NIHR | School for Primary Care Research

SPCR Trainees Event 2023

Elevator Pitch: Abstract Booklet

This booklet accompanies the elevator pitches, presented by award holders, on the afternoon of Thursday 14th 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.

- Aker, Narin
- Akyea, Ralph Kwame
- Anjum, Rifah
- Antcliff, Deborah
- Birtwell, Kelly
- Bowker-Lonnecker, Lin
- Burgin, Jo
- Campbell, Gillian
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- Hanson, Isabel
- Hindes, Iona
- Hindi, Ali
- Hounkpatin, Hilda
- Hulme, Celia
- Ibrahim, Kiran
- Kalin, Asli
- Kallis, Tom
- Kozmer, Stella
- McDonagh, Sinead
- Moore, Sarah
- Morris, Charlotte
- Nothnagel, Kerstin
- Okello, Immaculate
- Pathmanathan, Anna
- Potter, Lucy
- Price, Anna
- Qureshi, Sadaf
- Read, Katie
- Rookes, Tasmin
- Syed, Saif
- Tawse, James
- Treadgold, Bethan
- Virdee, Pradeep
- Zhao, Tianchang

Name: Narin Aker

Award: PhD Studentship

SPCR Member: UCL

Contact information:
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Title:
Inequalities in access to primary care for people from minority ethnic groups living with dementia towards the end of life

Abstract (max 250 words):

Background:
The UK is home to many people who identify as being from ethnic minority groups, with over 25,000 people from minority ethnic communities living with dementia in England and Wales. Research has found that there are disparities in access to and utilisation of palliative care and end of life care among these groups, and a need for further research has been identified in Western multicultural countries to understand the underlying reasons for these differences.

Methods:
Study 1: Scoping review on how older people from minority ethnic groups in any country with any health condition access and utilise palliative and end of life care.

Study 2: Qualitative interview study with people living with dementia from minority ethnic groups, family carers and healthcare professionals to explore issues relating to inequalities faced towards the end of life.

Study 3: Co-design workshops to inform the development of a resource to support healthcare services target inequalities within this demographic and improve access to support.

Results:
Scoping review findings reflect several barriers and facilitators for people from minority ethnic groups accessing and utilising palliative care. These include: 1) migratory experiences, 2) trust, 3) religion and hope, 4) cultural values, 5) societal and structural issues, 6) language and communication, and 7) knowledge of hospice and palliative care.

Conclusion:
Research findings will increase understanding of care towards the end of life care for people from minority ethnic backgrounds and their carers, which will highlight the inequalities present and consider ways of addressing these issues.

Additional information (max 100 words):
PhD student at UCL with background in qualitative methods. Research interests include dementia, palliative care, health inequalities, and cross-cultural ageing.

Name: Ralph Kwame Akyea

Award: Post Doctoral Fellowship

SPCR Member: Centre for Academic Primary Care, Nottingham

Contact information:

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Title:

Cholesterol trajectories and lifetime risk of cardiovascular disease outcomes: A cohort study using UK primary and secondary care data

Abstract (max 250 words):

Each year, heart and blood vessel diseases (commonly known as cardiovascular disease [CVD]) such as heart attack and stroke result in millions of deaths around the world. Many individuals have raised cholesterol levels in their blood that causes fatty deposits to narrow their blood vessels.

Previous tools used to assess an individual's likelihood of having a disease of the heart and blood vessels have been based on a single/one-time measurement of cholesterol and other factors known to increase one's risk of cardiovascular disease. Two recent studies from the US have shown that cholesterol build-up over early adulthood increases one's risk of some cardiovascular diseases in the future.

Using electronic patient records from general practices across the UK, this study aims to revisit how diseases of the heart and blood vessels are assessed. Repeated cholesterol measurements during childhood and adulthood together with other factors known to increase one's risk (such as high blood pressure, smoking, obesity) will be described and then used to assess an individual's risk of cardiovascular disease later in life.

The findings of this study will provide evidence that could influence the decision to start managing cholesterol levels at a much younger age. Additionally, the study will look at the risk of cardiovascular disease in difference groups of people, based on ethnicity and social deprivation. That way, we will be able to define characteristics of people who might be at a greater risk than the general population, to ensure they are given the necessary attention.

Additional information (max 100 words):

Clinical Epidemiology; Population Health; Health Data Science; Healthcare and Cohort Data; Clinical Informatics

Name: Rifah Anjum

Award: PhD Studentship

SPCR Member: QMUL

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Title:
The natural history of mild cognitive impairment in a diverse population

Abstract (max 250 words):

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 overrepresent 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.

Additional information (max 100 words):

- Research interests: mild cognitive impairment, dementia, early prediction
- Methodology: epidemiology, predictive modelling, patient and public involvement and engagement

Name: Deborah Antcliff

Award: Post-Doctoral Fellowship

SPCR Member: Keele University

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

Abstract (max 250 words):

Background

People with chronic pain (including neck/back pain, fibromyalgia and osteoarthritis) commonly present to primary care for pain management. 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 activity pacing measure and standardised intervention.

I previously developed an Activity Pacing Questionnaire (APQ) in secondary care. Prior to use in primary care, the APQ's full psychometric properties need to be established. Development of a short-form APQ (APQ-SF) with fewer items would reduce burden for use in primary care. I also developed an activity pacing framework (healthcare professionals' manual), deemed acceptable in secondary care, but not tested in primary care where chronic pain is primarily managed.

Aims

Test the APQ for validity, reliability and responsiveness; develop and test the APQ-SF; and develop an activity pacing intervention for primary care.

Methods

The APQ/APQ-SF will be tested/developed and tested using a cross-sectional questionnaire involving 330 patients with chronic pain attending primary/secondary/tertiary care in North-West England/the Midlands. One hundred questionnaires will be sent two weeks later for test-retest reliability and 12-weeks later for responsiveness.

The activity pacing intervention will be developed using a systematic review and sequential stakeholder workshops with ≤20 primary care healthcare professionals/practice managers/commissioners/third party representatives and patient and public representatives.

Outputs

Valid and reliable activity pacing measures for clinical/research use and a primary care-based activity pacing intervention. Future study will test the activity pacing resources in a pilot trial.

Additional information (max 100 words):

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

Research interests include: the management of chronic pain, activity pacing as a behavioural change coping strategy, accelerometery 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, and complex intervention development and adaptation.

Name: Kelly Birtwell

Award: Post-Doctoral Fellowship

SPCR Member: The University of Manchester

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Title:
Exploring mindfulness for underserved groups: are we meeting the needs of community members, or following the agenda of the “mindful elite”?

Abstract (max 250 words):

Background: People living in areas of socioeconomic deprivation have poorer physical and mental health than people from more affluent areas. Mindfulness-based interventions (MBIs) can improve levels of stress, depression, anxiety and chronic pain. However, there is little research on mindfulness for people from areas of socioeconomic deprivation. In the studies that have been conducted, drop-out rates are high at 40-80%, and little is known about why people withdraw from MBIs.

Method: We conducted a realist review which is a theory-driven systematic review, informed by the principles of scientific realism. Realist reviews develop evidence-informed theories (‘programme theories’) about how complex interventions work, for whom, and to what extent. We developed a programme theory based on evidence from qualitative, quantitative, and mixed methods empirical studies, grey literature, relevant psychological theories, and consultations with stakeholders.

Results: Findings suggest that MBIs can help people from areas of socioeconomic deprivation to cope with daily stressors, to be kinder to themselves, and they can lead to improved wellbeing and mental health. In order for people to benefit, it is important that MBIs fit with existing health beliefs, with the practicalities of people’s lives, and that people can understand the MBI content and feel safe and supported enough to engage.

Discussion and conclusions: To be of benefit to people from areas of socioeconomic deprivation, MBIs should be delivered in a person-centred, diversity-informed, inequalities-sensitive way. This research aims to reduce intervention-generated inequalities. The findings will be used to inform recommendations for policy and practice.

