**CLINICAL**

001 Skin prick testing for respiratory allergy in a primary care setting
   *Emily Allcock, Waterfoot Group of Doctors, Lancashire*

002 An audit of asthma prescribing in primary care
   *James Keitley, University of Manchester*

003 C-reactive protein point-of-care testing reduces diagnostic uncertainty and unnecessary antibiotic prescribing for respiratory tract infections
   *Debra Moore, Weobley Surgery, Herefordshire*

004 C.difficile associated antibiotic prescribing in primary care – a quality improvement project
   *Ravi Tomar, Beaumont Street Practice*

005 Dilemmas in anticoagulation prescribing
   *Joydip Majumder, University of Liverpool Medical School*

006 Reducing co-prescription of anticoagulants and antiplatelets in patients with atrial fibrillation and stable vascular disease
   *Akhlaq Maan, University of Manchester Medical School*

007 Improving GPs’ management of hypertension in the UK Armed Forces
   *Louisa Morris, Defence Medical Services*

008 Long term use of bisphosphonates
   *Ian Martin, Penn Surgery, Wolverhampton*

009 Bisphosphonate therapy - is a holiday needed?
   *Victoria Rushworth, Whitewale Medical Group, Denniston*

010 Medical students: helping to review polypharmacy in the community
   *Jamie Clare, Keele University*

011 Teratogenic drugs in primary care
   *Hayley Millar, Cornbrook Medical Practice, Manchester*

012 Analysis of GP prescribing habits of tramadol in a local Cornish GP practice. Are the British Pain Society Guidelines 2010 being followed?
   *Laura Carr, Peninsula School of Medicine and Dentistry*

013 Misuse of pregablin in an English coastal town
   *Joydip Majumder, Adelaide Street Family Medical Practice, Blackpool*

014 Appropriateness of tramadol prescribing
   *Joydip Majumder, Adelaide Street Family Medical Practice, Blackpool*

015 Gout in primary care: some interesting results
   *Linda Sloan, Sloan Medical Practice, London*

016 Ivabradine - optimising heart failure management in the community
   *Valeed Ghafoor, Royal Preston Hospital*

017 Statins for primary prevention in people with a 10% 10 year cardiovascular risk: too much medicine?
   *Dharani Yerrakalva, University of Cambridge*

018 Is intensive glucose control the key to managing cardiovascular risk in diabetes?
   *Bilal Saleem, University of Manchester*

019 Knowledge and perception of primary care medical team on screening periodontal diseases among diabetes patients: A preliminary study in Kuantan, Malaysia
   *Daniel Mahendran Thuraiappah, International Islamic University, Malaysia*

020 Having diabetes and having to fast: assessing the role of Ramadan-focused structured diabetes education
   *Bilal Saleem, University of Manchester*

021 Quality improvement project monitoring INR levels in Muslim patients fasting during Ramadan
   *Melanie Lowe, Levenshulme Medical practice, Manchester*

022 Assessing predictors of influenza vaccine uptake in diabetic patients
   *Umair Khan, University of Manchester*

023 The potential for community-based alternative care pathways for patients after suspected seizures - a literature review
   *Hannah Dudhill, Academic Unit of Primary Medical Care, University of Sheffield*

024 An unusual presentation of epilepsy
   *Tariq Shafi, Dept of Paediatrics, University Hospital, Coventry*

025 Communication skills and relational competencies required from GPs providing home based PC to their patients
   *Elena Fadini, Scuola di Medicina Generale - Regione Veneto, Italy*

026 Using a digital proactive care plan to reduce avoidable admissions from care homes
   *Mohammed Amar Latif, Health Education England Thames Valley*
027 Tackling the adverse health outcomes of loneliness in a vulnerable population: a qualitative study
Daniel Weinburg, Keele University

028 Managing skin tears in elderly patients
Ken Menon, The Ongar Surgery, Essex

029 A case of late-onset eating disorders in the elderly
Laura Midgley, East and North Hertfordshire NHS Trust

030 Female obesity
Jane Wilcock, University of Liverpool

031 Room for improvement: awareness of NICE obesity clinical guidelines and eligibility for bariatric surgery amongst General Practitioners in West London
Seleena Thukral, West Middlesex University Hospital

032 Nutritional deficiency post-bariatric surgery: BMoss guidance
Jane Wilcock, University of Liverpool

033 “You can’t outrun a bad diet”, so should we still advise patients to exercise?
Daniel Fitzpatrick, University of Manchester

034 The changing incidence of poisonings amongst young people in England, 1997-2014
Edward Tyrrell, University of Nottingham, School of Medicine

035 Sterile pyuria – what should a GP do?
Jonathan Rees, Backwell & Nailsea Medical Group

036 "An obvious UTI": the importance of diagnosing pyelonephritis in primary care
Alexander Bulcock, University of Manchester

037 Improving emergency contraception in general practice
Charles Heffer, Bradford-on-Avon Health Centre, Wiltshire

038 Postpartum depression in teenage mothers
Audrey Le Bihan, Manchester Medical School

039 Failure to thrive: bad nutrition as a double edged sword
Carla Veiga Rodrigues, UCSP Sao Neutel - Chaves, Portugal

040 An investigation into GPs' perceptions of children's mental health problems
Chris Jacobs, Severn Deanery

041 Adults shout and young people don’t’; why we haven’t changed our minds about young people
John Percival, Teesside University

042 A case of “temporary dementia”
Ana Luisa Gomes, Ramada Family Health Unit, Odivelas, Portugal

043 Unmet psychosocial and emotional needs in dementia caregivers: literature review and assessment guidelines
Elaine Blows, University of Bristol

044 Medicines optimisation: pro-active pharmacy led optimisation and de-prescribing of antipsychotics in nursing home based dementia patients
Saran Amin, Argyle Care Home Service, London

045 Dementia friendly practices
Verity Turner, Wessex Deanery

046 Creating a leaflet about dementia screening
Jane Wilcock, Overdiagnosis Group RCGP, University of Liverpool

047 GPs’ and gastroenterologists’ diagnoses of constipation differ but neither consistently use Rome III criteria in clinical practice
Susan Neville, King’s College Hospital, London

048 The IBIS-C study: diagnosis and management of moderate-to-severe irritable bowel syndrome with constipation (IBS-C) in the UK
Mark Rance, University Hospital of North Durham

049 The IBIS-C study: the economic and quality of life burden of moderate-to-severe irritable bowel syndrome with constipation (IBS-C) in the UK
Mark Rance, University Hospital of North Durham

050 A systematic review of the diagnostic accuracy and yield of primary transabdominal ultrasound in the diagnosis of upper abdominal pain in primary care
John Frain, Derwent Valley Medical Practice, Derby

051 Selecting primary care treatment for patients with shoulder disorders: international conjoint analysis study
Cliona McRobert, Arthritis Research UK Primary Care Centre, Keele University

052 Novel classification of knee osteoarthritis severity
Amit Mor, AposTherapy Research Group, Herzliya, Israel

053 Quality improvement exercise: improving osteoporosis assessment follow-up
David Rees, Kingsinch Medical Practice, Renfrew

054 The correlation between radiographic knee OA and clinical symptoms - do we know everything?
AUDIT

055 A biomechanical therapy for enhancing rehabilitation of patients after total hip arthroplasty
Amit Mor, AposTherapy Research Group, Herzliya, Israel

056 Musculoskeletal SCIPP project-bringing a patient centred approach to musculoskeletal care into a primary care setting
Jeffrey Croucher, Benhill and Belmont GP Centre, Sutton

057 Assessment of the excision of basal cell carcinoma: did GP really "under-perform"?
Awangku Ahmad Syukri Pengiran Haji Abdul Rahim, Aberdeen Royal Infirmary

058 Nearly everything I know about sleep is wrong
Michael Peel, Hurley Group, London

059 What evidence exists for the management of nightmares in torture victims? A systematic review
Lucy May, Brighton and Sussex Medical School

060 HIV-infected patients: documentation of access problems to the NHS and good practice guidelines of rapid testing
Vasiliou Stoukas, NGO PRAKSIS, Greece

061 HIV testing in a high risk area
Joanna Wykes, East Surrey Hospital

062 Understanding women’s needs in homeless healthcare- are women engaging with services?
Harriett Cant, Brighton and Sussex Medical School

063 Young women & long-acting reversible contraception (LARC)
Natasha Hoey, University of Manchester

064 Evaluating a GP-based nexplanon insertion service
Xuan Gleaves, University of Manchester

065 Pill-checks and NICE guidelines: an audit in general practice
Bethan Roberts, University of Manchester

066 An audit on prescribing folic acid in pregnancy at a GP surgery
Shaheen Shahid, University of Manchester

067 SSRIs prescribing and risk to pregnancy counselling: a primary care audit
Joo Enn Ooi, University of Manchester

068 Cervical cancer, national policy changes and impacts on local women
Alice Ambrose, Brighton and Sussex Medical School

069 An audit of cervical screening uptake and barriers towards it within primary care
Chloe Sherrington, University of Manchester Medical School

070 An audit and service evaluation: how, when and why do women present with metastatic breast cancer? Patterns of presentation and demographic risk factors
Lucy Owen, University of Leeds

071 Audit of the two week urgent referral pathway for cancer – its usefulness in paediatrics
Grace Pike, Lancashire Teaching Hospitals

072 Improving early diagnosis of cancer in Cumbria general practices using RCGP audit and significant event analysis
Cherryl Timothy-Antoine, NHS England

073 Are cancers being detected early and referred according to guidelines?
Kaitlin Mayne, University of Dundee

074 Increasing bowel screening uptake in a rural practice setting on the Isle of Lewis
Kate Dixon, Rural Track Programme, Western Isles

075 A picture is worth a thousand words: advocating use of digital photography in suspected cases of malignant melanomas in primary care
Xuan Gleaves, University of Manchester

076 MGUS patient pathway evaluation: a move towards primary care
Miriam Fahmy, St George’s Hospital, University of London

077 Two weeks wait referral system for scrotal lumps and swellings; are we still overusing it?
Charef Raslan, Stepping Hill Hospital, Stockport

078 Management of erectile dysfunction using the international index of erectile function (IIEF)
Chris Callow, Belgrave Medical Centre

079 Audit: management of hypertension in general practice – are we asking the right questions?
Rajiv Joshi, University of Sheffield

080 Audit of prescription for new onset essential hypertension in Warwickshire
Stuart O’Connor, Warwick Medical School

081 Increasing anticoagulation in atrial fibrillation
Kieran Dinwoodie, University of Glasgow

082 Assessing whether patients with atrial fibrillation at risk of ischaemic stroke are receiving
093 Antithrombotic therapy in AF: exception coding and aspirin monotherapy
Jonah Fox, Whittington Hospital, London

084 Managing the risk of cardiovascular disease in patients with CKD in primary care
Amar Jessel, Surrey & Sussex NHS Trust

085 Monitoring renal function in patients on ticagrelor
Allan Campbell, NHS Greater Glasgow & Clyde

086 Blood pressure control and management of patients on the chronic kidney disease register: a primary care audit
Estelle How Hong, University of Manchester

087 Improving the management of post bariatric surgery patients in primary care: a complete audit cycle leading to production of nationally recognised guidance and an audit toolkit
Clare Nwosu, Vauxhall Primary Health Care, Liverpool

088 Audit assessing lifestyle interventions, within primary care, for young overweight adults
Ella Gardner, University of Birmingham

089 Dyspepsia and PPIs: improving outcomes and saving money
Iain Murphy, University of Manchester

090 The use of the Alvarado score as a referral indicator in patients with suspected acute appendicitis in the primary care setting
Lawen Karim, High Street Surgery, Macclesfield

091 An audit of compliance with the British Committee for Standards in Haematology (BCSH) guidelines for the prevention of infection in patients with an absent spleen
Caroline Blake, University of Warwick Medical School

092 Corticosteroid injections for trochanteric bursitis in general practice
Rukhram Saqib, Stepping Hill Hospital, Stockport

093 Chronic rheumatoid arthritis management in primary care: a re-audit
Kabir Sandhu, London North West Healthcare NHS Trust

094 Audit of the management of rheumatoid arthritis in primary care
Philip Broadhurst, University Of Liverpool Medical School

095 Depression and rheumatoid arthritis (RA) in the primary care setting
Suthan Thangarajah, NHS Health Education East of England

096 Improving GP referrals to secondary care psychiatric services: a study of GP referral letters
Rachel Lakemond, Luton GP Speciality Training Program

097 Audit of blood monitoring for anti-epilepsy medication
Sanaa Ismail, Salford Royal NHS Foundation Trust

098 Management of diabetic women of childbearing age in primary care
Charlotte Webb, Poole Town Surgery, Dorset

099 How can we improve diagnosis and management of pre-diabetes in primary care? A complete audit.
Clare Nwosu, Heatherlands Medical Centre, Wirral

100 An audit exploring appropriate follow-up for non-diabetic patients with a raised HbA1c
Katherine Lattey, Brighton and Sussex Medical School

101 Quantity of patient contact with a paediatric diabetes service - is there correlation with HbA1c?
Gemma Buston, Warrington and Halton Hospitals NHS Trust

102 Evaluating the use of sitagliptin in treating patients with type 2 diabetes mellitus according to NICE guidelines in primary care
Ruby Nainan, University of Nottingham

103 Multidisciplinary team approach to diabetic patients at general outpatient clinic
Vincent Chung Yiu, NTWC Hospital Authority, Hong Kong

104 Influenza vaccine uptake within the diabetic and chronic obstructive pulmonary disease registers: a primary care audit
Estelle How Hong, University of Manchester

105 Seasonal influenza vaccination uptake among targeted population - a primary care audit
Joo Enn Ooi, University of Manchester

106 Occupational asthma in primary care
Andrew Gill, Earby Surgery, Lancashire

107 An audit of smoking cessation advice given to COPD patients in general practice
Laura Midgley, East and North Hertfordshire NHS Trust
108 The medication review of polypharmacy patients in primary care
Lynn Valerie Wong Sun Thiong, University of Manchester

109 Avoiding unplanned admissions: from home to hospital
Claire Hawcroft, Centre for Academic Primary Care, School of Social and Community Medicine, University of Bristol

110 Primary care patients in accident and emergency: fact or fiction?
Robyn Perry-Thomas, University of Manchester

111 It’s triage but not as we know it; assessment of telephone consultation outcomes
Stephanie Collins, Wingate Medical Centre, Liverpool

112 The use of the Gold Standards Framework (GSF) as a tool to guide palliative and supportive care in the community: a re-audit
Sarah Drysdale, Manchester Medical School

113 Resuscitation audit
Victoria Craig, Aintree University Hospital

114 Delivering primary care into Ealing nursing homes: increasing proportion of deaths in preferred place of care and in usual place of residence
Anna Down, Argyle Care Home Service, London

115 Evidence based management of acute infective conjunctivitis in primary care improves with doctor education
Trystan Macdonald, Allesley Village Surgery, Coventry

116 An audit of the management of tonsillitis in GP practice
Muhammad Anss, University of Manchester Medical School

117 An audit of abbreviations used in paediatric medical and surgical notes
Aayesha Ladhani, University Hospitals Leicester

118 An audit looking at the management of infantile GORD in primary care
Joseph Walsh, University of Manchester

119 MMR vaccination: how can we improve compliance?
Rosie Conroy, University of Manchester

120 Are the reasons for non-uptake of the MMR vaccine being documented in an inner city GP practice?
Julia Miah, University of Manchester

121 The uptake of the influenza vaccine in children aged 2-4 years during the 2014/15 influenza season
Jessica Aspinall, Haslingden Medical Group Practice, Lancashire

122 Factors for poor adherence of early year childhood immunisations: a three practice retrospective audit
Micky Tsui, Faculty of Life Sciences & Medicine, King’s College London

123 “Inappropriate” paediatric presentations to A&E
Siobhan Macdonald, University of Manchester

124 GP referrals to Paediatric Admissions Unit (PAU) -The ‘top five’
Samir Khalil, Milton Keynes VTS

125 Evaluation of GP referrals to emergency department in Cavan General Hospital, Cavan, Republic of Ireland
Mythily Yohanathan, Cavan General Hospital, Ireland

126 Evaluation of GP-lead service to redirect patients from A&E to primary care where appropriate
Fahima Begum, St Georges Hospital, University of London

127 Communication of a hospital DNACPR order in the discharge summary in an acute London hospital
Thomas Cronin, Chelsea and Westminster Hospital

128 Are current GP pressures affecting the care of patients taking multiple medications?
Wuraola Obadahun, Brighton and Sussex Medical School

129 How effective is participation in the ‘NHS Bowel Cancer Screening Program’ at Park Medical Practise in Timperley?
Karam Ahmad, University of Manchester

130 PCOS guideline adherence; the impact of clinical knowledge and case notes on patient care
Sabba Elhag, University of Manchester

131 Diabetes - lost to follow up, an audit stressing the importance of regular reviews
Mohammad Hussain, University of Manchester

132 Correlation between the pulse rate measured by palpation of the radial artery and the pulse rate measured with standard pulse oximeters
John Frain, Derwent Valley Medical Practice, Derby

133 ACE inhibitor titration following acute myocardial infarction – are we missing the point?
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134 Differences in cardiovascular disease profiles in three neighbouring clinical commissioning group areas of differing socioeconomic status
Bernard Nyemi-Tei, Keele University Medical School

135 Preventing acute kidney injury in primary care: a clinical audit
Areej Paracha, University of Manchester

136 Renal function monitoring and ACE inhibitor use
Zoya Kiani, University of Manchester

137 An evaluation of initial assessment and management of haematuria in primary care
Natasha Bauer, East Lancashire Hospitals NHS Trust

138 Bridging the gap in health promotion: how can hospitals learn from primary care?
Ayo Ajanaku, Sandwell and West Birmingham Hospitals NHS Trust

139 GP budgets under the weather: an audit on prescribing sunscreen
Joshua Rowland, University of Manchester

140 Diagnosis and management of low B12 in general practice - a clinical audit
Yishi Tan, Beaconsfield Medical Practice

141 Benzodiazepines - problems for GPs, problems for patients
Xuan Koe, Royal Preston Hospital

142 Substance misuse in adolescents in the community
William Meredith, Manchester Medical School

143 Prevalence of domestic violence: A case finding audit
Azarmidokht Heydari, Thamesmead Associates, London

144 Offering chaperones in intimate examinations; an audit in general practice
Shaheen Shahid, University of Manchester

145 A new way to recruit participants into research: CLASSIC
Sheila McCorkindale, NHS Salford Clinical Commissioning Group

146 Research Ready - making research accessible to general practice
Matt Highton, RCGP

147 Going for Gold - development of primary care research confederations to bid for healthcare industry research
Teik Goh, Garth Surgery, Guisborough

148 Recorded vignettes: a novel method for investigating documentation in the Electronic Healthcare Record (EHR)
Simon Glew, Brighton and Sussex Medical School

149 The normalisation of HIV
Daniella de Block Golding, University of Manchester

150 Access to healthcare for long-term conditions in women involved in street-based prostitution: a qualitative study
Carolyn Chew-Graham, Keele University

151 Comparative study between family income and hopelessness
Ujala Zubair, Jinnah Sindh Medical University, Pakistan

152 Making sense of street chaos: an ethnographic exploration of homeless peoples health service usage
Austin O Carroll, University of Bath

153 Lessons learned about asthma self-management from a pilot randomised controlled trial of a digital intervention
David Blane, General Practice & Primary Care, Institute of Health & Wellbeing, University of Glasgow

154 ‘When’s the Lung Lady coming again?”: L-HOP Lung Health of Opiate users, how feasible is it to assess respiratory health in opiate misusers attending a specialist community based clinic?
Caroline Mitchell, Academic Unit of Primary Medical Care, University of Sheffield

155 TIA mimics: a systematic review and recent data from the Netherlands
L Servaas Dolmans, Julius Center for Health Sciences and Primary Care, Netherlands

156 Systematic review of rehabilitation programmes initiated within 90 days of a TIA or ‘minor’ stroke
Neil Heron, Department of General Practice, Queen’s University Belfast

157 Advantages and disadvantages of unstructured cardiovascular risk factor screening for follow-up in primary care
A.W. de Boer, Department of Clinical Epidemiology, Leiden University Medical Center, Netherlands

158 Impact of socioeconomic deprivation on screening for cardiovascular disease risk: cross sectional study
Sarah-Jane Lang, Primary Care Unit, University of Cambridge
159 The implications of living with: a secondary analysis of qualitative data
*Mirella Fry, Keele University*

160 Vignettes arising from a qualitative study exploring the effect of deprivation on the triggers for cardiology outpatient referrals from Sheffield GPs
*Liz Walton, University of Sheffield*

161 Association between congenital heart anomalies and childhood infections: a UK based population study
*Muhammad Hazwan bin Hashim, Epidemiology & Public Health, University of Nottingham*

162 A literature review on the psychological and mental health impact of Psoriatic Arthritis (PsA)
*Ian K Richard, Betsi Cadwaladr University Health Board, North Wales*

163 A qualitative exploration of the experience of living with epilepsy in the mid-west region of Ireland
*Toireas Moriarty, ICGP*

164 Findings of the SUDEP Action International Epilepsy Deaths Register: March 2013-2015
*Brigitte Colwell, University of Sheffield*

165 Exploring the perceptions and experiences of people who use and those that provide a shared care clozapine service
*Camilla Sowerby, University of Bath*

166 The associations of ‘fatness’, ‘fitness’ and physical activity with all-cause mortality in the elderly: a systematic review of observational studies
*Dharani Yerrakalva, University of Cambridge*

167 Profiling usual care for patients with multimorbidity in the 3D Study
*Zoe Bush, University of Bristol*

168 Diagnosis of serious infection in elderly patients in primary care and the decision to admit: a qualitative study
*Abigail Moore, Department of Primary Health Care Sciences, University of Oxford*

169 Knowledge and attitudes of future general practitioners in dementia care
*Eugene Tang, Institute of Health and Society, Newcastle University*

170 Are general practitioners equipped to help their dementia patients access assistive technology?
*Lisa Newton, Newcastle University*

171 Avoiding unplanned admissions: experiences from primary care

**Thomas Gorman, Institute of Health and Society, Newcastle University**

172 Prevalence and nature of prescribing and monitoring errors in older patients and in children
*Janice Olaniyin, University of Hertfordshire*

173 Antibiotic prescribing rates rise as patient access to primary care improves
*Craig Balmforth, University of Manchester*

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174 The views of UK based Sierra Leonean Diaspora on the Ebola virus outbreak and possible health promotion role
*Achmed Kamara, King’s College Hospital, London*

175 Primary and first contact care on a medical support mission to the Dominican Republic
*Kirsty Armstrong, St George’s Hospital, University of London and Kingston University*

176 An innovative project to promote integration of patient care between an acute hospital and a community hospital in Singapore
*Adeline Gong, Jurong Health Services, Singapore*

177 Learning from Europe - would an alternative healthcare model benefit general practice in the UK?
*Clare Wilson, Severn Deanery*

178 Expanding horizons through international partnerships: the West Bengal/RCGP family medicine training pilot
*Elizabeth Goodburn, RCGP International*

179 A cancer based-study in the west region of the Republic of Panama and the impact related to early diagnosis and treatment
*Marco Mejia, Panama National Oncology Institute*

180 Family planning in a rural setting in Uganda, the U-SHAPE initiative
*Emily Clark, RCGP Junior International Committee*

181 To assess the level of awareness of pre-marital sexually transmitted diseases (STDs) screening between medical and non-medical students in Karachi, Pakistan
*Hasnain Abbas Dharamshi, Karachi Medical and Dental College, Pakistan*

182 Reaching out to the youth of South-West Uganda: sex-education
*Emma King, U-SHAPE (Uganda Sexual Health and Pastoral Education)*
183 Successful Australian general practitioner doctoral candidates 2005-14
Gerard Gill, Deakin University, Melbourne, Australia

184 Fatigue is commonly reported by Australian GPs
Gerard Gill, Deakin University, Melbourne, Australia

185 Impact and achievements of the RCGP Junior International Committee 2009-2015
Hannah Fox, RCGP Junior International Committee

186 The impact of observing general practice in Europe through the Hippokrates Exchange Program: a qualitative study
Hannah Willoughby, RCGP Junior International Committee

187 Beyond the Scottish horizon: Hippokrates exchanges
Holly Tyson, JIC, WONCA Europe

188 The development of an audit toolkit for use in resource poor settings
Eugene Tang, RCGP Junior International Committee

189 Global health ST4: can the South West help with Kenya’s alcohol services
Sancos Boland, Peninsula VTS

190 End of life care in ITU: observations from a tertiary cancer centre in India
Hannah Fox, Saroj Gupta Cancer Centre & Research Institute, Kolkata, India

191 The effect of Tianju therapy in reducing general practice visits due to rhinitis
Connie Yuen Ching Kam, The Open University of Hong Kong

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192 Patient online: Records and services
Imran Rafi, RCGP

193 How does social media influence self-directed teaching for GPs?
Sanjeev Kalia, Bath Row Medical Practice, Birmingham

194 Which App Doc? Matching patients and apps - a socio-technical approach
Christoher Mimnagh, Wingate Medical Centre, Liverpool

195 Smarter access systems inform and improve clinical care
Harry Longman, GP Access Ltd

196 No more hanging on the telephone - how patients have adapted to online access

Harry Longman, GP Access Ltd

197 Using telehealth to carry out annual reviews of hypertension
Elizabeth Sherwin, University of Birmingham Medical School

198 Primary care; a 21st Century platform for collaborative evaluation and implementation of cutting-edge technological innovation
James Cowling, University of Leicester Medical School

199 Mobile health apps: the emperor’s new clothes?
Brian McMillan, Academic Unit of Primary Medical Care, University of Sheffield

200 Impact of three different pilot schemes to improve patient access in Greenwich
Ellen Wright, NHS Greenwich CCG

201 Overcoming demand pressure and workload stress in a Fife practice
Harry Longman, St Brycedale Surgery, Kirkcaldy

202 Innovative web based information sharing between general practitioners and consultants
Satinder Kumar, Hurley Clinic, Lambeth, London

203 The impact of hospital settings on the mood status of family care givers
Syed Muhammad Mustahsan, Sindh Medical College, Dow University of Health Sciences, Pakistan

204 Improving eye health for ‘at risk’ groups - sharing the Glasgow experience
Chigozie Joe Adigwe, Royal National Institute of Blind People

205 Glaucoma case finding in general practice
Helen Lee, Royal National Institute of Blind People

206 Eye injections - do we see the real problem?
Alison Yuen, University of Manchester

207 Perspectives on location of provision of GDM screening – a qualitative study of health professionals and patients
Liam Glynn, National University of Ireland, Galway

208 Considerations towards the transgender patient: from first contact to gender reassignment and recognition
Richard Pettinger, Hull York Medical School

209 Exploring the patient experiences of transgender people within GP services
Megan Corder, University of Manchester

210 Community based surgery: safety in numbers
Jonathan Botting, RCGP
211 'Accident and emergency pressure caused by too few GP appointments.' Is it really that simple?  
*Amy Goodman, Keele University Medical School*

212 Evaluation of de-waxing service in the UK: it’s impact on patients and service providers  
*Miso Kang, St. Mary’s Hospital, Isle of Wight*

213 When all we can do is to inform… A neurofibromatosis type 1 case  
*Carla Veiga Rodrigues, UCSP B - Chaves, Portugal*

214 St Matthews health centre: a collaborative approach to evaluating innovative models of primary care  
*James Cowling, Proteus Digital Health UK*

215 Why do men between the ages of 40 and 54 attend or decline NHS health checks?  
*Amy Cartwright, University of Leeds*

216 NHS health checks: steering towards success  
*Janakan Crofton, Royal Free GPVTS*

217 Targeted CVD screening programme to a population of high deprivation in the South Wales valleys: lessons learnt  
*Naomi Stanton, Cwm Taf University Health Board*

218 Service evaluation of the transfer of prisoner health records to primary care services from a GP’s perspective  
*Hannah Cheston, Brighton and Sussex Medical School*

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219 Medical practice in prisons: public health, ethical and legal aspects  
*Vasilios Stoukas, Korydallos Prison Complex “St. Paul” Hospital, Greece*

220 Should general practitioners (and other clinicians) avoid ethics?  
*Andrew Papanikitas, Nuffield Department of Primary Care Health Sciences, University of Oxford*

221 Engaging healthcare: ethics of markets and markets for ethics (a conference held at The Royal Society of Medicine)  
*Andrew Papanikitas, Nuffield Department of Primary Care Health Sciences, University of Oxford*

222 Clinician self-care: an ethical puzzle  
*Emma McKenzie-Edwards, Nuffield Department of Primary Care Health Sciences, University of Oxford*

223 Who? Where? When? Public preferences on ‘do not attempt cardiopulmonary resuscitation’ discussions  
*Rebecca Williams, Oxford University Hospitals NHS Trust*

224 Medicine beyond the final frontier  
*Michael Bryant, Aberdeen Women’s Centre*

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225 Addressing over representation of black and minority ethnic communities in mental health services  
*Malik Gul, Imperial College London*

226 Engaging the citizenship of the homeless – a qualitative study of homeless primary care providers  
*Emma Mills, School of Medicine & Dentistry, University of Aberdeen*

227 'Take home naloxone' in primary care can reduce death from overdose in homeless patients who do not access drug treatment  
*Sarah Marwick, Birmingham and Solihull Mental Health Foundation Trust*

228 Healthcare of the homeless: bridging the gap  
*Soracha Healy, Brighton and Sussex Medical School*

229 A cervical smear screening solution for Salford’s vulnerable homeless women  
*Lucy Storey, University of Manchester School of Medicine*

230 The danger of shortcuts and pitfalls of superstitions: the challenges of serving a multi-ethnic population with limited translation services and short primary care and specialist consultations  
*Seleena Thukral, West Middlesex University Hospital*

231 The impact of female genital mutilation on Somali women’s experiences of antenatal care services in England  
*Jordan Moxey, University of Birmingham*

232 Is education the key to victory in the battle over female genital mutilation?  
*Victoria Holmes, University of Manchester*

233 Clinical Training Associate (CTA) programme to help GP trainees entering GP with confidence and competence to perform female genital examination  
*Mary Valentine, Severn Deanery, HESW*
234 Common paediatric care pathways - an important step in care of children closer to home initiative
Samir Khalil, Milton Keynes University Hospital

235 Why are GPs not referring patients for assessment at our local short stay paediatric assessment unit?
Jennifer Walsh, South Tees Foundation Trust

236 Spotting the signs, developing a national proforma for risk assessment of childhood sexual exploitation
Zoe Cameron, BASSH

237 Screening diabetic patients for liver fibrosis in a primary care diabetes clinic
Chloe Mazzocchi, Worcestershire Acute Hospitals NHS Trust

238 Walking clinic: a new approach to health
Rachel Elliott, Westlands Medical Centre, Portchester

239 Future facing Forfar: delivering sustainability through collaborative working
Nico Grunenberg, Academy Medical Centre, Forfar, Angus

240 Green impact for health: results from the pathfinder pilot
Charlie Kenward, Severn Deanery School of Primary Care

241 Green impact for health: creating a toolkit for sustainable change in primary care
Charlie Kenward, Severn Deanery School of Primary Care

242 Growing health - making gardening and food growing a natural choice for your patients
Liz Alun-Jones, Leicestershire Master Gardeners

243 A long and winding road: understanding the journey towards Collaborative Care and Support Planning for people with long term conditions in general practice - a qualitative document analysis
Clare Brenton, RCGP

244 PUSH: a local project promoting community health wellbeing while developing a novel method for the quantification of the impact of integrated care
Kristen Widdowson, Sandwell and West Birmingham CCG

245 Assessing the demand for Cystatin C eGFR in response to NICE CKD guidelines 2014
David Shepherd, Across Leicester Federation

246 The production of an acute care plan for use by patients with learning disabilities

247 Career or family planning? Oocyte cryopreservation for UK Servicewomen
Louisa Morris, Defence Medical Services

248 A low-cost direct access vasectomy service in general practice
Ken Menon, The Ongar Surgery, Essex

249 Patient experiences of an unplanned admission avoidance programme
Alice Gowing, Newcastle University

250 Improving longitudinal continuity of usual doctor care in general practice
David Shepherd, Saffron Group Practice, Leicester

251 Supporting general practice to function ‘at scale’
Mike Holmes, RCGP

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  Bryony Sales, Wessex School of General Practice, Wessex Deanery

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  Verity Turner, Wessex Deanery

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  Harish Thampy, CBME, Manchester Medical School
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Kelly Thresher, GP Education Unit Southampton, Wessex Deanery

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Aurelia Butcher, Dorset GP Centre, Wessex Deanery

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Christopher Mulholland, GP Rural Track Programme, Western Isles

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Alexandra Lee, Health Education West Midlands

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Hiroko Tagashira, Japan Primary Care Association

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Samantha Scallan, Southampton GP Education Unit

349  Retrospective review of prescriptions issued by GPs in training - a pilot study
Richard Knox, Division of Primary Care, School of Medicine, University of Nottingham

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Cemal Kavasogullari, NHS Education Scotland

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Jasmine Hart, NHS Tayside

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Mike Tomson, Health Education Yorkshire and Humber

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Baber Qadir, Tulasi Medical Centre, Dagenham

354  Encouraging reflection through art in general practice
Suchitra Vijayanarasimhan, Hywel Dda University Health Board

355  Yoga for innate resilience: stretching into possibility
Kelly Thresher, Southampton GP Education Unit

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Pamela Curtis, University of Bath

357  Reflection in assessment: is it just a game?
Emily Edwards, Winchester University, Wessex Deanery

358  From CPD to Ski-PD - report on the RCGP First5 Ski Trips
Lindsay Moran, RCGP First5

359  Learning from the laws of "The House of God"
Emma McKenzie-Edwards, Nuffield Department of Primary Care Health Sciences, University of Oxford

360  Training for leadership
Amar Rughani, Yorkshire and the Humber School of General Practice

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John Kyle, NHS National Services Scotland

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Pamela Curtis, Avon GP Education

363  Consent and capacity: a guide
Daisy Walters, University of Manchester

364  Simulation training for acute care skills in general practice
Majid Akram, The Deepings Practice, Peterborough

365  Signposting GP educational events: an educational innovation
Helen O'Reilly, Health Education England (Wessex)

366  Peer to peer appraisal for deanery trainers
Jim Bartlett, Health Education West Midlands

367  Evaluation of a framework to support educational supervisors for broad based training
Mary-Rose Shears, Health Education Kent and Surrey

368  Practice Based Small Group Learning (PBSGL)
Jonathan Rial, Southampton GP Education Unit

369  Targeted collaborative resource development
Rhian Noble-Jones, University of Glasgow

370  Simulation training of medical emergencies in the community
Aurelia Butcher, Centre for GP Education, Bournemouth University
371 GP trainer groups - communities of practice, CPD or just a good gossip?
Helen Mead, Health Education East Midlands

372 How can we teach the educational environment? A new novel course
David Shackles, NHS Education for Scotland

373 Sleep deprivation and its consequences on house officers and postgraduate trainees
Syed Muhammad Mustahsan, Sindh Medical College, Dow University of Health Sciences, Karachi, Pakistan

374 Doctors with dyslexia: experiences and strategies
Samantha Scallan, Southampton GP Education Unit

375 A new system for GP Trainer re-approval in Dorset: a pilot
Samantha Scallan, Southampton GP Education Unit

376 How do doctors in my surgery learn?
Janet McGee, Wessex School of General Practice, HEW

377 Addressing the inverse care law: innovative GP training in areas of deprivation and with marginalised groups
Austin O Carroll, North Dublin City GP Training Programme

378 Me first: children and young people centred communication
Kate Martin, Common Room Consulting Ltd

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Marika Gilbourne, Nottingham Medical School

380 Autism clinical priority optimising opportunities: optimising outcomes
Janine Robinson, NHS Education for Scotland

381 “You need head space and heart space” - General practitioners’ end of life care training needs and preferences
Lisa Brighton, Cicely Saunders Institute, Department of Palliative Care, Policy & Rehabilitation, King’s College London

382 I want to rule out an ACS
Valeed Ghafoor, Royal Preston Hospital

383 GPs’ development needs and activities: a retrospective study of appraisal data
Simon Gay, Keele University School of Medicine

384 How does an appraisal drive change? Revealing the skill of the appraiser
Samantha Scallan, Wessex School of General Practice

385 Teaching clinical reasoning: GP tutors’ perceptions of change in their own clinical practice
Maggie Bartlett, Keele University School of Medicine

386 Memory loss? S.T.O.P. forgetting about it
Craig Kirk, University of Manchester

387 Supporting self-management of diabetes
Helen Lee, Royal National Institute of Blind People

388 Increasing the awareness of hepatitis A among UK travellers in the general practice
Won Young Moon, University of Manchester

389 Promotion of patients’ understanding of antibiotics prescribing for URTIs
Ardit Begaj, University of Manchester

390 Successful patient education systems that reduce inappropriate antibiotic use: do they exist?
Faisal Khan, Imperial College London

391 Emergency laparotomy
Fatemeh Salimi, University of Manchester
001  Skin prick testing for respiratory allergy in a primary care setting
Emily Alcock; Rachel Osbaldeston; Susan Engledow
Waterfoot Group of Doctors, Lancashire
Approximately 3.3 million people in the UK suffer from allergic rhinitis and the prevalence of this condition is increasing. Respiratory allergy represents a significant disease burden and a substantial element of the average general practitioner’s workload.
Sequela of poorly controlled respiratory allergy range from minor irritation, impaired school performance to more serious consequences such as deterioration in asthma control and even hospitalisation.
Traditionally, allergic rhinitis has been managed symptomatically with little emphasis on identifying causative agents and allergen avoidance. Access to allergy clinics is patchy across the UK and many GPs receive little or no undergraduate or postgraduate education in allergy management.
In 2014, our practice developed a service offering skin prick testing (SPT) to patients with difficult to manage allergic rhinitis or asthma with suspected allergic triggers. Our nurse-led clinics offer SPT to a range of common respiratory allergens including grass and tree pollen, mould, dog, cat and house dust mite. The test takes approximately 15 minutes to perform, is well validated, safe and provides patients with immediate results that are then augmented by advice on condition management and allergen avoidance.
The service has been extremely popular with patients and has dove-tailed with our existing asthma clinic and ENT GPwSI service.
The aim of this poster is to present the evidence base for the provision of our service, and discuss our experiences of the last 12 months with a view to assisting other teams who may wish to set up a similar project in their own practices.

002  An audit of asthma prescribing in primary care
James Keitley
University of Manchester
Nationally asthma management remains sub-optimal, with around 2 preventable deaths per day in the UK. Patients should be prescribed less than 12 short acting β-2 agonist (SABA) inhalers per year, and they should never be prescribed a long acting β-2 agonist (LABA) without an inhaled corticosteroid (ICS). Lack of adherence to these guidelines increases the risk of severe asthma exacerbations and death. Also all patients should have an annual asthma review. This audit examines adherence to these guidelines at one GP practice in the North West of England.
A retrospective search of the GP records identified patients that had overused SABA inhalers between 1st May 2014 and 1st May 2015. Patients prescribed LABA inhalers were searched for separately.
The audit identified 38 patients prescribed at least 12 SABA inhalers in 12 months, with 8 prescribed more than 20. Of these, 32% had not been reviewed in the year studied. 8 patients were prescribed inhalers in multiples. The 4 patients receiving LABA therapy were also prescribed an ICS; however 1 was not adhering to the ICS treatment.
The 38 patients should be reviewed to assess inhaler technique and asthma control. Specific changes to electronic prescribing have been recommended to increase opportunities for medication review. These will alert prescribers as issues occur rather than retrospectively, reducing the volume of patient reviews needed in the future. The audit will be repeated in 2016 to assess the impact of these recommendations.

003  C-reactive protein point-of-care testing reduces diagnostic uncertainty and unnecessary antibiotic prescribing for respiratory tract infections
Oliver Penney; Debra Moore
Weobley Surgery, Herefordshire
Objectives: Determine how C-reactive protein (CRP) point-of-care testing (POCT) affects antibiotic prescribing rates in primary care patients with respiratory tract infections (RTIs).
normal and the case was discussed with a Neurosurgeon who said the warfarin should be stopped.

A Respiratory acute bleed. He presented to his GP with persistent headaches after 2 weeks. Neurological examination was normal and the case was discussed with a Neurosurgeon who said the warfarin should be stopped.

004 C. difficile associated antibiotic prescribing in primary care - a quality improvement project
Ravi Tomar
Beaumont Street Practice

Introduction: Careful use of antibiotics has become increasingly important due to resistance and slow rates of development. In addition, antibiotic use increases the relative risk of Clostridium difficile infections between 2.71-5.68 with regards to Cephalosporins, Quinolones and Co-amoxiclav.

Aims: The aim of this quality improvement project was to highlight areas of inappropriate antibiotic prescribing and to improve practices.

Method: A 3-month period at a single Oxfordshire practice was recorded for all prescriptions of these 3 antibiotic groups. These were then analysed using a traffic light system with regards to their adherence to local guidelines. Following a number of interventions this same 3-month period at the same practice the following year was re-audited.

Results: The results of audit cycle 1 demonstrated a total of 443 antibiotic prescriptions of which 13.3% were of the relevant groups. Within these 59 cases, 12 were inappropriate prescriptions and 6 were borderline. Audit cycle 2 showed a statistically significant improvement (p-value = 0.047) with only 37 prescriptions (9.8% of the total) and just 5 inappropriate prescriptions.

Discussion: The annual prescribing report for Oxfordshire laid out a guideline that these three groups of antibiotics should make up <12.8% of total prescriptions. Simple and quick interventions such as local presentation of ‘red flag’ cases and reviewing recent guideline changes led to a significant improvement in practice.

Conclusion: Simple interventions can improve primary care antimicrobial prescribing; making for better long-term patient care and comes with the added financial benefit, which can easily be translated nationwide.

005 Dilemmas in anticoagulation prescribing
Joydip Majumder; Sadikcha Malla; Shambavi Manohar
University of Liverpool Medical School

Aims: To increase awareness of complications of oral anticoagulation and prescribing dilemmas.

Content: A 76 year man was diagnosed with bilateral Pulmonary Emboli (PE) secondary to unilateral Deep Venous Thrombosis (DVT). After treatment he was initiated on warfarin for secondary prevention. 1 months later he tripped and banged his head with no loss of conciousness. A CT Scan showed a Chronic Subdural Hygroma but no acute bleed. He presented to his GP with persistent headaches after 2 weeks. Neurological examination was normal and the case was discussed with a Neurosurgeon who said the warfarin should be stopped.
Consultant said the warfarin should be continued and a Haematology consultant said there was no correct answer.

**Outcome:** The option of stopping anticoagulation was put to the patient. The risk of recurrent PE is highest in the first 6 weeks. However there is also the risk of cerebral bleeding following the fall. These risks were put to the patient who said he wanted to stay on anticoagulation as he did not want any further PE. 1 month later he suffered from an acute subdural haematoma for which he had successful surgery.

**Discussion:** Chronic Subdural Hygroma (a collection of CSF in the Subdural Space). We chose to keep him on anticoagulation as Basic Life Support (BLS) Guidelines places importance of breathing before neurological disability. Although our logic was arguably correct unfortunately he suffered an acute cerebral bleed requiring surgery. This highlights the uncertainty and risks of prescribing Anticoagulation.

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**006 Reducing co-prescription of anticoagulants and antiplatelets in patients with atrial fibrillation and stable vascular disease**

*Akhlaq Maan; Liz Clarke*

*University of Manchester Medical School*

**Background:** Atrial fibrillation (AF) and vascular disease commonly occur together. As a result, patients may potentially be prescribed the combination of oral anticoagulant and antiplatelet. The 2012 European Society of Cardiology (ESC) guidelines recommend that for patients with AF and stable vascular disease oral anticoagulant therapy alone is as effective as the combination without the additional bleeding risk.

**Aims:** This audit aimed to determine adherence to the ESC guidance at a single GP surgery. Any patients identified as taking the high-risk combination of medications would have their antiplatelet discontinued.

**Methods:** A search using the practice clinical database was developed to identify patients with both AF and vascular disease (ischaemic heart disease or peripheral vascular disease). The clinical records for these patients were then examined to determine if their vascular disease was stable and to review their medications.

**Results:** 56 patients were identified as having AF and stable vascular disease. Of these, 7 (12.5%) were on the higher risk combined therapy and following this audit their antiplatelet was discontinued.

**Discussion:** Adherence to the ESC guidelines was below the expected target and a significant number of patients were identified as being at increased bleeding risk. It is likely that other GP practices will have patients that are unnecessarily on the combination and replication of this audit may be advisable. Simple alerts have subsequently been implemented at the surgery to help eliminate any unnecessary future co-prescription of oral anticoagulants and antiplatelets.

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**007 Improving GPs’ management of hypertension in the UK Armed Forces**

*Louisa Morris*

*Defence Medical Services*

**Aims:** To determine the prevalence and quality of hypertension management within the UK Armed Forces.

**Content:** The first quantitative service evaluation of hypertension within the UK Armed Forces. Military patients with hypertension were identified using COGNOS, a search engine within the Defence Medical Information Capability Programme (DMICP). These patients’ care was then compared to NICE guidelines.

**Relevance:** Over 25% of the UK adult population are hypertensive. NICE guidelines (CG127) for the clinical management of primary hypertension in adults were first published in August 2011. Eight NICE QOF indicators pertain to hypertension. Self-management of hypertension may be more effective than a clinic-based approach. The UK Armed Forces primarily recruit from the UK population but, as military GPs do not submit QOF data, little is known about the prevalence and management of hypertension amongst military patients.

**Outcomes:** 1.6% UK Armed Forces had hypertension, compared to 12.1% of the age-sex matched background UK population. 92% of hypertensive UK Armed Forces patients were reviewed each year, compared to the background population. No comparator NHS data was available. 45.7% of UK Armed Forces patients were controlled (BP <140/90mmHg), compared to 70.4% of the background population. 47.6% of hypertensive UK Armed Forces patients self-monitor, compared to 30.7% of the background population.
**Discussion:** Despite annual GP review, the care of military hypertensive patients could be improved. Military self-monitoring was not shown to be beneficial. Incorporating clinical decision-support software into DMICP, akin to NICE QOF indicators, could assist military GPs and improve patient care.

**008 Long term use of bisphosphonates**

*Ian Martin*

*Penn Surgery, Wolverhampton*

**Aims/objectives:** To review current guidelines for prolonged use of bisphosphonates and discuss application to a general practice population.

**Content of presentation:** Bisphosphonates reduce the risk of fracture in osteoporosis. Given limited evidence for use beyond 3-4 years and concerns about serious adverse effects, length of treatment and roll of drug holiday are areas of debate.

National Osteoporosis Guidance Group (NOGG) suggests review every 3-5 years with FRAX® scoring and measurement of bone mineral density (BMD).

Our practice database of 5000 patients searched to identify patients on bisphosphonates for longer than 5 years.

**Outcomes:** 8 patients would not have started bisphosphonates under current guidelines - therapy was stopped

5 patients had low risk FRAX score but previous abnormal bone density scan - scan was repeated and drug holiday considered.

15 patients had medium to high FRAX score - all of these patients had history of fragility fracture.

**Discussion:** Audit is likely to identify patients for whom bisphosphonate can be stopped.

The experience in our practice is that patients who are on long term bisphosphonates appropriately (ie. medium/high FRAX risk) had previous fragility fracture. It is difficult to justify stopping or suspending therapy irrespective of repeat BMD measurement.

The only patients found suitable for repeat BMD scan and drug holiday are those with low risk but previous abnormal scan.

**Relevance/impact:** Bisphosphonate therapy should be reviewed every 3-5 years. Review of patient history and FRAX scoring can reduce the need for BMD scanning and impact on radiology services.

**009 Bisphosphonate therapy - is a holiday needed?**

*Victoria Rushworth*

*Whitevale Medical Group, Denniston*

**Background:** Bisphosphonates, eg. alendronate and risedronate, have become the mainstay of treatment and prevention of osteoporosis, particularly since declining HRT usage. Their long-term use has been associated with several problems, including osteonecrosis of the jaw and atypical femoral fractures. The need for continued treatment should be re-evaluated periodically based on the benefits and potential risks on an individual patient basis, particularly after 5 or more years of use. Local SIGN guidelines suggest, for people not taking oral corticosteroids, reviewing the need for continuing treatment with bisphosphonates after 5 years of treatment.

The suggestion of a ‘holiday’ from bisphosphonate therapy has been made, based on the risks of long term therapy and the fact that bisphosphonate remain in the bone for up to several years after therapy is stopped.

**Aim:** To assess patients on long term bisphosphonate therapy and if indicated commence a drug holiday.

**Method:** Female patients, aged over 65 years, whom had been on either alendronate or risendronate for more than 7 years in the practice where attained from the EMIS database. Their PMH, risk factors, DEXAs scan results and BMD/FRAX/T scores were reviewed and they were invited to attend the practice for a initial consultation. Of the total patients (n=20) meeting the criteria, 13 patients attended for review and assessment.

**Results:** After the initial cycle, 3 patients were stopped on their bisphosphate therapy - two for a drug holiday and one for referral for IV zolendronic therapy (23%). A further 6 patients were referred for follow up DEXA scan that were not done in previous years. Three patients did not meet the criteria for a repeat DEXA as there had not been enough time elapsed since their previous one. One patient refused further investigation.

**Conclusion:** Second cycle post DEXA outstanding. Likely further patients eligible for a drug holiday.
010 Medical students: helping to review polypharmacy in the community
Rosie Gordon; Kerry Blackett; Oliver Bevan; Millicent Steel; Jamie Clare
Keele University
Polypharmacy is a significant problem facing primary care nationally, which is ever increasing. Working with a local retirement sheltered accommodation we gave residents the opportunity to discuss their medications with final year medical students. This enabled us to review their current prescriptions and evaluate if they were appropriate. We structured our meetings by following a proforma we designed which addressed common issues related to prescriptions. Following meetings with residents we analysed the data collected and made recommendations for further review with their General Practitioner (GP) if required. Feedback forms were distributed after the meetings.
There were 12 residents who agreed to participate all of which were female and aged from 61 to 89 years old (mean 78). The mean number of medications was 9 with a total number of 112. All participants were deemed to be compliant and the indication for each medication was understood in 83% of prescriptions. Four participants were advised to see their GP after these meetings. The feedback received was overwhelmingly positive with 100% satisfaction.
The results indicate there is a need and a place for medication reviews in the community. As medical students we were able to give enough time to these discussions, which is something GPs do not have. Therefore we believe there is a place for medications reviews in the community, preferably by pharmacists, to improve patient care and understanding of their medications as participants described difficulty in making appointments with their GP.

011 Teratogenic drugs in primary care
Hayley Millar; Murugesan Raja
Cornbrook Medical Practice, Manchester
Aims/objectives: To determine the number of female patients aged 15-49 years prescribed teratogenic medication who were not taking prescription contraception/IUD or had no recorded contraceptive discussion on commencing the medication.
Content: Patients met the following criteria; defined as all female patients aged 15-49 years currently taking a FDA pregnancy category D or X medication and not on a current prescription contraception/IUD. The notes of patients were assessed to determine if contraception advice was recorded on commencing or restarting a medication.
Relevance/impact: A patient who had a neonatal death due to skeletal dysplasia was unfortunately prescribed teratogenic medication lymecycline prior to conception and through pregnancy. Patient safety is paramount and the gold standard is that this should never happen again.
Outcomes: A total of 61 women were identified as being at risk; 1 of these was currently pregnant. Tetracyclines, statins and ACE inhibitors accounted for total of 69% all prescriptions. The majority of (58%) women under 25 years were prescribed tetracyclines and over 35 years were prescribed (65%) ACE inhibitors and Statins. Only 12% patients had a recorded contraceptive discussion in their notes on starting or restarting a teratogenic medication. The one identified pregnant female was contacted immediately. Remaining 60 at risk patients were contacted for a consultation to discuss contraception.
Discussion: Less than 1% of our patient population was affected but this is a never event. Patient education on teratogenic medication and the use of contraception must be performed by all prescribing clinicians to improve patient’s safety and outcomes.

012 Analysis of GP prescribing habits of tramadol in a local Cornish GP practice. Are the British Pain Society Guidelines 2010 being followed?
Laura Carr; Harriet Chapman; Bethan Sheridan; Ryan Rooney; Kevan Thorley
Peninsula School of Medicine and Dentistry
Objectives:
1. Audit repeat prescriptions of Tramadol, in non-cancer suffering patients.
2. Determine if 2010 BPS guidelines are being followed.
3. Create recommendations for improvement in prescribing habits.
4. Conduct second cycle audit post recommendations and analyse.

**Methodology:**
- T-Test analysis, on data pre/post guidelines, conducted.
- Results presented to clinicians in the practice.
- Recommendations made for improvement.
- Second cycle of audit underway to analyse if recommendations improved practice.

**Results:** BPS guideline - substance addiction must be discussed with a patient. Only 12 patients out of 178 (<7%) were documented as having received information.

**Recommendation:** A read-code to document any discussion on addictive properties of opioid medication.

**BPS guideline:** Prescription starts on an adequate, low dose and titrated upwards, specialist advice sought at dose < 120-180mg morphine equivalent in 24 hours. 59.6% of the patients remained on unchanged doses, with only 24.2% of prescription being reviewed within BPS guidelines.

**Recommendation:** Start on low dose Tramadol, appropriate BPS medication reviews, titrate appropriately and document in notes.

**BPS guideline:** Give holistic approach to the treatment of chronic pain in primary care, include having investigation and diagnoses to improve outcome. 26 out of 98 (27%) had not been investigated. 64 out of 98 (64%) patients had a diagnoses.

**Recommendation:** Where appropriate refer for investigation to establish diagnoses, use referral to local Pain Clinic where necessary.

**Conclusion:** The 2010 BPS guidelines had not fully been implemented in this particular practice. More results expected to follow, as the second cycle is analysed post recommendations being implemented at the practice, over a six month period.

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**013 Misuse of pregablin in an English coastal town**

Joydip Majumder; Saffwan Mohammed

Adelaide Street Family Medical Practice, Blackpool

**Aim:** To determine if neuropathic pain (NPP) is being managed according to current guidelines (NICE Guidelines 2013 for neuropathic pain) and if pregablin prescribing is appropriate.

**Background:** There has been published reports of pregablin misuse (Advice for Prescribers on the risk of the misuse of pregablin and gabapentin: Public Health England, NHS England). We wanted to know if the pharmacological management of NPP was appropriate and especially if pregablin was being over prescribed.

**Method:** All patients on regular pregablin prescriptions were identified (in a practice of 8000 patients) and then these were checked to see if any other medication was trialled beforehand as per current guidelines.

**Results:** Total no of patients on pregablin: 55. No trialled on other drugs beforehand (eg gabapentin): 4.

**Discussion and conclusion:** NICE Guidelines 2013 for neuropathic pain (except trigeminal neuralgia) should be initiated on amitriptyline, duloxetine and gabapentin before pregablin. However there have increasing reports of pregablin abuse in Blackpool from our pharmacist. Alternatives should be prescribed before pregablin and should only be discontinued if it is not tolerated or if there is a poor response after 8 weeks. We are aware that in Blackpool that pregablin is misused and can cause dependence. It should be prescribed appropriately to minimise this and not for non neuropathic pain syndromes as there is little evidence to support this practice (NHS England). This abstract shows that prescribing for neuropathic pain needs to be improved especially with regards to pregablin. Only 4 patients out of 55 were given other drugs before pregablin hence guidelines are not being followed. This has been fed back to the surgery and they will re audit this in 12 months and follow the NICE guidelines for neuropathic pain. This should decrease the potential for misuse.
014  Appropriateness of tramadol prescribing
Joydip Majumder; Laurence Baker; Jennifer Darbyshire
Adelaide Street Family Practice, Blackpool
Tramadol became a schedule 3 controlled drug in June 2014. In General Practice this means that:
1)Tramadol cannot be a 'repeat' medication indefinitely.
2)Treatment cannot be for more than 28 days at one time.
3)For a valid prescription the dose, form, strength, total quantity must be written in words and figures. There must be a clearly handwritten signature on the prescription.
4)Controlled drug prescriptions cannot be faxed (commonly done in out of hours). Tramadol is a potent analgesic medication used in primary care. It is part of the opioid class of analgesics. It works as an agonist to the delta, kappa and mu opioid receptors in the brain centrally and on the spinal cord. This has the effect of reducing pain sensation principally but enhancing the action of descending 'pain reducing' tracts. Common side effects are nausea, constipation, itching and confusion. In addition it is known to have serotonergic properties as it has weak inhibition of serotonin and noradrenaline reuptake. This means that it can become addictive for some people. It has noted effects on personality such as reduced inhibition, withdrawal and co-administration of alcohol can cause central nervous system (CNS) depression.
In the context of primary care prescribing in Blackpool where psychiatric issues are prevalent there may be an issue with drug interactions. It is known that that Selective Serotonin Reuptake inhibitors (SSRIs) can interact with tramadol leading to a risk of serotonin syndrome, which recently occurred.

015  Gout in primary care: some interesting results
Jacqueline Callard; Linda Sloan; Alexandra Callard
Sloan Medical Practice, London
Introduction & aims: In the United Kingdom, gout represents one of the most common inflammatory arthropathies predominantly managed in the primary care setting. Gout is a red flag indicator for cardiovascular disease and comorbidity. The aim of this study was to evaluate the demographics, biochemical blood profile, risk factors and attendance patterns of patients with gout in a large inner city general practice.
Methodology: A computer based retrospective search between April 2014-March 2015 identified 117 patients with gout. All adult patients with a coded diagnosis of gout and those prescribed anti-hyperuricaemic agents with a clinical diagnosis of gout were included.
Outcomes: The population demographics were 82% male (n=96) and 18% female (n=21). The mean age was 65 years. 21% of women experienced a flare of gout leading to 2.1 attendances per flare. This is compared to 29% of men who attended 2.4 times per flare. Independent risk factors for gout flares were high urate levels (p=0.0001), younger age (p=0.009), fewer co-morbidities (p=0.039) and lower cardiovascular disease risk (CVRD) scores (p=0.038). Independent risk factors for gout related GP consultations were fewer co-morbidities (p=0.0301), younger age (p=0.013) and higher urate levels (p=0.00027).
Discussion: We have identified a group of working age, healthy patients, largely excluded from QOF targets, who are disproportionately affected by gout. We plan to develop an annual gout review clinic to target these patients, to reduce gout morbidity and GP attendance whilst screening for comorbidity.

016  Ivabradine - optimising heart failure management in the community
Valeed Ghafoor
Royal Preston Hospital
Heart failure (HF) is a condition that has high prevalence and increasing incidence. This is related in part to the aging population of the UK. There has been a shift from community centred to specialist centred care in regards to managing these patients. Although patients are being managed in more specialist centres, general practise is now having less of a role in managing this condition and thus when acute deteriorations occur in patients that are already on medication for HF, it can become difficult to know what to do next. We will discuss the classifications of HF as Left ventricular systolic dysfunction (LVSD) and heart failure with preserved ejection fraction (HFPEF).
Alongside discussing the reason to categorise HF appropriately, we will discuss the differences in investigations, treatments as well as newer emerging novel therapies and what role they play in HF. One novel therapy that has major scope for improving prognosis for HF in the community is Ivabradine, which has been shown to decrease hospital admissions, mortality irrespective or whether or not the patient has diabetes or hypertension. This educational review will serve to update knowledge regarding HF and give the most recent guidance on management.

017  Statins for primary prevention in people with a 10% 10 year cardiovascular risk: too much medicine?

Dharani Yerrakalva

University of Cambridge

The recommendation from 2014 NICE guidelines on lipid modification to offer statins to people with over 10% risk of having a cardiovascular event within 10 years, a change from 20%, has deeply divided medical opinion. ‘Statin wars’, a public battle polarizing experts, has featured highly in media and journal coverage and is reflected in the widespread discontent of UK GPs. We analysed the factors which led to the health policy on statins in primary prevention, including two major meta-analyses which have been subject to the most criticism in this debate. We also layout the fall-out from the policy and what should be done going forward.

These two meta-analyses from the Cochrane and CTT groups found therapeutic benefit of a statin for primary prevention and suggest this outweighs the risks. However, we found there are serious and legitimate concerns over the available evidence raised by numerous professionals across disciplines. Though on balance, policy makers decided these concerns weren’t enough to prevent the recommendation, without the backing of the medical community this recommendation has been rendered almost impotent. This may have damaged the future cause of statins, and it remains unclear how easy it will be to repair this.

Moving forward, there is a clear need for independent researchers to be allowed to analyse individual patient data and for release of adverse event data from the pharmaceutical RCTs. Only then might we be able to move towards a constructive resolution to what is set to be a drawn-out battle.

018  Is intensive glucose control the key to managing cardiovascular risk in diabetes?

Bilal Saleem; Saad Javed; Salman Arain; Healson Ihuoma; Mamoon Ahmad

University of Manchester

Background and aims: Numerous observational studies have demonstrated that patients affected by diabetes are at a significantly increased of cardiovascular disease, the commonest complication of diabetes. Presently, no pathogenetic treatments have been approved for the treatment of diabetes, though optimal glucose control in patients with diabetes is thought to improve outcomes. However, the results of trials assessing the long-term cardiovascular effects of intensive glucose control represent a point of debate especially in type 2 diabetes. Here, we will present the main points supporting and counterpoints challenging the importance of glucose control for prevention of CVD in patients with type 2 diabetes using data from randomised controlled trials.

Methods: We searched Medline and Embase databases for randomised controlled trials that assessed the effect of intensive glucose lowering treatment on cardiovascular events.

Results: 13 studies comprising over 34000 patients were identified. Intensive glucose control was associated with reductions in the risk of myocardial infarction but a significant increase in the risk of hypoglycaemia.

Conclusion: Clinicians should prescribe intensive glucose therapy in patients with type 2 diabetes with caution because the increased risk of hypoglycaemia may outweigh the potential benefit of reduced cardiovascular risk particularly in older patients.
019  Knowledge and perception of primary care medical team on screening periodontal diseases among diabetes patients: A preliminary study in Kuantan, Malaysia

Myo Han Tin; Daniel Mahendran Thuraiappah; Mohd Aznam Md Aris; Razida Ismail; Iskandar Firzada Osman; Munirah Yaacob; Roslan Saub; Sorayah Sidek; Tun Sein Than; Padmini Hari; Fa'iza Abdullah

International Islamic University, Malaysia

**Aim:** To assess the knowledge and perception of government primary care medical team on screening periodontal disease (PD) among diabetes mellitus (DM) patients and the relationship between DM and PD.

**Content of presentation:** Out of 71 participants (20 doctors, 16 registered nurses and 35 paramedics), 59.2% have knowledge about relationship between DM and PD; 26.8% have knowledge that PD can be screened by using self-reported questionnaires (SRQs); 73.3 % have positive perception on the effect of PD on DM, negative perception is 1.4% and 25% gave no comment. Almost all (98.5%) agreed on benefits of screening PD for general health screening including DM while 93% agreed to do screening PD by SRQs. Although, knowledge of DM-PD relationship was significantly higher among the doctors than the nurses and paramedics, perception to carry out PD screening and its benefits was not significantly different among the team members.

**Relevant impact:** Initiate PD screening using SRQs among the DM patients by the medical team

**Outcomes:** Higher awareness levels on relationship between PD and DM and perception to carry out PD screening by the medical team.

**Discussion:** There have been evidences regarding bidirectional relationship between PD and DM since late 20th century1. Currently, PD assessment among DM patients has not been included as annual screening tool in the medical guideline in Malaysia. Initiation of PD screening by the medical team will be beneficial for DM patients.

020  Having diabetes and having to fast: assessing the role of Ramadan-focused structured diabetes education

Bilal Saleem; Salman Arain; Saad Javed; Healson Ihuoma; Haider Ali

University of Manchester

**Background:** Ramadan is a holy month for Muslims when they fast from dawn to dusk for one lunar month. In the present year, Ramadan fell during the June-July period, usually the hottest months in the northern hemisphere. The majority of Muslim diabetic patients are unaware of complications during fasting, such as hypoglycaemia. Data has shown that Muslims with diabetes are likely to fast for some days during this period. Considering the passion Muslims exhibit during Ramadan, it has been suggested that fasting during this period may offer an opportunity to empower them for better management of diabetes. Therefore, we aimed to assess the role for Ramadan-focussed structured diabetes education in improving outcomes by examining contemporary literature.

**Methods:** Medline and EMBASE databases were searched for articles dating up to May 2015. 1 study met the inclusion criteria. We further extended our literature search by assessing literature reviews and current guidelines for the role of Ramadan-focused structured diabetes education.

**Results:** Patients with type 2 diabetes receiving structured education were found to have a reduced hypoglycaemic event rates relative to controls. However, patients with insulin were excluded. Current guidelines highlight the need for patient education in the management of fasting patients with diabetes.

**Conclusion:** Ramadan-focused diabetes education may have a key role in empowering diabetic patients with the information and help safer fast during and beyond Ramadan. It should form standard practice in the management of diabetic patients intending to fast.

021  Quality improvement project monitoring INR levels in Muslim patients fasting during Ramadan

Melanie Lowe; Enam Haque

Levenshulme Medical Practice, Manchester

A study in Singapore published in 2014 found that there was an increase in INR levels of Muslim patients on warfarin during the fasting month of Ramadan. Our audit and quality improvement project took place at a GP in Manchester and looked at the INR results of Muslim patients who were on warfarin during the fasting period of Ramadan.
Firstly our main objective was to see if there was any change in INR results during the month of Ramadan, and our second objective was to see if INR appointments were being attended during the month of Ramadan. Our audit sample was too small to show any significant changes in INR levels, however it has raised some quality improvement ideas.

Firstly we found that INR was not being recorded correctly on the system and making QOF targets appear outstanding. Secondly, both the GPs and the anti coagulation team were unaware of the connection between increased INR and fasting, and the potential increased bleeding risk for patients at the higher end of the INR target.

Thirdly it raises a point of checking whether Muslim patients are attending appointments during the Ramadan period and if not, how best to work with the patients on this.

Lastly it has generated ideas of a further project collaborating with other GP’s in the area and the anti coagulation team in Manchester to reaudit with a much larger sample to find if there is a change in INR level in Muslim patients who are fasting during Ramadan.

022 Assessing predictors of influenza vaccine uptake in diabetic patients
Umair Khan; Valeed Ghafoor
University of Manchester

A retrospective descriptive study on diabetic patients was carried out between the dates 01/09/14-15/01/15 to assess influenza vaccine uptake. 248 patients with diabetes were investigated, of which 25% rejected vaccination and 31% neither rejected nor accepted the vaccine. Both groups were verbally consented before taking part in a standardised telephone questionnaire. Data on age, sex, year of diagnosis, previous vaccination history, type and control of diabetes was accessed using their electronic case notes. Vaccination rate was higher in males (59% versus 41% in females), in individuals vaccinated in the last 5 years and in those aged ≥65 years (65% versus 35% in those <65 years). However overall vaccination acceptance (31%) was substandard, with the most common reasons cited for rejection including previous personal experiences and vaccine ineffectiveness. A large number of patients were overdue with their vaccination, with 6 patients overdue since 2010/11. We therefore conclude that the rate of vaccination is inadequate in individuals with diabetes. Strategies need to be implemented urgently to increase uptake rate and prevent a large surge in complications with subsequent hospitalisation which is associated with increased NHS pressures and hospital acquired infections. We aim to present these findings and further categorise specific at risk patients with diabetes. This would help in identification and management of such patients.

023 The potential for community-based alternative care pathways for patients after suspected seizures - a literature review
Hannah Dudhill; Markus Reuber; Richard Grunewald; Jon Dickson
Academic Unit of Primary Medical Care, University of Sheffield

Aims/objectives: The prevalence of epilepsy in the UK is 1%. 13-18% of these patients will attend an emergency department (ED) each year, generating significant healthcare costs. A large proportion may be preventable through alternative care pathways. We are planning a study of a cohort of patients brought to hospital by ambulance after a seizure to investigate their characteristics, management and outcomes, and to assess their suitability for management out of hospital. To inform this research we have conducted a literature review relating to the emergency hospital management of suspected seizures.

Content of presentation/outcomes: We will present the methods, results and discussion of the literature review. This will include the numbers of ED attendances and admissions in the UK, the resulting costs, factors associated with ED use, and alternative interventions aiming to reduce ED visits.

Relevance/impact: GPs are responsible for the care of patients with epilepsy on their practice lists and also through CCGs, recent evidence shows that service provision for these patients is suboptimal. Many patients with epilepsy re-attend EDs frequently, and these patients report poorer quality of life and greater psychological distress. The literature review emphasised the magnitude of the costs associated with emergency hospitalisation in epilepsy and also highlighted potentially preventable factors associated with ED use.
Discussion: There is uncertainty about how to optimise care, and further research is needed to assess whether these admissions can be avoided and to inform potential alternative care pathways. This would result in significant cost savings and improved patient care.

024  An unusual presentation of epilepsy
Tariq Shafi; Ramesh Gowda; Vishwajit Hegde; Kanakkande Aabideen
Dept of Paediatrics, University Hospital, Coventry

Aims/objectives: Aim is to improve understanding and management of frontal lobe epilepsy. This will be achieved by illustration with a real-life case example and discussion of literature.

Content: Case of 6-year-old boy with no significant comorbidities or family history who presented to emergency department following 2-month history of agitated behaviour at night (worsening over previous fortnight), consisting of multiple episodes of jerking his arms and staring into space. During the day he had been increasingly aggressive. There was no history of trauma. There was no focal neurology on examination. Metabolic screen and MRI brain were normal. EEG demonstrated frontal lobe epilepsy. The patient was commenced on Carbamazepine and will be followed up in clinic.

Relevance/impact: Frontal lobe epilepsy is an underdiagnosed disorder. However it may be common. General practitioners need to consider this diagnosis when managing patients with unusual nocturnal behaviour.

Outcomes: Primary care physicians are encouraged to use scoring systems when encountering patients with unusual nocturnal behaviour, such as the Frontal Lobe Epilepsy and Parasomnia Scale.

Discussion: Frontal lobe epilepsy is a sleep-related seizure syndrome which is typically benign, although 32% of cases are severe. It constitutes 12% of pure sleep-related seizures. Genetic, lesional and cryptogenetic forms are known. The genetic form shows autosomal dominant inheritance with mutations principally at the nicotinic acetylcholine receptor. Onset occurs in childhood and can be associated with stereotyped limb movements, panic attacks and major attacks. Increased awareness will aid management and prognosis of patients with frontal lobe epilepsy.

025  Communication skills and relational competencies required from GPs providing home based PC to their patients
Elena Fadini
Scuola di Medicina Generale - Regione Veneto, Italy

Background: The General Practitioner (GP) is the coordinator of the multidisciplinary team that provides home based palliative care. To perform this task at their best, they need to acquire a wide range of competencies and, most of all, to spend time building an effective relationship both with patients and their families.

Methods: In spring 2014 a questionnaire with 15 items was delivered to 120 GPs - there were 91 respondents.

Results: More than 70% of the colleagues who filled in the questionnaire were males; 71% graduated from medical school before the end of 1984.

