Future proof?
RESILIENCE IN PRACTICE
ACC LIVERPOOL • 2-4 OCTOBER 2014
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A very warm welcome to Liverpool for our eighth Annual Primary Care Conference.

It has been a year of continued challenges in general practice, making the theme of this year’s event, ‘Futureproof: Resilience in Practice’, particularly fitting.

Through speakers and discussion sessions, we will explore how best to work together towards robust, resilient general practice for the future allowing us to deliver the best possible care for our patients against existing and emerging pressures.

I dare say we will agree, disagree and debate with each other – but being here is always a valuable and unique opportunity to learn from each other.

We have a plethora of esteemed speakers and I am particularly proud to be welcoming Dr Maureen Baker, who will be addressing you all for her first time as Chair.

I’m sure you will agree that she is doing a fantastic job so far, not least with our first ever, UK-wide, College campaign, Put patients first: Back general practice.

As well as making the headlines, it is exerting real pressure on the four governments of the UK to recognise the importance of the care we deliver to our patients and the contribution we make to keeping the rest of the NHS secure and sustainable.

I remain confident and optimistic that as a College and as a profession, we will see out our current trials and tribulations and emerge even stronger and more resilient – truly futureproofed.

It is a privilege to be President of this College and to be here with you all for the next three days. I hope you will enjoy the conference as much as I will.

Prof Michael Pringle
President, RCGP

FOREWORD

It has been a wonderful experience to be involved in the planning and delivery of this, the eighth RCGP Annual Primary Care Conference.

This is a first for me in my role as Vice Chair - and it has been a stimulating, sometimes nerve wracking, experience to bring together what I think is a very dynamic, varied and thought-provoking programme. I hope you will agree.

We have fantastic speakers from the diverse and kaleidoscopic world of general practice - from all sectors of the health service - and from all over the world.

Over the next three days, our discussions will range from the safeguarding of our young patients and caring for our frail elderly to the College's business plan and the future for our Faculties.

It is going to be a conference to remember - and we are delighted that you are here to share it. Please remember to use #RCGPAC on Twitter so that colleagues who cannot be with us in Liverpool can follow the debate and be part of it.

Prof Amanda Howe
Vice Chair, Professional Development, RCGP
**08:00 ROOM 4** Vasco da Gama International Primary Care workshop for delegates and hosts

**08:00** Registration, coffee and exhibition session

**HALL 1** PLENARY SESSION 1 Resilience in practice

**10:00** President’s welcome  
Prof Mike Pringle, President, RCGP

**10:00** Ministerial address and question time  
Rt Hon Jeremy Hunt, Secretary of State for Health  
Discussion

**10:30** Chair’s address  
Dr Maureen Baker, Chair of Council, RCGP

**10:50** Preparing resilient health services which address inequalities  
Prof Sir Ian Gilmore, Consultant Physician, Royal Liverpool Hospital

**11:20** Future proofing against depression – raising awareness  
Sir Mark Waller, Chairman, Charlie Waller Memorial Trust

**11:30** Coffee, exhibition and attended poster session 1

Speakers’ Corner with plenary speakers

**12:30-13:30** CONCURRENT SESSIONS A

**A1** Clinical  
**HALL 1A**  
Respiratory update  
Chair: Dr Steve Holmes, GP, Park Medical Practice, RCGP Council Member, Education Lead, PCRS-UK

- Why asthma kills - key messages from the National Review of Asthma – Dr Kevin Gruffyd Jones, GP Principal, Box Surgery
- COPD update – Dr Steve Holmes

**A2** Policy  
**HALL 1B**  
What is the future of out of hours care?  
Chair: Dr Agnelo Fernandes, RCGP Urgent and Emergency Care Lead

- Dr Simon Abrams, Chair, Urgent Health UK
- Dr Jonathan Leach, Associate Medical Director, NHS England
- Nigel Wyle, Associate, Urgent Health Care Solutions
- Dr Peter Fox, Clinical Adviser, NHS Pathways

**A3** Quality  
**HALL 1C**  
Quality in practice  
Chair: Prof Amanda Howe, Vice Chair, RCGP

- Practice standards – Prof Nigel Sparrow, Senior National GP Advisor, Care Quality Commission
- Implementation – Prof Martin Marshall, Professor of Healthcare Improvement, UCL
- Research – Dr Imran Rafi, Chair, RCGP CIRC
- Training teachers – Dr Helen Mead, GP Dean, Health Education East Midlands

**A4** Research  
**ROOM 12**  
Being a researcher makes me a better clinician  
Chair: Dr Joanne Reeve, NIHR Clinician Scientist in Primary Care, University of Liverpool

- Prof Steve Iliffe, Professor of Primary Care for Older People, University College London
- Dr Emma Clarke, NIHR In-Practice Fellow and Salaried GP, University of Keele
- Dr Sophie Park, Principal Teaching Fellow, University College London
- Dr Daniel Lasserson, Senior Clinical Researcher, University of Oxford

**A5** Innovation and Leadership  
**ROOM 3A**  
IT innovations  
Chair: Dr Steve Mowle, GP, London

- Working collaboratively with dementia patients and carers – use of IT to support care planning and improve outcomes – Dr Jill Rasmussen, RCGP Clinical Champion for Dementia
- ‘My computer’s asked me…’ Educating for the contemporary consultation – Dr Deborah Swinglehurst, Academic Clinical Lecturer, Queen Mary University of London
- Whose data can you share with whom? – Libby Morris, RCGP Health Informatics Group
  - Discussion

**A6** AITs  
**ROOM 11BC**  
Big AIT questions  
Chair: Dr Simon Glew, Vice Chair, AIT Committee, RCGP

- Dr Maureen Baker, Chair of Council, RCGP
- Dr Helen Stokes-Lampard, Honorary Treasurer, RCGP
- Dr Krishna Kasaraneni, Chair, GP Trainees’ Subcommittee, BMA
- Dr Jill Edwards, GP Dean, Health Education Thames Valley
- Dr Ben Riley, GP in Oxford and Medical Director of Curriculum, RCGP

**A7** Clinical  
**ROOM 3B**  
Improving awareness: wider issues in primary care – what are the clinical implications?  
Chair: Dr Matt Houghton, Medical Director, RCGP CIRC

- Female genital mutilation – Dr Amber Janjua, Sessional GP, Hoddesdon
- Cross-cultural communication and barriers to western medicine - experience from an inner city practice – Prof Aneez Esmail, Professor of General Practice, University of Manchester
- Healthcare for trans* patients – Dr Rafik Taibjee, Co-Chair, Gay & Lesbian Association of Doctors and Dentists

**THURSDAY 2 OCTOBER**
THURSDAY 2 OCTOBER

A8 Papers
ROOM 4

Education and training short papers
Chair: Prof Nigel Mathers, Honorary Secretary, RCGP
- A trip to the movies: using film to facilitate communication skills assessment and learning – Alexandra Macdonald, Wessex School of General Practice Portsmouth Primary Care Education
- The Audio-COT (Consultation Observation Tool) – a friend or foe? An evaluation of GP trainers’ interest in and use of this clinical teaching and formative assessment tool – Bryony Sales, Wessex School of General Practice, Wessex Deanery

13:30 Lunch, exhibition and poster session and speakers corner

13:35 SPONSORS’ SYMPOSIUM
ROOM 3B

FUJIFILM Sonosite – What can POC ultrasound do for your practice?
Dr Budgie Hussain, Director, Centre for Ultrasound Studies, AECC

ROOM 3A

Preventing antibiotic resistance in acne
Dr Richard Bujar, Skin Microbiologist, Leeds; Dr Anne Eady, Acne Research Scientist, Harrogate; Professor Tony Avery, GP and Director of Primary Health Care, Nottingham and Dr Sohail Munshi, GPRwi Dermatology, Manchester
This session is organised and funded by Stiefel, a GSK Company

14:40-15:40 CONCURRENT SESSIONS B

B1 Clinical
HALL 1A

Living well with frailty: the role of primary care
Chair: Prof Nigel Mathers, Honorary Secretary, RCGP
- Dr Martin McShane, Director, Improving the Quality of Life for People with Long Term Conditions, NHS England
- Dr John Young, Geriatrician, Bradford and National Director for Integration and Frail Elderly

B2 Education
ROOM 12

The revalidation story: ask the experts
Chair: Prof Nigel Sparrow, Senior National GP Advisor, Care Quality Commission
Facilitated by members of the RCGP specialty advisor team, including:
- Dr Jonathan Cloves, GP, Orkney
- Dr Boyd Gilmore, RCGP Revalidation Speciality Advisor, General Practitioner, Ancaster and Caythorpe Medical Practice
- Dr David Stephens, General Practitioner

B3 GPF
HALL 1B

GPs cannot do the job on their own
Chair: Jenny Aston, Chair, RCGP General Practice Foundation Nursing Group
- Dr Crystal Oldman, Chief Executive, The Queen’s Nursing Institute
- Dr Lisa Bayliss Pratt, Director of Nursing, Health Education England
- Simon Gregory, Director of Education and Quality, Postgraduate Dean, Health Education East of England

B4 Ethics
ROOM 3A

Ethics debate: This house believes that part-time working is the only way for GPs to maintain their personal resilience
Chair: Prof Martin Marshall, Professor of Healthcare Improvement, UCL
For: Dr Margaret McCartney, GP and writer, Scotland
Against: Dr Laurence Buckman, GP and Past Chair, General Practitioner’s Committee

B5 Patient
ROOM 11B

Patient partnership in primary care: a future requirement towards a primary service of excellence?
Chair: Mr Harvey Ward, Lay Chair, RCGP Patient Partnership Group
- Dr Amir Hannan, GP, Tameside & Glossop CCG Board Member, Haughton Thornley Medical Centres

14:40-15:40 CONCURRENT SESSIONS B

B6 First5
ROOM 3B

Surviving a 40 year career
Chair: Dr Phil Williams, RCGP National First5 Lead
- Dr Clare Gerada, Practitioner Health Programme

B7 International
HALL 1C

International opportunities to reinvigorate your career
Co-chairs: Prof Val Wiss, JIC Chair and Dr Sandra Mather, Head of International, RCGP
- Mr Michael Holden, RCGP Northern Ireland PIP Group
- Jacqui Storer, Chair RCGP Wales Patient Group, RCGP Wales Patient Partnership in Practice (PPiP)
- Malcolm Westwood, Lay Member

B8 Papers
ROOM 4

Cancer and audit excellence short papers
Chair: Dr Paul Myres, Chair, RCGP Wales
- Healthcare factors influencing patients’ decisions to consult GPs for symptoms suggestive of lung or colorectal cancer – Nicola Hall, Durham University
- The impact of public awareness campaigns for cancer symptoms on visits to the GP – Abigail Bentley, Cancer Research UK
- Audit of frequent attendance as a marker for identification of medically unexplained symptoms – Rhanhod Engand, City and Hackney Clinical Commissioning Group
- Clinical audit of uncomplicated lower urinary tract infections in general practice – Daniel Mills, The University of Manchester
- Hospital at home - an audit of patients admitted with pneumonia – John O’Loan, Partners4Health

14:40-15:40 CONCURRENT SESSIONS B

B9
ROOM 3C

Surviving a 40 year career
Chair: Dr Phil Williams, RCGP National First5 Lead
- Dr Clare Gerada, Practitioner Health Programme

B10
ROOM 4

International opportunities to reinvigorate your career
Co-chairs: Prof Val Wiss, JIC Chair and Dr Sandra Mather, Head of International, RCGP
- Mr Michael Holden, RCGP Northern Ireland PIP Group
- Jacqui Storer, Chair RCGP Wales Patient Group, RCGP Wales Patient Partnership in Practice (PPiP)
- Malcolm Westwood, Lay Member

B11
ROOM 5

Cancer and audit excellence short papers
Chair: Dr Paul Myres, Chair, RCGP Wales
- Healthcare factors influencing patients’ decisions to consult GPs for symptoms suggestive of lung or colorectal cancer – Nicola Hall, Durham University
- The impact of public awareness campaigns for cancer symptoms on visits to the GP – Abigail Bentley, Cancer Research UK
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- Hospital at home - an audit of patients admitted with pneumonia – John O’Loan, Partners4Health

14:40-15:40 CONCURRENT SESSIONS B

B12
ROOM 6

Education and training short papers
Chair: Prof Nigel Mathers, Honorary Secretary, RCGP
- A trip to the movies: using film to facilitate communication skills assessment and learning – Alexandra Macdonald, Wessex School of General Practice Portsmouth Primary Care Education
- The Audio-COT (Consultation Observation Tool) – a friend or foe? An evaluation of GP trainers’ interest in and use of this clinical teaching and formative assessment tool – Bryony Sales, Wessex School of General Practice, Wessex Deanery

B13
ROOM 7

Preventing antibiotic resistance in acne
Dr Richard Bujar, Skin Microbiologist, Leeds; Dr Anne Eady, Acne Research Scientist, Harrogate; Professor Tony Avery, GP and Director of Primary Health Care, Nottingham and Dr Sohail Munshi, GPRwi Dermatology, Manchester
This session is organised and funded by Stiefel, a GSK Company

14:40-15:40 CONCURRENT SESSIONS B

B14
ROOM 8

Surviving a 40 year career
Chair: Dr Phil Williams, RCGP National First5 Lead
- Dr Clare Gerada, Practitioner Health Programme

B15
ROOM 9

International opportunities to reinvigorate your career
Co-chairs: Prof Val Wiss, JIC Chair and Dr Sandra Mather, Head of International, RCGP
- Mr Michael Holden, RCGP Northern Ireland PIP Group
- Jacqui Storer, Chair RCGP Wales Patient Group, RCGP Wales Patient Partnership in Practice (PPiP)
- Malcolm Westwood, Lay Member

B16
ROOM 10

Cancer and audit excellence short papers
Chair: Dr Paul Myres, Chair, RCGP Wales
- Healthcare factors influencing patients’ decisions to consult GPs for symptoms suggestive of lung or colorectal cancer – Nicola Hall, Durham University
- The impact of public awareness campaigns for cancer symptoms on visits to the GP – Abigail Bentley, Cancer Research UK
- Audit of frequent attendance as a marker for identification of medically unexplained symptoms – Rhanhod Engand, City and Hackney Clinical Commissioning Group
- Clinical audit of uncomplicated lower urinary tract infections in general practice – Daniel Mills, The University of Manchester
- Hospital at home - an audit of patients admitted with pneumonia – John O’Loan, Partners4Health

14:40-15:40 CONCURRENT SESSIONS B

B17
ROOM 11

Education and training short papers
Chair: Prof Nigel Mathers, Honorary Secretary, RCGP
- A trip to the movies: using film to facilitate communication skills assessment and learning – Alexandra Macdonald, Wessex School of General Practice Portsmouth Primary Care Education
- The Audio-COT (Consultation Observation Tool) – a friend or foe? An evaluation of GP trainers’ interest in and use of this clinical teaching and formative assessment tool – Bryony Sales, Wessex School of General Practice, Wessex Deanery

B18
ROOM 12

Preventing antibiotic resistance in acne
Dr Richard Bujar, Skin Microbiologist, Leeds; Dr Anne Eady, Acne Research Scientist, Harrogate; Professor Tony Avery, GP and Director of Primary Health Care, Nottingham and Dr Sohail Munshi, GPRwi Dermatology, Manchester
This session is organised and funded by Stiefel, a GSK Company

14:40-15:40 CONCURRENT SESSIONS B

B19
ROOM 13

Surviving a 40 year career
Chair: Dr Phil Williams, RCGP National First5 Lead
- Dr Clare Gerada, Practitioner Health Programme

B20
ROOM 14

International opportunities to reinvigorate your career
Co-chairs: Prof Val Wiss, JIC Chair and Dr Sandra Mather, Head of International, RCGP
- Mr Michael Holden, RCGP Northern Ireland PIP Group
- Jacqui Storer, Chair RCGP Wales Patient Group, RCGP Wales Patient Partnership in Practice (PPiP)
- Malcolm Westwood, Lay Member

B21
ROOM 15

Cancer and audit excellence short papers
Chair: Dr Paul Myres, Chair, RCGP Wales
- Healthcare factors influencing patients’ decisions to consult GPs for symptoms suggestive of lung or colorectal cancer – Nicola Hall, Durham University
- The impact of public awareness campaigns for cancer symptoms on visits to the GP – Abigail Bentley, Cancer Research UK
- Audit of frequent attendance as a marker for identification of medically unexplained symptoms – Rhanhod Engand, City and Hackney Clinical Commissioning Group
- Clinical audit of uncomplicated lower urinary tract infections in general practice – Daniel Mills, The University of Manchester
- Hospital at home - an audit of patients admitted with pneumonia – John O’Loan, Partners4Health
THURSDAY 2 OCTOBER

WORKSHOPS
15:00-17:30  
**Sonosite workshop I – hands-on introduction to ultrasound**  
ROOM 11A  
**Dr Bettina Kleine, Clinical Lead Diagnostic Ultrasound, Holbrooks Health Team**

15:00-16:00  
**Respiratory inhaler devices I**  
ROOM 13  
**Dr Steve Holmes, GP, Park Medical Practice, RCGP Council Member, Education Lead, PCRS-UK**

15:40  
Tea, exhibition and attended poster session 2 and Speakers’ Corner

16:30-17:30  
**Respiratory inhaler devices II**  
ROOM 13  
**Dr Steve Holmes, GP, Park Medical Practice, RCGP Council Member, Education Lead, PCRS-UK**

16:40-17:40  
**CONCURRENT SESSIONS C**

**C1 Clinical**  
**HALL 1A**  
**Safeguarding children and young people**  
Chair: Dr Jane Roberts, RCGP Clinical Champion for Youth Mental Health  
- **Audit** – Dr Janice Allister, RCGP Child Health Adviser, Park Medical  
- **The RCGP/NSPCC Safeguarding Children Toolkit** – Dr Vimal Tiwari, Safeguarding Children Lead, RCGP

**C2 Policy**  
**ROOM 12**  
**Transformational commissioning in primary care**  
Chair: Dr Tim Ballard, Vice Chair, RCGP  
- **Dr Mike Bewick, Deputy Medical Director, NHS England**  
- **Dr Amanda Doyle, Co-Chair of NHS Clinical Commissioners and Chief Clinical Officer at NHS Blackpool CCG**  
- **Dr David Paynton, Clinical Commissioning Lead, RCGP**

**C3 Secure Environments Group**  
**ROOM 11BC**  
**How should primary care treat offenders?**  
Chair: Marcus Bicknell, Secure Environments Group (SEG)  
- **Iain Brew, Medical Lead, Leeds Prisons, Leeds Community Healthcare NHS Trust**  
- **Mark Warren, Forensic Liaison Practitioner, Cwm Taf Local Health Board**

**C4 Research**  
**ROOM 4**  
**Stories from the front line: showcasing the winners**  
Chairs: Dr Imran Rafi, Chair, RCGP CIRC and Dr Helen Stokes-Lampard, Honorary Treasurer, RCGP  
- **Yvonne Carter Award winner - Evidence, experiences and the future: email for consulting with patients in general practice** – Helen Atherton, NIHR SPCR Fellow, Nuffield Department of Primary Care Health Sciences, University of Oxford  
- **Research Paper of the Year section winners**  
- **Mortality and morbidity after initial diagnostic excision biopsy of cutaneous melanoma in primary versus secondary care** – Peter Murchie, University of Aberdeen  
- **Risk of childhood cancer with symptoms in primary care: a population-based case-control study** – Dr Rachel Dommett, University of Bristol  
- **A two-decade comparison of prevalence of dementia in individuals aged 65 years and older from three geographical areas of England: results of the Cognitive Function and Ageing Study I and II** – Prof Louise Robinson, University of Cambridge & Newcastle University

**C5 Education**  
**ROOM 3B**  
**Future-proofing the workforce: enhancing resilience in tomorrow’s GPs**  
Chair: Dr Jonathan Foulkes, Medical Director of Quality Management and Training Standards, RCGP  
- **Dr Patricia Houlston, Health Education West Midlands**  
- **Dr Steve Walter, Head of School, GP Education West Midlands**

**C6 Innovation and Leadership**  
**ROOM 3A**  
**Innovation and leadership**  
Chair: Col David Morgan-Jones, Medical Director HQ ARRC, HQ Allied Rapid Reaction Corps  
- **Leadership and innovation** – Col David Morgan-Jones  
- **From theory to implementation: our approach to leadership development** – Lucy Munro, Clinical Lead RCGP Scotland / NES Leadership Project  
- **Linking research and clinical practice: medical journals and social media** – Euan Lawson, Deputy Editor and Roger Jones, Editor, British Journal of General Practice

**C7 Hot topic**  
**HALL 1B**  
**LIVE TWITTER DEBATE [#RCGPSAM]**  
Put patients first: How can we use social media and other innovations to communicate more effectively with patients, carers and the wider public?  
Chair: Dr Ben Riley, GP and author of the Social Media Highway Code  
Panel of guests from the world of social media, including Dr Maureen Baker, Chair of Council, RCGP and regular Tweeter, Dr Talac Mahmud, GP, FirstCare plus other guests. Follow the discussion live on Twitter with #RCGPSAM.
17:40
RCGP welcome reception and networking opportunity including international delegate welcome in exhibition hall, and attended poster session 3

18:30
FRINGE MEETINGS

ROOM 3A  AIT supplement: The CSA uncovered – Dr Pauline Foreman, Chief Examiner, RCGP; Prof Kamila Hawthorne, Associate Dean for Community Learning, Cardiff University; Col Dr Robin Simpson, GP Dean, Defence Medical Services, Birmingham

ROOM 3B  First5 supplement: Life as a global GP in the UK – Junior International Committee

ROOM 12  Showcasing the Faculties – Neil Hunt, Chief Executive, RCGP and contributors from a range of UK faculties

ROOM 11BC  Sustainability: How can federations or networks of practices improve the sustainability credentials of primary care? – Dr Tim Ballard, Vice Chair, RCGP

ROOM 4  Choir rehearsals – David Moore, GP and Academic Training Fellow, University of Sheffield

20:00
EVENING NETWORKING EVENTS

- AITs and First5 at EastzEast Indian restaurant followed by clubbing at Circo
- Discounts available at a number of Liverpool restaurants – see delegate discount card
FRIDAY 3 OCTOBER

08:00  FRINGE MEETINGS
ROOM 12  Christian Medical Fellowship breakfast - Managing stress and promoting resilience among doctors - Dr Sunil Raheja, Consultant Psychiatrist in Learning Disabilities, NHS, West London
ROOM 3A  Implications of diverging health systems on general practice
Future-proofing general practice with the four RCGP country chairs – Dr Maureen Baker, Chair of Council, RCGP; Dr John O’Kelly, Chair, RCGP Ireland; Dr Paul Myres, Chair, RCGP Wales; Dr John Gillies, RCGP Scotland

08:00  Registration, coffee and exhibition session

HALL 1A  PLENARY SESSION 2 Futureproof?
09:10  Chair’s introduction
Prof Mike Pringle, President, RCGP

09:15  Future-proofing relationship based care
Prof Trisha Greenhalgh, Professor of Primary Health Care, Co-Director of the Global Health, Policy and Innovation Unit, Barts and The London School of Medicine and Dentistry

09:35  How genetics will impact upon healthcare
Prof Sir John Burn, Professor, Clinical Geneticist, Newcastle University

10:00  Are federations the future? – case study from New Zealand
Prof Les Toop, Head of Department of General Practice, University of Otago, Christchurch, New Zealand

10:25  Put patients first: Back general practice
Chair: Prof Roger Jones, Editor, BJGP
Dr Maureen Baker, Chair of Council, RCGP and Dr Patricia Wilkie, President and Chair N.A.P.P.

11:00  Future-proofing the NHS
Simon Stevens, Chief Executive, NHS England

11:15  Coffee, exhibition and attended poster session 4 and Speakers’ Corner with plenary speakers
Conference choir performance

12:00-13:00  CONCURRENT SESSIONS D

D1  Clinical
HALL 1A
Diabetes: what’s new in the care of diabetes and their carers
Chair: Dr Matt Hoghton, Medical Director, RCGP CirC
- Clinical and technological update – Dr Stephen Lawrence, Primary Care Medical Advisor, Diabetess UK and Clinical Diabetes Lead, RCGP
- Service delivery and political changes in diabetes care – Simon O’Neill, Director of Health Intelligence, Diabetes UK

D2  Policy
ROOM 3A
What can we learn from health systems around the world?
Chairs: Dr Elizabeth Goodburn, International Medical Director and Dr Jo Thorne, Chair of JIC
- Dr Dudley Graham, Senior Lecturer in Academic Military General Practice & Primary Care, Royal College of Defence Medicine
- Dr Greg Irving, NIHR Clinical Lecturer in Health Intelligence, Diabetes UK

D3  End of life care
ROOM 3B
More care, less pathway – future-proofing end of life care
Chairs: Imelda Redmond, Director of Policy & Public Affairs, Marie Curie Cancer Care and Dr Peter Nightingale, RCGP/Marie Curie Clinical Lead in End of Life Care
- Dr Bill Noble, Medical Director of Marie Curie
- Dr Adam Firth, Marie Curie Clinical Support Fellow for End of Life Care, RCGP

D4  Patient
HALL 1C
GPs, pharmacists and patients: working better together to improve patient care
Chair: Prof Nigel Mathers, Honorary Secretary, RCGP and Harvey Ward, Lay Chair, RCGP Patient Partnership Group
- Royal Pharmaceutical Society – Alex MacKinnon, Director for Scotland, The Royal Pharmaceutical Society
- RCGP Scotland P3 – Malcolm Westwood, Lay Member
- RCGP Wales PPIP – Dr Paul Myres, Chair, RCGP Wales and Jaccii Storer, Lay Member
- RCGP Northern Ireland PIP – David Keenan, Chairman, RCGP Northern Ireland Patient in Practice (PiP)

D5  Resilience
HALL 1B
Resilience and wellbeing
Chair: Prof Amanda Howe, Vice Chair, RCGP
- Resilience applying the science – Dr Alastair Dobbin, Director, The Foundation for Positive Mental Health and Dr Chris Manning, Director at Upstream Healthcare Ltd
- How can doctors recover from addiction/ alcoholism? (recovery learning tips) – Dr Michael Blackmore, Portfolio GP, NHS Forth Valley
- Compassionate care – building resilience in GPs by exploring self-compassion. Take the shame away and put the joy back in – Jenny Bennis, GP, Mill Lane Surgery & Executive Officer for Quality Improvement, RCGP Scottish Council
Open discussion
13:00
Lunch, exhibition and poster session and Speakers’ Corner

13:05
SPONSORS’ SYMPOSIUM
NHS Improving Quality: How GRASP has enabled GPs to work collectively to improve care – Dr Richard Healicon, Programme Delivery Lead; Mel Varvel, Improvement Manager, Living Longer Lives, NHS Improving Quality and Dr Craig Wakeham, GP, Cerne Abbas Surgery, Dorchester

13:05
Sobi: Understanding rare and unusual diseases
Chair: Dr Christian Jessen
Getting under the skin of Dupuytren’s Disease – it’s in your hands – Mr Mike Hayton, Consultant Orthopaedic Surgeon, Wrightington Hospital
How to spot the rare disease – Dr Phil Riley, Paediatric Rheumatologist, Central Manchester University Hospital

14:10-15:10
CONCURRENT SESSIONS E

E1: Coping with complexity – working outside guidelines for patients and their carers
Chair: Dr Terry Kemple, RCGP Council and International Committee
Dr Margaret McCartney, GP, Glasgow
Dr Julian Treadwell, Portfolio GP, Bath and North East Somerset

E2: Learning together: building skills and resilience in child and mental health
Chair: Dr Ben Riley, GP in Oxford and Medical Director of Curriculum, RCGP
Dr Bob Klaber, Consultant Paediatrician, Imperial College Healthcare NHS Trust
Dr Maryanne Freer, Consultant Psychiatrist and GP Educator, Charlie Waller Memorial Trust

E3: Innovations in service
Chair: Dr Steve Mowle, GP, London
Working in deprived areas – challenges and solutions – Dr Paramjit Gill, RCGP
Health inequalities Standing Group and Dr Jennifer King, Sessional General Practitioner in Hackney, RCGP Health Inequalities Standing Group member
Improving patient flow within primary care – Bill Taylor, Clinical Lead Quality Improvement, CIRC RCGP and Susan Bishop, QuEST National Lead (Primary Care, Community and Outpatients), Scottish Government
Quality Federation Scheme – Dr Ashley Liston, GP, North East England Faculty Discussion

E4: Leadership in healthcare: meeting the challenge through enhancing resilience
Chair: Mrs Sandy Gower, Co-Lead, Practice Surveillance Centre (RSC) in national healthcare
Guy Lubitch, Chartered Organisational Psychologist, Ashridge Business School
Amy Armstrong, Research Fellow, Ashridge Business School

E5: The role of the RCGP Research and Surveillance Centre (RSC) in national surveillance
Chair: Prof Simon de Lusignan, Director, RCGP RSC
Real time syndromic surveillance for public health purposes – Gillian Smith, Consultant Epidemiologist, Public Health England
The RSC and RCGP CIRC – Dr Imran Rafi, Chair, RCGP CIRC

E6: Telephone triage
Chair: Dr Steve Holmes, GP, Park Medical Practice, RCGP Council Member, Education Lead, PCRS-UK
Access and continuity: you can have your cake and eat it! - Dr Jenny Bennisson, GP, Mill Lane Surgery and Executive Officer for Quality Improvement, RCGP Scottish Council

D6: Health literacy
Chair: Dr Gill Rowlands, Chair, Health Literacy Group, SAPC
Dr Joanne Protheroe, GP and Senior Lecturer in General Practice, Keele University
Euan Lawson, Deputy Editor, British Journal of General Practice

D7: Developing resilience through mentoring
Chair: Dr Phil Williams, RCGP National First5 Lead
Dr Claire Campbell, RCGP Wales
Dr Samir Dawlatly, GP Partner, Jiggins Lane Medical Centre and GP Confidential and Dr John Cosgrove, GP, Midlands Medical Partnership

D8: Service delivery innovations short papers
Chair: Dr Tim Ballard, Vice Chair, RCGP
Stumbling upon a new model for general practice – Alyson McGregor, CIBM, Fischer Associates
Suffolk GP Federation - the first year of life – Timothy Reed, Suffolk GP Federation
“PARADOCS” – An innovative approach to reduce unnecessary hospital admissions – Sundar Thavapalasundaram, CHUHSE
Advice and guidance - a collaborative pilot with a new bespoke web-based system – George Dingle, Lancashire North CCG
A personalised care planning pilot using an iterative approach: lessons for the future – Nigel Mendes, Hammersmith and Fulham CCG
RISC recovery in shared care: can recovery and harm reduction co-exist in a shared care service – Sandra Oelbaum, Addaction
FRIDAY 3 OCTOBER

WORKSHOPS

14:10-16:40
Sonosite workshop II – hands-on introduction to ultrasound
Dr Bettina Kleine, Clinical Lead Diagnostic Ultrasound, Holbrooks Health Team

15:00-18:00
Workshop for RCGP Research and Surveillance Centre Practices
A three-hour workshop which will look at the vital role practices play in providing surveillance and feedback to the RSC. How diseases and vaccines are monitored and how quality can be maintained.

15:00-16:00
Writing for publication
Prof Roger Jones, Editor BJGP

15:10
Tea, exhibition and poster viewing. Exhibition and poster displays close

CONCURRENT SESSIONS F

New clinical priorities
Chair: Dr Matt Hoghton, Medical Director, RCGP CIRC
- Dr Carole Buckley, RCGP Clinical Champion for Autistic Spectrum Disorders
- Dr Sachin Gupta, RCGP Clinical Lead for Carers
- Dr John Patterson, RCGP Clinical Champion for Health Inequalities
- Dr Jane Roberts, RCGP Clinical Champion for Youth Mental Health
- Dr Richard Roope, RCGP/CRUK Clinical Lead for Cancer Care
- Dr Waqar Shah, RCGP Clinical Champion for Eye Health
- Dr Judy Shakespeare, RCGP Clinical Champion for Perinatal Mental Health
- Dr Liz England, RCGP Mental Health and Whole Person Care Clinical and Commissioning Lead
- Dr Ian Rubenstein, GP & RCGP CIRC/Sowerby Innovation Fellow, Eagle House Surgery

Future-proofing generalist training: building the path from student to expert practice
Chair: Prof Kamila Hawthorne, Associate Dean for Community Learning, Cardiff University
- Dr Sian Alexander-White, Academic GP, University of Liverpool
- Dr Andrew Blythe, Senior Teaching Fellow, Bristol Medical School
- Dr Ben Riley, GP in Oxford and Medical Director of Curriculum, RCGP

Polypharmacy, multimorbidity and stopping medicines
Chair: Dr Helen Stokes-Lampard, Honorary Treasurer, RCGP
- Prof Tony Avery, Professor of Primary Health Care, University of Nottingham
- Dr Martin Duerrden, Clinical Senior Lecturer, Bangor University
- Dr Rupert Payne, NIHR Walport Clinical Lecturer in General Practice, and Consultant in Clinical Pharmacology and Therapeutics, University of Cambridge
FRIDAY 3 OCTOBER

F4

RCGP Independent Inquiry into Patient Centred Care in the 21st Century
Mike Farrar, former NHS Confederation Chief Executive

F5

Tapping into the resourcefulness of patients and communities
Chair: Alison Richards, Lay Vice Chair, PPG
- Practice health champions: what they mean for a general practice – Alyson McGregor, Director, Altogether Better
- Social prescribing – Dr Dirk Pilat, Medical Director for eLearning, RCGP

F6

Health economics and medical politics – a beginner’s guide
Chair: Dr Simon Glew, Vice Chair, AIT Committee, RCGP
- Sir Muir Gray, Better Value Healthcare
- Prof Mike Pringle, President, RCGP
- Dr Helena McKeown, GP, RCGP and BMA Council Member, Councillor for Wiltshire
- Dr Clare Gerada, GP Lead, NHS London

F7

Rural practice
Chair: Dr Malcolm Ward, Chair, RCGP Rural Forum
- Developing resilience in remote and rural practice: new ideas from RCGP Scotland – Dr Hal Maxwell, Remote and Rural Lead, RCGP Scotland

F8

Research short papers
Chair Dr Imran Rafi, Chair, RCGP CIRC
- The 3D study: improving the management of patients with multimorbidity in general practice - Peter Bower, University of Manchester
- Evaluating general practitioner-led urgent care centres: an interrupted time series – Shamini Gnani, Imperial College London
- Identification of patients at risk of genetic disease: can we do better? – Paul Nathan, Hollybook Medical Centre
- Should GPs perform diagnostic ultrasound at the point of care? – Mark Karaczun, The Norwich Medical School
- A patient on long-term proton pump inhibitors develops sudden seizures and encephalopathy: unusual presentation of hypomagnesaemia – Nirav Ghandi, HEFT

PLENARY SESSION 3

17:00 Visions for the future: personal vignettes
Chair: Prof Mike Pringle, President, RCGP
17:05 Dame Julie Mellor, Chair and Ombudsman, Parliamentary and Health Service Ombudsman
17:20 Prof Mark Drakeford AM, Minister for Health & Social Services, Welsh Government
17:35 Prof Steve Field, Chief Inspector of General Practice, Care Quality Commission
17:50 Open forum for the future
18:10 Close

17:45 FRINGE MEETINGS

ROOM 3A
Clowning for GPs – David Wheeler, GP Programme Director, South London Health Education England

ROOM 4
Faculties fringe and network meeting – Prof Mike Pringle, President, RCGP; Dr Christine Johnson, Chair, RCGP Vale of Trent Faculty; Dr Helen Stokes-Lampard, Honorary Treasurer, RCGP; Paul Rees, Executive Director, Policy and Engagement, RCGP and Devolved Council Chair

ROOM 12
Problems pitfalls and positivity in the care of patients with intellectual and developmental disability – all your questions answered! – Dr Peter Lindsay, GP, Aireborough Family Practice & Dr Alison Stansfield

ROOM 11BC
Health inequalities at the coal face: experience and solutions – Dr Paramjit Gill; Dr Jeni King; Dr Patrick Hust; Dr John Patterson; Dr Giles de Wildt, RCGP Health Inequalities Standing Group

20:00 EVENING NETWORKING EVENTS
- Informal Conference dinner and disco - Marriott Hotel
- Formal dinner in a unique setting - Hard Days Night Hotel
08:45  Registration and coffee

**SPECIAL SESSIONS G**

09:30-10:30

**G1 Clinical**

**ROOM 12**

**The NHS Health Check – a systematic approach to the prevention of cardiovascular disease?**

Chair: Jamie Waterall, National Lead NHS Health Check Programme, Public Health England
- JBS3: What does this mean for risk assessment and management in the NHS Health Check? – Prof John Dearfield, Director, National Centre for Cardiovascular Prevention and Outcomes, University College London
- Implementing the NHS Health Check. Impact and outcomes across 139 practices in East London – Dr John Robson, GP, Tower Hamlets and Reader, Centre for Primary Care and Public Health, Queen Mary University of London

**G2 Education**

**Medical Educators’ Group**

**HALL 1B**

**Future-proofing the MRCGP: assessing key survival skills for general practice**

Chair: Dr Pauline Foreman, Chief Examiner, RCGP
- Dr MeiLing Denney, MRCGP Research and Development Lead and Lead for QIP Pilot, South East Scotland
- Dr Mike Davies, Associate Postgraduate Dean, Health Education East Midlands
- Dr Ruth Handford, First5 GP, Measham Medical Unit

**G3 Student**

**ROOM 11BC**

**Medical students: why choose a career as a GP?**

Chair: Sinead Whelan, Membership, Marketing and Initiatives Manager, RCGP
- ‘Just a GP?’ What it’s really like being a GP! – Dr Phil Williams, First5 Lead, RCGP
- The unconventional GP: some insights into teaching, research, politics and special interests – Dr Helen Stokes-Lampard, Honorary Treasurer, RCGP
- Q&A session

**G4 Policy**

**ROOM 4**

**Care.data – Big Brother watching us?**

Chair: Prof Nigel Mathers, Honorary Secretary, RCGP
- Tim Kelsey, National Director for Patients and Information, NHS England
- Dr Chaand Nagpaul, Chair, GPC
- Phil Booth, Coordinator, medConfidential

**G5**

**GP**

**ROOM 3B**

**Resilient practices – case studies on working together differently**

Chair: Fiona Dalziel, DL Practice Management Consultancy, Co-Lead, Practice Management, RCGP GP
- Dr Phil Yates, Chair, GP Care
- Development of federations (New Zealand) – Les Toop, Head of Department of General Practice, University of Otago and Deputy Chair, Pegasus Health

**G6**

**A1Ts**

**ROOM 3A**

**GP careers – getting innovative**

Chair: Dr Simon Glew, Vice Chair, A1T Committee, RCGP
- Prof Amanda Howe, Vice Chair, RCGP
- Dr Emma Nash, GP and RCGP eLearning Fellow, Westlands Medical Centre
- Dr Stuart Sutton, First5 GP, Newham CCG
- Dr Mareeni Raymond GP and Clinical Advisor for BMJ Quality
- Dr Tim Crossman, GP and NIHR In-Practice Fellow, Brighton and Sussex Medical School

**G7**

**Clinical**

**HALL 1A**

**How can general practice optimise bone health without over investigating or over treating?**

Chair: Dr Matt Hoghton, Medical Director, RCGP CIRC
- Generalised Vitamin D testing and treatment – a waste of time, money and resources? – Dr David Mummery, GP, London
- Osteoporosis update – Graham Davenport, Senior Lecturer and Clinical Champion for MSK Medicine, Keele University and RCGP Clinical Champion for Osteoporosis

**G8 Papers**

**HALL 1C**

**Sexual, women’s and adolescent health short papers**

Chair: Dr Steve Mowle, GP, London
- Knowledge of and attitudes to HIV in general practice – Ruth Naughton, Irish College of General Practitioners
- Review of Hepatitis B (HBV) and C (HCV) in a drug population – Tim Davies, University of Bristol
- Budget impact analysis of PlGF in the prediction of pre-eclampsia: the potential for improved health service usage – Rachael Hunter, UCL
- Commissioning for quality and efficiency? An evaluation of contractual arrangements for intrauterine and sub-dermal contraception from general practices in London – Richard Ma, London Sexual Health Programme, London School of Hygiene and Tropical Medicine, The Village Practice
- Innovating change in adolescent health care – Sharmila Parks, RCGP Adolescent Health Group & Dr Jane Roberts, RCGP Clinical Champion for Youth Mental Health
10:30 Coffee on Level 3

**HALL 1 CLOSING PLENARY SESSION**

11:00 Chair’s introduction  
Prof Amanda Howe, Vice Chair, RCGP and Chair, RCGP Conference Management Group

11:05 Research Paper of the Year: Natriuretic peptide-based screening and collaborative care for heart failure: the STOP-HF randomized trial  
Winner Dr Joe Gallagher, University College Dublin in conversation with Dr Helen Stokes-Lampard, Honorary Treasurer, RCGP

11:20 RCGP address  
Neil Hunt, Chief Executive, RCGP

11:30 Resilience and medicine – lessons from an Antarctic practice  
Dr Gavin Francis, GP, Edinburgh and former expedition doctor

11:55 My doctor makes me sick!  
Chair: Dr Maureen Baker, Chair of Council, RCGP  
Dr Joanne Reeve, NIHR Clinician Scientist in Primary Care, University of Liverpool  
Prof John Ashton, President, Faculty of Public Health  
Rt Hon Stephen Dorrell, Former Chair Parliamentary Health Committee  
Session in association with the Heseltine Institute and RCGP Mersey Faculty for Policy Provocation

12:55 President’s address  
Prof Mike Pringle, President, RCGP

13:15 Closing remarks

13:20 Close

14:00-16:30 Sonosite workshop III – hands-on introduction to ultrasound  
Room 11A Dr Bettina Kleine, Clinical Lead Diagnostic Ultrasound, Holbrooks Health Team

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PAD TEST in just 3 minutes!
Access
The ACC Liverpool is fully accessible by wheelchair to all public areas by ramp or lift; this also includes the main auditoria. If you have any special access requirements, please let a member of the organising team know. Alternatively, you may ask any member of the ACC staff to assist.

