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IN CONJUNCTION WITH **RCGP ANNUAL CONFERENCE**

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THEMES

01. Academic general practice – SAPC (in collaboration with EGPRN).
02. Planetary health, climate change and environmental sustainability.
03. Education.
04. Professional development.
05. Telemedicine, IT in general practice/family medicine.
06. Innovation.
07. Service development.
08. Health inequalities.
09. Quality improvement.
10. Patient participation.
11. Wider primary care team.
12. Essential CPD sessions (e.g. Essential CPD, Basic Life Support, Safeguarding).

ORAL PRESENTATIONS

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 19

Internal code

O01-01

Presentation form

Science Slam

Democratising the RCT: embedding automated trials into front-line clinical practice

Luke Allen

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Background

Which ACE inhibitor shall I choose for this patient? Which anti-depressant? Which local weight loss service is the most effective? The current evidence doesn't always proscribe which option is best for every patient.

RCTs offer the highest level of evidence for a given treatment, however the results are often not generalisable to our patients because they are run in highly controlled, unrealistic settings, and commonly exclude older unhealthy participants.

Discussion Point

Every day primary care workers are presented with genuine 50:50 decisions for treatment options. We should be using these daily 'natural' RCTs to generate real-world evidence on what works for who, and under what circumstances.

Content

With funding from the Wellcome Trust and the NIHR, my team is developing 'adaptive platform trial' code that lives in the electronic health record and allows primary care systems to learn from every clinical encounter. We are testing the approach in several countries with an emphasis on reversing the 'inverse care law' where the people with the greatest needs often experience the worst outcomes.

Take Home Message for Practice

Think about the last time you and the patient faced a simple coin-flip decision. That is happening in every office, in every country, every day. If we let a computer make the final 50:50 choice and automatically look for the outcome, we could help to generate exceptionally strong real-world evidence to continually reduce uncertainty and improve the quality of our care.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 40

Internal code

O01-02

Presentation form

Science Slam

Potentially inappropriate medication and polypharmacy rates in older adults in a primary care setting and effectiveness of STOPP criteria version 2 on these parameters

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Background: STOPP criteria have been developed in order to scan potential inappropriate medication (PIM) and to decrease polypharmacy (PP) in elderly patients. This study was aimed to evaluate the effectiveness of these criteria in primary care.

Methods: The study was conducted in Family Health Center (FHC) affiliated with Umraniye Training and Research Hospital in Istanbul. All patients over 65 by the time they applied to our center between 01-07-2020 and 01-01-2021 were enrolled. All subjects' histories were obtained using Family Physician Software Program and physical examinations were performed. The PIMs were identified according to STOPP version2 criteria.

Results: 320 patients were enrolled. Mean age was found to be 72,46±6,5 years. Mean number of drugs consumed per patient was 6,42±2,76. PP rate was found to be 65% while 308 (15.6%) medications out of 2055 were found to be PIM. At least one PIM was identified in 180 (41.4%) subjects. The most common PIMs were NSAIDs followed by SSRIs and PPIs. 51 indicators out of 81 STOPP criteria identified inappropriate prescribing. The most common ones were as follows: 'A3. Concurrent use of drugs from the same class' 'A1. Prescription without an evidence-based clinical indication.' and 'H2. NSAID use in those who had severe hypertension or advanced heart failure. The total number of the drugs turned out to be 1746 while mean drug consumption and the rate of PP decreased significantly (p<0.001, p=0.017).

Conclusion: This study supports the available data reporting the effectiveness of STOPP criteria in primary care.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 94**Internal code**

O01-03

Presentation form

Lecture

Perspectives of GPs supporting young people who self-harm in England: a qualitative study

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Background

Self-harm in young people is an international public health priority, and self-harm is the strongest risk factor for suicide. Rates of self-harm in young people presenting in primary care are increasing, and GPs have a key role in the management of young people who self-harm. Young people have described varied experiences of care for self-harm, but perspectives of GPs about young people have not previously been explored.

Aim

To explore the perspectives of GPs on presentation and management of young people who self-harm, including the impact of COVID-19.

Methods

Semi-structured interviews were conducted remotely with GPs around England. Purposive sampling aimed for a maximum variation sample in participant age, gender, years in practice, employment role, and practice list size. Recruitment was facilitated through Clinical Research Networks. Interviews were audio-recorded, transcribed verbatim, and thematic analysis with principles of constant comparison was conducted. A patient and public involvement group informed recruitment techniques, the interview topic guide, and interpretation of data.

