2024

SPCR Trainees Event

Elevator Pitch: Abstract Booklet

This booklet accompanies the elevator pitches, presented by award holders, on the afternoon of Wednesday 18 September, as part of the SPCR Trainees Event. Each talk with be 3 minutes long, with 3 slides, followed by the opportunity to ask questions. We hope that you will use it to find out more about the award holders and their research, and to aid networking.

NIHR School for Primary Care Research

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Agbonmwandolor, Joy Oghogho

SPCR Member: University of Nottingham

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About me: I am a healthcare scientist registered with the Academy for Healthcare Science (AHCS). I work in research delivery as a Senior Research Officer at Nottingham University Hospitals NHS Trust.

I have worked on over 40 research studies across various disease specialty. I lead and support the delivery of observational and interventional studies.

In my current collaboration, we have developed set of resources to support adults with a learning disability on decision making about research participation.

I have experience of qualitative and quantitative research as well as conducted co-production and PPIE activities in the community.

Adapting the Action Falls programme for Ethnic Minority Stroke survivors: The AFEMS Study.

Introduction

Ethnic minorities are not well represented in research studies looking into stroke and falls prevention. This means that people who take part in stroke and falls research do not often reflect the target disease population. This can lead to differences in the care that people receive and can affect whether they lead a healthy life or not. This PhD study will look at the barriers and enablers to adapting intervention for this population in the community.

Method

This is a sequential mixed method study with four components. Firstly, a scoping review to identify barriers and enablers for adapting healthcare interventions for ethnic minorities. Secondly, a qualitative study to explore how to understand the needs of ethnic minority stroke survivors and identify areas where Action Falls Guidelines need to be adapted. Thirdly, co-design workshop to evaluate the treatment outcomes for ethnic minorities' stroke survivors utilising falls prevention intervention. Finally synthesize findings to produce recommendation.

Result

Inferences will be drawn from one component to inform the other. What we find from the scoping review with PPI contributions will inform interview questions. Findings from the interviews will inform co-design workshops with PPI contributions. Findings from the co-design workshop will help us determine how best to adapt falls prevention intervention.

Conclusion

The ADAPT framework will be used to focus on intervention development and adaptation. Enablers for adapting intervention, areas that need adapting and findings on how to meet ethnic minorities' needs will be summarised in an evidence table and used to produce recommendations for clinical practice.

Agyemang-Benneh, Adwoa

SPCR Member: University of Manchester

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About me: Following on from the PhD, I have been awarded a fellowship with the University of Manchester to compare PCNs in Ghana and Kenya through a mixed methods study and hope to secure an individual grant to examine the similarities and differences within and between these two countries. This study will help to shed light on which gains of PCNs can be attributed to local contextual factors or not, as well as highlighting which ones may be successfully replicated in other low-resource settings.

An Introduction to Primary Care Networks in Low- and Middle-Income Countries: Ghana as an exemplar.

Primary care is embraced globally as a cost-effective method of ensuring long-term stability of a health system through patient-centred care and community-based strategies. Several methods of organising health care at the primary level have thus been implemented globally. A model gaining increasing popularity is the primary care network.

Primary care networks (PCNs) are usually community-based health service models where multiple actors co-ordinate around a common goal(s). The evidence of PCNs in low and lower middle-income countries (LLMICs), however, is limited.

My PhD explored PCN introduction and implementation in LLMICs in a scoping review conducted with the JBI updated methodology and analysed with a network evaluation framework. I further explored the implementation of PCNs in Ghana, a lower middle-income country which piloted its networks in 2017, through a qualitative study using interviews, observations and document analysis.

For LLMICs, it was apparent that although there had been attempts to define clear goals for the identified networks, community engagement was low and there were mixed perceptions of network effectiveness. Additionally in Ghana, there was inadequate justification for the need of the networked approach and mechanisms for long-term financing and community engagement from the network design stage were inadequate. In a few districts where networks were perceived as thriving, leadership, international donor support, and inclusion of the health workforce in network formation had positive effects.

Policy makers should be mindful of models introduced in the health system, remembering to involve beneficiaries of such of models to ensure effectiveness and long-term sustainability.

Aker, Narin

SPCR Member: University College London

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About me: My research background is in qualitative research, and my interests include health equities, end of life and palliative care, dementia, health and wellbeing in older age, culture, and cross-cultural research.

Health inequalities for people from minority ethnic groups living with dementia towards the end of life.

Although dementia is the leading cause of death in the UK, people with dementia and family carers from minority ethnic groups often use palliative care services less and experience a lower quality of services.

The aim of this project is to investigate inequalities in accessing end of life care for people with dementia from Black African and Caribbean backgrounds. This was done over three studies: a scoping review, an interview study, and a co-design study.

- A scoping review was conducted to explore international literature on inequalities older people from minority ethnic groups face when accessing palliative care and end of life care. Themes identified were: knowledge about palliative care services, language, migratory experience, trust in services, religion, culture, and societal and structural issues.

- Semi-structured interviews were conducted with people living with dementia and family carers from Black African and Caribbean backgrounds, and healthcare professionals who work with them. Interviews explored experiences and needs when accessing care and support towards the end of life.
- Co-design workshops with family carers, healthcare professionals, and other stakeholders (such as charities or dementia organisations) were held to co-design a resource aimed at healthcare providers to support access to palliative and end of life care for Black people living with dementia.

The results from this study will increase the understanding of the end of life care experiences of people from minority ethnic backgrounds and their carers, which will highlight the inequalities present and the gaps for future research.

Almidani, Salma

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Addressing Covid-19 Vaccine Hesitancy Among Ethnic Minorities and Migrant Groups.

Summary to follow

Anderson-Kittow, Rebecca

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About me: I am a qualitative researcher in the Nuffield Department of Primary Care Health Sciences at the University of Oxford. My research focuses on communication in health and social care settings, and I have a particular interest in end-of-life care. My current research uses conversation analysis to understand communication during end-of-life out-of-hours primary care consultations.

I also have a role at Kingston University working on projects which aim to improve palliative and end-of-life care for people with learning disabilities using co-production methods.

Examining the context, content, barriers and enablers to communication in end-of-life out-of-hours primary care consultations.

Background
The proportion of people dying at home is increasing and this trend is anticipated to continue. Out-of-hours primary care has a key role in ensuring patients and their families are well-supported at home at the end-of-life and avoid distressing hospital admissions. Communication impacts patient and family satisfaction with both end-of-life and out-of-hours care.

Aim
To understand the demands of, and practices for communication between clinicians, patients and families during end-of-life out-of-hours primary care.
Work in progress
Identifying how end-of-life care is provided out-of-hours

a. Scoping review of relevant literature on communication in out-of-hours end-of-life care.
b. Analysis of an existing database of all case records for contacts made to one out-of-hours service over 12 months, to understand how end-of-life care is routinely provided out-of-hours.
c. Creating a PPI group of patients and families with lived experience of accessing end-of-life care out-of-hours, and a stakeholder group of out-of-hours provider representatives, out-of-hours clinicians, and other healthcare professionals who request out-of-hours visits for patients at the end-of-life.

Next steps
Conversation analysis of the challenges and practices for good communication in out-of-hours end-of-life care

I will record 20 real, naturally occurring, end-of-life consultations in out-of-hours primary care. I will use conversation analysis to understand communication challenges and practices in this setting. Conversation analysis is a data-led, systematic approach which examines how social actions are performed through talk and allows an in-depth examination of communication practices. PPI members will be supported to contribute to this analysis.

Anjum, Rifah

SPCR Member: Queen Mary University of London

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About me:

- Research interests: mild cognitive impairment, dementia, early prediction

- Methodology: epidemiology, predictive modelling, patient and public involvement and engagement

The natural history of mild cognitive impairment in a diverse population.

Mild cognitive impairment (MCI) is considered an intermediary stage between normal cognition and dementia. At present, there is no clinical strategy which enables GPs or secondary care physicians to identify MCI patients at high risk of progressing to dementia. Furthermore, current estimates of MCI to dementia conversion are based on research cohorts that over represent health literate, affluent and White individuals. East London is a diverse and deprived area where dementia risk varies by ethnicity and there is a higher prevalence of modifiable risk factors for dementia than elsewhere. Therefore, progression to dementia is likely to be higher in MCI patients in East London, but this is unknown.

The Automated Brain Image Analysis for Timely and Equitable Dementia diagnosis (ABATED) cohort comprises of MCI patients attending East London memory clinics. Demographic and risk factor data will be obtained from the ABATED cohort to investigate: (1) the rate of dementia conversion among a diverse real-world MCI population with high levels of deprivation; (2) whether dementia risk following MCI diagnosis varies by ethnicity; (3) the prevalence of modifiable risk factors for dementia among this population; and (4) whether information about dementia risk factors can usefully stratify MCI patients in primary care.

Findings will inform primary care practice across diverse and deprived settings by quantifying and stratifying dementia risk in MCI, helping to rationalise re-referral to memory clinics, identifying health inequalities, and suggesting opportunities to reduce dementia risk.

Ancliff, Deborah

SPCR Member: Keele University

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About me: I am a clinical academic physiotherapist working in a Pain Service (Greater Manchester) and as an Honorary Clinical Research Fellow (Keele University).

My research interests include: the management of chronic pain, activity pacing as a behavioural change coping strategy, accelerometry to measure physical/sedentary activity, peer-mentorship for osteoarthritis, and pain management among older people with frailty.

My research methodologies include mixed methods, scale development, psychometric testing, consensus methods, systematic reviews and complex intervention development and adaptation.

Translating resources for activity pacing to primary care to support the management of chronic pain.

Background
People with chronic pain commonly present to primary care services. Activity pacing is advised to address pain-related behaviours: avoidance, excessive-persistence and overdoing-underdoing cycling. However, research regarding the effectiveness of activity pacing is unclear, and hindered by the absence of a validated measure and standardised intervention.

I previously developed an Activity Pacing Questionnaire (APQ) and activity pacing intervention (clinicians' manual) in secondary care. Both resources require exploring for use in primary care where chronic pain is primarily managed.

Aims
1)Test the APQ for validity, reliability and responsiveness across wider settings (including primary care)
2)Adapt the activity pacing intervention for primary care

Methods
To test the APQ, questionnaires were sent to patients with chronic pain at baseline, two and 12-weeks. Questionnaires included the APQ and measures of symptoms. Analyses focus on confirmatory factor analysis, internal validity, construct validity, test-retest reliability and responsiveness.

Following ADAPT guidance (adapting interventions to new contexts), adapting the activity pacing intervention involved a systematic review and three sequential stakeholder workshops.

Results
The questionnaire study recruited to target (n=347). Data analyses are ongoing.

The systematic review identified 11 papers reporting on activity pacing interventions, the components of which were discussed during the stakeholder workshops (seven clinicians, seven patient and public representatives). Co-developed adaptions to the activity pacing intervention for primary care include adding a focus on flare-up management and development of ‘easy to use’ resources for patients.

Conclusion

Once finalised, the APQ and activity pacing intervention will be available for use in primary care-based research and clinical practice.

Baig, Amana

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About me:

Through multiple placements in population health and wellbeing research, along with my professional experience working at The Lancet Global and Public Health, I developed a deep interest in mental health research. My interest is particularly centred on understanding mental health within diverse and underserved communities, where unique challenges arise, often requiring tailored approaches. I am interested in qualitative methods to explore this.

Currently, I am working as a Public Health Practitioner Trainee working towards full registration. My role spans both Local Government and the NHS which has deepened my commitment to addressing mental health disparities within diverse communities.

Understanding complexity in self-management of acute and chronic stressors: Optimising a digital distress intervention for primary care.

This PhD project aims to enhance our understanding of how to best support management of acute and chronic distress in primary care through several research studies.

Distress is highly prevalent in primary care and has been shown to significantly increase morbidity and mortality. A significant challenge for primary care practitioners is to provide the right care for patients experiencing distress, whilst avoiding the risks of overmedicalisation and overtreatment and ensuring the timely identification and management of psychological disorders. In the UK, growing societal pressures are contributing to rising levels of public mental health issues, with limited care options and increasing reliance on antidepressants highlighting the urgent need for innovative, evidence-based approaches to address the wide spectrum of mental health concerns presented in primary care.

While there are established treatments for common mental health conditions such as depression and anxiety, support for severe distress particularly in individuals experiencing challenging life circumstances rather than psychopathology, remains insufficient. In response, the Healthy Paths digital intervention was developed and designed to help manage distress. Although the resource has undergone extensive person based evaluations, further evidence based optimisation is needed to enhance its effectiveness across a broader range of primary care patients.

This PhD research will contribute to the refinement of digital interventions and improve understanding of how different populations self-manage chronic and acute stressors. The findings will help shape future interventions to better meet the diverse needs of patients in primary care settings.

Baillie, Emma

SPCR Exchange Programme: PhD Candidate at the University of Queensland

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About me: I am a registered community pharmacist and have recently completed my PhD. My research interests include antimicrobial stewardship/antibiotics, acute infections, clinical decision-making, inappropriate prescribing, postgraduate education, health service delivery and telehealth.