Admission to conference sessions
Admission to conference sessions is strictly by badge only. Please be in your seat at least five minutes prior to the scheduled start time of each session and ensure that all phones, smart phones and electronic devices are switched to silent.

App
The free conference app is available to download by visiting the app store on your device. Please search for RCGP2014. If you are using an iPad, please ensure you search under the iPhones tab only. The app contains all the information in this handbook so you can access everything you need to know about conference at any time, easily and quickly.

Badges
In the interest of security, please make sure your badge is clearly visible at all times during the conference. If you lose your badge, please inform conference staff at the registration desk on the main concourse, where you will be issued with a replacement. Please remember to bring your badge with you each day of the conference. This will help us to minimise reprinting. You are also kindly asked to recycle your badge and the badge holder at the end of the conference.

Certificates of attendance
Certificates will be emailed to delegates within two weeks of the conference taking place. The certificate will reflect the days you have attended and the number of learning hours gained.

Cloakroom
There is a cloakroom for general use on the main concourse of the ACC; this service is provided free of charge to all participants. Additional space will be made available for luggage on Saturday. The cloakroom is attended by a member of ACC staff at all times; please note, however, that items are left at your own risk.

Concurrent streams
Concurrent streams will take place in rooms on the upper level of the ACC. Please refer to the programme pages and the venue plan located at the front of this handbook for room details and locations. Please note that Halls 1A, 1B and 1C have pull out tables in the arms of the seats which you made find useful for taking notes.

Conference presentations
Presentations from the conference will be available to download from www.rcgp.org.uk after the Conference (subject to agreement by speakers).

Conference staff
Organising staff from Profile Productions and RCGP are here to assist you with any queries you may have during your time at the conference. They can all be identified by their navy blue T-shirts. There are also a number of ACC stewards on each level who should be able to assist with most queries.

Delegate list
A full list of participants is available from the registration desk.

Emergencies
In the event of an emergency, please contact a member of staff from Profile Productions, RCGP or the ACC, who will see throughout the building. In all other instances, please dial 999.

Environmental policy
The College and Profile Productions have worked actively to use recycled, recyclable and/or sustainable materials wherever possible. All printed materials carry the FSC logo. Delegate bags and lanyards have also been obtained responsibly. All food is locally and responsibly sourced. Please use the appropriate rubbish disposal bins within the ACC. The ACC's environmental policy is to recycle as much waste as possible.

Evaluation
In order to support the environmental policy, the evaluation of the conference will take place electronically; an email will be sent to you soon after the event with a direct link to an online evaluation document. All your comments are greatly valued and feedback plays an important part of conference planning for future years. Delegates who complete an online evaluation will automatically be entered into a prize draw to win a team ticket for three practitioners for the 2015 conference in Glasgow.

Exhibition
The exhibition is an integral part of this conference and the support of all the stakeholders at the event is greatly appreciated. Please take the time to visit the stands, which are located in Hall 2 on the lower level.

Hearing loop
There is a hearing loop facility in the auditorium and conference rooms; in order to make use of this system, delegates should turn their hearing aids to ‘T’. Please note there must be microphones in the rooms for the loop facility to be operational.

Internet access
There is a free WiFi service in the ACC. You should be able to log on easily via your browser.

Lunch
Lunch is included in the price of your conference ticket on the days for which you are registered. Lunch will be bowl food, served by waiters in the exhibition in Hall 2. There will be a choice of four hot and cold dishes, including dessert. We very much hope you enjoy it. All food is locally and responsibly sourced.

Poster presentations
Posters will be on display in various areas in the exhibition in Hall 2 on Thursday and Friday only. Please show your support to your fellow colleagues by spending time reviewing up-to-date work. Authors and presenters will be present to answer any questions during the attended poster sessions during refreshment breaks.

Prayer room
The ACC does not have a dedicated prayer room but, if you need to use a quiet space during the conference to pray, we have allocated a room for your use. Please speak to the registration staff who will direct you.
RCGP officers and staff members

RCGP officers and staff will be available throughout the conference. You can visit the main RCGP stand in Hall 2 to talk about specific initiatives and work within the College. You can also find out more about the benefits of College membership and how to join by visiting the Members’ Lounge, adjacent to the main RCGP stand. The RCGP Medical Bookshop will also be a part of the RCGP stand and will be open throughout the conference.

Speakers’ Corner

Visit Speakers’ Corner to meet and discuss presentations with the plenary speakers of the day. Listen out for announcements and check the twitter feed (#RCGPAC) to see which speakers are available.

Refreshments

Tea, coffee, infusions and water will be available in the exhibition in Hall 2 during refreshment breaks and after lunch. There are a number of points available so please make use of them all to avoid congestion.

Registration desk

If you have any queries please go to the registration desk, located in the main concourse on ground level. Staff from Profile Productions will be on hand to answer any queries you may have.

The registration desk will be open from the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>WEDNESDAY 1 OCTOBER</td>
<td>13:00 – 19:00</td>
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<tr>
<td>THURSDAY 2 OCTOBER</td>
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<td>FRIDAY 3 OCTOBER</td>
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<tr>
<td>SATURDAY 4 OCTOBER</td>
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Networking and social events

Please check with the registration desk and plasma screens to see if tickets are available.

**THURSDAY 2 OCTOBER**

**Welcome reception – 17:40**

The welcome reception will be held in the exhibition hall from 17:40-18:40. All delegates are invited to attend and to take the opportunity to meet exhibitors and other colleagues over a glass of wine. This is an excellent opportunity to also meet the RCGP officers, clinical champions and speakers.

**AiT curry and quiz night – 20:00**

A minute from the conference centre, EastZEast is the venue for this popular annual event. Enjoy great Indian food with colleagues and friends old and new. Be a wizard in the quiz and then complete the night at the nearby Circo bar on the Albert Dock. **Tickets £25**

**First5 social evening – 20:00**

Join colleagues for an entertaining evening of great Indian cuisine and networking at the fabulous EastZEast restaurant, opposite the conference centre and then round off the night at the Circo bar on the Albert Dock, just two minutes’ walk away. **Tickets £25**

**FRIDAY 3 OCTOBER**

**Informal supper and disco – 20:00**

Join colleagues and friends for a relaxed evening at the Liverpool Marriott Hotel. A three-course supper with wine will be served before you dance the night away and unwind after two inspirational days at the conference. **Tickets £32**

**Formal conference dinner – 20:00**

This year’s formal dinner will take place at the unique Hard Days Night Hotel. This stylish venue has been created in an elegant 1880s building and is tastefully themed as a tribute to the Beatles, with memorabilia and rarely seen photographs all around the building. Pre-dinner drinks and a three course dinner and wine will be served in the private function suite but diners are encouraged to look around and enjoy all that is Fab Four that is on display. **Sold out**

All the networking social events are solely funded by ticket sales.

Speaker preview

The speaker preview room is located in Room 10 on Level 3. Speakers are kindly asked to visit the preview room at least two hours prior to their sessions to upload their presentations and check them through with the technical team. Refreshments will be available.

Twitter

Delegates are strongly encouraged to exchange ideas, debate, chat and send comments at #RCGPAC during the conference.

Our commitment to sustainability

The RCGP is committed to using resources efficiently to support our members and develop the College sustainably. The Annual Conference Management Group has embraced this ethic over the years and is pleased to demonstrate our efforts in putting on a sustainable conference:

- We’ve reduced printing and postage by 31% compared to last year’s conference.
- We’ve developed a conference app, encouraging delegates to use instead of a printed handbook, reducing print demands.
- Any printing of promotional and conference materials is produced on paper from responsible sources, following the Forest Stewardship Council (FSC) guidelines.
- Delegate bags are sourced from sustainable and ethical companies.
- Food supplied to delegates at the conference is locally sourced.
- Waste at the venue is hand sorted for recycling and a minimal amount is sent to landfill.
- Delegates are encouraged to use public transport.
- We recycle badge holders and lanyards.

We are continually looking at ways of making the Annual Conference more sustainable. If you have any suggestions please email rcgpannualconference@rcgp.org.uk.
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**About the Sponsors**

**Silver sponsors**

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<td>NHS Improving Quality works to improve health outcomes across England by providing improvement and change expertise to help the acceleration of learning to enable whole system change across England. It brings together knowledge, expertise and experience from across the NHS, establishing a new vision and re-shaping the healthcare improvement landscape.</td>
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<th><strong>Sobi Ltd</strong></th>
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<td>Sobi is an international specialty healthcare company dedicated to rare diseases. Our mission is to develop and deliver innovative therapies and services to improve the lives of patients. The product portfolio is primarily focused on Inflammation and Genetic diseases, with three late stage biological development projects within Haemophilia and Neonatology. We also market a portfolio of specialty and rare disease products for partner companies.</td>
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**Poster presentations**

| **The GP Update Course** |

**Media partner**

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<th><strong>Haymarket Media – GP, MIMS and Medeconomics</strong></th>
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<td>More than 34,000 GPs across the UK receive GP magazine every fortnight. Since 1963, its unique blend of authoritative news coverage, clinical CPD, expert opinion and career opportunities, as well as the popular lifestyle section, have made it an essential part of surgery life. The new iPad edition of GP magazine brings the pages to life in a fully interactive free app, specially designed to help GPs earn CPD credits, while the website GPonline.com provides an essential daily news service and clinical updates. Contact Mark Watson on 020 8267 4876 or email <a href="mailto:mark.watson@haymarket.com">mark.watson@haymarket.com</a></td>
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With membership now reaching an all-time high of 50,000, the Royal College of General Practitioners (RCGP) is the biggest royal medical college in the UK. Since it was established in 1952, the College and its members have worked hard to improve care for patients and to promote excellence in general practice. Our network of faculties throughout the UK and Republic of Ireland provides professional support to GPs throughout their careers, from Associates in Training and First5 right through to retirement and beyond. Internationally, we export the RCGP membership examination as a standard in family medicine to an increasing number of countries across different continents, maintaining the same academic rigour as the UK while making it relevant to the everyday practice of candidates overseas. With over 90% of patient contacts in the NHS carried out in general practice - for only 8.39% of the NHS budget – GPs are facing unprecedented challenges. In response, the College has launched a campaign, Put patients first: Back general practice, to encourage the four governments of the UK to increase funding for general practice to 11%.

www.rcgp.org.uk/campaign

RCGP exhibition stand
Visit the main RCGP stand in the exhibition hall for an update on College activities and how we are supporting you, including our Put patients first: Back general practice campaign.

College officers and key staff from across the College will be on hand throughout the conference to answer your queries and explain how we’re working towards our key objectives as an organisation.

Bookshop
The RCGP Medical Bookshop will be selling a wide range of medical books to assist you with your ongoing education and professional development. RCGP members and AiTs will get a range of discounts on purchases.

Members’ Lounge
Whether you are a student, AIT, First5, a member, fellow or retired, come and relax, catch up with peers and the College or see which membership benefits are available to you. We are here throughout the conference to answer your questions.

Speakers’ Corner
Pay a visit to Speakers’ Corner, adjacent to the main RCGP stand to meet and quiz speakers of the day. A range of speakers will be accessible during peak exhibition periods. Listen out for announcements and check the Twitter feed (#RCGPAC) to find out who’s available.

RCGP Global Health Conference
Family medicine: global impact
6 – 8 March 2015 | London
**Prof Mike Pringle**  
**President, RCGP**

Mike Pringle is President of the Royal College of General Practitioners, having taken over from Dr Iona Heath in November 2012. Having been a general practitioner for 30 years, Mike is now retired from practice and the University of Nottingham, where he is Emeritus Professor of General Practice. He has been Chair of RCGP Council from 1999-2001, Chair of the RCGP Trustee Board 2009-2012 and RCGP revalidation clinical lead 2008-2012. Mike helps to run CHEC, an innovative primary care development project, and is Strategic Director of PRIMIS+. He holds a number of board positions with voluntary organisations including Arthritis Research UK.

**Dr Maureen Baker**  
**Chair of Council, RCGP**

Dr Maureen Baker joined NHS Connecting for Health (CfH) in 2007 which is now Health and Social Care Information Centre (HSCIC), and is currently their Strategic Adviser for Patient Safety holding this position jointly with that of Chair, RCGP. She has previously held appointments with the National Patient Safety Agency, NHS Direct and the University of Nottingham. Her work in patient safety includes establishing a formal clinical safety management system for NHS CfH, the development of safety standards for Health IT for the NHS in England and the development of elearning modules on patient safety for doctors in training. Dr Baker has a long history with RCGP and was the Honorary Secretary there during 1999-2009. She was elected Chair of Council, RCGP in November 2013. Since this time she has worked tirelessly to make return to British General Practice safe, supported and proportionate and she also started a nationwide campaign, Put Patients First, to increase funding for general practice from 8.39% to 11% of the UK NHS budget by 2017. Additionally, she has set up an independent inquiry into Patient-Centred Care for the 21st Century to be led by Mike Farrar. She is still a practising GP in Lincolnshire.

**Prof Nigel Mathers**  
**Honorary Secretary, RCGP**

Professor and Head of the Academic Unit of Primary Medical Care, School of Medicine and Biomedical Sciences, University of Sheffield, Nigel Mathers qualified as MB ChB in 1979. He took over a run-down, single-handed general practice in inner city Sheffield in 1989 which has now grown to four partner teaching practice which provides clinical placements for medical, nursing and counselling students as well as two GP registrars. In 2011 he changed his clinical base to Dykes Hall Medical Centre, Sheffield where he works as a GP Principal for two clinical sessions per week. From 2010-2013 he was Vice Chair of the RCGP and has recently been elected to the role of Honorary Secretary of the RCGP (2013-2017). He led the development of, and established, the Clinical Innovation and Research Centre (CIRC) of the RCGP which undertakes service development, clinical audit and research projects in General Practice. He was appointed to the NHS Evidence Advisory Board in 2008 and has been an Expert Witness for the RCGP to the House of Lords and Commons as well as being a member of the Advisory Group on Workflow Reform for the DWP. On behalf of the NHS he has also been Chair of the Trent RDSU, Trent Focus and the Sheffield Health and Social Research Consortium. His current research interests include the prevention of diabetes, the development of patient decision aids and shared decision making between patient and doctor. He has over 120 publications in peer-reviewed journals, and
was Editor in Chief for the European Textbook of Family Medicine (2006). This contains contributions from over 70 authors from 13 different European countries. He undertook his MD in neonatal paediatrics in Ulm, Germany [1983-1984] under the supervision of Professor Frank Pohlandt and speaks good German. In addition, he has a great deal of experience in both leading and contributing to international development and research projects. He has led five multi-country research projects in the past 15 years [LOTUS, CASE, MOTIVATE, HEALTHFACIL and GP-POLE] and was the UK representative to the Council of the European General Practice Research Network from 2010-2012. He also played an important role in the development of the Perak College of Medicine in Ipoh, Malaysia from 1997-2006 and visited Malaysia more than 30 times during this period! He has a wide experience of community-based research acting as Principal Investigator in a number of randomised controlled trials and has particular expertise in the evaluation of complex interventions in primary care. He has long-standing research collaborations with academic colleagues in Jagellonian University, Krakow, Poland [1997-date], the University of Malaya, Kuala Lumpur, Malaysia [1999-date] and Fu-Jen Catholic University in Taipei, Taiwan [1995-date]. He speaks enough Mandarin Chinese ‘to get by’ in China [although his tones are often wrong!] and he is a great fan of many aspects of Chinese culture, particularly the food!

### Prof Amanda Howe
**Vice Chair, RCGP**

Professor Amanda Howe has been a GP since 1983, and is a practising academic at the University of East Anglia where she joined the foundation team in 2001 to set up the new Norwich Medical School. She is Vice Chair (Professional Development) for the RCGP, previously holding posts as Chair of Research and Honorary Secretary where she led initiatives on generalism, GP careers, and workforce. She has also been active in the World Organisation of Family Doctors (WONCA), working in particular on equity initiatives, and is now their President Elect. Her involvement in academic practice was originally driven by a desire to give medical students the chance to meet patients in their own communities, and to see the full breadth of health and illness in the context of people’s lives. The theme of personal and professional enablement underpins a diverse research portfolio on mental health, resilience, professionalism, and the impacts of community based learning. Her work with students, residents, and colleagues is based on similar values – championing the best of general practice through an ambition to lead change, assist learning, and deliver relevant evidence that will help professional development and patient care. Her ultimate belief is that general practice is an essential part of any good health care system; that it is a great job: and that it is worth travelling round the world to encourage and collaborate with other GPs, because their work really matters.

### Dr Tim Ballard
**Vice Chair, RCGP**

Dr Tim Ballard is a senior partner and GP Trainer in rural practice in Wiltshire. He is a nationally elected member of RCGP Council and has been the RCGP Sustainability lead for the last five years. He was recently elected to be Vice Chair of RCGP Council with a portfolio addressing issues in the wider healthcare system including sustainability and commissioning.

### Neil Hunt
**Chief Executive, RCGP**

Neil joined the RCGP as Chief Executive in January 2011. He has significant experience of developing organisations in the charity sector and is currently leading an organisational and governance review at the College to ensure General Practice flourishes during this period of change. Prior to his appointment at the College he was Chief Executive of Alzheimer’s Society, where he led an impressive modernisation, developing new services, raising the public profile of the organisation, and increasing its revenue from £27m to £60m. He had notable success in lobbying government and chaired the advisory group that led to the National Dementia Strategy for England.
Preventing Antibiotic Resistance in Acne?

Thursday 2nd October 2014
Time: 1.35pm - 2.35pm
Location: See Programme for Details
Lunch will be provided

Programme
1.35-1.40: Welcome from the Chair — Dr Richard Bojar
1.40-2.00: Acne therapy and antibiotic resistance — Dr Richard Bojar
2.00-2.20: A guide to appropriate antimicrobial use in acne management — Prof Tony Avery
2.20-2.35: Panel discussion and Q&A

Faculty
Dr Richard Bojar, Skin Microbiologist - Leeds (Chair)
Prof Tony Avery, GP and Director of Primary Health Care - Nottingham
Dr Anne Eady, Acne Research Scientist - Harrogate
Dr Sohail Munshi, GPwSI in Dermatology - Manchester

Join our multi-disciplinary debate with interactive questionnaire!

UK/ACN/00002/14(1) Date of preparation: September 2014
This satellite symposium has been organised and funded by Stiefel, a GSK company
THURSDAY 2 OCTOBER

President’s welcome

Prof Mike Pringle
President, RCGP

See page 19.

Ministerial address and question time

Rt Hon Jeremy Hunt MP
Parliamentary Secretary of State for Health

Jeremy was first elected Conservative Member of Parliament for South West Surrey in May 2005, and was re-elected in May 2010 with an increased majority of 16,318, making the seat one of the safest Conservative seats in the country, and received the third highest number of votes out of all MPs.

In September 2012, Jeremy was appointed Secretary of State for Health. Prior to this he was appointed Secretary of State for Culture, Olympics, Media and Sport in May 2010, during which time he oversaw a successful Olympic and Paralympic Games in London in the summer of 2012. He had shadowed this brief in opposition since July 2007. Born on 1 November 1966, Mr Hunt was educated at Charterhouse school, Godalming and Oxford University. He lives in Godalming and London with his wife Lucia and their three young children.

Chair’s address

Dr Maureen Baker
Chair of Council, RCGP

See page 19.

Preventing resilient health services which address inequalities

Health inequalities have their roots outside healthcare – in areas such as education, housing, employment and social care. However, health services can be an important catalyst in shining a light on the gross inequities in life opportunities that exist in our society and continue to widen. This requires clinicians to be better advocates for their patients and leaders within local communities. It also requires them to work in close partnership with their clinical commissioning groups and through these influence social care and local authorities, in particular public health and the new Health and Wellbeing Boards. The new architecture is an opportunity and a threat to health inequalities.

Prof Sir Ian Gilmore
Consultant Physician, Royal Liverpool Hospital

Professor Sir Ian Gilmore is an Honorary Consultant Physician at the Royal Liverpool University Hospital and holds an honorary chair at the University of Liverpool. After training in Cambridge, London and the USA, he moved to Liverpool as a consultant in 1980. He is the immediate past-president of the Royal College of Physicians (RCP) and is currently president of the British Society of Gastroenterology and chairman of Liverpool Health Partners, created to promote an Academic Health Science System. He chairs the UK Alcohol Health Alliance and is a member of the Climate and Health Council. He also chairs the Prescribed Specialised Services Advisory Group to advise Ministers which clinical services should be commissioned nationally.

Future proofing against depression – raising awareness

The incidence of depression is large with 50% of mental health problems presenting by the age of 15 years, so preventing mental health problems arising is of vital importance for the future. Speaking as a family member and also an informed member of the public, Sir Mark Waller will describe some of the issues we all face in order to future proof against depression and the work of the Charity, the Charlie Waller Memorial Trust, in so doing. The Trust was established following the death of Charlie Waller, a young man who was suffering from depression but was unable to talk about it or seek help. His family founded the Trust to raise awareness of depression and, in particular, has focussed on training for GPs, who face significant pressures and do not always have access to specialist support for their patients.

Sir Mark Waller
Chairman, Charlie Waller Memorial Trust

The Right Hon Sir George Mark Waller (born 13 October 1940) is a former Lord Justice of Appeal. He and his family created the Charlie Waller Memorial Trust after their son committed suicide while battling depression. The aim is to educate young people on the importance of staying mentally well and how to do so; to help people spot the signs in themselves and others of being mentally unwell; to help health care professionals including GPs to identify symptoms of depression and to support the Charlie Waller Institute at Reading University which trains counsellors and psychologists in evidence-based therapies and conducts research as to the therapies best suited to the young.
FRIDAY 3 OCTOBER

Future-proofing relationship based care

Academic general practice is currently in the grip of naïve rationalism. Do randomised trials, demonstrate “what works” and hard-wire the evidence into guidelines and QOF points? But the original academic basis for general practice was not “evidence based” (in the narrow, RCT sense) but relationship based care. General practitioners (and patients) know in their bones that a trusting, mutually respectful relationship, continuing over years, is the cornerstone for excellent preventive, acute and chronic care, and this is consistently supported by research findings. However, the colonisation of the research agenda by experimental study designs that devalue the humanistic components of care means that the very core of our professional practice is becoming defined as marginal and even unnecessary (so long as the guideline is followed etc). This lecture is about what we might do about this.

Prof Trisha Greenhalgh
Professor of Primary Health Care, Co-Director of the Global Health, Policy and Innovation Unit, Barts and The London School of Medicine and Dentistry

Trish Greenhalgh is Professor of Primary Health Care and Dean for Research Impact at Barts and the London School of Medicine and Dentistry, London, UK. She studied Medical, Social and Political Sciences at Cambridge and Clinical Medicine at Oxford before training as an academic GP. She leads a programme of research at the interface between the social sciences and medicine that seeks to celebrate and retain the traditional and the humanistic aspects of medicine and healthcare while also embracing the unparalleled opportunities of contemporary science and technology to improve health outcomes and relieve suffering. Two particular interests are the introduction of technology-based innovations in healthcare and the complex links (philosophical and empirical) between research, policy and practice. She is the author of 220 peer-reviewed publications and 8 textbooks. She was awarded the OBE for Services to Medicine by Her Majesty the Queen in 2001 and made a Fellow of the Academy of Medical Sciences in 2014.

How genetics will impact upon healthcare

DNA diagnostics in rare diseases has been considered of only passing relevance to most clinicians. Whole genome sequencing for £2000 is transforming gene discovery. Collectively rare diseases affect 1 in 17. A large proportion will soon be solved. When testing for predisposition to common diseases like cancer and heart disease the key will be clinical utility. Identifying preventable disorders like hereditary colorectal cancer saves lives and resources. Health planners need be aware of the barriers associated with the uncertainty around which of the 3 million variants in each person is important, the need for routinely accessible DNA information and the pressures on other services. DNA testing will transform infection diagnosis and pharmacogenetics using to point of care devices.

Prof Sir John Burn
Professor, Clinical Geneticist, Newcastle University

He is also Professor of Clinical Genetics at Newcastle University and has had over 400 publications. He is Chief Investigator CAPP, the international Cancer Prevention Programme which has shown aspirin can prevent hereditary colorectal cancer. Sir John conceived and helped create the Millennium Landmark Centre for Life where 40,000 kids receive practical science lessons each year. He is also genetics lead, National Institute Health Research, Vice Chair, British Society of Genetic Medicine, former President European Society of Human Genetics and Non-executive director NHS England. He received a Knighthood for services to Medicine in 2010.

Are federations the future? – case study from New Zealand

Two decades ago, in response to a number of drivers and perceived opportunities, most New Zealand GPs formed (confederated) themselves into groups of ‘Independent Practitioner Associations’. Initially, many of these successfully took on budget holding for referral services. Those that have continued provide significant support to colleagues through management support, education and quality programmes. Many also provide a wide range of community based services previously run from secondary care. In recent years formal alliances have formed with other primary and secondary care disciplines, other agencies, funders and with community groups to work collaboratively on whole system redesign. A case example will be presented of the activities of one of the larger innovative federations, Pegasus Health, whose members include most GPs and Practice Nurses in Christchurch. This scale of collaborative General Practice is an ideal central alliance partner in planning and delivering future sustainable, integrated, patient centred and evidence informed health care.

Prof Les Toop
Head of Department of General Practice, University of Otago, Christchurch, New Zealand

Les is Professor and Head of General Practice at the University of Otago, Christchurch, New Zealand. In part-time urban General Practice for 28 years, Les is also Deputy Chair of Pegasus Health (a large confederation) and chairs both its Clinical Board and Peer-Led Continuing Education Programme, one which serves all GPs, Practice Nurses and Community Pharmacists in Canterbury. Les has had long involvement with the RNZCGP, currently chairing its Research and Education Trust. Les is involved in General Practice research and in education at all levels. He is actively involved both in multidisciplinary clinical research and in health system redesign.
Put patients first: Back general practice

Chair: Prof Roger Jones

Roger Jones has been Editor of the British Journal of General Practice since 2010. He was a General Practitioner in Lambeth, and Wolfson Professor of General Practice at King’s College London (previously Guy’s, King’s and St Thomas’s) School of Medicine from 1993-2010. He is founding President of the Primary Care Society for Gastroenterology in the UK and the European Society for Primary Care Gastroenterology. He is Chair of the Royal Medical Benevolent Fund and Provost of the South London Faculty of the RCGP.

Dr Maureen Baker
Chair of Council, RCGP

See page 19.

Dr Patricia Wilkie
President and Chair N.A.P.P.

A Research Social Scientist always focusing on the patient perspective, Patricia Wilkie has spent much of her working life in academic departments of medicine. She has also worked with many voluntary organisations including the Huntington Chorea Association, the Patients Association and helped establish the National Childbirth Trust in Scotland. Patricia is a former chairman of the patient group of the RCGP, established patient groups in several Medical Royal Colleges and the Academy of Medical Royal Colleges. She has chaired a research ethics committee, MIHRA/CSM working group on patient reporting of adverse drug reactions and has been a lay associate at the GMC. She is currently a member of several DH committees, Dr Foster Ethics Committee, an assistant editor of Quality in Primary Care and the RCGP Heritage committee.

Future-proofing the NHS

Simon Stevens
Chief Executive, NHS England

Simon Stevens became CEO of NHS England on 1 April 2014. He has previously spent fifteen years working in the NHS and UK public service and eleven years internationally. He joins NHS England from UnitedHealth Group, where as president of its global health division he has led health services in the United States, Europe, Brazil, India, China, Africa, and the Middle East. Previously he was the organisation’s Medicare CEO, commissioning publicly-funded health care for millions of older Americans. From 1997 to 2004, Simon was the Prime Minister’s Health Adviser at 10 Downing Street and policy adviser to successive Health Secretaries at the UK Department of Health. Prior to that he held a number of senior NHS roles in the North East, London and the South Coast, leading acute hospitals, mental health and community services, primary care and health commissioning. Simon joined the NHS through its Graduate Training Scheme in 1988. He currently volunteers as a member of the board of directors of the Commonwealth Fund, an international health philanthropy. He has previously also served as a trustee of the Kings Fund and a director of the Nuffield Trust, as well as a local councillor for Brixton and a visiting professor at the London School of Economics.

Visions for the future: personal vignettes

Dame Julie Mellor
Chair and Ombudsman, Parliamentary and Health Service Ombudsman

Julie took up the post of Parliamentary & Health Service Ombudsman in January 2012. The Ombudsman considers complaints against government departments, a range of other public bodies in the UK, and the NHS in England, and uses learning from these complaints to drive improvement in public services and inform public policy. Prior to this Julie worked at PWC from 2005 following a successful seven years as Chair of the Equal Opportunities Commission. Prior to this Julie’s career was in HR.

Prof Mark Drakeford AM
Minister for Health & Social Services, Welsh Government

Mark was born in West Wales before moving to Cardiff some 30 years ago. A former Probation Officer and Youth Justice Worker, he is a Professor of social policy and applied social sciences at Cardiff University. A Labour councillor on South Glamorgan County Council, he worked as the Welsh Government’s health and social policy adviser between 2000 and 2010 and later became head of the First Minister’s political office. Mark was elected Assembly Member for Cardiff West in May 2011. He was chair of the Assembly’s health and social care committee before being appointed Minister in March 2013.

Prof Steve Field
Chief Inspector of General Practice, Care Quality Commission

Steve is Chief Inspector of General Practice of the CQC which makes sure hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate and high-quality care, while encouraging them to make improvements. Steve leads for the CQC on integrated care and his responsibilities also cover, dentistry, prisons and other secure environments, child safeguarding and medicines management. Prior to October 2013, he was NHS England’s Deputy National Medical Director, with the lead responsibility for addressing health inequalities in line with the NHS Constitution. Steve continues to be Chairman of the National Inclusion Health Board – Improving the health of the most vulnerable, which as its title suggests, focuses on improving the health outcomes of vulnerable groups. It pursues greater equity in health care and health outcomes across communities with a drive to make sure “the invisible ones” are seen, heard and
have access to quality care, regardless of their circumstance or need. Steve was Chairman of Council of the Royal College of General Practitioners 2007-2010 and Chairman of the NHS Future Forum 2011-2013.

For the past 12 years he has been a Member of Faculty at the Harvard Macy Institute, Harvard University in Boston, Massachusetts. He is a non-executive director of University College London Partners (UCLP Academic Health Science Partnership), Honorary Professor at the University of Birmingham and Honorary Professor at the University of Warwick. He continues to practise as a GP at Bellevue Medical Centre, an academic teaching and research practice in Birmingham which provides a wide range of innovative clinical services in a deprived inner city area. Steve received a CBE for his Services to Medicine in the Queen’s 2010 New Year’s Honours List.

**SATURDAY 4 OCTOBER**

**Research Paper of the Year winner**

The research paper of the year winner will be interviewed to identify the real relevance of these research findings for practicing GP’s.

**Natriuretic peptide-based screening and collaborative care for heart failure: the STOP-HF randomized trial**

Despite advances in the prevention of cardiovascular disease the prevalence of heart failure remains high with a mortality of approximately 50% over 5 years. Current prevention strategies need to be refined to identify the individuals at highest risk of developing heart failure and other cardiovascular diseases from within the population of those at risk.

The STOP-HF study, a randomised prospective study of more than 1,300 people, showed that a natriuretic peptide blood test, followed by collaborative care between general practitioners and cardiologists for those at highest risk, can dramatically reduce new onset heart failure and hospital admissions for cardiovascular disease. The research team based in St Vincent’s University Hospital, Dublin, St Michael’s Hospital, Dun Laoghaire and the School of Medicine and Medical Science in UCD is led by Professor Ken McDonald and Dr Mark Ledwidge. Natriuretic peptides are proteins released by the heart when under stress or strain even before a clinical event occurs. The study included people with a wide variety of cardiovascular risk factors and diseases from 39 general practices on the east coast of Ireland. Those with an elevated natriuretic peptide received a tailored care package of an echocardiogram (ultrasound of the heart), cardiovascular nurse lifestyle advice and cardiologist review with ongoing collaborative care with their GP. The study found that this approach reduced new onset heart failure and significant heart dysfunction by 45% and the incidence of admission for other major cardiovascular events such as heart attack and stroke by 40%. It was published in JAMA in July 2013.

**Resilience and medicine – lessons from an Antarctic practice**

We are all used to working within a twenty-first century medical context with advanced imaging techniques, laboratory investigations, and specialist colleagues on hand. When Gavin Francis took on a job at Halley Research Station in Antarctica, he was told he’d have to make do with an old microscope, a military X-ray box, and a satellite phone if he wanted to ask for help. The base would be isolated for ten months of the year, and it would be easier to get a casualty out of the International Space Station than it would be to evacuate a casualty. In this session, Gavin will talk about the strength and versatility of medical training, the history of expedition medicine, and how little we really need to do the best by our patients.

**Dr Joe Gallagher**

**Clinical Lecturer, University College Dublin**

Joe Gallagher is a GP in a group practice in the town of Gorey on the East Coast of Ireland. He is a Clinical Lecturer in Medicine in University College Dublin (UCD) and works one day each week with the Heart Failure Unit team in St Vincent’s University Hospital in Dublin. He has worked in Malawi and is clinical director of the gHealth Research Group in UCD which focuses on global health issues. As part of this he is involved in a number of research projects on acute childhood illness and chronic disease management in the community in Africa.

**Dr Helen Stokes-Lampard,**

**Honorary Treasurer, RCGP**

See page 19.

**RCGP address**

Neil Hunt

Chief Executive, RCGP

See page 20.

**Dr Gavin Francis**

**GP, Edinburgh and former expedition doctor**

Gavin Francis qualified from Edinburgh in 1999, and after some training in emergency medicine spent ten years travelling, visiting all seven continents. He is a General Practitioner in Edinburgh, and the author of True North – Travels in Arctic Europe and Empire Antarctica – Ice, Silence & Emperor Penguins. The latter was shortlisted for the Costa Book of the Year, and won Scottish Book of the Year 2013. He reviews regularly for the Guardian and the London Review of Books on medical matters, and is writing a book about medicine and the human body to be called Adventures in Human Being.
My doctor makes me sick!
Session in association with the Heseltine Institute, University of Liverpool and the Mersey Faculty of RCGP.

Primary care is groaning under the strain - getting weaker, not stronger, at a time when changing health needs make it necessary, ‘Now More Than Ever’. The command and control approach of healthcare policy has become part of the problem - a barrier to improving health, sometimes making it worse. The pendulum has swung too far with the needs of the individual becoming subservient to those of the population. The Heseltine Institute believes the solutions to these problems lie within the communities who live with and manage the disruptive impact of illness and health care. It will be holding a public Policy Provocation event in Liverpool on 1st October, inviting local people to offer their ideas for change. The Institute will share their thoughts and so invite both the panellists and you, the audience, to pitch and debate solutions that will make a difference. The discussions will inform the work being done in collaboration between RCGP, Mersey Faculty and the Heseltine Institute to Future Proof primary care.

Chair: Dr Maureen Baker
Chair of Council, RCGP
See page 19.

Dr Joanne Reeve
NIHR Clinician Scientist in Primary Care, University of Liverpool
Joanne’s work tackles two of the biggest challenges facing modern health care systems. Namely, finding primary care solutions for the growing burden of chronic, complex illness; and building capacity for high quality, meaningful primary care scholarship to support the necessary changes. She leads an international collaboration to develop, implement and evaluate the provision of the individually tailored model of care that is expert generalist practice. As Chair of the Society for Academic Primary Care, Joanne works to raise the profile and impact of primary care education and research. All of which is supported and sustained by her role as a non-principal GP in a busy inner city Practice in Liverpool.

Prof John Ashton
President, Faculty of Public Health
Professor John Ashton CBE, was elected President of the Faculty of Public Health in 2013. John was formerly North West Regional Director of Public Health, Regional Medical Officer, Director of Public Health and County Medical Officer for Cumbria. Born in Liverpool, John was educated at the University of Newcastle-upon-Tyne Medical School and the London School of Hygiene and Tropical Medicine. He specialised in psychiatry, general practice, family planning and reproductive medicine before entering Public Health in 1976.

John is well known for his work on healthy cities and for his personal advocacy for Public Health. He is the author of many books including “The New Public Health” which has been the standard textbook on Public Health.

Rt Hon Stephen Dorrell
Former Chair, Parliamentary Health Committee
Stephen was born in 1952. He was educated at Uppingham School and Brasenose College, Oxford. He is married and has a daughter and three sons. Stephen was personal assistant to Peter Walker MP at Worcester in the February 1974 General Election. He contested Hull East in the October 1974 General Election. He was adopted as Prospective Conservative Parliamentary Candidate for Loughborough in March 1976 and elected as the first Conservative Member of Parliament for Loughborough since 1945 in the General Election in May 1979. Between May 1979 and June 1983 he was the youngest Member of the House of Commons. From June 1983 to June 1987, he served as Parliamentary Private Secretary to the Secretary of State for Energy, the Rt Hon Peter Walker MP. In June 1987, he was appointed an Assistant Government Whip and became a Lord Commissioner of HM Treasury (a senior Government Whip) in December 1988. From May 1990 to April 1992, he was Parliamentary Under-Secretary of State at the Department of Health. In April 1992, he was appointed Financial Secretary to the Treasury. Stephen was Secretary of State for National Heritage from July 1994 until July 1995 and Secretary of State for Health from July 1995 - March 1997. In the 1997 General Election, he won the new seat of Charnwood with a majority of 5,900, and subsequently served as Shadow Secretary of State for Education and Employment. In June 1998, he left the Shadow Cabinet to return to the backbenches. From 2006-07 he was Co-Chair of the Public Service Improvement Group, established by David Cameron to review policy in education, health, social care and housing. From June 2010 - June 2014 Stephen was the first elected Chair of the Health Select Committee.

President’s address
Prof Mike Pringle
President, RCGP
See page 19.
A series of one day conferences, each with a specific clinical focus

Benefit from programmes developed by and featuring leading experts, focussed on essential information, practical tips and take-home messages that will help you improve your practice and patient outcomes.