58% of the GPs rated themselves as having a huge experience in managing terminally ill patients at home, and reported giving patients their mobile phone number, and providing OOH assistance. 65% reported only partial training in palliative care.

86% of respondents regard it as essential to involve the patient’s family in defining overall goals and discussing options of care, with only 63% feeling confident in breaking bad news.

81% of the responding GPs had some previous experience in addressing the psychological issues associated with palliative care, with 51% reporting that listening to the patient is the highlight of their job, and 48% reporting explicit attention to the patients’ spiritual needs.

The GPs who fulfilled the questionnaire acknowledged almost unanimously how important the training in Palliative Medicine is, however, this is currently an optional course, or learnt informally through encounters with other colleagues.

Conclusions: This research has underlined that GPs feel they are best placed to deliver the personalised care required for good home based palliative care. Consideration needs to be given to the training of new and current
GPs in palliative care, as well as ensuring that the wider healthcare system is co-ordinated to provide effective care for these patients.

026 Using a digital proactive care plan to reduce avoidable admissions from care homes
Mohammed Amar Latif; Thomas Nichols; Sara Wilds
Health Education England Thames Valley
With the Avoiding Unplanned Admissions DES, GPs have been required to complete a care plan for their most vulnerable 2% of patients at risk of admission. We undertook a project to digitalise the care plan by creating a bespoke data entry template within the EMIS Web practice system that has an attached read code formulary. This template can then be used to generate the relevant read codes which can be automatically generated into a local health care summary record and be available in real time. By making this available to the acute providers we hope to significantly reduce the number of admissions whilst improving quality of care and patient outcomes in line with their wishes.

The presentation seeks to outline the key barriers to implementation and the hurdles overcome. Having already undertaken research into the number of admissions from care homes, this will prove a useful benchmark to compare the benefits of a digital care plan accessible across the whole local health care economy.

At a time when significant funding is being attached to the use of care plans to reduce avoidable admissions, the presentation will stress whether there has been any preliminary evidence to support this. The innovative approach in digitalising the care plan and sharing a live version will be of particular interest to both GPs and commissioners across the country. The implications of resource allocation and incentivising behaviour are likely to have a significant impact on both clinical practice and commissioning intentions in the future.

027 Tackling the adverse health outcomes of loneliness in a vulnerable population: a qualitative study
Daniel Weinburg; Daniel Rajan; Nicolas Ellerby; Vamshi Verugumala; Faezzatul Mohd Salleh; Charlotte Hart
Keele University
Aims: To identify and interview socially isolated patients in order to establish their primary concerns, perceptions of current services and suggestions for improvements to reduce feelings of loneliness.

Content of presentation: A group of final year MBChB students from University K identified a list of lonely patients at Surgery R using the UCLA loneliness questionnaire. From this, qualitative one-to-one interviews were carried out with the highest scoring patients. Thematic analysis of these results and a review of the literature were used to generate suggestions aimed at GPs, social workers and voluntary staff in order to create new services and improve current services for lonely individuals.

Relevance/impact: This work could improve the long-term health of socially isolated individuals and reduce the overwhelming demand on GPs and emergency departments across the UK. It could also inform commissioning decisions for new services for isolated patients.

Outcomes: Patients with regular interaction with friends, family or neighbours were less likely to feel socially isolated. For those with small social networks, accessibility was shown to be a major issue in limiting access to social events or services, which was exacerbated by poor mobility and lack of transport options. Consistency of carers was important to patients and a strong relationship with carers was also valued.

Discussion: Social isolation is associated with the development of health problems in the elderly population. Healthcare professionals could help to reduce the impact of loneliness in this population. This work helps to highlight what patients value and want from services.

028 Managing skin tears in elderly patients
Ken Menon; Sumathi Luxman; Jennifer Kelly
The Ongar Surgery, Essex
Skin tears are increasingly encountered in elderly patients. The combination of lax skin and predisposition to injury for e.g. falls contribute to various degrees of injury to skin. Tears and shearing injury to superficial skin often presents in General Practice.
A group of patients was selected where there was shearing of skin. The superficial skin is often retained on the surface as a thin curled flap. Following meticulous cleaning the flap is returned as far as possible to its original position and retained with a moist dressing. This resembles a partial thickness skin graft and is treated as such in subsequent dressing. Care is taken when removing the dressing to avoid displacement of the flap of skin. Healing invariably occurred without complication. Antibiotic therapy is often not needed. A reduction in referrals to hospital was seen.

029 A case of late-onset eating disorders in the elderly
Laura Midgley; Charlotte Zheng
East and North Hertfordshire NHS Trust
Aim: The case report advises physicians to consider late-onset eating disorders in the differential diagnosis for elderly patients presenting with unexplained weight loss. 
Content: We present the case of a 75 year old lady who presented to her GP with a one year history of abdominal pain, low mood and substantial unexplained weight loss. Her BMI was 13.35 and her weight 29.8kg. Repeated examination, endoscopy, colonoscopy and CT imaging revealed only chronic gastritis with no underlying cause found. She was admitted to an old age psychiatry ward where she eventually received a diagnosis of atypical anorexia nervosa before being discharged to the community with regular follow-up. Unfortunately her weight loss continued despite intensive specialist input and she was later re-admitted and died in hospital. 
Relevance and discussion: The prevalence of Eating Disorders documented in the elderly varies between 1.8 - 3.8%. The effect of aging and changes in appearance during menopause can produce weight concerns/body dissatisfaction in older women. A loss of control and increased dependence on others may also contribute. This feeling may be augmented through bereavement. In a geriatric population, co-morbidities complicate evaluation and treatment, while poly-pharmacy can cause side-effects and provide opportunity for abuse e.g. through diuretic use. Cognitive impairment can limit the applicability of psychotherapy as a treatment. It is important that GPs consider eating disorders in their differential diagnosis for unexplained weight loss but also consider the complexities in managing these conditions in the elderly.

030 Female obesity
Jane Wilcock
University of Liverpool
Aims: This poster is an up-to-date literature review bringing together and highlighting the increased risks of female obesity related to life stages for the primary care specialist. That is general medical conditions, subfertility, pregnancy and cancer risks. GPs do not have much involvement in antenatal care now and so this area requires publicity, the RCGP conference is an ideal time to do this.
Content: Three images:
1. An obese female diagrammatically illustrating increased general medical risks.
2. Pregnant obese female diagrammatically outlining risks of subfertility, pregnancy and neonatal increased risks. Also need to refer early and recommendations post bariatric surgery.
3. Older obese female diagrammatically outlining increased risks of cancer.
Outcome: GPs can quickly assimilate information about female obesity. Links to online GP information leaflet for use in practices.
Relevance and impact: This is a national priority and recent information from RCOG, NICE and cancer research uk are brought together so that GPs can think of the obese woman in holistic terms. Women are asked to lose weight for general medical reasons but the literature on cancer and reproductive health is not commonly known and discussed.
Discussion: should patients be given this information, skills in discussing sensitive issues.
031 Room for improvement: awareness of NICE obesity clinical guidelines and eligibility for bariatric surgery amongst General Practitioners in West London

Seleena Thukral; Isabel Huang-Doran; Sarah Bowden; Christina Cotzias; Archana Dixit; Rashmi Kaushal
West Middlesex University Hospital

Introduction: Bariatric Surgery (BS) facilitates weight loss and leads to a significant improvement in obesity-driven metabolic disorders, such as Type 2 Diabetes Mellitus (T2DM). NICE published guidelines for obesity management (CG43) in 2006. Eligibility for NHS-funded BS depends upon BMI, co-morbidities and an attempted trial of non-surgical interventions.

Methods: A survey (8 multiple choice questions) was designed to assess GP awareness of CG43. A printed survey was anonymously completed by 41 GPs attending a community diabetes educational event in West London in June 2014.

Results: 61% had never read CG43 and 10% did not know that a NICE guideline for obesity existed. Only 15% self-reported an in-depth knowledge of the guideline. When presented with a list of 12 different case scenarios stating BMI, comorbidities and treatment histories, no respondent accurately identified the 7 patients that would qualify for BS under CG43. 64% respondents selected too few patients, 37% were over-inclusive due to a failure to recognise the need for 6 months of unsuccessful non-surgical management in patients with a BMI<50 kg/m2. Pregnant and post-menopausal women and ex-smokers were recognised as “at risk” by <50% of respondents. 32% did not identify exercise for <7 hours/week to be a risk factor for diabetes amongst children.

Conclusion: GPs are well-placed to identify high risk obese patients. Our data suggest there is an inadequate familiarity with national obesity guidelines amongst local GPs, particularly regarding eligibility for BS. We would support improved education and awareness of obesity guidelines in primary care.

032 Nutritional deficiency post-bariatric surgery: BMOSS guidance

Jane Wilcock
University of Liverpool

Aim: The British Obesity and Metabolic Surgery Society in Sept. 2014 produced guidance on postoperative micronutrient replacement for patients after bariatric surgery. We conducted a retrospective study to see if we conformed to this guidance.

Content: 10 patients had laparoscopic gastric bypass surgery, all female (3 privately, 7 NHS) Age range 31- 66 years old.
BMI pre-op 38.2 to 61.7 and latest post-op BMI (one 17.7 and under specialist care) 24.4 - 52.
5/10 patients had BMIs recorded in the past 12 months.
All patients had clear instructions about blood tests and micronutrient prescriptions from secondary care available in their computerised notes.
4/10 patients developed iron deficiency anaemia.
1/10 patient developed vitamin D deficiency.
5/10 repeat prescriptions were compliant with BMOSS guidance.
0/10 patients received all the recommended blood tests annually.

Relevance and impact: patients post bariatric surgery are getting suboptimal care re micronutrient supplementation and monitoring resulting in anaemia, often 3-4 years post procedure. This group is likely to increase in numbers in line with weight loss protocols.

Outcomes: Our patients were contacted and care improved. They received education and information about their long-term requirements in monitoring and therapy.

GP monitoring arrives after OPC discharge after 2 years and after repeat prescription setup, which is created immediately. General practices might be more likely to implement nutrient monitoring if the responsibility was theirs at outset and if patients had a shared care record of results.
033  “You can’t outrun a bad diet”, so should we still advise patients to exercise?

Daniel Fitzpatrick
University of Manchester

Costs attributed to obesity cost the NHS billions of pounds each year. To combat these costs, GPs currently offer exercise and dietary advice, and many fund exercise schemes. However, leading Exercise Medicine specialists recently stated that exercise has no affect on weight loss, if combined with a poor diet.(Malhotra et al. 2015) Should we therefore stop advising exercise? This work aims to evaluate the evidence available. Weight loss itself may not be the key to health promotion. One large meta-analysis showed that in older patients, BMI had no affect on mortality (Winter et al. 2014), another showed that losing weight did not lead to a longer life (Harrington et al. 2009).

Conversely, it appears that exercise and cardiovascular fitness does have an effect. Life-long exercise was shown to convey a 40% reduction in mortality and a 5-year increase in life, comparable to smoking cessation (Holme & Anderssen 2015). Another study showed that fitness could predict mortality and that a significant benefit was seen when unfit patients then became fit (Kokkinos et al. 2010). Fitness was also protective for post operative morbidity (Cole et al. 2000). Diet modification is also beneficial, the Mediterranean diet has many established benefits (Sleiman et al. 2015).

Exercise and fitness may not affect BMI alone, however their benefits in comparison to weight loss are still considerable. More study is required, but evidence suggests that we should continue to promote exercise to all patients as a primary prevention measure.

034  The changing incidence of poisonings amongst young people in England, 1997-2014

Edward Tyrrell; Denise Kendrick; Elizabeth Orton; Kapil Sayal
University of Nottingham, School of Medicine

Background: ‘Injury and poisoning’ is the leading cause of adolescent death in the UK with up to 62% of poisonings classed as self-harm. However, with no national surveillance data, it is not clear how poisoning incidence has changed in recent times. This study aimed to describe medically-attended poisoning incidence, by different intent, in young people in England between 1997 and 2014 by age, sex and time period.

Methods: An open cohort study of 1,769,660 young people aged 10-24 between 1997 and 2014 was conducted using data from the Clinical Practice Research Datalink, linked to Hospital Episode Statistics and Office for National Statistics deaths. Incidence rates of all poisoning events were calculated by age, sex and year.

Results: 41,515 poisonings were recorded during the study period, 66% were intentional and 62% were in females. Peak incidence rates were at age 15 in females (1204/100,000 person-years (PY)) and age 20 in males (621/100,000 PY). Overall, incidence rates increased over time with the greatest rise in intentional poisonings amongst females (464/100,000 PY in 1997/98 to 721/100,000 PY in 2013/14), predominantly at ages 15-23.

Intentional poisonings in males remained unchanged over time with a small reduction in unspecified intent poisonings in males but no change in accidental or undetermined intent poisonings for either sex over time.

Conclusions: Poisonings among young people, especially intentional poisonings in females, have risen sharply between 1997 and 2014. Mental health services need commissioning to reflect this changing need while GPs should be mindful of at risk groups when prescribing.

035  Sterile pyuria - what should a GP do?

Jonathan Rees; Jonathan Manley; Fiona Carter
Backwell & Nailsea Medical Group

Sterile pyuria (SP) is the presence of white blood cells in the urine, in the absence of proven infection. It is commonly encountered in primary care (although there is no data on the prevalence), and often results in (potentially unnecessary) referral to secondary care. SP can be caused by a wide variety of conditions, or simply be an incidental finding. Despite this, there is a paucity of published evidence with regards to the assessment and management of SP and there are no national guidelines to help primary care physicians assess patients with this finding.
In the lack of an evidence base from which to make recommendations, an online consensus panel was convened. A modified Delphi method was used, consisting of a two round questionnaire to experts (n=59) from numerous fields (Urologists, General Practitioners with special interest in Urology, Renal Physicians and Microbiologists). Following each round the results were reported to each member of the panel, comparing their answer with that of the panel and any additional statements. Any statement reaching a 70% agreement became the consensus statement.

A total of 37 of 59 (62.7%) panel members completed both rounds (response rates of 68% (n=40) in Round 1, 92.5% in Round 2). Consensus was reached on 86.8% (66 out of 76) of questions. A panel meeting of the study team will discuss the outstanding areas, prior to presentation of a full guidance for primary care practitioners, aiming to give a framework for the assessment of this difficult problem.

036 "An obvious UTI": the importance of diagnosing pyelonephritis in primary care

Alexander Bulcock
University of Manchester

Urinary tract infections are the second most common infection in women affecting up to 15% of women each year, with 25% of these going on to have a further UTI at some point in the future[1]. Clearly based on the epidemiological picture, knowledge and understanding of the management and diagnosis of basic UTIs is crucial to the knowledge of any primary care physician, however despite this a study by Singh et al[2] found that just under 5% of these infections were either mistaken for an alternative diagnosis or missed altogether. Extrapolating census data with the results of this study gives a figure of over 100,000 Urinary tract infections being missed or misdiagnosed each year in the UK alone[3]. While missing a UTI may cause initial discomfort to a patient, missing pyelonephritis is potentially life threatening, and the symptoms that distinguish the two conditions can often be blurred in a busy clinical setting. This poster seeks to use a typical case presentation of a post-partum female to educate practitioners in diagnosing, investigating, and treating both UTIs and Pyelonephritis. Crucially it will highlight the key but subtle differences between these two conditions. By using a case study methodology, potential pitfalls, and common mistakes will be highlighted throughout the case, using flow diagrams and treatment algorithms to help educate practitioners in what is the most effective course of management is at each stage of the case. In doing so it will seek to educate primary care physicians as to the dangers and pitfalls in what can often be mistaken for a simple diagnosis.


037 Improving emergency contraception in general practice

Charles Heffer
Bradford-on-Avon Health Centre, Wiltshire

Relevance/aims: 7% of all reproductive women within the UK receive Emergency Contraception (EC) each year[1]. Yet national data demonstrate that knowledge of EC amongst women is inadequate, particularly regarding Cu-IUD and its use[2]. This study utilised the Faculty of Sexual and Reproductive Healthcare (FSRH) guidelines to evaluate EC provision in a large general practice and investigated whether EC modified subsequent contraceptive behaviour.

Content: This retrospective one year study was conducted from a reproductive population of nearly 5000 women via the practice database.

Outcomes: 63 women sought EC within 1 year. Only 25% were offered Cu-IUD as an option against a 100% FSRH guideline. Disappointingly 32% had no regular contraception strategy on follow-up with half of these women being 20 years or younger. There was a small subset of women who were using EC several times a year as their preferred method of contraception. The impact of this study has led the practice to create a 48-hour Cu-IUD service and alter follow-up arrangements to reach out to non-engaging young women with high risk of pregnancy.
Discussion: This study was unable to capture EC provision in other community or secondary care settings showing a need for further research in this area with improved information technology to track a whole population through time.


038 Postpartum depression in teenage mothers
Audrey Le Bihan
Manchester Medical School
Postpartum depression is a mental health illness which affects large numbers of recent mothers, and particularly those under the age of 20. Teenage mothers have twice the rate of postpartum depression as older mothers, highlighting the need for the provision of more tailored care for young mothers. This study aims to investigate the rate of postpartum depression in the patient population registered at Pennygate Medical Centre in Hindley. Our approach was to verify that every mother was assessed and diagnosed at the time of the illness, ensuring the patient was provided with appropriate support for any stress factor. Analysis of patient notes from the previous 5 years and retrospective screening by telephone were used to analyse the prevalence of the condition. Rates of 5.05% and 2.63 % were initially identified through patient notes, respectively in adult and teenage mothers. Subsequently, retrospective screening led to readjustment of the identified values to 7.07% and 6.66% respectively. This implies current screening methods are not picking up on all mothers having developed postnatal depression, potentially leading to a delay or absence of treatment.

039 Failure to thrive: bad nutrition as a double edged sword
Carla Veiga Rodrigues; Sara Rocha; Gabriela Pereira
UCSP Sao Neutel - Chaves, Portugal
Introduction: Failure to thrive (FT) is a condition often seen by General Practitionners, characterized by a weight below 5th percentile repeatedly or a weight deceleration crossing 2 major percentile lines. The majority of FT is due to inadequate caloric intake, mostly caused by behavioral/social issues. The diagnosis is clinical and demands for thorough investigation of feeding habits and exclusion of other organic causes. Differential diagnosis includes prenatal or chronic illness, infections, digestive disorders, which should be investigated and sought on physical examination and additional testing.

Case description:
3 years’ old girl with FT and microcephaly. History of social problems, visits from Social Service. Support from Nutrition Department was provided. The physical examination was consistently normal and other symptoms were denied, without improvement on the weight. The inicial investigation was normal. The sweat test was performed on a secondary level, showing high Chloride (66mg).

Conclusion: The prognosis of FT depends on its severity, duration and subjacent cause. In this case, the biggest suspicion is malnourishment due to social problems. The positive chloride value can mean Cystic Fibrosis but it can also be a false positive caused by anorexia/bad nutrition. Malnourishment is double edged sword by its ability to mask chronic illness, meaning either a cause or a result of it. Identifying the problem underneath remains challenging due to our lack of control or knowledge of the real eating habits of this child. A multidisciplinary approach is demanding as the effects of FT on cognitive development are unclear.

040 An investigation into GPs’ perceptions of children’s mental health problems
Chris Jacobs; Maria Loades
Severn Deanery
Relevance: Mental health disorders in children are common. GPs have a significant role in the detection of these disorders, yet there is lack of evidence to assess this ability.
Aim: To explore GPs' recognition of children's mental health problems, enabling an understanding of GPs' ability to identify both emotional and behavioural disorders.

Content: Quantitative, cross-sectional study of UK GPs perceptions of children's mental health problems.

Method: Between November 2014 and March 2015 an online survey based questionnaire measure was used, composed of a series of 6 clinical vignettes designed to assess GPs’ mental health literacy with respect to children of primary school age. This included recognition accuracy, rating of problem severity, and degree of concern about hypothetical cases, described in the vignettes.

Outcomes: Of the 97 participants, all identified the clinical level emotional disorder and 97.9% identified the clinical level behavioural disorder. Nonparametric analyses identified a significant difference (Z=-5.44, p<.0001, r=0.55) in the GPs’ concern for the child with clinical behavioural disorder versus the concern for the child with clinical emotional disorder. Participants were significantly more concerned about a boy presenting with clinical emotional disorder (Z=-7.18, p<0.001, r=0.72) than a girl. Also, participants were significantly more concerned about a boy presenting with clinical level behavioural disorder (Z=-7.79, p<0.001, r=0.79).

Discussion: This study shows the majority of GPs can identify a child with clinical level symptoms of either emotional or behavioural disorder. However, GPs were more concerned when the child was male or displaying symptoms of a behavioural disorder.

041 Adults shout and young people don’t; why we haven’t changed our minds about young people
John Percival; Mandy Cheetham; Sharmila Parks
Teesside University

Aims: This study examines the effects of Change Your Mind about Young People, an innovative, peer led intervention to improve primary health care for young people with mental health and other health concerns.

Content: We report findings from semi-structured one to one interviews undertaken with a purposive sample of practice staff (n=10) from GP practices in NE England, and representatives from partner organisations (n=3) and focus group discussions held with young people (n=3), to examine what difference, if any, young people’s input made in practice.

Relevance/impact: Young people with mental health concerns report difficulties accessing appropriate health care. Despite consistent messages about what makes a difference, services have been slow to respond. Peer led interventions to facilitate young people’s participation in leading (or stimulating) change in primary care offer a potential solution.

Outcome: Our findings demonstrate the potential of the programme, including You’re Welcome, to drive positive changes in general practice, led by young people, supported by voluntary sector partners, despite the numerous philosophical, practical, and organisational challenges which exist. We report factors influencing successful engagement, and give recommendations for health service delivery.

Discussion: Traditional models of patient involvement do not work with young people. This peer led intervention offers a promising alternative, stimulating practical and attitudinal changes in the delivery of young people friendly primary care. It requires a willingness to embrace change. The resulting efforts to encourage access by young people, including those with mental health problems, will potentially benefit the wider practice population.

042 A case of “temporary dementia”
Ana Luísa Gomes; Ana Maçãs; Cláudia Pires; Vera Pires Da Silva
Ramada Family Health Unit, Odívias, Portugal

Aims: To review the diagnosis of delirium and highlight GP’s individualized support.

Content: This poster will describe a clinical case of delirium and the importance of accurate diagnosis.

Relevance: Delirium is defined as an acute confusional syndrome, characterized by fluctuating disturbance in attention, perception and cognition, caused by organic disease. It is common in the elderly, increasing the risk of functional decline, institutionalization and death. The clinical approach aims to identify and treat medical cause, provide supportive care and prevent complications.

Outcomes: We report a clinical case of a 75 y.o. female, caucasian, illiterate, married. Retired, independent in daily activities. The patient went to A&E due to sudden onset of disorientation in time and space, auditory-verbal...
hallucinations and disturbed behavior. Hospitalized with acute cholecystitis and suspected dementia. After clinical stabilization was discharged to her GP.

At GP’s office the patient was anxious and worried about a possible diagnosis of dementia. The initial assessment of cognitive impairment was performed, with application of Mini Mental State Examination, analytical and imaging evaluation, without significant changes. The patient also presented clinical criteria for depression and drug therapy with sertraline was initiated.

**Discussion:** Delirium should be considered during assessment of confusional state in the elderly and as differential diagnosis of cognitive impairment. During the follow-up of these patients, signs and symptoms involving immediate medical evaluation must be overseen and preventive measures should be applied to the patient, family and caregivers.

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043 **Unmet psychosocial and emotional needs in dementia caregivers: literature review and assessment guidelines**  
_Eliane Blows_  
_University of Bristol_

**Aims/objectives:** To provide clear information for GPs and other healthcare professionals on the psychosocial effects of caregiving for patients with dementia. Identify guideline questions for assessment so that GPs are best equipped to manage and treat dementia caregivers.

**Content:** An evaluation of the current literature available on the psychosocial assessment and consequent management of dementia caregivers was undertaken. This included exploration of the barriers to seeking help and other reasons for unmet need. A discussion of how healthcare professionals can enable help-seeking and evaluate needs of dementia caregivers is presented.

**Relevance/impact:** The National Dementia Strategy highlights the importance of supporting dementia caregivers - “the invisible patient” - without providing assessment or intervention guidelines. This presentation therefore suggests methods by which GPs can thus target their unmet need.

**Outcomes:** A short but thorough assessment template was created, gathered from existing tools, which can be used in initial evaluation or continued reassessment during a GP consultation and expanded upon as necessary. This assessment can aid selection of the most suitable support and intervention. Evaluating interventions confirmed varying support is required throughout the caregiving process, specific to each caregiver.

**Discussion:** It is essential to improve communication between GPs and caregivers to assist help-seeking. Effective evaluation of unmet need is difficult in the time available during a GP consultation but this assessment template could be helpful. Limited evidence means it is unclear where benefits of interventions arise from, eg. changing coping style or beliefs, alleviating depression or reducing the burden of care.

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044 **Medicines optimisation: pro-active pharmacy led optimisation and de-prescribing of antipsychotics in nursing home based dementia patients**  
_Saran Amin; Graham Stretch; Arjun Dhillon; Anna Down_
_The Argyle Care Home Service, London_

**Introduction:** Inappropriate use of antipsychotic agents in dementia causes increased risk of CVA and increased mortality. With the emerging role of pharmacy in primary care, prescribing responsibility is now being shared, allowing opportunity for more pharmacy led interventions. A London based GP practice was commissioned by their local CCG in 2013 to provide medical and pharmaceutical care to 900 patients across 19 nursing homes. The multidisciplinary group (MDG) consists of eight GPs, a Practice Nurse, a Prescribing Lead Pharmacist, two IPs, a Clinical Diploma Pharmacist, a pre-registration trainee and four pharmacy techs. This unique pharmacy skill mix managing prescribing within the GP Surgery and nursing homes, has allowed a key opportunity to address and develop jointly with CCG commissioners, a Commissioning for Quality and Innovation (CQUIN) for the systematic review of antipsychotic drug use in dementia.

**Aim:** The goal is to identify patients; review, reduce, and, where possible, stop the use of antipsychotic drugs within this cohort.
Methods: Regular MDG meetings take place at a maximum of eight-weekly intervals including the pre-registration pharmacist, lead pharmacist, named nurse and where possible patients and relatives, with the view of gradually lowering antipsychotic dose.

Results: Over a period of nine months, 63% of patients successfully achieved either a reduction in their dose or complete cessation of the antipsychotic drug. Anecdotally, in patients where this has been achieved, both nurses and relatives have also identified improved engagement in activities within the home.

Conclusion: The innovative approach of incorporating pharmacy expertise in medicines optimisation has reduced overprescribing of these agents.

045 Dementia friendly practices

Verity Turner; Katrina Webster; Jason Hope; Marion Lynch
Wessex Deanery, West Hampshire

The author’s fellowship with Wessex Deanery presented the opportunity to work with Clinical Commissioning Group on a project to promote ‘dementia friendly practices’. The joint aims of the project were to promote a culture of support for people with dementia and their carers; and to increase the identification of patients with dementia so that they can access support. This project worked with three local practices to implement elements of the iSPACE model[^1], identify cultural changes that would improve the patient experience and develop a process that could be shared to spread these changes to other practices.

Using case studies and explanation of the method, I will describe the role of cultural change in the approach to dementia diagnosis and support; explain the process, benefits and challenges that implementing this change encountered and the local impact on national targets for dementia.

This project is relevant to all practices who are looking for the resources and inspiration to help their patients live well with dementia.

At abstract submission the quantitative outcomes are still to be fully assessed and the exact shape of the resource are still in a pilot stage. The end-date for implementation is August 2015 and it is hoped that the outcome will be a usable tool that practices can incorporate into their own culture to improve staff training and patient experience enabling ‘the right care, in the right place, at the right time’.

[^1]: iSPACE; Dementia Friendly GP Surgeries. Academic Health Science Network; Available at: http://wires.wessexahsn.org.uk/news-and-events/news-inspace-resources/

046 Creating a leaflet about dementia screening

Jane Wilcock
Overdiagnosis Group RCGP, University of Liverpool

Aim: To create a leaflet for GPs about the “case finding” of people in the DES “facilitating timely diagnosis and support for people with dementia,” within 4 weeks using email to link a newly formed group.

Questions were:
- How reliable is the GPCog screening tool?
- What is the natural history of Mild Cognitive Impairment (MCI)?
- What are patient benefits of early therapy?

Content: A literature review and email discussion.

Main findings:
- Positive predictive value of GPCog is 71% so an abnormal score does not indicate definite dementia.
- Not every memory loss is dementia; not every dementia is Alzheimer’s.
- Pathological features of Alzheimer’s may be present in normally ageing brains.
- A review of attendees at a memory clinic: >50% had not got dementia or MCI. 27% had “benign memory complaints”.
- Patients with MCI - 20% develop dementia at 5 years.
- Rates of conversion of MCI to dementia vary between 11-33% at 2 years.
- 42% of patients with MCI have remitting symptoms, with normal cognition at 1.5 and 3 years.
- There is no current benefit of early therapy with cholinesterase inhibitors in MCI at 1, 2 or 3 years.
Outcomes: The leaflet was shared amongst practices, colleagues, patients groups and professionals with an interest in dementia and is available below to take away.

Discussion: There is a need for patient-centred clear open access information and resource sharing to weigh facts and ethics of new interventions.

047 GPs’ and gastroenterologists’ diagnoses of constipation differ but neither consistently use Rome III criteria in clinical practice

Susan Neville; Eirini Dimidi; Camilla Cox; Charles Knowles; Mark Scott; Kevin Whelan

King’s College Hospital, London

Background: Every year constipation is discussed in >1 million GP consultations[1]. There is a discrepancy between patients and doctors in the definition of constipation[2] and may also be a difference between GPs and specialists to whom they may refer.

Primary objective: To assess and compare the symptoms perceived to be important to diagnose constipation by GPs and gastroenterologists.

Methodology: A questionnaire assessed perception of symptoms in diagnosing constipation, 10 case studies reflecting the presence/absence of constipation based upon the Rome III criteria, and treatments recommended. Responses were compared between groups using chi squared tests (categorical) or t-tests (continuous), as appropriate.

Results: GPs (n=137) and gastroenterologists (n=193) completed the questionnaire. Symptoms important for diagnosing constipation differed between groups, with GPs more frequently considering abdominal discomfort, crampings, pain during a bowel movement and straining important than gastroenterologists (P<0.05). On average both GPs and gastroenterologists correctly identified presence/absence of constipation in 8.1/10 case studies in accordance with the Rome III criteria. Most GPs (94.9%) and gastroenterologists (93.3%) did not correctly identify the presence/absence of constipation in all case studies. GPs and gastroenterologists recommended similar treatments for constipation but gastroenterologists recommended enemas/irrigation, and prescribed laxatives more than GPs (P<0.05).

Conclusions: GPs and gastroenterologists differ in their perception of constipation and its treatment. In clinical practice neither GPs nor gastroenterologists consistently use the Rome III criteria for functional constipation. These findings have implications for the diagnosis and management of constipation.


048 The IBIS-C study: diagnosis and management of moderate-to-severe irritable bowel syndrome with constipation (IBS-C) in the UK

Mark Rance; Y Yiannakou; M Eugenicos; D Sanders; A Emmanuelle; P Whorwell; F Butt; S Bridger; N Arebi; A Millar; V Kaushik

University Hospital of North Durham

Aims/objectives: One year (6 months retrospective/prospective) observational, study in patients diagnosed with IBS-C in the last five years (Rome-III criteria) and moderate-to-severe symptoms at baseline (IBS-Symptom Severity Scale (IBS-SSS) ≥175).

Content: We present the UK diagnosis and management results.

Relevance/impact: This is the first study to assess the burden of IBS-C in 6 European countries (France, Germany, Italy, Spain, Sweden, UK). The study began in Apr-2012; last patient last visit: Jan-2014.

Outcomes: 104 patients were included (79% severe, mean age±SD: 45.5±14.6 years, 93% female). Mean symptom duration: 15.3±14.9 years; mean time since diagnosis: 2.6±4.0 years. The most common diagnostic procedures were blood tests (72%), colonoscopy (69%), and abdominal ultrasound (55%). At inclusion, the most prevalent symptoms: abdominal pain (92%) and bloating (91%). Main ongoing comorbidities: anxiety (50%), chronic pain (44%), headache (40%), insomnia (33%), or dyspepsia (31%). 52% of patients had an average of 3.6±±2.7 diagnostic tests during follow-up. 90% of patients took prescription drugs for their IBS-C. The most common medication groups were: laxatives (81%), prokinetics (32%), antispasmodics (20%), and analgesics (18%); alone or in combination. Overall, 63% of patients took OTC medication; the most common were laxatives (37%).
prebiotics/probiotics (14%), and peppermint oil (14%). Overall, marginal improvement was noted in symptom severity (IBS-SSS score) between baseline (373±83) and the 6-month visit (324±113).

**Discussion:** IBS-C often remains undiagnosed for over 10 years. Despite a high use of both prescription and non-prescription drugs, the degree of control for moderate-to-severe IBS-C shows only a slight improvement over time.

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**049 The IBIS-C study: the economic and quality of life burden of moderate-to-severe irritable bowel syndrome with constipation (IBS-C) in the UK**

**Mark Rance; Y Yiannakou; M Eugenicos; DS Sanders; A Emmanuelle; P Whorwell; F Butt; S Bridger; N Arebi; A Millar; V Kaushik**

*University Hospital of North Durham*

**Aims/objectives:** Observational, prospective study with retrospective comparators (6 months each) in patients diagnosed with IBS-C in the last five years (Rome-III criteria) and moderate-to-severe symptoms at baseline: IBS-Symptom Severity Scale (IBS-SSS) score ≥175.

**Primary objective:** Direct healthcare resource utilisation (HRU) costs for IBS-C. Secondary objectives: indirect productivity costs and quality of life (QoL) for IBS-C patients. Work productivity was assessed using the Work Productivity and Activity Impairment (WPAI):IBS-C questionnaire.

**Content:** We present the UK economic and QoL results.

**Relevance/impact:** This is the first study to assess the burden of IBS-C in 6 European countries (France, Germany, Italy, Spain, Sweden, and UK).

**Outcomes:** 104 patients were included (79% severe, mean±SD: 45.5±14.6 years, 93% female). At baseline, mean IBS-QoL was 42.8±24.2 (scale: 0-100[worst-to-best]), mean symptom severity was 373.1±82.5 (IBS-SSS; severe >300). In the week prior to inclusion presenfeeism was (WPAI:IBS-C; mean ±SD):47.9%±28.7%; absenteeism:8.4%±24.2%; work productivity loss:51.5%±27.2%; daily activity impairment:56.8%±29.6%. 24% patients required emergency department visits or hospitalisation (mean stay[95%CI]:12[2.5-21.1] days). 52% had a diagnostic test (mean[95%CI]: 3.6[2.9-4.4]). 90% patients took prescription drugs for IBS-C, none of which were licensed for IBS-C. 51% of patients took sick leave (mean:5.2 times; mean duration:26 days), and 82% had productivity losses (mean:162 hours). Mean[95%CI] annual direct cost for the NHS: £1,753(1251-2308); mean patient cost: £315(184-482); mean indirect cost: £3,407(2078-4977). Total costs: £5,443(3970-7252) per year.

**Discussion:** Moderate-to-severe IBS-C has a major impact on patient QoL, productivity, and HRU. The estimated annual direct cost of IBS-C was slightly lower than that reported for atrial fibrillation in the UK (£2,336).

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**050 A systematic review of the diagnostic accuracy and yield of primary transabdominal ultrasound in the diagnosis of upper abdominal pain in primary care**

**John Frain; Anna Frain**

*Derwent Valley Medical Practice, Derby*

**Aims:** To summarise evidence on diagnostic yield of transabdominal ultrasound in patients presenting with upper abdominal pain in primary care.

**Content of presentation:** Databases scrutinised included PubMed, Medline, Embase, Cochrane Library, CINAHL, Prospero, and ClinicalTrials.gov. Search terms included abdominal pain, ultrasound, diagnosis, diagnostic accuracy, and primary care. Adult patients with abdominal pain referred for primary transabdominal ultrasound were included. Studies included presenting symptoms and signs through to final outcome. Quality assessment was using a modified QUADAS-2 tool. 11 studies of heterogeneous design were identified. Data from two were pooled for analysis.

**Relevance/impact:** Abdominal pain accounts for 2-4% of visits to general practitioners. Approximately 50% of all patients experience abdominal pain each year.

**Outcomes:** There was no significant difference between referrals from general practitioners and hospital doctors. Abnormalities were found in 50% of scans with 60% of these abnormalities being clinically relevant. Positive scan rate was approximately 1 in 3 overall. Gallstones were present in 20% of scans. Symptoms and signs had low likelihood ratios. Clinical assessment was improved by consideration of multiple symptoms. Relevant features
were biliary pain, upper abdominal pain, radiation, abnormal percussion, normal palpation, clinical suspicion, nausea or vomiting, bloating and acid-suppression therapy. Negative scans may change anticipated management although patients may not feel reassured.

**Discussion:** Yield of ultrasound compares well with other imaging modalities and general practitioners select patients appropriately. Accuracy could be improved by research on pathway design. Research required regarding referral information which best contributes to yielding clinically relevant information from the ultrasound scan.

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**051 Selecting primary care treatment for patients with shoulder disorders: international conjoint analysis study**

Cliona McRobert; Jonathan Hill; Elaine Hay; John Bridges; Danielle van Der Windt

Arthritis Research UK Primary Care Centre, Keele University

**Aims/objectives:** To investigate how patient attributes influence clinicians’ treatment choices in patients with shoulder pain.

**Content:** International online conjoint analysis survey results.

**Relevance/impact:** Primary care shoulder pain treatments include: (i) advice+analgesia, (ii) steroid injection, and (iii) physiotherapy, however optimal treatment selection rationale is unknown. Systematic review and expert consensus identified 12 patient attributes relevant to treatment selection, which were used to develop hypothetical patient profiles for an online international conjoint analysis study. Hierarchical multinomial analysis identified each attributes’ impact on likelihood of selecting steroid injection or physiotherapy over advice+analgesia.

**Outcomes:** Data was received from 387 clinicians from 31 countries (64% UK). Patient attributes that discriminated between treatment choices included; lack of condition improvement, previous positive response to injection or physiotherapy, and presence of weakness or instability. Furthermore, clinicians selected steroid injection over advice+analgesia for patients with sleep disturbance (Relative Risk Ratio RRR(95%CI)=1.49(1.45,1.95)) but were less likely to select physiotherapy (RRR=0.67(0.55,0.82)). Similar results were found for high pain severity. Patients’ treatment preference significantly influenced clinicians’ treatment choice. Co-morbid neck pain and overuse significantly influenced choosing physiotherapy but not injection. Severe work/function impact increased injection but not physiotherapy selection, whilst having a traumatic onset or unstable diabetes or cardiac problems reduced injection selection.

**Discussion:** This study has quantified the relative importance of different patient attributes in the selection of shoulder treatments by clinical experts. Individual patient data analysis is underway to test if the attributes identified in this study indeed modify the effects of treatment.

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**052 Novel classification of knee osteoarthritis severity**

Amit Mor; Avi Elbaz; Ganit Segal; Ronen Debi; Nachshon Shazar; Amir Herman

AposTherapy Research Group, Herzliya, Israel

**Objective:** The current practice of knee osteoarthritis (OA) assessment is based on radiographic imaging and clinical evaluation. There is no objective functional classification of knee OA patients although the most important factors in treating this condition are pain and function. The purpose of this study was to develop a classification of knee OA severity based on objective functional parameters.

**Methods:** Gait analysis was initially performed on 2911 knee OA patients. The analysis included the three stages of clustering, classification and clinical validation. Two-thirds of the patients were used to create a simplified classification tree algorithm, and the model's accuracy was validated by the remaining one-third. Clinical validation of the classification method was done by the short form 36 Health Survey and WOMAC questionnaires.

**Results:** The clustering algorithm divided the data into four groups according to severity of gait difficulties. The classification tree algorithm used stride length and cadence as predicting variables for classification. The correct classification accuracy was 89.5%, and 90.8% for females and males, respectively. Clinical data and number of total joint replacements correlated well with severity group assignment. For example, the rates of total knee replacement within one year after gait analysis for females were 1.4%, 2.8%, 4.1% and 8.2% for knee OA gait grades 1-4, respectively.
**Conclusions:** Gait analysis objectively classifies patients with knee OA according to disease severity. That method correlates with radiographic evaluation, the level of pain, function and number of total knee replacements.

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**053 Quality improvement exercise: improving osteoporosis assessment follow-up**

David Rees
Kingsinch Medical Practice, Renfrew

Many reports from the Osteoporosis Assessment (Dual Energy X-Ray Absorptiometry - DEXA) Service at the Southern General Hospital request re-referral by GPs for follow up DEXA scanning via DADS (direct access DEXA service). Typically the gap before re-referral is due is 1-5 years. This creates logistical problems in that there is no automatic system for re-referring patients. In normal ad hoc practice, I had come across a number of requests for re-referral that had not been acted up so I thought it might be illuminating to audit this and hopefully create an administrative solution to the problem of flagging up when these re-referrals were due, and making the referrals as recommended.

The audit suggested most of the DEXA rereferrals that had been recommended were not in fact being made due to a lack of a robust system to facilitate this. This prompted a search for all patients who had had a DEXA scan in the last 7 years. 415 patients were identified. Of these patients, 192 patients had been recommended for re-referral. 46 of these rereferrals were already overdue and these patients were re-referred and notified. The remaining 146 patients were entered into a diary the date at which their re-referral was due. An email was sent out to all of the doctors in the surgery to explain the purpose of the new folder. A reminder system was setup to provide a quarterly reminder for a doctors to send the rereferrals for DEXA scans.

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**054 The correlation between radiographic knee OA and clinical symptoms - do we know everything?**

Amit Mor; Amir Herman; Ofir Chechik; Ganit Segal; Yona Kosashvili; Ran Lador; Moshe Salai; Avi Elbaz; Amir Haim
AposTherapy Research Group, Herzliya, Israel

**Purpose:** To evaluate the correlations between common clinical OA diagnostic tools in order to determine the value of each. A secondary goal was to investigate the influence of gender differences on the findings.

**Methods:** Five hundred and eighteen patients with knee OA were evaluated using the Western Ontario and McMaster Osteoarthritis Index (WOMAC) questionnaire, short form 36 (SF-36) Health Survey and plain radiographs. Analysis of variance (ANOVA) was used to compare the different domains of the WOMAC and SF-36 questionnaires between genders and the radiographic scale.

**Results:** Higher knee OA x-ray grade were associated with worse clinical outcome: for women - higher scores for the WOMAC pain, function and final scores and lower scores in the SF-36 final score; in men: lower SF-36 overall and Physical domains scores. Gender differences were found in all clinical scores that were tested, with women having worse clinical scores for similar radiographic grading (p values< 0.001).

**Conclusions:** Knee radiographs for OA have an important role in the clinical evaluation of the patient. Patients with higher levels of knee OA in x-ray has a higher probability of having a worse clinical score in the WOMAC and SF-36 scores. The gender differences suggest that for similar knee OA x-ray grade women’s clinical scores are lower.

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**055 A biomechanical therapy for enhancing rehabilitation of patients after total hip arthroplasty**

Amit Mor; Yona Kosashvili; Lee Yaari; Ganit Segal; Yuval Baruch; Steven Velkes; Ronen Debi; Benjamin Bernfeld; Avi Elbaz
AposTherapy Research Group, Herzliya, Israel

**Introduction:** Some patients after total Hip Arthroplasty (THA) may suffer from a limp and periarticular discomfort due to muscle weakness. Physiotherapy is important in restoring muscle strength. Evidence-based guidelines on rehabilitation after THA are scarce. We examined the immediate and longer term effect of a biomechanical therapy (AposTherapy) for enhancing rehabilitation of patients after THA who had insufficient improvement under routine physical therapy.
Materials and methods: 33 patients were prospectively followed during the study. Gait parameters were measured at initial evaluation, after 15 minutes of therapy and after 3 months of treatment. SF-36 and WOMAC scores were filled by patients before treatment and after 3 months of treatment.

Results: WOMAC and SF-36 scores significantly improved after 3 months of treatment (p<0.008). Pain decreased by 55% and function and quality of life improved by 64% and 47%, respectively. Gait velocity, single limb support (SLS) and step length of the operated leg significantly improved after a single 15 minute treatment and furthermore after 3 months of treatment (p<0.001). Forty three percent of patients had a normal gait velocity after 3 months of treatment.

Discussion: A biomechanical therapy implemented by a foot-worn platform is useful for patients post THA who had insufficient improvement under routine physical therapy. Improvement in limb functionality, stiffness, pain and gait pattern may be seen after a single session and may be more noticeable after 3 months of treatment.

056 Musculoskeletal SCIPP project-bringing a patient centred approach to musculoskeletal care into a primary care setting

Jeffrey Croucher; Tim Allardyc; Dhafer Deab

Aberdeen Royal Infirmary

A one year audit of referrals into all forms of Musculoskeletal(MSK) care from a GP Surgery, identified those MSK clinical conditions that had the potential to be provided within a Primary Care setting. A large GP Surgery was then chosen in 2014 as a pilot site to form a new clinical service. The MSK SCIPP team was formed including a GPSI in Musculoskeletal Medicine, a Community Physiotherapy Service and a Diagnostic and Interventional Musculoskeletal Consultant Radiologist.

Between September 2014 and March 2015 referring clinicians were able to access a weekly multidisciplinary MSK service based at their surgery using specific referral criteria. 64 (29 GPSI, 28 Physiotherapy and 7 Radiology) clinics over 7 months provided 412 appointments for Multidisciplinary assessments. Treatment of common MSK conditions then occurred on a single site 'one stop' approach to MSK Care in a Primary Care setting. The clinics used an established GP software system for booking and sharing the clinical record. Follow up arrangements were then provided by the referring clinician in the majority of cases. The service was consistently able to provide prompt access for New patient assessments throughout the length of the project. The Project team provided a regular formal MSK Educational programme (based on the quality and quantity of referrals) to the Primary Care Team.

High patient satisfaction rates, short waiting times for initial assessments, prompt access to diagnostics and treatment were all achieved within a setting familiar for patients and close to their home. High standards of satisfaction using the Friends and Family test were found. The Pilot Site has proven to be successful in all aspects of measured outcomes.

057 Assessment of the excision of basal cell carcinoma: did GP really "under-perform"?

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Aberdeen Royal Infirmary

Background: The incidence of BCC is on the rise and BCC is perhaps under-studied. It is the commonest type of skin cancer in UK. Much of the work on BCC in the literature were mainly focussing on the assessment of BCC excision completeness and comparing the performance of GP, plastic surgeons and dermatologist. Whilst most studies have consistently reported GP tended to do less well than the other specialties, little or no work were done to explore this even further.

Objectives: To assess the performance of GPs, dermatologist and plastic surgeons in excision basal cell carcinoma; to identify factors or predictors of excision completeness; to identify certain patterns of excision made by each specialty, including excision cut margin, size of lesion, confidence in diagnosing skin lesion, etc.

Method: Retrospective analysis of BCC excised in GRAMPIAN region received by pathology lab between 1 January 2011 and 1 December 2012. Data was obtained from ARI pathology lab database. Only primary excised BCC skin lesion was used. Excision was considered completed when, determined histologically, both radial and deep margins were both >1 mm cleared.
Between the two year period, 2033 histologically confirmed BCC samples were received. 438 (21.5%) were from GPs, 657 (32.3%) were from dermatologist, 598 (29.4%) were from plastic surgeons. Out of these samples, a representative sample was obtained. Optimal sample size was then derived using IBM sample power version 3- a minimum of 350 should be obtained as a minimum. Stratified random sampling method was used. Randomization was done using SPP random generator.

Statistical analysis was performed using SPSS v20. Multivariate logistic (Hierarchal) regression analysis was used to identify predictor(s) of BCC excision completeness. Independent variables used in the multivariate analysis include type of BCC, cut margin, clinical diagnosis, who performed the excision, gender, site, size and age of the patient.

Results: In the present dataset, GP also underperformed with 34.1% incomplete excision rate, compared to 7.8% in dermatologist and 26.0% in plastic surgeons. Based on the multivariate analysis, Three independent variables made a unique statistically significant contribution to the model (cut margin, site of the lesion and specialty who performed the excision). Further investigation into this revealed, most GPs tended to perform with a smaller cut margin of 2mm and were associated with uncertainty with the clinical diagnosis. Excision completeness was 1.31 times more likely to be achieved for every 1 mm increase in the cut margin, even after controlling for other factors.

Recommendation: RCGP guideline on the excision? "excision with bigger cut margin?"

058 Nearly everything I know about sleep is wrong
Michael Peel
Hurley Group, London

Only 250 years ago lights started being built in the centres of major cities, and the night stopped being so dangerous. Until then most light came from candles made of tallow (animal fat) which were smelly and difficult to maintain. Most activities needling light simply weren’t worth the candle. Now we have no incentive to get enough sleep, but we have not evolved to cope with that change in our environment. Insufficient sleep still leads to waking feeling hungry with a desire for energy-dense food.

Insomnia is a subjective diagnosis: the inability to sleep when we want to, but there is no correlation between how much we think we sleep and how much we actually sleep. We can dream that we are aware, or not store those memories. However, worrying about not sleeping can stop us getting to sleep. Hypnotics such a zopiclone do not significantly increase the length of sleep, they extend it by less than half an hour more than a placebo does.

Complaints of insomnia use a lot of medical time, but we are not teaching patients to live within their physiological limits, nor adapting society to help us live within those limits. Wanting to live 24/7 lives does not make them healthy.

059 What evidence exists for the management of nightmares in torture victims? A systematic review
Lucy May; Max Cooper
Brighton and Sussex Medical School

Background: Torture continues to be practised in over 80 countries worldwide. Victims commonly develop psychological sequelae, including symptoms of post traumatic stress disorder such as severe nightmares. Case studies highlight the detrimental impact of nightmares on quality of life. However, few studies have focused on treating nightmares in this population. This systematic review sought to evaluate the evidence for pharmacological and psychological interventions in the management of nightmares in torture victims.

Methods: A systematic electronic literature search was conducted to identify quantitative and qualitative studies that considered the pharmacological and/or psychological management of nightmares in adult torture victims (≥18 years). Main outcomes of focus included reduction in the frequency/severity/intensity of nightmares. Meta-analysis could not be conducted due to diversity in study design, therefore descriptive outcomes are presented.

Results: 5 open-label studies including 191 participants, and 4 case studies met the inclusion criteria. Overall, studies reported a reduction or complete cessation of nightmares. The following pharmacological interventions were associated with improvement; TCAs, MAOIs and adrenergic blocking agents (combined with psychotherapy),
and SSRIs (combined with supportive therapy). Psychological interventions that led to improvement included; supportive therapy (combined with medication), NET and EMDR.

**Discussion:** Results demonstrate a small positive evidence base to support various pharmacological and psychological interventions in the management of nightmares in torture victims. However, there is a lack of high-quality evidence to guide best practice. Further research is required to evaluate the safest and most effective intervention for the management of torture-associated nightmares in this population.

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**060 HIV-infected patients: documentation of access problems to the NHS and good practice guidelines of rapid testing**

**Vasilios Stoukas; Nicky Voudouri; Ioanna Mavrogianni; Konstantina Tasiopoulou; Alexia Bableki; Marianela Kloka; Tzanetos Antypas**

**NGO PRAKIS, Greece**

Non-Governmental Organizations have undertaken greater responsibility the last few years as far as public health is concerned in order to cover the needs of vulnerable populations seeking primary medical care, legal advice, consultation and psychosocial services. Through Public Health initiatives and collected grants, our well established NGO designs and implements a free counseling and testing campaign for the viruses of HIV, HBV and HCV from 2010 until today. Rapid testing is performed at the polyclinics, the day care centers and the mobile medical units deployed, where the public has the opportunity to get informed and tested for free and anonymously. Additionally, a hotline is provided since 2009 so as the public to have a reliable and direct way of getting informed relatively to HIV, HBV and HCV viruses. From 2010 to 2014 14,568 people were tested for HIV (1% antibody detection), 65% of which were men and 35% women. For the same period of time 2,063 HCV tests were conducted (8% antibody detection), 67% being men and 33% women respectively. As far as HBV testing is concerned, 2,933 tests were performed (2% antigen detection), 55% being men and 45% being women, on 2014 alone. Since 2012 our NGO collaborates with the Infectious Diseases Department of one of the biggest University General Hospitals of the country. Through this partnership early diagnosis and a comprehensive package of care for HIV/AIDS patients belonging to socially excluded groups such as migrants, IDUs, sex workers and homeless people is being offered.

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**AUDIT**

**061 HIV testing in a high risk area**

**Joanna Wykes; Andrew Beaumont**

**East Surrey Hospital**

**Background:** This audit was completed at a GP practice located in a high risk area for HIV with an estimated prevalence of 3/1000. The British HIV association published guidelines in 2008 stating the circumstances where HIV testing should be offered including all new patients registering at a GP practice where local prevalence exceeds 2/1000.

**Methods:** In this GP practice, patients who had an indication for HIV testing were searched for. GP and local hospital records were searched to identify whether an HIV test had occurred.

**Results:** Where an indication for HIV testing was present, 14% of patients had been tested. 0% of new patients had been tested. It was found that two of the main barriers to testing were a lack of knowledge of the indications for testing and the healthcare assistant being worried about her competence in pre-test discussion. A note was put in the records of patients in whom an HIV test was indicated but had not been carried out encouraging the practitioner to consider this during the next consultation. For newly registering patients a patient information leaflet about HIV testing was given and a tutorial was given to the healthcare assistant to enable her to effectively carry out pre-test discussions. New patient testing increased to 100%.

**Key Messages:** HIV is a serious but treatable condition. There are some barriers to HIV testing for example lack of knowledge of testing guidelines and worries about competence in pre-test discussion. With effective training and reminders test rates can increase.
**062**  
Understanding women’s needs in homeless healthcare- are women engaging with services?  

Harriett Cant  
Brighton and Sussex Medical School  

**Introduction:** Women may be particularly susceptible to the negative health implications of homelessness due to the added demands of childcare, pregnancy, gynaecological health problems and high levels of vulnerability to violence/assault. However, it has been observed that homeless women appear to show lack of engagement with healthcare services, although, research of the topic remains limited. The aim of this audit was to develop a better understanding of the features and complexity of the health needs of homeless women.  

**Methods:** Using the System One computer database 211 patient notes were analysed for female health and social problems.  

**Results:** Only 17.6% of patients registered at the practice were female. Data shows that 73% of patients are documented victims of either physical/emotional/sexual abuse. Approximately 75% of victims of domestic violence suffer from drug or alcohol abuse. The overall rate of alcohol or substance abuse was 66%. Only 17% of women are on the contraception register; of 179 documented pregnancies only 50% resulted in a live birth and at least 51% of these children were taken into care/adopted. On at least one occasion 47% of women had presented with a gynaecological complaint and 10% a breast lump. The referral rate to additional support services was 40%.  

**Conclusion:** Homeless women require a high level of support and intervention from healthcare services for a multitude of problems; many have a complex history of traumatic experiences; however these results may indicate that women are not utilising local services.

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**063**  
Young women & long-acting reversible contraception (LARC)  

Natasha Hoey; Aneez Esmail  
University of Manchester  

The increased uptake of LARC amongst young women could help to decrease the number of unintended pregnancies in the UK. Guidelines published by the National Institute for Health and Care Excellence (NICE) state that all women who present to a healthcare professional seeking contraception should be verbally informed about LARC methods. This study aimed to determine if the guidelines were being adhered to at a GP practice and to explore young women’s knowledge of LARC.  

A random sample of 100 women aged 14-25 were used for this study. They had all had a recent consultation with regards to contraception. A telephone discussion with 40 of the women was used to establish what they knew about LARC.  

94% of women in the study were given verbal LARC advice from the practice. Awareness of the different types of LARC was high, although overall knowledge regarding the duration, insertion site and side effects of each of the methods was poor. The study found that a large proportion of the women would not be willing to try LARC in the future.  

In the majority of cases the NICE guidelines were adhered to at the practice. Although it was coded in the patients’ notes that they have been given verbal information about LARC, misconceptions remained high. This may have contributed to the low uptake of LARC. Healthcare professionals may not have the time to discuss all LARC options during a GP consultation, and so it may be beneficial to provide written information in the future.

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**064**  
Evaluating a GP-based nexplanon insertion service  

Xuan Gleaves; Annaliese Ashman; Harish Thampy  
University of Manchester  

**Aims:** To identify in a GP practice the number of patients who had Nexplanon implants inserted in the preceding 24 months and evaluate the documentation of pre-insertion counselling/insertion procedures and management of requests for early removal.  

**Content:** READ codes identified patients with implants inserted in the preceding 24 months. Case records were reviewed to ascertain the quality of documentation of pre-insertion counselling and insertion procedures.
Secondly, for those patients requesting early removal, we ascertained the reason and whether alternative causes were considered and/or add-on therapy offered prior to eventual removal.

Relevance: Nexplanon is a highly effective subdermal contraceptive implant. Clinicians should clearly document pre-insertion counselling and insertion procedures. For patients requesting early removal, clinicians should document the reasons and where indicated, either exclude potential contributing pathology or offer appropriate add-on therapy prior to implant removal.

Outcomes: 26 patients were identified in this audit. Documentation review revealed: verbal consent obtained (80%), risks explained (92%), patient information leaflet given (69%), aseptic technique (96%) and the location of implant site (61%). 8 patients requested early removal; 4 with bleeding problems, 3 with other hormonal-related symptoms and 1 with site pain. Consideration of other causes was documented for 3 patients and 4 patients were offered add-on therapy. 3 patients ultimately had the implant removed early during the audit period.

Discussion: This audit demonstrates areas for improvement with documentation of pre-insertion counselling and insertion technique, crucially regarding patient consent. It also highlights the importance of improving management of patients requesting early removal.

065 Pill-checks and NICE guidelines: an audit in general practice
Bethan Roberts; Bushera Choudry
University of Manchester

Introduction: Combined oral contraceptive pills (COCP) are the most common form of contraception used in the UK. NICE guidelines state that pill-checks should be done every 6-12 months and outline what should be included in these consultations. These pill-checks help to reduce the risks associated with COCPs along with ensuring that they are a suitable contraceptive choice for the women taking them.

Aims: To audit pill-checks within the practice.

Method: A search was conducted to identify all the women that had been prescribed COCPs in the last 3 months (19/03/15 - 19/06/15). The notes of these women were then reviewed to see if they had received a pill-check in the last 12 months and what they included.

Results: 75% of women identified had had a pill check in the last 12 months. Of these pill-checks, some areas were recorded regularly such as BP measurements and advice about LARC at 94.2% and 71.0% respectively. However several other areas were scarcely recorded with some categories being recorded in 0% of consultations.

Discussion: The areas best recorded are those included in the current template eg. BP and LARC. It is possible that other areas are included in the pill-check but are simply not being documented. To combat this, a new updated template has been created which includes the areas commonly not recorded e.g. knowledge of missed pill protocol.

066 An audit on prescribing folic acid in pregnancy at a GP surgery
Shaheen Shahid; Bushera Choudry
University of Manchester

Introduction: Folic acid is an essential vitamin for DNA synthesis and the development of a foetus, particularly in the prevention of Neural Tube defects (NTDs). To reduce the risk of NTDs all women should take 400 micrograms of folic acid unless they are at a higher risk where 5mg is needed. High risk groups include: those with a family history of NTDs, patient with diabetes, a BMI>30, coeliac disease, on anti-epileptic drugs or have Thalassaemia trait.

Aims: To review if pregnant women are been given appropriate folic acid advice and if the correct dose is being prescribed.

Method: An EMIS search for pregnant women between 27/05/2014 - 27/05/2015 was conducted. The notes were reviewed to identify if folic acid advice was given. They were categorised into high and low risk groups and the dose of folic acid given noted.

Results: 76 patients were reviewed. 68% of the patients had folic acid advice documented in the notes. 17 patients were in the high risk category (16 due to high BMI and 1 due to coeliac disease). Of these 17, 4 had been correctly prescribed 5mg of folic acid.
**Discussion:** In number of biopsies but no increase in detection of high grade disease.

2.

**Outcomes:** Women.

**Methods:** Understanding current protocol.

Changes in national policy over the past decade have been controversial and holds importance for GPs in terms of

**Relevance:** Increased number of biopsies being taken and whether this has the translated into higher detection rates of high grade disease in women enrolled in pre-existing cervical screening programme and women in the current programme where cervical screening commences from the age of 25.

2. Review biopsy rates between 2000 and 2014 and assess whether the introduction of HPV testing has led to an increased number of biopsies being taken and whether this has the translated into higher detection rates of high grade disease.

**Aims:**

1. Compare rates of high-grade disease in women enrolled in pre-existing cervical screening programme and women in the current programme where cervical screening commences from the age of 25.  
2. Review biopsy rates between 2000 and 2014 and assess whether the introduction of HPV testing has led to an increased number of biopsies being taken and whether this has the translated into higher detection rates of high grade disease.

**Relevance:** Despite advances in screening, cervical cancer is the most common cancer in women under 35. Changes in national policy over the past decade have been controversial and holds importance for GPs in terms of understanding current protocol and effects on young women in the community.

**Methods:** This study was a retrospective audit using local data between 2000 and 2015. Rates of pre-invasive disease in 20-24 (pre 2004) and 25-29 year old women were compared, alongside biopsy rates in 25-29 year old women.

**Outcomes:**

1. Women under the current programme have more high grade disease than those screened from age 20.  
2. Overall biopsy rates have increased since HPV testing in 2012.  
3. Referral of borderline changes to colposcopy has increased by >5.5 times since 2012 with subsequent increases in number of biopsies but no increase in detection of high grade disease.

**Discussion:** Rate of high-grade disease is significantly higher among women who were not previously screened from the age of 20. Women with borderline changes are being needlessly biopsied.
069  An audit of cervical screening uptake and barriers towards it within primary care

Chloe Sherrington
University of Manchester Medical School

Aims: The aims of this audit were to analyse the level of cervical screening uptake at a GP practice and investigate reasons why patients choose not to attend a smear test. Also, to identify relationships between age and ethnicity and reasons for poor smear uptake.

Method: Retrospective analysis of practice records identified the number of eligible women that attended a smear test in the previous five years, as well as the number that did not attend. From the latter group 62 patients were contacted and asked to provide their main reason for absence. Age was recorded into two categories including 25-49 years and 50-65 years, alongside ethnicity.

Results: Records highlighted that 1011 women attended their smear test in the last five years. 290 patients had not attended smear tests in the last five years. From the sample of 62 patients 36 women (58.1%) were in the 25-49 age category. The main barrier to screening was “other commitments such as work and childcare” which was endorsed most frequently by both age groups. The 7 different ethnicities in the sample provided 9 barriers.

Conclusion: Results found that screening uptake at the practice is to a good standard. However there were limitations to this research such as lack of time to complete the full audit cycle. Recommendations to the practice were made, such as the introduction of evening clinics to increase screening opportunities. Overall this audit emphasised how alterations in clinical practice could improve smear uptake and the health and wellbeing of patients.

070  An audit and service evaluation: how, when and why do women present with metastatic breast cancer?
Patterns of presentation and demographic risk factors

Lucy Owen; Emma Smart
University of Leeds

Aims and objectives: To produce information resources for patients and GPs to raise awareness of metastatic breast cancer.

Content: We used quantitative data to clarify existing biological risk factors and explore further demographic lifestyle influences. We then carried out focus groups and used the qualitative data collected to ensure resources were designed with the target audiences in mind.

Relevance: Up to a third of patients diagnosed with breast cancer will present with distant metastasis, indicative of incurable disease. 50-60% of these will first present to their GP, yet diagnosis is often delayed given the vague nature of symptoms and a lack of patient awareness.

Outcomes: More aggressive tumours were associated with a shorter disease-free survival. Higher deprivation levels correlated with a higher grade cancer on initial diagnosis. 42% of patients first presented to their GP, 15% presented to A&E with a long symptom duration. GPs highlighted that within a 10 minute appointment it is not always possible to peruse the patient’s previous medical history and a previous cancer diagnosis can go unnoticed. Patients were often unaware of the potential for cancer to metastasise or what exactly this meant.

Discussion: Deprivation has been found to contribute to a shorter disease-free survival given that patients from this group are more likely to present with a higher grade cancer at diagnosis. Unacceptable delays remain apparent in the diagnosis of metastasis, however, with the introduction of information resources and encouraging GPs to use a simple alert system for highlighting previous cancer diagnoses, it is hoped that these will be reduced.

071  Audit of the two week urgent referral pathway for cancer - its usefulness in paediatrics

Grace Pike; Karnam Sugumar
Lancashire Teaching Hospitals

Objective: To evaluate the effectiveness of the two week referral pathway in detecting paediatric cancers and to evaluate the use of the pathway in terms of the appropriateness of referrals.
Design: Retrospective case notes review of all children referred via the pathway from April 2014 - March 2015 (inclusive) aged 0-15 and those aged 16 referred to paediatrics, those aged 0-18 referred 2010-2015 and finally how cancers were diagnosed for each of the 15 current (13.05.2015) paediatric oncology patients.

Setting: Paediatric department in Lancashire Teaching Hospitals in Lancashire.

Patients: 82 children aged 0-16, 15 current oncology and 525 referrals over the last 5 years (622).

Outcome measures: Whether children are being appropriately referred or not, according to the NICE CG27 guideline. Outcomes for children referred; from speciality seen by, to investigations done, to follow up or discharge, to diagnosis.

Results: Out of the 82 children referred in the past year, one had a malignancy. 86.6% were appropriately referred (under the CG27 guideline). 86.6% were seen within two weeks of referral, 62.2% were investigated and 60.98% were followed up or referred after the initial clinic appointment.

Conclusion: The two week referral pathway is currently not effective in picking up cancer in children. GPs seem to be referring via other means to get patients whom they suspect to have cancer seen by clinicians. The ever increasing number of (appropriate) referrals is putting pressure onto resources in secondary care. This will only increase following the publication of the updated NICE guideline (June 2015).

072 Improving early diagnosis of cancer in Cumbria general practices using RCGP audit and significant event analysis

Julie Owens; Cherryl Timothy-Antoine; Chrissie Hunt
NHS England

Content of presentation:

Results in 82 practices:
- Route of diagnosis: 2 ww; emergency presentation
- Lung, breast, prostate and colorectal cancers
- Time from first presentation to referral
- Visits to the practice before referral
- Analysis of avoidable delays.

Relevance/impact:

Improving the early diagnosis of cancer is a key target in Cumbria CCG’s cancer strategy. Most practices have fewer than 6,000 patients. It is more challenging when numbers are small to identify improvement in early referral. In 2010, the audit was piloted and in 2013 Cumbria CCG extended it to every practice in Cumbria, including in a three year local incentive scheme (LIS). The audit was modified to incorporate one SEA per 1,000 patients using the RCGP SEA template.

Outcomes:

Presentation of learning in avoidable delay between referral and diagnosis:
- Features of delayed referrals: clinical dilemmas; pathway and patient issues
- Innovation to improve pathways - eg. management of dipstick haematuria
- Comparison between cancer sites
- Good practice – examples of good clinical response to presenting symptoms.

Discussion: Completing the audit enables clinicians to identify delays in cancer pathways that could be amenable to improvement. It also identifies examples of good practice. Clinicians and practice staff will be invited to a series of locality-based educational events to learn from the audit and develop practice action plans using quantitative and qualitative reports to assist general practices to reduce delays in referrals for suspected cancer.

073 Are cancers being detected early and referred according to guidelines?

Kaitlin Mayne; Chris Johnstone; Ching-Wa Chung

University of Dundee

Aims/objectives:
1. Do patients have advanced disease at diagnosis?
2. Are GPs failing to recognise and respond early to cancers?
Content of presentation: This retrospective study included all patients of one GP practice who received a new cancer diagnosis between 1st May 2012 and 15th May 2014 (total = 47). Records were reviewed with focus on presenting complaint, stage at diagnosis, time to referral and priority of referral.

Relevance/impact: UK five year cancer survival is significantly lower than other European countries, which is attributed to advanced disease presentation. Media blame is often placed with GPs however evidence suggests GPs are recognising cancer quickly.

Outcomes:
Advanced disease: 18 patients had metastatic disease at diagnosis
Time to referral: 37 patients presented to GP, 26/37 were referred after one consultation
Nature of referral: 35 patients were referred by the GP (2 not referred, picked up via A&E) 25/35 marked urgent, of which 20 were marked suspected cancer.
Speed of recognition and referral varied by cancer type.
Possible delayed diagnosis of colorectal cancer in two cases due to suboptimal investigation of iron deficiency anaemia.

Discussion: The findings of this study suggest that media claims against GPs are unfounded as recognition and referral was generally appropriate. However, a significant proportion of patients presented with advanced disease (38%) and 21% of patients were diagnosed without presenting to GP, suggesting patient factors play a large role. Iron deficiency anaemia must always be investigated and GI cancer excluded.

074 Increasing bowel screening uptake in a rural practice setting on the Isle of Lewis

Kate Dixon; Christopher Mulholland
Rural Track Programme, Western Isles

Background: Bowel Cancer is Scotland’s third most common cancer, with almost 4,000 people diagnosed every year. The National Bowel Screening programme was introduced to detect early stage disease, preventing 150 deaths from bowel cancer every year.

Aim:
1. Find out bowel screening uptake within our practice population
2. Improve the uptake of bowel screening in our practice population

Standard: National target of 60%.

Method: We looked at the bowel screening data from April 2014 to April 2015 for Langabhat & Westside Medical Practice, Isle of Lewis. Data was pulled from EMIS using bowel screening codes: Non-responder (9Ow2), Normal (686A) and abnormal (686B).

Results (Cycle 1):
Total number of patients eligible for bowel screening: 577 patients
Responders: 349 = 60% response rate

Intervention: We tried to increase our local population bowel screening uptake by sending letters to non-responders. The letters aim was to advise patients about the importance of bowel screening.

Results (Cycle 2):
Number of patients who responded to letter: 22
Total number of patients screened over 12 months: 371
Total % patient uptake of bowel screening: 64%

Discussion:
• Bowel screening uptake increased to 64%, above the national target, following a letter prompting patients about the importance of bowel screening.
• Bowel screening kits have to be requested by the patient on a named patient basis, limiting our ability to opportunistically hand out and target patients.
• Future ideas to increase uptake include: Bowel Screening posters/leaflets in waiting areas and a link to the bowel screening website on our practice website.
075  A picture is worth a thousand words: advocating use of digital photography in suspected cases of malignant melanomas in primary care
Xuan Gleaves; Zhu Chuen Oong; Louise Allan; Niall Jordan
University of Manchester
The last 5 decades have seen the incidence of malignant melanoma rise more than five-fold in the UK; by 2011 there were 37 new diagnoses and 6 deaths daily. GPs are ideally placed to provide the accurate diagnosis and early referral that result in better outcomes through prevention of metastasis. 68% of diagnosed melanomas in secondary care were referred by GPs; such detection can be assisted through use of the ABCDE or Glasgow 7-point checklists.

