

**Methods:** The audit cycles were conducted in Nov 2013 and Feb 2014. The standard we used was the NICE clinical guideline 69, relating to sore throat. The regional electronic database was searched for patients with read codes relating to sore throat over the previous 2 months. We recorded data based on the Royal College of General Practitioners “Sore Throat Audit in Primary Care” proforma.

At the intervention stage, the practice was educated about awareness of to the relevant guidelines.

**Results:** The first audit loop in Nov 2013 included 28 patients, and the loop was closed in Feb 2014 with 46 patients included. Adherence with the guidelines was suboptimal in Nov 2013 with antibiotic choice and dose at 86% and 77% respectively. This improved to 94% for both in Feb 2014. Adherence with antibiotic duration was especially suboptimal at 39% in Nov 2013, improving to 61% in Feb 2013. Frequency of antibiotics was correctly adhered at 100% across both cycles.

**Summary:** Despite modest improvements driven by improved awareness, suboptimal antibiotic prescribing practice in sore throat remains an unresolved issue. Awareness of the relevant NICE guidelines and appropriate use of the Centor score will help to improve compliance.

**P155  Why are pulmonary rehabilitation referrals low**

Zainab Bello  
*University of Manchester*
Pulmonary rehabilitation is a non-pharmacological multidisciplinary approach to managing respiratory conditions such as COPD. These sessions improve exercise tolerance and give helpful advice that allow patients to make healthier choices.

**Criteria:** NICE guidelines suggest that PR should be considered for anyone who is 'functionally disabled' by their condition, which is an MRC grade of three or above and those that have had a recent admission in hospital due to an exacerbation.

**Method:** I focused on all patients at the GP practice that had an MRC grade of 3 and above. Once I had achieved this, I created a questionnaire and contacted the patients.

**Results:** 112 people fit my criteria and the following show the breakdown of my results:

- 23 wanted to be referred
- 15 had already been referred and were in various stages of processing
- 53 patients declined referral for many different reasons
- 16 could not be contacted/ did not want to talk
- 5 were unsuitable.

The different reasons for declining:

- Other priorities - 9
- Awkward timing - 3
- No benefit/interest/need - 20
- Too old - 3
- Transport - 5
- Mobility - 2
- Co morbidities - 9
- Other - 2

**Conclusions:** There are a variety of reasons why people decline PR such as transport and mobility issues. However, many did not know what pulmonary rehabilitation was, therefore educating patients is important in order for them to make informed decisions.

**P156 Are bronchiectasis patients in a Northern England GP surgery treated in accordance with British Thoracic Society guidelines?**

**Robin Walsh**

*University of Sheffield Medical School*

The BTS set out guidelines for the treatment of bronchiectasis in primary care. These include recommendations that all patients should have an annual review, and when suffering exacerbations should provide a sputum sample and receive 10-14 days antibiotics. I conducted an audit of all bronchiectasis patients at a Northern England GPs surgery to determine compliance with guidelines.

45 patients out of a population of 13,000 had bronchiectasis (0.3%). The age range was 28-94, with all but 7 aged between 60-79. None had cystic fibrosis. Patient notes were reviewed between 1/1/13 and 31/12/13. 35 patients (77%) received the influenza vaccination in 2013, and 38 (84%) received the pneumococcal vaccination. 31 (69%) had a tobacco consumption code inputted during 2013.

30 (66%) patients had ≥1 acute exacerbation in this period - defined as any chest infection or cough that required antibiotics. 12 (40%) of these patients had a sputum sample taken during ≥1 exacerbation. 10 (33%) of the patients treated for exacerbations received antibiotics in line with the bronchiectasis guidelines on at least one occasion.

No patients had a formal bronchiectasis review, although 16 (35%) had COPD or asthma reviews, which covered some of the key points. Only 3 (7%) patients had what could be classed as an “annual review” sputum sample taken for analysis.

**Recommendations:**

- Educate patients to request 10-14 days antibiotics from GPs
- Implement templates on GP computer system to prompt appropriate exacerbation management and annual reviews
• Re-audit in 1 year.

P157 Addressing the reasons for non-attendance at annual asthma reviews amongst under-16s

Joanne Procter
University of Manchester

Poorly controlled asthma creates a significant burden on NHS resources, and annual asthma reviews aim to reduce this burden by improving symptom control. This audit assessed annual review attendance amongst under-16s, and established reasons for non-attendance with a telephone survey. A sample of 39 patients under 16 years old showed that there is only a 62% attendance rate at the annual review. 86% of patients’ parents were either not contactable or stated that they were not aware that the review was due, suggesting that the current system of patient reminder letters is not effective. It follows that alternative patient reminder systems must be considered: this report reviews the benefits and potential pitfalls of text and email reminder systems, and the realities of implementing such systems in order to improve annual review attendance. Email reminder systems in particular are a secure, convenient way to contact patients, and are worth serious consideration as a way of improving attendance at annual asthma reviews.

P158 Are asthma reviews following the BTS/SIGN guidelines? A re-audit of asthma action plans

Tasleema Begum; Naseem Gill
University of Manchester; CH Medical

Aims of audit: To re-audit annual asthma reviews at a general practice (GP) to establish if previous recommendations improved the number of patients who were given an asthma action plan.

Relevance: Good primary care and written asthma action plans are essential in educating patients and preventing asthma deaths. In December 2012 the audit of asthma reviews at this GP found that only 49% were given asthma action plans. Recommendations included raising awareness at the practice and having printed plans in the nurse’s room to prompt a discussion about this.

Method: Adult asthma reviews in the previous 3 months were compared to recommendations by BTS and SIGN guidelines. Standards were based on recommendations by Asthma UK and Global Initiative for Asthma (GINA) guidelines. Results were compared to last year’s outcomes.

Outcomes: 78 patients had an annual asthma review in the last 3 months. 59% of patients were provided with an asthma action plan which was clearly documented.

Discussion: The percentage of patients provided with an asthma action plan has improved since recommendations were made in December 2012. This shows the dedication of the practice to improve asthma care. Considerable amount of work is still needed to ensure all patients are appropriately advised with an asthma action plan. The results of the audit will be presented to the practice to encourage asthma action plans to be given and a telephone interview of patients’ understanding of action plans will be carried out.

Practice survey

P159 The management of asthma in paediatric patients in primary care

Lauren Milian
Manchester Medical School

Management of patients with asthma in primary care is extremely important in reducing exacerbations and emergency admissions from asthma, especially in children. It was reported in the news recently, how more children than expected children were dying from exacerbations of their asthma due to poor follow up in primary care, so ensuring adequate care and correct management of these patients is key.

I carried out an audit in GP on paediatric patients with a diagnosis of asthma; I looked to see whether they had any emergency admissions due to an exacerbation of their asthma and whether these were logged as such on the system. I further looked to see whether the patient’s asthma was managed correctly, whether they were on the correct treatment and whether they were attending regular review.

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I found there were 26 paediatric patients that had asthma and had been attended A&E due to an asthma exacerbation, there were 67 admissions between them. Out of these, only 5 exacerbations were logged as such on the system (7%). The majority of patients were under frequent review and attended these and medication was altered correctly depending on symptoms. The children that were frequent hospital attenders or were kept in hospital for a couple of days were given regular clinic appointments at the hospital, so were under review by the GP and the paediatricians. The areas I found for possible improvement were children I found that weren’t attending their asthma review appointments or not responding to appointment letters.

**P160**  
**Over treatment of type 2 diabetes in primary care**  
Lauren Illingsworth  
Manchester Medical School

**Aim:** NICE guidelines recommend against setting a HbA1c target of less than 48 mmol/mol for patients with type 2 diabetes; research has suggested that intensive glucose lowering in these patients has possible risks combined with a limited effect on cardiovascular complications. This poster provides an overview of the risks of intensively treating type 2 diabetes and presents a clinical audit assessing the possibility that it is over treated in general practice.  
**Method:** The retrospective audit included all patients with type 2 diabetes at a general practice with a most recent HbA1c of 50 mmol/mol or less; 104 patients were included. Patients’ notes were assessed manually and information regarding their treatment and recent medication review was recorded.  
**Results:** 77% of this patient group were treated with medication. 87% had a medication review within the last year and 29% had specific discussions documented about their antidiabetic medication at the review.  
**Conclusion and recommendations:** It is possible that intensive treatment of type 2 diabetes is unnecessary and is burdening patients. A review of all patients with type 2 diabetes with a well controlled HbA1c on medication is recommended to establish whether changes can be made to their treatment regime.

**P161**  
**INR Records for warfarin patients in general practice**  
Samuel Broadley  
Newcastle University

**Background:** Guidelines on warfarin monitoring are provided the National Patient Safety Agency (NPSA). They recommend that International Normalised Ratio (INR) results are recorded at least every 3 months, and within a recorded target range. Marsden Road GP primarily uses “EMIS Web” software to securely record patient medical data.  
**Aims:** To improve records of INR results and target ranges in one general practice.  
**Method:** Cycle 1:  
- Sample all registered patients at Marsden Road General Practice currently on warfarin courses.  
- Search on the GP’s “EMIS Web” software for INR results within 3 months and target ranges ever.  
- Search patient records for any non-coded INR results to add to data.  
**Cycle 2:**  
- Obtain INR results and ranges from the practice’s warfarin clinic for 3 weeks, and add to records.  
- Repeat search (see step 2 above).  
**Results:** 156 patients were sampled for 1st cycle (before intervention) and 173 patients were sampled for 2nd cycle (intervention). Upon intervention, 128 target ranges were added and INR results were updated. The percentage of patient notes showing records of:  
- INR results within target range in the last 3 months increased from 3.21% to 39.88%.  
- INR results within 3 months increased from 59.62% to 71.10%.  
- Recorded target ranges increased from 10.26% to 83.24%.  
**Conclusion:** Regularly inputting INR results and target ranges significantly increases the recorded number of patients within safe INR limits.

**P162**  
“What’s an urgent psychiatric referral?” An audit looking into why priority and urgent psychiatric referrals are often downgraded by mental health triage
**Cara Doherty**
Sussex Partnership NHS Foundation Trust

**Aim:** This retrospective audit analysed why there seems to be a difference in opinion of "urgent referral" between primary care and secondary care psychiatry. The proportion of referrals downgraded by triage were identified and analysed. The aim is to streamline the referral process for both referrer and receiver so that if patients do need urgent review they are seen appropriately, efficiently and in the best place. The poster shows pie-charts with percentages of GP priority, urgent, and routine referrals and another with percentages of referrals after triage assessment. A pie-chart showing reasons for urgent referrals with some analysis alongside. Results are shown of when patients were reviewed, the did not attend rate, those discharged back to GP, and what other resources patients were referred on to.

**Impact:** Primary care is under pressure to manage patients without referrals. This discrepancy of perceived urgency, and the finding that many patients don’t attend or are seen once in secondary care then discharged, suggest that primary care can manage more. The biggest impact could be better management of patients with mental health problems through education and better communication between primary and secondary care.

**Outcome:** The audit findings are being presented to our CCG with a proposal that referral guidance should be available for GPs, education about managing suicidal ideation, possible introduction of a risk assessment tool for GPs, and better use of mental health professionals based in local GP surgeries. Re-auditing in the future would hopefully show a reduction in referral rates.

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**P163 Exploring communication, an audit of primary care referrals to secondary care**

Sheena Seewoonarain; Emily Thomas
Princess Alexandra Hospital; Wotton Lawn Hospital

**Background:** The General Practitioner (GP) holds the pivotal role of referring patients from primary care to secondary care. This referral may take the written form via a ‘referral letter’ whereby it is essential to convey adequate clinical information to ensure safe transfer of care. These letters have been the subject of comment for many years. The Scottish Intercollegiate Guidelines Network (SIGN) published guidelines on the minimum dataset required in a referral letter.

**Aim:** Using the latest SIGN guidelines, the aim of this audit was to measure the quality and content of GP referral letters for patients admitted to the medical unit within a district general hospital after verbal acceptance.

**Method:** This was a prospective audit carried out using patients admitted to the Medical Admission Unit (MAU). The audit tool was devised by the Clinical Audit and Effectiveness Department. Evidence of compliance with the audited elements was taken from either the admission data or other general documentation for the admission.

**Outcome:** Overall, the majority of patients reviewed in secondary care had a referral letter. These referral letters were of varying quality with differing amounts of clinical data included. Additionally, some handwritten referral letters were illegible thus negating their use.

**Discussion:** We hope to address this ongoing issue by firstly, feed sharing our findings with potential referrers in the community and opening up discussion to encourage improvement in the quality of referral letters. Secondly, to design and implement a proforma, containing the required parameters, to improve compliance with the desired standard.

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**P164 NHS 111 in acute and emergency care: a single practice’s experience**

Michael Thompson; Rupert Jones
Defence Postgraduate Medical Deanery, Defence Medical Services; Centre for Clinical Trials and Population Research, Plymouth University Peninsula School of Medicine and Dentistry
Aims/objectives: To analyse patients’ use of the 111 service in a small inner city GP practice and whether the advice was followed.

Content: In the practice with 2611 patients, all 111 interactions were identified between July 2013 and May 2014. The report from each interaction was reviewed. Subsequent management of the problem and outcome was identified from the practice records.

Relevance/Impact: The NHS 111 service was introduced nationally throughout 2013 to improve access to appropriate urgent care. It was criticised at its inception for generating excessive workload for ambulance services, emergency departments (ED) and primary care.

Outcomes: A total of 228 NHS 111 interactions were identified over the 11-month period. The volume of calls stabilised at 1% of practice population/month. Users characteristics: 45% male. Age groups: 0-18years 13%; 19-69 68%; 70 or above 9%. A third of callers were 19-29yrs. 130(57%) were advised to contact a GP, 24(11%) were self-managed at home. Only 15(6.6%) were advised to attend ED, but ambulances were called in 26(11.4%) cases. In total 11% attended ED. In 174/228(76%) the advice given was followed, whilst 46/228(20%) failed to seek further medical help against advice. We found no evidence that serious illnesses were overlooked.

Discussion: In this practice NHS 111 service use is stable, and only 11% attended ED over 11 months. Callers are mainly adults, especially young adults who are not seriously ill. Patients generally follow the advice given, and the service appears to be safe with no serious illness missed.

P165 Audit of written communication between primary care and outpatient psychiatry

Sarah Mills
University of Dundee

Introduction: Good communication between general practice and psychiatry is crucial to optimizing the care of patients being assessed and treated for mental illness. When deficiencies in communication exist, patient care can suffer serious and preventable negative outcomes.

Aim: A two-fold approach to assess the completeness of referral letters from primary care to psychiatry and from psychiatry outpatient clinics to GPs.

Methods: A retrospective analysis of all GP referral letters to the Community Mental Health Team and all outpatient psychiatry clinic letters to patients' GPs over a one month period. All referrals were assessed according to a set content checklist.

Discussion: A literature review was conducted to set the basic minimum standards for content included in referral and clinic letters in psychiatry. Referrals to psychiatry were evaluated for completeness in the following areas: reasons for referral, main symptoms or problems, past medical history, past psychiatric history, medication and treatment history, family history. Psychiatry letters to GPs were assessed to see if they contained: a full list of current medication, the patient's diagnosis, current mental state examination, follow-up arrangements, and whether they were dispatched within 1 week of clinic. Descriptive statistics were used to analyze the results.

Conclusion: The quality of referral letters to the psychiatric community team, and of clinic letters back from outpatient psychiatry to GPs was poor, with letters failing to address a number of significant areas. Ensuring that communication between psychiatry and primary care confirm to minimum standards would streamline referral and delivery of care in mental health.

P166 Has the introduction of the “single point of access” made out-of-hours care more accessible to patients?

Charlotte Lee; LiYan Chow; Chloe Macaulay; Mitch Blair
Imperial College London; North Middlesex University Hospital

Aims/objectives: To investigate the quality and clarity of information provided by General Practice (GP) surgeries regarding out-of-hours services as a cause of the reliance on A&E services amongst a group of general practices serving approximately 239,100 patients.

Content: Observational data collection from websites and answer phone messages of GP practices listed under the NHS Harrow Clinical Commissioning Group Constitution (n=35).
Relevance/Impact: The number of “unnecessary” accident and emergency (A&E) attendances is rising, with estimates that they cost the National Health Service up to £136 million per year. The recent introduction of the NHS 111 as a single point of access to out-of-hours services aimed to simplify the route for patients into healthcare thereby reducing the pressure on A&E. However, A&E attendances are still high.

Outcomes: Websites: We found that 9/35 practices did not have a website and 9 of the websites (n=26) did not mention the NHS 111 service. Most also contained information regarding services which were no longer available. Answer Phone Messages: 9/35 practices did not mention NHS 111 and information was included about services which were no longer available.

Discussion: Information provided by GP practices was inconsistent and unclear with a significant proportion not mentioning NHS 111 as the new single point of access to out-of-hours care. We believe that high variability of information is confusing for patients and may be contributing to the increasing burden on A&E services. If improved, it could aid a significant reduction in “unnecessary” attendances.

P167 Communication with general practitioners after accident and emergency attendance: A review of discharge summaries

Josephine Mo
Newcastle University Medical School

To enable general practitioners (GPs) to give their patients the best continuation of care following an admission to accident and emergency (A&E), GPs need a good accurate summary of their patient’s attendance to A&E. Fifty patient discharge summaries chosen by opportunity sampling and were analysed for their content and whether or not they met the ‘gold standard’ criteria set for this analysis. A ‘gold standard’ letter for this audit was defined as containing evidence of descriptive and acceptable information under the headings included in the summary template (e.g. investigations, treatment).

All discharge summaries included the patient’s name and the date and time of their admission to A&E. However, not a single discharge summary analysed met the ‘gold-standard’ definition set. The main reasons for this seemed to be missing information under the headings included in the summary template. A proportion of the discharge summaries did not have adequate information on the reasons why the patient was originally admitted to A&E; many of the summaries had non-specific diagnoses e.g. ‘unwell’.

Most A&E departments are extremely busy and the reality is that staff do not always have the time to spend writing an extremely detailed and concise discharge summaries. However making some changes to the way that the discharge summaries are currently written would help in providing GPs with more useful information which in turn will allow them to provide their patients with a better quality of care continuation.

P168 Audit of annual medical appraisal and revalidation activity across the UK defence medical services (DMS)

Louisa Morris; Richard Withnall; Dudley Graham; Colette Davey; Toby Holland
Royal Centre for Defence Medicine

Aim: The first overarching audit of annual medical appraisal and revalidation activity across the DMS for appraisal year 2013.

Content: In February 2014 a detailed appraisal and revalidation questionnaire was sent to the Responsible Officers (ROs) of all DMS Designated Bodies (DBs).

Relevance: Annual medical appraisal for all doctors working within the DMS was introduced in 2002[1]. The General Medical Council (GMC) began issuing licences to practise in Nov 11 and revalidation went live in Dec 12[2]. Primacy for annual appraisal processes and revalidation recommendations rests with the ROs of GMC-approved Designated Bodies (DBs). In total there are five DBs within the DMS responsible for a total of 1379 doctors.

Outcomes:
- 82% of DMS doctors provided evidence of completing an annual appraisal
- 90% of doctors revalidating immediately achieved a positive recommendation
- Additional supporting evidence was required for 10% of DMS trained doctors before a positive revalidation recommendation could be made.

Discussion:
• The DMS should maintain a live database for appraisal and revalidation in order to satisfy the GMCs requirement for quality assurance
• The DMS should invest in appraiser training and top-up training in order to ensure that the demand for military appraisers is met
• The data obtained will support DMS appraisal and revalidation policy and quality assurance work; and also inform the future DMS appraisal training requirement
• This audit should be repeated for the 2014 appraisal year.

P169  A retrospective audit of the consent process of minor surgery

Hasan Mohammad; Luke Wookey
University of Manchester; Fairfax Group Practice

Introduction: Informed consent forms the underlying basis of medical ethics and clinical medicine today. It is crucial that it is strictly adhered to in all clinical procedures. In recent years there is an increasing precedence of minor surgery performed in primary care. We conducted an audit of the consenting process performed for minor surgery.

Methods: A retrospective audit was performed of patients who had minor surgery performed in the last 6 months. A questionnaire was designed based on the criteria from the General Medical Council’s consent guidelines. Patients were telephoned to obtain their responses.

Results: The results of the audit clearly indicate that all patients were satisfied with the service, would recommend it to a family member/friend (100%) and understood all information given (100%). However there were cases in which patients had not received important pieces of information such as alternative treatment options (45%), risks of the procedure (17.5%) and many did not receive written information regarding the procedure (70%). All patient’s praised the clinician performing the surgery and no post-operative complications were reported.

Conclusion: Patients were more than satisfied with the quality of service provided but there were a few reports in which some patients perceived important information was not provided. Therefore a leaflet was designed about minor surgery, the procedure and associated risks. We aim to close the audit loop after a few months to observe the impact of leaflet intervention.

P170  Improving HIV testing in a high risk general practice

Komal Chadha
Croydon Health Services NHS Trust

Introduction: UK guidelines state that a HIV test should be offered to all patients registering at a GP where the local diagnosed prevalence is >2/1000. HIV is a treatable condition with late diagnosis being the single leading cause of morbidity and mortality. A large proportion will see their GP in the months preceding their diagnosis. This audit aimed to improve HIV testing at a practice with a local prevalence of 4.75/1000.

Methods: Data was obtained for patients registering at the practice within the last 3 months. It showed that 4% of patients had been offered a HIV test, there was a 2% uptake and none had a positive result. Questionnaires were then used to assess staff knowledge. A presentation was given to all medical staff at the practice and then another follow up questionnaire. The proforma for newly registering patients was amended to include offering a HIV test.

Results: Following the changes, 3 further months of data were analysed. The proportion of newly registering patients being offered a HIV test increased to 98%. There was a 54% uptake and 2% had a positive result. The post presentation questionnaires indicated that staff felt more confident about offering a test and handling the result.

Conclusions: This study demonstrated that practice staff understanding and subsequent testing of HIV was significantly improved. The uptake and pick-up rates also thereby increased. By commencing antiretrovirals early, not only can HIV positive patients can lead a normal life, but partner and vertical transmission is greatly reduced.

P171  Audit of the initial management of unscheduled vaginal bleeding

Sophie Craggs; Bushera Choudry
University of Manchester Medical School

http://www.gmc-uk.org/doctors/revalidation.asp [accessed 20 Feb 14]
**Background:** Unscheduled vaginal bleeding is a common presenting complaint in general practice. It is the presenting symptom for a variety of gynaecological pathologies from infection to cancer. Awareness of the initial management is important to ensure best care to identify the cause for their symptoms.

**Guidelines:** The aims of the audit were to assess the initial management of women presenting to primary care with unscheduled bleeding using current guidelines from the FSRH Guidance (May 2009) and a BMJ Clinical Review (June 2013).

**Criteria:** The notes of 37 premenopausal women presenting in the last two years at the practice were reviewed and the initial consultation noted.

**Results:** Poor documentation made it difficult to conclude if best practice was being observed. 13.5% of patients had pregnancy excluded and documented. Half of the patients had their smear status and history noted. 67% of patients received an internal examination. 78% had infection excluded.

**Outcome:** Findings were presented at a practice meeting to the GPs. Advised changes included improvement in documentation of history taking and the use of a simple pro-forma to ensure all aspects of initial management are included. The pro-forma applies to all women presenting with pre-menopausal unscheduled bleeding ensuring the four main areas of investigation- possible pregnancy, smear status, contraceptive use, infection risk- are covered and help determine what investigations are appropriate.

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**P172 Can we do more to identify people at risk of familial breast cancer?**

**Paul Nathan; Aneeta Ahluwalia**

_Hollybrook Medical Centre_

Breast cancer is the most common cancer diagnoses in women where a common familial genetic mutation can significantly increase the risk. The National institute for clinical excellence (NICE) does not encourage actively seeking to identify women with a family history of breast cancer. This is currently a patient initiated, reactive process when individuals seek advice about their risk.

An audit was undertaken at an urban primary care practice of 15,000 patients with a paper based, self-administered questionnaire sent to patients with a personal history of breast cancer. (112 patients) The aim was to determine whether identification of patients and their relatives at higher risk of familial cancer is worthwhile in primary care.

Of the 56 questionnaires returned, half contained family histories indicating relatives at higher risk and eligible for familial cancer screening either currently or in the future. Risk assessment was performed using the family history risk assessment tool (FaHRas).

There were 28 families who required referral, four daughters and two grand-daughters to be referred in the future and three unborn grand-children who would require referral if they were delivered.

In addition 4 families were at increased risk of bowel cancer. The findings suggest a role for primary care practitioners in the identification of high risk patients. This could increase surveillance and promote early detection or genetic screening for those at higher risk.

Further work is required to integrate family history tools into clinical systems with decision support software and recall and reminders systems. This is currently being scoped.

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**P173 Audit of breast pain referrals to secondary care**

**Jatinder Rihal**

_University of Sheffield_

Breast pain is a common problem affecting two thirds of women at any one time. Many cases are managed in primary care, however NICE states women should be referred if the pain is severe enough to affect quality of life and does not respond to first line treatment. A pain chart should be kept for a minimum of 2 months, and the aim of referral should be to identify any cause of pain and discuss further treatment options including danazol and tamoxifen. When offered, 8 in 10 women decline treatment options. The risk of cancer when breast pain is the sole complaint is very low (0-3%). The value of breast imaging in women lies predominantly in reassurance, and radiological abnormalities rarely have clinical consequences. This raises questions about GP direct access to breast imaging and the cost-benefit rational for referral.
A literature review and audit of 68 patients referred for the sole symptom of breast pain will be presented. The audit examines what proportion of women referred have quality of life implications, proportion where first line treatment has failed and where pain charts have been kept. The outcome of referral will be presented including imaging, final diagnosis and if second line treatment is offered. Results of the audit will be discussed in context of the literature review, current evidence, NHS austerity culture and increased prevalence of breast cancer. A proposed breast pain algorithm will be highlighted and discussion whether GPs ought to have access to routine breast imaging.

P174  An audit of communication of prescription changes in the discharge summary

Matthew Neal; Helena Carley; Fouad Siddiqui
Sandwell & West Birmingham Hospitals NHS Trust

We describe the results of a secondary care audit of discharge summaries, looking for the explanation to general practitioners of why changes were made to medications during a hospital admission. During the course of an admission, medications are frequently altered, such that an admission medication list may bear little resemblance to a final discharge prescription. The discharge summary should provide the most contemporaneous prescribing record, taking into account specialist input, medication monitoring, adverse reactions and ongoing treatment plans. Including a rationale for medication changes is essential to continuity of care, to minimise the risk to patient safety at the transfer of care, to include GPs in the decision making process and to optimise patient understanding and compliance.

We retrospectively audited 52 discharge summaries of patients discharged from a University teaching hospital from May 2013 to January 2014. We looked for explanations of medication changes, including the categories: dose change, frequency change, discontinued medication, and new medication. We defined an ‘error’, as a change having been made to a medication without an accompanying explanation for this change. Our results showed a high error rate, with 85% of cases containing at least one error. Reasons for a change were most likely to be omitted when medications were discontinued (89%), but also, why a new medication has been started (59%), or why a frequency (67%) or dose (48%) has changed. These results suggest that medication changes are being inadequately explained to GPs, threatening patient safety at the interface of secondary and primary care.

P175  An audit to assess the number of patients aged 55 years or over with persistent new-onset dyspepsia who were sent for gastroscopy

Elizabeth Carr; Rohan Shotton
University of Manchester; University Hospital of South Manchester

Introduction: Dyspepsia is a spectrum of usually intermittent upper gastrointestinal symptoms, including epigastric pain and heartburn. Every year, 40% of adults may experience dyspepsia, but only 2% visit their GP. Resultant drugs and endoscopies cost the NHS £600 million per year, and over-the-counter medications cost patients £100 million per year. According to NICE, it is not necessary to send patients with dyspepsia routinely for endoscopic examination in the absence of alarm signs. However, it states that in those aged 55 years or over with unexplained, persistent recent-onset dyspepsia, an urgent endoscopy referral should be made.

Methods: This audit was conducted in an affluent GP practice with 12,251 patients. The EMIS computer system was searched for patients coded with dyspepsia in March 2012 - March 2013, who were aged 55 or over.

Results: Records of 185 patients were examined. 64 were discounted due to exclusion criteria (recent investigation, single brief episode, lack of evidence of dyspepsia). Of the remaining patients, 5% refused gastroscopy, 8.3% were investigated with ultrasound, and 48% were investigated using gastroscopy. The majority of the other patients were simply started on a trial of a proton pump inhibitor, with some being tested for Helicobacter. Patients were generally advised to return within 4 weeks, if symptoms had not settled. Lifestyle advice on preventing dyspeptic symptoms was sporadically offered.

Conclusion: There is scope for a higher rate of referral for investigation in the practice. Patients aged over 55 with dyspeptic symptoms should receive prompt and thorough investigation with adequate safety netting.
Are patients aged 55 and over on amlodipine monotherapy being monitored adequately?

Neil Bodagh; Kenneth Vickers
University of Manchester, Whitley Road Medical Centre

Objectives: To determine whether patients aged 55 and over on amlodipine monotherapy are having their physical activity levels evaluated and meeting their target blood pressure as per QOF guidance. To assess whether alcohol consumption is noted and whether blood tests and ECGs are being offered to hypertensive patients as according to NICE guidelines.

Method: An audit of electronic medical records was carried out and 53 patients were identified as being 55 and over on amlodipine monotherapy. The records of these patients were then looked at to assess the objectives mentioned.

Outcomes: Physical activity levels and blood pressure targets were being achieved and meeting QOF targets. Alcohol consumption was noted in most but not all patients. Blood tests did appear to be offered to most patients but plasma glucose was not routinely measured. ECGs don’t appear to be offered to all hypertensive patients.

Conclusion: The standard of monitoring of hypertensive patients is satisfactory. Improvements could be made by offering to check plasma glucose and offering ECGs on a more regular basis. This audit should be performed again in 24 months to assess whether monitoring is still satisfactory.

Hard to swallow: Are GP USS requests for neck lumps adequate?

Rehan Chaudary; Conor Aleman
Heatherwood and Wexham Park Hospitals NHS Trust

Introduction: Outcome for head and neck cancers is improved with early diagnosis and treatment. Suspicious cases can be seen urgently in dedicated Lump in Neck Clinics (LINC). However GPs also may have access to community ultrasound lists for less suspicious cases. These ultrasound requests are important in providing information that allows triaging, with possible direct patient referral to LINCs, as well as vital clinical information needed to accurately interpret scan results.

Aim: 1. To assess the information supplied by GPs on neck ultrasound request forms for investigation of lumps. 2. To investigate if this information has any impact on whether the patient is referred to a LINC.

Method: GP neck lump ultrasound requests were assessed for whether relevant clinical information was provided (smoking, hoarse voice, painless lump, dysphagia, globus, pain, systemic malignancy, previous cancer and whether thyroid disease was present) and the outcome following the scan (for LINC or not) was recorded.

Results: 123 requests with the following details were recorded; 93 (76%) painless lumps, 43 (35%) thyroid disease, 14 (11%) painful lumps, 10 (8%) globus, 4 (3%) dysphagia, 4 (3%) systemic malignancy, 3 (2%) previous cancer, 3 (2%) hoarse voice, 2 (2%) smoking, 1 request illegible. 23 (19%) of these cases were referred to LINC following ultrasound.

Conclusions: 1. There is poor provision of clinical information on the request forms, leading to reduced accuracy of triaging high-risk cases and interpreting scans. 2. Lack of information means many scans, based on current guidelines, are not clinically indicated. Common trends in requesting these examinations reinforce the need for clear guidance and GP education. 3. There is no association between the level of clinical information provided with the request and the likelihood of referral to LINC. 4. Community scan lists are being effectively used by GPs in ensuring 81% of patients that could have been referred directly to LINC are filtered out.

Is it scabies? An audit of scabies diagnosis and management

Ananth Nalabanda; Dominic Roberts; Steve Walker; Chris Griffiths
Queen Mary University of London; Lower Clapton Group Practice; London School of Hygiene and Tropical Medicine

Aim: An audit of scabies diagnosis, treatment and associated note keeping in primary care.

Methodology: Retrospective case notes review of patients diagnosed with scabies and/or those treated with permethrin or malathon from January 2009 to July 2014.

Results: EMIS web search yielded 110 patients. 57 (52%) were male and the median age 37.5 years (1 to 85), 16 (14%) were children. Fifty-one (46%) were diagnosed with scabies and the other 59 (54%) received a topical scabicide. Eleven (10%) were asymptomatic contacts.
The commonest sites for lesions were the upper limbs which were affected in 50 (45%) individuals. Burrows were recorded in only 38 (34%). “Rash” was the most common recorded finding in 97 (88%) followed by papules 40 (36%), vesicles 5 (4%) and excoriations 22 (20%). Eczema was most common coded pre-existing dermatosis in 31 (28%) of those treated. Most individuals, 80 (73%) received 5% permethrin cream, followed by malathion 0.5% lotion, 20 (18%) and 10 (9%) were incorrectly prescribed 1% permethrin lotion. Of the 51 individuals who were diagnosed with scabies written information was given to the patient and appropriate advice about household contacts was documented in only 56% and 52% respectively.

**Conclusions:** Scabies diagnosis in primary care is challenging and many individuals are treated empirically. There is a lack of accurate documentation regarding scabies diagnosis and patient advice. A large proportion of individuals were prescribed inappropriate therapy. Improved education concerning scabies and other pruritic conditions including training in dermoscopy may improve the management.

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**P179 Audit of referrals to IMATT from Roseworth Surgery, Gosforth**

Andrew Rendall
Roseworth Surgery, Gosforth

**Background:** The Intermediate Musculoskeletal Assessment and Treatment Team Service (IMATT) accept patients for review of complex musculoskeletal conditions with a view to providing the patient and GP with an efficient pathway to receiving best treatment. However some of the referrals result in review, but not treatment by IMATT, and then referral to secondary care anyway. This incurs an additional fee for the GP practice. It is therefore important for General Practitioners to be aware of the benefits and outcomes of this service and in order to make best use of it.

**Aims:**
- Assess the appropriateness of referrals made to IMATT by Doctors at Roseworth Surgery
- Review the outcomes of these referrals in order to establish which patients are most likely to benefit from this service.

**Methods:**
- A retrospective study of all referrals made to IMATT by Roseworth Surgery 10/2012-03/2014
- Referral letters, clinic letters and GP consultations reviewed from System One records.

**Results, conclusions and recommendations:**
- 41 referrals. 39 patients (female=18, male=23, mean age = 51 years, age range = 22-80)
- The vast majority (88%) of referrals made were deemed appropriate for IMATT to review
- Junior Doctors made a similar number of referrals to Senior Doctors
- There are high rates of referrals to secondary care after being seen by IMATT. Some of these patients receive no investigations or treatment, suggesting that a direct referral to secondary care may have been more appropriate.
- More musculoskeletal teaching recommended
- Practice referral guideline needed.

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**P180 Management of conjunctivitis in general practice**

Rimi Adedeji
Basildon and Thurrock PCT

**Aim:** To audit the management of conjunctivitis in general practice.

**Objectives:**
- To audit the prescription of chloramphenicol (and fusidic acid) in patients diagnosed with conjunctivitis
- To audit the use of delayed scripts- the management method suggested by literature
- To assess the formation of the diagnosis of conjunctivitis.

**Presentation content:**
- Outlines the percentages of patients prescribed Chloramphenicol (or fusidic acid) who were diagnosed with conjunctivitis
• The proportion of patients with other diagnoses treated as conjunctivitis
• The above led to the exploration of how some other conditions that cause a red eye were managed.

Relevance/impact:
• Conjunctivitis is a common presenting complaint in general practice
• Diagnosing ophthalmic conditions can be difficult in a GP setting
• Occasionally conditions causing a red eye are hastily diagnosed as conjunctivitis
• Large volumes of prescriptions issued, which could be delayed or withheld
• Delayed scripts would reduce costs, number of unnecessary treatments and the risk of side effects.

Outcomes:
• 21-28% of patient prescribed chloramphenicol had a different diagnosis from conjunctivitis documented
• Incorrect management of other causes of a red eye was seen e.g. chalazion
• Despite published recommendations, only one delayed prescription was issued (on re-audit)
• Few patients were given sufficient advice about the condition- e.g. hygiene, self-limiting nature.

Discussions:
• More education on the diagnosis of a ‘red eye’ to allow for correct management
• Increase the use of delayed prescriptions as literature supports- although may be difficult for patients to comply
• Ensure patients advised on other aspects of conjunctivitis e.g. self-limiting nature, preventing spread
• GPs to improvement documentation and coding.

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P181  Discharge rates of new referrals to a referral only eye casualty service

Emily Beattie; Brijesh Sharma; Moneesh Patel
Royal Derby Hospital

Aim: To assess new referrals made to Eye Primary Care (eye casualty) and look at the diagnosis made to see whether some could have been managed in primary care, Opticians or Emergency Department (ED).

Method: Over a 2 week period a retrospective notes review from Eye Primary Care records was undertaken.

Results: 267 patients were seen, of which 181 were new patients. 254 sets of notes were reviewed and 13 had no notes available. Of 65 patients newly referred by GP’s 54% of these were discharged on their first visit, 53% of ED referrals and 52% of Optician referrals. 49% of GP referrals, 60% of ED referrals, and 46% of Optician referrals were considered to have not needed referral, equating to 23% of all new referrals.

Discussion: Of new patients referred to Eye Primary Care just under a quarter are potentially inappropriate, reducing these referrals would reduce the burden on a busy service. There is a cost for all referrals to Eye Primary Care in hospital; this could be reduced if these conditions were confidently managed in the primary care setting. This can be achieved by better referral guidelines on what should be referred to Opticians and what should be referred to hospital primary care service. This may also highlight need for further education for General Practitioners, Opticians and ED staff, to increase confidence in what they can manage without referring on.

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Practice survey

P182  Awareness levels of GPs and practice teams in managing eye health and sight loss

Waqaar Shah; Katherine Raven; Anita Lightstone
Royal College of General Practitioners; UK Vision Strategy

Aim: The Royal College of General Practitioners has selected eye health as a clinical priority and is working with UK Vision Strategy to deliver this programme. GPs and their teams were surveyed to establish their awareness levels of managing patients’ eye health and sight loss.

Content: An online survey of GPs and practice staff was conducted between November 2013 and January 2014. Participants were invited to complete the survey via targeted RCGP emails, GP intranet sites and articles in the professional media.

A presentation on this research would include:
• GPs’ confidence in their ability to spot symptoms of eye conditions. Confidence in spotting cataract was high but low for age-related macular degeneration
• Fewer than half of respondents and their practices made information regarding appointments or their practice available in accessible formats.

Outcomes: The majority of respondents supported:
• Training and guidance on the management of eye conditions
• The need to provide accessible information for patients
• Training for staff to support patients with sight loss
• Integration with other local health and social care services.

Discussion: This research clearly demonstrates GPs and practice staff feel under confident in recognising early symptoms of some of major eye conditions and that GPs practices need to carefully consider the requirements of patients with sight loss to ensure they can access primary care.

Impact: The results of this survey research will be used to inform the delivery of the RCGP clinical priority programme.

P183 Disparities in who attends retinal screening: cross sectional study of the Quality Improvement in Chronic Kidney Disease (QICKD) trial data
Hannah Fieldhouse
The University of Surrey

In 2011-12 the NHS Diabetic Eye Screening Programme (NDESP) reported that 1-in-5 diabetic patients invited for retinal screening failed to attend. We undertook a cross sectional study of 37,642 patients with type 1 and type 2 diabetes; investigating factors associated with failure to attend retinal screening. Routinely collected data from electronic GP records was examined, and patients followed over 2.5 years. A logistic regression model was built to explore factors associated with failure to attend. The strongest predictors of failure to attend were no recent measurement of HbA1C, BP or cholesterol, failure to have recorded a Quality of Outcomes Framework (QOF) recommended code for diabetes, previous failure to attend retinal screening, patients with higher deprivation index and in age groups: 20 - 44 and over 80 years. The NDESP monitors uptake of retinal screening across its 84 local programmes, however this is not yet linked with other aspects of the patient record. GP records provide this opportunity. Knowledge about the types of patient most likely to miss out is particularly valuable, given the removal of retinal screening targets from the latest QOF; without the pay for performance incentive there is potential for screening referrals to decline.

Failure to attend NDESP can be added to the list of disparities in the English NHS. The factors associated with failure to attend retinal screening should allow GPs to target patients least likely to attend and policymakers to consider revising the QOF coding list, and design and implement more effective recall processes.

P184 Failing to record blood glucose test provenance wastes time, money and delays diagnosis of diabetes
Hannah Fieldhouse; Andrew McGovern; Simon de Lusignan
University Of Surrey

We have previously noted that the majority of blood glucose tests undertaken in primary care are recorded without providing information about the provenance of the sample (fasting, random, or glucose tolerance test). We undertook a cross-sectional study, of over 1 million patient records from 2013, using data collected by the RCGP Research Surveillance Centre (RSC) to quantify the number of tests without provenance information. We also undertook a manual search of all 480 people with diabetes in a single GP practice, to investigate the impact of failure to record provenance on timely diagnosis and GP resources.

From 222,829 recorded glucose measurements in the RSC database majority (117,893; 58%) did not have any provenance information recorded. The manual record search demonstrated that GPs often repeated tests with no recorded provenance as they were unsure whether they were fasting or not; GPs also spent time clarifying the test provenance with patients with recall appointments or telephone calls; and diagnosis of diabetes was frequently delayed (sometimes by several years).
We will present the complete findings of our cross-sectional analysis; including suggested methods for recovering provenance information using automated tools. We will also present case studies identified from our manual record search which have important learning points for clinicians.

Early identification and intervention in diabetes is key to minimising complications. Poor recording of glucose provenance is a common problem, leading to unnecessary management challenges. Simple interventions could be employed, using current systems, which would overcome this problem.

**P185 Delaying Insulin treatment through the use of newer anti-diabetic agents, Dapagliflozin followed by Exenatide once weekly; a health economic assessment from a UK NHS perspective**

Mata Charokopou; Helene Vioix; Stephen Lawrence; Bram Verheggen; David Maddocks; Daniel Franks
Pharmerit International, Rotterdam, Netherlands; AstraZeneca UK Ltd, Luton

**Objective:** New anti-diabetes drug classes may delay the onset of insulin treatment. The relative efficacy and costs were assessed for a treatment pathway consisting of dapagliflozin+metformin as first line of treatment, followed by exenatide once weekly+metformin as second line and insulin regimens as third line, compared with a treatment pathway that commences with sulphonylurea (SU)+metformin, followed by the addition of insulin in patients inadequately controlled with metformin alone.

**Methods:** Clinical inputs for dapagliflozin versus SU, and exenatide versus insulin regimens were derived from relevant head-to-head clinical trials and long-term follow-up studies (dapagliflozin: 4-year data; exenatide: 6-year data). These were included in a health economic model and were combined with costs associated with drug treatment and other healthcare resources. Total Quality Adjusted Life-Years (QALYs) and costs, along with the incremental cost-effectiveness ratio (ICER) were calculated over a lifetime horizon. The uncertainty around the outcomes was determined through sensitivity analyses.

**Results:** The long-term follow-up studies showed the durability of the treatment effects of dapagliflozin and exenatide. The health economic analysis demonstrated that sustained HbA1c level control can delay the onset of insulin treatment by 5-6 years. Compared to the traditional clinical practice, treatment with dapagliflozin+metformin followed by exenatide+metformin, was associated with a benefit of 0.343 QALYs (95%CI: 0.239; 0.450) at an additional cost of £2,827 (95%CI: £2,352; £3,267), resulting in an ICER estimate of £8,233/QALY.