Ear, Nose and Throat
5 November 2014
London

From Cradle to Grave
26 November 2014
London

Cardiovascular disease
3 December 2014
London

Save 15%
Register before 8 October 2014

Registration and full details at www.rcgp.org.uk/essentials
Respiratory update

**Why asthma kills - key messages from the National Review of Asthma**

The National Review of Asthma Deaths was published in May 2014 and involved an in-depth analysis of the factors surrounding the deaths of 195 people considered to have died from asthma between February 2012 and January 2013. 45% patients died before obtaining emergency medical help and there was no evidence that a routine asthma review had taken place in the preceding year in 43% patients. Where asthma review had taken place it was considered that there were deficiencies in that review in 42% of patients. There was over-prescribing of short acting beta agonist and underuse of preventative medication and provision of asthma action plans. Recommendations to improve routine asthma care and reduce asthma deaths will be discussed.

- **Dr Kevin Gruffyd Jones**  
  **GP Principal, Box Surgery**  
  Kevin was educated at Manchester Grammar School and University College, Oxford. He is a GP trainer and principal in Box Wiltshire. He is respiratory lead for the RCGP and joint clinical policy lead of Primary Care Respiratory Society (UK). He has published 30 plus peer reviewed papers in asthma and COPD. He was a member of the 2010 NICE COPD Guidelines and 2011 Clinical Standards Committees. He was a member of the 2012 NICE Asthma Standard Group, Steering committee member of the National Review of Asthma Deaths 2014 and expert reviewer of the 2014 British Asthma Guidelines. He is also a GPwSI in Sports Medicine and was a Medical Officer to Bath Rugby Club until 2000.

**COPD update**

It is thought that more than 20% of primary care workload relates to respiratory symptoms and the two commonest respiratory long-term conditions are asthma and COPD. The asthma update will cover clinical cases highlighting changes in the asthma guidelines, learning from the National Review of Asthma Deaths – and diagnosis in small children. The COPD update will cover clinical cases highlighting early accurate diagnosis, using inhalers effectively, differential diagnosis of acute exacerbations and guidance on ACOS (Asthma COPD Overlap Syndrome).

- **Dr Steve Holmes**  
  **GP, Park Medical Practice, RCGP Council Member, Educational Lead, PCRS-UK**  
  Steve was a general practitioner for 13 years close to Skipton, prior to moving to a practice in Shepton Mallet in 2002 where he continues to work as a partner. He has an interest in medical education (trainer, GP appraiser, Associate Postgraduate Dean in Severn and previously a GP Tutor and Course Organiser) as well as respiratory and allergy (previous chair of PCRS-UK and education lead for PCRS-UK, a regional and CCG respiratory lead and a member of the BTS Asthma Guideline Development Group for 10yrs). He is a member of the Severn Faculty board and has been on College Council since 2006 and is a member of the International Committee.

**A2 Policy**

**What’s the future of out of hours care?**

- **Chair: Agnelo Fenandes**  
  **RCGP Urgent and Emergency Care Lead**

- **Simon Abrams**  
  **Chairman, Urgent Health UK**  
  Simon qualified in London and was a hospital doctor for several years, doing MRCGP and a Doctorate. He trained as a GP and became MRCGP in 1997. He became a single handed GP in an inner city practice in Everton, Liverpool where he still practices in a partnership. The practice focusses on social inclusion of Asylum Seekers and Drug Misure. In 2002 became a GPSI in Drug Misure. From 1997 to 2004 he was a Director of LiverDoc GP Co-operative and from 2004 to 2011 he was Medical Director or of Urgent Care 24, Social Enterprise OOH Provider for Liverpool and Knowsley. In 2008 he was appointed Medical Director of Urgent Health UK, Federation of Social Enterprise Out of Hospital Urgent and Unscheduled Care Providers with 26 members covering over 40% of patients in England. In 2014 he was elected Chair of Urgent Health UK. He is also National Secretary of the Family Doctor Association and Locality Lead for Alcohol for Liverpool CCG.

- **Nigel Wylie**  
  **Associate, Urgent Healthcare Solutions**  
  Nigel is an experienced former Health Service Executive, with substantial experience in both public and independent sector leadership of ‘time critical clinical’ urgent and emergency services. He has successfully combined strong and credible leadership skills with a high degree of innovation and task focus to develop and grow award winning models of care whilst reducing transactional costs.

He spent 25 years in a number of clinical and leadership roles in UK ambulance services, before moving into the urgent care sector as Chief Executive of Urgent Care 24 the largest GP out of services in Cheshire and Merseyside. In 2013 he established his own independent management consultancy and has helped his clients achieve substantial growth competitively and organically. He remains passionate about outstanding service delivery and customer focus.
Jonathan Leach
General Practitioner, Davenal House Surgery, Bromsgrove
Dr Jonathan Leach served in the Army for 25 years, leaving the military for the “new pastures” of the NHS in 2008. During his military career he worked around the world and in many different roles. Since returning to the NHS, he has kept his military connections and as a member of the NHS England Clinical Reference Group on military and veterans health is working on how the NHS can more appropriately treat this important group. In particular he is leading a project looking at musculoskeletal medicine. Jonathan works clinically in Bromsgrove and is the Associate Medical Director for NHS England in Arden, Herefordshire and Worcestershire.

A3 Quality

Quality in practice
Practice standards
Good primary care plays a significant role in improving the quality of people’s lives, including those of the older people; people with long-term conditions; people of working age and those recently retired; new mothers, children and young people; people with mental health issues and dementia. CQC will be inspecting and rating all GP practices for the six population groups and also assessing services against five key questions: are they safe, effective, caring responsive to people’s needs and are they well led?

Prof Nigel Sparrow
Senior National GP Advisor, Care Quality Commission
Nigel Sparrow is the Senior National GP Advisor and Responsible Officer at the Care Quality Commission and the Medical Director for Revalidation at the RCGP. Nigel has been a GP for 30 years and has also been a GP appraiser and trainer. Nigel chaired the RCGP Professional Development Board between 2007 and 2013 during which time he led the development of the Continuing Professional Development strategy for GPs to support revalidation. He was vice chair of RCGP council between 2004 and 2007. He is a Visiting Professor in General Practice at Lincoln University and has been a deputy GP Dean in the East Midlands Deanery. He is a member of the Standing Commission on Carers, a member of the Education and Training Advisory Board at the General Medical Council (GMC), and a fellow of both the Royal College of Physicians and RCGP. Nigel was presented with the Foundation Council Award at the RCGP in 2014.

Implementation

Prof Martin Marshall
Professor of Healthcare Improvement, UCL
Martin Marshall is Professor of Healthcare Improvement at UCL and Lead for Improvement Science London, a new initiative to promote the science of improvement across three London Academic Health Science Centres. Previously he was Director of R&D at the Health Foundation, Deputy Chief Medical Officer and Director General in the Department of Health, and a clinical academic at the University of Manchester. He has been a GP for 24 years and is a fellow of the RCGP, RCP and FPHM. In 2005 he was awarded a CBE in the Queen’s Birthday Honours for Services to Health Care.

Research

Dr Imran Rafi, RCGP Chair of Clinical Innovation and Research will cover the quality products that the college use to promote and facilitate research in primary care.

Training teachers

In the push for increased numbers of GPs there are challenges to the established training systems to continue to provide high quality training for every AiT, both in the community and secondary care. How do we ensure not only the right number of teachers but the quality of the education they deliver? Challenges include finding time to teach with increasing workloads; covering an ever expanding curriculum; valuing high quality teaching for its relationship to high quality patient care and continued lack of understanding that generalism is a specialty in its own right and not just something to do when you have failed at other branches of medicine. This brief presentation will cover some of the challenges faced by those training the future GP and suggest some possibilities for consideration.

Dr Helen Mead
GP Dean, Health Education East Midlands
A Leicester University Graduate Helen combines part time general practice in Northampton with her role as GP Dean for Health Education East Midlands. Her interests include GP recruitment, performance issues and faculty development. Her MA Med Ed research focused on the development of advanced GP trainers using methodologies around action research, theories of transformational learning and the development of communities of practice. She is Chair of UKCEA, the organisation which provides CPD for senior GP educators, and of the Leicester faculty of the RCGP.
**Concurrent Sessions A**

**A4 Research**

**Being a researcher makes me a better clinician**

Chair: Joanne Reeve  
*NIHR Clinician Scientist in Primary Care, University of Liverpool*

This session invites you to consider how academic primary care could help futureproof your career in general practice. General practice faces significant challenges. We have a workforce crisis where we are both losing experienced GPs and struggling to attract people in to the profession. Clinicians face the daily challenge to deliver individualised care which goes ‘beyond a protocol’. But also recognise the need for innovation and change if we are to both sustain and enhance this way of working. Academic practice offers solutions to each of these challenges. Four clinical academics will offer you their personal account of how and why being an academic has enhanced their clinical practice. We invite you to join us in discussing how you can make scholarship a bigger part of your professional practice, whatever your role. Your ideas will shape the work that RCGP (CIRC) and SAPC are doing together to support future workforce development.

**Prof Steve Iliffe**  
*Professor of Primary Care for Older People, University College London*

Professor Steve Iliffe is an Academic General Practitioner who has worked in a large socially diverse inner-city group practice in NW London for 30 years. He was the first professor of primary care for older people in the UK. His research interests are in health promotion in later life and in mental health, particularly dementia syndrome. He is the UK principal investigator for an eight nation study of palliative care in dementia funded by the European Commission. He is Associate Director for the UK national co-ordinating centre for Dementias & Neurodegenerative Diseases Research Networks (DENDRON).

**Dr Emma Clarke**  
*Academic Clinical Fellow, University of Keele*

Dr Emma Clarke is a salaried GP and NIHR In-Practice Fellow based at Keele University currently undertaking research in osteoarthritis flare ups. For the past year she has served as Chair of the West Midlands AiT committee and has previously represented trainees on the national AiT committee. She is a board member of the RCGP Midland Faculty and has worked with them, local medical students and foundation doctors to promote GP careers.

**Dr Sophie Park**  
*Principal Teaching Fellow, University College London*

Sophie is a salaried GP in Hertfordshire and Principal Teaching Fellow at UCL Medical School. She chairs the Society of Academic Primary Care and UCL Primary Care Education Research Groups, is a Senior Fellow of the Higher Education Academy, has a Masters in Medical Education (Nottingham University) and is completing a doctorate at the Institute of Education. She teaches undergraduate and postgraduate courses at UCL, the IOE and London Deanery. She was co-editor of “A Career Companion to Becoming a GP”. Recent chapters include ‘Feedback and Assessment’, ‘The Industrialization of Medical Education’ and ‘Embracing Uncertainty within Medical Education’.

**Dr Daniel Lasserson**  
*Senior Clinical Researcher, University of Oxford*

Dan Lasserson is an academic GP combining research and practice with a focus on acute illness in the patient living with frailty. He works across the research pipeline with roles in a Biomedical Research Centre (looking for laboratory based discoveries that can change how patients are managed in primary care), a CLAHRC (working out how innovations in care can be evaluated from the perspectives of patients, professionals and commissioners) and as a Clinical Lead in an Academic Health Science Network (trying to improve whole system performance in providing acute care out of hospital).

**A5 Innovation and leadership**

**IT innovations**

**Working collaboratively with dementia patients and carers – use of IT to support care planning and improve outcomes**

Although much information about dementia is available electronically for professionals and non-professionals it is often not “user friendly” and cumbersome to access (logging on to different websites that are difficult to navigate; not available as an app). Templates used to review care of people with dementia and their carers differ between systems and do not automatically READ code the input. This project will demonstrate how technology can improve management and provide better support for people with dementia and their family / carers. This will be a web-based resource, also available as an app, where information about dementia care and resources, both national and for a particular geographical area (CCG), is brought under one umbrella; it can be used in primary care, social care and by the public. The benefits will be improved management of dementia through better access to information and improved documentation of care.
Dr Jill Rasmussen

RCGP Clinical Champion for Dementia

Dr Jill Rasmussen is a Community Clinician with special interest in psychiatry and neurology. Following an initial period of nine years in the NHS she worked in the pharmaceutical industry in mainland Europe, the US and the UK for ten years where she held senior positions in a number of companies with responsibility for the development of new drugs for psychiatry and neurology. She also spent two years with the Medicines Control Agency (Now the MHRA). Since 1994, she has combined part-time clinical practice with her own independent research consultancy. In the NHS she has special responsibility for patients with both serious and common mental illness as well as neurodegenerative diseases (e.g. dementia, Parkinson’s) and is a GP with Special Interest in learning disability and mental health in Surrey. Jill is also Chair of the RCGP Intellectual Disability Special Interest Group; the RCGP Clinical Champion for Dementia, Strategic Clinical Network SE Lead for Dementia and Commissioning Lead for mental health, dementia and learning disability for the East Surrey CCG.

‘My computer’s asked me...’ Educating for the contemporary consultation

Electronic patient records (EPRs) are now in widespread use in general practice. In this presentation Deborah will explain how EPRs contribute to shaping consulting practices, drawing on detailed ethnographic research which has been conducted in two UK practices. EPRs create new opportunities but also new demands and tensions. In particular, they sharpen the tension between different ways of framing the patient - the patient as ‘individual’ and as ‘one of a population’ - creating a dilemma of attention for clinicians engaged in patient care. Creative work is required to avoid privileging institution-centred care over patient-centred care. This research suggests that the contemporary consultation is no longer a communication ‘dyad’ but a more complex collection of voices and that this has consequences for how consultations unfold. This presentation will conclude by considering the implications of the research for undergraduate and postgraduate medical education on clinical communication.

Dr Deborah Swinglehurst

Academic Clinical Lecturer, Queen Mary University of London

Dr Swinglehurst is a GP in Suffolk and a Senior Clinical Lecturer at Queen Mary, University of London. In 2012 she completed a PhD which explored how electronic patients records (EPRs) contribute to shaping professional-patient interaction in the primary care consultation, and also how EPRs contribute more broadly to shaping organisational practices in primary care.

Whose data can you share with whom?

Libby Morris

RCGP Health Informatics Group

Libby Morris is a GP in Edinburgh and a clinical lead for ehealth for the Scottish Government. She has worked in clinical informatics since 1999, developing a national user group called SCIMP (Scottish Clinical Information Management in Primary Care) which took forward projects such as ECS (Emergency Care Summary) which was one of the first shared records projects installed on a national basis. This developed into a palliative care summary and more recently a shared Key Information Summary. Other projects include a national extraction system for Scotland (SPIRE) and GP2GP. Libby is a member of the RCGP Health Informatics Group, the JGPIT UK group and is co-chair of the Professional Records Standards Group.

A6 AiTs

Big AIT questions

Dr Maureen Baker

Chair of Council, RCGP

See page 19.

Dr Helen Stokes-Lampard

Honorary Treasurer, RCGP

See page 19.

Dr Krishna Kasaraneni

Chair, GP Trainees’ Subcommittee, BMA

Dr Kasaraneni is a GP in South Yorkshire. He has been involved in medical politics for the last decade and has chaired the BMA’s GP Trainees’ Subcommittee from 2011-2014. He is the current chair of the BMA’s Equality and Diversity Committee and a member of the General Practitioners Committee. He is also a founding member of the Tomorrow’s Leaders Network of NHS Alliance. His main clinical interests are end of life care and mental health.

Dr Jill Edwards

GP Dean, Health Education Thames Valley

Jill was a GP in Chipping Norton, Oxfordshire for 30 years and has had a varied career in medical education on her way to becoming GP Dean in Health Education Thames Valley - GP trainer, PCT education lead, clinical tutor Oxford Medical School, CPD tutor and Associate GP Dean. She obtained her Masters in Medical Education in 2005 with the University of Cardiff. She has a special interest in the Quality Management of medical education and for eight years worked for the RCGP as Medical Director for
Quality Management and Training Standards. She is a quality assurance visitor for the GMC. Her negotiation skills were honed by living with four teenagers – be warned.

Dr Ben Riley
GP in Oxford and Medical Director of Curriculum, RCGP

Dr Ben Riley is a NHS General Practitioner in Oxford. As Medical Director of Curriculum at the RCGP, he is responsible for the development of the GP curriculum, the educational framework for GP specialty training and the MRCGP. Ben has authored a number of publications, including a best-selling training book, The Condensed Curriculum Guide, and the Social Media Highway Code, a practical guide to using social media for healthcare professionals. In his former role as RCGP Medical Director for eLearning, Ben led the production of high quality courses for GP training and continuing professional development. He is also a NHS GP Appraiser and a Trustee of the Lymphoma Association.

Cross-cultural communication and barriers to western medicine - experience from an inner city practice

Evidence suggests that ethnic minority patients express the highest dissatisfaction with GP services. This is particularly true for asylum seekers and refugees. What are the reasons behind this? Referring to his experience of working in a large practice where over 25% of the registered patients are from ethnic minorities, Professor Esmail will talk about the barriers (and the mitigation of these barriers) that many ethnic minority patients encounter as they negotiate the NHS - focusing specifically on issues related to communicating across cultures.

Prof Aneez Esmail
Professor of General Practice, University of Manchester

Aneez Esmail is Professor of General Practice at the University of Manchester. He is also Director of the National Institute of Health Patient Safety Translational Research Centre which is the only research centre in the world that exclusively carries out researches on patient safety in primary care. He has trained both as a public health physician and general practitioner. He was the medical advisor to the Shipman Inquiry between 2001-2005. He continues to work as a clinician in the largest practice in Manchester, working with a multidisciplinary team looking after over 18,000 registered patients. The practice is based in one of the most deprived inner city wards in inner city Manchester. His research interests include patient safety in primary care, racism in the medical profession and health services research.

Healthcare for trans* patients

Needing a day in itself to do this topic justice, this presentation will cover:

- the experiences of transgender patients in the NHS
- the challenges faced by the CRG in deciding what treatment should be covered by the NHS in England
- transitioning from child to adult services
- the proposed care pathway which has been developed for use by NHS England
- the role of GPs in treating and supporting trans* patients.

By the end of the presentation it is hoped that you will be better prepared to serve trans* patients’ needs when they attend your surgeries.

Dr Rafik Taibjee
Co-Chair – Gay & Lesbian Association of Doctors and Dentists

Rafik is the Co-Chair of the Gay & Lesbian Association of Doctors and Dentists and previous Chair of the BMA Equality and Diversity Committee; Rafik has experience of trying to make the profession as inclusive as possible to the needs of our patients. He represents the RCGP on the NHS England Clinical Reference Group for Gender Identity. He is a GP Trainer and Principal at Merton Medical Practice in South London, and a GP Training Programme Director at King’s.
A8 Oral presentations

Education and training short papers

A trip to the movies: using film to facilitate communication skills assessment and learning

Alexandra Macdonald, Bryony Sales, Samantha Scallan

Wessex School of General Practice, Portsmouth Primary Care Education, University of Winchester

Background: Communication skills are a core competency in the postgraduate Foundation Programme for UK doctors but trainees lack opportunities to assess their development.

Using film and television to teach communication skills in medicine is well documented (Cinemducation). However, our approach of integrating this with role-play is novel in this context.

Summary of work: Facilitated sessions begin with a dramatic film or soap-opera clip covering a challenging communication scenario: breaking bad news, negotiating management plans or disclosure of a medical error. Literature suggests these are difficult communication encounters for doctors. The clip is paused at a critical point in the drama. The facilitator then replaces the patient and a trainee replaces the doctor. The scenario then continues through role-play. The rest of the group observes the interaction. The remainder of the clip is played, followed by group discussion. We call these sessions Drama/Role-play Alternation Workshops (DRAW).

Participants complete pre and post-course questionnaires assessing communication skills confidence in various challenging situations.

Summary of results: The first DRAW workshop was run in January 2014 with a group of Foundation doctors currently undertaking general practice placements.

Confidence levels increased in all trainees in dealing with difficult scenarios as well as with regards to each aspect of the consultation model.

Conclusions and take-home messages: Film is an engaging medium within which difficult communication skills can be taught. The resulting interactions and discussions can be far more realistic and productive than those of staged role-play. The skills from DRAW are transferrable between hospital and general practice settings, it also improves the trainee’s awareness of their learning needs.

Alexandra Macdonald
Wessex School of General Practice, Portsmouth Primary Care Education

Dr Alexandra Macdonald works as an ST3 GP Trainee Program Director for the Portsmouth VTS, Wessex deanery. She is particularly interested in working with doctors in difficulty, and the introduction of innovative technology in teaching. She also works as a GP partner in Hampshire with a special interest in Dermatology. After completing her GP training she undertook a GP Fellowship in Education and Service Improvement in 2013. She qualified from St Bartholomew’s & the Royal London medical school in 2007 after completing a BSc in Medical Management at the Tanaka business school, Imperial College London in 2006.

The Audio-COT (Consultation Observation Tool) – a friend or foe? An evaluation of GP trainers’ interest in and use of this clinical teaching and formative assessment tool

Bryony Sales, Samantha Scallan, Sue Crane, Johnny Lyon-Maris

Wessex School of General Practice, Wessex Deanery, UK

Aims/Objectives: To pilot and evaluate a telephone consultation assessment tool: an audio-COT (consultation observation tool). To increase GP trainers’ competence and confidence to use an audio-COT assessment tool with trainees.

Content: Trainers completed a pre-session questionnaire to ascertain their awareness of the audio-COT, its perceived relevance for GP training and their confidence in teaching telephone consultations skills. Trainers then attended a facilitated session, which included sharing telephone consultation teaching experience, guidance on use of appropriate clinical models and potential equipment to support learning. Examples of audio-COTs, including scoring, were discussed to consolidate learning and facilitate benchmarking. After the session, trainers provided feedback about their subsequent use of audio-COTs. Trainees also provided feedback on their perception of the utility of the assessment.

Relevance/Impact: The use of telephone triage and consultations in healthcare has increased in recent years, requiring GP trainees to develop face-to-face and telephone communication skills. It can be challenging for trainers to find ways to teach and assess telephone skills in an authentic way. At present, there is no formal assessment of all trainees’ telephone consultation skills during training.

Outcomes: GP trainers increased their awareness of and willingness to use the audio-COT following the session; trainers reported they felt more prepared and confident in facilitating trainee learning and assessment of telephone consultations. Further development of the concept and assessment tool is currently taking place.

Discussion: The use of audio-COTs allows trainers an additional supervised learning event to formally assess and develop the clinical competence of trainees’ telephone consultation skills.

Bryony Sales
Wessex School of General Practice, Wessex Deanery

Bryony Sales is currently a Medical Education and Quality Improvement Fellow working in Portsmouth, in the Wessex Deanery. She has recently completed her GP training in Wessex. Bryony complements her academic work, working as a freelance locum. During training, Bryony took a keen interest in the RCGP Associate in Training (AT) committee at both a local and national level. She continues her involvement in the RCGP, sitting on Wessex RCGP Faculty Board.
Assessment of Children in the URgent-care Environment (ACURE): evaluation of a ‘video-vignette’ teaching tool

Matthew Booker, University of Bristol

The assessment of acutely unwell children is an area that causes much anxiety amongst healthcare professionals. The number of children presenting to urgent-care, emergency and out-of-hours settings has been steadily rising over the last decade. This is a core skill-set for any primary care clinician working in these arenas. Appropriately identifying acutely unwell children is key to ensuring time-critical interventions take place, without overburdening acute resources with ‘well’ children who can be managed safely in the community.

The ACURE project seeks to develop these crucial clinical assessment skills in trainee doctors and GPs. This project used a series of video case-vignettes of children (and parents) presenting with a variety of clinical scenarios typical of the urgent care environment. The issues posed by each vignette formed the centre of a moderated group-discussion, to explore the complexities of identifying serious illness, applying time-critical interventions where needed, and exploring alternatives to acute admission when appropriate.

This poster presents an evaluation of these teaching tools by the trainees, clinicians and moderators involved. The evaluation highlights several fundamental areas where video-vignettes can be a valuable tool, particularly around the discussion of alternatives to acute admission. Potential messages and lessons for other groups of healthcare professionals are discussed, along with examples of the learning gained from key ‘dilemmas’.

Matthew Booker
University of Bristol
Matthew Booker is an Academic GP and NIHR Doctoral Research Fellow in Urgent Care. He leads the ACURE project and other research programmes exploring community management of urgent and emergency health problems. Matthew also works as a responding Doctor with the Ambulance Service, and is involved in the education and skills development of paramedic practitioners.

Advanced training practice scheme - promoting student nurse training in general practice

Pete Lane
Health Education Yorkshire and Humber

Aim/Objective: The Advanced Training Practice Scheme (ATPS) provides student nurses with accredited high quality substantive placements attached to General Practice nursing teams. Currently generating 200 nurse placements a year across 70 general practices but with an ambitious growth strategy supported by HEYH to reach 700 placements a year by 2016!

How? The ATP network has set up 8 educational “hubs” in general practices across the region which recruit and support surrounding practices, (the “spokes”) to take student nurse placements ranging from 6 to 14 weeks in length. The hub liaises with the University placement teams, organises appropriate mentorship training and induction and timetabling materials for the spokes. They offer ongoing support via mentor nurse forums and act as an expert resource.

Why? General practice has an unprecedented workforce crisis at all levels. We need solutions now. We have increasing demands from an ageing population with multiple comorbidities. There are high retirement levels for GPs and nurses and shortfalls in GP recruitment. Furthermore there is the expectation that more services be transferred out of secondary care into a primary care setting.

Impact/Outcomes: Impressive data now available from formal ATP evaluations. The number of student nurses considering general practice as a 1st career choice has shot up from 32% to 91%. More and more of our student nurses are now going straight into practice nurse posts, often in practices they have trained in. Spoke practice nurses find mentorship very satisfying for their own professional development. The model works, is making a difference, and gaining national interest!

Pete Lane
Health Education Yorkshire and Humber
Pete has been a GP for 28 years with a strong background in GP education as both a trainer and programme director. More recently he has become involved in workforce planning and his current role is School lead for the Advanced Training Practice Scheme for Health Education Yorkshire and Humber.

An intensive clinical communication programme as a means of remediating high risk doctors

Mark Dinwoodie, Mark O’Brien, Bronwyn Hartwig, David Blaney
Medical Protection Society

Patient-initiated actions against doctors such as complaint, litigation or referral to the regulatory authority are a significant issue causing patient distress, physician concern and increasing cost. A significant proportion of these are associated with a failure of doctor-patient communication. There is little published evidence on the effectiveness of educational interventions for established doctors to reduce this experience.

Doctors at risk of future complaints and claims based on past experience were invited to attend an intensive clinical communication programme (CCP) if issues around communication or professional behaviour were identified as having contributed to their risk profile. Event data (claims, pre-claims, disciplinary and regulatory episodes) was recorded and analysed pre and post CCP. The training occurred over 24 weeks, the central part of which involves a three day residential component. The programme incorporates a variety of educational methods including the analysis and feedback of delegates’ recorded patient consultations, a variety of exercises and skills rehearsal with the use of actors.

We identified 58 doctors with complete data sets who undertook the programme between 2005 and 2012 and analysed the pre and post training incidence of events for
each participant using a Mood Median Test and a Mann-Whitney Test.

Post CCP incidence rate fell significantly (P<0.0001) for all but 4 physicians. Post CCP these 4 physicians accounted for 75% of events, suggesting a small cohort did not benefit. GPs, who are the main specialty group in the study (nearly half) demonstrated a similar decline in claim and event rate.

**Mark Dinwoodie**
*Medical Protection Society*

Mark Dinwoodie is a Fellow of the College and was a GP and GP Trainer in Bath for 20 years until 2012, as well as holding a clinical assistant post in Cardiology for 10 years. He was appointed Head of member education at the Medical Protection Society in 2013. He has been heavily involved in Medical Education in General Practice and in developing and delivering education and risk management for the MPS. He has been a lead facilitator of the MPS Clinical Communication Programme since 2004.
B1 Clinical

Living well with frailty: the role of primary care

Frailty is a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserves. This means the person is vulnerable to dramatic, sudden changes in health triggered by seemingly small events such as a minor infection or a change in medication. A person with frailty therefore typically presents in crisis with the ‘classic’ frailty syndromes of delirium (acute confusion); sudden immobility; or a fall. Frailty develops slowly over five to ten years; so could more be done to help older people with frailty before a health crisis occurs? At present we do not formally ‘diagnose’ frailty. This means systematic case finding and proactive care is difficult. Slow walking speed is a simple test that could readily help identify people who are frail. Taking more than five seconds to walk four metres is highly indicative of frailty. The primary care electronic health record contains large amounts of health data from which selected existing items could be readily brought together to form a ‘Frailty Index’ to identify the sub-group of older people who have frailty, and to grade the frailty state. This would allow a supportive self-management plan for people with mild/moderate frailty and case management (multi-disciplinary assessment and individualised care planning) for people with moderate/severe frailty.

Dr Martin McShane
Director, Improving the Quality of Life for People with Long Term Conditions, NHS England

Martin qualified as a doctor in 1981. He trained in general and vascular surgery before electing to enter general practice. From 1990 until 2004 he was a GP partner in a training practice. He has previously chaired a Primary Care Group and Professional Executive Committee and was Chief Executive of North Eastern Derbyshire Primary Care Trust from 2004-2006. From 2006-2012 he was Deputy Chief Executive and Director of Strategic Planning and Health Outcomes for NHS Lincolnshire as well as a member of the National Patient Safety Forum and Vice Chair of East Midlands Specialised Commissioning Group. He was appointed his new role within the Medical Directorate of NHS England in 2012.

Dr John Young
Geriatrician, Bradford & National Director for Integration and Frail Elderly

John Young trained at the Middlesex Hospital, London. He was appointed as a Consultant Geriatrician in Bradford in 1986 and has developed numerous new services including an elderly care assessment unit; a stroke unit; and an orthogeriatric unit. In 2005 he was appointed as Head of the Academic Unit of Elderly Care & Rehabilitation, University of Leeds, now one of the largest elderly care health research units in the UK. Quality improvement work includes the national audits of intermediate care and of dementia care.

Between 2001 and 2007 John was seconded to the DH to assist with the NSF for Older People. He is currently seconded to NHS England as National Clinical Director for Integration and Frail Elderly.

B2 Education

The revalidation surgery: ask the experts

Chair: Prof Nigel Sparrow
Senior National GP Advisor, Care Quality Commission
See page 29.

Dr Jonathan Clowes
GP, Orkney

Jonathan is a part-time GP in Orkney and has been a GP appraiser for NHS Orkney for two years.

Dr Boyd Gilmore
RCGP Revalidation Speciality Advisor, General Practitioner, Ancaster & Caythorpe Medical Practice

Boyd is a full time GP partner in a rural Lincolnshire practice. After several years as a GP trainer he developed an interest in on-going professional development and peer review/appraisal. This led to him becoming one of the first GP appraisers in Lincolnshire and subsequently an appraisal lead in Lincolnshire. He was appointed to the RCGP Revalidation Speciality Adviser team in 2013.

Dr David Stephens
RCGP Advisor on Revalidation

Having been a GP in South London, Tonbridge, and New Zealand, David now lives and works as a locum, around Loch Ness, in the Highlands of Scotland.

His interest in appraisal and revalidation started when a colleague said that if we as GPs did not take control, we would be appraised by managers. David took up this challenge in 2005 in Kent, and now appraises 12 GPs in Kent, from Ashford to Sheppey and 40 in the Highlands from Skye to Brora. In the Highlands he is the Deputy Appraisal Advisor, and for RCGP he advises on Revalidation.

B3 GPF

GPFs cannot do the job on their own

Nurses working alongside GPs are key contributors to dealing with the current challenges in primary care. General Practice Nurses, District Nurses and their teams care for frail elderly, patients with long term conditions and those at the end of their lives - and provide considerable support for their carers. There are however significant challenges
in workforce planning for nurses working in the community as demonstrated by the results of the QNI’s recent survey of the District Nurse service and our subsequent educational audit. The findings within these reports are applicable to General Practice Nurse workforce planning. The establishment of an agreed career pathway for General Practice Nurses, along with standards for GPN education and practice are required urgently. The session will include how the QNI is uniquely positioned to support this work in collaboration with RCGP and other partners.

Dr Crystal Oldman  
Chief Executive, The Queen’s Nursing Institute  
Crystal trained as a Nurse at UCH, London and worked in the NHS for 18 years. The majority of this time was spent in community nursing and public health, supporting some of the most deprived communities in west London. She commenced an 18 year academic career in 1994, which included teaching, research and enterprise. She was a Dean at Buckinghamshire New University prior to joining the QNI in 2012. Crystal has responsibility for the leadership and management of the QNI and the delivery of the QNI mission to improve and enhance the care and support of patients, families and carers in the home and community.

The general practice nurse (GPN) workforce is in crisis. The demographic of this workforce means that a significant number of nurses will retire over the next few years and the lack of strategic workforce plans in place, means that we need to consider carefully how to build a competent and confident workforce for the future. The Community Nursing Strategy Programme (CNSP - a collaboration between DH, NHS England, HEE and PHE) is currently developing a suite of work to attempt to transform the community nursing workforce and are focussing in the first instance on district nurses and practice nurses. The DH mandate to HEE asks LETBs to ensure that in 2014/15 100% of pre-registration nursing students are offered a fully assessed placement in the community and that should include primary care. The recently convened GPN sub-group of the CNSP is tasked with developing a career framework for GPNs and an educational service specification to help ensure that there is a locally provided foundation programme for GPNs in every LETB.

Dr Lisa Bayliss Pratt  
Director of Nursing, Health Education England  
Lisa is Health Education England’s first Director of Nursing. She is also an Honorary Visiting Professor at City University, London, a Trustee to the Foundation of Nursing Studies, and has been a Registered Nurse for over 15 years. In her current role she is responsible for leading national policy, workforce planning, and education and training commissioning, for the non-medical healthcare workforce.

B4 Ethics  
Ethics debate: This house believes that part-time working is the only way for GPs to maintain their personal resilience  
Chair: Prof Martin Marshall  
Professor of Healthcare Improvement, UCL  
See page 29.

For:  
Dr Margaret McCartney  
GP and writer, Scotland  
Margaret McCartney is a GP in Glasgow. She is a columnist for the BMJ, regular contributor to Radio 4’s Inside Health and lay press and is author of The Patient Paradox - why sexed up medicine is bad for your health. Recently elected to RCGP council, she is chair of the newly established RCGP Standing Group on Overdiagnosis.

Against:  
Dr Laurence Buckman  
GP and Past Chair, General Practitioner’s Committee  
Laurence Buckman is a GP in Finchley, London. He trained in various hospitals in Medicine and Neurology before becoming a GP trainee in Borehamwood, Herts. After joining his training practice for ten years, he took over a single-handed practice in a corporate group where he has remained ever since. He teaches undergraduates from UCL and abroad. He was a negotiator for the General Practitioners Committee from 1997 to 2013 and Chairman from 2007 to 2013. The current GMS contract and the Quality and Outcomes Framework were part of his negotiations. He now has two partners and has ‘retired’ back to full time practice.

B5 Patient  
Patient partnership in primary care: a future requirement towards a primary service of excellence?  
The future requirement in primary care will necessitate GPs to work with patients in meaningful partnerships for the delivery of greater consultative care and drive forward performance outcomes.

This session will address the concerns that many GPs have and explore the benefits of patient involvement by engaging with GPs, practice managers and patients who are actively involved in the process. A short film will also be presented and a case study explored. Copies of the short film, which has
been produced by the Patients in Practice Group in RCGP Northern Ireland, will be available for session attendees.

Dr Amir Hannan
GP, Tameside & Glossop CCG Board Member, Haughton Thornley Medical Centres

Dr Amir Hannan is a General Practitioner at Haughton Thornley Medical Centres in Hyde, UK and board member for Tameside & Glossop CCG leading on long term conditions, Information Management & technology and patient engagement / empowerment. developing a “Partnership of Trust” between patient and clinician, the practice has enabled over 2,900 citizens (25% of total population) to access their GP electronic health record on-line and gain a better understanding of their health. He has set up an innovative practice-based web portal for his practice, www.htmc.co.uk putting patients, managers and clinicians at the heart of healthcare enabling “Real-time Digital Medicine”.

Mr Michael Holden
RCGP Northern Ireland PiP Group

Married, with two children, Michael is the Managing Director of an engineering business as well as trustee for a charity and deputy chairman of the RCGPNI Patients in Practice group. Diagnosed with a neuro-muscular disease in 2010, Michael became a frequent user of the NHS and his local GP services. Some of the service he has received has been efficient and well maintained, whilst many other areas, he feels, could be improved with constructive engagement. Michael’s hope is to develop patient involvement at primary care level, to be able to provide constructive dialogue so that GPs might better understand patients, whilst at the same time affording GP’s the opportunity to educate the patients about the difficulties in provision of service delivery.

Jacqui Storer
Chair RCGP Wales Patient Group, RCGP Wales Patient Partnership in Practice (PPiP)

Jacqui Storer is Chair of the RCGP Wales Patient Participation in Practice (PPiP) group. Jacqui completed her eight year term with Clwyd Community Health Council as a Welsh Assembly nominee. She is committed to the Association of Voluntary Organisations in the Health and Social Care sector. She previously worked for Marie Curie, before training as a nurse. Jacqui is a volunteer bereavement counsellor with Cruse Bereavement Care, Chair of Wrexham and Flintshire client services and a member of the North Wales management committee.

Other interests include scouting, church affairs and conservation with a keen interest in antiques, gardening and dry stone walling!

Malcolm Westwood
Lay member

Malcolm Westwood has a wide range of experience and skills gained within the Civil Service (1964-2002) at senior management level and the voluntary sector (1999-present). His Civil service experience has included working in the Lord Chancellor’s Department, and a senior management role at Cambridge/Wisbech Crown Courts. His voluntary sector experience has crossed over numerous organisations such as Lancaster & Morecambe Branch of Cruse Bereavement and more recently, The Royal College of General Practitioners, as a Lay Member of P3 Patient Participation Group. His voluntary roles have included sitting on committees in an advisory capacity, promoting good practice and developing volunteers.

Patricia Wilkie

See page 24.

B6 First5

Surviving a 40 year career

Doctors are notoriously bad at acknowledging their own health problems and seeking appropriate help in a timely manner. The flip side of this is that we as doctors, treating our doctor colleagues, don’t necessarily behave in the rational way we do when treating non-medical patients. This may lead to our colleagues getting worse treatment than our regular patients. Through short DVD vignettes we will explore what goes right and what can go wrong in these complex relationships in order to better look after ourselves and also to look after our colleagues in a professional and respectful way when they have problems.

Dr Clare Gerada
Practitioner Health Programme

Clare Gerada currently leads the transformation of primary care for London, England. Over the last 20 years she has led her profession on a national stage in three distinct areas: Primary Care, Substance Misuse and Practitioner Health. She was the first Female Chair of the RCGP for 50 years: Despite (or because of) her leadership roles she has continued to be in clinical practice - in an inner city practice in South London. She is also a partner of the largest provider of primary care services in London.
CONCURRENT SESSIONS B

B7 International

International opportunities to reinvigorate your career

A personal story of reinvigoration

Professor Withnall will describe how being an RCGP International Development Advisor in Dubai and an External Evaluator of Family Medicine education in the Kingdom of Saudi Arabia had proved a privilege and an opportunity. In a presentation flavoured with pictures taken on location, he will share his reflections of how international colleagues can learn from each other, and illustrate how experiences gained overseas can directly improve UK clinical practice, education and assessment at local, regional and national level. With plenty of time allowed for questions, this session will be interactive and serve to illustrate how for busy General Practitioners, sometimes an invigorating international change can be as good as a rest!

Richard Withnall
Group Captain & Defence Professor of General Practice and Primary Care, Royal Centre for Defence Medicine

Richard is the Defence Professor of General Practice & Primary Care at the Royal Centre for Defence Medicine, Birmingham and a GP Advisor to the Foreign & Commonwealth Office. He is an RCGP International Development Advisor for the MRCGP (International) examination in Dubai, and an RCGP International ‘Training the Trainer’ Course Lead. He has worked in Afghanistan, Bahrain, Bangladesh, Canada, Cyprus, Denmark, the Falkland Islands, Ghana, Iraq, Kosovo, Kuwait, Norway, Saudi Arabia, Romania, the United States and Uruguay.