An audit of suspected melanoma referral over a two-month period was conducted at a GP practice in the North West of England. Of eight referrals, one was confirmed as a malignant melanoma; this rate of 12.5% was in keeping with wider research findings of 11.8% of referrals from primary care being correct.

A secondary finding during the audit process was the observation that documentation of a lesion’s appearance was limited to text-based entries in the clinical records. An important diagnostic tool is the change in shape, size and colour of a lesion; recognising change can be difficult without a well-defined baseline appearance. This may be supplemented by recording a photograph of the baseline image. Furthermore photographs may be beneficial for medico-legal or educational purposes.

A literature review was undertaken to review the evidence base for the use of photography when assessing melanomas and it is proposed that adopting this will improve clinical practice.

076  MGUS patient pathway evaluation: a move towards primary care
Miriam Fahmy; Fenella Willis
St George’s Hospital, University of London
**Background:** Low risk Monoclonal Gammopathy of Unknown Significance (MGUS) patients can be monitored for their progression to multiple myeloma (MM) in the community. The aim of this audit was to determine how these patients were being followed up along a defined patient pathway following discharge from secondary care.

**Methods:** From 132 MGUS patients 52 were identified as low risk, under the care of 32 GPs at 29 practices within Wandsworth, Lambeth, and Merton CCG. Pathology reports were monitored to evaluate adequate patient monitoring. Questionnaires were sent out to evaluate the service delivery and areas of focus for improvement.

**Results:** 52 patients were assessed, with 45 adequately followed up after discharge with regards to ordering blood tests. The patients are discharged with a good understanding of their diagnosis and GPs are aware of warning symptoms to refer back to haematology. For points specified within the patient pathway, there are larger discrepancies. Outstanding areas include patients not being added to the flu vaccine list and the majority of patients failing to attend appointments with their log book, intended to empower the patient to take ownership for this diagnosis.

**Conclusions:** In order to roll this pilot out, tighter monitoring of the patient can be achieved by incorporating an electronic reminder onto the EMIS system for blood test orders and specific points in the patient pathway. A patient satisfaction survey would help to determine the significance of the patient log book.

077  Two weeks wait referral system for scrotal lumps and swellings; are we still overusing it?
Charief Raslan; Nathan Baguley; Magda Kujawa
Stepping Hill Hospital, Stockport
**Introduction:** Majority of scrotal swellings are benign. If the lump is within the body of the testis, there is a 90% chance that it is a testicular cancer. Therefore, an intra-testicular swelling mandates urgent urology referral using two weeks referral system pathway. The Department of Health Cancer Collaborative recommends that GPs should be able to identify whether the swelling is extra-testicular or intra-testicular.

**Objective:** The aim of this study is to review the content and accuracy of the two weeks wait referrals by GP for patients with scrotal swellings.
Method: A total of 59 patients referred from GP using two weeks wait referral pathway with suspected testicular tumour between January - December 2014. We compared the clinical findings of a GP physical examination to those findings of an urologist and ultrasound scan examination. Data were analysed using the Chi-squared test.

Results: 59 patients were included in the study with a mean age of 48. Of these, 12 (20.3%) patients were found to have testicular cancers. Where as, 47 (79.7%) patients were found to other have benign pathology. The initial examination findings of a GP and an urologist disagreed in 38 referrals (64.4%) and that was statistically significant with P value < 0.001. Ultrasound scan was performed in 49 patients and only 12 patients (20.3%) were confirmed to have testicular tumour.

Conclusion: More education and training would be beneficial in helping primary care physicians to identify whether the swelling is intra-testicular or extra-testicular. This would consequently optimised the use of fast track referral system.

078 Management of erectile dysfunction using the international index of erectile function (IIEF)
Chris Callow
Belgrave Medical Centre

Erectile dysfunction is a common yet complex presenting complaint which is often managed in primary care. It can have major ramifications for sufferers’ quality of life, and may be a presenting complaint of significant illnesses, for example diabetes mellitus.

The IIEF is an evidence-based decision tool which assists clinicians in management of erectile dysfunction. Local quality improvement frameworks for Belgrave Medical Centre advised using the IIEF in all men expressing concerns of erectile dysfunction. An audit of a random sample of 20 men with concerns of erectile dysfunction registered at the practice found no records of IIEF scores or influence on management. As a result men who had previously expressed concerns were invited back to the practice to complete an IIEF score and be offered any recommended alterations to their management plan.

Two IIEF clinics have been completed to date, with 9 attendees each. Of 18 men, 8 had alterations to their management as recommended by the IIEF. 4 of these eight had new prescriptions for sildenafil, 2 had further investigations, and 2 had referrals made. Of the 10 with no change, 8 were already receiving optimal therapy, and 2 had absolute contra-indications to treatment.

Although the IIEF should not replace a detailed history, it is a useful tool for assessing erectile dysfunction. The next step would be to re-audit those men who had a change in management to assess symptom improvement. The national institute of clinical excellence quotes a number needed to treat of 2 for PDE5 inhibitors.

079 Audit: management of hypertension in general practice - are we asking the right questions?
Rajiv Joshi
University of Sheffield

Background: Erectile dysfunction (ED) is common in middle-aged men with hypertension, with 40-65% suffering from the condition. ED remains under-diagnosed and under-treated. Patients are happy to discuss ED and sexual problems with doctors, but most want their doctor to broach the topic.

Aims: To ascertain the proportion of hypertensive male patients with a documented diagnosis of ED and to determine whether these patients have been asked about ED or sexual problems in the last 12 months.

Method: The notes of 40 hypertensive male patients at a medium-sized practice in Rotherham were randomly selected and analysed, to determine both whether they had a documented diagnosis of ED and if they had been asked about ED symptoms or other sexual problems in the last 12 months.

Results: 11 patients (27.5%) had a diagnosis of ED, a significantly lower proportion than the expected when compared to prevalence rates stated in the literature (proportion z test; p=0.003). 6 patients (15%) had been asked about ED, and none were asked about sexual problems in the last 12 months.

Discussion: Sexual problems including ED remain under-diagnosed and under-managed. Doctors should therefore be further encouraged to ask about ED and other sexual problems in hypertensive male patients. Effective management of these concerns, including appropriate questioning, would improve the quality of life for patients and their partner(s).
**080  Audit of prescription for new onset essential hypertension in Warwickshire**

*Stuart O'Connor; Thomas Reville; Priya Khemani; Paul White; Jeremy Dale*

*Warwick Medical School*

Hypertension is one of the most prevalent health conditions and is associated with significant morbidity and mortality. NICE guidance released in 2011 removed thiazide diuretics as first line treatment in those >55 years old, leaving calcium channel blockers the sole recommended first line drug in those without comorbid cardiovascular disease.

**Aims:** We audited hypertensive prescription across a 2 year period at four opportunistically identified practices across Warwickshire. The audit standard was set at 80%. To better understand variance in adherence to guidance across practices, we administered structured questionnaires to all GPs and analysed pre-guideline (2008-2010) prescriptions.

**Methods:** At all practices, electronic databases were used to identify patients >55 years old with new onset essential hypertension diagnosed between May 2012 - May 2014. Exclusion criteria included cardiovascular disease, diabetes, CKD and systolic-only-hypertension. Questionnaires assessed practice size, practice organisation and opinions on NICE guidance and its dissemination.

**Results:** We found marked variation in guideline adherence across practices with only two practices meeting the standard: 95% (20/21), 90% (48/56), 69% (9/13) and 67% (24/36). Practice organisational factors may explain performance variation with the two strongly performing practices having NICE update meetings or in-house prescribing reviews. Neither practice size, GP opinions nor pre-guideline prescription habits were associated with poorer performance.

**Discussion:** First line prescription for new diagnosis essential hypertension only met our audit standard in 50% of practices assessed. NICE meetings and prescription reviews are associated with stronger performance. We will recommend all practices implement such meetings/reviews and re-audit to assess the impact.

**081  Increasing anticoagulation in atrial fibrillation**

*Emma Craig; Kieran Dinwoodie*

*University of Glasgow*

**Background:** Atrial fibrillation (AF) is a leading cause of stroke. Despite this a substantial number of patients with AF are not on anticoagulation.

**Objectives:** To determine the anticoagulation eligibility of patients with known AF using CHA2DS2VASc and HAS-BLED scores plus audit reasons why anticoagulation had not been contraindicated.

**Methods:** A literature search on anticoagulation in AF including SIGN and NICE guidelines was conducted. The practice’s register of patients with AF was reviewed using CHA2DS2VASc and HAS-BLED scores. Eligible patients were those with CHA2DS2VASc score of >1 and HAS-BLED score <3. The reasons why patients were considered ineligible for treatment were also reviewed.

**Results:** Of the 118 patients on the register, 76 (64.4%) were anticoagulated with 42 (35.6%) not anticoagulated. CHA2DS2VASc and HAS-BLED scores demonstrated a further 31 patients could be eligible for anticoagulation giving a total eligibility as 107/118 (90.7%). 11 of the 107 patients were unsuitable for anticoagulation on medical grounds giving a total of 96/118 (81.3%) being suitable for anticoagulation. Other reasons for no anticoagulation included: Low CHADS score 7, Declined warfarin 6, adverse reaction to warfarin 2, DNAs from anticoagulation clinic 1, poor IV access 1, changed to aspirin 1, stopped for procedure but not restarted 1, Confusion 1.

**Conclusions:** This audit has demonstrated that using CHA2DS2VASc and HAS-BLED scoring on patients not on anticoagulation results in a substantial increase in eligibility for anticoagulation especially with the advent of NOAC therapy. The second cycle of the audit is ongoing and will be available for poster presentation.
082 Assessing whether patients with atrial fibrillation at risk of ischaemic stroke are receiving anticoagulation therapy: an audit in general practice

Joshua Taussig; Ronak Patel
Brighton and Sussex Medical School

Introduction: Atrial Fibrillation (AF) is a common condition in the elderly and one of the most significant risk factors for ischaemic stroke, which is one of the highest causes of worldwide mortality. Therefore it is important to understand why patients with AF may or may not be receiving optimum anticoagulation therapy in accordance with NICE recommendations.

Objectives: A retrospective audit was undertaken to identify the following:

- The number of patients with AF with CHADS2 scores ≥2, and how many of these were not receiving warfarin therapy.
- Why these patients were not receiving warfarin or alternative anticoagulation therapy.
- If there is no apparent reason why a patient is not receiving anticoagulation therapy, how can this be prevented?

Outcomes:

- Of the 143 patients with AF at this GP practice, 87 had CHADS2 scores ≥2, 35 of which were not receiving current warfarin therapy.
- Of these, 30 patients had clear reasons as to why they were not receiving warfarin therapy, 5 patients did not.
- Patients with CHADS2 scores indicating them to be at risk of stroke should be identified as soon as possible after their AF diagnosis, enabling discussion about anticoagulation to take place.

Discussion: This audit identified a group of patients with AF not already on warfarin but who should be, and therefore represent a therapeutic target group to whom anticoagulation therapy should be offered. This subject is of particular relevance because it will be part of next year’s Quality and Outcomes Framework (QOF) programme.

083 Antithrombotic therapy in AF: exception coding and aspirin monotherapy

Jonah Fox
Whittington Hospital, London

Aims and objectives: The aim was to assess compliance with local guidelines for antithrombotic therapy in atrial fibrillation (AF) in a small general practice. The guidelines were those from the Peninsula Heart and Stroke Network.

Content: 163 randomly selected patients from the AF register were selected. Overall compliance was 87.3%. However, the interesting parts of the audit were twofold. Firstly, of the 34 exception coded patients, 8 were coded because they were in sinus rhythm, and 7 because of a falls risk. Furthermore 28 patients (19 of which had been exception coded) were on aspirin monotherapy. Between audit and re-audit, NICE guidance changed so that aspirin monotherapy was advised to no longer have a place in the management of AF, a recommendation also shared by local guidelines.

Outcomes: A teaching session was held that highlighted patients who were non-compliant with local guidelines and discussed the reasons behind exception coding. Furthermore, the benefits of aspirin monotherapy were also discussed. Results were re-audited 4 months later. 7 of the 8 patients in 'sinus rhythm' were to receive yearly pulse checks. 3 patients who had not been exception coded were started on warfarin increasing compliance to 89.8%.

Relevance and impact: This audit highlights two things. Firstly that a number of people are exception coded for non-evidence based reasons. Secondly that a significant number of people were on aspirin monotherapy that would have made them compliant with nationally recognised NICE targets, but not of newer guidelines.
084 Managing the risk of cardiovascular disease in patients with chronic kidney disease in primary care

Amar Jessel; Pramit Patel

Surrey & Sussex NHS Trust

Introduction: Chronic Kidney Disease (CKD) has become a growing burden to the NHS. Studies have shown the prevalence of CKD stage 3-5 is around 8.2%. Despite this, patient’s knowledge and awareness of the condition is limited. CKD is recognised to be an independent risk factor in the development of Cardiovascular Disease (CVD), largely as a result of dyslipidaemia. NICE have therefore concluded that patients with CKD should be commenced on lipid lowering therapy (Atorvastatin 20mg), regardless of the stage of CKD. A Cochrane study of statin therapy in CKD patients demonstrates a reduction in all-cause mortality, cardiovascular deaths and CVD.

Methods: The audit was carried out at a General Practice with 12,703 patients. A subset of at-risk patients was generated using EMISweb and a letter was sent to discuss their condition and offer them the opportunity to explore lipid-lowering therapy further. Appointments were made and medication was commenced following patient agreement. Those who had not responded were contacted once further by telephone.

Results: 354(3%) patients were found to have a coded diagnosis of CKD 3 at the practice, however 92 patients fit the requirements of the search string. Of these, 50(54%) patients were on lipid-lowering therapy already. Following the intervention, the percentage of patients on lipid-lowering therapy rose from 54 to 72.

Discussion: Given its complexity, CKD tended to historically be managed in specialist settings. However, more responsibility has been passed to primary care, thus highlighting the importance of awareness of the condition for both patients and healthcare professionals.

085 Monitoring renal function in patients on ticagrelor

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NHS Greater Glasgow & Clyde

Background: The BNF recommends checking renal function within one month of commencing ticagrelor as serum creatinine levels may rise. It was felt that there was little awareness of this, prompting a practice audit.

Design: A practice system search was performed for patients who had commenced ticagrelor within the past year, producing 8 patients eligible for inclusion (one patient excluded as no clear date of commencing ticagrelor). We looked at whether they had had their renal function checked within one month of commencing ticagrelor.

Findings: The results are shown in a pie-chart. Only 38% of the eligible cohort’s renal function had been checked within one month. No patients renal function changed significantly

Next steps:

• Anecdotally there was low awareness of the recommendation to check renal function within one month of commencing ticagrelor.
• At a practice meeting we agreed to start a system, when signing ticagrelor prescriptions, of checking if patients have had their renal function monitored since commencing ticagrelor. If they have not, they will be invited for a U&Es check.
• One hypothesis proposed for the low renal function monitoring is that patients were not being advised by secondary care initiating ticagrelor to have their U&Es checked. As a result the Lead Prescribing Adviser is working with cardiologists to design a shared care-protocol for patients being discharged from hospital on ticagrelor.
• Clinicians prescribing ticagrelor should be aware of the recommendation to monitor renal function within one month of commencing ticagrelor therapy.

086 Blood pressure control and management of patients on the chronic kidney disease register: a primary care audit

Estelle How Hong; Arun Mohindra

University of Manchester

Objective: To evaluate the blood pressure control and anti-hypertensive treatment amongst patients on the Chronic Kidney Disease (CKD) register in the practice. Three criteria were used based on the NICE (National Institute for Health and Care Excellence) guidelines on CKD:
A.Recent (within 12 months) blood pressure reading must be 140/85mmHg or less.
B. Patients with diagnosed hypertension should be offered the choice of anti-hypertensive treatment and
C. Eligible patients should be offered angiotensin-converting-enzyme (ACE) inhibitors/Angiotensin II Receptor
  Blockers (ARBs) unless contra-indicated. Audit standards for the criteria were 80%, 100% and 85% respectively.
Method: Patient data was collected from the EMIS Web System on the 23rd, 24th and 26th of January 2014. Of
the 6617 registered patients in the practice, the CKD register with clinical code CKD001 contained 161 patients
aged 18 or over with CKD varying from Stage 3 to 5.
Relevance: CKD is becoming an alarming public health problem, independently associated with increased risk of
cardiovascular disease and end-stage renal failure. Blood pressure control and management have been of central
importance in CKD to slow down the rate of decline of renal function. With that in mind, QOF (Quality and Outcomes Framework) scores for CKD have been allocated to GPs to aim for a better care.
Outcomes: 41.0%, 96% and 68.4% eligible patients reached criteria A, B and C respectively.
Discussion: Audits standards were not met by GPs. Some recommendations are to check eligibility of patients for
each QOF, sending reminders for regular check-ups and having nurse-led education intervention.

087 Improving the management of post bariatric surgery patients in primary care: a complete audit cycle
leading to production of nationally recognised guidance and an audit toolkit
Clare Nwosu; Emily Coombes; Kit Chung; Carly Hughes; Rachel Pryke; Helen Parretti
Vauxhall Primary Health Care, Liverpool

Aims: To demonstrate the results of a complete audit cycle in a general practice. To discuss how this experience triggered the development of nationally recognized guidance endorsed by RCGP and RCN. To describe the audit toolkit in detail.

Content: The results of the audit cycle will be presented with explanation of how the audit was completed and how this facilitated change in practice. The audit toolkit will demonstrate how practitioners can improve patient care through use of this toolkit.

Relevance: The number of patients having bariatric surgery is increasing. This cohort of patients requires life long monitoring after surgery. NICE guidance advises that primary care has a shared care role in the long-term management of these patients.

Outcomes: Our original audit improved care at a local level. Initially none of our patients had all relevant bloods taken, after our intervention 86% had all appropriate bloods taken. 55% of these patients required a medical intervention based on their blood results. This audit led to the development of nationally recognized guidance, plus an audit toolkit to support primary care clinicians in improving the management of these patients.

Discussion: The number of patients requiring care following bariatric surgery will increase. Our work demonstrates how an audit at a local level can contribute to the process of changing practice nationally to improve patient care.

088 Audit assessing lifestyle interventions, within primary care, for young overweight adults
Ella Gardner
University of Birmingham

Aims: To assess whether healthcare practitioners, in general practice, follow two NICE recommendations for the prevention of obesity in overweight patients.

Methodology: An audit search was created to select for overweight adults aged 18-25. In total 69 patients were identified with a mean BMI of 27.2. The identified patients’ notes were searched for evidence of dietary or exercise interventions carried out by healthcare professionals.

Relevance: Obesity can lead to type 2 Diabetes, cardiovascular disease, hypertension 1 and certain cancers that also affects survival rates 2. Therefore preventing obesity in young adults will hopefully lead to a reduction of these diseases in the future.

Outcomes: There was no evidence of lifestyle advice documented in 73.9% of patients’ notes. Diet and exercise advice had been given to 13% of patients. Just 5.8% of patients had been referred to weight management or a dietician.
**Recommendations:** Every time a patient has their BMI measured and they are overweight the health care professional should inform them in a non-judgemental way that they are overweight and then raise the issue of weight loss in a respectful way. There should be lifestyle and weight management available within primary care for every overweight patient.

**Discussion:** It can be difficult to talk about weight loss if a patient is not concerned about it especially if they are borderline overweight. Currently there is a lack of robust evidence of interventions that help young adults keep within the normal BMI range in the long term.

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**089 Dyspepsia and PPIs: improving outcomes and saving money**

**Iain Murphy**  
**University of Manchester**

NICE Guidelines on dyspepsia management recommend proton pump inhibitor (PPI) treatment for 4 weeks, Helicobacter pylori testing, and stepping down PPI therapy to the lowest required dose. This audit aimed to determine whether GPs at a practice in Manchester were adhering to NICE guidance on the management of dyspepsia and proton pump inhibitor prescribing. Adherence to this guidance would benefit patients by minimising unnecessary regular medications and reducing further dyspepsia, and would benefit GP practices by saving money on PPI prescriptions.

Data was collected through EMIS patient search, on patients prescribed a new course of a PPI over a 6 month period. A random sample of 26 was taken from a total of 211 patients. Patient records were checked for evidence of H. pylori testing, timely follow up after PPI treatment, and a trial of a lower dose course of PPI. 4 patients were excluded from the results. 27.3% (6/22) of patients had evidence of H. pylori testing, 27.3% (6/22) were followed up between 1 and 8 weeks after the first dyspepsia consultation, and 53.8% (7/13) receiving a second course of PPI were trialled on a lower dose. In conclusion, GPs in the practice were not fully adhering to NICE Guidelines. This could be improved through stricter H. pylori testing, patient follow-up and step-down treatment trials, which would lead to better patient satisfaction and financial savings for GP practices.

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**090 The use of the Alvarado score as a referral indicator in patients with suspected acute appendicitis in the primary care setting**

**Lawen Karim; Imran Ahmed**  
**High Street Surgery, Macclesfield**

**Introduction:** The Alvarado score (AS) is a cheap and quick diagnostic tool in predicting the likelihood of acute appendicitis in patients. Not only is it useful for surgical trainees as a guide for quick escalation, it has also been proven to be effective for non-surgical doctors as an indicator for referral.

**Aims:**
- To assess whether a local GP practice is using the Alvarado score for suspected acute appendicitis.
- To Introduce the Alvarado Score for suspected acute appendicitis.

**Methodology:** EMIS search using the following clinical codes; RIF pain, acute appendicitis, Lower abdominal pain, abdominal pain, abdominal discomfort, appendectomy. The study period was from 23/09/2013-23/09/2014.

**Results:** 79 patients were identified and 0% has an Alvarado Score documented.

**Action plan:**
- Results were presented to the practice.
- Leaflets containing the Alvarado Score were placed in every room.
- Re-audit in 2 months.

**Re-audit:** The study period was from 24/09/14-20/11/14. An identical EMIS search was conducted in terms of clinical coding.

**Re-audit results:** 9 patients were identified. 2 (22%) patients had an Alvarado score recorded.

**Conclusion:**
- The audit has demonstrated a change in practice.
- However the compliance rate in the re-audit was only 29%
**Evaluation:** Based on these results the practice is currently developing an EMIS Alvarado score template which will appear when a clinical code relating to acute appendicitis is selected.

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**091**  
**An audit of compliance with the British Committee for Standards in Haematology (BCSH) guidelines for the prevention of infection in patients with an absent spleen**  
Caroline Blake; Jonathan Lye; Natalie Carroll  
University of Warwick Medical School  

Pneumococcal infection in splenectomised patients is associated with high morbidity and mortality. Previous research indicates only 53% of splenectomised patients are receiving appropriate prophylaxis to prevent infection. This audit reviewed general practice compliance with the BCSH guidelines for care of splenectomised patients.  

3 GP practices were chosen according medical student placement. Splenectomised patients were identified from the patient records, and each patient’s record was screened for: home screen alerts to highlight infection risk; alerts for pneumococcal (PPV) and influenza immunisation; up-to-date vaccination status for PPV and influenza and status of prophylactic anti-pneumococcus antibiotic prescription.  

23 patients who had undergone splenectomy were identified across all 3 practices (<0.1% of 19,606 practice population). Compliance with the BCSH guidelines varied across the practices. Pooled results showed home screen alerts for infection risk, PPV and influenza vaccination status were present in 56.5%, 4.4% and 100% respectively. 43.5% of patients had an up-to-date PPV, 65.2% had an up-to-date influenza vaccination and 65.2% were receiving antibiotic prophylaxis. These results indicate that a significant proportion of splenectomised patients are receiving inadequate prophylaxis and therefore continue to be at higher risk for infection. This may be due to GP lack of awareness of the guidelines, in particular in relation to the PPV which is required to be given 5-yearly in splenectomised patients, in contrast to the one-off vaccine for the general population. Clinician education and automatic vaccination recalls could improve compliance. A national database would empower patients to manage their own health needs inline with the latest guidance.

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**092**  
**Corticosteroid injections for trochanteric bursitis in general practice**  
Rukhtam Saqib; Mark Gallagher  
Stepping Hill Hospital, Stockport  

**Introduction:** Trochanteric bursitis is common in general practice with an annual incidence of 1.8/1000. Cohen 2009 showed no difference in outcome between guided and unguided corticosteroid injection. We aim to assess outcomes of corticosteroid injections for trochanteric bursitis in our practice for pain relief and compare to published data.  

**Methods:** EMIS was searched for code ‘trochanteric bursitis’ from January 2008 until June 2015. The side, date, gender, agent and any further injections were noted. The mean, median and range time period for patients who required repeat injections were calculated.  

**Results:** 141 patients were identified. Of these 39 had injections, 6 had in both hips totalling case number of 39. Mean age was 69 years with a range of 22-99 years. 35/39 were females, 4 males. 26/39 were left sided and 13/39 right. 25/39 required 1 injection for pain relief, 10 required two injections and 4 required 3 injections. The mean time between 1st and 2nd injection was 7.59 months with a range of 1.25-32.08 months. The mean time between 2nd and 3rd injection was 8.38 months with a range of 4.88-13.88 months. The mean time between 1st and 3rd injection was 14.33 months and range of 9.3-19.65 months.  

**Conclusion:** A large proportion did not require injection treatment. Pain relief was achieved with 64% of patients only requiring 1 injection, in line with published studies. Those that did require repeat injections benefited from pain relief in between. We have established a minimum time period of 3 months between repeat injections.
093 Chronic rheumatoid arthritis management in primary care: a re-audit
Kabir Sandhu; Amrita Mankia; Param Jeet Sandhu
London North West Healthcare NHS Trust

Introduction: An audit of the management of rheumatoid arthritis (RA) at Hammond Road Surgery was undertaken in November 2014. Findings were presented at the 2015 British Society for Rheumatology conference. The practice prevalence of 0.61% was lower than the 1% national average. The practice adhered poorly to vaccinations and depression screening, as per NICE guidelines. A re-audit was undertaken 6 months later in May 2015.

Methods: The same auditing method was adopted. The criteria were RA patients receiving: annual review; CVD assessment and reduction interventions; depression screening; fracture risk assessment; annual vaccinations. Following initial audit, the recommendation was to incorporate vaccinations and depression screening into annual review, already containing CVD and fracture risk assessment. We flagged-up and labelled patients using QOF indicators on SystmOne, and contacted patients not reviewed in the previous 6 months.

Results: 30 patients were eligible with a practice prevalence of 0.63% (n=4,820). The patients meeting each criterion were: annual review (n=29; 96.7%); CVD assessment (n=28; 93.3%); CVD reduction interventions (n=25; 83.3%); fracture risk assessment (n=26; 86.6%); vaccinations (n=29; 93.3%); depression screen (n=28; 93.3%). The re-audit indicates an improvement across all parameters, particularly depression screening which increased from 25.8%.

Discussion: Incorporating vaccination administration and depression screening into annual review has improved RA management. All patients were found using QOF indicators due to improved labelling implemented following initial audit. The primary recommendation is to improve disease detection, aiming for >1% community prevalence. Future patients will be reviewed at diagnosis and at regular intervals hitherto, as outlined by NICE.

094 Audit of the management of rheumatoid arthritis in primary care
Philip Broadhurst; Robin Davies
University Of Liverpool Medical School

Background: Rheumatoid Arthritis (RA) is a chronic inflammatory disease, mainly affecting small synovial joints of the body. In 2013-2014, RA became part of Quality and Outcomes Framework (QOF) with patients being offered an annual review. With over 400,000 sufferers in the United Kingdom, this clinical audit focuses on content of the annual review and safety of drug monitoring for patients taking disease-modifying anti-rheumatic drugs and biologic therapies.

Aims: This audit was performed to assess if the management of patients with RA was in line with recommendations made in NICE and British Society for Rheumatology/British Healthcare Professionals in Rheumatology.

Method: Standard criteria were devised following review of the above named guidelines. EMIS Web was used to identify patients with active RA (n=40) and retrospective descriptive analysis was performed to scrutinise patient care against the outlined criteria.

Results: The criteria of regular drug monitoring was met at 100%. Percentage of patients invited for an annual review was only 60% but the audit was conducted during November 2014, with months remaining of the current QOF year. Of those who had their annual review, only the percentage of QRISK calculations met the standard of 90%. Depression screening was performed the least, included in only 17% of annual reviews.

Conclusion: The recommendations that followed stress the importance of a practice following the same template. It was found that the current GP contract+ does not include depression screen. It may be prudent to develop templates which assess patient mood, especially in patients suffering with chronic disease.

095 Depression and rheumatoid arthritis (RA) in the primary care setting
Suthan Thangarajah
NHS Health Education East of England

Aims/objectives: To identify patients diagnosed with RA and ascertain whether their mood had been screened in accordance to the 2009 NICE guidelines. To devise and implement interventions to enhance the quality of holistic


Improving GP referrals to secondary care psychiatric services: a study of GP referral letters

Rachel Lakemond

Luton GP Speciality Training Program

This study reviewed the content of GP referral letters received when referring patients to secondary care psychiatric services. The aim was to determine the most common reasons for referral, the outcomes of the referral letters, and if appropriate and adequate information was detailed in the referral letter. The content of the referral letter is important in determining the outcome of the referral and urgency of appointment. All referrals received in the month of February 2015 (128 new referrals) were analysed. The results showed 75.8% of new referrals were received from GPs. There was significant variability in the reasons for referral, outcomes of the referral letters and the content of GP referral letters. 17% of GP referral letters received did not have any indication for assessment in secondary care psychiatric services. Valuable information regarding the patient’s mental and physical health is not included in the majority of referral letters. The results of the study can be used to inform GPs of the outcome of their referral, and develop guidance or a proforma for GP referral letters. This should enhance the patient’s experience in secondary care psychiatric services, improve efficiency of the referral process and make the best use of limited available resources.

Audit of blood monitoring for anti-epilepsy medication

Sanaa Ismail; Richard Hackett

Salford Royal NHS Foundation Trust

Background: NICE guidelines recommend that adults taking enzyme-inducing drugs should have FBC, electrolytes, liver enzymes, vitamin D and other tests of bone metabolism performed every 2 to 5 years. Trust criteria in one hospital is that all patients taking enzyme-inducing drugs attending the epilepsy clinic should have the above checked every 2 years.

Aims: An audit carried out at this hospital in April 2013 found that relevant blood tests were not performed in half of patients. Further, none had Vitamin D levels tested in the preceding 2 years. This resulted in presentation of these findings to the department and prompt messages on the electronic record system. A re-audit in December 2013 assessed the impact of these measures.

Method: Clinic letters from October to November 2013 were analysed to identify patients. The Trust electronic results system was used to check if relevant blood tests had been performed. GP practices were contacted to investigate untested patients.

Results: All blood tests apart from LFTs were checked more frequently at the time of re-audit. When local GPs were contacted it was found that many patients had the relevant blood tests on request of their GPs.

Care in RA patients, before re-audit. Patient experiences and NICE guideline compliance will improve, following quality improvement interventions.

Content: The medical records of all 68 patients on the RA register were screened to measure whether their mood had been assessed. Records were studied in order to compare current practice with NICE guidelines. The findings were analysed and presented at a multidisciplinary team meeting, where quality improvement interventions were agreed for implementation, before re-auditing guideline compliance.

Relevance/impact: Depression has a significant prevalence in RA and is associated with poorer outcomes including reduced quality of life. Primary care services can provide optimal care of RA patients by the detection and management of depression.

Outcomes: 59 patients with RA (75%) were identified as not having their mood screened in accordance to NICE guidelines. 9 patients (13%) had a current or previous mental health diagnosis. 5 of the 68 patients (7%) were on anti-depressant medications.

Discussion: Following the results it is clear that primary care physicians should be alert to possible depression in patients with a chronic physical health problem such as RA. NICE guidelines have suggested the use of two screening questions to identify those at risk and a further possible three questions to improve accuracy of the screening.
**Conclusion:** Implementation of the above measures improved compliance with Trust guidelines. Liaising with GPs ensures coordination in adhering to national guidelines and can prevent unnecessary replication of blood tests. This will impact positively on cost effectiveness and patients’ experience. A shared IT system for pathology results overlapping between primary and secondary care could pose an effective mechanism for this.

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**098 Management of diabetic women of childbearing age in primary care**

*Charlotte Webb; Emer Forde*

*Poole Town Surgery, Dorset*

**Introduction and aims:** To evaluate the management of diabetic women of child-bearing age within two practices based on guidance recently updated by the National Institute of Clinical Excellence (NICE) as a gold standard; focusing on contraceptive options, optimising diabetic control prior to conception and avoidance of potentially teratogenic medications.

**Methods:** All female type 1 and type 2 diabetic patients aged 12-55 were included as potentially fertile from the practice lists of 2 surgeries; total list size 6500.

**Results:** Of 34 potentially fertile women; exclusions of documented hysterectomy or menopause were made leaving 28 patients. HbA1c range was 36-117mmol/mol; 22 out of 28 had a value above 48mmol/mol, including 6 women above 86mmol/mol who would be strongly advised not to conceive under NICE guidance. 8 women were documented to be using a contraceptive other than barrier methods. Of the remaining 20, 15 out of 20 (75%) were prescribed potentially teratogenic medications.

**Conclusion:** This study highlights the importance of having robust systems for managing contraception and pre-pregnancy care in diabetic women. Our diabetic template now includes sections for discussing contraceptive options, planning for pregnancy, folic acid, and teratogenic medications. This is in combination with early referral to pre-natal advice clinics in secondary care when women are considering pregnancy.

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**099 How can we improve diagnosis and management of pre-diabetes in primary care? A complete audit.**

*Clare Nwosu; Claire Swift*

*Heatherlands Medical Centre, Wirral*

**Aims:**
- To identify all patients with pre-diabetes in our practice; and to improve coding.
- To implement a template for pre-diabetes management and follow up to be used by practice nurses in pre-diabetes reviews.
- To improve the knowledge regarding pre-diabetes diagnosis and management among our practice workforce.
- To re audit the care of our patients with pre-diabetes following the above changes.

**Impact:** Research has shown the prevalence of pre-diabetes is increasing. Evidence suggests that treating pre-diabetes reduces the risk of progression to type II diabetes mellitus. National Institute of Clinical Excellence guidance suggests GPs should actively manage pre-diabetes. We have shown a simple complete audit of how we have improved pre-diabetes care in our practice.

**Outcome:** A retrospective critical appraisal of the literature was completed. An initial audit of pre-diabetic level HBA1c results showed the majority of patients had not been coded correctly and had not had relevant interventions and follow up. An education session for GPs and nurses was arranged and a template constructed for pre-diabetes reviews. After re audit coding of pre-diabetes had improved. The number of patients receiving lifestyle advice and follow up had increased.

**Discussion:** Identifying and managing pre-diabetes in primary care is important. Our simple audit demonstrates how at a local level diagnosis and management of pre-diabetes can be improved.
100 An audit exploring appropriate follow-up for non-diabetic patients with a raised HbA1c
Katherine Lattey; Paula Mcdonald; Diana Majeed
Brighton and Sussex Medical School

Introduction: Pre-diabetes is an important clinical state to recognise in patients, to enable interventions to be
instigated, potentially delaying the development of type 2 diabetes mellitus (T2DM). Therefore, how patients are
investigated for T2DM is an important clinical topic.

Methods: A retrospective audit was performed to examine the management of non-diabetic patients with a
raised HbA1c above 6.2% in the previous 12 months at a multi-centre practice with approximately 15,500
patients. A standard was set of 100% of patients being further investigated with a fasting blood glucose (FBG).
Patients found to have suboptimal management were contacted by letter asking them to book appropriate
investigations. Follow-up was performed six weeks later to analyse the impact. The reasons underlying potential
areas of weakness in clinical practice were evaluated, and the audit was utilised as a teaching tool for third year
medical students, enhancing the recommendations generated.

Results: 9 individuals, out of 37 patients with a HbA1c >6.2%, had had no further investigation and three patients
gone on to have an FBG but lacked appropriate follow-up. The audit had significant impact, including 2
patients being diagnosed with T2DM. 8 recommendations have been generated, regarding practice systems,
assertive outreach to vulnerable patients, patient information and appropriate re-auditing.

Conclusion: Areas of weakness were found in the practice system regarding follow-up of patients who did not
immediately respond. To overcome this, a multi-faceted approach is required, demonstrated in the
recommendations created which are under consideration by the practice and may be of relevance to others.

101 Quantity of patient contact with a paediatric diabetes service - is there correlation with HbA1c?
Gemma Bustin; Julia Nicholson
Warrington and Halton Hospitals NHS Trust

Objectives: Best practice tariff guidelines recommend that paediatric patients with diabetes should have a
minimum of four MDT clinic appointments, and eight additional contacts with the diabetes service per year. This
audit compares performance in a DGH against these recommendations. It seeks to determine whether there is a
correlation between amount of contact with the service and average HbA1c level.

Methods: Analysis of a database recording contacts between April 2014 and March 2015 (total of 159 children).

Results: Of the 159 patients, 21 (13%) were newly diagnosed, 19 (12%) were transitioning to adult services, and
one had care shared with another hospital. These were analysed separately. For the remaining children, median
total number of contacts per year was 23. The median number of MDT contacts was four per year, and of
additional contacts was 18.5 per year. 93% of patients were offered at least four MDT appointments per year,
100% received at least eight additional contacts, and 100% had at least 12 contacts in total. Median HbA1c was
61mmol/mol. 35% had HbA1c <58mmol/mol (i.e. good control). There was no correlation between median HbA1c
and total number of contacts per year (P=0.18).

Conclusions/recommendations: Compliance with best practice tariff guidelines was achieved in the majority of
cases, although 7% were offered less than four MDT clinic appointments per year. There was no correlation
between average HbA1c level and number of contacts. More comprehensive routine data collection will allow
further analysis of the contacts taking place to ensure quality as well as quantity.

102 Evaluating the use of sitagliptin in treating patients with type 2 diabetes mellitus according to NICE
guidelines in primary care
Ruby Nainan
University of Nottingham

Aim: This audit investigated whether sitagliptin is managed correctly in patients with type II diabetes mellitus, as
directed by NICE guidelines. Clinical guideline 87 states that sitagliptin should only be continued in patients who
achieve a reduction in HbA1c levels of at least 0.5% over 6 months after initiation. HbA1c levels should be
measured before and after the 6 month period and should be managed correctly as per guidelines at the 6 month
review. The standards were 90% and 80% respectively.
Content: The poster will outline the audit, illustrate whether the GP surgery follows sitagliptin guidelines and suggest improvements.

Relevance: Diabetes is a growing disease amongst the population. This chronic condition is expensive to treat and manage, accounting for 10% of the annual NHS budget. Pharmacological management is important and as sitagliptin, a DPP-4 inhibitor has recently been introduced into primary care, it is important to evaluate if it is being prescribed correctly.

Results: 9 patients were analysed. 100% patients had their HbA1c levels measured before and 6 months after sitagliptin initiation. 5 patients (56%) were managed correctly; 4 were continued on the drug as they achieved a reduction in their HbA1c level of at least 0.5% and 1 had their prescription discontinued as they experienced an increase in their HbA1c level.

Discussion: The results indicate that guidelines are not being met. Therefore awareness must be increased regarding diabetic medication management. Similarly documenting the reason for sitagliptin discontinuation or continuation after the 6 month period should be encouraged.

103 Multidisciplinary team approach to diabetic patients at general outpatient clinic

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NTWC Hospital Authority, Hong Kong

Introduction: Diabetes mellitus (DM) is one of the most common chronic disease encountered at general outpatient clinics (GOPCs). Significant reduction of mortality and morbidity can be achieved with optimal control. Our clinic is the first health centre in our city based on primary care development strategy where patients receive comprehensive primary care services by multidisciplinary professionals in the community.

Objectives: The study evaluated the impact of multidisciplinary team service in improving the management of DM patients seen at GOPC.

Method: In addition to regular follow-ups by the managing doctor, patients enrolled under our multidisciplinary service will have appointment with dietician, physiotherapist, occupational therapist, optometrist, podiatrist and nurses to provide education and monitoring of their condition and risk factors. The doctor in-charge will have monthly performance review meetings with clinic doctors to provide feedback and action plan for patients who are poor controlled.

Outcomes: DM patients enrolled under our multidisciplinary service during 2013-14 and 2014-15 were compared in this audit. The percentage of patients having optimal blood pressure, HbA1c and low-density-lipid(LDL) were: BP(<130/80mmHg) 44% vs 56%, HbA1c(<7%) 45.9% vs 52% and LDL(<2.6mmol/L) 55.6% vs 58.1% respectively (p<0.05).

Discussion: Multidisciplinary care approach is a useful strategy for GOPCs to optimise diabetic patient care by providing knowledge and closer monitoring for our patients as well as offering opportunity for individual feedback and support for clinic doctors.

104 Influenza vaccine uptake within the diabetic and chronic obstructive pulmonary disease registers: a primary care audit

Jana Lim; Estelle How Hong

University of Manchester

Objective: To audit the flu vaccine uptake amongst the patients on the Diabetic and COPD registers, compare both results and provide recommendations for the practice. The audit standards are 95% and 97% respectively. These are according to the QOF score indicators.

Content: A total of 239 and 501 patients were found on the diabetic and COPD registers from the practice respectively. Clinical codes specific to the practice were used to perform the search on Emis Web System. The patients were grouped into those who ‘received the flu vaccine’, did not receive the flu vaccine’ and ‘declined the flu vaccine’.

Relevance: The influenza vaccination is offered to two important groups of patients; those who suffer from Chronic Pulmonary Obstructive Disease (COPD) and Diabetes Mellitus Type I and II. These patients are offered
free annual influenza vaccines by the National Health Service (NHS). GPs have allocated Quality of Outcome Framework (QOF) scores for these two groups of patients receiving the influenza vaccine.
Outcomes: The GP did not meet the QOF scores for both registers. From the diabetic patient register 72% received the flu vaccine whereas only 34% of patients on the register received the influenza vaccine.
Discussion: The audit standards were not met by the GP. Some recommendations are to increase patient reminders in the form of letter or mobile texts, booking of flu vaccine appointments during follow-up appointments and another round of reminders before the QOF evaluation.

105 Seasonal influenza vaccination uptake among targeted population - a primary care audit
Joo Enn Ooi
University of Manchester

Aims: To determine the 2013/14 seasonal influenza vaccination uptake rate in a targeted population - patients aged 65 and over, patients under 65 years with underlying medical conditions, pregnant women and children aged 2 and 3 years in a primary care setting in comparison with national targets(75%).

Content: Data was collected from EMIS_Web's vaccination record for all patients eligible for influenza vaccination during winter 2013/14. The patients in different clinical risk groups and age groups were identified through Read Code searches from EMIS Library. A total of 736 patients aged 65 and over (Category_1), and 1146 patients aged under 65 years in clinical risk groups including pregnant women and children aged 2 and 3 years (Category_2) were included.

Relevance: Influenza is a major cause of morbidity and mortality in the UK. Influenza vaccination is the most effective intervention to at risk groups against infection. The Department of Health England recommends that people at risk of influenza infection should be offered influenza vaccination at the beginning of each winter.

Outcomes: The 2013/14 influenza vaccination uptake in Category 1 and Category 2 were 75% and 60%, respectively.

Discussion: The uptake in Category 1 reaches the national standard however the uptake rate in Category 2 was lower than the standard. Possible strategies to increase the uptake of seasonal influenza vaccination uptake include improved invite and recall measures (eg. personal invites in the patient’s first language or email/SMS reminders) and patient education as to the benefits of vaccination and dispelling any myths that may exist.

106 Occupational asthma in primary care
Andrew Gill
Earby Surgery, Lancashire

Occupational asthma accounts for up to 15% of adult-onset asthma and recurrence of asthma in adulthood. The prognosis in occupational asthma is better if those diagnosed are removed from the exposure. British guidelines on the management of asthma suggest that adults with new onset/recurrence of asthma should be asked about their job and the materials they work with. If occupational asthma is suspected, serial peak flows should be obtained. If symptoms improve when patients are away from work they should be referred to an occupational or respiratory physician.

After agreeing a standard, a 5-year retrospective notes search identified 29 adult patients out of a practice of 8000 with new onset/recurrence of asthma. The median age of these patients was 51. Only 10% had their job documented in the primary care record and none had any material exposure or serial peak flows documented. Seven patients were referred to a respiratory physician, none to an occupational physician. No patients were specifically moved away from any exposure.
An audit feedback cycle and an educational session subsequently occurred and a section on occupation and exposures built into the asthma review template within the practice. Identifying occupational asthma early could improve the prognosis of patients and save the NHS some of the estimated £100 million per year costs associated with the condition. This important part of asthma diagnosis will be re-audited in 5-years to ascertain the success of this intervention.
107  An audit of smoking cessation advice given to COPD patients in general practice
Laura Midgley
East and North Hertfordshire NHS Trust

Aim: To audit what percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) had ever been given smoking cessation advice from a Manchester based GP surgery.

Relevance: In the UK there are approximately 900,000 people diagnosed with COPD, with 4 out of 5 who develop the disease being current or ex-smokers. Smoking is attributed to the death of 87% of men with COPD and 84% of women with COPD. Smoking cessation, a form of secondary prevention can slow progression and reduce symptoms in the disease. NICE guidelines recommend that all patients with COPD should be encouraged to stop smoking. The GP surgery we audited agreed that 100% of patients with COPD should be given this advice.

Method: The practice we audited had 2000 patients registered. Using the EMIS database system at the surgery we identified the currently registered patients with COPD and then those who had ever been given smoking cessation advice. We compared these two groups to find which patients with COPD had never been given smoking cessation advice while at the practice.

Outcome: The GP practice had 47 patients registered with COPD at the practice. Of these patients only 23 had been given smoking cessation advice, equating to 49%.

Discussion: It is possible that this result is in part due to coding errors with the database system; however with less than half of patients being given appropriate advice this audit highlights that there is still improvement needed to optimise care for patients with COPD.

108  The medication review of polypharmacy patients in primary care
Lynn Valerie Wong Sun Thiong
University of Manchester

Aims: With changing demographics, polypharmacy is becoming common practice. Although polypharmacy is often necessary to improve patients’ outcome, inappropriate polypharmacy increases the likelihood of prescribing errors and drug-related complications. Medication reviews are powerful tools to ensure appropriate polypharmacy in these patients. The aim of this audit was thus to investigate the frequency and quality of medication reviews of polypharmacy patients in a GP practice.

Methods: A sample of patients who were on 10 or more medications was analysed. The patients were further categorized depending on the number of medications, their age, and the number of co-morbidities. The date of their last medication review with the GP and details of this review were also recorded.

Results: The audit revealed that 71.3% of patients on 10 or more medications had had a recent medication review. However, when analyzing patients on the basis of their age, only 31.3% of patients over 75 years, who require more frequent reviews on account of changing pharmacodynamics and pharmacokinetics, had their medications reviewed within the previous 6 months. In addition, a difficulty was encountered when trying to ascertain that reviews were being undertaken in accordance with prescribed guidelines, due to a lack of documentation.

Conclusions: Medication reviews can minimise the incidence of adverse-drug reactions but in practice, they are time-consuming and most patients are stable on their medications. Recommendations have thus been made to identify those patients for whom a review should be prioritised and a suggested simplified way to document these reviews has also been proposed.

109  Avoiding unplanned admissions: from home to hospital
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Centre for Academic Primary Care, School of Social and Community Medicine, University of Bristol

In April 2014, the government introduced the Avoiding Unplanned Admissions Enhanced Service. GP practices have to form a register of patients at high risk of unplanned admission and write a care plan with them. This may include important decisions, for example do not attempt resuscitation (DNAR) orders. The aims of our audit were to ascertain how many of our patients were on their GP register, how many had care plans or DNAR decisions in place, and whether they were aware of and shared this information.
We prospectively audited all new admissions to our Care of the Elderly department over 14 days including weekends. We gathered information from the patient, their medical records and their GP practice. We audited 107 patients. 53/107 (50%) of our patients were on their GP register. 45/53 (85%) of these had a care plan. After excluding 12 of these 45 patients who had cognitive impairment, 10/33 (30%) knew they had a care plan. Only two patients reported showing their care plan to a professional during this healthcare episode. 16/107 (15%) had a DNAR decision recorded by their GP. 4/16 (25%) of these patients brought a DNAR form into hospital. Many of our patients had care plans but most were unaware of them. Very few patients shared their care plans. DNAR decisions were poorly communicated between community and hospital. We suggest that meaningful care planning requires patient engagement and appropriate communication of decisions between healthcare settings.

110 Primary care patients in accident and emergency: fact or fiction?
Robyn Perry-Thomas; Babar Farooq
University of Manchester

Background: The rising pressures facing Accident and Emergency departments (A&E) in the UK is an important, topical issue. A high level of ‘inappropriate attendances’ (IAs) at A&E departments is often suggested as contributing towards A&E challenges. IAs are attendances that could have been managed in primary care, with the proportion of IAs in England estimated at between 11.7%-40%.

Aims: Firstly, a literature review has been undertaken to improve understanding of the present issue of IAs. Secondly, an audit has been conducted to gauge the extent of IAs for patients registered at a general practice in Greater Manchester.

Method: A&E discharge letters for attendances during autumn 2014 were identified. Using an audit standard the appropriateness of each attendance was assigned.

Results: The results showed that 29% of all A&E attendances for autumn 2014 by patients at this practice were inappropriate. Patients under 18 years of age showed the highest proportion of IAs (42%). Gender and time of attendance does not appear to influence the likelihood of IAs.

Conclusion: The proportion of IAs at this practice is higher than average UK figures. Further studies are recommended to confirm these findings and suggestions for educational intervention targeting paediatric attendances have been made.

111 It’s triage but not as we know it; assessment of telephone consultation outcomes
Stephanie Collins; Christopher Mimmagh
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Telephone triage is considered an efficient way to save time and improve access to patient care. However working within the scope of simple triage boundaries can result in suboptimisation of an effective model. The emergence of telephone consultation allows the patient and doctor to reach a preferred outcome for the patient and mirrors the face to face consultation. This randomised retrospective cross sectional study analysed recorded telephone consultations between patient and GP over a period of 1 week in order to assess the outcomes of the consultation.

100 telephone consultations by 12 GPs were analysed. Data collected included outcomes of consultation and length of call. Variations in call length correlated to outcomes. Variations in call length and outcome between each GP were not statistically significant. Time of day did not impact outcomes. The most common outcome (26%) of consultations was an 8 minute appointment on the same day. With an average call duration of 128 seconds. Of the remaining outcomes 44% could be deemed completed at point of access including referral, further investigation, medications prescribed or fit note issued. The average call duration for these outcomes was 304 seconds.

The results of this study highlight the efficiency of telephone consultation as a tool for improving patient access to care and as a time efficient model. Further research into telephone consultation including patient satisfaction surveys are needed to elicit the overall impact of telephone consultation.
112 The use of the Gold Standards Framework (GSF) as a tool to guide palliative and supportive care in the community: a re-audit  
Sarah Drysdale  
Manchester Medical School  
A re-audit was carried out 2013 at a suburban GP practice in the North West of England the aim was to identify all patients that died in the last 6 months not on the GSF register but that were eligible according to the Prognostic Indicator Guidance. Findings of this re-audit were compared to the results of the primary audit to see if there had been any improvement identifying patient with palliative care needs.  
The GMS contract in 2006 included Quality and Outcomes Framework (QOF) points for palliative care and recommends that each GP practice has a register of patients requiring end-of-life care. In the re-audit all deaths in the last 6 months were evaluated. Each patient was then reviewed to assess a) cause of death b) GSF eligibility using the Prognostic Indicator Guidance and c) GSF inclusion status. This showed that 82% of eligible patients were placed on the register compared to 26% in the initial audit demonstrating an increase in the number of patients correctly identified.  
The recommendations from this re-audit were to have refresher teaching about the GSF, palliative care in the community and the use of the Prognostic Indicator Guidance paying special attention to patients with non-cancer diagnoses. It was suggested to re-audit again in 12 months setting the audit standard this time of 100% of eligible patients being included on the GSF register.

113 Resuscitation audit  
Victoria Craig  
Aintree University Hospital  
As healthcare providers in any speciality there is an obligation to put the safety of our patients first. Which, regardless of setting, demands the provision of high-quality resuscitation and emergency care. Though emergency events are rare the difficulty with such situations are they don’t happen until they do. There is clear evidence that early recognition of an acutely unwell patient will lead to a better outcome. For emergency care to be effective all staff must be proficiently trained, ready and able to act with the correct equipment available.  
An audit was undertaken in general practice - in an area of social deprivation that is a high-risk population for healthcare emergencies. Guidelines were sought from a number of reputable sources, including the Resuscitation Council, for the equipment and training that should be made available in a community setting. These were compared against what was in place at the practice.  
The main findings are as follows:  
- Resuscitation training was every 2 years rather than annually  
- There was no named person in charge of checking, restocking and auditing the emergency equipment  
- Equipment for emergency situations was drastically lacking including basic cardiac arrest equipment  
- Some equipment was available but not immediately accessible.  
Steps were made to improve these findings to comply with the guidance. However during this work it became evident that the available guidance for the provision of this essential service was limited and unstructured indicating a necessity for further work in this vital area.

114 Delivering primary care into Ealing nursing homes: increasing proportion of deaths in preferred place of care and in usual place of residence  
Anna Down; Gouri Dhillon; Graham Stretch; Raj Krishna; Natasha Griffin; Arjun Dhillon; Ashminder Anand  
Argyle Care Home Service, London  
According to the National End of Life Intelligence Network, in 2011-2013 57.7% of all deaths in the Ealing occurred in hospital, significantly above the national average of 49.3%, and deaths in care homes (residential and nursing) were 14.5%, significantly below the national average of 20.7%. In England, Death in Usual Place of Residence (own home or care home) has steadily increased and was 43.7% in 2012.  
In July 2013, The Argyle Care Home Service began to take on the GP care of nursing home residents in Ealing. By implementing regular routine GP care, urgent care 8am-8pm 365 days per year, access to anticipatory
medications and support, continuity of care has resulted in facilitating increased numbers of deaths in nursing homes where this is the patients preferred place of death.

Since October 2013 there have been over 550 deaths of patients with a mean age at death of 83 years (minimum 18 years, maximum 106 years, median 86 years). In year 1 of the service, July 2013-July 2014, over 80% of deaths saw residents remaining in the nursing homes. In November 2014, 88% of patient deaths for those resident in Ealing nursing homes were in the home. On average, just over a quarter of these patients are also referred to specialist palliative care, and we prescribe anticipatory medications for around a third.

### 115 Evidence based management of acute infective conjunctivitis in primary care improves with doctor education

**Kathleen Wheatley; Trystan Macdonald**

**Allesley Village Surgery, Coventry**

**Introduction:** Red eye is a common presentation to general practice, estimated to account for 2-5% of GP consultations. A third of these will be concerning infective conjunctivitis. Evidence from a Cochrane review suggests that antibiotics are unnecessary and ineffective in the treatment of infective conjunctivitis and therefore NICE CKS no longer suggests their use in the management of infective conjunctivitis first line, instead suggesting patient education on conservative management.

**Aim:** Audit the management of infective conjunctivitis at Allesley Village Surgery using NICE CKS recommended management as the chosen standard.

**Results:** 1st cycle (1/5/2014-19/9/2014) - 24 patients seen, 21 prescribed antibiotics, 9 given appropriate conservative management advice, 3 consulted again. Change implementation - student led doctor teaching session on the evidence based management of infective conjunctivitis.

2nd cycle (21/10/2014-17/2/2015) - 26 patients seen, 12 prescribed antibiotics (1 delayed, 1 due to patient demand), 17 given appropriate conservative management advice, 2 consulted again.

**Conclusions:** Evidence from the first cycle suggested that antibiotics were being prescribed routinely. On discussion with doctors this was because they believed that they were the appropriate first line treatment for infective conjunctivitis.

After a student led lunchtime teaching session the evidence based management greatly improved, demonstrating both the value of students in keeping doctors practice up to date and of regular teaching on current guidance in general practice.

### 116 An audit of the management of tonsillitis in GP practice

**Muhammad Anss; Ahmad Lodhi; Sarah Crowley; Taha Lodhi**

**University of Manchester Medical School**

**Aim:** To assess the adherence to NICE guidelines for the treatment of tonsillitis with antibiotics, particularly concerning the Centor criteria, within a UK general practice.

**Content:** A retrospective analysis of tonsillitis cases presenting to a GP surgery was carried out between 29/01/2015 - 12/03/2015. Patient notes were analysed and a Centor score was calculated for each patient. NICE guidelines state that all tonsillitis patients prescribed antibiotics should meet Centor criteria of 3 or 4. We set a target of 90% compliance to NICE guidelines.

**Relevance:** Respiratory tract infections are very common, causing 25% of the population to visit their GPs annually. Patients routinely expect antibiotics for treatment, but since the majority of infections will be viral infections they are of limited use and can give rise to antibiotic resistance.

**Outcomes:** From a sample size of 15: 7 (47%) of patients fulfilled the minimum centor score of 3. This is below the target of 90%. On further investigation none of these patients met criteria which NICE guidelines recognised as lowering the threshold for an antibiotic prescription.

**Discussion:** Possible causes for the inappropriate prescribing of antibiotics are that Centor Criteria is too difficult to remember or patient expectations made it difficult for GPs to refuse antibiotics. We suggested that the GP surgery invest in educational posters/leaflets to guide patient expectations and we devised a mnemonic for GPs to recall the Centor criteria (LEAF - Lymph nodes, Exudates, Absence of cough and Fever).
An audit of abbreviations used in paediatric medical and surgical notes
Aayesha Ladhani; Srin Bandi; Mahthab Farooq; Jun Lee
University Hospitals Leicester

**Aim:** To identify the frequency and assess the interpretation and validity of abbreviations used in paediatric notes.

**Methods:** A prospective audit was conducted noting abbreviations and the intended meanings in paediatric medical and surgical admission notes, these were then compared to a standard; the Mosbys medical dictionary. A sample of recorded abbreviations was then presented to a group of healthcare professionals to assess their interpretation.

**Results:** A total of 1379 abbreviations were found in 113 sets of notes, 71 of these medical and 42 surgical. 15.2% were recognised as valid abbreviations by the Mosbys medical dictionary. When presented with a list of abbreviations paediatric doctors were able to correctly identify 27-73% of abbreviations, other healthcare staff identified 33-40%. Some commonly used abbreviations were interpreted differently by different specialties for example ‘ARM’ was identified as artificial rupture of membranes by paediatricians and ano-rectal malformation by paediatric surgeons. The abbreviation ‘SS’ had the intended meaning of septic screen however was interpreted more frequently as social services and soft solids by other members of the team.

**Discussions:** Abbreviations are a necessary and widely used component throughout medical note keeping however the majority do not conform to a standard and are susceptible to misinterpretation by different members of the multidisciplinary team. This can result in the mismanagement of patients and allows for incorrect information to be transferred to community teams. The use of a national standard is suggested to avoid the potential detrimental consequences of misunderstanding medical abbreviations.

An audit looking at the management of infantile GORD in primary care
Joseph Walsh
University of Manchester
Infantile gastro-oesophageal reflux disease (GORD) is a common condition affecting those in the first year of life. Current NICE guidance recommends that a feeding assessment should be considered first line treatment before the use of medications. It is unclear whether the guidelines are being followed in primary care settings.

An audit was carried out at a General Practice in the North-West of England to see if infants with suspected GORD were being managed appropriately. A total of 20 infants had been managed for GORD in the last 12 months. It was found that the one child being breast fed was not treated with a feeding assessment. Of the 14 infants being formula fed only 4 had feeding assessed. Five infants were mixed fed and the NICE guidance does not yet factor in mixed feeding regimes. Initial treatment for 18 of the infants was a course of Gaviscon. This goes against the latest NICE guidance.

Evidence suggests that infantile GORD is poorly managed nationwide and this audit provides further support for this notion. These findings were then formally presented to clinicians at the surgery in an effort to highlight current good practice and areas needing improvement.

To see if the findings of this audit have been implemented a re-audit will be carried out in 12 months time. By highlighting common pitfalls in practice and educating clinicians on the latest NICE guidance it would be hoped that the quality of care of infants with this condition will improve.

MMR vaccination: how can we improve compliance?
Rosie Conroy; Kevin McCarthy
University of Manchester
In 2012, the UK saw the highest number of annual measles cases for over 12 years. In response Public Health England(PHE) issued an urgent plan of action to ensure 95% of children aged 10-16 years old were vaccinated with at least one MMR booster by September 2013. This re-audit aimed to assess the compliance with the PHE MMR vaccination catch up programme guidelines for children aged 10-16 years old at one GP practice.

A list of patients who had not completed the full MMR vaccine schedule was created. Patients were identified through the medical centre’s patient database using the designated MMR codes.
Overall, 391/406 (96.3%) patients had received both MMR vaccinations, however, 14/406 (48.3%) patients had their vaccination status incorrectly documented. 15/406 (3.7%) patients received none or 1 vaccination. 15/15 (100.0%) were contacted via letter by the practice, but only 1/15 (6.7%) patients subsequently received an MMR vaccination. No patients were followed-up after being contacted by post and no telephone contact was made. 1/15 (6.7%) patients declined the combined vaccination due to concerns regarding its safety. For 14/15 (93.3%) patients, there was no documentation in their health records of a discussion regarding the MMR vaccination.

Despite vaccinating over 96% of patients aged 10-16 years old in accordance with PHE guidance, poor documentation of accurate patient records and lack of follow-up prevented higher rates of compliance. This re-audit recommends patients should receive a follow-up phone call after initial postal contact and subsequent discussion regarding vaccinations documented in patient notes. After administration, vaccinations should be coded accordingly.

**PRACTICE SURVEY**

120  Are the reasons for non-uptake of the MMR vaccine being documented in an inner city GP practice?

*Julia Miah; Amal Samsudeen*

*University of Manchester*

**Introduction:** The MMR vaccine is an important immunisation for children, protecting against the childhood diseases of measles, mumps and rubella. With the high profile breakouts of measles in Swansea and other parts of Wales, it is important to adhere to the 95% uptake of the vaccine as recommended by the WHO.

**Guidance:** Along with the guidance about 95% uptake, NICE also recommends noting down the reasons for non-vaccination, with such individuals being advised to catch up on missed immunisations. This audit aimed to find out whether the reasons for non-immunisation are being documented, in a multicultural inner city practice.

**Method:** The cohort of patients used was an EMIS search of the patients at the practice that had not been fully immunised against MMR. The sample used 20% of the cohort (33). They were selected systematically with every 5th patient in the patient list being selected for the study.

**Results:** 167 patients had not been fully immunised. 2 patients had documentation of being offered the MMR vaccine. Only 1 had their reason for non-immunisation documented. The children were aged from 1 year, 7 months to 18 years.

**Recommendations:** Our recommendations for this practice are to document, in every case, the reasons for non-uptake of the MMR vaccine. The practice should also offer, by post, telephone or at an opportunistic consultation, the MMR vaccine to all individuals who had not received it. These recommendations should be met by June 2015.

121  The uptake of the influenza vaccine in children aged 2-4 years during the 2014/15 influenza season

*Jessica Aspinal*

*Haslingden Medical Group Practice, Lancashire*

**Aim:** To calculate the uptake of influenza vaccine in children aged 2-4 years at a GP practice during the 2014/2015 influenza season.

**Content:** Of the 317 children registered at the practice, 144 children (45%) had not received the vaccine. I asked 40 parents questions as to why they had or had not vaccinated their child.

**Relevance:** The childhood influenza vaccination programme began in 2013/14 season. It is important that practices promote the programme and educate their patients to increase the uptake which has been consistently around 50% each year. Vaccinating children will decrease the amount of GP appointments and hospital admissions for those who develop complications associated with influenza.

**Outcomes:** The results of my study showed that most parents were unaware of the influenza vaccination programme. My main recommendation was for the practice to produce letters or leaflets to send out to parents next year with more information.

**Discussion:** To calculate the uptake of the influenza vaccine in children aged 2-4 years and to find any reasons for non-uptake. The uptake was low at around 55% in the practice. It is clear from my audit and studies nationwide...
that the level of awareness for the programme is still low and therefore more effort should be spent to raise the awareness and increase uptake.

122  Factors for poor adherence of early year childhood immunisations: a three practice retrospective audit

Micky Tsui; Simrit Kaur Nijjar
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Objective: As a retrospective audit we evaluated the risk factors and effects of late attendance for vaccines on full immunization coverage of pre-school vaccinations.

Methods: Using data from 567 children born between 2010 and 2012 and their parents from three random GP surgeries in urban centers, we retrospectively evaluated distance from GP surgery, maternal age, ethnicity, English as a first language, and looked at its association in children missing and/or being late for pre-school vaccinations.

Results: Children of mothers age >35 were most likely to miss/attend late vaccination appointments, while children of mothers <25 were least likely to miss/attend late (44% vs 27%, RR = 1.5, p =0.0006). In terms of ethnicity, British children were less likely to miss/attend late as compared to all other ethnicities (30% VS 49%, p < 0.0001, RR 1.6). We also discovered that children who missed/were late for any vaccines in their first year of life, are more likely to miss a vaccine in their 2nd year of life (RR 2.3, p<0.0001). Children who were late for their first vaccine at 2 months were also more likely to miss a vaccine in their 2nd year of life (RR 1.3, p = 0.0078). Based on this limited cohort results we propose a scoring system (based on ethnicity, maternal age, being late/missing a first year vaccine, and being late for their first 2 month appointment) to identify children at risk of missing future vaccinations.

Conclusion: Poor adherence to the immunization schedule is complicated and multifactorial. Replicating results from previous studies, maternal age and ethnicity are risk factors for missing/attending late for a vaccination. Our data also suggests that attending late for a vaccination is a risk factor for future partial immunization.

123 “Inappropriate” paediatric presentations to A&E

Siobhan MacDonald; Siobhan Brennan
University of Manchester

The aims of this audit are to identify why paediatric patients from Ordsall Health Surgery present “inappropriately” to the A&E department. “Inappropriate” presentations to A&E are a huge drain on NHS resources, especially as the number of paediatric admissions to A&E has increased exponentially in the last 10 years. (There are many factors influencing a parent’s decision to attend A&E with their sick child. For example; availability of resources, time of day, a lack of awareness about the alternate services provided, parental health beliefs and also a lack of education about common minor illnesses in children. However, despite an increase in the number of primary care services made available, the number of “inappropriate” A&E paediatric presentations are still increasing. From my results, I was able to ascertain that only 29% of parents who had attended A&E had contacted a primary care service beforehand. Primary care services are an underused group when it comes to urgent child care. Therefore, the hope is to address the increasing number of “inappropriate” presentations documented from the surgery and to put forward any changes that could be implemented to achieve this.

124 GP referrals to Paediatric Admissions Unit (PAU) -The ‘top five’

Samir Khalil; Jisha Dhanik; Jyothi Srinivas
Milton Keynes VTS

Background: GP referrals contribute a major share of the referrals to PAU. A detailed study of these referrals including the common causes of referral and their management in hospital will help in planning positive changes in the referral process and improve patient care in future.

Objectives: To review the GP referrals to PAU and to establish the common reasons for referral.

Method: 100 GP referrals reviewed retrospectively between 1/3/15 and 12/3/15 and between 24/03/15 and 30/03/15.
Results: Children were aged 0-1 yr (23), 1-5yrs (25), 5-10yrs (27) and >10yrs (18) with M: F= 53:47. The commonest reasons for referral were fever (28), gastrointestinal symptoms (15) and lower respiratory tract symptoms (13). Of these 100 children, 60 required investigations including blood tests and urinalysis while 40 did not. 64 children were discharged and 36 were admitted to ward. Of the 64 children discharged from PAU, 26 were discharged with reassurance, 13 after observations and 25 required medications (oral antibiotics, inhalers and dioralyte). The 5 most common diagnoses were LRTI(27), miscellaneous(20), Viral URTI(14), GE(13), and tonsillitis(7).

Conclusions: We have established the common reasons for referral and the final diagnoses from GP referrals to our PAU. A quarter (26) of the referred children was discharged with reassurance which may have been dealt with in primary care.

Discussion: We believe that collaborating with the GPs to formulate a structured pathway for common referrals can reduce PAU referrals in future and help manage children closer to home.

125 Evaluation of GP referrals to emergency department in Cavan General Hospital, Cavan, Republic of Ireland
Mythily Yohanathan; Wan Hanafi
Cavan General Hospital, Ireland

Introduction: Referrals letters of high quality are an essential part of good clinical care. General Practitioner is the gatekeeper to secondary care. Importance of good accompanying letter in initial assessment at the hospital can not be over emphasised. Use of standardised referral letter (ICGP referral forms) enables transmission of accurate, complete and relevant information about a patient.

Objectives:
- To obtain complete past history of patients presented to ED.
- To use generic names and proper dosage of medications.
- To type if has ineligible hand writing.
- To introduce the national standard referral format.

Audit plan: To introduce the national standard referral template for all GPs and Doc on call if no template in place.

Suggestion and feedback: Template to all GP in whole of Ireland.

Method: A prospective study was carried out in which GP referrals to Emergency Department were analysed. Assessment tool was designed based on standards set by ICGP guidance document for GPs on National Referrals Form to secondary care. Referrals from GPs in one month period in September 2014 were assessed. Emphasis was on

- Use of National Referrals Forms
- ED notes with GP letter were included.

Each ED notes was reviewed for
- Past history
- Allergic history
- List of medications
- Eligibility of hand written/typed referral letters

Results: Randomly 70 GP referrals selected in Emergency Department in one month period, only 6 (9%) used the ICGP form. All others were letter headed. 52 out of 70 (74%) referrals were typed, 18 (26%) were hand written, 14 (20%) were eligible hand written and 4 (6%) were ineligible hand written. Past history was included in 32 (46%) referrals and 38(54%) had no record of past history. Medications were listed in 35 (50%) referrals. Only 12 (17%) referrals had stated the allergy status. Overall there was good number of referrals which fulfilled minimum data requirement.

Discussion: Very poor information on GP letters. Less than 50% stated past medical history, medications and allergy status. Difficult to obtain further information from GP after hours, no admission chart availability or in patients who are ill are unable to give a reliable account of their problems or details of their medication, elderly with no relatives, patients on ‘small white round tablets’ or medication ‘ignorant’, etc.
Some listed medications dated so far back that patient is not currently on. Reading ineligible hand written letter is a waste of time. Guessing medication name and dosage is a dangerous issue. Patients will be left without medications until further clarification.

**Conclusion:** This audit confirms that compliance with use of standard GP referral form was very low which can cause delay in providing high quality of care to patients. Improvement is needed in the area of mentioning past history and allergy status, GP treatment and medication history and any recent changes in them. However it was quite reassuring that 90% of these referrals met the minimum data criteria. We strongly recommend further audits to review continuing improvement in this area.

**Suggestion:**
- ICGP have developed a standard referral form to secondary care in 2012 - available on ICGP website.
- To inform all GP in Cavan Monaghan area of using appropriate typed format or template provided by ICGP.
- To write in legible hand writing.
- Re audit to review continuing improvement in this area.