Additional information (max 100 words):

I am a counsellor, mindfulness teacher and chartered psychologist. My interests are mental health support for people from underserved groups, neurodiversity, and the experiences and support needs of autistic adults. I am a qualitative researcher with interests in mixed methods, creative methods, and realist approaches. My undergraduate degree was Film & Television Studies.

Name: Lin Bowker-Lonnecker

Award: PhD Studentship

SPCR Member: University of Oxford

Contact information:
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Title:
Using emerging technologies to tackle large scale health challenges in primary care settings.

Abstract (max 250 words):

The aim of my DPhil is to research the use of emerging technologies to tackle health challenges that affect a large number of people globally, specifically focussing on interventions which help to reduce cardiovascular disease, infectious disease outbreaks, and antimicrobial resistance.

Polygenic risk scores are a summary score of a person's risk of a condition based on various genetic factors, and which use data from genome wide association studies enabled by advances in efficient genotyping and sequencing technologies. The focus of the first year of the DPhil has been to plan a discrete choice experiment in how the general public in the UK would respond to risk information provided by polygenic risk scores in the context of cardiovascular disease management in primary care.

Ultraviolet germicidal irradiation (UVGI) involves using ultraviolet-C (UVC) light to disinfect air within a room, which can reduce the spread of infectious diseases such as covid-19 as well as reducing antimicrobial resistance by inactivating pathogens which have a resistance to antibiotics. While UVGI technology has in some form existed for decades, there is a newer form of this technology ('far-UVC') which has largely been developed in the last few years. A systematic review will be completed of the literature relating to economic evaluations of UVGI.

Once the above work has been completed further work may include doing an additional discrete choice experiment or performing an economic evaluation in a related area.

Additional information (max 100 words):

Professional background in engineering before switching to health economics, having worked at a medical devices start-up (lung function testing) for a couple of years between Master's and PhD.

Name: Jo Burgin

Award: Primary Care Clinicians Career Progression Fellowship

SPCR Member: Bristol

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Title:
Inequalities in the awareness, diagnosis and treatment of Genitourinary Symptoms of the Menopause (GSM)

Abstract (max 250 words):

The large majority of women will experience Genitourinary Symptoms of the Menopause (GSM), including vaginal dryness, pain during sex and urinary symptoms. This can result in distress, relationship difficulties and the use of inappropriate medication. Treatment with vaginal oestrogen cream and pessaries is cheap, safe and effective, but is under-utilised in general practice. Some women with GSM will present to general practice, but provider reluctance to discuss the full range of GSM symptoms may lead to missed diagnoses. Many other women will not be aware that their symptoms could be treated, or do not feel comfortable approaching their doctor to discuss genital symptoms or sexual difficulties.

Difficulties in diagnosing and managing GSM may be more pronounced in some communities. In the UK, HRT prescription rates are 29% lower in GP practices serving the most deprived areas, compared with the most affluent. Little research has been completed into the awareness of GSM in different communities and how this, alongside other factors, may affect the successful diagnosis and management of GSM.

This project aims to identify what is currently understood about inequalities in the diagnosis and management of GSM and identify research priorities to improve the identification and management of GSM in underserved groups.

Additional information (max 100 words):

I am a GP in South Bristol with an interest in Sexual and Reproductive Health research and qualitative methods.

My recent work has focused on contraception for women over 40, perimenopause and mental health and experience of menopause in Bristol’s underserved communities.

Name: Gillian Campbell
Award: Post-Doctoral Fellowship
SPCR Member: Nottingham University
Contact information: gillian.campbell@nottingham.ac.uk Twitter: @gilli_campbell
Title: Conservative managEMent of Pelvic floOr disorders for Women: barriERs to engagement. (The EMPOWER study)

Abstract (max 250 words):

Pelvic floor disorders (PFD) such as urinary incontinence (UI) are debilitating, affecting all aspects of life. Nearly half of UK women report symptoms and untreated they often deteriorate. Robust evidence supports simple conservative treatment, yet less than 30% seek help. Potential causes may be embarrassment or the belief that conditions are a normal consequence of childbirth or aging. Some healthcare professionals (HCP) have reported difficulties knowing how and where to refer women. Previous investigations have used surveys, which may not examine issues in depth. Other qualitative work has recruited directly from those already receiving treatment as opposed to women who have not sought help.

The Women's Health Strategy calls for evidence to inform women's access to care. Research regarding barriers for help-seeking women with PFD is therefore timely.

Aims:

Investigate barriers preventing women seeking/ receiving help for PFD.

Design

Sequential mixed-methods study.

1. Interviews with up to 30 women self-reporting PFD, analysed thematically.
2. Survey of HCPs to establish management strategies of PFD in primary care, analysed using descriptive statistics. Interviews of HCPs recruited from the survey; schedule based on survey results, analysed thematically.
3. 2-3 focus groups of 4-6 women to discuss facilitators to aid help-seeking, analysed thematically.

Dissemination

Findings shared via peer-reviewed publications and presentation at academic conferences.

Impact

Findings will inform future pathways to care for PFD and therefore improve access for women seeking help. Findings will also inform aspects of the design of a future definitive trial, to investigate conservative management of PFD in primary care.

Additional information (max 100 words):

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 using ultrasound. However, since returning to academia in 2019 I have been developing skills in mixed methods ultimately with a view to investigating the management of pelvic floor disorders in female recreational athletes. It is however frustrating to see how few women present for help and the aim of this current study is to try to find ways to improve access for all women with pelvic floor disorders.

Name: Francesca Dakin

Award: PhD Studentship

SPCR Member: Oxford

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Title:
COVID-19 The Long Recovery: transformation and crises in UK General Practice

Abstract (max 250 words):

Between 2020-2023, the UK's general practice (GP) landscape underwent transformational change and crises in the context of a global pandemic, mandate for digitalisation of care delivery and practice processes, system-wide supply and demand issues, and acute staff recruitment and retention problems.

This thesis explores how GP practice teams adapted during these transformative challenges, focusing on what worked well, what didn't, and in what contexts. It draws on a literature review and empirical data collected in a qualitative composite case-study design, including nine longitudinal and focused sites. These were built through ethnographic observations, semi-structured interviews, and focus groups.

Diverse patterns of working and ways of managing ongoing or emergent change and crises were observed across practices. These were in heterogeneous practice contexts with varying patient needs, practice infrastructure, employee preferences/skills, and established cultures. Strong, adaptable, and socially bonded teams proved important for managing transformations in ways of working, pressures during crisis, and in peer-to-peer learning, while isolation could hinder effectiveness and staff morale. Staff felt most able to handle crises and transformation when in psychologically safe working cultures where they were able to speak up.

Key elements of a strong team included understanding each other's skills, actively fostering psychological safety, encouraging help-seeking and communication within and between roles, transparency from practice leaders, establishing social support networks (through protected socialisation time), and assuring staff recognition.

These findings offer insight into development robust and resilient teams. However they also serve as a warning that the unrelenting “firefighting” conditions are eroding the health, morale, and will of GP practice staff. Long-term solutions for these endemic pressures must be sought, and cannot be solved by developing resilient teams alone.

Additional information (max 100 words):

I have a background in healthcare improvement research, having previously worked at The Healthcare Improvement Studies Institute, University of Cambridge, on a variety of projects. I now apply that perspective to primary care for my DPhil at the University of Oxford, specifically the transformational change experienced in the past three years of digitalisation and pandemic response. Alongside this I work as a researcher for Oxford looking at remote technologies in general practice, with a focus on inequities of access, workforce, and training.

Areas of interest:

- Healthcare workforce
- Transformational change
- Digital healthcare and healthcare systems
- Qualitative methodology
- Healthcare improvement

Name: Will Evans

Award: GP Career Progression Fellowship

SPCR Member: University of Nottingham

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Title:
Antinuclear antibody (ANA) testing. Why did I request it and what do I do now? An observational study of UK primary care

Abstract (max 250 words):

What's the problem.