Learning from exchanges – my experience

Taking part in an international exchange, as a visitor or a host, is an intense and exciting way to reinvigorate your career and learn from colleagues throughout the world. The Hippocrates exchange programme is now a firmly established international scheme with over ten years of experience, enabling trainees and First5 GPs a unique two-week observational snapshot of general practice in another European country. GPs beyond First 5 can also become hosts, in itself an incredibly rewarding experience. This interactive session hopes to inspire GPs at all stages in their career to get involved, reflecting upon the visitor and host experience. Other exchange opportunities (conference exchanges and the global “FM-360” exchanges) will also be discussed.

Dr Katrina Whalley
First5 GP, Junior International Committee (JIC)

Katrina completed GP training in London in 2012 after an indelible interlude studying for an MSc in Tropical Medicine and International Health. Shortly after this she worked in rural New Zealand which greatly contrasted with general practice in our capital. She now works as a sessional GP in Bath and Bristol. As the Junior International Committee’s Exchange Lead, she hopes to encourage UK trainees and GPs to participate in international exchange and global learning.

B8 Oral presentations

Cancer and audit excellence short papers

Healthcare factors influencing patients’ decisions to consult GPs for symptoms suggestive of lung or colorectal cancer

Nicola Hall1, Linda Birt2, Katie Mills2, Jonathon Banks3, Jon Emery24, Margaret Johnson2, Fiona Walter24

1Durham University, 2University of Cambridge, 3University of Bristol, 4University of Western Australia, Lay member of Study Steering Committee

Aim: The UK has lower one year cancer survival for lung and colorectal cancer (CRC) than other comparable countries. Shortening time to diagnosis may improve cancer outcomes. This study investigated patients’ experiences of accessing primary care.

Methods: Qualitative in-depth interviews were conducted with people recruited following referral to gastroenterology or respiratory hospital clinics within North East and East of England. Purposive sampling ensured that participants with and without a cancer diagnosis were represented, as well as a range of demographics. The Model of Pathways to Treatment provided a theoretical framework for exploring patients’ help-seeking decisions. Data were explored using Framework analysis.

Results: 75 participants (32 female, 41-88 years, 18 diagnosed CRC, 17 diagnosed lung cancer) described a range of factors which influenced their decision to seek health-care. Overall, difficulties in accessing a GP had a minor influence on time to presentation, however, help-seeking was delayed when there was concern that the symptom was not serious enough to legitimately use limited health care resources. Previous experience of health care, relationship with the GP and expectations about investigations and treatment also influenced care-seeking decisions alongside other patient and disease factors. A few participants consulted several times before referral to secondary care and the endorsement by GPs on the appropriateness of further consultations was effective in shorting the diagnostic interval.

Discussion: Understanding the factors which impact on the time interval from symptom appraisal to consultation across symptoms is important for improving early cancer diagnosis. Our findings highlight the importance of safety netting.

Dr Hall is a research associate at the School of Medicine, Pharmacy and Health, Durham University. Her research interests involve health-related beliefs and behaviours, primarily within the fields of gastrointestinal disorders and cancer. This includes help-seeking, behaviour change and

Nicola Hall
Durham University

Our findings highlight the importance of safety netting.
The impact of public awareness campaigns for cancer symptoms on visits to the GP
Abigail Bentley1, Chris May2, Lucy Ironmonger1, Monika Ciurej1, Nick Ormiston-Smith1
1Cancer Research UK, 2Mayden

Aims: Promoting earlier diagnosis of cancer could help save lives. Since 2010, a number of public awareness campaigns have been carried out across England to raise awareness of cancer symptoms, with the aim of encouraging people to visit their GP if they experience these symptoms.

Content: The impact on GP visits has been evaluated for the regional and national campaigns for which data are currently available. Data have been collected and analysed using GP Read codes to record visits for symptoms related to the campaigns. Levels of GP visits have been considered in the weeks before, during and after each campaign, and compared to the same period in the previous year.

Relevance: Public health campaigns to promote earlier diagnosis of cancer are important, and outcomes along the full patient pathway should be analysed to assess the effectiveness of the campaign.

Outcomes: GP visits for breast cancer related symptoms decreased by 34% between pre and post campaign (p=0.004), but visits for macroscopic haematuria, persistent or prolonged cough and rectal bleed, change in bowel habits or looser stools increased by between 29% and 64% relative to pre and post campaign (p<0.05 for all results), equating to between 0.29 and 3.11 additional visits per practice per week.

Discussion: There have been interesting variations seen in the changes in GP visits across practices and across different campaigns, however overall, results suggest a positive impact on encouraging people to get their symptoms checked and therefore promoting earlier diagnosis.

Audit of frequent attendance as a marker for identification of medically unexplained symptoms
Rhiannon England
City and Hackney Clinical Commissioning Group

We conducted an audit of frequent attendance at GP surgeries which was used to identify patients with medically unexplained symptoms (MUS) and create a management plan for them. 32 practices took part in the study, covering a population of 226,282. Practices were asked to identify patients attending more than 15 times in the previous year, then exclude patients with readily explainable reasons to attend frequently- eg antenatal care, substance misuse. Practices then met to review the remaining list and to agree on possible MUS patients. 21 practices covering a population of 151,157 were able to do the full searches and provide full qualitative data on the process. 649 patients were designated as possible MUS (4.29 per 1000 patients) and 215 were discussed with or referred to appropriate mental health agencies after patient agreement. GPs were offered an education session to support this work and the response to this and the audit was good. Participating GPs identified several positive aspects of this audit, including acknowledging the importance of continuity of care, becoming familiar with attendance data and feeling able to raise emotional wellbeing issues with the target group. MUS is a difficult subject for primary care, but acknowledged as one which needs a major change in clinician and patient behaviour. This audit process is an acceptable and replicable mechanism for a large population allowing relatively straightforward identification of MUS patients. It also leads to whole practice discussions which have raised the profile and importance of addressing the often inappropriate clinical management such patients receive at present.

Clinical audit of uncomplicated lower urinary tract infections in general practice
Daniel Mills1, Santosh Gholkar2
1The University of Manchester, 2The City Health Centre, Manchester

Background: UTIs are a common presentation in primary care. City Health Centre sees up to 130 patients a day. UTIs constitute 5-10 percent of these patients. SIGN guidelines recommend that the presence of three or more key symptoms of a UTI would indicate treatment without dipstick confirmation. Implementation of these guidelines would simplify and ease the patient journey and experience without affecting clinical outcome.
Objective: To re-audit the number of patients with 3 or more symptoms being dipstick tested, outside current guidelines. This will be compared to results of the first cycle.

Results and Discussion: 26.5% of patients with 3 or more symptoms were dipstick, an improvement from 74.4% in the first audit; suggesting that education given and the consultation template produced were effective. To achieve the 10% standard set for this audit the positive results were feedback at a practice meeting to encourage more uptake. The locum induction pack was altered and changes made to the UTI consultation template. The data collected raises the issues of MSU use, antibiotic prescribing and telephone consultations; these could be areas look at for further analysis and auditing. Overall the audit was useful for both the practice and me. I applied skills learned from the HQUIP online tutorial. I implemented them to complete a full audit cycle, showing the interventions of the first audit were successful whilst still allowing for further improvement to be made and producing ideas on how to do this.

Daniel Mills
The University of Manchester

Daniel is a current University of Manchester Medical Student, who has spent time across many different specialties including a number of different GP settings. He has an interest in sports medicine and general practice which has stemmed for his clinical experience and passion for swimming outside of medicine.

Hospital at home - an audit of patients admitted with pneumonia

John O’Loan, John Hodgeson
Partners4Health

The hospital at home (H@H) novel model of service delivery and admission avoidance has previously been described. We report here an audit of all patients referred and admitted with pneumonia between 11/2012 and 09/2013 and make comparisons with the British thoracic society (BTS) audit of pneumonia management in secondary care.

Patients included were referred with possible pneumonia and had chest x ray (CXR) confirmation of pneumonia or clinical signs of pneumonia but were unable to be transported for CXR. Patients excluded were facilitated discharges (20) and those admitted to secondary care on initial assessment (10- all alternative diagnosis).

54 patients fulfilled the criteria with a 2:1 female to male ratio. 50% lived in care homes and average age was 82.

Severity - CURB65 scores on admission were 37% 0-1, 37% 2 and 24% 3-5 in comparison to the most recent BTS audit of 43%, 29% and 28% respectively. This higher CURB65 severity suggests that H@H is functioning as intended as an admission avoidance service rather than creating a new demand. Initial treatment was IV antibiotic in 59.3% for H@H and 74% in BTS audit. IV antibiotics were started within four hours of the patient being referred to H@H (through single point of access) in 69% of patients and from the clinician arriving in 76% of patients. BTS audit reports IV antibiotics being started in only 59% of patients within four hours of admission with no information available on time from initial referral.

Outcome: 44 patients were discharged improving, 5 patients were discharged on a palliative pathway, 5 patients were admitted to secondary care after deteriorating. None died while under H@H care.

Conclusion: A primary care lead hospital at home service can prevent patients with pneumonia being admitted to secondary care and compare favourably to secondary care.

John O’Loan
Partners4Health

John O’Loan is a graduate of Aberdeen University and has worked as a GP in Anglesey, Warrington, Salford and currently in Chester. He has an interest in palliative medicine and works part time at St Roccos Hospice Warrington.
Safeguarding children and young people

GP responses to vulnerable parents, children and young people are core work but complex and rarely studied. The GMC’s recommendation to record even minor concerns of child maltreatment causes GPs uncertainty. The audit involved safeguarding leads from 11 practices in England and over 38,000 children. Following an analysis of practice and consensus development with GPs, the group recommended a single code “Child is a cause of concern” to flag any safeguarding concern. Using the code can help build a cumulative picture and provide an “amber” list of families for review at practice safeguarding meetings. There was an increase in all relevant codes (RR 1.4; 95% CI 1.1-1.6) and a greater increase in the recommended code. Competing priorities were a barrier. The approach is promising but there remain challenges, especially for families “on the edge” of risk.

The RCGP/NSPCC Safeguarding Children Toolkit

Damage caused by child maltreatment can last throughout a child’s life, with serious consequences for health and life expectancy as well as incurring costs to the wider society. GPs may be the only professionals in a position to identify families under stress and can safeguard children by early identification of risk factors and by supporting parents to achieve improved emotional and physical well-being. The RCGP/NSPCC Safeguarding Children Toolkit is designed to raise awareness of child abuse and neglect in primary care and to help busy GPs access relevant information quickly and easily.

Dr Janice Allister  
RCGP Child Health Adviser, Park Medical

Janice is a sessional GP in Peterborough and GP appraiser in the East of England. She was the Clinical Champion in Child Health 2011-12 and still acts as a RCGP adviser. For 19 years she was a GP in Stockport where she was also a GP trainer. She has three adult children and one grandchild. She enjoys running and walking the dog.

Dr Vimal Tiwari  
Safeguarding Children Lead, RCGP

Dr Vimal Tiwari is a practising GP in Hertfordshire with former parallel careers in adult mental health and community paediatrics. She has been working as a Named Safeguarding GP since 2003. Other current posts include Clinical Lead (Child Health) for Herts Valleys CCG and Non-Executive Director of Luton and Dunstable University Hospital NHS Foundation Trust. She is Chair of the Primary Care Child Safeguarding Forum (PCCSF), guardians of the RCGP/NSPCC Safeguarding Children Toolkit, whose purpose is to support and encourage doctors with an interest in child safeguarding in general practice.

Transformational commissioning in primary care

The College is campaigning strongly to see greater investment into general practice. The Better Care Fund and local decision making gives us a real opportunity in England to develop primary care at the centre of a community-based NHS. There are however, risks as well as opportunities and some difficult issues to work through as general practice starts to come together within networks and federations to operate “at scale”. What are the big questions we face? This session will be highly interactive and conducted in “World Café style” with each table working on a major pre-selected question. This is your chance to contribute and influence the rapidly changing agenda for general practice.

Dr Mike Bewick  
Deputy Medical Director, NHS England

Dr Mike Bewick joined NHS England at its inception having worked in NHS Cumbria and NHS North as a Medical Director since 2007. He has worked in both the acute and primary healthcare sectors, having worked in medical oncology until 1987 when he moved into general practice and became a GP in West Cumbria. He has been the leading catalyst for fostering strong local GP leadership, working in Cumbria with local GP’s to develop the clinical leadership forums as a precursor to the now established Clinical Commissioning Groups. He brings experience in assessment of individual doctors performance being a former chair of the RCGP examination and as vice chair of the postgraduate training board. His current role includes being the SRO for revalidation, strategic lead for Primary Care and oversight of Specialised Commissioning and Informatics. He has led the review process around Children’s Heart Surgery in Leeds, inputting into the new review of children’s cardiac services nationally. He chaired two of the Keogh Reviews in the North of England, and subsequently led CQC of inspection visits in the initial phase of this work.

Dr Amanda Doyle  
Co-Chair of NHS Clinical Commissioners and Chief Clinical Officer at NHS Blackpool CCG

Dr Amanda Doyle has been a GP for 18 years and is currently a partner in a large practice in a deprived area of Blackpool. In addition to primary medical services, the practice provides a range of urgent care services across Blackpool. For ten years, Amanda was Medical Director of the local Out of Hours service and has maintained an interest in unscheduled care services. Amanda has been involved in commissioning for more than a decade, initially as a PCT Medical Director and now as Chief Clinical Officer of NHS Blackpool CCG. Amanda is Co-Chair of NHS Clinical Commissioners.
Dr David Paynton

**Clinical Commissioning Lead, RCGP**

David Paynton qualified in 1975 going into general practice in 1981. He was a full time GP in Bath Lodge Practice, Southampton before stepping into the corporate world of the PCT in 2005. As a full time principle, he was a past chair of the Wessex Faculty of the RCGP, chaired a local Multifund, an Out of Hours Cooperative as well as being a founder member of the GP Wessex Educational Trust and was a past GP tutor. Moving into the PCT as Chair of the Professional Executive, he became interim director of provider (community) services before moving into a Commissioning role before leaving in 2010. He has continued in part time clinical practice and is still working in an inner city practice in Southampton. He was appointed as National Clinical Lead for the RCGP Centre for Commissioning in 2012 and is also the clinical lead for Out of Hospital care for Southampton CCG piloting self-management. He was nominated as a Fellow of the RCGP in 1994, took a business degree in 2005 at Solent University and was awarded an MBE in 2009 for services to health care.

**C3 Secure Environments Group**

**How should primary care treat offenders?**

Iain Brew  

**Medical Lead, Leeds Prisons, Leeds Community Healthcare NHS Trust**

Iain Brew has been working in secure environments since 2001. He is the Vice Chair of the RCGP Secure Environments Group and as a member of the Health and Justice Clinical Reference Group, he advises NHS England on the commissioning of health services for prisoners and detainees. Iain is passionate about patient safety and delivering equivalence of care to this under-served group. He is a GP with Special Interest in hepatitis C, having treated over 130 patients’ viral hepatitis in the prison setting.

Mark Warren  

**Forensic Liaison Practitioner, Cwm Taf Local Health Board**

Mark Warren is a Mental Health Nurse who has worked as a Clinician, Manager and Educator for people with mental health difficulties within criminal justice settings since 1998. His experiences include running court and police liaison services, providing support and advice to probation officers and managing prison inreach services for men and women. He has worked in criminal justice settings in Jersey, New Zealand, England and Wales so can offer a wide range of experience within the specialism. Mark is currently involved in developing services for high risk personality disorder offenders in partnership with Wales probation and developing new ways of working with specialist police public protection teams. He understand the challenges faced by nurses working within the criminal justice system but he is also aware of the opportunities these settings present for nurses to develop practice and provide care for a marginalised group of service users. Throughout his career Mark has been privileged to work alongside many nursing colleagues who have shown tremendous professionalism, resilience and skill. He hope as a committee member to be able to bring his experiences and passion to the forum and continue to influence practice development for nurses.

**C4 Research**

**Stories from the frontline: showcasing the winners**

**Yvonne Carter Award winner**

**Evidence, experiences and the future: email for consulting with patients in general practice**

Email for consultation refers to that used for two-way clinical communication between a doctor and a patient. Current UK estimates are that approx. 20-25% of GPs have reported using email in this way. Current Government policy encourages use of email in this way in the general practice setting; this is despite a lack of evidence around its use. Work I have conducted shows that trial evidence is lacking and that in UK general practice there are benefits of email consultation use, but also potential issues with workload for GPs, safety and a lack of protocols. The digital divide is a concern, but emerging evidence indicates that whilst a typical divide persists in relation to age and education level, there may be a role for improved access in patients suffering from multiple conditions. In conclusion better support should be available to those GPs using email already, and the future work should assess the best role for email consultation in the general practice setting.

Helen Atherton  

**NIHR SPCR Fellow, Nuffield Department of Primary Care Health Sciences, University of Oxford**

Helen is a NIHR School for Primary Care Research Fellow in the Department of Primary Care Health Sciences at the University of Oxford. She is a health services researcher whose career to date has been in primary care research. Helen has spent the last five years working on email for communication between GPs and their patients. Helen has a multidisciplinary background; BSc Ecology & MSc Biological Anthropology (University of Durham) and Master of Public Health & PhD Health Services Research (Imperial College London).

**Research Paper of the Year section winners**

**Mortality and morbidity after initial diagnostic excision biopsy of cutaneous melanoma in primary versus secondary care**

Currently, in the UK, when a GP thinks a patient may have a melanoma skin cancer they are supposed to refer them straight to hospital and are discouraged from treating them
first with minor surgery. For various reasons, up to 20% of people diagnosed with melanoma in the UK receive their first treatment from a GP. This is usually viewed by specialists as wrong, despite there being no good evidence that GPs are less able to deliver this treatment.

In contrast, preliminary treatment by a GP is the norm for treating melanoma in Australia, where the condition is much more common. We conducted this research to discover if people from Northeast Scotland who had their first operation for melanoma carried out by their GP were worse off as a result. We looked at information from about 1,200 people diagnosed in Northeast Scotland with melanoma between 1991 and 2007. As before, we found that about 20% of them received their first melanoma treatment from their GP. We found no evidence that people who had their first treatment for melanoma from a GP were more likely to die than those who had their first treatment in hospital. There was also no evidence that receiving initial melanoma treatment from a GP caused people to have more subsequent ill-health. Therefore, if GPs are encouraged to initially treat people with melanoma it’s possible they could be diagnosed more quickly, resulting in a better system for patients and the NHS.

**Peter Murchie**  
*University of Aberdeen*

Peter Murchie is a native of the Northeast of Scotland. He completed his medical education and general practice training at the University of Aberdeen. He works in daytime and out-of-hours general practice in the city of Aberdeen. He has been an academic GP since 1999 and, since 2008, has been Clinical Senior Lecturer in academic primary care at the University of Aberdeen. His research interests are focused on two main issues; helping GPs to diagnose cancer as early as possible, and finding ways for primary care to best support cancer survivors in the community.

### Risk of childhood cancer with symptoms in primary care: a population-based case-control study

Diagnosis of childhood cancer is very difficult, mainly as it is so rare. Current NICE guidelines for investigation of suspected cancer were developed without primary care research in children. This study planned to identify all important pre-diagnostic features of childhood cancer which could assist GPs in their referral decisions.

We extracted all previously reported features of cancer in the year before diagnosis, from the GP records of 1,287 children aged 0-14 years with cancer and 15,318 without cancer, using the General Practice Research Database. Our analysis identified features truly associated with cancer, and we estimated the risk of cancer for each.

Sixteen features were associated with cancer. Pallor had the highest risk at 0-41% (CI 0-12%, 1-34%). Three other features had PPVs of 0-1% or greater. These were all masses: either, neck, abdominal or elsewhere. The risk of cancer with ≥3 consultations in the 3 months before diagnosis was 0-02% (CI 0-02, 0-02). Combinations of features had higher risk: a repeat attendance with pallor or a head and neck swelling had a risk of cancer to 0-76%, a level probably warranting investigation. Childhood cancer is rare, so PPVs will never be particularly high. However, the seriousness of paediatric cancer, coupled with possibility of cure, justifies investigation at a lower level of probability.

**Dr Rachel Dommett**  
*University of Bristol*

Dr Rachel Dommett is a NIHR Academic Clinical Lecturer in the School of Clinical Sciences at the University of Bristol and a senior trainee in the Department of Paediatric Oncology, Haematology and Bone Marrow Transplantation at the Bristol Royal Hospital for Children. Her main research interest is early diagnosis of cancer in children and young people working in collaboration with the School of Social and Community Medicine, University of Bristol and the Department of Primary Care Diagnostics, University of Exeter.

A two-decade comparison of prevalence of dementia in individuals aged 65 years and older from three geographical areas of England: results of the Cognitive Function and Ageing Study I and II

Our population is rapidly ageing. Age is the biggest risk factor for illnesses like dementia. In the United Kingdom (UK), there are currently 700,000 people with dementia; this is estimated to rise to 1.7 million by 2050. Dementia is one of the most costly chronic illnesses, with care costs in England estimated at £21 billion.

The UK Cognitive Function and Ageing Studies, funded by the Medical Research Council, are large, primary care-based studies looking at the physical and mental health of older people. The first study, CFAS I, started in the late 1980s with more than 18,000 people aged over 65 years. In 2008, using the same methods as CFAS 1, CFAS II began with a new cohort of over 7000 people aged over 65 in England and Wales.

Results from the CFAS studies, show that the number of people with dementia in the UK is substantially lower than was predicted in this age group. This corresponds to an estimated 670,000 people over the age of 65 with dementia, a reduction of over 20% in the number predicted to have dementia today compared with 20 years ago; however the numbers of people with dementia in care homes has increased from 56% twenty years ago to 70% today.

Our results suggest that there may be modifiable factors, like those that affect heart disease, that affect a person’s risk of developing dementia and that time invested by primary care professionals in health prevention activities such as helping people to stop smoking is showing benefits to both physical and cognitive health.

**Prof Louise Robinson**  
*University of Cambridge & Newcastle University*

Professor Louise Robinson, Director of the Newcastle University Institute for Ageing is an academic GP and Professor of Primary Care in the Faculty of Medical Sciences, University of Cambridge, and the Institute of Ageing, Newcastle University. She is Chair of the National Primary Care Research and Development Centre and Executive Director of the UK Cognitive Function and Ageing Studies.
Effectiveness of telemonitoring integrated into existing clinical services on hospital admission for exacerbation of chronic obstructive pulmonary disease: researcher blind, multicentre, randomised controlled trial

The 12-month randomised controlled Telescot trial aimed to find out whether telemonitoring helps people with chronic obstructive pulmonary disease (COPD) stay out of hospital.

We recruited 256 people with a previous COPD admission from Lothian, Scotland and randomised them to telemonitoring or usual care. Both groups had access to the same clinical care. Telemonitoring patients recorded daily symptoms, medication use and oxygen saturation on a touch screen computer for transmission to a secure NHS website. Specialist community teams or trained telehealth staff monitored the data and contacted patients according to an algorithm if symptoms had increased. We collected admission data from hospital records, and asked participants about their use of healthcare resources by quarterly questionnaires. Quality-of-life, breathlessness, anxiety and depression, knowledge about COPD were assessed by questionnaires at the end of the trial.

There was no difference between the groups in time to the first hospital admission with an exacerbation of COPD, the number or duration of COPD admissions, or the number of deaths. There was no effect on quality-of-life, breathlessness, anxiety or depression, self-efficacy, or knowledge. Alerts triggered an average of 25 clinical contacts with each telemonitoring patient during the year. These were mainly telephone contacts, but telemonitored patients also had more home visits than usual care.

These findings cast doubt on the efficacy and efficiency of expensive long-term telemonitoring for COPD, and have stimulated interest in ‘light touch’ services, improved algorithms for detecting exacerbations, or more focussed applications.

Dr Hilary Pinnock
University of Edinburgh

Dr Hilary Pinnock is a Reader with the Allergy and Respiratory Research Group, University of Edinburgh, and a GP in Whitstable, Kent. Her research interests include the delivery of care within the ‘real-life’ primary care setting including implementing self-management for asthma, telehealthcare for monitoring respiratory disease, supportive care for people with severe COPD. She is actively involved with the Primary Care Respiratory Society UK, the International Primary Care Respiratory Group and the European Respiratory Society. She chairs the self-management evidence review group of the BTS SIGN asthma guideline.

Anne Kennedy
University of Southampton

Anne Kennedy is a Principal Research Fellow at the University of Southampton with extensive experience in health service research. Anne has been a principle investigator on a number of NIHR and HTA trials of self-management information and is widely published and cited in this area of research. She has developed and evaluated many self-management support, patient information and health care professional training interventions. Anne currently leads a research theme for CLAHRC Wessex and works on a European FP7 project – EUWISE – with colleagues at Southampton and six partner countries examining the role of social support and networks in long-term condition management.
**C5 Education**

**Future-proofing the workforce: enhancing resilience in tomorrow’s GPs**

This workshop aims to present the work being done in the West Midlands to identify, assess and support GP trainees in difficulty. This will include discussions round our IMG faculty, small group CSA support from advanced trainers, AKT support, dyslexia screening, NLP days to reduce stress and boost self esteem, and the mentoring scheme. The work of the Professional Support Unit will be outlined, along with our latest innovation to provide earlier and more local interventions. We are also keen to allow time to hear about the work being done in other areas, so that good practice may be shared.

**Dr Patricia Houlston**  
*Health Education West Midlands*  
Patricia has worked as a GP partner for nearly 30 years, and has also been involved with undergraduate and post graduate education. For the last 5 years, as an Associate Dean, she has had a role in supporting trainees in difficulty. More latterly this has been as a Case Manager on the Professional Support Unit. Additionally Patricia has led on a Mentoring Scheme for ‘Doctors in Difficulty’ in the West Midlands.

**Dr Steve Walter**  
*Head of School, GP Education West Midlands*  
Dr Steve Walter is a GP Principal in Studley, Warwickshire. For most of his career he has been involved in medical education as a trainer, Training Programme Director, and latterly Associate Dean for Curriculum. Steve has recently been appointed as Head of School of Postgraduate General Practice for Health Education West Midlands, and Honorary Senior Lecturer in Primary Care at University of Worcester. His recent interests have included shared decision-making in practice; the training needs of International Medical Graduates; and professional interests include; learning, development and resilience in tomorrow’s GPs. He has recently been appointed as a Case Manager on the Professional Support Unit. Additionally Patricia has led on a Mentoring Scheme for ‘Doctors in Difficulty’ in the West Midlands.

**C6 Innovation and leadership**

**Innovation and leadership**

**Leadership and innovation**

Without effective leadership innovation does not happen. The pressures on general practice have grown exponentially over the last decade: increasing responsibility for service provision, complex social changes leading to greater use of primary care services; patients living longer with rising co-morbidity and all of this combined with an increasing political demand for standardisation. In addition, the last 40 years has seen an increasing trend of practices becoming larger and more complex, adding yet more “stress overheads” to the profession. If we are to survive into the next decade GP leadership and innovation really matters. We know what the problems are, and to solve them we have to engage; in leadership; in innovating; learning how to manage effectively and efficiently; improving our business skills (if partnerships are going to survive into the next decade). The College fully recognises its role in helping innovation through effective GP leadership.

**Col David Morgan-Jones**  
*RCGP Leadership Fellow, Deputy Director Army Primary Health Care Services*  
David is the Leadership Fellow for the RCGP. An Army GP who is currently serving as the Medical Director for the Headquarters of the Allied Rapid Reaction Corps with responsibility for the planning, co-ordination and subsequent control of the medical services from 16 contributing nations should this headquarters be deployed on behalf of NATO. Prior to this he was the Deputy Director for the Army PHC Service with responsibility for the day to day operational delivery of military PHC across the UK. He has served as a GP and as senior medical commander in all the major UK operations over the last 20 years, giving him considerable insight into National and International leadership.

**From theory to implementation: our approach to leadership development**

Dr Lucy Munro will discuss the insights from RCGP Scotland’s collaborative approach to leadership development and the journey from reviewing the published literature and theory all the way through to sustainable implementation.

**Lucy Munro**  
*Clinical Lead RCGP Scotland / NES Leadership Project*  
Lucy has been a GP partner in Central Scotland for 14 years. She has experience in teaching, CPD delivery, educational projects and leading change. She is currently leading a three year leadership project with RCGP (Scotland) in conjunction with NHS Education for Scotland. Her clinical interests are End of Life Care and managing multiple morbidity. Her other professional interests include; learning, development and leadership. Outside of work she enjoys family life, hillwalking and rock climbing.

**Linking research and clinical practice: medical journals and social media**

One of the key elements of ‘future-proofing’ that individual GPs worry about is keeping up to date. To provide the best possible care in the future all GPs and members of the primary health care team need access to the best research telling them the best treatments. The BJGP team will explore the changing way GPs today access information about information and research, and no, its not just about journals! Although the original source for that research has, in the past, always been medical journals this workshop will provide an opportunity to discuss the challenges, opportunities and innovations that will affect how we stay current but also patient-centred in our future practice.
**C8 Oral presentations**

**Clinical short papers**

**Bohemian polypharmacy**

*Jane Wilcock¹, James McCormack²*

¹University of Liverpool and Salford CCG, ²University of British Columbia

**Aim/Objective:** GPs are at the forefront of managing polypharmacy. This presentation considers the skills required in critical analysis of evidence and guidelines and ethical based considerations of the individual patient in making good decisions.

**Content:** This presentation also aims to entertain and innovate using a YouTube clip at the conference.

**Introduction:** considering when to prescribe and checking whether guidelines reflect the patient’s circumstances. Consideration of the absolute estimates of benefit and harm and how accurate these are. Where patients have multiple co - morbidities and multiple medications prescribing requires careful attention to possible harms and benefits. Ask “Do guidelines apply to this patient?” and “Are the medications needed?”.

Patient autonomy requires GPs to give accurate information to help patients make best decisions for themselves.

6mins 44secs of YouTube clip: Bohemian Polypharmacy.

You can find this at: http://www.youtube.com/watch?v=Lp3pFjKoZ18

**Relevance:** 19% of hospital admissions are iatrogenic due to medication use, the risk rises with age and number of medications. This presentation highlights the syntheising of EBM with ethical principles to individualise patient therapy and prevent overuse and inappropriate use.

**Outcomes:** Discussion of prescribing issues in general practice and the unique role of GPs with this skill... and fun.

**Discussion:** Unique role and skills include information only known to GPs like forgetfulness, health of carer, fall likelihood, change in condition, patient beliefs - these are not included in risk scores but are major criteria in considering prescribing and adherence.

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**C7 Hot topic**

**Put patients first: How can we use social media and other innovations to communicate more effectively with patients, carers and the wider public?**

**LIVE TWITTER DEBATE [​#RCGPAC​]**

**Chair:** Dr Ben Riley, GP and author of the Social Media Highway Code

Panel of guests from the world of social media, including:

**Dr Maureen Baker**

Chair of Council, RCGP and regular Tweeter

See page 19.

**Dr Talac Mahmud**

GP, FirstCare

Tal has been practicing as a GP for over 14 years and is currently senior partner at the FirstCare practice in Hounslow covering 9,000 patients. He is also partner at FirstCare in Birmingham. Tal has had many years of non-clinical experience and is both the Carers and Sexual Health Lead for Hounslow CCG. In addition he Chairs Multidisciplinary Group and the GP locality for Great West Road, in Hounslow. Previously he has worked as Treasurer and Chair of Hounslow GP Consortium and sat on the board of the PEC of Hounslow PCT. Tal has also experience outside the NHS having run a successful online medical recruitment business. He has a special interest in use of social media in healthcare. He trained at Kings College London.

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**Jane Wilcock**

*University of Liverpool and Salford CCG*

Dr Jane Wilcock is a GP in Salford all her professional life she has trained under- and post-grads within and outside of her practice. She currently teaches at the University of Liverpool School of Medicine. An author and speaker she believes GPs need more time with their patients to implement best practice. In this presentation she is hosting James McCormack’s presentation in his absence.

**James McCormack**

*University of British Columbia*

Prof James McCormack is a graduate in pharmacy from the University of British Columbia, a doctorate from the Medical University of South Carolina and Professor of Pharmaceutical Science at the University of British Columbia.
The role of reception staff in the triage of patients presenting to general practice with acute stroke: insights of reception staff

Elizabeth Bates, Janet Jones, Ruth Mellor
Department of Primary Care Clinical Sciences, University of Birmingham

Aims and Objectives: One in five patients with acute stroke contact their GP but little is known about the experience of reception staff handling these calls. In the qualitative branch of the RECEPtRs study of 52 practices in the West Midlands we aim to:

- Describe the experience and confidence of reception staff in identifying clinical urgency for patients presenting with acute stroke.
- Identify both barriers to / opportunities for improving access to thrombolysis.

Content: A framework analysis of seven Focus Groups with General Practice receptionists

Relevance/Impact: As the first point of contact for patients, GP receptionists can be instrumental in deciding on the urgency of clinical contact. Despite the considerable complexity of this task, staff are not clinically trained.

Results/Outcomes: Results demonstrate a depth of experience in handling contact with acutely unwell patients which lends itself to unique insights into this process.

Experienced staff feel confident in their ability to detect cues and respond to triggers associated with medical emergencies, including acute stroke.

Confident staff differentiated routine negotiation around appointment making from emergency situations.

Less experienced staff lack clarity on the boundaries of their responsibility and the acceptability of information seeking in emergencies.

Absence of clear policy on handling of acute stroke compounds this.

Discomfort with expectations of responsibility beyond the current mutually accepted limitations of their role is evident.

Discussion: Findings will be widely applicable to other acute medical conditions with potential to improve patient safety and allocation of resources.

Elizabeth Bates
Department of Primary Care Clinical Sciences, University of Birmingham

Liz graduated from Birmingham in 2007 and is now a NIHR Clinical Lecturer in the Department of Primary Care Clinical Sciences at the University Of Birmingham and a GP at Jiggins Lane Medical Practice.

The role of primary care in supporting children with long term conditions and their families

Anna Willis, Jenny Swann, Joanne Thompson
Academic Unit of Primary Medical Care, University of Sheffield

Objectives: The objective of this qualitative project is to explore the healthcare professional perspectives about the role of primary healthcare teams in the integrated holistic care of children with one of four ‘index’ diseases. These are asthma, cystic fibrosis, diabetes mellitus type 1 and epilepsy.

Content: Face-to-face interviews are being conducted using a topic guide which was developed based on key themes from the literature. We aim to conduct semi-structured interviews until data saturation is reached. At the time of submission, 10 GPs and 7 practice nurses (PNs) have been interviewed. The interviews will be audio-taped and transcribed verbatim, then analysed using the framework approach. We will present the analysis of our interviews.

Relevance: The UK came last out of 21 industrialised nations for child well-being (UNICEF, 2007). Improving child health and well-being was the key focus of the Chief Medical Officer’s (CMO) annual report (2013), which recommended that all children with long term conditions (LTCS) have a named GP who is responsible for their care (Davies, 2013).

Primary care professionals may fear looking after children with more complex needs (Poole et al., 2000), or feel that it should be the role of secondary care (Choudhary and Agwu, 2011). There was a lack of literature regarding GPs and PNs views concerning providing this role, and the challenges they face.

Outcomes/Discussion: It is anticipated that this research will provide useful insights from primary care practitioners about the successes and challenges of working holistically with children with LTCS.

Anna Willis
Academic Unit of Primary Medical Care, University of Sheffield

Anna is a 4th year medical student at the University of Sheffield, currently intercalating within the Academic Unit of Primary Medical Care, for a BMedSci degree. The research project Anna is working on for the year will include both qualitative and quantitative methodologies, in order for her to experience a number of research methods. Anna is also interested in medical education, and the use of technology in learning. She currently writes for both patient.co.uk and meducation.net. Away from medicine, Anna enjoys photography and is hoping to get back into ballet.
The importance of recognising an underlying diagnosis of autism in common psychiatric conditions

Clodagh Murphy1,2, Ailsa Russell1, Dene Robertson1, Ellie Wilson1,2, Graine McAlonan1,2, Janeke Zinkstok1, Michael Craig1,2, Quinton Deeley1,2, Chris Ohlsen1, Debbie Spain1, Neil Hammond1, Nicola Gillan1,2, Eileen Daly1, Christine Ecker1, Declan Murphy1,2

1Adult Autism and ADHD Service, Maudsley Hospital, 2Sackler Institute for Translational Neurodevelopment and Department of Forensic and Neurodevelopmental Sciences, King’s College London, Institute of Psychiatry

Aims: To investigate psychiatric co-morbidity in primary care patients referred to a national tertiary clinic for assessment of possible autism spectrum disorder (ASD) in adulthood.

Content: The 2009 Autism Act and subsequent adult autism strategy requires local councils/health services to provide needs-led mental health services for ASD adults. A number of ASD-specialist services are evolving and autism is now a clinical priority for the RCGPs.

Relevance: Research regarding configuration of adult ASD mental-health services is limited and ASD adults frequently remain under sole care of their GP, without specialist management. This occurs at significant cost, with potentially untreated psychiatric co-morbidity contributing to unemployment and dependent living.

We completed a retrospective review of 859 adults (645/75% males, age > 18) referred to our Adult Autism Clinic by community clinicians (2003-2011). Assessment included a neuropsychiatric interview (ICD-10), the Autism Diagnostic Observation Schedule and/or Autism Diagnostic Interview-Revised.

Outcomes: 474 (55.2%) adults were diagnosed with ASD. 275 ASD adults (58%) received at least 1 co-morbid psychiatric diagnosis (typically anxiety/OCD/depression/ADHD). 221 (57.4%) of adults not diagnosed with ASD received another diagnosis (typically anxiety/OCD, depression/ADHD).

Discussion: Results show high frequency of psychiatric co-morbidity in patients diagnosed with ASD in adulthood. These co-morbid conditions can respond well to psychological/pharmacological treatments, but these are best adapted with specialist advice for adults with ASD. Findings have clinical/health-economic implications for service development and underline the importance of specialist neuropsychiatric involvement for adults with possible ASD and co-morbid psychiatric diagnoses.

Clodagh Murphy

Adult Autism and ADHD service, Maudsley Hospital and KCL

Dr Clodagh Murphy is a consultant child and Adolescent Psychiatrist at the Maudsley Hospital, London, and an honorary consultant psychiatrist at Great Ormond Street Hospital. She works in two clinics at the Maudsley; the Transition Clinic for young people with ADHD moving to adult ADHD services and the Adult Autism/Behavioural Genetics Clinic, which provides assessment and management for adults with autism spectrum disorder and associated co-morbidities, including ADHD and 22q deletion syndrome (22q DS); and two clinics at Great Ormond Street; 22q DS and Tourette’s. Her research interests include brain imaging, transition and service development in ADHD, autism and 22qDS.

Guidance for the long-term care of post-bariatric surgery patients within primary care

Helen Parretti1, Carly Hughes2, Mary O’Kane2, Sean Woodcock4, Rachel Pryke5

1Primary Care Clinical Sciences, University of Birmingham, 2Fakenham Weight Management Service, North Norfolk CCG, Leeds Teaching Hospitals NHS Trust, Northumbria NHS Foundation Trust, Winylates Health Centre, Redditch and Bromsgrove CCG

Aims and objectives: To review current literature and expert opinion regarding guidance for the long-term management of patients post-bariatric surgery. To present clear guidance for GPs to provide safe and appropriate long-term management of these patients. Content There are no current national guidelines in this area. Following a review of the current literature and discussions with experts in the field, a set of guidance has been developed, which will allow GPs to provide good quality primary care of these patients.

Relevance: There is a growing cohort of patients having bariatric surgery and many are at risk of loss to follow-up. While bariatric surgery results in the improvement of many aspects of health it can also result in an increased risk of several metabolic conditions. Therefore GPs need guidance on how to appropriately monitor, manage and treat these patients in order to decrease the risk of potentially harmful sequelae following bariatric surgery.