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126 **Evaluation of GP-lead service to redirect patients from A&E to primary care where appropriate**

**Fahima Begum; Hamed Khan**

*St George’s Hospital, University of London*

**Background:** A&E waiting times last year were the worst in a decade, with A&E’s falling well below the target of 95% of patients to be seen in under 4 hours. A large teaching hospital has set up a system in which GPs and nurses do quick assessments in A&E traige and re-direct patients to primary-care services where appropriate to reduce A&E pressure

**Aims:** The following information was gathered and analysed:
- Reasons for patients attending A&E rather than see their GP
- Types of conditions/symptoms at presentation
- Patient satisfaction with the re-direction service
- Which primary-care services patients are directed to.

**Methods:** Prospective questionnaire based survey of 147 patients over 5 weeks.

**Results (highlights):** The most common reasons for patients attending A&E were:
- They felt that their condition was serious and needed A&E treatment (19%)
- They could not get a GP appointment (18%)
- Waiting time for a GP appointment was too long (15%)
- Convenience (14%)
- The biggest category of presenting complaints was ‘musculoskeletal’ (21%) followed by ‘dermatological’ (14%). Within musculoskeletal, back pain was the most common symptom.
- 56% of patients were re-directed to their usual GPs, 32% to OOH services and 10% to walk-in-centres.
- 83% of patients rated the service 4 or 5/5 (where 5=excellent) and said they were satisfied with the outcome

**Discussion:** This information should inform policymakers working on systems which utilise GPs to reduce pressure on A&E (such as those announced last week).

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127 **Communication of a hospital DNACPR order in the discharge summary in an acute London hospital**

**Thomas Cronin; Michael Pelly; Eleni Baldwin; Yahya Khan**

*Chelsea and Westminster Hospital*

**Background:** In 2012, the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) produced a report stating ‘there is a requirement for a robust system to ensure... effective communication of DNACPR decisions between all healthcare workers and organisations involved with the patient’. The report also recommends CPR status should be recorded for all acute admissions. Consequently, this indicates a considerable group of patients who will be discharged with a hospital made DNACPR order. In addition to this, there exists significant regional variation in the validity of Hospital DNACPR orders in the community. As a result, it is...
important GPs are aware when DNACPR decisions are made. if it is valid, to update their records. And if it is not valid, to initiate possible discussion with the patient regarding a community DNACPR order.

**Method:** Data were collected from discharged hospital inpatients in three medical firms over a four month period.

**Results:** Over the four month period 15% of patients discharged with DNACPR order had this communicated in the discharge summary.

**Conclusion:** A low proportion of hospital DNACPR orders are communicated to the GP in the discharge summary. A number of recommendations were made on the basis of this. A section on whether a DNACPR order was completed could be added to the discharge summary pro forma. In addition, a clear pathway could be detailed on the DNACPR form on how it should be communicated across different settings.

### 128 Are current GP pressures affecting the care of patients taking multiple medications?

**Wuraola Obadahun; Paul Deffley**

*Brighton and Sussex Medical School*

**Aims:** To find out whether patients on 10 or more repeat medications had at least one level 2 medication review between January 2014 - December 2014.

**Content:** Audit rationale.

**Audit criteria:** All patients receiving 10 or more repeat medicines should have at least one (level 2 or above) medication review recorded in the last 12 months.

**Audit Standard:** 80%

**Methodology:** Audit carried out at a GP practice of 11,250 patients with specific inclusion and exclusion criteria.

**Data Collection:** EMIS web

**Results and relevance:** Polypharmacy is driven by an ageing population and increased prevalence of co-morbidities. If inappropriate, the potential risks associated with multiple drug prescribing practice may become a reality. Therefore, medication reviews are an essential tool, identifying patients most at risk and ensuring timely interventions are implemented to prevent these problems occurring.

**Outcomes:** In a sample of 34 patients with an average of 18.65 repeat medications, the GP Practice partially met the audit standard:

- 1 patient had no documented medication review.
- Only 32% of recorded encounters had some documentation on medication review content and outcome.

**Discussion:** Though practice records showed medication reviews were carried out, no documentation on the medication review content or outcome prevented the quality of reviews from being assessed. As medication reviews for these patients would be more time-consuming, it is possible that such high risk patient groups may be at the receiving end of the current GP pressures.

### 129 How effective is participation in the 'NHS Bowel Cancer Screening Program' at Park Medical Practise in Timperley?

**Karam Ahmad; Aneela Nawaz**

*University of Manchester*

**Aims:** The first aim of this study was to assess how effective the NHS bowel cancer screening program is at Park Medical Practice in Timperley, Altrincham. An affluent area in which there is a high proportion of elderly patients. Furthermore, the study aimed to appreciate the particular reasons for non-uptake.

**Methods:** The practice population of over 65’s was collated and using provided data, the rates of screening uptake were calculated. Furthermore, a proportion of those who did not participate were followed up in order to assess what was the reasoning for non-uptake.

**Results:** Over 30% of patients at this practise did not participate in the NHS Bowel Cancer Screening Program. Reasons given for non-participation focused on the time consuming manner of the test, difficulty understanding the instructions and a perception of reduced importance of the screening, as does not directly involve their family doctor.
Conclusion: This study reveals that reasons for non-uptake can be dealt with to subsequently increase participation by carrying out simple measures. Increasing GP participation would be a relatively simple and cost effective step to maximise this. Educating patients about bowel cancer, the screening program, how to do it and stressing the importance of taking part would appear to deal with the majority of patients ideas, and concerns, which would increase participation rates amongst the population.

130  PCOS guideline adherence; the impact of clinical knowledge and case notes on patient care
Sabba Elhag; Nathan Chan; Siva Maikandanathan
University of Manchester
Many scenarios force doctors to make clinical judgements despite uncertainty and unknown pathophysiology. An example of this would be the understood correlation between polycystic ovarian syndrome (PCOS) and diabetes mellitus in spite of an unknown exact cause. Here, our lack of understanding only makes it more important to actively seek the diagnosis of one condition if the other is found.
The Royal College of Obstetricians and Gynaecologists recommends that any person diagnosed with PCOS and with certain risk factors should take an oral glucose tolerance test. This should be completed within two months of diagnosis, with an aim to diagnose otherwise unknown diabetes. This study assesses a general practice’s adherence to these guidelines, with the aim of demonstrating its impact on patient care.
Over a 10 year cohort, the management of 90 patients was assessed with a view that 100% of these patients should have received the expected standards of care. Of these patients, 94% were assessed for associated risk factors. 96% had some form of glucose assessment, however only 28% were completed within 2 months of PCOS diagnosis. Two patients had not been assessed at all for the development of diabetes. Lack of recorded notes and understanding of guidelines contributed to this. Since, these patients’ glycaemic statuses have been reviewed. This study highlights the need for uniform notes in practice, maintaining up-to-date clinical knowledge and the importance of probity despite mistakes made. Overall, it illustrates their effect on the quality of patient care.

131  Diabetes - lost to follow up, an audit stressing the importance of regular reviews
Mohammad Hussain; Valeed Ghafoor; Umair Gondal
University of Manchester
Type 2 Diabetes is becoming increasingly common, particularly in the west. The disease is characterised by various symptoms arising from a chronic hyperglycaemic state and affects a large proportion of patients seen in primary care. It requires regular monitoring with failure to do so leading to severe complications such as stroke, blindness, peripheral neuropathy, diabetic nephropathy and myocardial infarction. Because of its significant association with vascular disease, it is of the utmost importance to manage not only a patient’s blood glucose, but also their blood pressure.
By using various read codes on Egton Medical Information Systems (EMIS), I identified all patients with diabetes registered at a general practice. I then audited whether these patients were meeting the recommended blood pressure of 140/80 mmHg as set by the National Institute for Health and Care Excellence (NICE). The audit revealed that 19% of patients with diabetes failed to meet this blood pressure target. Subsequently I assessed their medications and looked into their notes to see if they were compliant with medications. I saw that most of the people that had not reached the target were lost to follow up or did not attend appointments and then were not recalled. These technical issues could play a significant role in a significant amount of patients. We aim to address how to prevent these scenarios where patients become lost to follow up and stress the importance of adhering to regular screening to avoid potentially fatal complications.

132  Correlation between the pulse rate measured by palpation of the radial artery and the pulse rate measured with standard pulse oximeters
Bilal Khan; John Frain
Derwent Valley Medical Practice, Derby
Aim/objectives: Pulse oximetry records the percentage oxygen saturation in capillary blood. The British Thoracic Society Guidelines recommend the use of pulse oximetry in the unwell patient. Pulse oximeters are used
increasingly by general practitioners. This audit examines with correlation between pulse measurements obtained by oximetry and by radial artery palpation.

**Content:** Radial pulse rate and using a pulse oximeter were measured in 50 consecutive patients. The same oximeter was used for all patients. Measurement of pulse rate by oximeter and by palpation was double-blinded. The heart rhythm was recorded for each patient.

**Relevance/Impact:** Pulse oximetry is utilised in unwell patients where accuracy is essential. If the pulse reading of the oximeter is relied upon, it must be exact.

**Outcomes:** Pulse oximetry readings were lower than pulse palpation. Pulse range was 51-106 beats per minute and variation between both methods averaged 8%. Variance of oximetry in patients with regular pulses versus palpation was 4% on average compared to 14% with irregular pulses. In assessing pulse oximetry in patients with COPD and Heart Failure, inaccuracy between both methods of recording the pulse had a variance of 22%.

**Discussion:** Pulse oximetry is an important add-on test for the general practitioner but should not be used instead of manual palpation of the rate and rhythm of the radial pulse. This is a small study but raises an important clinical issue. Variance of the oximetry pulse from the palpated value may be greatest in patients in whom accuracy matters the most.

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**133 ACE inhibitor titration following acute myocardial infarction - are we missing the point?**

*Julia Patterson; Charles William Norman; Anna Keitley*

*The Avenue Surgery, Cirencester*

**Introduction & aims:** An audit was carried out within a general practice in a semi-rural location in Gloucestershire with a patient population of approximately 6800. The aim of the audit was to gauge to what extent prescribing of ACE inhibitors post-MI was in agreement with the recommendations published by NICE in 2013. ACE inhibitors have been shown to improve survival following myocardial infarction by preventing ventricular remodelling in the weeks immediately after acute MI. Due to this NICE guidelines state that ACE inhibitors should be titrated up within 4-6 weeks of discharge.

**Method:** A search was performed for Read Code of Myocardial Infarction (X200E) and its children between 1 January 2013 - 1 January 2015. Notes were analysed to see if the NICE guideline criteria were met.

**Results:** 15 patients were identified. 4 were excluded as their myocardial infarction had not occurred between the inclusion dates. 3 Females and 8 Males were identified (mean age of 71.7 years.). 80% of patients were prescribed an ACE inhibitor at discharge. 50% of patients had their ACE inhibitor titrated. However, only 40% of titrations occurred within 4-6 weeks. In addition, there was poor compliance with NICE guidelines for information to the GP on the discharge summary.

**Conclusions:** Current compliance with NICE guidelines post-MI is poor and many patients are missing out on the preventative benefits of ACE inhibitors during the acute phase post-MI. Education of GPs and discharging clinicians should be used to increase awareness of these benefits on ventricular remodelling with the aim of improving titration rates.

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**134 Differences in cardiovascular disease profiles in three neighbouring clinical commissioning group areas of differing socioeconomic status**

*Bernard Nyemi-Tei*

*Keele University School of Medicine*

**Objective:** To compare rates of cardiovascular disease (CVD) between three clinical commissioning group (CCG) areas, using key indicators such as NICE’s quality outcomes framework to assess the data. Comparisons will occur between CCG populations, one of which consists of predominantly high levels of deprivation, and two neighbouring CCGs with markedly lower levels. Data generated between 2008 and 2014 will be evaluated for each CCG, and then used for inter-CCG comparison. This study looks to explain trends and differences resulting from the review of data. Also to investigate what current primary prevention methods exists in primary care, such as quality improvement framework. Likewise the study will propose initiatives to reduce CVD prevalence and mortality for use locally and nationally.
Method: Data was sourced from the National Cardiovascular Intelligence Network, Public Health England (National CVD profiles), National Diabetes Information Service and the British Heart Foundation.

Results: The CCG with the higher level of deprivation had worse CVD profiles compared to the neighbouring CCGs. Specifically, early mortality due to heart disease and stroke. Smoking prevalence and smoking mortality displayed the biggest difference in rates.

Conclusion: The CCG with the higher level of deprivation needs fundamental change in order to reach the cardiovascular health outcomes of its two neighbouring cohorts. The CCG with the higher level of deprivation has a significant socioeconomic burden, which is a major determinant to its population’s health status. This CCG may want to shift emphasis away from reactive measures and invest more in primary prevention regarding CVD risk factors.

135 Preventing acute kidney injury in primary care: a clinical audit
Areej Paracha; Margaret McPhillips
University of Manchester

Background: Acute Kidney Injury (AKI) is a sudden reduction in renal function and is associated with poor outcomes. An estimated 65% of cases begin in primary care and up to 30% of AKI-related deaths are preventable. New guidance from our Clinical Commissioning Group, in line with National Institute for Health and Care Excellence (NICE), advises that patients taking certain medications including Angiotensin Converting Enzyme Inhibitors (ACEIs) should be informed to temporarily stop them if they are acutely unwell to prevent AKI.

Methods: To investigate whether this guidance is being met, we carried out a clinical audit in our General Practice placement. From a total of 490 patients who had picked up a prescription for an ACEI between 1st May and 23rd June 2015 we looked at whether the appropriate advice had been documented in a sample of 50. Additionally, the number of times the patient had an appointment (including telephone and home visit) and episodes of acute illness (diarrhoea, vomiting, fever) were noted. This was to identify missed opportunities to give advice and patients vulnerable to AKI respectively.

Results: 80% (45/50) had contacted the practice at least once. There were 5 cases of acute illness (10%). However, in total only one patient was advised to stop ACEI.

Conclusion: There were a large number of missed opportunities and therefore improvements are needed in order to avoid preventable AKI. These could be achieved by electronic alerts when prescribing and by involving specialist nurses and pharmacists in sharing this advice.

136 Renal function monitoring and ACE inhibitor use
Zoya Kiani; Umair Gondal; Hyder Abbas
University of Manchester

Angiotensin converting enzyme inhibitors (ACE-I) are commonly used drugs to treat a number of diseases such as Chronic Heart Failure, Hypertension and Diabetic Nephropathy. The National Institute for Health and Care Excellence (NICE) has introduced specific guidelines for the use of these drugs and strict timelines for monitoring renal function by measuring the urea & electrolytes (U&E) of these patients.

The aim of this audit was to identify whether the practice was adhering to NICE guidelines regarding annual U&E’s monitoring.

The total number of patients was 138, a random sample of 100 was then taken, and searches were carried out through their medical records and investigation history to determine whether or not their U&E’s had been monitored annually.

The results of the audit showed that the standard set was not met as only 63% of all patients were being annually investigated to ensure their renal function was adequate. Having looked at 100 patients at the practice, it is evident that the standards set in the NICE guidelines for U&E monitoring in patients taking ACE-I are not being met for a number of reasons. The reasons for underachieving the target standard are partially down to the individual patients themselves, and partially down to the practice.
If a greater emphasis was placed on the importance of the monitoring renal function and patients were educated about the side effects of long term use of ACE-I there is a possibility adherence to allocated appointments for investigations could increase.

137 An evaluation of initial assessment and management of haematuria in primary care
Natasha Bauer
East Lancashire Hospitals NHS Trust

Objective: Evaluating the quality of initial assessment of haematuria in primary care by auditing current practice against guidelines published by the British Association of Urological Surgeons (BAUS) and the Renal Association (RA) in order to develop effective strategies to enhance adherence to these guidelines.

Content: A retrospective audit involving 64 patients who presented to primary care with haematuria from April 2013 to 2015.

Relevance: One in five (20%) patients presenting with visible haematuria are subsequently diagnosed with bladder cancer. Patients with renal pathology are often asymptomatic and therefore present in the later stages. Urinanalysis with a positive result for total protein, albumin or red blood cells in the sample is often the first indication of these conditions.

Outcomes: Only an eighth (12.5%) of patients who presented with haematuria had their blood pressure measured. Whilst seven out of ten patients received urine dipstick testing for proteinuria, no patients had their albumin creatinine ratio (ACR) measured. This study also highlighted a lack of referral to Nephrology when appropriate.

Discussion: Inadequate initial assessment of visible and non-visible haematuria could result in a rising number of undetected bladder cancers and chronic kidney disease. There was a strong argument for initiation of a biannual clinic for patients who did not meet the referral criteria where their symptoms and renal function could be monitored. Clear guidelines detailing the initial management of haematuria in primary care was designed, highlighting specialist referral criteria. Initiation of a biannual Haematuria Clinic would ensure patients were not lost to follow up and monitored appropriately.

138 Bridging the gap in health promotion: how can hospitals learn from primary care?
Ayo Ajanaku; Noha Elshimy; Jennie Gane; Christine May
Sandwell and West Birmingham Hospitals NHS Trust

Objectives: Health promotion (HP) is ‘the process of enabling people to increase control over their health and its determinants’. Historically the preserve of primary care - there is now mounting pressure for hospitals to embrace HP both in theory and practice.

Content: Patients are particularly expectant of and receptive to HP when hospitalised. Moreover, most hospitals are respected by the local community and therefore wield a tremendous potential to synergistically reinforce HP by GPs: failure to do so may indeed undermine efforts by GPs. Our hospital audit revealed that modifiable lifestyle factors were recorded in only 51% of clerking by doctors. This failure is replicated nationwide, including by the largest series of audits of HP in secondary care showing little appreciable improvement.

Impact
A culture of health promoting hospitals is vital if we are to deliver sustained and cost-effective improvements in health outcomes; it is clear from the data that hospitals are failing and this represents a missed opportunity that leaves GPs firefighting on the frontline of HP. The barriers are largely related to constraints in skills, time, resources, and culture.

Discussion: It is plausible to suggest that lessons from general practice may help catalyste changes to put HP at the forefront in hospitals. Formal trials would help establish the efficacy of different interventions. CCGs should work with local hospitals to ensure that there are accessible patient pathways with incentives for hospitals to engage and refer patients to services for smoking cessation, problematic alcohol consumption, physical inactivity or weight control.
139  GP budgets under the weather: an audit on prescribing sunscreen
Joshua Rowland; Geraldine Scullin
University of Manchester

Objectives: Recent newspaper articles have brought to public attention the large amount; £13.9 million, spent by the NHS on sunscreen and camoflagers during 2014. This has resulted in heated debate as to whether this expenditure is justified. In light of this, an audit was carried out to assess whether GPs in the Manchester area are prescribing sunscreen in accordance with guidance from the Greater Manchester Joint Formulary.

Methods: A retrospective analysis of those who had been prescribed sunscreen between 01/05/14 and 01/05/15 was carried out. The notes of 20 patients were obtained. We assessed why they were being prescribed sunscreen and why they were given one brand of sunscreen over another. Their records were analysed to determine how many times they had been prescribed sunscreen in the past. The cost of the inappropriate prescriptions was then calculated.

Results: 65% of patients were inappropriately prescribed sunscreen. The total cost of inappropriate prescriptions was £756.69. 7 different sunscreen products were use by the cohort. No justification was given for choice of one sunscreen over another.

Discussion: We recommend you carry out this quick and simple audit in your own practice to considerably reduce the amount spent on unnecessary prescriptions. Current guidance on prescribing sunscreen is very limited and open to interpretation. Further national guidelines are required to standardise use of sunscreen by GPs.

140  Diagnosis and management of low B12 in general practice - a clinical audit
Yishi Tan; Elizabeth Green
Beaconsfield Medical Practice

Aim: Compare the diagnosis and management of patients with low B12 at our general practice with the 2014 British Society of Haematology Guidelines.

Method: 33 patients with serum B12<197ng/L or Read codes suggestive of cobalamin deficiency were identified on System One between 1/5/14-30/4/15. Clinically significant B12 deficiency in this audit is defined as initial B12<150ng/L, glossitis, anaemia or neuropsychiatric symptoms.

Relevance: Borderline and low B12 levels are an increasingly common finding in general practice. Symptoms and signs may not be present, leading to challenges in its subsequent management. Management varies between clinicians and is particularly difficult with low cobalamin of uncertain significance.

Results: 17 were males. Mean age was 52.1± 3.6 years and 11 (33%) had anaemia. Median serum B12 was 159ng/L (135-182). Cause of low B12 as recorded in notes: dietary (24%), pregnancy (9%), Crohn’s disease (3%). No diagnosis was documented in 64%. 18 had clinically significant B12 deficiency, of whom 3 (17%) had intrinsic factor antibody (IFA) tested. 5 (28%) received initial hydroxocobalamin injections and 2 (12%) had maintenance hydroxocobalamin. 15 had low cobalamin of uncertain significance, of whom 3 (20%) had a repeat B12 as per guideline, 8 (53%) received treatment before a repeat serum B12 and 4 (27%) had no further investigation or treatment.

Discussion: Documentation of relevant history could be improved. IFAb should be tested in clinically significant B12 deficiency with a need to improve adherence to hydroxocobalamin treatment. Repeat B12 should be requested before starting treatment in patients with low cobalamin of uncertain significance.

141  Benzodiazepines - problems for GPs, problems for patients
Xuan Koe; Valeed Ghafoor
Royal Preston Hospital

Benzodiazepines are tranquillisers that act on the central nervous system, they also produces sedation, act as an anxiolytic and muscle relaxant as well as anticonvulsants. These properties make benzodiazepine useful in many medical conditions such as anxiety, insomnia, seizure, alcohol withdrawal, amnesia induction for uncomfortable procedures and muscle relaxation. Although benzodiazepines have a wide range of effects which are potentially useful, they are prone to cause tolerance and dependence.
We audited a GP surgery in reviewing all the patients currently on benzodiazepines to see if they were on the appropriate treatment. Patients who were on the inappropriate dose or had been on benzodiazepines for a long duration without a valid reason were reviewed. Patients should not take benzodiazepines for more than one month, unless they have been reviewed in the past month and their doctor has decided that it is in patient’s best interest for the continuation of their benzodiazepine medication. Exceptions apply for patients with epilepsy who are on benzodiazepines as adjunctive therapy.

We will discuss the guidelines regarding prescribing and monitoring in benzodiazepine use, alongside reasons for why patients end up taking them long term against guideline suggestions. We will also highlight problem areas and methods of tackling this alongside what to do when a patient refuses or demands that they have benzodiazepines when the clinician does not feel it is appropriate.

142 Substance misuse in adolescents in the community
William Meredith; Louise Theodosiou
Manchester Medical School

Aims: To gain insight into the patterns of substance misuse in adolescents a sample was collected from open case files in a community mental health service.

Results: A total of 252 case files were analysed, 64 were discounted. Of the remaining 188 130 had substance misuse histories taken. Of these: 44% reported using alcohol; 23% reported using cannabis; 24% smoked tobacco and 6% reported using some other form of illicit substance. Comparing those who were known to Youth Offending Services and those who were not: alcohol use was very similar 40% and 44% respectively; cannabis use was 59% higher in those known to Youth Offending Services (YOS) as was smoking (58% higher) and ‘other’ illicit drug use (56% higher). Alcohol use was similar between those who were in some form of education, employment or training and those who were not (NEET). Cannabis use was 54% higher in those NEET compared to those who were, as was smoking by 44% and ‘other’ illicit drug use by 14%.

Conclusion: The data showed that there is a significant level of substance misuse in the adolescents. The young people who were known to YOS and/or NEET reported a much higher rate of illicit substance misuse compared to those not known to YOS or in some form of employment. This highlights the fact that the most vulnerable young people are more likely to have substance misuse problems and hence are most at risk of its detrimental effects.

143 Prevalence of domestic violence: A case finding audit
Azarmidokht Heydari; David Wheeler
Thamesmead Associates, London

The difficulty in engaging patients who are victims of domestic violence is well documented and the signs are often missed in consultations. The majority go without being noticed, which has a phenomenal impact for patients and their children who are still at risk.

An audit was carried out to see how many women, under the age of 65, already coded as having anxiety/depression, had domestic violence in their history: how many had had this coded on their records and what specialist support they had received.

Out of 75 women invited, only 15 responded to be assessed, and 7 out of the 15 had experienced domestic violence, either as part of their childhood, their past history or currently. None of the 7 were coded for domestic violence and only 2 had been referred to appropriate domestic violence support.

These audit findings are a reminder for highlighting the issue of domestic violence, that it does need to be coded and a new system has been suggested (Greenwich CCG has been involved) to also code the children who are at risk of abuse within the household.

144 Offering chaperones in intimate examinations; an audit in general practice
Shaheen Shahid; Bushera Choudry
University of Manchester

Introduction: The General Medical Council have a section discussing intimate examinations and chaperones in their good medical practise guide. This acts as a guideline to protect patients’ dignity and privacy.
Aims: To look at whether clinicians were offering chaperones to patients undergoing intimate examinations regardless of the patients gender.

Method: An EMIS search was conducted for codes relating to breast, testicular and vaginal examinations between 01/01/2015 - 01/07/2015. The notes were reviewed to identify if a chaperone was offered and accepted. It was identified if the clinician was a nurse or a GP and their gender.

Results: A total of 290 intimate examinations performed by clinicians were identified. 46% of breast examinations were offered chaperones. 36% of testicular examinations and 10% of vaginal examinations were offered chaperones. In total the female GPs offered a chaperone to 38% of patients, 56% of female and 0% of male patients. The male GPs offered a chaperone to 70% of patients, 83% of female and 38% of male patients. The female nurses did not offer a chaperone to any of the patients who were all female.

Conclusion: The results were presented at a practise meeting. The documentation of chaperones was not meeting GMC guidelines. It was agreed to change the template for smears used by nurses to ensure chaperones were being offered and documented. The GPs agreed to document chaperone offered in all intimate examinations. This will be re-audited in 6 months.

RESEARCH

145 A new way to recruit participants into research: CLASSIC
Kelly Howells; Lucy Bridges; Kirstine Farrer; Sheila McCorkindale; Peter Bower
NHS Salford Clinical Commissioning Group

The Comprehensive Longitudinal Assessment of Salford Integrated Care (CLASSIC) is a study of the implementation and effectiveness of a new model of care (Salford Integrated Care Programme) for long-term conditions.

The traditional method of communicating research would have been too bureaucratic; a faster and easier way to recruit eligible patients to trial was needed. Using FARSITE to manage recruitment centrally, in combination with a link to third-party e-fulfilment service Docmail, enabled 12,000 letters to be created, approved, printed and mailed remotely. This saved individual practices from the time and resource burden of managing the printing and mailing process, minimising the workload for GPs.

All participating practices now have access to FARSITE Recruitment, and thus the potential to improve processes and efficiencies in future studies. Encouraging greater engagement in research is a key priority for Greater Manchester and Salford.

FARSITE Recruitment offered 33 GP practices a list of participants who met the necessary study criteria to take part in the CLASSIC study. Once approved, the list of patients to be invited to study was sent to Docmail to be printed and mailed remotely.

In total, 4,000 people were recruited over a six-month period. By reducing workload and disruption, the new methods enabled us to conduct the study more efficiently, and to ensure participation across almost all GP surgeries in the area, maximising population coverage and ensuring equitable access for older patients to NIHR studies.

146 Research Ready - making research accessible to general practice
Matt Hoghton; Imran Rafi; Jennifer Cole; Arwen Wilcock; Helen Lester; Nicola Quinn
RCGP

Content of presentation: Research Ready is an RCGP quality framework supporting GP practices throughout the UK in their research activities. With a network of approximately 1000 practices Research Ready helps practices to know, understand and meet the legal requirements of research. Accreditation is through a self assessment process. Research Ready was developed in partnership with the National Institute for Health Research (NIHR) Clinical Research Network (CRN) with significant input from the Health Research Authority (HRA).

Relevance: There is evidence that organisations in which the research function is fully integrated into the organisational structure out-perform other organisations.
Outcomes:

- Enables practices to reflect on their ability and capacity to conduct high quality research.
- Helps practices ensure they meet with the requirements of the UKs Research Governance Frameworks.
- Provides a means for chief investigators, study teams, CQC, MHRA inspections and research management and governance staff to be satisfied that a Research Ready practice is up-to-date and compliant with these standards.
- Practices are also provided with information about local research opportunities.

Discussion: Research Ready is being redeveloped to add value for practices. There are three parts to this work:
(a) revising the basic level accreditation process in response to feedback from practices, (b) developing e-learning support for practices engaging in research, and (c) developing an advanced Research Ready module for experienced practices. An update will be provided on the content for the redeveloped Research Ready.

147 Going for Gold - development of primary care research confederations to bid for healthcare industry research

Teik Goh; Amanda McGough; James Larcombe

Primary care research has made significant progress over the years. Individual practices have found it challenging to bid for industry studies due to small lists, workload pressures, and increasing competition. Few practices in Durham and Teesside have participated in industry research. Successful delivery of industry research is one of the National Institute of Health Research ‘higher level’ objectives and a Government priority.

NHS Durham Dales, Easington and Sedgfield Clinical Commissioning Group (DDES CCG) invested funds to develop a research confederation of GP and Pharmacy practices. The confederation shares experience and research skills, encourages larger bids and mentors practices newer to research. The North East Community Health Network (NECHN) is a social enterprise company formed from GP practices within the Redcar and Cleveland area. Within NECHN, a Research Alliance has been developed to bid for industry research, with practices acting as a ‘hub and spoke’ model.

DDES-CGG Research Confederation have successfully completed their 1st industry study and host a Directory and research updates on their website, to allow open access to their information.

The NECHN-RA have invested in leadership posts to support the development of the Alliance and an initial pilot to conduct a baseline assessment of practices’ research capability (including RCGP Research Ready).

Primary care federations are emerging across England and both DDES CCG and NECHN have developed collaborative ventures to support industry research. This presentation will outline the experience, insight, top tips, lessons learnt and next steps for other Primary Care organisations, GP practices and Academic units.

148 Recorded vignettes: a novel method for investigating documentation in the Electronic Healthcare Record (EHR)

Simon Glew; Helen Smith;

Brighton and Sussex Medical School

Objective: To describe a novel method for investigating the EHR and its associated challenges.

Content: 360 million consultations are documented within the EHR annually in England alone. The quality of this data is increasingly important as it fulfils multiple functions that demand accurate descriptors (codes); clinical records, computerised decision support, financial reimbursement, audit, quality initiatives and secondary research.

In 2013, 144 papers were published using data from the Clinical Practice Research Datalink, predominantly based on EHR codes. However, clinicians do not just record codes but rely upon free text to document symptoms, signs, impressions and reasoning, differential diagnoses and management plans.

Previous investigation of how clinicians document in the EHR has used actors or patients interacting with the clinician being studied. However such methods lack standardisation. This presentation describes a novel method for standardizing this interaction by filming vignettes of actors presenting a monologue of their symptoms, as if in...
a consultation with the doctor. Participating doctors document the consultation in their own EHR. Screen-print data is returned to the researcher for analysis of recording methods (coded and free text).

**Relevance/Impact:** Recorded vignettes have significant potential for all EHR stakeholders - from practice managers and clinicians to researchers.

**Outcomes:** Details of the method and analytical techniques will be presented, along with its application, benefits and limitations.

**Discussion:** Standardized, filmed vignettes are an inexpensive, rigorous technique for exploring how clinicians document patient presentations in the EHR. Our findings may have particular impact on the interpretation of studies utilising CPRD data.

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**149 The normalisation of HIV**

**Daniella de Block Golding**

*University of Manchester*

**Aims and objectives:** People Living With HIV (PLWHIV) in the UK now have a near normal life expectancy, thanks to current medical regimens. With this shift, comes the expectation that their day-to-day management will be passed to General Practice, and that PLWHIV will be expected to work under the Employment Support Act of 2010. However, there is evidence that historic views of HIV continue to frame the perceptions of both care providers and patients. Therefore, we set out to explore the experiences of both health care providers and PLWHIV, to determine whether HIV has normalised as a chronic disease, or continues to be viewed as “other”.

**Content:** Qualitative data was collected through 13 semi-structured interviews, with a range of health care professionals and PLWHIV. The research was also informed by ethnographic experiences within HIV support groups, and health centers. Data was analysed thematically, and verified with peer review.

**Outcomes:** Despite rhetoric around normalisation, HIV continues to be regarded as different to other chronic diseases. This is reflected in approaches to testing; beliefs around the law and transmission; dissemination of research; and fitness to work.

**Discussion and recommendations:** The gap between the biomedical narrative of HIV, and many individuals’ lived experience is due to the persistence of historic discourses around the condition. Our results demonstrate a need for further training of healthcare providers on changes in policy, legislation and how it feels to live with HIV in 2015. In addition, there is evidence to support an updated public health campaign to re-educate the public around HIV.

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**150 Access to healthcare for long-term conditions in women involved in street-based prostitution: a qualitative study**

**Anna Taylor; Emma Mastrocola; Carolyn Chew-Graham**

*Keele University*

**Aims:** Women involved in street-based prostitution (SBP) have well-documented health problems specific to their occupation, but access to care for other chronic health problems has not been investigated. We conducted a qualitative study to explore the perspectives of women involved in SBP about healthcare for long-term conditions (LTCs).

**Content:** Semi-structured interviews conducted with 16 women accessing support from a third sector organisation in North West England. Data were analysed using principles of constant comparison and framework analysis. We will present the study findings and the primary care implications.

**Impact:** Primary care is seen as the optimal context to deliver care for people with LTCs because it is accessible, efficient, and can tackle inequalities related to socioeconomic deprivation. Women involved in SBP have been shown to have poor access to healthcare.

**Outcomes:** Women reported living with ill health, which was difficult to manage and impacted on their work. Poor access to care was due to practical barriers such as costly practice telephone systems and transport. Women reported unsatisfactory consultations, impacting on future decisions to seek care. Women disclosed dilemmas over the decision to disclose their occupation.
Discussion: This study highlights the unmet long-term physical and psychological health needs of women who work in SBP. Access to primary care was problematic, with interactions with GPs not fulfilling their expectations, recursively impacting on future help-seeking behaviour. Understanding self-management strategies and health-seeking behaviours of women involved in SBP is essential in the design and commissioning of services for this under-served group.

151 Comparative study between family income and hopelessness
Ujala Zubair; Zarafshan Zubair; Ahmad Faraz; Rabia Sarwar; Shahraiz Shah Rizvi; Muhammad Tahir Chohan
Jinnah Sindh Medical University, Pakistan

Introduction: Hopelessness can be defined as a condition in which a person experiences negative expectations about future associated with symptoms such as motivational deficit, sadness and lack of concentration ultimately resulting in depression and suicide. There have been associations of hopelessness with various factors such as depression, suicide etc. Low socio-economic status also imparts a negative impact on an individual's psychology. Therefore, we came forward with the idea to figure out the association of hopelessness with family income in our society. It has been observed that there are direct as well as indirect effects of socio-economic conditions on mental health, setting up vicious cycle between poverty and mental disorders. This study demonstrates the vandalization of low socioeconomic status on the mental wellbeing of the individuals of underdeveloped countries.

Method: This is a cross-sectional study done in Karachi. We used SPSS-20 to analyze our research proposal. Data was collected from individuals aged 20-50. They were asked to fill Beck's Hopelessness Scale.

Results: Of 295 individuals, there were 44% males of which 55.3% were married and 44.6% were unmarried. Of 56% females 48.1% females were married and 52.9% females were unmarried. 0-3 was scored by 67.6% individuals, 4-8 by 28.4% individuals, 9-14 by 4% individuals. When T-test was applied to family income and BHS score, then p-value was found to be <0.05. Of those who scored between 0 - 3 47% belonged to low socio-economic status, 49% to middle socio-economic status, 4% to high socio-economic status. Of people who scored between 4 - 8, 41.6% belonged to low socio-economic status, 48.7% to middle socio-economic status, 9.7% to high socio-economic status. Of those who scored between 9 to 14, 25% belonged to low socio-economic status, 66% to middle socio-economic status, 9% to high socio-economic status.

Conclusion: This study provides the impact that there is positive association between low socio-economic status and hopelessness. Thus it shows that societies where there are economic crises are liable to more mental disorders, therefore this study highlights the need of proper initiatives towards the quality of life especially in the under developed parts of the world; to avert the casual of psychiatric illness due to low social economic status & encourages further research in this discipline.

152 Making sense of street chaos: an ethnographic exploration of homeless peoples health service usage
Austin O Carroll
University of Bath

Aims/objectives: Homeless people have some of the worst morbidity and mortality statistics of the Western World yet make poor usage of health services. This research sought to understand the Health Service Usage (HSU) of Homeless People in Dublin.

Content: This presentation will detail the research which adopted a critical realist ethnographic approach supplemented by 47 semi-structured interviews and 2 focus groups. How the HSU of homeless people in Dublin differed from that of the domiciled population was identified. They tended to present late in their illness; default early from treatment; have low usage of primary-care, preventative and outpatient services; have high usage of Emergency and Inpatient services; and poor compliance with medication. A number of external barriers and deterrengs were identified. These were classified as physical (distance) administrative (application process for medical care; appointments; queues; management of addiction in hospital; rules of service; and information providing processes); and attitudinal (stigma; differing attitudes as to appropriate use of services). External promoters included specialised services and keyworkers. Internalised inhibitors were identified which were in nature, either cognitive (fatalistic, denial, deferral to future, presumption
of poor treatment or discrimination, self blame and survival cognitions) or emotional (fear; embarrassment, hopelessness and poor self-esteem).

Hope and positive self-esteem were promoters of HSU. Generative mechanisms for these factors were identified which either affected participants prior to homelessness (poverty causing hopelessness, familial dysfunction, substance misuse, fear of authority, illiteracy; mental health; and poor English) or after becoming homeless (homelessness; ubiquity of premature death; substance misuse; prioritization of survival over health; threat of violence; chaotic nature of homelessness; negative experiences of authority; stigma; and design of health services.

**Relevance/impact:** We need to understand the HSU of homeless people if we wish to develop effective services.

**Outcomes:** A critical realist explanatory model for why homeless people use health services differently to that of the general population is described.

**Discussion:** There are two existing explanatory models for the HSU of homeless people, i.e. the Barriers model and the Gelberg-Anderson behavioural model. This research proposes a new critical realist model. The pros and cons of each model are discussed. The findings of this research have implications for the debate as to whether homeless people need specialised services or should we concentrate instead on making mainstream services accessible.

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**153 Lessons learned about asthma self-management from a pilot randomised controlled trial of a digital intervention**

**David Blanc; Deborah Morrison; Sally Wyke; Alex McConnachie; Kathryn Sauderson; Neil C Thomson; Frances S Mair**

**General Practice & Primary Care, Institute of Health & Wellbeing, University of Glasgow**

**Aims/objectives & content of presentation:** To present results from a recent pilot randomised controlled trial (RCT) of a digital self-management intervention (Living Well with Asthma).

**Relevance/impact:** Self-management support works but is underused by both patients and health professionals. This is relevant because the recent National Review of Asthma Deaths demonstrated that best practice is not happening and consequently lives are being lost unnecessarily.

**Outcomes:** ‘Living Well with Asthma’ was co-designed with adults with asthma and practice nurses. For the evaluation 51 adults with asthma were recruited, 25 to intervention arm, exceeding recruitment target by 1. Age range 16-78 years (mean 46), 75% female, with all deprivation deciles equally represented. Randomisation occurred remotely, after baseline data collection. 45 participants (88%) were available for follow up. 19 (76%) used the website. Baseline adjusted analysis showed non-significant improvements in symptoms and asthma quality of life, but significant improvement in activity limitation. Adherence improved more in the intervention group, although there was little change in prescribing. The intervention group showed improved ‘patient activation’ indicating increased knowledge, skills and confidence to manage their own health. Qualitative interviews provided insights into how the website was used, and suggestions to improve future impact of such an intervention.

**Discussion:** This pilot RCT showed that recruitment was feasible. Trends in outcomes were encouraging, and positive feedback from the intervention participants suggest that progression to a full scale RCT is merited. Supporting self-management digitally may be an effective strategy to improve self-management in adults with asthma.

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**154 ‘When’s the Lung Lady coming again?’: L-HOP Lung Health of Opiate users, how feasible is it to assess respiratory health in opiate misusers attending a specialist community based clinic?**

**Caroline Mitchell; Alice Pitt; Brigitte Colwell; Ivan Appelqvist; Fleur Ashby; Simon Gilbody; Rod Lawson**

**Academic Unit of Primary Medical Care, University of Sheffield**

**Background:** Current guidelines encourage opiate smoking and substitution therapy, to reduce the risks associated with intravenous drug use (overdose; BBV infection; VTE; sepsis) and improve psychosocial outcomes. People who misuse drugs poorly access healthcare outside of specialist substance misuse services, despite a high prevalence of medical and psychiatric conditions. There is an enlarging ageing cohort of people with a history of
stroke in the previous ninety days, so this is a crucial time to intervene to reduce subsequent risk, addressing

**Method:** Phase 1: ‘Lung health’ screening in a community substance misuse clinic, using validated questionnaires in those with a diagnosis of asthma (ACT;AQL, EQ5D); COPD (CQL, EQ5D); a validated case finding tool for COPD (LFQ, EQ5D) in those with no diagnosis; spirometry. Phase 2: Patient and Public involvement (PPI): clinic staff/participants focus group to feedback results and elicit qualitative feedback on the study topic; outcome measures; research questions; proposed study designs.

**Results:** 40 patients; analysis ongoing: 1)Prevalence: undiagnosed respiratory symptoms; prevalence/control of asthma; COPD; uptake primary care; spirometry 2)Qualitative data analysis (PPI FG): framework approach.

**Conclusions:** This study reports the feasibility of case finding for respiratory disease and control of asthma/COPD in an opiate misuse clinic. We will describe the integration of PPI into an iterative research process: development of questions and design of intervention and prognosis studies which recruit opiate misusers.

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**155 TIA mimics: a systematic review and recent data from the Netherlands**

L Servaas Dolmans; Myrthe I van Den Berg; Frans H Rutten

*Julius Center for Health Sciences and Primary Care, Netherlands*

**Background:** Diagnosing Transient Ischaemic Attack (TIA) is difficult. Timely identification of TIAs is essential for a rapid start of stroke preventing treatment, but multiple conditions can mimic TIA. Recognising mimicking conditions may prevent costly additional investigations and inappropriate treatment. We aimed to determine the proportion and distribution of alternative diagnoses in patients suspected of TIA.

**Methods:** We performed a systematic literature review to identify studies reporting the frequency of alternative diagnoses in patients suspected of TIA. We did the same in a cohort of 171 patients suspected of TIA by their GP (participants of the MIND-TIA project). These patients were referred to rapid-access TIA services in the region of Utrecht, the Netherlands from October 2013 till May 2015. The diagnoses by the neurologists were categorized in TIA/minor stroke, probable TIA, possible TIA and no TIA.

**Results:** We identified 24 studies from 11 countries including 16,253 suspected TIAs, with on average 37.5% alternative diagnoses. This proportion ranged from 10% to 78%. Migraine, (pre)syncope, seizure and vestibular syndrome were most frequent. Diagnoses in the cohort were: TIA/minor stroke 48.8%, probable TIA 12.5%, possible TIA 13.1%, no TIA 25.6%. Similarly, most frequent mimics were migraine and (pre)syncope, but in 34 of 62 (54.8%) non-/possible TIA cases a clear diagnosis was lacking.

**Discussion:** There is a large range in the proportion of alternative diagnoses in suspected cases of TIA across different countries and settings. Migraine, (pre)syncope, seizure and vestibular syndrome are most frequent alternative diagnoses. Importantly, a clear diagnosis for TIA mimics often lacks.

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**156 Systematic review of rehabilitation programmes initiated within 90 days of a TIA or ‘minor’ stroke**

Neil Heron; Margaret Cuppies

*Department of General Practice, Queen’s University Belfast*

**Aim/objectives:** The best approach to optimal prevention of stroke following TIA is unclear. This systematic review aims to determine the effectiveness of rehabilitation initiated within 90 days of a transient ischaemic attack (TIA) or ‘minor’ stroke.

**Content:** Randomised/quasi-randomised controlled trials of rehabilitation programmes initiated within 90 days of a TIA or ‘minor’ stroke and published since 2004 were identified, using keywords (‘stroke’, ‘TIA’, ‘rehabilitation’) to search MEDLINE, EMBASE, CINHAL, PsychInfo and Web of Science databases. 668 papers were identified: after reading titles and abstracts we excluded papers due to duplication, no defined outcomes and no differentiation of stroke type. PRISMA guidelines were used to assess the quality of 30 studies. Effects on specified outcomes will be reported.

**Relevance/impact:** Stroke is the leading cause of adult disability. Many strokes are preceded by a TIA or ‘minor’ stroke in the previous ninety days, so this is a crucial time to intervene to reduce subsequent risk, addressing
lifestyle risk factors and initiating optimal preventive medication. However, there is a paucity of evidence to support the design of rehabilitation programmes following a TIA or minor stroke.

**Outcomes:** Studies vary in quality; many do not differentiate between patients with minor stroke/TIA or other types of stroke. The effect of early rehabilitation on risk factors, stroke and mortality will be presented.

**Discussion:** The findings will provide evidence for GPs who aim to provide best care for these patients in the community, inform planning of TIA/stroke services and help prevent stroke and disability.

157 Advantages and disadvantages of unstructured cardiovascular risk factor screening for follow-up in primary care

A.W. de Boer; R. de Mutsert; M. Den Heijer; F.R. Rosendaal; J.W. Jukema; J.W. Blom; M.E. Numans

Department of Clinical Epidemiology, Leiden University Medical Center, Netherlands

**Aim:** In primary care, unstructured risk factor screening outside primary care and corresponding recommendations to consult a family physician (FP) are often based on one abnormal value of a single risk factor. This study investigates the advantages and disadvantages of unstructured screening of blood pressure and cholesterol outside primary care.

**Methods:** After the baseline visit of the Netherlands Epidemiology of Obesity (NEO) study (a population-based prospective cohort study in persons aged 45-65 years) all participants received a letter with results of blood pressure and cholesterol, and a recommendation to consult a FP if results were abnormal. Four years after the start of the study, participants received a questionnaire about the follow-up of their results.

**Results:** The study population consisted of 6,343 participants, 48% men, mean age 56 years, mean body mass index 30 kg/m². Of all participants 66% had an abnormal result and, of these, 49% had a treatment indication based on the risk estimation system SCORE-NL 2006. Of the 25% of the participants who did not consult a FP, 40% had a treatment indication. Of the participants with an abnormal result 19% were worried, of whom 60% had no treatment indication.

**Conclusions:** In this population 51% of the participants with an abnormal result had unnecessarily received a recommendation to consult a FP, and 10% was unnecessarily worried. FPs should be informed about the complete risk assessment, and only participants at intermediate or high risk should receive a recommendation to consult a FP.

158 Impact of socioeconomic deprivation on screening for cardiovascular disease risk: cross sectional study

Sarah-Jane Lang; Ricky Mullis; Gary Abel; Jonathan Mant

Primary Care Unit, University of Cambridge

Cardiovascular disease (CVD) remains the leading cause of mortality worldwide. Health inequalities based on socioeconomic deprivation exist amongst those with CVD. In England, ‘NHS health checks’, a screening programme, aim to reduce CVD health inequalities. This study aims to investigate whether uptake of screening for CVD risk is associated with socioeconomic deprivation.

**Objectives:** To determine whether deprivation is associated with:

- Completeness of CVD risk factor recording, permitting CVD risk estimation, prior to screening.
- Attendance rates at CVD screening.
- CVD risk in those attending screening.

**Methods:** Retrospective analysis of 7987 patients aged 50-74 at 9 general practices. Those whose CVD risk could not be estimated from practice data were invited to screening. For the three objectives, logistic regression models were run, with the exposure of interest being person level deprivation.

**Results:** 5466 (68%) were identified as being at unknown CVD risk, all were invited to screening, 42% attended, 37% of these were found to be high risk. The most deprived patients had better risk factor recording prior to screening (adjusted OR for inability to estimate risk: 0.78 95% CI 0.62 to 0.99), but were less likely to attend screening when invited (adjusted OR 0.34 95% CI 0.26 to 0.44). Those most deprived who attended screening were more likely to be at high risk (adjusted OR 2.12 95% CI 1.28 to 3.53).
Conclusions: The findings demonstrate differential uptake of CVD screening based on deprivation, which may actually exacerbate health inequalities. This should be considered when implementing screening programmes such as the NHS health checks.

159 The implications of living with: a secondary analysis of qualitative data
Mirella Fry; Carolyn Chew-Graham; Sarah McLachlen; Sarah Purdy
Keele University

Aims and objectives: Heart failure is an increasing problem, with more people living with the condition, and requiring input from primary and specialist care. Secondary analysis of a data-set (conducted as part of a larger ethnographic study) explored patients’ perspectives of living with heart failure, and views on access to care. Secondary analysis enables researchers to interrogate data from a different perspective, and is an efficient and ethical use of already collected data.

Content: Secondary analysis of the data involved re-analysing eleven interviews of patients with heart failure. Analysis produced four dominant themes: the impact of living with heart failure in the context of multi-morbidity, the roles of family and friends throughout the illness journey, ease/difficulty of access to care, and valuing relationships with health care professionals.

Relevance: Little is known about the impact of heart failure on patients and their families. GPs can learn from patients’ perspectives on living with chronic conditions, and accessing the healthcare system. Such learning has the potential to change practice.

Outcome: Secondary analysis allowed further analysis of a rich data-set and provides important messages for health care professionals.

Discussion: Poor access to primary care, and unhelpful encounters recursively affect a patient’s future consulting behaviour. Limited liaison and communication between different healthcare professionals involved in the management of different co-morbidities affects patient’s experiences of care. Improvements in these areas could reduce patient uncertainty and anxiety, especially in those with little family support.

160 Vignettes arising from a qualitative study exploring the effect of deprivation on the triggers for cardiology outpatient referrals from Sheffield GPs
Liz Walton
University of Sheffield

People living in the Most Deprived (MD) areas of Sheffield experience more than double the rate of premature mortality from coronary heart disease when compared with Least Deprived (LD) areas. While the social determinants of health are likely to be the most significant factors contributing to this inequity, this pragmatic health services research project explored the effect of deprivation on the triggers and for cardiology outpatient referrals from Sheffield General Practitioners (GPs).

Semi-structured interviews and a focus group with GPs working in socio-economically contrasting areas of Sheffield were undertaken to explore the different influences upon GP referral decision-making. Themes influencing referral triggers from GPs working in MD areas included patient fear, reluctance and health literacy. In contrast, themes from GPs working in LD areas included articulate patients with high expectations, private referrals and awareness of litigation. Decision-making in MD areas was described as being ‘doctor-led’ which contrasted with ‘patient-led’ descriptions from participants in LD areas. These findings have been summarized in four vignettes as part of the authors’ PhD thesis and will be presented in this poster.

The novel findings of this research present the GP experience when making referral decisions, and reflect the differing pressures of consulting with patients at the extremes of socio-economic position. The findings highlight some of the many challenges faced by people living in deprived areas, contributing to health inequity.
Aims: To examine the association between the risk of childhood infection and major congenital heart anomalies (CHA) in children.

Content: Using The Health Improvement Network, a large primary care database, we compared the incidence rates of all respiratory tract infections (RTI), lower respiratory tract infections (LRTI), non-specific and specific gastrointestinal (GI) infections between children with and without CHA. A total of 952,180 children born between 1990 and 2013 were followed up until they reached 5 years old. CHAs were defined using diagnostic Read codes mapped to ICD10 codes based on the European Congenital Anomaly Classification (EUROCAT).

Relevance: Childhood infections take up a significant portion of resources in primary care. It is therefore important to do more research as the increased survival among CHA children will require more resources in the future.

Outcomes: Children with CHA (n=6964) were found to be 1.44 (95%CI=1.42-1.45) and 1.99 (95%CI=1.94-2.05) times more likely of getting RTI and LRTI respectively when compared to children without CHA. They were also found to be 1.25 (95%CI = 1.22-1.28) and 1.12 (95% CI = 1.04-1.21) times more likely to get non-specific and specific GI infections respectively when compared to children without CHA. There was also evidence of differences in the relative increase risk of infection among different age and deprivation groups.

Discussion: In the community, it was found that CHA children are more likely to present with RTI and LRTI episodes. Increased awareness among GPs and parents will help to manage the risks of these infections.

A literature review on the psychological and mental health impact of Psoriatic Arthritis (PsA)

Aims/objectives: The objective of this presentation is to outline the significant effects on a clinical level of living with Psoriatic Arthritis (PsA) in terms of psychological well-being and mental health.

Content: The importance of meeting psychological health needs as well as physical healthcare needs in general practice and primary care underlines the rationale for this literature based research and identification of key ‘gaps’ in current reportage of psychological needs in PsA.

Relevance/impact: We report that this work has relevance in terms of both clinical practice and medical research. Establishment of stronger links between psychological services and dermatology/rheumatology services is an ineriable necessity from our review and discussions.

Discussion: The impact of such psychological effects on health related quality of life are reported (Kotsis et al, 2012). Depressive illness and anxiety (particularly concerning the physical symptoms) are reported in PsA (Kotsis et al, 2012) and; A multi-faceted approach to care integrative of physical and psychological aspects of the condition is advocated (Ghajarzadeh et al, 2011).

Outcomes: The presentation reports that psychological aspects of psoriasis within the context of plaque psoriasis (that affecting the skin) remain most explicit in those guidelines and grey literature sources we reviewed despite the potential for PsA to develop in 6-40% of those with psoriasis (Mental Health Foundation and Psoriasis Association, 2012).

A qualitative exploration of the experience of living with epilepsy in the mid-west region of Ireland

Aim: To explore the emotional and psychosocial impacts of living with epilepsy, as well as the role of culture and society which can affect an individual’s experience and their approach to treatment.

Epilepsy is a chronic condition with associated biological and psychosocial effects. It is unique because of the stigma and psychosocial burden associated with it.

Aims and objectives: The aim of our study was to evaluate the emotional and psychosocial impacts of living with epilepsy, as well as the role of culture and society which can affect an individual’s experience and their approach to treatment.
Methods: This study adopted a prospective, qualitative design using Interpretative Phenomenological Analysis (IPA) methodology. A purposive sample of 12 people with epilepsy was recruited from the registers of General Practices in the Mid-West region of Ireland. Semi-structured face-to-face interviews were conducted to talk about the personal meaning of living with epilepsy. Audio recordings were transcribed verbatim. Themes that emerged as representative of the content were then identified.

Results: Fear, of seizures, of rejection, of embarrassment and of stigma was a recurring issue. These perceptions had a direct negative effect on mental health. There was an overlap between feelings of fear and perceived stigma, issues affecting compliance with medication, and perceptions regarding side effects and prescribing choices. There was also a relationship between feelings of stigma, the perceived need for secrecy and concealment felt by some of the interviewed patients, and feelings of discrimination, both socially and in a work life context. Many of the patients experienced feelings of guilt in a social context, and a perception of being a “burden” to their families. Many also stated that epilepsy affected them in forming relationships. There was a general sense of limited independence, compounded by driving restrictions and a sense of frustration with perceived and real barriers to achieving academic and professional goals.

Conclusions: Our study provides insights into the emotional and psychological aspects of living with epilepsy.

164 Findings of the SUDEP Action International Epilepsy Deaths Register: March 2013-2015
Brigitte Colwell; Henry Smithson; Karen Osland; Jane Hanna
University of Sheffield

Aims: To report the results from cases registered with the Epilepsy Deaths Register in the first two years of the register.

Content: An on-line Epilepsy Deaths Register (EDR) was set up by SUDEP Action (UK) in March 2013 to gather information about Sudden Unexpected Death in Epilepsy SUDEP. The EDR has been designed to enable family, friends or professionals to report a death. Demographic and descriptive data, including free text comments, of the circumstances leading to death, is collected to build a complete picture of the lifestyle and choices made by the person who died.

Relevance/Impact: Data from the EDR can be used to help reduce epilepsy related deaths and improve public and professional awareness of Sudden Unexpected Death in Epilepsy (SUDEP).

Outcomes: Results from the first year of the register are promising; 275 cases were reported from five countries, and similar to other studies, the risk of SUDEP peaks between the ages of 18-30. SUDEP was recorded as a cause of death in 51% of cases. Further in-depth analysis will be carried out on data collected during the second year of the Register to add to the findings from the first year, which will be reported to the conference.

Discussion: The findings from the Register will contribute to current work around SUDEP, specifically identifying characteristics of SUDEP cases. The management and monitoring of these cases which will help formulate recommendations for people with epilepsy, health professionals and Not For Profit Organisations to reduce the risk of death.

165 Exploring the perceptions and experiences of people who use and those that provide a shared care clozapine service
Camilla Sowerby; Denise Taylor
University of Bath

Government policy 1, 2 emphasises that care should be driven by patients, there should be choice in how patients obtain care, and care should be individualised and recovery focused to improve patients’ independence. A clozapine shared care service is an option, where clozapine is obtained from the GP and community pharmacy; who are supported by secondary care mental health colleagues.

Semi-structured interview and focus group methodology were used to explore perceptions and experiences of people receiving/delivering this service to better understand its effectiveness and acceptability. Participants included clozapine service users (CSU), general practitioners; community psychiatric nurses, community and hospital pharmacy staff and responsible clinicians. Interpretative phenomenological analysis was used. Transcripts were analysed within and across participant groups using an iterative process, resulting in four shared

Participants agreed that physical healthcare was equally important as mental healthcare. The majority felt GPs were best placed to look after CSU physical health as this was recognised as their speciality. Shared care assisted CSU’s to take ownership of their health, develop independence through realisation of their capability and through changing relationships with HCP’s.

Implications for practice include: the need to reflect on the impact of service provision on CSUs ability to recover and rehabilitate; identification of successful change mechanisms and how these can be triggered and sustained in changing relationships; identifying enablers and barriers to embedding shared care into everyday practice.  


166 The associations of ‘fatness’, ‘fitness’ and physical activity with all-cause mortality in the elderly: a systematic review of observational studies  
Dharani Yerrakalva; Ricky Mullis; Jonathan Mant  
University of Cambridge

**Background:** In older adults, unlike the general adult population, increasing adiposity is associated with better health outcomes. This is the so-called ‘obesity paradox’. This review sought to explore whether the obesity paradox in older adults might be explained by confounding or effect modification by cardiorespiratory fitness or physical activity.

**Methods:** Systematic searches were carried out to identify observational studies that examined the association of adiposity markers (body mass index, waist circumference and waist-hip ratio) with all-cause mortality in older adults (aged ≥ 60) and took into account cardiorespiratory fitness or physical activity. Data from each included study was analysed to produce a graphical representation of the relationship of adiposity markers with all-cause mortality.

**Results:** 15 observational studies were identified. 14 of these studies found that increasing BMI had a non-positive association with all-cause mortality, with persistence of the obesity paradox despite adjustment for physical activity or cardiorespiratory fitness. Two studies found that low fitness was associated with mortality risk regardless of BMI while fit and overweight individuals had similar mortality risk as their normal weight counterparts.

**Conclusions:** The limited available evidence suggests that physical activity or cardiorespiratory fitness are not confounding the relationship between adiposity markers and mortality, but cardiorespiratory fitness may be acting as an effect modifier. The risk of death associated with being overweight or obese may differ depending on fitness but this is based on only two studies which used stratification as opposed to post-hoc adjustment.

167 Profiling usual care for patients with multimorbidity in the 3D Study  
Zoe Bush; Rosie Huxley; Rebecca Robinson; Katherine Chaplin; Chris Salisbury; Cindy Mann  
University of Bristol

**Aim:** To understand the diverse responses to challenges and constraints involved in providing care for patients with multimorbidity in general practice.

**Objectives:** To explore challenges of ‘multimorbidity’ through a literature review. To profile current care of patients with multiple long-term conditions.

**Content:** Care for patients with multimorbidity presents huge challenges and practices respond to these in different ways. We profiled 10 GP practices in the 3D Study (a multisite cluster RCT, involving 36 UK practices, investigating ways to improve management of patients with multimorbidity in general practice) to define ‘usual care’ at the start of the trial. This is outlined alongside researched patient and practices’ experiences of multimorbidity and the effects of QOF.

**Relevance:** There is concern about the growing problem of multimorbidity and its impact on patients and healthcare services. Improving care for patients with multimorbidity is high on the current healthcare agenda and greater understanding of how care is evolving might help in creating models adapted to local context that better address patient needs.
Outcomes: Usual care varied across practices. Some organised dedicated clinics for QOF listed chronic conditions whilst others were reviewed in general sessions, if at all. However, management of conditions such as diabetes and COPD was more consistent.

Discussion: Practices have developed their own models in response to available resources and perceived need. This project highlighted the range of difference between usual care and the 3D model being tested, which will inform conclusions about its potential to improve management of multimorbidity.

168 Diagnosis of serious infection in elderly patients in primary care and the decision to admit: a qualitative study

Gail Hayward; Abigail Moore; Caroline Jones; Dan Lasserson
Department of Primary Health Care Sciences, University of Oxford

The problem: The UK has an increasingly elderly population. Infection is common in this age group, and serious infection has a high mortality rate. However, diagnosing serious infection in the elderly is challenging in primary care because presentation is often not classical, diagnostic tests are less reliable and clinical scores are not well validated in this population.

The approach: We aimed to explore how GPs arrive at a diagnosis of serious infection in elderly patients and the key influences upon the decision whether to admit. This was a qualitative interview study using semi-structured interviews with a purposive maximum variation sample of GPs. Data was analysed using constant comparative analysis based on a grounded theory approach.

Findings: Data analysis is ongoing. Preliminary findings include the confirmation that diagnosing infection is different in the elderly compared to other population groups. GPs often elicit a vague history or non-specific symptoms and signs. A watch and wait approach with careful safety netting and early follow up is sometimes used. The urgent need for diagnostic tests, the presence and ability of a carer and the use of non-clinical red flags seem to be influential in the decision to admit.

Consequences: This study helps to unpick the factors that influence GPs when making complex decisions regarding diagnosis and admission in elderly patients with suspected serious infection. This is important both in informing future quantitative research into diagnostic markers as well as in the education of GP trainees in the management of the growing elderly population.

169 Knowledge and attitudes of future general practitioners in dementia care

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

Aim: To survey future GPs on their knowledge and attitudes to current dementia care.

Content: We present findings from a survey to GP trainees in the North East of England, which included questions on attitudes to dementia care, difficulties encountered when managing dementia and a knowledge quiz.

Relevance: General Practitioners (GPs) have consistently expressed a lack in confidence and skills in managing dementia. Future GPs are generally positive about promoting the quality of life of patients with dementia (PwD) and their carers. It is unclear however what challenges future GPs face when dealing with these complex patients.

Outcomes: 153 of 513 trainees responded to the survey (response rate 30%); 102 female and 51 male trainees responded. Majority of trainees (87.1%) feeling that much could still be done to improve the lives of PwD. Main difficulties encountered by trainees in dementia management included coordinating support services for PwD and their carers as well as responding to co-existing behavioural and psychiatric problems. The majority of trainees (90.4%) also felt that GPs have a key role to play in identifying those at high risk of dementia and almost two thirds feeling that a risk prediction tool would be useful. Around 80% of trainees also felt that more education in management of dementia during or after training would be useful.

Discussion: PwD are complex individuals often requiring multidisciplinary support. In order to ensure that these patients continue to live well in the community educational and clinical resources could be improved for future GPs.
170 Are general practitioners equipped to help their dementia patients access assistive technology?
Lisa Newton; Claire Dickinson; Grant Gibson; Louise Robinson
Newcastle University

Aims/objectives: To explore GPs levels of awareness and experience of Assistive Technology (AT) used in dementia care.

Content: This presentation highlights the use of AT in dementia care; specifically focussing on the results of a mixed methods study exploring GPs and GP trainees (GPTs) knowledge and the experience of AT. The study involved two work stream (WS). WS1: a scoping questionnaire to GPTs during a national conference. WS2: semi-structured interviews with 17 GPs (11 GPs and 6 GPTs; 5 GPs had a commissioning role).

Relevance/impact: There is a lack of awareness among GPs of the use of AT in dementia care; this needs to be addressed in order to integrate AT into routine dementia care.

Outcomes: WS1: GPTs did not feel confident enough to give information on AT or to refer appropriately. WS2: GPs had a general lack of awareness of AT. Many had only heard of a few dementia specific devices; the majority had mainly seen pendant alarms. They were not clear on where to get information, who to refer to, or who should commission AT.

Discussion: In dementia, diagnosis and management are increasingly becoming the responsibility of GPs. One aspect of post diagnostic care strongly promoted by government policy is AT. No research to date has explored GPs experience of AT used in dementia. This study highlights the need for increased awareness among GPs of the role of AT in dementia care and for clarity around information provision and referral pathways, in order to support the 850,000 PwD currently living in the UK.

171 Avoiding unplanned admissions: experiences from primary care
Thomas Gorman; Claire Dickinson; Alice Gowing; Louise Robinson; Rachel Duncan
Institute of Health & Society, Newcastle University

Aims/objectives: This qualitative study evaluates the experiences of multi-disciplinary teams (MDTs) within primary care, delivering an unplanned admission avoidance programme.

Content: We will present the preliminary findings of focus groups held with 8 GP practice MDTs, and 5 interviews with linked healthcare professionals working in the community. Data was analysed using thematic analysis.

Relevance/impact: Avoiding unplanned admissions and improving the health and social care of older individuals is a key government priority. A local clinical commissioning group (CCG) had a well-established frailty pathway, which has recently integrated with the avoiding unplanned admissions enhanced service. We sought to identify the facilitators and barriers to delivering this service, and examples of good practice.

Outcomes: The creation of MDTs to discuss at risk patients were welcomed for fostering team spirit and improving knowledge of complex patients, particularly amongst nurses. Increased involvement with social care was seen as beneficial. However, a variation in experience occurred between practices. Uncertainty arose around which patients should be enrolled in this programme. MDTs felt increased care planning and improved liaison with care homes through community matrons were key to reducing unplanned admissions. GP practices found implementation and administration burdensome, exacerbated by insufficient feedback from the CCG. In addition separate electronic systems between professional groups hampered integration.

Discussion: Overall MDTs felt the programme to be beneficial to patients, however complex bureaucracy made implementation burdensome. Examples of good practice were identified and these should now be integrated into the existing service to improve delivery.

172 Prevalence and nature of prescribing and monitoring errors in older patients and in children
Janice Olaniyan; Ghaleb Maisoon; Soraya Dhillon; Paul Robinson
University of Hertfordshire

Background: Medication errors have the potential to cause patient morbidity and mortality. Evidence suggests the prescribing stage is the most susceptible, and that older patients and children experience more significant errors.
Aim: To determine the prevalence and nature of prescribing and monitoring errors in older patients ≥65 years old and children 0-12 years old in general practices in England

Method: Potential errors were identified through retrospective review of electronic medical records of a 10% random sample of older patients ≥65 years, and children 0-12 years old in two general practices across two Clinical Commissioning Groups, CCG in England. An error-judging panel assessed the severity of each error. A total of 2739 unique prescription items for 364 older patients aged ≥65 years, and 755 unique prescription items for 525 children aged 0-12 years were reviewed over the preceding 12-months.

Key findings: Preliminary results showed potential prescribing/monitoring errors in the older patient group was 7.96% of all prescription items, and 67.49% of all patients, who were prescribed at least one medication in the 12-months review period; in the younger patient, error rates were 9.67% of all prescription items and 25.89% of all patients. Most of the errors identified were of mild to moderate severity.

Conclusion: Prescribing and monitoring errors are more common in general practices in older patients and in children, although very few are severe. Understanding the factors, which lead to error occurrence in these patient groups, can positively influence prescribing quality, adherence, and lead to better patient outcomes.

Antibiotic prescribing rates rise as patient access to primary care improves

Craig Balmforth; Niall Jordan
University of Manchester

Aims/objectives: Successive governments continue to press for improved access to primary care, but without additional resources, concerns exist that the quality of service may be diluted. Furthermore rapid access may have the unwanted effect of encouraging presentation with self-limiting conditions such as acute respiratory tract infections (RTIs).

Content: In an attempt to improve access, Davyhulme Medical Centre introduced a system of 5-minute walk-in appointments for urgent problems, replacing bookable on-the-day 10-minute appointments. A retrospective quantitative study was performed to confirm the hypothesis that despite improving access, the resultant decreased consultation length might adversely affect quality of antibiotic prescribing.

Outcomes: During the study period, a total of 175 patients presented to Davyhulme Medical Centre with suspected URTI or LRTI. All patients had consultations with the general practitioner. The results showed when comparing antibiotic prescribing rates for patients presenting with a diagnosis code of LRTI in shorter consultation lengths, there was a significant increase in the rate of prescribing. Interestingly, in contrast, a similar increase was not seen in prescribing rates for URTI.

Graph 1: Number of antibiotics prescribed for patients presenting with a diagnosis code of LRTI in 2013, and in 2014. (* P = 0.01)
Graph 2: Number of antibiotics prescribed for patients presenting with a diagnosis code of URTI in 10-minute, and 5-minute appointments.

Table 1: Antibiotics prescribing rates for URTI

<table>
<thead>
<tr>
<th>URTI</th>
<th>2013</th>
<th>2014</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotic prescribed</td>
<td>9</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>No Antibiotic Prescribed</td>
<td>26</td>
<td>24</td>
<td>52</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>35</td>
<td>72</td>
</tr>
<tr>
<td>Percentage prescribed</td>
<td>24%</td>
<td>31%</td>
<td>28%</td>
</tr>
<tr>
<td>ESAC guidelines</td>
<td>&lt;20%</td>
<td>&lt;20%</td>
<td>&lt;20%</td>
</tr>
</tbody>
</table>

Table 2: Antibiotics prescribing rates for LRTI

<table>
<thead>
<tr>
<th>LRTI</th>
<th>2013</th>
<th>2014</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotic prescribed</td>
<td>18</td>
<td>43</td>
<td>61</td>
</tr>
<tr>
<td>No Antibiotic Prescribed</td>
<td>23</td>
<td>19</td>
<td>42</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>62</td>
<td>103</td>
</tr>
<tr>
<td>Percentage prescribed</td>
<td>44%</td>
<td>69%</td>
<td>59%</td>
</tr>
<tr>
<td>ESAC guidelines</td>
<td>&lt;30%</td>
<td>&lt;30%</td>
<td>&lt;30%</td>
</tr>
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</table>

Relevance/impact: Despite evidence that antibiotics provide marginal benefits for acute RTIs and awareness amongst GPs of adverse consequences of inappropriate prescribing on both individuals and society, many continue to prescribe antibiotics inappropriately.

Discussion: This work suggests that improved access at the expense of consultation length may have a detrimental effect on prescribing for RTIs. It is already known that when doctors perceive patients expect antibiotics, they are 10 times more likely to be prescribed. We propose that, within a time-pressured walk in clinic, exploration of patients’ ideas, concerns and expectations is compromised/sacrificed resulting in overestimation of genuine patient demand for antibiotics.

INTERNATIONAL

174 The views of UK based Sierra Leonean Diaspora on the Ebola virus outbreak and possible health promotion role

Achmed Kamara
King’s College Hospital, London

Introduction: The Ebola virus disease (EVD) outbreak in West Africa is an unprecedented public health emergency. Sierra Leone is amongst the affected countries. There is a relatively large Sierra Leonean Diaspora community in the UK (UKSLD). Management involves implementation and adherence to strict infection control
measures, including sensitising the public with messages about infection prevention, early presentation to healthcare facilities, and avoiding cultural practices such as washing the dead.