**Conclusions:** The proposed alternative treatment sequence is a cost-effective treatment option in patients inadequately controlled with metformin alone. The robustness of this statement has been addressed within extensive sensitivity analyses.

**P186 Liraglutide 3.0 mg for weight management in obese/overweight adults with Type 2 Diabetes (T2D): SCALE Diabetes 56-week randomised, double-blind, placebo-controlled trial**

Melanie Davies; Bruce Bode; Robert Kushner; Andrew Lewin; Trine Vang Skjøth; Troels Jensen; Ralph DeFronzo
Diabetes Research Centre, University of Leicester, Leicester, UK; Atlanta Diabetes Associates, Atlanta, GA, USA; Northwestern University, Chicago, IL, USA; National Research Institute, Los Angeles, CA, USA; Novo Nordisk A/S, Søborg, Denmark; Texas Diabetes Institute, San Antonio, TX, USA

**Aims/objectives:** This study investigated the efficacy and safety of liraglutide 3.0mg and 1.8mg, as adjunct to diet and exercise, for weight management in obese/overweight adults with T2D.

**Content:** In this 56-week, randomised, double-blind, placebo-controlled trial, adults with T2D (on diet and exercise alone or with 1–3 oral antidiabetic drugs, HbA1c 7–10%, BMI ≥27.0 kg/m2) were randomised 2:1:1 to receive liraglutide 3.0mg, 1.8mg or placebo.

**Outcomes:** 846 individuals were randomised: 50% male, means: age 54.9 years, BMI 37.1 kg/m2, HbA1c 7.9%, fasting plasma glucose 8.8 mmol/L. Liraglutide 3.0mg achieved superior mean and categorical weight loss and glycaemic control vs. placebo and liraglutide 1.8 mg (Table). Gastrointestinal disorders were more frequent with liraglutide 3.0mg (65%) than liraglutide 1.8mg (56%) and placebo (39%). A non-dose-dependent increase in mean serum lipase activity was seen with both liraglutide doses; few individuals (7.7% and 9.8% on liraglutide 1.8mg and 3.0mg, vs. 6.3% on placebo) had levels ≥3 times the upper normal range at any time. Rates of symptomatic hypoglycaemia were 0.87, 0.95 and 0.31 events per patient year for liraglutide 3.0mg, 1.8mg and placebo. Eight
severe hypoglycaemic events were reported (five in three subjects with liraglutide 3.0mg; three in two subjects with liraglutide 1.8mg); all in subjects receiving background SU therapy.

**Discussion:** Liraglutide 3.0mg, as adjunct to diet and exercise, was efficacious and well-tolerated for weight management in obese/overweight individuals with T2D.

**Table: Effect of liraglutide on body weight and glycaemic control**

<table>
<thead>
<tr>
<th>Change from baseline to week 56 (LOCF)</th>
<th>Liraglutide 3.0mg (n=423) Observed mean</th>
<th>Liraglutide 1.8mg (n=211) Observed mean</th>
<th>Placebo (n=212) Observed mean</th>
<th>Liraglutide 3.0mg – Placebo ETD or EOR* (p-value)</th>
<th>Liraglutide 1.8mg – Placebo ETD or EOR* (p-value)</th>
<th>Liraglutide 3.0mg – 1.8mg ETD or EOR* (p-value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BW change (mmol/l)³</td>
<td>−5.9</td>
<td>−4.6</td>
<td>−2.0</td>
<td>−3.97 (&lt;0.0001)</td>
<td>−2.62 (&lt;0.0001)</td>
<td>−1.35 (0.0024)</td>
</tr>
<tr>
<td>% losing ≥ 5% BW³</td>
<td>49.9</td>
<td>35.0</td>
<td>13.8</td>
<td>6.81 (&lt;0.0001)</td>
<td>3.69 (&lt;0.0001)</td>
<td>1.84 (0.0008)</td>
</tr>
<tr>
<td>% losing &gt; 10% BW³</td>
<td>23.4</td>
<td>14.4</td>
<td>4.3</td>
<td>7.10 (&lt;0.0001)</td>
<td>3.84 (0.0008)</td>
<td>1.85 (0.0099)</td>
</tr>
<tr>
<td>HbA1c change (%-points)³</td>
<td>−1.3</td>
<td>−1.1</td>
<td>−0.3</td>
<td>−0.93 (&lt;0.0001)</td>
<td>−0.74 (&lt;0.0001)</td>
<td>−0.19 (0.0125)</td>
</tr>
<tr>
<td>% of individuals reaching HbA1c ≤6.5%²</td>
<td>56.5</td>
<td>45.6</td>
<td>15.0</td>
<td>9.61 (&lt;0.0001)</td>
<td>5.98 (&lt;0.0001)</td>
<td>1.61 (0.0142)</td>
</tr>
<tr>
<td>% of individuals reaching HbA1c &lt;7%²</td>
<td>69.2</td>
<td>66.7</td>
<td>27.2</td>
<td>8.79 (&lt;0.0001)</td>
<td>7.71 (&lt;0.0001)</td>
<td>1.14 (0.5319)</td>
</tr>
<tr>
<td>FPG change (mmol/l)¹</td>
<td>−1.9</td>
<td>−1.5</td>
<td>0.0</td>
<td>−1.77 (&lt;0.0001)</td>
<td>−1.28 (&lt;0.0001)</td>
<td>−0.49 (0.0061)</td>
</tr>
<tr>
<td>PPG increment (mmol/l)¹</td>
<td>−0.8</td>
<td>−0.7</td>
<td>−0.3</td>
<td>−0.55 (0.0003)</td>
<td>−0.44 (0.0088)</td>
<td>−0.11 (0.4536)</td>
</tr>
</tbody>
</table>

**#P188 Stroke risk reduction in non-valvular atrial fibrillation: developing a decision aid and clinician’s guide to help patients and primary care professionals**

**Alastair Bradley; Brigitte Colwell; Nigel Matthers**
**University of Sheffield**

Stroke risk reduction in non-valvular AF has become a complex area for doctors and patients with stroke risk stratification, bleeding risk stratification, new oral anticoagulants available and the removal of aspirin as a recommended treatment option.

**Methods:** We have interviewed patients and carers to establish what is important to them when considering this topic. We used IPDAS criteria and the Ottawa Decision Support Framework to draft the decision aid and clinician’s guide. We then convened 3 advisory group meetings consisting of patients, GPs, Haematologist, Cardiologist, Expert nurse, statistician and research methods specialist to develop and refine the tools. The refined tools were then disseminated to specialists in primary care cardiology and specialist nurses working in anticoagulation clinics for their opinion on form and content.

**Results:** We have developed a patient decision aid personalised to individuals stroke and bleeding risks. The clinician’s guide has been developed alongside to help GPs and practice nurses to support patients with this complex decision. The refined tools will be pilot tested with patients and GPs in routine primary care to establish feasibility and acceptability.

**Conclusion:** The use of a broad spectrum of research theory, clinical and developmental expertise can result in the production of tools acceptable and appropriate for patients and clinicians when faced with complex risk reduction decisions.

**#P189 Ethnicity and nocturnal blood pressure dipping**
Neeladri Dutta; James Sheppard; Richard McManus; Paramjit Gill; Una Martin; Saeed Haque
University of Birmingham; University of Oxford

Objectives: The aim of this study was to examine whether ethnicity is a risk factor for a reduced nocturnal blood pressure dip (“non-dipping”), in order to inform recognition of this condition in routine clinical practice.

Content and relevance: Ambulatory blood pressure monitoring (ABPM) is the gold standard method of diagnosing hypertension, which is a significant risk factor for adverse cardiovascular events. Usually, blood pressure expresses diurnal variation, “dipping” during sleep, before a morning blood pressure surge. Similarly, the onset of adverse cardiovascular events exhibits a similar pattern, occurring most frequently in the morning and least often at night. There is evidence that a lack of nocturnal dip, “non-dipping”, increases the risk of these cardiovascular events.

Outcomes: Of the 515 patients included, 240 were White British, 124 were South Asian (Indian, Pakistani or Bangladeshi) and 151 were of African-Caribbean ethnicity. Approximately 57.6% (87/151) African-Caribbeans were found to be non-dippers, compared to just 41.7% (100/240) White British and 39.5% (49/124) South Asian individuals. In multivariate analyses controlling for confounders, African-Caribbeans were nearly twice as likely to be non-dippers compared to White British individuals (OR=1.93, 95% CI 1.24-3.01, p=0.004).

Discussion: These findings suggest that African-Caribbeans are at significantly greater risk of non-dipping. Given the increased cardiovascular risk associated with non-dipping, African-Caribbean patients undergoing ABPM in primary care should continue monitoring overnight to explore the possibility of reduced nocturnal dip. Identification of dipping status in this population will allow appropriate targeting of specialist management, potentially reducing the risk of subsequent cardiovascular disease.

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P190 Receptionist recognition and referral of Patients with Stroke (RECEPTS): a prospective cross-sectional observational study

Elizabeth Bates; Ruth Mellor; James Sheppard; Janet Jones; Satinder Singh; George Bouliotis; Connie Wiskin; Richard McManus
Department of Primary Care Clinical Sciences, University of Birmingham; Nuffield Department of Primary Care Health Sciences, University of Oxford

Aims/objectives: Reception Staff are key to directing patients toward appropriate care, but little is known about their recognition of acute stroke and their behaviour when encountering it.

Content: 520 unannounced simulated patient telephone calls (USPTs) were made to 52 West Midlands primary care practices by medical role players enacting acute stroke vignettes based on FAST (Face, Arm, Speech) and posterior stroke symptoms. Descriptive statistics summarise the proportion of calls referred for immediate clinical care by receptionists. Logistic regression analyses examine the likelihood of immediate referral by ease of recognition (defined by a lay and expert panel), by number and type of symptom.

Relevance/impact: Key to acute stroke care is prompt access by emergency ambulance to a specialist department offering thrombolysis. However 20% of acute stroke patients contact primary care, experiencing significant delay. Using a novel method we explore the response to acute stroke at first contact with primary care.

Outcomes: 69% (360/520) of calls were referred for immediate care, with 61% (317/520) of callers told to call 999. Difficult vignettes were 85% less likely to be immediately referred than easy to recognise vignettes (OR 0.15, 95% CI 0.08 to 0.26, p<0.001). Likelihood of immediate care fell as the number of FAST symptoms declined from three to none (posterior stroke) (OR 0.03 95% CI 0.01-0.08, p<0.001).
Discussion: Reception staff’s responses during medical emergencies can profoundly impact clinical outcomes. The value of training for this neglected group, with particular focus on presentations with lesser known or fewer symptoms, is clear.

P191 Pre-hospital care after a seizure
Jon Dickson; Louise Taylor; Trevor Baldwin; Jane Shewan; Peter Mortimer; Richard Grünewald; Markus Reuber
Academic Unit of Primary Medical Care, University of Sheffield; Yorkshire Ambulance Service; Sheffield Teaching Hospitals NHS Foundation Trust

Aims/objectives: To study the pre-hospital management of seizures and investigate the potential for alternative care pathways to reduce Emergency Department (ED) attendance and improve care.

Content: Descriptive statistics were used to analyse cross-sectional data for seizure incidents attended by a local ambulance service during the financial year 2012/13. Detailed analysis of medical records is underway for a sample of patients to characterise the clinical details of seizure incidents.

Relevance: The prevalence of active epilepsy is 1%. 20-30% of patients with epilepsy have more than one seizure per month resulting in frequent costly ED attendances. Frequent ED attenders report a poorer quality of life, higher levels of anxiety/depression, and greater perceived stigmatisation.

Outcomes: In 2012/13, the local ambulance service dealt with 667,625 emergencies; 3.66% were due to seizures. Seizures are the ambulance service’s sixth highest single-issue call type. In one area, 57% of these incidents resulted in a high priority eight-minute response. Only 2% were managed by telephone advice. Additional analysis of a sample of seizure incidents will be available to present in October 2014.

Discussion: Our current data show that seizures account for a significant proportion of ambulance service activity. Many of these cases may be suitable for alternative care pathways which have the potential to deliver large cost savings, reduce unscheduled ED attendance and improve patient care. Our on-going work will allow us to characterise the suitability of patients for such approaches and enable rational design of alternative care pathways.

P192 Quality of life, life style factors and deprivation scores in patients with gout in primary care
Omar Al- Omoush; Marwan Bukhari
John Hopkins Aramco Healthcare; University of Manchester

Aim: Gout is the most common form of inflammatory arthritis in the UK, yet data regarding impact of gout on health related quality of life are limited. The concern of the study was to investigate whether a relationship exists between quality of life, lifestyle factors and deprivation scores in patients with gout in primary care using the short form 36 version 2 (SF-36 v2), Leeds Health Questionnaire and the English Indices of Multiple Deprivation 2007.

Methods: Patients with a diagnosis of gout among two GP surgeries of completely different areas with one covering a particularly affluent area and the other covering areas of poverty and pockets of deep deprivation in North Lancashire and South Cumbria were identified for the purpose of this study. Two questionnaires; SF-36 v2 and the Leeds Health Questionnaire were posted to the patients (n= 251). Patients were made aware of the scope and purpose of the study. Returned questionnaires received were assessed and data were inputted using SPSS software to conclude statistical significances (P<0.05) using suitable statistical tests including t-test for independent data and correlation tests. Response rate received was 51% and deemed sufficient to and representative for the whole gout patients in primary care.

Results: The scores of physical health Component Summary (PCS) of the short form 36 version 2 and its related 6 domains (Vitality, Physical Functioning, Bodily Pain, General Health, Role Physical, social functioning) were significantly lower in patients with gout than those reported for the general UK population (p<0.05). There was no significant difference in the remaining 2 domains (Role Emotional and Mental Health) and the Mental health
Component Summary (MCS). A strong correlations existed between lower physical quality of life in patients with gout presented by reduced PCS scores and Deprivation measured using the English Indices of Multiple Deprivation 2007 (r=0.70). No significant correlation could be identified between reduced PCS in patients with gout or between Deprivation and the following factors (age, gender, smoking status, body mass index, exercise, alcohol intake, general health and disability).

Conclusions: Within the limitations of the study; it was concluded that (1) Physical health related Quality of Life is lower in patients with gout in comparison to general population, mainly due to gout itself and partially due to comorbidities and socio demographic associated factors, and (2) Reduced health related quality of life in patients with gout is more evident among the more deprived patients.

P193  The causes of death in epilepsy: a systematic review
Alexandra Ostler; Leone Ridsdale; Sian Cousins
Kings College London; Institute of Psychiatry

Relevance: Population-based studies have consistently found a two to three fold increase in mortality rates in patients with epilepsy (PWE) compared with the general population. The death rate in people with epilepsy is similar to that from cervical cancer. The cause of this increase is uncertain but several risk factors have been identified including non-adherence to medication, treatment for depression and alcohol abuse.

Aim: To describe mortality rates in people with epilepsy and amenable causes of death.

Content: A search of MEDLINE and PsycINFO lead to 14 papers being reviewed. The inclusion criteria stated that papers had to examine mortality rates in PWE and identified the role of psychological variables in the cause of death.

Outcomes: Mortality and suicide rates were increased in PWE. PWE were at higher risk of being diagnosed with a psychiatric disorder than the general population. Being diagnosed with a comorbid psychiatric disorder was significantly associated with external cause of death (suicide and accidents) in PWE. Non-adherence to medication increased mortality rates by 50%.

Discussion: Psychiatric disorders and drug and alcohol abuse disorders are treatable, and non-adherence with medication can be reduced through improving patient education and care. This may reduce some causes of death in epilepsy. An annual review is being withdrawn from the Quality & Outcome Framework in primary care. We believe this is potentially an opportunity lost.

P195  How do general practitioners deal with parents bereaved by suicide? A qualitative study
Emily Foggin; Sharon McDonnell; Lis Cordingley; Navneet Kapur; Jenny Shaw; Carolyn Chew-Graham
The University of Manchester; Keele University

Aims/objectives: To understand the experiences of GPs in dealing with parents bereaved by suicide, and perceptions of their support needs.

Content: Suicide prevention is an NHS priority, but the needs of those bereaved by suicide have not been addressed, despite being a high risk group (National Suicide Prevention Strategy). The experiences of GPs dealing with parents bereaved by suicide are under-researched. Ethical approval was obtained. Parents bereaved by suicide in NW England were recruited via Coroners, posters, newspaper articles and self-help groups. Parents consented to their GP being interviewed. 13 GPs agreed; topic guide allowed exploration of the suicide and GPs’ needs caring for parents bereaved by suicide.

Interviews recorded with consent. Data analysed using constant comparison techniques. GPs disclosed an unpreparedness to face parents bereaved by suicide, often due to poor communication about the circumstances of the death. Some GPs described guilt surrounding suicide, and the difficulties they encountered in supporting parents and themselves.

Relevance/impact: GPs play an important role in supporting parents bereaved by suicide. Results will inform a suicide bereavement training pack for health professionals.
Outcomes: GPs lacked confidence dealing with parents bereaved by suicide and were unaware of resources available to support parents, mostly relying on the third sector. GPs were emotionally affected by suicide and relied on informal networks for support.

Discussion: GPs need to feel confident approaching parents bereaved by suicide. GPs manage their distress through self-care and informal contact with colleagues. This vulnerability jeopardises their ability to provide quality care.

**P196** 'The importance of equilibrium': a qualitative exploration of patient and practitioner views on two antidepressants for treatment-resistant depression

Katie Dixon; Heather Burroughs; Alison Lloyd; David Kessler; Debbie Tallon; Carolyn Chew-Graham

Keele University; University of Bristol

Aims/objectives: 55% patients with depression treated with antidepressants remain depressed (so-called ‘treatment-resistant depression’, TRD). NICE guideline CG90 suggests the use of a combination of antidepressants. MIR is a double-blind, randomised controlled trial of Mirtazapine plus SSRI/SNRI antidepressants as an intervention for TRD. We report initial results of a nested qualitative study.

Content of poster: 19 people who declined to participate in the trial, 13 patients who had received 12 weeks of Mirtazapine/placebo, 8 GPs in collaborating practices were interviewed; digitally recorded, transcribed verbatim. Analysis suggests that patients who declined to participate were reluctant to accept a second antidepressant because a combination of drugs did not fit with their model of depression, not wanting to disturb a hard-won equilibrium.

Trial participants described being ‘at a crisis’ when invited to participate, taking two drugs seen as a means of returning to a point of equilibrium. GPs described how the trial gave them another option to manage patients, but expressed concern about prescribing two antidepressants, anticipating difficulties withdrawing drugs.

Relevance/impact: If the MIR trial establishes that mirtazapine plus SSRI/SNRI is effective for people with TRD, guidelines need to recognise the perspectives of patients and GPs.

Outcome: This study demonstrates the value of qualitative studies in illuminating results of trials.

Discussion: In managing patients with TRD, GPs should explore the patient’s model of depression and position on their illness trajectory, and how comfortable they feel prescribing/withdrawing, a combination of antidepressants.

**P197** A qualitative exploration of views of general practices of running health and support needs assessments for carers of people with dementia

Jennifer O'Donnell; Rachel Foskett-Tharby; Tatum Matharu; Helen Lester; Paramjit Gill

University of Birmingham

Background: Carers of people with dementia experience greater burden, depressed mood and worse general health than other carers. Recent policies aim to improve service provision for dementia carers and research shows burden is reduced through practical and psychosocial support in primary care. We explored experiences of GP practices of piloting health assessments for dementia carers for the Quality and Outcomes Framework (QOF) pilot study.

Methods: All GP practices in 6 PCTs were invited to participate. 78 practices expressed an interest, of which 30 were randomly selected to be representative of GP practices in England in terms of list size, deprivation and QOF score. 22 agreed to participate. A total of 60 interviews were undertaken with GPs, practice managers, nursing and administrative staff. A thematic analysis using an established framework explored experiences of GP practices of piloting health assessments.

Results: Four main themes were found illustrating experiences of running the health assessments:

- Carers are an important group
- Identifying carers is challenging
Running the health assessments
Is general practice the right place to do the health assessments?

Implications: Further consideration of practical issues is required before implementing health assessments in primary care. These include resources, GP time to undertake them, and consideration of potential uptake by carers. Increasing awareness to optimise use of support services outside primary care may be beneficial.

P198 ‘Timely’ diagnosis of dementia: what does it mean? A narrative analysis of GPs’ accounts
Saadia Aziz Dhedhi; Deborah Swinglehurst; Jill Russell
Barts and The London School of Medicine & Dentistry

Objective: To explore general practitioners’ perspectives on the meaning of ‘timeliness’ in dementia diagnosis.
Design: Narrative interview study.
Methods: Seven GPs’ narrative commentaries of encounters with patients with suspected dementia were audio-recorded and transcribed resulting in 51 pages of text. Detailed narrative analysis was conducted.
Results: Diagnosis of dementia is a complex medical and social practice. Clinicians attend to multiple competing priorities whilst providing individually-tailored patient care, against a background of shifting political and institutional concerns. Interviewees drew on a range of explanations about the nature of generalism to legitimise their claims about whether and how they made a diagnosis, constructing their accounts of what constituted ‘timeliness’.

Three interlinked analytic themes were identified:
1) Diagnosis is collective, cumulative, contingent process
2) Taking care to ensure that diagnosis - if reached at all - is opportune
3) Diagnosis of dementia is consequential, but also a diagnosis whose consequences are unpredictable.

Conclusions: Timeliness in the diagnosis of dementia involves balancing a range of judgements and is not experienced in terms of simple chronological notions of time. Reluctance or failure to make a diagnosis on a particular occasion does not necessarily point to GPs’ lack of awareness of current policies, but commonly reflects this range of nuanced balancing judgements, often negotiated with patients and their families with detailed attention to a particular context. In the case of dementia, the benefits of early diagnosis cannot be assumed, but need to be ‘worked through’ on an individual case basis. GPs value ‘rightness’ of time over concerns about ‘early’ diagnosis.

P199 Attitudes of Danish and UK GPs towards early diagnosis and management of dementia: an exploratory qualitative study
Emma Ladds; Sara Ryan; Kamal Mahtani
North Bristol NHS Trust; Department of Primary Health Care Sciences, Oxford University

Background: The United Kingdom [UK] and Denmark have similarly-structured health systems utilizing GPs as the access point to care. In both, National Dementia Strategies emphasize GPs in early diagnosis and management of dementia. A comparison of experiences could identify similarities and differences in the approach to identifying dementia, communicating with the patient and managing strategies, which could aid service development.

Method: A defined population-sampling frame and purposive sampling strategy identified 12 UK and Danish GPs. In depth, one-on-one interviews were conducted to ascertain current practice around diagnosing dementia, communicating with the patient and managing the condition and their general views towards the disease itself. These were transcribed verbatim and analysed thematically for similarities and contrasting opinions.

Results: The lack of sensitive, specific tests for early dementia presents a diagnostic challenge for GPs. UK GPs expressed greater ambivalence towards the principle of diagnosis. Service coordination and communication were
identified as major challenges to management in both countries and dementia was unequivocally viewed as stigmatizing.

**Conclusion:** This study demonstrates heuristic significance, highlighting the need for a diagnostic framework that empowers GPs to make the best use of imperfect tests for early dementia, whilst encouraging continual improvement of such assessments and exploring how best to facilitate proactive coordination of care services. A deeper analysis is required to understand the greater ambivalence of UK GP to early diagnosis, along with an exploration of factors in both countries that contribute to stigma associated with dementia and how this impacts on help-seeking behaviour and service provision.

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**P200 Examining the relationships between perceived stress, negative emotion, illness related distress, cortisol levels and wound healing**

*Bolatito Banjoko*  
*University of Bristol*

**Objective:** Many factors contribute to wound healing, among which stress has been implicated. The primary objective of this study was to look at the effects of perceived stress, negative emotion, ulcer related distress and cortisol levels on wound healing.

**Design:** A prospective, observational longitudinal design was employed. The rationale for this choice of study design was to be able to follow patients up over a period of time to see the effects of perceived stress, negative emotion, ulcer related distress and cortisol levels on the healing of their leg ulcers.

**Method:** Thirty patients with a venous leg ulcer without other major co-morbidities (e.g., diabetes, stroke, cancer) were recruited from primary care leg ulcer out-patient clinics. Participants completed questionnaires on perceived stress, negative emotion and ulcer related distress and sampled saliva for cortisol assessment at baseline, 6, 12 and 24 weeks. Data was analysed with the use of SPSS.

**Results:** Baseline cortisol levels did not differ between participants who had healed and not healed at 6, 12 and 24 weeks. However, baseline perceived stress was higher in those with open ulcers at 24 weeks \( U = 25.50 \) \( p<.01, r=-.46 \).

**Conclusion:** Data in this study suggest the presence of a significant relationship between self-reported stress variables and wound healing. The key limitation of this study was the small sample size.

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**P201 Dietary interventions and behaviour: Gluten/casein-free diet in autism spectrum disorders, inflammatory and autoimmune disease**

*Malav Trivedi; Richard Deth; Nathaniel Hodgson; Jayni Shah*  
*Northeastern University*

Parents, support groups and several clinicians report improvement in behavioral symptoms when autistic children or celiac disease patients are treated with a gluten-free/casein-free dietary intervention. Peptides derived from these food proteins, namely \( \beta \)-casomorphin (\( \beta \)-CM) and gliadinomorphin (GM), are elevated in celiac disease and other inflammatory and autoimmune disorders. Neurobehavioral effects in autistic and schizophrenic patients are reported to be associated with these peptides. We hypothesized that food-derived opiate peptides may promote oxidative stress and induce epigenetic changes, leading to behavioral and cognitive symptoms, as observed in autism.

To observe the acute/chronic effects of food-derived opiate peptides on anti-oxidant metabolism, epigenetic changes and genome-wide implications on transcription in neuronal cells. To understand the global effects of these peptides in relation to public health, including implications for autoimmune and inflammatory diseases. Food-derived opiates contribute to oxidative stress by reducing the levels of intracellular glutathione. Bovine form of the peptide induces higher oxidative stress and significant epigenetic changes as compared to the human form of the same peptide, which emphasizes the importance of breastfeeding. This is the first study to demonstrate inhibitory effects of food-derived opioid peptides on redox status, providing mechanistic support for the “Gut-Brain Hypothesis”. It provides a mechanism for beneficial effect of a GF/CF dietary intervention in the treatment of autistic children, and for inflammatory bowel disorders, celiac disease, Crohn’s disease, which are affected by gluten and/or casein intolerance. Bovine BCM7 is highly abundant in A1 type of milk as compared to A2, which suggests beneficial use of A2 milk.
**P202**  A proposal to demonstrate the efficacy of psychotherapeutic research

**Michael Capek**

*Northern Moor Medical Practice*

The gold standard for evidence based medicine is the double blind randomised control trial. In drug trials, this essentially eliminates confounding factors allowing there to be only one conclusion, the treatment is either better than another or not. Researching psychological therapies is not so straightforward. Both therapist and patient are aware of the therapy being received. Furthermore by its nature, psychotherapy is delivered with human variability and is eclectic, even within the single therapy session. Although therapy can be formalised through consistency of delivery and scripts, this arguably could interfere with its very strength, the human touch that psychotherapy provides. Thus there needs to be another means that better assesses the efficacy of psychotherapeutic interventions.

This poster proposes such a methodology. The principle is this: if there is a system, that is in a steady State “A” before an intervention took place and after the intervention the same system is in a different steady State “B”, it is reasonable to assume that it was the intervention that changed the system from State A to State B. Taking the system as a patient but multiplied over many patients; and pre-therapy, there is a recorded set of consistent clinical measures; the same therapeutic modality, given by trained therapists to all patients are the only common interventions to all; and post therapy there is a different set of improved consistent clinical measures, it is logical to conclude with some degree of certainty that that particular therapy is efficacious when the conditions of the pre-therapy state exists.

**P203**  Should I stay or should I go?

**Julia Humphreys**

*University of Manchester*

**Background:** In providing an out-of-hours care service, GP’s are often responsible for making decisions as to whether a patient requires immediate transport to hospital or whether the patient could be managed within the community setting. There is little research in the use of physiological scoring to determine the usefulness of early warning scores in GP decision-making.

**Aims:** The study examined the value of a physiological scoring system in enabling acute and emergency medical services such as out-of-hours GPs to determine safe non-transport of patients to hospital, where those patients will remain in a nursing or residential home setting.

**Method:** The research design involved a retrospective cohort of 105 patients sourced from nursing or residential homes in the South Manchester catchment area. Suitable patients for inclusion in the study were identified using North West Ambulance Service AMPDS codes for Falls and Breathing Problems.

**Results/conclusion:** Patients were attended by an ambulance crew who completed physiological scoring prior to transportation to an Emergency Department (ED). The main outcome measures were a correlation between physiological scoring and subsequent clinical outcomes relating to transfer or non-transfer to an ED. Clinical outcomes explored included; investigations performed, management initiated and whether those tests and management could have been implemented within the community setting. The research also explores whether physiological scoring is an accurate predictor of admission to hospital.

**P204**  Advance care planning – living beyond the principles! Actioning guidance into clinical practice: The ACP model

**Edith Ubogagu; Suni Perera; Clare Etherington; Carmel Wills**

*North West London NHS Trust*

**Background:** Professional guidance advocating the use of Advance Care Planning (ACP) in primary care is well established with a succession of key documents ranging from the GMC End-of-life-care strategy, through to the Royal College of Physicians and RCGP Gold Standards Framework: Matters of life and death. Recommendations for its use in the management of long-term conditions is gaining recognition, yet at a practical level, key barriers and challenges to its use amongst GPs limit the extent to which guidance is embedded in practice.
Aims: To investigate challenges, establish current practices, address, explore and test practical solutions to problems surrounding the incorporation of ACP into general practice.

Method: A case study of 60 GPs (17 GP trainers/senior GPs & 21 GP trainees), with questionnaires before and after the training session to evaluate our aims.

Result: Comparing the pre and post training questionnaires, the group showed an improvement in knowledge and confidence related to ACPs: rating themselves as feeling confident they knew which situations an ACP should be done in (7% before v 72% after), confident who should be involved in the ACP (14% before v 67% after), confident what information forms an ACP (4% before v 50% after), confident who the ACP should be shared with (14% before v 64% after) and an increased feeling in preparedness to complete an ACP (14% before v 56% after). They rated the session 8/10 in educational value.

Conclusion: Innovative, practical approaches in primary care settings can enhance the translation of theory into practice.

P205  Understanding the palliative care role of district nurses

Jessica Hayward; Julia Hackett
University of Leeds

Aims: To understand the attitudes and opinions of UK district nurses towards their work with palliative patients.

Content: Our study took an in-depth semi-structured interview approach for a purposive sample of nine district nurses. The data was analysed thematically. Themes were discussed and compared to existing literature to support and form recommendations for the future.

Relevance: With the UK’s ageing population, demand is increasing for end-of-life care and as most people would prefer to die in the community, professionals such as district nurses are likely to be delivering it. There is a pressing need to review how this care is provided as it will soon be put to the test.

Outcomes: Four main themes emerged; district nurses’ passion for palliative care, the effect of workload on quality of care, areas identified for training improvements, and the effect of the Gold Standards Framework (GSF) on the primary care team.

Discussion: District nurses felt they were ideal candidates for delivering palliative care in the community. However, a lack of staff and high workload was potentially compromising quality of care. District nurse’s welcomed the idea of an annual, mandatory palliative care refresher study day. Finally, they described how inter-professional relationships and continuity of care benefited from the integrated GSF approach.

Key points: District nurses are passionate about palliative care, further research in the scale of staff shortages is required to allow them to fulfil this role. There are also calls for mandatory training updates to exist annually to further support district nurses.

P206  Should the Royal College of General Practitioners have a stance on the Assisted Dying Bill and how should that stance be decided?

Matthew Palethorpe
University of Birmingham

The Royal College of General Practitioners (RCGP) faces a dilemma over whether to have a stance on assisted dying. Clare Gerada argued that taking a stance would be to wrongly influence a debate that is best left to Parliament. Conversely, it could be argued that withdrawing from the debate is irresponsible, and may be against its members’ wishes.

This empirical bioethics study explored the arguments for and against the RCGP having a stance on assisted dying, and, if they were to do so, how the College should decide what the stance should be. A philosophical analysis was undertaken and six one-to-one interviews were conducted with practicing General Practitioners(GPs), all of whom were RCGP members.

This paper will argue that, if a professional membership body of GPs is to take a stance, it should be decided upon by a selected group of experts from within it. The data highlighted the importance of the principle of democracy within the RCGP, therefore, if the membership democratically decide to take a stance, by this principle decision ought to be upheld. On the other hand, GPs should only influence society by taking a stance, if they have the required moral
expertise. The data provides no evidence of this; therefore, they ought not to have a stance. To balance these two opposing principles, the democratically elected RCGP council could delegate the decision to those members who are considered to be both moral and medical experts. Members of the RCGP ethics committee would fulfil these requirements.

**P207**  What makes cardiovascular prevention consultations work? A qualitative inquiry into elderly participants’ perspectives

*Suzanne Lighthart; Karin van Den Eerenbeemt; Jeanette Pols; Emma van Bussel; Edo Richard; Eric Moll Van Charante*

*Department of General Practice Academic Medical Center, Netherlands*

**Background:** Cardiovascular prevention programmes are increasingly being offered to community-dwelling elderly people. To achieve the proposed benefits, adherence is crucial. An understanding of the reasons for (non-)adherence can improve preventive care.

**Aim:** To gain insight into what motivates community-dwelling elderly people to partake in a cardiovascular prevention programme, and reasons for subsequent continuation or withdrawal.

**Design and setting:** Qualitative study among (ex-) participants of the ongoing 6-year PreDIVA trial (prevention of dementia by intensive vascular care), within primary care practices in the Netherlands.

**Method:** In a purposive sample of participants (aged 76-82 years), 15 semi-structured interviews were conducted at home. Interviews were recorded and analysed using a thematic approach. Participants were asked about their experiences within the programme and they were encouraged to address their motivation, facilitators and barriers. The two main researchers categorised data independently and discussed key themes and subthemes.

**Results:** Respondents reported that regular check-ups offered a feeling of safety, control or ‘being looked after’ and they were an important motivator for participation. For successful continuation, a personal relationship with the nurse and a coaching approach were essential. Lack of these and frequent changes of nursing staff were considered barriers. Participants considered general preventive advice unnecessary and patronising, but practical support was appreciated.

**Conclusions:** To successfully engage elderly people in long-term preventive consultations, the approach of the healthcare provider is crucial. A key element is to build a personal relationship. Furthermore, coaching and communication should be foremost, rather than giving information and general advice.

**P208**  How does exercise affect brain function?

*Subiksha Subramonian; V Ridley*

*King Edward VI Camphill School For Girls*

Research has shown that physical exercise leads to increased Brain Derived Neurotrophic Factor (BDNF), neurogenesis, memory and brain function. This study aims to assess the effect of exercise on brain function. After a pilot study, 107 secondary school pupils (60 boys, 47 girls) were recruited to the study. Percentage scores in a timed arithmetic test were recorded before and after a swimming lesson. The data was analysed using SPSS 20. Percentage change was compared using a paired-sample t test and a Pearson correlation was performed for Eye colour, Hair colour and Favourite subject.

Currently, physical education is being allocated less time on school timetables, especially with older students, so this research could be used to encourage more regular exercise. Exercise has also been shown to prevent memory loss (in Alzheimer’s) and can supplement medication for depression (which affects 25% of the UK population.). The mean percentage change for the boys and girls were +5.68% (range -14% to +29%) and +11.45% (range -9% to +43%) respectively, with overall change being +8.22%. Paired-sample t test showed statistically significant
percentage change (p<0.005). Pearson’s correlation test showed strong correlation between; Favourite subject (r=0.99) and Eye colour (r=0.63) and moderate correlation between Hair colour (r=0.35) and percentage change. The study shows that in secondary school pupils, performance in an arithmetic test improved significantly after physical exercise. This has wider implications in introducing more physical education in school curricula. The findings of this preliminary study could prompt further research in this area.

P209 Implementation of a developing world geriatric exercise programme: A quantitative and qualitative analysis
Karen Leckie; Morgan Younkin; Heather Wilson; Rhomy Oehrig; Emily Reckard; Louise Fitzpatrick; Laura van Essen
Asociation San Lucas, Moyobamba, Peru

Based on a previous assessment of health status and frailty of elderly individuals in Moyobamba, Peru, a community-based geriatric exercise programme was developed with the aim of addressing social isolation, functional impairment, and musculoskeletal disease. 2 groups of elderly participants were recruited through local community organizations including churches, faith-based organizations, senior citizens groups, and the national healthcare system. The first group of 23 participants underwent the 6 week exercise program and 11 participants completed a written survey at the end of the program. The second group of 18 participants underwent the same exercise program at a later date, but before starting underwent the Timed Get up and Go Test (TGUG) and 4 stage balance test (4SB). In group 1, 70% of participants self-reported a history of arthritis, and after completion of the class, 100% of the participants reported subjective improvements in walking and emotional confidence. Participants had a unanimously high opinion of the quality of the class as well. 89% of participants in group 2 self-reported a history of arthritis. Average TGUG test was 11.1 seconds, and age and TGUG were not correlated. 10 of 18 participants completed the highest level of 4SB.
This form of community-based geriatric exercise program has been previously demonstrated to be effective and met a previously demonstrated need in Moyobamba, Peru with a positive subjective response in the current study. This type of intervention has the potential, if more widely adapted, to address the musculoskeletal disease burden among older individuals throughout the developing world.

P210 Liraglutide 3.0 mg reduces severity of obstructive sleep apnoea and body weight in obese individuals with moderate or severe disease: SCALE Sleep Apnoea trial
Andrew Collier; Adam Blackman; Gary Foster; Gary Zammit; Russell Rosenberg; Thomas Wadden; Louis Aronne; Birgitte Claudius; Troels M. Jensen; Emmanuel Mignot
Ayr Hospital, Ayr, Scotland; Toronto Sleep Institute, MedSleep, Toronto, ON, Canada; School of Medicine, Temple University, Philadelphia, PA, USA; Clinilabs Sleep Disorders Institute, New York, NY, USA; NeuroTrials Research, Atlanta, GA, USA; Perelman School of Medicine, University of Pennsylvania, PA, USA; Weill Cornell Medical College, New York, NY, USA; Novo Nordisk A/S, Søborg, Denmark; School of Medicine, Stanford University, Palo Alto, CA, USA

Aims/objectives: This randomised, double-blind, parallel-group trial compared the effects of liraglutide 3.0 mg to placebo, both as adjunct to diet and exercise, on obstructive sleep apnoea (OSA) severity and body weight.
Content: Obese individuals (n=359) without diabetes who had moderate or severe OSA and were unwilling/unable to use continuous positive airway pressure therapy were randomised 1:1 to liraglutide 3.0 mg or placebo for 32
weeks (baseline characteristics: 48.5 years, males 71.9%, apnoea–hypopnoea index [AHI] 49.2 events/h, body weight 117.6 kg, BMI 39.1 kg/m2, HbA1c 5.7%).

**Outcomes:** At end-of-trial, the reduction in AHI was significantly greater with liraglutide 3.0 mg than placebo (Table). Liraglutide 3.0 mg produced significantly greater weight loss compared with placebo (Table) and enabled more individuals to reach ≥5% and >10% weight loss targets after 32 weeks (p<0.0001, both). Oxygen saturation, polysomnographic measures, HbA1c and systolic blood pressure (SBP) at 32 weeks are summarised in Table. Nausea and diarrhoea were the most common adverse events with liraglutide 3.0 mg (27% and 17% of individuals, respectively).

**Discussion:** Liraglutide 3.0 mg produced significantly greater reductions than placebo in AHI, body weight, SBP and HbA1c in obese individuals with moderate/severe OSA and was generally well tolerated.

Table: Change from baseline at 32 weeks

<table>
<thead>
<tr>
<th></th>
<th>Liraglutide 3.0 mg n=180 Observed means (LOCF)</th>
<th>Placebo n=179 Observed means (LOCF)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHI† (events/h)</td>
<td>−12.2</td>
<td>−6.1</td>
<td>p=0.0150*</td>
</tr>
<tr>
<td>Oxygen desaturation ≥4% index (events/h)</td>
<td>−9.5</td>
<td>−5.1</td>
<td>p=0.0608*</td>
</tr>
<tr>
<td>Total sleep time (min)</td>
<td>20.7</td>
<td>18.5</td>
<td>p=0.1629*</td>
</tr>
<tr>
<td>Wake time after sleep onset (%)</td>
<td>−4.0</td>
<td>−3.7</td>
<td>p=0.0994*</td>
</tr>
<tr>
<td>Body weight (%)</td>
<td>−5.7</td>
<td>−1.6</td>
<td>p&lt;0.0001*</td>
</tr>
<tr>
<td>≥5% body weight loss (%)</td>
<td>46.4</td>
<td>18.1</td>
<td>p&lt;0.0001†</td>
</tr>
<tr>
<td>&gt;10% body weight loss (%)</td>
<td>22.4</td>
<td>1.5</td>
<td>p&lt;0.0001†</td>
</tr>
<tr>
<td>HbA1c (%)</td>
<td>−0.4</td>
<td>−0.2</td>
<td>p&lt;0.0001*</td>
</tr>
<tr>
<td>SBP (mmHg)</td>
<td>−3.4</td>
<td>0.4</td>
<td>p=0.0003*</td>
</tr>
</tbody>
</table>

*ANCOVA model
†Logistic regression model
‡Definitions of apnoea and hypopnoea from the 2007 AASM Manual for the Scoring of Sleep and Associated Events were used

P211  Efficacy and safety of liraglutide 3.0 mg for weight management in overweight and obese adults: the SCALE Obesity and Prediabetes, a randomised, double-blind and placebo-controlled trial

**Carle Le Roux; Xavier Pi-Sunyer; Arne Astrup; Ken Fujioka; Frank Greenway; Alfredo Halpern; David Lau; Rafael Violante Ortiz; Troels M. Jensen; Søren Kruse Lillegøe; John Wilding**

**Diabetes Complications Research Centre, University College Dublin, Ireland; St Luke’s - Roosevelt Hospital Center, Columbia University, New York, USA; Department of Nutrition, Exercise and Sports, University of Copenhagen, Frederiksberg C, Denmark; Division of Endocrinology, Department of Nutrition and Metabolic Research, Scripps Clinic, La Jolla, USA; Pennington Biomedical Research Center, Louisiana State University System, Baton Rouge, USA; Obesity & Metabolic Syndrome Unit, Division of Endocrinology & Metabolism, Hospital das Clínicas, University of São Paulo Medical School, Brazil; Departments of Medicine and Biochemistry & Molecular Biology, University of Calgary, Alberta, Canada; Departamento Endocrinología, Instituto Mexicano del Seguro Social, Hospital Regional num., Mexico; Novo Nordisk Limited, Gatwick, UK; Novo Nordisk A/S, Søborg, Denmark; Department of Obesity and Endocrinology, University Hospital Aintree, Liverpool, UK**

The 56-week efficacy and safety of liraglutide 3.0 mg, as adjunct to diet and exercise, were investigated in overweight and obese individuals without type 2 diabetes (T2D). Adults (BMI ≥27 kg/m2 with comorbidities or ≥30 kg/m2) were randomised 2:1 to once-daily subcutaneous liraglutide or placebo plus diet (500 kcal/day deficit) and exercise. 3731 individuals were randomised (age 45.1±12.1 years, body weight 106.2±21.4 kg, BMI 38.3±6.4 kg/m2, 61.2% with prediabetes). Liraglutide was superior to placebo on all weight loss-related parameters (Table) and
improved glycaemia, blood pressure and lipids. Weight loss was independent of pre-treatment prediabetes status and BMI. The most common adverse events (AEs) with liraglutide were early-onset nausea and diarrhoea (mostly mild/moderate and transient). Gallbladder disorders and pancreatitis were more common with liraglutide (2.7 and 0.3 events/100 patient-years of exposure [PYE], respectively) than with placebo (1.0 and 0.1 events/100 PYE). AE withdrawal was <10% in both groups. The safety profile was generally consistent with previous trials with liraglutide for T2D. In conclusion, liraglutide 3.0 mg, as adjunct to diet and exercise, was efficacious and generally well tolerated.