ANA testing is performed when there is a suspicion that a patient may have one of several multi-organ autoimmune conditions, these include lupus, scleroderma, Sjogren's syndrome and liver disease. Many patients with these conditions describe significant diagnostic delay.

A positive test is useful to help direct further investigation and referral; however, a sizeable proportion of patients with a positive test do not have disease, at least at the time of testing. This makes deciding on appropriate follow up challenging.

What we did.

We used a large primary care database (CPRD Aurum) to examine ANA testing.

- We used a case-control study design to see when and in whom the ANA test is performed (cases defined as having an ANA test regardless of result, matched to a control population).
- We used a cohort study design to identify features in the ANA positive population that influence if they develop an associated disease and if so when.

What we found.

We identified more than 900,000 patients who have had an ANA test. There is significant variation in how often this test is requested with a 30-fold difference in the frequency of test requests between the lowest 10% of requesting practices and the highest 10%.

In those who are ANA positive; just over 14% will develop an associated disease, with most (2/3) of these developing the condition in the first 5 years. Being female, under the age of 55, and of minority ethnicity significantly increases the likelihood of developing a later disease.

Additional information (max 100 words):

I hold a GP career progression fellowship at the University of Nottingham. I am also a GP in Leeds, a GPwSI in clinical genetics with the Yorkshire regional genetic service and a trustee of a rare disease charity.

My research interests are in rare disease, genomics and precision medicine. How primary care will implement these technologies and our role in improving the diagnosis and care of patients with rare and inherited diseases.

I have experience of using large primary care databases (CPRD), to understand how we identify rare diseases in primary care.

Name: Dipesh Gopal

Award: Primary Care Clinician Career Progression Fellow

SPCR Member: Queen Mary University of London

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Title: Why does cancer come back?

Abstract (max 250 words):

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:
1) Summarise all the existing research looking at differences in cancer returning for people from poor compared to rich backgrounds, as well as people from different ethnic backgrounds.
2) Gain skills in analysing datasets and see if there is a link between social status, ethnicity, gender and disability and the risk of colorectal cancer coming back in an East London dataset.

Additional information (max 100 words):

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

Name: Lauren Gray

Award: PhD Studentship

SPCR Member: Keele University

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Title:
Preventing anxiety and depression in people diagnosed with inflammatory rheumatological conditions.

Abstract (max 250 words):

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

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

There has been some evidence for the success of depression-prevention strategies in other co-morbidities (e.g., diabetes), but there is lack of evidence in IRCs. Depression is often co-morbid with anxiety but there is also little work on anxiety-prevention strategies in people with LTCs.

Aim:
This PhD aims 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.

The Approach:
Phase 1: A systematic review to establish the current evidence-base for the effectiveness of preventative interventions for anxiety and/or depression in people with IRCs and LTCs. Protocol is registered on PROSPERO with systemic searches across seven health-related databases.

Phase 2: Semi-structured interviews with people diagnosed with IRCs and clinicians working with this population. These will explore their understandings of anxiety and depression, feelings around prevention and how a preventative intervention may look.

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

Additional information (max 100 words):

I come from a background in psychology and have an interest in mental health, how social and psychological factors can influence health outcomes and how to promote wellbeing amongst healthcare. I consider myself a mixed-methods researcher and alongside my PhD, I work part-time as a Research Assistant for Midlands Partnership University NHS Foundation Trust where I work on a variety of qualitative and quantitative studies.

Name: Isabel Hanson

Award: PhD Studentship

SPCR Member: University of Oxford

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

Abstract (max 250 words):

Youth mental health needs are common (1 in 6 young people have a diagnosable mental health condition in the UK) and often unmet, despite strong evidence that early intervention improves long-term outcomes and is cost-effective. Accessible, person-centred care models sensitive to disadvantage and diversity are urgently needed. One such model is the ‘youth mental health hub’ (YMHH), a one-stop shop service providing assessment, advice, and referral.

Some YMHHs are already established in UK. The Child and Young People’s Mental Health Coalition (CYPMHC) has launched a campaign to #FundtheHubs, asking government to fund co-designed YMHHs. A similar model (Headspace) was introduced in Australia in 2006. Headspace is widely depicted as a ‘successful’ health system innovation, but while some hubs are popular, well-embedded in the local healthcare ecosystem and linked to improved outcomes, others have had less success.

My research will use case study methodology to compare four YMHHs (2 in UK and 2 in Australia), sampling both highly successful and less successful examples but focusing primarily on the former. I will use Cooperrider’s strengths based Appreciate Inquiry approach to develop rich, contextualised accounts of thriving YMHHs, and comparative case study methods to consider transferability.

Patient and user participation will be a major component, engaging youth representative groups early to ensure the voices and needs of young people are incorporated throughout the research process. Findings will feed into much-needed policy advocacy for youth mental health services in the UK.

Additional information (max 100 words):

Research interests: mental health, health policy, First Nations health, child & adolescent health, and health equity
Professional background/Interests: General Practice, primary care health systems, health policy development, political economy of health, decolonising methodologies, and participatory methods.

Name: Iona Hindes

Award: PHD Studentship

SPCR Member: QMUL

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Title:
The Impact of COVID-19 National Lockdowns on Maternal and Perinatal Health: A systematic review and meta-analyses

Abstract (max 250 words):

COVID-19 national lockdowns had different impacts on health in high compared to low- or middle-income countries. This study systematically reviewed the impact of lockdowns on birth and pregnancy outcomes and inequalities, in high-income countries (HICs). We searched databases from Jan 1, 2019 – June 22nd, 2023. The search included studies comparing the rates of all perinatal outcomes, including physical and mental health, before, during, and after COVID-19 lockdowns. Meta-analysis was conducted using random-effects pooled risk ratios, where data was available subgroup analysis was conducted per region, lockdown period, ethnicity group, and deprivation level. A secondary nested analysis meta-analyzed studies which included quasi-experimental time-adjusted results. The Prospero registration ID number is CRD42022327448. The systematic review identified 198 eligible studies, 148 of which were included in the meta-analysis. Preterm birth, reported in 29 studies, significantly decreased in the first lockdown (RR 0.95 (95%CI 0.92 – 0.98)), this decrease was highest in Europe (0.94 (0.92 – 0.96) and Australia (0.94 (0.90 – 0.99), and only observed in white ethnicity groups (0.94 (0.89-0.98)) and only those in low deprivation settings (0.95 (0.91 – 0.98)). Other outcomes which significantly decreased in the first lockdown included spontaneous preterm birth (0.95 (0.90 – 0.99), and neonatal death (0.82 (0.74 – 0.91)). Whereas maternal depression in pregnancy increased over the first lockdown (1.30 (1.03 – 1.63)). No significant changes were observed for remaining outcomes. It appears that the first lockdown significantly impacted preterm birth, but this was unequally experienced between those of lower and higher income and different ethnicity groups.

Additional information (max 100 words):

I am conducting mixed methods research – one of my chosen methods is systematic review and meta-analyses. We are preparing to submit this review for publication and hence it has been shared above.

My background is in anthropology and population health, particularly medical and social anthropology and how this intersects with population health research.

My methodologies employed in my own research project are qualitative research (semi-structured interviews), data analysis of routinely collected NHS data (regression analyses). I am interested in mixed-methods research and how methods can complement each other to produce insightful findings.

I'm interested are health inequalities, socio-environmental determinants of health which contribute to inequalities, and women's health, specifically sexual and reproductive health.

Name: Ali Hindi

Award: Post Doctoral Fellow

SPCR Member: Manchester

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Title:
The development and validation of a quality framework which acknowledges integration of community pharmacy healthcare services in primary care

Abstract (max 250 words):

Increasing pressured general practice has driven the expansion of community pharmacy (CP) services into more patient-centred and clinical areas. It is imperative to ensure this expanded role of CP is safe, effective and integrated within primary care systems. However, little is known about what quality of care (QoC) in CP means.