**Methodology:** A purposive cross-sectional questionnaire survey of UKSLD’s concern, EVD-information-seeking and -giving to loved ones in Sierra Leone about what to do if unwell was conducted.

**Results:** 154-people participated. 17-non-UKSLDs were excluded. 137 were analysed. 75 (57.69%) were women. The modal age range was 40-49 years-old (45, 38.46%). 99.27% of participants had relatives in Sierra Leone; 122 had spoken to a loved one within the preceding 1-week; 124 (95.38%) had advised loved-ones on what to do if unwell. EVD-related information was obtained from mainstream-news (47.69%), official health websites (32.31%), social media (31.54%), other internet sources (20.77%), word-of-mouth (20.00%), Sierra Leone Government website (20.77%), and formal events/lectures (11.54%). Causes of EVD stated were virus (59.84%), manmade (31.07%), bad luck (1.57%), and spiritual (1.57%); and 31.75% had changed their belief of the cause of EVD since the outbreak began.

**Conclusion:** The findings of this study reveal UKSLD are conveying health advice to loved ones in Sierra Leone; suggesting a possible need to target Diaspora communities in public health campaigns to ensure a uniform message is communicated to in-country residents.

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**175 Primary and first contact care on a medical support mission to the Dominican Republic**

Kirsty Armstrong; Jeshni Amblum-Almer

*The Faculty of Health, Social Care and Education, St George’s Hospital, University of London and and Kingston University*

**Aims and objectives:** The role of the volunteers in healthcare has a significant impact in developing countries. In countries where healthcare services are sub-optimal the contribution of voluntary organisations is important. The aim of this project was to provide primary / first contact care to the local population within a structured community project.

**Content of presentation:** The DR is still considered a developing country but is undergoing transformation due to its popularity as the fastest growing Caribbean island. The coast and major cities are well served by an adequate if piecemeal health care system. Away from these areas villages can be isolated, transport minimal and health care problems substantial. A group of volunteer healthcare practitioners provided free healthcare services in rural areas in village schools or community halls. Locals were provided with free advice, medicine, clothing, eye testing/spectacles and educational sessions.

**Relevance/impact:** Government directives and data collection were incorporated into the sessions eg. measuring blood pressure for all patients over 14 years, height and weight up to age 14 and education sessions on breast feeding, tooth hygiene and choking were led by local health volunteers. Anti-parasite medication and daily vitamins were given to all patients unless contraindicated.

**Outcomes:** Diabetes and hypertension are common in the DR (8-9% and 29-35% respectively). These were common presentations at the clinic. Underweight children comprise 3.4% . Poor nutrition has resulted in a high number of underweight locals especially on the Haitian border.

**Discussion:** Poor sanitation and water supply and a sub-optimal diet contribute to preventable problems in the DR. Long term conditions are also very common. Volunteering provides opportunities for clinicians and developing countries alike.

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**176 An innovative project to promote integration of patient care between an acute hospital and a community hospital in Singapore**

Adeline Gong; Kelvin Koh; Chi Siong Chua

Jurong Health Services, Singapore

Singapore is a dynamic Southeast Asian city-state with a first-world economy, high living standards, and excellent healthcare facilities. Like other developed countries, Singapore is currently facing the challenge of meeting the healthcare needs of an ageing population.
JurongHealth Services is a healthcare group birthed in 2009 with a unique vision of integrated care. Ng Teng Fong General Hospital houses specialist services and provides acute medical care; its partner Jurong Community Hospital is spearheaded by GPs and provides convalescent care for medically stable patients. This partnership of acute and intermediate care promotes resource sharing and improves patient safety outcomes, as well as enabling seamless transition through the use of combined electronic information systems. Co-location and close teamwork also helps facilitate discharge planning - reducing length of stay in acute hospitals and improving community reintegration.

Our pilot group of patients under the “Transitional Care Services” was analysed from January 2013 to May 2015. From a sample size of 635 patients, we found an average waiting time of 1.62 days for transfer from acute to community hospital post-referral, while only 5.67% of patients had unplanned re-admissions to acute hospitals. 67.87% of community hospital patients achieved an improvement in MBI score of 10 points, and 87.09% were successfully discharged home.

These encouraging statistics will hopefully be replicated on a larger scale after the official opening of both hospitals in June 2015. Success would redefine the function of community hospitals, recognising their pivotal role in changing the landscape of healthcare provision both nationally and globally.

177  Learning from Europe - would an alternative healthcare model benefit general practice in the UK?
Clare Wilson
Severn Deanery
Aims/objectives: To identify the views of General Practice doctors (GPs) on the future of UK healthcare and alternate funding methods used in Europe.
Content: Anonymous online survey distributed via email to GPs & Doctors in training working in Bristol, receiving 75 responses. Participants rated 20 statements on a 5-point Likert scale.
Relevance/impact: The healthcare system in the United Kingdom is based on the ‘Beveridge model’ of tax funding providing ‘free at the point of delivery’ care. Alternate methods in use across Europe include compulsory national insurance, and other private voluntary insurance schemes (1).
The ongoing funding of healthcare in the UK is currently a subject of debate (2), with focus on the funding and future of General Practice (3).
Outcomes: There was a significant positive response (p<0.01) for maintaining a ‘free at the point of delivery’ service based on taxation (49%), a need for change in the NHS (87%), deeming the current service cost effective (59%). There was a significant (p<0.01) paying for healthcare up front (75%), introduction of compulsory health insurance (37%), introduction of voluntary private insurance (71%).
Discussion: This survey demonstrates a belief amongst GPs that change is needed in the UK healthcare system. There is support for financial penalties for missed appointments, however the majority were in favour of a taxation based, and ‘free at the point of delivery’ system, with significant opposition to an insurance model.

178  Expanding horizons through international partnerships: the West Bengal/RCGP family medicine training pilot
Elizabeth Goodburn; Chayan Datta; Annette Steele; Jill Edwards
RCGP International
This presentation demonstrates the educational benefits and challenges of an innovative partnership between an Indian State and RCGP.
The Indian Primary Health Care system aims to provide a range of essential preventive and curative interventions to underserved populations. Recruiting doctors for PHC Centres is difficult. Most medical graduates aim to become specialists rather than primary care/family practitioners.
In 2013 West Bengal and RCGP initiated a 1 year family medicine training pilot partnership to improve the training and status of doctors recruited for PHCC. WBengal funded expenses for RCGP advisors providing their time on a voluntary basis. A curriculum was developed including practical training in local priority clinical specialities, community medicine and supervised practice in a PHCC. Candidate selection involved an entry exam and bonded work agreement. RCGP provided a TTT and consultation skills course. Progress was reviewed and assessment
methods developed. An RCGP external examiner observed the exit examination in May 2014. WBengal is using the experience from the pilot to run a nationally approved 2 year Diploma in Family Medicine. RCGP gained experience of working directly with an Indian State Institution. Evaluation highlighted the value of practical clinical experience, educational supervision and bringing small group learning into a traditional educational culture. Joint working on curriculum, exam design and accreditation was beneficial. The course effectively prepared participants for work in rural areas and developed a promising basis for supervised primary care training.

The excellent spirit of joint learning and enterprise exemplarises a model for similar family medicine training partnerships.

179 A cancer based-study in the west region of the Republic of Panama and the impact related to early diagnosis and treatment

Marco Mejia; Hugo Moreno; Ethel Bonagas

Panama National Oncology Institute

Introduction: The Western Region of the Republic of Panama (WRRP) shows a high incident of malignant tumors. Commonly, the patients ought to move to Panama City for an appropriate oncology attention. Being diagnosed with cancer can sometimes take a while. There is a lack of information about the role of general practitioner as primary care physicians (GP-PCPs) in the primary cancer attention in this region and their impact in the waiting times and waiting list of the patients.

Methods: We recollected data from the Regional Health Administration working in the Minister of Health (MINSA) and the Social Security Institution (CSS). The current study included 200 GP WRRP. Outcomes assessed were included screening test for most of the malignant tumors, e.g. breast, prostate, cervix and colon and rectum.

Results: Over 90% of PCPs fulfilled general medical care roles for patients with cancer such as managing comorbid conditions, chronic pain, or depression; establishing do-not-resuscitate status; and referring patients to hospice. Oncologists were less involved in these roles. 22% of PCPs reported no direct involvement in cancer care roles while 19% reported heavy involvement. Rural practice location was not associated with greater PCP involvement in cancer care.

Conclusion: Data from this study indicate that most GP-PCPs reported a high percentage of cases of cancer within an early stage of the disease. Waiting times and waiting list have a strong impact in an adequate manage of these patients. It is necessary to create a cancer center in this region of the Panama’s Republic.

180 Family planning in a rural setting in Uganda, the U-SHAPE initiative

Emily Clark

RCGP Junior International Committee

Background and aim: Since 2013, we have been developing training in family planning for healthworkers, and in sex education for teachers, in Uganda. The project U-SHAPE (Ugandan Sexual Health and Pastoral Education) aims to disseminate positive messages about modern contraception in an attempt to dispel fears and misconceptions and address the high rate of unmet need for family planning.

Method: Our own published qualitative research and a local confidential enquiry of deaths, show that lack of access to and confidence in modern contraception is an important driver of the high rates of maternal and infant mortality. After a successful partnership at Bwindi Community hospital, the U-SHAPE model of training was taken to Kisizi hospital in South-West Uganda in May 2015.

Results: To date, at Kisizi hospital, we have trained 68 health workers to a basic level, and 19 to a level equivalent to DFSRH. Our ‘whole institution’ approach to training has led to service developments including the screening for unmet need for contraception, with the target to reduce this from 51% to 25% in 2 years.

Conclusions: Our cascade model of training, involves training Ugandan USHAPE trainers with the aim of future scale up and long-term development. There are also plans to involve the local schools to reduce the teenage pregnancy rate.
To assess the level of awareness of pre-marital sexually transmitted diseases (STDs) screening between medical and non-medical students in Karachi, Pakistan

Hasnain Abbas Dharamshi; Syed Rameez Sadiq Jafri; Muhammad Kashif Minhaj; Rameez Merchant; Beenish Alam; Mustaqueem Ur Rehman; Zohra Batool Turabe
Karachi Medical and Dental College, Pakistan

Background: Sexually transmitted diseases (STDs) can be transmitted by blood, sexual intercourse and body fluids. Marrying a carrier of these illnesses places the spouse and their baby at risk of acquiring infection. The risk of HIV spread has increased ten times in the existence of untreated STDs. Premarital blood screening is vital concern against STDs for students.

Objective: To assess the level of awareness of pre-marital sexually transmitted diseases screening between medical and non-medical students in Karachi, Pakistan.

Material and methods: This was a cross-sectional study conducted by questionnaire method in 500 students (250 medical, 250 non-medicals) of aged between 18 - 25 years from different institutes of Karachi. Purposive sampling technique was conducted. Sample size calculation was done using the W.H.O. software where α=5%, 1- β =90, Po=0.56, Pa=0.49, n (sample size)=434. The researcher recruited 500 subjects to avoid the chances of type ii error. Questionnaire comprised of close ended questions, which enquired about the definition of STDs, content, nature and awareness of STDs, perception of the application of pre-marital STDs screening in Karachi, knowledge of STDs and the remaining questions were related to screening issues. The study design was cross-sectional and sampling technique was purposive sampling. Continuous variable was presented as mean ± standard deviation and categorical variables were presented as proportions (%). All analyses were performed using statistical package for social sciences version 20 (SPSS, Inc., Chicago, IL, USA).

Results: Regarding STDs 74% medical & 61.6% non-medical university students were able to define it. Majority 96% medical and 94% non-medical students consider HIV as STD and about Hepatitis B/C it is 84% and 57.6% respectively. Half of the students 50.2 % agreed for STD screening implementation in Pakistan.

Conclusion: Pre-marital screening could be extended to include a broader spectrum of health/genetic disorders and will be useful for early identification and possible intervention as well as the prevention of complications.

Reaching out to the youth of South-West Uganda: sex-education

Emma King; Clare Goodhart; Jonathan Graffy; Sarah Uwimbabazi
U-SHAPE (Uganda Sexual Health and Pastoral Education)

Our aim was to test the feasibility of a church outreach sex-education programme for youth aged 14-20 years aimed at preventing HIV and teenage pregnancy. An additional objective was to collect data to ensure the programme is responsive to the needs of the target population.

We targeted 5 locations across 3 sub counties in south-west Uganda. The sessions included condom demonstrations and 3 health talks; “HIV”, “Teenage Pregnancy” and “Periods and Personal Stuff”. Overall, 516 youths attended and 453 completed a baseline knowledge quiz. The results of the quiz demonstrated which topics were best and least understood. 81% knew that HIV could be treated but 51% did not know about the risk of mother to child transmission. 39% thought that contraceptives could cause permanent infertility.

Throughout the sessions, anonymous written questions were invited and answered. These questions indicate the concerns and misconceptions of the target group.

A feedback questionnaire asked participants to write two learning points and suggest one thing they wished we had taught them. This gave us insight into what they had gleaned from the sessions and the topics we had missed, such as more about contraception and other STIs.

This pilot programme acted as a thorough needs assessment for providing sex-education to the target group. The data collection tools embedded within the programme will continue to help it respond to the needs of this group. This approach is relevant to similar programmes in a multitude of settings.
183 Successful Australian general practitioner doctoral candidates 2005-14
Gerard Gill
Deakin University, Melbourne, Australia

Aims/objectives: Appointment to higher academic positions and success in high prestige research grants in Australia requires the possession of a research based doctorate. With the expanding needs of general practice can we meet the need for suitably qualified applicants? Using a variety of public domain databases Australian GPs who lodged a doctoral thesis in a University library from 1 Jan 2005 to 31 Dec 2014 were identified.

Content: In this time 66 of the current 32,000 registered general practitioners had doctoral thesis accepted; 44 of these were in the first five years. Median time for thesis submission is around 25 years after the primary medical qualification.

Relevance/impact: The capability to expand GP academic departments and research output in Australia is hampered by low GP doctoral completion rates. Doctorates are achieved in a late stage of a professional career limiting the research career lifespan. More research opportunities have been identified as attracting younger graduates to general practice.

Discussion: There is an urgent need to provide more practical and financial support to younger GPs to enable them to undertake academic career development. A clear career pathway with some stability of income is also needed.

184 Fatigue is commonly reported by Australian GPs
Rebecca Jarvis; Gerard Gill; Lyn Clearihan; Karen Price
Deakin University, Melbourne, Australia

Aims/objectives: Research into fatigue in Australian general practitioners (GPs) is lacking. Few international studies have examined the impact of non-work factors on GP fatigue despite gender differences in work patterns and traditional family roles. This study was designed to identify work patterns, work and non-work factors associated with prolonged fatigue in Australian GPs.

Content: Data was collected using a short online or hardcopy survey using previously validated instruments including measures of fatigue (Fatigue Assessment Scale [FAS]), recovery and job demands, and resources at work and home.

526 GPs (approx 2% of the Australia GP workforce) provided data and were recruited through professional associations and direct mail. Those participating mirrored the wider Australian GP population.

Implications: Fatigue has implications for workforce planning, doctor and patient safety. Identifying risk factors for fatigue would assist in developing an evidence-based fatigue management strategy for at-risk GPs.

Outcomes: Fatigue as defined by the FAS was found in 45% of Australian GPs but in only 17% of a Dutch working population. Both male and female GPs had multiple risk factors for fatigue including high job demands and only moderate job resources. The major difference between male and female GPs was distribution of workload across the work and home domains, with reduced opportunity for recovery after work for female GPs. Fatigue was not associated with age, gender, rurality or having a family.

Discussion: Is fatigue one of the pathways for the current high levels of GP dissatisfaction? Addressing fatigue may improve GP workforce productivity, patient satisfaction and general practice health outcomes.

185 Impact and achievements of the RCGP Junior International Committee 2009-2015
Hannah Fox; Sinan Mir; Jo Thorne; Eugene Tang; Anushka Mehrotra; Deepa Shah; Camille Gajria; Emily Clark; Katrina Whalley; Rishi Shonpal; Lucy Oblensky
RCGP Junior International Committee

Objectives: Key achievements of the Junior International Committee (JIC) since 2009 include:

- Facilitating over 50 annual European exchange programmes for young GPs
- Establishing a successful partnership with Bwindi Community Hospital, Uganda
- Setting up Global Health posts for over 25 GPs training within the UK
- Development of Japanese First5 organisation and annual reciprocal conference exchange
- Establishing an International Primary Care Research Network.
Content: The JIC is made up of 16 volunteer UK junior GPs working in 5 groups focusing on international exchange, beyond Europe collaboration, research, education and training and branding. The aim of the committee is to increase awareness and promote partnerships in international primary care and facilitate unique and sustainable educational opportunities for UK junior GPs as well as supporting those working abroad. We work closely with the RCGP International Programme Board and with the Vasco da Gama movement, the Junior doctor movement for junior GPs.

Impact: The JIC has facilitated a wide-range of activities, forging international links with clinicians, institutions and organisations. The committee provides a hub for international primary care discussion, education and information dissemination relevant to junior GPs.

Discussion: The JIC’s vision is to inspire a global approach to primary health care. The committee has achieved a significant amount since 2009, supporting and increasing number of young GPs to take part in exchanges within Europe and beyond, to work abroad, to undertake international primary care research and to attend international conferences.

186 The impact of observing general practice in Europe through the Hippokrates Exchange Program: a qualitative study

Eugene Tang; Hannah Willoughby; Sinan Mir; Deepa Shah; Rakesh Modi; Katrina Whalley

RCGP Junior International Committee

Aims: To explore the experiences of Associates in Training (AiTs)/First5s following their two week observational exchanges.

Content: A qualitative study of post-exchange reports written as part of the Hippokrates Exchange programme (HEP). Reports were analysed using a thematic approach.

Relevance/impact: The HEP allows AiTs/First5s to observe general practice in host countries throughout the world and experience a new healthcare system. It is hoped that this will improve knowledge and skills, inspire professional development and promote a global approach to primary care. Increasing numbers of AiTs and First5s are participating but their views and experiences of these placements have not been explored.

Outcomes: We analysed 17 post-exchange reports from AiTs and First5s visiting countries including Italy, Portugal, Spain, Poland, Slovenia, Holland, Lithuania, Austria, Denmark and France. There was unanimous positivity from all participants on their exchange experiences. When reflecting upon their exchanges several themes emerged; 1)The GP is fully embedded in the community to ensure continuity of care 2)Patient expectations are influenced by the role of the GP within the structure of national health care services 3)Perceptions of primary care training are influenced by the degree of autonomy within one’s training programme, variety of placements and overall length of training.

Discussion: There is considerable benefit found by those who have experienced Hippokrates exchanges both in terms of exposure to different primary care systems and comparing it to our own but also reflecting upon their learning needs and how experiences could be improved for their patients.

187 Beyond the Scottish horizon: Hippokrates exchanges

Holly Tyson; Katrina Whalley

JIC, WONCA Europe

Background & aim: The Vasco da Gama Movement (VdGM) Hippokrates Exchange Programme facilitates international observational exchanges for trainees and junior GPs. Here we showcase Scotland’s involvement in the scheme and describe opportunities for AiTs, First5 and later career stage GPs to participate in international exchange.

Methods: Records of Hippokrates exchanges to Scotland July 2013 - July 2015 are summarised. Highlights are presented from participants’ 500 word reflective reports.

Results: During this 2 year period 12 Hippokrates exchanges were hosted in Scotland, within 8 host practices across Scotland. The majority of visitors were Spanish (10), with one Portuguese visitor and one from Czech Republic.
Conclusions: Scottish host practices have enabled 12 international junior colleagues to gain unique insight into general practice in the UK. Highlights of participants reports reflect the rich and varied experiences provoked by international exchange.

188  The development of an audit toolkit for use in resource poor settings  
Eugene Tang; Anushka Mehrotra; Hannah Fox; Camille Gajria; Victoria Welsh; Josephine Prynn  
RCGP Junior International Committee

Aims: To identify current levels of audit and research practice during Out of Programme Exchanges and develop an audit toolkit for use in resource poor settings

Content: We describe the development of an audit toolkit specific for use by Associates in Training (AITs)/First5s on OOPEs.

Relevance/impact: A growing number of AITs/First5s are interested in OOPEs facilitated by coordinators such as the Junior International Committee. Audits are an integral part of clinical practice and quality improvement. It is also an essential requirement to complete clinical training in General Practice. However the opportunity for audits during OOPEs has not previously been described nor what the perceived barriers to conducting audits are.

Outcomes: We initially surveyed 25 GPs from the London Deanery who had previously been on an OOPE. We had a response rate of 20% (n = 5). OOPEs were conducted in South Africa, India, Zambia and Sierra Leone. Two respondents had conducted clinical audits and one had conducted research during their placement. Perceived barriers included lack of time, support and experience as well as lack of staff engagement. The majority of trainees did feel that host organisations would benefit from clinical audits/research. Respondents also requested further training particularly in audits with for example an audit toolkit. We have subsequently developed an audit toolkit based on the feedback from this survey.

Discussion: AITs/First5s value research and audit during OOPEs and have identified specific barriers when undertaking them. We have developed an audit toolkit to provide further support to OOPE candidates.

189  Global health ST4: can the South West help with Kenya’s alcohol services  
Sancos Boland; Lucy Obolensky  
Peninsula VTS

Aim: The GPST4 program in global health aims to allow the trainee to develop professional competencies in management, leadership and teaching combined with global health and quality improvement programmes.

Content: A GP training extension for 1 year which included 4 months in 3 communities in Kenya working with local county government to assess and plan alcohol services. Account of the experience of the trainee, as well as outcomes and areas of learning relevant to both global health, as well as, leadership and service development in the NHS.

Relevance: This presentation relates the pilot for this unique program in the UK, setup by a trainee and approved by the RCGP. Working in a global health setting provides transferable experiences and skills for any clinician interested in leadership and quality improvement.

Outcomes: For the trainee, a personal experience, practice of leadership and service development; for NHS organisations, the opportunity to learn from overseas experiences and practices; for Kenyan partners, cooperation, training, and service development.

Discussion: Whilst the logistics of training abroad can be challenging, this experience suggests there are valuable learning opportunities that can be gained through global health ST4 training in a low or middle income country. Global health principles such as co-development have been shown to be relevant in high income countries countries, and are becoming more relevant to maintain innovation and service improvement in the NHS.

190  End of life care in ITU: observations from a tertiary cancer centre in India  
Hannah Fox; Rakesh Roy  
Saroj Gupta Cancer Centre & Research Institute, Kolkata, India

Aims: To determine the level of medical intervention received by palliative cancer patients who died on intensive care (ITU) in a tertiary cancer centre in Kolkata.
Content: 28 patients under the palliative care team were identified and case notes were retrospectively reviewed from 1st January-31st December 2014. Three-quarters of patients admitted had metastatic cancer, 11% advanced, 7% unclear diagnosis. All patients had regular blood tests. 50% had central lines, 38% had nasogastric tubes inserted. 50% were on BiPAP, 7% invasive ventilation.
The average number of prescriptions was 18.6 (range 11-32). 78.6% received inotropes. 60.7% of patients received either no analgesia or PRN analgesia only. 10.7% received analgesia in line with WHO ladder, only one patient was on step III treatment.
Relevance: This research highlights the challenges faced in introducing palliative care in Kolkata and the need to shift care of the dying patient out of ITU and into a primary healthcare setting.
Outcomes: Palliative cancer patients admitted to ITU receive treatment that focuses primarily on life-sustaining measures. This is at odds with a core principle of palliative care which is to improve quality of life, and neither to hasten nor postpone death (WHO definition).
Discussion: Patients who are dying are regularly admitted to ITU and receive escalating life-support measures. This often results in prolonged death and suffering, leaving families with unmanageable hospital bills. Reasons for this practice include cultural expectations, poor communication and lack of palliative care training.

191 The effect of Tianjiu therapy in reducing general practice visits due to rhinitis
Connie Yuen Ching Kam; Vincent Chung Ting Yiu; Amy Kam Sheung Lee; Sau Shan Luk
The Open University of Hong Kong

Introduction: Sanfujin Tianjiu therapy is one of the therapeutic modalities in traditional Chinese medicine (TCM). According to TCM theory, Tianjiu therapy helps regulate whole body function and enhance immunity and resistance. Tianjiu should be implemented on the specific days of summer Sanfu when the application of topical medication on skin would be absorbed and circulated through the meridians faster.
Objective: This study aims to examine the potential reduction of General Practice (GP) visit after receiving Tianjiu due to improvement of symptoms of rhinitis. It provides valuable information with evidence based on the effectiveness of Tianjiu on management of rhinitis.
Method: Total of 41 patients with allergic rhinitis received Tianjiu on the days of Sanfu in 2012 at our clinic. They received a total of three course of treatments given on 18/7, 28/7, 7/8/2012. The Chinese medicines mixture stuck on the selected acupoints by adhesive tape for 2-3 hours. Point selection would be based on the findings collected by diagnosis conclusion by Chinese medicine practitioners. Follow up was conducted 6 months after completion of whole treatment.
Outcome: 23 patients who had at least 1 visit to GP for rhinitis in 3 months, including 2 patients who had at least 4 visits to GP for rhinitis required no GP visit during the 6 months post Tianjiu.
Discussion: Sanfujin Tianjiu therapy is a useful complimentary therapy in reducing the frequency of GP visit for patient with rhinitis.

SERVICE DELIVERY

192 Patient online: Records and services
Imran Rafi; Ralph Sullivan; Malvina Rossi
RCPG

Aims/objectives: By April 2015 over 95% of practices were offering access to transactional services (online booking of appointments and ordering online of repeat prescriptions) as well as a summary view of the GP record online. The RCGP developed a Patient Online Toolkit including e-learning to support practices to meet their GMS contractual requirements for 2014-15.
Content: Mention of issues covered by the RCGP guidance such as on identify verification, safeguarding the record, access to the record by children and their parents, proxy access, coercion and the management of third party data.
Relevance/impact:
• To the NHS: Patient Online harnesses technology embedded in GP IT system to deliver services.
There are two main objectives in the paper:

1. To the individual GP: Patient Online offers practices a transformational change in the way their services are provided to their practice population taking patient safety into account.
2. To patients: Patient Online offers an alternative to the way that they can interact with their practices offering the potential for convenience and patient activation.

Outcomes: A brief summary of the impact that Patient Online has had with a case study and feedback from NHS England beacon sites.

Discussion: A summary of the new changes in the 2015-16 GMS contract relevant to Patient Online, including the offer of providing the detailed coded record to patients, which needs to be implemented by practices to meet their new contractual requirements.

193 How does social media influence self-directed teaching for GPs?
Sanjeev Kalia; Paramjeet Deol; Virinder Rai
Bath Row Medical Practice, Birmingham

Aims: Social media has revolutionised the face of medical education delivery using forums, twitter feeds and podcasts to equip frontline GPs. We looked at the different faces of social media currently used in self-directed learning and explored what barriers there were to their use.

Methods: We conducted a qualitative questionnaire survey amongst 40 GP colleagues from our locality looking at how social media was being used and in what format. We also asked what barriers GPs faced in using social media and how to overcome these.

Results: We found all 40 GP colleagues used social media for their self-directed learning. 38 GPs were directly following prominent GP resources on twitter, 20 GPs listening to podcasts and 15 using doctors.net or BMJ e-learning. Other resources included Facebook forums’ and Youtube for clinical examinations. 25 GPs used social media to keep up to date with developments in the political landscape of GP. Barriers included concerns over patient confidentiality and whether information was peer reviewed.

Conclusions: Social media particularly Twitter is an important part of delivering medical education to GPs. Podcasts and GP forums stimulate discussion on topics pertinent to primary care. Integrating social media into medical education delivery is vital for today’s frontline primary care practitioner where complex patients require an increasing knowledge base and time is a scarce resource. We encourage GPs to read the social media Highway Code document from the RCGP to help use social media responsibly and effectively.

194 Which App Doc? Matching patients and apps- a socio-technical approach
Christopher Mimnagh; Stephanie Collins
Wingate Medical Centre, Liverpool

Aims/objective: To identify potential features useful in the appropriate prescribing of smartphone apps for care management.

Content: Poster includes preliminary results of a survey validating sociotechnical dimensions which may assist in the “prescribing” of medical apps to support long term condition management.

Relevance: Mobile technology offers considerable scope to speed up the personalization of healthcare for individuals and the need to develop self care out with the building of general practice. Early adopters may seek out and use their own devices, apps and services, other patients will seek advice from their GP concerning their potential health related app purchases and it may soon be possible to prescribe apps to support long term conditions. It has been suggested that a third of activity tracker devices are not used beyond the first six weeks, figures for app usage are not available, but matching of app and user may enable appropriate offers and advice to be given, or even better offered online.

Outcomes: The proposed framework offers a means of matching app and patient as a way to improve effectiveness and reduce waste.

Discussion: Assessment of apps and standardization is a current challenge, the pathway for device regulation is clear, but as yet the assessment of app and potential app user is not established. If apps evolve to become prescribed by practitioners then the indication for an app such as mental health will need to be matched with the end user to ensure that apps are used effectively.
195  Smarter access systems inform and improve clinical care

Peter Cairns; Harry Longman

GP Access Ltd

A growing number of UK General Practices use modern access arrangements such as Total Telephone Triage, and/or digital systems such as “askmyGP”. Having knowledge of a patient’s needs before contacting them not only improves safety and efficiency, but gives a better understanding of a population’s health and access needs. This allows the (re-)design of existing access and consultation arrangements to improve the efficiency and appropriateness of care.

Wester Hailes Medical Practice, a ‘deep-end’ practice in Southwest Edinburgh, has applied data gleaned from its GP Access (telephone) and askmyGP (online) systems to inform a wider process of modernisation. Evidence presented shows how patients are using the practice services and with what symptoms (for example, depression is the most common at 6.4% of online presentations). The practice response is measured and knowledge of demand is used to adapt the service.

This has resulted in an ongoing change of approach from a service based around the biomedical management of chronic disease, to one that is focused on early intervention and integrative working with council and third sector colleagues.

196  No more hanging on the telephone - how patients have adapted to online access

Harry Longman; Ed Diggines

GP Access Ltd

GP practices face the twin problems of too much patient demand and too much workload for GPs. Difficulties in recruitment suggest that the pressure will grow. Online access for patients may help, by allowing GPs quickly to triage which patients they need to see (typically only 30-40%) but why would patients present online rather than through the trusted telephone method?

In the case study of Rydal Group Practice, 12,000 patients in N London, around half of demand is now presented by patients seeking help online. Each is given the opportunity for feedback, which is analysed in this study where n=558 feedback responses from n=4769 submissions. Key factors emerging include the speed of response, confidence in the response, choice of named clinician, availability 24 hours, privacy (patient environment), confidentiality, and not having to wait for the phone to be answered. Concerns to be addressed include the number of questions asked, and ease of use to appeal to the widest audience and avoid digital exclusion. Ensuring that patients feel secure online and confident in a rapid and personal response are found to be deciding factors. The result is important as patients need to be enlisted in change in order for the GP workload benefits to be realised.

197  Using telehealth to carry out annual reviews of hypertension

Elizabeth Sherwin; John Woolley; Heidi Kerr

University of Birmingham Medical School

Aim: To assess if a new telehealth system produces equal or better results than attending a hypertension clinic.

Relevance: Hypertension is an established modifiable cause of a wide range of cardiovascular events and good control is paramount in reducing morbidity and mortality. One GP surgery was experiencing DNA rates of 20% in hypertension clinics and so a new online system, In-Control, was created allowing patients to monitor their blood pressure and receive their annual review from home.

Method: 33 patients enrolled in the In-Control group and they were compared to 43 patients attending hypertension clinics during the same period. Retrospective data was collected to assess if the four standards concerning blood pressure, alcohol consumption, smoking and BMI had been documented and the correct advice given if standards were not achieved.

Results: 100% of patients in the In-Control group had all four standards checked with lower rates achieved in the clinic group. Blood pressure was within target for 97% of the patients in the In-Control group compared to 67% in the clinic. All the patients in both groups received smoking cessation and alcohol advice but only 70% of patients in the In-Control group received lifestyle advice when their BMI was over 30.
**Discussion:** Improved clinical outcomes were achieved in the In-Control group as human error was removed and white coat hypertension eliminated. There is a promising role for telehealth in the management of hypertension in primary care and this could help alleviate the current pressures on General Practice.

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**198 Primary care; a 21st Century platform for collaborative evaluation and implementation of cutting-edge technological innovation**

*Rish Prasad; Fiona Wong; James Cowling; Don Cowling*

*University of Leicester Medical School*

**Background** General practice has a proven track-record of trailblazing successful NHS reforms. We argue that LIDMEE (Leicester Institute for Digital Medicine Training and Evaluation) is one such innovative institution, connecting many technological game-changers with our NHS, working in seamless collaboration. This poster seeks to demonstrate the evolutionary development of the LIDMEE, highlighting the importance of our key values: adaptability, user-engagement and responsiveness to change. Elements essential for success are: shared vision, effective cross-agency partnership, robust funding structure from a neutral source, early engagement of educators and building on existing scopes.

Our vision for creating a ‘digital-hub’ in the heart of England is to enable global innovators to find high-quality platforms within the NHS to launch their new technologies. This presents a unique opportunity for our NHS to become an international fore-runner in delivering cutting-edge, patient-driven and resource-conscious healthcare.

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**199 Mobile health apps: the emperor’s new clothes?**

*Brian McMillan; Eamonn Hickey; Mahendra Patel; Caroline Mitchell*

*Academic Unit of Primary Medical Care, University of Sheffield*

**Objective:** One issue of particular concern regarding the use of mobile health apps is that of quality control. This study adapted the 2014 National Institute for Health and Care Excellence Behaviour change guidance (NICE BCG) to quality assess mobile apps aimed at health behaviour change.

**Methods:** A qualitative analysis of the NICE BCG elicited themes and questions for a quality assessment tool. This was then applied by independent raters to health behaviour change apps in the NHS Apps Library (N=49).

**Outcomes:** Nine themes emerged;
1. The purpose of the app,
2. Planning and development
3. Usability
4. Initial assessment and tailoring
5. Behaviour change techniques employed
6. Behavioural maintenance and relapse prevention
7. Evaluation
8. Documentation

Overall, purpose was clear, but evidence for collaboration with users or professional input was lacking. Usability information was poor and tailoring disappointing. Most used recognised BCTs but paid less attention to behaviour maintenance than initiation. Information on app evaluation and documentation was sparse.

**Relevance/impact:** This paper suggests one approach to provide users, healthcare professionals, developers, and policymakers with a repository of quality assured mobile health apps.

**Discussion:** This study furthers the work of the NHS health apps library by adapting the NICE (2014) behaviour change guidance for quality assessment of behaviour change apps. Implications for the development of a quality assessment framework for health behaviour change apps are discussed and a NICE guidance based tool for quality assurance of health apps is proposed, for evaluation and development in other contexts.
200  Impact of three different pilot schemes to improve patient access in Greenwich
Melanie Lawless; Ellen Wright; Jackie Davidson
NHS Greenwich CCG
Objectives: To improve patient experience of access and reduce the workload of GPs and practice staff.
Content: Three approaches to improving access were piloted by 12 practices. An external evaluation measured patient satisfaction and practice workload. The three schemes were: systematic GP telephone triage of all requests for appointments; getting a better understanding of practice demand and capacity to identify opportunities for improvement; and introduction of on-line consultations.
Relevance: With rising patient demand and expectations many practices are struggling to respond to the demand for appointments.

201  Overcoming demand pressure and workload stress in a Fife practice
Joanna Coy; Harry Longman
St Brycedale Surgery, Kirkcaldy
Increasing demand, increasing workload and limited resources over the past few years have caused ever increasing stress on both clinical and non clinical staff in our surgery in Kirkcaldy in Scotland. We were listening to increasing complaints from patients about not being able to get an appointment and never being able to see the GP of their choice. We chose to make a radical shift in the way we organise our appointment system to try and regain control and better manage workload, reduce stress and improve patient continuity. We changed from a standard mix of on the day, nurse triage and pre bookable appointments to a full triage system. Appointments are only booked with GPs after a GP telephone consultation.
Within the first 2 weeks of the new system we found that staff stress levels were dramatically reduced, complaints from patients were reduced and we have control over patient appointments so that we are better able to ensure that patients are seen by the appropriate team member for the appropriate length of time. Survey data from patients and staff (before and after) are presented and contrasted to show the outcomes of the change. Operational measures show how the pattern of demand and the practice response has changed. The sustainability of the new model is assessed and further adaptations outlined.

202  Innovative web based information sharing between general practitioners and consultants
Satinder Kumar; David Windsor-Martin
Hurley Clinic, Lambeth, London
Aims:
1)To provide a web based platform that allows rapid clinical information sharing between individual General Practitioners (GPs) and Consultants.
2)To provide universal access to the information shared.
Introduction: There is a wide variety of systems for information sharing between GPs and Consultants and none of these systems allow for universal sharing of information. This is inefficient in that the information shared only benefits the individual GP and not their colleagues.
Method: We will demonstrate the utility and functionality of our web based platform eg. how GPs can post questions and photographs, how to select local consultant of choice, how to search previous questions and answers, and how the notification system works. We will use examples of questions sent by GPs to a consultant rheumatologist and a consultant in infectious diseases, to demonstrate how the system works.

Outcomes: We will demonstrate how our system has the potential to:
- Improve response times to clinical questions
- Increase safety and quality of care
- Reduce/prevent of admissions
- Reduce inappropriate referrals
- Improve case-based/peer learning
- Reduce costs to the NHS
- Fulfill NHS England’s requirements to improve GP learning and education, and innovation.

Conclusion: Our platform is unique in that questions answered by local Consultants, can be accessed by GPs nationally.

203  The impact of hospital settings on the mood status of family care givers
Syed Muhammad Mustahsan; Rehan Shamim; Mustafa Mushtaq; Khalil Farooque; Rabeeya Razzaque; Syed Faizan Hasnain; Syeda Sara Fatima; Amber Batool
Sindh Medical College, Dow University of Health Sciences, Karachi, Pakistan

Objective: This study aimed to find out the existing differences in anxiety and depression among patient’s family care providers in public and private health sectors of Karachi.

Background: For family care givers, care-giving is extremely rewarding it makes a bond between patient and a care-giver. It makes a union which is indispensable for patient welfare. The wellness of caregiver depends on patient’s condition and level of satisfaction with the circumstances associated with care-giving, undeniably care-giving constitute myriad of stresses, like depression, anxiety, frustration which if not addressed can have serious impact on caregivers health and can even make them resentful of their role as well. The present study was conducted to investigate the major mood changes among patients’ family care givers in public and private health sectors.

Method: A cross-sectional study was carried at Jinnah Postgraduate Medical Centre (Public Health Sector) and Liaquat National Hospital (Private Sector) from 1stMarch till 1stAugust, 2013. The study was conducted on the family care givers of the patients residing with them at the hospitals. Hospital Anxiety and Depression Scale (HADS) was completed by 288 participants out of 290 caregivers who enrolled in the study. The HADS was used to evaluate the factors and symptoms of mood disorder (anxiety and depression) in the caregivers of patients.

Results: Out of 288 participants who completed the HADS, 223 showed a high rate of psychological disturbed state which was more prevalent in the females (79.8%) than males (75.1%). The HADS was equally filled by the caregivers at public health sector (n = 145) and private health sector (n = 145). The total cases of mood disorder is relatively high in the caregiver population and most of the cases were found in public health sector (n = 134) as compared with private health sector (n = 89).

Conclusion: Anxiety and depression among the patients family care providers was very appreciable especially in Public Health Sector as compared to Private Health Sector perhaps due to economic burden, doctor-family caregiver relationship and negligence of concerned authorities. We strongly suggest and request concerned authorities to reduce stress and enhance the quality of life of family care-provider.

204  Improving eye health for ‘at risk’ groups - sharing the Glasgow experience
Chigozie Joe Adigwe; Helen Lee; Jessica Datta
Royal National Institute of Blind People
RNIB funded and commissioned five Community Engagement Projects (CEP) across the UK to tackle avoidable sight loss in ‘at risk’ groups.

Aims:
- Development of evidence-based interventions for the Pakistani community.
• Increase the proportion of Pakistani people (40-65) who regularly attend for community eye exams and Diabetic Retinopathy Screening (DRS) appointments.
• To increase the profile of sight loss prevention through stakeholder engagement.

Two pilot interventions were developed: one targeting Pakistani patients with diabetes with a consistent message from health professionals about the importance of attending retinal screening AND community exams. The second intervention deployed bilingual volunteers and Community Champions to raise awareness of eye health within the Pakistani community.

**Results:**

- Small increase in the proportion of respondents correctly identifying two years as the recommended interval between eye examinations (17.4% to 19.5%).
- The proportion of respondents with diabetes who correctly identified one year as the recommended interval between eye examinations for people with diabetes fell slightly (90.7% to 85.6%).
- The proportion of all respondents who were aware that optometrists can detect eye disease from an eye examination increased slightly (53.7% to 57.5%) and awareness that other conditions, like diabetes and high blood pressure, can be detected also increased (33.5% to 41.3%).
- Small increase in the proportion of survey respondents reporting having seen, read or heard information about eye health (30.6% to 33.6%)

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**205 Glaucma case finding in general practice**

*Helen Lee; Wendy Macdowall; Elizabeth Holdsworth; Dalya Marks; Jessica Datta; Shaun Leamon*

*Royal National Institute of Blind People*

Annually more than 3,000 people over the age of 40 are certified blind or partially sighted because of glaucoma; making it the second most common cause of certifiable sightloss in the UK. Early detection is important to minimize the risk of irreversible sight loss through treatment and monitoring. Currently detection is opportunistic, with optometrists responsible for nearly all referrals to hospital eye services. The retail dimension of optometry is a barrier for some patients attending eye examinations. Population screening for glaucoma is not currently recommended by NICE, but research suggests it may be a cost effective strategy for high risk groups, such as people of Black Caribbean and Black African descent.

This pilot examined the efficacy of offering a glaucoma case finding programme within General Practice to Black African and Caribbean patients aged 40 to 65. The service ran from October 2012 to March 2013 in four inner city GP practices, one of which hosted the service and was responsible for appointment booking and processing referrals.

3,041 patients were invited to attend the free glaucoma check, 581 (19.1%) made an appointment and 459 attended (15.1% of those invited). Attendance was considerably higher in patients registered with the ‘host’ practice. The service was universally well received. 2.6% of patients who underwent the glaucoma check were either diagnosed as having glaucoma or suspected glaucoma.

This pilot study provides valuable evidence about the acceptability and practicalities of delivering a GP based case finding service and provides parameters to inform a larger scale trial.

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**206 Eye injections - do we see the real problem?**

*Alison Yuen; Valeed Ghafoor*

*University of Manchester*

We hope to present our audit findings regarding the treatment of diabetic macular oedema (DMO) with intravitreal injection of bevacizumab (Avastin). Prior to ranibizumab (Lucentis) becoming the mainstay of anti-vascular endothelial growth factor (anti-VEGF) treatment for DMO in January 2015, bevacizumab was used. In February 2013 NICE published a technology appraisal 274 (NICE TA274) which recommended ranibizumab as a treatment for DMO; hence bevacizumab still remains an off-label use.

We appraised the treatment of DMO: whether the treatment was given in accordance with The Royal College of Ophthalmologist Diabetic Retinopathy (RCOpH DR Guidelines) and NICE guidelines. Diabetic retinopathy is very
common given the incidence of diabetes, late presentations and poor compliance from patients. GPs may not feel comfortable assessing diabetic retinopathy and less so DMO. We will discuss how DMO presents, how it should be suspected and investigated. We will discuss regarding chronic diabetic retinopathy and when referral to Ophthalmology is necessary for anti-VEGF treatment. We will also discuss whether monthly followup visual acuity (VA) and ocular coherence tomography (OCT) assessments need to take place, what they consist of why they are important. We feel this will aid GPs in understanding DMO, the referral and treatment processes and make them more comfortable in managing and seeing these patients.

207 Perspectives on location of provision of GDM screening - a qualitative study of health professionals and patients

Marie Tierney; Angela O'Dea; Andriy Danyliv; Louise Carmody; Liam Glynn; Brian McGuire; Fidelma Dunne
National University of Ireland, Galway

Aims/objectives: To understand the perspectives of stakeholders (general practitioners, nursing staff and patients) on the location of Gestational Diabetes Mellitus (GDM) screening.

Content: Semi-structured interviews and focus groups were conducted with stakeholders who were involved in the receiving and provision of screening in both the general practitioner and hospital settings. Transcripts were analysed using theoretical thematic analysis.

Relevance/impact: GDM results in both maternal and foetal complications, but these can be minimised by successful identification and treatment of the condition. However, rates of screening uptake for the identification of the condition remain less than optimal (44%). Determination of the most appropriate set of factors for a screening location should result in improved rates of screening uptake.

Outcomes: Four themes emerged from thematic analysis - namely (i) travel distance, (ii) best care provision, (iii) sense of ease created and (iv) optimal screening.

Discussion: The influence of travel distance from the screening site is the most important factor influencing willingness to attend for GDM screening among women who live a considerable distance from the hospital setting. For patients who live equidistance from both settings, other factors are important.

Outcomes: It appears that a service which is specialist led, provided conveniently local to the woman with good parking and comfort levels, which can provide accurately conducted tests and advice and results in a manner which is deemed suitable to the women is most suited in this population. If these criteria are put in place, they should resultantly improve rates of screening uptake.

208 Considerations towards the transgender patient: from first contact to gender reassignment and recognition

Richard Pettinger
Hull York Medical School

There is an estimated 20 in 100,000 people with gender dysphoria in the UK. This equates to about 14,000 people but is believed to be underestimated. Whilst this represent a small patient population there exists a relatively high proportion of mental health (55% depression and 36% anxiety disorder) issues and social discrimination (73% in some form) exist within and towards the trans community. Sadly, part of the discrimination (at the very least perceived) towards the trans individual is from their GP. Reasons of this discrimination to be discussed is the knowledge base in the medical community of gender dysphoria, mental health issues of the trans patient and practical considerations with regards to physical health implications of transitioning for example possible prostate pathology of the male to female patient.

The above points to be addressed will hopefully stimulate a thought and knowledge base regarding mental health issues of thee trans patient, societal discrimination and our role and physical health considerations from the first contact through transitioning and into complete gender reassignment and recognition.

Although the trans community might be considered small based on numbers and meeting their health care needs of small consequence to wider society. The fostering of links with a societal group that is guarded towards wider society can potentially make a positive impact on this group in societal acceptance as well as potentially encourage those who have not sought medical attention to seek it.
209 Exploring the patient experiences of transgender people within GP services
Megan Corder; Philip Burns
University of Manchester
This study presents an interpretive phenomenological analysis of the experiences of transgender people accessing GP services. It was conducted in conjunction with a community organisation to inform and expand a pre-existing GP training programme. The study aims to explore the experiences of transgender people in order to advance understanding of how to develop GP services for this population. Qualitative data from in-depth semi-structured interviews and a focus group were triangulated with pre-existing data from an online survey of 70 participants. Participants perceived widespread ignorance amongst GPs about gender variance and how to work with transgender patients. Good knowledge was seen as the basis for other positive attributes such as empathy and professionalism. It is important that GPs and other healthcare professionals become familiar with new learning resources about healthcare for transgender people. This study demonstrates that transgender people have a wealth of experience to share with healthcare professionals. It is also evident that many GPs have demonstrated exemplary practice in their care of transgender patients, whilst others have much to learn. Improved links between transgender organisations and GP services would be a welcome step towards fuelling mutual understanding and learning, as well as improving the quality of research concerning this population.

210 Community based surgery: safety in numbers
Jonathan Botting
RCGP
Aims/objectives: To analyse whether GPs can diagnose accurately and operate effectively and safely in the community. A web-based audit tool was developed jointly by the RCGP and the Health & Social Care Information Centre (HSCIC) to deliver this.
Content: The outcomes of the RCGP/HSCIC community based surgery audit (CBSA), two years of data and over 6000 surgical procedures provided by over 160 GPs.
Relevance/impact:
• To the NHS: this is the largest UK audit of community based “minor” surgery to date and the outcomes support the expansion of this popular, convenient and cost-effective service.
• To the individual GP: the CBSA provides evidence of their performance against their peers.
• To commissioners: the CBSA supports cost-effective and safe commissioning.
• To patients: the CBSA provides evidence of their surgeon’s capabilities.
Outcomes:
• Two years of CBSA data demonstrates outcomes to match the best published hospital-based evidence:
  o Diagnostic accuracy (95% for basal cell skin cancers), completeness of excision (94%) and lack of complications (less than 2%) are all recorded, along with speed of service (¾ in less than 8 weeks), consent and histological analysis.
  o Skin cancer surgery outcomes equal and in some cases exceed those found in secondary care.
Discussion:
• What these outcomes mean for the NHS in terms of quality, financial savings and commissioning.
• How to ensure the CBSA continues to be available.
• How to encourage all GPs who operate to use the system.
• How to feed the evidence into NICE for Improving Outcomes Guidance review.

211 ‘Accident and emergency pressure caused by too few GP appointments.’ Is it really that simple?
Amy Goodman; Prasad Rao
Keele University Medical School
Aim: To understand why patients are attending the Accident and Emergency department (A&E) before obtaining a GP opinion and to assess if appropriate follow up had been made to prevent future A&E attendances.
Content: A&E attendances over a 3-month winter period were analysed with subsequent follow up over telephone consultation. The analysis included date and timing of the admission, type of referral and diagnosis on
discharge. The performa included if patients tried to book a GP appointment before attending, if anything could have prevented the A&E attendance and whether discharge planning was understood.

**Relevance:** This audit may be useful for raising awareness of why patients present to A&E. It should aid the awareness of patient education and follow up as a strategy to reduce A&E attendance.

**Outcomes:** Of the sample, 66% of the patients did not attempt to obtain a GP appointment; with 44% of patients complaining there were no appointments to make. Despite some medical emergencies, a proportion of the diagnosis on discharge could have been managed in primary care. The significant outcome was that a proportion of the patients failed to obtain GP appointments and lacked understanding of their presenting chronic condition.

**Discussion:** The accident and emergency services across the United Kingdom are under tremendous stress, particularly over the winter months. A trial of Saturday clinics at this practice is now underway after carrying out this audit to assess the relevance of having an available GP appointment to attending A&E.

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**212 Evaluation of de-waxing service in the UK: it’s impact on patients and service providers**

*Miso Kang; Sreeshyla Basavaraj*

*St. Mary's Hospital, Isle of Wight*

**Objectives:** Dewing service is provided in two settings - in General Practice and in hospital. With increasing number of elderly population, the demand for dewaxing service is increasing. This audit is to compare the different methods used in GP and in hospital settings to analyse their efficacy and financial status and thus establish whether change is necessary to improve patient care.

**Method:** De-waxing clinics in Isle of Wight in 2014, both in general practice and at St. Mary’s Hospital, was included in the study. Collected data included the methods of dewaxing of ear, grade of professionals who delivered the service, time dedicated for the service, and the cost to deliver the service at different sites.

**Results:** The audit showed significant variation in cost when service was provided locally in general practice compared to when provided in hospital. There were significant benefits socially and financially for patients when the service was delivered through general practice. There weren’t significant impact for service provider in primary care but significant impact shown in secondary care.

**Conclusions:** Dewaxing service should be provided in community through general practice for patient’s benefit. General practice should encourage training of the health care assistants and junior nurses to learn new techniques to maximise the effectiveness of the use of the time and financial budget to improve patient care.

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**213 When all we can do is to inform... A neurofibromatosis type 1 case**

*Sara Rocha; Carla Veiga Rodrigues; Gabriela Pereira*

*UCSP B - Chaves I, Portugal*

**Introduction:** Neurofibromatosis type 1 (NF1) is a multisystem genetic disorder that is characterized by cutaneous findings, skeletal dysplasias and by the growth of nervous system tumors. Signs and symptoms are café-au-lait spots, high blood pressure, bone abnormalities, optic nerve tumors, learning disabilities, attention deficit hyperactivity disorder and macrocephaly. The diagnosis of NF1 is usually made clinically. Routine follow-up should be annual and imaging studies (MRI, CT) should be considered to evaluate ventricular size macrocephaly is present.

**Case description:**

- 2 years’ old boy with 10 café-au-lait spots and family history of NF1 (mother, grandmother, and aunt).
- Physical examination: bigger spot on the forehead (left), macrocephaly, normal Neurologic examination, Psychomotor development below expected.
- The first MRI was scheduled and refused by the parents.

**Conclusion:** NF1 patients have a life expectancy 8 years shorter than average due to hypertension, sequelae of spinal-cord lesions and malignant nervous system tumors, that can be detected and should be sough on regular follow-ups. By the Portuguese law and as doctors, we can inform the parents but it’s ultimately their decision to allow the MRI, even though it’s hard to be unable to care properly for a patient.
St Matthews health centre: a collaborative approach to evaluating innovative models of primary care
James Cowling; Rishab Prasad
Proteus Digital Health UK
Leicester City Clinical Commissioning Group, NHS England Leicestershire and Lincolnshire, Health Education East Midlands and the University of Leicester are working collaboratively in the St Matthews Practice in Leicester to explore sustainable and replicable solutions to the current primary care challenges. Any solutions need to continue to offer high standards of care to increasing numbers of patients with complex care needs in the context of a shrinking workforce. Innovative digital health technology will be used to target the right intervention to the right patient at the right time whilst increasing job satisfaction amongst clinicians and improving GP recruitment and retention. Clinician capacity will be expanded with the utilisation of pharmacists for chronic disease data gathering. Patients and carers will be empowered to be more involved in the management of their chronic disease through the use of digital health technology.

The practice will address prevention of disease in primary care with an intention to reduce the need for reactive care. A key concept will be to move towards treatment by need rather than treatment set by fixed time intervals. There will be a strong education focus within the practice with the appointment of five primary care clinical fellows who will look to share knowledge and skills between primary care, secondary care and patients. Clinicians across the CCG will be connected academically using face to face and digital education portals.

Why do men between the ages of 40 and 54 attend or decline NHS health checks?
Amy Cartwright
University of Leeds

Aims & objectives: This study explores the reasons why men either attend or decline NHS Health Checks. Uptake rates among younger men (40-54 year olds) are lower than those for older men (54 years old and above), (Cochrane et al, 2012a). Research into the reasons why younger men are not attending NHS Health Checks is needed to improve the uptake and success of the service.

Content: Project aims and objectives, background, methods (semi-structured interviewing) and methodology, findings and discussion, and conclusions.

Outcomes: Themes from the data have been broadly categorised as:
1)Mistrust of the health check system
2)Obligation, responsibility and pressure
3)Heightened sense of mortality
4)Reluctance to discuss health matters
5)Ability to self-monitor
6)Personality and self-perception
7)Practicalities and excuses.

Discussion and relevance/impact: This study corroborates with previous research, and provides a range of reasons why 40-54 year old men attend or decline their NHS Health Check. Findings of this study suggest policy changes to remove barriers to usage of Health Checks are required, as well as campaigns to encourage men to utilise health services and discuss health concerns.


NHS health checks: steering towards success
Janakan Crofton
Royal Free GPVTs

Cardiovascular disease (CVD) is one of the largest causes of death and disability in this country. The NHS Five Year Forward View has highlighted the importance of “getting serious about prevention” and about “meaningful local flexibility and diverse solutions” to meeting local health needs. The NHS Health Check Programme has potential to prevent CVD through earlier identification and management of risk factors. The Local Authority Health Check
Steering Group (SG) was established to provide leadership and governance on the development, commissioning and implementation of the programme. The SG is made up a public health consultant, a CCG Board Chair, a health checks project manager, a GP practice manager, a GP practice nurse, a local medical committee representative, head of medicines management, a primary care commissioning representative and a patient representative. The SG has been successful in commissioning a community provider to increase access, developed an incentive scheme to increase the number of checks delivered to patients on the mental health or learning disability register and facilitated improved links with lifestyle services such as weight management and smoking cessation services. In Q1 - Q2 of 2014-15, the local authority ranked as the top performing London borough for checks delivered to the eligible population. Working in partnership with stakeholders has resulted in increased levels of ownership, greater understanding of stakeholders’ wider responsibilities and ultimately improved the quality of the programme delivered. The SG model is one that can be easily replicated and CCG input has been instrumental in engaging with primary care.

217 Targeted CVD screening programme to a population of high deprivation in the South Wales valleys: lessons learnt
Naomi Stanton; Sara Thomas
Cwm Taf University Health Board
Uptake of NHS Health Check (England) by people living in the most deprived quintiles is low. We developed a systematic approach to target screening to those at highest risk and live in the most deprived communities of South Wales which involves primary care, public health and community partners and describe the results from our seven practice pilot. The Health Check + Software was used to perform an initial 10 year CVD risk stratification (using QRisk2). Patients were invited for a health check with a trained Health Care Support Worker (HCSW) according to estimated risk. Variations on a basic HCSW model were evaluated.

Results: To date, 1352 people have been invited for a Health Check. Of these, 609 (45%) attended, 99 (8%) declined and 644 (47.6%) did not attend. Analysis so far, using 2 practices (192 patients screened) reveals uptake by those in the most deprived areas was 60% (115/192) compared to 0% in the least deprived areas. Of those screened, 28.9% were smokers, 77% had a BMI >25, 46% were inactive, 21.7% had hazardous drinking and 48.7% had raised cholesterol. 55% had a risk >10%. More men (116) than women (75) attended, with the highest proportion of attendees being aged 55-64 years.

Discussion: Although attendance was high amongst those from the most deprived quintile, further work to explore reasons for non-attendance is underway as well as impact on practice workload, uptake of lifestyle support services with an evaluation of impact on individual risk at 6 months.

218 Service evaluation of the transfer of prisoner health records to primary care services from a GP’s perspective
Hannah Cheston; Christopher Sargeant
Brighton and Sussex Medical School
Relevance: The recently released prisoner population have a wide range of complex health and social needs. Whilst an individual is incarcerated, prisoner health records (PHR), are created to document any treatment inmates may have had during their sentence. Upon release, prisons are meant to ensure information is communicated to community health services responsible for continuity of care. However there are no guidelines to govern this. Often GPs spend weeks chasing information regarding treatment their patients have received during their sentence, during which time patients have often gone without adequate treatment or repeat prescriptions, leading to patient frustration and disengagement with healthcare services. Evaluating the transfer of PHR may lead to improvements in the system which will help to improve the continuity of care prisoners receive when they leave prison.

Aim: To explore the use of PHR in the primary care setting and how it impacts on GPs and the care they provide for released prisoners.
Methods: Qualitative service evaluation.
Outcomes: The interviews of three participants were analysed. Five master themes were determined:
1) Problems with the PHR system
2) Examples of good practice
3) Impact on healthcare professionals
4) Impact on patients
5) Improvements which need to be made.
Discussion: This study has demonstrated that GPs think there are a number of problems with the PHR system; many of which have a negative impact on the patient’s health and the GP’s clinical practice and highlights the need for change within the Criminal Justice System particularly around the release of prisoners.

ETHICS

219 Medical practice in prisons: public health, ethical and legal aspects
Vasilios Stoukas
Korydallos Prison Complex, “St. Paul” Hospital, Greece
It is increasingly being recognized that good prison health is good public health. Getting medical services to people who need them the most, especially to those who are hardest to reach, is a continuing challenge as a high proportion of those with multiple health problems are incarcerated in prisons. The position of the prison doctor is a multitasking one. The physician is responsible for the health of the prisoners, deals with addicted inmates, psychiatric patients, hunger strikers and riots. In many occasions the doctor is also required to operate as a peacekeeping factor between the inmates and the warden, mainly in order to maintain the fragile relations existing in correctional facilities.

The detection of serious communicable diseases such as HIV infection and tuberculosis, accompanied by adequate treatment and the introduction of harm reduction measures as necessary, contributes significantly to the health status of the communities from which the prisoners come and to which they return. In addition, it is now known that substance dependence can satisfactorily be treated in prisons and imprisoned mental health patients may be helped. More recent developments include the real possibility that the time in custody can be used to promote healthier lifestyles, with better control over smoking and alcohol and perhaps over the use of violence in interpersonal relationships. Last but not least, the profound knowledge of such delicate issues as medical confidentiality, informed consent of the patient and the correct medical certification and documentation is absolutely necessary in the prison working environment.

220 Should general practitioners (and other clinicians) avoid ethics?
Andrew Papanikitas; Emma McKenzie-Edwards; Gregory Lewis
Nuffield Department of Primary Care Health Sciences, University of Oxford
We ask the question, "Should general practitioners (and other frontline clinicians) avoid ethics?" in order to reflect on the ways that clinicians ought to engage with ethical issues arising in the consultation. We use a paradigm case where the clinician is invited to offer advice that may go beyond what is strictly clinical. We suggest that literature on professional boundaries should focus more on the super-erogatory aspects of practice.
We also suggest that ethics education, rather than just being about solving dilemmas, should also be about whether the clinician should be involved and in what manner.

221 Engaging healthcare: ethics of markets and markets for ethics (a conference held at The Royal Society of Medicine)
Andrew Papanikitas; Joshua Hordern
Nuffield Department of Primary Care Health Sciences, University of Oxford
The rhetoric of markets affects all clinicians and patients in some way, shaping the meanings attached to health and healthcare. With the growing significance of markets to healthcare in the UK and many other global settings, clinicians need to make ethical choices every day in commonplace situations. We explore these ethical issues and
others which arise in primary care and healthcare more broadly, about how policy-makers, commissioners, clinicians and patients might think and act in a way that is both right and fair. A market in healthcare is often thought to damage positive health outcomes for patients and the working environment for practitioners because it introduces unworthy motives and immoral incentives. But is this so? And how might markets shape and serve the meaning that people ascribe to health and healthcare?

In the poster we outline key ideas and arguments from an academic interdisciplinary conference addressing the meanings of markets in healthcare held on June 19th in London. We examine practical examples where humanities may improve understanding the interaction of market concepts with healthcare and re-examine the philosophical underpinnings of social justice. The conference was an event co-hosted by The Oxford Healthcare Values Partnership at Oxford University and the 5th RSM Primary Care Ethics Conference and is part of ongoing work to understand values in healthcare.

222 Clinician self-care: an ethical puzzle

Emma McKenzie-Edwards; Andrew Papanikitas

Nuffield Department of Primary Care Health Sciences, University of Oxford

If we accept that there is a need for clinician self-care in any sustainable model of healthcare practice, then clinicians need the skills with which to balance self-care against patient-care and other duties. Postgraduate medical education has begun to acknowledge this, but often focusses on one specific area (such as burnout or moral distress) or technique (such as the Balint movement) rather than considering the global issues and broad principles. We identify pieces of the ethical self-care puzzle such as: professional boundaries, physical and mental health, fostering creativity and growth, self-awareness, moral distress and conscience. We bring together key strands of thought from diverse academic and professional literatures, using the strengths of interprofessional education to inform the translation of self-care theory into practice.

223 Who? Where? When? Public preferences on ‘do not attempt cardiopulmonary resuscitation’ discussions

Dhaneesha Senaratne; David Nicholson Thomas; Rebecca Williams; James Black; Margot Gosney

Oxford University Hospitals NHS Trust

Introduction: Patient and family participation is important in advanced care decisions, including do not attempt cardiopulmonary resuscitation (DNACPR) discussions. We aimed to describe public preferences on DNACPR decisions and compare them to their actual experiences.

Materials & methods: Anonymous questionnaires were offered to adults attending four GP surgeries in South-East England between 02/03/2015 and 07/07/2015.

Results: 280 responses. Mean age 55.5 years (sd 17.3 years). 67.9% female. 34.3% had previously been involved in a DNACPR discussion. 95.7% were already familiar with the concept of DNACPR.

Who?: Patients and their partners were less frequently involved than respondents hoped; 52.0% and 37.8% in reality compared to 91.4% and 73.6% in preference, respectively. There were similar preferences for involvement of GPs (53.9%) and hospital doctors (53.2%), but in reality GPs were involved half as often (22.1%) as hospital doctors (45.9%).

Where? 69.4% felt that discussions should take place in the community (home or GP surgery), compared to 20.5% in hospital (hospital clinic, A&E department or hospital ward). In reality 35.5% of discussions took place in the community whilst 48.4% took place in hospital.

When? Most discussions took place when the patient was dying (44.1%) than when the patient was well (8.6%) despite preferences being approximately equal (30.0% and 28.8% respectively).

Conclusions: These data suggest a discrepancy between public preference and experience. Every case differs, but healthcare professionals may consider having resuscitation discussions earlier and in the community in order to match the preferences of the population.
224 Medicine beyond the final frontier
Michael Bryant; Bethany Bryant
Aberdeen Women’s Centre

Aims/objectives: To assess the practices and attitudes of doctors on the TV show “Star Trek” in line with GMC guidelines.

Content: The study selected 10 episodes from the 4 most popular editions of Star Trek (the Original Series, featuring Dr McCoy; the Next Generation, featuring Dr Crusher, Deep Space Nine, featuring Dr Bashir, and Voyager featuring “the hologram”). They were selected based on the screen time allocated to the doctor, clinical relevance and episode popularity amongst fans. The performance of each doctor was assessed against GMC guidelines relevant to the issues in the episode.

Relevance/impact: Public perception of doctors is hugely influenced by television. Expectations are brought into the consultation. It is important that doctors are able to anticipate this and explain why their decisions may not be the same as those in popular culture. To date, there has been little research into doctors in science fiction.

Outcomes: Each doctor had a different approach. All conformed well to the first standard, that of making the patient the centre of care. However, Dr McCoy, while clinically sound, made decisions without consent. Dr Crusher had a gentler bedside manner than Dr Bashir. While Voyager’s hologram followed guidelines most stringently, his interactions with the crew improved when he deviated a little from these.

Discussion: 4 different styles were displayed, with lessons for GPs in each. The best examples balanced sound clinical practice with a compassionate approach, and adapted guidelines to fit unpredictable circumstances, including common to General Practice.

225 Addressing over representation of black and minority ethnic communities in mental health services
Malik Gul; Shamini Gnani
Imperial College London

Aims and objectives:
- Introduce the Communities Network for Family Care as an innovation in mental health service delivery.
- Demonstrate how local Black Faith leaders are being up skilled and accredited in systemic family therapy to undertake early intervention and prevention within their own social networks.
- Define “Coproduction” as it is being systemised in a Local Health economy.

Content:
- 3 minute film on Communities Network for Family Care.
- Slides showing development of work.

Relevance/impact: Overrepresentation of black and minority ethnic communities in mental health services continues to present major challenges in respect of inequalities and fair treatment. In many cases, BAME communities are 3 times over represented on in-patient wards and community services (eg. Wandsworth CMHT re-admission rate from BAME communities in 2013/14 40 %+). BAME communities also tend to present late to services, making recovery far harder to achieve with related increase in expenditure and costs.

Black faith leaders are existing points of community contact and advice, accessed by local people at times of difficulties and crises. By up skilling them to undertake early intervention and prevention, we are much more likely to identify early signs and provide support at first point of need, wats that are much more culturally resonant.

Outcomes:
- Local faith leaders have demonstrated capacity to undertake skills training and execution of frontline family therapy interventions.
- 11 leaders have been trained, and this is being replicated by training 10 leaders from the Muslim community to develop a similar partnership.
- 72 families have been seen and diverted from entering into services. “Family Clinics” are beginning to be established inside local community hubs.
• Local CCG developing new governance structures with clinical responsibility remaining within provider agencies, but delivery through whole system network of community enabled family practitioners.

Discussion: People, Families and Communities are the “core engine” of society. Without active cooperation in health and social care, it is unlikely that we will be able to reduce burden of disease and its impact on our healthcare services.

The Black Church remains at the centre of African Caribbean community and family life, with large numbers participating in events and services. Leaders of these congregations have the greatest reach and resonance with these communities, yet remain outside of any involvement with design and delivery of services. The Coproduction of primary mental health services in these ways opens up the possibility of a more integrated model of design and delivery with existing social networks and leaders at the centre of change and transformation.

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**226 Engaging the citizenship of the homeless – a qualitative study of homeless primary care providers**

*Emma Mills; Christopher Burton; Catriona Matheson*

*School of Medicine & Dentistry, University of Aberdeen*

**Background:** Homeless patients have complex health needs. They also often describe difficulty accessing and maintaining access to clinical services. While engagement with healthcare has been explored from the patient perspective, little is known about how healthcare professionals conceptualise, assess and promote engagement with healthcare among homeless persons.

**Aim:** To examine how health professionals working in services for homeless persons view their patients’ engagement with healthcare, and explore how these views influence their practice.

**Methods:** Semi-structured phone interviews were conducted with health professionals who had experience working with homeless patients. Purposive sampling aimed to cover a range of location, practice type and duration of professional experience. Thematic analysis was undertaken on interview transcripts.

**Results:** 13 interviews were conducted. 4 themes were explored relating to engagement of homeless persons with healthcare: i) systematic barriers to engagement; ii) difficulties engaging with professionals; iii) system approaches to facilitate engagement; iv) relationship approaches to facilitate engagement. In addition a 5th theme emerged relating to the interaction between practices and networks of homeless persons in which practices were perceived as a key resource for a citizenship of the homeless.

**Conclusion:** Primary care practices providing services for homeless people aim to promote engagement in healthcare by maximising flexibility and fostering relationships between patients and the clinical team. In doing so they produce a paradox, whereby they function as a key hub within a citizenship of homeless persons while simultaneously aiming to help people move out of homelessness into a more settled state.

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**227 ‘Take home naloxone’ in primary care can reduce death from overdose in homeless patients who do not access drug treatment**

*Sarah Marwick; Sue McCutcheon*

*Birmingham and Solihull Mental Health Foundation Trust*

Over the past 2 years we have delivered an innovative ‘take home naloxone’ programme to reduce out of hospital death from heroin or opioid overdose, in patients in the homeless primary care service. This is in contrast to the usual way this drug is provided as we are a GP service and 40% of those trained and provided with naloxone kits by our service are not in drug treatment. We have shown that homeless primary care services have an important role in providing training and issuing naloxone to a vulnerable population at significantly increased risk of opioid overdose as a result of homelessness, especially when combined with not accessing drug treatment.

To date, 135 naloxone kits were issued with 19 reported successful overdose ‘reversals’, likely lives saved. Many involved individuals who are primarily alcohol dependent but are also ‘occasional’ heroin users, and therefore at higher risk of overdose. We have demonstrated the importance of working flexibly in a variety of settings to deliver the training to this population group. We also describe that our service has provided training in the management of opioid overdose and the use of naloxone to over 100 hostel staff (particularly relevant in view of anticipated legislation changes proposed for October 2015 enabling hostels to hold a naloxone kit).
We demonstrate that primary care - even if not directly involved in drug treatment - has a responsibility to reduce the risks that their patient populations may face and can do this successfully through the provision of naloxone.

228 Healthcare of the homeless: bridging the gap
Soracha Healy; Christopher Sargeant
Brighton and Sussex Medical School

Homeless people, particularly ‘entrenched’ rough sleepers, have poor health outcomes and an average life expectancy of 47 years. Their problems can only be tackled effectively through a multi-disciplinary, holistic approach that takes account of their co-morbid physical illnesses, mental illnesses and of their issues of dependency.