Table: Change from baseline to week 56, full analysis set, last observation carried forward

<table>
<thead>
<tr>
<th></th>
<th>Liraglutide (n=2432) Observed mean</th>
<th>Placebo(n=1220) Observed mean</th>
<th>Estimated treatment-difference/Odds ratio[95% CI]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight loss (%)*</td>
<td>-8.0</td>
<td>-2.6</td>
<td>-5.4 [-5.8;-5.0] p&lt;0.0001**</td>
</tr>
<tr>
<td>5% responders (%)*</td>
<td>63.2</td>
<td>27.1</td>
<td>4.8 [4.1;5.6] p&lt;0.0001***</td>
</tr>
<tr>
<td>10% responders (%)*</td>
<td>33.1</td>
<td>10.6</td>
<td>4.3 [3.5;5.3] p&lt;0.0001***</td>
</tr>
<tr>
<td>Waist circumference (cm)</td>
<td>-8.2</td>
<td>-3.9</td>
<td>-4.2 [-4.7;-3.7] p&lt;0.0001**</td>
</tr>
<tr>
<td>BMI (kg/m²)</td>
<td>-3.0</td>
<td>-1.0</td>
<td>-2.0 [-2.2;-1.9] p&lt;0.0001**</td>
</tr>
</tbody>
</table>
*Co-primary endpoints tested hierarchically; **ANCOVA; ***Logistic-regression

P212 The effect of an m-Health intervention to create competition on the level and predicted sustenance of physical activity: an RCT

Samandip Dhesi; Jeremy C Wyatt
Faculty of Medicine and Health, University of Leeds

Aims: To explore how a team-based competition intervention delivered using m-Health affects levels of PA and self-determination to exercise compared to no competition over three weeks.

Content: The sample was randomly and equally split. Both the control (team A, n=21) and intervention (team B, n=20) groups were asked to log daily step-counts using a pedometer. All participants received daily motivational prompts via SMS. The intervention group additionally received a daily SMS hyperlink to a web-hosted image of a bar chart representing both groups’ progress, allowing members of team B to “compete” with team A. The control group did not have access to the progress chart, so were unaware that they were in a “competition”. Self-determination to exercise was measured in all participants using the BREQ-2 questionnaire before and after the study. Following exclusions, 17 participants from the control and 15 from the intervention group were included in the analysis.

Relevance: The healthcare burden of obesity is rising. M-Health may provide a cost-effective, widely accessible platform on which to deliver ‘social’ physical activity (PA) interventions as advocated by NICE. The long-term efficacy of such interventions may be predicted by assessing self-determination, a measure of intrinsic motivation.

Outcomes: Step-counts in the intervention group increased by 2260 steps compared to the control (p=0.045). Self-determination did not change significantly in either group.

Discussion: Team-based competition resulted in a significantly higher level of PA compared to the control, but had no effect on self-determination. Competition is therefore unlikely to sustain PA in the long-term.

P213 Participating in a GP based exercise programme reduces sedentary behaviour in older adults

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Department of Primary Care & Population Health, UCL Royal Free Campus, London; School of Health & Life Sciences, Glasgow Caledonian University; Nottingham University Hospital NHS Trust

Aims/objectives: Sedentary behaviour is harmful to health, even in those reaching recommended weekly levels of exercise. Older people are most sedentary. Reducing sedentariness can reduce disability, but it is unclear how this can be achieved in general practice. We undertook secondary analysis of data from the ProAct65+ trial to compare
changes in sedentary behaviour in class-based and home-based exercise programmes against treatment-as-usual (TAU).

**Content:** Participants to the ProAct65+ trial were categorised into sedentary or not using a standard definition. Sedentary behaviour was re-examined at 6 months after baseline assessment.

**Relevance/impact:** Sedentary behaviour decreased in all groups but more so for those exposed to an exercise intervention.

**Outcomes:** Fewer sedentary participants remained sedentary at 6 months than expected. 43% of the sedentary became non-sedentary compared with only 12.5% of the non-sedentary becoming sedentary (p-value <0.0001). Baseline sedentariness (37%) reduced to 25% in both exercise intervention groups at 6 months but only 32.5% in TAU (p<0.003). Dropout rates were equal for the sedentary and non-sedentary (47.4% vs 47.1% respectively, p=0.88).

**Discussion:** Sedentary older people can be recruited to an exercise intervention in general practice; over a third was sedentary in this study. Sedentariness does not predict dropout. 43% of those who are sedentary at baseline are not sedentary 6 months later. The reduction in sedentariness was significantly greater in the exercise intervention groups than in the control group. Exercise promotion in general practice could be used to reduce sedentary behaviour in older adults.

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**P214 A biomechanical therapy program for patients after total knee arthroplasty - a randomized controlled trial (preliminary results)**

**Eytan Debbi; Benjamin Bernfeld; Michael Soudry; Moshe Salai; Yocheved Laufer; Amir Herman; Amir Haim; Alon Wolf**

Biorobotics and Biomechanics Lab, Faculty of Mechanical Engineering, Technion Israel Institute of Technology, Israel; Department of Orthopedic Surgery, Carmel Medical Center, Israel; Department of Orthopedics, Rambam Medical Center, Israel; Division of Orthopedics, Sourasky Medical Center, Israel; Department of Physical Therapy, Faculty of Social Welfare and Health Studies, University of Haifa, Israel; Department of Orthopedics, Sheba Medical Center, Israel

**Purpose:** To examine the effect of a biomechanical therapy program after total knee arthroplasty (TKA) aimed at reducing pain, improving function and correcting gait patterns.

**Methods:** We conducted a randomized, controlled, double-blind trial involving fifty patients after unilateral TKA for end-stage knee OA. The active group underwent a therapy program using a biomechanical foot-worn device, while the control group received a similar training program with a sham walking shoe. Treatment was initiated at 6 weeks postoperatively. Patients were examined at baseline, 3 months, 6 months, 9 months and 12 months postoperatively. Outcomes were WOMAC, SF-36, Knee society score (KSS), Knee society functional score (KSS-function), and three-dimensional gait analysis measurements.

**Results:** There were no differences between groups at baseline. Both groups improved with time after surgery, but the active group consistently showed significantly better outcomes in WOMAC pain (91% reduction compared to 33%), function (93% reduction compared to 21%) and stiffness (85% reduction compared to 32%) (All p=0.001), in SF-36 physical score (107.3% increase compared to 59%) and mental scores (51% increase compared to 45%) (All p<0.001), in KSS (145.9% increase compared to 93.5%) (P=0.002) and in KSS-function (80.5% increase compared to 30.7%) (P=0.001). Patients from the active group also showed lower second peak knee adduction moment (p=0.007) and greater peak knee extension moment (p=0.009).

**Conclusions:** A patient-specific biomechanical therapy program may lead to a greater improvement and more rapid recovery time in pain and function, as compared to regular rehabilitation protocols after TKA.

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**P215 A home-based biomechanical therapy improves pain and function and normalizes gait pattern in patients with chronic nonspecific low back pain**

**Amit Mor; Yair Barzilay; Ganit Segal; Raphael Lotan; Gilad Regev; Yiftah Beer; Baron Lonner; Avi Elbaz**

AposTherapy Research Group, Herzliya, Israel; Department of Orthopaedic Surgery, Edith Wolfson Medical Center, Holon, Israel; Department of Orthopaedic Surgery, Sourasky Medical Center, Tel-Aviv, Israel; Department of Orthopaedic Surgery, Assaf Harofeh Medical Center, Zerifin, Israel; Department of Orthopaedic Surgery, Spine
P216  A non-invasive foot-worn biomechanical device for patients with hip osteoarthritis

Amit Mor; Michael Drexler; Ganit Segal; Amnon Lahad; Amir Haim; Ehud Rath; David Morgensteren; Moshe Salai; Avi Elbaz

AposTherapy Research Group, Herzliya, Israel; Department of Family Medicine Hebrew University and Clalit Health Services, Jerusalem, Israel; Department of Orthopedic Surgery, Sourasky Medical Center, Tel Aviv, Israel; The Sports Medicine & Arthroscopy Unit, Orthopedic Dept., Hadassah Medical Center, Mount Scopus, Jerusalem; Department of Orthopedic Surgery, Sourasky Medical Center, Tel Aviv, Israel

Objective: The purpose of this study was to evaluate the effect of a biomechanical therapy on the pain, function, quality of life and spatio-temporal gait patterns of patients with hip osteoarthritis (OA).

Design: 60 patients with hip OA were examined before and after twelve weeks of a personalized biomechanical therapy (AposTherapy). Patients were evaluated using the WOMAC questionnaire for pain and function and the SF-36 Health Survey for quality of life, and underwent a computerized gait test.

Results: After twelve weeks of treatment, a significant improvement was found in the patients’ velocity, step length and cadence (P<0.001). WOMAC-pain, stiffness and function subscales were significantly improved compared to baseline (P≤0.001). SF-36 physical score subscale improved significantly (P=0.007).

Conclusions: Patients with bilateral hip OA treated with AposTherapy for twelve weeks showed statistically and clinically significant improvements in pain, function and gait patterns.

P217  Patients with knee osteoarthritis demonstrate improved gait pattern and reduced pain following a non-invasive biomechanical therapy. A prospective multi-centre study on Singapore population.

Amit Mor; Avi Elbaz; Ganit Segal; Yoav Aloni; Yee Hong Teo; Yee Sze Teo; Shamal Das-De; Seng Jin Yeo

AposTherapy Research Group, Herzliya, Israel; AposTherapy Research Group, Singapore; Department of Orthopaedic Surgery, Tan Tock Seng Hospital, Singapore; Department of Orthopaedic Surgery, Changi General Hospital, Singapore; Department of Orthopaedic Surgery, Yong Loo Lin School of Medicine, National University of Singapore, Singapore; Department of Orthopaedic Surgery, Singapore General Hospital, Singapore

Background: Previous studies have shown the effect of a unique therapy with a non-invasive biomechanical foot worn device (AposTherapy) on Caucasian western population suffering from knee osteoarthritis. The purpose of the
The current study was to evaluate the effect of this therapy on the level of symptoms and gait patterns in a multi-ethnic Singapore population suffering from knee osteoarthritis.

**Methods:** Fifty-eight patients with bilateral medial compartment knee osteoarthritis participated in the study. All patients underwent a computerized gait test and completed two self-assessment questionnaires (WOMAC and SF-36). The biomechanical device was calibrated to each patient and therapy commenced. Changes in gait patterns and self-assessment questionnaires were reassessed after 3 and 6 months of therapy.

**Results:** A significant improvement was seen in all of the gait parameters following 6 months of therapy. Specifically, gait velocity increased by 15.9%, step length increased by 10.3%, stance phase decreased by 5.9% and single limb support phase increased by 2.7%. In addition, pain, stiffness and functional limitation significantly decreased by 68.3%, 66.7% and 75.6%, respectively. SF-36 physical score and mental score also increased significantly following 6 months of therapy (46.1% and 22.4%, respectively) (P<0.05 for all parameters).

**Conclusions:** Singapore population with medial compartment knee osteoarthritis demonstrated improved gait patterns, reported alleviation in symptoms and improved function and quality of life following 6 months of therapy with a unique biomechanical device.

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**P218 Effect of a novel biomechanical treatment on pain, function and gait pattern in obese patients with knee osteoarthritis**

**Amit Mor; Omri Lubovsky; Ganit Segal; Ehud Atoun; Ronen Debi; Yiftah Beer; Gabriel Agar; Doron Norman; Eli Peled; Avi Elbaz**

AposTherapy Research Group, Herzliya, Israel; Department of Orthopedic Surgery, Barzilay Medical Center, Ashkelon, Israel; Department of Orthopedic Surgery, Assaf HaRofeh Medical Center, Zerifin, Israel; Department of Orthopedic Surgery, Assaf HaRofeh Medical Center, Zerifin, Israel; Department of Orthopedic Surgery, Rambam Medical Center, Haifa, Israel; Department of Orthopedic Surgery, Rambam Medical Center, Haifa, Israel

**Purpose:** To examine the effect of a biomechanical, home-based, gait training device on gait patterns of obese patients suffering from knee OA.

**Methods:** One-hundred and five obese knee OA patients were analyzed. Patients underwent a computerized gait test and were asked to complete The WOMAC questionnaire and SF-36 Health Survey. Patients were fitted with the biomechanical gait training device and received home-based exercise program. Reassessment was done following 3 and 12 months of therapy.

**Results:** A significant reduction WOMAC was seen after 3 months of therapy with an additional improvement following 12 months of therapy. Pain decreased by 34.7% following 3 months of therapy and further decreased by an additional 11.0%. Functional limitation decreased by 35.0% following 3 months of therapy and further decreased by an additional 9.7%. Both Physical Scale and Mental Scale of the SF-36 increased significantly following 3 months of therapy and further increased following 12 months of therapy. Gait velocity increased by 11.8% following 3 months of therapy and further improved by an additional 4.3%. SLS of the more symptomatic knee increase by 2.5% following 3 months of therapy and further improved by an additional 1.1%.

**Conclusions:** Obese patients with knee OA demonstrated a significant improvement in gait patterns and clinical symptoms mainly after 3 months of therapy with an additional improvement after 12 months of therapy. This therapy may help obese patient with knee OA to become active and persist with an exercise program that will lead them to relieved pain and improved function.

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**P219 Atypical Leg Symptoms (ALS): does routine measurement of the ankle brachial pressure index (ABPI) in primary care benefit patients?**

**Christine Oesterling; Amun Kalia; Thomas Chetcuti; Steven Walker**

Eastmead Surgery

**Aims/objectives:** To investigate whether routine measurement of ABPI in patients with ALS and no skin changes helps management, increases satisfaction and reduces referral.

**Content:** Thirty-five consecutive patients (Male 15), mean age 64 years (range: 39-88) with ALS underwent clinical review and ABPI by the same doctor. Presentation included pain, cold feet, cramps, irritations and concerns
regarding circulation. Prior to testing referral was considered necessary in 10, not required in 22 and unclear in 3. ABPI changed the referral decision in 11 (31%) and confirmed the decision in 24 (69%). During the 30 month study period 10 (29%) patients were referred (9 vascular, 1 neurology). Since testing 16/35 (46%) could be contacted by phone (mean interval 18 months, range 2-28). Fifteen of 16 (94%) appreciated that their symptoms were quickly and conveniently assessed. Eight of 11 (73%) with normal results were reassured by their test results and in 8/11 symptoms have since resolved.

**Relevance:** NICE recommends measuring ABPI where PAD is suspected. In busy practice, PAD is often not considered where the history is unclear. Patients with ALS may be referred unnecessarily, whilst others with PAD may miss the opportunity of early treatment.

**Outcome/conclusion:** APBI helps management of ALS by detecting unexpected PAD, reassures patients and avoids or confirms the need for referral.

**Discussion:** This limited study suggests that ABPI should be more widely used in ALS. It can be quickly and conveniently performed and is appreciated by patients. Referrals were not reduced but better targeted.

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**P220  Chondromyxoid fibroma of bone - factors influencing local control**

**Luke Mills; Martin Conwill; Krishna Reddy; Lee Jeys**

**University of Birmingham Medical School; Royal Orthopaedic Hospital Birmingham**

**Background:** Chondromyxoid Fibroma (CMF) accounts for less than 1% of primary bone tumours and is a benign cartilaginous bone lesion.

**Methods:** Between January 1990 and December 2012, 47 cases have been registered on our prospective oncology database. We excluded patients with an incomplete data set (10). In the remaining 37 patients, demographic data, treatment modalities and local recurrence (LR) patterns were all collated and analysed. Kaplan-Meier survival analysis was carried out on recurrence free survival.

**Results:** The median age was 17 years (range 4 to 67). The commonest site was around the knee accounting for 16 cases (43%). The primary treatment modalities included curettage (27/37), curettage with adjuvants (bone grafting (1/37) or cement (1/37)), amputation (1/37), excisions (5/37) and embolization (1/37). The overall LR rate was 21% (8/37). The recurrence-free five-year survival was 78.3%. Three patients had multiple recurrences (>2 procedures). Soft tissue LR was found in 2 patients in relation to previous biopsy or surgical scar. Mean time to LR was 14.75 months (range 4-27).

**Conclusion:** We present a single centre experience of this benign tumour that poses management concerns in view of risk of LR. Soft tissue LR is not unusual and biopsy tract and previous surgical scar need special consideration in recurrent disease.

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**P221  Professional interventions for primary care physicians to improve the management of osteoporosis**

**Victoria Tzortziou Brown; Dylan Morrissey; Olwyn Westwood; Martin Underwood**

**Queen Mary, University of London; Warwick Medical School, The University of Warwick**

**Aims/objectives:** This work is part of a Cochrane review on the effectiveness of professional interventions for primary care physicians that aim to improve the management of musculoskeletal conditions in primary care.

**Content:** Twelve studies evaluated interventions aiming to improve the guideline-specific management of patients with, or at risk of developing osteoporosis. Physician alerting (via a letter or electronic message highlighting patients at risk) on its own seemed effective in two studies while academic detailing was ineffective compared to usual care. Meta-analysis of five studies assessing bone mineral density as one of the main outcomes and six studies evaluating the effect on osteoporosis treatment rates, showed that a combination of a physician alerting system with a patient directed intervention (including patient education and consultation reminder) produced significant effects ([p<0.0001, risk ratio 0.97 (CI 0.97-0.98) for bone mineral density and 0.76 (CI 0.62-0.88) for osteoporosis medication]. Due to the limited number of studies we could not conclude as to whether more complex interventions are more effective.

**Relevance/impact:** Osteoporosis is a common musculoskeletal problem with mortality rates that can reach 31% at one year after a hip fracture. However, the condition is largely undertreated within primary care.
Outcomes/discussion: Interventions which are incorporated into usual clinical practice and also target patients` educational needs seem to produce larger effects than more traditional approaches such as academic detailing. Level 1 evidence shows combining physician alerting and patient directed education is an effective and feasible intervention for improving osteoporosis management in primary care.

P222 Improving the GP management of musculoskeletal conditions with a focus on referral behaviour
Victoria Tzortziou Brown; Dylan Morrissey; Olwyn Westwood; Martin Underwood
Queen Mary, University of London; Warwick Medical School, The University of Warwick

Aims/objectives: To improve the management of common musculoskeletal conditions by GPs with a focus on referral behaviour.

Content: The intervention was rolled out across eight federations of practices (36 GP practices) in Tower Hamlets, London. It combined locally agreed clinical pathways, audit, peer review, facilitated reflection on referral decision making and locality based education. Local GPs with leadership skills and an interest in education and referral management (`referral champions`) were designated in each network and tasked with facilitating audit processes and reflection on referral quality. GP engagement was assessed by the number of practices completing the audit tools and referral quality by comparing referral letter content and adherence to the pathways before and after the intervention. Referral numbers and inter-practice variability were also measured.

Relevance/impact: The effective primary care management of musculoskeletal conditions and appropriate onward referral behaviour of GPs are important for the prevention of disease chronicity and the sustainability of the NHS as a free resource at the point of use.

Outcomes: All 36 practices participated in the audit and reflection processes. Data analysis is ongoing but preliminary results show improvements in the quality of referral letters (19% increase of recording a clear reason, p<0.001), a 19% reduction of referral rates and reduced inter-practice variability (standard deviation reduced from 2.6 to 2.3).

Discussion: The study findings show that a mixed methods intervention can yield high GP engagement across an entire locality with resultant improvement of referral quality, pathway adherence and referral rate reduction.

P223 Understanding the barriers and facilitators to implementation of improved management of patients with CFS/ME in primary care
Carolyn Chew-Graham; Lisa Riste; Kerin Bayliss; Louise Fisher; Alison Wearden; Karina Lovell; Sarah Peters
Keele University; University of Manchester

Aims: This presentation will discuss the processes involved for the implementation of CFS/ME training and resources in primary care.

Content: Chronic Fatigue Syndrome (CFS) or Myalgic Encephalomyelitis (ME) is characterized by disabling, medically unexplained fatigue not alleviated by rest, and lasts at least six months. The study team, with strong PPI (patient and public involvement) input, developed resources for practitioners and patients to support the diagnosis and management of CFS/ME in primary care.

We invited practices in NW England to participate in the evaluation of these resources. Normalization Process Theory (NPT), concerned with understanding the dynamics of implementing, embedding, and integrating a new technology or complex intervention was used to evaluate use of resources by GPs and patients.

Relevance: CFS/ME is distressing and costly in terms of health service utilization and economic burden. GPs need to be involved in the diagnosis and effective management of patients with this condition.

Outcomes: GPs suggested that CFS/ME is not a condition that should be managed in primary care, and were reluctant to encourage patients to attend more frequently. GPs valued the patient resources, seeing them as a means to reduce consultation, rather than re-engage the patient. Patients suggested that GPs continued to be sceptical about CFS/ME and reluctant to discuss management options or offer support.

Discussion: Whilst specifically designed resources for patients and training for GPs were acceptable and valued, GPs remain reluctant to engage with the diagnosis and management of CFS/ME, and patients remain dissatisfied with care.
‘One size doesn’t fit all’: Supporting primary care to deliver the NAEDI agenda in England

Elizabeth Bates; Anna Murray; Rebecca Banks
Cancer Research UK

Aims/objectives: To improve the early diagnosis of cancer in primary care through non-clinical facilitators offering bespoke practical support to GP Practices and Clinical Commissioning Groups.

Content: We will demonstrate both the challenges and practical solutions employed to successfully facilitate change in primary care. We will explain why engaging with primary care at both strategic and operational levels, is essential for change.

Relevance/impact: Later cancer diagnosis is a major explanation for poorer survival rates in the UK and primary care can play a significant role in helping to address this.

Outcomes: Cancer and early diagnosis has been reinforced as a priority by CCGs in the project area. Over 90% of practices in the project areas have engaged with facilitators and 67% are developing improvement plans (indicative of improvements in 2 week wait referrals for suspected cancer) compared to 29% nationally.

Discussion: Facilitators have made a difference by providing increased capacity, project management function and additional support to primary care and other stakeholders. However, change takes time and this project has demonstrated that sustained effort is required to ensure changes in practice are maintained. Is this model sustainable for the future?

References:

A retrospective review of claims fully investigated by the General Medical Council for delays or failures in cancer diagnosis and treatment over a 7 year period

Samantha Jade Worrall; Daniel Llwyd Hughes; Lorna Fern; Richard Neal
North Wales Centre for Primary Care Research; University College London Hospitals NHS Foundation Trust

Aims and objectives: The aim was to analyses claims which were fully investigated by the General Medical Council (GMC), examining common reasons for misconduct.

Content: Public minutes of the hearings for claims which proceeded to full investigation between 2007-2013 for cases relating to delays and failures in cancer diagnosis or treatment were released by the GMC. Data were grouped and analysed according to cancer type, physician speciality and location of claim (primary versus secondary care) to identify common reasons for misconduct within the NHS.

Relevant/impact: Complaints to the GMC have increased by over 100% since 2007 [1]. Analysis of complaints may identify common flaws within our current clinical practice and enable us to learn from previous errors.

Outcome: The GMC investigated 49 claims against 22 clinicians between 2007 and 2013. The number of claims ranged from 1-17 per clinician. Breast cancer was the commonest cancer involved for claims against secondary care 18 (53%) of 34, whereas colorectal cancer was most common for claims in primary care 4 (27%) of 15. The most common issues where misconduct was proven was failure to examine the patient appropriately 4 (33%) of 12 and a failure to investigate the patient accordingly 4 (33%) of 12.

Discussion: Examination and investigation of patients are fundamental principles of medicine, yet are the most common reason for misconduct. Patient safety can be improved by thorough and appropriate examination accompanied by adherence to national referral and treatment guidelines for cancer.

Knowledge and awareness of long-term treatment consequences amongst colorectal cancer survivors

Sarah Brown; Diana Greenfield; Joanne Thompson
University of Sheffield; Sheffield Teaching Hospitals NHS Foundation Trust

Aims & objectives: This qualitative project aims to describe knowledge and awareness around long-term consequences of cancer treatment through exploring patient perspectives on late effects, survivorship, information provision, patient education and self-management.
Content: In this cross-sectional study, 20 patients at least 12 months post-treatment are being recruited from colorectal specialist nurse clinics at Northern General Hospital, Sheffield. Interviews based on a topic guide derived from the literature review are carried out in participants’ homes, asking participants to describe their understanding of future risks, where to go should a problem arise and perceptions of support in survivorship. Results will be obtained through framework analysis of verbatim interview transcriptions.

Relevance/impact: Late effects are late onset and long-term consequences of cancer and its treatment; functional, physical or psychological problems occurring months or years after treatment (Greenfield, 2009). 250,000 cancer survivors in the UK are experiencing late effects ranging from fatigue and sexual dysfunction to cardiac conditions and infertility (Macmillan Cancer Support, 2013). The prevalence of late effects is increasing - inevitable with the increasing survivor rate, and this project aims to explore the patient perspective to inform development of new or revised follow-up services which must incorporate this increase in prevalence.

Outcomes/discussion: So far twelve interviews have been completed. Further interviewing and analysis of the dataset will generate an understanding of patient awareness of long-term consequences and highlight key concepts in providing the increasing survivor population with the appropriate tools, resources and environments to effectively manage their health after cancer.

P227  The awareness of testicular cancer and practice of self-examination among university students

Joseph Higginbotham-Jones; Gemma Bustom; Helen Currie
University of Birmingham

Background: Testicular cancer (TC) is the most common cancer in men aged 18 to 35. It is recommended that men should perform a simple testicular self-examination (TSE) at least once a month; however some studies have suggested that as little as 22% of men in the UK actually do this.

Objectives: The aim of this study was to investigate the awareness of TC and the practice of TSE, within a population of young male University students, and to compare different groups of students.

Method: A questionnaire was administered to male University students between January and February 2012, in Halls of Residence, on campus or online.

Results: After exclusions there were 184 men, aged 18-35, in the final study population. Only 40.2% of respondents performed TSE at or more frequently than the recommended once per month. 31.8% of those who did not perform TSE at all said the main reason was that they did not how to. 72.6% of medical students knew that the age of peak incidence of TC is 18 to 35 compared to 51% of other students.

Discussion: Not all young men are aware of the risk of developing TC, which is the most common cancer in their age group. Many do not perform TSE at the recommended frequency or at all and are therefore at greater risk of later diagnosis which can lead to poorer prognosis. The results of this study suggest that measures to increase awareness of TC and increase uptake of TSE are necessary.

P228  An assessment of the sexual health and contraception knowledge of year 13 students

Elizabeth Medford; Lucy Evans; Alex Jones; Suzanna Lake
University of Birmingham Medical School

Objective: To establish the level of knowledge amongst year 13 students (aged 17-18) regarding contraception and sexually transmitted infections, and whether gender or academic attainment influences this.

Design: Questionnaire based assessment of sexual health knowledge.

Participants: Data was collected from 331 students aged 17 - 18 years, from four sixth forms departments across England.

Relevance: The Department of Education has produced guidance concerning the sex and relationships education (SRE) of young adults. Assuming that good teaching improves knowledge, and improved knowledge changes behaviours, good SRE and therefore better sexual health knowledge should result in safer sexual behaviours. Many young people are dissatisfied with the SRE they received with 40% reporting it to be poor (UK Youth Parliament 2007) and it is evident that SRE is not entirely effective, or sexually transmitted infection (STIs) and unwanted pregnancy rates would be low. Subsequently it is important to identify which young people have low knowledge and in which particular topics in order to help develop future campaigns for SRE.
Results: Year 13 students have low levels of sexual health knowledge, with a mean questionnaire score of 49.3%. Areas of particularly poor knowledge included: the emergency contraceptive, the relative effectiveness of different contraceptives, human papilloma virus, and genital herpes. Males had significantly lower levels of contraceptive knowledge. There was no relationship between academic attainment and sexual health knowledge.

Conclusions: Sex and Relationships Education may be improved by targeting these areas of poor knowledge and by making contraception education more accessible and relevant to male students.

P229  Awareness of STIs amongst adolescents in Preston
Alexandra Taeger; John Sweeney
University of Manchester; Lancashire Teaching Hospitals NHS Foundation Trust

Introduction: Despite the increase in STI prevalence amongst adolescents in the UK, there is a lack of literature regarding awareness of STIs amongst this group. This study aimed to fill this gap by assessing how aware teenagers in Preston are of STIs. Secondary school students were asked which STIs they had heard of and which they thought were the most common, both in the UK and in people their age.

Methods: Questionnaires were distributed amongst two schools in the greater Preston area to students over the age of 14 years. Feedback questionnaires were then handed out to a smaller group of students from each school.

Results: Nearly all students displayed an awareness of chlamydia, HIV, herpes and genital warts. A lesser degree of awareness was observed for gonorrhoea and syphilis and only a small percentage of students were found to be aware of hepatitis and HPV.

The students thought the two most common STIs in the UK were chlamydia and HIV, and the two most common in adolescents were chlamydia and herpes.

Discussion: While awareness of chlamydia is very good, with most students being aware of it and recognising that it is the most common STI, awareness of hepatitis and HPV is alarmingly low. As HPV is the second most common STI, it is imperative that this low level of awareness be addressed. Furthermore, students appear to be hyperaware of HIV, which could be a reflection on teaching in schools. Future reassessment is recommended.

P230  ‘Barriers to barriers’ - a qualitative protocol: what barriers exist to the effective use of contraception by British female servicewomen?
Colette Davey; Toby Holland; Louisa Morris; Dudley Graham; Richard Withnall
Academic Department of General Practice, Royal Centre for Defence Medicine

Aim & objectives:
- Explore attitudes towards contraception in UK servicewomen
- Determine factors challenging effective use of contraception.

Content:
- An exploration of the current literature and statistics providing a rationale for this study.
- The presentation will describe the research protocol including a background; method; ethics and intended outcomes:
- In depth loosely structured interviews with thematic analysis. Secondary analysis and participant triangulation.
- Purposive sampling of voluntary participants of those finding themselves unintentionally pregnant whilst serving on operations. Sample sources through medical evacuation lists. ~15 participants leading to data saturation.

Relevance/impact: There currently exists a high rate of operation (unintended) pregnancies and requests for termination of pregnancy within female servicewomen. This has significant military relevance as pregnancies have: operational; deployment; employement; physical and psychological implications. Should/could military primary care of Chain of Command do more to maximise effective utilisation of contraception?
First UK study of this area within the servicewomen population. It will be a pilot piece and qualitative study with the intent to explore the journey to becoming unexpectedly pregnant whilst serving in the UK armed forces.

Outcomes/discussion: Analysis of data and exploration in order to:
- Improve contraceptive uptake
• Minimise the impact of unplanned pregnancy.

P231  Sexual orientation monitoring at Fairfax group practice
Luke Wookey; Kathy McGuirk
Lesbian and Gay Foundation

Background: Various demographic details are currently collected when new patients register with a practice. Monitoring sexual orientation (SO) however, is not currently commonplace. Sexual orientation is a protected characteristic under the Equality Act 2010. Public sector organisations have an obligation to take SO in account when designing and delivering services. Monitoring is also part of a wider, overall approach to ensure equality for all.

Aim: To determine how patients at the practice feel about being asked their sexual orientation and this being recorded on their medical records. Fairfax group practice began undertaking SO monitoring as part of the Pride in Practice award scheme. This is endorsed by the RCGP and aims to promote excellence in gay, lesbian and bisexual healthcare.

Method: Data was collected by a patient questionnaire. This was accessible to all patients at Fairfax group practice regardless of SO. It was available in paper form and online for a period of 3 months.

Results: There were 65 complete responses to the questionnaire. 94% would disclose their SO if asked on a registration form or in a consultation. 92% were very comfortable or comfortable to have their SO recorded on their medical file. 49% thought the more information healthcare providers have the better their care will be.

Conclusion: Sexual orientation monitoring is acceptable to our patient group. The overwhelming results regarding patients being willing to disclose their sexual orientation should encourage other practices and healthcare providers to undertake SO monitoring as standard.

P232  Analysis of documentation of sexual orientation in general practice and GPs views
Clare Kane; Hilary Cassels
North Middlesex University Hospital; Great Eccleston Health Centre

Aim/objective: To identify the prevalence and mode of documentation of sexual orientation in UK General Practice; and access to this information. To ascertain GP’s opinions regarding documentation of sexual orientation.

Content: GPs working in NW England, Merseyside, the Midlands and GPs involved in training and assessment in the UK were asked to complete a questionnaire. 82 questionnaires were returned, the responders being subdivided into age, gender and type of practice. The poster presents an analysis of the presence and mode of documentation of patient sexual orientation and common themes from the responders’ comments on the pros and cons of documentation.

Impact: Increasing Primary Health Care Teams’ awareness of how knowledge of patients’ sexual orientation can influence healthcare provision.

Outcomes: 8.6% always documented sexual orientation, 26% sometimes and 65% never. 18% of those documenting included this in a medical summary and 61% within the free text of a consultation. GPs have mixed views regarding sexual health orientation, the majority are favourable.

Discussion: Evidence shows that sexual orientation monitoring is useful in ensuring effective delivery of health care. Our study identifies sexual orientation is rarely documented in General Practice and if recorded there is no fixed methodology to provide easy access by other health care professionals. GPs were largely in favour of documentation; their main reservations bring confidentiality issues and perceived negative patient attitudes; although surveys of Lesbian, Gay and Bisexual community reported documentation reduced their feeling of discrimination.

P233  Can antiviral treatment for Hepatitis C be safely and effectively delivered in primary care? A narrative systematic review of the evidence base
Iain Brew; Christine Butt; Nat Wright
Leeds Community Healthcare NHS Trust
Aim: To systematically review the available literature relating to the provision of antiviral treatment for hepatitis C in the primary care setting.

Methods: Narrative systematic review of six databases. Relevant journals were hand searched for relevant articles to be included in the review. Of the abstracts found, full text papers were retrieved for those papers deemed as possibly fulfilling the inclusion criteria of the review.

Results: A total of 393 abstracts led to 43 full-text articles being retrieved, of which 16 were finally included in the review. There is an emerging evidence base highlighting that community based antiviral treatment provision is feasible with clinical outcomes comparable with hospital outpatient settings. Such provision can be in mainstream general practice, at community addiction centres, or in prisons. There is a training need for GPs before offering such treatment and also a need for ongoing specialist supervision. Such training and supervision can be through teleconferencing although even with such ready availability of training and supervision it is unlikely that all GPs would wish to provide antiviral treatment.

Conclusion: There is emerging evidence for the effectiveness of antiviral treatment provision for patients with chronic hepatitis C in a variety of primary care and wider community settings. Training and ongoing supervision of primary care practitioners by specialists is a pre-requisite. There is an opportunity through future research activity to evaluate typologies of patients who would be best served by primary care based treatment and which patients would be best served by hospital based outpatient treatment.

P234  Do health professionals providing pre-travel advice have adequate knowledge of schistosomiasis and is appropriate advice given to travellers

Louise Duthie
NHS Lothian

Relevance: Schistosomiasis is an important and potentially serious parasitic disease for travellers, having significant complications if not treated. Pre-travel advice largely takes place in general practice and schistosomiasis is a neglected area. Travellers should be advised regarding; avoiding transmission and testing on return from travelling if they have been at risk.

Aims: The aim of this cross-sectional study was to ascertain whether appropriate pre-travel advice is provided to travellers who may be at risk of schistosomiasis.

Methods: A focus group, then pilot questionnaire was conducted. An anonymous, self-administered questionnaire was distributed at the start of travel medicine courses. Questions regarding; socio-demographics, training, resources, content of the pre-travel discussion and two multiple-choice questions regarding schistosomiasis transmission and worldwide distribution.

Results: 54 questionnaires, response rate 94.6%. All respondents were nurses. 47.7% working in general practices, followed by 40.9% in occupational health. 83%, give travel advice in their current role. 81.8% had previous training in travel medicine, a large percentage, 45%, attending a vaccine-company study day. The majority, 70.5%, of respondents giving travel advice do not discuss schistosomiasis. Only 18.2% correctly identified endemic areas of schistosomiasis. 29.5% correctly identified all methods of schistosomiasis transmission.

Conclusion: Training is required for those providing pre-travel advice to improve knowledge of schistosomiasis. This can increase awareness of resources, including information leaflets, to be given to travellers. To emphasise the importance of testing travellers, exposed to risks, on return to the UK decreasing the risk of long term complications.

P235  Maternal experiences in infant feeding

Mie Maxwell-Smith
University of Manchester

Objective: To determine the rate of breast and bottle feeding within the community and to investigate the experiences of new mothers whilst feeding their child in order to suggest any changes that could be made to make it more positive.

Methods: A survey was composed and administered to female patients who had recently had a child. Questionnaires were administered at a local general practice surgery during baby clinics and at community satellite baby clinics.
Results: Breastfeeding initiation and continuation, past the first feed, rates observed were 83.5% and 70.4% respectively. Women commonly breastfed for 1-2 months, 18.3%, however 27.2% were still breastfeeding at the time of the survey. 63.9% of women had planned to breastfeed during their pregnancy. The majority of women, 85.6%, received infant feeding education throughout their pregnancy versus 87.6% obtaining education afterwards. Overall, 89.7% of women were happy with their infant feeding experience and would feed their next child in the same way.

Conclusion: In order to increase breastfeeding initiation and continuation rates, improvements need to be made primarily in the infant feeding education sector. Targeted approaches should be made towards women in lower socioeconomic groups and new young mothers as these two categories of women have historically lower breastfeeding rates. It is hoped that by improving infant feeding education, society’s views on breastfeeding will change to that of a more positive and supportive stance particularly when a woman is required to breastfeed in a public setting.

P236  FUTURE-PROOFING against childhood asthma with maternal dietary choices during pregnancy – a case-control study

Lynda Koech; Raheem Dhanani; Liwayway Hussein; William Macharia
Aga Khan University East Africa; Tanzania Institute of Higher Education

Objective: To determine perinatal risk factors for asthma in children aged two to 15 years in a tropical urban East-African setting.

Methods: A hospital-based matched case-control study was conducted. Data were obtained from parents of cases and controls using a structured interviewer-administered questionnaire. The study sample was 226 cases aged two to 15 years, with physician-confirmed asthma, who met a set of defined clinical criteria and 226 controls with no previous diagnosis or symptoms of asthma matched by sex and age (± two months). The perinatal risk factors assessed are maternal smoking during pregnancy, maternal diet during pregnancy, mode of delivery, prematurity and low birth weight. Crude and adjusted odds ratios were determined.


Results: Maternal smoking during pregnancy yielded an infinite Crude Odds Ratio P = 0.0207. Maternal diet rich in fish and other seafood during pregnancy showed a protective association with asthma (Adjusted Odds Ratio - 0.60; 95% confidence intervals 0.37 – 0.99, P = 0.044). A diet rich in milk and dairy products during pregnancy was protective in children older than five years. (Adjusted Odds Ratio - 0.63, 95% confidence intervals 0.38 – 1.06, P = 0.024).

Discussion and conclusion: In the tropical African setting fish and sea-foods intake during pregnancy is protective against childhood asthma in the unborn baby. Further research in a more powered study is required to determine the role of a maternal diet rich in milk and dairy products.

P237  Mouth breathers have higher prevalence of atopic dermatitis in preschool children

Harutaka Yamaguchi; Rho Tabata; Saaya Tada; Shino Yuasa; Yoshinori Nakanishi; Shingo Kawaminami; Nobuhiko Shimizu; Kenji Tani
Department of General Medicine, Institute of Health Biosciences, The University of Tokushima Graduate School; Tokushima Prefecture Naruto Hospital; Department of General Medicine, Institute of Health Biosciences, The University of Tokushima Graduate School

Background: Previous reports have shown the association with mouth breathing and asthma/ otitis media, but there is the possibility for mouth breathing to be related to other diseases. The aim of this study is to survey the effect of mouth breathing on prevalence rate of various diseases.

Methods: This is a population based cross-sectional study subjected to preschool children older than 2 years old. We carried out a questionnaire survey at thirteen nurseries in Tokushima City and the valid respondent was 539 (52.0%). We defined as mouth breathers in daytime (MBD) when they had two or more positive items among three items; “breathe with mouth ordinarily” “mouth is open ordinarily” “mouth is open when chewing”. We defined as mouth
breathers in sleeping time (MBS) when they had two or more positive items among three items; “mouth is open when sleeping” “sneezing” “mouth is dry when your child gets up”.

Results: The prevalence rate of MBD and MBS was 35.9% and 46.6%, respectively. Chi-square test revealed there were statistical significances between MBD and atopic dermatitis (AD) (OR2.4, 95%CI 1.4-4.2), between MBS and AD (OR2.1, 95%CI 1.2-3.7) and between MBD and asthma (OR2.4, 95%CI 1.3-4.3). After adjusting potential confounders, both MBD (OR 2.6, 95%CI 1.3-5.2) and MBS (OR3.2, 95%CI 1.5-6.8) were significantly associated with AD.

Conclusion: In preschool children older than two years old, both MBD and MBS were significantly associated with AD.

P238  Polyomyalgia Rheumatica: A qualitative study of patient experiences. "I suddenly felt I'd aged"

Helen Twohig; Caroline Mitchell; Adewale Adebajo; Christian Mallen; Nigel Mathers
University of Sheffield; Keele University

Objectives: To explore patient experiences of living with, and receiving treatment for, PMR with a view to future development of a patient reported outcome measure for the condition.

Design and setting: Semi-structured qualitative interviews continued to data saturation with patients recruited from 10 general practices in South Yorkshire. Thematic analysis using a constant comparative method, with independent verification of data analysis by a second researcher, ran concurrently with the interviews and was used to derive a conceptual framework.

Participants: 22 patients with PMR diagnosed in the preceding 2 years.

Results: 5 key themes emerged highlighting the importance of:
1) pain, stiffness and weakness,
2) disability,
3) treatment and disease course,
4) experience of care,
5) psychological impact of PMR.

Patients emphasised the profound disability experienced that was often associated with fear and vulnerability, highlighting how this was often not recognised by health care professionals. Patients’ experiences also challenge medical convention, particularly around the concept of ‘weakness’ as a symptom, the use of morning stiffness as a measure of disease activity and the myth of full resolution of symptoms with steroid treatment. Treatment decisions were complex, with patients balancing glucocorticoid side effects against persistent symptoms.

Conclusions: PMR can cause profound disability and significantly affect patients’ quality of life. Recognising the extent of this and acknowledging the heterogeneity of the condition could help improve patients’ experience of care. This qualitative study has laid the foundations for development of a patient reported outcome measure to assist in the standardised assessment of PMR.

P239  Community pharmacy health promotion in ethnic groups: A systematic review

Kabir Sandhu; Aikaterini Kassavou; Robert Walton
Barts and The London, Queen Mary University of London, UK

Background: The changing role of community pharmacy from dispensing to health promotion is developing to improve public health. However, poor literacy, language barriers and healthcare perceptions make community pharmacy health promotion less amenable to migrant groups.