Experience with mixed-methods research including systematic reviews, longitudinal analyses and qualitative studies. Currently working as a postdoctoral research fellow investigating digital technology in primary care.

Antimicrobial stewardship in Australian primary care: a mixed-methods investigation of early-career general practitioners.

Antibiotics are often prescribed unnecessarily for acute self-limiting conditions, such as respiratory tract infections (RTIs). There is evidence that prescribing behaviour is developed during early stages of clinicians’ careers. Understanding the prescribing habits of early-career GPs and GP trainees (called GP registrars in Australia) will provide information about the trajectory of future antibiotic prescribing. In addition, telehealth consultation recently emerged in general practice and was widely adopted, with recent evidence in Australia showing an increase in antibiotic prescribing via telehealth.

Very little is known about how GPs use telehealth, and how it may affect their capacity to diagnose and manage conditions; something that GP trainees are in the process of learning. Three research projects were completed; (1) a longitudinal analysis investigating temporal trends of antibiotic prescribing by GP trainees for acute bronchitis and upper respiratory tract infections, (2) a systematic review of the international evidence for early-career GP antibiotic prescribing for acute infections, and (3) a qualitative study investigating how telehealth has impacted antibiotic prescribing decisions and acute infection diagnosis.

Early-career GPs prescribe more appropriately than later-career GPs, and GP registrars in Australia have lower rates of antibiotic prescribing compared to national levels. However, there are still significant improvements to be made for common acute conditions, as their antibiotic prescribing is still higher than recommended benchmarks. Further educational interventions and antimicrobial stewardship interventions are required, particularly for acute bronchitis. However, the context of their practice has changed with the introduction and continued use of telehealth.

Birkinshaw, Hollie

SPCR Member: University of Southampton

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About me:

- Mixed methods research
- Qualitative research
- Health psychology
- Pain
- Psychosocial aspects of pain

Exploring pain-related distress in short-term musculoskeletal pain in primary care.

Musculoskeletal (MSK) pain is extremely common in the UK, and low mood is frequently experienced alongside it. Both conditions are primarily managed in primary care. Often, this low mood is identified and treated as clinical depression, however research suggests that for many people this may be pain-related distress. Pain-related distress is a normal response to experiencing pain and is distinct from depression.

The De-STRESS pain study has recently investigated pain-related distress in people with chronic MSK pain with GPs and people with long-term pain. However, how MSK pain is managed in primary care is changing. First contact physiotherapists (FCPs) are now a core part of the primary care team, yet to date, no research has been undertaken with them to explore pain-related distress. Additionally, the experience of pain-related distress for people with short-term pain is unknown; whether it changes in relation to pain duration; and whether any factors mediate distress.

This project will explore:

Changes in pain-related distress over time in relation to pain duration through secondary data analysis of two studies.

People's experiences of pain-related distress over time through qualitative interviews with participants who report short-term MSK pain.

FCPs' perspectives of pain-related distress in relation to MSK pain, and their experiences of recognising, addressing, and managing this in a consultation, through qualitative interviews.

A Patient and Public Involvement and Experience group are contributing to the project throughout.

Bowker-Lonnecker, Lin

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Using emerging technologies to tackle large scale health challenges in primary care settings.

The aim of my DPhil is to use health economic research methods to evaluate the use of emerging technologies, particularly in genomics, to tackle health challenges that affect a large number of people globally.

Polygenic risk scores are a summary score of a person's risk of a condition based on various genetic factors. Discrete choice experiments will be completed to model stated preferences of the English general public regarding polygenic risk scores in the context of cardiovascular disease: willingness to get their polygenic risk score, and willingness to undergo further treatment or monitoring based on the result. The pilot study is about to be completed, and the aim is to complete the main study by the end of 2024.

Metagenomic sequencing can sequence genetic information from all organisms in a sample, and therefore it may be able to identify pathogens that would otherwise remain undetected under conventional assays. I will look at the potential use of respiratory metagenomics (RMg) for patients in intensive care units with severe respiratory infections. A decision tree will be created to compare the cost-effectiveness of RMg to routine care, and a scoping or systematic review of economic studies of metagenomic sequencing will be done to inform this. This will then feed into a value of information analysis, which would help evaluate where reducing uncertainty- and therefore which further studies - may be the most valuable. This work is in collaboration with the Genomic Network of Excellence for Severe Presentation of Infectious Disease

Byrne, Ailish

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About me: My background is in Psychology and Applied Health Research, having completed undergraduate and postgraduate degrees in this topic. I spent 4 years working as a Trial Support Officer/Trial Coordinator prior to my PhD. I am interested in chronic pain broadly but with fibromyalgia as my focus. I have completed internships at the University of Nottingham and University of Western Sydney within research groups studying the neuroscience of pain, along with an NIHR Pre-Doctoral Fellowship exploring perceptions of primary care for fibromyalgia. My research interests also include big data/electronic health research using Stata, women's health conditions, health communication, sexual health interventions, systematic reviews & qualitative methodologies.

The "Merry-Go-Round" of Clinicians: Using Big Data to Decode Fibromyalgia Healthcare Use.

Fibromyalgia is a chronic primary pain condition affecting approximately 1:20 people. Due to the broad range of symptoms and overlap to numerous other conditions, lack of effective treatment options, diagnostic test, or underlying cause, people with fibromyalgia often consult multiple healthcare services. Patients are often prescribed ineffective medications, including high risk opioids and analgesics with significant side effects. This causes frustration for patients and clinicians, as well as being an ineffective use of healthcare.

UK guidelines now advocate for fibromyalgia to be predominantly managed within primary and community care services, supported by tailored, patient-centred and evidence-based healthcare. However, considering the ongoing workload crisis and constraints within primary care, research needs to provide effective, pragmatic and feasible recommendations if this shift to tailored primary care is to occur.

This PhD aims to further our understanding of healthcare use for fibromyalgia, address NICE research recommendations, and influence service planning, policy and guidelines. The project will consist of 1.) a systematic review and meta-analysis exploring global patterns of healthcare use & their variations; 2.) using a Clinical Practice Research Datalink (CPRD) anonymised dataset to study the patterns of healthcare use that are observable within the NHS, and explore any sub-groups of people with particularly high healthcare use; and 3.) using the CPRD dataset to conduct an emulated trial to explore if the recommended antidepressant treatment for fibromyalgia, Duloxetine, reduces pain-related healthcare use.

Campbell, Gillian

SPCR Member: University of Nottingham

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About me: I have worked as a physiotherapist clinically in a primary care setting for 25 years, treating MSK, sports injuries and specialising in pelvic health. My PhD investigated strain in patellar tendons via ultrasound tracking algorithms. Since returning to academia in 2019, I have developed my skills in mixed methods, with a view to investigating the management of pelvic floor disorders in female recreational athletes. However, it is frustrating that most women never present for help. The aim of this current study is therefore to try to investigate options for improving access for women with pelvic floor disorders.

Conservative managEMent of Pelvic floOr disorders for Women: barriERs to engagement. (The EMPOWER study).

Pelvic floor disorders (PFD) such as urinary incontinence (UI) affect nearly half UK women, significantly impacting their quality of life. Despite robust evidence supporting simple conservative management strategies including pelvic floor muscle training, less than a third of affected women seek help. Suggested barriers include embarrassment and beliefs that symptoms are a normal, inevitable consequence of childbirth or ageing. Health care professionals (HCP) have also reported challenges knowing how and where to refer women and provision can be fragmented throughout the UK. However, previous studies have relied on surveys or focused on women already seeking care, neglecting those who have never sought help.

Aim: To investigate barriers preventing women seeking/accessing help for PFD.

Design:

- Semi-structured interviews with symptomatic women.

- Online survey, followed by semi-structured interviews with primary care HCPs.
- Focus groups with symptomatic women.

Progress:
To date, 22 of 30 women have been interviewed. Initial findings highlight a lack of information regarding treatment options, and the need for better signposting to facilitate informed choices.
The survey, launched in July, has had slow but steady completion, with several respondents expressing interest in being interviewed.
Focus groups are scheduled to begin in March 2025, with 18 women expressing interest in participating.

Impact:
The Women's Health Strategy emphasises the need for research to improve help-seeking in primary care. These findings will inform pathways to improve access for women seeking help. Insights from both women and HCPs will also guide the design of a future intervention to manage PFD within primary care.

Carter, Jessica

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About me: My research interests include migrant health, infectious disease and the development of innovative primary and community-based screening interventions using participatory research methods. I recently established the *Migrant Health Community Research Network* which supports and provides opportunities for those with lived experience of migration to be actively involved in research.

I work clinically in North-East London with additional roles including clinical support for asylum seeker initial health assessments, quality improvement lead for Islington and hepatitis C GP Champion

I have an interest in public health/policy and currently sit on the UK's Advisory Committee for the Prevention of Malaria and recently was a GP lead for NHS London hepatitis B pathway task-and-finish group.

Transforming the delivery of infectious diseases screening for at-risk migrant patients: Co-design, implementation, and evaluation of a digital multi-infection screening tool in UK primary care.

Background

Migrants to the UK face a disproportionate burden of infections (e.g. TB, HIV, hepatitis B/C, chronic parasitic infections). Although UK public health guidance recommends screening there are major shortfalls in provision in primary care. The Health Catch-UP! tool has been developed as an innovative digital solution to support primary care identify and screen at-risk migrants for key infections.

Aim:

To understand the key components of an effective implementation strategy for Health Catch-UP! a primary care digital multi-infection screening tool, co-produce an implementation strategy and test this in UK primary care.

Workstream one: **Systematic review** of effectiveness, implementation outcomes and strategies of current approaches to infectious disease screening interventions in migrants.

Workstream two: **Qualitative Co-Design study** using the Person Based Approach to iteratively develop a Health Catch-up! implementation strategy through participatory workshops and think-aloud interviews.

Workstream three: **Implementation study** evaluating the implementation strategy for Health Catch-UP! to determine end-user acceptability, feasibility, impact on adoption and fidelity to the tool.

A PPIE board with lived-experience contributed to the conception and development of Health Catch-UP! and will provide input throughout the fellowship.

Dissemination/impact:

Key outputs include a co-developed Health Catch-UP! implementation strategy which it is anticipated will be used to improve delivery of infection screening to at-risk migrant patients, reduce health inequality and improve awareness in migrant communities/ primary care, aligning with NHS targets to identify infections early and eliminate key infections as public health problems. A minimum of 4 peer-reviewed publications will be generated alongside conference presentations and community dissemination events.

Chinner, Amy

SPCR Member: University of Exeter

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About me: I currently work at the University of Exeter (UoE) exploring GP decision-making for urgent suspected cancer referrals. Prior to joining UoE, I worked as a qualified Psychological Wellbeing Practitioner and completed an MRes in Clinical Psychology (where my research focussed on understanding the experiences of family caregivers of people in Prolonged Disorders of Consciousness). I also have experience working on multiple dementia and ageing clinical trials and supporting NHS commissioning of end-of-life, dementia and frailty services.

- My research interests are:
- Applied psychology
- Person-centred care
- Healthcare decision making
- Qualitative and mixed methodologies
- Overlap of physical and mental health
- Reducing health inequalities

Understanding the process and impact of communicating clinical uncertainty as a component of shared decision-making (SDM) for people with multiple long-term health conditions (MLTC's).

Uncertainty is inherent within the practice of medicine. This is particularly relevant within primary care due to an increasing prevalence of people living with MLTC's (Kingston et al., 2018) where decisions can be complicated by the interactions between conditions and treatments (Sathanapally et al., 2018). Expert opinion suggests that SDM, where patients and practitioners work together to make care decisions (NICE, 2021), is likely to provide value in situations of uncertainty (Politi, 2013) and NICE guidance recommends a SDM approach for the management of MLTC's (NICE, 2016).

However, GPs have reported difficulties accurately communicating the risks and benefits of care options to people with MLTC'S and a lack of confidence involving patients in decision discussions (Brown, 2022). In addition, patient and practitioner preferences for, and experiences when, communicating uncertainty remain poorly understood (Brown, 2022; Cox, 2021; Simpkin & Armstrong, 2019).

This PhD is designed to enhance our understanding of the processes by which the communication of uncertainty impacts on SDM and healthcare outcomes, as well as patient and practitioner preferences for the communication of uncertainty as part of SDM. To do this I will be undertaking interlinked work packages including an initial impact assessment, scoping review, and qualitative study. This is with the aim of developing an educational intervention to support GP's communication of clinical uncertainty as a component of SDM for people with MLTC's. The research will be underpinned throughout by the MRC framework for complex interventions (Skivington et al., 2021) and public and patient involvement.