A systematic review was conducted to identify the defining features of the quality of community pharmacy healthcare services and synthesise these into a quality framework. After screening 11,493 papers, 81 studies were used to extrapolate defining features of quality of CP. The following dimensions of quality were identified: access; environment; person-centred care; competence; safety; integration. Based on findings in this review, QoC in CP can be defined as having timely and physical access to personalised care in a suitable environment, which is safe, effective and integrated within wider primary care.

This framework serves as a starting point for what good QOC in CP should look like. But every country will have its own healthcare policies and unique context for CP, so this framework needs to be refined before it can be used to develop evidence-based indicators. Brainstorming sessions will be conducted with patients, CP teams, GP teams and policymakers to refine and validate this framework to ensure it meets local needs.

Additional information (max 100 words):

I am a pharmacist by background in interested in Mixed-methods (Qualitative and quantitative work).

Also, I am building my social media presence as I wish to share research tips to people globally. Would love to learn more about Health Economics.

Name: Hilda Hounkpatin

Award: PhD Studentship

SPCR Member: Southampton

Contact information:
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Title:
Loneliness, social isolation and multimorbidity: a mixed-methods study

Abstract (max 250 words):

Background: Multimorbidity poses a substantial burden on patients and primary care services. While socially isolated and lonely people are more likely to exhibit multimorbidity and experience worse health, it is not clear how social isolation and loneliness relate to multimorbidity (and vice versa).
Aims: To examine the longitudinal association between loneliness, social isolation and multimorbidity and explore patients' and care professionals' views of the processes through which loneliness, social isolation, and multimorbidity relate to one another.
Methods: Data from the English Longitudinal Study of Ageing- a population-based cohort study of 9,171 adults aged 50+ years living in England was analysed. Cox regression models adjusted for sociodemographic and health behaviours are being used to assess the association between loneliness, social isolation and multimorbidity over a follow-up period of 14 years. Semi-structured interviews will be conducted with 25-30 patients and 10-15 care professionals from a range of disciplines.
Results: Loneliness at baseline was associated with increased risk of developing multimorbidity [adjusted HR (95% CI): 1.20(1.05-1.38)] during follow-up. Multimorbidity at baseline was associated with increased risk of feeling lonely [adjusted HR (95% CI): 1.10(1.01-1.20)] during follow-up. Patients and care professionals reported on potential processes (e.g.: health behaviours, stress) and barriers (e.g.: time, motivation, confidence) that may influence the relationship between loneliness and multimorbidity. Social isolation was not significantly associated with multimorbidity, or vice versa, in this dataset.
Conclusion: This study highlights non-biological modifiable factors that could be targeted with interventions to reduce vulnerability to multimorbidity and also reduce loneliness among people with multimorbidity.

Additional information (max 100 words):

I'm an epidemiologist and most of my research uses large-scale routine electronic health records and observational cohort studies. My research interests are:

Chronic disease; multiple long-term conditions (multimorbidity), psychosocial and socioeconomic determinants of health, health inequalities

Name: Celia Hulme

Award: Three NIHR Research Schools Mental Health Fellow

SPCR Member: Manchester

Contact information:
celia.hulme@manchester.ac.uk

Title: SOCIAL PRESCRIBING FOR CULTURALLY DEAF BRITISH SIGN LANGUAGE (BSL) USERS

Abstract (max 250 words):

Background: Social prescribing (SP), in its various delivery models, is a way of linking patients in primary care service users in social care with sources of support within the community using local services and activities provided by the third sector. However, there is limited understanding of its applicability among cultural and linguistic groups, including Deaf sign language users. This study aims to bridge this knowledge gap and develop an optimal SP model for Deaf signers.

Aims: (i) To gather best practice evidence for SP in its implementation with Deaf signers; (ii) to evaluate the feasibility and acceptability of a SP approach amongst Deaf signers and service providers for addressing common mental health problems and (iii) to examine the context in which a SP model for Deaf signers might be introduced and derive an optimal model framework for its use.

Methods: Scoping review/evidence synthesis will be carried out to highlight the availability of evidence-based information linked to Deaf people and SP. Gather data through surveys from prescribers, link workers, Deaf organisations and a GP surgery case study. The data will inform the development of a draft SP Theory of Change model, which will then be refined through stakeholder input in focus groups.

Outputs: A draft SP model designed to cater to the prevalent mental health needs of Deaf signers will be developed, with the overarching goal of serving as a proactive approach to mitigate the necessity for escalation to clinical services.

Additional information (max 100 words):

My research interests are primarily in the field of health research particularly focusing on mental health. I am driven by questions that aim to explore and investigate the barriers and facilitators in accessing services, specifically from the perspective of cultural and lingual minority populations. I am currently highly interested in the approaches of Theory of Change and service intervention mapping and evaluation processes.

Name: Kiran Ibrahim

Award: PhD Studentship

SPCR Member: UCL

Contact information:
Kiran_paracha@yahoo.com

Title:
Fluoroquinolone antibiotic treatment and adverse health outcomes: A systematic review and largescale cohort analysis using UK electronic healthcare records.

Abstract (max 250 words):

Since their discovery in the 1960s, fluoroquinolone antibiotics have become increasingly popular antimicrobials for moderate to severe infections and are on the WHO’s List of Essential Medicines. These are known to cause rare but severe adverse reactions that have only recently received attention from regulatory agencies. In 2016, after a review of the adverse event reports and case reports, the FDA revised the boxed warning for all oral and injectable fluoroquinolones because of the potential risks of serious side effects, including suicidal thoughts. Warnings and restrictions are now also in 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. The overall aim is to describe sociodemographic and time trends of fluoroquinolone antibiotics and quantify adverse drug events (ADEs) using UK primary care data with a focus on neuropsychiatric outcomes. The four main projects are as follows:

1. A systematic review of fluoroquinolone antibiotic treatment and adverse neuropsychiatric outcomes
2. A 20-year descriptive study of sociodemographic time trends in fluoroquinolone antibiotic prescriptions in the UK: a population-based cohort study using CPRD/IQVIA IMRD electronic healthcare records.
3. An examination of the association between fluoroquinolone antibiotic treatment and adverse neuropsychiatric health outcomes in young people.
4. A descriptive study on the impact of regulatory decisions on fluoroquinolones in 2019 on UK prescribing behaviour using the Open Prescribing data resource.
5. Exploration of the impact of regulatory decisions on fluoroquinolone prescriptions in high-income countries on prescription rates in low- and middle-income countries using global prescription data or interviews with prescribers.

Additional information (max 100 words):

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.

Name: Asli Kalin

Award: Primary Care Clinicians Career Progression Fellowship

SPCR Member: Oxford

Contact information:
Asli.kalin@phc.ox.ac.uk

Title:
Remote monitoring of long-term respiratory conditions: an ethnographic study in UK general practice.

Abstract (350 words maximum):

Background Remote home monitoring of long-term conditions such as asthma and COPD has become increasingly popular since the Covid-19 pandemic. GP practices are responding to the ‘disruptive innovation’ of digital technologies in very different ways. Disparities in uptake and use of remote modalities by patients are well-documented, so it is an urgent priority to ascertain how best to support people to monitor their long-term conditions.

Objectives 1. To explore the shift to remote long-term condition monitoring from the perspective of patients and professionals. 2. To explain low uptake or limited success of remote monitoring in some patient groups.

Design Qualitative pilot study using digital ethnography.

Method 5 patient participants will be visited at home on three occasions to collect the following data: a semi-structured interview; observations of the home environment as the cultural, technological and social context for self-monitoring; and observation of a remote consultation with the clinician. The clinician will be visited in the practice and (with the patient’s consent) invited to comment on the case through a semi-structured interview plus a ‘walk-through’ of the data shared (digitally, verbally, or otherwise) by the patient. Data will be analysed thematically, using insights from socio-technical theory and theories of continuity of care, attending, in particular, to how technologies enable or constrain clinical care and continuity of the patient-clinician relationship.