Aims: To examine the attitudes, perceptions and practices of community pharmacists and ethnic minority and non-English speaking clients towards health promotion, to inform how to optimally advance this service.

Methods: Seven databases were searched. Inclusion criteria were: community pharmacy setting; behaviour change, health education or screening; barriers and facilitators of health promotion; ethnic minority or non-English speaking groups. Full-text screening and data extraction were assessed by two independent researchers. Quality assessment was undertaken using the Downs and Black and Critical Appraisal Skills Programme checklists.

Results: From the 495 papers identified, 20 papers were included. Community pharmacists were involved in chronic disease management and smoking cessation while special population counselling was under-practiced. Pharmacists
viewed health promotion positively, but were more comfortable dispensing. Communication, inadequate counselling space and lack of time were barriers. Clients utilised pharmacies predominately for prescription dispensing. Black ethnicity was a predictor of unaddressed health needs. Clients perceived doctors as better health promotion exponents, but satisfaction was high in those experiencing pharmaceutical public health.

**Discussion:** Reorganisation of community pharmacy, utilising primary, secondary and tertiary prevention models should be established, focussing initially on new migrants and high-risk groups. Training must aim to increase pharmacists’ confidence in providing these services to ethnic minorities, which is likely to positively impact the health of these groups.

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**P240 A systematic review of the evidence from randomised controlled trials for the treatment of rhinitis medicamentosa**

**Kuljinder Klear; Selina Khan; Hisham Khalil**  
**Plymouth Hospitals Trust**

**Introduction:** Rhinitis medicamentosa (RM) is a drug-induced rhinitis characterised by nasal congestion associated with the prolonged use of nasal decongestants. Over the past decade the prevalence of RM has increased. Factors contributing to this include: failure to recognise negative effects of nasal decongestants and their ease of availability. No general consensus exists regarding the active treatment of RM, although it is agreed immediate cessation of nasal decongestants is beneficial.

**Aims:** To systematically review the effectiveness of topical nasal steroids compared to placebo for the treatment of rhinitis medicamentosa.

**Methods:** The Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE (1966 to June week 1, 2014) and EMBASE (1980 to June 2014) were searched for RCTs comparing topical nasal steroids with placebo at varying concentrations and time schedules for the treatment of RM.

**Results:** Two RCTs were included for review (n= 39). Both fluticasone propionate and budesonise nasal sprays demonstrate a faster reduction in mucosal swelling by an average of 7 days compared to placebo alone. Fluticasone spray was associated with a significantly greater reduction in mucosal oedema, faster onset of relief of nasal congestion at day 4 compared to placebo at day 7. After 1 week using budesonide nasal spray a significant increase in nasal volume was seen compared to the placebo group where no increase was found.

**Conclusion:** Topical nasal steroids are likely to be effective at reducing nasal congestion resulting from RM but the quality of available evidence is poor. Discontinuation of nasal decongestants is imperative to treatment of RM.

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**P241 Synthesizing best evidence in 'evidence flowers'**

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**Aims/objectives:** To develop innovative, visual methods of presenting evidence syntheses to lay people and health service professionals.

**Content:** Methods used in two research programmes (STarTMusc and ENHANCE) to synthesize best evidence from recent systematic reviews and clinical guidelines are presented. Results of these evidence syntheses are summarised in the form of ‘evidence flowers’, creating visual representation of strength of current best evidence to enable stakeholder groups to develop the next stage in the research programmes. Strength of the research evidence, based on the GRADE system (http://www.gradeworkinggroup.org/), is indicated by using different coloured ‘petals’.

**Relevance/impact:** Research knowledge varies considerably within the stakeholder groups that consist of health professionals, including GPs and nurses, as well as lay people. ‘Evidence flowers’ are a succinct, visual presentation of research evidence that is easily understood by a wide audience. This form of pictorial representation may be useful in knowledge translation, helping to bridge the gap between published research and its use in clinical practice and in describing the uncertainty of the research evidence for some interventions.

**Outcome:** Evidence syntheses presented in this novel way appear to be acceptable and understandable to relevant stakeholders. Feedback gathered from stakeholder groups on the usefulness and accessibility of the ‘evidence flowers’ is discussed.
Discussion: ‘Evidence flowers’ comprise an innovative and exciting new way of presenting the results of evidence syntheses. Use of a visually stimulating medium may increase accessibility and acceptability of research evidence to a wider audience, thus promoting and facilitating engagement with clinicians and patients.

P242  Telephone-based peer support as an intervention for improving health outcomes: a systematic review

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Purpose: A 2008 Cochrane review (Dale et al) described evidence relating to peer-support telephone calls for improving health, which concluded the need for further randomised controlled trials with more improved methodology. This current review explores the changes over recent years, in order to reach a conclusion regarding the effectiveness of peer support telephone calls.

Methods: We searched MEDLINE (OVID), EMBASE (OVID) and CINAHL (Athens), all from January 2007 to August 2013, restricted to English language studies. Studies considered for inclusion were randomized controlled trials comparing peer-support, telephone-based interventions, either with a control or alternative intervention. Two authors independently extracted data, with discrepancies reviewed by a third author.

Results: Thirteen studies met the inclusion criteria, involving 7350 participants. The primary outcome measures for eight studies related to behavioural health outcomes, three studies related to physical health outcomes and two studies to psychological health outcomes. Five studies reported statistically significant benefits from the intervention compared to control conditions, amongst the following areas: post-natal depression 12-week assessment, quit rates amongst tobacco smokers, diabetic control, physical activity amongst older adults and breastfeeding duration.

Conclusions: More randomised controlled trials are reporting the effects of peer-support telephone calls, with increasing significant findings emerging in favour of peer support. Areas of healthcare showing initially promising results have seen a rise in the number of studies performed using telephone peer-support, such as postnatal depression, breastfeeding and diabetes. Despite progress, further homogeneous trials with subsequent meta-analyses, are needed to improve the quality of evidence regarding peer telephone-support.

P243  Outcomes of attendances at GP-led urgent care centres in North West London

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Background: Accident and emergency (A&E) services in North West London, as elsewhere, are planned to undergo significant reconfiguration with the closure and ‘downsizing’ of emergency departments. At Charing Cross and Hammersmith Hospitals, urgent care centres staffed by general practitioners (GPs) and emergency nurse practitioners are co-located with the emergency departments. Since 2009, self-referred walk-in patients have been unable to access the emergency departments without first being seen in an urgent care centre.

Objective: To examine the association of patient characteristics with onwards referral for emergency and specialist care from two urgent care centres.

Methods: Cross-sectional, multivariable logistic regression analysis of routine hospital data from October 2009 to December 2012. Self-referred attendances among patients aged ≥18 years old and resident in England were eligible for inclusion.

Results: The total number of attendances included was 243,042; 180,167 (74.1%) attendances were managed within the urgent care centres, and 62,875 (25.9%) required referral to the emergency department or a hospital specialty. Odds of referral increased with age (adjusted odds ratio [aOR]: 1.02; P<0.001) and was greater for males (aOR: 1.11; P<0.001). Patients not registered with a GP were less likely to be referred onwards (aOR: 0.76; P<0.001), as were those living within 1km of the urgent care centre attended (aOR: 0.80; P<0.001).

Conclusion: Most patients attending Charing Cross and Hammersmith Hospitals’ urgent care centres can be managed by a GP or emergency nurse practitioner. However, it is unclear how patients who do require emergency department services will be affected by the planned reconfiguration.
P244  HeadSmart - be brain tumour aware - a new clinical guideline and national symptom awareness campaign to promote more timely diagnosis of brain tumours in children

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*University of Nottingham*

**Aims:** Widespread public and professional concern about delays in diagnosis of childhood brain tumours led, in June 2011, to the launch of HeadSmart, a public and professional awareness campaign linked to a Quality Improvement project.

**Content:** We will present data describing the referral pathways of children with a brain tumour using several data sources including (a) cancer registrations linked to primary/secondary care records, (b) a multi-centre audit and (c) a national service evaluation of HeadSmart.

Records up to 2006 showed that primary care consultation rates rose 40-fold (n=181) and hospital admission rates rose 100-fold (n=3,959) at diagnosis, from baseline rates one year before diagnosis; emergency admissions rose from 35% to 55%. Audit identified long delays, repeated presentations in primary care and ineffective referrals, especially for low-grade brain tumour patients.

**Impact:** The HeadSmart Campaign raised public (11%) and professional awareness (73% of paediatricians) and was associated with a reduction in the median total diagnostic interval (TDI) from 13.4 to 6.3 weeks (2006-2013), nationally, and a 65% reduction in median interval between first clinical contact and diagnosis (p<0.01, 730 children, 2011-13).

**Outcomes:** The impact of HeadSmart on survival and disability rates will be assessed over the next 3 years as data accumulates.

**Discussion:** Will measurable enhancement of awareness in primary care deliver the next phase of improvement in promoting timely diagnosis?

P245  Are the NICE guidance hospital admission criteria for ambulatory care-sensitive conditions adequate?

**Paul van Der Westhuizen; Aine Rose Rafferty; Sarah Purdy**
*University of Bristol*

**Aim:** To investigate if the NICE guidance hospital admission criteria are adequate for acute and chronic ambulatory care-sensitive conditions (ACSCs).

**Relevance:** One in five emergency admissions is an ACSC condition and the estimated annual cost to commissioners of emergency admissions for ACSCs is £1.42 billion. Adequate admission criteria may help clinicians identify which patients with ACSCs can be managed in primary care instead of in hospital, thus reducing the financial burden on the NHS.

**Objectives:**
- To identify hospital admission criteria from NICE for acute and chronic ACSCs.
- To examine the evidence-base behind these admission criteria.

**Methods:** The NICE website was searched for NICE guidelines on each of the acute and chronic ACSCs. These guidelines were then scrutinised for the existence of hospital admission criteria. When admission criteria were found the evidence-base behind them were examined and critiqued. Conclusions were then made on the adequacy of the admission criteria.

**Results:** A significant number of acute and chronic ACSCs are lacking good hospital admission criteria. For those that have admission criteria, many of them are based on poor levels of evidence.

**Discussion:** Why are so many of the ACSCs’ admission criteria based on poor levels of evidence?

**Conclusions:** A number of acute and chronic ACSCs require hospital admission criteria and a further number have inadequate admission criteria. For many ACSCs a higher level of evidence is required for basing admission criteria on.

P246  Managing post-anaesthesia complications: a survey of GP’s opinions

**Hannah Evans; Ronald MacVicar; Kevin Holliday**
*NHS Highland; NHS Education for Scotland*
Aims and objectives: This survey aimed to assess general practitioners competency and comfort when dealing specifically with day-case anaesthesia complications presenting in the community.

Relevance/impact: Over the past two decades The Royal College of Surgeons has been recommending 75% of their “basket” of suitable procedures be completed as day cases. This leads to same day discharges and often imposes a resultant shift in ongoing post-operative patient care to community-based practitioners.

Outcomes:
- 44 GPs within NHS Highland completed the survey
- 70% of GPs felt confident in recognising and managing post-operative nausea and vomiting
- 58% felt able to recognise post dural puncture headache however, management approaches varied with few in keeping with current best evidence and the majority recommending anaesthetic advice
- 73% of GPs felt that having an assigned anaesthetic contact would be helpful and 84% felt their ability to manage these problems in the community would be improved with anaesthetic support.

Discussion: Post-operative complications of surgery and anaesthesia are not currently covered by the GP training curriculum. Although post-operative complications from anaesthesia are rare, they nonetheless present a challenging case for those who have little prior exposure or training in this area. With the increase in day surgery caseload, provision for such training should be considered as part of a modern GP training programme. GPs also would value having access to an anaesthetic specialist to help manage these complications and this should be considered within the expanding scope of day surgery practice.

P247 Consequences of how Fibromyalgia is positioned within the undergraduate curriculum: perspectives of medical students

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Aims/objectives: A qualitative exploration of the perspectives of medical students about Fibromyalgia (FM) /Chronic Widespread pain (CWP). To provide suggestions for medical schools about how to incorporate learning about FM and CWP into the curriculum.

Content: University ethical approved interviews conducted and recorded with consent within two UK medical students with a total of 23 participants from years one-five. Data analysed using principles of constant comparison. Emerging themes included: difficulties in understanding of FM and CWP; variety of sources by which students acquire learning including the explicit curriculum and the hidden curriculum including priority given to these topics and the impact of teachers as role models.

Relevance/impact: Students have limited understanding about conditions such as FM/CWP, which can result in patients receiving sub-optimal care.

Outcomes: Students were not confident with their understanding about how to diagnose and manage patients with CWP/FM and that their opinions of the condition were influenced by the source of their acquired knowledge. Students generally had an increased level of knowledge if they had encountered a patient, friend or family member with FM/CWP and were able to discuss their condition with them.

Discussion: Training about conditions such as CWP/FM needs to be consistent in order to improve the patient experience of those with FM/CWP and other conditions which are medically unexplained. We propose that such conditions should be addressed explicitly within the undergraduate medical curriculum and potentially also within postgraduate curriculums to maintain knowledge and understanding.

P248 GP trainees’ beliefs about work related stress and burnout

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Burnout is a characteristic triad of emotional exhaustion, de-personalisation and perceived reduced personal accomplishment. Using quantitative methods, burnout has been shown to be an important phenomenon among doctors, including general practitioners (GPs). It is feared that burnt-out practitioners may underperform or abandon the profession. General practice, in the UK, is a form of social medicine with a unique training structure. The qualitative beliefs regarding burnout causation, prevention and identification remain unexamined in GP trainees.
**Methods:** One to one qualitative interviews were conducted with 12 GP registrars in their final year of training. Volunteers were recruited via response to circulated study information and using ‘snowballing’. Data was examined using Applied Thematic analysis.

**Results:** Burnout was believed to be a distinct psychological state, however description differed to burnout syndrome. Beliefs regarding GP burnout causation include time, patient demand, uncertainty and responsibility, bureaucracy and isolation. Empathy was thought by participants to be a potential cause and resilience protective of burnout. Unique stressors within specialty training were also highlighted. Poor portrayal of GPs within the media was also thought to contribute to stress and low morale. Participants felt they had limited experience of training in burnout recognition and prevention.

**Conclusions:** GP trainees’ beliefs of burnout causation identify General practice as a ‘street level bureaucracy’. With current changes to health care commissioning, working practices and austerity measures; burnout and stress within the profession may become more prominent. Policy makers should be aware of GP trainees’ beliefs in order to plan appropriate training and support.

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**P249** Ethics education and general practice (key findings from a qualitative doctoral study)

**Andrew Papanikitas**  
Oxford University

This poster summarises a qualitative study of ethics education as experienced by general practitioners in mainland Britain. The data analysis is organised according three interlinked concepts from the sociology of education: curriculum, pedagogy and evaluation. These broadly map to academia, education and clinical practice, and the purposive sample reflects participants with professional involvement in each of those three domains. Data are drawn from 19 semi-structured interviews, one focus group and documentary analysis. Key findings were as follows: Ethical issues that arise in practice may not match issues 'pre-identified' in educational settings. Common approaches to ethical problems in practice, such as avoidance of involvement or deferral to a colleague or manager do not reflect the kind of conscious ethical deliberation envisaged in ethics education. Ethics education is sometimes perceived as brief in both undergraduate and postgraduate settings, and largely a feature of undergraduate education, rather than relevant to the contexts in which GPs train and practice.  

An awareness of the ethical traditions and frameworks that underlie evidence-based medicine, public health, and concepts of community and solidarity, may help GPs to understand their wider duties and the challenges of reconciling these with person-centred practice. Awareness of the social context of ethics education may be useful in justifying adequate resources for the study of practice-relevant questions and improved communication between academics, educators and frontline practitioners. This study takes a broad and original view of ethics education in general practice in examining how 'ethics' is conceived, taught and learned, tested and enacted in practice.

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**P250** What impact does the setting have on the delivery of undergraduate medical education?

**Teena Fernandez; Helen Dovedi; Maggie Hammond; Pete Leftwick; Sian Alexander-White**  
Liverpool University

**Content:** As part of the undergraduate medical curriculum, third year students attend a seven week Disability module. This module is predominantly taught by General Practitioners in both General Practices and Medical School settings. During this placement students attend a three hour Stroke Awareness workshop delivered by Stroke Association trainers. The workshop focuses on teaching active communication skills. Students are given the opportunity to work with service users who have had a stroke or who care for some with a stroke. Verbal and written feedback shows a clear positive impact on the students.

In the academic year of 2012/2013 these workshops were organised in a community setting familiar to the service users. From 2013 onwards the location moved to the university setting. The teaching objectives have remained the same, however the location has changed. This change of setting may have altered the learning outcomes.

**Aim:** To assess whether a change of setting may impact on student perspectives.

**Method:** This qualitative study analyses retrospective data obtained from written and online questionnaire based feedback and focus group discussions with medical students. Framework analysis is applied to identify clear themes.
Relevance: Medical education supervised by General Practitioners is increasingly being delivered in partnership with community organisations. The results of this study will help to inform future planning to ensure the location of the sessions maximises the learning potential.

P251  The media portrayal of GPs before and after the introduction of the Health and Social Care Bill 2011
Adam Balkham
University of Leeds

Introduction: The study aimed to identify a set of themes covering the NHS reforms following the Health and Social Care Bill (2011) and looked for any differences in the media portrayal of GPs after the introduction of the changes.

Methods: A search of newspaper sources (The Daily Mail, The Sun, The Guardian and The Daily Telegraph) using the media database Nexis was undertaken for suitable articles. Selected sources were analysed using thematic analysis to explore data in rich detail to draw out themes. Ethical consideration was not required.

Results: GPs were portrayed negatively both before and after the Bill, albeit slightly less after its introduction. The theme of ‘high salaries’ persisted despite reference to ‘pay freezes’. Increased reference to ‘health reforms’ after the introduction of the Bill coincided with the emerging theme of ‘trust’ and the patient-doctor relationship. This was compounded by a threat of strike action by doctors over ‘pensions’.

Conclusion: Overall the negative portrayal of GPs continued. Questions about the integrity of the medical profession started to appear. Trustworthiness of GPs was brought under the spotlight, which is of particular concern at a time when there is an increasing need for hard working and competent GPs. This together with concerns raised by healthcare bodies at the time of the Bill present a potentially uncertain future for primary care.

P252  To what extent do medical researchers use new media in their work: Explorative qualitative study
Chloe Caws; Molly Thorpe; Matthew Booker; Sam Creavin
University of Bristol

Introduction: New (social) media is popular, with 1.28 billion monthly active Facebook users and 250 million monthly active Twitter users. The literature addressing how health researchers engage with new media is relatively sparse.

Method: Health researchers at the University of Bristol School of Social and Community Medicine were asked to participate in a structured interview with two medical students (Chloe Caws and Molly Thorpe). Field notes were taken and interviews were recorded. A framework analysis was conducted with a case-based approach, cross-matched with a theme-based approach.

Results: Nine interviews were conducted, including academics from a range of disciplines and career-stage. Six major themes emerged with sub-themes becoming apparent within: 1) Current use eg. professional and private correlation, 2) Barriers eg. lack of understanding, lack of incentive and limited time 3) Advantages eg. accessing wider audiences, 4) Disadvantages eg. misinterpretation of information, 5) Generational divide and 6) Future use eg. role in recruitment and dissemination. Three of the nine interviewees had used social media professionally.

Conclusion: A minority of the interviewed researchers has used social media professionally, but most academics perceived an important future role for the medium. Professional engagement with social media by researchers may remain limited unless perceived barriers and disadvantages are addressed.

P253  What works and what doesn’t work in establishing and running peer support arrangements?
Jonathan Graffy; Daniel Holman; David Simmons; Nick Ockenden
University of Cambridge; Cambridge University Hospitals NHS Foundation Trust; Institute for Volunteering Research

Background: RAPSID (Randomised controlled trial of Peer Support In Type 2 Diabetes) tested whether peer support, delivered in groups or 1:1, could enable people with type 2 diabetes to improve their health (n=1299, 130 clusters). The support has been provided by volunteer Peer Support Facilitators (PSFs), who were trained in overcoming barriers to diabetes care, motivational interviewing, listening skills and setting up and running group/1:1 support (n=167).
Aims: There is little qualitative evidence on how to arrange peer support effectively. We sought to answer the question ‘What works and what doesn’t work in establishing and running peer support arrangements?’

Methods: PSFs completed open-answer questionnaire items on what worked well/less well, problems encountered and how they were resolved, group dynamics and suggestions for improvement. We also asked our study nurses the same questions of each PSF, and for each cluster as a whole. Data were entered into NVivo for thematic analysis. The Institute of Volunteering Research are collaborators on this project.

Results: Analysis is ongoing but suggests that the following themes and topics within them are of most importance: Peer factors (interests, needs); PSF factors (motivation, expectations, personality); Process factors (ending/ongoing support), nurse support, study factors, organisation); and Relationship factors (common ground, relations between PSFs).

Discussion: Gaining the perspective of PSFs and study nurses is valuable in understanding what makes for effective and sustainable peer support, which should be useful to others looking to develop similar programmes.

P254 The role of health literacy on factors mediating health outcomes

Christopher Williamson; Eme Estacio; Joanne Protheroe
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Health literacy has been described as “the degree to which individuals can obtain, process, understand, and communicate about health-related information needed to make informed health decisions”. The Skills for Life survey in 2011 showed that 14.9% of adults in the UK had literacy levels classified as entry-level or below. This equates, at best, to the level expected at 9-11 years.

Research has shown that inadequate health literacy is associated with increased mortality, increased risk of hospital admission and poor medication adherence among other outcomes. Several mediating factors have been hypothesized in the pathway between health literacy and health outcomes. However, there is limited review evidence for many of these proposed factors.

This systematic review identified the evidence surrounding the associations between health literacy and three hypothesized mediating factors in the pathway to health outcomes. We looked at access to primary care, patient attitudes and patient motivation. We found that the current evidence available is mixed and that although there are studies that demonstrate statistically significant links between health literacy and the variables of interest, there are a similar number of studies that fail to demonstrate a statistical association.

It is clear from this review that further research is required to better understand the mediating factors that are involved in linking health literacy with outcomes. This will enable the production of more tailored interventions to reduce the impact of health literacy on inequalities seen in health outcomes.

P255 Shared decision-making in general practice consultations: impact of patient involvement in a systematic review

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Objectives: The systematic and narrative review explored factors affecting how general practitioners and patients share decisions in consultations around prescribing pain-relief for musculoskeletal pain. Involving patients ensured that the research question is relevant to patients, that factors important to patients in sharing decisions about prescribing pain relief were identified, and that the research is disseminated amongst, and has impact on, patients.

Content: Six members of a patient group inputted into the review through workshops at two key stages. Initially they identified factors that were important to them in sharing decisions about prescribing, and these were integrated into the literature review protocol. Secondly, they critiqued the results and discussed dissemination of the review.

Relevance: Patients discuss musculoskeletal problems in 1 in 7 GP consultations. Patients can be involved in and have impact on the even on the early stages of research.

Outcomes: Patients identified factors of importance to them in sharing the decision of being prescribed pain relief for musculoskeletal pain that had already been highlighted by the study team:
• Patient, Doctor, and Consultation, plus additional factors Condition, Emotion, Medication and Patient’s perception of issues that affect the doctor. These additional factors were not represented in the literature and highlight a need for further research.

• Patients’ perspectives on the relevance of the literature were integrated into the narrative synthesis. Patients contributed to a dissemination plan to share the results with different audiences.

Discussion: Patient involvement in a review ensures that gaps in published literature are highlighted and the review directly reflects patient priorities.

P256  Evaluating work experience opportunities in primary care: a qualitative study

Tim Davis; Barbara Laue
University of Bristol

Aim: Qualitative study using a grounded theory approach to describe work experience opportunities and barriers within primary care by interviewing GPs, career advisors and students about work experience they have tried to organize or hosted.

Relevance: Widening participation into medicine for students from disadvantaged backgrounds is important but often difficult to achieve. Getting placements is more difficult if students do not have medical relatives or contacts to help organize and identify placements. Improving work experience opportunities could help to widen access into medicine.

Results: Barriers to getting placements; 1 Younger Age as a barrier to placements - This causes a problem with widening access as students young for their year are not allowed to be considered for majority of the local work experience schemes. 2 Confidentiality - Students often automatically rejected from practices where the student is registered as a patient. 3 Lack of medical contacts - Very difficult to find placements without a contact e.g. Paediatric hospital placement needs a doctor to refer and recommend a student. 4 Difficult to Identify right contact - Schools report being unaware of RCGP scheme.

Discussion: The primary barrier to work experience placements for general practice is the lack of an easy to find, fair and transparent method of identifying practices. Implementing a system of searchable practices and promoting this within the wider career advisor networks could greatly improve knowledge and access. This could be done in tandem with expansion of other schemes that mix hospital and primary care placements for students.

P257  Changing patterns of requests for measurement of vitamin D in primary care

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Awareness of vitamin D deficiency and its associated morbidity is rising in the UK and the frequency of testing by general practitioners (GPs) is increasing. Vitamin D testing is costly. This observational study aimed to explore the pattern and utility of vitamin D testing by GPs in one city over a six year period.

Method: Vitamin D results from primary care practices were collected between 2007 and 2012, inclusive. Results were allocated into six cohorts based on year of request and grouped into three categories (adequate, insufficient and deficient).

Results: Vitamin D results from 9,500 (74%) first tests and 3,272 (26%) post treatment retests were analysed. The total number of requests increased eleven-fold from 503 in 2007 to 5,552 in 2012. Overall 42% of first test results were deficient (<30nmol). The absolute number of patients identified as vitamin D deficient from first tests increased each year. However the proportion with deficiency decreased.

Discussion: Testing increased greatly over this period, particularly following the highlighting of this issue in the medical press in 2010. Local guidelines for targeted vitamin D testing were subsequently issued in early 2012. While there was an increase in the absolute number of deficient patients identified the likelihood of identifying deficiency was lower in later cohorts, suggesting less targeted testing. A series of educational events is therefore planned for local GPs. This study highlights the rise in testing for Vitamin D in primary care over recent years and the need for clear national testing guidelines aligned to a robust prevention strategy.
P258  Family physician knowledge, attitude, and practices In rickets management in Alexandria, Egypt
Amal Khairy
Primary Health Care Specialty, HIPH, Alexandria University, Egypt
Nutritional rickets, a public health problem in many tropical and subtropical countries, had according to Egyptian research 2001, a prevalence in children of around 20.2%; mostly due to lack of exposure to sunlight, prolonged breastfeeding without supplementation, inadequate weaning practices, and poor vitamin D dietary content. This has caused delays in growth and motor development, failure to thrive, short stature, and skeletal deformities. Diagnosis depends on nutritional history and clinical observation confirmed by chemical analysis and radiography.
Treatments regimens: Low dosage and long term vitamin D therapy, or “Stosstherapy” (a single-day large dose of vitamin D in six divided doses); Ca therapy, complications treatment and monitoring every two to three weeks. The preventive role of primary care physicians is to stress the importance of daily oral intake of vitamin D, and dairy products and exposure to ultraviolet light; besides subclinical rickets early detection and treatment.
This study aimed to assess knowledge, attitude, and practices of family physicians concerning risk assessment, screening, management, and prevention of rickets. In eighty two family health facilities in Alexandria, a self-administered KAP questionnaire assessed physicians knowledge, attitude, and practice (with a score for each) concerning rickets risk assessment, screening, diagnosis, prevention, management and referral.
Results: Physicians’ overall correct knowledge was 74.03%, while positive attitudes towards a physician’s role was only 15.5% and good practice was 38.7%. Results analysis concludes physician unwillingness to train, paperwork overload and insufficient preventive practice regarding rickets. Recommendations are shown.

P259  History of Cuban model of family medicine, 30 years after its creation
Patricia Alonso Galbán; Félix José Sansó Soberats; Miguel Márquez; Harriet Lupton
Cuba National Center of Medical Sciences Information; Cuban National Centre for Minimal Access Surgery
This study is directed toward one of the significant aspects to renew policies and reorienting health care models to the population: General medical practice/family medicine and the experience and characteristics of Cuban approach. 30 years after the establishment of the Cuban model of Family Medicine, this study aims to describe its characteristics and peculiarities. It summarizes the history of this model of care since its foundation in 1984 and sets out the fundamental changes that have taken place since that moment.
A thorough bibliographic investigation was conducted where numerous documentary and personal sources were consulted. It provides information about the background and context of the origin of the model as well as their structure and operation. It details the way it is structured the polyclinic, dedicating a space to the emergency services at the primary level. The population access to health services network and the inter-relations system are shown graphically.
The study explain the type of activity and scope of actions according to the four essential functions of Cuban family physicians and nurses: medical care, teaching, administration and research. The information is accompanied by boxes, tables and graphs that facilitate the understanding of the text and allow better appreciate the virtues of this model of comprehensive health care of the people, whose development and strength allows Cuba solidarity help to many countries of the world without distinction ideological, cultural, social, religious, respecting above all determination and political will of the peoples and governments.

P260  Cardiovascular risk scores for South Asians - a systematic review of the literature
Dipesh Gopal; Juliet Usher-Smith
West Suffolk Hospital; University of Cambridge
Aims/objectives: To review existing cardiovascular risk models applicable to South Asian populations.
Content: The results of a systematic review of risk scores developed or tested in South Asian populations identified from an electronic search from 2000 to 2014.
Relevance/impact: Considering the Indian subcontinent and its diaspora, at least 1 in 5 people in 2050 will be of South Asian descent. South Asians have double the prevalence of known cardiovascular risk factors, and earlier
onset of cardiovascular disease compared to Caucasian populations. However, there is no consensus on the most accurate model for estimating cardiovascular risk in this population.

**Outcomes:** The literature search of MEDLINE and EMBASE identified 7560 papers. After screening, 19 papers met the inclusion criteria. In those 19 papers there were 17 individual risk calculators, the majority of which were modified versions of the Framingham risk score. Only a minority provided objective statistical measures. In those, the discrimination, as measured by the area under the ROC curve ranged, from 0.72-0.90, sensitivity from 0.27-0.89 and specificity from 0.47-0.98.

**Discussion:** This review shows that multiple studies have adapted cardiovascular risk scores derived from a Caucasian population to South Asian populations. Few derive a risk score within a South Asian population and there is limited performance data to allow comparison. A cardiovascular risk score derived and validated within a South Asian population is required to allow accurate identification of individuals at risk of cardiovascular disease in this growing population.

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**P261**  **A description of the demographics, disease burden, co-morbidity and functional status of the elderly population in a town in rural Peru: A prospective cross-sectional study**

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Moyobamba, in the Peruvian jungle, has a population of 42,6901, many of whom are ageing healthily. This study aimed to formally profile the demographics, illness burden, health needs and functional status of the elderly population. Little was known about the prevalence of chronic illness within the town’s population and there are no published accounts of the health and functionality of its residents. We aimed to prospectively collect demographic data, information about social circumstances, perform medical evaluation, functional index (Barthel) and use a validated questionnaire (CIRS-G) to assess co-morbidity. Assessing the health status and frailty of the population at the outset of the development of a primary care and rehabilitation service would allow the targeting of specific interventions and direct the service development towards managing the illness burden and rehabilitative needs. We identified that there is a definite need for a health service focused on the needs of elderly people. We identified physical, psychological and social needs. We also identified that there is cognitive impairment and functional need which required to be addressed. Therefore, there existed a need for multidisciplinary assessment and intervention adapted to this setting. We additionally recognised the importance of designing the structure of the project to take into account the morbidity of the housebound elderly in the town and permit that this group had access to the service.

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**P262**  **The knowledge, attitudes and beliefs towards shisha among 1824 year old shisha smokers: a qualitative analysis**

Shrinal Kotecha

**UCL**

Shisha smoking, originating from the Middle East, has evolved from a cultural to social phenomenon. The prevalence of adolescent shisha smoking in the UK has increased over the years, generating a huge public health concern. Although there are numerous health risks associated with shisha smoking, its high social feature produces ignorance and public unawareness towards its associated health implications, especially amongst frequent users aged 18-24. This study uses semi-structured interviews to explore the knowledge, attitudes and beliefs towards shisha of amongst this age group. 16 participants of both genders were recruited through snowball sampling. Shisha smokers appeared to begin this risky behaviour through curiosity or influence of others. The lack of available information has resulted in public misconception of the risks and social acceptability of shisha smoking. The activity often appears as a habit or an addiction. Shisha cafes are soaring in business, bringing revenue and cultural diversity to the UK whilst increasing accessibility for users to socialise and smoke. The general attitude of this age group was that everything in moderation is acceptable. Familiarity with e-shisha as an alternative is evident, but most users found it removed the social atmosphere of shisha smoking, promoting further shisha use. It is important to correct the risk perception of this age group in order to protect future generations and tackle this public health concern.
Increased health awareness and education is encouraged to inform individuals regarding the health hazards of shisha smoking and improve legislation to play a more active role in prevention.

P263  Motivational interviewing: is it effective for smoking cessation in non-English speaking and ethnic minority groups? A systematic review and meta-analysis

Kabir Sandhu; Carol Rivas; Robert Walton
Barts and The London School of Medicine and Dentistry, Queen Mary University of London, UK

Introduction: Motivational Interviewing (MI) is directive, client-centred counselling which elicits behaviour change by resolving ambivalence. MI is effective for smoking cessation, however most trials have been conducted in English-speaking countries and underlying psychological mechanisms may be socially or culturally determined. This review aims to explore the effectiveness of MI for smoking cessation in ethnic minorities and non-English speaking populations.

Methods: Seven databases were searched. Main inclusion criteria were: explicit MI reference; smoking cessation as primary focus; ethnic minority or non-English speaking client. Main exclusion criteria were: non-interventional studies; pharmacological therapy as primary intervention. Quality assessment was undertaken using the Cochrane risk of bias technique. The most rigorous definition of abstinence at longest duration was used to conduct a random effects meta-analysis. Subgroup analysis was undertaken due to heterogeneity; MI versus: other behavioural interventions; usual care; control.

Results: Fourteen studies were included involving 4,282 smokers. MI was more effective than any intervention (OR=1.76; 95% CI=1.20-2.32). The effect size was similar when compared to: other behaviour change interventions (OR=1.93; 95% CI=-0.79-4.66); usual care (OR=1.69; 95% CI=-0.86-4.23); control (OR=2.01; 95% CI=-0.77-4.80). Subgroup analyses did not reach statistical significance. Stratification by comparator intervention did not explain the statistical heterogeneity between studies.

Discussion: MI may assist smoking cessation in non-English speaking and minority groups, although it may not be superior to other behavioural interventions. Longer duration MI, delivered by healthcare professionals, appears to be more successful. Future research should elucidate the efficacy of smoking cessation amongst ethnic groups separately from non-English speaking groups.

Service delivery

P264  The commit to change programme

Sarah Carrod; Helen Carr; Paul Grob; John Nichols
South West Thames Faculty

Aims/objectives: The 'Commit to Change' programme is a web based tool, www.committochange.stickk.com, utilising the concept of 'commitment contracts' to encourage people to achieve their goals. Our aim is to analyse the success of this programme in smoking cessation.

Content:
• Background and rationale to 'Commit to Change'
• Progress to date
• Use in the primary care setting.

Relevance/impact: The aim is sustained behaviour change in relation to smoking cessation. Its potential for public health benefit is enormous as commitment contracts can be used to achieve any lifestyle goals eg. losing weight or exercising more.

Outcomes: The Kingston CCG and 'Quit4life' with access to numerous clinics/practices provides the platform for the pilot study which was started in May 2014. To date £80 has been staked, 26 commitment contracts created, 19 workouts completed and 1,556 cigarettes not smoked.

Discussion: What underpins the behavioural change is that an individual is 'nudged' (Thaler and Sunstein) so it is easier to select a preferred healthier life-style option. This approach has been remarkably successful having started in America in 2007 with quit rates of up to 83%. The web based tool invites the user to make a commitment contact, request supporters and referees to oversee progress and provide the option of laying a financial stake. If successful
In this poster we will present:

- The rules around access to the NHS
- The documents new migrants may be able to present
- Links to useful resources we have found
- A simple leaflet to make life easier for the reception staff
- Our idea for improving written communication (when the cost of translating every letter would be too high).
P267  Outcomes for chronic Hepatitis C patients in prison
Iain Brew
RCGP

Introduction: Hepatitis C virus (HCV) affects 14% to 82% of injecting drug users depending on geography1 and the estimated prevalence of positive serology in UK prison is 24%2. Drug users are difficult to recruit into treatment due to factors such as poor engagement with secondary care3 and chaotic lifestyles. Primary Care and drug services may be suitable locations for the treatment of HCV4, 5 and the Windmill Project6 in Nottingham has demonstrated that such treatment is feasible. We have been unable to find any published data on antiviral therapy in UK prisons. Since 2008, we have been offering NICE7 approved antiviral therapy to suitable patients after multidisciplinary discussion. Patients were treated with standard dual therapy with weekly pegylated interferon and twice daily riba.

Aim: To demonstrate the non-inferiority of prison-based treatment for HCV.
Method: A review of medical records was undertaken for the first 50 patients treated for HCV at a Northern prison. Treatment was recorded as complete if at least 80% of prescribed treatment length was successfully delivered. Primary endpoints were treatment completion, end of treatment response and sustained viral response rates using treatment intention as the denominator.
Results: Treatment completion data were recorded for 48 (96%) and ETR for 47 (94%) of patients in the cohort. SVR data were obtained for 43 (86%). Where no SVR data were available, treatment failure has been assumed.
Conclusion: Several commentators4 have suggested that prisons may be ideal for treating this elusive group. This study affirms the non-inferiority of treatment for HCV in this setting.

P268  A tricky consultation: managing infertility in the GP setting
Lucie Giblin
King's College London

An overview of how best to manage infertility as it presents to the GP after a few months up to a few years. Includes key questions in the history, key causes and how best to approach the situation in order to decrease stress and anxiety for anyone involved. What tests a GP can and should do before they refer on. How a GP can manage fertility through advice and medical management in the meantime. Then explaining what will happen after referral and the options available to the patient. Since guidelines vary depending on local policy this is more of a general view on the ideal tests as based on NICE guidance.

P269  Improving primary care response to domestic abuse - a project in north Bridgend community network
Laura Wass
St Johns Medical Practice, Aberdare/Cardiff

Domestic abuse is a complex issue which has a devastating impact on victims and their families. It has implications on physical and mental health, along with emotional wellbeing, education, employment and child development. Addressing this issue can only be done by interagency working. North Bridgend police statistics reveal high levels of reported domestic abuse. Homicide reviews are ongoing. GPs are ideally placed to identify victims, refer/signpost to appropriate support and facilitate sharing of information including safeguarding children involved.

Many agencies are already working to provide appropriate support. Discussion with local GP colleagues revealed that it is lack of confidence in how to deal with a disclosure that is the barrier preventing routine inquiry in many cases. Multiagency meetings discussing domestic abuse also revealed that good quality training was next step in improving our response. Contact was made with local Women’s Aid support in the community officer and a bespoke training package aimed at all staff working within primary care. This training is currently being delivered to 150 staff. These include receptionists, admin staff, practice managers, practice nurses, HCA’s and GPs. Resource packs with local support information, referral forms and ‘I’m listening’ posters are also being disseminated alongside training. Pre and post questionnaires are being distributed to evaluate the impact of the training. The evaluation forms will be assessed and these results will be further discussed.
P270  The academic fellows programme: improving clinical care in areas of high socio-economic deprivation

Madeleine Attridge; Freya Davies; Haroon Ahmed; Kevin Thompson; Simon Braybrook
Cochrane Institute of Primary Care and Public Health, Cardiff University; Cochrane Institute of Primary Care and Public Health, Cardiff University

“The availability of good medical care tends to vary inversely with the need for it in the population served” (Tudor Hart, 1971).

Aim: To improve clinical care in areas of socio-economic deprivation.

Methods: In 2001, with local government funding, our university established the “academic fellows programme”. The scheme would provide trained general practitioners to general practices in deprived areas to enable them to improve health care delivery. The scheme would also establish and maintain academic links with the practices involved as well as providing higher professional training for the academic fellows themselves. In 2013 the scheme developed an online forum “the Paired Practices Programme” with the aim of encouraging participating practices to share ideas for development, expansion and improvement.

Results: Since 2001, there have been 27 academic fellows on two year rotations who have completed 73 attachments in 44 practices in socio-economically disadvantaged areas. Development projects have included: benzodiazepine reduction, opioid reduction and polypharmacy audits amongst others. The Paired Practices online forum has collated a ‘bank’ of completed projects by participating practices which is offered as a resource of ideas for other practices. In addition, 59% of previous academic fellows now work in deprived areas.

Discussion: This initiative has led to improvements in service delivery and academic capacity by general practices and also enhanced recruitment in areas of high socio-economic deprivation. Now with development of the Paired Practices Programme it is hoped this will grow exponentially.

P271 Service mapping, stakeholder & needs analysis for a low-threshold GP service for marginalised groups in Limerick city

Patrick O’Donnell; Anne MacFarlane; Austin O’Carroll; Fiona O’Reilly
Partnership for Health Equity (University of Limerick Graduate Entry Medical School, North Dublin City GP Training Scheme and HSE Social Inclusion & Primary Care)

Increasing levels of homelessness and drug abuse have been evident in Ireland in recent years. We are establishing a general practice (GP) service for drug users and homeless patients in Limerick city. This type of targeted medical service has been successfully introduced in Dublin. No such service is available in Limerick and there is only anecdotal evidence of the need for it. The aim of this stakeholder mapping and analysis is to inform the GP service development in consultation with stakeholders.

Stakeholder mapping was carried out to record existing services. Stakeholder analysis was conducted to gauge the influence and importance groups had in relation to the proposed project. 34 consultations took place over a ten week period with a purposeful sample of service providers, homeless and drug using clients. Interviews were analysed thematically. Mapping and analysis were carried out using internationally recognised resources.

All stakeholders were in favour. Barriers to receiving GP care included the breakdown of the patient-GP relationship and frequent change of address. Suggestions for services that should be provided included; vaccination and wound care. Unexpected suggestions included dental treatment and antenatal care.

Marginalised groups, particularly homeless and drug users, have been shown to benefit from targeted GP care. The aim was to generate evidence of the need for this type of service. We analysed existing health services, and recorded the health issues that need to be addressed. This type of patient and advocate involvement in the modelling of health services could be widely adopted.

P272 Can micro-teams offer better continuity for multi-morbidity

Liliana Risi; Naureen Bhatti; George Freeman
Clinical Lead Primary Care Quality Tower Hamlets Clinical Commissioning Group; Associate Dean, Professional Support Unit, London; Emeritus Professor of General Practice Imperial College London
**Aims:** We aim to deliver better person-centred care for those living with multi-morbidity through the development of small clinical teams in general practice.

**Relevance:** CCG clinical leads engaged with primary care to explore definitions of excellence in general practice, barriers to delivery, and visions for future care. There were high levels of burnout, but also personal, team and system resilience.

Expert generalist care is urgently needed for people with multi-morbidity. Evidence shows that loss of continuity in the drive for access and cost saving, together with an increasingly portfolio workforce, is affecting quality of care. Local audits for cancer and the year before death in hospital, confirmed poor relationship continuity, with eight or more GPs seen by each patient in two large, high QOF performing practices. The increase of part-time working means that formal systems to share care between clinicians are essential to improve the continuity needed to manage complexity well, both for patients and staff.