Coughlan, James

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About me: I am a health economist and dentist researching topics relating to health financing, health workforce, dentistry and global health. I will begin my Wellcome Trust/ NIHR School for Primary Care Research funded Doctoral Research Fellowship in October 2024, investigating the effect of different financing mechanisms on access and quality of NHS dental care in the UK. Methodologically I am interested in applied causal inference as well as cost-effectiveness analysis.

Complement or Substitute: Do New Private Dental Practices Improve Access For Exempt NHS patients?

Dentistry in the United Kingdom is provided in a mixed market; there is both private and public funding as well as private and public provision of services. Access to NHS dentistry has struggled to recover following the COVID-19 pandemic, with evidence of a rising proportion of patients choosing to go private due to shortages. The impact of an increase in supply of private providers on public healthcare delivery has not been explored in dentistry or primary care more widely.

We use data on quarterly practice registration in England from the CQC from 2019 to 2023, combining this with contract and activity data from NHS England. We estimate the causal impact of an increase in private practices, defining treatment as the number of solely private practices within a 2.5km radius of an NHS practice, on the proportion of dental claims for patients who are exempt from payment, by running adjusted fixed effects models.

We find precise null results for claims for basic treatment, while claims for urgent treatment and complex treatment increase by an economically insignificant 0.5%.

These results are largely consistent when running the models separately for each Index of Multiple Deprivation, with the main results driven by a small increase in the least deprived areas. Our findings suggest increasing the supply of private dental practices is unlikely to create capacity for exempt NHS patients at NHS practices, especially with new private practices opening largely in richer areas.

Cross. Rosina

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About me: I am a mixed-methods early career researcher with a background in behavioural health psychology and a research interest in physical activity (PA) promotion in primary care. My goal is to establish a PA research hub within the School for Primary Care Research (SPCR). I completed a PhD in Health at Bath, and have experience of co-design of complex interventions, large-scale randomised controlled trials, health services research and patient and public involvement and engagement.

Development and refinement of a toolkit to improve support for physical activity promotion in General Practice.

Background: Physical activity (PA) offers significant health benefits, including the prevention and management of chronic diseases such as cardiovascular disease, type 2 diabetes, and cancer. Meeting PA guidelines reduces premature mortality rates; however, only 1 in 3 UK adults achieve these recommendations. To address this, the Royal College of General Practitioners (RCGP) launched the Active Practice Charter (APC) in 2019 to encourage general practices to support PA initiatives and partner with local PA providers. A preliminary evaluation of the APC revealed mixed perceptions of its impact on staff and patients, with staff requiring more support and guidance. This fellowship aims to address these gaps.

Aim: To co-develop a theory- and evidence-based toolkit to assist general practice staff in promoting PA and to secure funding to explore the toolkit's acceptability and feasibility.

Methods: The project comprises three stages, guided by the Medical Research Council (MRC) guidelines for complex interventions, the COM-B model of behaviour change, and the Theoretical Domains Framework (TDF).

Stage 1 – Understanding Context: Conduct qualitative interviews with general practice staff and patients to explore the need for an intervention supporting PA promotion.

Stage 2 – Intervention Planning and Co-development: Use findings from Stage 1 and involve stakeholders to develop a prototype toolkit.
Stage 3 – Seeking Funding: Lead a grant application for a study on the toolkit's acceptability and feasibility in England.

Impact: The project will deliver a PA toolkit for general practice staff.

Dakin, Francesca

SPCR Member: University of Oxford

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About me: Qualitative researcher, ethnographic methods, case study methodology, interviews, rapid methods, focus groups, observations.
Interested in the introduction and use of digital technologies in healthcare settings, organisational change, workforce, and healthcare access equity.

How did digitalisation during the pandemic impact the working conditions and wellbeing of GP practice staff, and what can we learn about how practice teams navigate change and crisis?

Since 2020, changes in the organisation and delivery of UK general practice have been extensive and far-reaching. The widespread introduction of remote and digital forms of working in UK general practice during the COVID-19 pandemic has driven the development of new routines and working styles, affecting how work is done, and the conditions in which it is completed, with repercussions for the wellbeing of the workforce. In my DPhil work, I aimed to build a more nuanced understanding of the impact of digitalisation on UK GP practice staff and ascertain what further learning could be gleaned about how change and crisis are navigated in practice teams more broadly.

This study posed two linked research questions: 1) How did the pandemic and the digitalisation of work affect GP practice staff working conditions and wellbeing? and 2) How did GP practice teams navigate these organisational changes and crises? The second was born out investigation of the first. To answer these questions, I employed three workstreams of empirical research: a literature review and scoping phase, two diachronic case studies, and eight synchronic case studies. I used multiple qualitative methods to build these case studies, including rapid ethnographic methods, focus groups, depth interviews, and semi-structured interviews, and re-analysed previously collected qualitative interview data.

This brief presentation focuses on a high-level overview of the results of my analysis of these data, and what implications they have for policy and practice.

Dobson, Amy

SPCR Member: University of Southampton

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About me:

- Wellbeing and parent mental health in the transition to parenthood
- Infant mental health, attachment, early relationships and neurodevelopment
- Transition to parenthood for marginalised groups
- LGBTQIA+ parents

Support for unsettled babies: A digital intervention in partnership with parents.

Parents are often distressed and worried about crying, vomiting or otherwise 'unsettled' babies. Existing interventions to support families of unsettled babies are inadequate and often biased by conflicts of interest from commercial industry. Babies are often diagnosed with allergy or reflux, which can be harmful when inaccurate.

My research includes a systematic review and qualitative thematic synthesis exploring parent experiences of unsettled babies, with a particular emphasis on parents' thoughts and feelings about medical labels. The systematic review finds that parents of unsettled babies report a sense of guilt or failure, driving a search for a medical or external cause for their baby being unsettled. An explanatory, conceptual model is proposed summarising the experiences of parents when faced with a baby they perceive to be unsettled.

Next, diverse parent voices are explored through a qualitative interview study to deepen and strengthen understanding of the unmet needs underpinning parents' search for a medical explanation. Hybrid inductive and deductive thematic analysis is used and themes are presented.

Finally, a person, theory and evidence-based digital intervention is produced. This intervention uses behavioural science and the Person Based Approach and is refined through use of qualitative 'think-aloud' interviews. It is suggested that this intervention may help to reduce unnecessary medicalisation while providing essential support to the families of unsettled babies.

Engamba, Serge

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About me: I am a GP and SPCR PCCCP at the University of Exeter. I am also East of England Deputy Speciality for NIHR CRN and research lead for my local PCN, with experience for delivery commercial and non-commercial research. I have developed an increasing interest in addressing issues facing complex patients in primary care. My research interest is focused on understanding relational continuity of care as well as enhancing health service delivery for patients with mental health problems, multimorbidity, and social issues.

A Mixed-Methods Systematic Review of Interventions to Improve Relational Continuity of Care in General Practice.

Background

Relational continuity of care (RCC) is crucial for enhancing patient outcomes, satisfaction, and efficient healthcare resource use. Despite its benefits, RCC has been declining in UK general practice. Although various interventions have been implemented to address this, their overall effectiveness and the factors that drive their success or failure have not been systematically reviewed.

Aim

The aim of this systematic review is to evaluate the effectiveness of interventions aimed at improving RCC in general practice. It will also explore the barriers and facilitators that impact the successful implementation and sustainability of these interventions.

Method

This review will use a mixed-methods approach to assess both quantitative and qualitative studies. A realist synthesis will be applied to understand how, why, and in what contexts these interventions work. Sources will include peer-reviewed literature and grey literature from databases such as MEDLINE, Embase, and CINAHL, as well as reports from health organisations. Data will be extracted to evaluate RCC measures, patient outcomes (e.g., satisfaction, health improvements), and process outcomes (e.g., resource utilisation). Realist synthesis will help develop a context-mechanism-outcome framework, identifying key factors that influence RCC interventions across diverse practice settings.

Expected Outcomes

The review will categorise RCC interventions and provide insight into the mechanisms behind their effectiveness, offering practical recommendations for enhancing RCC in general practice.

Conclusion
This review will contribute valuable evidence for policymakers and healthcare providers, enabling the design of more effective, context-sensitive interventions to improve relational continuity in primary care settings.

Goodwin, Rob

SPCR Member: University of Nottingham

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About me: I am a physiotherapist with specialisms in musculoskeletal health and pain management. I have a particular interest in the biopsychosocial model of healthcare. Clinically, as an adjunct, I am a mindfulness based cognitive therapist teacher.
My research special interest is qualitative methods and the application of realist research methods.

Using realist research approaches to understand the retention and support needs of first contact physiotherapists in primary care.

The first contact practitioner physiotherapist (FCPP) is a new role in general practice. They work alongside GPs, but patients can choose to be treated directly by a FCPP without seeing a GP first.
FCPPs most often support people who have musculoskeletal (MSK) problems, for example joint/ muscle pain. Research exploring FCPPs have found they work well, and GPs, physiotherapists, and patients value the role.
However, FCPPs experience a greater sense of responsibility than traditional MSK physiotherapy roles because they are seeing patients as a first point of contact and have greater responsibility for the diagnosis. This causes anxiety and there is emerging evidence that these factors lead to some FCPPs feeling tired and burnt-out and it may cause some to consider leaving these jobs.
This research will help us understand these relationships and experiences. The researcher will use the relatively new ‘realist’ research methods. The first part of this will involve a realist review of research already published and the second part will involve a realist evaluation where a survey is sent out and some FCPPs are interviewed.

This will help to understand if these factors result in the FCPPs thinking leaving the role (or reducing their hours). This is important because not only does it affect the physiotherapists wellbeing, but it also affects the care that patients receive as staff who feel burnt-out provide less effective care.

This research will lead to recommendations about what is needed to support and retain FCPPs in primary care in these important roles.

Gopal, Dipesh

SPCR Member: Queen Mary University of London

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About me:

- GP / Academic
- Current post: Honorary Research Fellowship
  Ambition: Mixed-methods PhD application soon
- Previous posts: SPCR Primary Care Clinicians Career Progression (pre-PhD), NIHR In-Practice Fellowship
- Interests: cancer, especially cancer survivorship (living with and beyond cancer)
  health inequalities
- Methodological expertise: qualitative methods, systematic reviews, scoping reviews.

Why does cancer come back?

The Journey so far: Since medical school I have always wanted to be an academic GP especially after reading this quote by Paul Freeling.

“If you devote yourself to being the best practitioner you can be, you will improve the lives of thousands of patients in your working lifetime. If you teach students and young doctors, you will help to improve the lives of hundreds of thousands of patients. If, through research, you change the way we all practise, you will help to improve the lives of millions.”

My experience: I have worked in 2 research areas: to improve the lives of people with a cancer diagnosis and health inequalities.

Research topic: To understand why cancer comes back after initial treatment. Cancer doctors think that cancer might return because of an aggressive cancer type or ineffective treatment. Scientists might say cancer returns due to a poor diet or lack of exercise. I wondered if there might be social factors at play such as ethnicity or social status.

Plan: Complete the scoping review as part of my SPCR fellowship last year and to apply for a PhD this year.

Gray, Lauren

SPCR Member: Keele University

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About me: I am a mixed-methods researcher with interests in mental health and early interventions from a non-clinical background.

Preventing anxiety and depression in people diagnosed with inflammatory rheumatological conditions

People with inflammatory rheumatological conditions (IRCs) such as rheumatoid arthritis are at an increased risk of mood problems. Having a comorbid mood problem can adversely impact physical health outcomes and quality of life.

NICE guidance recommends case-finding questions to identify mood problems in people with long term conditions (LTCs). However, a prevention-based approach may be more effective in reducing the prevalence of depression and anxiety.

There has been some evidence for depression-prevention strategies in other co-morbidities such as diabetes, but there is lack of evidence in IRCs. Depression is often co-morbid with anxiety but there is little work on anxiety-prevention strategies in people with LTCs.

The aim of my doctoral research is to examine the current evidence-base for depression and anxiety prevention strategies in people with LTCs and engage with key stakeholders to develop a new prevention intervention for people with IRCs.

To do this, there will be 3 phases:

Phase 1: A systematic review to establish the current evidence-base for the effectiveness of preventative interventions for anxiety and depression in people with LTCs.

Phase 2: Qualitative interviews with people with IRCs and clinicians working with this population. These will explore understandings of anxiety and depression in IRC and how a preventative intervention may look.

Phase 3: An ‘expert group’ will consider findings from Phase 1 and 2 to co-design an outline for a psychosocial intervention that could be delivered in primary care.

In this presentation, I will provide an update on my journey to co-design a new preventative intervention.

Hackney, Jessica

SPCR Member: University of Manchester

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About me: Before starting my PhD I worked for a number of years as a community pharmacist, and have continued to practice during my studies. I am particularly interested in mental health research and epidemiology.

Clinical management and health outcomes of people diagnosed with a personality disorder and those who have harmed themselves: a multi-phase study.