Results

Fifteen interviews were conducted. GPs understood self-harm to be broad in nature with a spectrum of severity. GPs described a variety of strategies for managing young people who self-harm: treating underlying mental illness, offering distraction techniques, and signposting. GPs stated that remote consulting due to COVID-19 reduced the opportunity to identify non-verbal cues and develop relationship-based care that can be critical in supporting young people who self-harm.

Conclusion

These findings will inform clinical practice recommendations and the development of a GP-led intervention to reduce self-harm in young people.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 105

Internal code

O01-04

Presentation form

Lecture

Gut feeling for the diagnosis of cancer in general practice: a diagnostic accuracy review

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Background

Diagnostic delay in cancer is a challenge in primary care. Although screening tests are effective in diagnosing some cancers, symptom-based cancer diagnosis is often difficult

due to its low incidence in primary care and the influence of patient anxiety, doctor-patient relationship, and psychosocial context. GP gut feeling for cancer, may play a role in the early diagnosis of cancer where diagnostic resources are limited.

Question

To determine the diagnostic accuracy of “gut feeling” in symptomatic adult patients presenting to primary care physicians, compared with confirmed diagnosis of cancer.

Methods

Diagnostic accuracy review with HSROC models following Cochrane methods was used. Methodological quality was appraised using QUADAS-2. A literature search was conducted in MEDLINE, EMBASE, Cochrane Library, DARE, and Medion databases. Eligibility criteria was cross-sectional, randomized and cohort studies of test accuracy that compared gut feeling with an appropriate reference standard (cancer diagnosis).

Results

Of 1286 potentially relevant papers identified, 6 studies met the inclusion criteria. No studies satisfied all QUADAS-2 criteria. Two of 6 data cannot be extracted despite contacting . After meta-analysis, gut feeling had a sensitivity of 0.40 (95%CI: 0.28, 0.53) and a specificity of 0.85 (95%CI: 0.75, 0.92).

Discussion

Gut feeling when used in symptomatic adult patients in general practice has a relatively low sensitivity and high specificity.

Take home message

The positive predictive value of 5.16% is higher than the NICE threshold of 3.0% for urgent action and referral, assuming cancer prevalence in the symptomatic population is greater than 2%.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 108

Internal code

O01-05

Presentation form

Lecture

Identifying opportunities for timely diagnosis of bladder and renal cancer via abnormal primary care blood tests

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⁵University of Cambridge, Cambridge, United Kingdom

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Background

Understanding pre-diagnostic test use could reveal diagnostic windows where more timely evaluation for cancer may be indicated.

Aim:

To examine pre-diagnostic patterns of results of abnormal blood tests in patients with bladder and renal cancer.

Methods:

We performed a retrospective cohort study using primary care and cancer registry data on patients with bladder and renal cancer who were diagnosed between April 2012 and December 2015 in England. The rates of patients with a first abnormal result in the year before cancer diagnosis, for 'generic' (full blood count components, inflammatory markers, and calcium) and 'organ-specific' blood tests (creatinine and liver function test components) that may lead to subsequent detection of incidental cancers, were examined. Poisson regression was used to detect the month during which the cohort's rate of each abnormal test started to increase from baseline.

Outcomes:

Data from 4533 patients with bladder and renal cancer were analysed. The monthly rate of patients with a first abnormal test increased towards the time of cancer diagnosis. Abnormalities of both generic (for example, high inflammatory markers) and organ-specific tests (for example, high creatinine) started to increase from 6–8 months pre-diagnosis, with 25%–40% of these patients having an abnormal test in the 'early half' of the diagnostic window.

Discussion:

Population-level signals of bladder and renal cancer can be observed in abnormalities in commonly performed primary care blood tests up to 8 months before diagnosis, indicating the potential for earlier diagnosis in some patients.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 153

Internal code

O01-06

Presentation form

Workshop

The Primary Care Academic Collaborative (PACT): opportunities to engage primary care colleagues in research

Jessica Watson¹⁾, Polly Duncan¹⁾, Sam Merriel^{1, 2)}

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²⁾Exeter Collaboration for Academic Primary Care (APEX), University of Exeter, Exeter, United Kingdom

Background

Trainee research collaboratives have been established in many medical and surgical specialties in the UK, enabling motivated clinicians outside formal research training schemes to take part in large-scale, high-quality research projects. The Primary Care Academic Collaborative (PACT) aims to replicate this model in primary care, to increase research opportunities for GPs and allied health professionals. PACT now has over 600 members and two pilot studies called CHiP and Why Test are underway. In this workshop we will explore the potential lessons, challenges and opportunities for future international collaborations using the PACT model.

Target Group

GPs, trainees, medical students and allied healthcare professionals, especially early career clinicians with an interest in research.

Didactic Method

Three brief introductory presentations will cover the background to PACT, the Why Test study and the CHiP study.