Bridging the obvious gaps between existing services maximises clinical benefits and provides better continuity of care. This poster outlines strategies to bridge these gaps and highlights the creation of specialised GP practices, locating primary care teams in secondary care settings, joint working between housing, health and social care, and improved education of health staff

Historically services working in isolation lead to high hospital readmission rates of 63.7% for homeless people, almost half within 28 days of discharge. Patients are not picked up by primary care services equipped to manage their care. In contrast, the introduction of a multidisciplinary homless care team in 2012 has achieved significant reductions in A&E and ambulance use by homeless patients.

The dedicated GP service currently has 1400 registered patients with daily walk in clinics in addition to regular appointments. The practice has two part-time GPs, two practice nurses and a HCA providing dedicated accessible care to homeless patients leading to improved patient outcomes and reduced health costs.

Proposed expansion of this hub of services includes the development of a community nursing team, of community mental health teams working in hostels, and of further planned innovative services, (e.g. street medicine).

229 A cervical smear screening solution for Salford’s vulnerable homeless women
Lucy Storey; Wan-Ley Yeung; Oliver Totty; Dean Barton
University of Manchester School of Medicine

Aims/objectives:
• To investigate barriers preventing effective cervical smear screening in homeless women at a drop-in centre in Salford, Greater Manchester.
• To develop a targeted and functional system which offers, engages, performs and follows-up smears effectively in this population.

Relevance/impact: Cervical cancer is the most common cancer to affect females in the developed world despite being preventable and having a well-established screening programme. The homeless population has a much greater risk of developing this cancer due to associated risk factors such as early sexual relations, promiscuous partners, smoking and having multiple partners.

A number of barriers contribute to a low uptake in cervical screening in the homeless population including psychological, educational and access barriers alongside logistical hurdles like no postal address omitting their invitation from the national screening program.

Content: We investigated the issues and barriers in females registered to a homeless drop in centre with a validated questionnaire and tackled each of the barriers to design and implement a functional system.

Outcomes: A cervical screening pathway enabled homeless women at the centre to engage in screening. A targeted leaflet was created and distributed. Training was organised and delivered. Smear uptake increased.

Discussion: Utilising existing homeless services provided by Salford Health Matters enabled homeless women to have a registered GP and postal address. As more women became interested they positively promoted the program amongst themselves. A scarcity of information opens the door to further research particularly on the impact of having no fixed abode on smear uptake.
The danger of shortcuts and pitfalls of superstitions: the challenges of serving a multi-ethnic population with limited translation services and short primary care and specialist consultations
Joanna Burgess; Seleena Thukral; Archana Dixit; Christina Cotzias; Rashmi Kaushal; Sally Kelly
West Middlesex University Hospital
A 24 year old primi-gravida of Afghan origin (PAO) was referred to antenatal endocrine clinic (AEC) with Gestational Diabetes Mellitus at 33+5/40 gestation. PAO attended with her husband who translated for her. She reported discomfort from a lump on her left buttock, having previously seen her General Practitioner (GP) and diagnosed with a lipoma (without examination).
On examination a firm, irregular mass under a scar was present and a history of previous surgery in Pakistan was elicited. Biopsy results from Pakistan obtained just prior to AEC by her husband stated “chondrosarcoma” and “palliative.
An urgent MRI revealed an extensive tumour arising from the sacrum. PAO was informed of the diagnosis. She had little insight into its possible severity and refused to attend clinics on particular weekdays believing they were “bad luck”. Biopsy and orthopaedic oncology multi-disciplinary team (MDT) review diagnosed a high grade chordoma. Postnatal CT staging and palliative radiotherapy were suggested.
PAO was delivered by caesarean section at 38/40 as the pelvic outlet was obstructed by the tumor. The family were discharged with support from a Speciality Midwife who co-ordinated the palliative care package between the hospice, oncology team, health visitors and GP.
**Conclusion:** Chordoma is an extremely rare malignancy arising from remnants of the embryonic notochord. Its diagnosis and management were complicated by language barriers, community and specialist clinic time pressures, cultural superstitions, social isolation, immigration status and ineligibility for financial benefits. It highlights the challenges facing healthcare professionals working with a multi-ethnic population.

The Impact of female genital mutilation on Somali women’s experiences of antenatal care services in England
Jordan Moxey; Laura Jones
University of Birmingham
**Objectives:** To explore how female genital mutilation (FGM) impacts Somali women’s experiences of antenatal care (ANC) services in England. We explored perceptions of deinfibulation, caesarean section and vaginal delivery; experiences of care during pregnancy and labour and factors affecting ability to access services.
**Design:** A pragmatic, exploratory qualitative study using face-to-face, semi-structured interviews. Interviews were audio-recorded, transcribed and analysed using a thematic approach. Interpreters were used when required (n=3).
**Setting:** Two community centres in Birmingham.
**Participants:** Convenience and snowball sample of 10 Somali women resident in Birmingham, who had accessed ANC services in England within the last 5 years.
**Results:** Three themes were interpreted:
(i) Experiences of FGM during life, pregnancy and labour: FGM had a significant physical and psychological impact, influencing decisions to undergo deinfibulation or caesarean section. Women anticipating an episiotomy delayed deinfibulation until labour to avoid undergoing multiple interventions.
(ii) Experience of care from midwives: Good awareness of FGM from midwives promoted open communication and stronger relationships with women, resulting in more positive experiences.
(iii) Adaptation to English life: Good language skills and social support networks enabled women to access these services, whilst unfavourable social factors (e.g. inability to drive) impeded.
**Conclusions:** FGM significantly impacts Somali women’s experiences of ANC services. Therefore, we suggest:
(i) That midwives routinely ask Somali women about FGM to encourage open communication and facilitate more positive experiences;
(ii) Developing strategies to promote the benefits of deinfibulation to non-pregnant women in primary care;
(iii) Improving access to ANC services by providing additional support.
232  Is education the key to victory in the battle over female genital mutilation?
Victoria Holmes; Rebecca Farrington; Peggy Mulongo
University of Manchester

Female Genital Mutilation (FGM) is recognised internationally as a violation of human rights (RCOG, 2009). It is mainly carried out in Africa and the Middle East but FGM remains a practice among some immigrant communities in the UK, where it is illegal (Morgan, 2015). Up to 65,000 girls aged 13 and under are believed to be at risk of FGM in the UK (Home Affairs Committee, 2014). There are many health implications associated with FGM. The study aims to explore the under-researched question of how education could be the key to victory in the battle over FGM. Establishing the effectiveness of educational approaches is crucial to inform policy and to direct limited resources, mainly in the voluntary sector.

This qualitative study comprised two focus groups: one with women and men from FGM-practising communities and another with young people. There were also eight interviews involving professionals who are working to end FGM.

Both professionals and members of FGM-practising communities highlighted the importance of working with culturally-sensitive Non-Governmental Organisations in the battle to win over hearts and minds. Enlisting the support of men and religious leaders was also considered crucial in breaking down barriers in male-dominated communities and exploding myths about FGM as a requirement of faith. FGM hotspots in the UK need to share experiences and expertise to improve FGM services, according to study participants. Using multi-disciplinary teams to pool ideas and draw up education strategies was also deemed vital. Ground-breaking work on FGM in Greater Manchester schools has already begun.

233  Clinical Training Associate (CTA) programme to help GP trainees entering GP with confidence and competence to perform female genital examination
Mary Valentine
Severn Deanery, HESW

As GP trainers, we struggle with helping trainees to acquire the skills and confidence to perform this task in general practice when they have not had experience beyond their limited medical school training.

The clinical training associates are lay women with an interest in teaching and women’s health, who are trained to talk to the trainees through a consultation: how to communicate in an way that is understandable to patients, how to act professionally in a way that reduces embarrassment and risk of complaint, and how to perform an examination (including speculum examination).

We decided to offer this to all ST2s around the time of their starting in GP. The target population is those who have not had GUM or gynaecology experience post medical student training.

There are two CTAs and two trainees. They role play out a scenario and demonstrate examination, and then one will act as the patient and the other as tutor/observer. The second trainee then has their turn. The trainees get immediate feedback on their technique, for example if they are not pressing hard enough to be able to palpate bimanually, or so hard that it is painful. They are therefore able to practice the technique within a safe environment, for some the first time they have passed a speculum.

The feedback has been overwhelmingly positive. The trainees have really valued it and are more confident when faced with female examination in their GP practices. The CTAs are very professional and excellent teachers.

234  Common paediatric care pathways - an important step in care of children closer to home initiative
Samir Khalil; Catherine Swailes; James Bursell; Jyothi Srinivas
Milton Keynes University Hospital

Background: Milton Keynes has a high paediatric admission rate when compared to regional and national average[1]. Survey from 2014 shows that 35% of the children seen in Paediatric Assessment Unit (PAU) are referred by GP and 13% are in PAU for less than 3 hours. The majority of children being taken to A&E by parents had been unwell for less than 4 hours and many (44%) did not seek any advice before attending A&E.

As part of the MK CCG ‘Caring for Children closer to Home’ project and following the recommendations of “facing the Future-2015” by RCGP and RCPCH, new initiatives were developed to reduce admissions.
Aims: To develop ‘Common Care Pathways’ for the most common reasons for children being referred to PAU and attending A&E.

Methods: The most common reasons for A&E attendances and PAU referrals and their management were reviewed by MK Care Pathways team. The main reasons were found to be fever, Asthma, gastroenteritis and pneumonia.

Outcome: The team then reviewed care pathways from neighboring CCGs and developed Common Care Pathways in children for these conditions. These pathways will be launched by the team in August 2015.

Discussion: The team will continue to monitor A&E and PAU attendances and consider developing further interventions including Paediatric Consultant availability by telephone and establishing children’s community nursing team to help bring care closer to home for children.

References:
1. AHSN Report, 2015
2. Care Closer to Home parent survey 2014
3. Facing the Future: Together for Child Health 2015

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Why are GPs not referring patients for assessment at our local short stay paediatric assessment unit?

Jennifer Walsh; Devasmitha Venkataraman
South Tees Foundation Trust

Aims/objectives: As we strive to reduce unnecessary hospital admissions, our local hospital which serves a small population spread across a vast rural area has recently changed its children’s ward to a short stay paediatric assessment unit (SSPAU). This change was made in response to evidence published by the King’s Fund 2010 which shows that these units are effective in reducing the number of admissions to paediatric wards and length of stay. The SSPAU has no overnight admission facility. Unexpectedly since the paediatric ward changed to a SSPAU the number of patients attending the unit has significantly decreased. To investigate the reasons for this an electronic survey was sent to all local GPs and GP trainees.

Content: 35 responses were collected over a two month period. 65% of respondents had referred a child to SSPAU. 87% of those referred were accepted for assessment, 75% of those not accepted were referred to a unit with an overnight facility. Respondents commented that the main factor influencing where to refer was location of the unit. Some respondents commented that they were unsure of the purpose of the unit. 60% would refer to SSPAU in future. Several commented that since the unit changed to SSPAU consultant telephone advice was increasingly available.

Relevance/impact: The survey highlights the need to educate GPs which patients are appropriate for referral to SSPAU.

Discussion: The reduction in attendances may be due to:
1. Uncertainty of which patients to refer to SSPAU
2. Increased availability of telephone advice.

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Spotting the signs, developing a national proforma for risk assessment of childhood sexual exploitation

Karen Rogstad; Zoe Cameron; Georgia Johnstone; Dawn Wilkinson; Alyson Elliman; Rebecca Adlington; Sophie Forsyth
BASSH

Aim: To develop a national proforma endorsed by relevant bodies to assist in detection of risk factors associated with CSE in under 18 year olds that is acceptable to young people(YP) & practitioners.

Content: Child sexual exploitation (CSE) takes many forms and is increasingly recognised. In recent years several organisations have developed proformas that attempt to identify those at risk, but few include user input or those over 16yrs. BASSH and Brook obtained a grant from the Department of Health authorised by an inter ministerial group. A multiagency working group and Advisory Board developed a draft proforma with input from YP focus groups. Piloting occurred in 22 sites in England & Jersey. Evaluation was through self-administered questionnaires to patients and providers after proforma use.

Results: 275 YP and 259 practitioner evaluations were completed in Sexual Health services including schools, outreach and general practice.
Consequence: This is the first national proforma to elicit risk factors for CSE in all under 18s attending sexual health services. It is acceptable and useful to young people and practitioners to elicit risks for CSE and highlighted how the interviewer should behave and adapt to YP needs. Additional time was required to complete the proforma, up to 10 min for 72%, which was a particular problem in general practice, but this should decrease with familiarity. Meaningful involvement with YP is possible across the spectrum of service users and non users, including CSE victims and gangs through a collaborative approach between organisations.

237 Screening diabetic patients for liver fibrosis in a primary care diabetes clinic

Phil Clamp; Chloe Mazzocchi; Nicholas Weight; Bryan Deans; David Aldulaimi

Worcsreshire Acute Hospitals NHS Trust

Liver disease is being increasingly recognised as a cause of premature death. Diabetes predisposes to the development of fibrosis and cirrhosis due to non-alcoholic steatohepatitis (NASH). Asymptomatic patients identified as being at risk of significant liver disease can be referred to secondary care and assessed with a non-invasive Fibroscan or liver biopsy. The online NAFLD Fibrosis Score online calculator (http://nafldscore.com/), has been developed to identify patients that are at significant risk of developing liver fibrosis using body mass index, serum ALT, AST, platelet count, diagnosis of diabetes and age as parameters.

We prospectively screened consecutive patients attending for routine review at a primary care diabetes clinic. 43 consecutive patients, 22 females and 21 males with a median age of 66.5 years, were screened using the online NAFLD calculator. The median score was -0.061 with an upper and lower interquartile range of -0.869 to 0.67. 9 patients, (6 males and 3 females, with a median age of 73 years) had a score of > 0.675 points (range 0.765 to 2.0) indicating advanced fibrosis and identifying them as being at high risk category for developing liver disease. We conclude that within a primary care diabetes clinic it is practical to screen patients for liver fibrosis secondary to NASH and that a significant proportion of patients will require referral for further investigations.

238 Walking clinic: a new approach to health

Rachel Elliott

Westlands Medical Centre, Portchester

The purpose of the Walking Clinic is to create a new partnership with patients, to help them to improve their health through walking and talking, and to challenge the passive doctor/patient relationship. The Walking Clinic asks patients to consider their experience and beliefs around exercise, for example how much they take, and how much they think their GP takes. This dialogue takes place in a 10 minute walk around the local park on a Saturday morning.

The pilot mobile surgery involved walking with each patient instead of bringing them into the consulting room. The patients completed a short questionnaire before and after their ‘appointment’ walk. The questionnaire asked how they perceived exercise, and whether the traditional ‘static’ consultation sent a negative message. All patients responded positively and would book another consultation. Most did not think that they had received exercise information from their GP in the past, and the majority weighed more than they wanted to. The most significant findings are in the comments that state why patients have valued this ‘new’ consultation. Do we need to review our traditional models of GP consultation to meet different patient needs? Walking together sends a very positive message about shared objectives. Being face-to-face in a clinician’s room is comfortable and practical for the GP, but may feel intimidating for some of our patients. Walking the talk might be good for patients and for their GP.

239 Future facing Forfar: delivering sustainability through collaborative working

Andrew Thomson; Nico Grunenberg; Maxine Jones

Academy Medical Centre, Forfar, Angus

Aim: Academy and Ravenswood General Medical Practices are merging in order to transform our primary care delivery. Recognising that a different approach is needed to improve access, health & wellbeing, and offer sustainability for the future, we are engaging with patients and staff to design and deliver a new model of primary care.
care that is informed by the Alaskan Nuka system (Southcentral Foundation, Alaska, www.southcentralfoundation.com).

**Content:** The poster outlines our collective vision and aspirations for the initiative, as well as our progress towards realising it in the first six months.

**Impact:** Our collaborative approach to model design and delivery will ensure that resources are matched to community need. In optimising relationship-continuity, our model offers a patient-centred, biopsychosocial model of care intended to improve health & wellbeing and reduce health inequalities.

**Outcomes:** In a short time, we have collectively created the conditions for change, engaging with patients and staff to design our model, its clinical approaches and build the infrastructure necessary to support it. Following launch, a range of outcome measures will be evaluated. The initiative is supported through SGHD’s primary care modernisation programme.

**Discussion:** Future facing Forfar recognises that the status quo is no longer sustainable and, in collaboration with patients and staff, is designing and delivering a bold new model of primary care that is closely aligned with identified community needs and offers a promising vision for the future of primary care in Scotland.

**240 Green impact for health: results from the pathfinder pilot**

Mark Statter; Kim Croasdale; Charlie Kenward; Charlotte Bonner; Trevor Thompson; Tom Pelly; Amy Alsop; Terry Kemple

**Severn Deanery School of Primary Care**

Green Impact for Health (GIFH) is an innovative online programme aimed at improving the sustainability and efficiency of GPs, through environmental, social, economic, and behavioural change. Key objectives are publishing the results from the seven pathfinder pilot practices and launching the programme, including an online toolkit, nationally.

We will summarise challenges threatening the sustainability of healthcare and outline how GIFH addresses these. We will introduce the programme and online toolkit showcasing its functionality, ease of use and quality improvement methodology. However the main focus will be analysis and discussion about the results obtained from the pathfinder pilot.

As the gatekeepers of the NHS, GPs are key to providing high quality, cost effective healthcare. We are facing significant challenges including a workforce crisis, increasing burdens of chronic diseases, reduced health care funding, and commitment to reduce the NHS carbon footprint by 80% by 2050.

We have created an innovative change programme, piloted by seven pathfinder practices in 2015. A panel of sustainability experts including GPs, trainees, academics, charities and businesses will analyse and publish the results.

We believe our work is in line with the NHS Five Year Forward View for improving quality and efficiency. Sustainability should be a core component of quality healthcare and we hope to demonstrate this with this data.

**241 Green impact for health: creating a toolkit for sustainable change in primary care**

Charlie Kenward; Kim Croasdale; Mark Statter; Charlotte Bonner; Trevor Thompson

**Severn Deanery School of Primary Care**

Green Impact for Health (GIFH) is a large scale change project aiming to improve the sustainability of GPs through environmental, economic and social change. Key early objectives were the creating an online change toolkit and engaging seven "Pathfinder" GPs to pilot the toolkit. We will summarise the challenges threatening healthcare and the approach taken by GIFH in response. We will describe the development of the toolkit: an iterative process comprising literature review, quality improvement methodology and review from a panel of experts and students, concluding by looking to GIFH’s future.

GPs are key to providing high quality, cost effective healthcare and influencing patient behaviour. However we face challenges including a workforce crisis, increasing burdens of chronic diseases and a low share of healthcare funding. The NHS has committed to reduce its carbon footprint by 80% by 2050.

We have a network of leaders in primary healthcare sustainability including GPs, trainees, academics, and sustainability professionals. In collaboration we have developed an innovative toolkit for change, including a cold
Aims/objectives: Collaborative care & support planning (CC&SP) is the epitome of person-centred care planning for people with long term conditions. This study seeks to understand the journey towards CC&SP in general practice, and identify levers to drive the culture shift on the ground. Specifically:

- Assess public/private documents from leadership organisations in general practice
- Analyse language and trends
- Score the extent to which CC&SP is a priority for each organisation
- Identify levers for driving change.

Content: We present findings from the document analysis.

Methods: Organisation inclusion criteria, document inclusion criteria, define analysis process, coding, validation, analysis. We demonstrate that such change management is a long, challenging process, and evidence from this study can equip leaders to drive change so CC&SP becomes the norm in general practice.

Relevance/Impact: To tackle the challenge of caring for the increasing number of people living with LTCs, collaboration with patients must be at the heart of general practice. CC&SP requires a new way of thinking; moving away from disease-based pathways towards a whole-person approach with real doctor/patient partnerships. This role redefinition is not easy to realise. To the author's knowledge, this is the first qualitative document analysis charting the journey towards CC&SP. We can capitalise on learning to support the campaign for CC&SP and make it a reality in general practice.

Outcomes:

- Understand the context in which CC&SP has developed
- Identify organisations prioritising CC&SP and opportunities for influencing
- Clarity around language, supporting clearer messaging
- Understand levers / influencers to better guide campaign strategies.
244  
PUSH: a local project promoting community health wellbeing while developing a novel method for the quantification of the impact of integrated care

**Outrline:** The local aim was the creation of a bespoke healthy village and to gather objective evidence that this had a positive impact. This required adaptation of a clinical scoring tool and design of a wellbeing survey. Thus a novel evaluation package has been created, as well as a new project.

**Discussion:** The Better Care Fund is being utilized nationally to develop integrated care. The CCG tasked groups of GP practices to design a project. This PUSH group designed a system to share a signposting strategy for local health promotion schemes.

Research into reducing unplanned admissions highlighted difficulties in extracting quantitative evidence about relevant health improvement initiatives. From current data sets, ecology of fallacy makes it impossible to identify the effective strategies.

The Kings Fund outlines the importance of supporting individuals to change behaviours. PUSH appointed a project manager to personally support patients’ navigation of the community enterprises likely to help their personal wellbeing. The involved practices selected patients who have chronic disease or chronic need but are stable enough to not yet need much secondary care and so improving their health could prolong their stability. Subjective wellbeing measurements based on the wellbeing evaluation tool from the New Economics Foundation are being collated.

Peridontal poor health has been associated with diabetes and cardiovascular disease. Indices such as HbA1c improve with better peridontal health scores. Oral health education improves peridontal health. Patients referred to PUSH were also given this. A peridontal health score, as the representation of systemic health, is quickly measured to track alongside wellbeing scores.

**Conclusion:** The dataset provides a package of qualitative and quantitative measurements for evaluation of health improvement projects, including the local PUSH project. It is recommended for future commissioning use.

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Assessing the demand for Cystatin C eGFR in response to NICE CKD guidelines 2014

**David Shepherd**

Across Leicester Federation

NICE modified its Chronic Kidney Disease (CKD) Guideline in 2014 (CG182) to recommend the use of cystatin C eGFR in the initial diagnosis of selected patients with suspected CKD 3a. The likely level of demand for this test is unknown.

The purpose of this study was to assess the likely initial and ongoing impact the demand for this test will have on service costs and local laboratory activity.

We used an updated version of our Impakt CKD tool (www.impakt.org.uk), which reflects the new guidance, to evaluate the status of patients coded as having CKD and those not so coded but with any recorded low eGFR <60ml/min/1.73m2 against the guideline recommendations on the use of Cystatin C eGFR in confirming the diagnosis.

The adult patient population of 46,937 patients was drawn from practices within the Across Leicester Federation and anonymised data extraction using Mquest yielded 1,770 (3.77%) patients coded as CKD and 1,834 (3.91%) non-coded patients.

Analysis indicated that 1.46% of the adult population would require a Cystatin C test to bring registers into line with NICE guidance, followed by an estimated 0.24% annually to maintain CKD register accuracy.

Based on a NICE £6 per Cystatin C test estimate and 2011 census data, it would require an initial £21k to bring registers up to date and then £3.5k annually for the City of Leicester. (This does not include the cost of acting on the results).
246 The production of an acute care plan for use by patients with learning disabilities
Kirsty Russell; Sabia Dayala; Joanne Jackson
University of Manchester

This poster describes the development of an acute care plan in an accessible, 'Easy Read' format for adults with learning disabilities (LD) and their carers for use when attending a primary care centre. The acute care plan is a document to be filled in by the GP to provide personalised information for the patient and their carers on what happened during their consultation, what the outcomes were, and how to seek further medical help, in order to enhance their understanding of the medical problem they present with and its treatment.

People with LD are significant users of healthcare resources, being more than two times as likely to use health care services when compared to the general population. They also face significant healthcare inequalities and risks to patient safety, despite law and legislation that reasonable adjustments must be made for people with LD so they can access healthcare.

The implementation of documents in an accessible format, of which there is currently a lack, is important as people with LD often have difficulty communicating their healthcare needs and understanding healthcare professionals. Such difficulties have been cited as a reason for patients with LD receiving inadequate care.

The intended outcome is that the provision of an accessible acute care plan will assist better communication between GP and patients with LD to reduce the chance of an error occurring due to poor communication and therefore increase patient safety in this vulnerable patient group.

247 Career or family planning? Oocyte cryopreservation for UK Servicewomen
Louisa Morris; Richard Withnall
Defence Medical Services

Aims: To consider the utility of social egg freezing for women in the UK Armed Forces.

Content: A review of the international literature and current Ministry of Defence (MOD) practice surrounding social egg freezing.

Relevance: Fertility rates decline after the age of 30 years. UK women are delaying motherhood in favour of their careers. In 2013, the average age of first UK motherhood exceeded 30 years for the first time. Although state-funded oocyte cryopreservation is available for patients receiving chemotherapy or radiotherapy, in the UK, USA, Belgium, Netherlands and Israel, ‘social’ egg-freezing for women wishing to delay motherhood for career, relationship and lifestyle choices is only offered on a private basis. Apple and Facebook now offer financial incentives of up to $20,000 to female employees wishing to delay motherhood.

Outcomes: On 1 April 2015, 10.1% of UK Armed Forces personnel were women. Feminisation in some cohorts of the UK Armed Forces, including General Practice, is increasing. UK Servicewomen are eligible for up to 52 weeks of maternity leave and flexible career options. Currently, the Ministry of Defence (MOD) neither funds, nor offers financial incentives towards, social egg freezing.

Discussion: The MOD has a duty of care to provide all UK Servicewomen with appropriate clinical and employment advice. An attitudinal survey would help MOD to better understand whether UK Servicewomen would consider social egg freezing to help balance their domestic and career ambitions. The priority, however, must be to ensure that the careers of UK Servicewomen are not disadvantaged by pregnancy.

248 A low-cost direct access vasectomy service in general practice
Ken Menon; Jennifer Kelly
The Ongar Surgery, Essex

The provision of a direct access service is described. Patients are referred to the service by their respective General Practitioners.

The appointment letter that the patient receives includes:

i.) A date and time of operation included with this letter is information about the procedure, its complications and post-vasectomy seminal fluid analysis.

ii.) A statement to the effect that it may not be appropriate to proceed with operation after the initial consultation.
While this is a rare occurrence, it is important that patient knows that operation may not occur. This is because of prior inguino-scrotal surgery etc that would make the operation difficult under local anaesthesia. Success of the service depends on the patient receiving adequate information beforehand to enable him to make an informed choice. While direct access surgery is common in secondary care this review shows its successful application in primary care. The costs of the procedure are kept to a minimum without compromise on the safety and efficacy of the operation. A single incision no-scalpel procedure is used with only two disposable instruments and a hyfrecator needle. No increase in complications of bleeding, infection or pain have been noted.

249 Patient experiences of an unplanned admission avoidance programme
Alice Gowing; Claire Dickinson; Tom Gorman; Louise Robinson; Rachel Duncan
Newcastle University

Aims/objectives: This qualitative study aimed to explore the experiences of patients and their informal carers of the care they have received whilst enrolled on an unplanned admission avoidance programme.

Content: We present the findings of our qualitative study. 16 patients on the programme, purposively sampled from practices across one UK county, took part in semi-structured interviews. Thematic data analysis identified emerging concepts.

Relevance/Impact: With an increasing elderly population with complex health and social care needs, it is necessary to find innovative and acceptable ways to better manage them within primary care. The programme aims to identify patients who are vulnerable to unplanned admissions and offer them proactive support to optimise their care, reduce their risk of hospital admission and address their future care priorities. It incorporates the features of the Avoiding Unplanned Admissions Enhanced Service. We provide evidence of how patients perceive this initiative and the impact it has had on them.

Outcomes: Patients reported good relationships with their GPs and valued having a named GP for continuity. GP input was generally reactive rather than proactive. Patients knew little about the programme, and had mixed opinions regarding its aims. Only some recalled a care planning discussion. Overall, patients felt cared for and taken an interest in by their primary healthcare teams.

Discussion: Despite little awareness of the programme, or recollection of its principles being applied to their care, patients reported very high levels of satisfaction with the support they received from their primary healthcare teams.

250 Improving longitudinal continuity of usual doctor care in general practice
David Shepherd
Saffron Group Practice, Leicester

As a teaching practice without personal lists and with a number of part time and salaried GPs, continuity of care is a struggle. We have used the Usual Doctor flag on our computer system for many years but even so we recognised that for certain patients we needed additional support to improve continuity. Our aim was to see if an additional flag added to patients' records, selected by their Usual Doctor for increased continuity, resulted in improved continuity of care by that doctor. The presence of the flag permits reception staff to access appointment slots they would otherwise not be able to book when these patients request appointments. We describe the method used for identifying and flagging patient records. We used the RCGP Continuity of Care tool to measure Usual Provider Continuity Score (UPC) in the flagged population compared with the general practice population. We also calculated continuity by Usual Doctor for each of the flagged patients before and after the introduction of the flag. We compared the continuity achieved by the flagging method with random and observed allocation of appointments.

We show that although our continuity is reasonable for a large practice, the use of the flagging methodology is associated with a modest but statistically significant further improvement in Usual Doctor continuity.
Supporting general practice to function 'at scale'
Mike Holmes; Hannah Price; Natasha Curry; Stephanie Kumpunen; Niraj Patel
RCGP
The landscape of general practice is changing rapidly and its future structure is uncertain. The Five Year Forward View describes a collaborative vision where ‘at scale’ general practice delivers high quality care. To understand the current approaches to working ‘at scale’ we have undertaken two surveys: one for GP practices in England and one for CCGs.
This presentation will summarise the survey data collected and provide analysis of the experiences of practices currently working at scale, focusing on the models employed and the challenges faced. It will also consider the reasons why some practices are choosing not to embrace an at scale model. The ultimate aim is to create an online learning network to support practices, and as an initial step to its development, key messages will be drawn from the data and presented for discussion.
It is understood that many practices have begun or considered working at scale. Given the current challenges facing general practice it is anticipated that more practices may consider taking this step, and for many, the concept remains unfamiliar. This work will build an invaluable, accessible and practical resource for all practices at every stage of the process.
The results of these surveys will drive the development of learning resources for individual practices and at scale GP organisations, including topic-specific guidance and online webinars featuring topic experts, which will ensure support throughout this policy and practice transformation.

General practice in the Republic of Ireland: what can we learn?
Karen O'Reilly
Wessex Deanery
Aim: The aim of this study is to explore the differences in the delivery systems of primary care in the UK and the Republic of Ireland (ROI) and explore the potential impact these differences might have for both the practitioners and the patients.
Content: We live in rapidly changing times and the future of primary care in the UK is far from clear. While a variety of delivery options are hotly debated in government offices, academic institutions and GP coffee rooms it seemed obvious to explore an alternative delivery system in an international community merely a stones throw away from ourselves that serve a very similar cultural and demographic population.
The study involved spending three days shadowing a female GP of a similar skill set to my own in a demographically not dissimilar practice in the ROI. The specific issues explored were:
1. To understand how primary care in ROI is delivered.
2. To explore what effect I perceived these differences to have had on the GP’s working in this system in terms of workload, autonomy, work satisfaction, current morale, income compared to their UK counterparts.
3. To explore what impact this different system appeared to have on patients illness behaviour.
4. To explore what impact this different system appeared to have on the doctor patient relationship.
5. To explore difference's in GP training programmes content and ethos.
6. To foster improved cross faculty relationships.
Relevance: NHS primary care is going to change. If we are to have any input into how this might evolve it would seem wise first if we can, to look at how at other models work and what impact a variety of factors might have on the doctors and the patients and then allow this information to assist us in making informed decisions as individuals and as a collegiate body about the future of our profession.
Outcome and discussion: This small auto-ethnographical study highlights some interesting and important qualitative issues and provides a stimulus for discussion about potential impacts for UK general practice in the future. It is hoped that this may be a joint presentation with my Irish Colleague and that it would prompt interest and an expanded discussion about the potential effect of changes in service delivery for both doctors and patients.
253 Participatory design of a preliminary safety checklist for the general practice work system
Paul Bowie; Duncan McNab; John McKay
NHS Education for Scotland

Background: The use of checklists to minimise errors is well established in high reliability, safety-critical industries. In healthcare there is growing interest in checklists to standardise checking processes and ensure task completion, and so provide further systemic defences against error and patient harm. However, in UK general practice there is very limited experience of safety checklist use.

Aim: To identify workplace hazards that impact on safety, health and well-being and performance, and co-design a standardised checklist process.

Design and setting: Mixed methods study in Scottish general practices, which was informed by participatory design principles.

Method: 18 experienced GPs, practice nurses and managers were recruited from six Scottish NHS Boards alongside a patient safety ‘expert’ development group (n=7). Hazards were identified using a human factors work system model and consensus building methods were applied to iteratively develop and validate a safety checklist exercise.

Results: A prototype safety checklist was developed and validated consisting of six safety domains (eg. medicines management), 22 sub-categories (eg. emergency drug supplies) and 78 related items (eg. stock balancing, secure drug storage and cold chain temperature recording).

Conclusion: Hazards in the GP work system were prioritised that can potentially impact on the safety, health and well-being of patients, GP team members and practice performance, and a necessary safety checklist prototype was designed. However, checklist efficacy in improving safety processes and outcomes is dependent on user commitment, and support from leaders and promotional champions. Further usability development and testing are necessary.

254 Enhancing the effectiveness of significant event analysis: exploring personal impact and applying systems thinking in primary care
Elaine McNaughton; Paul Bowie; John McKay; David Bruce
NHS Education for Scotland

Introduction: Significant event analysis (SEA) is well-established in primary care but the process can be poorly implemented. The reasons include the emotional impact of the event on some clinicians and limited knowledge of the need for a systems approach to understanding why events happen and when implementing necessary improvements to minimise risks. These factors impact negatively on the health and wellbeing of patients, care practitioners and organisational performance. We, therefore, developed and tested theory-informed guiding tools to enhance the effectiveness of SEA based on human factors principles.

Methods: A mixed methods study was undertaken which included design of a conceptual framework (comprising a Venn diagram illustrating the interacting People, Activity, Environment factors contributing to significant events) and guiding tools by a multi-professional ‘expert’ grouping. The guiding tools (consisting of an online resource, personal booklet, desk pad prompt and revised SEA report format) were then tested with Scottish primary care professionals. Evaluation data were collected via questionnaires, interviews and submitted SEA reports.

Results: Of 240 practitioners registering a study interest, 132 participated in the pilot and returned completed enhanced SEA reports (55%). Evaluation data on the perceived usefulness of the guiding tools was mixed but positive overall for the study concept.

Conclusions: A systems approach to SEA was developed and tested. There is strong interest across the primary care professions for this approach as a safety improvement tool.
255 7% of events in GP data are not recorded on the day of event
David Mullett; David Burleigh; Sameera Pathirannehelage; Ivelina Yonova; Filipa Ferreira; Simon de Lusignan
RCGP Research and Surveillance Centre

Background: For our surveillance of disease within England, we extract data from >1,000,000 patients registered with a nationally representative sample of >100 GP practices. Some events are legitimately not recorded on the day of event. To capture these events, it is necessary to extract historic data.

Aims: To identify the minimum gap between recording and extraction that would capture data not recorded on the date of the event.

Method: We measured the difference in days between event date and recorded date for the key chapters and diseases covered by our disease surveillance.

Relevance: Identifying the difference in days between event date and recorded date enables accurate disease surveillance using routine GP datasets.

Outcomes: 93% of events are recorded on the event date. For the key data that we report:
• By Chapter: 95% of infections and a similar proportion of respiratory and skin disease are recorded on the same day as the event, between 95% and 99% in a week and nearly all in 42 days.
• By Disease: There is variation by disease: 97.61% of Influenza-like Illness episodes are recorded on the same day, whereas 89.96% of Infectious Intestinal Disease episodes are recorded on the same day.

We have created a metric that lists the percentage of codes by Read code chapter recorded on the same day, within a week, and within 42 days.

Discussion: A data extract that captures the last 42 days of data appears to be optimal for disease surveillance.

256 Salford long term conditions locally commissioned service
Girish Patel; Sheila McCorkindale; Marie Clayton
NHS Salford Clinical Commissioning Group

The number of people living with long-term conditions is increasing and is one of the biggest challenges facing our health economy, with over 50% of GP appointments being taken up by people with one or more long term conditions. Primary care is well placed to provide holistic continuing care for such people, but many practices are already at capacity.

Recognising the need for extra investment in primary care, Salford CCG is investing £15 million over 5 years in a new outcome based Long Term Conditions Locally Commissioned Service, developed in conjunction with local GPs to support best management of people with long term conditions. Based on enhanced quality standards with inbuilt monitoring and evaluation, the scheme aims to reduce variation between practices, so ensuring integrated, evidence based quality care for all patients registered with Salford GPs.

The extra resources will allow practices to increase and develop their workforce, review skill mix and increase capacity and the interlinked staff education programmes, some of which are mandated, will ensure all have the opportunity to update their knowledge and skills.

A key focus is on patient engagement and facilitated self-management, with a holistic approach to care, twice yearly reviews, patient education programmes, shared decision making, care planning for all and a patient/practice agreement (developed by patients).

The programme links to the wider Salford continuum of pro-active care, including an Integrated Care centre of contact which will provide a single entry portal for all health and social needs.

257 Additional Information helps healthcare professionals provide better care
Robert Jeeves
Health and Social Care Information Centre

Over 90% of patients in England now have a Summary Care Record (SCR) and over 30,000 SCRs are now being viewed by healthcare professionals every week - supporting safer, more efficient care and helping to improve the patient experience. Sometimes more information is needed, so GP system suppliers have developed a mechanism to help GP practices to automatically populate SCRs with ‘Additional Information’, to create a richer, yet clearly structured summary that is easy to understand.
For GPs, Additional Information means:

**Simplicity:** Once the patient’s SCR consent code is set to “Express consent for core and additional Summary Care Record dataset upload”, then the additional information is included in the SCR and this summary is automatically updated over time as the patient’s GP record is updated.

**Reduced effort:** The new functionality makes it quick and easy to create a relevant summary, even for patients with multiple complex conditions. The SCR is created directly from the patient’s GP record, so there no need for duplicate form filling - you can ‘Record once and share.’

**Flexibility:** Items can be manually included to support specific individual patient circumstances and preferences, and this includes the sensitive coded items that are automatically excluded.

**Reassurance:** GPs working to coordinate care for patients with multiple complex conditions and reduce unplanned admissions can be reassured that clinicians who are also treating their most vulnerable patients can access key clinical information and patient preferences to treat their patients safely and effectively.

Dr. Robert Jeeves, GP and Primary Care Clinical Lead for the Summary Care Records Team at the Health and Social Care Information Centre (HSCIC) will explain why all GPs should consider how Additional Information could help their patients to get appropriate care away from the surgery.

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**258 West Midlands pilot of post-CCT GP fellowship in urgent and acute care**

**Veronica Wilkie; Matt Aiello; Steve Walter; Katharine King**

**University of Worcester**

In 2014 Health Education West Midlands launched the Post-CCT Fellowship programme to provide advanced clinical skills training in Emergency and Acute Medicine, experience of working in a more joined-up system of care with greater awareness and use of alternative community care pathways, leadership training, and academic training. Anticipated benefits included improved outcomes and patient satisfaction, increased communication and understanding between clinical teams across settings, admissions prevention and increased job satisfaction.

**Aims:**

- To enhance the function of the GP within the ED, AMU and Ambulance Service teams.
- To develop ways in which the GP can apply enhanced urgent and acute skills to support the identification, introduction and maintenance of community-based alternative care pathways.
- To raise GP interest in Emergency Medicine career paths.
- To support the national policy drive for improving “joined-up care, spanning GPs, social care, and A&E departments - overseen by a named GP.”

The academic teaching and the secondary and social care placements are successfully raising awareness and use of community-based alternative care pathways. Additionally, there was evidence that the fellows cascaded this learning to their colleagues in hospital and general practice who, in turn, found this to be of value. The fellows successfully learnt and applied new acute skills and use of equipment to aid them in management in the community, of cases that traditionally would have been sent to hospital.

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**259 A pilot study of an electronic cancer decision support tool (eCDS) in UK general practice**

**Lindsey Hunter; Jodie Moffat; Sophia Nicola; Spencer Robinson**

**Macmillan Cancer Support**

**Aim:** To assess the feasibility of an eCDS to aid general practitioner’s (GP) clinical decision making for suspected cancer referrals.

**Content:** eCDS is symptom based software developed from the Risk Assessment Tool and QCancer algorithms. It extracts data from GP electronic patient records to calculate patient risk scores for specific tumour types, and hosts a symptom checker function to calculate a patient’s tumour risk score live in consultation. To test feasibility, the eCDS was piloted in 439 GP practices across the UK. Each practice was given access to eCDS for use in patient consultations. GPs recorded patient management data on the eCDS experience tab, and semi-structured interviews were carried out with 28 GPs.

**Relevance/impact/outcomes:** The pilot study found the tumour risk scores calculated by eCDS were different from the GP’s perceived risk in 46% of patients, with 31% of these patients having a higher risk score calculated
expected rise in referrals to secondary care, the diagnostic specificity is compromised.

Recent changes to NICE guidelines reduce the positive predictive value for symptom’s risk threshold. This which were obtained via telephone questionnaires.

RAT. The study also evaluates perspectives among primary and secondary care doctors on lung cancer referrals which were obtained via telephone questionnaires.

Results: 60 consecutive patients were analysed. The kappa co-efficient indicated very good agreement between CNS and CDSS ($\kappa = 0.64, p<0.0005$). Qualitative analysis of the disagreement were all classed as minor i.e. CDSS did not miss disease progression.

Conclusion: The CDSS demonstrated high validity and accuracy in its decision-making. This tool has potential for safe use in supporting follow up of stable prostate cancer in the community.

QUALITY IMPROVEMENT

261 Conflicts in primary care practice for lung cancer referrals: a comparison between NICE guideline referral criteria and lung cancer risk assessment tools (RATs)

Avinash Kumar Hari Narayanan; Jo Farrington; Sarah Taylor; William Welfare
Manchester Medical School, University of Manchester

Lung cancer is one of the most common cancers in the UK. It is associated with the poorest prognosis with a 10 year survival rate of 5%. The NHS spends £440m yearly for healthcare costs associated with the disease. Prognosis and treatment costs can be improved with early diagnosis, however this presents significant challenges as the cancer is silent, only presenting at late stages.

The diagnosis of lung cancer is based on recommendations from NICE which allows effective symptoms recognition in primary care. More recently, studies have shown that Risk Assessment Tools (RATs) improve diagnostic activity, enabling earlier diagnosis in some patients. This study evaluates recent updates in NICE guidelines for suspected cancer and two risk assessment tools for lung cancer; ClinRisk’s QCancer and Hamilton’s RAT. The study also evaluates perspectives among primary and secondary care doctors on lung cancer referrals which were obtained via telephone questionnaires.

Recent changes to NICE guidelines reduce the positive predictive value for symptom’s risk threshold. This increases the sensitivity of the the referral pathway, which aims to catch more diagnoses. However, with an expected rise in referrals to secondary care, the diagnostic specificity is compromised.
Bringing these evaluations together, the study recommends that the novel approach of quantified risk assessment with both RATs is necessary for improved decision making in primary care. It should be implemented along with the 2015 NICE guidelines, as part of efforts for early diagnosis and increased detection.

262 Early diagnosis of cancer and quality improvement
Stuart Barr; Ishani Patel; Nicola O'Reilly
RCGP
Aims/objectives: Support early diagnosis of cancer in primary care through effective use of quality improvement tools.
Content: Project is in progress. The presentation will cover the approach. The project will:
• Analyse Cancer Significant Event Audits (SEA) for good practice and learnings in two CCGs.
• Provide GP training and follow up with analysis of post-training SEAs, identify generic improvements, identify quality improvements focusing on those with most patient impact.
• Train appraisers, trainers and cancer leads in 2 CCGs to target quality improvements and mentor reflection on SEAs.
• Capture learnings and share locally and nationally targeting primary care audiences.
Impact:
• Thousands of patients will benefit from primary care staff increased capability in early diagnosis of cancer in the participating CCGs.
• Patients across the UK can benefit from long term improvements identified for action at the national and local level through improved processes in primary care.
Outcomes:
• Early diagnosis of cancer is supported with effective use of quality improvement tools.
• High level learnings from Cancer Significant Event Audits are captured and shared, promoting good practice across primary care.
• Primary care staff have additional support for early diagnosis of cancer through new guidance for Cancer Significant Event Audits, good practice examples and other learning resources.
• Quality improvements that will have greatest impact on patients in early diagnosis of cancer in primary care are identified for further action.
Discussion: Quality improvements in early diagnosis of cancer benefits patients to improve stage at detection and outcomes for cancer patients.

263 Triple assessment of breast problems: can we give patients an answer within 48 hours?
Wynne Chong; Zuhair Saidan
Central Lancashire Teaching Hospital Trust
Breast cancer has generated a lot of media attention in the UK since the commencement of The NHS Breast Screening Programme which provides free 3-yearly screening for women aged 50 and over. The triple assessment is an essential step in the diagnosis of breast cancer and is carried out at the Central Lancashire Breast unit. The poster will be centred around data collected regarding the turnaround time (TAT) of core biopsy and FNA results as part of triple assessment, in turn comparing this to the standards recommended by NICE.
Two quality improvement (QI) activities which include involvement in clinics and data collection regarding TAT of core biopsy and fine needle aspiration (FNA) results were carried out and relevant literature was studied and discussed.
It is concluded that although the triple assessment is theoretically a safe and effective system in reducing patient anxiety and delayed diagnosis, the recommended period of 48 hours for return of biopsy results may not be achievable in clinical practice due to several factors. This might lead to increased patient anxiety and further investigations should be performed to improve TAT.
Improving the rate of timely completion of 6 week baby checks – a quality improvement project
Sophie Wrighton-Turner; Danny Jones; Jennifer Quilter
Health Education East Midlands
We embarked upon this project in response to a patient complaint following a late check, which unfortunately was found not to be an anomaly. An analysis of data revealed poor completion rates (39% within 6-8 weeks, 90% by end of week 12) so we set clear targets for improvement:
• Complete 90% of checks between days 42 and 62
• Complete 100% before set day 116.
We carried out a number of minor changes to our administrative system, each time re-evaluating the data. The number of checks performed on time improved from 39% to 96% after the third cycle and the number of checks completed before the end of week 12 improved from 90% to 100% after the third cycle.
Since the conditions screened for in the baby check are relatively rare it may be some time before we see the true impact of our interventions. However, the severity of these conditions will mean the potential impact is life changing, or even life-saving.
We have shared the results with the patient who made the initial complaint and presented the project locally as an example of a simple but effective QIP. We now plan to share the results locally with other practice managers to help highlight possible areas for positive change.
This project highlighted the value of small interventions and frequent re-evaluations in improving healthcare administrative systems. At the start of the project we thought the system would need major changes, but this has been avoided by making small improvements to the existing system.

Pre-diabetes: improving diagnosis and standardising treatment in primary care
Hannatu Lawan; Ramy Al-Rufaie
Deepings Practice, Peterborough
Aim: Quality improvement project to improve the way patients are informed that they have pre-diabetes, and then standardise the management, advice and follow-up care that they receive.
Method: We devised a pathway via which patients newly diagnosed with pre-diabetes are booked into a specialised health care support worker (HCWS) led clinic.
This included:
1. Creating a letter template sent out to all newly diagnosed patients accompanied by a self-penned information leaflet on the condition.
2. Recorded YouTube videos about pre-diabetes.
3. Devised a computer-based clinical template to help facilitate the running of the pre-diabetes clinics.
4. Led an interactive training session for the HCWSs to educate and guide running of the clinics.
Relevance: There are around 2.5 million people in England with diagnosed type 2 diabetes, with a further estimated 500 000 undiagnosed; this prevalence continues to rise at an alarming rate. A third of adults in the UK now have pre-diabetes, with these patients up to 15 times more likely to go on to develop type 2 diabetes. This is why early detection of pre-diabetes has become of such great clinical importance.
Discussion: Our initial audit showed that there were shortcomings in the way pre-diabetes was being diagnosed and managed in our practice. Since implementing our service improvement measures we have seen an approximate 30% increase in pick up rate of pre-diabetes over the first month. We have also demonstrated a process for streamlining the pathways for pre diabetes patients, while minimising workload implication for doctors and the practice.

Using quality improvement methodology to improve cholesterol management in diabetes care
Andrew Askey
NHS Walsall CCG
I have used quality improvement methodology to improve the percentage of patients attending my practice diabetes clinic with a cholesterol less than or equal to 4mmol/l from an average of about 18.6% in the first 6 months of 2014, to over 46% in the past 12 months. Changing from simvastatin to atorvastatin, and intensifying
doses has had a very significant impact, well demonstrated using run charts to show the percentage of results less than or equal to 4mmol/l on a monthly basis. This gives a very interesting insight into measuring the impact of change in practice over a short time frame rather than using QOF or other annual audit data such as the National Diabetes Audit.

267 Quality improvement training for core medical and general practice trainees: a pilot study of project participation, completion and journal publication

Duncan McNab; Mckay John; Paul Bowie
NHS Education for Scotland

Background and objectives: Small-scale quality improvement projects (QIPs) are expected to make a significant contribution towards improving healthcare quality. Enabling doctors-in-training to design and lead QIPs is important preparation for independent practice. Participation is mandatory in specialty training curricula. However, provision of training and ongoing support in quality improvement (QI) methods and practice is variable. We aimed to design and deliver a QI training package to core medical (CMTs) and general practice specialty trainees (GPSTs) and evaluate impact in terms of project participation, completion and publication in a healthcare journal.

Method: A QI training package was developed and delivered to CMTs and GPSTs encompassing a 1-day workshop and mentoring during completion of a QI project. A mixed methods evaluation was undertaken and data collected via questionnaire surveys, knowledge assessment, and formative assessment of project proposals and completed QIPs.

Results: 23 participants attended the training day with 20 submitting a project proposal (87%). 10 completed QIPs (43%), 8 were judged as satisfactory (34%), and 4 were submitted and accepted for journal publication (17%). Knowledge and confidence in aspects of QI improved during the pilot, while early feedback on project proposals was valued (85.7%).

Conclusion: This small study reports modest success in training CMTs and GPSTs in QI. Many gained knowledge of, confidence in and experience of QI, while journal publication was shown to be possible. The development of educational resources to aid QIP completion and mentoring support is necessary if expectations for QI are to be realised.

268 How the Hawthorne Effect can influence interpretation of runcharts

Joanna Bircher
Lockside Medical Centre, Stalybridge

It has been recognised for many years that the act of observing something influences the outcome. This is known as the ‘Hawthorne Effect’ or ‘observer effect’. When implementing a QI project it is important to gather baseline data about the process you plan to improve in order to understand the natural variation and to be able to assess whether your change has resulted in an improvement.

This project describes a QI project within a GP practice designed to reduce ‘re-work’. The plan was to reduce the number of times patients were being asked to call the practice back as their query could not be answered or dealt with at the first call. There were many reason for ‘call-backs’: GP not yet commented on results; no appointment available at a convenient time for the patient, but there might be a cancellation; correct person to answer query not at work that day; phone back to see if your acute prescription or fit note has been done, etc.

All of these ‘call backs’ mean more work in the end - as someone has to listen to the story a second time, the phone line is tied up again, and more inconvenience for the patient.

Before implementing a change we started to gather our baseline data. This project describes how the act of measuring the call back dramatically reduced them making it hard to use our baseline data to assess the impact of any other changes - the Hawthorne Effect.
269  Using QI methodology to reduce telephone calls to general practice
Joanna Bircher
Lockside Medical Centre, Stalybridge

A key factor in both practice workload and patient access is how easy it is for patients to be able to contact the practice by phone. As the demand for GP services rises, so do the number of phone calls to the practice increasing the likelihood the practice phone is engaged.

This piece of work tracks how a GP practice managed to reduce both the number of total phonecalls in to the practice and the number of times patients abandoned the call using Quality Improvement methodology. The practice created a 'Driver Diagram' as described by the Institute for Healthcare Improvement and used this to drive their change. Ideas tested out included a greater use on on-line access, texting patients with results as well as a change in attitude towards 're-work' across the whole team. The results were measured using a Run chart which demonstrated clear improvements with the benefits felt by both patients and reception staff.

270  Using quality improvement methodology to reduce hypnotic prescribing in general practice
Joanna Bircher; Katie Heywood
Tameside and Glossop CCG

Tameside and Glossop CCG Medicines Management team have been supporting member practices with prescribing improvements for many years. Historically the CCG area has significantly higher than national average levels of prescribing of benzodiazepines and 'Z' drugs (hypnotics) which addictive medications with poor efficacy in the longer term. Most drugs have a licence for a maximum of 28 days, though many patients take them for much longer. As patients get older the consequences of these drugs can increase including an increase risk of falls and cognitive impairment.

This project used Quality Improvement methodology (the IHI Model for Improvement) to reduce the hypnotic prescribing in a GP Practice in the North of England with historically high hypnotic prescribing. We will describe the PDSA process and how it was implemented in practice.

The poster describes the process and charts the success of the project using runcharts to assess for improvements. We believe this simple model can be used for many other areas that may benefit from improvement.

271  Striving beyond QOF
Paul Smith
University Hospitals Leicester

**Aim/objectives:** Audit of Chronic Heart Failure management in an inner-city General Practice, against NICE guidance, as a vessel to facilitate discussion surrounding the limitations of QOF and the importance of striving beyond QOF to achieve best patient care.

**Content:** 15 randomly-selected patients from the Heart Failure QOF register of an inner-city GP. Audited against NICE guidance, in particular focussing on aspects of national guidance not covered by QOF.

**Relevance/impact:** QOF points govern the cohort management of chronic disease in General Practice, but are limited with regards to individual patient care. Disparity between national guidance and QOF standards should be highlighted to enable clinicians to strive beyond QOF in providing optimal patient care.

**Outcomes:**
- 15 patients (6 Female, 9 Male; range 55-87, mean 71).
- ACEi/ARBs: 93% (14/15) on ACEi/ARB, 60% (9/15) at optimum dose.
- U&E monitoring: 75% (9/12 – 3 abstentions) at initiation, 73 % (19 from 26) at dose alteration.
- B-Blockers: 80% (12/15) on B-Blocker, 40% (6/15) at optimum dose.
- HR and BP monitoring at dose alteration: 52% (9/17) both HR/BP, 18% (3/17) BP only, 6% (1/17) HR only, 24% (4/17) neither.
- Heart Failure Specialist Nurse input: 7/15

**Discussion:** Active assessment of QOF targets should be undertaken to highlight improvements outside of QOF and improve individual patient care. Disparity should be transferred into practical solutions; in the case of heart...
Deficits in communication and information transfer between hospital based doctors and general practitioners
Mohammed Akil Gani; Asgher Champsi; Amit Raithatha; Emma Scott; Jeremy Dale
Warwick Medical School

Introduction: Effective communication between hospital based physicians and GPs is important to allow continuity of care for patients whilst ensuring their safety. Inadequate communication can affect these. Discharge summaries and letters are the commonest tools used by hospitalists to communicate with GPs. A previous systematic review (Kripalani, 2007) looked at deficits in communication between hospitalists and GPs, and interventions to improve these deficits. This work updates that review.

Methodology: MEDLINE and Cochrane Database of Systematic Reviews were searched using same MeSH terms as the previous systematic review. Following a rigorous process of selection using strict criteria, 3 independent investigators extracted 39 studies (17 interventional, 22 observational). This abstract is specifically looking at observational studies to evaluate any deficits in communication between hospitalists and GPs.

Results: Information regarded important by GPs includes information at beginning and end of hospitalization centered on diagnoses, key findings, medication, follow up plans and management issues. 48.5% summaries did not reach GPs at all and 52% did not include follow up plans to GPs. Email is a popular method of communication for discharge summaries. Electronic discharge summaries not necessarily better than handwritten summaries.

Conclusion: The results suggest that deficits in communication still exists between hospital based physicians and GPs. The receipt rate of discharge summaries has increased since the last review however it is still quite low. This can have an adverse effect on patient outcomes including safety and continuity of care. Information missing from letters and summaries is still high compared to the previous review.

Factors affecting practices in special measures
Helen Crawley; Sue Rendel
RCGP

Since 1 October 2014 CQC reports have rated practices on a 4-point scale: ‘outstanding’, ‘good’, ‘requires improvement’, and ‘inadequate’. Most practices with an overall rating of inadequate have been placed in special measures and given 6 months to improve. The RCGP, together with DoH and NHS England, has set up a pilot peer support programme providing help to practices in special measures.

The peer support programme is in its early stages and to date only 7 practices have been placed in special measures. As part of the evaluation process data is being gathered from all practices entering special measures which aims to lead to a better understanding of the underlying issues which cause practices to enter special measures, the effects special measures can have on patients and the local health economy and how practices in special measures can be supported most effectively.

In those practices placed in special measures so far, the most common underlying problems have been around clinical leadership, practice management and clinical staffing. Once a practice is placed in special measures there may be difficulties in recruiting staff, and staff may insist on being offered premium rates to join. Significant strain can be placed on management structures which are already under performing as effort may be diverted from routine practice management to the production of action plans and reports for the CQC and NHS England. The huge amount of work needed to address practice underperformance can place the practice under financial strain and staff and patient morale may suffer.

Practices are less likely to become stressed when they and key stakeholders receive clear and timely feedback from the CQC inspection allowing them to address the actions needed as soon as possible. Support from the local community including neighbouring practices, patient participation groups and key stakeholders can mitigate the effects of special measures. However, identifying personnel and funding for the intensive support needed can be challenging. The help given by the RCGP team has been individualised for each practice but the RCGP cannot make long term changes unless improvements are embedded in ongoing practice processes.
The authors would welcome a discussion of how to identify and support struggling practices at the earliest possible stage, so that the consequences of special measures are avoided, and how to provide timely, flexible and ongoing support to struggling practices.

274 Improving the reporting, sharing and learning from patient safety incidents in primary care
Helen Prince; Marion Lynch; Samantha Scallen; Heidi Penrose
University of Winchester

**Background:** Safety-related incidents in primary care are usually reported and analysed as ‘Significant Events.’ All surgeries partake in Significant Event Audits (SEA); however, sharing such learning beyond the surgery is rare. The aim of this project was to understand and improve the practice of reporting, sharing and learning from safety incidents in primary care.

**Methods:** Baseline data was gathered from 3 surgeries, including: SEA reporting policy, the number and nature of SEAs reported over 10 months in 2014 and whether SEAs had been shared outside the surgery. Changes were introduced at each surgery to improve reporting and learning from incidents. As a way to facilitate sharing of safety incidents, the new NHS England GP e-form was adopted as the reporting template for significant events.

**Results:** The number of SEAs reported is variable between surgeries. Less than 1% were shared with the local area team or CCG. Each surgery has introduced changes to improve the process of reporting and documenting learning from significant events. Use of the NHS England GP e-form has been adopted by some GPs at each surgery.

**Conclusion:** For sharing incidents and learning from primary care services to be successful, the system to do so must be easy and quick to use. There needs to be a mechanism for collating and feeding back the shared lessons at both a local and national level, and there needs to be a culture change within the NHS to eliminate fear of blame.

275 Discovering and achieving preferred place of death in a semi-rural GP surgery
Ellen Maciver; Daniel Roberts
University of Leeds

**Background:** Addressing Preferred Place of Death (PPoD) is an important aspect of end-of-life care, empowering patients. Studies suggest that most palliative patients wish to die at home; however, this is not consistently achieved. Healthcare professionals (HCPs) in primary care are often integral to facilitating PPoD, and are well placed to comment on improving standards.

**Objectives:** The aim of this audit and service evaluation was to quantify how often PPoD is discovered and achieved in a semi-rural general practice surgery, and identify areas for improved practice.

**Methods:** A retrospective audit of deceased palliative care patients (>18 years) who died between 01/12/11-30/11/13 was undertaken. The audit standard was that PPoD should be discovered and achieved for patients; however, a specific target was not defined. Subsequent semi-structured interviews with five volunteer HCPs were conducted broaching barriers to facilitating PPoD. These were transcribed verbatim and evaluated using thematic analysis.

**Results:** 64.3% of the 70 patients identified had a PPoD recorded, with 68.9% of these choosing their home. PPoD was achieved for 63.4% of patients who had a preference recorded. Reported barriers to discovering and achieving PPoD fell into four themes: Patient, Clinician, Practice and External factors.

**Conclusions:** The practice had some success in meeting the audit standard and were above average at discussing PPoD compared to their peers, but underperformed in achieving PPoD. Barriers to PPoD exist in the practice that mirror other literature. Recommendations for improved practice include implementing computer-system based reminders, shared care documentation, access to relevant training, and reflective practice.

276 Improving experience of death verification in the community
Emily Edwards
GP Education Unit Southampton, Wessex Deanery

**Aims:** To reduce unnecessary distress by improving the efficiency and quality of death verification in nursing homes.
Content: A training session was devised and delivered to nurses in seven nursing homes. The novel aspect of the training, which involved an in-session assessment, was that it allowed participants to be signed off as competent to verify at the end.

Relevance: With an ageing population and more people choosing to die in the community, the demand for verification has significantly increased. This has had a substantial impact on GP teams and intensifies pressure on an already stretched out of hours service, where home visits to verify death make up between two and seven percent of total visits each month.

Anecdotal evidence suggests there is unnecessary upset caused by lengthy delays in visits from GP’s to verify, particularly out of hours. There is a historic belief that sees it as a doctor’s duty to confirm death, even though nurses are competent, well placed and willing to perform this examination. Appropriate nurse led verification allows a more efficient process, and also avoids the involvement of unnecessary and often unknown professionals.

Outcomes: All nurses trained (n.37), were deemed competent on the theory and practical skills required to verify death. There have been more than ten nurse-led verifications since the training.

Discussion: The success of this project suggests a more sensitive, respectful, and resourceful approach to verification can be developed and sustained through ongoing training for nurses.

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277  Do patient information leaflets lower the risk of having a second myocardial infarction?

Dillon Horth
University of Manchester

Aims: To assess whether patient information leaflets (PILs) can lower a patient’s cardiac risk, and to design a PIL that displays the appropriate information in a patient friendly manner.

Content: Overview of the project which is summarized below:

- Literature reviews were conducted to assess the efficacy of PILs and what the content of PILs should be.
- A survey was then distributed to 18 inpatients recovering from a recent second myocardial infarct. The survey aimed to assess if patients had adhered to the lifestyle advice they received after having their first infarct.
- A focus group was used to ascertain what patients find important in PILs.

Relevance: Coronary artery disease is a growing public health concern and a critical part of general practice. PILs are used by most GP surgeries across the country, and determining whether or not PILs are an effective way to lower cardiac risk is necessary in order to provide optimal health care to this cohort of patients.

Outcomes: The literature review showed that PILs can lower a patients overall cardiac risk. The patient survey showed that patients struggled to remember the lifestyle advice they received in hospital after their first MI using memory alone. The produced PIL was assessed by members of the cardiology team and the same patient focus group, receiving predominantly positive feedback.

Discussion: Will focus on the following two points:

- What are the roles of PILs in general practice?
- How should content be displayed in PILs?

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278  Atrial fibrillation time bomb

Gary Howsam
Saxmundham Health

The AF Time Bomb poster is an attempt to introduce in a striking graphic format the potential disaster of a preventable stroke in AF to both patients and their GPs. As patients with AF tend to feel fine we need to introduce some urgency to ensure anticoagulation occurs. We know that AF patients are five times more likely to have strokes and that these strokes tend to be more severe than most. If they think of AF without anticoagulation as a time bomb then I hope they will be more keen to de-fuse it!

The poster can be amended to incorporate local CCG data to make it more meaningful and arresting.
279 ASSIST-CKD: scaling up an intervention to improve the management of progressive chronic kidney disease (CKD) in primary care
Hugh Gallagher; Hugh Rayner; Fergus Caskey; Ama Basoah
SW Thames Renal Unit, Surrey
Background: Kidney dialysis costs around £25,000 per patient per annum and the number of patients is increasing. Mortality is also doubled and healthcare costs increased in those referred late (within 90 days) for dialysis. One UK Trust has reduced the number of patients starting dialysis by 16% and has the lowest percentage of patients presenting late through a CKD management system which includes the reporting of eGFR graphs to primary care.
Methods: The intervention and graph review is based in the pathology laboratory. For results indicating reduced kidney function, a graph is automatically generated by dedicated software that shows the eGFR trend over time. For those where the eGFR is clearly declining, a report is sent to the referring clinician with a prompt that further action may be needed. No graph is sent where the eGFR is stable.
Results: The number of graphs received by individual GPs is low (2-3 per practice/month) nor has there been a significant increase in new referrals at the pilot site. The Health Foundation are supporting a project to scale up and evaluate this innovation in a number of sites across the UK, covering an estimated population of 8 million people, with outcome data collected by the UK Renal Registry.
Discussion: The system should be cost-effective (implementation at the pilot site is only £12,000/year). As results continue to be reviewed, secure discharge of stable patients back to primary care has been possible. Identifying patients with deteriorating kidney function through this innovation provides valuable evidence for service development.

280 Acute kidney injury: improving current standards of care
Kathryn Tarrant
Salford Partnership for Advancing Renal Care
Acute kidney injury (AKI) is an important area to focus on in both primary and secondary care as it is a very common condition that can lead to very poor outcomes. This report aimed to investigate whether current practice at Salford Royal Hospital is following the NICE guidelines for AKI and the level of knowledge about AKI amongst patients and health professionals. This was achieved by an audit of the patients in the hospital during December that were either admitted with AKI or developed AKI during their stay in hospital. Also, 2 patients from Ellenbrook Medical Surgery were interviewed and their views on being in hospital and their knowledge of ‘sick day rules’ and what had happened were assessed.
In general, many of the investigations and management needed during AKI had room for improvement; better adherence to the NICE guidelines will improve patient survival and outcomes. This could be achieved by educating staff in all specialties so that they know exactly what to do when a patient has AKI and how to recognise this condition. Also, patients did not have good levels of knowledge about their condition and how to prevent an AKI. They would benefit from education, especially in ‘sick day rules’.

281 Amiodarone and pulmonary toxicity
Kari Nightingale; Greg Warner
Abbeywell Surgery, Romsey
Aims: In response to a significant event in our practice, we reviewed the indication for patients prescribed amiodarone and evaluated the adequacy of its monitoring.
Content: A 58 year-old patient continued to be prescribed amiodarone for eight months beyond the intended duration post DC cardioversion. In the course of specialist investigations for new respiratory symptoms, the patient died of acute respiratory distress syndrome, a condition which can be associated with amiodarone use. We discuss this SEA and our audit findings.
Relevance/impact: New provisions relating to amiodarone are included in the NICE Guidelines for AF 2014. The impact of inadvertently continuing amiodarone without clear indication or adequate monitoring is potentially highly injurious.
Outcomes: Of our patients prescribed amiodarone, under 50% had a clear ongoing indication. More than 75% had incomplete drug monitoring in the preceding year. We are reviewing all patients to assess whether amiodarone is still indicated. Pro-active surveillance measures have been put in place to ensure safer monitoring of patients prescribed the drug.

Discussion: One of the most serious potential side effects of amiodarone is pulmonary toxicity. Given the drug’s approximate 50-day half-life there is slow resolution of adverse reactions after cessation, hence close monitoring and prompt detection of any potential toxicity is essential as this condition is treatable at an early stage with good prognosis. GPs should review patients on amiodarone to evaluate its ongoing indication, determine whether it is still prescribed within current guidelines and to ensure adequacy of their drug monitoring systems.

282 Increasing awareness and knowledge for General Practitioners about clozapine
Camilla Milner-Smith
Southern Health

Aim: To assess General Practitioner’s (GPs) knowledge about clozapine and to identify whether there is a need to increase knowledge to ensure patient safety.

Method: I created a questionnaire to assess GPs knowledge. It was dispensed to one GP practice, the results were analysed. I then created a reference guide about clozapine with support from the Southern Health team. I designed and dispensed this booklet to the same practice and enclosed a repeat questionnaire.

Results: Initial Questionnaire: 50% of GPs surveyed had done a psychiatry rotation within training, 50% of GPs scored zero when asked to identify medical conditions that meant clozapine prescribing was contraindicated, 50% of GPs scored zero when asked about known adverse reactions to clozapine, 0% of GPs could identify three life threatening reactions. Secondary Questionnaire: 60% of GPs surveyed had done a psychiatry rotation within GP training, 100% of GPs scored full marks when asked to identify medical conditions that meant clozapine prescribing was contraindicated, 80% GPs scored full marks when asked about known adverse reactions to clozapine, 80% GPs could identify three life threatening reactions to clozapine.

Conclusions: Increasing GPs awareness about clozapine will improve patient safety. There was a significant increase in GPs knowledge post implementation of my booklet. Interestingly, from the results there was an increased baseline knowledge about clozapine in those GP’s who had done a psychiatry rotation, which supports a broad and varied GP training curriculum and the importance of a variety of posts during GP training.

283 Improving lymphoedema care in Scotland: achieving equity and quality
Margaret Sneddon; John Gillies
University of Glasgow

Aims: This paper discusses the challenge of lymphoedema and the implications for primary care arising from the recent Scottish Medical and Scientific Advisory Committee (SMASAC) report ‘Lymphoedema in Scotland: Achieving Equity and Quality’ http://www.gov.scot/Publications/2013/11/5016 . It also seeks to clarify the relationship between lymphoedema and chronic oedema.

Content: Lymphoedema affects up to 21,000 people in Scotland. Under-recognition and delays in effective treatment and prevention of lymphoedema and chronic oedema cause substantial personal, societal and financial costs. This paper will seek to clarify the relationship between lymphoedema and chronic oedema, report on recent prevalence studies and highlight key recommendations from the SMASAC Report with relevance to primary care.

Relevance/Impact: The main burden of care and costs of managing lymphoedema and chronic oedema fall to primary care. Prevalence is likely to rise in tandem with expected increases in at-risk groups, including older people who are less mobile, those who are obese and some cancer patients. There is great potential to reduce morbidity, suffering and costs through early recognition, treatment and supported self management.

Outcomes: Key recommendations from the SMASAC Report with potential for primary care professionals to make a significant contribution are:

- Identification of the size and impact of the problem
- Education and training of professionals
• Development of local pathways for management and referral
• Prevention and management of cellulitis
• Supported self management.

Discussion: Initiatives supporting achievement of the recommendations will be discussed, including educational opportunities, guidelines and prevalence audits.

284 Stethoscope cleaning among doctors in the emergency department - relevance to general practice
Mark Law; Spencer Cheung; Nayan Solanki
Dorset County Hospital NHS Foundation Trust

Whilst working in the emergency department in October 2013 we audited stethoscope cleaning among doctors. This poster presents the background of the problem of doctors not cleaning their stethoscopes, the content below in more detail and its relevance to general practice highlighting this problem pertaining to patient care and safety.

Our aims were to investigate and improve the proportion of doctors who clean appropriately as well as awareness as an infection hazard amongst other areas. The ideal cleaning frequency is between twice daily and after each patient. 16 doctors were given questionnaires and their stethoscopes swabbed and cultured. Only 19% cleaned appropriately with 44% seeing them as hazardous, just some of the findings.