Both personality disorder and self-harm are stigmatised by the public and some healthcare professionals. There is evidence that a large proportion of patients with a personality disorder diagnosis also have a history of self-harm. These patients could therefore experience a 'double dose' of stigma, which may lead to poorer healthcare experiences and health outcomes. Despite this, little is known about patients who have both personality disorder and self-harm recorded by their general practice. The current multi-phase study aims to estimate prevalence of personality disorder, incidence of self-harm, and prevalence of the two in combination, to examine general practice management and health outcomes of patients with records of personality disorder and self-harm, and to identify the risk of self-harm in those with a personality disorder diagnosis.

The study will utilise a large UK primary healthcare database, the Clinical Practice Research Datalink, and linked datasets, such as the Office for National Statistics death registration data, to perform observational research about the populations of interest. We hope to generate findings that will contribute to the production of clinical guidelines to enhance the care of and improve outcomes for patients with a personality disorder diagnosis who self-harm.

Hanson, Isabel

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About me:

Key words:

- Youth mental health
- Health systems research
- Comparative case study methodology
- Policy impact

Bio

Dr Isabel Hanson is a General Practitioner and DPhil candidate in Primary Care at the University of Oxford. As an NIHR SPCR, General Sir John Monash, and Rotary International scholar, her research focuses on youth mental health models of care across Australia and the UK.

Isabel's primary care expertise spans paediatrics, mental health, and addiction medicine, with a commitment to serving remote Aboriginal and Torres Strait Islander communities. She was honoured with the 2021 RACGP National General Practitioner in Training of the Year and is also a Clinical Lecturer at the University of Sydney, where her research centres on health systems and implementation.

Prior to her career in medicine, Isabel trained as a behavioural economist and worked as a Senior Policy Advisor for the Centre for Policy Development, the Department of the Prime Minister and Cabinet, and the Department of Human Services. She aims to return to Australia following her DPhil to work at the nexus of health policy and primary care, improving healthcare for the most marginalised Australians and closing the gap in First Nations health.

Youth mental health hubs: comparative case studies in the UK and Australia.

My DPhil project investigates youth mental health hubs (YMHHs), comparing UK and Australian models to explore how best to provide accessible, person-centred care for young people. In both countries, there is a 'missing middle'—a gap in services for young people with moderate mental health needs who are often turned away by existing oversubscribed services. Australia's Headspace model, established in 2006, offers a one-stop service for assessment, advice, and referral, which has significantly improved access to care for some young people. However, its effectiveness varies across locations and populations. In the UK, the Labour government has committed to establishing a YMHH in every area, though many successful localised services already exist, though these are inconsistent in the scope and scale of services provided.

This research involves comparative case studies of four YMHHs: two in the UK (Liverpool's YPAS and Norfolk's MAP) and two Headspace centres in Australia (urban Camperdown and rural Dubbo). Using ethnographic fieldwork and interviews with staff and young people, I will assess what makes these hubs work and how the UK can learn from Australia's national rollout, while identifying innovative UK approaches to inform Australia's service development. Findings will support policy recommendations for equitable, co-designed YMHHs in the UK and Australia, addressing the gaps in youth mental health care.

Harris, Sarah

SPCR Member: University of Nottingham

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About me: Outside of academia, I am also a freelance journalist who writes regularly for international and national publications such as Cosmopolitan, Refinery29, Metro and more. I am also a keen advocate for Women's Health and am particularly interested in research related to this. I am currently involved in leading a community-led research project with the charities, Endometriosis UK & Cysters, which is looking at delayed diagnosis of endometriosis in people-of-colour in the UK.

Identifying key factors that result in the delayed diagnosis of endometriosis to design a proposed educational tool for primary care health professionals.

Endometriosis is a chronic condition in which tissue similar to the lining of the uterus starts to grow elsewhere in the body, causing severe pain, heavy bleeding, and at times, infertility. Whilst the condition is estimated to effect 1 in 10 women worldwide, it takes an average of 8.5 years to get a diagnosis in the UK. Research has found that during their diagnosis journey, women often tend to visit their primary care clinic multiple times to consult about their endometriosis related symptoms. By the time they are eventually referred to secondary care and have their diagnosis explored further, it has often been a significant period of time since the onset of their symptoms.

Through my PhD project, I aim to identify factors that contribute to the delayed diagnosis of endometriosis, so that I can eventually design a proposal for a tool that will educate primary care professionals on endometriosis. This will be done by using a qualitative study approach to interview both patients with endometriosis, as well as primary healthcare professionals to gain a deeper understanding of these factors and how they may act as barriers to diagnosis.

Findings from these interviews will then enable me to design a proposal for an educational tool, which will aid primary healthcare professionals in diagnosis women with potential endometriosis, therefore reducing the diagnosis period.

Hindi, Ali

SPCR Member: University of Manchester

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About me:

Research interests:

- Evaluating the quality of primary care services
- Policy relevance of community pharmacy services
- Primary care diabetes digital interventions
- Weight loss management.

Research related expertise

- Systematic reviews
- Mixed methods (qualitative + quantitative research methods)
- Patient and public Involvement

The development and validation of a quality framework to support integration of community pharmacy healthcare services in primary care to enhance the quality and safety of patient care.

This research project aimed to identify new ways of improving quality and safety of patient care in community pharmacy by developing and validating a quality framework which supports integration of community pharmacy healthcare services in primary care. The fellowship involved:

1. Summarising existing research existing evidence around definitions of quality of care in community pharmacy, other primary care organisations, and what facilitates integration. This will help us identify aspects of quality in community

pharmacy that can serve as a framework for improving care and services. **(Completed)**

2. Having nominal group discussions with patients, healthcare professionals, decision and policy-makers in community pharmacy, general practice and the wider NHS, to make sure the quality framework would meet their needs and to explore other aspects of quality not already covered by the existing research literature. (**Completed)**
3. Applying for further funding for using this validated quality framework to develop and test quality indicators for content/face validity, acceptability, reliability, feasibility and implementation issues in community pharmacy. **(In progress)**

Hutchinson, Joseph

SPCR Member: University of Manchester

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About me: I am a general practitioner working in Manchester. I am commencing my PhD at Loughborough University from October 2024. My research interests are on health inequalities, particularly in regard to health economics and the organisation of the health system.

Distribution and quality of private GP practices England.

Study looking at the distribution, market and quality of private general practices in England, with a comparison to NHS GP practices. Online abstract kept minimal as it is currently being prepared for publication.

Ibrahim, Kiran

SPCR Member: University College London

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About me: I am an ambitious and enthusiastic candidate interested in advancing primary care research. I recently graduated with a Master's in Public Health Global Health from the University of Nottingham. My educational and professional background is in the Pharmacy profession. I have completed my Doctor of Pharmacy and then my M.Phil. Pharmacy practice from one of the top public sector universities in Pakistan. I have worked as a registered pharmacist in healthcare sector for the last nine years. My research interests include healthcare policy & practice and antimicrobial resistance. Regarding methodologies I have good experience and interest in mix-method studies and systematic reviews.

Fluoroquinolone antibiotic treatment and adverse psychiatric health outcomes.

Since their discovery in the 1960s, fluoroquinolone antibiotics have become increasingly popular antimicrobials for moderate to severe infections and are on the World Health Organization's List of Essential Medicines. Fluoroquinolone antibiotics are known to cause very rare but severe adverse reactions that have only recently received attention from regulatory agencies. Warnings and legal restrictions are now in place across the US and Europe, but these antibiotics are still very popular in low- and middle-income countries. The decision to restrict these drugs in high-income countries was not based on large-scale quantitative analyses that might support action in other settings. These projects aim to describe sociodemographic and time trends of fluoroquinolone antibiotics and their associated adverse drug events (ADEs) in UK primary care.

1. A systematic review of fluoroquinolone antibiotic treatment and adverse neuropsychiatric health outcomes
2. A 20-year descriptive study of sociodemographic time trends in fluoroquinolone antibiotic prescriptions in the UK: a population-based cohort study using electronic health records.
3. Fluoroquinolone antibiotic treatment and adverse neuropsychiatric health outcomes in young people: a population-based cohort study using electronic health records.
4. The impact of regulatory decisions on fluoroquinolone antibiotics in high-income countries on prescription rates in low- and middle-income countries.

Jawad, Sundus

SPCR Member: University of Oxford

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About me: My current clinical role is Lead Medicines Optimisation Pharmacist - Social Care and Care Homes for NHS Frimley. I am a highly experienced and multi-award winning clinical pharmacist with an interest in medication review, medicines optimisation in care homes and older people's care, frailty, polypharmacy and person-centred care. I am a Fellow of the Royal Pharmaceutical Society and Chair of the National Pharmacy Care Homes Faculty. This research idea is based on my experiences of working with older people over the last 25 years.

Come to me for information about clinical pharmacy, medication review, SMRs, care homes, frailty and polypharmacy.

Medicines Cafes: Improving access for older people wanting to discuss medicines as part of a structured medication review in non-clinical settings.

Introduction

Structured Medication Reviews (SMRs) by clinical pharmacists in primary care are expected to contribute to reduction in problematic polypharmacy and improved patient outcomes. However, access to SMRs is particularly challenging for older people, particularly in socio-economically deprived areas, where polypharmacy is more common and there are under-served populations. ‘Medicines Cafés’ in community spaces such as libraries, community centres or places of worship, could improve access by offering a scheduled or ‘drop in’ face-to- face meeting for older people wanting to discuss their medicines.

Aims/objectives

A test Medicines Café will be implemented in the Frimley ICS region, supported by the medicines optimisation team at NHS Frimley. The aim of this project will be to improve access to clinicians and SMRs for older people and offer an alternative, more familiar and non-clinical environment, to openly discuss medication related problems or concerns.

Methodology

A mixed methods approach will be used to evaluate the feasibility and acceptability of ‘Medicines Cafes’ as a community-based intervention for older people with multiple conditions taking multiple medicines. Focus groups with members of the target patient population, carers and families will be held to explore the barriers and facilitators to people wanting to discuss their medicines and to identify where, how, and with whom they prefer to discuss their medicines or have SMRs conducted. Areas to trial Medicines Cafes would be identified using polypharmacy health inequalities data.

Kallis, Tomazo

SPCR Member: University of Exeter

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About me: I started the NIHR/Wellcome 'PhD for Primary Care Clinicians' programme at Exeter in October 2023. I continue to maintain my practice as a clinical pharmacist based in GP practice alongside my PhD studies. I will use qualitative methods including clinical observations, interviews, focus groups and consensus methodologies to build upon the foundations that my literature review has provided. I am interested in pharmacy practice research, clinical education, polypharmacy and medicines optimisation.

PPhoCUs: Polypharmacy, Pharmacists and Clinical Uncertainty.

Background: Problematic polypharmacy is associated with adverse clinical outcomes. With increasing numbers of medicines, there comes increasing clinical complexity and uncertainty. The new practice-based clinical pharmacist role plays a key part in reviewing patients with complex polypharmacy to improve patient outcomes.

Aim: To explore how clinical pharmacist decision-making can be improved when delivering patient-centred medication reviews in the context of complex polypharmacy and clinical uncertainty.

Methods: A critical review of the literature was undertaken to understand how primary care clinical pharmacist decision-making can be improved when reviewing polypharmacy in the context of clinical uncertainty. Further objectives were to understand how primary care clinical pharmacists make decisions in situations of clinical uncertainty when reviewing polypharmacy and to identify any interventions to support pharmacists experiencing this clinical uncertainty. Embase, PsycInfo, CINAHL and MEDLINE databases were searched in December 2023. After screening search results, data were extracted from included articles and synthesised into a textual narrative. The One Sheet Of Paper method was used to inform a conceptual model bringing together themes identified.

Results: Eleven articles were selected for inclusion. Patient experiences, environmental factors and pharmacist experiences affect how clinical uncertainty is managed when reviewing polypharmacy. There were a broad range of factors linked to the decision of pharmacists to either deprescribe or take no action (clinical inertia). Multidisciplinary working between GPs and pharmacists reduced clinical uncertainty and supported deprescribing.

Conclusion: Further research is needed to understand real world management of clinical uncertainty when primary care clinical pharmacists review complex polypharmacy.

Kozmer, Stella

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About me: Expertise in eating disorders with a focus on binge eating disorder and bulimia nervosa. Primarily focusing on prevention, early intervention, and identification and management in a primary care context. Further interest in understanding binge eating disorder and bulimia nervosa, weight loss in the context of eating disorder and intervention development, evaluation and implementation for binge eating disorder and bulimia nervosa.

Mixed-method researcher with experience conducting reviews, surveys, interviews, focus groups, workshops, experimental lab-based cognitive studies, large-scale clinical studies and fMRI research.

Improving the identification and management of Binge Eating Disorder and Bulimia Nervosa in primary care in the United Kingdom

Objective: To understand patients' and healthcare professionals' perceptions regarding the identification and management of Binge Eating Disorder (BED) and bulimia nervosa (BN), explore current practices in primary care in the UK and design recommendations for change.