The majority of the workshop will be interactive, using small group work to allow participants to share experiences and brainstorm ideas for future collaborations. We are particularly interested in exploring how PACT can link with existing structures such as WONCA, EGPRN and Vasco da Gama.

Objectives:

- To share experiences of setting up PACT
- To consider how lessons from PACT could be applicable to different countries, or for international research collaboratives
- To brainstorm ideas for future collaborative projects

Estimated number of participants

20-50

Brief presentation of the workshop leaders

Dr Duncan is a GP and chair of PACT

Dr Watson is a GP and PI of the Why Test study

Dr Merriel is a GP and vice-chair of PACT

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 171

Internal code

O01-07

Presentation form

Science Slam

Why Test? Exploring reasons for primary care testing using the Primary Care Academic Collaborative (PACT)

Jessica Watson¹⁾, Alexander Burrell¹⁾, Ian Bennett-Britton¹⁾, Sam Merriel^{1, 2)}, Salman Waqar³⁾, Polly Duncan¹⁾

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²⁾Exeter Collaboration for Academic Primary Care (APEX), University of Exeter, Exeter, United Kingdom

³⁾Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom

Background

Have you ever found yourself looking at blood test results and wondered why the test was done in the first place? Rates of blood testing in primary care are rising. Potentially unnecessary tests can contribute to GP workload, healthcare costs and patient anxiety. To explore this, we are launching the Why Test study using the Primary Care Academic Collaborative (PACT).

Questions/discussion point

The Why Test study aims to find out who orders blood tests and why, and how results are actioned in primary care.

Content

We will explore how engaging GP trainees and allied health professionals in research offers the opportunity to collect data which cannot otherwise be captured. PACT

members can benefit as they will receive benchmarked data which can be used for quality improvement around filing, actioning and communicating blood test results. Recruitment to Why Test has commenced and preliminary results on participant demographics will be presented.

Take home message for practice

This study provides one of the first opportunities to pilot the PACT collaborative model of data collection and research. Understanding the indications for blood testing will help identify priority areas for research to optimise testing in primary care. If successful the PACT model could help advance primary care as a scholarly discipline, though widening clinician engagement in research and quality improvement.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 183

Internal code

O01-08

Presentation form

Lecture

A new patient reported outcome measure for polymyalgia rheumatica: development and psychometric evaluation of the Polymyalgia Rheumatica Impact-Scale (PMR-IS)

Helen Twohig¹⁾, Christian Mallen¹⁾, Caroline Mitchell²⁾, Sara Muller¹⁾

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²⁾*Academic Unit of Primary Medical Care, University of Sheffield, Sheffield, United Kingdom*

Background

Polymyalgia rheumatica (PMR) causes pain, stiffness and disability in older adults. Measuring the impact of the condition from the patient's perspective is vital to high-quality research, yet there are no patient-reported outcome measures (PROMs) for PMR.

Question

Can we develop a PMR-specific PROM with psychometric properties meeting accepted criteria?

Methods

We developed a long-list of items and a proposed domain structure from a qualitative study, and assessed face validity of this with patients and professionals.

We carried out two cross-sectional surveys:

1) 256 participants completed the draft PROM providing data for item reduction, verification of dimension structure and scoring system development.

2) 179 participants completed the PROM at two time points, along with comparator questionnaires and anchor questions. Test-retest reliability, construct validity, and responsiveness were evaluated.

Outcomes

Results from the development phase led to the formation of the PMR-impact scale comprising symptoms, function, emotional and psychological well-being and steroid side-effects domains.

Construct validity was good (only 1/11 pre-specified hypotheses rejected). Test-retest reliability was good for each domain (ICC>0.8) and smallest detectable changes at group level were acceptable.

The PMR-IS was responsive to improvement in the condition but there was insufficient evidence to determine its ability to detect flares.

Discussion

This is the first PMR-specific PROM and has good construct validity and test re-test reliability. Further work will establish its responsiveness and interpretability parameters.

Take home message for practice

The PMR-IS will enable the assessment of what truly matters to people with PMR and ultimately improve person-centred care for PMR.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 223

Internal code

O01-09

Presentation form

Lecture

Glycaemic control as a predictor of the risk of hospitalisation for COVID19 in diabetic patients over 50 years of age in Spain. APHOSDIAB-COVID study.