**Content:** Five large practices responded to an invitation in June 2014, to support the introduction of micro-teams. We present the process of team set-up and planned evaluation.

**Outcomes:** Two outcome measures and interviews will be used at base line and after 12 months:
1. Patient-reported CARE MEASURE - assessing empathy, continuity and care planning in consultations.
2. Staff-reported Maaslach Burnout Inventory, which measures personal achievement, burnout and depersonalisation.

**Discussion:** We will present the impact and challenges of micro-teams in our setting of high social disadvantage.

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**P273**  **Screening/wellbeing project in WAM CCG for older people with a possible dementia**

**Chris Allen; Marianne Hiley; Katie Simpson; Sandeep Suckowa; Adrian Hayter**  
**Berkshire NHS Foundation Trust**

This project was a Cameron Dementia Initiative Funded Project taking place in three practice in WAM in early 2013. Screening is a contentious issue with Brunet (2013) suggesting that it may lead to overtreatment, harm to patients, unnecessary expense and diversion of resources. Counterbalancing this argument are those that delays in diagnosis lead to dissatisfaction of carers with services, lack of the opportunity to plan for the future, lack of access to medication and interventions that delay the progress of dementia, and increase the likelihood of the need for care home admission (Brodaty et al 2006).

Lack of identification of dementia was a major issue in WAM CCG as its case registration rate was 34% prior to this project placing it in the bottom 3 nationally. The project consisted of two elements:
1) Embedding the screening/case spotting within a wellbeing programme message.
2) Introducing Screening/Case spotting in the practices in a way that fitted in with their current working methods.

**Outcome:** Having a screen was well received by older people:

“I was not worried – just glad to get it done. Seems like a sensible part of checking things up on the memory front as well as on the more obvious physical health front”. The project was positively received by staff and following the project rolled out across the CCG with the support of a GP acting as clinical lead for dementia, the case registration rate is now 49.3%.

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**P274**  **Ensuring a strong chain on communication between primary and secondary/tertiary care**

**Tharmagajan Tharmachandirar; Muhammad Shakeel**  
**NHS Tayside**

**Aims/objectives:** Patients in Dundee(Scotland) are referred to the ENT ward from general practitioners(GPs), out-of-hours or Accident/Emergency. A 9 month retrospective audit was performed to establish how many patients immediately discharged had clinical details communicated with their general practitioner. A 5 month prospective audit was performed following an implementation of change to assess the impact.

**Content:** Patients referred during this time and immediately discharged were included and the clinical letter database(clinical-portal) was used. A period of 2 weeks was allowed for dictated letters to appear in the online system before they were recorded.

**Relevance/impact:** It is clearly documented in the GMC:Good medical practice handbook that patient information must be communicated effectively between hospitals and GPs and not achieving this is unsafe. Patients can be lost
in the system especially in patients already vulnerable. This is essential and must be challenged at a departmental level.

Outcomes: The retrospective period revealed a rate of 33.9% of patients had their clinical details communicated with their GP. The period following the implementation of change reflected a rate of 83.9%. It was also reported by staff that there was better communication and improved culture of patient safety following this.

Discussion: Like other departmental audits, it is challenging to sustain positive change however by having an official handover of project leads and re-audit cycles this has helped sustain progress. It is also vital to work alongside the head of clinical governance for the department to instill long-term departmental change/improvement.

P275  Improving the quality and efficiency of stoma care

Jenny Kristiansen; Pauline Little; Paul Halsall; Brendan Prescott; Anna Ferguson
South Sefton CCG; Aintree NHS Trust; The Strand Medical Centre & South Sefton CCG

A group of GPs raised the following concerns about the quality of care for post-operative stoma patients in primary care, and the issues relating to the on-going prescribing process:

- No patient review process in place
- No clear prescribing process
- Inappropriate requests from patients and appliance contractors
- Overstocking & cost growth of appliances.

A pilot project was set up in partnership between South Sefton CCG (7 GP Practices) and the Local NHS Trust, with the aim addressing the above concerns by putting in place annual patient reviews and a centralised prescribing process via a Specialist Nurse.

The poster presentation will detail the background, methodology, and recommendations of the pilot project. The main findings from the project indicated poor patient care, as the average time since the patients reviewed had last seen a Specialist Nurse was 5.6 years and a number of stoma related conditions were also identified. Inappropriate prescribing was also discovered in a number of cases. The findings also indicate that since the implementation of the project, patient care has significantly improved and the prescribing budget has been reduced by 5.27%.

This project has identified an unmet need within the system and utilised available resources to improve patient care. The recommendations are to expand this project across all CCG constituent practices. For consideration and discussion, the care of post-operative stoma patients is variable and more work is needed ensure equitable care is in place.

P276  Summary care records: supporting general practice

Robert Jeeves
Health and Social Care Information Centre

The presentation will explain:

- What the Summary Care Record (SCR) is
- The benefits it is delivering to patients and the NHS
- The actions GPs can take to release SCR benefits for their patients and practice
- The speaker will help GPs to recognise the potential of SCRs and provide practical information and signposts to local resources, to help catalyse positive action at practice and CCG level.

The session will demonstrate that:

- SCRs support patient centred care by putting patients in control: they choose whether or not to have an SCR, and they decide who looks at it
- SCRs reduce health inequalities and support vulnerable patient groups
- SCRs are improving patient safety; patient experience; and efficiency in acute assessment units and GP out of hours (OOH) services where they are used (and across a breadth of other settings)
- SCRs help GPs to provide continuity of care across a fragmented service by adding additional data to consenting patients’ SCRs. For example, information about long term conditions or end of life care plans.

SCRs support general practices directly by:
• Supporting safe patient care in the setting of increasing polypharmacy and multimorbidity
• Reducing the number of phone calls to the practice from other healthcare providers to request medication information
• Enabling GP Out Of Hours services to manage patients better and so reduce the demand for follow-up appointments
• Improving discharge information
• Allowing GPs to view newly registered and temporary resident patients’ SCRs.

**P277** The implementation of treatment summaries for cancer patients across Wessex

**Sue Airey; June Davis**
**Macmillan**

Treatment summaries are a key component of survivorship, providing information in an accessible format for the patient and primary care.

**Approach:**
• Treatment summary sub group set up to oversee this project
• Advising and working with CCGs and specialist commissioners
• Sharing best practice, knowledge, ideas and expertise
• Service user focus groups to gain patient views
• Communication events planned across Wessex to bring together primary, secondary care and commissioners.

**Outcomes:**
• Stakeholder engagement and buy in has been achieved
• Summaries have been included in 7 out of 9 local CCG commissioning intentions for 2014-15
• CQUIN for treatment summaries included within CCG plans for 2015-16
• Treatment summary guidance produced and shared across Wessex
• GP audit conducted
• Service user focus groups held in 2 areas across Wessex
• Sample treatment summary template developed using E-Prescribing system.

**Discussion and next steps:**
• Evaluation of the treatment summaries to include a repeat audit of GP notes
• Supporting CCG’s in the development of CQUINS
• Shared learning opportunities with other conditions.

**P278** Physical activity and cancer: 1 Patient questionnaire

**Sheena Leckie**
**NHS Tayside**

**Aims/objectives:** A patient questionnaire was designed to seek out rural patients’ perception of and engagement with physical activity while living with cancer.

**Content:** Qualitative questionnaire findings are explored, assessing importance, barriers to participation and uptake of a tailored physical activity programme with cancer-exercise specialists.

**Relevance/impact:** There is increasing evidence of the role of physical activity in cancer prevention and management. This study forms Part 1 of a Rural Fellowship project to evaluate local services for promoting physical activity among patients living with cancer in rural areas.

**Outcomes:** 66% response rate (24 patients.) 75% of patients had had physical activity discussed with them. 100% of responders thought physical activity was important. 79% of responders claimed to exercise above minimum recommended UK government targets. 50% met with new barriers to participation since their cancer diagnosis, claiming personal and/or environmental factors. 75% of responders were satisfied with support given by their local GP surgery, though 25% felt more could be done. 25% of patients accepted tailored exercise referral.

**Discussion:** Challenges are well recognised in providing equitable, sustainable models of care to rural communities, with rural deprivation accounting for higher mortality and later diagnoses amongst the cancer population. A cancer
diagnosis can represent a ‘teachable moment’, leading patients to make positive changes in exercise behaviours, though little is known about how often this occurs or factors that enhance or limit survivors’ ability to make changes. This study offers patient insights into these issues.

**P279 Physical activity and cancer: 2 Health care professional questionnaire**

Sheena Leckie  
NHS Tayside

**Aims/objectives**: Assessment of primary care health professionals’ knowledge, attitudes and practises in recommending physical activity to patients with cancer.

**Content**: Qualitative questionnaire findings examine practitioner views on UK physical activity guidelines for cancer patients, assessing current practises. Discussion centres on opportunities for promotion of physical activity in this patient group.

**Relevance/impact**: There is increasing evidence of the role of physical activity in cancer prevention and management. This study forms Part 2 of a Rural Fellowship project to evaluate local services for promoting physical activity among patients living with cancer in rural areas.

**Outcomes**: 23 health care professionals responded to a questionnaire. 84% correctly specified UK physical activity targets. 65% agreed patients with cancer should follow these guidelines. 100% felt physical activity was important to cancer patients. 48% routinely make recommendations or discuss activity with patients. Differing approaches are used, brief interventions being most commonly employed. 66% of responders claim to meet UK physical activity guidelines themselves.

**Discussion**: Health care professionals feel physical activity is important amongst this patient group, yet opinions and practices differ on how to support this. While there is a growing supply of health exercise opportunities, these are centralised in urban areas, and tend not to be supportive nor specific to cancer patients. Currently there are neither clear activity pathways nor resources for health care professionals to refer cancer patients. Future recommendations include pre-treatment activity screening and improved connectivity through investment in local facilities, transport links and communication systems.

**P280 Can children attendance to A&E be reduced by appropriate parent’s education?**

Sinan Jabbar  
The Whitswood Practice, Manchester

**Background**: We are a practice based in Moss side, one of the most deprived areas in the Northwest of England, where there is a mixed cohort of patients. Inappropriate attendance to A&E and the current pressure imposed on General Practice made us review our records and see if we could raise awareness and help reduce referrals and admissions.

**Methods**: A list was sent from the CCG regarding the children who were below the age of 19 and attended A&E during October 2013. We looked in more details whether their attendance was in or out of hours, also the main complaint for attendance, as well as if they have contacted the surgery during the normal hours.

**Results**: 20 children attended A&E during October 2013. 11/20 (55%) of children had a justified reason for attendance, although none were admitted (Conditions were Trauma, Wounds, Type 1 Diabetes, and Crohn’s). 9/20 (45%) of children attended A&E inappropriately and could have been managed in Primary care. None of the 9 children’s (100%) parents attempted to contact the surgery prior to attendance.

**Discussion**: There are potentially a large number of children who continue to attend A&E inappropriately and would benefit by accessing their local GP instead. We have identified a list of parents where the “Choose well material” has been sent to. We believe more work is needed to educate both parents and teenagers regarding the appointment system and appropriate use of resources e.g: Emergency appointments, and telephone triage.

**P281 The effectiveness of a colocated GP in ED service**

Melvin Stephen Xavier; Aidan MacNamara; Richard Beavan-Pearson; Mark Patel  
Heart of England NHS Foundation Trust
**Background:** The Emergency Department at Heartlands Hospital commissioned a 6 Month pilot GP in ED Service from 10 am to 10pm, 15/11/2013 to 09/05/2014. The design of the service ensured full integration with the Emergency Department.

Intervention 1: Cases were streamed to the GP stream following a Primary Care Nurse Triage of all walk-in patients at ED Reception (10 weeks from 15th Nov 2013 to 1st of January 2014).

Intervention 3: Triage at the Reception ceased as of 1st of February 2014 and appropriate patients were identified and streamed from assessment points in Majors, Minors and Paeds. GPs also actively case find from ED waiting room screen based on presenting complaint.

**Results:** The GP stream (2 clinicians) currently manage 21.5% of the total ED activity between the hours of 10am and 10pm Monday to Friday.

**Conclusions:**
- A combined approach of Streaming to the GP stream after ED Assessment + Active case finding by GPs from the ED Waiting room screen was found to be the most effective method of optimising flow
- The GP in ED Stream effectively manage the volume of minor severity presentations at Heartlands Hospital ED; allowing ED staff to concentrate on presentations requiring Specialist Consultant led care and specialist ED Resources
- The GP in ED service provides swift resolution of cases; leading to reduced time in department and reducing crowding
- GP Stream also provide senior decision making to patients streamed from RAT and BIBA
- GP in ED Stream avoid unnecessary investigations.

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**P282  Crisis resilience in primary care: developing a practice-level toolkit for emergency planning**

**Matthew Booker**  
**University of Bristol**

Arrangements for community emergency planning demonstrate significant regional variation, with no clear benchmark for the roles and responsibilities of primary care infrastructure in the response to a 'crisis'. Emergency planning within GP Practices is often ad hoc, with a lack of standardisation and expertise in this area resulting in fragmented or unworkable resilience plans. As recent National "big-bang" and "rising-tide" events have shown, the flow of information OUT of a GP surgery during a crisis to agencies such as Public Health, Local Authorities and the established emergency Tri-Services is as important as the flow of information IN to the surgery to plan patient care. This project, involving key stakeholders and representatives from a range of GP practices as well as the Emergency Services, seeks to move towards a consensus 'toolkit' to aid busy clinicians produce workable, resilient emergency plans. The toolkit focuses on both the operational aspects of handling infrastructure failure, with the more tactical aspects of how to extract relevant and useful information from existing data systems to provide to partner agencies. In addition, the project seeks to form some advance consensus amongst stakeholders on the more strategic decisions that may be necessary, such as continuity of primary care in a protracted mass displacement of patients. Implications for National policy are discussed.

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**P283  Evaluation of the implementation of the Urinary Tract Infection Protocol for North Manchester CCG 2014**

**Bradley Allen**  
**University of Manchester**

**Background:** The diagnosis and management of urinary tract infections is an area of general practice where there is marked local variation in clinical guidelines and practice. North Manchester CCG has produced a ‘UTI protocol’ for use by primary clinicians to guide investigations, rationalise prescribing and promote cost-effective practice. A patient-information leaflet (PIL) was also created. This evaluation explores clinicians’ views on the protocol and patients’ views on the PIL.

**Method:** 10 clinicians (7 General practitioners and 3 nurses) and 30 patients were interviewed using a semi-structured topic guide exploring four key areas: ‘Appearance’, ‘content’, ‘usability’ and ‘complexity’.
Results: The study found that only 20% of participating clinicians had used the protocol with views expressed that it was over complicated and time consuming to follow. The leaflet was only used by 10% of participants with comments it was too long and unappealing. Several participants commented that the symptoms section was inaccurate stating “all urine samples are sent off for culture” which is contradictory to the protocol aims. Patients felt the leaflet was useful but needed added colour. Both groups felt the leaflet was poorly written and had too many technical words. This is highlighted by the fact that the leaflet had a Flesch reading ease score of 27.3 i.e. very difficult.

Conclusion: The two documents need adjusting in view of the above results in order to increase utility and acceptance by both clinicians and patients. This would improve the quality of care given to patients with UTIs whilst enhancing patient education.

P284 Are common conditions seen in general practice referred appropriately?
Ibrar Ali; Muzzammil Ali; Amir Hamza Hussain
University of Birmingham

Variation in GP referral rates to hospital and secondary care has been evident for many decades in literature. Many studies have tried to elucidate the reasons for this variation, however very little evidence has been collected about the quality or appropriateness of these referrals. The National Institute of Clinical Excellence (NICE) has produced referral guidelines for common conditions seen in general practice in an effort to improve the quality of referrals GP make.

This was a cross sectional survey, the study population of which was qualified GPs in Birmingham. 250 qualified GPs spread over 40 surgeries in Birmingham were chosen randomly using an online database. Locums and part-time GPs were excluded. A questionnaire was used to collect data. The questionnaire contained 15 scenarios adapted from NICE guidelines of differing severity and the GPs were required to choose the most appropriate referral time period from 4 options. The GPs were also asked to state the number of years that they have been qualified for.

During the study, 250 questionnaires were distributed and there was an overall response rate of 62%. There is a clear variation in referral amongst GPs. Most of this variation occurred in the categories of ‘see urgently’ and ‘see soon’.

Overall there is a significant overall poor quality of GP referrals for common conditions (p<0.0001). This poor quality is seen especially for those conditions which require immediate referral (within 24 hours). Regression analysis indicates that there is no association between quality of referral and length of qualified years.

P285 What is the international evidence for demand management? Results of an inclusive systematic review and logic model
Lindsay Blank; Susan Baxter; Helen Buckley-Woods; Elizabeth Goyder; Andrew Lee; Nick Payne; Melanie Rimmer
The School of Health and Related Research, the University of Sheffield

Background: Various demand management strategies targeting primary care, specialist services, or infrastructure have been developed to manage secondary care referrals. We report on our study involving a systematic review and logic modelling to develop an evidence-based framework of links between such interventions and secondary care referrals.

Methods: Published and grey literature was systematically searched for identify relevant studies using an iterative and emergent approach. A narrative synthesis of the data in terms of study impact, design, intervention type and outcome was then done to inform logic model development.

Results: Of 8327 papers identified, 295 were relevant (141 intervention papers and 154 non-intervention papers). Intervention studies were categorized into: GP education interventions (n=49); process change interventions (n=48); system change interventions (n=41); and patient focused interventions (n=3). From the non-intervention papers short term outcomes were identified as potentially important change mechanisms. These related to GP and patient knowledge, attitudes and beliefs, GP referral behaviour and the doctor-patient relationship. Moderating factors were also identified (e.g. GP age, and previous specialist service referral).

Conclusions: The referral process is complex and multiple elements influence intervention outcomes. Many assumptions are often made, and successful referral outcomes are highly dependent on the context and individuals
involved. The evidence base is challenging as some interventions are reported frequently (e.g. referral guidelines), are supported by a mixed evidence base, and receive mixed support from health professionals. Further research is needed on the role of the patient in the referral decision. There is no “magic bullet” solution for demand management.

P286  How does rapid and unlimited access to a GP affect level of demand?

Harry Longman; Chris Peterson
GP Access Ltd; The Elms Medical Centre

The Elms practice in Liverpool has a population of 8,600, inner city and higher than average deprivation. In April 2012 they changed their service model so it is led by a GP making a phone call in response to all patient requests. With a response from a GP in as little as 15 minutes median, the question arises, does such rapid access increase patient demand? Consultation records were extracted over a period of 30 months and show that:

- Demand is met in full with no patient turned away;
- Response time speeded up to 15 minutes median since November 2012;
- Seasonality has fallen over the period from 8.2 to 7.4% of list per week;
- Demand has fallen over the period from 8.2 to 7.4% of list per week;
- The proportion resolved by phone has increased during the same time from 60% to 70%.

The conclusion is drawn that the new service model has been accompanied by a fall in demand of approximately 10%. This is counter to a common intuitive view that rapid access leads to a growth in demand.

P287 Patient satisfaction after the introduction of Doctor First telephone triage appointment system

Ewan Thomson
University of Aberdeen

Telephone triage appointment systems are a popular tool to manage ever-rising demand for same day appointments; however it is unclear whether patients value such a system, and if satisfaction is consistent amongst various study groups. Questionnaires were used to evaluate patient satisfaction with different aspects of Doctor First. Results were compared with the previous system and across different study groups.

Statistics for patients dealt with entirely on the phone were similar to those dealt with in person. Overall, 70% of patients were either satisfied or very satisfied with Doctor First compared to only 45% with the previous system. 89% were satisfied with their outcome and 94% of patients seen in person were given an appointment either the same day or on an alternative suitable day. 88% of all patients were able to receive a telephone call whilst 58% considered Doctor First to be more convenient than the previous system. 61% of patients considered communication to be equally as effective on the phone as it is in person; however 23% considered phone communication to be problematic. 45% of patients thought the phone consultation was less private than an appointment in person and this influenced the information that 41% of patients shared with their GP.

This study shows that significant doubt remains regarding the safety of phone consultations and their impact on continuity of care; however this may be negatively influenced by numerous recognised misconceptions. Results were overall in favour of Doctor First thus practices should consider exploring such a system further.

P288 Improving patient service in a high demand practice, measurement and feedback for improved efficiency in a telephone consulting model

Harry Longman; Aminur Rahman
GP Access Ltd; Bosworth Medical Centre

Bosworth Medical Centre is a busy 9400-patient GP practice in Birmingham with high levels of appointment demand. Due to persistent pressures of patient demand v practice capacity, a new system of innovation and improved access for patients was introduced. This involved telephone consultations with most patients before deciding if a face-to-face appointment was required. Data was gathered and audited regularly via online technology to monitor the effect.
The findings showed that average waiting time to see a GP (when an appointment is indicated) fell from 4 to 1.4 days, with 67% of face to face appointments booked and resolved the same day. Also, patients’ wait time in surgery fell from 20 to 12 minutes, and DNAs plunged from 140 to 50 per month. As the skills, experience and confidence needed for telephone consultations developed, the duration of face to face visits shortened from 11 to 9 minutes, and the length of telephone consultations reduced from 7 to 5.3 minutes. Overall levels of complaints at the surgery regarding difficulties in ‘getting an appointment’ reduced noticeably, and 92% of patients are satisfied or very satisfied with their new access.

As expected, there appeared to be an increase in overall demand from patients. This trend typically minimises as patients realise they can have access to their GP as and when needed. Adjunct innovations for efficiency, such as focussed patient education or a more effective use of the automated telephone answer message also help to deflect unnecessary calls as the new system beds in.

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### P289  Study of a telephone consulting led model in a multi language inner city GP practice population

**Harry Longman; Albert Benjamin**

**GP Access Ltd; Little London Surgery**

Walsall, a town of over 250,000, is located in the Black Country. 92.6% of its people speak English but at least ten other languages are also spoken in the area, concentrated near the centre.

Little London surgery in central Walsall wanted to try a telephone led GP service model. Historically, patients that did not speak English were given an interpretation service. NHS Choices advises the following interpretive service options instead of encouraging non-professionals to try to interpret medical terminology:

- Book a professional interpreter through the local authority (requires sufficient notice); or
- Use the NHS 111 telephone interpreter services.

Little London Surgery wanted to make access easier, restore continuity and manage the workload with a telephone led model. Their data indicates that 16% of consults are ‘difficult’ due to language (no material difference from before), but communication has proven to be as effective with telephone triage as previously.

Friends, a family member or community have helped to interpret, seeing the benefits of improved access. Dramatically, the practice has changed from seeing 93% of patients in a face to face visit to seeing only 21%.

The overall benefits have had a positive adaptive effect, and the practice team feels that telephone triage will continue to provide the level of access needed by patients as well as the highest standard of efficiency for best use of NHS resources.

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### P290  Using simple telehealth to diagnose hypertension: a service evaluation

**Elizabeth Cottrell; Tracey Cox; Phil O’Connell; Ruth Chambers**

**Health Education West Midlands; Stoke-on-Trent Clinical Commissioning Group; Midlands and Lancashire CSU**

**Aims/objectives:** This service evaluation was designed to establish the role and acceptability of a simple telehealth intervention in the diagnosis of hypertension among a primary care population who are not known to have hypertension and are found in clinic to have a blood pressure reading ≥140/90mmHg. Simple telehealth utilises a patient’s mobile phone and a sphygmomanometer.

**Content:** This poster will outline the simple telehealth service utilised, the protocol implemented for the diagnosis of hypertension and the clinical and user feedback results.

**Relevance/impact:** This evaluation describes a simple telehealth intervention used in a national population in real life, rather than in a trial situation. Therefore results are likely to be applicable across the UK primary care population.

**Outcomes:** Data will be provided on the proportion of patients completing the protocol and those with readings in the hypertensive range. The proportion of patients whose readings were not in the hypertensive range will be highlighted and may represent the number of appointments saved through using this service. Data will also be presented relating to acceptability of this service.

**Discussion:** The strength of this service evaluation is that it provides data relating to real use of simple telehealth rolled out across England. Although there are limitations introduced by this non-empirical approach, the results of
this evaluation signal the value of such an intervention in diagnosing hypertension in the primary care population, particularly with regards to its role in appropriate situations as an alternative to ambulatory blood pressure monitoring.

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### P291  Simple telehealth across a range of applications: service evaluation of user satisfaction

**Elizabeth Cottrell; Tracey Cox; Phil O’Connell; Ruth Chambers**  
*Health Education West Midlands; Stoke-on-Trent Clinical Commissioning Group; Midlands and Lancashire CSU*

**Aims/objectives:** The aim of this service evaluation was to establish user satisfaction with a mobile phone-based, simple telehealth intervention, used across a range of applications across a national primary care population.  
**Content:** This poster will outline the simple telehealth intervention and its applications under evaluation, the patient and clinician feedback and suggestions for future use.  
**Relevance/impact:** Telehealth applications are being increasingly used and this service evaluation, being derived from real use across a national population, provides a valuable insight into user experiences of this technology. Such insights may be used to inform development of future applications and similar technologies in order to optimise future service delivery.  
**Outcomes:** Patients were asked to indicate via text message whether they would recommend the service to their family and friends using an amended version of the question widely used in the NHS. Clinical users were asked to provide feedback on a variety of aspects of the service using a mixture of attitude statements with associated Likert scales and free text comments. These responses were summarised using descriptive statistics and thematic analysis.  
**Discussion:** This service evaluation is valuable as it seeks feedback from all users of a simple telehealth intervention used in a real setting across a range of applications. Although those who prematurely stopped using the intervention were not followed up, the results provide valuable information about the strengths and issues relating to this increasingly used technology.

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### P292  Investigate the impact of online patient engagement & involvement in integrated care

**Talac Mahmud**  
*Myico*

**Methodology:** We have recorded patients emails and currently have approximately 3,000 emails of patients who are willing to engage with online questionnaires.  
**Results:** The age sex profile of respondents accurately reflected the demographics of the practice. A complex questionnaire on practice service provision, consisting of 44 questions remained open for 5 days and had 480 responses. We changed our opening hours and service provision as a result. Another questionnaire on proposals for new integrated service provision, consisting of 26 questions remained open for only 1 weekend and had 108 responses. This requires very little administrative time and data is easily analysed and segmented based on findings. We have started engaging patients in social media using Facebook, Twitter and Youtube. We have 96 Likes and increasing reach. We are able to monitor activity to health campaigns. Our Youtube videos have been viewed between 420 and 762 times.

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### P293  Utilising smartphone technology to support reflective practice and CPD logging

**Nicholas Harvey**  
*Digitalis Technology*

We describe a new smartphone app and the qualitative feedback from users.

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### P294  Online peer-to-peer GP support

**Samir Dawlatly; John Cosgrove; Stephanie de Giorgio; Kristina King; Karen Price; Simon Braybrook; Tim Senior; Michelle Sinclair**  
*GP Confidential*

The aim of the authors was to create a user-friendly, secure social media platform forum for GPs to discuss cases and situations that have an emotional impact. It has been noted by doctors using social media that online interactions...
with other doctors can be very encouraging. This can especially by the case if doctors are geographically or socially isolated. Encouragement, support and the opportunity to discuss emotionally challenging situations are important factors in fostering resilience.

By using a worked example and encouraging a live participatory online community we hope to demonstrate the practicalities of setting up a private “GP Confidential” Community, including the creation of an anonymous doctor avatar that can be adopted by any member. We plan to briefly discuss the ground rules set by this initial, experimental group, also examining how the initial experiences of this nascent project could be used to encourage other groups of GPs, especially those who enjoy using social media, to set up similar online communities.

We would recommend gathering 10-15 GPs, perhaps separated geographically, to utilise this type of peer-to-peer support, which has the benefit of not being time-constrained. Our zero-cost model could provide support for groups as disparate as isolated rural doctors, locums, those in dysfunctional practices and those who prefer to express themselves anonymously or in written word. Future research could include prospectively measuring the wellbeing of GPs before, during and after taking part in an online support group based on this model.

**P295**  
Health-related information on the internet: Would you Google your cancer?

**Ella-Grace Kirton**  
University of Nottingham

**Background:** There a consensus that the NHS has a responsibility to provide accurate health-related information to its patients, something the NHS have committed to in their 2009 constitution. There is evidence of a demand for this from patients and practitioners both inside and outside of the NHS. There is also evidence to show that being able to approach a consultation from an informed standpoint can be beneficial to the doctor-patient relationship.

**Discussion:** The internet has become a key source of information for many patients over recent years. It comes with a range of benefits, including being accessible and allowing independent learning by patients. There are also some disadvantages, both theoretical and reported on in the literature. There are tools already available to both patient and healthcare provider in order to help overcome these.

**Conclusion:** The internet is already in use by many patients to find information about their health. In order to reach its full potential as a reliable and appropriate source of information for patients, there are some barriers yet to be overcome. Whilst ways of overcoming these already exist, it is unclear how good general knowledge about and use of these is in practice.

**P296**  
Active noticeboards

**Sophie Bates**  
Surrey and Sussex NHS Trust

**Aims:** Physical inactivity is recognised by the WHO as the fourth leading risk factor for global mortality, and was included in the 2013-14 Quality and Outcome Framework. Waiting room noticeboards have the potential to be powerful portals for health promotion. I implemented an ‘Active Noticeboard’ in a semi-rural practice, providing advice about physical activity and local services.

**Content:** The presentation will outline findings from previous studies, the content of the ‘Active Noticeboard’ and feedback from patients.

**Relevance:** Health promotion and preventative medicine is important for future-proofing primary healthcare.

**Outcomes:** A patient survey distributed prior to the implementation of the noticeboard received 17 responses and found: 82% read waiting room noticeboards and found them easy to read, and 59% found information displayed relevant to them. The most popular suggestions for the noticeboard were: local walks (71%), advice about physical activity (65%) and local exercise classes (65%).

Four patients responded to a second survey after implementation of the noticeboard. 100% found the board useful and relevant. Useful content on the board included: local walk leaflets (100%), PA advice (75%), and local wellbeing service information (75%).

**Discussion:** The ‘Active Noticeboard’ was generally well received, with regular top-ups of walk leaflets required and with the local bowling club adding a poster to the board. Patients commented on the noticeboard during consultations, and this helped augment health promotion discussions. A feature noticeboard for health promotion
advice and local services could be an asset to practices, and help to future-proof primary care through disease prevention.

P297  Patients’ perceptions of medical students using iPads during the consultation
Matthew Burrows; Niall Jordan
University of Manchester
In December of 2011 Manchester Medical School gave all fourth year medical students iPads with the aim of improving the learning experience. There has been limited literature exploring the different possible uses of iPads in the clinical environment however to date there has been little research investigating patients’ perceptions regarding the use of iPads.
Using a mobile application named “zwoor” on the iPad, a survey was designed to be piloted on the general public. A small sample of the general public (with no medical background) were asked to complete the survey. The survey explored participants views on the use of iPads by medical students for different purposes during the consultation, and allowed the participants to leave comments.
19 participants in the survey pilot were generally positive and accepting of using iPads during the consultation. No participants objected to using the iPads to look up information during the consultations. All participants thought that it would be useful to use the iPads to share test results. 14/19 (73%) thought it would be useful to use the iPads to explain health conditions, and 16/19 (84%) felt it would be of benefit to be shown where to find information regarding their health or condition.
Participants in the survey pilot were generally positive and accepting of medical students using iPads during the consultation however the project was limited by the small sample size and a larger study is recommended, including participants in a clinical setting.

P298  A qualitative study of patient attitudes towards GPs using the Internet during consultations
Andrew Fripp; Ray Jones
Plymouth University
While consulting with patients, many GPs access the Internet to find medical information. This information has been shown at times to alter their decision making. However they are unlikely to have had any training in how to do so and there is no published guidance on the practice.
Evidence (although limited and often anecdotal) suggests that some GPs may have undue concern that going online can cause their patients lose confidence in them; while some GPs do not appreciate that younger patients can be discerning of the websites they use. Patients can also be cautious about bringing the Internet into the consultation, often withholding their Internet reading from the doctor.
We suggest therefore that there is often uncertainty in both doctors and patients about how the Internet fits into the etiquette of the GP consultation; and that this uncertainty is at times inhibiting GPs from effectively embracing the Internet as a useful resource for medical information during consultations.
Through in-depth interview, this study is exploring patient attitudes towards GPs going online during consultations, with the aim of informing GPs about how their behaviour might be perceived by the patient.
With methodology based on the epistemology of symbolic interactionism and seeking pragmatic answers through the approach of interpretive description, the study will conduct in-depth interviews with up to 20 patients (and a focus group of up to 8 patients) recruited from GP surgeries in South West England.
The poster will present the study findings.

P299  A quality framework for general practice in Scotland
Steven Wilson; John Gillies; Brian Robson
Royal College of General Practitioners Scotland; Healthcare Improvement Scotland
Aims: Between January and June 2014, Healthcare Improvement Scotland and the Royal College of General Practitioners (Scotland) undertook a significant piece of joint work to develop a quality framework for driving quality improvement in Scottish General Practice. The purpose of the Quality Framework is to:
• Map existing quality and safety activities in general practice
• Identify where there are gaps or omissions
• Determine opportunities for further development.

Content: The framework provides an interactive visual representation of existing quality activities in place at a national, locality, practice and practitioner level across Scotland, and shows where these activities can support the delivery of quality planning, improvement and control in General Practice.

Relevance: General Practice teams in Scotland have often been at the forefront of developing quality within their practices. The framework sets out the substantial contributions to high quality General Practice already in place as well as opportunities for further evolution.

Outcomes: This interactive framework includes extensive hyperlinks to signpost the reader to relevant online tools and resources to support quality improvement in general practice. A small number of key priorities for the future have been identified as well as the suggested lead organisation best placed to develop these recommendations.

Discussion: The framework is dynamic, adaptable to different contexts and encompasses the views and aspirations of the stakeholders in Scottish general practice. This framework will help inform GPs of the various activities at national to practice level and help them in sign posting the activities that are most suitable to their practice.

P300 A qualitative study exploring the experiences of in-hours GPs whose patients’ palliative care needs have been managed by out-of-hours services

Julia Hempenstall; Karen Forbes
University of Bristol

Aim: To explore current practice and opinion from in-hours GPs about the care of their palliative care patients out-of-hours.

Impact: Out-of-hours GP is a demanding acute sub-speciality in which doctors have to deal with a variety of medical emergencies, often in patients with complex chronic health needs who are unknown to them. These patients may deteriorate and require palliative and end-of-life care. There is evidence that palliative care patients have been significantly affected by the changes in the provision of out-of-hours commitments following the 2004 contract.

Outcome: In this qualitative study eight in-hours GPs were interviewed about their experiences of out-of-hours services caring for their patients with palliative care needs. Themes identified included: factors that had an impact on continuity of care for patients; the solutions that some doctors use including being "on-call" out-of-hours for selected patients; the suggestion that current qualifying GPs may work in different ways to those who qualified pre-2004; the importance of good communication between in-hours and out-of-hours teams; the acceptance of inappropriate outcomes despite robust planning.

Discussion: The results presented raise interesting questions about who actually takes responsibility for palliative care patients during the out-of-hours period and highlight the challenges of fragmenting service delivery. We ask whether the methods used to provide continuity are sustainable within a changing workforce where the demands on in-hours GPs are escalating despite dwindling budgets.

P301 Lessons from Africa: How palliative care can be integrated into health care

Sarah Mills; Scott Murray; Elizabeth Grant; Mary Robertson
University of Dundee; University of Edinburgh

Introduction: THET is an international partnership, aiming to strengthen and integrate palliative care in Rwanda, Zambia, Kenya and Uganda. THET provides the international community with key lessons on successful implementation and integration of palliative care with general healthcare. THET aims to improve the approach to end-of-life care, while taking into account local, social, cultural and economic contexts, and adapting to meet the unique needs of different cultures, communities and countries.

Aims: To analyse the project reports in order to extract key themes and techniques in order to provide guidance for improving and initiating palliative care programmes in similar areas.

Methods: Mentoring visits from specialists in primary/palliative care took place in each country. Mentors researched and documented the state of palliative care. They provided advice and support for improving existing programmes and starting new programmes. Each team produced status reports for each country, which were
collated centrally with THET. These reports were analysed to determine which ideas, techniques and initiatives were successful.

**Discussion:** Analysis of these reports yielded 10 successful tools/strategies: community-based care, outreach services, voluntary services, centralised bed management, needs-based training, protocols, nurse prescribing, streamlined referral processes, multidisciplinary teams and community care workers. A comparative analysis of these areas across each country was conducted to determine which elements have led to the new programmes’ success.

**Conclusions:** The THET project has established that, with the implementation of specific goals and tools, delivering effective palliative care in Africa is achievable. These lessons are translatable to any nation seeking to initiate and integrate palliative care within its own healthcare system.

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**P302**  
**Hospital at Home - a novel model of service delivery reducing hospital admissions**

**John Hodgeson; John O’Loan**

**Partners4Health**

Hospital at Home is a commissioned novel service to avoid hospital admissions launched in 12/2009. Delivered by a team of GPs, speciality doctors and advanced nurse practitioners it has so far treated nearly 2000 patients in their own homes who would otherwise have needed emergency inpatient admission. Additional advantages include:

- Safety - no incidents of harm to patients and safety confirmed by a number of external reviews.
- Patient satisfaction - is exceptionally strong. All patients are left a patient satisfaction survey. Of 700 replies received all but one expressed a preference to be treated by hospital at home in the future rather than hospital admission and had felt fully involved in decisions about their care.
- Cost savings - are significant compared with inpatient admission. External reviews have confirmed savings in excess of £500,00 and with increasing numbers annual savings are likely to exceed £500,000.
- Winter resilience is improved by freeing up over 300 inpatient days per month.
- Treated conditions include: pneumonia and aspiration pneumonia, urosepsis, cellulitis, COPD, acute confusion, heart failure.
- Close working relationships are established with the local acute trust and community trust including early facilitated discharge.

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**P303**  
**Reducing the use of anti-psychotics in care homes for older people**

**Chris Allen; Sundus Bilal; Marianne Hiley; Katie Simpson; Adrian Hayter**

**Berkshire NHS Foundation Trust**

There has been a national drive to reduce the use of anti-psychotics to manage the psychological and behavioural distress in people with dementia (Bannerjee 2009). This is particularly pertinent in WAM CCG which has proportionally high numbers of older people, dementia sufferers and care and nursing homes compared with other CCGs and recognised as an important local issue on the CCGs plan on a page. There is little research on the barriers to the use of non-pharmacological strategies (Ervin et al 2012), limited resources and lack of knowledge of alternatives (Tadros et al 2013) and uncertainty about who should be taking the lead in reducing the use of anti-psychotics (Mavrodaris 2013).

This project had 3 elements:

- A review of all care and nursing home residents on anti-psychotic medication and guidance concerning alternatives
- A training day for all care and nursing home staff about alternatives to anti-psychotic medication and a four step framework to employ them (BPS 2013)
- An intensive training programme with 3 care homes to reduce non-elective admissions to hospital and use of anti-psychotics.

The results were:

- A reduction in the use of anti-psychotics
- An increase in the knowledge of staff delivering care

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• A reduction in non-elective admissions in the targeted homes
• This work was supported with the aid of a Cameron Dementia Initiative Grant.

**P304 Healthcare a world away from home**

**Andrea Flatt**
Grove Health Centre, Broughty Ferry, Dundee

**Aims/objectives:** It is said that often one does not fully appreciate something until it is gone. I related to this whilst volunteering as a doctor carrying out primary care work in a remote and inaccessible area of the developing world. My aim on this 10-day trip was to use my medical knowledge and skills to serve the less fortunate, as well as to experience a different healthcare system and country.

**Content:** As a trainee GP, I felt that this opportunity would play a role in helping me achieve competences of the GP curriculum and develop essential features of a doctor in keeping with the Good Medical Practice Framework.

**Relevance/impact:** I learnt more from the experience than I imagined I would. In particular, I gained a much greater understanding of medical complexity. With challenges of taking a history through a translator; limited resources including investigations and medication; and no ability for ‘safety-netting’ or follow-up of patients; even the most simple consultations became complex.

**Outcomes/discussion:** I reflected on what impact I actually had during the short-term medical project. Had I been performing surgical operations or practising as a dentist, I reckon that I would have felt more useful, evidenced by definitive and satisfying outcomes. However, I was carrying out basic primary care work in under-privileged conditions. I felt that I only ‘scratched the surface’ in the care and management of patients, which is far from the ideal preventative medicine that General Practice should include.

**P305 A proposal for practice nurse appraisal: report of a pilot project**

**Lisa Horman; Jill Hellens; Marion Baker**
Severn School of Primary Care; Somerset LMC

A pilot project developed a formative appraisal system for practice nurses, based on the GP appraisal system. The paper, which has been accepted for publication by Education for Primary Care, describes the process of developing the system and associated documentation, training the practice nurse appraisers and conducting the first round of appraisals. It was well received by the practice nurses, who identified a wide range of SMART objectives for their PDPs. We believe that this could form the basis of a national system for practice nurse appraisal and revalidation. It appears to be an acceptable and cost-effective process, which could contribute to patient safety by complementing the in-house appraisal for practice nurses which form more of a performance management system.

**P306 Variation of PEFR with B.M.I. in medical students**

**Hasnain Abbas Dharamshi; Ahmad Faraz Majoka; Erum Ashraf; Ali Abbas Mohsin Ali**
Karachi Medical and Dental College; Sindh Medical College/Dow University of Health Sciences

**Objective:** The primary aim of study was to assess the variation of PEFR with BMI in normal medical students.

**Design:** Cross-sectional study.

**Setting:** Medical students.

**Participants:** 138 non-smoker healthy medical students composed of 111 females and 27 males.

**Variable parameters:** They include mean age, body height and body weight and PEFR. They were marked separately for each gender.

**Results:** The mean BMI in females was found out to be 18.54±2.10 corresponding with that of mean PEFR value 431.62±56.62 whereas in males the mean BMI was 25.07±2.96 corresponding with that of mean PEFR value 533.70±23.22. Also there is a statistically significant variation in PEFR with an increase in BMI.

**Conclusion:** The study concludes that PEFR is affected positively by variation in BMI. Also young males have more BMI and PEFR values than their young female counterparts. A large sample size with accurate peak flow meter is required along with ethnic consideration of the study population for better and accurate results.
**P307** Can educational bursaries be used to aid recruitment and retention of general practitioners

Craig Dobson; Helen Phillips; Matthew Groom; Gavin Betts; Jeremy Wilcock; Luigiana Palumbo
East Riding of Yorkshire Clinical Commissioning Group; Hull University Business School

**Aim:** To use educational bursaries to recruit and/or retain General Practitioners in East Yorkshire.

**Objective:** To use a single British Medical Journal (BMJ) advert for up to 3 Masters of Business Administration (MBA) bursaries. To quantify the interest generated and vacancies filled.

**Content:** East Riding of Yorkshire has a long-standing issue with the recruitment and retention of General Practitioners (GPs). The East Riding of Yorkshire Clinical Commissioning Group (ERY-CCG) is working with Hull University Business School (HUBS) to transform the way the health service works locally to improve patient care. HUBS is an internationally recognized institution with a particular interest in systems thinking.

**Relevance:** There is general recognition that there is a shortage of GPs. Several areas have tried golden hellos and foreign recruitment with mixed success. The MBA scheme would educate the future GP leaders in CCGs and aid recruitment/retention.

**Outcomes:** The single advert with 4 weeks on the BMJ website generated 6 GP discussions, an additional 6 wanting application packs 3 of which tuned up on the interview day. An additional GP turned up on the day. We have offered 4 MBA bursaries, 1 to an out of area, 1 to a locum, 1 to a fairly new GP and 1 to an established GP.