Outcomes: Guidance for GPs when managing post-bariatric surgery patients is presented. Areas discussed include monitoring for long-term associated conditions and potential nutritional deficiencies, advice on nutritional supplements, potential changes to medications post-surgery, post-surgery contraception advice and criteria for re-referral to specialist bariatric services.

Discussion: The long-term management of the increasing number of patients undergoing bariatric surgery is likely to be carried out in primary care. Therefore, there is a need to provide GPs with guidance on how to manage these patients appropriately. This work was carried out in association with the RCGP Nutrition Group.

Helen Parretti

University of Birmingham

Dr Helen Parretti is a GP Academic Clinical Fellow, currently working in Birmingham. She has a research interest in the management of obesity in primary care. She is currently leading a randomised clinical trial of a potential intervention for the management of obese patients in primary care as well as a systematic review of very low calorie diets. She is also an active member of the RCGP Nutrition Group.
Physiotherapy helps older people and those with long term conditions stay mobile and independent through:

- Tailored rehabilitation
- Therapeutic exercise
- Falls prevention

Early access to physiotherapy speeds recovery from illness and injury, and improves patient outcomes.

For every £1 spent on physiotherapy £1.50 can be saved across the falls pathway.

Visit our stand 91P or visit: www.csp.org.uk/costoffalls
**D1** Clinical

**Diabetes: what’s new in the care of diabetes and their carers**

**Clinical and technological update**

**Dr Stephen Lawrence**

*Primary Care Medical Advisor, Diabetes UK and Clinical Diabetes Lead, RCGP*

Stephen graduated from Leeds School of Medicine in 1987. His interest in metabolic medicine was awakened after he completed a BSc Honours degree in Chemical Pathology during his intercalated year. He worked as a Medical Adviser for the Department of Health for Prisons from 2003-4 when he participated in an award-winning prison diabetes study. He has a passion for critical appraisal of evidence-based medicine and has presented on many occasions to a variety of audiences throughout and beyond the UK. He has been appointed as Clinical Lead and Medical Adviser in Primary Care for the RCGP and Diabetes UK. He is also an executive member of the Primary Care Diabetes Society. He sits on the conference organising committee for Diabetes UK. Stephen was instrumental in establishing an intermediate-care GPSI diabetes clinic in Medway, 2003, in answer to the burgeoning burden of diabetic referrals to the local Medway Maritime Hospital. He has written a number of articles on the evolving role of community-based diabetes care. He trains final-year medical students as well as allied healthcare professionals wishing to advance to supplementary or independent prescribing status. He has an avid interest in critical analysis of clinical trials and presenting information to colleagues in an unbiased yet interactive fashion.

**Service delivery and political changes in diabetes care**

Diabetes Care is delivered by health professionals, working, hopefully, in close partnership with their patients. But how care is delivered can be greatly influenced by the broader political landscape. In this talk, Simon O’Neill will consider current policies that are impacting on diabetes care and the way services are delivered in different parts of the country. He will look at models of integrated care that are exploring new and innovative ways of delivering the diabetes care pathway, from prevention through to the management of the complications of the condition. The talk will also explore the way different services are working to ensure that the patient is at the heart of their own care and are being supported to be a key player in their diabetes care team.

**Simon O’Neill,**

*Director of Health Intelligence, Diabetes UK*

Simon O’Neill qualified from St Thomas’ Hospital, London as a registered nurse in 1989 and specialised in paediatrics at Guy’s Hospital, London in 1991. Following several years working in paediatrics, he moved to Diabetes UK in 1995 as a nurse care adviser. Nineteen years later he is still there, although now as Director of Health Intelligence. As Director he is responsible for ensuring Diabetes UK produces accurate and up to date information and advice on all aspects of diabetes care, based on the latest evidence. Working closely with healthcare professional colleagues, he also advises on the charity’s policies and positions.

**D2** Policy

**What can we learn from health systems around the world?**

Dr Graham will bring his experience of working within a UK assured primary healthcare system embedded in Nepal. As doctor to the Brigade of Ghurkhas in Nepal for four years he worked closely with host nation health services and systems to co-develop new approaches to the delivery of health care for locally employed civilians and Ghurkha veterans. Bringing personal reflection and observations on how knowledge transfer from Nepal has enabled better practice on his return to a European healthcare setting, Dr Graham will co-present with Dr Greg Irving.

**Dudley Graham**

*Senior Lecturer in Academic Military General Practice & Primary Care, Royal College of Defence Medicine*

Dr Graham is currently Senior Lecturer in Academic Military General Practice and Primary Care at the Royal Centre for Defence Medicine and holds an Honorary Senior Lecturer position within the University of Birmingham Primary Care Clinical Sciences Department. He has worked in varied primary care settings that include South Asia, West Africa and North West Europe. He has an interest in medical education and transcultural medicine.

Primary care in the UK is under significant strain. GPs are working hard to meet demand whilst lacking time to reflect on how best to organise care. So what can we learn from healthcare systems around the world in order to strengthen primary care here in the UK? This session will use the Primary Care Monitoring Tool to critically look at key dimensions of primary care systems within Europe and beyond. GP colleagues from across the globe will join to discuss innovative care models, focusing on issues such as access, continuity, comprehensiveness and cost.

**Dr Greg Irving**

*NIHR Clinical Lecturer in General Practice, University of Cambridge*

Greg is a NIH Clinical Lecture in General Practice at the University of Cambridge. He is the current RCGP representative to the Vasco da Gama movement of WONCA Europe. He is a nationally elected member of the SAPC Executive and a past Chair of the RCGP AIT Committee. He has previously spent time working at the World Health Organization in Geneva in the Information, Evidence and Research cluster. He is a current Global Clinical Scholar at the Harvard University and in 2013 was awarded the RCGP / SAPC Yvonne Carter Award (outstanding new researcher).
Dr Bill Noble

Medical Director of Marie Curie

Dr Bill Noble trained and practised as a GP and hospice doctor for 16 years before taking up his post as Macmillan Senior Lecturer in Palliative Medicine at the University of Sheffield in 1996. He helped to evaluate the Gold Standards Framework in its early phases and directed the first multidisciplinary course at masters’ level in palliative care, before supervising MD and PhD students in palliative medicine. His clinical work as a consultant physician in palliative medicine informs his research on palliative care in the community. As chairman of the Association for Palliative Medicine of Great Britain and Ireland from 2007 to 2010, Dr Noble co-ordinated a strategic review to take account of developments in the field of palliative care and the changing role of the specialty. In October 2010, he was appointed Editor-in-Chief of a new Journal, BMJ Supportive & Palliative Care. He was appointed Executive Medical Director of Marie Curie Cancer Care in July 2013. He continues to practice palliative medicine in the community in Sheffield and also supervises research students at the University of Sheffield.

Case studies from around the UK will be used to highlight aspects of the RCGP/Marie Curie partnership that provide practical tips for clinicians and commissioners in the development of palliative care services.

Covering a range of clinical conditions and stages of illness this will be an opportunity to hear about initiatives and models of care which are responsive to patient needs and reflect the recommendations made in the review of the Liverpool Care Pathway.

Dr Adam Firth

Marie Curie Clinical Support Fellow for End of Life Care, RCGP

Dr Adam Firth is a GP in Stockport and the RCGP/Marie Curie Clinical Support Fellow for End of Life Care. He was previously a NIHR Academic Clinical Fellow in Manchester before working as a Research Fellow in the Primary Palliative Care Research Group in Edinburgh. Currently he is also a PCME and holds roles within Stockport CCG supporting the development of proactive care models.

D4 Patient

GPs, pharmacists and patients: working better together to improve patient care

Royal Pharmaceutical Society

Across GB, the Royal Pharmaceutical Society (RPS) is committed to closer working with the RCGP and from the Scottish perspective, both bodies jointly published a statement in July 2011 detailing how GPs and pharmacists can work together to improve the care provided to patients in the community. Our joint ambition touches on the important issues of self-care, public health, poly-pharmacy and improving the care of people in care homes but also gives considerable thought to embedding methods of cohesive working in the professions’ education and training. We will encourage pharmacists and GPs to make links that will facilitate partnership-working for the benefit of patients.

Alex MacKinnon

Director for Scotland, The Royal Pharmaceutical Society

Alex joined the Royal Pharmaceutical Society in October 2010 as Director for Scotland.


Alex was also Regional Manager for Lloyds Chemists and Lloydspharmacy for almost a decade from 1995 to 2003 after a period of working as a community pharmacist at a pharmacy manager and area manager level. Alex was also a member of the Standing Committee of the Scottish Pharmaceutical General Council from 2001 to 2004 and Vice Chairman of the same organisation during 2004. Alex has been a member of numerous pharmacy committees in Scotland throughout his career.
RCGP Scotland P3

Malcolm Westwood
Lay Member
See page 38.

RCGP Wales PPiP

GPs are skilled diagnosticians and treatment planners. Pharmacists are skilled in medical management and utilisation. Our roles are complementary yet there is a lot of antagonism between the professions in the community. RCGP Wales has worked with the Royal Pharmaceutical Society to consider a more efficient approach to medicine review in pharmacy and general practice and called for more sharing of clinical information to improve the patient experience and enhance patient safety. I believe safe care requires greater cooperation between the professions.

Dr Paul Myres
Chair, RCGP Wales
Paul is chair of RCGP Wales and national lead for primary care development in Public Health Wales. He is medical vice chair of the RCGP Patient Partnership Group and vice chair of the Academy of Medical Royal Colleges in Wales. He is a part time GP near Wrexham. He has enjoyed a portfolio career in postgraduate education, governance, quality improvement and medical management. He promotes interdisciplinary working and is keen to see pharmacist skills utilised more widely in general practice.

Jacqui Storber
Chair RCGP Wales Patient Group, RCGP Wales Patient Partnership in Practice (PPiP)
See page 38.

RCGP Northern Ireland PPiP

David Keenan
Chairman, RCGP Northern Ireland Patient in Practice (PiP)
David Keenan currently serves as the Lay Chair of the Northern Irish RCGP’s Patient in Practice subcommittee. Previously he worked on the National Advisory Committee on Drugs, advising the Irish Minister of State; was a director on the European Federation of Therapeutic Communities; volunteered as a Welfare Officer in rural Nigeria for a year; is now the Behavioural Clinical Lead for Praxis Care; a mental health charity in Ireland, England and the Isle of Man, and runs a private psychotherapy practice in Belfast. In his spare time he wishes he had more spare time.

D5 Resilience

Resilience and wellbeing

Resilience applying the science

The NHS needs to model excellence in terms of caring for the wellbeing and resilience of its workforce, we share the latest findings relating to the neurological pathways of emotions and emotional resilience; Resilience is a quality that protects for the future and also aids recovery from excess stress and depression in the present; The mediation of resilience by access to positive emotions, allows an individual to find a positive vision of their future, which can lead both to effective recovery from burnout (‘bouncing back’) and future-proofing (‘bouncing forwards’); we focus on novel approaches to dealing with emotional distress and on the common factors and practices that enable recovery and staying well. We examine of the broad elements of recovery that are addressed by psychotherapies generally and the role of GPs as an effective conduit for developing resilience and recovery in patients and, by reflection, in themselves. We illustrate this using a current GP based intervention programme (positive mental training) as a model.

Dr Alastair Dobbin
Director, The Foundation for Positive Mental Health
Alastair Dobbin has been a GP since 1982. He developed an interest in mental health research and along with Edinburgh University and Imperial College researched into the uses of a mental training programme for depression. This was shown to have good outcomes in depression, burnout, anxiety and life quality which led to its use in the NHS in Scotland in 2006 and later in parts of England. He is very interested in the science of emotions and resilience and their relationship to emotional distress, and enjoys cycling and hillwalking.

Dr Chris Manning
Director at UPstream Healthcare Ltd
Dr Chris Manning completed a Biochemistry degree at Sheffield University in 1973 and qualified in Medicine from the University of London (Middlesex Hospital) in 1978. Chris worked as a GP in Twickenham for 17 years and following a sabbatical year during which he founded the National Depression Care Training Centre in Northampton and Primary Care in Mental Health Group (which became the charity Primer – Primary care mental health and education), he retired from the NHS in 1999 on medical grounds (major depression on and off since 1986). Over the last 25 years, Chris has been an ardent champion for mental health and wellbeing, especially of those working in and for the NHS, where many hearts and minds are wasted or burnt-out to the detriment of service quality and effectiveness and safety of public care. To this end in 2013, Chris convened a group of like-minded and concerned healthcare practitioners and trainers to form what has now become Action for NHS Wellbeing.
How can doctors recover from addiction/alcoholism (recognition learning tips)

Hi, my name is Michael, and I am an addict. An alcoholic addict. A recovering addict...The job (almost) broke me. I turned to drink and drugs as a "coping mechanism". I ended up addicted to injectable opioids & benzos, prescription meds and alcohol. I self-reported to the GMC and went into Rehab. Along the way I have learned how doctors can achieve long-term recovery. I now try to help other doctors and dentists with similar issues. I have met some amazing colleagues in recovery on my journey so far. By telling my story, I will try to highlight why it can happen to us as a profession, and what I have learned in order to recover and return to work stronger and more resilient. We do recover.

**Compassionate care – building resilience in GPs by exploring self-compassion. Take the shame away and put the joy back in!**

Dr Michael Blackmore  
GP, NHS Forth Valley

Michael is a Portfolio GP in Stirling, Scotland. He does a mix of GP, community addictions, prisons and community elderly rehab wards. He was also a trainer for the RCGP Health in the Healthcare Professional course, involved in the Scottish National Drugs-Related Death forum and a board member of the Scottish Drug Recovery Consortium. Before that Michael was an addict and feels that he has turned a negative into a massive positive. Compassionate care – building resilience in GPs by exploring self-compassion. Take the shame away and put the joy back in!

**Health literacy**

This session starts from the premise that being aware of, and taking into account, patient health literacy is good, effective clinical practice. It will begin with a brief presentation explaining exactly what health literacy is, and its relevance and importance to UK general practice, before presenting recent research evidence of the impact of health literacy in the UK. The session will then open out to a structured interactive discussion including topics on raising awareness of health literacy at policy, professional and patient levels. The aim will be to develop concrete plans for action; including practical suggestions for rolling out ideas for raising awareness of and addressing health literacy across UK general practice and personal development plans for appraisal /revalidation.

Dr Joanne Protheroe  
GP and Senior Lecturer in General Practice, Keele University

Dr Protheroe joined Keele University as a Senior Lecturer in General Practice in 2011 and continues to practice as a GP Principal in Manchester. Her research, influenced by her clinical practice as a GP in inner-city Manchester, is focussed on two NHS priorities - the needs of socio-economically disadvantaged patients and the need for interventions to improve patient self-management in long-term conditions. Research has shown that patients with low health literacy have difficulty in participating in their health care, resulting in poorer health. She is Chair of the Health Literacy UK (www.healthliteracy.org.uk) group.

**First5**

Dr Campbell’s passion for medical education and mentoring led her to be the driving force behind the MedSTAMP (medical student teaching and mentoring programme) project in Wales. This project has the support of the medical school and the post graduate deanery and it aims to allow GPST’s opportunities to teach and mentor Medical students. Although slow to start the project has picked up speed since joining with the online platform, Tutemate and we can see many potential applications for moving this project forwards in the future. This has been presented at the annual Cardiff undergraduate medical education conference. We hope that MedSTAMP will encourage recruitment into general practice and allow our GP trainees to gain much needed opportunities to develop teaching and mentoring skills.

Dr Jenny Bennison  
GP, Mill Lane Surgery & Executive Officer for Quality Improvement, RCGP Scottish Council

Dr Jenny Bennison trained in Cambridge and London, and has been a GP in Leith, Edinburgh, an area of high deprivation, since 1993. She was this year elected as Vice Chair of the Scottish Intercollegiate Guidelines Network and hopes to produce guidelines that will make a difference in the complicated world of primary care. Jenny is also Executive Officer for Quality Improvement at RCGP Scotland. She has always wanted to find ways to drive up quality in general practice without the need for financial inducements, threats and competition. Jenny would like to see professionalism emerge from incentivisation unscathed.

**Compassionate care – building resilience in GPs by exploring self-compassion. Take the shame away and put the joy back in!**

**D6 Research**

**Developing resilience through mentoring**

**D7 First5**
Dr Claire Campbell
RCGP Wales

Dr Claire Campbell is a First5 GP from South Wales. She completed her GP training in the Gwn Taff area before working as a retainer in Cardiff, then at Bellevue surgery in Newport. In 2009, she became the RCGP Wales AIT representative, and when she completed her training in 2011 she was invited to stay on at RCGP Wales council as the First5 representative for council. In this position she founded the RCGP Wales First5 group and became their first chair. She then moved on to become the RCGP Wales Executive officer for membership and education in April 2013.

Anecdotally, doctors using social media find online interactions with other doctors can be very supportive, especially if they are geographically or socially isolated. GP Confidential was conceived as a way of formally creating a user-friendly, secure social media platform for GPs to discuss emotionally challenging situations, thus fostering resilience. We hope, therefore, to demonstrate the practicalities of setting up a private “Google Plus” Community, including the creation of an anonymous doctor account that can be adopted by any community member.

We plan to discuss the ground rules set by this initial, experimental group and work through an example of an online discussion, 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.

Dr Samir Dawlatly
GP Confidential

Samir Dawlatly is a GP Partner in Birmingham who contributed to the 2014 RCGP conference in Harrogate by organising and co-hosting the Fringe Social event “RCGPNoHa”. He was also a winner of the Great Expectations Bursary. He has published poems, essays, blogs and even a protest letter in the Daily Telegraph in recent years. He is Secretary of the RCGP Adolescent Health Group, contributing to the RCGP’s online Youth Mental Health resource, and is part of the online RCGP Overdiagnosis Working Group. He set up GP Confidential, an online peer-support group, with Dr John Cosgrove following last year’s Annual Conference.

Dr John Cosgrove
GP, Midlands Medical Partnership

John Cosgrove is a GP trainer in Birmingham and partner of Midlands Medical Partnership. He has been using online social media since 2011, harnessing it to help GPs to connect, support each other, develop ideas and effect change. He has previously supported GPs in Thames Valley Faculty as Treasurer and then Chairman for several years. Thanks to the generous support of RCGP members in the national election, he looks forward to joining RCGP Council in November. Follow him online at @DrJohnCosgrove, +JohnCosgrove and www.DrCosgrove.net

Service delivery innovations short papers

Stumbling upon a new model for general practice

Aims/Objectives/Introduction: A major dilemma for the NHS is how to support the management of long term conditions in the context of rising demand and costs.

Our learning from three prototypes and a further 32 innovation sites in general practice has led us to stumble across a new model for general practice which is designed to meet these challenges. In this model citizens and patients play a pivotal role in improving health and well-being and improving services working closely with general practice.

Content: The core of health care lies in the conversations that patients have with clinicians and other health workers. A productive way to improve the whole health service would be to explore how it needs to organise itself if it is to support really good conversations with its patients and its community.

A group including GPs, patients and practice staff took an asset based approach to the practice list and drew on the resourcefulness of their local communities. Volunteers were trained and supported to work with the practice as Practice Health Champions on the things that matter to both the practice and the community.

The results and the potential for change were beyond our ambitions.

Impact: Change in the relationship between the practice and the community.

Pilot in shifting the boundaries between the community, primary and secondary care for paediatrics.

Outcomes:
- Health improvement
- Service Improvement
- New business model for general practice
- Potential for commissioning outcomes

Alyson McGregor
CIHM, Fischer Associates and Director, Altogether Better

Alyson has 30 years’ experience working in the UK in a range of roles in the public, private and voluntary sector, always with a focus on reducing health inequalities. She has worked in the NHS in operational, strategic and commissioning roles and has also been involved in the management of a number of voluntary and third sector organizations over the past 15 years, including supporting women and children suffering domestic violence and work with communities suffering the poorest health experience. Alyson has more than nine years’ board level experience as a Non-Executive Director in the NHS. Alyson was acknowledged by the Health Service Journal as one of the top 50 Inspirational Women Leaders in 2013, was a winner of the Prime Ministers Big Society Award and is a member of the Prime Ministers GP Challenge Fund Advisory Committee.
Suffolk GP Federation - the first year of life
Timothy Reed
Suffolk GP Federation

Suffolk GP Federation is one of the leading Federations in the country with an established infrastructure, senior management resource and a number of service contracts generating a turnover of £3m a year. 61 of 64 Suffolk practices are members. It was established on 1 April 2013 as a provider of community clinical services and to support primary care in its local established independent contractor form. With GPs responsible for a declining proportion of NHS activity, over time primary care has lost “market share”. Commissioners increasingly want delivery of primary care at scale and traditional general practice faces increasing pressures. This presentation asks whether a large and developed Federation can enable independent practices to recapture areas of clinical activity and influence such as outpatients, out of hours and A&E. It also looks at how a Federation can enable delivery at scale whilst preserving the traditional values of general practice.

Timothy Reed
GP, Ipswich

Tim Reed is a GP in Ipswich, Suffolk with a long record of innovation. He has set up a variety of organisations including a pharmacy, an OOH Coop, a GP surgery and now Suffolk GP Federation of which he is Chair. Tim is committed to the values and culture of primary care with its independent status. He is an advocate of collaborative working between practices.

“PARADOC”- An Innovative approach to reduce unnecessary hospital admissions
Sundar Thavapalasundaram
CHUHSE

Introduction: Emergency departments across the UK are inundated with “revolving door” patients who do not require acute hospital admission but are not coping in the community. Many patients are elderly, have multiple co-morbidities and lack social support networks. Once in the A+E they are admitted by default and end up spending many weeks unnecessarily on a hospital ward, blocking beds, costing the tax payer and running the risk of iatrogenic illness. Hospitals are a dangerous place for this group of patients and these admissions waste precious NHS resources. These patients do not require acute hospital services. They need high quality joined up community care and must be protected from a system currently not configured to meet their needs. Every unnecessary admission costs money and costs lives.

Aim: “ParaDoc” is an innovative PILOT commissioned by Hackney CCG, to avoid unnecessary hospital admission.

Methods: An experienced Paramedic and General Practitioner team skilled in acute care will attend patients in their homes, who are unwell, but for whom hospital admission is deemed unnecessary or inappropriate. These patients will be identified through 999 calls and triaged by central ambulance control or an attending “blue light crew” to the PARADOC service. Each team will be equipped with emergency ambulance and Out of Hours GP medical equipment and drugs. In addition to providing acute medical care at home, ‘PARADOC’ teams will co-ordinate continuity of care in the community.

Outcomes: Reduction in avoidable admissions, improvement in community care and fiscal saving.

Sundar Thavapalasundaram
PARADOC, Hackney

Dr Sundar Thavapalasundaram is one of three NHS GP’s currently working on the PARADOC Pilot in Hackney. He is a former military doctor and the former Medical Director for Brent and Ealing Urgent Care Services. He also works for the charity Freedom from Torture and has a keen interest in Emergency Medicine, service innovation and health inequalities.

Advice and guidance - a collaborative pilot with a new bespoke web-based system
George Dingle¹, Matt Heys², Jo Morrow¹
¹Lancashire North CCG, ²University Hospitals of Morecambe Bay NHS Foundation Trust

An innovative, collaborative project between the CCG and local hospital trust. We set out to develop and pilot a user-friendly and secure web-based IT system for GP’s to access patient-specific advice from local hospital specialists - encouraging closer collaboration between primary and secondary care, empowering GP’s to manage more patients in the community in partnership with specialists.
Over 100 GP’s and 8 local specialties participated. A built-in feedback mechanism to the IT system allowed collection of real-time data, monitored throughout the six-month pilot. Advice requests were initiated directly from the consultation screen of the standard EMIS GP clinical IT system and allowed detailed, patient-specific, 2-way conversations in a secure environment with timely replies within 5 days 480 conversations were completed.

81% of local GP’s used the system during the pilot period. 91% of users rated the system as ‘easy’/‘very easy’ to use. 96% rated the advice they received as ‘useful’/‘very useful’.

Of those requests where the GP stated he/she would have referred to outpatients had the advice service not been available(181), there was a 39% reduction in subsequent referral to outpatients(111). Following advice received 81% indicated they could continue to manage the patients’ care themselves.

Hailed by a local consultant as ‘the best invention in this area in a very long time’ we would like the opportunity to present to you this success story of innovation and team-working/partnership between GP and consultant in challenging clinical cases, and its positive impact on patient care and clinicians alike.

George Dingle
Lancashire North CCG
George Dingle trained as an undergraduate at the University of Leeds (1993-99) and is a member of the Royal College of General Practitioners and practising GP and trainer in Garstang, Lancashire. His role within Lancashire North CCG is as clinical lead for Elective Care. He is motivated in his role with the CCG by the opportunity to innovate and redesign services and systems for the benefit of patients and doctors.

A personalised care planning pilot using an iterative approach: lessons for the future
Nigel Mendes
Hammersmith and Fulham CCG
Relevance: The global population is ageing with increasing health and social care needs. Many care planning models exist to improve patient care and reduce expensive hospital admissions; most nurse-led and proforma based. Evidence is mixed. We developed an innovative, holistic, GP-led model to explore factors affecting community care planning.

Aims: Care plans were implemented over one year and strategies developed to:
- Identify patients who would benefit
- Streamline care planning processes
- Modify health seeking behaviours

Content: Two Care Planning GPs developed a model for delivering personalised care to one hundred patients from four diverse GP practices. Participant feedback enabled iterative improvements.

Methods to identify ‘high risk patients’ were triangulated using a risk stratification tool (Combined Predictive Model (CPM)), clinician input (GPs, nurses), unscheduled care data. Patients followed up by the Care Planning GP were given a personalised written plan accessible on their records focusing on self-care strategies and crisis management.

Unscheduled care data and CPM scores were analysed. Questionnaires facilitated evaluation of clinician and patient views.

Outcomes/Discussion: Lessons learnt:
- Importance of patients’ ‘regular’ GP to identify participants
- Importance of clinician continuity
- Need for proactive GP care after acute events
- Need for efficient communication between health and social care teams
- Engagement encouraged by concise documents
- Need for electronic sharing of care plans between primary and secondary care

Is care planning the answer? A longer time frame is required to evaluate effects on unscheduled care. Our findings could inform future service development.

Nigel Mendes
GP, London
Dr Mendes, a London GP, qualified at Newcastle Dr Mendes teaches communication skills, is involved in community based teaching and is an Examiner at Barts and the London Medical School.

RiSC recovery in shared care: can recovery and harm reduction co-exist in a shared care service
Sandra Oelbaum1,2, Claire Russell1, Stephen Purcell1
1Addaction, 2NHS, 3University of Bath
There is paucity in research that focuses on a mutually inclusive recovery and harm reduction landscape. In this exploratory study, Recovery in Shared Care (RiSC) examined recovery interventions in a shared care service in the North-West of England with a national treatment provider. The participant sample comprised an ‘intensive’ and ‘non-intensive’ cohort of service users who experienced problematic opiate use. Over six months, the intensive cohort (N=30) engaged in two weekly key worker sessions with extra support. The non-intensive cohort (N=33) engaged in ‘treatment as normal’ with monthly sessions.

Findings demonstrated retention with statistically significant reductions in average dose prescribed methadone (7.5%) amongst the intensive cohort in contrast to the reduction (2.2%) amongst the non-intensive cohort. Overall, the intensive cohort decreased their average days of opiate use by 50% in contrast to the non-intensive cohort (33%). Additional substance use was minimal in both cohorts. Using valid and reliable outcome measures, diagnosis of COPD (chronic obstructive pulmonary disease) and hepatitis C in the intensive cohort was significantly higher than in the non-intensive cohort. Mental health outcomes improved to a greater extent in the intensive cohort. Further salient development involved the successful implementation of two community recovery hubs to promote access and uptake of support. In conclusion, the experimental group who
received intensive support experienced enhanced outcomes. Findings demonstrate the innovative benefits of the RISC model in combining shared care with a recovery agenda.

**Sandra Oelbaum**  
*Addaction*

Dr Sandra Oelbaum is a GPwSI in substance misuse and combines her work as clinical lead for Addaction, the UK's largest third sector drugs and alcohol service, with being an NHS GP. She believes strongly that health is a human right. She has worked extensively in socially deprived areas focusing on socially excluded groups including asylum seekers, BME groups and people with mental health problems. She was part of shared care at its inception and believes that this is a robust model of health care delivery, focusing services around GP practices and strengthening general practice as a vibrant community resource.
e-PAIN is a new e-learning programme designed to improve the early diagnosis and management of pain

- e-PAIN is for all healthcare professionals
- e-PAIN is free for all NHS staff
- Modules include:
  - Basic Pain Management
  - Acute Pain
  - Pain in Older People
  - Cancer Pain

Learning is structured into interactive 30 minute sessions and assessments

Training is recorded, with evidence being used to meet PREP standards and continuing professional development

For more information and to register for free access, please visit e-Learning for Healthcare: e-lfh.org.uk/programmes/pain-management

If you have any queries contact fpm@rcoa.ac.uk
**E1 Clinical**

Coping with complexity – working outside guidelines for patients and their carers

Polypharmacy and multimorbidity are the norm, yet prescribing is driven by single condition guidelines frequently applied to patients with multimorbidity who bear little resemblance to the trial populations on which guidelines are based. Similarly, pressure groups seek greater ‘awareness’ of single conditions, or encouraging certain diagnoses, but the complexity of doing so, and the competing interests the patient has, are overlooked. We will consider a range of evidence where strict guideline adherence may not be helpful or even be harmful; and ask what is best for the holistic care of patients. This session will also announce the new RCGP Standing Group on Overdiagnosis and discuss its aims and objectives.

**Dr Margaret McCartney**

*GP, Glasgow*

See page 37.

**Dr Julian Treadwell**

*Portfolio GP, Bath and North East Somerset*

Julian Treadwell is a Portfolio GP based in Bath and NE Somerset. A member of the newly established RCGP Standing Group on Overdiagnosis with an interest in polypharmacy and multimorbidity. Other roles include work with NICE on multimorbidity and a GP Clinical Evidence Fellowship with Health Education South West.

**E2 Education**

Learning together: building skills and resilience in child and mental health

There are huge opportunities within paediatrics and child health for GPs, paediatricians and other primary care clinicians to work and learn together. Imperial’s Connecting Care for Children programme within North West London uses a combination of MDTs, outreach clinics, telephone and email advice lines, innovative educational sessions and the involvement of Practice Champions to take a whole population approach to improving the care for children and young people. This has also provided an excellent learning environment for students and trainees from a number of different disciplines. In this workshop there will be opportunities to discuss some of the learning from this project and to explore the potential for further development.

**E3 Innovation and Leadership**

Innovations in service

**Working in deprived areas – challenges and solutions**

We will provide an overview of the challenges of working in deprived areas followed by discussion of some solutions.

**Dr Paramjit Gill**

*RCGP Health Inequalities Standing Group*

Dr Paramjit Gill is an academic GP working in a deprived, diverse Birmingham practice and RCGP Clinical Champion for Social Inclusion as well as founding member of the RCGP Health Inequalities Standing Group. His research interests include examining and addressing health inequalities in health and mental health care, particularly amongst the migrant communities; and evidence-based health care and its application to health care delivery. He has co-edited ‘Working with Vulnerable Groups. A clinical handbook for GPs’.
**Dr Jennifer King**  
*Sessional GP in Hackney, RCGP Health Inequalities Standing Group member*

Dr Jennifer King is a sessional GP working in a diverse community in East London. She is a member of the RCGP Health Inequalities Standing Group and is completing a MA in Philosophy, Politics and Economics of Health part time. She recently contributed to the Institute of Health Equity publication; ‘Working for Health Equity: The Role of Health Professionals’.

**Improving patient flow within primary care**

Flow methodology has been used with success in secondary care but has not been used in primary care. This session will show how it can be applied in primary care resulting in changes which can have a significant impact on the quality of care. Also it is a method of coping with increased demand which will make general practice more resilient. The principles of improving patient flow through general practice and application of flow methodology in a group of practices in Scotland will be presented. Delegates will learn what worked, what did not and learn about approaches to flow: separating scheduled and unscheduled flows, moving unscheduled work to scheduled, matching skills and resources to meet needs. Delegates will be able to identify how flow methods could be used in their practice.

**Bill Taylor**  
*Clinical Lead Quality Improvement, CIRC, RCGP*

Bill is clinical lead for quality improvement for CIRC within RCGP. He recently relinquished his GP partnership in Aberdeen. Having completed his Fellowship by Assessment of the RCGP (Scotland) in 1994, he was involved in creating the Quality Practice Award and is an ex chair of the organising groups. He was an advisor to the development of the first QOF and previously was Director of Quality Assurance Initiatives and clinical lead for quality improvement training for RCGP Scotland.

His career includes clinical pharmacy, pharmacy services management, clinical governance, risk management and quality improvement for mental health, community, primary care and specialist services. Appointed to Scottish Government to provide leadership, direction and for delivery of a major national improvement and policy programme for long term conditions and subsequently transforming outpatient services. Currently Susan is the strategic lead and co-ordinator of a quality and efficiency portfolio that extends across primary care, community and outpatient services. Includes design and delivery of large and small scale change initiatives with NHS Scotland, independent contractors, health and social care partnerships and Third Sector.

**Quality Federation Scheme**

GP federations are increasingly being seen as a positive approach to developing general practice/primary care with the RCGP promoting this approach in their 2007 Roadmap and the 2022 Vision documents. Many practices are forming or joining federations, often driven by business and financial imperatives and a perception of safety in numbers. There are many models emerging and it is likely that some will promote and emulate the core features of general practice better than others. The challenge posed by the North East of England faculty was to find ways by which we could describe ‘what good looks like’ in a federation looking to develop a novel RCGP quality improvement scheme which would assess and recognise federations for quality general practice provision. We have identified 15 GP federations in our faculty most have which have expressed interest in this scheme and we aim to pilot a Quality Federation Scheme this autumn.

**Dr Ashley Liston**  
*GP, North East England Faculty*

Ashley has been a GP for 28 years currently working in a practice in Washington, Tyne and Wear. The practice has 6500 patients but also runs the neighbouring Walk-In centre and provides GP cover for a local nurse led rehabilitation unit. Ashley has been a GP trainer for 20 years, is currently a GP tutor and council rep for the North East England RCGP Faculty. He still has a passion for the specialty of general practice and is energetic in working towards the development of federated general practice and integrated working in his local community of Washington.

**E4 GPF**

**Leadership in healthcare: meeting the challenge through enhancing resilience**

In these challenging times, it has never been more important for healthcare professionals to have the tools and resources to remain resilient whilst under pressure. The session will explore the findings from recent Ashridge research into resilience in the NHS and explore what it means for general practitioners, practice managers and practice nurses. We will also share case study work of how participative processes have been used to develop resilience within healthcare practice. More generally, the session will help you to understand what resilience means at a personal level, as well as providing you with some strategies to help to build resilience.
your personal resilience at work. This interactive session offers access to actionable insights and gives you an opportunity to share experiences with your peers.

**Guy Lubitsh**
Chartered Organisational Psychologist, Ashridge Business School

Guy is a highly experienced leadership developer, facilitator and executive coach. He has over 15 years’ experience as an organisation consultant in a variety of health care environments including; primary care, acute and mental health. His healthcare experience includes; member of faculty on Ashridge’s Masters in Leadership (Quality Improvement) for the Health Foundation, leading the Next Generation Directors Programme (NGD) for top talent across London region, coaching a number of executives from both commissioner and provider organisations. Guy has set up and facilitated national networks for senior NHS leaders using Action Learning Sets.

**Amy Armstrong**
Research Fellow, Ashridge Business School

Amy is a Research Fellow at Ashridge. Her research and teaching interests include engagement, well-being and compassion at work. Amy is also interested in the concept of ‘reflexivity’ and reflexive practice among managers as a means of self-development. Amy is also a member of the Work and Organisational Psychology group at Aston University and leads the research for one of the sub-groups within Engage for Success, a UK government-led movement which is seeking to improve engagement and well-being levels across the UK. In her spare time, Amy is a keen triathlete. She lives in Buckinghamshire with her partner Colin, four children and Alfie the dog.

**Gillian Smith**
Consultant Epidemiologist, Public Health England

Gillian Smith works part-time as a Consultant Epidemiologist (Real Time Syndromic Surveillance Team) for Public Health England, and previously worked as a Regional Epidemiologist and Consultant in Communicable Disease Control. She and her team have taken the lead in establishing several national real-time syndromic surveillance systems (e.g. telephone helplines, emergency departments, general practice). The real time information from these systems has been widely used in e.g. the 2012 Olympic and Paralympic Games, other mass gatherings, monitoring public health incidents (such as flooding and air pollution events) and seasonal and pandemic influenza. Systems have been established as partnerships with the data providers. She has additional experience in the linkage of microbiological sampling (especially self-sampling) for such schemes. She has published widely about the utility of syndromic surveillance.

**Vaccine effectiveness**

The UK has a long-standing selective influenza vaccination programme, which targets those at higher risk of severe disease, in particular the elderly and those with underlying clinical risk factors. In 2013/14, the UK began the roll-out of a childhood influenza vaccination programme initially targeting all children age two and three years of age, together with a series of geographically discrete pilots, where all children aged four to 11 years were offered influenza vaccine. PHE working with the RCGP Research and Surveillance Unit is evaluating both the selective and more recently the universal childhood influenza vaccination programmes including their uptake, impact and effectiveness. This talk will present some of this work.

**Richard Pebody**
Consultant Epidemiologist, Public Health England

Richard is a Consultant Epidemiologist working in the Respiratory Diseases Department at Public Health England, where he is in charge of Influenza Surveillance. Richard trained in medicine at Liverpool University. He initially worked in hospital medicine where he developed a strong interest in infectious diseases. He worked as a clinician in a variety of places (Birmingham, Leicester, Liverpool and tropical Northern Australia). He then joined the EPIET programme - a two year European training programme in field epidemiology - and was based in Helsinki, Finland. Following completion of his UK training in public health, he worked at the WHO Regional Office for Europe on the measles elimination programme. Since 2003, he has worked at the PHE National Surveillance Centre on various vaccine preventable diseases. He has led the PHE influenza surveillance team since 2008 and works closely with the RCGP research and surveillance unit.
E6 Clinical

Telephone triage

Triage: safe, effective and convenient – what’s not to like?

That GPs are suffering under increased workload is well established, while calling for more resources frankly isn’t working and has little chance in the short term. Yet a growing number of GPs are finding that a change of system lifts the burden, enabling them to be some 20% more productive and offering better access and continuity at the same time. It’s based on telephone consulting, and repeating results are totally at odds with the recent RCT published in the Lancet. How could this be? We look at the design of the system as a whole, how it is measured and at comprehensive evidence of the outcomes.

Harry Longman
Chief Executive, GP Access Ltd

Trained as an Engineer, Harry was working in the NHS when he discovered a small number of GPs who had invented a new system of operation around an initial GP telephone call. Researching the method led him to form GP Access, with the vision to transform access to medical care. He is fascinated by questions of how and why things work and how they can work better. Specialist areas are systems thinking, operational measures and leading change.

Access and continuity: you can have your cake and eat it!

There have been doubts about the value of GPs doing their own telephone triage but Jenny speaks from the heart when she says that she would never return to any other system. She has control over her workload through the day, her patients can often avoid an inconvenient trip to a crowded and unhealthy waiting room, those who need to be seen are seen and those whose needs can be met elsewhere are redirected without wasting appointment time. Jenny can see or speak to her patients at times convenient to both of them and gone are the days of ten-minute appointments. What’s not to like? In these times of escalating demand, telephone triage offers a way of running your practice that offers rapid and fair access for patients without compromising quality of care or continuity.

Dr Jenny Bennison
GP, Mill Lane Surgery and Executive Officer for Quality Improvement, RCGP Scottish Council

See page 54.