Method: This PhD involves three work packages to address the abovementioned objectives: A systematic review of qualitative literature, a national online survey, and a qualitative package including interviews, focus groups, and an interactive workshop. All work packages examine patients and healthcare professionals in primary care and involve stakeholders, patients, and the public.

Results: The systematic review identified four main factors – knowledge and understanding of BED & BN, communication, attitudes, and treatment and referral pathways – which impact the identification and management of BED & BN. Furthermore, the review offers an in-depth understanding of the directional interactions of these factors. Preliminary results from the national survey suggest that most healthcare professionals do not actively screen for BED & BN, which individuals with lived experience support, with half of those with BED not having a formal diagnosis. Furthermore, a lack of appropriate and continuous management is reported by individuals with lived experience. Differences between BED & BN are observed in their identification and management on which expansion will be made once data collection is completed.

Discussion: This PhD highlights significant gaps in the field of eating disorders and primary care regarding the most common specific eating disorders. This PhD makes recommendations to address the highlighted gaps in clinical practice and research.

Lawal, Hassanat

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About me: My research interests are around women's health and antimicrobial resistance. I have a background in Microbiology and also work part-time supporting evidence synthesis, including systematic reviews and evidence gap maps, to address policy needs in health and social care.

Exploring Probiotics as a Potential Alternative or Adjunct Therapy for Urogenital Infection Management in Primary Care.

Background
Antimicrobial resistance is a major global health threat, and primary care is critical for optimising antimicrobial prescriptions and considering alternative and adjuvant therapies. Antimicrobials are commonly used to treat symptomatic urogenital infections of bacterial vaginosis (BV), genital thrush and urinary tract infections (UTI). However, these infections often relapse leading to a repeated need for antimicrobials. Probiotic supplements continue to gain attention for their role in infection management, but the evidence to support their use in clinical and primary care settings is inconclusive. This PhD seeks to investigate the current usage of probiotics and examine the evidence informing probiotics as an alternative or adjuvant therapy to antimicrobials in the management of urogenital infections in primary care.

Methods
1. An evidence and gap map to summarize evidence examining the effectiveness and cost-effectiveness of probiotics in the prevention and management of urogenital infections in women.
2. A systematic review of local and international, clinical and professional guidelines related to the use of probiotics in the prevention and treatment of urogenital infections in women.
3. A survey to investigate the prevalence, patterns, and reasons behind probiotic purchases and usage amongst patients and consumers in the UK.
4. A semi-structured interview to understand how primary care clinicians in the UK assess evolving clinical evidence and public discourses around probiotics within their daily practice and recommendations for patients.

Findings can inform clinical decision-making and future research on probiotic, contributing to a better understanding of their benefits and risks in the context of antimicrobial stewardship.

McDiamid, Sarah

SPCR Member: University of Manchester

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About me: Sarah McDiarmid has over 10 years' experience in the NHS as a Diabetes Dietitian and Research Dietitian working for Manchester University NHS Foundation Trust. In her former career, Sarah was an NHS Analyst working for Government and the NHS. Her previous research has focused on intermittent fasting and low-calorie diets to aid weight loss and remission from type 2 diabetes (T2D). Sarah recently moved into primary care (West Leeds PCN) to help with the prevention and early treatment of T2D. Sarah starts an NIHR SPCR doctoral fellowship in October 2024 at the University of Manchester.

Implementation of the (type 2) DIabetes Severity SCOre 'DISSCO' in general practice.

Introduction

A novel type 2 diabetes DIabetes Severity SCOre (DISSCO) has been developed by researchers at the University of Manchester using data routinely collected from general practices in England. DISSCO includes indicators of type 2 diabetes (T2D) severity such as cardiovascular risk factors and diabetes complications. People newly diagnosed with T2D with higher DISSCO scores were found to be at a significantly increased risk of hospital admission and death. DISSCO has better predictive value of these events than glycated haemoglobin (HbA1c) alone.

DISSCO could potentially be used to stratify patients by T2D severity to target care and resource, to inform decisions about care, and to inform resource allocation and commissioning of public health programmes for people with T2D.

The aims of the fellowship starting in October 2024, are to validate and potentially improve DISSCO as a measure of diabetes severity and to explore its application to clinical practice. If DISSCO is found to be valid and useful, then the fellowship will outline a plan for technical implementation of DISSCO in general practice computer systems.

Methods and analysis

1. Qualitative studies identifying patient, carer and healthcare professional perceptions on what influences T2D severity, and possible applications of the DISSCO score in clinical practice.
2. Quantitative analysis to:
   a) assess the value of including additional indicators of T2D severity into the DISSCO model. These include diet and health behaviours which have not yet been considered.
   b) Externally validate DISSCO in a separate database.
3. Plan a feasibility study where DISSCO is used in general practice.

Molyneux, Prue

SPCR Exchange Programme: Lecturer, Department of Podiatry, New Zealand

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About me: I am an early career research, lecturer and practicing podiatrist. My research focuses on long term disorders in the foot, such as OA. In particular, the application of diagnostic ultrasound to identify early, prognostic inflammatory features indicative of OA. My focus is on identifying those individuals most at risk of OA development. The implementation of USI affords an opportunity to detect prognostic markers of OA earlier in the disease cascade. The ability to detect OA before the point of irreversible structural change should provide a window of opportunity where targeted interventions could have the greatest impact.

Development of an ultrasound imaging atlas (AUTUSI atlas) for grading osteoarthritis in the first metatarsophalangeal joint.

Osteoarthritis (OA) is a prevalent, chronic, and disabling joint disease that imposes a significant global health burden. The foot is a target region for OA, but foot research is a novel and evolving discipline within the broader field of OA. The most commonly affected area in the foot is the first metatarsophalangeal joint (MTPJ). The current method of diagnosing OA using conventional radiography is reactive, detecting OA later in the disease process when irreversible structural damage has already occurred.

Ultrasound imaging (USI) represents an alternative for the diagnosis of OA with potentially inherent advantages, in its ability to detect tissue-specific morphological changes before pain and irreversible structural damage occur. USI can play a fundamental role in the early detection and assessment of foot OA. However, the role of USI for foot OA is not clearly defined.

This led to the current body of research, which included six interconnected studies to inform the development of the AUTUSI atlas. The research successfully developed a reliable procedure to assess both structural and inflammatory features specific to first MTPJ OA. The AUTUSI atlas offers the opportunity to identify prognostic inflammatory features earlier in the disease course, before potentially irreversible damage or disability occurs. The AUTUSI atlas may be the catalyst for the development of a USI classification criterion for defining early stage first MTPJ OA. Ultimately, the AUTUSI atlas will advance understanding of OA, provide capacity for earlier detection, standardisation of diagnosis, and provide a more sensitive method for classifying the disease process.

Monk, Sam

SPCR Member: Keele University

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About me:
I originally completed a BSc in Sports Science in 1998 and worked in the health and fitness industry. A growing interest in understanding human health behaviour and providing support, led me to return to study in 2014. I completed a PGDip in psychology before studying for an MSc in health psychology.

The qualitative module of the MSc was one that I particularly enjoyed. For my research project I used Interpretative Phenomenological Analysis to investigate arthritis patients' experience of Cognitive Behavioural Therapy as a treatment approach for aiding management of their condition.

During the 'health inequalities across the lifespan' module of my MSc I conducted a systematic review investigating inequalities in physical activity undertaken by ethnically diverse groups in the UK. I was very keen to explore health inequalities further in my future research and this PhD provided an excellent opportunity to do this, and to build my knowledge of conducting qualitative research.

Primary care-based interventions for those with multimorbidity: Taking health literacy into account.

Background
Multiple long-term health conditions (MLTCs) are the co-occurrence of two or more long-term conditions. Health literacy (HL) is the ability to obtain, read, understand, and use healthcare information. Recent primary care-based interventions designed for people with MLTCs have shown negligible effects on health outcomes. It is unclear whether HL is currently being considered within these interventions.

Aim
To examine previous research and work together with key stakeholders to develop a new, inclusive model of primary care management for people with MLTCs and varying HL levels.

Methods
Four stages: a systematic review, an interview study, a Delphi study and development of a logic model.

Progress to date

Systematic review
A mixed-methods review was conducted to identify Randomised Controlled Trials (RCTs) and connected qualitative studies. Data synthesis utilised a convergent segregated approach. 5953 articles were identified and 11 selected for inclusion (8 RCTs and 3 qualitative studies). All 8 RCTs measured HL. 4 RCTs considered HL within intervention design. 2 RCTs were found to be effective (2 on mental health, 0 on HRQOL). Treatment burden not measured in any RCTs. Positive qualitative findings for HRQOL contradicted quantitative findings.

Interview study
Interviews currently in progress to investigate key stakeholders' (community members, healthcare professionals, HL experts) views of the research topic. Topic guide informed by PPIE groups and the systematic review.

Next steps
Conduct a Modified Delphi study to gain consensus on factors for inclusion in better support for MLTCs within the context of varying HL. Produce an evidence-based logic model to summarise findings and inform future intervention design.

Moore, Sarah

SPCR Member: University of Exeter

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About me: I'm an academic GP working to improve early cancer diagnosis using large scale electronic healthcare records. I'm particularly interested in using machine learning techniques to gain insights and build prediction models from big data.

Can we determine risk of cancer more accurately in symptomatic patients?

Improving timeliness of cancer diagnosis is a priority for patients and the public and could be achieved by optimising urgent cancer referrals. This project tackles this with three key elements. First, developing a personalised risk score of undiagnosed cancer for patients presenting to their GP with features of colorectal, gastro-oesophageal or pancreatic cancers. Second, ascertaining the optimal method for developing the risk scores by comparing machine learning and logistic regression. Third, modelling the likely impact on patient outcomes. This has significant potential to influence policy and could be indispensable in the next refinement of national guidance.

Morris, Charlotte

SPCR Member: University of Manchester

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About me: I am a GP and Primary Care Researcher in Manchester, interested in health inequalities research particularly focussing on people with dementia. Although previously an epidemiologist and quantitative researcher, I am using a mixed methods approach for my doctoral research. I'm interested to collaborate with others using similar methods in their work.

As part of the trainee event this year, I have been a host for a visiting researcher on the SPCR Research Exchange programme, and I have really enjoyed being a part of this pilot project.

Understanding and addressing socio-economic inequality in the quality and safety of primary care for people with dementia.

Background: Guidelines suggest post-diagnostic healthcare for people with dementia should be primary care led. This healthcare needs to be high-quality and safe. Few studies have looked at how/why recommended primary care processes including prescribing or care planning vary with socio-economic deprivation.

Methods:
1. A scoping review of the literature exploring how indicators of high-quality primary care for people with dementia (safe prescribing, care planning) vary with socio-economic factors.
2. Analysis of the CPRD database. People with dementia, aged >18 years, diagnosed from 2006 onwards will be included and followed up 1,5 &10 years after diagnosis. We will analyse how 'care processes' (including yearly reviews, care planning, medication prescribing/review) and 'outcomes' (including emergency admission, falls, fractures, delirium) vary with socio-economic and other factors of health disadvantage.
3. Qualitative interviews and workshops with people with dementia, carers and healthcare workers living or working in areas of deprivation/disadvantage. Thematic analysis will be conducted. Systems thinking methodology will be used to explore existing systems providing care from multiple perspectives, generating ideas for how these could be strengthened.

Work-to-date: The scoping review found most existing studies explored how prescribing indicators vary with socio-economic status; fewer studies explored care planning. There was evidence of inequality in provision of guideline consistent primary care, particularly studies exploring anti-dementia medications.

Impact: This study will explore existing inequalities in primary care for people with dementia, help us understand why these differences exist and generate ideas for reducing inequalities. Generated ideas will feed into existing primary care guidance frameworks.

Nothnagel, Kerstin

SPCR Member: University of Bristol

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About me: Please I come from a clinical background, initially working as an emergency nurse before transitioning to a physician associate in emergency care. I then specialised as a vascular scientist, and for the past four years, I have been dedicated to making a broader impact on patient care through research. I am particularly passionate about how research can be effectively translated into policy, which led me to my current internship at the House of Lords, where I am gaining firsthand experience in policymaking. My future ambition is to work at the intersection of research and policy to drive meaningful healthcare improvements.

How machine learning can enable primary and community healthcare professionals to perform a deep vein thrombosis (DVT) scan at the point of care.

Background

Deep vein thrombosis (DVT), a formation of blood clots within deep veins, mostly of the proximal lower limb, has an annual incidence of 1–2 per 1000. Patients who are affected by multiple chronic health conditions and who experience limited mobility are at high risk of developing DVT.

Traditional DVT diagnosis involves probabilistic assessment in primary care, followed by specialised ultrasound scans (USS), mainly conducted in hospitals. The emergence of point-of-care ultrasound (POCUS), coupled with artificial intelligence (AI)-applications has the potential to expand primary care diagnostic capabilities.

Aim

To assess the accuracy and acceptability of AI-guided POCUS for DVT diagnosis when performed by non-specialists in primary care.