Anticipated outputs Maximum-variety sample of five richly described ethnographic cases of remote long-term respiratory condition monitoring in general practice, offering preliminary insights into the challenges faced by patients

Additional information (max 100 words):

My research interests include digital health, remote clinical consultations, social sciences and health care and global health. I also lead the MSc module on global health as part of the MSc in Translational Health Sciences at the University of Oxford.

Name: Tom Kallis

Award: PhD Programme for Primary Care Clinicians (Wellcome)

SPCR Member: University of Exeter

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Title:
PPhoCUs: Polypharmacy, Pharmacists and Clinical Uncertainty

Abstract:

Background: Problematic polypharmacy is associated with adverse clinical outcomes. With increasing numbers of medicines, there comes increasing clinical complexity and uncertainty. The newly emergent practice-based clinical pharmacist role plays a key part in reviewing patients with complex polypharmacy to improve patient outcomes. However, clinical pharmacists often lack training and skills in managing clinical uncertainty.

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:

Phase 1: Observation of patient-facing structured medication reviews (SMRs) undertaken by clinical pharmacists in general practice, with analysis to understand how practice-based pharmacists approach clinical uncertainty.

Phase 2: 15-20 semi-structured interviews with practice-based clinical pharmacists. Interviews will be supported by clinical vignettes, and will seek to understand pharmacists’ approach, priorities and beliefs when making decisions in scenarios of clinical uncertainty.

Phase 3: Semi-structured interviews with 15-20 patients experiencing a SMR will be undertaken to provide in-depth insights into patient experience. These will inform a short patient survey questionnaire to gain a quantifiable perspective on patient expectations, experience, and agency in the medication review decision-making process.

Phase 4: Three 2-hour focus group events with a mix of clinical pharmacists, educationalists, patients and clinical supervisors. These will explore current education provision for practice-based pharmacists, gaps in training, and opportunities to improve educational approaches around clinical uncertainty and person-centred care. Findings will then be collated and a consensus panel approach used to determine recommendations for clinical pharmacists’ training in primary care.

Additional information:

I am currently the Clinical Pharmacist lead for the East Cornwall Primary Care Network, leading a team of eight clinical pharmacists and three pharmacy technicians. My clinical interests are in mental health, deprescribing drugs with dependence forming characteristics, management of chronic pain and reviewing complex polypharmacy. I also teach on the independent prescribing course at the University of Bath, alongside a portfolio of training roles with Community Pharmacy Devon and Kernow Health CiC. I will start the ‘PhD for Primary Care Clinicians’ programme at Exeter university in October 2023, using qualitative, clinical observation, interview, focus group, survey and consensus methodologies.

Name: Stella Kozmér
Award: PhD Studentship
SPCR Member: University of Exeter
Contact information: S.Kozmer@exeter.ac.uk
Title: Improving identification and management of Binge Eating Disorder (BED) and Bulimia Nervosa (BN) within Primary Care
Abstract (max 250 words): Binge eating disorder (BED) and Bulimia Nervosa (BN) are the most common eating disorders in the UK. Despite this, their identification is overlooked, and support for their management is lacking in primary care. Hence, it is crucial to explore why there is a lack of identification and management of BED/BN in primary care, what current practice exists to identify and manage these disorders, and how this could be improved. This PhD aims to answer these questions via 3 studies. First, a systematic review was conducted to explore the perceptions of healthcare professionals and patients on the identification and management of BED/BN primary care. This allowed us to understand various factors, such as institutional and personal limitations, that could affect whether and how BED/BN are identified and managed in primary care. Next, an online survey study is proposed to explore current practice in UK primary care in relation to the identification and management of BED/BN. This study will create a state-of-the-art picture and could offer examples of good practice and how the identification and management of BED/BN in primary care could be improved. Co-design methods in the form of focus groups to actively involve healthcare professionals and patients will then be used to develop recommendations to improve the identification and management of BED/BN in primary care. This will allow recommendations to be informed by the results from the systematic review and survey study and ensure they align with the practical needs of stakeholders
Additional information (max 100 words): My research interests lie in eating disorders and eating behaviour, early interventions, and identification strategies. I use mixed methods, although my PhD is primarily qualitative. I have a background in psychology; however, I have been working as a clinician in different fields of psychiatry with a speciality focus in the past 2 years on inpatient eating disorders.

Name: Sinéad McDonagh
Award: Post-Doctoral Fellowship
SPCR Member: APEx, University of Exeter
Contact information: s.t.j.mcdonagh@exeter.ac.uk X: @Sinead1989
Title: Thresholds Used for Diagnosing Postural Hypotension

Abstract (max 250 words):

Postural hypotension (PH) is the fall in blood pressure (BP) on standing. It is common, increases with age and disease, and is associated with an increased risk of falls, cognitive impairment and mortality. However, it is under-reported by patients, and under-detected and under-recorded by primary care health professionals, but we do not know why. If PH is checked for, the sit-to-stand rather than supine-to-stand approach is used, despite limited evidence to support this method. Many diagnostic definitions exist and may be causing confusion around clinical care for patients at risk of, or with, PH.

The aim of this fellowship was to undertake leadership, patient and public involvement (PPI) and methods training to support my career trajectory (completed), and to seek funding for a programme of work focussing on PH detection and management in primary care.

Additional funding from NIHR SPCR, Northcott Devon Medical Foundation and South West GP Trust has been secured to undertake three studies:
1) UMPH: A nationwide survey and qualitative inquiry to understand more about PH (completed).
2) THUD: feasibility and acceptability of conducting a comprehensive PH assessment and individual participant data meta-analysis (IPD-MA) study to explore PH diagnostic thresholds for sit-to-stand assessment (ethical approval being sought).
3) STANDD: A systematic review and IPD-MA to explore the association of standing BP with adverse outcomes (in progress).

Findings will inform national guidelines and will be disseminated in high impact journals and at national and international conferences as well as public-facing events in conjunction with our PPI team.

Additional information (max 100 words):

Sinead has a background in physiology and exercise sciences as well as systematic reviews. Her current research focuses on the detection and management of postural hypotension, hypertension and atrial fibrillation in primary care and the implementation of a home-based cardiac rehabilitation programme (REACH-HF) in the NHS.

Name: Sarah Moore

Award: PhD Programme for Primary Care Clinicians (Wellcome)

SPCR Member: University of Exeter

Contact information:
s.moore3@exeter.ac.uk
@Dr_Sarah_Moore

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

Abstract (max 250 words):

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.

Additional information (max 100 words):

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.

Name: Charlotte Morris

Award: PhD Programme for Primary Care Clinicians (Wellcome)

SPCR Member: University of Manchester

Contact information:
charlotte.morris-3@manchester.ac.uk

Title: Understanding and addressing inequality within the quality and safety of care and clinical outcomes for people living with dementia

Abstract (max 250 words):

Background: Dementia prevalence is increasing globally. It is recommended that post-diagnostic dementia healthcare should be primary-care led. Guidelines exist to ensure primary-care is high-quality and safe. Few studies have looked at how/why recommended care processes and key outcomes for people with dementia vary with factors associated with health disadvantage.

Methods: There are three aspects to the planned doctoral research, based on a ‘systems thinking’ framework:
1. 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.
2. Qualitative interviews with 15-20 people with dementia and carers living with deprivation/disadvantage. Interview questions will gather information about experiences of currently provided care. Thematic analysis will be undertaken.
3. Two multi-disciplinary workshops. Workshops will integrate the findings of the first 2 studies. Systems thinking methodology will be used to explore existing systems providing care from multiple perspectives, generating ideas for how these could be strengthened.

Impact: This study will provide evidence of existing inequalities in primary care processes and outcomes for people with dementia, help us understand why these differences exist and generate ideas for reducing inequalities. Generated ideas will feed into existing recommendations for providing care. Results will contribute to ongoing research designing a program for delivering equitable primary care for people with dementia.

Additional information (max 100 words):

I am a Manchester based academic GP. I will be starting my Wellcome/SPCR funded PhD in October 2023. My research interests are in health inequalities, especially for people living with dementia. My PhD will explore existing inequalities in primary care for people living with dementia through a systems-thinking approach. This includes examining existing socio-economic inequalities and exploring the influence of other characteristics of health disadvantage including ethnicity, gender and disabilities.