E7 Veterans

Veteran’s health

The mental health of military veterans – fact and fiction

There is an abundance of media articles and political prose relating to the mental health of military veterans in the UK. Words such as “timebomb”, “tsunami” or “explosion” are commonly used to describe the scale of the problem. However, the considerable research on this subject does not support the use of these adjectives. This presentation will describe the known knowns and the known unknowns as well as explaining the Royal College of Psychiatrists approach to this important.

Prof Neil Greenberg
Lead on Military and Veterans Health, Royal College of Psychiatrists

Professor Neil Greenberg is an academic psychiatrist based at King’s College London and is a consultant occupational and forensic psychiatrist. Neil served in the United Kingdom Armed Forces for more than 23 years and has deployed, as a psychiatrist and researcher, to a number of hostile environments including Afghanistan and Iraq. Neil has published more than 160 scientific papers and book chapters. He is also the president of the UK Psychological Trauma Society and the Royal College of Psychiatrists’ Presidential Lead for Military and Veterans Health

The GP and the veteran

Veterans are the men and women who have served in the Royal Navy, Army and Royal Air Force (Regular or Reserve), and who have now left to re-join civilian life. It is estimated that there are around four million veterans, around half of whom left the Services before 1960 (about 6% of the UK population). An electronic survey was undertaken to assess the knowledge of members of the RCGP on veteran’s health issues, assess present support, and establish what support is required for GPs when treating veterans. Although most GPs had seen a veteran in the last month, few knew how many veterans they were responsible for. Only 7.9% of respondents used the unique Read Code for veterans and only a few had accessed learning resources available. GPs requested more information on how to assess veterans and where they could be referred. Further work is needed to provide guidance and support to GPs on the health needs of veterans.

Col Dr Robin Simpson
GP Dean, Defence Medical Services, Birmingham

Colonel Simpson is the GP Dean for the Defence Medical Services. He has been an MRCGP Examiner since 1995 and is the Honorary Secretary for Midlands Faculty. He has considerable experience of military general practice having served all over the world including tours in Iraq and Afghanistan. He is particularly interested in making GPs more aware of veteran’s
Is the RCGP doing enough?

Dr Jonathan Leach,
General Practitioner, Davenal House Surgery, Bromsgrove
See page 29.

E8 Oral presentations

Protecting and supporting the GP workforce short papers

Producing a future proof workforce

Gail Nicholls1, Kirsty Baldwin2, Nicky Danks1, Pat Harkin1
1University of Leeds, 2Health Education Yorkshire and Humber

To make general practice future proof we need to develop the workforce of tomorrow. This has been outlined in the RCGPs document: The 2022 GP A vision for General Practice in the Future NHS (1) which states the importance of developing "an expanded, skilled, resilient and adaptable general practice workforce".

Medicine has been criticised for selection and recruitment processes that reinforce the current socio-economic make-up of the professions dominated by the higher SECs. Alan Milburn has suggested measures to combat this including targeted work experience (2). The Medical Schools Council (3) states that "candidates should demonstrate some understanding of what a career in medicine involves" but pupils defined as being likely to benefit, from widening participation (WP) backgrounds, find it difficult to gain this.

In response, a pilot project has been initiated by our Medical School and the local School of General Practice. This plans to place 24 students, from target WP schools, in teaching practices around the region. They will receive a workshop on ethics prior to the placement and this will be followed up another with current medical students to reflect on what they have learnt.

We will report on the results of a survey evaluating the project that will be sent to all participants. Focus groups will examine on what participants have gained from this experience as well as any issues raised.

The potential to influence prospective medical students’ choice of future specialty by placing tomorrow’s doctors within general practice has never been more needed.

Doctors’ difficulties discussed. What is the best way to provide wellbeing and resilience training to medical students?

David Longford, Karen O’Hanlon
University of Liverpool

Background: With a subject such as wellbeing it is important to engage medical students effectively to avoid a feeling of time being wasted on a non-clinical subject. Our dilemma was how best to deliver this subject.

Literature review revealed recurring themes: Students benefit greatly from role models provided by tutors and senior figures within their institution. Students’ fears for their careers are the biggest obstacle to their accessing help when needed. This fear is out of all proportion to the actual threat but nevertheless may continue into future careers. Students may prefer a lecture-based approach to promoting wellbeing, although this might be a reflection of students’ perception that lecture learning is more efficient.

Method: A lecture-style presentation delivered in September 2013, to be repeated in 2014 entitled “Doctors’ Difficulties Discussed” aiming to reduce the stigma associated with suffering stress and seeking help. This took the form of an open discussion led by a GP/University Tutor detailing their personal experience of stress, followed by a presentation on causes and signs of stress, coping methods and mindfulness and integrating use of live audience response technology. This was supplemented by presentations by faculty and university support and counselling services.

Conclusions: Providing a good role model using a recognisable member of teaching staff may be an effective way to engage students. Live audience response technology was an excellent teaching tool and provided immediate feedback for the tutor. Further assessment of the impact of this method is required and will take place in September 2014.

Gail Nicholls
University of Leeds
Dr Nicholls has a background in general practice and is an Associate Professor in Primary Care. She is Director of Admissions for the School of Medicine and oversees the School’s Widening Participation activities. The School of Medicine at the University of Leeds is committed to recognising applicants with the best potential regardless of background and attracting such individuals to the University. Her current research interests focus on admissions and outreach activities.
**Tomorrow's GPs are unaware of the health risks of physical inactivity and of the UK Physical Activity Guidelines**

Michael Dunlop¹, Kimberley Edwards², Mark Batt¹,²

¹Nottingham University Hospital NHS Trust, ²Nottingham University

“Whatever our age, there is good scientific evidence that being physically active can help us lead healthier and even happier lives”. This is the first line of ‘Start Active Stay Active: A report on physical activity for health from the four home countries’ Chief Medical Officers’ (COM), 2011. The report’s aim is “That as many people as possible become aware of these guidelines and use them to achieve the recommended activity levels”. GPs play an essential role in health promotion to patients. A previous study (by the lead author) suggested Scottish Medical Students were unaware of the guidelines, today’s Medical Students will be tomorrow’s GPs.

The current studies aim was to repeat the previous pilot study across UK Medical Schools.

Ethical approval was received from Nottingham Medical Schools Medical Research Ethics Board. A questionnaire was carried out to unselected cohorts of final year medical students across seven UK medical schools. N=477, 40% of the total student cohort.

Key findings: Almost 50% underestimated the risk of physical inactivity in comparison to other non-communicable disease risk factors.

Only 39% of students reported they were aware of the CMO guidelines.

Only 10% were able to adequately define ‘moderate and vigorous exercise intensities’ to patients, key aspects of the guidelines.

Major reforms in undergraduate and likely GP trainee education are needed if tomorrow’s GPs are to be able to pass on the CMO recommendations to patients effectively.

**Michael Dunlop**

Sessional GP and ST4 Sport and Exercise Medicine

After completing a degree in Sports Science and an MPhil in Human Applied Physiology, Mike studied Medicine at Glasgow University graduating in 2006. He remained in Scotland for post graduate training and obtained his MRCGP prior to commencing SEM Higher Speciality Training in the East Midlands in 2012. He continues works sessions as a GP, for the MOD and has been a member of Northampton Saints RFC pitchside medical team from 2013. His research interest over the last few years has centred on increasing physical activity health education in undergraduate medical schools.

**Staying human: The role of mindfulness in medical education**

Alice Malpass, Lauren Robson

University of Bristol

Context: Medical students display higher levels of depression and anxiety when compared to the general population. Medical students are reluctant to admit to stress or mental health issues, find it hard to ask for help and believe help-seeking could jeopardise career prospects. The General Medical Council wants medical students to seek help before it becomes a ‘fitness to practice’ concern and wants medical schools to put preventive measures in place to promote good mental health and well-being in their students, including providing sessions on techniques such as mindfulness.

Objective: This study explores what makes medical students vulnerable to stress and burnout and proposes a conceptual model of how Mindfulness Based Cognitive Therapy may intercept a learnt cycle of vulnerability, creating greater resilience against stress.

Methods: Students were referred by their GP, student counselling or advisory service to an 8 week MBCT course. 12 qualitative interviews with medical students who took part in a MBCT course during 2011-2013 were audio-recorded and transcribed verbatim. We adopted a purposive sampling strategy in order to maximise heterogeneity in terms of time lag since completing an MBCT course, year of study and small-group cohort. Transcripts were analysed thematically using the framework approach.

Results: We present a conceptual model of a learnt cycle of specificity and describe how MBCT intercepts at various junctures in this self-reinforcing cycle through the development of new coping strategies that embrace an ‘allowed vulnerability’.

Conclusions: The effectiveness of mindfulness for reducing stress amongst medical students has been shown through trial methodologies, we are the first to present a conceptual model of the specific vulnerabilities of medical students and the role of MBCT in intercepting a learnt cycle of vulnerability. In light of the recent GMC recommendations, these findings will be of particular interest to medical faculties in the UK.

**Lauren Robson**

FY1 Doctor

Dr Robson is a currently an FY1 Doctor in Bristol, having completed her training at the University of Bristol in 2013. She used her elective period to further her interest in mindfulness and its uses in medical education and mental health of students and doctors. Lauren won the annual RCGP Elective prize in 2013.
**F1 Clinical**

**New clinical priorities**

Autistic spectrum disorder affects at least 1% of the population; it is under recognized and under resourced. At least 50% of those affected do not have an intellectual disability. The programme will aim to increase the training available to GP registrars and make resources readily accessible to established GPs allowing them to get the help they require to meet the complex needs of these patients. It will also push to get the right services commissioned across the country so that general practice has the support it needs from specialist services. The intended benefits of the programme are:

- Autism friendly community services
- Timely diagnosis with appropriate referral
- Appropriate support for those with ASD, their family and carers
- Reduced stress and anxiety for all involved
- Improved health and wellbeing outcomes
- Reduction in wasted resource by getting the right support to the right people at the right time.

**Dr Carole Buckley**

**RCGP Clinical Champion for Autistic Spectrum Disorders**

Dr Carole Buckley is the RCGP champion for Autistic Spectrum Disorders. A GP in Bristol she was the GP representative on the NICE guideline development groups for autism in adults and the management of autism in children and young people. She is a member of the RCGP intellectual disability professional network and currently sits on the NICE guideline development group for those with a learning disability and behaviour that challenges. She believes that primary care is essential in improving health outcomes for potentially unrecognized and vulnerable individuals on the autistic spectrum along with their family and carers.

The aim of the Supporting Carers in General Practice programme, which is funded by DH and in collaboration with NHS England, NHS IQ, Carers Trust and Carers UK among others, is to raise awareness of carers within primary care and support primary care staff to support the carer, enabling the carers to carry out their caring role in a healthy, productive manner. Central to our work on supporting carers is the development of the Caring for Carers Hub. This is an online information hub which will be used by GPs and other primary care staff as a one-stop-shop for information on supporting carers. Featured on the Hub is a national layer of information but crucially we work with people in CCGs and carers centres to develop local content, specifically relevant to that locality. The Hub is being piloted in four localities in August and will be launched for national rollout in October. Another key element of the programme which I will cover in the presentation is our network of 11 GP Champions for Carers, who work across the country to support local initiatives and promote RCGP resources.

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**Dr Sachin Gupta**

**RCGP Clinical Lead for Carers**

Sachin is a general practitioner in Welwyn Garden City. He worked as RCGP GP Champion for Carers from 2011 to 2013. He has been the Clinical Lead for RCGP Supporting Carers in General Practice Programme since last year and is currently leading a team of eleven RCGP GP Champions. He is a Medical Director of Herts Urgent Care, a provider organisation for 111, Urgent Care and GP Out of Hours Service. He is a GP Appraiser and University of Cambridge Senior Clinical Tutor.

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**Dr John Patterson**

**RCGP Clinical Champion for Health Inequalities**

John is Medical Director of Hope Citadel Healthcare, a social enterprise working within the NHS, running practices and walk-in centres in deprived areas around Greater Manchester. They have had great success using a model called ‘Focused Care’ to focus healthcare access on the most vulnerable and needy households. John spent the previous decade living with his family on a detached youth project on the Hattersley Estate. He is currently working on innovative models joining up the strengths of primary care with ‘troubled families’ and wider services in local councils. Health inequalities remain a key issue in general practice and addressing them is a core priority for the College. The post of clinical champion is one of the contact points with the College for those wanting to learn more or share their success of working in Health Inequity. Feel free to contact John on johnpatterson@nhs.net.

Jane Roberts will be presenting highlights of her work as Youth Mental Health Clinical Champion and offering a brief update on the recent key events which address youth mental health. There is growing interest both on the national and international stage in identifying early mental health problems in the 0-24 year old age group and offering timely support.

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**Dr Jane Roberts**

**RCGP Clinical Champion for Youth Mental Health**

Jane Roberts is a GP in Liverpool and the Liverpool CCG Clinical Commissioning lead for Children and Young People’s mental health and emotional well-being. She is the RCGP Clinical Champion for Youth Mental Health and the Chair of the RCGP Adolescent Health Group.

“Where is cancer?”. Cancer is everywhere – incidence is rising, survival rates are rising, numbers living with and beyond cancer are rising, cancer seems to be in the Press on an almost daily basis and all of this is impacting increasingly on primary care at a time of ever increasing demands on the profession. How can we continue to improve in providing professional input, before and during a patient’s cancer journey?”
Dr Richard Roope
RCGP/CRUK Clinical Lead for Cancer Care

Richard trained at Gonville & Caius College, Cambridge and The Royal London Hospital, qualifying in 1987. Following house jobs, and the GP Training Scheme in Oxford he joined his current practice near Fareham on the South Coast. He was awarded an MSc in Occupational Medicine at Manchester University in 2006, and also works part time for a number of local employers. He has been a Primary Care Cancer Lead since 2002 and in 2011, he became the CSCCN GP Cancer Lead. In April 2014 he took on the role of RCGP and CRUK Clinical Lead for Cancer.

Dr Shah will discuss the RCGP Clinical Priority programme for Eye Health, and will talk about why this programme is essential for GPs to engage with. Dr Shah will show that GPs are not expected to up-skill themselves to become ophthalmologists, rather that they become aware of pertinent issues their visually impaired patients may face, such as access to premises, risks of social isolation and depression, greater rates of falling, and so on. Dr Shah will demonstrate that a small investment in service can be enormously beneficial to the patient.

Dr Waqaar Shah
RCGP Clinical Champion for Eye Health

Dr Waqaar Shah is a GP partner at Chatfield Health Care in London. He is the Royal College of General Practitioners’ Clinical Champion for Eye Health where he heads a programme to raise awareness of eye health amongst GPs.

He is the Honorary Treasurer of the Section of General Practice with Primary Health Care, Royal Society of Medicine. He is an approved GP appraiser and the Clinical Lead for Ophthalmology Commissioning in Wandsworth Clinical Commissioning Group. Prior to general practice, Dr Shah spent five years working in Ophthalmology.

He sits on the Department of Health Eye Care Forum, the Clinical Council for Eye Care Commissioning, the Vision Clinical Commissioning Group. Prior to general practice, Dr Shah spent five years working in Ophthalmology.

He sits on the Department of Health Eye Care Forum, the Clinical Council for Eye Care Commissioning, the Vision Clinical Commissioning Group. Prior to general practice, Dr Shah spent five years working in Ophthalmology.

Dr Judy Shakespeare
RCGP Clinical Champion for Perinatal Mental Health

Judy Shakespeare is a recently retired General Practitioner from Oxford. She has been the RCGP Clinical Champion in Perinatal Mental Health since April 2014. In addition she has been the RCGP representative to the maternal death enquiry since 2005 and is now a co-collaborator at MBRRACE-UK.

Dr Liz England
RCGP Mental Health and Whole Person Care Clinical and Commissioning Lead

Liz England is the RCGP Mental Health Clinical and Commissioning Lead. She co-chairs the Joint Commissioning Panel for Mental Health. She is also the Mental Health Lead for SWB CCG. She is a practicing GP in a busy inner city practice in Birmingham, where she leads on mental health and learning disability care. She is based in Primary Care Clinical Sciences as an NIHR Clinical Lecturer at the University of Birmingham. Her research interests are focused on the areas of primary care mental health policy and commissioning, the interface and collaborative working between primary and secondary care mental health services.

The NHS needs a standard layout for referral forms. There are too many formats, which change too often. If we could agree on a standard set of design principles for referral forms much unnecessary work could be saved. Despite patient and practice demographic data being automatically added onto forms by the surgery computer, GPs still have to add specific clinical details. Squinting at poorly-designed word documents on the computer screen consumes precious time during busy consultations. I’ve been developing “intelligent” referral forms within my practice. Clinical details are requested via a series of simple text prompts to which GPs respond using the keyboard alone. Intelligent forms complete themselves based on these responses, automatically filling in text fields, ticking any boxes and adding up any required scores. Faster and more accurate form completion leads to a more efficient referral process which benefits GPs, staff, secondary care providers and more importantly, patients.

Dr Ian Rubenstein
Sowerby Innovation Fellow for Intelligent Referral Forms

Dr Ian Rubenstein has been a GP in north-east London for 32 years. Ian’s interests include complementary medicine, the placebo effect and spiritual experiences. He is co-author of the thinking doctor’s guide to placebos (BMJ 2008; 336). Ian’s ethnographic study of spiritualism in east London featured in Channel 4’s 2009 documentary “Talking to the Dead”. This was subsequently published in his book, Consulting Spirit, A Doctor’s Experience with Practical Mediumship. With a longstanding interest in computer programming, he was awarded the first RCGP CIRC Sowerby Innovation Fellowship to develop his ideas regarding improved GP referral forms.
**F2 Education**

**Future-proofing generalist training: building the path from student to expert practice**

**Dr Sian Alexander-White**  
*Academic GP, University of Liverpool*

Sian is a local GP and has been in the same practice in Aintree for 30 years. She is also the Director of the Community Studies Unit and Director of Year 5 on the University of Liverpool MBChB programme. Recently the new Curriculum 2014 has a bespoke GP curriculum as a longitudinal component.

Medical schools vary in the percentage of their graduates who enter general practice. Bristol medical school produces relatively few GPs despite the fact that it has a strong Centre for Academic Primary Care within the University. In order to promote primary care as a career option, a student GP society was established. This has flourished over the last 3 years. Its meetings attract high profile speakers who inspire the students. A particular success of the society has been its annual conference. The programme for the last conference included a workshop on medical politics run by Dr Sarah Wollaston (chair of parliamentary health select committee) and a keynote speech by Dr David Jewell (former editor of the BJGP). The society makes full use of social media.

**Dr Andrew Blythe**  
*Senior Teaching Fellow, Bristol Medical School*

Andrew Blythe has been a GP partner in Bristol for 19 years. He is a Senior Teaching Fellow in the School of Social and Community Medicine at the University of Bristol and leads the teaching of primary care within the MB Ch Programme. He has been Deputy Director and Director of Assessments for the MB Ch Programme at Bristol. Three years ago he helped the students set up a GP Society.

**Dr Alex Harding**  
*Sub Dean and Senior Lecturer, Exeter Medical School*

Alex is a five session GP at St Leonards Surgery in Exeter. He has been attached to the practice for the past 20 years, initially as a trainee, then as a locum and finally as a partner. He is also a senior lecturer and sub dean at the University of Exeter Medical School. Here his research interests centre on how medical students learn in the clinical environment and how GPs are supported to teach medical students. His recent research has highlighted that medical student teaching in UK general practice has been reducing over the past 10 years. Other interests include part time parenthood and playing the blues.

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**F3 Policy**

**Polypharmacy, multimorbidity and stopping medicines**

Dealing with multimorbidity and polypharmacy is a growing challenge for GPs given the application of ‘evidence-based’ guidelines to an ageing population, and the fact that the majority of older patients are now taking four or more medications. In 2013 the King’s Fund published a report on polypharmacy and medicines optimisation. In this session the authors of the report will explain the concepts of ‘appropriate’ and ‘problematic’ polypharmacy; demonstrate how common polypharmacy is in general practice, and provide tips for GPs in relation to medicines optimisation for patients taking multiple drugs. In particular, they will tackle the difficult issue of when and how to stop drugs in patients with polypharmacy.

**Prof Tony Avery**  
*Professor of Primary Health Care, University of Nottingham*

Tony Avery is a GP in Chilwell, Nottingham, and Professor of Primary Health Care at the University of Nottingham. He qualified in medicine at the University of Sheffield and did his vocational training for general practice in Nottingham. His main interests are in prescribing and patient safety, and over the last 20 years he has undertaken a range of studies looking at the prevalence, nature and causes of prescribing errors in general practices, along with developing effective methods for improving the safety of prescribing. Together with Martin Duerden and Rupert Payne he is a co-author on the Kings Fund report on Polypharmacy.

**Dr Martin Duerden**  
*Clinical Senior Lecturer, Bangor University*

Martin has carried out sessional work as a part-time GP in Conway, North Wales since 1999. Latterly he has been Deputy Medical Director for Betsi Cadwaladr University Health Board. He qualified at Newcastle University and was initially a full-time GP in Wrexham for eight years. He was a co-author of the King’s Fund Report on Polypharmacy and Medicines Optimisation published in November 2013. He is a Clinical Adviser to the Royal College of General Practitioners on prescribing and on evidence-based medicine.
Dr Rupert Payne
NIHR Walport Clinical Lecturer in General Practice, and Consultant in Clinical Pharmacology and Therapeutics, University of Cambridge

Rupert trained in Edinburgh in both general practice and clinical pharmacology. He took up his current post as Clinical Lecturer in General Practice at the University of Cambridge in 2010, based in the Cambridge Centre for Health Services Research. His research interests are around the safe and rational use of medicines in primary care, with a particular focus on polypharmacy and multimorbidity. He has carried out pharmacoepidemiological work at the Information Services Division of NHS Scotland, was involved in evaluation of the work of the Scottish Medicines Consortium, and co-authored the influential King’s Fund Report Polypharmacy and medicines optimisation. He is a member of the British Pharmaceutical Society and Royal College of Physicians of Edinburgh, is a Clinical Adviser for the Royal College of General Practitioners, and an Honorary Fellow of The University of Edinburgh.

F4 Inquiry findings

Mike Farrar
Independent Management Consultant

Mike Farrar is an independent management consultant having stepped down as the Chief Executive of the NHS Confederation in September 2013. Since that time Mike has built a successful independent business practice working with clients such as PwC, Celesio, RCGP, ABPI, NHS Quest, NHS Leadership Academy, Vanguard Health Solutions, Pfizer, CI PfA etc as well as starting up a number of small companies aimed at promoting health innovations, and links between health and sport.

Mr Farrar was previously the chief executive of the North West England SHA from May 2006 to April 2011. He was prior to that, chief executive of West Yorkshire and South Yorkshire Strategic Health Authorities, chief executive of Tees Valley Health Authority and head of primary care at the Department of Health. During his time at the Department of Health, he was responsible for establishing primary care groups, primary care trusts and Personal Medical Services (PMS). Mr. Farrar chaired the Strategic Health Authority Chief Executive’s Group from 2002 to 2009. He chaired the NHS Confederation GP Contract negotiating team that successfully negotiated the new General Medical Service contract in 2002. He also worked as the national programme director of NHS Live, chaired the Office for Life Sciences Innovation Delivery Board and was the key architect of the NW Advancing Quality programme, which involved one of the world’s largest and most successful Pay for Performance quality improving schemes in health care.

Mr. Farrar was also the Vice and Interim Chair of Sport England, and in August 2009 was appointed as National Director for Sport and Health. Mike was also awarded the CBE in 2005 for services to the NHS and is an honorary fellow of the Royal College of General Practitioners, the Royal College of Physicians and of the University of Central Lancashire.

F5 Patient

Tapping into the resourcefulness of patients and communities

Practice Health Champions: What they mean for a general practice

Altogether Better has developed an award winning model of working with citizens and services where change is needed to improve health. Alyson will describe how, working within the principles of co-production, citizens work alongside staff in general practices in order to:

- Achieve better outcomes
- Transform relationships
- Create capacity
- Find different ways to meet increasing demand within limited resources

There is compelling evidence that Practice Health Champions influence change on multiple levels: alongside building their own knowledge, skills and understanding, they share learning with patients resulting in better self-management of health, increased engagement and less reliance on primary care services.

Alyson McGregor
Director, Altogether Better
See page 55.

Social prescribing

Community driven services around education, housing, art, gardening and nutrition have always been part of Bromley by Bow’s unique delivery of general practice. In this talk Dr Dirk Pilat, one of the groups GP partners, will discuss the benefits and different flavours of social prescribing and how they can be implemented around the country.

Dr Dirk Pilat
Medical Director for eLearning, RCGP

Dr Dirk Pilat is a GP partner at Bromley by Bow Health Partnership, an innovative and community driven group of GP practices in the East End of London. For four years he has been the clinical lead for the RCGP’s Essential Knowledge Update programme and is now the College’s medical director for elearning. When he is not in the practice or at Euston Square, you can likely find him at home tinkering with vintage computers or playing his bass along to some of the most excruciating songs from the eighties imaginable.
Health economics and medical politics – a beginner’s guide

How can the health service continue to deliver quality care for an aging, expanding population when there is no more money? How do we manage the main challenges facing healthcare systems worldwide: waste, patient safety, inequality and illness prevention? What drives changing policies in health care and how should we, as general practitioners, best respond to them? Can we take the wheel and drive the change we need? And what, exactly, is the role of the media?

Find out from the experts in this session, which may just change the way you think about medicine. Not to be missed whatever stage of your career!

Sir Muir Gray
Better Value Healthcare

Muir Gray has worked in the Public Health Service in England since 1972. He has carried out a number of tasks in that time, for example the development of the National Screening Committee. Currently he is working one day a week as a Consultant in Public Health for the University of Oxford Hospitals NHS Trust, focusing on the Oxford AHSN. In the rest of his life he is developing Better Value Healthcare, whose mission is to publish handbooks and development programmes designed to get more value from health care resources in England, and worldwide. More information can be found at www.bvhc.co.uk

He is also a Director of the National Campaign for Walking, a small charity dedicated to promoting walking as the only type of activity relevant to tens of millions people.

Prof Mike Pringle
President, RCGP
See page 19.

Dr Helena McKeown
GP, RCGP and BMA Council Member, Councillor for Wiltshire

Helena is a Founder member of the European Medical Student Association. She joined the North East Thames Junior Doctors Committee – where they implemented 72 hour working weeks! Helena then joined the Local Medical Committee, where she implemented nurse prescribing and rolled out appraisals. Helena is the Vice Chairman of the PCT’s Professional Executive Committee.

Helena works on the RCGP Leadership Programme, RCGP and BMA Councils, GPC and in 2004 was appointed the Chair of BMA’s Committee on Community Care. Helena is also a District Council Cabinet member for transport, and established the annual community participation health event and joint bids for sustainable health. Currently Helena is the Wiltshire Council Group deputy leader and leads on health/social care. She is an independently appointed member of the Standing Commission on Carers, along with being an Executive member of the non-political Transport and Health Steering group.

Dr Clare Gerada
GP Lead, NHS London
See page 38.

Rural practice
Developing resilience in remote and rural practice: new ideas from RCGP Scotland

Remote and rural healthcare has reached a crisis with problems with recruitment and retention for GP practices throughout Scotland. The causes of the crisis are complex and multi-factorial and have the potential to adversely impact on safe and effective patient care. When brought together, as is the case, these issues (listed below) constitute a particularly challenging environment in which to recruit and retain both GPs and other healthcare professionals to remote and rural environments.

- Connectivity (mobile phone/broadband)
- Transport
- Fragility of support services
- Workload (including the 24 hour, 7 day a week commitment)
- Professional development
- Education and Training
- Professional and social isolation

RCGP Scotland has developed the policy document “Being Rural” to highlight these issues and to outline areas of action and to seek to engage with the Scottish Government, Health Boards, NHS Education for Scotland (NES), and other stakeholders to seek to reverse this trend.

Dr Hal Maxwell
Remote and Rural Lead, RCGP Scotland

Hal Maxwell has been a GP in a small rural dispensing practice based in Ballantrae in south west Scotland since 1985. He has a passionate interest in rural practice and is actively involved with medical politics and emergency care currently serving as chairman of:

- Ayshire & Arran LMC,
- the Scottish Conference of LMCs,
- BASICS Scotland &
- Heartstart Ayshire & Arran

Additionally he is the Scottish representative for the Dispensing Doctors Association and the remote & rural lead for the RCGP Scotland Membership Liaison Group and in this capacity is part of the Rural Forum Steering Group.
A new route to rural practice and revalidation

Future proofing remote and rural practice will depend on ensuring that we are able to train, recruit and retain rural GPs to deliver a safe, high quality service. This session seeks to explore new ideas from RCGP Scotland to develop resilience in remote and rural practice and also to promote a new initiative from the Rural Forum aimed at attracting and preparing GPs to work in rural and remote areas across the four nations.

Dr Malcolm Ward
Chair, RCGP Rural Forum;
After more than 30 happy years as a GP in a rural dispensing practice in Derbyshire, Malcolm and his wife moved to remote and rural Kintyre, Argyll where he was a salaried GP for the Highland Health Board for 2 years providing scheduled and unscheduled care, dispensing services and in patient care in the local GP run community Hospital. The nearest DGH is three to four hours’ travel time by road and so Malcolm is well familiar with the issues confronting remote and rural practice. He now work as a sessional/locum GP for local practices. Malcolm was a founder member of the Dispensing Doctors’ Association and was chair from 1998 to 2006 and co-opted negotiator for the GPC over the same period. Perhaps the biggest achievement in that period was to be a key player in the team that produced the NHS Pharmaceutical Services Regulations (England 2006). This laid the foundations for stability in the provision of pharmaceutical services in rural areas. Malcolm was a member of the GPC Rural Practice sub-committee until it was dismantled/he was a member of the RCGP Rural Practice Standing Group and later chaired the group. He was a founding member of the RCGP Rural Forum and have chaired the Forum since its launch in 2009.

Dr Alys Cole-King
Consultant Liaison Psychiatrist, Betsi Cadwaladr University Health Board and Director Connecting with People
Alys Cole-King is a Consultant Liaison Psychiatrist (Betsi Cadwaladr University Health Board) and Co-Founder and Director of the Connecting with People Programme. She works nationally with Royal Colleges, voluntary bodies, academics, patient leaders, carers and sits on the All Party Parliamentary Group for Suicide and Self-harm Prevention. Alys is included in the HSJ Inspirational Women in healthcare 2014 list. She is the Royal College of Psychiatrists’ (RCPsych) spokesperson on suicide and self-harm and also sits on their Patient Safety Working Group. She contributed to both the RCGP mental health and RCPsych curricula. She promotes compassion, patient safety and a public health approach to suicide prevention, wellbeing and resilience. The Connecting with People training includes a series of clinical tools to provide a clinical governance framework and promote patient safety. She sits on the Editorial Board of the Journal of Compassionate Health Care, is a reviewer for several journals including the BJGP and has authored several articles and book chapters. Alys is leading the NHS Change Day U Can Cope Campaign and sits on the NHS Change Day National Advisory Group. Alys led the 2013 Connecting with People multimedia World Suicide Prevention Day (WSPD) campaign and was instigator and co-producer of the 2012 WSPD campaign U Can Cope film and campaign. She led the development of the RCPsych portfolio of compassionate self-help resources. She has experience of working with the media to promote positive public health messages via film, radio and newspapers.

Dr Colville Laird
Medical Director BASICS, Scotland
Colville Laird has been a general practitioner in Auchterarder for 29 years, during which time he has been actively involved in immediate care. In 1993 he started running immediate care courses in Scotland and is now Medical Director of BASICS Scotland. At the present time BASICS Scotland provides approximately 350 course places per year on a mixture of courses on subjects involving immediate care and pre-hospital emergency care. BASICS is also involved in OOH/ unscheduled care teaching and is developing several methods of remote learning including skills training by tele-conferencing. He holds the Fellowship in immediate care from The Royal College of Surgeons of Edinburgh, is an Examiner in immediate medical care and is Chairman of Faculty of Pre-hospital Care of The Royal College of Surgeons of Edinburgh.

F8 Oral presentations

Research short papers

The 3D study: improving the management of patients with multimorbidity in general practice

Chris Salisbury1, Pete Bower2, Sara Brookes3, Bruce Guthrie3, Ali Heawood4, Sandra Hollinghurst1, Mei-See Man5, Cindy Mann1, Stewart Mercer4, Imran Rafi5

1University of Bristol, 2University of Manchester, 3University of Dundee, 4University of Glasgow, 5RCGP

Introduction: Despite an increasing prevalence of patients with multimorbidity, current management practices follow treatment guidelines for separate long term conditions (LTC). This can lead to issues of repetitive multiple clinic appointments, polypharmacy and adherence problems, depression and patients complain that no-one treats them as a whole person.

Objective: This study aims to develop, optimise and evaluate a new approach to improve the management of multimorbidity in general practice.

Methods: This pragmatic cluster randomised controlled trial will target 1383 multimorbidity patients (defined as having 3 or more QOF registered LTCs) recruited from 32 practices around Bristol, Manchester and Glasgow. Practices randomised to the intervention will implement strategies to maximise continuity of care and offer longer appointments with named GPs. ’3D’ reviews focussing on the ‘Dimensions of Health’ (patients’ priorities, quality of life, and disease control), ‘Depression’ (assessment and treatment) and ‘Drugs’
(pharmacist recommendations, strategies to simplify drug regimes and improve adherence). Each practice will have a linked general physician in hospital for telephone advice.

Outcomes: The study is currently in set-up phase and recruiting pilot practices. Participants will be followed up for 12 months with the primary outcome being health related quality of life (EQ-5D) at 12 months. Secondary outcomes include measures of patient centred care, illness burden and treatment burden.

Discussion: There is widespread interest in how to improve care for multimorbidity patients. If successful, this intervention could improve the quality of life of patients, their experience of care and reduce NHS and patient costs.

Evaluating general practitioner led urgent care centres: an interrupted time series

Shamini Gnani¹ Farzan Ramzan¹ John Tayu Lee¹ Thomas Cowling¹ Tim Ladbrooke² Hugh Millington³ Azeem Majeed¹

¹Imperial College London, ²London Central and West Unscheduled Care Collaborative, ³Imperial College Healthcare NHS Trust

Introduction: Urgent care centres were introduced as new models of care with the aim of reducing demand in the urgent and emergency care system. They have been widely established and recommended in the UK without evaluation.

Methods: We used an interrupted times series regression model to assess the impact of two urban urgent care centres co-located with emergency departments at two hospitals in North West London. We examined the effect of the centre on short and long term hospitalisation, average lengths of hospital stay and use of diagnostics.

Results: From January 2007 to December 2013, there were 827,453 patient attendances and 192,375 emergency hospital admissions. Preliminary results suggest a significant mean reduction in hospital admissions rates at one urgent care centre. We found a greater reduction in short stay admissions compared to long term admissions. This is pending final and further analysis of results with both urgent care centres, average lengths of stay and diagnostic use.

Conclusion: Evaluating the impact of urgent care centres offers mixed results. There may be potential to realise positive benefits to health systems in avoiding emergency hospital admissions but this finding is not uniform. Hence their effect needs to be determined in each instance.

Identification of patients at risk of genetic disease: can we do better

Paul Nathan¹ Rick Jones² Chris Bates³ Samantha Crossfield³

¹Hollybrook Medical Centre, ²University of Leeds, ³TPP ResearchOne

Health inequalities remain an important issue for general practice. Access to cancer screening services is known to be related to education and social status, yet those most at risk often do not use these services. This study was to try to determine the size of the issue. Using a pseudoanonymised data base of GP records, two conditions were reviewed. Firstly familial hypercholesterolaemia (FH) and secondly breast cancer presenting in those under age 40 yrs. In both these conditions screening is recommended of children at the appropriate age.

This study on a data base of 5 million records demonstrated under diagnosis of FH. As well as a lack of screening of directly related individuals (linked by relationships) and implied relatives (linked by household). This was similarly demonstrated for breast cancer diagnosed under age 40 yrs.

A GP survey asking for opinions on these issues, clearly demonstrate that GPs lack the training and tools to deliver quality services. There is confusion over how to manage very high cholesterol and when to refer. Many clinicians have not considered male breast as a reason to refer children for screening. There is confusion over who is responsible for identification of relatives at risk of breast cancer (primary or secondary care).

There is a need to develop appropriate consent models, and informatic tools to ensure accurate family histories and appropriate referral to secondary care.

Shamini Gnani Imperial College London

Shamini Gnani combines her role as a general practitioner with her role as Senior Clinical Adviser in the Department of Primary Care and Public Health at Imperial College London. She also trained in public health medicine and her portfolio career also includes work as a consultant in public health. Her research interests are in urgent care, primary care, quality improvement and health inequalities.

Paul Nathan Hollybrook Medical Centre

Qualified from University of Nottingham in 1986 and worked in hospitals in Midlands and Southwest before setting in to general practice in 1994 in Derby. He organised the building of new GP surgery after becoming a GP principal. He has been involved in developing the practice over the years from 6000 patients to nearly 16000. He is a GP trainer and appraiser committed to the improvement of patient care. He is currently studying for an MSc in Health Informatics at the University of Leeds which has sparked his interest in familial genetics and the role of primary care.
Should GPs perform diagnostic ultrasound at the point of care?

Mark Karaczun, Andrea Stöckl, Robert Fleetcroft

The Norwich Medical School, University of East Anglia

Aim: To review the literature identifying advantages and disadvantages of general practitioners (GPs) performing point-of-care ultrasound (POCUS) diagnostic imaging.

Content: We are completing an on-going multi-lingual systematic review of both quantitative and qualitative literature relevant to GPs’ use of diagnostic ultrasound imaging during patient consultations. We included multiple search engines, databases, and a review of grey literature including English and non-English language publications, particularly in countries with models of primary care similar to the UK. Titles, abstracts and references were screened for potential relevance. Publications were sorted according to study/publication type and the quality of their content was graded and synthesized accordingly.

Relevance/impact: Despite UK policies supporting the use of ultrasound by GPs, relatively few do so resulting in continued reliance on hospital-based imaging. This contrasts with primary care in other countries and secondary care in the UK where POCUS by doctors is more widespread. As ultrasound machines become increasingly affordable and portable, POCUS is increasingly likely to be used in primary care settings.

Outcomes: Findings from our on-going review identified many reported benefits of POCUS including convenience, expedited diagnosis, less patient anxiety, improved anatomical knowledge amongst GPs, and cost effectiveness. Potential disadvantages and barriers include risks of misdiagnosis and difficulty securing training support from radiology departments.

Discussion: We will discuss the synthesis of our findings which will inform current and future debate about POCUS in primary care. We will present recommendations regarding future use of this increasingly available tool in general practice.

Mark Karaczun

The Norwich Medical School

Dr. Mark Karaczun (BA, MPH, MB/BS) is an Academic Clinical Fellow in Primary Care based at the University of East Anglia and St. Stephen’s Gate Medical Practice in Norwich, England. He is interested in the use of diagnostic technology within primary care in the UK and internationally and would welcome contact from GPs who use(d) POCUS diagnostic imaging.

A patient on long-term proton pump inhibitors develops sudden seizures and encephalopathy: Unusual presentation of hypomagnesaemia

Nirav Gandhi, Walid Sharif, Jayadave Shakher

HEFT

Objective: To present an unusual but known cause of hypomagnesaemia induced-hypocalcaemia in a chronic GORD patient with severe symptoms with review of the current literature.

Methods: We analysed both the clinical and laboratory findings of the patient, which were deranged due to the long-term use of proton pump inhibitors leading to severe hypomagnesaemia. We discuss the multi-factorial nature of his disease and the underlying mechanisms in light of the available research.

Results: Post-admission our patient described features of magnesium deficiency such as weakness, muscle twitches and fits. He also had clinical signs of hypocalcaemia: a carpal spasm and paraesthesia. Pre-admission blood results revealed that he had low calcium and magnesium. This was confirmed by another set of blood results in ITU, when he presented with seizures and developed encephalopathy. The total vitamin D level was normal at 52.4 nmol/L (>49.9). His urea and electrolytes were normal with sodium of 146 mmol/L, creatinine of 73 mL/minute, LFT’s were within the normal range with the exception of potassium. Our patient was on Omeprazole for his GORD. With omission of the PPI 1 day post admission and replacement therapy, all his ion levels returned back to normal.