Ana Cebrian¹⁾, Luis Avila-Lachica²⁾, Domingo Orozco-Beltrán³⁾, Inmaculada Candela-García⁴⁾, Francisco Javier Ortega-Ríos⁵⁾, Ignacio Párraga⁶⁾, Antonio Pérez-Pérez⁷⁾

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⁵⁾Centro de Salud Campos-Lampreana, Servicio Castellano-leones de salud, Zamora, Spain

⁶⁾Centro de Salud de La Roda, Servicio de Salud de Castilla la Mancha, Albacete, Spain

⁷⁾Hospital de la Santa Crei i Sant Pau, Servicio Catalán de Salud, Barcelona, Spain

Objectives

To build a predictive model to identify the influence of poor glycaemic control on the risk of hospital admission in diabetic patients over 50 years of age infected with SARS-CoV-2.

Methods

Case-control study based on analysis of clinical records. Inclusion criteria: diabetic patients with a diagnosis of Covid-19 by PCR followed up from primary care or endocrinology clinics. Patients without confirmation by PCR were excluded. Case: patient admitted to hospital due to COVID19; Control: patient diagnosed with COVID at the outpatient level who did not require admission. Sample: To identify risk factors that increase the risk of hospitalization by 50% or more (OR 1.5 or more). Follow-up began on 01-03-2020 and end the date of discharge or cure, or death. Patient inclusion was closed in March 2021.

Results

327 patients were included by 45 investigators (12 hospitals, 26 health centers) across Spain. 47.7% (n=156) were hospitalized, 60.2% male. Comorbidities: hypertension (68.7%), dyslipidaemia (66.9%), cardiovascular disease (27.6%), COPD (11%), neoplasms (8.6%); chronic kidney disease (11.9%). The multivariate model identified age (OR 1.052; 1.01-1.09; p=0.01), presence of fever (11.7; 5.1-27.1; p=0.00), cough (4.8; 2.1-11.04; p=0.00) or dyspnea (5.0; 2.2-11.3; p=0.00), hypertension (2.9; 1.2-6.9; p=0.01), immunosuppression (33.2; 3.1-353.8; p=0.004) or elevated HbA1c levels (1.76; 1.2-2.64; p=0.00), as variables associated with an increased risk of admission.

Conclusions

In patients diagnosed with COVID19 managed on an outpatient basis, age, the presence of fever, cough or dyspnea, the presence of hypertension, immunosuppression or poor glycemic control were identified as variables associated with an increased risk of hospital admission.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 357

Internal code

O01-10

Presentation form

State of the art session

CRISP - Consensus Reporting Items for Studies in Primary Care: new guidance for reporting research in general practice/family medicine

Joanne Reeve¹, William Phillips², Elizabeth Sturgiss³, Paul Glasziou⁴, Tim Olde Hartmann⁵, Aaron Orkin⁶, Pallavi Prathivadi³, Grant Russell³, Chris van Weel⁵

¹Academy of Primary Care, Hull York Medical School, Hull, United Kingdom

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⁴Australia National University, Canberra, Australia

⁵Radboud UMC, Nijmegen, Netherlands

⁶University of Toronto, Toronto, United States

Background: Research reporting guidelines can improve the completeness, transparency, and value of published reports. Current guidelines do not meet the challenges of research and practice in primary care (PC), general practice, and family medicine. Our international working group has developed CRISP - Consensus Reporting Items for Studies in Primary Care - with the endorsement of WONCA.

Target Group: All producers and users of PC research: researchers, practitioners, patients, educators, reviewers, editors, policymakers.

Didactic Method: Present CRISP guidelines and discuss how to apply them to improve the reporting, implementation, and impact of PC research. Review CRISP research: world-wide surveys of PC scientific and practice communities, literature review, international Delphi study. Discuss application to the variety of PC research topics, methods, patient populations, and care settings. Discuss ways to improve the CRISP checklist and promote dissemination and application.

Objectives: Summarize the needs and challenges of PC practice and research that deserve research reporting guidelines. Review evidence documenting need for PC-specific guidelines. Outline the new CRISP guidelines and how they address PC needs. Apply the flexible checklist in reporting research across variety of PC research. Discuss how CRISP can help improve PC research reporting, patient care, and population health. Discuss how CRISP can help advance the WONCA research mission and become a model for other disciplines.

Take Home Message for Practice: General practice and family medicine rest upon a growing body of our own research that can be more effectively reported following new CRISP guidelines derived from our researchers, practitioners, and patients.

60 minutes

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 378

Internal code

O01-11

Presentation form

Lecture

Building trust between GPs and South Asian men with long-term conditions experiencing emotional distress: a qualitative study

Hassan Awan, Tom Kingstone, Nadia Corp, Carolyn Chew-Graham
School of Medicine, University of Keele, Newcastle, United Kingdom

Background

People with physical-mental comorbidity have a poorer quality of life, worse clinical outcomes and increased mortality than those with physical conditions alone. Those from some ethnic groups may be less likely to recognise and seek help for symptoms which may represent mental health problems, and are an under-served group within healthcare services. South Asians (SAs) are the largest minority group in the UK, and more likely to have long-term conditions (LTCs) such as diabetes and heart disease.