I run the Royal College of GPs International incoming exchange programme for the UK. The exchange programme supports GPs to visit different countries to compare primary healthcare systems and promoting shared learning and collaboration.

Name: Kerstin Nothnagel
Award: PhD Studentship
SPCR Member: Bristol
Contact information: Kerstin.Nothnagel@bristol.ac.uk
Title: AI-guided point-of-care ultrasound to diagnose deep vein thrombosis in primary care
Abstract (max 250 words): Deep vein thrombosis (DVT) is a severe medical condition marked by blood clot formation in deep veins, often in lower limbs, with potential for life-threatening pulmonary embolism (PE). Both DVT and PE constitute venous thromboembolism (VTE), causing significant morbidity and mortality. Factors like stasis, hypercoagulability, and endothelial injury contribute to DVT forming the Virchow triad. Diagnosing DVT is complex due to symptom overlap, and only 15% of DVT-like symptoms are actual DVT. Ultrasound (US) is the gold standard for DVT diagnosis, offering non-invasive, precise imaging with high sensitivity and specificity, though accuracy can vary based on anatomy and operator experience. Timely diagnosis is vital to prevent severe complications like PE and post-thrombotic syndrome (PTS). General practitioners use Wells Score and D-dimer tests initially, often referring to specialists in emergency departments or DVT clinics. DVT burdens patients and healthcare systems, with complications like PTS affecting quality of life. AI-guided US devices hold potential to aid non-specialist healthcare professionals in primary care DVT scans, minimising hospitalisations, specialists' workload, and enhancing patient accessibility and convenience.
Additional information (max 100 words): This study is a diagnostic cross-sectional and cohort analysis, including qualitative evaluation. It aims to recruit 500 eligible GP Care patients for quantitative assessment and 18 participants for qualitative evaluation. The study's primary goals are twofold: firstly, to gauge the precision and reliability of deep vein thrombosis (DVT) diagnoses in the proximal lower limb by healthcare assistants (HCAs) in comparison to established reference standards within primary care. Secondly, to compare sensitivity of DVT diagnoses by an experienced remote clinician (using AutoDVT ultrasound data) with the reference standard. The index test employs AI-guided compression ultrasound (Clarius L7) operated by HCAs, while the reference test uses DVT US scans by GP Care sonographers.

Name: Immaculate A Okello

Award: PhD Studentship

SPCR Member: University of Southampton

Contact information:
iao1u20@soton.ac.uk OR @imacul8e (Twitter)

Title:

Support to improve Type II diabetes mellitus (T2DM) outcomes for black African ethnic groups in England

Abstract (max 250 words):

Problem

By 2015, about 3.8 million people in England had diabetes with 90% having T2DM. African ethnic populations are twice as likely to develop T2DM from a younger age, possibly because of the unequal distribution of risk factors and health inequalities.
Despite the NHS' significant expenditure to treat diabetes, there are still cases of non-adherence to conventional therapy, and poor glycaemic control due to the complex cultural, physiological, and linguistic concerns in interventions to manage T2D. These disparities affect access to reliable information on alternative therapies and subsequently increase the risk of associated complications. Interventions tailored to ethnic groups have evidenced positive patient outcomes.

Aim: To design and deliver a user-focused behaviour change intervention to improve the T2DM outcomes.

Approach
We searched 7 databases for literature to inform a systematic review to better understand the barriers and enablers to self-management of T2DM among black Africans. This will be complemented by a user-needs study of the experiences of diabetes self-management, and of using a mobile intervention.

We will map the target behaviours to the COM-B model and a Behaviour change wheel to address constructs, intervention functions and behaviour techniques. Findings will inform the guiding principles and a refined logic model highlighting the causal mechanisms through which the intervention will result in behaviour change.

About 30 participants will be recruited for think-aloud interviews to explore their thoughts on the intervention. The interviews will be analysed using a thematic analysis to inform the modification of the intervention.

Additional information (max 100 words):

I qualified as a Nutritionist and a Public Health practitioner with interests in maternal-child health and nutrition and researching health inequalities. I am particularly interested in learning and hearing more about designing and optimising digital health interventions, and complementary and alternative therapies in chronic disease management.

My PhD research explores the use of multiple methods: a systematic review, realist synthesis, and conducting primary qualitative studies. I'll also use the person-based approach which incorporates aspects of think-aloud interviews and public involvement in developing a behaviour change intervention.

Name: Anna Pathmanathan

Award: PhD Studentship

SPCR Member: University of Bristol

Contact information:
https://www.linkedin.com/in/anna-pathmanathan-5156b51a2/

Title: Exploring Health Inequalities in Primary Health Care

Abstract (max 250 words):

In the last decade health inequalities have increased in the UK, leading to a decline in life expectancy in deprived areas (Marmot report 2020). Underserved groups have greater difficulty in accessing primary health care and are more likely to report poorer experiences. These inequalities in accessing healthcare can disproportionately affect population life expectancy, morbidity and mortality. This problem has worsened post COVID-19, particularly with the shift to remote consultation. Most research on health inequalities has focussed on Long Term Conditions (LTC). However, a recent analysis by Hammond (unpublished) revealed that there are much higher rates of antibiotic resistant bacteria in the gut fauna of people of Black African & Caribbean ethnicity compared to other ethnic groups.

This project aims to conduct an exploration of health inequalities with a focus on the incidence and treatment of infection and of acute exacerbations of respiratory LTC (COPD & Asthma), which are linked to high rates of antibiotic prescribing.

It will be a mixed-methods study combining an analysis of a Bristol-based System Wide dataset to examine patterns of health care access across different socioeconomic groups and ethnicities for infections and for respiratory LTCs. It will look at the relationship between patient home IMD & ethnic category and how these relate to health outcomes, including important outcomes such as hospital admissions for sepsis. Interviews will be conducted with patients from underserved communities and primary care clinicians working in those communities to explore their experiences and identify practices that promote or reduce inequalities in primary care.

Additional information (max 100 words):

After completing my undergraduate and masters studies in Public Health at the University of Birmingham, I worked at the Mary Lyon Centre at MRC Harwell for 11 months, the UK's national facility for mouse genetics and the use of mouse models for the study of human disease. I am now returning to Public health, to continue my studies and improve my knowledge of the area.

Name: Lucy Potter

Award: PhD Programme for Primary Care Clinicians (Wellcome)

SPCR Member: University of Bristol

Contact information:
Lucy.potter@bristol.ac.uk
@DrLucypotter

Title:
The Connection Study: Improving access to general practice for and with people with severe and multiple disadvantage (SMD)

Abstract (max 250 words):

Severe and multiple disadvantage (SMD) is defined as experiencing combinations of homelessness, substance misuse, violence and abuse, and poor mental health. People with SMD experience high levels of multi-morbidity and frailty. Despite this, primary care is often inaccessible to people with SMD and does not meet their needs.

Aims

To develop a complex intervention to improve access to primary care for people with SMD and examine the feasibility of delivering this.

Methods

I will follow a realist approach in developing and evaluating a complex intervention in 3 phases, involving people with lived experience of SMD and those who support them throughout:

1. **Realist review**

I will conduct a realist review to examine how interventions to improve access to primary care for people with SMD work, for whom and in what contexts.

2. **Realist evaluation (qualitative)**

I will interview experts who provide enhanced primary care for people with SMD and patients who are eligible to receive this.

3. **Feasibility study**

Informed by the first two phases and updated literature searching I will co-design detailed procedures for the intervention and progression criteria for the feasibility study with people with lived experience of SMD and relevant professionals. I will explore feasibility in 2 GP surgeries in Bristol. I will survey and conduct in-depth interviews, analysing reactions to each intervention element and iteratively adapting them. I will capture intervention costs and assess whether a system-wide dataset could be used for economic evaluation.