I presented the results and displayed posters departmentally and informed the infection committee. From our re-audit in July 2014 we concluded that little had changed. The poster discusses the barriers to this, potential solutions and promotes debate about changing practice in the surgery.

Stenotrophomonas maltophilia was found necessitating microbiology consultant input. Microbiology now use the findings in trust induction and they are being distributed to all junior doctors to optimise practice trust wide.

Following the project being “highly commended” at the trust audit competition the chief executive has arranged for stethoscope cleaning to be audited alongside hand hygiene trust wide and all ward sisters are now required to check stethoscope cleaning prior to ward rounds.

The project won the 2015 Dorset GP Innovation & Change Management Prize highlighting acknowledgment that this issue affects us in general practice.

285 Optimising the management of recurrent migraines by prophylactic treatment
Perawish Suwathep; Niall Jordan
University of Manchester

Introduction: Morbidity arising from chronic migraine is widespread resulting in adverse effects on quality of life and economic burden due to work absenteeism. A literature review was conducted to establish the evidence-based benefit for migraine prophylactic medications. This has shown that the first and second line medications for migraine prophylaxis are effective in reducing the frequency, severity and duration of each migraine attack, however despite this benefit, migraine prophylaxis is currently underused in primary care.

Objective: Identify, and offer treatment to, patients who might benefit from prophylaxis medication.

Method: Patients were identified from practice's medical records using the criteria suggested by NICE guidelines in 2013. Letters were sent to their home address to invite them to discuss migraine prophylaxis with their general practitioner.

Results: 82 patients fitting in the criteria were identified, out of which 44 had already been treated with migraine prophylaxis.

Conclusion: Prophylactic medication for migraine is currently being underused and discrepancies exist between individual doctors' approaches to treating migraine. Approximately half of patients who are currently taking the prophylactic medication were not on the first line treatment according to NICE guidelines. Quality improvement can be achieved by keeping doctors up to date with treatment guidelines so they know when to offer preventative treatment. Moreover, information about availability of prophylactic treatment should be provided to every patient with migraine.
FOLLOW up of surgical patients on discharge from secondary care
Ruth Turner; Amy Irvine; Andras MacDoka; Parveen Sharma; Angus MacDonald
NHS Lanarkshire

Introduction: The process from discharging a patient to organising their follow up is protracted and there are many opportunities for error. SIGN has issued clear guidance including the content and timely manner in which discharge documents should be produced to optimise patient safety.

Aims: A prospective audit was carried out to determine the accuracy of follow up of surgical patients when they were discharged from secondary care.

Content: Two audit cycles were performed, separated by an education program. Casenotes and immediate discharge records were examined for documentation of intended follow up. This was compared with the formal discharge letter and any subsequent communication. The PACS and TrakCare systems were reviewed to determine whether patients had investigations and clinic appointments booked and attended as requested in the discharge documentation.

Relevance: Patient care may be compromised due to the complex and protracted nature of organising secondary care follow up. This audit suggests that structured education may assist in reducing the frequency of such miscommunications.

Outcomes: From the first to the second cycle, all measured parameters improved, including recording of intended follow up, and the supporting documentation thereafter. The percentage of patients who did not have their intended follow up reduced from 33% in cycle one to 11% in cycle two.

Discussion: The current process involved in following up patients discharged from secondary care is complex, protracted and invites errors. Implementing a formal education program focussing on the primary-secondary care interface at the point of discharge may be valuable.

Examining prescribing safety in UK general practice: a cross-sectional study using the Clinical Practice Research Datalink
Jill Stocks; Evangelos Kontopantelis; Artur Akbarov; Sarah Rodgers; Anthony Avery; Darren Ashcroft
University of Manchester

Introduction: Prescribing safety indicators for use in UK general practice have been developed through expert consensus but have not been examined in a large UK-wide dataset. We aimed to quantify indicators describing hazardous prescribing patterns that could put patients at risk of harm (prescribing indicators) or repeat prescriptions without the appropriate monitoring tests (monitoring indicators). We further investigated the relationship between patient and practice characteristics and the prevalence of the indicators and their usefulness for potentially distinguishing between practices.

Methods: The prevalence of patients in the Clinical Practice Research Database triggering indicators related to frequently prescribed medications such as ACE inhibitors and loop diuretics, anticoagulants, anti-platelets, antipsychotics, β blockers and NSAIDs was measured. Multilevel logistic regression models with random effects at the practice level were used to quantify the impact of patient and practice level variables on the indicator prevalence and the variation between practices.

Results: 57,962 of 891,590 patients at risk triggered at least one prescribing indicator (6.10%; 95% CI: 6.05% to 6.15%) and 21,501 of 182,721 (11.8%; 11.2% to 11.9%) triggered at least one monitoring indicator. For individual prescribing indicators prevalence rates ranged from almost zero to 10.2%, and for monitoring indicators from 10.4% to 41.9%. Older male patients and those prescribed multiple repeat medications had significantly higher risk of triggering a prescribing indicator.

Conclusions: Variation in the prevalence of prescribing and monitoring indicators between practices was high, even after adjusting for patient and practice level variables, presenting important targets to improve patient safety in primary care.
288  The need for pharmacists in STARRS (short-term assessment, rehabilitation and re-ablement service), an intermediate care service
Sarah-Jane Lang; Neeta Gulhane; Hiral Vyas; Nina Barnett
London North West Healthcare NHS Trust
STARRS is an intermediate care service that sees patients in their home, often referred by GPs. The current team does not include a pharmacist. However, it is known that a significant number of medicines related incidents occur when patients transfer between care settings.
Aim: To determine the need for a pharmacist to undertake medicines reconciliation, within an intermediate care service.
Method: A pilot study of pharmacist-led medicines reconciliation performed for eight days over a period of four weeks. An audit tool was used to record the number and type of medicines and allergy status discrepancies between the drug history in the STARRS’ notes and the drug history obtained from medicines reconciliation. Each discrepancy was assessed for risk of harm to the patient using the NPSA rating scale.
Results: Pharmacist-led medicines reconciliation was completed for 54 patients of which 31% had no drug history documented. 317 medicines discrepancies were identified (mean 5.85 discrepancies per patient (95% CI 4.53 to 7.18)) 50% of which had moderate to extreme risk of harm. 37% of patients did not have an allergy status recorded. Where allergy status was recorded there was a discrepancy in 42% of patients of which 22.2% had moderate to extreme risk of harm.
Conclusion: In this intermediate care setting there was a high level of discrepancies between documented and best possible drug history, with a large proportion having moderate to extreme risk of harm. To mitigate this risk of harm intermediate care services should consider employing a pharmacist for medicines reconciliation.

289  The elderly do not know what drugs they are taking
Jane Seabourne; Debra Newell
Harrogate District Hospital
Good prescribing can provide safe patient care only if our patients understand what they need to know about their prescriptions. This small study focuses on patients over 85 years of age recently discharged from secondary care, without cognitive impairment. 16 of 22 patients agreed to a structured interview, to assess their understanding of their daily medications and any changes on discharge. A report from the Royal Pharmaceutical Society has stated that errors in medicines reconciliation cause most patients to have at least one wrong dose or drug error, around hospital admission or discharge. This suggests improvements could be made.
We were alarmed at our findings in this small cohort: 75% of the patients were unable to name any of the drugs they were taking. 46% knew their medication had changed, but none understood the rationale for this. 69% expressed a wish for more information. Prescribing by the GP was found to have been highly accurate. However, two errors of patient compliance of a serious nature could have been avoided with better communication. There is therefore a strong argument for a more rigid application of the DMUR (discharge medication usage review) by the community pharmacist in collaboration with the GP. Recently, the Royal College of General Practitioners unveiled a radical initiative to integrate the pharmacist into the GP practice. Our study indicates that this would not only assist with the increasing demands of care of the elderly, but would also improve patient safety.

290  Frailty initiative care planning quality improvement project
Sophie Bearpark; Paul Lowe
NHS Guildford and Waverley Clinical Commissioning Group
Background: The Frailty Initiative is a new scheme, designed to focus on frail elderly patients, by investing the equivalent of £5 per head into Primary Care, for the 2% frailest patients in each practice. The main aims are to reduce unnecessary hospital admissions and facilitate discharge. The key purpose of the care plans in this initiative is to document proactive decisions about management, in partnership with the patient, and thereby reduce unnecessary hospital admissions.
Aims:
- Review the quality of the care plans in place
- Promote care planning
- Analyse whether care plans are reducing emergency hospital admissions
- Make suggestions for future improvements.

Content: All of the GP surgeries and a majority of the care homes in the CCG were contacted to arrange a meeting to discuss care planning. 235 care plans were reviewed against a quality audit tool. This data was analysed to highlight areas for improvement in the care plans. Data from the local hospital was reviewed to assess whether care planning was reducing emergency admissions from care homes.

Outcomes: The data demonstrated that there was a wide variety in the quality of care plans in place. Certain areas were consistently weak. Hospital data did demonstrate a slight downward trend in emergency hospital admissions. There is definitely room for improvement with both the quality and the quantity of proactive care plans.

Discussion: This project has highlighted specific suggestions for improvement:
- Adjustments to the care plan form itself
- Consideration of frailty worker recruitment
- Education of patients and healthcare professionals.

291 Caring about carers
Carolyn Calder
North Lanarkshire Carers Together
At Orchard Medical Centre, Motherwell, Scotland we opted into the enhanced service for carers when it was introduced in 2006. We have been delighted with the improvements this has brought in terms of caring for our carers. The aims of the enhanced service are to
- Support carers in their caring role.
- Improve flexibility within practices.
- Improve information available to practices and carers.

The local organisation, North Lanarkshire Carers Together is an organisation funded by the health board to improve care for carers. We have regular contact with them and they felt our practice policies for carers were so good that they asked me to speak at their annual conference with 200 delegates, who were local carers.

In summary some of the things that we do which do not appear to be done in other practices are:
1. We have a carers table and noticeboard in the practice waiting room, allowing patients to have up-to-date information about what is available for carers.
2. We have a name is liaison officer (clerical) and a clinical lead GP.
3. We have a pop-up which comes up on our screen, informing all users of the vision system that patients are carers.
4. All carers we identify get a carer ID card which they can show whenever they come to the practice.
5. All carers identified get an annual health review appointment.
6. We are flexible with appointments for carers and carers have the direct phone number for our deputy practice manager, so that issues they have can be discussed and appointments given appropriately. This may mean seeing them during extended hours or on home visits.
7. Three of our reception staff are "carers champions". They accessed a training day, run by carers organisations.
8. We have regular meetings with North Lanarkshire carers together and also we are in contact with the prince’s royal trust, Maggie’s and young carers organisations.
9. We organised a carers day at the practice and sent invitations to 140 patients who we had registered as carers. They attended and got information about services available for them and were able to talk to staff and also receive pampering!
10. At the carers conference in November 2014 I spoke to carers from all over North Lanarkshire about the services that our practice provides and also spoke about the health needs of carers. Evidence accumulated from a
Survey of North Lanarkshire carers identified 10 top health needs and these were addressed in turn to try to help carers look after themselves too.

I am a GP principal in Motherwell and also teach communication skills at Glasgow medical school.

**292 Personal development plans that improve patient care**

Susanne Caesar

*Health Education England (Wessex)*

**Aims/objectives:** To explore how to create Personal Development Plan (PDP) objectives that drive quality improvements in patient care.

**Content:** A review of the importance of the PDP in medical appraisals for revalidation and the literature around personal development planning for doctors. A consideration of new ways of thinking about how to construct the PDP objectives arising from the appraisal and what factors are particularly useful to make the PDP effective in bringing about change and improvement, especially in patient care.

**Relevance/impact:** Doctors will have PDP objectives that are patient focused and explicitly seek to support the delivery of better care. Appraisers will be able to facilitate a process of continuing professional improvement and motivate doctors to spend time in appraisal on developing useful PDP objectives.

**Outcomes:** The value of the word "patient" in the PDP will be understood. The quality assurance of appraisal outputs can be used to drive behaviours that bring the patient and the impact on quality of care into the planning process.

**Discussion:** A well-constructed PDP can be a powerful tool in driving quality improvements in practice, but, too often, there may be a feeling that it is completed at the end of a long and tiring discussion and given less weight and thought than it deserves. Exploring the factors that make the PDP more patient focused allows us to consider how to support doctors and appraisers in developing PDP objectives that help to drive quality improvements in patient care.

**WORKFORCE**

**293 Improving GP psychological well-being: a systematic review**

Marylou Murray; Lois Murray; Michael Donnelly

*Centre for Public Health, Queen’s University Belfast*

This paper presents the early results of the first systematic review of interventions that were designed to improve GP well-being. The challenges and complexities faced by GPs are ever-increasing due to factors such as demographic changes, increased workloads and workforce issues. There are concerns about GP well-being in this context and research attention has been directed towards interventions that, potentially, might improve GP well-being and their capacity to cope with these workplace challenges.

The Cochrane Handbook guided the conduct of the review. 6 electronic databases were searched for studies that purported to improve GP psychological well-being, used validated outcome measures and employed a RCT or quasi-experimental design. Potentially eligible studies were screened by two reviewers working independently and each eligible study was appraised critically using standardised checklists.

Preliminary results indicate that whilst there is a lack of agreement about the definition of well-being, empirical studies, generally, appear to indicate that it is a multidimensional construct that comprises the core dimensions of (i) positive affect, (ii) personal relationships and social engagement and (iii) a life view that is meaningful and optimistic. The review identified only 12 studies of sufficient methodological quality. The nature of the interventions ranged from seminars and rural retreats to data-driven organizational change. Analysis is ongoing but early results suggest that interventions comprising social support, mindfulness and cognitive behavioural coaching improved GP well-being.
294  Facilitating self-awareness amongst GP trainees using a detailed Myers-Briggs type indicator to identify and individualise personal stress triggers and 'derivlers'
Lucy Loveday; Heather Samuel; Elizabeth Alden
Severn Deanery
Aims/objectives: To explore if an online detailed Myers-Briggs Type Indicator (MBTI) test has the potential to facilitate increased self-awareness among GP trainees. To explore if completing a MBTI helps trainees better identify their personal stress triggers. To use feedback from focus groups to inform future work on building resilience in the GP workforce.
To develop resilience, individuals need to be self-aware. Self awareness is a cognitive process that encompasses the ability to understand the nature of ones impairments and subsequently appreciate the implications of these. This pilot study emphasises a shift towards building resilience by facilitating the development of increased self-awareness using a Myers-Briggs Type Indicator intervention.
18 ST3 GP trainees were randomised into intervention and non-intervention groups. The intervention group completed an online MBTI assessment and received detailed verbal and written feedback from an accredited MBTI practitioner. All 18 participants completed a template over 4 consecutive weeks documenting all stress triggers in both their personal and professional lives.
Trainees were fearful that if they admitted to being 'stressed', they would be viewed as 'incompetent'. Therefore, assurance that their MBTI and template reports remained confidential and had no influence on future job applications was crucial. The majority suggested that MBTI be incorporated into the VTS programme. Potential benefits included- using MBTI as a tool to examine previously 'unexamined personal habits', facilitate open discussion about stress in a confidential environment, scope for the trainer to also participate to optimise working relationships and ultimately use information gathered to develop coping strategies for the future.

295  Workforce issues in general practice: finding a way ahead
Johnny Lyon-Maris; Laura Edwards; Rachel Locke; Samantha Scallan
GP Education Unit Southampton, Wessex Deanery
Aim/background: Much has been written in recent months about a ‘crisis’ in general practice. The aim of this presentation is to share the findings of a small scale study into the experiences of GPs working in practice today, and to prompt further discussion and debate amongst colleagues.
Summary: A survey of GPs in the locality [Rn.1445] was undertaken to gather information about current work experiences, retirement intentions and the factors underlying these intentions. Seven follow-up key informant interviews were then conducted to explore themes in the survey data. Informants represented different ages and career stages for which the survey findings clearly evidenced trends.
Results:
• Over 20% of GPs intended to retire earlier than planned;
• Of these, 60% reported workload as the key factor;
• Nearly 30% indicated that they intended to reduce the number of sessions they work to cope; and
• Nearly 40% of practices were short of GP sessions.
What was notable for distinct groups of respondents was that they had formed management strategies to deal with the pressures of work or to exit the profession. Interview data identified ways to: manage the primary care workload through care differentiation to ease the constant pressure of time; and opportunities to facilitate GPs at different career stages undertaking different aspects of clinical work which would reflect their experience, skills and interests.
The findings hold significance for recruitment and retention to the workforce and the structure within which care may be delivered in the future.
296  Physician associates; part of the jigsaw or an unhelpful distraction?

_Ben Jackson; Michelle Marshall; John Sandars; Peggy Haughton_
_Academic Unit of Primary Medical Care, University of Sheffield_

**Aims/objectives:** To explore the barriers and facilitating factors to introducing Physicians Associates (PA) into the primary care workforce.

**Content:** A description of an on-going qualitative study at Sheffield University with NHS stakeholders exploring opinions and concerns regarding the introduction of Physician associates including preliminary data from focus groups and semi-structured interviews.

**Relevance/impact** The increasing pressure on the NHS has led to increasingly dysfunctional interactions between the service and the public as they try best to navigate their way through a service under such great pressure (Hawkes, 2014). One solution described is the incorporation of a new grade of Health Care Professional, the Physician’s Associate (PA). PAs have been trained in the UK for over 10 years with emerging evidence of acceptability and effectiveness in primary care (Drennan et al., 2015), but adoption has been limited to isolated pockets and the response from individuals and professional bodies has been mixed. Current literature in UK is largely limited to analyses of how PAs have developed their roles within these pockets.

**Outcome:** A greater understanding of how PAs might be trained and successfully incorporated into the workforce.

**Discussion:** Beyond the debate about PAs; as primary care incorporates a greater diversity of professional roles, a better understanding of the barriers to introducing new models of care will aid a transition that impacts on many aspects of professional identity. Our study will contribute to this understanding.

297  Physician associates: local solutions to a national strategy

_Mark Purvis, Kirsty Baldwin; Laura Stroud_
_Home Education Yorkshire and the Humber_

The RCGP has declared that there is a crisis relating to the primary care workforce and the centre for workforce intelligence has discussed the advantages and need for facilitating innovative workforce models. Physician Associates (PAs) are a recognised part of this strategy. The local context relating to this is illustrated by data from an impressive large regional data collection tool.

Physician Associates are a developing profession in the UK following successful introduction and integration with the clinical team in the North America and the Netherlands. Training equips PAs with skills to support doctors in supervised practice at Foundation Doctor Level. Once qualified, research has shown that PAs stay in post on average for 5 years.

A local medical school is introducing a PA course starting in Sept, with 50% of the course drawing on material from the medical undergraduate curriculum Campus to Clinic strand in which Primary care is embedded.

The local GP School of Primary Care has facilitated placement of PAs in underutilised practices with the funding of an equivalent trainers grant. This will lead to the expertise within the GP educator network being directly linked and improvement in the quality of this pilot scheme through evaluation. Trainee PAs will be placed with a Primary Care practice for one day per week for the first year. The longitudinal model of placement with core support provided by primary care campus based educators alongside experienced trainers provides both good educational experience and the opportunity for excellent role modelling.

298  Expanding workforce horizons in primary care - working with a physicians associate

_Tony Dysart; Karen Robinson; Anne Talbot; Bernie Gildea_
_Bolton Community Practice_

**Aims/objectives:** Bolton Community Practice, a social enterprise, cares for a diverse section of the population in Bolton. We employed a Physicians Associate (PA), the first practice in the region to do this, and would like to share our experience.

**Content:** PA role; Practice/PA expectations; Suitability of Primary Care for PA.

**Recommendations/relevance/impact:**
- Recognised workforce issues.
- Well acknowledged resource limitation.
• NHS England-10 point plan includes PA’s as a possible way of addressing workforce issues\(^1\).

**Discussion:** Need exists to broaden ‘horizons’ on how providing care is achieved. GP’s have to be part of that change and thinking creatively and being involved in tackling workforce problems allows horizons of care to be truly expanded.

**References:**

\(^1\) New ways of working NHS England, HEE and others will work together to identify key workforce initiatives that are known to support general practice - including eg. physician associates, medical assistants, clinical pharmacists, advanced practitioners (including nursing staff), healthcare assistants and care navigators. We will agree a shared programme of key pilots at scale in primary care, to invest in and trial new ways of working for these roles, demonstrating how they work across community, hospitals and within GP surgeries to support safe and effective clinical services for patients. This will support current GPs in managing their workload, as well as piloting new ways of working for the future.

Building the Workforce - the New Deal for General Practice

NHS England and Health Education England 2015

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### 299 Student nurse work bursaries to aid recruitment of practice nurses

*Craig Dobson; Samantha Wong; Tracey Heath; Sarah Powell; Gina Palumbo*

*East Riding of Yorkshire Clinical Commissioning Group*

**Aims/objectives:** To give student nurses experience of working in general practice with the long term aim of recruiting nurses into general practice.

**Content:** In a new initiative to attract student nurses into general practice, we asked student nurses to volunteer for a 30 day extracurricular paid attachment to a volunteer general practice based around known travel parameters. The practices were reimbursed their employment costs (minimum wage + on costs). This initial time was to cover the training period of new staff. The students gained experience of patient pathways, computer systems, administrative tasks, reception work and with some clinical work as appropriate.

**Relevance/impact:** Many of the differences between working in general practice and secondary care are organisational. Being familiar with the patient pathways and computer systems can allow for ongoing casual employment which will help the practice to grow its own nurse.

**Outcomes:** Initial outcomes focus upon the sign up to the scheme with short term evaluation around the student and practice experience. A single advertisement in the nursing school produced 42 enquiries including one from a medical student. This generated 18 applications. We had hoped to appoint 5 but stretched the finances to 6.

**Discussion:** There can be a seasonal demand for additional staff in large general practices often met by temporary staff. Replacing these with nursing and in the future medical students allows them to gain practical experience of working in general practice hopefully promoting local recruitment.

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### 300 Introducing student nurse placements into general practice

*Jane Coomber; Rodger Charlton; Martin Wilkinson*

*University of Nottingham*

**Introduction:** Concerns exist around the potential shortage of general practice nurses (GPNs) in the future general practice (GP) workforce. An Advanced Training Practice (ATP) model was introduced in 2014 to increase capacity of student nurse placements in the West Midlands, with the overall purpose of promoting general practice nursing as a desirable career option for graduate nurses. The aim of our study is to evaluate the introductory phase of this ATP model.

**Methods:** We are actively recruiting student nurses who have undertaken an ATP placement and those involved in the delivery of these primary care placements to participate in an audio-recorded face-to-face interview/focus group to explore their experiences and perceived barriers and facilitators of these learning experiences, and views of general practice as a newly-qualified nurse career choice. The interviews will be transcribed verbatim and thematic content analysis used.

**Results:** To date, 3 student nurses, 6 Higher Education Institute (HEI) nurse educators, 9 GPNs, 2 practice managers and one Clinical Commissioning Group (CCG) member have participated in the evaluation. Emerging themes are the importance of GP champions; networking opportunities between HEIs, general practices and CCGs, and support for GPN mentors to expand their service role to include educational responsibilities.
Conclusions: The combined enthusiasm of HEI ATP project leads and GP practice staff has led to an increase in the capacity of primary care student nurse placements in the West Midlands. However, more GP champions are needed to promote these taster career experiences to secure a future GPN workforce.

301 Building an appetite to work in deprived and underdoctored areas; experiences of health inequalities training in an English deanery
Melerei Evans
Severn Deanery

GP\s are inequitably distributed throughout the UK according to the inverse care law. Hart told us “The availability of good medical care tends to vary inversely with the need for it in the population served.” The RCGP and the RCP have reported on the role of doctors in addressing health inequalities through their work. But, a recruitment crisis for general practice looms, and it is likely that the fragile business of recruiting to more deprived areas will thwart an energized ‘Health Inequalities agenda’ before it gets going.

How can recruitment to deprived areas be improved? Could GP trainees gain valuable experience in working with health inequalities and in areas of deprivation in any other way? I discuss that training experience may, in turn, increase their likelihood to choose to work in underdoctored areas of long-term.

I undertook a Health Inequalities Scholarship which was introduced to my training deanery in 2012, offering a months’ extension to GPST3. Here, through interviewing previous scholars, and surveying current trainees about their training experiences in areas of deprivation and health inequalities, I show that there is an appetite for greater exposure and training therein. I discuss how their experiences have shaped their future work aspirations and attitudes. The overwhelming response amongst both groups was that specific training experience within the area of health inequalities had and would significantly increase a trainees desire to work in a deprived area long term. I discuss ways in which this experience may be provided to trainees in the future.

302 Recruitment and retention in rural and remote medicine
Alicia Pawluk; Pip Fisher
University of Manchester

Low retention and recruitment of physicians into rural general practice is an international crisis. Even in developed countries, many rural and remote communities have limited access to healthcare, which in turn is linked to poorer health outcomes. This research aims to perform a critical appraisal of the literature in order to determine which recruitment and retention strategies are the most successful. PubMed on Medline was searched using a set algorithm of criteria. 71 papers were reviewed, of which 21 of the most relevant were included for analysis. Each of these 22 papers was reviewed to elicit the main successful findings of recruitment and retention strategies. These findings were categorised into three main themes: predisposing factors, recruiting factors, and retaining factors. All 3 themes were then further sub-categorised for data clarity. From these results, it was found that the main determining factor of successful rural and remote recruitment was exposure to rural medicine during medical school. Other important factors included a rural upbringing, and financial incentives. This result may guide workforce planning stakeholders to ensure that a rural-oriented curriculum is emphasised in regions where rural recruitment and retention is reduced.

303 Improving recruitment into general practice in Scotland
Ken McLean
RCGP Scotland

This poster is in two parts. The first part describes the aim and function of the RCGP Scotland Membership Liaison Group and the relationship of the group with other parts of the RCGP.

The second part focuses on the group’s current principal project which is to improve recruitment into general practice in Scotland. It describes current work being done on this such as national and local recruitment roadshows.

It then asks for viewers of the poster to interact using a Twitter hashtag. The poster asks for readers to contact the RCGP via Twitter with their own personal ideas for improving recruitment into general practice in Scotland.
The responses will then be collated and used to inform further work by the Membership Liaison Group and Scottish Council. The Membership Liaison Group aims to provide a collective members’ voice to the Executive Board of Scottish Council and Scottish Council itself. This interaction from delegates at the conference will provide a good medium for this to take place.

304 How do attitudes within the profession affect GP recruitment?
Helen Pidduck; Clare Wilson
Bristol GP Training, Severn Deanery

Aims/objectives:
- Examine attitudes within the profession and whether we are encouraging more young doctors to choose GP.
- Investigate what affects junior doctors’ career decisions.

Content:
- In a survey of 122 GPs and trainees 49% said they would recommend GP as a good career choice for medical students and junior doctors (31% no; 20% not sure).
- GP trainees were significantly more likely to recommend GP (p<0.01, p = 0.00008; 77% yes) than all respondents and GPs significantly less likely (p<0.01, p = 0.0052; 32% yes).
- Comments frequently referred to workload, administration, change and uncertain future.
- Foundation Year 1 (FY1) doctors most often agreed with the statement that positive attitudes would make them more attracted to a specialty (76% of 44 survey respondents).
- Commonest reasons for FY1 interest in GP (open comment): work-life balance, variety; Disinterest: paperwork, workload, uncertain future, attitudes/press.
- 86% of FY1s felt a structured taster programme would be helpful; 16% would have liked an FY1 GP rotation.

Relevance/impact: Negative attitudes directly affect the key priority of promotion of GP as a good career choice

Outcomes:
- Organisation of trainee-led local taster programme utilising trainee positivity.
- Call for increased resilience and workload-management training.

Discussion: Work-life balance was the most attractive feature of GP to foundation doctors. However, only a third of GPs would recommend it as a career, often reporting that workload compromises job enjoyment. This highlights the need to address workload, attitudes and resilience within the profession.

305 Retaining the general practitioner workforce what really matters? A cross-sectional study from the West Midlands
Jeremy Dale; Jonathan Leach; Rachel Potter; Nicholas Parsons; Kate Owen
RCGP Midlands Faculty

Objectives:
- To identify workload and other factors that are contributing to the workforce crisis in NHS general practice, and potential opportunities to address these.
- Design online questionnaire survey.
- Setting general practitioners working in the West Midlands region.
- Participants GPs were invited via emails In total, 1,192 participated.

Results: The mean score for work-related morale was 2.4 (sd = 1.1) on a scale from 1 (low) to 5 (high), and for job satisfaction was 2.7 (sd=1.1) on a scale from 1 (very dissatisfied) to 5 (very satisfied). 45.1% of participants intended to reduce their hours of work in general practice within the next 5 years, compared to only 5.6% who anticipated an increase; and 59.2% stated an intention to stop working in general practice (full-time or part-time) within the next 10 years, with 41.9% intending to do so within five years. In addition, 23.2% stated an intention to take a career break within the next 5 years. For participants planning to leave general practice within the next five years (n=488), on a scale from 1 (‘not important’) to 5 (‘very
important’) the issues that were most influential comprised: intensity of workload (mean=4.6; sd =0.86), volume of workload (4.5; 0.92), and time spent on unimportant tasks (4.4; 0.97). GPs who were non-principals, had portfolio careers, and worked fewer hours were less likely to be planning to retire, leave practice or take a career break.

**Conclusions:** There is an urgent need to address the work-related pressures that are affecting GP morale, job satisfaction, and the intention to leave general practice. Current policy appears unlikely to alleviate the significant concerns felt by GPs. New models of professionalism and organisational structure that provides GPs with a more sustainable career path are needed.

**306 West Midlands Satisfaction in Training and Retention Survey (WM-STARS): pilot phase**

*Richard Singleton; James Gill; Rachel Russell; Kate Owen*

Warwick University Medical School

General Practice (GP) as a specialty is encountering problems relating to recruitment, retention and satisfaction within the career structure. These issues with the workforce are further highlighted in the U.K. by the increased workload that stems from higher life expectancies and the movement of specialist services from secondary to primary care. Health Education England has set a target for 50% of junior doctors to move into General Practice when they complete their foundation training, however it is estimated that only 20% do so currently with future predictions showing no growth in this number forecasted.

The West Midlands Satisfaction in Training and Retention Survey (WM-STARS) is a 5-year prospective study that has been conceived to explore what (if any) issues have arisen in training and beyond into the workplace. Current final year GPVTS trainees were recruited and follow up surveys are planned at 6 months, 12 months, 3 years and 5 years.

A pilot survey was launched in 2014 with a 6 month follow up and we report data suggesting that work–life balance is a major factor for trainees with a significant number suggesting that they would not want to take on a partnership nor salaried position on finishing. Further issues with dissatisfaction with training and low morale were also noted that do not bode well with the current recruitment situation.

**307 Raising the profile of GP across the UK using GP societies**

*Amy Goodman; Helen Talbot*

Keele University Medical School

**Aims:** To raise the profile of general practice amongst medical students and junior doctors across the United Kingdom.

**Content:** Final year medical students came together to encourage networking of students and GPs from various GP societies across England. We used methods such as facilitated reflection, online feedback, face-to-face and online discussion to focus on the role of GP societies as part of workforce planning.

**Relevance:** The career evenings allowed medical students to ask GPs about their career pathway. Conversely, GPs were able to discuss student needs and reluctances toward GP. The RCGP chair came to Keele to impact on recruitment and spoke to students and GPs about their ideas and concerns. Various students were also encouraged to network and attend the RCGP faculty boards.

**Outcomes:** Students perceived society engagement as a positive influence in their understanding of GP. Many students valued the prominence put on General Practice throughout the medical school and on social media. Students found the promotion of GP careers as a refreshing contrast to the GP bashing received from their peers and teachers in hospital. GPs could ask what support was required at faculty board meetings.

**Discussion:** The recruitment crisis in GP is a real concern for many students and GPs. GPs sometimes underestimate the power of GP societies and how the root of this problem may exist at medical school. This research has enlightened many that medical schools and students could play a huge task in helping to recruit the next generation of GPs.
308  What qualities GP trainees are looking for in a practice after qualification
Peter Torrance; Anthony Curtis; Michael Harris
Severn Deanery School of Primary Care

In the current GP recruitment crisis, some practices struggle to recruit more than others, begging the question, “What are the factors that make it more difficult for certain practices to recruit?”

**Aim:** To identify the priorities of newly qualified GPs considering which practice to work at. To highlight key areas to be addressed by practices struggling to recruit.

**Content:** An online survey was sent to final-year GPs across England asking them to prioritise 24 factors thought to be of relevance when selecting a practice to work at. These factors naturally fitted into four categories which participants ranked in order of importance.

**Relevance:** Newly qualified GPs are the key new workforce; therefore identifying their priorities when looking for a practice to work at is of the utmost importance in knowing how best to recruit and retain them.

**Outcomes:** 200 final-year GP trainees responded. They ranked the importance of the four categories as follows:

- Relationships within the practice
- Workload
- Location
- Finance.

Of the 24 factors, the 5 shown to be of most importance in selecting a GP practice to work at were:

- Relationships between GP colleagues
- Willingness of practice to be flexible to help you meet personal/family commitments
- Relationships between wider healthcare and admin team
- Length of working day
- Intensity of working day.

**Discussion:** The key priorities of final-year GP trainees considering which practice to work at relate to having good relationships within the practice and workload, above finance or location.

309  Does a career in general practice offer “infinite variety”?
Alexandra Lee
Heart of England Foundation Trust

**Introduction:** The RCGP’s leaflet "So you want to be a GP?" states that "The joy of general practice is its infinite variety. You simply never know what you will be dealing with next.” I wanted to establish how accurate this statement is.

**Methods:** As part of the Broad Based Training Scheme I completed a 6 month placement in General Practice. Anonymised data was collected for all patients who attended their appointment with me during my placement and this was analysed through Excel.

**Results:** During the 6 month placement 477 patients attended the GP surgery to see me and 66% of these were female. There was a large variation in the ages of patients, the youngest being 2 weeks old, the eldest being 91 years old and with an overall average age of 41 years.

66% of the patients were treated and discharged with no further follow up arranged, 16% were referred onto specialists and 1% were referred directly to hospital for urgent care.

The most common attendances related to medication reviews (13%), joint/back pain or injury (13%), cough (8%) and mental health problems including anxiety and depression (6%). Other presentations included rashes, menorrhagia, ENT problems, chest pain and review of chronic conditions.

**Conclusion:** My experiences demonstrated that GP placements do provide opportunities for trainees to assess and manage patients of various ages and with a wide variety of medical problems.
Exploring medical students’ perceptions of general practice and the factors that influence their career choices

Rachel Gallacher

Aim: To explore medical students’ perceptions of general practice and the impact that this could have on their future career choices.

Method: Participants were medical students in their 3rd or 4th year of study, and intercalating students. A qualitative study design was chosen, with 2 focus groups being conducted and subjected to thematic analysis.

Results: 2 strands were identified within this project. The first was related to student’s perceptions of general practice with five themes identified:

i)Lifestyle
ii)GP specific activities
iii)Pressures and challenges
iv)Is it the easier choice?
v)Changing attitudes.

Participants enjoyed the flexibility of general practice and were also aware of the rewards and pressures within general practice, however there were mixed views regarding whether general practice was the easier choice. The second strand was related to the influences of these perceptions with 4 themes identified:

i)Placement
ii)GP Role Models
iii)Personal suitability
iv)Influence of others.

The influences of placement and GP role models were cited as the most important with participants suggesting a negative placement experience was enough to deter them considering a career in general practice.

Conclusion: Students generally have a positive view of general practice however some still see it as the easier choice. Students also indicated that their experiences of placement and GP role models are incredibly influential when deciding their future careers. Therefore, this research concludes that further standardisation is needed regarding high quality general practice placements and teaching to encourage students into the field.

Increasing recruitment of medical students into general practice

Rhiannon de Ivey; Kate Hope; Charlotte Critchlow; Hannah Shufflebotham; Stuart Booth

Keele University

Background: Encouraging recruitment of medical students into general practice is more important than ever with an expected shortfall of 10,000 GPs by 2020. Keele University GP society aims to create an environment promoting a career in general practice.

Aim: To describe the promotion of the society and its progress.

Methods: We based our recruitment policy on running extracurricular near peer teaching sessions for members. As members, students can attend GP career promotion events designed to combine engaging speakers with student participation.

Results: As of June 2015, approximately 30% of medical students had joined the society. We organised 2 interactive careers evenings, one headlined by Chair of RCGP council and another by enthusiastic local GPs. 126 and 42 students attended each event respectively.

Discussion: Through this dual approach, the profile of the GP society was boosted. We are developing this approach next academic year and hope to approach our goal of 50% of the student body being members.

Conclusion: Our society endeavours to increase membership to 50%; the recommended number of medical students to be recruited to UK general practice. Regularly holding teaching and careers events for members allows access to a wider audience who may not have otherwise been interested in general practice. Using this method, the number of students attending careers talks has increased. By increasing awareness of general
practice, we hope that members will become enthused about a career as a GP; and eventually this will be reflected in numbers of students from Keele University entering the specialty.

312 Peaking over the horizon-how eager students are experiencing general practice through RCGP faculty board involvement
Hannah Willoughby; Annie Ritson; Kamila Hawthorne
RCGP South East Wales Faculty Board
Aims/objectives: To share experiences of the SE Wales Faculty board in developing a student General Practice society at Cardiff University.
Content: Exposing students to positive experiences of General Practice early in their training increases the chances of them choosing General practice as a career. Students want to meet enthusiastic General Practitioners working in varied settings, at varied stages of their careers and to hear about the exciting and interesting opportunities the job involves. SE Wales faculty board felt the lack of a General Practice society at Cardiff University was a factor influencing recruitment to General Practice in Wales. In response to this we made links with undergraduate students and created a student lead society for those with an interest in General Practice.
Relevance/impact: To demonstrate, by giving the example of the SE Wales Faculty, how a Faculty Board can reach out to and support local medical students with an interest in General practice.
Outcomes: The a student led Cardiff General Practice has held several events which have been supported both in practically and financially by the SE Wales faculty board. In addition the team of faculty board members and students members have brought together significant other players including the Welsh Assembly Government, post-graduate deaney and medical school to create a group that is sustainable and outward looking.
Discussion: To share the experience and create discussion as to whether this model could be exported to other faculties around the country.

313 “Speaking at” versus "teaching" medical students, what is the best way to engage and teach them?
Sabrina Karpadia; Valeed Ghafoor
University of Liverpool
PBL is aimed at introducing independent learning into medical education ever since the 1960s. PBL has been used by many medical schools across the world since. Some medical schools however, still use the traditional method of lecture based learning. The fundamental debate questions what is more effective when training a potential doctor; being taught the core concepts of Medicine, or being encouraged to seek knowledge and promote self motivation.
One study found that PBL was a more effective method of learning for medical education. A P value of 0.001 suggested that the results of the study were highly significant and not due to chance. A second study compared exam results of students who had been taught by either the PBL or lecture based approach. This case-control study followed students 2 and 3 years after the first exam and still found that students taught by PBL achieved higher scores. Again, a P value of <0.001 proved highly significant hence strong conclusions were drawn from the findings.
With general practice being an excellent place for medical education given the variety of patient contact in the context of holistic care (social, economic etc), we feel it is important good teaching methods are in place to educate medical students. We will discuss teaching and learning styles and discuss the studies and theories that should underpin teaching and lesson design. We feel this will improve the quality and effectiveness of teaching experienced by medical students.

314 Teaching Student Teachers (TST): teaching undergraduate medical students the basics of medical education
Victoria Silverwood; Jonathan Broad; Ashley Hawarden; David Blanchard
Keele University
Aims: As part of the undergraduate medical curriculum students are expected to teach their peers and more junior students. A pilot course was designed to provide fourth year medical students an opportunity to learn
about educational theory and to practice teaching. Prior to this course, no formal educational teaching had been
provided within the curriculum. The TST course was offered on a voluntary 'sign-up' basis.

**Content:** The course was designed as two half-day sessions for up to 24 students per session. The first session
covered the importance of feedback, teaching a skill and preparing and delivering teaching. The second session,
two weeks later, involved students delivering some teaching on a non-medical topic of their choice, and an
introduction to basic educational and evaluation theories. Both sessions included whole group presentations and
small group work.

**Relevance:** The GMC state that all doctors should contribute towards teaching students; therefore teaching is a
core skill. By learning about educational theory undergraduate students should be better prepared to provide
good quality teaching throughout their medical careers.

**Outcomes:** We will present feedback from two separate undergraduate cohorts of students and one year follow-
up feedback from the first cohort. This feedback has been consistently positive; students report they feel the
course is extremely beneficial to their development as clinical teachers.

**Discussion:** The TST course is currently being considered by the curriculum team for the medical school with a
view to making it a compulsory element of the fourth year curriculum.

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**315 Academies in primary care undergraduate education; challenges and reflections**

*Christopher Sanders; Anil Sood; Maria Keerig; Emma Hayward*

*Department of Medical and Social Care Education, University of Leicester*

**Aims:** This poster aims to present the development of a new academy structure for primary care education,
including reflections on the challenges and benefits of this approach

**Relevance/impact:** Primary care is currently undergoing a workforce crisis. The proportion of time that students
spend in primary care is limited in the current curriculum at Leicester, but this is set to change with the
development of a new curriculum in September 2016. To increase the breadth and quality of undergraduate
primary care education, Leicester Medical School has worked with local practices to adopt an academy structure
for teaching in the new curriculum.

**Content:** Academies have been tasked with developing innovative teaching workshops and enhance the student
experience of primary care through involvement in areas such as clinical audit and care planning for patients with
long term conditions.

Student feedback is included which suggests this new approach has been well received by the students and
fostered a greater appreciation of the unique role of the general practitioner within the wider healthcare team.
Students have also reported a positive view of general practice as a potential career.

**Outcome:** This poster details the various challenges and benefits in changing the structure of primary care
education.

**Discussion:** This has been an innovative development in primary care undergraduate medical student teaching in
Leicester. There have been a number of logistical and administrative challenges involved, but early student
feedback has so far been positive and appears to indicate they are more likely to choose a career in general
practice as a result.

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**316 A team approach to ‘bespoke’ medical student teaching**

*Janet McGee*

*Wessex School of General Practice, HEW*

**Background:** A medical school letter prompting teachers to ‘move the student forward in their learning from
whatever point they started at’ was the stimulus for this enquiry. I felt that over many years my surgery had
developed a formula that worked well for us but was not actually tailored to each individual medical student.

**Method:** I used an action research approach in my study. One taped interview, one interview with written notes
and two student attachment evaluation forms - from three medical students, were data sources. I also used
questionnaires from 11 surgery clinical staff who were involved in teaching two of the students, and verbal
feedback from patients after consultations when I had been involved in the teaching of these students. From the
staff questionnaires, 9 individuals felt knowing the students curricular needs ahead of the attachment benefitted
both their teaching and student learning; two were unsure. I analysed the data looking for themes and categories, and I presented my findings in novel ways using a story narrative and an ‘almost poem.’

**Results/conclusions:** The impact that this enquiry has had on medical student teaching in my surgery has helped clinicians prepare ahead of the session, draw out what the student needs from whatever patient issue presents during each consultation, and provided a vehicle for us to teach what we wanted the student to learn! I also discovered that patients enjoy having medical students and they learn too! I believe this approach could be used in any GP surgery.

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### 317 The impact of a GP placement on medical students’ attitudes towards a career in general practice

**Kate Owen; Laura Smitherman; Brogan Spencer; Paul de Cates**  
*University of Warwick Medical School*

**Aim:** To evaluate the impact of the first GP placement at a UK medical school on students’ willingness to consider a career in General Practice

**Background:** General practice training places have been under-filled for the past 4 years[1]. Despite the HEE mandate that 50% of doctors completing foundation training should enter GP training programmes by 2016[2], no UK medical school has yet reached this target[3].

**Method:** As part of the placement evaluation, medical students were asked if they had considered GP as a career before the placement, and whether they would consider GP as a career after the placement. This was analysed in the context of the students’ overall rating of the practice to investigate any association.

**Outcomes:** The overall rating of a GP practice may be an influencing factor on a medical student’s likelihood to consider GP as a future career. Following the first practice placement, the highest rated practices showed an increased interest compared with lower rated practices. Students experiencing a lower rated practice indicated they were less likely to consider GP as a future career option, despite pre-placement interest.

**Discussion:** Exploring the factors affecting the overall placement rating could offer insight into increasing interest in GP as a future career. We will make recommendations to GP tutors and medical schools on how to improve the placement experience, specifically focussing on student feedback and the quality of the learning environment.

**References:**
3. https://reports.gmc.uk.org/views/Medicalschoolrecruitmentoutcomesanalysis/MedicalSchool?:tabs=no&:toolbar=no&:embed=y#1

### 318 Medical student case mix during final year 15 week GP placements

**Simon Gay; Maggie Bartlett; Robert McKinley**
*Keele University School of Medicine*

**Background:** The undergraduate curriculum at our medical school emphasises learning in community settings. In their final year medical students spend 15 weeks in general practice, during which it is expected that each student will consult with at least 375 patients with a wide variety of clinical conditions. Evidence within the literature about the case mix to which students are exposed in general practice is limited though there have been attempts to define what it should be[1,2,3]. It is important that students have a broadly equivalent clinical experience during their placements. We piloted the collection of diagnostic codes recorded for students’ consultations in a sample of practices before extending the study to increase the data available for analysis.

**Aims:**
- Determine the number of patients with whom students consult
- Describe the mix of:
  - New and review consultations
  - Recorded diagnoses.

**Methodology:** This is a retrospective study of clinical record entries of students’ consultations during their GP placements.

**Analysis:** The problems and diagnoses coded by students will be collated and compared.

**Results:** The results will be available at the conference.
Discussion: This data will allow us to better describe senior medical students’ clinical experience on general practice attachments, to determine whether there is comparability between practices and how this complements the clinical experience offered by hospital placements.

References:

319  Introduction of early year’s undergraduate clinical experience in primary care - evaluation of the first year from students, tutors and patients perspectives

Kirsty Gillgrass; Brigitte Colwell

University of Sheffield

Aims and objectives: Early year’s primary care experience was introduced into the Sheffield undergraduate medical curriculum in 2014. Tutors had previously observed that, by the third year, students’ already had many negative preconceptions about primary care. We wanted to investigate this as well as establish whether increased primary care exposure could affect students’ career choices. Alongside this we planned to evaluate the new module and assess whether it had a positive impact on students’ views of primary care.

Content: We will present a summary of our innovative new course and the findings from a questionnaire we developed and administered to all first year students. This enquired about their understanding of primary care, the role of a GP, their views on the importance of primary care and what they were hoping to achieve from the early years’ experience. We will also present findings from interviews with students, tutors and patients evaluating the impact of the new course on student’s perceptions of primary care.

Relevance: Health Education England has stipulated that by 2016 50% of medical school graduates should enter general practice. Currently this figure stands at 28% in Sheffield; the rates are higher in medical schools with increased primary care exposure. Early years’ experience has many benefits; it improves confidence, increases preparedness to work and provides patients to empathise with as well as doctors to emulate.

Outcomes: Initial analysis suggests the module has been well received and has positively raised the profile of primary care within the undergraduate curriculum.

320  To what extent can a student Community First Responder Scheme benefit the local community and healthcare students?

Daryl Newland; Nicola Fisher; Jaren Mabbott

University of Nottingham

This poster aims to highlight the impact that a multidisciplinary student Community First Responder scheme has had on a local community and the subsequent benefits for students in their professional and personal development.

In 2014, three healthcare students established a Community First Responder Scheme in partnership with the local NHS ambulance service and the support of the local RCGPs faculty. The scheme is believed to be the first in the country to recruit students from all healthcare disciplines. After being trained to a nationally recognised standard, student volunteers respond in pairs alongside the ambulance service to high priority 999 calls within the local community, bringing lifesaving equipment and knowledge to patients as soon as possible.

During the first year, students responded to 397 patients, arriving first-on-scene 47% of the time. Responders provided oxygen/salbutamol therapy to 18 patients and an AED was used on two patients in cardiac arrest. Five responders have received awards from EMAS for successfully resuscitating patients in the community.

The evidence shows that the scheme has made a significant contribution to the provision of emergency medical care in the community. Interviews with members of the scheme show they have learnt a huge amount about working together in multidisciplinary pairs and have utilised each other’s knowledge and skills to enhance their own clinical development.
The scheme plans to continue growing and has made contact with other local Universities with the aim of expanding the model. This will allow other healthcare students’ to develop a much more rounded community focused education, whilst benefiting their local communities.

### 321 "To VP or not to VP?" The use of volunteer patients in the Year 2 OSCE at Glasgow

**Zoe Noonan; Elaine Taylor; Suzanne McDowall**

**Glasgow University**

Second year medical students at Glasgow undertake a summative OSCE comprised of twelve stations. Six stations assess clinical skills and practical procedures, and six stations assess clinical communication skills. Here we review station performance for the communication skills scenario which used a volunteer patient (VP), as compared to a paid actor, in the OSCE.

We present a brief literature review of the use of VP’s in OSCE’s and present our results, which demonstrate no difference in OSCE station performance data between the station using volunteer patients and comparable stations using actors. We outline the process used to select volunteer patients for the Glasgow OSCE, and the training provided to them. We acknowledge the potential advantages and disadvantages of using VP’s in a summative OSCE setting, from the volunteer patient, medical student, medical school and OSCE perspective.

The key advantages of using volunteer patients are better alignment of the assessment with teaching methods (students are predominantly taught communication skills using VP’s), and financial. Disadvantages include the potential for poor intra and inter volunteer patient consistency; the supply of suitable VP’s, and logistical challenges, such as fatigue in VP’s performing the same task all day. Our data would support ongoing limited use of volunteer patients in the OSCE setting, acknowledging the logistical issues this can present, and with the proviso that appropriate training and role calibration is performed.

### 322 The situational judgement test; is examining professionalism the answer to reducing patient complaints in the UK?

**Jasprit Bhamrah; James Deery; Jane Coomber; Richard Knox; Rodger Charlton**

**Nottingham Medical School**

**Aim:** Analyse the Situational Judgement Test (SJT) and highlight areas requiring development.

**Objective:** Ultimately raise the standards of professionalism of future doctors and possibly reduce patient dissatisfaction.

**Content:** The SJT is a professionalism examination that is being developed in Nottingham medical school. It has been used to select candidates for GPVTS training and involves presenting them with ‘real life’ scenarios and examines their ability to recognise difficulties and act responsibly. The research involves analysing the 2015 second year SJT; through qualitative feedback from a focus group, quantitative data from a survey to the whole year, professional opinions from external doctors and statistical analysis.

**Relevance:** General Practitioners are vulnerable to complaints with current time constraints and rising expectations. Primary care received 61196 written complaints during 2013-2014 and 21.7% were due to poor communication and attitudes. Developing professionalism in medical school as expected by GMC fitness to practice standards Tomorrow’s Doctors (2009) could improve future standards.

**Outcome:** The average mark was 60% and none failed. The focus group preferred the ranking of answers as is utilised in the UKCAT, more detailed scenarios and instructions. Survey results revealed that the scenarios were realistic, they had adequate time but found the exam difficult. The statistics exposed a general lack of knowledge of the roles of healthcare staff. The professionals advised the instructions be worded more concisely.

**Discussion:** Statistically ranked answers are deemed less reliable and would need addition marking software but together with all other findings may be considered for the 2016 SJT.
323 Reflections on the emotional and psychological challenges faced when retaking a year of medical school
Titilopemi Oladosu
James Paget University Hospital, Great Yarmouth
**Background:** Retaking a year during medical school can be difficult financially, academically, and psychologically. Little is written about this and there are few recommendations on how to support students during this time.
**Aims:**
- To explore the experiences and reflections of students retaking a year of medical school.
- To analyse the experiences using reflective and psychological models.
- To identify positive experiences, and strategies for improving negative experiences.
**Methods:** All students retaking Phase 4 of their medical degree were invited to take part by email. 9 semi-structured interviews were conducted and analysed using thematic content analysis.
**Findings:** All interviewees experienced some form of depression during the year; over half contemplated suicide. All but one participant identified the failed assessments leading to their retaking the year as their first experience of failure. Half the interviewees attributed the root cause of their difficulty to non-academic issues including health and social problems. Several participants experienced some level of stigma from students not retaking the year. Support from fellow students retaking, friends, and family, were perceived as the most beneficial. Students desired targeted individualised support and better academic support from the university.
**Relevance:** This work is important in helping GP tutors understand the experiences and needs of students during an undoubtedly difficult time and provides some guidance on how to offer assistance.
**Discussion:** Selection bias may have occurred, as students who have had negative painful experiences may be less likely to volunteer for interview.

324 Adaptive technology and medical education: an impending revolution?
Shane Beggan; Sarah Beeby; Jane Kirby; Laura Stroud
University of Leeds
**Context:** Most students starting university today are digital natives, already primed to use digital technology in their everyday lives. We aim to harness the type of consumer adaptive technologies used by major supermarkets, online retailers or social and sports apps to develop a personalised adaptive learning platform (myPAL) enabling students to develop lifelong learning skills.
**Concept:** myPAL helps you navigate your way through medical school. In your upcoming GP placement you will have all the details you need right at your fingertips. myPAL will tell you where to go, who your GP tutor is and helps you formulate your learning goals. It reminds you which skills you need to complete and suggests clinics to help you achieve these. Your feedback from your previous primary care placement suggested areas for future development, including demonstrating empathy and more focused histories. Your exam feedback identified areas you need to work on and these have been incorporated into tutorials with your tutor during the 5-week placement. You are now ready to get the most out of your placement.
**Educational research:** A qualitative study is underway using focus groups with students and semi-structured interviews with key staff informants to facilitate co-production. The data analysis will be used to develop a platform to be piloted in primary care placements.
**Outcomes:** This project offers an opportunity to future proof medical education. The qualitative data outcomes and the pilot adaptive learning platform would be presented at the conference.

325 Awareness and knowledge on epilepsy among undergraduate medical students in Pakistan
Syed Ahmed; Ahmed Faraz; Saleema Fateema; Nabeeca Essam; Taha Nafees; Shahraiz Rizvi; Muhammad Tahir
Karachi Medical and Dental College, Pakistan
**Introduction:** Epilepsy is a common neurological disorder which affects millions of people throughout the world. However, it has been discovered that there is a great degree of ignorance regarding the science of epilepsy among the general masses as well as the populace of medical students. Studies have been conducted whose results have shown that, there has been fabrication regarding the clinical presentation & treatment of epilepsy
among the common man. Numerous appear to link epilepsy to evil spirits and possession that can be healed by spiritual treatments by certain specialists given the designations of ‘demonologists’, ‘paranormal investigators’ or ‘mystics’. In such circumstances, medical students can prove to be a major source to educate the society at large. Therefore, it is crucial that their knowledge & attitude towards epilepsy is accurate and thus, must be evaluated at an early stage in their medical career, so that these future physicians may play a pivotal role in the public awareness of epilepsy.

**Method:** This study was conducted in Pakistan, at a Government sector medical college, namely, Karachi Medical and Dental College. This is a cross-sectional study. Data was collected between October to December of the year 2014. 270 medical students were given the KAP (knowledge, attitude & practice) form of epilepsy to fill out. The software used to interpret and tabulate the results was SPSS v.16 for Windows. The chi-square test was employed to determine the proportion of knowledge of epilepsy among medical students. The p-value calculated was equal to 0.05.

**Results:** In this study, 270 medical students were recruited, of which 90 were males (33.3%) where as 180 were females (66.6%). The ages of the student participants were within the range of 18 to 24 years. The analysis of our study demonstrates that: 85.1% of the medical students consider epilepsy to be a neurological disorder; 6.66% believe epilepsy is an infectious disease; 4.44% believe it to be a hereditary disease, whereas, 3.7% of the students reckon it is a psychiatric illness. Tonic clonic seizures was deemed to be the most common form of epilepsy (25.5%) with complex partial seizures being the least common form (1.85%), as well as relatively unknown by the students.

It was discovered through this study that, students were much less acquainted with the knowledge regarding the treatment of the disorder: multiple drug therapy was considered as the treatment by 56.66% of the students, spiritual treatment by 3.7%, spiritual treatment with medication by 20%, surgical treatment by 17.4% & 2.22% deemed epilepsy as a self limiting disease.

**Conclusion:** It has been observed with this survey that the medical students of Pakistan are well aware of the knowledge of epilepsy and it being a medical condition. However, the students need to be educated early on in their training to be physicians, about certain aspects and details of the neurological disorder, for instance, the appropriate treatment of epilepsy, where their knowledge is lacking.

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**326 Factors influencing medical students’ attitudes to general practice as a prospective career choice**

**Hannah Venables; Heather Milne; Maya Connolly; Gemma Walters; Victoria Vernon; Sharna Bennett**

**University of Liverpool**

**Introduction:** General Practice is facing a recruitment crisis. The government is aiming for 50% of medical students to become GPs, but only 20% currently state that general practice is their preferred career choice. The proposed research aims to reveal what factors students at one university currently perceive as most significant in informing their attitude towards general practice as a career.

**Research aims:**
1) To assess the attitude of medical students towards GP as a career.
2) To identify what students perceive as the main factors informing their attitudes towards pursuing GP as a career.
3) To establish whether the recently established GP society is perceived as having a positive influence on student attitudes.

**Methods:** A self-completion questionnaire with open and closed questions based on previous research has been designed. The survey will be sent to all medical students at the university via Survey Monkey or on paper. Data from closed questions will be analysed using descriptive statistics to provide simple frequencies and to establish associations between attitudes toward GP and perceived influences. Open ended questions will be analysed thematically.

**Anticipated outcome and impact:** The research will provide evidence of the key factors influencing medical students’ attitudes towards GP as a career choice. This will help identify ways to encourage an interest in general practice and/or limit negative attitudes during medical school, which are relevant to the current recruitment crisis.
327  Post Graduate Certificate in the delivery of primary care: a glimpse of the future
Robert Hewetson; Carol Linnard; Steve Hill-Cousins; Andy Bill; Alex Armstrong
Winchester University

**Background:** The evolving nature of primary care requires newly qualified GPs to be adaptable and to develop an engaged approach in managing their CPD. This poster presents an overview of a postgraduate certificate developed to recognise their learning throughout the final year of training.

**Summary of work:** The PGCDPC has been developed within our training scheme, based within a University. The aim is to offer trainees the opportunity to reflect on the learning from the VTS, within an academic framework to gain a post-graduate qualification. The provision of all teaching falls within the ST3 day release course, and we think this model is unique and could be developed by other schemes encouraging registrars to engage in and gain postgraduate qualifications.

When first developed, the participants wrote three 4,000 word assignments analysing the primary care context at national, local and individual levels. As a result of feedback from the registrars we revised the course, in order to make it more accessible and reflect wider professional skills. Two of the reflective assignments were reduced to 1,000 words: one linked to a presentation on a national topic of importance; and another to facilitating small group work on a topic of local interest. The other split into two 2,000 word submissions.

**Conclusions:** The changes have enabled our current trainee cohort to complete the PGCDPC within the academic year. We see this as a ‘work in progress’, possibly with particular relevance to the projected fourth year of GP Training.

328  Federated tutorials for registrars - a pilot project in East Somerset
Jill Wilson; Stephen Holmes; Andy Eaton; Simon Huins
Somerset GPST, Severn School of Primary Care

**Background:** With anticipated changes to the general practice workforce and delivery of care a “test and learn” grant was obtained from Severn School of Primary Care (HESW) to explore new models of federation teaching for GPST and implications for training.

**Aims/objectives:** To explore a variety of models of tutorials delivered across a loosely federated group of local practices in a rural environment in East Somerset building on experience of “patch teaching” involved in induction topics covered in small groups of practices.

To explore the views of learners (GPST) and GP trainers in this environment watching for expected and unexpected outcomes

**Methods/results:** Three federated (GPST from a several local practices) tutorials were run twice each (to maximise attendance) and evaluated both quantitatively and qualitatively. Topics were chosen as relevant by a group of experienced GP trainers and validated by GPST in their third year of training. They were:

a)Advanced consultation skills
b)Resources In the community
c)Commissioning.

**Relevance/impact:** These tutorials were chosen to address development of resilience and workforce issues in our area by demonstrating higher professional behaviours as an indicator of high standard primary care. We developed innovative IT methods developed for capturing/sharing learning - podcasts, webinars

**Outcomes:** Evaluations from trainers and registrars will be described, as will our methods of gathering this information.

**Discussions:** We will discuss lessons learned from this pilot including early indications of the positive effect on workforce and engagement with our CCG and other local projects.

329  The mentoring of ST1 GP trainees by ST3 GP trainees: an aid to successful GP training?
Alex Jones; Ian Wyer; Clare Wedderburn; Samantha Scallan
Southampton GP Education Unit

**Background:** Mentoring is well-evidenced as a way to promote reflection and insight. Between years mentoring for trainees can provide space for them to share information and experiences in a mutually supportive way.
Summary of work: The GPST mentoring scheme was designed to provide ST1 trainees mentoring time with a ST3 trainee to reflect on their training expectations, experiences and perceived challenges. ST3s were prepared for the role of mentor by attending an interactive teaching session using the TGROW(S) mentoring model.

Summary of results: Evidence from the evaluation of the mentoring session indicates that it was well received. Trainees reported enjoying the session and they identified positive outcomes for themselves. The majority of ST1s attending the session intended to make changes in one or more areas during the remainder of their three years of training and the majority felt the session had been useful. The process was also successful in introducing trainees to mentoring with the majority of ST1 and ST3s recognising its value, reporting that they wished to be involved in mentoring in the future.

Conclusions/take home messages: Mentoring is a valuable skill, the principles of which are transferrable to the GP consultation and more widely. The session was valued by both ST1s and ST3s as an opportunity to gain an additional perspective on training.

330  Evaluation of education focused GP Academic Clinical Fellowship (ACF) posts at a UK medical school

James Gill; Richard Singleton; Kate Owen
University of Warwick Medical School

Government plans for increasing the GP workforce will require increased numbers of educators at undergraduate and postgraduate level. The HEE target of 50% of foundation doctors entering GP specialist training schemes may be supported by increased presence of GP educators at undergraduate level providing positive role modelling and promoting GP careers.

The path into a formal academic role in medical education may be less well defined than the route into academic research. The post of Academic Clinical Education Fellow was developed to support trainees planning to develop future roles in education and to address the need to train greater numbers of medical students. To date 6 GP registrars have completed the two-year, medical school teaching focused, programme.

A questionnaire was sent out to previous and current ACFs in order to evaluate the effectiveness of the posts in furthering a career in medical education.

The survey looked specifically at how the skills gained during the post map against the Professional Standards Framework of the Academy of Medical Educators, the level of academic attainment achieved during and after the posts and where the previous post holders’ careers have taken them since the post.

Information derived from this questionnaire will be used to develop the ACF role, in order to develop the clinical educators of the future who will be needed to deal with the challenges posed by GP workforce issues.

331  Early communication skills intervention for ST1s

Selina Sawhney; Richard Crane; Hannah Gaynor; Johnny Lyon-Maris
Southampton GP Education Unit

Background: It is well known trainees with low recruitment scores can struggle with communication skills when moving to a patient-centred care context. A typical difficulty is over-emphasis on disease at the expense of the psychosocial aspects of the consultation. A group comprising ST1 trainees scoring in the bottom 12% for recruitment was formed with the aim to help them gain early exposure to general practice and to explore communication skills in a facilitated sessions.

Summary of work: Over the course of a year 12 trainees met for 3 whole day sessions. The programme of education provided:

- A forum to explore aspects of the consultation;
- reflection on verbal and non-verbal communication;
- Q&A with expert patients to explore patient expectations
- extra time in practice with an ST3 buddy; and
- role-play with simulated patients.

The group was facilitated by 3 First5 GPs. Feedback was gathered at the end of each session, and the facilitators reflected at the end of the year.

Summary of results: The ST1s reported benefitting by:
• Raised awareness of communication skills;
• realising the importance of focusing on the whole patient, not just the disease;
• being alert to ICE and shared decision-making; and
• understanding the importance of the relationship with the patient as the framework underpinning the consultation.

A fuller description of findings will be presented on the poster.

Conclusions: A positive response to the sessions has seen them planned to continue for next year, and support may be extended into the ST2 year for the present group.

332 Barriers to GP trainee involvement in education
Rachael Imrie; Ann Graham
Inchpark Surgery, Edinburgh

Background: Previous studies have shown that GP trainees are less involved in providing medical education than colleagues in other disciplines. This is despite teaching being a key competency for MRCGP and included in the GMC’s “Duties of a Doctor”.

Aims: To ascertain GP trainee perception of their involvement in providing teaching to others in South East Scotland and identify barriers to participation.

Method: A questionnaire was distributed to GP ST2 trainees through Educational Release Programme groups. The questionnaire covered past medical teaching experience, opportunities to teach, interest in teaching and barriers to involvement in education.

Results: 54 trainees completed the questionnaire (60.7% response rate). 81% of trainees had the desire to be involved in teaching. 37% felt that they had sufficient teaching experience, and 41% felt they had the opportunity, to teach. The primary barriers identified were lack of time and lack of opportunity with lack of confidence, lack of trainer support, lack of resources, and personal lack of interest also reported. 80% of trainees would be interested in resources to facilitate teaching sessions.

Conclusions: Despite enthusiasm for teaching, GP trainees in South East Scotland feel that they do not have the time or opportunity to participate in teaching. Critically, the majority of trainees do not feel that they have sufficient teaching experience despite this being a listed competency for MRCGP. This study has identified a desire for resources to facilitate trainee participation in teaching.

333 Managing uncertainty - are we doing enough to develop this skill through GPST education?
Hannah Peters; Samantha Scallen; Johnny Lyon- Maris
Southampton GP Education

Aim: To support ST2s moving from hospital into general practice to develop skills in managing uncertainty.

Content of presentation: The poster will share the tools used to design a workshop for ST2 trainees to help them to manage uncertainty. It will also share the qualitative data collected prior to and following the workshop, which demonstrates that there is a desire amongst trainees for this type of teaching.

Relevance: Managing uncertainty is widely acknowledged to be a key skill in general practice. Doctors who find this challenging are likely to order unnecessary investigations and also experience increased anxiety which can lead to burnout. The move from hospital medicine to general practice can be a time of increased personal responsibility and independent practice for the trainee, and consequently there is an increased burden of diagnostic uncertainty. It is therefore one of the responsibilities of medical educators to equip trainees with tools to manage this change. The question has, for some time been, can this be facilitated?

Outcomes: This was a successful and well-received workshop. The learning gained from it will be shared as part of the poster.

Discussion: At a time when there is a lot of uncertainty within and about general practice, the question of how best to educate about uncertainty is important. This poster presentation aims to share our work in this interesting area and generate further discussion.
‘Heard but not seen’t: The development of a telephone consultation work place based assessment (WPBA) in general practice (GP): The Audio-COT (Consultation Observation Tool)

Bryony Sales
Wessex School of General Practice, Wessex Deanery

Aims/objectives: To pilot and evaluate a telephone consultation assessment tool: an Audio-COT that adequately represents the nuances of telephone without adding to assessment burden.

Content: The current RCGP Consultation Observation Tool (COT) supports holistic judgements about a trainee’s ability to consult. The Audio-COT has been specifically designed to assess telephone consultations during training using the same assessment methodology. Questionnaires and interviews were undertaken with GP trainers and trainees to determine the differences between face-to-face and telephone consultations. A national pilot was undertaken and evaluated to refine the tool and ensure its validity and reliability. An accompanying list of performance criteria was developed to provide guidance with its use.

Relevance/impact: The use of telephone triage and consultations in healthcare is increasing, requiring trainees to acquire telephone communication skills in addition to face-to-face. 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: The Audio-COT has been a welcomed additional WPBA, contributing to the overall picture of a trainee’s competence. It is anticipated the Audio-COT will be integrated into the RCGP ePortfolio (with no increase in trainer/trainee assessment burden as an Audio-COT will be substituted for COT).

Discussion: The Audio-COT provides an additional effective, user-friendly supervised learning event to formally assess and develop the clinical competence of trainees’ telephone consultation skills, maintaining patient safety and satisfaction, preparing the trainee for their GP career.

Practice management? Don’t lecture me about that
Alexandra Macdonald; Bryony Sales
Wessex School of General Practice, Portsmouth & IOW

Aims: GPs starting general practice feel under-informed in practice management. What do those numbers in the practice accounts mean? How does QoF work? Should I be a partner or a sessional GP? Portsmouth & IOW GPVTS identified this as an area that is difficult to teach in an accessible and engaging way. Lecture approaches were considered difficult and dry. In seeking a better way, we explored Problem Based Learning.

Content: PBL is long-used clinically but less commonly in other areas. A method using self-motivation and responsibility for one’s own learning might work well in this topic. ST3 trainees were put into groups. They met under facilitation to read a devised scenario and brainstorm learning objectives (PBL stages 1 to 5). They then went away to research and returned to present their findings to their peers (PBL stages 6 and 7). Trainees completed pre-session questionnaires to gauge their expectations and knowledge of practice management and their experience of PBL. Afterwards, they gave feedback compared to a lecture-style format.

Relevance: It is not fully recognized that trainees need skills far beyond the clinical, and day-release curricula reflect this gap. Practice management is difficult to teach effectively. This research describes an effective way to address this.

Discussion: It is important to develop teaching methods to prepare trainees for the real world. Feedback from this approach was overwhelmingly positive, and we have since extended it to F2s doing general practice to introduce this subject at an earlier stage.

How can educators support GP trainees in developing resilience to prevent burnout?
Bryony Sales; Alexandra Macdonald; Sam Scallan; Sue Crane
Wessex School of General Practice, Wessex Deanery

Aims/objectives: Our earlier research indicated higher than anticipated self reported levels of burnout in GP trainees. Specific groups were highlighted as being at increased risk (including females without children in specific training locations). Our research aims to explore and develop timely support for trainees during training to prevent burnout and encourage resilience.
Content: Trainees from each year of GP training (1-3) completed three questionnaires throughout the academic year (full data set n=48); data collected included the Oldenburg Burnout Inventory, questions to identify underlying stressors specific to training and to develop resilience strategies.

Relevance/impact: Burnout is a recognised syndrome which impacts adversely on an individual’s professional and personal life with contingent implications for patient care. It is important to raise educator awareness of potential burnout and to enable trainees to develop coping strategies. This research gives insight into specific stressors and provides suggestions for changes in educational practice.

Outcomes: Programme directors gained raised awareness of trainee reported stressors (namely knowledge/managing uncertainty, workload/time pressures and e-portfolio). Subsequently the day release course was modified to incorporate sessions on resilience, practical relaxation sessions, ‘googlegroup’ discussions and increased GP focused small group support.

Discussion: It is important to develop resilience strategies early in a trainee’s career to support our future GPs. Resilience strategies are required for trainees to manage their clinical workload regardless of their chosen GP career trajectory.

337 A taste of General Practice (GP): final year GP trainees (ST3) mentoring foundation year one (FY1) doctors

Bryony Sales; Mike Masding; Reg Odbert; Rachel Locke; Samantha Scallan

Wessex School of General Practice, Wessex Deanery

Aims/objectives: An evaluation of a taster course developed for FY1s to learn from near-peer mentors (GPST3 trainees) about life in general practice.