**Discussion:** It is very difficult to judge the success of our scheme in absolute terms. The ERY-CCG was delighted with the response and will use the idea of educational bursaries in recruitment again.

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**Education and training**

**P308** Factors affecting career choice amongst newly qualified GPs

Vanessa Nash; Amanda Howe
University of East Anglia

**Objectives:** To explore issues affecting career choice amongst newly qualified GPs. Why salaried not partnership? Why are some practices ‘heartsinks’? Without understanding GPs career aspirations and issues attracting and repelling them, forecasting future workforce issues and considering remediating steps is almost impossible.

**Content:** Qualitative study involving telephone interviews with 15 newly qualified GPs who previously completed a RCGP career choices survey. The study used Framework Analysis to identify themes.

**Impact:** Huge relevance at individual level for juniors planning careers; practice level considering recruitment and retention; and national policy level for GP structure and workforce.

**Outcomes:**
- New GPs want flexibility and balance – both work-life and variety in role
- Current uncertainty regarding future funding and structure of general practice is crippling engagement and commitment
- GPs want continuity and quality of patient care as well as a sense of purpose
- High workload, insufficient remuneration and constant demands can feel overwhelming
- Good colleagues and fair treatment encourage dedication and counteract many negative factors
- Acknowledgement that change is necessary and consideration of the increasingly family focussed workforce is vital, but concern that that disintegration of partnership model may be fatal for UK General Practice.

**Discussion:** GPs work hard for their patients, and do so happily when they feel appreciated. However, their own family takes priority and deteriorating conditions that threaten to affect that, or persistent uncertainty regarding what ‘future’ they are signing up for may result in a greater exodus from UK GP.

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**P309** Bringing GP returners back to the workforce

Peter Saul; Martin Sullivan; Phil Matthews; Nicki Elliott
GP Training School, PGMDE, Wales Deanery, Cardiff University

We set out to evaluate the operation of the GP returner scheme in Wales. The last five years activity was examined with the object of ascertaining how many of the GPs who went through the programme returned tp clinical practice.
It is important to learn lessons to help manage the current workforce concerns and inform how trained GPs can be brought back into the workforce.

13 doctors completed the programme successfully, we examine the reasons for non-completion and how participants felt about the programme. Some pointers for further development are identified.

**P310  General practice for foundation doctors**

*Emer Forde; Jon Turner; Clare Wedderburn; Alicia Watts; Stephen Tomkins*

*Mathematics, Dorset*

**Aims:** There is currently a recruitment crisis in General Practice and a need to attract talented junior doctors to the profession. One way of achieving this is to ensure that Foundation doctors, thinking about their career options, have a positive experience and are well supported when they undertake General Practice rotations. Furthermore, Health Education England aim that all Foundation doctors undertake a community placement and we need to think about how these very junior doctors can be supported in the primary care environment. In response to this, the Dorset GP Education team developed a programme to offer Foundation doctors a ‘taster’ of the GP training scheme and to show our commitment to supporting them during primary care rotations.

**Course:** 12 F2 doctors attended the ‘General Practice for Foundation Doctors’ course one morning/month. The course was designed to offer a range of learning opportunities, including formal teaching on acute and chronic illness, simulated surgeries and small group discussions. Participants were also required to teach each other through poster and oral presentations.

**Feedback:** F2 doctors consistently rated the course as ‘excellent’ and we are analysing the impact on their career choices. Qualitative feedback included: “Thought provoking”, “a lot of information covered through an interesting and interactive forum”, “great to discuss the common issues that we all face” and “allows you to put your experiences in a wider context”.

**Conclusions:** Foundation doctors undertaking rotations in General Practice value the opportunity for clinical teaching and peer support on a regular basis.

**P311  Pathways into academic general practice in the UK**

*Bruno Rushforth; Jess Drinkwater; Paul Lord; Jessica Maddams*

*Mathematics, Dorset*

**Objectives:** The majority of patient contacts occur in primary care and there has been a drive in recent years to engage general practices to increase the amount of high quality research in this setting. As well as recruiting practices, increasing academic personnel capacity within primary care has been seen as a priority by funding bodies such as the National Institute for Health Research (NIHR). However, the proportion of GP academics is still small compared to those for other specialities, and many non-academic GPs are unaware of developments in pathways into academic general practice.

**Content:** Our poster will outline pathways into academic general practice including:

- Academic foundation programme posts
- Academic clinical fellowships for GP trainees
- In-practice fellowships for qualified GPs
- Academic teaching fellowships
- Describe moves to engage those at earlier stages of their training including:
  - Intercalated primary care courses in UK medical schools
  - Primary care medical student societies in UK medical schools.

**Relevant and impact:** GPs need to be fully informed of the current pathways into academic general practice to allow them to both support medical students and juniors who may be considering such a career, and to facilitate entry of more experienced clinicians.

**Discussion:** We will draw on first hand narratives and published literature to inform colleagues of the academic general practice landscape regarding current opportunities for both juniors and those already established as qualified GPs.
P312  Backgrounds and aspirations of primary care academic clinical fellows

Rachel Brettell; Rebecca Fisher; Helen Ashdown; David McCartney
Nuffield Department of Primary Care Health Sciences, University of Oxford

Aims: This study investigated the academic backgrounds and career aspirations of current GP Academic Clinical Fellows (ACFs).

Content: 50 GP ACFs completed a questionnaire survey distributed at the National GP ACF Conference 2014. Questions addressed prior experience, career aspirations and concerns regarding combining a clinical and academic career.

Relevance: ACFs undertake combined academic and clinical training, as part of the integrated academic career pathway designed to address concerns about the development of clinical academics. Little is known about the career aspirations of this cohort.

Outcomes: We examine the previous academic and clinical experience of trainees on the ACF programme. Other outcomes include the proportion of ACFs who, after completion of training, plan to work as GPs, continue in academia, undertake higher degrees, become GP partners, teach or work less than full time. We also discuss perceived barriers cited by ACFs to explain concerns regarding combining an academic and clinical career.

Discussion: This is the first questionnaire study examining the profile of current primary care ACFs. Key findings include the varied previous academic experience of GP ACFs, and the high percentage of ACFs who wish to continue academic work after completion of training. However, significant concerns exist about combining an academic and clinical career. Almost half of all trainees aspire to work less than full time after completion of training, and the traditional role of GP partner no longer remains an aspiration for the majority of GP ACFs; this may have significant implications for future workforce planning.

P313  To infinity and beyond! Developing academic GPs of the future...

Madeleine Attridge; Freya Davies; Kevin Thompson; Haroon Ahmed; Simon Braybrook
Cochrane Institute of Primary Care and Public Health, Cardiff University

Background and aim: This two year Academic Fellowship Scheme offers early career GPs the chance to experience both teaching and research with the hope of fostering a future academic career.

Method: Academic fellows (AFs) who are usually within two years of qualification, spend three days a week at the institute focussing on teaching and research and two days at a practice in a deprived area. Participants are encouraged to get involved in a research project, are given a wide variety of teaching responsibilities including developing their own ideas and also develop themselves by undertaking further qualifications.

Results: Of the 27 who have completed the programme: 26 fellows have had publications, all have obtained postgraduate qualifications (11 were awarded Masters, 3 diplomas and 13 certificates and 2 former AFs have been awarded PhDs). Almost half are still in a University teaching role, almost half are teaching medical students in the GP practices, 4 are in research posts, 4 have become GP appraisers, 1 works in public health in Spain and 1 in community medicine in the Netherlands.

Discussion: This poster shows what participants of the scheme have achieved in just two years and how their enthusiasm for academic General Practice has been sustained in the future career choices. It provides encouragement for other GPs to see the endless opportunities an academic fellowship can offer....

P314  Promoting academic general practice: a VTS academic educational programme

Faraz Mughal; Jack Bond
North Birmingham VTS

Background: General practice is the cornerstone of the NHS. Whilst currently under great strain with the rising workload and underinvestment, innovative and cost-effective ways of doing things are as vital today as ever. Academic general practice is crucial for the further improvement of general practice and primary care; it is also a discipline where the majority of GP trainees receive limited exposure.

Aim: We aim to run an academic educational programme which will complement the current clinical VTS teaching.

Objectives:
• Deliver teaching on; literature reviews, research methodologies, statistics, leadership, management and critical appraisal
• Encourage academic work
• Promote high-quality audit, cross sectional studies and trainee based projects
• Develop a network of trainees interested in research
• Empower trainees to apply for ACF posts

**Content:** We outline our teaching plan, expected outcomes and challenges.

**Relevance/Impact:** An evidence based approach is a core component of the RCGP ‘Being a General Practitioner’ and there are barriers in trainees implementing this. Trainees receive little teaching on how to appraise a paper or how carry out an robust audit. Teaching will be relevant to the Applied Knowledge Test (AKT). We are positive that this will generate the confidence in applying for ACF posts and nurture personal interest trainees may have, thereby, promoting the field of academic general practice.

**Outcomes:** We will outline current feedback from trainees as well as expected outcomes.

**Discussion:** We will discuss the challenges posed by this programme, trainee expectations and feedback and moving forward.

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**P315  Life after GPVTS - a quintessential course**

**Chris Ferdinand; Ani Gupta**

*RCGP London AiT First5*

Following the termination of the Life after VTS Study Day which used to be run by the London Deanery, GP VTSs were left to provide their own post VTS career information and support. Feedback from trainees was that this was patchy and not fit for purpose. Building on a one day conference in 2011 for trainees and First5 GPs, we designed a bespoke course for trainees about to obtain their CCT. We cover issues such as the challenges of being an independent practitioner, financial, contractual and practical, both as a salaried and locum doctor as well as providing details on appraisal and revalidation requirements, discuss the wide range of options open to portfolio GPs and finally provide interview training and 1:1 Curriculum Vitae review and advice.

Feedback from the course has been very positive and helps support GP trainees in planning their future careers and obtaining the right jobs for them. A key feature of the course is to highlight the importance of ongoing peer support beyond the VTS to avoid isolation and burn out. Many of the committee's other functions support this idea and look to provide support to all First 5 GPs in London. The Life After GPVTS course runs once a year in the summer and is limited to 60 places currently. Future plans include increasing the number of course days and rotating them through NW/NE/S London LETBs so that every GP ST3 has the opportunity to attend a course day.

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**P316  Taking leadership forwards in Yorkshire and the Humber**

**Andrew Gill; Iolanthe Fowler; Amar Rughani**

*School of Primary Care, Health Education Yorkshire and the Humber*

Medical leadership is a hot topic but how to teach this is as yet unknown. At the School of Primary Care in Yorkshire and the Humber, a set of trainable skills have been developed from the leadership domains set out in the Medical Leadership Competency Framework. These skills are grouped, (1) listening, feedback and reflection; (2) organisational skills; (3) working in teams; (4) dealing with conflict and pressure and (5) improving services.

In order to assess trainee and educator perceptions as to what leadership skills are currently being taught and their relative importance, a Deanery-wide survey was conducted. Respondents also gave examples of teaching that they had experienced within each skill set.

52 trainees and 55 educators responded. Across all 5 skill sets the educators reported that they were facilitating more teaching than trainees perceived was happening. The most striking discrepancy was coping with pressure where 84% of educators felt that this topic was taught whereas only 44% of trainees felt they had received teaching. Interesting trainee/educator discrepancies in perceived importance of skills included, using analytical tools, evaluating the...
impact of services and managing conflict. Examples of teaching included debrief, case based discussion, videos and multi-source feedback.

The overwhelming message was that developing leadership skills was seen as an important part of training and was already happening, although not badged as such. Our next steps are to raise awareness and develop a learning community in which the experience of teaching leadership is collated as a communal national resource.

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**P317  Developing leadership skills through GP specialty training**

**Ben Jackson; Amar Rughani**
*Health Education Yorkshire and the Humber*

**Aims/objectives:** To share the results of a recent survey within Yorkshire and the Humber deriving a skill set for learning and teaching leadership during GP training.

**Content:** The presentation will describe the development and results of a survey of GP trainers and specialty trainees considering where and when leadership skills were already taught, and where they could be covered better during GP training. It will include a discussion of measures in Yorkshire and the Humber that training programme directors have taken within schemes to adapt them to cover these areas and how these may be further developed.

**Impact:** The survey presented is the largest survey of GP educators and trainees we know of to date that considers this area. The work was derived from discussions centred on recognised NHS leadership frameworks but adapts these to a novel and practical set of skills or competencies that trainees can learn and demonstrate during training.

**Outcomes:** Participants will be able to reflect upon the results and have the opportunity to discuss where, when and how elements of leadership might best be learnt.

**Discussion:** We consider how the changing landscape for primary care in the next 10 years leaves our GP trainees with greater challenges than previous generations. These require an accelerated understanding of how to make change happen through the application of leadership, management and business skills. This work supports the GP training community in understanding ways of addressing this need.

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**P318  Enhancing trainee choice in shaping their GP careers**

**Shabana Alam-Zahir; Nessreen Sami; Sam Finnikin; Emma Clarke**
*West Midlands Deanery*

**Aims and objectives:** The process regarding allocation of posts has undergone changes over the past few years. Our aims were:

- Collect data on trainee views regarding allocation of posts in GP training within West Midlands
- Use the evidence to inform changes in the current practice
- Improve understanding and acceptance of the chosen allocation method amongst trainees and a consequent increase in trainee return
- Promote a balance of equity and choice in the chosen allocation method.

**Methods:** We designed an online survey to collect data on trainee preferences. We took a two-pronged approach coupling the online survey with focus groups across the region. We worked collaboratively with trainee representatives to promote trainee recruitment, and the Deanery to facilitate changes to benefit all involved in the process.

**Results:**

- 302 responses were received to the online survey. In response to the fairest allocation method - 62.9 % opted for geographical location AND rotation content; 18.5% preferred rotation content
- 67.5 % felt GP selection score should be used for ranking
- Trainees wanted their choice in rotation content to be considered along with their previous, for e.g. If 6 months experience in a specialty avoid repetition. In terms of duration of post, 4 months was preferred by 81.8 %.

**Conclusions:** This project provides good insight into the trainee voice regarding allocation of posts and GP training. It has had a significant impact and changed practice in West Midlands resulting in a transparent process balancing equity and choice for trainees.

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**P319  Defence medical services GP specialty registrars success-satisfaction paradox: A qualitative exploration**
Toby Holland; Colette Davey; Louisa Morris; Dudley Graham; Richard Withnall
University of Birmingham

Aim: Explore why Defence Medical Services GP Specialty Registrars (DMS GPStRs) report dissatisfaction with their training despite high levels of MRCGP success.

Content: In the training year 2012-2013 DMS GPStRs achieved an all attempts pass rate of 76.70% in the AKT and 100% in the CSA. The GMC National Training Survey (NTS) reveals that DMS GPStRs are persistently less satisfied than their colleagues in multiple key areas, with feedback to the Defence Postgraduate Medical Deanery (DPMD) being of major concern for three years from 2012-2014.

Relevance/impact: This is the first study seeking to plot the experiences of GPStRs throughout their training informing their level of satisfaction. With national applications to GP Training have dropping by 15%, impetus to improve training experience is not exclusive to the DMS. Themes identified will be relevant to the DMS, but it is anticipated many will also be transferrable to the NHS.

Outcomes: Thematic analysis of focus groups conducted in Jun 2014 with DMS GPStRs from all years of training will inform the topic guide for semi-structured telephone interviews with newly qualified GPs, to be complete by end Aug 2014.

Discussion: Focus groups have identified communication with the DPMD as the main factor influencing satisfaction. Other themes included the number of moves in training and geographic separation from the DMS and family. Subsequent analysis of interview data will broaden understanding of factors influencing satisfaction and through interaction with civilian deaneries will inform future strategies to improve the training experience.

P320 Development of a rural track GPST programme

Elizabeth Barr; Ronald MacVicar
NHS Education for Scotland

The WHO produced a Global Policy document highlighting the importance of increasing access to healthcare workers in rural locations. In Scotland changes in health policy and service provision have been implemented to try to address recruitment and retention. To develop the opportunities for rural training, and to address recruitment difficulties, in 2012 the Scottish Rural-track GPST Programme was launched to provide broad GP training with specific added rural elements.

All programmes are four years with one year in a Rural General Hospital and eighteen months in GP in that location. More specialist competencies are gained through one year in a busier hospital, and a built in six months of out-of-programme experience allows trainees to tailor their learning. An extensive regional education programme is facilitated with the use of video-conferencing technology, and is supplemented by specific rural-relevant workshops. Healthcare provision problems in remote and rural areas are well documented and include difficulties with recruitment and retention of GPs. Almost a fifth of Scotland’s population lives in such areas making the issues of particular relevance.

There has been an annual increase in recruitment to the programme with the reputation and interest having grown through word-of-mouth and successful marketing. The number of training locations has also grown. Eight of twelve posts were filled at Round 1 recruitment this year.

This has been an innovative and successful response to improving recruitment to GP training in rural areas. Existing trainees are ambassadors for the programme which will continue to be monitored and evaluated.

P321 GP trainers: career experiences and intentions

Samantha Scallan; Richard Weaver
Health Education Wessex

Background: GP training is in considerable flux, and there is a national drive to increase GP training both in numbers and duration. There is a need for robust data in order to plan and manage the training capacity in the locality. In recent years, little data has been collected or published about trainer career experiences and intentions. The aim of the survey was to gather information on the current and future training capacity, and to gather the career intentions of the existing trainer workforce.
**Summary of work:** A short survey of GP trainers (n.313) in Wessex was undertaken to gather data on their career experiences and intentions.

**Summary of results:** A response rate of 73% was achieved from trainers and the data is currently being analysed. The poster will describe the training capacity in the locality, career intentions in terms of being a trainer, and positive/negative experiences.

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**P322  GP trainee scholarship - apply now!**

**Aimee Palace**

**Severn Deanery**

GP trainee scholarships allow ST3 trainees to develop additional skills and expertise during the final year of training. The GP scholarships are in a variety of areas and extend the final ST3 year to 13 months. I was appointed as a Health Inequalities scholar. The aim of my scholarship was to improve Sex & Relationships Education (SRE) for young people.

Due to reports of local young people engaging in risky sexual behaviour my scholarship project was to help design and deliver SRE at the local secondary school to Year 10 and 11 pupils. SRE sessions were delivered by external health professionals to small groups of single sex Year 10 and 11 students.

Being a GP scholar has allowed me to have many experiences which my peers have not had. Examples of additional skills and knowledge I have developed are; an awareness of the structure of the NHS and how General Practice is funded, working in a team, educating and communicating with young people and becoming a confident public speaker.

A GP scholarship is a fantastic way to develop as a GP. I have grown in confidence since becoming a Scholar. As a result of the scholarship project multiple agencies are now aware of the need to improve young people’s sexual health services in the local area. I would encourage all GP trainees to consider becoming a GP scholar.

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**P323  Patient experience and the role of postgraduate GP training**

**Sanjiv Ahluwalia; Mark Ashworth**

**Health Education North Central and East London; Kings College London**

**Background:** Quality indicators for primary care focus on public health model, organisational measures and patient experience. Accrediting GP training practices requires demonstration of patient-centred care amongst others. The national GP Patient Survey (GPPS) was used to determine the characteristics of general practices scoring highly in responses relating to the professional skills and characteristics of doctors. Specifically, to determine whether active participation in postgraduate GP training was associated with more positive experiences of care.

**Methods:** Retrospective cross-sectional study in general practices in England. Data were obtained from the national QOF dataset for England, 2011/12 (8164 general practices); the GPPS in 2012 (2.7 million questionnaires in England; response rate 36%); general practice and demographic characteristics. Sensitivity analyses included local data validated by practice inspections. Outcome measures: multilevel regression models adjusted for clustering.

**Outcomes:** GP training practice status (29% of practices) was a significant predictor of positive GPPS responses to all questions in the ‘doctor care’ (n = 6) and ‘overall satisfaction’ (n = 2) domains but not to any of the ‘nurse care’ or ‘out-of-hours’ domain questions. The findings were supported by the sensitivity analyses. Other positive determinants were: smaller practice and individual GP list sizes, more older patients, lower social deprivation and fewer ethnic minority patients.

**Conclusions:** Based on GPPS responses, doctors in GP training practices appeared to offer more patient-centred care with patients reporting more positively on attributes of doctors such as ‘listening’ or ‘care and concern’. This did not extend to patient interactions with practice nurses or receptionists in training practices.

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**P324  Evaluation of the quality of medical students’ clinical experience during an 8-week general practice placement**

**Anita Rai; Paul de Cates; Eileen Berridge; Sassa Calthrop-Owen; Sarah Colliver; Susan Davies; Helen Gabathuler; Catherine Middlemiss; Paul Thornton; Kate Owen**

**Warwick Medical School, University of Warwick**
Aims/objectives:

i) Gain insight into the breadth of student clinical experience during GP placements, to ensure students actively participate in a wide variety of patient consultations.

ii) Reflect on the mix of patient presentations that students face during GP placements.

Content: We present the variety of patient presentations, as well as the most common conditions seen by medical students during GP placements at our medical school. We also present the additional learning environments (e.g. home visits, out-of-hours) that students experience.

Relevance/impact: We demonstrate that students are exposed to a wide variety of presentations and experiences during GP placements, reflecting the variety of work that GPs do. We highlight ways that GP educators might improve student experience and improve the mix of conditions students encounter.

Outcomes: Students consult with a high proportion of patients presenting with musculoskeletal, ENT and dermatology problems, but encounter very little palliative care. Most students are able to attend a home visit and a nurse-led clinic, but few experience an MDT meeting or out-of-hours care.

Discussion: The average student directly consults with more than 50 patients, with GP supervision and feedback on each case. This exposes them to a variety of common conditions whilst providing them with individualised feedback. GP placements allow students to see musculoskeletal, ENT and dermatology conditions, which may otherwise be neglected in the medical student curriculum. However, we suggest students should be encouraged to engage with more palliative care patients.

Is the quality of medical students’ clinical experience influenced by the gender of their GP tutor?

Paul de Cates; Anita Rai; Eileen Berridge; Sassa Calthrop-Owen; Sarah Colliver; Susan Davies; Helen Gabathuler; Catherine Middlemiss; Paul Thornton; Kate Owen
Warwick Medical School, University of Warwick

Aims/objectives:

i) Consider how the gender of a student’s GP tutor might affect the mix of patients encountered during a GP placement.

ii) Consider how student gender might affect patient mix. iii) Identify whether student experience can be improved by considering these factors.

Content: By analysing student learning portfolios during 8-week GP placements, we present the association between the gender of a student’s GP tutor and the variety of cases in which that student participates. We discuss how this association might arise, and how it might affect student clinical experience, for better or worse.

Relevance/impact: Patients often seek to consult a GP of a specific gender, especially when presenting with more intimate problems. It follows that there may be unintended effects on a student’s clinical experience which correlates with the gender of their GP tutor.

Outcomes: On our course, we found that having a female GP tutor was associated with students consulting with twice as many patients presenting with a women’s health problem. The gender of the tutor is more influential than the gender of the student themselves.

Discussion: We discuss how this association might arise, and how we might investigate it further. We also make recommendations for GP educators and medical schools – for example, should male students be intentionally paired with female GP tutors to increase exposure to women’s health problems?

Practice Based Small Group Learning (PBSGL) in Wessex

Jonathan Rial; Johnny Lyon-Maris; Samantha Scallan
Southampton GP Education Unit

Background: Practice Based Small Group Learning (PBSGL) is an innovative form of Continuing Professional Development (CPD) for GPs. Developed in Canada in 1992, and adapted (‘tartanised’) for use in Scotland in 2005 [MacVicar, 2006], over one third of all GPs in each of these countries (5000 & 2000 respectively) are now members of a group. PBSGL is a module-based small group (5-10 GPs) program of learning facilitated by a GP-peer trained for
the role. The intended outcome of learning is to make evidence-based changes to practice through collective reflection on clinical case learning resources.

**Summary of work:** In 2010 whilst a GP Educational Fellow, I realised that PBSGL was not being used in England, despite it being a well-researched and successful form of CPD. I conducted a small research study to introduce PBSGL to Wessex, which was positively received [Rial, 2013]. I have subsequently worked closely with Scotland and Canada to further expand and develop PBSGL in Wessex.

**Results:** Recently I have developed a website to manage the PBSGL groups. This includes the ability to book training, find groups, arrange a meeting and also record and export the CPD/learning. These changes have been successful and since their launch 6 months ago, the number of GPs doing PBSGL has grown to over 130.

**Conclusions:** I hope that this form of CPD will continue to spread within Wessex and beyond. I would like to share my experiences with others so that they may consider setting up PBSGL groups of their own.

**References:**


Rial J (2013) A pilot using Practice Based Small Group Learning as a form of CPD for General Practice trainees as they transition to independent practice, Education for Primary Care 24: 173-177

**P327 Broad based training for future GPs**

**Kristina Head; Louise Davis**

Gloucestershire Hospitals NHS Trust; Health Education South West

**Aims and objective:** Broad Based Training (BBT) is a pilot training programme that is coming to the end of its first full year. I aim to outline the differences between BBT and the traditional GPVTS, reflect on my experiences so far and look at how suited this route is for becoming a GP.

**Content:** BBT is a 2 year program giving trainees experience in general practice, paediatrics, psychiatry and medicine before guaranteeing ST2 entry into one those 4 specialties following successful completion of the program.

**Relevance/impact:** The recently published Shape of Training review stated the public need more doctors who are capable of providing general care in broad specialties across a range of different settings. This is being driven by a growing number of people with multiple co-morbidities, an ageing population, health inequalities and increasing patient expectations. BBT offers a route into the conventional GPVTS scheme that allows for greater depth of training for future GPs and meets the aims of the shape of training review.

**Outcomes:** For GPs, BBT offers a fantastic opportunity to gain greater understanding of the management of complex patients that constitutes an increasing proportion of general practitioners’ workload.

**Discussion:** BBT is designed to equip future doctors with the skills and experience to manage increasingly complex patients at the interface between primary and secondary care. Whilst currently a pilot scheme, it has the potential to become an integral part of postgraduate medical training.

**P328 Preparing to pass the CSA: an exploration of preparation strategies from the perspective of successful candidates**

**Hasna Begum**

Bradford GP Specialist Training Scheme, Health Education Yorkshire and the Humber

**Aims:** A small qualitative study was conducted in order to gain illumination about the views of GP Specialist trainees regarding the MRCGP Clinical Skills Assessment (CSA), and specifically to look at the strategies that successful candidates used in order to pass this exam.

**Methods:** Ten in-depth semi-structured interviews were conducted by the author. The interviews were audio-recorded and fully transcribed. The transcriptions were then coded, analysed and interpreted into themes.

**Results & discussion:** The findings suggest that all the candidates worked exhaustively to prepare for the CSA and used a variety of methods such as small group work, mock examinations and private study. However, the degree of success was not necessarily proportional to the effort expended suggesting that a smarter approach is required. In addition, targeted coaching seemed to translate into better outcomes. It was also noted that there were barriers to a successful preparation strategy, such as a non-engaging patient population hostile to the CSA-type consultation
model or negative peer perceptions making it difficult for ‘unpopular’ subgroups to access the more popular small groups for extra CSA practice.

Limitations: The limitations of the study include geography, as all the candidates came from one training scheme, and researcher bias, as only the author was involved in the handling and analysing of the data. There is scope to develop the study further in order to yield greater insights.

P329  Sociolinguistic factors affecting performance in a simulated consulting skills assessment in UK primary care

Kamila Hawthorne; Celia Roberts; Sarah Atkins
Cardiff University; Nottingham University

Aims/objectives: To apply sociolinguistic analytical methods to the MRCGP CSA, to see if they can explain differences in performance in this examination.

Content: A sociolinguist/academic clinician partnership used quantitative methods to map how candidates talk, as well as a systematic microlinguistic analysis of talk at localised levels, from 40 videos of prospectively chosen consented candidates sitting the exam in February - May 2011. This purposive sample focused on those candidates who demonstrated communicative problems rather than obvious gaps in clinical knowledge.

Relevance/impact: International Medical Graduates make up one-third of candidates taking the UK licensing MRCGP exams, but their pass rate in the Clinical Skills component is significantly lower than for UK graduates.

Outcomes: There was little difference between successful and unsuccessful candidates in structure or pace of simulated consultations or in the use of typical phrases in the CSA exam, at the macro analysis level. The micro analysis showed poorer candidates had more difficulties giving extended explanations, more misunderstandings with the ‘patient’ in the consultation, and difficulty repairing those misunderstandings. They showed more moments of ‘misalignment’ that could impact on the unfolding consultation, and sound formulaic to examiners.

Discussion: Sociolinguistic factors can help identify communicative factors affecting performance at the ‘micro’ level in simulated clinical assessments. Reasons for failure were not identifiable in any one event within the consultation, but an accumulation of numerous small, micro-level difficulties in communication which are difficult to analyse and change. While only one of the causes for poor performance, targeted training should be developed to help both candidates and examiners gain insights into the discourse in these simulated consultations.

P330  Are visitors to OSCEs worth the risks? An analysis of visitor reports on the MRCGP CSA

MeiLing Denney; Adrian Freeman
RCGP

External observers to medical examinations attend for a variety of reasons, requests being initiated by the observer & by the examining body. A UK, high stakes, OSCE style licensing exam, allows visitors to sit in on the exams. There are risks of disruption and leaks of material. Does the benefit outweigh the risks?

We looked at visitors over 5 years. Visitors were assigned to categories on the basis of their professional origin. We analysed the free text feedback statements given by visitors and categorised these under various themed headings such as organisation, fairness, etc. We also looked at examination event reports over the same period to understand reported negative outcomes.

The greatest number of visitors were educators, followed by managerial or administrative representatives of other organisations. Positive comments related to many of the themes. The numbers of negative comments were minimal. There were no complaints from candidates about visitors observing, or negative events relating to observers during the entire time period. Results also indicate how comments have effected change in the exam.

Visitors to the exam provide externality with options for exam development. In this case, the feedback was overwhelmingly positive, and there was no disruption to the exam from visitors’ presence. Within reason, visitors to OSCE style exams should be welcomed. The benefits of visitors outweigh the risks. A structured approach enables valuable feedback to be collected and utilised. In this instance, risks to the exam were negligible.

P331  Local experience recruiting university drama students for CSA preparation

Jill Wilson; Thomas Langston; Lisa Horman; Charles Macadam
Severn Postgraduate Medical Education

There is little difference between successful and unsuccessful candidates in structure or pace of simulated consultations or in the use of typical phrases in the CSA exam, at the macro analysis level. The micro analysis showed poorer candidates had more difficulties giving extended explanations, more misunderstandings with the ‘patient’ in the consultation, and difficulty repairing those misunderstandings. They showed more moments of ‘misalignment’ that could impact on the unfolding consultation, and sound formulaic to examiners.
The local education team started working with a University drama department with the aim to provide and train actors to help local trainees prepare for the Clinical Skills Assessment component of MRCGP. To prepare the students for this the education team visited the University, facilitating a 3 hour careers workshop to introduce them to potential work as patient simulators.

11 students participated in the workshop. Educators opened the session discussing the role of the patient simulator and the part they play in a doctor’s training. The rest of the session was spent running some ‘practice’ scenarios to give a flavour of the type of work they could be involved in.

The students were asked to write down their ‘hopes and fears’ before the session and to give feedback at the end. The feedback was overwhelmingly positive and all of the students commented that they would be keen to assist with the exam preparation session and to explore working as patient simulators in their future careers.

An unexpected theme also emerged from the feedback, with several students commenting that participating in the session had influenced their view of their GP’s. Students stated they felt less intimidated and more confident in discussing their own health concerns.

This raises questions around how young people’s health seeking behaviour is affected by their pre-conceptions of doctors. Future work would involve working with young people to identify and overcome these views with the aim of improving their health.

P332  ‘Moral judgement rather than intelligence measure is important - but what’s with ludicrous weighting...? A qualitative study into students’ attitudes towards the Situational Judgement Test

Thomas Lemon; Ben Green
Cardiff University, School of Medicine; Leeds Teaching Hospitals

Background: In 2013 a situational judgement test (SJT) was introduced to streamline the application process to junior doctor positions. Anecdotal evidence suggests this caused widespread discontent amongst applicants. Our aims were to knowledge of the SJT, ranking system, and ascertain when they were made aware of the processes involved.

Methodology:
- Recruitment was from the United Kingdom Medical Students’ Association (UKMSA)
- Current medical students and Foundation Year 1 (FY1) doctors were invited to complete the questionnaire, which was open for 3 days in early January
- Relevant open and closed questions were designed in conjunction with professional sociology advice. The study was completed in accordance with the UKMSA research ethics policy.

Results:
- 77/104 confirmed invite recipients completed the survey, 46% in their final year, and 8% whom are now FY1s.
- 53% of all respondents had taken the SJT.
- 38% of respondents felt the SJT was suitable for national ranking
- Qualitative analysis revealed a lack of complex understanding of how the ranking system is compiled with relation to Education Performance Measure (EPM) scores. The ranking process was described as ‘ludicrous,’ ‘unfair,’ and ‘irrational.’

Discussion:
- The attitude to SJTs is better than anticipated, with 38% satisfaction. The test itself is perceived as assessing ‘morality not just intelligence’.
- The weighting system is responsible for the current animosity and is on the whole, poorly understood by examinees.
- Urgent consideration regarding clarification and increased transparency of the EPM weighting system needs to be made. Medical schools must inform students of the process earlier in their studies.

P333  Annual Review of Competence Progression (ARCP) - What's it all about?

Jonathan Rial; Olivia Spiro
Southampton GPEU; RCGP
Anecdotal feedback suggests that the ARCP is a bit of a mystery to both trainees and trainers alike; however, it is an essential part of the process of training. There have been very few publications on the GPARCP, the RCGP guidance is brief and the ‘Gold Guide’ is inaccessible by most. I believe the importance of the process is underestimated by the trainees and the apparent lack of knowledge concerned me as an educator with panel responsibilities. I therefore set about trying to identify ways to increase knowledge and understanding.

The best way to achieve this seemed to be through an RCGP eLearning module. The aim of it would be to introduce the ARCP to trainees and trainers alike, as well as to act as annual training update for panel members for their continuing development and Quality Assurance. Following a meeting with other key parties from the College, it became clear that this was a worthwhile and much-needed venture. The module was authored over three months, something that was challenging as it was similar to curriculum resource development but also different in that it required extensive referencing. The module then went through a build stage before undergoing an expert review and testing before being released. This poster will explore my journey in creating this module as well as discussing the advantages and disadvantages of eLearning in this context. It will explain the ARCP, and give illustrative examples of questions that may be found in the module.

P334 How effective is the Health and Work Handbook in helping GPs with fitness for work?

Mark Morgan; Kevan Thorley
Peninsula Medical School

The Faculty of Occupational Medicine (FOM) and the Royal College of General Practitioners (RCGP) published a booklet aimed at GPs and occupational health practitioners in order to help them assist people returning to work including guidance on best practice.

A small study found that GP’s may struggle with the fitness for work consultation. Lack of training, belief that occupation is not important, and uncertainty of the GP’s role were found to be factors involved in the difficulty. This study is designed to investigate whether the Heath and Work Handbook fulfilled its purpose in improving GPs’ knowledge and confidence in the fitness for work consultation. An assessment of knowledge, using scenarios based on the contents of the Health and Work Handbook was sent to 80 GPs in Cornwall. The results were analysed and will be presented in full in the poster.

P335 Education Provider Organisations (EPOs) as a cost-effective model for high quality, local CPD provision for GPs and GP trainees

Anne Whitehouse; Liz Alden; Martyn Hewett
Health Education South West; Swindon GP Education Trust

Annual appraisal requires GPs to demonstrate 50 CPD credits each year, and GP trainees need to demonstrate learning across the breadth of the MRCGP curriculum. In Severn, nine Education Provider Organisations (EPOs) provide local, affordable CPD programmes to meet these learning needs.

Each EPO organises up to 40 half day, evening or full day clinical and non-clinical CPD courses per year. Some also provide NQGP support meetings, mentorship, access to Balint groups and practice-based teaching sessions. GP educator leads define the course content and learning objectives, and support local clinicians to deliver interactive, workshop-based sessions relevant to GPs. Feedback from course evaluations and annual surveys evidence high quality CPD provision and informs continued development and innovation. Severn School of Primary Care quality assures the EPOs, and supports the network of leads.

The organisational structure and financial arrangements for each EPO varies, but most are non-profit making and use membership fees (approximately £200 annually for a GP) and sponsorship to deliver their annual programmes. A reduced price bulk membership of their local EPO has been negotiated for all GPSTs in Severn, funded by top slicing of each trainee’s annual study leave budget - guaranteed income offering financial security for the EPOs, and fostering the development of local communities of learning.

This is a transferable, cost-effective model for delivering locally responsive, accessible CPD for GPs and GP Trainees. Looking forward, the EPOs anticipate a growing role in developing Practice Nurse education in the region, and increasingly collaborative relationships with Clinical Commissioning Groups.
P336  Quality assurance in medical student selected components

Julia Humphreys; Rachel Lindley
University of Manchester

The concept of improving the quality of healthcare through evidence based medicine is not a new one. A study by the Health Foundation in 2012 illustrated the importance and need for training in Quality Improvement (QI) and that the most effective way of incorporating that into a medical curriculum involves experiential learning. Through this, students are able to contextualise and apply what they learn in the clinical setting. Within the US, medical education has already adopted QI as a mandatory element of undergraduate medical training. However, in the UK the Health Foundation reported that these concepts have yet to become embedded within the foundations of UK undergraduate medical programmes. In response to this, it is likely that the GMC will initiate recommendations to introduce QI as a compulsory part of the medical curriculum. The Personal Excellence Path (PEP) is a unique feature of the MBChB programme at Manchester Medical School. PEP provides medical students with a flexible framework of modules between Years 1 to 4, in which they can select and focus upon specialised topics of study. The PEP modules equip students with the necessary investigative and analytical skills required in modern medicine, complementing the broader MBChB curriculum. On offer are a range of Community (mainly GP) and non-Community PEP’s in topics covering all main speciality areas as well as subjects ancillary to medicine. Our challenge within CBME was to evaluate the quality of such diverse placements within the community PEP programmes.

P337  A commitment to general practice-wide development approaches

Tracey Cox; Kellie Johnson
Stoke-on-Trent CCG

To support the national agenda of ensuring the right people, with the right skills, are in the right place at the right time proactive work has been undertaken with general practice. Learning and development in Stoke-on-Trent promotes having the right values, skills and behaviours and focuses the attention on professional development. This is also in the context of general practice delivering against a pressurised agenda alongside recruitment and retention issues. Since 2009, the learning and development aims have been to:

- Drive quality
- Minimise unwarranted clinical variation
- Create a sustainable workforce
- Enhance capability

This is delivered as a whole staff approach with clinical leadership throughout. Some of the key elements undertaken include:

- A personal effectiveness programme across nursing and management to re-programme thoughts and ideas which lead to positive actions and offering moments of new insight
- Developing and maintaining professional portfolios - understanding the value and importance, increased reflection to enhance patient-centred consultations, assertion and improved confidence and abilities
- A continued programme of work empowering practice staff to empower patients in having confidence to self-manage and being partners in their own care.

Evaluations of these programmes have demonstrated a new found resilience in staff, restoring confidence and morale. It has been seen to have improved networking across all levels of staff as well as an improvement in team working and enhanced working relationships. The professional support has promoted leadership at all levels and created wider opportunities across the health economy for staff to be involved in.

P338  Assessing the learning of medical students after spending time in general practice: a tutor’s perspective

Heidi Penrose; Samantha Scallan; Sharon Kibble
Mid-Wessex GP Education
**Background:** There is much debate about the role and relevance of time spent in general practice to the learning of medical students. Much of what is known is drawn from trainee feedback regarding the usefulness of attachments rather than demonstrating actual development.

**Summary of work:** The aim of this exploratory investigation was to identify changes in the students’ thinking about a clinical case scenario before and after time spent in general practice. Participants ‘mind mapped’ a clinical case prior to going into general practice and again after. They were required to record their thoughts on the scenario: what they would do (the consultation process) and the issues they would consider (the case and primary care context). The maps were thematically analysed, taking into account the content and structure, drawing on the approach of Kibble et al.

**Summary of results:** The analysis demonstrated change between the pre and post maps across a range of items and in structure. Participants demonstrated a more structured approach to thinking about the case and took greater account of context. The mind maps provided a useful method of assessing the learners’ starting points prior to going into general practice and how their thinking changed. For the tutor the maps highlighted area to develop in follow up discussion.

**Conclusions:** Development of clinical thinking is a complex and continuous process which was demonstrated to benefit greatly by exposure to real cases from general practice. Mind maps provide a novel and innovative way to assess and demonstrate learning.

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**P339 Evaluation of a peer review of teaching scheme**

Harish Thampy; Michael Bourke; Prasheena Naran
Manchester Medical School

**Background:** Peer review of teaching (PRT) has been widely used within higher and medical education as a formative process of using a peer observer to help facilitate a tutor’s reflection of their teaching. At our medical school we have recently completed a 12 month pilot of implementing a PRT scheme for small-group GP tutors. This study forms part of a student project and evaluates the success of this scheme.

**Methodology:** Recruitment was conducted by email with purposive sampling of GP tutors who had undergone PRT in the preceding 12 months. 7 tutors volunteered and underwent individual interviews using a semi-structured topic guide exploring their experiences and attitudes towards the PRT scheme. All interviews were audio recorded and transcribed verbatim with identifiers removed. The data was subsequently coded independently by the three authors who then met to discuss areas of disagreement. The final coding structure was collapsed into key themes. The research proposal was submitted to the University Research Ethics Office and it was agreed that formal ethical review was not necessary.

**Results:** Analysis is currently ongoing. The majority of tutors interviewed found the PRT process developmentally beneficial. However concerns were raised about how familiarity with the reviewer impacted on the review and on potential logistical issues. The poster will outline in more detail the key findings and final themes that will have relevance to medical educators across disciplines who may wish to use our results to implement new or modify existing PRT schemes.

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**P340 Engagement of general practice teachers in medical school faculty development**

Helen Gabathuler; Sue Davies; Paul de Cates; Eileen Berridge; Sarah Colliver; Anita Rai; Sassa Calthrop-Owen; Kate Owen; Cat Middlemiss; Paul Thornton
Warwick Medical School

Promoting general practice to medical students through excellent community teaching is fundamental in the current recruitment crisis. Engagement of general practice teachers in faculty development is essential to ensure excellence in teaching in the community.

The aim of this poster is to demonstrate how we improved uptake at Warwick Medical School GP Teachers’ Faculty Development. Attendance rose from 29 to 105 GP teaching practices over 1 year, (an increase of 300%). We present the strategies we used.

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**P341 Using “The Wisdom of the Crowd” to source resilient internet resources for registrars**
**P342**  Steering Information overload on General Practitioners - would using e-Learning education under CPD programs be a solution?

**Sanjeev Maskara; Ajit Kumar**
Sessional General Practitioner, Primary Care Trust, Harrow; Postdoctoral Fellow, Graduate Institute of Cognitive Neuroscience, National Central University, Taoyuan, Taiwan

**Aim/objective:** The aim of this presentation is to share the impact of information overload on General Practitioners’ life and highlight potential solution to deal with this issue.

**Content:** This presentation would cover: (1) information overload on GP; (2) its causes; (3) potential solutions, such as eLearning/ education under continuing professional development (CPD) programs.