How do males of SA origin with LTCs understand, experience and seek help for emotional distress? What are the perspectives and experiences of General Practitioners (GPs)?

Qualitative study using semi-structured interviews with SA males from community settings and GPs. Thematic analysis and iterative modification of topic guides. A patient advisory group was involved in all stages of the research.

Seventeen SA males with LTCs and 18 GPs were interviewed. SAs described a lack of trust in GPs due to different health beliefs and unacceptable treatments offered. GPs described this cohort as a challenging patient group. The covid pandemic exacerbated pre-existing inequalities in access to healthcare and other areas.

This study highlights the need for relationship-based holistic care, cultural awareness and community outreach and engagement to develop trust in primary care. Exploring health beliefs and cultural awareness and humility are key tools for GPs to develop trust-based relationships managing emotional distress with SA males with LTCs.

Understanding and exploring cultural health beliefs is essential to successfully managing emotional distress in SAs with LTCs.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 417

Internal code

O01-12

Presentation form

Workshop

Research and teaching during post-graduate GP training - an exciting and/or lonely path?

Frank Sullivan¹⁾, Simon Schwill²⁾

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²⁾*Competence Center for Postgraduate Medical Education in Baden-Wuerttemberg, University of Heidelberg, Heidelberg, Germany*

Background

During the past five decades academic departments of general practice have been established across Europe. This has led to an increasing need for future general practitioners with an interest in research and teaching to develop the faculty of those departments. It is a matter of concern in many European countries that there is a shortage of general practitioners and as general practice is relatively "young" as an academic discipline in many countries, the need for young scientists is very precarious.

Target Group

Anyone interested in the topic.

Didactic methods

To start with, the workshop leaders will give a short presentation on the topic and present results of a survey among young and future GPs in Germany and Scotland about their interest in research and teaching as a career. This will be followed by a world café with discussion of the questions below.

Objective

The aim is to see what experiences there are with the topic and answer the following questions:

1. What barriers and opportunities are there for young doctors to start careers in academic general practice in different European countries?
2. What strategies have been (successfully) used to improve the shortage of young scientists?
3. What experiences and ideas are there on how to organize post-graduate training and academic development as a dual career“?
4. How could an exchange about the topic be organized in order to learn from each other and form (existing) role models?

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 424

Internal code

O01-13

Presentation form

Lecture

GPs' and practice nurses' views on their management of pediatric anxiety problems: a qualitative study

Lukas Koet¹⁾, Jessie Bennenbroek¹⁾, Annouk Bruggeman¹⁾, Evelien de Schepper¹⁾, Arthur Bohnen¹⁾, Patrick Bindels¹⁾, Heike Gerger^{1, 2)}

¹⁾General Practice, ErasmusMC, Rotterdam, Netherlands

²⁾General Practice and Family Medicine, Universität Bielefeld, Bielefeld, Germany

Background: Pediatric anxiety problems are common, and many affected minors do not receive appropriate treatment. In the Netherlands, practice nurses have been introduced into general practice to support GPs in the management of psychosocial problems.

Purpose: To investigate the views of GPs and practice nurses on their management of pediatric anxiety problems.

Methods: We performed semi-structured interviews and an online-survey, with 13 GPs and 13 practice nurses in the greater Rotterdam area. Interviews were transcribed and analyzed using inductive thematic analysis. The survey was analyzed using descriptive analyses.

Results: In their management of pediatric anxiety problems, both GPs and practice nurses explore the case and the needs of affected minors and their parents. GPs rarely follow-up affected children themselves. They prefer referring affected minors to their practice nurse or to specialized mental health care. Practice nurses regularly initiate follow-up consultations. They use several therapeutic techniques, including elements of cognitive behavioral therapy. In more severe cases, practice nurses refer children to mental health care services. GPs are satisfied with their collaboration with their practice nurses. Concurrently, GPs and practice nurses experience significant barriers, most importantly the waiting lists for external mental health services. Improving cooperation with external mental health care providers is reported to be an important facilitator.

Conclusions: Through the collaboration between GPs and practice nurses, children with anxiety problems remain longer within the general practice setting. Major challenges remain in the cooperation between GPs and external mental health care providers, and in the long waiting lists for these services.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 442

Internal code

O01-14

Presentation form

Lecture

Comorbidity in incident osteoarthritis cases and matched controls using electronic health record data

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Background:

Comorbidities are commonly seen in patients with osteoarthritis (OA).

Question:

To determine which chronic comorbidities were more prevalent in patients with incident OA, compared to matched controls.