Conclusion: Hypomagnesaemia is often undiagnosed and is associated with multiple biochemical abnormalities. Treatment focus should be aimed at stopping the PPI and replacing the magnesium. Over use of PPI’s is a problem in practice and needs to be addressed, with the FDA issuing a warning over long-term use associated with hypomagnesemic hypoparathyroidism leading to secondary hypocalcaemia. Continued monitoring and decision making on whether to reduce the dose/ withdraw the PPI is essential to avoid complications.

Nirav Gandhi

Academic FY1 Doctor, Heart of England Foundation Trust

Nirav Gandhi is currently an Academic FY1 doctor at the Heart of England Foundation Trust in Birmingham, who has a handful of experience in academia, teaching and research work. Nirav studies intercalation in Anatomy and Human Sciences at the Kings College London in 2011. Research work and a number of publications have allowed Nirav to become more interested in the academic part of medicine as well.
The NHS Health Check – a systematic approach to the prevention of cardiovascular disease?

What’s the point? What does the evidence tell us about the NHS Health Check?

The NHS Health Check is the first large-scale risk factor modification programme in the world. Although it is now commissioned by local authorities, GPs and their teams remain central to the health check pathway either in delivering the health checks themselves or in providing clinical follow up. So what is the evidence base behind the NHS Health Check, how can quality be assured amongst a range of providers, what do we know about its effect on outcomes, and what will be the impact of JBS3?

Dr Matt Kearney
GP, Runcorn and National Clinical Advisor, NHS England and Public Health England

Matt Kearney is a General Practitioner with public health training and has practised in the deprived estate of Castlefields, Runcorn since 2000. He also works as a national clinical advisor to Public Health England, assisting with the NHS Health Checks and blood pressure programmes, as well as a national clinical advisor to NHS England where he provides clinical input to the prevention and early diagnosis and patient experience programmes. From 2009 to 2013 Matt worked as clinical and public health advisor to the Department of Health respiratory programme where he had a particular focus on improving outcomes and reducing health inequalities by engaging clinicians to tackle unwarranted variation in diagnosis, care and outcomes. In this role he led development of the NHS Atlas of Variation in Respiratory Health Care. Matt was a member of the NICE Public Health Interventions Advisory Committee from 2005 to 2013.

JBS3: What does this mean for risk assessment and management in the NHS Health Check?

Arterial disease begins in the first decade of life and is driven by a number of familiar and often modifiable cardiovascular (CV) risk factors such as smoking, cholesterol and blood pressure. The worldwide epidemic of obesity is likely to increase further both diabetes and CV morbidity and mortality. Progression of arterial disease and later clinical events are determined by risk factor exposure over life. Furthermore, recently genetic evidence suggests that lifetime lowering of risk factors will give leverage to clinical benefits from later outcomes. The new UK JBS3 guidelines emphasized the need for management of CV risk over lifetime and not merely the individuals at high 10 year risk. A new calculator enables estimation and communication of risk over lifetime and the potential gains from sustained lowering of multiple CV risk factors which can be achieved by lifestyle improvements and where appropriate, by drug treatment. This has been linked to a national programme for CV risk factor measurements and the JBS3 approach may be relevant to other important non-communicable diseases such as dementia, which have a strong vascular basis.

JBS3 has been termed “investing in your arteries” and represents a new and exciting approach aimed to reduce the population burden of arterial disease.

Implementing the NHS Health Check. Impact and outcomes across 139 practices in East London

This presentation will describe implementation of the first three years of the NHS Health Check programme in three east London Primary Care Trusts (PCTs). Coverage of 73% was equitably achieved by 2011. 1 in 10 attendees were at high cardiovascular risk (20% or more 10 year CVD risk). Statin prescription to people at high CVD risk, was higher in Tower Hamlets 49% than in the other two PCTs; City and Hackney 23% and Newham 20%. In the 6 months following a Check, there were 1349 new hypertension diagnoses, 638 diabetes and 89 chronic kidney disease (CKD). This represents 1 new case of hypertension per 38 Checks, 1 new case of diabetes per 80 Checks, and 1 new case of CKD per 568 Checks. The NHS Health Check programme was equitably implemented in three disadvantaged localities. Coverage and treatment could be further improved. Targeting people at high CVD risk and managed practice networks in Tower Hamlets improved performance.
G2  Education

Future-proofing the MRCGP: assessing key survival skills for general practice

Dr MeiLing Denney
MRCP Research and Development Lead and Lead for QIP Pilot, South East Scotland

Dr MeiLing Denney is a portfolio GP and a GP Training Programme Director in Edinburgh. As MRCGP examiner and Research and Development Lead for the exam she works closely with those in assessment and curriculum. More recently she has been leading on the quality improvement project pilots for extended GP training. She is an appraiser and one of the RCGP’s Revalidation Speciality Advisers.

Modern general practice is a very rapidly developing profession that is placing ever greater demands on GPs. As we seek to facilitate the education and assessment of those training for a career in primary care we need to tailor our assessment programme for the MRCGP to the skills required to be a GP in the years to come. As well as the core communication and clinical skills that we have always assessed there are calls for new areas, such as leadership, to be assessed in order to ensure that the GP workforce has the skills needed to survive. This presentation will bring more questions than answers but hopefully will open up the debate about how we develop the MRCGP assessment programme in the future, and which skills are going to be most important for the GP of the 21st century.

Dr Michael Davies
Associate Postgraduate Dean, Health Education East Midlands

Mike Davies is an Associate Postgraduate Dean in the East Midlands. Until recently he was the Senior Partner and a GP Trainer in a diverse, multi-cultural practice in Leicester. He continues to work clinically as a locum. For the past four years he has been a member of the Work Place Based Assessment core group for the MRCGP examination and has ongoing academic interests in the assessment of communication and consultation performance.

This presentation will look back and consider how the speakers’ registrar training could have been improved. With hindsight, and three years post-registrar experience, are there areas that could be taught better, or differently? How can GP registrars be better prepared for their future careers – future-proofing them, and their training. How could they be better prepared for the early stages of my career? The speaker will consider clinical areas which may need more emphasis, as well as different approaches to teaching them. Also, this talk will consider how improved preparation for non-clinical issues could help to future proof the MRCGP, as well as the GPs themselves.

G3  Student

Medical students: why choose a career as a GP?

Deciding on a speciality can often be daunting, especially for those who have just started training or are even more confused after taking so many electives. This session will open student/foundation doctors eyes into the rewarding and exciting options that a career in general practice can provide. Listen to one of the up and coming GPs, Dr Helen Stokes Lampard will enlighten you with her love of clinical diversity combined with a genuine interest in continuity of care, led her in the end to choose general practice. Ruth’s training scheme was in Watford, Hertfordshire. Upon completion of the MRCGP, she moved back to the midlands. There she spent two years as a salaried GP near Tamworth, but moved to Measham Medical Unit in January 2014. Ruth loves her job, and appreciates her colleagues, and still looks forward to going to work every day.

‘Just a GP?’ What it’s really like being a GP!

GPs increasingly are recognising the future agenda cannot be delivered without collaboration. RCGP Care is an early wave federation that is seeking to improve services for the patient at better value to the taxpayer; to remodel the interface between primary and secondary care; and support the development of a sustainable and effective primary care.

Dr Ruth Handford
First5 GP, North West Leicestershire
Having completed her undergraduate training at Birmingham University, Ruth spent three years working in London in acute medicine and emergency medicine.

Her love of clinical diversity combined with a genuine interest in continuity of care, led her in the end to choose general practice. Ruth’s training scheme was in Watford, Hertfordshire. Upon completion of the MRCGP, she moved back to the midlands. There she spent two years as a salaried GP near Tamworth, but moved to Measham Medical Unit in January 2014. Ruth loves her job, and appreciates her colleagues, and still looks forward to going to work every day.
Federations are currently being established all over the country. This session uses GP Care as a worked example to examine progress, lessons learned and future plans. It picks out some issues that need consideration for any group currently being proposed or launched.

**The unconventional GP: some insights into teaching, research, politics and special interests**

Dr Helen Stokes-Lampard  
*Honorary Treasurer, RCGP*  
See page 19.

**Care.data – Big Brother watching us?**

Collecting and using health data from patient records has the potential to achieve benefits for the NHS, particularly when used in research and the planning of services. However, for schemes such as care.data to be successful, patients and the custodians of their health records must have trust in the system. Paramount to this is the ability for patients to exercise choice in how their data are used, the security of the data collected and transparency in who will access the data and for what purpose. The practical implications of the scheme for GPs must also be considered, given the mounting pressures the profession is facing. This presentation will consider the steps that need to be taken to rebuild the trust and confidence of the public and profession in care.data.

**Resilient practices – case studies on working together differently**

Dr Phil Yates  
*Chair, GP Care*
Development of federations (New Zealand)

Les Toop
Head of Department of General Practice, University of Otago and Deputy Chair, Pegasus Health

See page 23.

Current and future pressure on practices due to demographic factors and an increase in chronic conditions such as diabetes mean we have to develop new, more resilient models of working. We looked around for other models of care and met with representatives of the NUKA project from Alaska. We facilitated a multidisciplinary meeting of GPs, consultants, nurses, managers and social workers to explore new ways of working, including this model. This is taking place when there is a major integration process which is designed to bring together the management, planning and funding of health and social care. I am delighted to have the chance to describe our thoughts and progress with this project.

Dr Christopher Provan,
GP and Clinical Lead Aberdeen City, Aberdeen Health and Social Care Partnership

Christopher moved to Aberdeen in 1984 and has made the thriving and cosmopolitan city of Aberdeen his home. He qualified in 1989 and after working in Aberdeen Royal Infirmary Christopher trained as a GP in 1993. He became a GP partner in 1995 at the Elmbank Practice, which is a city centre practice. Christopher achieved Fellowship of the College in 2004. He was then elected the Chair of the Grampian GP Sub Committee and then took up his current role as Clinical Lead for Aberdeen City in 2012. Christopher is currently a member of Scottish Primary Care Leads Group.

GP careers – getting innovative

General practice is the first choice specialty for any doctor that craves variety. But what are the career pathways open to us? In this session you will have the opportunity to explore a selection. Moving around tables, you will be able to hear from and pose questions to GPs on diverse career pathways. From the President of WONCA to a portfolio GP with an interest in medical publishing, and several recently qualified GPs who took very different first steps: one to become clinical advisor at the journal BMJ Quality, as well as clinical products at BMJ Quality, another to tackle an academic fellowship, one to become clinical advisor at the journal BMJ Quality and another to tackle an academic fellowship, researching oral cancer. If you are in need of ideas or guidance for where to go after completing your training, look no further.

Prof Amanda Howe
Vice Chair, RCGP
See page 20.

Dr Emma Nash
GP and RCGP eLearning Fellow, Westlands Medical Centre

Emma graduated from Leicester in 2002 and completed her GP training in the West Midlands. She then moved to Hampshire to undertake additional training in psychiatry, in which she has a particular interest. Returning to general practice in 2012, Emma joined her current six partner practice in Portchester. She is also a Trainer, a Training Programme Director for the local VTS, an eLearning Development Fellow for the RCGP, eEditor for InnovAiT, a Medical Education Fellow for Health Education Wessex, and just entering the dissertation year for her MA in medical education.

Dr Stuart Sutton
First5 GP, Newham CCG

Stuart is a former Chair of the RCGP AiT Committee and immediate past Chair of GLADD (Gay and Lesbian Association of Doctors and Dentists). He is a GP partner at Tollgate Medical Centre in the wonderfully diverse and vibrant East London Borough of Newham. He currently sits on Newham CCG as a GP Board Member and has responsibility for education, clinical quality and equality and diversity. Stuart also represents local colleagues on Newham LMC. Twitter: @StuSutton

Dr Mareeni Raymond
GP and Clinical Advisor for BMJ Quality

Mareeni is a Managing Editor of BMJ Quality Improvement Reports and works on clinical products at BMJ Quality, as well as working as a GP in London. Mareeni is also the clinical lead for dementia in the local CCG.

Dr Tim Crossman
General Practitioner and NIHR In-Practice Fellow, Brighton and Sussex Medical School

Dr Tim Crossman is a recently qualified General Practitioner who also holds an NIHR In-Practice Fellowship. He divides his time between clinical and academic responsibilities, working as a GP in Sussex, and within the department of primary care and public health, Brighton and Sussex Medical School. He is also qualified in dentistry and this relates to his main area of research interest, in oral health education and oral cancer diagnosis within primary care.
G7 Clinical

How can general practice optimise bone health without over investigating or over treating?

Generalised Vitamin D testing and treatment – a waste of time, money and resources?

People living in the UK have probably had mildly low vitamin D levels for millennia. In that last five years that has been an absolute explosion in vitamin D testing and “treatment” for this condition which seems to have crept in by the back door which is costing the NHS millions of pounds a year and even more in GP appointment time; generalised vitamin D testing for patients feeling “tired all the time” seems to have become routine. Rarely there are medical conditions associated with very low vitamin D however these are nearly always in high risk groups whom I shall talk about. The evidence for this mass vitamin D testing and replacement, when you look for it is not there and therefore is not a good example of evidence based medicine and could be argued is over-medicalization of a “normal” condition.

Osteoporosis update

This update will cover key areas of change in the present management of osteoporosis, such as sarcopenia which is a major factor in increasing fracture risk in the elderly, and male osteoporosis about which there is lack of awareness and uncertainty about management. Fracture liaison services are essential to provide optimum care for patients with osteoporosis and their development will be discussed together with the changes in QOF, the FRAX assessment tool and NOGG guidelines. Compliance is a major issue in bisphosphonate therapy with only 56% persistence after one year. Ways of improving concordance and monitoring in primary care are discussed. Atypical fractures are now recognized as associated with long-term bisphosphonate therapy and the role of bisphosphonate ‘holidays’ is highlighted. Changes in treatment such as the place of strontium and denosumab and future drugs, such as cathepsin K inhibitors, will be addressed.

Dr David Mummery
GP, London
David studied at Bristol medical school and did his GP training in Essex and has been a GP in Hammersmith and Fulham since 2006. He has been undertaking Primary Care research for eight years and recently has been appointed the Primary Care Research Lead for Hammersmith and Fulham CCG. David has a particular interest in diabetes and GLM/HIV. David is fed up talking about mildly low vitamin D levels.

G8 Oral presentations

Sexual, women’s and adolescent health short papers

Knowledge of and attitudes to HIV in general practice

Ruth Naughton1,2, Orlaith Finucane1,2, Niadh Lynn1,2, Maureen Kelly1,2, Genevieve McGuire1,2, Annemarie Regan2
1Irish College of General Practitioners, 2Western Training Programme in General Practice

Background: There is a paucity of recent literature and data available on the attitudes of General Practitioners towards HIV in the community. There is no national policy on HIV testing in primary care in Ireland. The most up to date statistics indicate a slight increase in new cases diagnosed in Ireland in 2012, higher than the EU incidence for that year. Late presentations represent a missed opportunity for timely treatment and prevention of transmission of HIV.

Methods: 263 anonymous questionnaires were posted to General Practitioners and registrars in Galway and Mayo. The study aimed to establish both GPs’ knowledge of and attitudes towards HIV in practice. The study employed an embedded mixed method design allowing combined collection and analysis of quantitative and qualitative data.

Results: Response rate 48% (N=126). More than half of respondents have a patient with a diagnosis of HIV in their practice. The majority of GPs are testing for HIV outside of antenatal screening (88%). However, urban based doctors are more likely to do so (p= 0.005) despite the fact that the number of practices with a HIV positive patient was equal in urban and rural settings. The main themes identified from GPs attitudes to HIV were; the daily manifestations of HIV in clinical practice, readiness to engage with HIV care and challenges in practice.

Conclusion: The study data shows a willingness among General Practitioners in Galway and Mayo to engage positively with HIV care. Respondents acknowledged a need to change both doctor and patient perceptions.
**Concurrent Sessions G**

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**Ruth Naughton**  
*Irish College of General Practitioners*  

Ruth graduated from University College Dublin in 2007. She commenced the Western Training Programme in general practice in April 2011. Currently in her third year and due to be complete her training in April 2015.

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**Review of Hepatitis B (HBV) and C (HCV), in a drug population**

**Sarah Williams**, BANES Public Health, Severn School of Primary Care

**Aim:** To review HBV and HCV management pathways in drug services.

**Content:** This review assesses the current recommendations made by NICE Public Health Guidance 43 against current drug services management of HCV testing and HBV vaccination and testing. Data on positive HCV cases in drug services, hepatology, GUM, and maternity services are reviewed and a series of recommendations made.

**Relevance:** HCV and HBV related liver disease are an increasing cost burden. NICE guidance recommends HCV and HBV treatment is cost effective. People who inject drugs have the highest levels of HCV. In England, an estimated 3% of chronically infected HCV are treated.

**Outcomes:** 47% of positive HCV in drug users went into treatment. Mapping of postcodes showed clusters of positive HCV results. GP practices and secondary care services do the most HCV testing, however drug services have the highest proportional HCV pick up. More males are affected by HCV. There were no cases of HBV in drug users.

**Discussion:** Drug services to commission more; support workers to improve HCV treatment compliance; use one-stop assessments for HCV testing and HBV vaccination; increase HCV dried blood spot testing in needle exchange; set up quarterly steering group meetings to review HCV and HBV outcomes; provide training packages on up to date HCV and GP settings. Local Public Health department to coordinate services and review blood borne virus’ in the locality.

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**Budget impact analysis of PlGF in the prediction of pre-eclampsia: the potential for improved health service usage**

**Suzy Duckworth**¹, **Lucy Chappell**¹, **Paul Seed**¹, **Rachael Hunter**², **Andrew Shennan**¹

¹King’s College London, ²University College London

**Background:** Pre-eclampsia complicates 4-8% of all pregnancies. Existing methods of assessment are expensive and labour intensive, yet perform poorly.

**Methods:** The PELICAN study is a multi-centre observational cohort study, demonstrating a link between low PlGF levels and a diagnosis of pre-eclampsia requiring delivery within 14 days. Using outcome data from 100 women recruited to this study, we constructed a decision analytical model comparing resource use by final diagnosis and PlGF level. Costs were obtained from 2012-2013 NHS tariffs.

**Results:** Of the 100 women, 40 had a final diagnosis of pre-eclampsia and delivered within 14 days of the PlGF test and 10 were healthy pregnancies with normal PlGF levels. 82% of women with pre-eclampsia were admitted to hospital during the final two weeks of pregnancy, compared with 30% of normal pregnancies. Of those admitted, those with a pre-eclampsia diagnosis had a longer length of stay (5 days, SD=5) compared to 1 day (SD=0.58) for women with no diagnosis and normal PlGF. Resource use for outpatient appointments, scans and day unit admissions was similar for the two groups although higher in the group with a final diagnosis of pre-eclampsia. Total costs, excluding delivery, were approximately a third higher in the pre-eclampsia group.

**Conclusion:** This interim analysis suggests pre-eclampsia is associated with significantly higher resource use, although there is some inappropriate resource use in healthy women. PlGF can assist diagnosis and could be used in the community setting. This represents an opportunity to inform commissioning priorities, although further research is needed.

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**Commissioning for quality and efficiency? An evaluation of contractual arrangements for intrauterine and subdermal contraception from general practices in London**

**Richard Ma**¹,²,³, **Eleanor Brown**⁴

¹London Sexual Health Programme, ²London School of Hygiene and Tropical Medicine, ³The Village Practice, ⁴Options UK

**Aims and Objectives:** General practitioners in the UK may be commissioned to provide long acting reversible contraception (LARC). Little is known about contractual arrangements primary care trusts (PCTs) in England had with GPs to provide LARC. We evaluated the quality, cost and governance of these contracts in London.

**Content:** We requested commissioning specifications and activities for intrauterine contraception (IUC) and sub-dermal implants (SDI) from London PCTs relating to three financial years: 2009/10 to 2011/12. We evaluated each contract using a structure, process and outcome approach.
Outcomes: 15 of 31 PCTs responded and submitted 20 contracts used to commission GPs to provide IUC, SDI, or combined with testing for sexually transmitted infections (STIs). Information regarding service activity was inadequate and inconsistent so had to be abandoned.

We found a variation in clinical governance and quality assurance mechanisms, and a range in reimbursement for IUC insertion (£77.50 to £105.00), SDI insertion (£25.00 to £81.31) and SDI removal (£30.00 to £100.00) at 2011 prices.

Relevance and Impact: Quality assurance and financial reimbursements varied across PCTs. There are now opportunities for new commissioners to ensure contracts offer consistent standards of care and efficiency.

Discussion: It was not clear from non-responders if these PCTs had a service in place. Of those that did commission IUC and SDI service, few of the specifications were lacking in detail regarding aspects of clinical governance.

New commissioners should make explicit references to quality and safety criteria as poor quality can give rise to serious untoward incidents and litigations.

Richard Ma
GP, London
Dr Richard Ma is a half-time general practitioner at The Village Practice in London and a doctoral student at the London School of Hygiene and Tropical Medicine. He was the London GP champion for sexual and reproductive health for the London Sexual Health Programme.

Innovating change in adolescent health care
Sharmila Parks, Jane Roberts, Samir Dawlatly
RCGP Adolescent Health Group
The aim of the RCGP Adolescent Health Group has always been to promote the highest standards of health provision for young people. As adolescent health is increasingly being recognised as an area in its own right, we do this in the UK by supporting GPs through education, promoting good communication and service development. The most recent project championed by members of the group, in partnership with College Clinical Innovation and Research Centre has been the development of dynamic, downloadable practice leaflets, endorsed by the RCGP, intended for GPs to use for young people and their parents. The objectives of the presentation are to highlight this innovative leaflet and its availability on the RCGP website as well as www.patient.co.uk. We hope to discuss the content of the leaflet, which includes issues of confidentiality, what a young person should expect of an appointment and busts myths that young people might believe about seeing their family doctor. We also hope to demonstrate the possibilities and potential of taking a “good idea” and making it available on a national level, in order to inspire other doctors to share their own resources through the RCGP or other national bodies. Although the leaflet will have been available for only a short time we expect to discuss its impact in initial pilot areas and be open to discuss both the leaflet and topics of adolescent health raised by it with attendees at the conference.

Sharmila Parks
GP Principal, South Tyneside
Sharmila is a GP and has worked in the North East of England for over 10 years, having recently changed jobs to become a GP principal in South Tyneside. Currently she is a GP partner in one of the ten pilot sites of the GP Champions for Youth Health Project. As part of this she has been involved in working with local young people and GP’s to make general practice more young people friendly. Sharmila has also led a joint project, working with GP practices and local schools, to help young people understand general practice and their healthcare rights better as part of their PSHE curriculum.

Jane Roberts
See page 66.
'When people call us, they're surprised at how much support we offer.'

Zahida, Macmillan Support Line Officer

You might already know about Macmillan’s excellent palliative care services. But did you know that most of the people we help today don’t need palliative care?

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The CCA Global Standard© is a set of principles created to improve customer service. To receive this endorsement, Macmillan had to demonstrate that they met several quality standards including customer focus and information security.
FUJIFILM Sonosite – What can POC ultrasound do for your practice?

Dr Budgie Hussain, Director, Centre for Ultrasound Studies, AECC

An overview to prove using ultrasound could enhance clinical judgement and the management of patient pathways for General Practitioners. Clinical cases will be presented that illustrate the benefits of US PoC. SonoSite ultrasound workshops running concurrently, will provide hands-on experience in basic cardiac, female pelvis, abdominal and MSK scanning.

Preventing antibiotic resistance in acne

Dr Richard Bojar, Skin Microbiologist, Leeds; Dr Anne Eady, Acne Research Scientist, Harrogate Professor Tony Avery, GP; Director of Primary Health Care, Nottingham and Dr Sohail Munshi, GPwSI Dermatology, Manchester

This session is organised and funded by Stiefel, a GSK Company.

Antibiotic resistance is a public health issue for GPs and acne treatment guidelines restrict the use of monotherapy antibiotics to limit the emergence of resistance. We will present recommendations for stricter cross-infection control measures in clinics and combining topical therapies with broad spectrum antibacterial agents, such as benzoyl peroxide (BPO).

NHS Improving Quality - How GRASP has enabled GPs to work collectively to improve care

Dr Richard Healicon, Programme Delivery Lead and Mel Varvel, Improvement Manager, Living Longer Lives, NHS Improving Quality and Dr Craig Wakeham, GP, Cerne Abbas Surgery, Dorchester

NHS Improving Quality will present case studies showing how the GRASP suite of audit tools has been used to improve the management of heart failure (HF), chronic obstructive pulmonary disease (COPD) and atrial fibrillation (AF). In particular, it will focus on how the toolkits have been used to facilitate such improvement at both practice and CCG level.

Sobi: Understanding rare and unusual diseases

Chair – Dr Christian Jessen

Getting under the skin of Dupuytren’s Disease – It’s in your hands

Mike Hayton, Consultant Orthopaedic Surgeon, Wrightington Hospital

How to spot the rare disease

Dr Phil Riley, Paediatric Rheumatologist, Central Manchester University Hospital

A one hour symposium focussing on the identification and treatment of rare and unusual diseases delivered by experts in the hand surgery and paediatric autoimmune disorders. CPD points have been applied for.

Lunch will be served at the beginning of the symposia to all delegates attending.
Please note that all the workshops have limited spaces and maybe fully booked.
FRINGE MEETINGS

THURSDAY 2 OCTOBER 18:30-19:30

AiT supplement: The CSA uncovered
Dr Pauline Foreman, Chief Examiner, RCGP; Prof Kamila Hawthorne, Associate Dean for Community Learning, Cardiff University; Col Dr Robin Simpson, GP Dean, Defence Medical Services, Birmingham

An interactive session with senior examiners aimed at helping AITs and their Trainers prepare for the CSA examination. This session will include:
- an update on new CSA developments
- hints and tips on CSA preparation
- an opportunity to mark a case and discuss what examiners are looking for.

First5 supplement: Life as a global GP in the UK
Junior International Committee.

A joint session with the Junior International Committee exploring how global health principles can help GPs provide better care for patients and their communities in the UK.

Showcasing the Faculties
Neil Hunt, Chief Executive, RCGP

Contributors include a range of Faculties from across the UK discussing how RCGP Faculties support different membership groups highlighting different local initiatives: the developments, challenges and achievements.

Sustainability: How can federations or networks of practices improve the sustainability credentials of primary care?
Dr Tim Ballard, Vice Chair, RCGP

Choir rehearsals
David Moore, GP and Academic Training Fellow, University of Sheffield

Do you enjoy singing? Or maybe think you can’t do it? Are you curious about the resurgence of interest in choirs in the UK? We invite you to take part in a scratch choir workshop. You don’t need any previous experience and you don’t need to read music. Singing is a great way to unwind, have fun and meet others and you might surprise yourself if you had doubts about your talent! In honour of our host city Liverpool we will be learning a four part harmony version of the Beatles classic “When I’m 64” to perform on the Friday morning during coffee. The choir will be led by Dr David Moore, a Sheffield GP helped start up a community choir called Vivacity in his dining room which has now grown to 70 members. We can supply you with an MP3 or CD to help you learn the music ahead of time. Please request this by emailing david.moore@sheffield.ac.uk. David would also be interested to hear from people with experience of choral conducting or playing the piano to accompany should the group wish to evolve into a more organised “RCGP choir”.

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FRIDAY 3 OCTOBER 08:00-09:00

Christian Medical Fellowship breakfast
Managing stress and promoting resilience among doctors
Dr Sunil Raheja, Consultant Psychiatrist in Learning Disabilities, NHS, West London

Implications of diverging health systems on general practice
Future-proofing general practice with the four RCGP country chairs
Dr Maureen Baker, Chair, RCGP Council; Dr John O’Kelly, Chair, RCGP Northern Ireland; Dr Paul Myres, Chair, RCGP Wales; Dr John Gillies, Chair, RCGP Scotland

FRIDAY 3 OCTOBER 18:15-19:15

Clowning for GPs
David Wheeler, GP Programme Director, South London Health Education England
FULLY BOOKED
Clown-theatre improvisation is a spontaneous, creative and fun way of finding more mindful, empathic ways of listening and relating to one another. In clowning we search for authenticity in the social, personal and spiritual dimensions of our lives. In this short, introductory workshop we will introduce you to some of the warm-up games, vocal and physical exercises that lead towards improvisations. These help us develop playfulness, connecting emotionally, and being more present in the moment. Making mistakes and landing oneself in it are welcomed as ways of creating new insights, which GPs and others who have experienced clowning describe as liberating. All this happens within a supportive and safe setting.

Faculties fringe network meeting
Host: Prof Mike Pringle, President, RCGP
Speakers: Dr Christine Johnson, Chair, RCGP Vale of Trent Faculty and Paul Rees, Executive Director, Policy & Engagement, RCGP
Q&A Panel: Dr Helen Stokes-Lampard, Honorary Treasurer, RCGP
Dr Tim Ballard, Vice Chair, RCGP
Dr Christine Johnson and Paul Rees, Devolved Council Chair

Problems pitfalls and positivity in the care of patients with intellectual and developmental disability – all your questions answered!

It is now the responsibility of all practices to make reasonable adjustment to the needs this minority population with significant health needs. Everyone entering general practice needs to get involved – come and share your ideas and concerns at a meeting when you can ask anything at a very open discussion.

- Intellectual and developmental disability - what is it and why does it matter - Dr Peter Lindsay, GP
- Autism - the new challenge - Dr Alison Stansfield, Consultant Psychiatrist and Lead for Leeds Autistic Diagnostic Service
- Physical health and annual health checks - Dr Peter Lindsay, GP

FREE AND OPEN DISCUSSION WITH AUDIENCE

Health inequalities at the coal face: experiences and solutions

This workshop led by members of the RCGP Health Inequalities Standing Group, including Paramjit Gill, Jeni King, Patrick Hutt, John Patterson and Giles de Wildt, will provide a forum to discuss the challenges, and consider some solutions to this issue, encouraging participants to draw on their own experience to suggest how GPs might tackle health inequalities.
EXHIBITOR LIST

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In line with the ABPI Code of Practice, funds generated from exhibition space and sponsorship are used solely to cover costs of the venue and logistical arrangements.
50 30 Euston Square

Headquarters of the Royal College of General Practitioners, 30 Euston Square is a newly restored venue that features the finest conference facilities and hospitality surroundings and combines Grade II* listed Victorian grandeur with modern event spaces.

Inside you’ll find a 300 seat auditorium and exhibition space filled with the latest AV technology, 18 meeting and training rooms with all the features to make your events work in style. Six heritage boardrooms – perfect for executive board meetings and private dining and simply stunning penthouse State Rooms with rooftop terrace, ideal for events and celebrations.

With a perfect location opposite Euston’s Stations and within walking distance of King’s Cross stations and boasting the specialist exam centre and 41 boutique bedrooms, 30 Euston Square is designed to fulfil the most demanding of events.

Behind every event at 30 Euston Square is London’s leading catering team. Searcys has unparalleled experience in delivering blue-chip events. It is this experience, innovative food concepts, bespoke menus, exceptional service and the passion that makes every occasion extra special.

16 A.S Saliva Orthana

A.S Saliva Orthana has been relieving Xerostomia (dry mouth) for over 30 years, using a natural, pH neutral, mucin based formula which is clinically proven to be more effective than chemical based saliva substitutes. There are over 1000 commonly prescribed and OTC medications that can cause dry mouth. Other notable causes are chemo/radiotherapy to the head and neck, Sjogren’s Syndrome and nerve damage to name just a few.

Dry mouth can seriously impact a patient’s quality of life especially when undiagnosed and may lead to further GP appointments unnecessarily. Please come and see us for further information and samples.

41 Africa Health Placements

Africa Health Placements (AHP) is a dynamic South African-based social profit organization working to address the extreme inequities in access to healthcare on the continent through human resources services and solutions. AHP currently offers health workforce planning, recruitment, workforce retention initiatives and an expanding portfolio of human resources in health advisory services. The organization’s mission targets health access for the most indigent, partnering governments and civil society to do so. AHP defines itself as “social profit” because its work, while mostly donor-funded, delivers a profit measured in terms of improved healthcare and social indicators.

39 Alcoholics Anonymous

Alcoholics Anonymous has more than 4,300 groups all over the country, designed to help those with a serious alcohol problem learn how to stay sober. Groups are made up of people from all walks of life and all age groups. Through friendship and mutual support, members assist each other in coping which is made easier by meeting others with the same problem. The only requirement for membership is a desire to stop drinking. Membership of Alcoholics Anonymous is free and anonymity is carefully preserved.

Further information is available on our website: www.alcoholics-anonymous.org.uk

68 a2 Milk UK

Not all cows’ milk is the same.

a2 milk is from cows which naturally produce A2 beta-casein and it does not contain A1 beta-casein, which is present in regular cow’s milk. Research shows that A1 beta casein digests differently from A2 beta casein and can cause digestive issues in some people. Over 100 pieces of research have linked A1 beta casein to potential health conditions. Available in supermarkets, a2 Milk could be an option for patients who suffer from excess mucus, constipation and bloating after drinking regular cow’s milk.

It is not suitable for cow’s milk allergy, lactose intolerance or galactosaemia.

Web: www.a2milk.co.uk

104 Alzheimer’s Society

Alzheimer’s Society is the UK’s leading support and research charity for people with dementia, their families and carers. We provide information and support to people with any form of dementia and their carers, through our publications, National Dementia Helpline, website, and more than 2,000 local services. The Society campaigns for better quality of life for people with dementia and greater understanding of dementia, and supports health and social care professionals by delivering high quality education and training. We also fund innovative medical and social research into the cause, cure, care and prevention of dementia.

9 Aptamil

Aptamil specialises in formula milks and has been pioneering research into infant and toddler nutrition for over 50 years. With access to a global network of over 250 scientists, the company is particularly active in the area of allergy research in infant nutrition and produces a number of specialist products for allergy management. The Aptamil Pepti range of extensively hydrolysed whey formulas are specially designed for the dietary management of cows’ milk protein allergy and are the only extensively hydrolysed formulas to contain prebiotic oligosaccharides. Aptamil can be contacted via the website www.aptamilprofessional.co.uk or via a dedicated Healthcare Professional helpline 0800 996 1234.
Boehringer Ingelheim Ltd

The Boehringer Ingelheim group is one of the world’s 20 leading pharmaceutical companies. Headquartered in Ingelheim, Germany, it operates globally with 142 affiliates and more than 47,400 employees. Since it was founded in 1885, the family-owned company has been committed to researching, developing, manufacturing and marketing novel medications of high therapeutic value for human and veterinary medicine.

Social responsibility is a central element of Boehringer Ingelheim’s culture. Involvement in social projects, caring for employees and their families, and providing equal opportunities for all employees form the foundation of the global operations. Mutual cooperation and respect, as well as environmental protection and sustainability are intrinsic factors in all of Boehringer Ingelheim’s endeavors.

In 2013, Boehringer Ingelheim achieved net sales of about 14.1 billion euro, of which 19.5% of the net sales from our Prescription Medicine business is invested into research and development.

For more information please visit www.boehringer-ingelheim.co.uk

British Polio Fellowship

The British Polio Fellowship is the largest UK Charity supporting the tens of thousands of people who survived the Polio epidemics in the first half of the 20th Century and are now living with the late effects of Polio and Post Polio Syndrome (PPS). Approximately 120,000 people in the UK are affected by PPS, a debilitating neurological condition that can cause people to develop severe muscle weakness and pain, swallowing and breathing problems as well as increasing fatigue. As a membership organisation we provide support through branches, groups and a national helpline.

Freephone: 0800 018 0586
Web: www.britishpolio.org.uk

British Society of Clinical & Academic Hypnosis

British Society of Clinical & Academic Hypnosis (BSCAH) provides educational courses for health care professionals on the use of hypnotic techniques as an adjunct to their pre-existing skills. Although long neglected by mainstream medicine, neuroimaging is now shedding light on the nature of hypnosis. CBT does not always work! Functional (Medically Unexplained) Symptoms cause immense suffering and cost the country billions of pounds. The effects of inadvertent negative suggestions (NOCEBO effect) during consultations when patients can be particularly susceptible should not be underestimated.

Learn the language of non-hypnotic positive suggestion in addition to the art of hypnosis.

Email: admin@bscah.com
Tel: 07702492867
Web: www.bscah.com
94 Cambridge Weight Plan

Cambridge Weight Plan provide flexible weight management programme for both men and women.

Our delicious product range can be used as the sole source of nutrition or can be combined with conventional food for more gradual weight loss and weight management. Our nutritionally balanced programmes range from 440kcal to 1500+ kcal per day.

- We offer friendly one-to-one support
- Our programmes are flexible, convenient and easy to use

Our Cambridge Consultants will motivate and encourage clients throughout their weight loss journey and once they reach their target, they will be there to help them maintain their fantastic new look!

78 Care UK

Care UK – We are one of the UK’s leading independent providers of health and social care services. Our healthcare services include treatment centres, GP practices, NHS walk-in centres, out of hours GP support and clinical assessment and diagnostics facilities.

We work with the NHS to take healthcare services closer to where people live and work in order to increase the efficiency and quality of the services we deliver and help reduce waiting times.

115 Changing Faces

Changing Faces is a UK-wide charity supporting and representing people and families whose lives are affected by health conditions, including skin conditions, marks or scars that alter their appearance. We help people lead full and satisfying lives. We give practical and emotional support to adults, children and their families and we provide a Skin Camouflage Service. With our Look at Me campaign, we advocate for better psychosocial care for people with skin conditions as often their psychological and social needs are not met. In our latest report we stress the important of better training for health professionals.

91 Chartered Society of Physiotherapy

The Chartered Society of Physiotherapy is the UK’s professional, educational and trade union body representing 52,000 members.

Physiotherapy is both clinically and cost effective – keeping people mobile, independent and out of hospital; getting people back to work; treating neck, back and spinal problems and accelerating the rehabilitation of patients after stroke or heart disease.

Visit our stand for briefings on a range of conditions, including COPD, continence, musculoskeletal disorders and fragility fractures and falls, as well as advice for patients on how to become more active.

Web: www.csp.org.uk
Email: enquiries@csp.org.uk
Tel: 020 7306 6666

26 Care Quality Commission

Our role is to make sure that general practices, hospitals, care homes, dental practices and other care services in England provide people with safe, effective and high-quality care, and we encourage them to make improvements.

These services include your typical GP surgery but also a range of other services such as out-of-hours or mobile doctor services, walk-in centres, minor injury units or urgent care centres.

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

10 Chiesi Ltd

Chiesi Limited is a research focused, international company, developing innovative pharmaceutical solutions which aim to relieve symptoms and improve the quality of human life.

Chiesi is established in the areas of respiratory, cardiovascular and musculoskeletal medicine, with a research pipeline focused in the treatment of respiratory diseases.
38 Christian Medical Fellowship – uniting and equipping Christian doctors

Founded in 1949, CMF is non-denominational and has over 4,000 Christian doctors in all branches of the profession and around 800 medical students as UK members. About a third of the doctors are GPs. We:

- have local groups, regional and national conferences
- run specialist fora and interest groups
- publish Triple Helix, a newsletter and fact-files 3 times a year
- have a huge website www.cmf.org.uk
- promote Christian values in healthcare
- encourage medical service in the developing world

14 Clement Clarke International

Clement Clarke International has been a major force in the manufacture of innovative medical devices since 1917. The company’s portfolio consists of respiratory devices to help diagnose, monitor and treat Asthma, COPD, Cystic Fibrosis, Bronchiectasis and Allergic Rhinitis.

CCI have a series of innovations to showcase at RCGP; new training tools aimed at pMDI technique including, Trainhaler, a new placebo-like pMDI simulator for patient coaching together with Flo-Tone (now on FP10), and others. We also see the launch of the new Able Spacer (now on FP10); a transparent, anti-microbial spacer, which inhibits microbial growth and displays visible valve movement.