**Relevance/impact:** The recent technological advancement proved to be tremendously helpful for GPs to deal with patient care related data, healthcare information and knowledge thereby facilitating quality healthcare for their clients. However, this advancement has also generated huge volume and variety of data, with a high velocity. Consequently, the information with higher relevance gets lost amidst big data generated and poses challenges for GPs. Moreover, veracity (biases, noise, and abnormality in data), validity (data accuracy for the intended usage), and volatility (duration of data storage) are other three connected issues, which GPs are facing. We performed a literature review to find potential solutions to deal with information overload.

**Outcomes:** Our systematic review analyses suggests that CPD programs for GP through the eLearning education could be one of the powerful, effective and the potential solutions as it could provide and cover how to deal with information overload issues, such as veracity, validity, and volatility of the data.

**Discussion:** The information overload on GP is inevitable due to technological advancement and Big Data. The GP should get the right information, at the right time, at the point of care; therefore, the information overload issues need to be taken seriously.

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**P343**  The use of the ePortfolio by GP trainees: a survey

**Samantha Scallan; Janet McGee; Jonathan Rial; Richard Weaver**
Health Education Wessex

**Background:** At present it is unclear what proportion of time GP trainees spend on activities such as using the ePortfolio, writing log entries and preparing for the Educational Supervisor's Report (ESR). To date, little data has been collected or published about trainee use of the ePortfolio. In follow up to a survey of educational supervisors, we asked GP trainees about their use of the ePortfolio.
Summary of work: A short survey of GP trainees (ST1-3) in Wessex was undertaken to gather data on the use of ePortfolio and time taken to complete activities linked to the ESR.

Summary of results: A response rate of 68% was achieved from trainees. The majority of ST1/2 chose to provide data on the workload associated with using the ePortfolio in hospital posts. Their answers provided data on frequency of access of the portfolio, approaches to working, ways of communicating with trainers, time taken to prepare for and complete the ESR and other free text comments about their usage.

P344 Attitude of sessional GPs to quality improvement activity

Rhiannon Davies
Health Education Yorkshire and the Humber

Background: It is estimated that locums make up 28% of the GP workforce and it is recognised that these GPs are often disadvantaged when engaging in certain aspects of revalidation. The aim of this presentation is to explore sessional GPs attitudes to Quality Improvement Activity (QIA) and better understand the barriers preventing engagement in this activity.

Content: The author presents the outcome of a survey of Sessional GPs working in the West Yorkshire area, exploring their understanding of and perceived barriers to engaging in QIA. The author illustrates the main themes that emerged from the survey and the outcome of an education session held for sessional GPs to support this aspect of revalidation.

Outcome: The respondents expressing least understanding of QIA were First 5 GPs. The vast majority of respondents felt disadvantaged in conducting QIA and sited issues such as lack of time, lack of access to IT & patient data and appraisers not understanding sessional GP needs as barriers to demonstrating QIA. The subsequent education session explored these barriers further and allowed sharing of ideas around innovative QIA approaches. Resources already available to support QIA were illustrated and ways of sessional GPs working together to support revalidation were explored.

Areas for future development: The finding that the majority of First 5 sessional GPs had a poor understanding of QIA suggests more work is needed in helping GP trainees and newly qualified GPs in preparing for revalidation.

P345 PROGRESS: assessing the quality of the appraisal discussion

Susi Caesar; Sue Bowen; Steve Scott
Wessex Deaney Appraisal & Revalidation Service

Background: Revalidation for doctors was introduced in the UK in December 2012 to ensure doctors remain up-to-date and fit to practise. The process is based on an annual medical appraisal. The documentary outputs of the appraisal serve as a written summary of the appraisal discussion and a Personal Development Plan (PDP), and provide sign off statements from the appraiser to the Responsible Officer who will make the revalidation recommendation. To ensure a robust process, outputs need to meet certain standards and provide equivalent levels of information across appraisals.

Summary: The PROGRESS QA tool was developed by the Wessex Appraisal and Revalidation Team for the internal quality assurance of the appraisal outputs. Assessors score the outputs along 8 criteria and can provide free-text feedback. The tool was designed to promote an approach to writing the appraisal outputs that would be developmental and encourage a focus on quality improvements in patient care, rather than just serving the outcome of revalidation. It has been used by 8 appraisal leads since 2012 to QA the outputs of around 200 appraisers, who have appraised over 2000 doctors.

Results: Scores were initially mediocre and demonstrated that the summaries were being written mainly to serve revalidation. Appraiser awareness of this was raised through training with the tool, after which scores improved. It is argued that outputs scoring highly indicate that the appraisal discussion is supportive and challenging, and that excellence and reflection are encouraged.

Conclusions: A carefully designed QA assessment tool can help appraisers to promote reflection and quality improvements in patient care.

P346 Facilitation of GP trainer revalidation in one UK postgraduate deanery
**P347**  IMG success! A goal-orientated approach

**John Marlow; Melvin Xavier; Ryan Prince; Rodger Charlton; Terence Singleton**

*Health Education West Midlands*

Coventry and Warwickshire’s GP Vocational Training Scheme has developed early intervention to aid International Medical Graduates (IMGs) overcome well recognized challenges completing GP training. At induction, IMGs are encouraged to attend 3 study days a year on effective learning of consultation skills. We break the consultation into Calgary-Cambridge micro-skills focusing on those where IMGs often have difficulty, such as the warm connection or shared management.

Goldfish bowl role plays lasting 4 minutes with professional actors are followed by 15 minutes of feedback. Every trainee has a go at 4 minutes of "data gathering" or "clinical management". Using the SETGO method, we encourage self-solving of task-orientated problems before inviting colleagues for suggestions. The goal is then discussed as a group taking views from role players and TPDs.

Simulations are interspersed with snapshot presentations on British culture, micro-skill teaching and British comedy videos that demonstrate aspects of communication. We cover transactional analysis and narrative medicine, and encourage airing of views of controversial subjects such as discrimination. Hosting in a village hall with lunch at a quintessential British pub, we emphasize the importance of immersing into British society and culture to understand UK general practice patients.

Excellent feedback shows that IMGs value the positive intentions of these study days. We have found IMGs motivated to learn and very capable of integrating communication micro-skills when framed as goal-orientated tasks. Initial CSA results for attendees are promising. We would like to present this template as a method for aiding IMG success.

**P348**  Multicultural medical education

**Jill Wilson**

*Severn School of Primary Care*

**Aims/objectives**: An account of an exchange visit to Hangzhou, China and the return visit of Chinese doctors, the lessons learned, predictable and unpredictable, the assumptions challenged, and the lasting effects on local GPST scheme.
**Content:** The planning, delivery and evaluation of the teaching programmes for these exchange visits will be described. In China this included visits to primary and secondary care settings, public health bureau visits and medical school seminars as well as teaching delivered to audiences of over 200 people. In England our visitors experienced joint surgeries, trainers courses, day release courses and communication seminars and were given opportunities to present.

**Relevance/impact:** Preconceptions and assumptions about cultural differences in preferred learning styles are challenged and attempts described to assimilate learners into local styles. Differences in traditions and customs, values and economic factors as well as professional respect and obligations to families are considered. The teaching programmes and authors subsequent reflections have been informed by literature review and experiential learning throughout.

**Outcomes:** Evaluations suggest successful experiences and valuable learning for all concerned. Feedback from local GPST schemes and from the visiting Chinese doctors were particularly positive, emphasizing how values were questioned and views were exchanged freely, communication being key. Plans are being made for further visits.

**Discussion:** These visits allowed first hand experience of international teaching, the experiences gained reflect similar findings to much of the literature which suggests that cultural differences must be considered but with sufficient planning teaching and educational programmes can allow a positive experience for all concerned.

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**P349 Evaluation of an international training course for Palestinian primary care residents: positive first impressions**

Jonathan Broad; Gene Feder; Marlene Laeubli

University of Bristol

**Background:** Family medicine is a crucial aspect of horizontal healthcare provision. Its development in Palestine is limited by occupation, isolation and conflict. A faculty of international primary care doctors and academics launched a short course to support 19 family medicine residents in Palestine. The course covered clinical priorities, professional development and health systems issues. It aimed to strengthen morale and involvement in the international primary care community. Course methods spanned didactic presentations, small group work and written outputs.

**Evaluation methods:** This evaluation aims to assess the immediate learning benefits of the course, its relevance to the Palestinian context, and scope for improvement. The first phase utilizes post-course questionnaires, focus groups, and reflections on the small group work.

**Findings:** Most participants rated the teaching methods of the course highly (17/18). The least well rated was course relevance (14/18), and many participants considered a session on domestic violence inappropriate. In the focus groups and written outputs, participants described a newfound belief in their abilities to meet the many challenges of primary care, developing creative and practical solutions.

**Conclusions:** A key outcome of the course was a sense of empowerment of the participants and a reinforcement of their trajectory towards leadership roles, although support will be required to sustain empowerment in the burdensome climate of primary care services in Palestine. The relevance of the course including the domestic violence session requires further consideration. This course provides a strong foundation for future primary care initiatives.

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**P350 Skyping the globe - tapping into the expertise of our peers overseas**

Enam Hague; R.E. Ediriweera De Silva; Ruvaiz Haniffa; John Pallot; Pip Fisher

Manchester Medical School; Faculty of Medicine, University of Colombo, Sri Lanka

**Background:** As part of a four week student selected module on global health, a series of international Skype sessions were arranged, allowing students to interact with leading health experts and those training and working in medicine abroad. Students in the UK spoke to a GP tutor and students in a medical school in South Asia, a representative of WHO and a research medical officer working in southern Africa.

**Evaluation:** During the first session, an initial didactic exchange of facts about the two countries was not felt to be the best use of time as such information can be easily obtained elsewhere. Subsequent peer to peer discussion about differences in medical education programmes was felt by both sides to be both of more value and more
enjoyable. Later sessions benefitted from a combination of better preparatory work by the UK students (considering discussion points they wished to raise) and a more structured format that allowed a brief talk about each professional’s role and work, followed by an interactive Q&A session.

**Future plans:** In future we will ask our students to prepare a fact sheet for each country in advance. Students will thus be better informed about key health indicators and will have considered their own learning objectives. A short information sheet for the experts will also be provided, detailing students’ current level and area of study and intended learning outcomes. In this way more of the Skype time will be free for questions and discussions in areas of interest.

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**P351**  
**The GP as the actor**

**Samantha Freeman**  
**Dynamic Education Consultants**

Shakespeare, acting, drama, what do they have to do with the doctor? In unique theatre workshops, GPs in Australia are being trained in techniques usually reserved for the actor to understand and communicate with their patients. Attempting to forget the word ‘clinical’, we immerse the GP in an experience that is unusual and yet completely appropriate. In this 10 minute presentation, we shall interact with the audience to practically illustrate how awareness and adoption of some key professional acting techniques can immediately enhance the doctor/patient relationship.

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**P352**  
**Family planning in-service training for healthcare workers in Uganda**

**Sarah Capewell; Clare Goodhart; Jonathan Graffy**  
**Royal College of General Practitioners**

**Aim:** To improve confidence and skills in the delivery of contraceptive services in an area of high unmet need.

**Content:** Uganda has one of the highest fertility rates in the world. Unmet need for contraception remains high at 34%. Inadequate training of healthcare workers is one reason for this. A needs assessment determined what training, if any, may improve uptake of contraception services in a community hospital in rural South-West Uganda. We then developed, piloted and evaluated in-service training using minimal resources. This was targeted to all staff (the importance of family planning; basic counselling skills) and clinical staff (in-depth training in contraceptive services). We present this training in order that it may be used in other primary and secondary healthcare facilities.

**Relevance/Impact:** Trainees were enabled to deliver contraceptive services in the hospital and community. Screening for unmet need was initiated for all hospital service users, with consequent counselling or referral to the family planning clinic. Tackling barriers to male engagement in family planning was explored.

**Outcomes:** Clinical trainees’ mean confidence increased from 8.2/10 to 9.5/10 (difference 1.3 [95%CI 0.66:1.95]), knowledge from 16.3/26 to 21/26 (difference 4.7 [95%CI 1.92:7.48]). Training was developed further and run again using local staff as facilitators.

**Discussion:** Training in family planning can be achieved using minimal resources. In-service training minimises time away from patients and can be tailored to local need. It can improve encounters where contraception is discussed and delivered; it can thereby go towards addressing unmet need for family planning.

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**P353**  
**Residency of family medicine in Portugal**

**Sara Reis; Sara Cardoso**  
**USF do Arco; USF das Conchas**

**Objectives:** Each country has its own model of residency in Family Medicine. Our aim was to disclose how the internship program is in Portugal.

**Content:** This poster will describe the history of the implementation of the Family Medicine specialization in Portugal and its current program.

**Relevance:** In Portugal, the first residency program for General Practitioner (GP) began in 1981. From 1981 to 1987 educational activities were centered in the hospital and only since 2001 the training process was set mainly in health center and in primary care context. Nowadays, the residency lasts for 4 years and includes a total of 28 months of
practice in a primary care unit. Some internships at the hospital are mandatory, namely Pediatrics, Obstetrics/Gynecology and Mental Health/Psychiatry each of them with 3 months duration, and Emergency that lasts 6 months, but on discontinuity (12 hours a week). Finally there are 7 months of optional internships, which may or may not be performed at the hospital.

**Outcomes:** To provide knowledge about internship program in Portugal.

**Discussion:** Since we are all interested in continuous quality improvement, disclosure of other residency programs helps discussion of ideas about different realities, experiences and training gains.

**P354**  **A school-based health curriculum on self-care of minor ailments: a before-and-after controlled trial**

James Connor; Cathy Elliott
Oxford Deanery

**Aim:** To assess the effectiveness of a school-based health curriculum in increasing students’ knowledge of common, self-limiting ailments. A controlled before-and-after study design was used in a secondary school. Lesson plans were developed by the author and delivered by PHSE teachers.

**Content:** The presentation will include the background and rationale of the project, the methods used to provide information to students, the results of the before-and-after assessments and implications for future practice.

**Relevance:** GP consultations for minor, self-limiting conditions cost the NHS £2 billion annually. Providing patients with health information and empowering them to self-care when appropriate can help save resources for patients with more complex or urgent health needs. School-based health education initiatives are a good and currently underutilised opportunity to provide population-level information.

**Outcomes:** Knowledge about common minor ailments increased significantly (p<0.01) following delivery of each of the four lessons.

**Discussion:** School-based health education may effectively increase students’ knowledge about common, self-limiting conditions. Improved patient understanding of common minor and self-limiting illnesses can free up GP resources for patients requiring more medical input. Further research is required to explore the effects of increased knowledge on health-seeking behaviour.

**P355**  **Multidisciplinary interactive inhaler teaching improves confidence and knowledge among foundation doctors**

Clare Cook; Delyth Morton; Abigail Nye; Claire McBrian
Gloucestershire Royal Hospital Foundation Trust

**Aim:** Inhaler prescribing by foundation doctors is increasingly problematic due to the growing availability of drugs and devices, leading to anxiety and medication errors. The aim was to demonstrate that a multimodal, multidisciplinary-led, interactive teaching session improves foundation doctors’ confidence and knowledge of inhaler prescribing.

**Methods:** A survey to assess foundation doctors’ knowledge and confidence in inhaler prescribing was devised by a pharmacist, respiratory registrar, General Practice trainee and foundation doctor. An interactive, small-group teaching session was designed and implemented utilising the skill-sets of the above professionals. There were 3 stations: Inhaler recognition, technique and asthma guidelines. Participants were invited to resubmit the survey, at least one week after the teaching session to evaluate knowledge retention.

**Results:**
- Participants were foundation doctors working in one hospital trust (n=32). The response rate for the post-teaching survey was 63%.
- Mean test scores for: Inhaler technique increased from 32% to 61%; inhaler recognition from 32% to 63%; and understanding of British Thoracic Society asthma guidelines from 44% to 71%.
- Mean confidence ratings (1=lowest; 5=highest) slightly increased from 2.9 to 3.2.
- In overall evaluation, all participants awarded the teaching a maximal rating.

**Conclusion:** A multimodal, multidisciplinary-led 40-minute teaching session can improve foundation doctors’ knowledge of inhalers and their applications. This may generate more accurate inhaler prescribing, thus benefitting
patient safety. Confidence did not improve to the expected degree, but this may be due to an enhanced awareness of the complexities of inhaler prescribing. Written feedback indicated that knowledge gaps had been identified and improved upon.

P356 Learning Together: integrated child health

Emma Sherwood; Andrew Boyd
Learning Together South London

Aim: To establish if “Learning Together” clinics improve professionals’ confidence in managing child health issues, enhance care and outcomes for children and represent a valid interprofessional education model.

Relevance: The model involves 2 interventions:
- Joint Child Health Clinics: Paediatric registrars and GP trainees provide joint clinics in general practice
- Multi-professional community child health educational sessions.

Between December 2013 and May 2014, 32 pairs of GP trainees and paediatric registrars offered 88 joint clinics in general practice, supporting a total of 565 families.

Impacts for families:
- 99% of parents reported a good experience of care
- 87% reported increased confidence in managing their child’s condition
- Parents and carers felt that the model was feasible, worthwhile and convenient.

Impacts for professionals:
- Clinics improved interprofessional understanding
- Trainees reported improved knowledge and skills
- Trainees reported improved confidence managing child health issues.

Impacts on the quality of care:
- Significant increase in guideline adherent care in joint and individual clinics.
- Significant improvement in their children’s condition
- Trainees reported improved continuity of care and ease of access to specialist opinions.

Impacts on the wider system:
- Participants estimated 54% of Learning Together appointments resulted in an avoided visit to hospital
- 2 months after a clinic appointment, 98% of parents had not had an unplanned visit to hospital.

Discussion: The interprofessional education clinic model improves child health outcomes, patient experience, and interprofessional learning and confidence in managing common childhood conditions.

P357 Case study of diagnostic delay of an Amyand's hernia

Eleanor Johnson; Joydip Majumder; Eirini Tsouma
Blackpool Victoria Hospital, General Surgical Department; Marton Medical Practice, Blackpool

Aim: To highlight the importance of considering the diagnosis of Amyand’s hernia when seeing patients with chronic right sided abdominal pain.

Method and patient: An 89 year old male patient presented to his GP with abdominal pain for 3 to 4 weeks. An initial diagnosis of constipation was made and the patient was prescribed movicol. He presented again after a week, having had no relief, and another GP examined the patient and discovered a right iliac fossa mass. A 2 week referral to the colorectal surgeons and an urgent ultrasound were organised to exclude malignancy. The patient deteriorated the next day and was admitted to the Surgical on call team by a different GP from the practice. The surgical team suspected an incarcerated inguinal hernia and chose to operate that day.

Results: Intra-operative findings were of a perforated appendix in the right inguinal canal (Amyand’s hernia). This was unexpected by everyone involved in the case. The post-operative period was uneventful.

Conclusion: Amyand’s hernia is acute appendicitis where the vermiform appendix is in the hernia sac. It is rare (1%) and should be considered in patients with chronic right iliac fossa pain with a palpable mass.
**P358  “When should I worry?” GP consultations**

**Loretta Shoderu; Chantal Nyenyez**  
**GP VTS South Worcestershire**

**Background:** Respiratory tract infections (RTI) are one of the commonest presenting complaints in children in Primary Care. Parental beliefs, past experiences and expectations influence GP consultations and possibly the prescription of antibiotics. Parent’s fear of serious illness, not knowing when or where to seek for help contribute to re-consulting during same illness episode.  
We set out to increase awareness of parents of children between age 0-5years of common RTIs, usual duration of illness and knowledge of signs of serious illness, including when and who to consult should these signs develop.  

**Methods:** Two different styles of interactive educational sessions tailored specifically to parents and avoiding medical jargon were delivered. (i) Open discussion - 10 Parents and (ii) Power point presentation oriented discussion - 8 Parents. Each session lasted 45minutes and both delivered within a week of each other.  
Parents of children between age 0-5years old were recruited via nearby Children’s Centre. The interactive learning sessions were held at Upton Surgery. We emphasized the booklet only applies to children age 6months - 5yrs.  

**Results:** All of the parents in attendance reported the benefit of the discussions in enhancing their knowledge on these common infections and more importantly felt comfortable to ask broader questions about their child’s health.  

**Conclusions:** Educating GP colleagues and Parents about common childhood illnesses could help reduce antibiotic prescribing, re-consulting about the same condition and aid parental reassurance. Parental education sessions may be a more effective way of delivering this information rather than opportunistically in consultations alone.

**P359  Assessment of educational needs of trainee GPs around adolescent health**

**Samir Dawlatly; Jane Roberts**  
**RCPG Adolescent Health Group**

One of the roles of the RCPG Adolescent Health Group is supporting of GPs to provide the highest possible standards of health provision for young people through education. On aspect of this is making sure that under the current structure of the RCPG curriculum that AiTs, or registrars, are getting sufficient and adequate education in adolescent health. Evaluating this could help to form the basis of future policy on AiT education in adolescent health.

In order to evaluate the confidence of AiTs in this area an online survey was devised, based almost entirely on the RCPG curriculum statements that pertain to adolescent health. Through a national trainee information email registrars were invited to complete the survey for the chance of winning a £50 book token. 94 respondents completed all the questions (from 101 who started).

Many more female trainees answered compared to male (ratio 4:1). There was a geographically wide spread of different areas that trainees were from and a good range from different years of training. On the whole trainees felt least confident about mental health areas such as ADHD, substance misuse, autism and eating disorders as well as lacking confidence in recognising anorexia nervosa and bulimia compared to morbid obesity as well as early indicators of problems in the psychological well-being of young people.

The results of this survey could be used to generate an educational toolkit to be used at GP Registrar training schemes and justify the creation of Youth Mental Health as a Clinical Priority for the RCGP.

**P360  Managing asthma in children: how confident are GP registrars?**

**Hannah Warren; Chloe Macaulay**  
**University College London Medical School; North Middlesex University Hospital**

**Relevance/background:** The Kennedy report (2010) highlighted the need for GPs to have more experience in care of children and young people incorporated into their training. However, a dedicated paediatric post is not compulsory in the current GP training curriculum. Furthermore, Member of the Royal College of General Practitioners Applied Knowledge Test feedback (2013) highlighted lack of familiarity among GP trainees in childhood asthma management, which may potentially disadvantage the care of such children.
Aim/method: This study aimed to explore confidence and knowledge of inner-city GP registrars in managing children aged 4-18-years-old with asthma by questionnaire and focus group discussion. For comparison, the questionnaire was sent to paediatric ST3 trainees.

Results: In total 67/498 (13%) GP registrars completed the questionnaire. Despite differences in hospital paediatric experience, there was no statistically significant difference in asthma management knowledge between GP registrars with and without hospital paediatric training or the comparison group (p=0.484). Participants also reported feeling generally confident. However, this was not supported by free-text comments and focus groups which revealed lower levels of self-confidence among GP registrars compared with paediatric ST3s in long-term asthma management. This appeared to be related to differing clinical experience which trainees felt could be addressed by compulsory hospital paediatric and/or A&E rotations in GP training.

Discussion/conclusions: Study limitations due to sampling bias are acknowledged. Further research involving other UK deaneries would be beneficial. However, these findings have important implications for assessing current GP training locally and the potential value of a dedicated paediatric post.

P361 Teaching medical students about cancer care in the community with an interactive multi-professional workshop

Poonam Chouhan; Graham Easton; Sonia Kumar
Department of Primary Care and Public Health

Aims/objectives: To describe a new multi-professional workshop for medical students on colorectal cancer care in the community, and to present the results of an evaluation of students’ learning and experience of the workshop.

Content: A description of the workshop - following the journey of a patient with cancer, students rotate through encounters with GPs (to understand the role of GPs in initial diagnostics, health promotion and cancer screening), specialist cancer nurses (to understand the role of the multi-disciplinary team) and a patient with bowel cancer (to understand the patient perspective).

Evaluation of the workshop: A qualitative analysis using focus groups exploring learners’ perspectives on the efficacy of the session as a learning event, and a survey of learners’ knowledge and attitudes before and after.

Relevance/impact: Aims to address key goals in the Department of Health’s national cancer strategy, introducing medical students to the role of general practice in cancer diagnosis, early detection, prevention and service coordination, and illustrating the importance of multi-disciplinary team working.

Outcomes: Students were able to recognise the practical applications of the bio-psycho-social approach to healthcare in improving patient experience and outcomes; they made learning links between workshop sessions and their placement experiences; and they demonstrated appropriate knowledge and attitudes set out in learning objectives for the session.

Discussion: With adjustments based on the evaluation findings, this workshop could serve as a model for teaching about other care pathways. We hope other institutions may find our experience useful.

P362 Demonstration of the practical use of third-year medical students to increase the register of dementia patients in a general practice population

Andrew Felton; Michael de Paoli; Jack Cooper; Emily Bean; William Melton
Peel Hall Medical Practice; Manchester University

Aims: Medical students are often asked to work on clinical projects while on community placement. Due to placement duration, projects may not be completed; proving unfulfilling for students, and lacking significance for the practice. Aim of this project was to demonstrate practical use of consecutive pairs of third-year students in completing an extended community assignment.

Methods/results: Students attended the practice in pairs one day/week, in 14-week rotations. First pair used The Alzheimer’s Society UK Prevalence data to predict local dementia prevalence, and compared it to the practice register; register deficit of 36 patients was demonstrated. Students subsequently performed EMIS searches to identify patients inappropriately READ-coded, e.g. ‘memory loss’, identifying 7 additional patients (27% increase). A further 16 patients were identified as requiring diagnostic clarification. These 16 were reviewed by the second student pair, but no new diagnoses could be suggested. High-risk patients were then screened via GP COG screening
tool; initial cohort was patients >75 years with coronary heart disease (62 patients). Four of these 62 were recommended for referral to the memory clinic for further assessment, while nine required follow-up; results are awaited.

**Impact/discussion:** Participation of consecutive student pairs in this project led to an extended practice dementia register, which ultimately provides improved care for dementia patients. Positive student learning experiences included importance of READ codes and communication challenges with patients unwilling/unable to acknowledge memory concerns. The project continues through screening of high-risk groups; and a similar approach adopted for other conditions in the future.

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**P363**  
**Targeting the undiagnosed type 2 diabetes population in Oldham**

**Abdul Kashem**  
**The University of Manchester**

Diabetes is a complex metabolic disturbance characterised by high blood glucose concentrations. The condition affects 2.9 million people in the UK population, and is projected to rise to 5 million cases by the year 2025. Diabetes is linked to factors of the metabolic syndrome, such as central obesity and high cholesterol level, which increases an individual's risk of heart attack and stroke.

The NHS currently spends 10% of total expenditure addressing diabetes, which demonstrates an issue of major concern. Despite increased awareness of the dangers of diabetes and emphasis on early diagnosis, an estimated 800,000 people in the UK remain undiagnosed and are at high risk of developing complications and adverse quality of life.

The aim of this project was to encourage greater participation in blood glucose screening and early diagnosis by identifying existing facilities for diabetic care in a GP surgery in Oldham, and potential barriers to implementation. This was achieved through a series of staff and patient questionnaires, review of patient records and various literature. A lay poster was also produced to educate patients on diabetes.

Patient factors such as language barriers, perceived vulnerability to diabetes, an understanding of the condition and its risks were implicated in patient willingness to participate in blood glucose screening. Staff factors such as an overestimation of knowledge of diabetes was also negatively affected screening. There was a 83% increase amongst patients on diabetes knowledge after being presented the lay poster. The results suggest a need for greater staff and patient education on the potentially life-threatening implications of diabetes.

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**P364**  
**The implications of the new draft NICE obesity guidelines for GPs**

**Humzah Amin**  
**Keele University Medical School**

**Background:** Obesity is a growing problem for the NHS. In 2011 65% of men and 58% of women were classed as overweight and this figure is continuously rising.

**Relevance:** These obese members of the population are having a direct impact on the NHS; in 2011 there were 11,736 hospital admissions because of obesity, which is over 11 times greater than the figures from 2001. Obese patients are also at a greater risk of getting diabetes, which is the biggest expense the NHS faces.

**Content:** In response to these growing figures the National Institute for health and Clinical Excellence released draft updated guidelines in 2014, which grabbed many headlines, with a greater emphasis on offering bariatric surgery to help solve the exponentially growing problem of diabetes in the UK, which is directly linked to obesity. This change was generally welcomed by most GPs who often had to battle to get their patients the baritatric operations they desperately needed, however this was not universal. In this poster we discuss the differences from the 2006 guidelines, positives and negatives of the guidelines, the impact they will have on GPs and we highlight the important practice points. These include offering assessment for bariatric surgery to those with recent onset type 2 diabetes with a BMI of greater than 35, and considering assessment in those with a BMI between 30-30.49.
The importance of exercise

Paul Myres
RCGP Wales

Objectives: To increase the knowledge of the health professional about the benefits of exercise.

Content: The Motivate2Move website, endorsed by the RCGP Wales last year, is a comprehensive educational package to increase your knowledge of the benefits of exercise. It comprises:

- UK physical activity guidelines
- Health benefits for 33 different conditions
- Motivation, two methods
- Starting to exercise
- Resources, further information and practical tools.

The NHS Future Forum proposes that healthcare professionals question every patient about their lifestyle, including smoking, exercise and alcohol consumption at every contact. Use your CPD Time for the year ahead to familiarise yourself with this information, and to change your practice by taking up every patient contact opportunity to encourage exercise.

Relevance: In 2014, the UK faces both an obesity and diabetes epidemic and an ever increasing profile of chronic disease. A major contributory factor is that of physical inactivity with 60-70% of the population taking insufficient exercise. The combination of poor diet and inactivity has led to many of these health problems. There is much discussion about diet, but is what known or discussed is that physical inactivity kills more than smoking, diabetes and obesity combined. Exercise, as prevention or treatment, features in 39 national guidelines, yet how many of these are being heard?

Outcomes: The website promotion is increasingly being taken up by other organisations. The real outcome of benefits will only be found in future statistics.

Recreational SCUBA diving: how to stay within your depth

Michael Modell; Simon Glew; Sangeetha Sornalingam; Max Cooper
Brighton and Sussex Medical School

Recreational SCUBA (self-contained underwater breathing apparatus) is defined as diving to a depth of 40 metres without decompression stops. In the UK, around 100,000 participate in diving. Diving can be physically demanding and requires medical supervision. An individual’s health state may predispose them to increased risk of harm. Here we consider what GPs need to know about contraindications to diving, professional liability associated with documenting fitness to dive and the role of diving medicine specialists.

The initial diving certification process consists of a self-declaration medical form that screens for common conditions. If a potential health concern or condition is identified, further examination and certification are undertaken either by a diving referee as per regulations of all UK diving organisations. Such consultations are rarely performed by doctors with diving medicine expertise and most often performed by their GP. It is therefore important for GPs to be familiar with this assessment process. Diving medicine is not covered in curriculum set out by the RCGP and most doctors are unfamiliar with diving and hyperbaric medicine despite published guidelines and resources.

Given the variable levels amongst GPs with regards to awareness of diving specialists and the risks associated with SCUBA diving, a recommendation for referral of scuba divers has been proposed. The aim is to provide a potential referral pathway for GPs to diving medical specialists and to ensure standard care and patient safety.

Establishing a multi-professional learning network in care homes

Carmel Wills; Suni Perera; Clare Etherington
The Brent and Harrow Community Education Provider Network (CEPN) for Multiprofessional Education in Care Homes

Care home residents represent some of our most complex and vulnerable patients with physical, psychological and social comorbidities. Our aim is to create and sustain a culture of support, supervision and learning for the community of band 1-4 carers who provide the daily care for this challenging group of patients. We created a novel
educational network to provide narrative-based discussion groups for care home workers, using the care homes as a learning hub in Northwest London. These narrative-based groups, using the Balint technique, are evidence based and are already utilised in training for other healthcare providers. This is the first time that Balint groups have been used to train care home workers.

We established links with the nursing homes, trained and created a group of multi-professional facilitators in the Balint technique and founded a network of narrative-based reflective groups for carers across four nursing homes in Brent and Harrow. The facilitators are multi-professional, involving GPs, psychiatric nurses, counsellors and Age UK volunteers, thus enriching the experience of the reflective groups.

We are evaluating the project with qualitative feedback from carers, facilitators, care home managers and relatives. This will allow us to explore the continuing professional development needs of healthcare workers involved in care homes. We are also undertaking quantitative evaluation through validated compassion and burnout questionnaires. We intend to demonstrate that involvement in these reflective groups will allow carers to reflect on good practice, improve compassion, increase their feelings of confidence, reduce burnout and explore sources of support and training.

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**P368 Educating through CQUIN: patient falls**

*Sheena Seewoonarain; Will Nabulyato*

*Princess Alexandra Hospital*

**Background:** The aim of the Commissioning for Quality and Innovation (CQUIN) framework is to improve the quality of services producing better patient outcomes, whilst maintaining strong financial management. Nationally, there are 4 CQUIN goals: VTE, NHS Safety Thermometer, Friends and Family Test, and Dementia.

**Aim:** The NHS National Thermometer differs to other CQUIN targets as it applies not only to acute service providers but to community service providers, care homes, mental health and learning disability services providers. There are 3 main areas of concern: Pressure Ulcers, Patient Falls and Urinary tract infections in the catheterised patient. This project focused on reducing patient falls.

**Implementation:** Foundation doctors are often the first point of call to assess and manage the fallen patient. Foundations doctors were invited to anonymously complete a questionnaire regarding patient falls. The findings indicated that the confidence and ability of junior doctors to manage a fallen patient could be improved. This was done through a series of formal teaching sessions.

Secondly, a ‘doctor alert’ notice providing readily available management guidance for junior doctors was designed and introduced in notes of the fallen patient. Thirdly, a ‘red alert’ sticker was placed on the front page of the patient’s case-notes to alert all healthcare professionals of the patient’s risk of fall and the need to re-evaluate the situation especially when during transfer to another team or re-admission.

**Outcome:** We now aim to link this to discharge letters to improve communication to primary care providers and healthcare professional in the community.

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**P369 Cardiovascular screening - do patients know about it?**

*Jawad Haq; Valeed Ghafoor*

*University of Manchester; Royal Preston Hospital*

**Aims:** To assess how effectively cardiovascular screening is currently being performed.

**Content:** Cardiovascular screening has shown through various studies to be an effective way at reducing the incidence of CVD. This has since, been adopted by the NHS as a national screening programme in GP practice. Interviewing patients in general practise has shown a clear lack in patient education on CVD and the screening programme. In addition, after reviewing figures of patients screened between 2013-2014 at a general practice, we saw that the number of patients being screened was below national targets. This is a problem shared by practices across the UK and was influenced by the lack of patient education regarding screening. There must be patient education regarding cardiovascular screening and this will subsequently increase attendance at screening.

**Relevance:** Cardiovascular disease (CVD) is a major challenge faced by NHS, it accounts for the highest numbers of deaths annually. The figures for these as well as the financial burden on the NHS are expected to rise over the next couple of years.
Outcomes: A form of communication must be established such as a leaflet, to provide patients with the necessary information regarding CVD and eligibility for screening.

Discussion: We aim to present these results and the leaflet that has been produced at this conference in order to raise awareness on this issue. We also aim to promote the leaflet so that it may be used in GP practices across the UK for patient benefit.

P370  Developing the assessment of multimorbidity in undergraduate general practice placements - the Glasgow experience!
Zoe Noonan; Lindsey Pope; Declan Nugent
Glasgow University

Third year medical students at Glasgow are attached to a general practice placement in groups of 2 or 3 for seven days over a four month period. They make three visits to two patients with chronic and multi morbid health care conditions during this time. The aim of this is that students develop an understanding of the impact and effect of living with ill health. Students’ learning on this module is assessed with a reflective account of their patient’s care, and also with an oral presentation, a referral letter and an acute case submission. The students are asked to reflect on the care of their patient in the context of their multi morbidity. They should consider the impact of illness on the patient, their family/carers, and on the delivery of their overall health care. They may choose to focus on one aspect of this, or may look at the challenge of applying evidence-based medicine guidelines. Students should also document how their learning will influence their future practice.

In this paper we review the inspiration for choosing to assess this area, and attempt to evaluate the efficacy of this qualitatively from student and tutor feedback. We will illustrate this with quotations from the student’s submissions, which are insightful and inspiring, and suggest ways to refine the assessment of this challenging area. This model for learning and assessment could be used in other arenas to help students explore the concepts of multimorbidity and its impact on the provision of holistic patient care.

P371  From principles to practice: advance care planning
Edith Ubogagu; Suni Perera; Clare Etherington; Carmel Wills
Harrow CCG

Background: Professional guidance advocating the use of Advance Care Planning (ACP) in primary care is well established. The GMC End-of-life-care strategy, the RCP and RCGP Gold Standards Framework: Matters of life and death are well publicised key documents. Embedding guidance into practice is a challenge. In one trainer’s workshop only 60% of GP trainers reported experience of teaching ACP or having DNAR conversations and they identified this as a group educational need.

Aim: To increase GPs confidence in using ACP in clinical practice.

Method: An interactive educational event with palliative and secondary and primary care based GP clinicians in small group discussions ended with a short presentation of evidence regarding ACP relating to hospital admission. A pre and post questionnaire to the group measured improvement in knowledge of ACP and confidence in performing ACPs.

Result: Comparing the pre and post training questionnaires, the group reported an improvement in knowledge and confidence in the following categories:

- Identifying situations where an ACP should be done (7% before v 72% after)
- Who should be involved in the ACP (14% before v 67% after)
- What information forms an ACP (4% before v 50% after)
- Who the ACP should be shared with (14% before v 64% after)
- An increased feeling in preparedness to complete an ACP (14% before v 56% after).
- They rated the session 8/10 in educational value.

Conclusion: Education helps GPs translate ACP theory into practice.
P372  Clinical induction workshop for “non-psychiatrists” the experience of foundation and GP trainees
Antonina Ingrassia; Rebecca Marriott
Oxleas NHS Foundation Trust

**Aims & hypothesis:** There has been a move to increase the number of posts in psychiatry as placements offer valuable opportunities to meet several competencies in the Foundation/GP curriculum. This work aimed to review the effectiveness of a simulation based clinical induction workshop, assess its quality, inform future training.

**Background:** Oxleas NHS Foundation Trust has 12 placements in psychiatry for Year 2 Foundation Trainees (F2s) and GP trainees. “Commencing training in psychiatry can be daunting” (The Competency Checklist for Psychiatry 2012). A suitable clinical induction has an important role in improving the learning experience and practical skills of new trainees.

**Methods:** The Competency Checklist for Psychiatry was introduced by the London Deanery in July 2012. In December 2012 we started running a half day clinical induction workshop for all new F2/GP trainees starting a placement in psychiatry at every new induction, based on this checklist. Trainees go through OSCE style stations focusing on basic psychiatric competencies using role players; feedback is provided by experienced trainers.

**Results:** All trainees attending strongly agreed/agreed that the workshop was relevant, useful and well facilitated and overall quality was excellent/good.

**Conclusions:**
- Clinical induction, focused on the acquisition of clinical skills, is crucial to patient safety
- An OSCE style workshop can be a good vehicle to deliver training and has been well received by F2 and GP Trainees
- A clinical workshop should be routinely part of the induction of all trainees new to psychiatry.

P373  Communicating with patients with Learning Disabilities: how can we improve?
Radheswari Measuria; Melissa McCarthy; Thomas Goldsmith
University of Liverpool

**Aims:** To increase patient and carer confidence in being able to provide objective information on deteriorating health of a patient with learning disabilities (LD) enabling the GP to manage them appropriately.

**Content:** This poster is predominantly aimed at General Practitioners to promote the use of DisDAT (Disability Distress Assessment Tool), a validated tool to be used in the healthcare of people with LDs. The poster provides GPs and carers guidance on how to appropriately use DisDAT to help monitor deterioration in health and for GPs to be able to appropriately interpret and manage the outcomes. There is also relevant information showing its need and effectiveness.

**Relevance:** People with LDs have poorer health and die younger than the general population. Many of the reasons for this are partially avoidable. The LD population encounter health inequalities due to social isolation, barriers in accessing primary care (e.g. overt discrimination) and being succumbed to diagnostic overshadowing by many of the healthcare professionals. With their greatest needs being in the community, the tool is directed at general practice professionals (including GPs, nurses, health visitors etc) and carers.

**Outcomes:** Improved communication methods like DisDAT will help to identify distress cues in LD patients, thereby aiding communication, and hence diagnosis, subsequently improving the quality of life for patients, and targeting healthcare inequalities.

**Conclusion:** GPs should explain the use of DisDAT to carers and should themselves be aware of how to interpret it and use it to help their consultations with patients that have learning difficulties.

P374  4 consultations types - each requiring its own thought modality
Michael Capek
Northern Moor Medical Practice

Through observation, there appears to be 4 different types of consultation, each requiring its own style of thinking. High Physical/Low Psychological is the classical problem solving and making a diagnosis. Low Physical/Low Psychological is Health promotion where in essence a well person is maintained within set recommended
parameters. Low Physical/High Psychological is mental health and is about understanding how psycho-socially the patient arrived to a given situation and how to help the person optimise where they ought to be. High Physical/High Psychological is psychosomatic medicine.

The thinking is not only akin to the physical and the psychological but also helping the patient make the link between the physical symptom and the underlying emotional condition. This last group is particularly difficult to manage, often taking much resource with little benefit. It is recommended that all doctors become familiar with these 4 thinking modalities and that students and trainees are trained to consult flexibly between each.

P375 Red Roses - reflecting on real consultations. Ten illustrated vignettes.
Alec Logan; Matt Burkes; Deborah Swinglehurst; Helen Wilson
University of Glasgow; G P Bognor Regis; Barts and the London; Glasgow School of Art

Red Roses is a series of twenty reflective vignettes, written by eight UK family doctors and based on real clinical encounters with their patients, spanning a period of twenty years. They form part of a wider collection of writings taken from The Good GP Training Guide (Eds. A Logan and M Burkes. In Press with RCGP Publications, MAR 2014). Ten of the vignettes are complemented by specially commissioned linocuts, the work of Scottish artist, Helen Wilson. Together, the texts and images illuminate the mystery and intimacy of clinical encounters in general practice, and the therapeutic value of personal doctoring. Adopting a variety of writing styles, mood varies from levity to tragedy, encompassing anger, hope, despair and optimism. The stories are unfailingly honest and humanistic.

In our workshop, participants will be encouraged to reflect on real clinical encounters. Our consultations, and their own.

The workshop will include an opportunity for participants to practice reflective writing, based on a recent encounter of their own. And to talk. The workshop will conclude with participants from small groups identifying learning outcomes and sharing these within a closing plenary. Helen Wilson will describe her response to the stories from her artistic perspective. This workshop will be of interest to family doctors, medical students and educationalists.

P376 The effects of past illness on identity; a narrative perspective
Elizabeth Carr; Ghazal Hodhody
University of Manchester

When a patient suffers from a significant illness, it is not purely the physical body which undergoes changes. The trauma of the past illness will also have variable and sometimes confusing effects on the patient’s mindset and therefore their identity.

Narrative medicine has the ability to turn the medical experience into a story which can bridge the patient and the listener together to come to a unified understanding of the development of an illness. It allows us to recognise the impact of illness on the author’s life and contrast this to the patient’s past ‘self’.

This poster aims to look at some of the effects of a past illness on identity, using narrative methods as a holistic approach. The use of well known analytical texts and graphic comics aid some patients to begin the journey towards healing and the reconstruction of a damaged identity. I shall aim to use some of these examples to give an insight into the patient mindset at such a time and also reflect on some parallels between non medical sources and the struggles of identity post illness.