Methods:

A case-control study was performed using data from the Integrated Primary Care Information database, an electronic health record database comprising 2.5 million patients from Dutch general practices. OA cases were defined as adults diagnosed with OA between January 1st, 2006 and December 31st, 2019. Diagnosis was based on ICD-10 codes for OA: L89 (hip), L90 (knee) and L91 (other). The first registration of an OA code within the study period was defined as the index date, at which each case was matched with 1-4 controls according to age, sex and general practice, using incidence density sampling. 58 comorbidities were analyzed individually. Prevalence of each comorbidity at the index date was compared between cases and controls and presented as odds ratio with 99.9% confidence interval.

Outcomes:

Of 80,099 identified incident OA patients, 79,937 were successfully matched with 318,206 controls. Patients with incident OA had significantly higher odds for prevalent disease of 42 of the 58 studied comorbidities. Other musculoskeletal conditions and obesity showed the largest associations.

Discussion:

This study confirms known associations whilst unravelling new comorbidity patterns among OA patients. In the future, research on causality between OA and comorbidity is needed.

Take Home Message:

Patients with incident OA have a higher risk of a prevalent diagnosis for >70% of the comorbidities studied, compared to matched controls without OA.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 479

Internal code

O01-15

Presentation form

Lecture

International variation in consultation length: A systematic review of 52 countries

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Background

Our previous systematic review with data upto 2016 identified considerable international variation in average consultation length [1]. We found that at least 50% of the global population spend 5 min or less with their primary care physicians [1]. Little is know about how this situation has changed over time.

Questions

1) To describe the average reported primary care physician consultation length in low-income/middle-income and economically developed countries from 2016. 2) To describe international trends in consultation length over time.

Method

Systematic review of published and grey literature in English, Chinese, Japanese, Spanish, Portuguese and Russian languages from 2016-2021 following a previously reported method. [1]

Outcomes

Data from 52 countries reported in 35 articles was included. Average consultation length ranged from 2.3 minutes in Indonesia to 23.9 minutes in Sweden. We had follow-up data for 42 counties included in our last review which included data upto 2016. Of these the mean consultation length had increased in 32 countries (76%), decreased in 9 countries (21%) and one country remained unchanged. No new data was available for 36 countries included in our previous review.

Discussion

There continues to be considerable international variation in consultation length. Whilst the mean consultation length has increased for some countries it is concerning to see this reduce for others.

Take-home message

A large proportion of the global population continues to have 5 minutes or less with their primary care physicians.

1. Irving G et al. BMJ Open. 2017 Nov 8;7(10):e017902.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 503

Internal code

O01-16

Presentation form

Lecture

Engaging general practitioners in research during a pandemic: The experiences of the IMPROVE trial

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Background

The Implementing work-related Mental health guidelines in general PRacticE (IMPRovE) trial aims to implement evidence-based guidelines in Australian general practice, improve patient outcomes, and assess cost-effectiveness. In 2020, general practitioner (GP) recruitment for the trial was imminent when first international reports of COVID-19 pandemic were published. Challenges associated with significant public health events affected our engagement with GPs.

Questions

How we mitigate COVID-related disruptions to the trial and increase GP participation?

Methods

We consulted with the stakeholder group to acknowledge and respond to the impact of lockdown measures on GPs, who faced increased cognitive load and stress while aiming for best care in an uncertain environment; dealing with evolving messages about vaccine safety and effectiveness; and vaccination-rollout.

In response to these challenges, we made six changes: (1) contained the budget by suspending the trial; (2) shortened the trial duration; (3) expanded the inclusion criteria for GPs; (4) increased remuneration to GPs; (5) prepared for ongoing disruptions by transferring recruitment and intervention online; (6) used personalised communication.

Outcomes

A subsequent increase in GP participation showed favourable mitigation of COVID-related disruptions to the trial.

Discussion

Regular consultation with the stakeholder group was essential in developing an effective response to the challenges GPs invited to the trial faced during the pandemic.

Take-Home Message for Practice

Our response demonstrates how to strengthen a large-scale GP trial design in response to external challenges, the value of being considerate of expectations placed on GPs during the evolving pandemic, and the importance of stakeholder relationships.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 512

Internal code

O01-17

Presentation form

Lecture

Behavioural Activation in Social IsoLation (BASIL): mitigating depression and loneliness in older adults with long-term health conditions during the COVID-19 pandemic

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Background

Older adults with long-term conditions (LTCs) have increased risk of depression leading to poorer quality of life. Social isolation and loneliness are precipitants for mental ill health.

Question

Is a brief psychological intervention [based on Behavioural Activation (BA) and Collaborative Care] to manage loneliness acceptable to older adults with physical-mental multimorbidity?