88 Cologuard - new non-invasive test for Colorectal Cancer

Exact Sciences Corp. (NASDAQ: EXAS) is committed to playing a role in the eradication of colorectal cancer. As part of this mission we are proud to introduce Cologuard. Cologuard is the first non-invasive screening test for colorectal cancer that analyses both stool DNA and blood biomarkers and has been proven to find 92 percent of cancers and 69 percent of the most advanced precancerous polyps in average risk patients. Cologuard has recently been FDA approved and is now available in the USA but will be available soon across the UK. This test offers people aged 50 and older at average risk for colorectal cancer an easy-to-use screening test they can carry out in the privacy of their own home.

92-93 The Community Network

31 Community Ventures

Community Ventures has a successful track record of partnership working with General Practices and NHS Trusts through our unique people and service centre approach. Our work with GPs supports them to deliver services from affordable, bespoke, CQC-compliant facilities specifically designed by our team. This allows them the freedom to focus on providing the best possible care for patients, with all property development and management issues being managed by us.

Our long term approach to working in partnership ensures a continuing commitment to local communities and services.

29 Consilient Health Ltd

Consilient Health is a young and dynamic, rapidly growing pharmaceutical company with a portfolio of generic, specialty, women’s health and bone health pharmaceutical products. We offer one of the widest ranges of oral contraceptives in the UK1. The range includes eight branded oral contraceptive alternatives and two emergency hormonal contraceptives, complimented by comprehensive support programmes for both medical professionals and patients.

Bone Health is an area in which we are focused on developing a range of products to meet the unmet needs of clinicians and patients through both product development and effective product support post-launch.

References - DM&D August 2014.

86 Constable and Robinson

Constable & Robinson are the publishers of the UK’s market-leading self-help series: the Overcoming series. Every book in the series helps readers to overcome common emotional, psychological and physical problems using cognitive behavioural therapy techniques. Topics range from depression, anxiety and OCD, to chronic pain, bereavement and insomnia, and each book has been written by a leading expert-clinician in the field. Overcoming self-help books are recommended as ‘bibliotherapy’ by GPs and therapists across the UK and fifteen titles from the series were selected for inclusion in the national ‘Books on Prescription’ scheme launched in May 2013.

49 CPRD - Clinical Practice Research Datalink

The Clinical Practice Research Datalink (CPRD) is a not-for-profit NHS organisation making anonymised primary care data from the General Practice Research Database, which has been running for over 25 years, and other linked data, such as hospital statistics and cancer registry data, available for approved research projects. Over 500 UK practices contribute data as part of this exciting initiative. Data are used for research into the prevalence, diagnosis, natural history, management and outcomes of common and rare disorders, monitoring drug safety, and population epidemiology, to safeguard public health. The CPRD has now developed the capacity to support clinical trials.
72 Department for Work and Pensions

Back at the conference for our seventh year, the Department for Work and Pensions’ Health, Disability and Employment team are once again ready to hear your views on dealing with patient’s health and work issues. We will provide information on a range of Government health and work initiatives, and answer questions and offer guidance on:

- how we can help to provide health and work support for your patients
- getting the most out of the fit note (Med 3)
- the benefits system including ESA and PIP

We very much look forward to meeting delegates at our stand.

117 Friends and Family Test for GP practices

Report My Experience Limited in partnership with Primary Provider Limited, led by a senior GP with a wealth of experience in Health Informatics, are pleased to offer a solution to the Friends and Family Test to GP practices in England. This is web based and simple to use, providing GP practices with all their FFT reporting needs. Our introductory offer of £99+VAT pcm includes a dedicated help desk and much more. Group discounts may apply. For further information or to register come and see us on stand 117 or email mme1@primaryprovider.co.uk

130 Diabetes UK

Diabetes UK is the leading charity that cares for, connects with, and campaigns on behalf of all people affected by diabetes. We can provide GPs with the latest updates in diabetes care and research, training opportunities and a chance to join our professional networks, including our free Primary Care Network. Diabetes UK provides information, advice and support for people with diabetes so they feel confident to manage their condition. We have examples of our free patient information at our stand. Visit us to find out more about how we can help you and your patients.

48 Faculty of Occupational Medicine Diploma for GPs

The Faculty is keen to support GPs who are working part-time in occupational medicine, or who have an interest in work and health as it affects their everyday general practice.

Find out about the Diploma in Occupational Medicine and other resources for GPs.

The Diploma syllabus includes the effects of work on health, assessment of fitness for work, health surveillance, rehabilitation, workplace visits, ethics and the law.

Courses are run in London, Birmingham, Manchester and Kent.

Further information: www.fom.ac.uk

See also the website on health and work created for GPs: www.healthyworkinguk.co.uk

Tel: 020 72428698

30 FUJIFILM SonoSite

FUJIFILM SonoSite is the innovator and world leader in bedside and point-of-care ultrasound. Since its inception in April 1998, SonoSite’s ultra-lightweight and robust products have led the point-of-care ultrasound market with more than 72,000 systems installed worldwide. SonoSite’s systems are used by over 21 medical specialties and provide physicians with the tools they need to improve patient safety and more efficient workflow, while cost-effectively bringing high performance ultrasound to the point of patient care.

Headquartered near Seattle, the company is represented by 26 subsidiaries and a global distribution network in over 100 countries. For more information, go to: www.sonosite.co.uk

56 General Medical Council (GMC)

The General Medical Council helps to protect patients and improve medical education and practice in the UK by setting standards for students and doctors. We support doctors in achieving and exceeding those standards, and take action when these are not met. This year we have worked with partners including GPs to launch new campaigns which support doctors in providing high standards of care. Better care for older people and End of life care are two of our most recent campaigns.

79 General Practice in North Wales

Betsi Cadwaladr University Health Board (BCUHB)

Have you considered coming to live and work in North Wales?

We are currently recruiting Partners and Salaried GPs (full or part time).

We have vacancies for newly qualified and experienced General Practitioners across North Wales.

35 Forest Tosara Ltd

Forest Tosara Ltd manufactures Sudocrem® Antiseptic Healing Cream, a classic family favourite that has been used to treat nappy rash for over 80 years. Sudocrem® Antiseptic Healing Cream is also licensed to treat eczema, acne, minor burns, minor cuts and sunburn.

Visit us at the stand for information on our other products: Sudocrem® Care & Protect, Infacol® and Exorex.
North Wales has something to offer everyone – charming towns and villages, magnificent castles, stately homes, museums, steam trains and festivals. The scenery is superb with miles and miles of golden beaches, tumbling rivers, lakes and waterfalls and spectacular Snowdonia. A low cost of living creates opportunities for a high quality of life and an excellent work-life balance. There are opportunities available in both rural and urban areas in traditional Independent Practices or as part of a Health Board Salaried Scheme.

BCUHB is the largest health organisation in Wales, and is responsible for providing fully integrated primary, community, mental health and acute hospital services for its 676,000 resident population in North Wales as well as some parts of Mid Wales, Cheshire and Shropshire.

We have 114 GP practices, 98 Dental Surgeries, 154 Pharmacies and 87 Optometry Practices. We also have academic links to the Universities of Bangor and Glyndwr. Come and meet us on Stand 79 to learn more about the opportunities available.

Web: www.wales.nhs.uk/sitesplus/861/home

2 Glasgow City Marketing Bureau

The Annual Primary Care Conference will take place at the SECC, Glasgow from the 1st to 3rd October 2015. Visit our stand to find out more about Glasgow, including travel, attractions and accommodation.

17,19,20 GlaxoSmithKline

GSK is a UK-based science-led global healthcare company that makes innovative medicines, vaccines and consumer health products, used by millions of people worldwide. In pursuing our mission to eradicate the patient impact of COPD and asthma, we are taking a patient-centred approach to the development of medicines and devices. GSK has been investing more in respiratory research than any other healthcare company over the past 40 years. Last year GSK announced support for the AllTrials campaign, becoming the first pharmaceutical company to commit to publishing detailed clinical study reports for all our medicines. For further company information visit www.gsk.com

97 GP Access

Practices are struggling to meet patient demand, patients are frustrated, often taking themselves to A&E, where hospitals too are full to bursting. And commissioners scratch their heads on how to stem the flow.

Yet our practices are showing time after time that a simple but fundamental change to access in primary care changes everything.

Ask us how. www.gpaccess.uk

89 Haga

116 Halve It

Halve It is a successful coalition of national experts and advocates determined to tackle the continued public health challenges posed by HIV. The Halve It coalition calls upon all levels of government and the NHS to halve the proportion of people undiagnosed and diagnosed late with HIV within five years through public policy reform and implementation of good practice.

67 Haymarket Media – GP, MIMS and Medecomics. Official Media Partner

More than 34,000 GPs across the UK receive GP magazine every fortnight. Since 1963, its unique blend of authoritative news coverage, clinical CPD, expert opinion and career opportunities, as well as the popular lifestyle section, have made it an essential part of surgery life. The new iPad edition of GP magazine brings the pages to life in a fully interactive free app, specially designed to help GPs earn CPD credits, while the website GPonline.com provides an essential daily news service and clinical updates. Contact Mark Watson on 020 8267 4876 or email mark.watson@haymarket.com

62 Health Match BC

Health Match BC is a free health professional recruitment service funded by the Government of British Columbia, Canada. Since 1999, we have assisted hundreds of health professionals in moving to BC.

Working with over 100 healthcare facilities around the province, our experienced consultants match qualified health professionals to opportunities that suit their career and lifestyle interests. We ease the transition process by providing in-depth community information and advice in all aspects of licensing and immigration. If you are a health professional seeking employment in the province, or a BC health care facility hiring qualified health professionals, contact Health Match BC today. www.healthmatchbc.org

102 Intrapharm Laboratories Ltd

Intrapharm Laboratories is committed in providing to the NHS well known established products with proven efficacy at the most affordable prices. It has re-launched the following products:

Terra-Cortril Ointment - (3% oxytetracycline and 1% hydrocortisone) for infected eczema; does not contain preservatives. Provides a choice to physicians which has not been available to date.
Lactulose Sachets - for over 40 years Lactulose has only been available in bulky bottles. In convenient sachet form it offers convenience, ease of carrying, ease of use, avoids wastage and minimises risk of contamination. Each sachet offers a single unit dose and is easy to administer for both patient and the healthcare professional.

Triamcinolone Hexacetone - formerly known as Lederspan for intraarticular, intrasynovial or periarticular use in adults and adolescents in Rheumatoid arthritis, Osteoarthritis, Synovitis, Tendinitis, Bursitis and Epicondylitis.

22 iWantGreatCare

Over 1 million patients have used www.iwantgreatcare.org to rate and review their care.

iWantGreatCare is the largest provider of the Friends and Family Test to the NHS and also works with private and international clients in 18 countries.

Hundreds of GP Practices have already registered for iWantGreatCare’s market-leading FFT solution, and all practices who register before 1st December can meet all their FFT requirements free of charge.

54 Joint Commissioning Panel for Mental Health (JCPMH)

The Joint Commissioning Panel for Mental Health (JCPMH) is co-chaired by the Royal College of Psychiatrists and the Royal College of General Practitioners. It is a collaboration between leading organisations, inspiring commissioners to improve mental health and wellbeing, using a values based commissioning model.

We invite delegates to our stand to pick-up free copies of our 17 commissioning guides including inpatient and crisis home treatment, child and adolescent mental health services, community mental health services, drug and alcohol services, liaison mental health services, older peoples services, public mental health services, rehabilitation services, and services for black and minority ethnic groups.

82 Kidney Research UK

Kidney Research UK is the national charity dedicated to funding research that will lead to better treatments and cures for kidney disease. Founded in 1961, the organisation has been at the forefront of kidney research for many years and has an international reputation for the pioneering research it funds.

Our ‘Package of Innovation for Managing Kidney Disease in Primary Care’ is designed to improve the quality of care of people with kidney disease in the community by helping the primary healthcare team to:

- Identify people who have kidney disease in their Practice
- Improve their knowledge and management of kidney disease
- Educate people about kidney disease

- Facilitate self-management in people who have kidney disease

Visit us on stand 82 to find out more. Or visit www.kidneyresearchuk.org

123 Klinefelter’s Syndrome Association (KSA)

Although Klinefelter’s Syndrome affects around 1:600 males, only 25% are diagnosed and the intersex nature of the condition is rarely considered. The most common symptom is small, firm testes and infertility. However some sperm may still be viable during teen years and, if diagnosed early, some may be able to father a child. As early diagnosis and a good understanding of the implications of KS can greatly alleviate future problems, the KSA seeks to raise awareness particularly within the medical profession. The KSA supports all affected by, or interested in, KS and encourages research into the effects of the condition.

98 Lloyds Bank

Lloyds Bank has dedicated HealthCare Managers based locally who are trained by external sector specialists, undertake regular CPD and understand what’s happening in (sector) today. They have helped keep our lending to the sector growing over recent years and can talk to you about supporting your business needs and ambitions. We offer a full range of finance with flexible terms for growing, refurbishing or buying a practice. Asset Finance is also available and we have special rates for card processing (Cardnet). Visit www.lloydsbank.com/healthcare

125 Lupus UK

LUPUS UK is the only national charity for people with lupus offering support through our voluntary network of over 20 Regional Groups and 100 telephone Contacts. Our priorities are to bring people who have lupus together, increase lupus awareness amongst the public and the medical profession, provide support to our members, and raise funds towards lupus research and Lupus Nurses.

Tel: 01708 731251 (24 hour answerphone)
Web: www.lupusuk.org.uk

95 Lyme Disease Action

Lyme disease is a little known infectious disease transmitted by the bite of an infected tick. Patients across the UK are at risk, town and country, and cases are rising.

Accredited to the Department of Health’s Information Standard, the charity provides information and help lines for both health professionals and the public. Never knowingly seen an erythema migrans? Want to know about diagnosis or treatment? Pay a visit and have a word with our medical director.

Web: www.LymeDiseaseAction.org.uk
51 Marie Curie and RCGP Partnership

Marie Curie Cancer Care and the Royal College of GPs have entered a three-year partnership to support GPs to improve end of life care for their patients by providing workforce development and best practice commissioning.

Visit stand 51 for a one-to-one session with expert GPs, Dr Peter Nightingale and Dr Adam Firth to answer your end of life questions.

Find out more information on how we are working with the RCGP at mariecurie.org.uk/rcgp.

75 The MDU Corporate Indemnity Solution

The Medical Defence Union (MDU) is the UK’s leading medical defence organisation for doctors. The MDU’s market-leading Corporate Indemnity Solution provides indemnity if your company is sued for clinical negligence. This could be either for its vicarious liability for the acts of its individual members of staff and subcontractors, or for the company’s own actions.

Traditionally, clinical negligence claims have been made against individual healthcare professionals. Now, if a doctor is employed by a company and if the patient referral is organised through the company, it is increasingly likely that a claim may be made against the company itself instead of, or as well as, the individual healthcare staff involved in the treatment. The legal position for a company differs to a GP partnership as a company is a separate legal entity.

For a full list of Corporate Indemnity Solution benefits, please visit themdu.com/corporate

52 MDDUS

The MDDUS is a mutual organisation that has been providing indemnity, advice and guidance on medico-legal matters to members, throughout the UK, who encounter professional difficulties for over 100 years. With a team of highly qualified and experienced professionals, and offices in London and Glasgow, the MDDUS prides itself on providing members with a quality, personalised service at competitive rates. An additional benefit of membership is free HR and employment law advice for members who have employment responsibilities. Visit us at stand 52 for a quote.

Web: www.mddus.com

76 The Medical Defence Union

The MDU is the UK’s leading medical defence organisation, a not-for-profit organisation wholly dedicated to our members’ interests. Our team is led and staffed by doctors with real-life experience of the pressures and challenges faced in practice.

We offer members expert guidance, personal support and uncompromising defence in addressing medico-legal issues, complaints and claims. Our customised services range from legal assistance, indemnity, training, support and risk management advice.

GROUPCARE is our group scheme open to all GP practices with at least two eligible GPs including 1 GP principal, excluding GP locums, GPSTs and trust indemnified GPs. Benefits include a 24 hour employment law advice line, free practice-based training seminars, free membership for selected staff and much more.

Visit our stand to find out more about individual membership or GROUPCARE. Alternatively, visit themdu.com

90 Medical Insurance Advisory Bureau (MIAB)

MIAB is a specialist medical insurance broker providing locum and surgery insurance to GP practices. We also offer a range of individual protection policies including life, critical illness income protection and private medical insurance.

The quality and value of our offering is recognised by the LMC Buying Groups Federation which for over 6 years has endorsed MIAB as the approved insurance provider to its 5000+ GP practice members.

Please visit us on stand 90 to discuss your requirements.

57-58 Medical Protection Society

MPS is the world’s leading protection organisation for doctors and healthcare professionals. We protect and support the professional interests of more than 290,000 members around the world.

Our benefits include access to indemnity, expert advice and peace of mind. Highly qualified advisers are on hand to talk through a question or concern at any time.

Our philosophy is to support safe practice in medicine by helping to avert problems in the first place. We do this by promoting risk management through our workshops, E-learning, clinical risk assessments, publications, conferences, lectures and presentations.

83 Motor Neurone Disease Association and RCGP Clinical Priority Project

The Motor Neurone Disease (MND) Association is the only national charity in England, Wales and Northern Ireland that funds and promotes global research into the disease and provides support for people affected by MND.

We have 3,000 volunteers and 150 staff, dedicated to improving the lives of people affected by MND, now and in the future.

We are keen to work with, listen to, and support GPs to help people living with MND. A red flags tool has been developed in partnership with the RCGP: we hope you will come to the stand, get a copy and talk to us.
My Cancer Treatment provided by NHS England & Macmillan Cancer Support

My Cancer Treatment – supporting patient choice

An interactive website, My Cancer Treatment is designed to help people affected by cancer make informed decisions about where to access cancer services in England.

Not only designed for patients, this is an invaluable tool for you to help your patients find reliable and up to date information. National data is available for over 2,200 clinical services.

Enabling you to help your patients who may be after a second opinion, want to be treated elsewhere, or find specialist services not available locally.

The information is provided by NHS England's quality assurance programme, the National Peer Review Programme and Macmillan Cancer Support.

Visit www.mycancertreatment.nhs.uk

Myotonic Dystrophy Support Group

Myotonic Dystrophy Support Group offers the hand of friendship, assistance, support and information to those affected by Myotonic Dystrophy, their carers and their families.

A genetic, progressive, neuromuscular condition that affects either sex from either sex, to which currently there is no cure.

Onset can be at birth (congenital), teenage or in adult life.

Currently celebrating its 25th year of Annual Conferences, MDSG was founded by Margaret Bowler, when seeking families with the same almost unknown condition as her husband and son.

It is a registered charity and Company Limited by Guarantee, run by Trustees, area contact people and volunteers.

National Association for Patient Participation

Uniquely placed as the sole umbrella body for patient-led groups within general practice across the whole of the UK, N.A.P.P has over 35 years’ experience and expertise in promoting, developing and supporting them to work in partnership with their practices. Members are both Patient Participation Groups (PPGs) and GP practices, who are encouraged to network and share good practice. As an independent registered charity, our guiding principle is to improve the quality of care and patient experience. We are currently working with NHS England to develop a Healthy Patient Participation Quality Framework and support the ‘RCGP Put Patients First’ Campaign.

NB Medical Education

NB Medical Education provides RCGP accredited educational courses for GPs.

The Hot Topics GP Update Course is a one day course aimed at busy GPs wrestling with the difficult task of keeping up to date.

The OOH Update course focuses on acute and challenging conditions most commonly seen in OOH care.

NB Medical also work with CCGs/VTS’s and OOH groups providing bespoke courses which incorporate local guidelines and initiatives.

To complement the RCGP accredited courses, www.nb-learning.com provides online modules for further CPD work. A quick, fun and interactive way to stay up to date!

For more information log onto www.nbmedical.com

NeilMed Pharmaceuticals

Drug Free – Preservative Free NeilMed® SINUS RINSETM helps alleviate nasal symptoms from Allergies, Hay Fever, Colds, Rhinitis and Sinusitis by flushing out excess mucus and allergy causing irritants such as pollen, dust particles, pollutants and bacteria.

Saline nasal irrigation with Large Volume and Low Pressure, using NeilMed® SINUS RINSETM kit has been scientifically researched & validated to be safe and immediately effective for babies, children, pregnant women and adults for symptomatic relief from various forms of Rhinitis and Sinusitis.

NeilMed Sinus Rinse Kit with 240mL Bottle and 60 Sachets RRP £16.50

Web: www.neilmed.co.uk
Tel: +44(0)208 660 9447

Neurosupport

Over 12 million people in England live with a neurological condition – find out what this means for your practice financially, practically and with regard to patient care.

Learn about non-medical support for people affected by a neurological condition and how that support can enhance physical, emotional and social wellbeing. Take the opportunity to tell us how you would like to be kept informed about neurological conditions and access the patient perspective. Support ‘A call to action for neurology’ – the neurological Alliance’s Manifesto, launched 2 September 2014 and focussing on data collection, access to specialist care and funding for research.
**NHS England**

NHS England aims to improve the health outcomes for people in England by placing patients and the public at the heart of everything it does.

NHS England is open, evidence-based and inclusive, transparent about the decisions it makes and the way it operates. It empowers and supports clinical leaders at every level of the NHS through clinical commissioning groups (CCGs), networks and senates, in NHS England itself and in providers, helping them to make genuinely informed decisions and provide high quality services.

**NHS Highland**

As a rural GP, you will take a step out from behind your desk. You will deal with emergencies, your home visits might be to a trailer or a castle, and with more time to spend with each patient, there is a special emphasis on quality of care.

Becoming a rural GP allows you to enhance your career portfolio not only through research, teaching and training, but also by embracing the unique challenges and opportunities presented by rural practice.

NHS Highland is recruiting. This is your chance to be the doctor you’ve always wanted to be.

Become a rural GP.

**NHS Improving Quality**

NHS Improving Quality works to improve health outcomes across England by providing improvement and change expertise. It brings together knowledge, expertise and experience from across the NHS, establishing a new vision and re-shaping the healthcare improvement landscape. NHS IQ is helping to build improvement capacity and capability by acting as a catalyst for change, liberating people to develop new skills and improve the quality of what they do. NHS IQ are also supporting the delivery of the NHS Outcomes Framework by designing, commissioning and delivering improvement programmes to help the acceleration of learning to enable whole system change across England.

Email: enquires@nhsiq.nhs.uk
Web: www.nhsiq.nhs.uk
Twitter: @nhsiq

**NHS South and South West Commissioning Support Unit**

We are an established strategic partnership between two leading commissioning support providers, offering end-to-end/individual commissioning support to 21 CCGs in the South/South West. We also support NHSE Area Teams, Local Authorities, NHS Trusts, and other community/voluntary providers.

Through close working relationships, we precisely profile customer demand for commissioning support and adapt our solutions accordingly. Whether they require an individual service or an end-to-end solution, we bring together the best people at the right time, across all service disciplines and, to meet and exceed their requirements.

**NICE**

NICE is the independent organisation responsible for providing national guidance and advice to improve health and social care. The primary care and GP audience is an important focus for a lot of NICE’s work. Please visit our stand to ensure your practice is up to date with our current recommendations on clinical practice, public health, social care and GP led commissioning, and members of the NICE team will also be on hand to answer any questions that you may have on our work in this area.

Tel: +44 (0)300 323 0140
Email: nice@nice.org.uk
Web: www.nice.org.uk

**North of England Commissioning Support**

We support NHS commissioners, principally CCGs, with a range of transformational and transactional services, including business intelligence, service planning, medicines optimisation and comms and engagement. We blend the best of the NHS together with a customer focused operating model. We help by delivering our services the NECS way, driven by our values and working in partnership with our customers. Our scale means we can deliver efficiencies and value for money, and we also know what works. We have a good handle on best practice and sharing solutions. Our experience means we understand local issues and local relationships. We have the right people, the right tools and the right attitude.
**33-34 North West Commissioning Support Unit (NWCSU)**

North West Commissioning Support Unit (NWCSU) aims to be a trusted and valued partner, working alongside our clients to enable high-quality commissioning and delivery of healthcare services.

We provide the support, expertise and services to enable clients to deliver the best possible healthcare outcomes for the populations they serve. Our clients include clinical commissioning groups, local authorities, healthcare providers and a host of other public and voluntary sector bodies across the North West.

NWCSU was created in October 2014, through the coming together of the commissioning support units in Greater Manchester and Cheshire and Merseyside.

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**61 OnMedica**

www.onmedica.com is a leading, FREE to register, medical website for GPs and other healthcare professionals. Providing independently written healthcare news, regulatory updates from NICE and the MHRA, views and blogs by leading clinicians and peer reviewed learning to help gain those all important CME credits.

Each registered member has their own online PDP tracker enabling them to track their learning and CME credits, as well as the ability to download their record for annual appraisals.

The newest area of the site is the OnMedica community; a forum for healthcare professionals to debate new policies, discuss key issues, share best practice and exchange information.

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**69 Northern Territory Health Workforce**

The Northern Territory Health Workforce branch of the Northern Territory Medicare Local (NTML) provides recruitment, retention and support services to health professionals and organisations across the Northern Territory, Australia. A personalised recruitment service is available to help you find the perfect job.

The NTML is funded by the Australian Government to ensure that health professionals are well supported in rural and remote settings.

Practicing medicine in the Northern Territory is varied, interesting and challenging, requiring adaptive and innovative work practices. It provides the opportunity to further develop skills in chronic disease, tropical medicine, and Aboriginal health.

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**107 Nutricia Advanced Medical Nutrition**

Founded in 1896, Nutricia pioneered the concept of specialised medical nutrition. Nutricia has continued to lead research and innovation within this category developing products for the primary management of diseases of the gastrointestinal tract, including cow’s milk allergy, multiple food protein intolerance and Crohn’s disease, helping people from the very young to the elderly live longer, healthier, happier lives. Nutricia is the market leader in the UK.

- Nutricia Resource Centre is a care line for patients and Healthcare professionals, staffed by a team of registered dieticians – call: 01225 751098
- For further product information: www.neocate.co.uk and www.nutricia.co.uk

Nutricia Ltd, Nutricia Advanced Medical Nutrition, Newmarket Avenue, White Horse Business Park, Trowbridge, Wiltshire, BA14 0XQ

Tel: +44 (0)151 228 8161
Web: www.nutricia.co.uk

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**44 Ovarian Cancer Action**

Ovarian Cancer Action, the UK’s leading ovarian cancer charity, is dedicated to improving survival rates for women with ovarian cancer by raising awareness of the disease and its symptoms; giving a voice to those affected by ovarian cancer; and funding research at the Ovarian Cancer Action Research Centre. Please visit us at stand 44 to pick up information on the diagnosis and treatment of ovarian cancer.

For more information please visit our website, www.ovarian.org.uk or email info@ovarian.org.uk

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**47 Parkinson’s UK**

Every hour, someone in the UK is told that they have Parkinson’s. We bring people with Parkinson’s, their carers and families together via a network of local groups, our website and free confidential helpline 0808 800 0303.

Specialist nurses, our supporters and staff provide information and training about Parkinson’s. As the UK’s Parkinson’s support and research charity we’re leading the work to find a cure. We also campaign to change attitudes and demand better services. Our website is packed with information about Parkinson’s - please visit us at: www.parkinsons.org.uk

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**126 PG Courses in Occupational Medicine, University of Manchester**

The Centre for Occupational and Environmental Health, University of Manchester, is the oldest academic centre for Occupational Medicine in the UK and the only UK institution providing postgraduate education in occupational medicine by distance learning. As well as the opportunity to achieve University qualifications, many students use the courses to prepare for their professional qualifications, such as the Membership (MFOM) of the Faculties of Occupational Medicine of the Royal Colleges of Physicians of London and Ireland. The Centre is also very active in research, investigating the epidemiology of occupational and environmental health including infectious disease, trauma and accidents.
**Picker Institute Europe**

Picker Institute Europe is an international charity recognised as a leading authority on understanding and measuring people’s experiences of health and social care, using the results to improve quality in the areas that matter most to patients. Our service user and staff experience programmes are used on a global front, by both commissioners and providers of care to measure and improve people’s experiences.

Visit our stand to find out more about the work we do, including how we can help you meet the national Friends and Family Test requirements with our dedicated general practice solution.

www.pickereurope.org

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**Psoriasis Association**

The Psoriasis Association is the leading national charity for people whose lives are affected by psoriasis. In addition to providing tailored information, advice and support via a range of mediums the Psoriasis Association funds and promotes research into all aspects of the condition, from basic science through to quality of life impact.

Engagement with healthcare professionals, government health bodies such as NICE and MPs via the All Party Parliamentary Group on Skin allows the Psoriasis Association to best represent all those whose lives are affected by this lifelong condition. Learn more at www.psoriasis-association.org.uk.

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**RCGP Mersey Faculty**

RCGP Mersey faculty supports over 1,900 RCGP members, fellows, associates, Associates in Training, foundation year doctors and general practice foundation members in: Liverpool, Wirral, Sefton, Knowsley, Halton and St Helens East & West Cheshire and Isle of Man.

We provide:
- CPD education to GPs and to the wider primary care team
- Bursaries to GP education groups
- An annual awards and prize giving evening
- Support for GP trainees with preparation for licencing in GP specialty training
- Support port for GPs in their first five years after certification (First5 GPs)
- Support for GPs pursuing RCGP Fellowship

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**RDWA – Rural Doctors Workforce Agency - South Australia**

We recruit general practitioners and locums to service our rural communities in South Australia. Practise medicine the way it was meant to be – with a focus on your patient, their family and the community. You will be well remunerated, appreciated and well supported. Come and talk to us at stand 65.

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**Royal Air Force**

From overseas combat Operations to Aeromedical Evacuation and humanitarian missions all over the world, life in the Royal Air Force Medical Service has plenty of challenges. Come and meet the team today to find out about the career that could await you as a Royal Air Force Medical Officer.

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**Royal College of Speech and Language Therapists**

Problems with speech and language imprison the individual and severely limit their participation in family life, the community, education and the world of work.

Speech and language therapists are specialists who enable people to develop or regain vital communication and swallowing skills.

The Royal College of Speech and Language Therapists is the professional body for speech and language therapists and assistant practitioners. We promote excellence in practice and influence health, education and social care policies to achieve the best possible outcomes for people with communication and swallowing difficulties.

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**Royal Medical Benevolent Fund**

The RMBF is the leading UK charity helping doctors, medical students and their dependants facing financial hardship due to unforeseen difficult circumstances. Our aim is to relieve poverty and help our beneficiaries to become independent and self-sufficient by providing financial relief through grants, loans, back-to-work assistance and debt management advice.

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**Rural Health West**

Rural Health West offers a FREE and personalised recruitment service and are currently seeking qualified and experienced general practitioners to fill vacancies across Western Australia, from country to coast. We are funded by State and Commonwealth Governments to recruit and support medical practitioners and their families in rural and remote communities in Western Australia.

Rural Health West will help you to find the right location for you and your family; assist you with obtaining Australian medical registration and provide you with a comprehensive orientation on arrival.

Financial incentives may be available for eligible candidates. Visit www.ruralhealthwest.com.au or email recruit@ruralhw.com.au for more information or for a confidential appointment with the Rural Health West team.
SAGE publishes the journal InnovAiT on behalf of the RCGP; providing information relevant to the needs of AiTs, GP trainers, trainee and newly qualified GPs, practice and community nurses, foundation level doctors and medical students contemplating a career in primary care.

SAGE is a leading international publisher of journals, books, and digital media for academic, educational, and professional markets. www.sagepublications.com

Saskdocs is a one-stop shop for doctors wanting to live and work in Saskatchewan, Canada. We work with International Medical Graduates to match them with the right community and the right practice.

If you’re interested in moving here your timing couldn’t be better. Saskatchewan is booming. The average general practitioner earns an average of $280,000/year (CDN). Saskatchewan has the fastest growing economy and population in Canada; and, our quality of life is high, while the cost of living remains low.

Stop by our booth at the Royal College of General Practitioners Annual Primary Care Conference in Liverpool, October 2-4 2014.

SMA Nutrition offers a range of scientifically developed formulas to help meet the nutritional needs of babies and young children. Every product has a tailored nutrient profile for each stage of growth and development. Building on 90 years’ experience, SMA Nutrition is able to offer specialist milks as part of its range to deal with common feeding issues including reflux, lactose intolerance and cows’ milk protein allergy.

The multi-award winning Baby nose-clear and Nasosal ranges have joined the Snufflebabe family to provide a real solution for babies struggling to breathe and feed due to a blocked nose. Right from birth the Nasal Aspirator physically clears the nose for newborns and this can be used in the clever Inhaler Dummy from 3 months. At this time parents can also use the well-loved Snufflebabe Vapour Rub.

Web: www.snufflebabe.co.uk

Sobi is an international specialty healthcare company dedicated to rare diseases. Our mission is to develop and deliver innovative therapies and services to improve the lives of patients. The product portfolio is primarily focused on Inflammation and Genetic diseases, with three late stage biological development projects within Haemophilia and Neonatology. We also market a portfolio of specialty and rare disease products for partner companies.

The South London and Maudsley NHS Foundation Trust offers an extensive portfolio of mental health services, supported by internationally recognised training and research, with its own Biomedical Research Centre (BRC), pioneering the translation of scientific developments into new ways of screening, detecting, treating and even preventing mental illness.

The BRC is managed in partnership with the Institute of Psychiatry (IOP), King’s College London and funded by the National Institute for Health Research. The provision of integrated adult services enables us to address mental health and provide early intervention for people with mental illness.

Spatone liquid iron supplement is iron rich water which has been proven to help top up iron levels whilst causing fewer of the unpleasant side effects often experienced with iron supplementation[i]. The iron naturally present in Spatone has been shown to be easily absorbed, with an average of 40% bioavailability[i], compared to 5-20%[ii] from food and other iron food supplements.

[ii] Nelsons Nutritional Study (2009) The Significant Impact of Spatone on iron levels

Steps forward in obesity management: through BOMSS and RCGP (sponsored by Ethicon)

This stand will present the RCGP e-learning modules on nutrition and obesity; validate the effectiveness of weight management interventions, including Tier 3 medical weight management services; and deliver evidence for bariatric surgery, focusing on its safety, effectiveness and cost-effectiveness.
EXHIBITOR INFORMATION

It will also present the new BOMSS guidelines 'Bariatric surgery follow up - A primary care guide to re-referral’, and the RCGP ten top tips on managing post-bariatric surgery patients.

Representatives from the RCGP with interest in Nutrition group will be available to discuss the role of the GP in managing obesity, bariatric surgery referrals and follow-up care. 

Sponsored by Ethicon.

**32** Stérimar

Stérimar sea water nasal sprays, the No. 1 prescribed saline solution product, will be exhibiting at stand 32. Visit us to find out more about how Stérimar can naturally and safely manage the symptoms of patients with acute and chronic nasal conditions cost effectively, and to collect your free delegate bag, including samples.

**13** Stiefel, a GSK Company

Stiefel, a GSK company, is committed to advancing dermatology and skin science around the world in order to help people better achieve healthier skin. Stiefel’s dedication to innovation, along with its focus on pharmaceutical, over-the-counter and aesthetic dermatology products, has established Stiefel as a world leader in the skin health industry. To learn more about Stiefel visit www.stiefel.com.

GlaxoSmithKline, Iron Bridge Road, Stockley Park West, Uxbridge UB11 1BT

Tel: 07850 341 294
Email: geoff.d.holmes@stiefel.com
Contact name/s: Geoff Holmes

**111** Stroke Association

Stroke Association is the leading stroke charity in the UK. We believe in Life after stroke and support stroke survivors and their families through our Life after stroke services. We campaign and research to improve stroke care and we provide training to provide the knowledge and skills needed to provide the best stroke care.

We work to prevent strokes and campaign to raise awareness about stroke and improve care. We fund research into new treatments, rehabilitation and stroke prevention.

Web: www.stroke.org.uk
Stroke Helpline: 0303 3033 100
Email: info@stroke.org.uk

**28** Target Ovarian Cancer

Update your knowledge of ovarian cancer symptoms, learn how to manage symptomatic women; and earn free CPD point by completing one of our award winning, NICE compliant modules on ovarian cancer. Choose from modules produced in association with BMJ Learning and RCGP elearning or ask us about our new PULSE Learning family history module. Target Ovarian Cancer works closely with GPs to support them in diagnosing women early, and in giving the best support to the women they work with. Visit stand 28 for your free primary care resources toolkit.

Web: www.targetovariancancer.org.uk/cpd

**121** Teacher Support Network Group

At Teacher Support Network we believe that no teacher should have to cope with emotional strain alone, which is why we’re always here to listen. Our dedicated 24/7 helpline is the only one of its kind.

From the first call, we give all educational professionals the counselling they need to overcome their anxieties and get back to work. This can be over the telephone, face to face or over Skype, usually within two weeks.

We also practical help, such as stress management advice, debt counselling and grants.

Find out how we can help you help your patients on stand 121.

**1** Technomed Telemedicine

By partnering with primary care providers and commissioners, Technomed Telemedicine uses technology & innovation to drive best practice in the provision of community based cardiology services.

We can demonstrate our services result in a reduction in unnecessary referral to secondary care, increased speed to diagnosis, with substantial savings to the NHS.

- 12 Lead ECG Interpretation: award winning, N3 compliant, ECG analysis platform – ECG Cloud.
- AF Screening: for stroke reduction. Tools to diagnose AF in less than 60seconds.
- Holter Monitoring: same day interpretation to increase speed to diagnosis.
- Connected Health: for the management of chronic disease states using mobile monitoring devices.

Web: www.technomed.co.uk

Sponsored by Ethicon.
### 75 The MDU Corporate Indemnity Solution

The Medical Defence Union (MDU) is the UK’s leading medical defence organisation for doctors. The MDU’s market-leading Corporate Indemnity Solution provides indemnity if your company is sued for clinical negligence. This could be either for its vicarious liability for the acts of its individual members of staff and subcontractors, or for the company’s own actions.

Traditionally, clinical negligence claims have been made against individual healthcare professionals. Now, if a doctor is employed by a company and if the patient referral is organised through the company, it is increasingly likely that a claim may be made against the company itself instead of, or as well as, the individual healthcare staff involved in the treatment. The legal position for a company differs to a GP partnership as a company is a separate legal entity.

For a full list of Corporate Indemnity Solution benefits, please visit [www.themdu.com/corporate](http://www.themdu.com/corporate).

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### 114 UK Vision Strategy

The UK Vision Strategy initiative unites all of those who want to take action on issues relating to vision. It provides a framework for change to transform the UK’s eye health, eye care and sight loss services.

The UK Vision Strategy initiative is working closely with the RCGP on the Clinical Priority project. The RCGP have selected eye health, with a particular focus on ageing and sight loss, as a clinical priority until 2016.

As part of the project, UK Vision Strategy and RCGP, with the kind support of Thomas Pocklington Trust, have produced the guide Sight loss in older people: the essential guide for general practice. The guide can be downloaded at [www.vision2020uk.org.uk/ukvisionstrategy/GPguide](http://www.vision2020uk.org.uk/ukvisionstrategy/GPguide).

For more information or to join the free GP eye health and sight loss network please visit [www.vision2020uk.org.uk/ukvisionstrategy/clinicalpriority](http://www.vision2020uk.org.uk/ukvisionstrategy/clinicalpriority).

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Find more information at [www.yakult.co.uk/hcp](http://www.yakult.co.uk/hcp) or contact science@yakult.co.uk for free educational resources.

### 105 Yorkshire and Humber Commissioning Support Unit (YHCS)

Yorkshire and Humber Commissioning Support (YHCS) is a new organisation formed from a merger between North Yorkshire and Humber CSU, and West and South Yorkshire and Bassetlaw CSU.

Our aim is to provide a comprehensive suite of products and services to GP Federations, acting as a one stop shop for your support requirements. We currently support over 700 GP practices and 23 clinical commissioning groups (CCGs) in Yorkshire and Humber with a range of locally-focused business and commissioning support services, with more than 80 other customers across the country including CCGs, NHS providers, local authorities, area teams and NHS England.
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