Additional information (max 100 words):
Lucy's clinical and academic interests are in Inclusion Health and improving primary care for people who experience SMD. She delivered an outreach clinic for street sex working women as part of the Homeless health Service for 5 years. She founded a co-production team of women with lived experience (Bridging Gaps) in May 2019 and has collaborated on a number of service improvements with the team. She delivers the Open Doors clinic for people with SMD in Bristol, co-produced by Bridging Gaps. Previously she has collaborated on improving the healthcare response to domestic violence (IRIS) and healthcare provision for sex workers.

Name: Anna Price
Award: Three NIHR Research Schools Mental Health Fellow
SPCR Member: Exeter
Contact information: a.price@exeter.ac.uk
Title: Managing young people (aged 16-25) with attention deficit hyperactivity disorder in primary care (MAP) study: mapping current practice and co-producing guidance to improve healthcare in an underserved population

Abstract (max 250 words):

Background:
Attention deficit hyperactivity disorder (ADHD) is the most common childhood neurodevelopmental disorder, affecting around 5% of children and adolescents, with up to 40% experiencing symptoms into adulthood. Primary care practitioners play an important role in the healthcare of young people (YP) with ADHD, particularly due to long waiting times in adult mental health services, and patchy specialist service provision. However, many are unsure how to support people aged 16-25 years with ADHD, with concerns about prescribing and a desire for more guidance. Currently, little is known about the strengths and weakness of existing care pathways.

Aims:
To map service provision and co-create evidence-based guidance to improve and care for this group.

Methods:
Phase 1: National survey of primary care practitioners, people with ADHD, and commissioners of ADHD services, to map care pathways, learn about practitioner roles and prescribing practices, and identify underserved areas.
Phase 2: Interviews with 10-15 YP with ADHD exploring experiences and expectations of primary care management of ADHD. Interviews with 10-15 practitioners, exploring perspectives on barriers and facilitators to managing ADHD in primary care.
Phase 3: Stakeholder workshops to synthesise evidence from phases 1 and 2 and co-produce guidance for improving care.

Insights:
We will report on findings from the national survey. Also, on the role of our two research advisory groups (made up of young people with ADHD and health professionals) in shaping the delivery of this research.

Name: Sadaf Qureshi

Award: PhD Programme for Primary Care Clinicians (Wellcome)

SPCR Member: Nottingham

Contact information:
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@sadqur20

Title:
The use of pharmacogenomics testing to guide prescribing in the UK primary care setting: mixed methods investigation to explore its potential in everyday clinical practice.

Abstract (max 250 words):

Investigating the use of pharmacogenomic testing to guide prescribing in primary care. Pharmacogenomics is the study of genetic variation and how this influences an individual's response to a medicine. Pharmacogenomic testing reduces adverse drug reactions by as much as 30%. It offers patients tailored and personalised care and better satisfaction with treatment. Since most of the prescribing occurs in primary care, this is the ideal environment for implementing pharmacogenomics.

The aim of this study is to investigate the barriers and facilitators for implementation and to determine the optimal care pathway(s) for delivering a pharmacogenomic service in primary care. The objectives include:

1. Seek the views of primary care clinicians (PCC) and patients, regarding the barriers and facilitators for potential implementation of pharmacogenomics.
2. To develop effective clinical pathway(s) for pharmacogenomic implementation in primary care.
3. To develop a decision model that will be used to inform a cost-effectiveness model of the proposed pharmacogenomic pathway(s).

The study comprises of three distinct workstreams:

- **Workstream 1:** Semi-structured interviews with PCC and patients, to establish the perceived barriers and facilitators for the implementation of pharmacogenomics in primary care.

- **Workstream 2:** focus group with relevant stakeholders. To build upon finding from WS1, WS2 will focus upon the views, expectations, required structural changes for implementation, and the division of roles and responsibilities for the primary care team to develop effective pharmacogenomic clinical pathways.

- **Workstream 3:** Develop a decision-analytical model to allow assessment of the cost effectiveness of the proposed pharmacogenomic clinical pathways.

Additional information (max 100 words):
Primary care/commissioning pharmacist, currently employed by Derbyshire ICB.

My interest is researching the use of pharmacogenomic testing in primary care. I will explore this using semi-structured interviews, use focus groups to develop ideas and explore the cost effectiveness of pharmacogenomic testing. A decision analytic model will be developed using evidence from the literature and use the expert focus group to parameterise where there are gaps in the evidence.

Pharmacogenomic testing is currently used in Canada. As part of the project, I intend to visit sites in Vancouver where pharmacogenomic testing is used in primary care consultations to aid understanding.

Name: Katie Read
Award: PhD Studentship
SPCR Member: University of Southampton
Contact information:
Email: kar1u22@soton.ac.uk
LinkedIn: linkedin.com/in/katie-read

Title: Improving Communication about Women’s Health in Primary Care: Using Mixed Methods in the Development, Optimisation, and Initial Evaluation of a New EMPathicO Module.

Abstract (max 250 words):

Recent surveys in the UK have highlighted women feel they are not listened to, dismissed or their symptoms suggested as exaggerations during primary care consultations about menstrual and gynaecological conditions (e.g., heavy periods, endometriosis, menopause, and menstrual pain). Empathetic communication – which involves the practitioner putting themselves in a patient's position, acknowledging their feelings, concerns and expectations and behaving in a way that communicates that understanding – and realistic optimism regarding treatment outcomes, improve patient satisfaction and health and provide positive outcomes for practitioners. The EMPathicO online intervention (developed by the trainee’s supervisors and colleagues) aims to promote GPs’ communication of clinical empathy and realistic optimism during primary care consultations. Due to demand, a tailored module was developed to guide practitioners to apply EMPathicO skills to osteoarthritis (OA) consultations specifically. The current project aims to add to the EMPathicO intervention by developing a module specific to menstrual and gynaecological symptoms/conditions, using the OA module as a model. The research will draw on the person-based approach and involve conducting a systematic review exploring communication during consultations between GPs and patients within this context, analysis of the ongoing EMPathicO randomised control trial, developing and optimising the intervention based on primary qualitative research with GPs and patients and finish with a case study evaluation with five GPs and their patients (approaching with menstrual and gynaecological symptoms). It is expected the new module will improve GPs’ communication of clinical empathy and realistic optimism during consultations with patients presenting with menstrual and gynaecological symptoms/conditions.

Additional information (max 100 words):

Following my undergraduate dissertation (exploring psychological wellbeing during the menopause transition), I developed a particular interest in ‘women’s health’ and have recently completed an MSc in Health Psychology at the University of Southampton. During my studies I learnt of the government’s women’s health survey and strategy which informed the rationale for my PhD project. Going forward, I aim to situate myself within primary care research, focusing particularly on women’s health. Adopting the person-based approach for my PhD project, I am keen to develop my skills and specialise in qualitative research.

Name: Tasmin Rookes

Award: PhD Studentship

SPCR Member: University College London

Contact information:
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@TasminRookes

Title:
Mild Cognitive Impairment: Impact on Effectiveness of and Engagement with Behaviour Change Interventions

Abstract (max 250 words):

Mild Cognitive Impairment (MCI) affects 5-20% of older people in the UK, but often goes undiagnosed. Dementia risk is five times higher in those with MCI compared with healthy cognition. Risk can be reduced through health promoting behaviour change interventions, which are delivered in clinical practice to older people. However, it is unclear how MCI impacts intervention effectiveness and engagement. HomeHealth is a behaviour change intervention for people with mild frailty being tested in a RCT.

This mixed method project aims to answer two research questions:

1. How does MCI impact engagement with and effectiveness of behaviour change interventions?
2. How should health promoting behaviour change interventions targeted at older adults be adapted to improve outcomes for people with concomitant MCI?