Design and setting

Diagnostic cross-sectional study coupled with a qualitative evaluation conducted at primary care DVT clinics.

Method

First, a diagnostic test accuracy (DTA) study will investigate the accuracy of AI-guided POCUS in 500 individuals with suspected DVT, performed by healthcare assistants (HCAs). The reference standard is the standard of care USS conducted by sonographers. Second, after receiving both scans, participants will be invited to complete a patient satisfaction survey (PSS). Finally, semi-structured interviews with 20 participants and 5 HCAs will explore the acceptability of AI-guided POCUS DVT diagnosis.

Conclusion
This study will rigorously evaluate the accuracy and acceptability of AI-guided POCUS DVT diagnosis conducted by non-specialists in primary care.

Okello, Immaculate

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About me: This review was conducted alongside an ongoing qualitative study to understand people's experiences and views of T2DM self-management.

My research interests stem from working with and alongside vulnerable communities locally and in Ugandan refugee settings. These works highlighted the health inequalities across systems and potential opportunities to improve health outcomes. My current research is largely qualitative and aims to develop a culturally appropriate self-management intervention for people with T2D. I am eager to learn from other researchers, digital intervention experts and share my experiences of this work and engaging underserved communities.

Type 2 Diabetes Mellitus (T2DM) self-management among people of black African ethnic background in high-income countries: A systematic review of qualitative studies.

Background
Type 2 Diabetes is a growing concern globally with approximately 100,000 people in the UK diagnosed with diabetes annually. This prevalence is higher among people of minority ethnic backgrounds with black Africans being three to five times more likely to have diabetes compared to their white British counterparts. Despite the substantial investment in diabetes management, challenges like non-adherence to treatments or self-management advice among patients persist leading to worse outcomes.
This review thus aims to explore the experiences and understand the contextual factors that enable or hinder diabetes self-management among people of black African ethnic backgrounds.

Methods
A published study protocol is available on PROSPERO (CRD42023481117). 7 electronic databases were searched with no language or date restrictions. We assessed the methodological quality of the papers using the CASP tool. Data from the eligible studies were analysed using thematic synthesis (Thomas and Harden_2008), and a realist evaluation (Pawson et al, 2005).

Preliminary results
We retrieved 11,301 papers and de-duplicated and double-screened these articles. After excluding ineligible papers, 21 articles involving 551 participants were included in the analysis. 10 articles were based in the USA, 7 (UK), 3 (Canada) and 1 (Australia). The commonly cited themes focused on cultural beliefs (e.g. gendered roles), self-efficacy (e.g. conflicting priorities), contextual factors (e.g. stigma) and how these positively or negatively influence self-management behaviour.

Conclusion
To enable sustainable self-management practices and positive diabetes outcomes, interventions should incorporate culturally appropriate components. This includes addressing contextual barriers like stigma, inadequate lay resources and mechanisms fuelling negative outcomes.

Patmanathan, Anna

SPCR Member: University of Bristol

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About me:

Research Interests:
- Health inequities
- Patient and Public Involvement and Engagement

Methodology
- Mixed methods

Health Inequalities in Primary Care: Ethnicity, Antibiotic Resistance and Respiratory Health.

Recent studies have identified that people from ethnic minorities are likely to have a greater level of antibiotic-resistant gut microbiota. Although evidence quantifies the association between ethnicity and respiratory health outcomes, there is currently no evidence regarding how antibiotic resistance contributes to this. Therefore, this research aims to understand the relationships between ethnicity, antibiotic resistance and respiratory health.

To investigate differences between demographic groups, data will be obtained from the BNSSG system-wide dataset. This anonymised individual patient-level dataset encompasses Primary and Secondary care data. This study will investigate associations between ethnicity and health outcomes related to respiratory infections including antibiotic prescriptions, GP and emergency department attendance, and hospital admissions. This study will be one of the first to measure health outcomes related to respiratory infections in different ethnic groups combining both primary and secondary care interactions at an individual patient level.

To explore the experiences of ethnic minority patients and GPs who provide primary care to ethnically diverse communities, qualitative interviews will be conducted. Interviews will ask about experiences of primary care consultations; explore problems with accessing/giving healthcare; investigate reasons for any inequalities; and obtain views on how to reduce inequities.

To ensure public involvement in the research, an advisory group of people with African and Asian heritage has been formed. This group will meet regularly to advise on the research.

This research will allow us to identify possible reasons for increased antibiotic resistance in ethnic minorities, which will enable the development of interventions and identify healthcare service improvements.

Qureshi, Sadaf

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About me: Please give relevant information on your research interests, methodology and/or professional background to aid networking.
I am a pharmacist by background, previously working as a commissioning manager with the ICB. My PhD uses qualitative methodology to inform a health economic model.

Exploring the potential use of pharmacogenomic testing primary care.

The effects of a medicine can vary greatly between individuals. Although medicines work well for most people, differences in people's genetic makeup can mean that they work less well for some and cause adverse drug reactions (ADRs) in others.

Pharmacogenomics is the study of how genes affect a person's response to medicines. By using pharmacogenomic testing, there is a potential to predict how well a patient would respond to a particular medicine and so reduces the potential for an ADR from the medicine, including serious ADRs that may result in admission to a hospital or accident and emergency (A&E) visits. However, there is limited use of pharmacogenomic testing in primary care, such as in pharmacies or GP surgeries. This is partly related to a limited understanding of how pharmacogenomic testing could work, limited requirements in terms of testing and dosage adjustments and how this may impact patients and clinicians use in primary care.

The aim of this study is to develop pharmacogenomic-guided clinical pathways, for use in everyday clinical practice in the UK primary care setting. This research will involve three workstreams. The first workstream involves interviewing GPs, pharmacists, nurses, and patients to understand their views on the use of pharmacogenomic testing. The second workstream involves the use of focus groups to present the findings from workstream one to a group of experts, to develop/amend pharmacogenomic-guided clinical pathways for use in practices by GPs, pharmacists, or nurses. This will include looking at the roles and responsibilities of GPs, pharmacists, and nurses to see who the best-placed healthcare professional would be to take on the use of pharmacogenomic testing to aid prescribing in primary care. The final workstream of this research involves an economic evaluation to examine if these pathways are a good use of healthcare resources.

Read, Katie

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About me: Interests: Primary Care, Women's Health, Health Psychology, Qualitative Methods, Feminist Research, Person-Based Approach & Digital Interventions

Enhancing Communication about Menstrual Problems in Primary Care: Development, Optimisation, and Initial Evaluation of the Empathic-Flow Module.

Objective: To explore patients' and primary care practitioners' (PCPs') perspectives of primary care interactions relating to menstrual problems. *Methods:* A search was conducted on four electronic databases (MEDLINE, EMBASE, CINAHL, PsycINFO) alongside Google Scholar, website and citation searching for published journal articles with qualitative findings surrounding primary care interactions relating to menstrual problems. Meta-ethnography was the selected method of synthesis, producing a 'line of argument'.

Findings: Twenty-eight studies exploring menstrual problems (i.e., dysmenorrhea, menorrhagia, endometriosis, fibroids) were synthesised. The findings of the synthesis suggest alternative experiences or perceptions of primary care encounters for menstrual problems, which was experienced or recognised by both patients and PCPs. These experiences and perceptions related to normalisation of symptoms, psychologization and scepticism regarding menstrual problems, reliance on expert or experiential knowledge, patient-centredness, patient self-advocacy, taboo and avoidance when discussing menstrual problems, dismissal or not being taken seriously as well as reluctance, refusal or hesitancy in referral, diagnosis or management.

Conclusion: Perceptions and experiences of primary care consultations for menstrual problems are messy, with many factors involved in communication during and actions following the encounter. *Practical implications:* Developing a better understanding and 'picture' of the consultations from the perspectives of both patients and PCPs has the potential to improve the encounter for all those involved. The findings from this synthesis will inform the development of a training module (Empathic-Flow) to enhance PCPs' communication during primary care interactions relating to menstrual problems.

Rookes, Tasmin

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About me: Clinical trials, research methodology, health promotion, multi-morbidity, self-management, long-term conditions, intervention development.

How do we adapt interventions for older adults which help with healthy ageing when we deliver them to those with cognitive impairment?

Health promotion interventions help older adults age well, but cognitive impairment, beyond dementia, is not assessed. Evidence suggests mild cognitive impairment reduces intervention effectiveness. Using mixed methods, we explore adaptations to health promotion interventions for older adults with mild cognitive impairment.

Data from the HomeHealth trial, testing the effectiveness of a home-based behaviour change intervention for older adults with mild frailty to maintain independence, was used. Quantitative secondary data analysis found no impact of cognition on activities of daily living and unplanned admissions, but those with worse cognition made less goal progress. Qualitative interviews and triangulation of intervention documents explored barriers and facilitators to engagement with the intervention in those with mild cognitive impairment.

Areas for intervention adaptation include, reminders to perform the behaviour, pairing the behaviour with an existing behaviour to embed it into their daily routine, education about dementia prevention strategies which align with general health promotion advice, pacing behaviours based on current capabilities, social support from family and friends to complete behaviour, support from an external/neutral facilitator, signposting to local community services and following up on these, setting a wide variety of goals for all domains of life, and giving clear information of what the intervention is, how it can help, and what they should expect to gain from it.

These approaches will be presented to key stakeholders to determine the feasibility, acceptability, and importance to inform a guideline to support intervention developers and deliverers to adapt health promotion interventions for people with mild cognitive impairment.

Samuel, Miriam

SPCR Member: Queen Mary University of London

About me: I am an academic GP based in Tower Hamlets. During my ACF I gained experience of using routinely collected health records in platforms including Open SAFELY, CPRD and Genes & Health to answer questions related to health inequalities. During my PhD fellowship I hope to gain experience and training in the use of genetic data in health research, PPIE, and communicating research findings in a way that promotes impact.

Can genetically informed personalised diabetes testing help address health inequalities.

Diabetes is a common disease marked by high blood sugar (glucose). This causes health issues like eye, kidney, and heart problems, known as diabetes complications. Timely diabetes treatments aim to reduce blood glucose and avoid complications. In the UK, South Asians are at higher risk of diabetes and have more diabetes complications than white Europeans, but we do not know why. The blood test used to diagnose diabetes and guide decisions around when to start treatment is called HbA1c. HbA1c may not be a good measure of blood glucose amongst adults with conditions affecting their red blood cells, such as thalassaemia, which are commoner amongst South Asians than white Europeans. This could lead to delays in diabetes diagnosis and treatment, which could cause diabetes complications.

I will use genetic data from individuals participating in Genes & Health and UK Biobank to identify adults with red blood cell conditions. I will then investigate whether these adults have more diabetes complications

In this fellowship I am to:

- use genetic data to compare how common genetic changes linked to red blood cell conditions are amongst South Asians and White Europeans.
- use health record data to understand if individuals with red blood cell conditions experience more diabetes complications through delays in diabetes diagnosis and treatment.
- review the current evidence on how genetics has been used by GPs in ethnically diverse communities.
- conduct focus groups to explore attitudes towards the use of genetics in diabetes care.

Schillok, Hannah

SPCR Exchange Programme: Medical facilities at the LMU Clinic

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About me: I am a health services researcher with a background in business administration and public health, currently pursuing a PhD in Medical Research at LMU Munich. My research focuses on mental health topics, particularly depression, suicidality, PTSD, and dementia. As part of an interdisciplinary Research Training Group with 17 other PhD candidates, I work on innovative approaches to facilitating mental health diagnostics and depression care in general practice.
I am deeply committed to effective and innovative research communication at our university and have a strong interest in health economics-related topics.

Effective Components of Collaborative Care for Depression in Primary Care: An Individual Participant Data Meta-Analysis.

Importance: Collaborative Care is a multicomponent intervention for chronic disease patients in primary care. Its effectiveness in treating depression has been proven, but individual participant data (IPD) is needed to identify the key components driving this effect.

Objective: To assess which components of Collaborative Care drive its effectiveness in reducing depression symptoms in primary care.
Data Sources: Data were obtained from Medline, Embase, Cochrane Library, PubMed, PsycInfo, and systematic review references, up to March 14, 2024.

Study Selection: Two reviewers assessed for eligibility, i.e. randomized controlled trials comparing Collaborative Care and usual care in adults with depression in primary care.

Data Extraction and Synthesis: Following PRISMA-IPD guidelines, we collected IPD on demographics and depression outcomes measured at baseline and follow-ups from authors of eligible trials. Employing IPD, linear mixed models with random effects were used for analysis.

Main Outcomes and Measures: Z-Standardized depression severity was measured via validated self-report tools at 4-6 months.

Results: We analyzed 35 datasets (N=20,046). Collaborative Care led to significantly better depression outcomes in the short and mid-term, with effects lasting up to 12 months. Significant interaction effects were found for Therapeutic Treatment Strategy (-0.07, P=.00) and Measurement-based Care (-0.04, P=.03), highlighting their importance in intervention success.