P377 Medical students explanation skills in a simulated GP practice
Alison Beech; Jon Mills
University of Leicester; Health Education East Midlands

Introduction: Medical students during their clinical and professional development module have the opportunity to practice their explanation skills in a simulated GP setting. They also have the opportunity to role play as a patient and provide peer-feedback as part of the process, developing their communication skills, empathy and ability to provide feedback in a constructive manner.

Methods: Second-year students role-played as ‘patient’ or ‘GP’, recording the consultation. A formative mark scheme was distributed to the ‘patient’ who graded their colleague on the explanation task with marks awarded 1 (not done)
to 5 (fully achieved). Marks followed the Calgary-Cambridge model, such as obtaining consent and agreeing the purpose of the interview. Marks were awarded relating to establishing current knowledge, checking understanding and eliciting ideas, concerns and expectations alongside effective closure. Data were analysed in Microsoft Excel 2010.

**Results:** 112 students participated. 106/112 introduced themselves effectively with rapport building deemed by peers to be high (mean 3.7/5). Most students failed to establish current knowledge (2.9/5) with 43/112 failing to do so and check expectations (2.6/5) with 49/112 omitting this and closing the interview effectively (2.9/5). 10/112 would have been deemed to fail the formative assessment.

**Discussion:** Second-year students rated their colleagues as effective at introducing themselves and having appropriate non-verbal communication skills, but a number of students struggled to check expectations, establish current knowledge and close the consultation effectively. Peers are able to provide feedback with a supporting markscheme effectively, but further training to reinforce students checking the patient’s understanding and closure of a consultation is needed.

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**P378 Development of a continuing professional development website to raise awareness of preconception counselling and pre-pregnancy care for women with diabetes**

**Aisling Gough; Fiona Alderdice; David McCance; Roy Harper; Valerie Holmes**

Centre for Public Health, School of Medicine, Dentistry and Biomedical Sciences, Queen’s University Belfast, Belfast, UK; School of Nursing and Midwifery, Queen’s University Belfast, Belfast, UK; Regional Centre for Endocrinology and Diabetes, Belfast Health and Social Care Trust, Belfast UK; Ulster Hospital, South Eastern Health and Social Care Trust, Dundonald, UK

**Aims:** Pre-pregnancy care reduces the risk of adverse pregnancy outcomes in women with diabetes, yet the majority of women receive suboptimal care due to poor preconception counselling rates and a lack of awareness about the importance of specialised pre-pregnancy care. The primary aim was to develop a continuing professional development (CPD) resource for healthcare professionals (HCPs) who work with women with diabetes to facilitate preconception counselling with this group.

**Content:** The website was developed under the direction of a multidisciplinary team, adhering to NICE guidelines. The tone, key messages and format are informed by the “Women with Diabetes” preconception counselling resource and website, www.womenwithdiabetes.net

**Impact:** Women who viewed the preconception counselling resource which is central to this CPD website were better prepared for pregnancy. This resource will give HCPs the necessary knowledge and tools to prepare women with diabetes to plan for pregnancy.

**Outcomes:** The website features women with diabetes sharing their views and experiences, alongside an evidence-based commentary and key messages from research papers and clinical guidelines. It comprises three modules focusing on contraception, risks and planning; support during pregnancy; and, a trimester by trimester account of pregnancy.

**Discussion:** This website is expected to be a useful CPD resource for all HCPs working with women with diabetes, providing a certificate on completion. By providing the HCP with a greater understanding of the specific needs of women with diabetes pre-conception and during pregnancy this resource will empower HCPs to engage in preconception counselling with women with diabetes.

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**P379 Long acting reversible contraception (LARC) training in general practice**

**Laura Heath; Hannat Akintomide; Alison Adams; Chris Wilkinson**

University College London Medical School; Central and North West London NHS Foundation Trust

**Aim:** To evaluate the success and impact of the Improving Choices in Contraception through Training (ICCtT) pilot scheme from May 2009 to March 2012, which trained general practitioners and practice nurses in the provision of subdermal implants and intrauterine contraception in their own general practice or surgery.

**Content:** Outcomes from the ICCtT pilot scheme.

**Relevance:** As the majority of women in the UK visit their general practice for contraception, this is one way to increase long acting reversible contraception (LARC) provision in this setting.
Outcomes: A total of 256 practitioners registered for the LARC training for either the provision of subdermal implant (SDI) and/or intrauterine contraception, of which 165 completed training. One hundred and four practitioners were trained in SDI insertion, 91 in SDI removal and 37 in intrauterine contraception techniques. Sixty-five practitioners (39%) replied to the post-training survey, of which the majority had no problems providing SDIs (90%) and intrauterine contraception (82%) in their first year following training. Of those practitioners that had experienced problems, lack of confidence was the most common reason for SDIs whereas for intrauterine contraception it was failed insertions.

Discussion: There was high interest in and good uptake of the ICCiT pilot scheme. Many practitioners completed their LARC provision training in SDIs, intrauterine contraception or both. High satisfaction with the training programme was related to the training having been made available at their usual place of work. The findings show that training practitioners in LARC provision within their general practice is feasible.

P380  Are GP trainees adequately trained to help stop FGM?

Cameron Gibb; Lucy Goodeve-Docker; Victoria Mayhew; Jenny Akhurst
Kings College Hospital GPVTS

GP’s are well placed to identify and support women and girls who have been affected by or are at risk of FGM. In our VTS group it was recognised that there was a lack of confidence in dealing with this subject so we created an online survey to explore why. We took responses from London GP trainees and had 91 respondents. The results were striking: 89% of trainees wanted more training on this subject, with only 5% saying they felt confident in identifying at risk patients and 16% feeling comfortable raising the subject with patients. We also explored the barriers that trainees experienced when bringing up the subject of FGM. Trainees felt that FGM should be examined as part of the MRCGP (90%). Our poster won "Best Poster" at the London Trainee Conference 2014 as voted for by the trainees present. We would like the opportunity to present our poster at the RCGP conference as we feel the RCGP curriculum statement needs to be updated, FGM needs to be incorporated into the MRCGP exams and further learning tools need to be developed to equip future GP’s with the knowledge to confidently tackle this important subject.

P381  4th RSM Annual Primary Care Conference: Ethics education and lifelong learning

Andrew Papanikitas; John Spicer; Deborah Swingelhurst; Peter Toon
Department of Primary Care Health Sciences, University of Oxford; The London GP School, Health Education England; Centre for Primary Care and Public Health, Barts and The London School of Medicine and Dentistry; Freelance writer and ethicist

We report the key learning points from and themes generated by the fourth UK conference on primary care ethics run at the Royal Society of Medicine. The meeting was run in association with the RCGP and the support of RCGP ethics committee members. It was also supported financially by the Institute of Medical Ethics and the Human Values in Healthcare Forum. This year’s theme was on ethics education, focusing on both ethics education for primary care and the influence of primary care on ethics education in healthcare.

Key points included: the importance of practice relevant ethics education, the types of ethics-support available to clinicians, the benefits and dangers of ethics taught via role-modelling and the importance of a safe setting for ethical reflection. The meeting also sought to capture new and relevant ideas for ethics education. These were the usefulness of learning from academic empirical approaches to ethics (illustrated by new work on morally different categories of fatherhood) and the power of film in healthcare knowledge transfer. The meeting also welcomed poster presentations. Key topics included a project to explore the meanings of compassion in healthcare and research on types of narrative in healthcare. In this poster we report learning points that will be of use to students, GP-trainees and reflective practitioners of all kinds, and welcome feedback via email and LinkedIn to inform the themes we explore the next conference.
P382  Primary care ethics: a LinkedIn group for networking and discussion

Andrew Papanikitas; John Spicer; Deborah Swingelhurst; Peter Toon
Department of Primary Care Health Sciences, Oxford University; London School of General Practice, Healthcare Education England; Centre for Primary Care and Public Health, Barts and The London School of Medicine and Dentistry; Freelance writer and ethicist

This poster describes key themes from the Primary Care Ethics LinkedIn Group. Since 2012, this group provides a forum for online discussion on the notional field of primary care ethics: the study of the everyday ethical decisions made in primary healthcare, including: how long to spend with a particular patient, how to reconcile clinician-values and those of patients, when to refer or investigate, how to respect confidentiality when dealing with patients, relatives and third parties. As well as clinicians and patients, these issues may also involve other workers in primary healthcare, such as receptionists and managers. Issues, announcements, multidisciplinary discourse and discussion outlining the boundaries of the field are all welcome.

In July 2014, the group has 277 members. Members are mainly British GPs, but group membership encompasses patient representatives, senior figures in academic and professional institutions, researchers, teachers and students. The group has a number of international members from mainland Europe and the US. The site has been used to promote reflection for GP revalidation, host online colloquia, to share and discuss publications, to advertise relevant jobs and events and to exchange knowledge between members. Appropriate use of the group is policed by a small team of managers who are also able to facilitate online discussion. Whilst membership is open to anyone with a legitimate interest, the group initially elected to be a closed group. This means that the group’s discussions cannot be viewed on internet searches by non-members. The group operates a Chatham House Rule policy.

P383  Appraisal for practice nurses: an evaluation of a pilot scheme in Wessex

Anne Moger; Susi Caesar; Samantha Scallan; Duncan Walling
Wessex School of General Practice

Background: There is a growing recognition of the need for a structured approach to the CPD and professional development of practice nurses, particularly with the planned introduction of revalidation for nurses. Appraisal and revalidation for doctors is well established, however for nurses, it is currently the subject of a national consultation.

Summary of work: A pilot appraisal project for practice nurses was undertaken across Wessex, supported by their practices, Wessex Appraisal and Revalidation Service, Wessex LMCs and Health Education Wessex. 36 nurses from 24 practices participated. The nurses were appraised by peer appraisers (n.12) who were trained by established medical appraiser trainers. The appraisals followed the medical model and they completed a modified form of the medical appraisal paperwork, using an online toolkit (Revalidation Toolkit) to document the process. Feedback was gathered at a facilitated ‘report-back’ closing event, and comprised questionnaire feedback and observation of the group discussion.

Summary of results: Both nurse appraisers and appraisees reported positive outcomes from participating in the pilot, in terms of their learning, professional development, and made suggestions regarding how to develop the scheme. Appraisees welcomed the validation of their practice and being challenged in terms of learning and quality of care. Appraisers valued the opportunity to support and challenge a colleague and gain insight into other practices.

Conclusions/take home messages: The results of the feedback indicate an overwhelmingly positive response from the participating practice nurses to being appraised and being appraisers.

P384  Out-of-hours and walk-in centre placements: do they support learning of clinical risk in unsupported healthcare by undergraduate medical students

Ann O’Brien
Barts and The London School of Medicine and Dentistry

Background: The content of the senior clinical years in undergraduate medical training has had a strong focus on hospital based healthcare. It seems essential that teaching in general practices begins to reflect the shift to community delivered “care closer to home”. The demand for primary care out-of-hours requires medical graduates to have an understanding of this care and its potential associated risks. An effective practitioner in these situations,
requires the use of different kinds of knowledge, skills and understanding. Medical undergraduates need to experience this care to learn these skills.

Aims: To evaluate medical student placements in out-of-hours (OOH) and walk-in centres and explore students’ perceptions of the nature of clinical risk, triage and the management of undifferentiated illness.

Method: Final year medical students were asked to complete an electronically accessible survey and take part in telephone interviews. The areas explored were triage arrangements, presentation of undifferentiated illness and clinical risk.

Results: The students' overall opinion was positive, with placements considered beneficial for learning. The opportunities to witness triage and explore challenges posed by the presentation of undifferentiated illness were key. The learning about clinical risk was less obvious.

Conclusions: The introduction of placements in OOH and walk-in centres offers students opportunities to experience new areas of clinical practice and gain understandings of triage and clinical risk in unsupported healthcare settings, outside normal working hours.

P385  Prizoners’ mental health: a comparison between prisoners’ and doctors’ perceptions

Sarah MacInnes; Lesley Morrison; Joe Wilton

Edinburgh University Medical School; GP, Prison Health Service, HMP Edinburgh

Prison health care has been a Cinderella specialty; fortunately it now comes within the remit of the NHS in Scotland and quality of care and governance have improved. Exposure to it should be included in student and GP training. A group of first year medical students chose to do a special study component comparing prisoners’ and doctors’ perceptions of prisoners’ mental health problems. 75% of prisoners have mental health problems. The students administered a semi-structured qualitative questionnaire to patients being seen in the health centre at HMP Edinburgh and subsequently extracted data from the medical notes. 76% of 21 prisoners gave responses that matched the doctors’ diagnoses. 14% had a diagnosis not mentioned in interview and 10% claimed to have a mental health problem not mentioned in records.

25% stated being on medication for a mental health problem compared to 58% according to medical records. Prisoners’ opinions on whether their needs were met within prison were varied. Of those eligible to answer with respect to mental health needs, 46% did not think their needs were met while 54% did. The reasons for underestating medication are complex. Drug seeking in prison is common due to drugs’ commercial value within the prison culture and the prisoners may not be clear which medications they are legitimately on and which they have obtained on the black market. Some prisoners are being prescribed medication which they sell. Given the high rate of illiteracy in prisons, more varied ways need to be implemented to educate prisoners about mental health.

P386  Pilot GP training posts in a West Midlands’ prison: A positive learning experience?

Jane Coomber; Rodger Charlton; Martin Wilkinson

Health Education West Midlands; University of Nottingham

Background: Doctors who deliver primary care in UK prisons are required to be general practitioners (GPs). There was an absence of prison GP training posts in the West Midlands. In 2011 Health Education West Midlands piloted a 12 week prison GP training post integrated within a second year community GP training post. The aim of the study was to evaluate this innovative GP training post.

Method: The two GP registrars who undertook this voluntary learning experience and prison healthcare staff (n=2) and community GP educators (n=8) involved with the delivery of this training post were invited to take part in a follow-up audio-recorded face-to-face semi-structured interview 18 months later. The interviews were transcribed verbatim and thematic content analysis used.

Results: The GP registrars agreed that this training post had offered them an opportunity to increase their expertise in an area of personal interest of substance misuse, sexual health and mental health issues; an experience they felt was hard to replicate outside the prison environment. The prison healthcare staff reported a positive interchange of clinical knowledge between themselves and the GP trainees. All participants considered 12 weeks was the optimum
length for this learning experience and GP registrars needed community GP experience prior to managing this challenging patient population.

**Conclusions:** The participants’ positive attitude towards this learning experience contributed to the success of this GP training post. However, the high turnover of the small West Midlands’ prison GP population may affect the sustainability of the GP training posts.

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**P387 Is the UK GP training programme clinical structured reference form valid and reliable? One UK postgraduate deanery retrospective study**

Jane Coomber; Rodger Charlton; Martin Wilkinson

*Health Education West Midlands; University of Nottingham*

**Background:** Traditional narrative references comprising open-ended statements have low validity and reliability. General Practitioner (GP) educators have designed a clinical structured reference form to assess GP candidate performance in identified GP competences and uncover any probity issues for successful candidates of the UK three stage GP training selection system.

**Aim:** The aim of the study was to explore concurrent validity with GP candidates' Stage 3 score, a predictor of GP trainee performance, and referee inter-rater reliability (IRR) for the 2012 GP training reference form.

**Method:** Correlations were performed between (1) the four identified GP competences rated by candidate Stage 3 assessors and referees to explore concurrent validity and (2) referees’ rating of a candidate's nine identified GP competences to investigate referee IRR using anonymous data of 448 shortlisted GP training candidates in the West Midlands. Spearman's rho was used to analyse this non-parametric data.

**Results:** For GP trainee applicants with two and three references there were significant positive correlations between Stage 3 assessors’ and referees' scores of candidates' GP competencies (r=0.204-0.373, n=160, p<0.05 and r=0.182-0.234, n=166, p<0.05 respectively). Also, significant positive correlations were found for referee scoring for one of the three pairs of referees for candidates with two references (r=0.505, n=41, p<0.01) and the three pairs of referees for candidates with three references (r=0.222-0.302, n=166, p<0.01).

**Conclusions:** The 2012 GP specialty reference form had concurrent validity and referee IRR for the larger sample size reference datasets. Predictive validity of the reference form could be explored in 2012 GP entrants' follow-up trainee performance studies.

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**P388 GP referral letters-are they fit for purpose?**

Ayesha Mahmud; Kelechi Mbanaso; Felicity Jones; Chaitanya Bhatt

*University Hospital Coventry & Warwickshire*

**Aim/objectives:** To find out the suitability of GP referral letters completed for ENT emergency clinic.

**Content:** Quality analysis of GP referral letters received.

**Relevance/impact:** It is a well-established fact that GP letters are a vital link in patient care pathway. One in 20 GP consultations result in a referral(1). Therefore it is important that these letters are written with due attention to detail. ENT emergency clinic at our hospital is run daily. GPs phone to discuss and book appointments. Referral letters are then brought in by patients. These vary in quality leading to poor handover of patient care. In order to improve this communication this project was undertaken to analyse GP letters. A pro forma was designed after conducting a literature search which was then used for data collection(1).

**Outcomes:** Thirty patients were referred over a three week period. 86% of the referrals received were appropriate for the clinic setting. The variety of referral letters included 40% received on a letterhead. Only 21% consisted of a patient summary with the letter. 10% were just printed summaries. Only 60% of GPs mentioned examination findings while 73% mentioned their overall assessment. GPs own details were given in 60% of the letters 6% of patients arrived without any form of referral letter.

**Discussion:** Considering the outcome a template to standardise referral letters to emergency departments is worthwhile. It may find use in emergency clinic settings with same day appointments and high patient turnover.


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**P389 Austrian training initiative ‘Cross-cultural competencies for General Practitioners’**
Wolfgang Spiegel; Christine Princz; Christopher Dowrick
Center for Public Health, Department of General and Family Medicine, Medical University Vienna; Institute of Psychology, Health and Society, Department of Psychological Science, University of Liverpool

Introduction: Resilience in practice includes avoiding or overcoming cultural and language barriers. Within the EU-FP7-funded project RESTORE each partner country performed a mapping process for Guidelines/Training Initiatives (G/TIs) on “cross-cultural communication in primary care”. No relevant G/TIs were identified in Austria.

Methods: Focus groups with different migrant groups were followed by a peer-review meeting in January 2013. Preselected G/TIs from other countries and documents, identified as relevant through the Austrian mapping process were reviewed with the aim of agreeing on format and content for a CME-intervention.

Participants: Five practicing GPs, a non-physician senior academic from the field of migration research and health, two sociologists with an academic focus on migrant care and a representative of the Austrian Society of General Practice and Family Medicine.

Results: Themes and issues to be addressed in a TI aimed at experienced GPs were agreed. The basic module enhances cross-cultural competencies for GPs in an overall twenty hour intervention and has four components: (1) A weekday evening session uses “case studies” and encourages “reflective practice” of learners in their own medical office. (2) A Saturday session uses a kind of “experiential learning” method which involves “participative reflection” of migrants’ experiences. (3) In the quality circle (weekdays evening) participants use "small group discussions" to critically analyse their own roles (“reflective practice”). (4) To round up the “blended learning”-format an e-learning delivers a knowledge booster.

Conclusions: It is possible to create a TI on cross cultural communication for GPs even in countries where none currently exist.

P390 Mapping uncertainty in medicine; a pragmatic approach, identifying strategies for managing uncertainty in general practice
Avril Danczak; Alison Lea
North West Deanery, NWHEE

Uncertainty is pervasive in Medicine and nowhere more so than in primary care where the information available may be incomplete, misleading or confusing and where medical complexity and ambiguity are the norm. Furthermore, difficulties in managing ambiguity and uncertainty have been linked to lack of resilience and burnout in doctors. Evidence and protocols are not always applicable to the patients in question and the lack of a “right answer” can make doctors feel painfully inadequate.

This presentation will demonstrate and discuss a practical mapping tool to classify uncertainty in clinical practice, using real life examples. The map identifies the knowledge, skills and attitudes needed to manage uncertainty in different contexts, and identifies features of learning environments which promote effective strategies for managing uncertainty.

“Dysfunctional ways out” of uncertainty will be described, and the reasons why doctors choose these will be discussed. By contrast, “functional ways through” uncertainty will be clarified and linked to the effective use of thinking, negotiating, networking and team working skills. Skills relevant to different situations will be explored.

Managing uncertainty is relevant to all doctors. This framework enables a structured approach to the use of skills and the identification of learning needs. This can lead to effective teaching and learning approaches for doctors in training, and help experienced doctors mobilize their skills effectively.

P391 Understanding uncertainty
Hannah Gaynor; Samantha Scallen; Johnny Lyon-Maris; Jonathan Rial
Southampton GP Education Unit, University Hospital Southampton

Background: The ability to tolerate uncertainty allows a doctor to manage patients appropriately, and in so doing places their best interests at the heart of clinical practice. It is a particularly challenging area for educators to ‘teach,’ yet it is an educational imperative to equip future GPs with an ability to be self-aware of their consultation style and tolerances, and to feel able to express feelings around uncertainty.
Method: The aim of the study was to explore GP trainees’ comfort when managing uncertainty, and as an outcome to design an educational programme to support the development of this skill as a key part of the consultation. A sample ST2 and 3 trainees in practice and GP trainers, recorded their blood test requesting rate over two weeks. For each request the doctor recorded the motivation for making it in terms of the certainty of the diagnosis.

Results: ST2s regularly reported performing a blood test where they were ‘certain’ of the diagnosis: (23%) of cases; this contrasted sharply to ST3s (7%) and GPs (0.8%). More surprisingly still 50% of ST2s reported they were never ‘uncertain’. This again contrasted with the ST3s and GPs. Additional data indicated that the ST2s, even after six months in general practice, did not feel able to share feelings of uncertainty. Having identified this as an educational need, a programme promoting the ability to recognise and manage uncertainty has been developed and piloted to support ST2s.

Conclusion: The poster will share the outcome of this work.

P392 First5 - resilient or resigned?

Elizabeth Alden; Kate Digby; Martyn Hewett
School of Primary Care, Severn Postgraduate Medical Education

First5 GPs are the future of general practice, but are emerging into the profession at a time of unparalleled pressure on primary care. How are recent First5 GPs surviving in a changing work environment? What challenges have they encountered? Resilience is recognised as an increasingly important skill but how can we develop and support this quality in First5 GPs to enable them to be future-proof?

We review current thinking about what makes a resilient practitioner and include a survey of recent GP training scheme graduates including their views on three areas:

1. Choice - their career and CPD choices post-CCT and their reasons for them. What are their current working patterns? Do they have roles and responsibilities outside routine GP clinical work? Have they worked abroad? What factors were important in their choices?

2. Challenge - what challenges have these First5 GPs experienced? Have they tried to address these and if so how? Did their GP training cover these areas adequately or do they feel there is a skills gap? What has helped them become more resilient personally and professionally? What implications are there for training schemes and how might these be addressed?

3. Future - how do they see the future of General Practice in the UK? Do they feel resilient or resigned? Do they plan to remain in general practice in the UK, go abroad or do they plan to take a new path? Why? What push and pull factors are important to them?

P393 Fostering resilience: a workshop for GPs

Julie Chinn; Duncan Platt; Samantha Scallan
Southampton GP Education Unit

Background: In recent years, change within the NHS and to the way care is delivered has seen the intensity of the workload for GPs increase and broaden beyond the face-to-face clinical encounter. The effects of these ‘shifting sands’ can be significant for the individual, in terms of wellbeing, working relationships and the clinical care given. Fostering resilience within the workforce is an area of interest and educational development work for medical educators. This poster describes an educational workshop designed to support GPs by fostering awareness to stress and resilience and reports an evaluation of it.

Summary of work: The aim of the workshop was to raise awareness of work-life stressors and provide strategies to manage them. It comprised a mix of topic-based presentations and creative activities. 25 participants attended the workshop, representing a range of roles in general practice. Each day of the workshop was evaluated using a feedback sheet, and a further follow up email evaluation was conducted two months later.

Summary of results: Participants valued each element of the 2 day workshop highly. In addition to the ‘on-the-day’ feedback, participants gave their perspectives on stressors, and after, their longer term reflections and any changes made. The poster will outline the findings of the evaluation and future steps for development.

Conclusions/take home messages: The workshop demonstrated that there is a need for practical support for GPs to manage stress. The evaluation provided useful information as to how future workshops might be developed.
P394 Do GP trainees suffer burnout? Identification and evaluation of trainees at risk

Bryony Sales; Alexandra Macdonald; Samantha Scallan; Sue Crane
Wessex School of General Practice, Wessex Deanery, UK

Aims/objectives: To extend existing work around burnout in GPs to include trainees and seek to identify if any specific groups are particularly at risk during their training. To enable and establish timely support for trainees during training to prevent burnout.

Content: Trainees from each year of GP training (1-3) completed three questionnaires, including the Oldenburg Burnout Inventory, to assess for burnout, establish trainee health and to identify underlying stressors specific to GP training. Data collection was repeated throughout the year.

Relevance/impact: Burnout is a recognised syndrome which impacts adversely on an individual’s professional and personal life and holds implications for patient care. Emerging research shows GPs are increasingly experiencing high levels of burnout. Anecdotal evidence suggests burnout may begin to appear as early as the training years.

Outcomes: Data collection is currently underway; preliminary analysis has already identified high levels of depersonalisation in trainees (50%). Female trainees and trainees without children are sub-groups who are showing early signs of burnout. Prevalence of burnout also varies depending on the geographical location of training. Educators are currently adding burnout awareness and management sessions to the training programme to provide further support structures to trainees. Data are being used to identify points during training years that trainees find stressful, to raise future awareness and provide support.

Discussion: Early identification of burnout amongst trainees is an important aspect of the role of GP educators. The training years provide opportunities to educate and support future GPs in order develop lifelong resilience.

P395 Supporting GP trainees who are ‘out of sync’

Emily Edwards; Samantha Scallan; Johnny Lyon-Maris
Southampton GP Education Unit

Background: Over the last few years a number of trainees have found themselves training ‘out of sync’ with their peers. The reasons for this are various. It became apparent that the rolling programme of the Day Release Course (DRC) was not meeting the learning needs of these trainees, and in many cases they had completed the cycle of DRC sessions, but had not yet completed their training.

Summary of work: In 2013/14 there were sufficient OOS GPSTs to warrant setting up a learning set independent of the DRC programme to support them through to the completion of training. The group met every two weeks for 1 session, and was facilitated by an experienced PD (KT). An initial learning needs analysis identified topics for the first few sessions, and subsequently sessions were determined by the group, based upon the needs they brought from their clinical practice, as well as using PBSGL. The sessions were evaluated by a focus group. Participants were asked to reflect on their training, their learning needs, the nature of the group and it’s strengths and weaknesses.

Results: Overall participants reported that the learning on the DRC was not always timely. Previously support had been sought from the trainer in-practice and peers. The OOS group was found to be extremely supportive, but in different ways to the DRC, which will be described on the poster.

Conclusions: ‘Out of sync’ trainees may require a different type of support compared to trainees on the usual ‘run through’ programme.

P396 Recognising and reducing stress in the transition from medical student to foundation trainee

Kerry Ball; Liz Donovan; Rachel Locke; Jo Mountfield; Samantha Scallan
University of Winchester; University Hospitals Southampton

Background: The project evaluated the impact of an education programme to support foundation year 1 (FY1) doctors on entering the clinical workplace. The workshops were aimed to provide practical skills and strategies to enhance the resilience and well-being of trainees, and to lessen stress in the transition from medical school to clinical practice at FY1. Existing research with junior doctors highlights this transition period as a time of stress and identifies areas of practice where trainees can feel less well-prepared.
Summary of work: Participants attended a workshop developed from the SAFEMED programme of education (Dr Margaret O’Rourke, University College Cork). The evaluation considers:

- The workshops with participants and trainers, gathering data to determine the extent to which the programme meets its aims and their expectations;
- The reflections of the participants’ in written entries for their e-portfolios to describe the value of the learning; and
- The benefits and possible areas for strengthening the programme of education to inform its further development.

Summary of results: Data was analysed across a four level framework adapted from Buckley and Caple (2000). Findings suggest workplace stressors for foundation doctors are of most concern e.g. lack of experience and systems/processes at work, and their preference for practical approaches to support. The value of the sessions for raising awareness of health and wellbeing was recognised.

Conclusions: The findings will inform the development of the content of future teaching sessions and sharpen the awareness of educators about the ways they may support foundation doctors.

**P397 Reflections on transitioning a career from primary to secondary care**

Liam Piggott
Peninsula Deanery

The aim of this presentation is to reflect on and share the experiences of a newly qualified GP who decided to re-enter a hospital training position.

It describes the traditional training route of the UK Vocational Training Program; including the fact a significant proportion of GPs start hospital specialties and then later switch to primary care. The system is not well adapted for doctors who wish to do the reverse, and the selection systems for specialty training and cultural biases are discussed further.

With junior doctors expected to make lifelong career decisions within 16 months of working, it seems likely the number of people wishing to change specialty may increase in future years. The current system does not adequately support people who wish to take the perceived unorthodox route of GP back to hospital medicine, and there is a lack of clarity and support as to how these doctors can maintain their GP registration and revalidation if they wish to remain in practice.

This reflective project discusses the above issues, and aims to raise the profile of the small number of clinicians who have taken this route and the additional career challenges they face. It hopes to present to the RCGP that a more formal system of support and mentoring could be developed to improve the professional development of this group of GPs.

**P398 Put your own oxygen mask on before helping your patient; the tension between ensuring clinician fitness and wellbeing, and the provision of patient care**

Emma McKenzie-Edwards
Bury Knowle Health Centre, Oxford

From the first of the GMC’s duties of a Doctor to the government’s insistence that patient safety must come first, the emphasis on putting patients care above all else has become enshrined in medical culture. Doctors are expected to be selfless and tireless in their work for others but how can doctors provide quality holistic care for their patients if they themselves are not in a fit state to provide it? There is an ethical argument for doctors to take better care of themselves and this has the potential to change the self-awareness of the profession to a more humanistic approach to its wider needs. A patient should have the right to see a doctor who is fit to be consulted or we fail to respect the individual patient’s autonomy.

In this poster I explore the tension between ensuring clinician fitness and wellbeing, and the provision of patient care. Three areas on which I focus are emergency care, revalidation and training, and the recent RCGP ‘Put Patients First’ campaign. I have raised this topic on the Primary Care Ethics LinkedIn forum and it is an ongoing discussion to which delegates are welcome to contribute. Themes such as effective, cost-effective and intelligent practice arising...
from time and space for the practitioner to reflect and the importance of an articulate doctor patient relationship, constraints on duty of care and the importance of generalism are explored.

P399  **Doctors with dyslexia: a systematic review of effective workarounds**

Rachel Locke; Samantha Scallan; Richard Mann; Gail Alexander  
*University of Winchester*

**Background:** An increasing number of medical students are declaring dyslexia as a specific learning difficulty on entry to medical school. The implication of an increasing number of doctors with dyslexia is that it may impact on their performance in the workplace, on patient safety and potentially their fitness to practice. For educators, an awareness of the impact of dyslexia on learners in the clinical workplace is vital to identify whether dyslexia may underlie certain traits and behaviours; and to provide appropriate advice and support when dyslexia is identified.

**Summary of work:** A systematic search of the literature was undertaken, followed by a narrative review of studies meeting the inclusion criteria. The review used a priori research questions and focused on studies based on primary research evidence to identify the effects of dyslexia on doctors (in or post training) in the workplace, and adaptive strategies (‘workarounds’) in use.

**Summary of results:** The review identified five studies on dyslexia and qualified clinicians. The impact of dyslexia can include: writing/calculating prescriptions, writing patient notes, prioritising and making referrals. Strategies to minimise the effects of dyslexia include: use of adaptive technologies, the need for more time for mentors and supervisors, and awareness of ‘enabling’ and ‘disabling’ environments.

**Conclusions:** The difficulties associated with dyslexia are varied and may be unexpected. Medical educators may not be aware or knowledgeable about dyslexia and its impact, thus there is a need to promote greater awareness amongst them, as well as understanding of the implications for patient safety.

P400  **Compassion and resilience in community based medicine**

Kirsty Shires; Martin Allen; Lakhbinder Jhass; Huw Morgan  
*University of Birmingham*

**Objectives:** The Community Based Medicine (CBM) Team recognise the vital importance of compassion in professional behaviour. However, we identified that at times students did not seem to recognise the importance of compassion. Our aim was to find ways of teaching compassion and resilience to medical students in the primary care setting.

**Content:** The CBM programme utilises 130 teaching general practices. Our annual tutor development days have a theme; ‘compassion and resilience’ was chosen for 2013. We identified an expert resource who led the first half day workshop session. Sessions covered themes of ‘what is compassion?’, the evidence base for its importance in clinical outcomes and then explored how we manage personal stress. The tutors then used this information in workshops to suggest ideas of where this could be integrated into the current curriculum.

**Relevance:** The National Institute for Health and Clinical Excellence has issued guidelines on how patients should expect health professionals to behave. The Francis Report further emphasised the importance and need for all healthcare staff to maintain their own values and raise concerns. There is evidence that compassionate care improves patient outcomes.

**Outcomes:** We have now incorporated the best of these ideas into the teaching materials used at the practices.  
**Discussion:** The sessions themselves were evaluated well by the GP tutors and informal feedback has been positive. We plan to evaluate the impact of this new initiative with a qualitative study from the perspective of GP tutors.

P401  **Tools of the trade: poetry for new doctors**
Lesley Morrison; John Gillies
Scottish Poetry Library

In conjunction with the Scottish Poetry Library we have produced a little book of poetry which is going to be given to each Scottish medical graduate this year, "Tools of the trade". It has been designed to act as a comfort and a friend to young doctors as they begin their rewarding, demanding and often stressful work. Some of the poems are sad, some humorous, some poignant; all speak to the experience of being a doctor. Deans of all the Scottish medical schools are supportive and appreciative of the project and GP trainers have expressed interest in making use of the book with registrars. The value of the humanities in health care and medical education is widely recognised and, at a time when young doctors can easily feel overwhelmed by the amount of scientific information they have to retain, this book is intended to nourish their humanity. The funding for the project resulted from an appeal to GP colleagues following the death of a GP friend, colleague and trainer who loved poetry and the book is dedicated to him. Dr John Gillies and Dr Lesley Morrison were joined in the pleasant task of choosing the poems by Ali Newell, chaplain at Edinburgh University, and we are indebted to Lilias Fraser and the Scottish Poetry Library for their expertise and enthusiasm.

P402 Medical humanities teaching - using art as a catalyst for teaching GP specialty trainees
Kathryn Harrison; Phil Rayner
Nottingham General Practice Specialty Training Programme

Aims: To promote the use of the Creative Arts in GP training and to describe how this can enhance appreciation of the interface between general practice and psychiatry. To reflect on how the complexity of patients seen in general practice can be explored from a humanistic perspective.

Content: ‘Art in the Asylum’ comprised an exhibition of works created by patients in mental asylums and artists who experienced mental illness. During our visit we learned how patients’ expression of their illness could provide insight into complex mental states, chaotic lifestyles and the interplay of mental and physical health.

Relevance: The arts can aid our understanding of mental illness and illness in general by facilitating entry into the worlds of others, allowing us to experience and imagine them; this is helpful where there are often few physical signs. To understand complex aspects of primary care, a humanistic and holistic approach is required; we argue that this could be addressed through teaching using the humanities in GP training programmes.

Outcomes: Feedback from trainees about this event was positive. Other sessions have included the use of film, theatre and novels to stimulate group discussion.

Discussion: Osler stated that ‘For successful health care, science is absolutely necessary. But it is also never sufficient.’4 More recently Greenhalgh has written about the need to move from the purely evidence based approach to more individualised care. Using the arts in GP training can help trainees to appreciate the spiritual, social and emotional aspects of disease experience; ‘unmeasurable’ elements fundamental to patient-centred care.

P403 Teaching social sciences to medical students; overcoming the barriers
Alan Stone; Sara MacBride-Stewart; Kamila Hawthorne
Cardiff University

Context: Social sciences is an important part of the medical school curriculum but has been perceived poorly by medical students over many years. Previously identified barriers include; poor integration of social sciences into medical schools, entrenched biomedical perspectives, the language used by social scientists and the hidden curriculum.

Objective: The objective was to identify if the social aspects of medicine can be brought to life by applying the self-directed learning of theory to real patient cases in a General Practice setting.

Methods: A mixed methods approach was used with both quantitative and qualitative data being collected from students and GP teachers.
Results: Most students preferred this type of teaching to lectures and reported being able to recognise the importance of social factors in ill health and the social effects of illness after this teaching. Students valued the clinical perspective and thought this added to their learning. Students were able to demonstrate achievement of the learning outcomes in their reflective writing. GP Tutors initially felt under qualified to teach the social sciences and appreciated the input of subject experts. Some tutors with previously negative attitudes to the subject were able to alter their perspective and became much more positive.

Conclusions: Social sciences can be learnt in a self-directed and integrative way, but does need both academic social science and clinical tutor support to facilitate learning. Addressing the known barriers to poor integration of social sciences in UK medical schools appears to improve achievement of learning outcomes.

P404  Finding mindful spaces in training for general practice
Rebecca Barnes; Duncan Moss; Duncan Still; Jon Elliman
School of Social & Community Medicine, University of Bristol; School of Psychology, Plymouth University; School of Primary Care, Severn Deanery

In the UK, acute fatigue and stress continue to be a concern for medical trainee welfare. Mindfulness as a form of primary prevention is now on the international agenda - the rationale being that the doctor who is self-aware is more likely to engage in self-care activities and to manage stress better. Our aim was to design a mindfulness programme tailored for GP trainees; to assess feasibility and acceptability; and to evaluate impact on professional practice and personal well-being.

With support from the Severn Deanery and following an initial period of consultation with trainees, our programme ran from November 2013 - May 2014. 39 trainees across three year-groups and five localities self-selected to join the programme and two groups were formed to run consecutively in two different localities.

The programme involved three half-day sessions with space for group discussion and individual mindfulness practice. Each session focused on a different theme: ‘body’, ‘mind’ and ‘being in the world’. Participants were given handouts and access to online resources to support their practice. The sessions were held at two monthly intervals with a follow-up at two months (12 hours in total). 21 trainees also enrolled in the programme evaluation. Data collected includes individual interviews and responses to a study questionnaire pre and post programme. The study questionnaire included the Five Facet Mindfulness Questionnaire; the Self-Compassion Scale; and the Compassion Scale.

Here, with help from two of our original participants, we will discuss the findings and their implications for the design of future training for self-care.

Other

P405  Delivery of TeamSTEPPS into the UK primary care setting
Will Murdoch; Sandeep Randhawa
The Hollier Simulation Unit; Health Education West Midlands

TeamSTEPPS is widely used in the USA but rarely in the UK. A recent advance in the US has been the development of a primary care programme. TeamSTEPPS is aimed at whole primary care teams rather than individuals. It has a US evidence base which have shown improvements in patient safety, patient outcomes and team behaviours. A slide set already exists for the US project but there is no UK equivalent but the work is available for conversion without copyright issue.

TeamSTEPPS could be introduced into the primary care setting through the current placements of ST3 speciality doctors in primary care. It would be an opportunity for them to work with experienced TeamSTEPPS practitioners and aid the delivery of the work into their own setting. This would enhance their own understanding of patient safety as well as create a safer environment for their patients to be seen in.

P406  Expanding the number of nurse mentors in general practice using educational bursaries
Craig Dobson; Julie Greendale; Matthew Groom; Hilary Gledhill
East Riding of Yorkshire Clinical Commissioning Group
Aim: To increase the involvement of practice nurses in undergraduate nurse training aiding recruitment and retention in the East Riding of Yorkshire Clinical Commissioning Group (ERY-CCG).

Objectives: To increase the number of nurse mentors in ERY-CCG general practices. To encourage these practices to become spokes of an Advanced Training Practice (ATP).

Content: The ATP initiative involves hub practices that support around 20 spokes to provide funded training for undergraduate nurses in practice nursing. At an ATP workshop the failure of practice nurses to be released for mentor training was identified as a key barrier. ERY-CCG decided to offer educational bursaries to pay for release of the practice nurse to train as a mentor.

Relevance: Once a practice has a nurse mentor then it can engage in the training of undergraduate practice nurses as a spoke of an ATP. It is expected that some of these student nurses will remain in general practice aiding recruitment and retention.

Outcomes: We offered 5, £1,000 bursaries to practices. The named nurse had to pass on a CV and commit to a course stating date. We had 16 practices applying with 11 bursaries being planned with a further 2 possible.

Discussion: We were pleasantly surprised at the positive response to the educational bursaries. Nurse mentors not only allow for undergraduate nurse training but also the support of other nursing staff. We hope to support this group of educationally minded nurses with further training opportunities.

P407  Go green for 2015
Sara Vogan; Knut Schroeder
Severn Deanery; Concord Medical Centre, Centre for Academic Primary Care, University of Bristol

GPs are powerful people, for example we influence patient decisions from the cradle to the grave and issue 80-90% of prescriptions, which account for 16% NHS’ total carbon footprint. The NHS produces a quarter of the carbon emissions of the public sector and needs to show an 80% decrease by 2050 to comply with government targets.

Aim: Educate, enthuse and empower General Practice about going green.

Method:
• Interview GPs and find out what they know and how they feel about sustainability
• Write a project based on this research to increase knowledge and implementation of sustainability in General Practice
• Have the work peer reviewed until a suitable format, length and mix of ideas is achieved and spread the results via RCGP, CCGs and sustainability networks
• Project timeframe August 2013 to June 2015.

Content: More than cycling and recycling. In general GPs are comfortable about transferring energy saving ideas from their home, but are less confident about utilising their scope as doctors and influential community members to make wider ranging sustainable impact. GPs see themselves as not having enough time or money to implement green projects. Using a variety of media I have covered 7 topics including:
• Ethical procurement and disposable equipment
• Self care and wellbeing
• Reducing medicine waste
• The environmental impact of death and dying
• Recycling inhalers and changing to dry powder inhalers
• Eco-communication
• Promoting a healthy and lower carbon diet.

Outcome: I am hoping to use feedback from the conference to make final changes before circulation.
Can clinical commissioning groups and academic departments work together to enrich primary care?

Rachel Friel; Melvyn Jones; Neetha Purushothatham

Department of Primary Care and Population Health, University of London

Aims: To evaluate a Clinical Commissioning Group (CCG) and a university Primary Care department’s joint initiative to facilitate Clinical Teaching Fellow (CTF) General Practitioners (GP). To consider how these posts have impacted Primary Care locally.

Content: As part of the CCG’s Primary Care Strategy, four GPs were recruited for two years as CTFs. Project aims were to provide additional appointments, collaborate with the CCG on locality development and improve the locality’s profile for medical education.

Relevance: Practices throughout UK are reporting difficulty with recruitment of GPs, this is particularly so in deprived areas. It is thought that including teaching and affiliation to a medical school would improve recruitment. Commissioners value clinical input into design of clinical pathways, but they can find it difficult to engage GPs, possibly due to lack of training in this field.

Outcomes: From January 2014, when the posts commenced, there has been a demonstrable increase in GP appointments, in the host practices. Undergraduate teaching has been introduced in two practices that were not previously involved. The CTFs are currently involved in development projects with the CCG.

Discussion: Some difficulties in the implementation of these plans have occurred. Differing agendas of the CCG and the Primary Care department has been a challenging area. The CCG’s organisational ethos differs somewhat from what GPs are familiar with and this has led to obstacles in collaboration. Despite initial difficulties, the CTFs have benefited by gaining insights into both the organisations involved and early post qualification experience in non-clinical roles.