Methods

We developed BASIL (Behavioural Activation in Social IsoLation) pilot study in response to the Covid-19 pandemic. BA helps people to maintain or introduce activities. BASIL Support Workers (BSWs) worked with older adults (65+years) using a self-help booklet, monitored symptoms, and facilitated communication with participant's healthcare team. Participants with two or more LTCs were identified via primary care. Study processes and BSW training complied with Covid-19 restrictions. We assessed the feasibility of recruiting and retaining older adults and acceptability of remote delivery of intervention. Semi-structured telephone interviews conducted with sample of participants and BSWs.

Outcomes

Ninety-six participants were recruited. Intervention engagement good; 98% (46/47) of participants randomised to intervention group commenced intervention. Follow-up rates excellent [1 month (94%), 3 months (90%) post-randomisation].

Study processes were acceptable for older adults who described the benefit of the intervention.

Discussion

It was feasible to adapt study processes to enable remote delivery of a BA intervention for older adults with physical-mental multimorbidity during isolation. Pilot findings have informed the definitive main trial (BASIL⁺).

Take home message for practice

A telephone-delivered BA intervention is acceptable to older adults to mitigate the impact of social isolation and loneliness.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 577

Internal code

O01-18

Presentation form

Lecture

Supporting people with pain-related distress in primary care consultations: a qualitative study

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Background: Low mood and distress are commonly reported with by people who have persistent musculoskeletal pain and may be labelled as 'depression'. It is important to understand how pain-related distress is conceptualised and managed by people with pain and general practitioners (GPs) in primary care consultations.

Questions: How people with pain and GPs perceive pain-related distress, is this different to 'depression', and how can this be managed?

Methods: Qualitative methods with semi-structured interviews conducted via telephone or using virtual software ("Microsoft Teams"). Interviews were digitally recorded, transcribed with consent, and analysed thematically using constant comparison techniques. People with persistent pain (in a Patient Advisory Group – PAG) and a GP stakeholder group contributed to the study design and analysis.

Outcomes: This study offers a model for the primary care consultation with patients presenting with pain-related distress. GPs need to recognize the impact of pain on the person, manage their own and patient's uncertainty, support the person come to terms with their pain, explore how the person feels about the future, encourage optimism, and support self-management strategies.

Discussion: This study focuses on how general practitioners work with, and support, people with pain, distinguish between pain-related distress and depression and offers strategies to achieve satisfaction for patients and GPs with the primary care consultation.

Take Home Message for Practice: We suggest that GPs can support people with pain during consultations when they can recognize and manage their own and their patient's uncertainty about both the cause of pain and negotiate management strategies.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 593

Internal code

O01-19

Presentation form

Lecture

What are the psychological impacts of sexual torture? – An exploration of the perspective of UK-based clinicians and survivors

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Background: In the wake of mass migration, one of the challenges for primary care is the provision of effective and equitable health services to traumatised refugees. These migrants are also most likely to have experienced torture before migration. Despite the high prevalence of sexual torture, this topic has received insufficient academic attention for survivors from Muslim-majority countries.

Question: What are the distinctive psychological and social impacts of sexual torture and their mediators in Iranian, Afghan and Kurdish refugees in the UK.

Methodology: This qualitative research was conducted in collaboration with two voluntary organisations. Mental healthcare providers and torture survivors were recruited through convenience sampling and snowball sampling respectively. The study consisted 1) semi-structured face-to-face interviews with a total of eight experts (doctors and therapists) and three torture survivors. This was then followed by 2) a focus group with four experts to discuss the emerging results from the interviews and together reflect on the politics of gender and sexuality in the context of torture. A thematic gender-critical analysis was performed for the qualitative data.

Outcome: Our findings were organized into three main themes: operationalisation, impact, and drivers of impact. Our findings suggest that the impacts of sexual torture are both complex and unique to each victim.

Take Home Message for Practice: Gender mediates the impact of sexual torture at the intersection of gender, cultural norms, and forms of social inequality. The conclusions of the study deepen our understanding of variables that intersect in an entangled network.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 614

Internal code

O01-20

Presentation form

Lecture

National study of primary care urgent referrals for suspected cancer: a mixed methods investigation into variation and outcomes

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Background

Primary care has a key role in cancer detection, including utilising urgent referrals (two week wait/2WW).

Questions

- 1) Impact of increasing referrals on patient outcomes?
- 2) Practice characteristics associated with higher cancer detection?
- 3) Barriers/facilitators to urgent referrals for patients/healthcare workers (HCWs)?

Methods

Mixed methods; quantitative studies informing a qualitative study.