Conclusions and Relevance: We identified components of collaborative care associated with improved effectiveness in reducing depressive symptoms. To optimize treatment effectiveness and resource allocation, a *Therapeutic Treatment Strategy* – such as manual-based psychotherapy or family integration – and *Measurement-based Care* should be prioritized when implementing a collaborative care intervention.

Silverwood, Victoria

SPCR Member: Keele University

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About me: I am an academic GP based at Keele University in the School of Medicine. My research is focussed on the perinatal mental health of women and birthing people and my recently completed doctoral research explored intervention options for managing perinatal anxiety in primary care. I am a mixed-methods researcher with specific expertise in qualitative methods. I will commence a post as a NIHR Clinical Lecturer at Keele University in November 2024 where I will continue to expand my perinatal mental health research, expanding into parental mental health as a research interest.

Defining optimal interventions for Perinatal Anxiety (PNA) in a primary care population: a multi-methods study.

Introduction

Perinatal anxiety (PNA) occurs during pregnancy and up to 12 months post-partum. PNA affects approximately 21% of women worldwide and can have a negative impact on mothers, children and their families. This doctoral research aimed to address evidence gaps that have been identified around non-pharmacological interventions for PNA in primary care.

Methods
Multi-methods were used across three studies, a meta-review of systematic reviews, a secondary analysis study of qualitative data and a primary qualitative study. A community engagement and involvement (CEI) event informed the development of a PNA care pathway. PNA Patient and public involvement and engagement group involved throughout.

Results
The meta-review summarises existing evidence about non-pharmacological interventions in primary care, demonstrating that there is a wide range of potentially effective interventions. The secondary analysis study explored perspectives of PNA interventions from 17 women with PNA, the primary qualitative study explored the experiences of PNA interventions from 30 PNA stakeholders. Findings from both qualitative studies conclude that women utilise a variety of options to manage PNA across healthcare and community settings. Women express a preference for personalised care, and emphasise the value of continuity of care. Discussions at the CEI event informed the development of a care pathway, which outlines key findings about PNA information and education, help seeking and interventions.

Conclusion
This doctoral research demonstrates the importance of considering interventions across healthcare and community services for PNA in the context of each individual woman, recommending that we aspire to deliver personalised care for PNA wherever possible.

Simkins, Joanna

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About me: I am a chartered physiotherapist working in a primary care musculoskeletal service at Shrewsbury and Telford NHS Trust and as a Research Assistant at Keele University. I am starting my NIHR SPCR PhD in October 2024. My research interests are in osteoarthritis, health literacy and supported self-management of musculoskeletal conditions. My research experience is in qualitative and mixed-methods health research.

Osteoarthritis flares in primary care: developing information resources to support self-management.

Background: Osteoarthritis (OA) is a leading cause of pain and disability worldwide and is predominantly managed in primary care. OA is often perceived as a progressive condition inevitably resulting in joint replacement. Recent and growing evidence characterises OA as having a highly variable clinical course that is often experienced as acute symptoms changes or 'flares' (sudden-onset episodes of increased signs and symptoms that can lead to physical and mental distress). Consequently, managing OA as a long-term progressive condition is likely to lead to suboptimal care. What information is currently available to help people with OA to better understand and manage OA flares is unknown.

Aims and objectives: The overarching aims is to investigate knowledge, understanding and confidence related to self-management of OA flares to inform the development of an OA flares information resource.

Methods:

1. A scoping review will be conducted to identify and map publicly available patient information for OA flares
2. Qualitative semi-structured interviews will be undertaken to explore people with OA and HCPs' understanding about OA flares; information and self-management resource needs and preferences about new resources.
3. Stakeholder co-design to develop an OA flares self-management information resource.
4. Think aloud interviews to test the resource and optimise it based on feedback.

Expected outcomes:

1. Critical understanding of the quality of OA flares resources.
2. New knowledge of what people want and need to know about OA flares to support self-management.
3. A co-designed OA flare self-management information resource.
4. Understanding of people's reactions to the resource.

Sultan, Najia

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About me: I am an academic GP based in Tower Hamlets and QMUL. After completing academic GP training and an NIHR In-Practice Fellowship in Primary Care, I am due to start my PhD at QMUL in October 2024. My research interests are the use of bilingual narrative methods, generalist care and health experiences of British Pakistani patients.

Symptom appraisal and help-seeking in British Pakistanis with multimorbidity: an in-depth ethnographic case study.

The NHS is in crisis. Poor health outcomes during the pandemic affected ethnic minority communities disproportionately. Meanwhile, changes to primary care delivery necessitated by the pandemic persist, despite limited evidence exploring the impact of these changes on minority communities.

The UK is home to over 1.5 million British Pakistanis. This is a community known to have high rates of long-term health conditions, poor experiences receiving care and poor health outcomes across a range of indicators. During the pandemic, British Pakistanis experienced both higher rates of infection and mortality than almost all other ethnic groups. Better understanding how this community makes sense of symptoms and seeks help offers one way of addressing their ongoing poor health outcomes.

This project will use ethnographic approaches - spanning patients' homes and primary care settings - to build a rich picture of how British Pakistanis experience and appraise symptoms, including how, when, and why they seek support from social networks and healthcare services. The project will involve serial narrative interviews with participants and their carers / families, as well as observations at homes, during clinical encounters (e.g.visits to the GP) and the completion of cultural probe exercises. The ethnography will include focus group discussions with British Pakistani GPs to provide a wider context that can inform care. Findings can be used to inform the debates regarding the ongoing re-organisation of NHS systems including changing modes of access (e.g. total triage systems/ the digitalisation of care); and for those developing local Primary Care protocols and pathways.

Swann, Nadia

SPCR Member: University of Oxford

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About me: My topic is timely as NHS England guidelines permit closed-loop to be prescribed to certain patients from 2024. Wearable sensors can now also be prescribed by GPs. In the US, a closed-loop system has now been approved for type 2 diabetes.

I am a 'patient-led' researcher who is a carer/relative and a director of a T1D research charity. A former law firm partner and linguist by background, I am interested in the close study of power and discourse. My research interests also include patient safety (see publications below) and I would also like to get more involved in Long Covid research.

- https://pubmed.ncbi.nlm.nih.gov/38050161/
- https://pubmed.ncbi.nlm.nih.gov/39209722/
- https://pubmed.ncbi.nlm.nih.gov/39117426/

What happens when patients know more than their doctor about technology? Patient knowledge and type 1 diabetes technologies in the clinician encounter.

How might patient knowledge of new and evolving type 1 diabetes (‘**T1D**’) technologies affect clinician interaction and access for patients?

My PhD/DPhil research sits at the intersection of technological innovation and patient self-management, considering patient knowledge of AI operated, advanced digital health solutions. Known as ‘closed loop’ systems, these technologies use glucose sensors and pumps to deliver continually dose-adjusted levels of medication automatically and subcutaneously, using a predictive algorithm.

My research questions focus on how patient knowledge of closed loop insulin delivery systems may affect clinician-patient interaction and treatment access.

I will use knowledge and power theoretical lenses in my thesis to explore views and assumptions and a case study method. I will consider the ‘case’ of self-management technologies and their use in situated contexts of T1D care. I will carry out 30 narrative interviews and observe patient-clinician encounters across three sites covering primary care, a secondary care district general hospital and a large tertiary centre, using ethnographic methods. Sampling will incorporate those ‘bounded’ by the case, including healthcare professionals, those using technologies, and the family members and peer groups supporting them, using snowball sampling. My analysis will be informed by critical discourse approaches and linguistic ethnography, aiming to capture both rich historical narrative and forward perspective.

A richer understanding may help to influence clinician perceptions relating to access to diabetes technologies including glucose sensors, pumps and closed-loop, as NICE TA943 is implemented into clinical practice in the UK and as similar technologies become more available.

Syed, Saif Sayeed

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About me: Saif is a dentist with research interest in oral health inequalities, universal health coverage, primary care, healthy ageing, and health systems and policy research. He has completed MSc Dental Public Health from UCL and pursuing PhD at Queen Mary University of London. He has previously worked as consultant for Public Health Foundation of India on research related to People's participation in Universal Health Coverage. He is also working with UCL Dental Public Health team to support trial that aims to improve oral health of older adults living in care homes and dependent settings in the UK using a skill-mix model.

Strengthening access to primary dental care by developing an essential oral health package for older adults in England (ESSENTIAL Study).

Background: In England, the demographics have shifted towards an ageing society, with older adults comprising 18.5% of the population in 2020. In 2009, approximately 7.6 million older adults retained their natural teeth, many of which were heavily restored. Thus, this population requires continued access to oral health services to maintain their oral health.

Aim: The study aims to develop an essential oral health package for older adults in England

Methods: The study is being conducted in 3 phases. Phase 1 involved a situational analysis of the oral health services in England. It comprised a literature review and data analysis to identify oral health needs and status of access to oral health services at primary care level. Phase 2 is a qualitative study exploring perceptions of various stakeholders (such as dentists, academics, patients, commissioners, consultants, care home managers and staff) on factors influencing access to dental services and oral health needs of older adults in England. Phase 3 will be a modified Delphi study involving multiple stakeholders (such as dentists, academics, patients, commissioners, consultants, NGOs) to achieve a consensus on an essential oral health package.

Results: Phase 1 identified a range of oral health needs such as dental caries and periodontal disease. Phase 2 explored factors affecting access to oral health services at various levels such as at individual level (costs, mobility, language) and at health system level (workforce, finance, governance). It also identified several broader factors (such as economy) affecting the phenomenon of access. These findings will inform the Phase 3.

Treadgold, Bethan

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About me: Postdoctoral research fellow within the Primary Care Research Group, University of Exeter. Research interests are interdisciplinary, with a focus on digital health services research, internet-mediated research, patients and carers' experiences, and employing qualitative research methods. Background in Health Psychology.

Accessibility, acceptability, and accuracy of online support groups for primary care conditions.

Background

The use of health-related online support groups (e.g., online forums and social media groups) to support self-management of health issues has become increasingly popular. However, the quality of user-generated health information and advice exchanged in online support groups has been found to be of variable quality. Research has not explored how primary healthcare professionals, as trusted contacts for patients, and with recent governmental policy driving digital-first primary care provision, could participate in quality assuring information and advice in online support groups.

Aims of fellowship

1. To explore the usefulness of a quality approval system overseen by primary healthcare professionals, for information and advice shared in online support groups.
2. To explore how a quality approval system overseen by primary healthcare professionals, for information and advice in online support groups, could be operationalised in practice.

Methods

Phase 1. Scoping review of the literature on the quality of information and advice about health conditions in online support groups.
Phase 2. Quality appraisal study of information and advice exchanged in online support groups about common primary care conditions.
Phase 3. Qualitative interviews with primary healthcare professionals and the public.
Phase 4. Preparation of future research proposal.

Implications

This fellowship will identify the need for, and practicalities associated with, quality assuring information and advice in online support groups. Findings could promote patient safety, discussions in consultations, and improved self-management of health. Emerging findings could inform career opportunities for primary healthcare, with quality assurance of online health information being a current gap in provision.

Progress to date and next steps will be presented.

Trindade, Mariana

SPCR Exchange Programme: GP Resident, Coimbra - Portugal

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About me: My research interests lie at the intersection of healthcare policy, human capital management, and labor economics, focusing on workforce retention and skills mismatches in the medical profession. I employ a mixed-methods approach, combining quantitative data analysis of healthcare workforce trends with qualitative interviews of doctors across generational cohorts. With a professional background in healthcare management and public policy analysis, I aim to bridge academic research and practical policy solutions to enhance healthcare systems' sustainability. This interdisciplinary perspective supports my goal of developing actionable strategies to address workforce challenges within the Portuguese National Health System and beyond.

MD – Medical Resident.

This interdisciplinary PhD thesis explores the evolving relationship between healthcare human resources management and the medical profession within the Portuguese National Health System (NHS). The study focuses on the significant skills mismatch experienced by doctors, which surpasses that of other professions, leading to concerns over wasted human capital and increased job dissatisfaction. This mismatch contributes to workforce turnover, with particular attention to younger doctors, a group underrepresented in existing research.

The research aims to identify key factors driving younger physicians to leave the NHS and the broader implications for public healthcare sustainability. It also examines the need for strategies that extend the professional activity of older doctors while creating appealing opportunities for younger generations. These strategies must address both generational expectations and structural challenges in healthcare employment.

By situating these issues within a socio-economic and policy framework, the thesis emphasizes the need for governmental intervention to retain human capital and prevent its depreciation within the public healthcare sector. This research provides new insights into policy design aimed at reducing workforce turnover, enhancing job satisfaction, and preserving the NHS's long-term functionality.

Through a comprehensive analysis, the thesis contributes to understanding how better human resources management can valorise the distinctive characteristics of the medical profession and maintain the viability of the Portuguese NHS amidst an increasingly strained healthcare Environment.