Qualitative interviews have been conducted with 29 participants with MCI, to explore the barriers and facilitators to engagement with and perceived benefit from the HomeHealth intervention. Eight have been purposively sampled for in-depth case studies, through triangulation, to explore how self-reported experience of goal setting corresponds with intervention documentation and discussions in the recorded sessions. Quantitative secondary analysis will compare the effectiveness of the intervention for people with and without MCI on functioning. Additional analysis will compare type of goals chosen and goal progress between those with and without MCI. Finally, multi-disciplinary implementation workshops will be held to summarise these findings into a guideline of recommendations to adapt existing and future health promoting behaviour change interventions, considering MCI, to ensure outcomes are equal to those with healthy cognition.

Additional information (max 100 words):

Self-management and health promoting behaviour change interventions for people living with long-term health conditions. Testing these interventions in clinical trials and exploring implementation through process evaluations.

Name: Saif Syed

Award: PhD Studentship

SPCR Member: Queen Mary University of London

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Title:
Strengthening access to primary dental care by developing an essential package of oral care for the older adults in England (ESSENTIAL study)

Abstract (max 250 words):

Oral diseases are a public health problem and negatively affect the well-being and quality of life of those affected. The increasing oral disease burden and a demographic transition to ageing population in England that is also undergoing an epidemiological transition in oral health highlight the increasing need of oral health services. As global policy action calls for universal health coverage, access to essential oral health services remains a key component to achieve it. The aim of this study is to co-design an essential oral health package for older adults in England that can be delivered through NHS primary dental care. This study will be taken in 3 phases with phase 1 being situational analysis of the NHS oral health system in England, comprising a literature review to identify barriers and facilitators of access to primary dental care for older adults and quantitative analysis of existing datasets to gauge the oral health needs of older adults and determine the status of access to NHS primary dental care. Initial findings have identified oral health needs of older adults, health system barriers to access at different levels like service delivery, workforce, and governance, highlighting a complex fragmented system of care provision. Phase 2 will be a qualitative study on perceptions of a range of stakeholders on barriers and facilitators of access and oral health needs of older adults. Phase 3 will co-design an essential oral health package with the active engagement of stakeholders and reach a consensus using a modified Delphi process.

Additional information (max 100 words):

Saif is a dentist with research interest in oral health inequalities, universal health coverage, primary care, healthy ageing, and participatory 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 trials that are aiming to improve oral health of older adults living in care homes and dependent settings in the UK through co-design intervention and skill-mix model.

Name: James Tawse

Award: PhD Studentship

SPCR Member: University of Manchester

Contact information:
James Tawse on LinkedIn/ Twitter

Title:
Patient safety, burnout, and primary care practitioners: a mixed methods study

Abstract (max 250 words):

Background
The high levels of burnout and turnover among healthcare practitioners is one of the most important challenges that UK primary care faces in the aftermath of the Covid-19 pandemic. International research shows that practitioners involved in patient safety incidents are particularly vulnerable to low morale, burnout, sickness and leaving posts. However, our understanding of the impacts of patient safety incidents on primary care practitioners in the UK is limited and there are no evidence-based interventions to support the wellbeing and retention of primary care practitioners who have been involved in patient safety incidents.

Aims
1. Assess which types/characteristics of interventions best support healthcare practitioners involved in patient safety incidents.
2. Examine the impact of patient safety incidents on stress, burnout and turnover intentions among primary care practitioners.
3. Co-produce a feasible and acceptable behavioural intervention to support the wellbeing of primary care practitioners after being involved in a patient safety incident.

Methods
Phase 1: A systematic review with meta-analysis to understand which interventions are effective in improving the well-being and retention of healthcare practitioners involved in patient safety incidents.

Phase 2: Two parallel and complementary studies: a) A national longitudinal survey distributed via the RCGP to investigate the relationship between patient safety incidents, burnout, job satisfaction and turnover intentions among primary care practitioners; b) qualitative study to explore primary care practitioners' perspectives on impact of patient safety incidents on stress and burnout as well as support pathways.

Phase 3: A series of workshops with primary care practitioners, practice managers commissioners and patients to identify content and implementation options for a behaviour change intervention to support the well-being and retention of primary care practitioners, followed by small-scale feasibility and acceptability study.

Additional information (max 100 words):

I am currently working as an Assistant Psychologist within a staff support service for NH staff at Alder Hey Children’s Hospital in Liverpool. In October, I will start working on my PhD project with colleagues from NIHR and the University of Manchester. My research interests largely relate to the mental health of NHS staff as well as projects to support NHS staff retention.

Name: Bethan Treadgold

Award: Post Doctoral Fellow

SPCR Member: Exeter

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Title:
Accessibility, acceptability, and accuracy of online support groups for primary care conditions: outline for and progress to date from NIHR SPCR funded postdoctoral fellowship

Abstract (max 250 words):

Background
There has been a recent increase in the use of online support groups to support self-management of long-term conditions. Concern exists around the quality of user-generated health information, and the potential impact of poor-quality information on health outcomes. Many conditions managed in primary care require commitment to self-management, thus access to acceptable and accurate online information is crucial. Research has not explored how primary healthcare professionals could participate in approving information in online support groups.

Aims of fellowship

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

Methods
The fellowship will consist of four phases. Phase 1: Scoping review of the literature. Phase 2: Quality appraisal of information in online support groups about three common primary care conditions (eczema, hypertension, and pelvic floor disorders). Phase 3: Qualitative interviews with primary healthcare professionals and the public. Phase 4: Preparation of funding proposal aimed at developing a quality approval system. Throughout the research, developing ideas and opportunities for co-design will be discussed with patient and public contributors.

Potential impact
This fellowship will identify the need for, and practicalities associated with, developing a quality approval system for information in online support groups. Findings could promote patient safety and improved self-management of health.
An outline of the fellowship along with progress to date will be presented.

Additional information (max 100 words):
Research psychologist with interests in qualitative research methods and digital health services research.

Name: Pradeep Virdee

Award: Post-Doctoral Fellowship

SPCR Member: University of Oxford

Contact information:
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Title:
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

Abstract (max 250 words):
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 aim to test 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. 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 will be assessed using the area under the curve, calibration slope, sensitivity, specificity, and more (work package 1). Predictive performance will be compared to existing colorectal cancer models to assess the need for further predictors in the model (work package 2). The BLOODTRACC models will then be updated accordingly (work package 3).

Discussion:
This fellowship will assess whether acting on trends in FBC blood tests could lead to colorectal cancer diagnosis at an earlier stage and whether predictive performance of the BLOODTRACC models could be improved further. Further validation work and subsequent implementation studies in primary care practices will be conducted as future work.

Additional information (max 100 words):
I am a Statistician specialising in 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 enjoy teaching statistics and research methodology to students and am keen to develop further research collaborations in these areas.

Name: Tianchang Zhao

Award: PhD Studentship

SPCR Member: Manchester

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Title:
The demand and supply determinants of GP activity

Abstract (max 250 words):

General practice is the backbone of healthcare services in the UK. It not only serves as the first point of contact for patients, but also prevents and detects serious illness, reduces A&E visits, and lowers all-cause mortality. However, primary care has been in a critical situation in recent years, facing both supply- and demand-side pressures. A substantial amount of research has been conducted to highlight the significance of the issue, show the development and trends, identify the causes, and suggest potential solutions, but given the technical difficulties and lack of high-quality data, a significant proportion of the literature is qualitative.

This PhD thesis aims to quantitatively analyse the worsening imbalance between the supply of, and demand for, general practice appointments to better understand the drivers of primary care activity and to guide policy solutions to the current imbalance. Using newly available data on GP appointment volumes, we identified several supply and demand-side determinants of primary care appointment volumes, capturing population, workforce, and organisational drivers at both CCG and practice levels. At the CCG level, our longitudinal study shows that the Covid-19 pandemic had changed the relationships between these factors and the appointment rate. Practice level analyses show that higher staffing levels are associated with more appointment provision, but not the speed of appointment availability. There was also evidence of substitution between GPs and other care professionals in appointment provision and of additional workload for practices serving deprived and rural areas.

Additional information (max 100 words):
Health economist with work experience in financial services. I’m interested in health econometrics, big dataset analyses, and healthcare system modelling.