Content: A literature review of the influence of taster weeks on career choices was undertaken. A small pilot (n=7) took place in July 2014; FY1 doctors were given the opportunity to shadow ST3 GP trainees in clinical practice (3-5 days). An electronic survey was administered to FY1s and GPST3s following taster participation. The Kirkpatrick model of educational outcomes was used to frame the results. Based on the success of the pilot, a further FY1 GP taster experience is currently underway in 2015 (n=30) across Wessex Deanery.

Relevance/impact: Due to the current crisis in GP recruitment and retention, more medical graduates need to choose general practice as a career. Currently opportunities for FY1 doctors to explore GP as an option appear to be limited.

Outcomes: The taster experience was positive for both FY1 trainees and GPST3 mentors. For FY1s it was varied and interesting, challenging the negative perceptions of primary care. In GP ‘anything can come through the door’ and the taster developed trainees’ clinical practice. For GPST3s, it gave them confidence about their knowledge about general practice and greater insight into educational roles.

Discussion: Using GPST3 trainees as shadowing mentors for FY1 doctors is educational for both groups. The scheme requires protected time for GPST3s for mentoring, and increased opportunities for FY1 doctors to undertake tasters.

338 Is meeting the career intentions of final year general practitioner registrars in the East Midlands the key to recruitment in the UK?

Jasprit Bhamrah; Jane Coomber; Caroline Anderson; Rodger Charlton

Nottingham Medical School

Aim: To understand the career intentions of final year GP registrars (GPRs).

Objective: Statistically analyse the information from a 53 question survey completed by East Midland GPRs attending a leaver’s study day.

Content: The survey response rate was 51 (73%) with 67% being female, 73% under the age of 35 years and from varied ethnicities. Interestingly, the results revealed that it was very important for 92% to work in friendly practices, 80% to deliver high quality care, 57% to practice their special interest and for females to have the option to work part-time (65% versus 35%). 88% planned to work in primary care with 73% intending to work as salaried or locum doctors. In the longer-term 53% aspired for partnerships of which 67% were males and 45% females. 57% of respondents wanted to stay locally and in the long-term 47% wanted to be close to family and
Exploring the contribution of small group work to the experience of foundation trainees in a general practice role

Verity Turner; Bryony Sales; Rachel Elliot
Wessex Deanery

Background: Foundation Year 2 doctors in X primary care posts spend 5 sessions in a small group environment. Prompted by our ongoing study in Medical Education at the University of X we began to explore how we approached ‘uncertainty’ with trainees. The groups often request factual teaching initially but over the course of their sessions they become increasingly keen to share and discuss their experiences.

Summary of work: We wanted to explore the use of small group as a tool to develop skills required in General Practice.

Summary of results: The trainee feedback reflects the value that this approach had for them whilst in their General practice placement. Most current trainees had small group sessions at University but it is often not part of foundation training. Introducing and explaining this approach as a tool for ongoing learning appeared to be helpful in supporting these doctors through their placements.

Discussion: We found that clarifying the reasoning behind this approach, addressing the ideas and expectations they had of the group, sharing how the group may be useful to them and encouraging them all to engage in the process, helped the trainees to develop and reinforce effective skills for general practice and to each contribute and learn from one another.

Conclusions: Facilitated small group work can help introduce important General Practice concepts and encourage adult and life-long learning skills.

Take-home messages: With ongoing General Practice recruitment and retention concerns choosing effective tools to promote General Practice experiences of trainees is important.

A teaching skills course for GP trainees: from design to implementation

Harish Thampy
CBME, Manchester Medical School

Background: Doctors in training are increasingly encouraged to develop their roles as clinical teachers for undergraduate teaching given the multiple benefits gained through such activities for both trainees and students. Yet whilst hospital-based registrars are frequently involved in teaching activities, the same is not true of GP registrars (ST3s)\(^1\). Furthermore, previous work by this author has revealed that GP trainees perceive to lack the skills and knowledge in order to take on teaching activities\(^2\).

Aims: This presentation describes a joint project between our medical school and partnered postgraduate deanery to design and implement a teaching skills course for GP ST3s.

Methods: Our course design was modified from an existing GP tutor development course and further informed through scoping workshops with experienced GP trainers. This created two half-day interactive workshops providing an overview of our medical school’s undergraduate curriculum, the PBL process, principles of providing feedback and assessment methods. Crucially, trainees are encouraged to ‘buy-in’ to the idea of taking on teaching roles through tasks that help them identify the myriad benefits of serving as an near-peer tutor.

Results: We have now secured integration of this course into the teaching programmes of the multiple GP ST3 training schemes in our region. Delivery of these courses is currently ongoing. Immediate post-course
The benefits and challenges of involvement with teaching activities - the perceptions of GP trainees

Harish Thampy

CBME, Manchester Medical School

Background: The involvement of doctors in teaching with teaching activities is gaining increasing importance with many postgraduate training curricula including teaching skill development as a key competency. The literature is rich with studies exploring the teaching role of trainees however these have tended to focus on hospital trainees and non-UK settings. Less is known about how UK General Practice (GP) trainees develop their teaching roles and what they themselves believe the benefits and challenges are in developing this aspect of their professional growth.

Methods: Our medical school has been running a teaching skill development course for GP trainees over the past 12 months which is integrated into the ST3 teaching programme of the various GP training schemes in our region. Delivery of this course is currently ongoing with over 100 ST3s attended thus far. During the course, trainees were asked to identify their perceived benefits and challenges to teaching engagement for both them as a trainee and to the students they may teach. These were captured on flip-charts and then analysed for thematic content with comparison made to the existing literature in this field.

Results & discussion: GP ST3s identified a number of potential benefits and challenges to teaching involvement grouped under trainee and student related factors. There was consensus agreement amongst trainees that the benefits to all parties outweighed challenges and indeed, suggestions were provided to further mitigate the potential drawbacks. This presentation will explore in detail the results of our thematic content analysis with reference to existing literature.

Telephone triage: a workshop for the GP trainees

Kelly Thresher

GP Education Unit Southampton, Wessex Deanery

Background: In recent years there has been a significant shift in consultation patterns which has seen more moving from face-to-face to telephone; this is both in practices and in OOH services which are designed around triage. Registrars need to have a sound and confident approach to consulting in potentially high risk working circumstances. There is variable opportunity for teaching and supervision in this area for registrars, and with the likely introduction of the Audio-COT, it is becoming more important to encourage development in this type of consulting. To address this need an educational a day long session was designed for the ST3s with a specific focus on telephone triage (TT).

Summary of work: This presentation will give an overview of the session and evaluation: the morning explored the context of TT and the afternoon comprised a ‘mock’ 6 case surgery specifically chosen to ensure the trainees were required to manage risk and demonstrate their awareness of the particular pressures of TT. To add authenticity to the session simulated patients who were based at home were used. They were called back as would happen for telephone consultations, and the conversation relayed to the group of trainees and the facilitator.

Summary of results: The workshop was evaluated - post-session feedback was collected from trainees and again a month later. Consent was also given for the facilitator to access their reflective log entries written in follow-up. Headlines suggest the workshop was well received and useful; the presentation will share the full outcomes of the evaluation.

Relevance/impact /take home messages: Simulated TT is a valued way of learning the skills and issues of telephone consultation.
Maternity study sessions - a project to support GP trainees on maternity leave

Aurelia Butcher; Clare Wedderburn; Jemima Ramtohal
Dorset GP Centre, Wessex Deanery

Aims/objectives: Pilot study sessions to provide GP Trainees with educational and CPD (Continuing Professional Development) support during maternity leave.

Content/format: Small-group fortnightly sessions with case-based clinical discussion and pastoral elements. Feedback - free parking, ground floor access and ability to accommodate children reduced barriers to attendance. Sessions improved confidence and knowledge. Plans for future include continued implementation and improvement.

Relevance/impact: Over half of GP trainees are female; 10-20% take maternity leave at least once during training. There is little literature about supporting trainees and their CPD during this extended leave. By offering support we hope to improve confidence and knowledge and ease the potentially daunting return to work for GP trainees.

Outcomes and discussion: Good attendance and positive feedback from participants. Interest from participants and other trainees (not yet on maternity leave) in future sessions. Further research into format of sessions to better address trainees’ needs before setting up new programme.

Engaging GP trainees in public health

Hannah Lunn; Rhiannon Lloyd-Hughes; Joyce Muhlschlegel; Ulrike Harrower
Severn Deanery

Aims/objectives:
- Establish GP trainees’ and supervisors'/educators' perception of their public health (PH) role
- Determine if further education is needed
- Deliver and evaluate a structured PH session
- Produce recommendations for PH teaching in GPVTS

Content: GP trainees and clinical/educational supervisors and educators in Severn Deanery completed an online survey exploring perceptions of PH roles and adequacy of training. 35 trainees attended a four-hour session, overviewing local projects and strategies. They evaluated it online.

Relevance/impact: The primary care focus has broadened and encompasses skills traditionally rooted in PH. Most GP trainees never gain experience of working in PH, and the short training length poses challenges.

Outcomes: 69 trainees and 121 supervisors/educators responded. Most trainees had not worked in PH (93%)/had formal training (94%). Free text responses described multiple perceived roles: health promotion, health protection, screening, immunisation, commissioning/strategic decision-making. 6% of trainees and 27% of supervisors/educators felt GPVTS prepares trainees ‘well’ or ‘very well’. All trainees and 96% of supervisors/educators supported additional training, which most thought should start in ST1. 20 attendants evaluated the teaching session. 90% found all topics helpful.

Discussion: Our results describe the perceived shortfall in PH education for GP trainees. Trainees were enthusiastic, contrasting findings from some previous studies. However, there are multiple competing demands. Integrated education with several standalone PH sessions should be effective and efficient. There is enthusiasm from PH to support training and engaging specialists in teaching can facilitate a population-based approach, and provide opportunities for building ties.

GP rural track training: out of programme experience (general practice in New Zealand)

Christopher Mulholland; Kate Dixon
GP Rural Track Programme, Western Isles

Background: We had a unique opportunity within our rural GP training scheme (based in the Western Isles) to have an integrated 6 month out of programme experience (OOPPE) in our 3rd year. Having completed our hospital part of training we wanted to experience General practice in a different rural setting; to gain more clinical experience and understand the differences in delivering rural health care between Scotland and New Zealand (NZ).
Content: We will describe our planning experience and give advice to others on how to plan a clinical OOPE. Explore our journey to East Otago Health, including our experience with the fantastic multi-disciplinary team and community. Learn about the Maori population, who experience gross inequalities in health: Higher rates of CHD, diabetes, obesity, mortality. Discover more behind their health beliefs, exploring Māori culture and values.
Relevance/impact: General practice in New Zealand faces similar challenges to the UK, particularly in terms of delivery of rural health care services, recruitment and sustainability of the workforce. Key differences between the healthcare systems in the UK vs. NZ include:
- Private GP healthcare provision, allowing longer consultation times but at the patient cost.
- Accident Claims Compensation Scheme (ACC), a national scheme whereby healthcare following an accident is subsidised, ACC co-ordinates the rehabilitation.
Outcomes: Our OOPE has increased our confidence in working independently, further developed our leadership and team working skills. We gained a better understanding of rural healthcare delivery from a different perspective.

346  Broad based training the new route into general practice, a personal view
Alexandra Lee; Anisha Prasher
Health Education West Midlands
Aims: Coming to the end of the Broad Based Training (BBT) programme I am due to join a GP training scheme as an ST2 in August 2015. I aim to reflect upon the 2 year programme, and how it will impact on my future career in General Practice.
Background: BBT was a pilot scheme launched in August 2013. It is a structured 2 year programme with 6 months experience in General practice, Psychiatry, Paediatrics and Medicine. Following successful completion of the programme trainees can select any of the 4 specialities to join at an ST2 level.
Discussion: Since the introduction of Modernising Medical Careers, junior doctors need to make their career choice by 16 months after starting work. I thought that I wanted to be a GP but without experience of a GP placement I was not certain. BBT has allowed me a year longer to ponder upon my career options, without taking a break from training. I now feel more confident in my career choice.
To complete GP training, I will have had 2 years of BBT and a further 2 years GPVTS. The RCGP has campaigned to extend GP training to 4 years and also made recommendations that all GP trainees should complete placements in paediatrics and mental health.
Conclusion: I feel that this extra year of training has given me valuable experiences in relevant specialities allowing me to feel more confident in managing patients as a GP in the future.

347  Benefits of attending specialist outpatient clinics for GP trainees
Hiroko Tagashira
Japan Primary Care Association
Aims: To present the experience of attending UK Cardiology outpatient services from the perspective of an international GP.
Content: This study will highlight the benefit of observing a specialist clinic in order to better understand the role and responsibilities of both the generalist and specialists based on the “RCGP curriculum 2010” and “A Vision for General Practice in the future NHS”. It will dentify issues with the quality of referrals from primary care practice to the cardiology clinic and current limitations with the current UK GP training programme.
Impact and outcomes: This study will provide suggestions and a practical guide on how GP trainees can get the most out if their specialist attachments.
Discussion: Attending specialist clinics has an important role to play in helping GP trainees better understand generalists practice. A national survey of specialists clinic attendance and its educational impact on GP trainees may be required.
348  **GP and chiropractic trainees: a shared day of learning**  
Alicia Watts; Michael Rothman; Neil Osborne; Stephen Tomkins; Samantha Scallan  
Southampton GP Education Unit  
**Background:** Bringing trainees together to learn and reflect can help develop cross-professional insights and knowledge. This poster describes a novel educational day designed to bring GP specialty trainees and chiropractic trainees together, their reflections on the strengths and weaknesses of the day, and their learning outcomes.  
**Summary of work:** The aim of the educational day was to enable participants to engage in shared learning activities, and to promote greater inter-professional knowledge, including small group work, case-based discussion and simulation. 36 trainees attended the day, and they completed pre-session information sheets and post-session evaluations.  
**Summary of results:** Participants valued the day and reported changed knowledge and insight about the professional work of the other group, including the nature of work and patient-centredness. Participants reported that the case-based discussion and clinical skills lab were the most relevant. The poster will outline the findings of the evaluation and future steps for development.  
**Conclusions/take home messages:** The educational day demonstrated that shared learning can be powerful and generate insights for trainees. They also made suggestions as to how the day might be developed for the future.

349  **Retrospective review of prescriptions issued by GPs in training - a pilot study**  
Richard Knox; Anthony Avery; Kate Marsden; Ndeshi Salema; Gill Gookey; Sarah Rodgers; Nick Silcock; Mindy Bassi; Brian Bell; Rajnikant Mehta; Andy Coulton  
Division of Primary Care, School of Medicine, University of Nottingham  
**Aims:**  
1. Individualised evaluation of the prescribing of ten GP associates-in-training (AiTs)  
2. Evaluation of individualised prescribing feedback as an educational tool to enhance safer prescribing.  
**Content:**  
1. Outline the case-of-need for enhanced prescribing support for GP AiTs  
2. Describe the pharmacist-led intervention  
3. Present preliminary feedback data.  
**Relevance:** The GMC PRACTICE study found that prescribing errors in general practices occur in 5% of prescriptions. GP associates in training were highlighted as a group with specific prescribing educational needs. The concept of individualised feedback was supported by focus groups with GP AiTs and trainers.  
**Outcomes:** 10 GP AiTs volunteered to have 100 of their most recent prescriptions scrutinised by a primary care pharmacist. Errors and suboptimal prescribing were reported, along with particular areas of good prescribing practice. The AiT’s performance of medication reviews, along with any recommendations for over the counter medication was also scrutinised. A feedback report was generated and delivered to the AiT and their trainer in a clinician-led tutorial. Immediate and 3 month follow up interviews were scheduled with the AiT and their trainer.  
**Discussion:** Prescribing is an important part of the role of GPs; AiTs have been identified as a cohort with particular education needs in this domain. We report on the utility of individualised prescribing feedback. All 10 AiTs have now had prescribing data collection (March 2015), and preliminary feedback data is encouraging. All follow up interviews will have been completed by October. The possibility of larger-scale roll out will be discussed.

350  **Awareness of HPV-associated oropharyngeal cancers amongst Scottish GP trainees**  
Cemal Kavasogullari; Isabella Roiatti; Claire Vassie; Richard Gilson; Matthias Lechner  
NHS Education Scotland  
**Objectives:** HPV-associated oropharyngeal cancers (OPC) are increasing in developed countries, although rates of smoking-induced OPCs are decreasing. Furthermore, there is increasing evidence of the role of HPV in anal and penile cancers. In view of these relatively recent developments we aim to examine and compare knowledge of risk factors and epidemiological trends of HPV-associated head and neck cancer amongst GP trainees in Scotland.
Methods: An 11 point questionnaire was administered to GP trainees in Scottish GP vocational training programmes via an electronic questionnaire. Self-rated level of knowledge of this topic was assessed using the Likert scale. Questions on risk factors, presentation, epidemiological trends and the association with HPV were included.

Results: 63 questionnaires have been completed to date of which 39.6% were ST1, 34.9% ST2 and 25.4% ST3. Male:Female ratio was 30:33. 72% of participants recognised HPV as a risk factor for OPC and 56% stated that they were aware of the increase in rates of HPV-associated OPC. 48% of respondents rated their knowledge as "average", 32% as "poor or very poor" and only 20% as "good or very good".

Conclusions: Preliminary analysis suggests a high level of awareness of the role of HPV in H&N cancer amongst Scottish GPSTs. The characteristics of HPV associated OPC were less well recognised. Data is subject to validation in a larger cohort.

Human papilloma virus in head and neck cancer: raising awareness in general practice
Jasmine Hart; Richard Steven; Rodney Mountain
NHS Tayside

Head and neck cancer has long been associated with smoking and alcohol, with the majority of cases occurring in elderly men. However, there is now growing evidence that the incidence of head and neck cancer is increasing in younger people of both sexes. This has been linked to a causative change in head and neck cancer - the human papilloma virus (HPV). HPV associated head and neck cancer tends to present at a more advanced stage than HPV-negative disease, yet it is associated with increased survival and greater response to chemoradiation. As most patients will typically present via primary care, it is therefore important that GPs are able to identify and investigate those at risk of HPV associated head and neck cancer thus allowing prompt referral to secondary care. This poster therefore provides an overview of the risk factors, presentation, initial investigation and management of HPV associated head and neck cancer with the aim of increasing awareness and knowledge of this important condition in general practice.

Identifying GP trainees in difficulty early – a pilot survey of potential indicators
Mike Tomson, Mangipudi Jayashree; Mike Tomson; Bruno Rushworth
Health Education Yorkshire and Humber

Introduction: Early Identification of GP trainees at risk of adverse outcomes enables timely support. Yorkshire & Humber School of General Practice is seeking to develop an approach which has buy-in from stakeholders. We sought feedback on potential indicators for escalation of interventions for trainees in difficulty.

Methodology: Based on current literature and the experience of the School’s ‘Doctors in Difficulty’ team, we proposed 27 indicators and asked trainees and educators (GP trainers and training programme directors) to rate their agreement/disagreement using an on-line survey. We ran pilot surveys with three diverse GP schemes in the region. We calculated median scores for each indicator. Three email reminders were sent to non-responders.

Results: The overall response rate was 44.8% (61/136); comprising educators 41.5% (27/65) and trainees 45% (32/71). A Likert scale of 1-5 (fully disagree to fully agree) was used. Three indicators had a median of 5, eighteen indicators had a median of 4 and six indicators had a median of 3.

Conclusions: 21 indicators had a median score of 4 or 5, representing predominant agreement about their usefulness. Of the remaining six, two indicators scored lower partly due to less agreement about usefulness among trainees. Although the remaining four indicators referred to ‘high impact’ events such as passing/failing the AKT, CSA and sickness leave, they were scored low as a cause for concerns by both educators and trainees and free text comments suggest that respondents do not think they are very useful on their own.

How can we encourage reflective practice in a new trainee general practitioner?
Baber Qadir
Tulasi Medical Centre, Dagenham

The words reflection and reflective practice are used glibly, as if reflection is the most normal thing in the world requiring little skill or guidance. I recently met a district nurse at my local village fete. My partner mentioned that
I was a bit of a guru in reflective practice. The district nurse recoiled and said she hated reflective practice, that she had had it shoved down her throat (Johns 2013:2).

The sentiments of the district nurse described above have, unfortunately, been echoed by some new GP trainees. This includes a younger version of myself. Demonstration of reflective practice has become an important component of the Royal College of General Practitioners (RCGP) curriculum (RCGP 2007: 6-9). Despite this it appears some trainees are not engaging with it as evidenced by inadequate electronic portfolio learning log entries (Miller et al 2012: 50). I would like to encourage reflective practice among new GP trainees by inviting them to carefully consider three questions and their answers. They are “What is reflection?”; “Why should we reflect?” and “How can we reflect?” Along with more creativity in expressing reflective practice I believe this will lead to a greater appreciation of a very important means of self-improvement.

354  Encouraging reflection through art in general practice
Suchitra Vijayanarasimhan
Hywel Dda University Health Board
Aims: To enhance reflection and reflective writing in GP trainees using art.
Content: Since the advent of the e-portfolio, trainees are encouraged to reflect on their experiences as a log entry. Some trainees are better than the others at reflection. We have used art to enhance this process of reflection.
Relevance/impact: This poster addresses the needs of those trainees who find it difficult to reflect.
Outcomes: Registrars found drawing a picture and explaining it a useful tool, which enhanced their understanding of the process of reflection and summarising the explanation paved way for good reflective writing skills.
Discussion: Reflection is an active process of exploration and discovery which often leads to unexpected outcomes (Boud et al 1985,1994). The trainees attend VTS group every Tuesday afternoon. They were asked to draw something foremost on their mind that day. They were asked to explain the reasons for their drawing to the VTS group and summarise this at the bottom the drawing. This poster presents these results which shows that trainees are able to reflect well and that this process enhanced their reflective thinking and writing skills.

355  Yoga for innate resilience: stretching into possibility
Kelly Thresher; Julie Chinn; Elaine Rutherford; Samantha Scallan
Southampton GP Education Unit
Background: In recent times the effects of work pressures and low morale for GPs and other primary care clinicians have been regular headline themes, and are an area for concern. Fostering resilience within the workforce is an area of interest and educational development work for medical educators. This poster describes an educational workshop designed to support GPs and other primary care staff by fostering awareness of stress and promoting practical strategies for resilience.
Summary of work: The aim of the practical workshop was to enable participants to engage in yoga practice and meditation, and to promote these activities as ways of managing stress on a daily basis in order to support personal resilience. The session comprised a mix of gentle stretching exercises and meditative activities. 17 participants attended two workshop mornings, representing a range of roles in general practice. After the sessions participants were encourage to continue practice at home and in the workplace. Each workshop session was evaluated using an online feedback survey.
Summary of results: Participants valued each element of the workshop highly, not only for the focus on yoga and meditation but for ‘time out.’ They described how they integrated the practical strategies into their working day, and future intentions. The poster will outline the findings of the evaluation and future steps for development.
Conclusions/take home messages: The workshop demonstrated that there is a willingness to engage in practical activities of support for to manage stress and develop resilience.
Written reflection for general practitioners: is it valuable or is it a game?

Pamela Curtis; Gordon Taylor; Michael Harris

University of Bath

**Background:** Reflection is encouraged in medical education. The presumed benefits are on personal development, professional practice and lifelong learning. However, the “written” component may not suit all learning styles.

**Aims/objectives:** Our aim was to explore GPs’ and GP trainees’ views on written reflection.

**Content:** We will present data from the first phase of this study. We used focus groups to explore and discuss the experiences, perceptions, and practice of GPs in relation to written reflection. Eleven GP Trainees and 6 GPs attended the focus groups. The focus groups generated lively discussion. Both positive and negative views of written reflection were voiced. 3 researchers coded transcripts of the recordings and compared their analyses for inconsistencies and areas of agreement.

**Outcomes:** Some GPs voiced positive intentions regarding written reflection and acknowledged some benefits, however many GPs were critical of the written reflection model. Key themes included positive intentions, specific benefits, specific criticisms and limitations, factors affecting completion, stereotypes, perceived lack of feedback, importance of timing, expectations of the process and potential alternatives to written reflection.

**Relevance:** While written reflection is a requirement for NHS Appraisal and the MRCGP, GPs have a variety of views on its usefulness. The strength of negative views, and the perception that it is a “game”, may impede its validity as an assessment method.

**Discussion:** Quantitative research is needed to gauge how common these various views are, as well as to compare the validity of written reflection with other possible measures of learning.

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Reflection in assessment: is it just a game?

Emily Edwards; Samantha Scallan; Johnny Lyon-Maris

Winchester University, Wessex Deanery

**Aim:** To better understand the role and place for formal reflection in GP training.

**Relevance:** The number of entries, curriculum links, and quality of reflective accounts are considered when writing the six monthly summative Educational Supervisor Report. There is wide variety in approaches to reflective writing taken by trainees and assessment relies on the judgment of one assessor. I wanted to explore the trainees’ views on the emphasis placed on reflection, their perceptions of ‘fairness’ and ‘validity’ of the process, and the subjective nature of the assessment of writing.

**Content:** A focus group was held with three first year GP trainees to explore their views. In addition they assessed an example reflective entry to look at it’s structure and focus. Findings from the discussion were examined in the context of literature in the field.

**Outcomes:** Participants recognised the value of reflection for personal and professional development. However, they also identified threats to the authenticity and quality of reflection due to: the number required, framing in the context of the curriculum, different beliefs about and styles of reflection, writing ability, headings used, and the need for better teaching about how and why to reflect. There was consistency in global impressions of quality of reflection in the example entry to suggest a degree of reliability in this assessment process.

**Discussion:** Reflection in GP training appears to serve as a valid mode of assessment, though there is a need to examine and reduce the threats to the depth of reflection.

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From CPD to Ski-PD - report on the RCGP First5 Ski Trips

Lindsay Moran; Gary Howsam; Lucie Brittain; Elaine Taylor

RCGP First5

2013 saw the first RCGP ski trip run by the First5 team. Since then it has become an annual event on the RCGP winter calendar, with all ranges of GPs attending and seen the Vasco da Gama team join too. Aside from skiing, partying and romances, the event has proved itself to play an important role in offering professional development, CPD and emotional support for attendees. Encouraging networking and peer social interaction are
important factors to help GPs achieve a good work-life balance, avoid burnout, improve knowledge base and have access to a wider network for career development. These trips have served all those needs well.

To support CPD and professional development there have been voluntary CPD events held. These sessions including ‘a mental health update for GP’s’, ‘Leadership in practice and commissioning’, and ‘Partnerships, vs Salaried debate’. Socially there have been medical pub quizzes and informally the GPs have been required to use impromptu emergency skills to manage a range of unexpected injuries and ailments.

Alongside the formal CPD, arguably the most important, yet intangible benefit of the trips are the informal discussions which take place day and night amongst colleagues, providing moral support and emotional strength. Knowledge is shared and gained. At the end of the trip GPs go home physically fitter, with new knowledge from the CPD events and a greater network of friends and colleagues. This talk is to share our positive experiences from running these events.

359 Learning from the laws of "The House of God"
Emma McKenzie-Edwards; Andrew Papanikitas
Nuffield Department of Primary Care Health Sciences, University of Oxford

We reflect on possible ways of understanding the laws of ‘The House of God’ (1978), unofficial survival rules for new doctors in Samuel Shem’s medical novel. Whilst the novel has been criticised for its dark humour and at times bleak portrayal of medical behaviours and attitudes, it has gained cult status on both sides of the Atlantic and arguably influenced elements of the hidden curriculum. Using the laws of ‘The House of God’, we aim to demonstrate how a piece of literature can unlock reflective learning for medical undergraduates and postgraduates. We note the author’s original context (including additional ‘laws’ he added 34 years later), previous published attempts to reflect on the laws, and offer our own interpretations. We use our interpretations to open a reflective discussion in the context of the current working environment.

360 Training for leadership
Amar Rughani; Pavan Tandon
Yorkshire and the Humber School of General Practice

Aim: To define leadership in a GP context and show how this could be embedded within the curriculum.

Content/relevance: In Yorkshire and the Humber, we have defined a range of leadership skills, undertaken a large-scale survey to see whether leadership is being taught and even more important, being learned. We are now embedding leadership in the curriculum so that it is not a bolt-on for more experienced trainees, but part of the thread of learning for all doctors. Our experience so far is that various skills are being taught, but not explicitly flagged up as being relevant to leadership. Additionally, it is unusual for trainees to be given opportunities to develop these skills in situations that require them to use initiative and be a driving force for change. Feedback from trainees and particularly from first 5 doctors reinforces how important these skills are to their future role as the change makers of the NHS and how they represent a neglected part of the curriculum.

Outcomes: In this presentation, we will identify the leadership skills, show how they can be understood in a simple way and give examples of translation to practice through being embedded in our standard teaching.

Discussion:
- Do attendees see leadership as being important enough to be a routine part of training?
- Whose role is it to teach these skills?
- How do we share our teaching tips in what for many is a new area of training?

361 Scottish clinical leadership fellowship - developing leadership in general practice
John Kyle; David Arnot; Andrew Murray; Roberta Lindemann; Stuart Strachan; Nathan Stephens
NHS National Services Scotland

Aims: Clinical leadership is recognised as being essential to the future of the NHS whilst leadership and management skills form an essential component of general practice. The creation of the Scottish Clinical Leadership Fellowship forms part of NHS Scotland’s approach to Professionalism and Excellence in the medical profession by helping develop increased leadership capability.
**Relevance:** Since 2014, 16 doctors from a variety of backgrounds including 2 qualified GPs and 3 GP trainees have taken part in the programme, hosted by a variety of government and healthcare organisations.

**Outcomes:** During the scheme fellows spend one-year out of training embedded in a host healthcare organisation where they are involved in a number of projects. During the fellowship participants learn about the structure of the NHS, develop project management, research and reporting skills whilst working alongside and learning from some of the most senior healthcare leaders in Scotland.

To date fellows on the scheme have been involved in a range of projects including strategy and policy development, quality improvement initiatives, clinical leadership training, medical education, working patterns and workforce profiling.

**Discussion:** The fellowship has been a highly valued experience for all of the fellows, with tangible benefits to the wider NHS. It is anticipated that the skills and networks developed during the fellowship will have a positive impact on participants future clinical roles both within general practice and beyond, whilst helping support the realization of the Scottish Governments 2020 vision for healthcare in Scotland.

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**362** Bridging the gap between training and independent practice - a support and learning group for newly qualified GPs

**Anna Tilley; Pamela Curtis; Nita Maha**

**Avon GP Education**

In keeping with the RCGP First5 initiative, we have set up a successful, monthly, newly qualified GP group, and as a result we can provide guidance about the development of such a group. The meetings are organised and facilitated by newly qualified GPs. 95% of attendees stated this group was worthwhile and would recommend it to others.

Following positive informal feedback and six monthly formal evaluations, the current format consists of a networking buffet, short question and answer session with guest speaker and small group discussion and reflection. By using an agenda and pre-determined topics we enable participants to cover a breadth of CPD for appraisal. The venue is a local private hospital and sessions are free to attend, being funded by pharmaceutical companies and a local educational organisation.

Numbers have grown year on year, partly due to promotion via e-mail and visibility at careers fairs. We also provide workshops to local registrars as part of their vocational training to raise awareness of the group. We recruit local trainees in addition to those who have trained elsewhere. The local First5 representative is a member of our group, linking attendees with this service.

Given the isolation felt by many in primary care we believe this to be a very positive venture, offering a balance between education and peer support, and we provide top tips on creating a similar local group. We also discuss the potential conflicts when trying to provide a free, yet high quality education event.

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**363** Consent and capacity: a guide

**Daisy Walters**

**University of Manchester**

This medical student project has produced a guide to consent and capacity useful for all healthcare students. These issues are common reasons for seeking medicolegal advice. We meet daily dilemmas of this nature in primary care, for example when immunising children, or in caring for patients with cognitive impairment. 20% of complaints in plastic surgery involve issues with consent.

**Aims:** The production of a leaflet demonstrating the basic rules regarding consent and capacity in adults and children aims to be a useful resource applicable to everyday General Practice and hospital placements.

**Method:** It was developed using a review of current medicolegal literature and attendance at lectures, tribunals and question and answer sessions with a General Medical Council (GMC) lawyer, Regional Liaison Advisor, and a medico-legal advisor from the Medical Defence Union (MDU).

**Results:** The leaflet contains a summary of GMC guidance on consent and capacity. It incorporates definitions and consideration of who is appropriate to give consent, including parents. Methods to assess capacity are covered. The poster displays the leaflet and the rationale for inclusion of its contents.
Impact: Presenting this information in accessible formats, such as leaflets or posters, is an effective way of effecting a good base knowledge and understanding of these concepts early in the career of students, before they take clinical responsibility. Doctors using consent and capacity correctly can protect and empower patients, increasing their understanding and adherence to treatment.

References:

364 Simulation training for acute care skills in general practice
Majid Akram; Faiz Ismail
The Deepings Practice, Peterborough

Aims/objectives: To improve skills, knowledge, and confidence in managing acute presentations within general practice and out of hours. The objective was to allow the learners to practice their acute care skills within a safe environment.

Content: Mannequins were selected to recreate realistic clinical situations that can occur in everyday general practice. The interactive nature of simulation training allows the professionals to practice acute care skills within a safe environment. Hence, allowing them to practice before a real life encounter with a similar acute illness presentation.

Relevance/impact: Lack of confidence in managing acutely unwell patients may result in delayed clinical decisions which may affect patient care. Improving a doctors confidence in managing acute illness will allow patients to be treated more efficiently.

Outcomes: Clinical scenarios using mannequins helped improved confidence for doctors. For example, in one of the courses 85.00% of delegates were either not confident or slightly confident in managing a sick child. Post course this reduced to 35.00%. Using a simulated chest pain scenario we were able to increase the confidence of 95.00% of doctors to a point where they felt either confident or very confident.

Discussion: The data demonstrates that this style of training can help improve quality of care for patients. This is a sustainable approach to training as delegates can take the skills they have practiced directly to their clinical environments. This approach and simulation as a teaching method is suitable for primary care.

365 Signposting GP educational events: an educational innovation
Helen O’Reilly; Duncan Walling
Health Education Wessex

Aim: GP educational events in Wessex are provided by many unrelated organisations who plan, advertise and book their events in disparate ways. The Wessex GP Educational Trust (WGPET) is a charity which supports members to access CPD activities. The aim was to improve access to GP education by listing all educational events in Wessex on the WGPET website.

Development: With FourteenFish.com we developed a listings site which could be easily searched. Pages signposting useful resources, a learning diary and support for GPs were also included. To keep the administrative burden low each Education Provider organisation was given the ability to list their own events, and also to use the website to manage their own bookings should they wish.

Outcomes: So far we have registered 33 education providers and have up to 130 events listed at any time. Evaluation and feedback from members and admin teams has been overwhelmingly positive. The single listing has also helped avoid date clashes and duplication of events for providers, and raised awareness of each organisation’s educational activity. Future plans include resources for small groups.

Discussion: The development of a single source of information for GPs about local education event opportunities has been unanimously welcomed by both GPs and Education Providers. It has eased access for GPs looking for personally relevant CPD activity and improved advertising for education providers. It has also helped to develop a working relationship between the organisations which in turn has created a united GP education community in Wessex.
366 Peer to peer appraisal for deanery trainers
Jim Bartlett
Health Education West Midlands

**Introduction:** Appraisal for revalidation should cover all aspects of practice\(^{(1)}\). The local process of trainer reapproval, a formative interview until 2010, has been replaced by attendance at the three yearly Local Education Provider (LEP) quality assurance visit. This does not appraise, is inadequate in informing the reapproval process and leaves trainers without feedback. A process of peer appraisal was devised to address this. Trainers work in pairs presenting their own practice’s educational processes, with supporting evidence mapped against the seven Academy of Medical Educators (AoME) competences\(^{(2)}\). The process involves sharing good practice, peer referencing and mutual feedback. The process was piloted by three groups of trainers within the region in 2015 completing one round of peer to peer appraisal. This has not yet been used in the reapproval process.

**Results:** At introduction, trainers felt that this was yet another task to be added to a growing list however they recognised and appreciated the rationale for it and post implementation, written feedback was positive. It is too early to evaluate the effect on the trainer reapproval process until the second stage of the evaluation.

**Next steps:** Peer to peer appraisal will become an annual event at a local level and will inform the LEP visits and trainer reapproval. It is hoped that it will improve trainer attendance at workshops, provide an opportunity for feedback with benchmarking and enhance educational supervision.

**References:**

367 Evaluation of a framework to support educational supervisors for broad based training
Mary-Rose Shears
Health Education Kent and Surrey

Broad based training (BBT) commenced in August 2013. The trainees are supported by educational supervisors, representing the four craft schools, medicine, paediatrics, psychiatry and general practice, making up BBT. The curriculum focuses on the whole patient, the significance of long term conditions and the role of community care. The Local Education and training board (LETB), where the author is based, has engaged the educational supervisors (ES) in a dynamic way to support the delivery of the curriculum. This framework aims to facilitate the shared learning of ES from different specialities to develop their understanding of the new competencies.

Evaluating the support to these educators for a new programme is important for developing integrated training, such as that proposed in Shape of Training (Greenaway, 2013).

The Delphi group will consist of the BBT ES, within the author’s LETB. The questions concern the shared understanding of the BBT programme and the forum for developing these ideas and discussion. The questionnaire explores the engagement of the ES with others through their joint area of interest. The research appraises the models of support for educators. At the time of writing this proposal, the data has yet to be collected. The findings will be reviewed to shed light on support frameworks, such as learning sets, for educational supervisors that encapsulate their experiential learning. Exploring these frameworks are essential for developing the workforce to meet the changing needs of the NHS.

368 Practice Based Small Group Learning (PBSGL)
Jonathan Rial
Southampton GP Education Unit

**Background:** PBSGL is an innovative form of Continuing Professional Development (CPD) for GPs. The program initiated in Canada in 1992, moving to Scotland in 2005. Over one-third of all GPs in each of these countries are a member of a PBSGL group (6000 & 2500). PBSGL is a module based small group program involving 5-10 GPs facilitated by a peer who has had bespoke training. The focus is to make evidence-based changes to practice.

**Summary of work:** In 2010, I realised that PBSGL was not being used in England despite it being a well-researched and successful form of CPD. I performed a small research study that was positively received and this lead on to
development of Wessex PBSGL. I have been working closely with Scotland and Canada to offer PBSGL to GPs in England.

**Outcomes:** I have developed is a website to fully administrate the PBSGL groups. This includes the ability to book training, find groups, arrange meetings and also record and export your CPD. This has proved extremely successful and since launch eighteen months ago we have grown to over 450 members in over 25 groups. We are now running PBSGL groups as part of our Day Release Course which is equipping our trainees with the skills to facilitate their own learning post CCT.

**Discussion:** I hope that this form of CPD will continue to spread within England. I would like to share my experiences with others so that they may consider setting up PBSGL groups of their own.

**369 Targeted collaborative resource development**

**Rhian Noble-Jones; Bridie Fitzpatrick; Susan Jamieson**

*University of Glasgow*

**Aim:** To determine education needs of GPs in relation to chronic oedema/lymphoedema (CO/L) and address these needs with minimal resources using an action research approach.

**Content:** A two phase study is reported. Phase 1 - a national survey was followed by focus group discussions. While 83% of GPs indicated diagnosis of CO/L was their role, 75% identified education need around differential diagnosis and 81% wanted information regarding current management techniques. Phase 2 - clinical practitioners collaborated in action research using GP end-user feedback to design and build an online resource to meet the needs identified.

**Relevance/impact:** CO/L is amongst the many chronic conditions that GPs and practice nurses manage in daily practice yet remain outside recognised targets and indicators. The recent report ‘Lymphoedema in Scotland: Achieving Equity and Quality’ http://www.gov.scot/Publications/2013/11/5016 , makes several recommendations for management in primary care. The needs assessment identified that GPs were frustrated by the inability to ensure continuity of appropriate care in the community and encountered barriers to accessing specialist services. As early recognition and management reduces long term morbidity, addressing education needs across primary care could reduce the burden on patients and the healthcare service.

**Outcomes:** Online resources were successfully developed by clinicians at minimal cost and have been well evaluated.

**Discussion:** The action research process can produce a pragmatic solution within limited resources and create learning opportunity (CPD) for the participants involved as well as subsequent users of the resource.

**370 Simulation training of medical emergencies in the community**

**Alicia Watts; Clare Wedderburn; James Bromilow; Emer Forde; Aurelia Butcher**

*Centre for GP Education Bournemouth University*

**Background:** Life-threatening medical emergencies are rare in General Practice, and this rarity can provide a challenge in keeping up to date, and maintaining confidence. Simulation training provides a safe environment to practice rare events and refresh skills.

**Summary of work:** The simulation training provided an opportunity for doctors and nurses to run through rare but life-threatening medical scenarios in a safe and supportive environment. It provided an opportunity to check what equipment and emergency drugs are stocked and highlighted any potential patient safety issues. A pre-session questionnaire was used to design the training and it was run as an evening event for sessional General Practitioners (GP’s) and at five local general practices.

**Summary of results:** A qualitative assessment of participants experiences was undertaken, to determine the value of the programme and whether the project had improved confidence and knowledge in managing medical emergencies in the community.

**Results:** Post session data is being collected using questionnaires, and confidence scales. Further statistical analysis of aspects of the data is to be conducted.
Conclusions: The sessions provided an opportunity for participants to update their practical skills and to improve team working. It improved participant’s confidence at managing medical emergencies and reminded them of the importance of assessing patient’s using the ABC approach.
Take-home message: Life-threatening emergencies in General Practice are rare, however it is important that GP’s are aware of current guidelines and have the confidence and knowledge to apply them. Simulation sessions are a safe and practical method of maintaining necessary skills.

371  GP trainer groups - communities of practice, CPD or just a good gossip?
Helen Mead
Health Education East Midlands

Appraisal and revalidation in the UK requires doctors to provide evidence of continuing professional development (CPD) in all areas of their practice. Most GP Educational Supervisors (GP trainers) belong to a trainers’ group, which can serve many functions, including increasing their understanding of their role and undertaking some CPD activities. The author undertook a study as part of an action research project where GP trainers groups were introduced to theories around Situated Learning and Communities of Practice (CoP). It was postulated that an understanding of these concepts would help them maximise their learning from and within the group. Groups studied thought the theoretical concepts interesting and could see their potential applications, but felt they were already functioning well as CoP. A subsequently developed “checklist” for recognising well-functioning CoPs was viewed as being a useful tool for poorly functioning trainers’ groups to increase their effectiveness, and as a potential guide for setting up new groups perhaps in secondary care where the educational model differs.

372  How can we teach the educational environment? A new novel course
Jennifer Fulke; David Shackles; Bernard Reilly; Duncan Foster
NHS Education for Scotland

Background: The Educational Environment has been linked to important outcomes in student satisfaction, achievement and patient care[1]. Nevertheless there is paucity of courses raising the awareness of the educational environment and the training programmes available.

Objectives: A new pilot workshop was developed for primary and secondary care clinical and educational supervisors to raise awareness highlight the importance of the educational environment and ultimately enhance training programmes. In addition the participants were apprised on AoME and GMC Educator Competencies.

Methodology: All primary and secondary care educational and clinical supervisors, with interest in CPD participated. A framework for a face-to-face workshop was developed following a literature review and with input from experienced GPs, Educationalists and Education Managers. The workshop format was developed as small group work, with like-minded peers, encouraging collaborative problem based, task based learning, highlighting key aspects from current literature. A Likert scale was employed for obtaining quantitative feedback from the participants.

Outcomes and discussion: 17 GP trainers attended the workshop. 70% scored 4/5 on the Likert scale and 30% scored 5/5. Qualitative feedback was positive and suggests that the learning outcomes were achieved. In particular, it was noted that there was an absence of a validated questionnaire to assess the Practice Based Educational Environment. Several methods within the literature, such as DREEM2 and PHEEM3, have developed quantitative ways of measuring qualitative perception of the Learning Environment. We are in the process of validating a similar assessment tool that will be included within the next workshop with a view to developing a comprehensive course for GPs.

References:
373  Sleep deprivation and its consequences on house officers and postgraduate trainees
Syed Muhammad Mustahsan; Syed Maroof Ali; Faran Khalid; Ali Abbas Mohsin Ali; Hasan Ahmed; Syed Aizaz Ali Hashmi; Maleeka Syedain; Fatima Feroz
Sindh Medical College, Dow University of Health Sciences, Karachi, Pakistan

Objective: To determine sleep deprivation and its consequences on doctors in tertiary care hospitals.

Methods: The cross-sectional study was conducted from February to May 2012 and comprised house officers and postgraduate trainees at 4 public and 1 private tertiary care hospitals in Karachi. The subjects were posted in wards, out-patient departments and emergencies. A proforma was designed with questions about duration of duty hours, sleep deprivation and its effects on quality of performance, and presence of anxiety, depression, medical errors, frequent cold and infections, accidents, weight changes, and insomnia. Duration of 1 hour was given to fill the proforma. SPSS 20 was used for data analysis.

Result: The study comprised 364 subjects: 187 (51.37%) house officers and 177 (48.62%) postgraduate trainees. There were 274 (75.27%) females and 90 (24.72%) males. Of those who admitted to being sleep deprived (287; 78.84%), also complained of generalised weakness and poor performance (n=115; 40%), anxiety (n=110; 38%), frequent cold and infections (n=107; 37%), personality changes (n=93; 32%), depression (n=86; 30%), risk of accidents (n=68; 23.7%), medical errors (n=58; 20%) and insomnia (n=52; 18%).

Conclusion: Having to spend 80-90 hours per week in hospitals causes sleep deprivation and negative work performance among doctors. Also, there is anxiety, depression and risk of accidents in their personal lives.

374  Doctors with dyslexia: experiences and strategies
Rachel Locke; Sharon Kibble; Gail Alexander; Samantha Scallan; Richard Mann
Southampton GP Education Unit

Background: An increase in the number of medical students disclosing dyslexia as a specific learning difficulty on entry to medical school means a rise in the number of doctors disclosing dyslexia in the workplace. The degree to which dyslexia has an impact on their performance in the workplace depends on the individual doctor’s level of self-awareness and skill in developing supportive strategies or ‘workarounds’. There is, however, little research on such strategies so primary research was conducted to identify effective workarounds and how they help to minimise the effects of dyslexia.

Methods: Qualitative data was collected to add to current research that is based mainly upon self-reported accounts of what works for nurses. 14 doctors with dyslexia took part in the research through interviews and surveys, 2 of whom were interviewed ‘in situ’ to provide detail about the workarounds in the working environment, including GP. 5 key informants with knowledge about the support available participated in semi-structured interviews. 11 trusts provided FOI responses about the support they give as employers of doctors with dyslexia.

Results and conclusion: Although most participants had experienced difficulties they had found individualised ways of coping to overcome the challenge presented by dyslexia. The main strategies were to assist with revision and exams, writing and spelling, reading, memory, time management and organisation. The ability to develop such personal strategies can be seen as a really positive attribute of dyslexia. ‘The dyslexic learns to adapt and cope and create systems for themselves to get by’ (interviewee).

375  A new system for GP Trainer re-approval in Dorset: a pilot
Alex Jones; Clare Wedderburn; Samantha Scallan
Southampton GP Education Unit

Background: Trainers and training practices are the cornerstones of GP training. Managers of GP postgraduate education are responsible for ensuring the quality of the training environment. This involves a system of training practice visits (educational team members visit the practice and interview the trainer, trainee and others involved in training) and individual trainer accreditation. Large trainer numbers and geographical area pose challenges to Dorset with the current system.
Summary of work: The poster reports a pilot for a revised format of trainer re-approval. Instead of team members visiting training practices, trainers and other key people travelled to the GP education office for re-approval, educational reflection and development.

Summary of results: Three iterations of the pilot format were evaluated using pre and post feedback surveys. Attendees were asked about their views on the existing process, the new pilot format and what they valued about re-approval. Seeing the GP practice and learning environment was identified as a key value of the current system. Sharing reflection on practice with other trainers and meeting more educational team members were highlighted as positive aspects of the new format, along with time efficiency. More negative aspects for attendees were travel to the educational office and the absence of several staff members, particularly GPs, from the practice at one time.

Conclusions: The pilot proved to be a successful model for trainer re-approval. Following modification (based on feedback) the new format will be used on an alternate basis with the existing system in Dorset.

376 How do doctors in my surgery learn?
Janet McGee
Wessex School of General Practice

Background: I organise ‘in house’ education for doctors and nurses and meetings relating to clinical work. With the introduction of revalidation and the ever-increasing pressures on our time I wanted to ensure the time we do have for learning is as useful as possible and enjoyble. I also want to fulfill my role as education coordinator to the best of my ability.

Summary of work: This poster presents the first stage of exploring how we learn, drawn from my dissertation. This was a qualitative enquiry, using my own written reflections, a fact finding focus group with eight doctors and two face-to-face interviews with a part time and a full time partner as the data sources. All were digitally recorded, transcribed by me and my colleagues read and confirmed the accuracy of the transcriptions.

Summary of results: I looked for codes and themes when analysing the data. The emergent themes were: ways of learning, complexities of learning, defensive learning, barriers to learning and language used around learning. There was remarkable consistency between us all. The poster will present the themes alongside quotations to allow the reader to appreciate the richness and context of the data.

Conclusions: I shared my findings at a subsequent meeting and recorded the discussion it prompted. Although this is a study in one GP surgery I feel it will strike a chord and be transferrable to other GPs. This was the starting point for a participatory action research enquiry as a way to improve practice (‘in-house’ learning).

377 Addressing the inverse care law: innovative GP training in areas of deprivation and with marginalised groups
Austin O Carroll; Fiona O Reilly
North Dublin City GP Training Programme

Aims: People from lower socio-economic groups have shorter life expectancies and higher burdens of multi-morbidity. Yet the ratio of GPs to patients in areas of deprivation in Ireland is 1:2500, versus 1:1600 nationally. This confirms Tudor Harts Inverse Care Law. It is also known that marginalised groups have the worst health indices and have difficulty accessing primary care. This presentation describes a new GP training scheme which seeks to teach about these health inequities and how to address them. The North Dublin City GP Training Programme (NDCGP) is the first family practice training programme internationally that seeks to specifically train GPs to work in areas of deprivation and with marginalised groups.

Content: This training scheme includes many unique features including (i) a focus on social medicine throughout the curriculum (ii) learning Mindfulness Based Stress Reduction and Balint groups to avoid burnout (iii) advocacy and professionalism training (iv) GP attachments in fourth year in Special Interest posts in prisons, homeless, migrant and drug treatment services.

The scheme chose hospital posts from inner city areas and also targeted GP's working in areas of deprivation where there were GP shortages. The scheme champions the contact hypothesis, an educational theory proposing...
that stereotypes can be shattered by meeting people from marginalised groups. The first trainees from this scheme graduated in 2014. Feedback on the scheme and the special interest posts will be presented.

**Impact and outcomes:** This programme has had an impact on graduates of the scheme, but also on GP training across the country. The national GP training body has requested that a Social Medicine Module for the national curriculum be created by the founders of this training scheme.

**Discussion:** There is evidence that GP registrars are likely to end up working in the area they were trained. There is also evidence from the US that undergraduate medical training that focuses on training doctors to work in areas of deprivation and isolated rural areas increase the chances of those doctors working in such areas. Lastly, specialised services are being developed internationally to improve access for marginalised groups yet there is no specific training for such career paths. The NDCGP illustrates how GP training can be part of the solution to the inequitable distribution of GPs and the lack of access for marginalised groups to quality primary care.

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**378 Me first: children and young people centred communication**

Kate Martin; Joanna Reid  
Common Room Consulting Ltd

Me first is a new education resource to promote children and young people (CYP) centred communication in healthcare. Evidenced based and co-developed with CYP and healthcare professionals (HCPs), Me first includes: the Me first CYP centred communication model - a flexible, 6 step model for effective conversations. Based on the research on person-centred communication in healthcare, this is the first communication model designed specifically for and with CYP. mefirst.org.uk and Me first masterclasses which facilitate peer-to-peer learning, and provide practical advice, resources, and quality improvement techniques to enable HCPs to build on their existing expertise and apply the Me first communication model to their clinical practice.

**Content:**
- The challenges and impact of CYP centred communication
- The Me first communication model, resources, and quality improvement approaches
- CYP views about the benefits of CYP centred communication.

**Relevance:** Whilst involving CYP in healthcare conversations presents challenges, there are significant benefits including reduced resistance and improved treatment adherence, patient safety, and health outcomes. Me first has been designed with and for non-paediatric HCPs who come into contact with CYP. Approximately half of all GPs have had no specific paediatric training but over ¼ of all GP consultations are paediatric.

**Outcomes:** 100% of participants in the pilot rated the Me first training good or excellent. Emerging results of the independent evaluation show significant improvement in listening and communication behaviours.

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**379 Maximising child health learning for GP trainees**

Dilip Nathan; Marilyn Horner; Jennifer Redferne; Marika Gilbourne  
Nottingham Medical School

**Aims/objectives:** Enhance and evaluate effectiveness of Child Health Surveillance training in the GPSTP.

**Content:** Child health remains an essential part of GP training but training is limited. Nottingham GPSTP offers a Child Health surveillance (CHS) programme that has been extensively reshaped with annual educational updates to comply with the RCGP curriculum since 2007. Registrar knowledge is sampled by pre and post test questions modelled on the RCGP AKT format using Blooms taxonomy, with poorly discriminatory questions adapted/removed. The formative tests allow learner reflection, trainees are encouraged to record and shape future learning in their e-portfolios and learning resources shared on Moodle. We will illustrate knowledge gaps as identified over a 3 year period. This project attempted to address one of the four key areas that frequently caused AKT difficulties.

**Relevance/impact:** All topics on the CHS course and test questions are mapped onto the RCGP curriculum with opportunity to identify areas for enhancement of the overall programme if registrars struggle in particular clinical areas. Registrars identify personal learning gaps through the formative tests, reflect and discuss gaps with trainers in advance of the MRCGP exams while discussing clinical issues with paediatricians who deliver the CHS
programme. This model embeds the CHS course firmly within learning practice and complements RCGP standards.

**Outcomes:** Data was collected from trainees in the 2012-2013 and 2014-2015. They were asked to complete the same test paper at the beginning and the end of the course. On average the candidates test scores improved by 9% in 2013 and 5% in 2015. The main improvement was shown to be in the areas covered by the topics on the course.

**Discussion:** The course is highly rated on the STR feedback questionaries’ and it demonstrated a positive improvement in knowledge. We have utilised a variety of teaching styles with selected trainers from a range of paediatric backgrounds to enhance active learning, and encourage exploration beyond the course, signposting areas of the curriculum not encompassed.

Having refined our course and shown that it improves knowledge it seems that finding ways to enhance self-directed learning maybe where we now need to focus our efforts. Highlighting gaps which can be proactively addressed by registrars prior to the AKT to improve learning experiences, shape reflective learning and maximise utility of the CHS course by linking learning to clinical practice.

Ref: AKT core group feedback 2010-2015

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**380 Autism clinical priority optimising opportunities: optimising outcomes**

**Janine Robinson; Gail Milroy; Marie Claire Shankland**

*NHS Education for Scotland*

In recent years the needs of people on the Autism Spectrum have been addressed in legislation and government policy in both England, (Autism Act, 2009, Autism Strategy, 2010 and Think Autism, 2014) and Scotland (Scottish Strategy for Autism 2011).

Across all this policy the training and education of health and social care staff has been identified as a priority, with expectations that all staff will be trained to a level required by their particular role. As part of their Strategy the Scottish Government commissioned a National Autism Training Framework to identify what autism training and skills were needed by health and social care staff.

NHS Education for Scotland produced a resource (Autism Training Framework: Optimising Outcomes) that would help individual staff, managers and service commissioners to identify the knowledge and skills required to ensure best practice in order to meet the needs of individuals with autism, their families and carers. The autism community has played its part in the development of this training framework and in evaluating and contributing to future training in autism.

Optimising Outcomes encourages individual practitioners to consider their role and day-to-day contact with autism - and to identify gaps in knowledge and skills.

In recognition of the key role that Primary Care Practitioners play in accessing diagnosis and ongoing support, NHS Education for Scotland (NES) has developed an excellent range of online resources, including an e-learning module and a web resource aimed at Primary Care Practitioners, available at:-


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**381 “You need head space and heart space”- General practitioners’ end of life care training needs and preferences**

**Lucy Selman; Lisa Brightton; Vicky Robinson; Rob George; Shaheen A. Khan; Lara Klass; Christine McDonald; Kate Shepherd; Rachel Burman; Jonathan Koffman**

*Cicely Saunders Institute, Department of Palliative Care, Policy & Rehabilitation, King’s College London*

**Background:** GPs play a vital role in providing end of life care (EoLC) but many report inadequate confidence and competence in this area. Understanding training needs and learning preferences of GPs is essential to implement the House of Commons Health Committee (2015) recommendations for evidence-based training in EoLC.

**Aim:** To examine GPs’ needs and preferences regarding EoLC training.

**Methods:** Focus groups with GPs and close colleagues were conducted, transcribed and analysed thematically. Expert review of the coding frame and dual coding of transcripts ensured rigour.
**Results:** Five focus groups were conducted with 30 participants in total (10 GPs, 18 GP trainees, 1 community matron, 1 practice manager). Six themes emerged:
1) why training is needed,
2) experiences of training,
3) perceived training needs,
4) training preferences,
5) evaluation preferences,
6) challenges in providing EoLC.
Main training needs included: symptom control, knowledge of local services/systems, communication skills, and working with patients with non-malignant conditions. Participants reported that discussion of real cases was more effective than didactic methods. Practical and personal challenges to EoLC provision included cultural resistance to discussing dying, and the emotional impact of relationships with dying patients and their families. The value of additional support and mentoring in conjunction with training was recognised.

**Conclusion:** Our findings highlight serious gaps in GP training in EoLC and specific challenges faced by GPs in its delivery. Evidence from this study regarding GPs’ training needs and preferences can inform future design and provision of training nationally and research developing and evaluating such training.

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**382** I want to rule out an ACS

*Valeed Ghafoor*
Royal Preston Hospital

General practice is often faced with difficult scenarios such as having to see patients with chest pain. In these scenarios, given the current climate and atmosphere of litigation it takes a lot of confidence to be able to turn a patient away and be convinced that they were not suffering from an Acute Coronary Syndrome (ACS). In acute medicine and GP assessment units, patients are frequently referred as the GP would like to rule out an ACS. Given the circumstances it is difficult for hospital physicians to refuse to see the patient as the GP has seen the patient and their clinical suspicion warrants further investigation.

To make the referral process easier, smoother and more successful it is important that the GP include the following in the referral. An ECG, clinical examination findings, and a detailed history that has attempted to separate muscular, pleuritic and cardiac chest pain. Often there is not much to raise suspicion for an ACS, and in a stable patient, anti anginals and an urgent outpatient rapid access chest pain clinic (RACPC) would be sufficient. This would save time and bed space in hospital. We aim to discuss referral pathways, ambulatory units for Troponin testing and outpatient urgent services such as the RACPC available at Preston hospital.

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**383** GPs’ development needs and activities: a retrospective study of appraisal data

*Simon Gay; Maggie Bartlett*
Keele University School of Medicine

**Background:** There is very little in the literature published since the introduction of appraisal and revalidation about what general practitioners in the United Kingdom include in their Continuing Professional Development (CPD) activities.

**Aims:** This study aimed to analyse the records and planned learning of a group of established GPs to find out what their identified learning needs were, what they chose to include in their learning plans and what types of activity they engaged in to meet those needs.

**Method:** Consent was obtained from a group of 24 GPs to access and analyse anonymised records of their PDPs and CPD activity for the previous appraisal year. Data collection is in progress. Analysis will be statistical, descriptive and thematic.

**Ethical considerations:** The NHS Research Ethics Authority’s decision aid was used which indicated that its approval was not required. The Research and Development Officer and the Medical Director for NHS England’s Local Area Team reviewed and subsequently supported the study.

**Results:** The full statistical, descriptive and thematic results will be presented at the conference.
Discussion: In order for providers of medical education to plan appropriate learning opportunities information is needed about current general practitioners’ perceived needs. Every GP in the UK produces a personal development plan and a record of their continuing professional development activities annually, and these are potentially a rich source of information. The findings of this work could be used to inform the planning of local development activities to meet this need.

References:

384  How does an appraisal drive change? Revealing the skill of the appraiser
Samantha Scallan; Rachel Locke; Susi Caesar; Gill Watson
Wessex School of General Practice

Background: Much interest has been directed at demonstrating the outcomes of appraisal and their impact on an individual’s practice and wider. This research set out to identify changes on the introduction of appraisal for general practitioners in Jersey, and determine to what degree it had generated change. An unintended finding was evidence for the power of the appraiser in the process.

Summary of work: This work stems from an evaluation which drew on a documentary analysis of appraisal paperwork (form 4 and PDP) for a sample of appraisees on Jersey over three years. Using a framework informed by the four domains of ‘duties of a doctor,’ we coded the documents to reflect evidence of individual level change and practice level changes. The findings not only indicated evidence of change for both individual and practices, and addition the power of the role of the appraiser in this process.

Summary of results: Our research set out to identify evidence of change flowing from the appraisal discussion. An appraisal was shown to be a vehicle through which specific examples of change could be seeded and nurtured, through the skillful role of the appraiser, who was instrumental in raising issues, challenging practice, and promoting change for our participating GPs.

Conclusions/take home messages: This study identifies evidence for the impact of the appraiser on the process of change and development for an appraisee.

385  Teaching clinical reasoning: GP tutors’ perceptions of change in their own clinical practice
Maggie Bartlett; Simon Gay; Penelope List; Robert McKinley
Keele University School of Medicine

Background: Clinical reasoning is taught in the fourth year of the undergraduate programme at our medical school. The course tutors are all practising general practitioners. Clinical reasoning is an important skill for all clinicians and historically has rarely been formally taught either at undergraduate or postgraduate level. We were interested to explore the course tutors’ perceptions about how teaching on the course has impacted on their own consultation skills.

Method: In the academic year 2012-2013 all eleven course tutors who had taught on the course for at least one full academic year were invited to take part in recorded individual semi-structured interviews with an experienced, non-clinical, qualitative researcher. The data were analysed thematically using the principles of grounded theory; the themes being identified from the data and refined using the constant comparative method.

Results: All 11 tutors, with a range of 7-32 years of clinical experience, participated. Four themes related to the tutors’ perceptions of the course with regard to their own clinical practice. They reported benefits in terms of better decision making, greater use of metacognition, more self-awareness, more reflective practice, more confidence and greater job satisfaction. They reported positive impacts on their own knowledge and learning, and assumed concomitant benefits for their patients.

Conclusion: All clinicians in this group perceived a benefit on their consultation skills as a result of teaching clinical reasoning. There is a need to provide education, training and continuing professional development in cognitive consultation skills to students, trainees and established practitioners.
While hepatitis A is usually a mild disease, some infected adults can develop severe symptoms and complications.

Aim: Dementia incidence is rising, but for many reasons, patients are not approaching their doctor, contributing to a public health crisis. This project proposes an original campaign to improve help-seeking behaviour.

Content: The literature on dementia was reviewed, using search terms relating to public health, benefits of early diagnosis and factors affecting help-seeking behaviour. Dementia incidence is increasing rapidly, with numbers affected predicted to rise by 140% in 2050. Early diagnosis and intervention is considered helpful for dementia, but key barriers to this include poor uptake of medical services. This is partially because of reluctance to seek help due to stigma and adverse health beliefs regarding dementia and its treatment.

Impact: A mnemonic-based approach to raise awareness of help-seeking behaviour for dementia was devised. This provides a stepwise approach, with ‘S.T.O.P.’ denoting: see your GP, test your memory, outcome of tests and plan your future. Hopefully this will have similar impact to the ‘Act F.A.S.T.’ campaign, introduced in 2009.

Outcomes: This poster educates patients about significant signs and symptoms of dementia, challenges stigmatic beliefs and uses ‘S.T.O.P.’ to provide memorable means of seeking help. Consequently, patients may seek help early, easing the dementia crisis.

Discussion: Displayed in waiting areas, supermarkets, retirement homes and more, this poster could reach a wide audience. Addressing friends and relatives encourages proxy help-seeking behaviour. Furthermore, a leaflet complementing the poster is also available. Future endeavours could include producing video advertisements amounting to a campaign, spearheaded by the ‘S.T.O.P.’ aide memoire.

Supporting self-management of diabetes

Helen Lee; Wendy Macdowall; Dalya Marks; Elizabeth Holdsworth; Jessica Datta; Shaun Leamon
Royal National Institute of Blind People

Diabetic eye disease is a leading cause of blindness in people of working age in the UK. This pilot aimed to improve support for diabetes self-management and increase uptake of eye examinations and Diabetic Retinopathy Screening (DRS).

A series of interventions included: DRS appointment text reminders (for all patients) and for Pakistani patients aged 40 to 65 health care professionals delivering consistent messages about diabetes care, community education and awareness raising and the use of self-care folder (Living Well with Diabetes) in five general practices (n=450).

Evaluation methodology included a pre- and post-intervention postal survey; analysis of routine data; and interviews with staff and patients.

46/453 patients responded to the pre-survey and 61/446 to the post-survey. The proportion of people reporting having seen, read or heard information about diabetes and eye health over the last 12 months increased from 37% to 47%. Self-reported knowledge of how to manage diabetes rose from 57% to 80%. Awareness of the need to attend both DRS and an eye examination increased from 78% to 93%. Attendance at DRS increased from 66% to 82% in participating practices (the respective figures for the whole of the region were 60% and 77%). Self-reported eye examination attendance did not change.

The interventions appear to be beneficial in increasing understanding of diabetes self-management and may have contributed to increased DRS attendance. The initiative was valued by the GP Practices. Three local Clinical Commissioning Groups funded an extension to provide the self care folder to 12,000 patients in 35 Practices.

Increasing the awareness of hepatitis A among UK travellers in the general practice

Won Young Moon
University of Manchester

Aim: To produce a leaflet on hepatitis A to be displayed in a GP surgery in order to increase the awareness of hepatitis A to the public planning trips to hepatitis A prevalent countries.

Relevance: Most cases of hepatitis A in the UK have been seen in travellers visiting highly endemic countries. While hepatitis A is usually a mild disease, some infected adults can develop severe symptoms and complications.
that can lead to death. Despite hepatitis A being preventable, it has been reported that several travellers are unaware of the precautions and the vaccinations provided in the GP surgeries.

**Content:** A lay-term leaflet was designed based on the evidence from the recent literature reviews on hepatitis A. Using a questionnaire, the feedback on the leaflet was received from 10 travel patients waiting in a GP surgery. The questionnaire assessed aspects of the leaflet on a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree: visual attractiveness, easiness to understand, comprehensiveness, usefulness, reliability.

**Outcomes:** The average scores of different aspects of the leaflet were as followings: 4.8 (visual attractiveness), 4.9 (easiness to understand), 5 (comprehensiveness), 4.2 (usefulness), 5 (reliability), 4.7 (overall).

**Discussion:** The leaflet was an effective method for delivering information on hepatitis A to the target audience in a short period of time and it could potentially contribute to reducing the incidence of hepatitis A among travellers.

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**389 Promotion of patients’ understanding of antibiotics prescribing for URTIs**

**Ardit Begaj**

*University of Manchester*

**Background:** URTIs represent one of the biggest indications of prescription for antibiotics in primary care, even though 90% are caused by viral infections. The literature has established that the best management for patients with URTI is symptomatic relief. However, patients expect antibiotics to justify for taking the time and effort to visit the GP. Furthermore, practitioners are ten times more likely to prescribe antibiotics if they perceive that the patient expects them.

**Aim:** To determine the patients’ knowledge on URTIs and their management and elicit their expectations on antibiotic prescribing in an inner city practice.

**Relevance:** Patients’ expectations and understanding on URTIs are important factors that determine the course of treatment.

**Method:** A questionnaire was produced including questions about seven different URTIs. It was then given to 90 randomly selected patients of the practice. After the results were collected and analysed, a poster was produced to inform the patients about the condition that they lacked knowledge on.

**Results and conclusion:** Most of the patients that answered the questionnaire were young adults (age 18-36). The patients had an excellent knowledge on URTIs and their management. The only two conditions they expected to see the GP for an antibiotic prescription were tonsillitis and earache. However, taking into account the age of the patients, earache is not applicable. A patient information poster on tonsillitis was produced and given to the patients of the practice.

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**390 Successful patient education systems that reduce inappropriate antibiotic use: do they exist?**

**Faisal Khan; Muhammad Najim; Rula Najim**

*Imperial College London*

**Aims:** To conduct a literature review, to determine whether education methods result in improved patient knowledge and thus better antibiotic use; and to understand which methods are most effective in achieving this.

**Relevance/impact:** Antibiotic over-use and misuse is an international phenomena and is contributing to the epidemic of antibiotic resistance as well as to the profound impact on health care costs. Many authors call upon the need for patient education to promote appropriate antibiotic practices. However the benefit of education interventions is not clear despite a strong call for GPs to educate patients on the judicious use of antibiotics.

**Content:** Using the PubMed database papers from 01/01/1990 to 25/06/2015 were retrieved using relevant key words (n=694), this was reduced using relevant inclusion and exclusion criteria (n=96), and further divided depending on the appropriateness of the study to meet our aims.

**Outcomes:** Papers were analysed by 2 independent reviewers. A variety of study designs and education methods have been previously used by researchers including waiting room messages; patient information leaflets; tutorials, presentations; one-to-one consultations (doctor and pharmacist); pre-posted material; counselling sessions; and telephone follow-up calls. Results were variable and no clear strategy promised a positive results.
Discussion: While some studies suggest patient education may encourage appropriate antibiotic use, others show no correlation. This is a complicated area and there are many confounding variables. More work needs to be done to understand whether a stronger emphasis needs to be put on patient education, and if so which method is most appropriate.

391 Emergency laparotomy
Fatemeh Salimi; Iain Anderson
University of Manchester

This paper contributes to the development of a patient information sheet aimed at educating patients about the emergency laparotomy procedure and what happens to them before and after the operation. Emergency laparotomy is one of the most common emergency operations, with approximately 30,000 patients undergoing the operation each year in the UK. The procedure also has a relatively high risk of mortality. Patients are at 14.6% risk of death within 4 weeks of the operation, usually as a result of sepsis. There was previously no patient information leaflet about the procedure in the country because the operation is done for many purposes. However, these purposes can be broadly categorized as diagnostic, curative or both.

I reviewed the literature on the procedures. I spent four weeks observing surgeons, anaesthetists, nurses, and ODP teams involved in the operation and talked to them about their duties and involvement in providing the service. I followed surgical teams assessing patients pre-operatively and observed the patients in the anaesthetic room. I noted patients’ concerns just before the surgery and I talked to them and their family members after the surgery to find out what their concerns were. The leaflet is in plain English and less than 25 words was in each sentence to target audience with different background.

In conclusion, I developed a patient information leaflet on the emergency laparotomy, a procedure with a high risk of comorbidity and mortality. This leaflet was developed by observing and noting the concerns of patients who underwent emergency laparotomy.