Tyler, Natasha

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About me: My key areas of interest are: Health Services Research, Quality and Safety, Mental Health, Care Transitions, Patient Involvement, Implementation, Co-design.

Testing the Feasibility of the SAFER-MH Intervention.

Background

Care transitions (when patient care is transferred from one team, department or organisation to another) are widely recognised as a vulnerable, high-risk stage in the care pathway, as multiple professionals are involved across sectors. In 2011-2021, 14% of patients who died by suicide had recently been discharged from secondary mental health services to community and/or primary care services. Improving systems, processes and support during this critical period has the potential to be life-saving. Covid-19 has deteriorated risks associated with patient discharge from mental health hospitals and continuity of care in primary care and social care. Therefore, research to improve mental health transitions is needed more than ever.

Methods

This fellowship builds on my work to date, based on a mental health discharge intervention entitled SAFER-MH. I evaluated the feasibility and acceptability of SAFER-MH on three inpatient mental health wards in the North of England. I collected quantitative data using questionnaires (patient/carer experience and staff feasibility, acceptability and appropriateness) and qualitative data interviewing patients discharged from services pre and post-intervention. Qualitative data were analysed using thematic analysis and collaborative coding of a subset of transcripts was conducted with the lived experience advisory panel.

Results

Interviews were conducted with 55 participants across the pre and post intervention phases. Questionnaires were completed with 80 participants. Analysis is currently underway. Early analysis suggests the SAFER-MH intervention is generally deemed feasible and acceptable, however improvements are needed to improve accessibility, reduce duplication and improve staff engagement.

Discussion, Conclusion and Future Work

I will continue to analyse the data and improve the SAFER-MH intervention based on feedback from the study. I have been awarded a NIHR Three Schools Mental Health Fellowship to improve SAFER-MH concentrate on improving inter-professional communication between primary, community and secondary care, which will commence in January 2025.

Vennik, Jane

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About me:

- Qualitative researcher employing a range of qualitative methods to inform clinical trials, to develop and optimise interventions, and to support wider implementation of research findings.
- Research manager delivering NIHR-funded research projects within Primary Care Research Centre at the University of Southampton.
- Chair of the Faculty of Medicine ethics committee
- Interested in healthcare communication, learning disabilities and autism, inclusion of underserved groups in research, respiratory illnesses.

Developing recommendations to enhance annual health checks and health actions plans for people with a learning disability.

People with learning disabilities experience significant health inequalities: they have poorer physical and mental health and reduced life expectancy compared to people without a learning disability. Primary care provides annual health checks, but quality is variable, and experiences are mixed.   The health action plan is a key outcome of the health check, summarising main health needs and agreed actions such as referrals, monitoring, and health promotion, but it is unclear how well the action plan is communicated, understood, and implemented. The aim of this project is to develop recommendations to enhance the implementation of health action plans for people with a learning disability.

A total of 8-10 dyadic interviews with people with a learning disability and their carer/supporter will be conducted to explore experiences and understandings of their health action plan. Follow-up interviews after 3 months will explore the extent to which plans have been implemented, and to find out how people with a learning disability are being supported to self-manage their health. Semi-structured interviews will also be conducted with up to 20 primary healthcare professionals from the same GP practices through which patients/carers were recruited, to understand how health action plans are developed, discussed, and agreed, and to explore perceived barriers to implementation.

Finally, co-production workshops with people with a learning disability, carers/supporters and healthcare professionals will develop recommendations to optimise health action plans to support people with a learning disability to better manage their health.

Virdee, Pradeep

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About me: I am a Statistician specialising in the use of repeated measures data for clinical risk prediction, electronic health records data, clinical trials, and oncology. My current projects include the BLOTTED observational study (blood test trends for cancer detection) and the SYMPLIFY clinical trial (diagnostic accuracy of a multi-cancer early detection test). I am keen to develop further research collaborations in these areas in particular. I enjoy supervising students and teaching statistics and research methodology.

Full BLOOD count TRends for colorectal cAnCer deteCtion (BLOODTRACC): external validation of dynamic clinical prediction models for early detection of colorectal cancer in primary care.

Background:
Colorectal cancer is the fourth most common type of cancer and second most common cause of cancer-related death in the UK. Survival depends heavily on tumour stage at diagnosis (five-year survival: 93% at Stage 1, 10% at Stage 4). Trends over repeated full blood count (FBC) blood tests in primary care could facilitate earlier detection. I developed dynamic prediction models utilising these trends (the BLOODTRACC models). I tested these prediction models in this research.

Methods:
An external validation using a cohort study design and primary care data from the Clinical Practice Research Datalink and linked databases. The BLOODTRACC models are sex-stratified multivariate joint models, incorporating trends over historical FBCs up to the current FBC (baseline) and age at baseline for two-year risk of colorectal cancer. Model performance was assessed using the area under the curve, calibration slope, and calibration plots.

Results:
There were 0.6% (16,306/2,746,544) men and 0.5% (15,453/3,276,939) women were diagnosed with colorectal cancer in two years following their current FBC. Mean age at current FBC was 65 years for men and 73 years for women. The AUC was 0.74 (0.74-0.75) for both men and women. The calibration slope was 0.98 for men and 0.97 for women, indicating slight overfitting.

Conclusion:

The dynamic BLOODTRACC models performed well in identifying colorectal cancer. Further validation work and subsequent implementation studies in primary care practices will be conducted as future work.

Wanjala, Mercy

SPCR Exchange Programme: Family medicine doctor based in Kenya

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About Me:

Improving Access to Mental Health Services: A Community-Based Primary Care Interventional Study in Kenya.

Introduction:
Mental health services are often underutilized in many low-resource settings, particularly within primary care. The integration of mental health into primary health care systems is essential for increasing access, reducing stigma, and improving overall health outcomes.

Objectives:

1. To raise community awareness and understanding of mental health issues.
2. To enhance access to mental health services through effective screening and referral mechanisms.
3. To evaluate the impact of the interventions on service utilization and community attitudes.

Methodology:

This interventional study will be implemented in a primary care setting in Kenya and will adopt a mixed-methods approach:

- Awareness Campaigns: Behavioural health messages for the community via selected channels.
- Screening and Referral: All adult patients will be screened using a self-administered form at registration. A referral system will be established to direct patients to mental health specialists based on their screening outcomes. Patients will also undergo short exit interviews to continually improve the referral process.

- Monitoring and Evaluation: Key performance indicators (KPIs) will be established to assess the project's impact on mental health service utilization. Surveys will measure community attitudes toward mental health, and a cost-effectiveness analysis will evaluate the sustainability of the interventions.

Conclusion:

This study aims to provide a scalable model for integrating mental health services into primary care in low-resource settings. By increasing awareness, improving screening and referral processes, the study findings will contribute to the broader discourse on mental health integration in primary care, with the potential to shape future interventions in Kenya and similar contexts globally.

Wardman, Hannah

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About me: I am a GP interested in prospective clinical research in the fields of food allergy and asthma. As part of my ACF I was part of an asthma diagnostic study and a food allergy prevalence study. I have become passionate about integrating research across primary and secondary care, especially in the field of food allergy. I hope to provide evidence-based research to improve the diagnosis and management of food allergy.

Improving the diagnosis of IgE and non-IgE mediated food allergy in primary care.

Background
NICE have highlighted the need for improved guidance in diagnosing food allergy and referral pathways into secondary care. Unfortunately, allergy services are over-stretched and food allergy diagnosis is complex. It is often difficult for clinicians in primary care to distinguish between IgE- and non-IgE mediated food allergy, IBS, food intolerance, to name a few. My PhD is nested within the Patterns and Prevalence of Adult Food allergy (PAFA) study, which was conducted between 2020-2024. This study collected data on adverse reactions to foods and performed food allergy testing, on adults, in the UK.

Aim: To improve the diagnosis and management of suspected IgE and non- IgE mediated food allergy in primary care.

Objectives:

1. Assess the prevalence of different phenotype's of IgE and non-IgE mediated food allergy, in adults, in the UK.

2. Assess the prevalence of asymptomatic sensitisation to foods, in adults, in the UK.
3. Develop a referral guideline for GPs to identify which adult patients reporting adverse reactions to food require referral to the allergy service for full evaluation.
4. Perform semi-structured interviews to understand how clinicians, in primary care, approach patients with a suspected food allergy.

Impact:
This work will help quantify the burden of food allergy in the adult, UK population. It will provide important information for developing national guidelines for primary care and inform policy makers. It will help facilitate understanding of the feasibility of allergy testing within primary care.

Wood, Lianne

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About me: I am clinical academic Advanced Spinal Practitioner Physiotherapist. I am passionate about improving diagnosis and treatment of spinal conditions and the relevant clinical pathways. I have experience in quantitative research methods and will be learning qualitative skills for this fellowship. I am currently leading a NIHR Programme Development Grant to explore the role of prehabilitation for people undergoing surgery for lumbar spinal stenosis using realist review methods, and secondary dataset analyses.

Improving awareness of degenerative cervical myelopathy in primary and community care.

Degenerative Cervical Myelopathy (DCM) is the most common cause of non-traumatic spinal cord compression, caused by things like disc disease or arthritis. If DCM isn't treated, it can lead to increasing disability and even paralysis. It costs the UK about £0.7 billion each year, as although surgery aims to stop progression of the condition, it may not reverse the symptoms.
The first signs of DCM can be unclear and range from changes in sensation, difficulty walking, or problems with the neck or arms. Many patients I talked to say their regular doctors, emergency room doctors, and physiotherapists didn’t recognise the early symptoms. This can mean it takes a long time to get a diagnosis and treatment (average 3-5 years). Since DCM naturally gets worse over time, it is important to improve the time it takes to receive a diagnosis (i.e. get an MRI scan) and the resultant treatment.

Using key stakeholder engagement across care services, I aim to 1) use data from the Clinical Practice Research Datalink to identify the diagnostic utility of early symptoms of DCM using retrospective data over five years before a diagnosis of DCM, 2) explore facilitators and barriers to diagnosis in primary and community care through qualitative interviews with various stakeholders and people with lived experience of DCM. In addition, I plan to develop and submit a competitive NIHR Fellowship to develop a diagnostic tool to improve early diagnosis and management.

Woodward, Abigail

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About me: I am a qualitative researcher with a background in Sociology and a long-standing interest in healthcare inequalities in primary care/community settings. My research is multidisciplinary and broadly focuses on the intersection of socioeconomic deprivation, ethnicity and health inequalities.

Addressing the unmet health and wellbeing needs of South Asian family carers through co-production of inclusive and accessible social prescribing opportunities.

Informal care is described as care, which is unpaid and provided by a family member, partner or friend. Expectations and norms surrounding culture, religion and family structures, along with language barriers and accessibility of mainstream support services, all add to the growing evidence that experiences of minority ethnic carers are frequently different and more challenging than those of their White British counterparts. Carrying out a caring role can have a significant impact on the physical and mental health of carers across all ethnic groups and it is important to understand the specific social and structural determinants of health that may impact and create greater disparities. For instance, compared to their white counterparts, South Asian carers are reported to have higher levels of social isolation, anxiety and depression.

Development of interventions that are not designed or tested with diverse populations can lead to less-effective support services and important differences being overlooked, potentially exacerbating health inequalities. Social prescribing programmes can help reduce isolation and improve mental health by enabling carers to access support and activities in their local area, usually provided through the voluntary and community sector. The National Academy for Social Prescribing (NASP) identifies that ethnic minority groups are under-represented in social prescribing and that there is a very limited evidence base for this population.

The aim of the Fellowship is to co-produce a set of recommendations and guidelines needed for delivery of social prescribing that is inclusive and accessible for carers from South Asian backgrounds.

Zhao, Tianchang

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The demand and supply determinants of GP activity.

This thesis consists of 4 empirical chapters and 1 method chapter. Chapter 1 used multivariable cross-sectional regression analyses to relate practice level population age and deprivation, numbers of GPs, nurses, and other care professionals, and organisation characteristics to numbers of appointments by staff type and to proportions of appointments on the same or next day after booking.
Chapter 2 compares the drivers of primary care appointment volumes before and after the Covid-19 pandemic using longitudinal data, identifying primary care providers which may face bigger challenges supplying sufficient appointments to patients following the pandemic.

Chapter 3 introduces appropriate compositional data analysis methods to health economists and aims to promote the use of CoDA by demonstrating the consequences of directly using proportions in regressions in the context of health economics, using planned hospital admission rates measured at general practice level as an example outcome variable.

Chapter 4 estimates the production functions of general practice appointments categorised by type of staff and time between booking and appointment, using practice workforce as inputs. The marginal effects of each clinical input are computed, which in general increase with practice size. The cost optimal staff ratio for medium level of production is identified by the isoquantity and isocost curves.

The final chapter analyses the relationship between the composition of practice income (i.e., capitation, pay for performance, fee for service, and others) and various practice performance measures using compositional data analysis methods described in Chapter 3, aiming to identify the optimal mix of primary care payment methods.