- 1) Cohort study of 1.4 million patients diagnosed with cancer in England 2011-2015.
- 2) Cancer detection via 2WW referral 2009/10 - 2018/19 and association with practice characteristics.
- 3) Perspectives on urgent referrals: qualitative study with over 100 patient's/HCWs across primary/secondary care.

Outcomes

Cancer patients from higher referring practices had significantly lower mortality and late-stage diagnoses, except for colorectal cancer.

Over ten years: 14.89m 2WW referrals, 2.68m new cancer diagnoses of which 1.26m were detected following 2WW. 2WW detection rate increased from 42% to 53% and higher in larger practices and those with younger GPs.

Key themes identified included patients 'feeling lost' 'bouncing around', positive experiences from patients and primary care with secondary care fears of being 'swamped'.

Discussion

Supports lowering referral thresholds and increased diagnostic access. Key summary indices for practices/GPs have been developed and well received.

Take Home Messages

Increased referral associated with improved patient outcomes for all cancers except colorectal- where pre referral (eg FIT) testing may be indicated.

Ideas for change: using referral indices for quality improvement; broader utilisation of 2WW for serious pathology; improved diagnostic access/triage testing. The findings have potential to impact referral pathways and patient-HCW interactions.

Abstract topic

01. Academic general practice – SACP (in collaboration with EGPRN)

Abstract ID: 621

Internal code

O01-21

Presentation form

Symposium

Advances in primary care cancer research; the latest evidence into practice

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⁶British Journal of General Practice (BJGP), Royal College of General Practitioners (RCGP), London, United Kingdom

A typical full time GP will have approximately 8 new cancer diagnoses a year but thousands of consultations which could be due to cancer. Primary care plays a crucial role in symptom appraisal, testing and referral for timely diagnosis. The UK and some

other European countries have poorer cancer outcomes compared to other high income countries such as Australia. There have been significant developments in the field of primary care cancer research, including work supported by the CanTest Collaborative (Cancer Research UK).

We propose a multi-disciplinary symposium of the latest research in this field including papers recent published in the RCGP British Journal of General Practice (BJGP) of direct relevance to GPs and primary care professionals.

- 'Gut feeling' for cancer in primary care, both for patients and GPs (CF-S)
- Urgent suspected cancer pathways and impact on patient outcomes (TR)
- Chest x ray (CXR) for suspected lung cancer, the sensitivity and variation in use (SB)
- Prostate cancer in primary care and use of PSA testing (SM)
- Opportunities for improved diagnosis of bladder and renal cancer (YZ)

The symposium will provide an overview of the latest studies from early career researchers from different institutions in this field. These studies use diverse methodologies supporting patients and primary care professionals in earlier cancer diagnosis.

There will be facilitated discussion of the findings in a primary care context with a focus on translating research findings into practice thus giving greater impact than individual lectures; with key take home messages and top tips for busy clinicians.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 680

Internal code

O01-22

Presentation form

Lecture

Increasing influenza and pneumococcal vaccination in Australian general practice using automatic SMS and printed patient reminders: a non-randomised feasibility study

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²⁾Adelaide Rural Clinical School, University of Adelaide, Adelaide, Australia

Background:

The Australian Immunisation Handbook recommends that at-risk adult patients should receive influenza and/or pneumococcal (Prevenar13) vaccines. However, vaccination rates among those at risk and aged <65 years (or <70 year for Prevenar13) is very low.

Question:

Do automatic patient reminders (SMS and printed) increase vaccination coverage.

Methods:

16 participating intervention clinics had 66,999 active patients aged 18-69 years, with 29% of them (n=19,230) considered at risk and eligible because of their health condition.

A total of 14,400 SMS reminders were sent to eligible patients in 2021 across all practices. Of those at risk and aged 18-69 years, 37% attended a participating GP and received at least one SMS reminder.

Outcomes:

INFLUENZA: In 2020, 33% of patients at risk and aged 18-64 years received the influenza vaccine. In 2021, influenza vaccination among patients who did not receive any reminder was 17.6% (95%CI 17.0-18.2) compared to 44.2% (95%CI 42.4-45.9) among those who received SMS reminders ($p < 0.001$).

PNEUMOCOCCAL: By March 2021, only 0.4% of patients at risk and aged 18-69 years had received Prevenar13. By October 2021, 7.8% (95%CI 6.9-8.6) of at-risk patients who received SMS reminders had received Prevenar13, compared to only 1.3% (95%CI 1.1-1.5) of patients at risk who did not receive a reminder ($p < 0.001$).

Take home message for practices:

SMS reminders represent a low-cost and effective intervention to increase influenza and pneumococcal vaccination among patients at risk in Australian general practice.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 689

Internal code

O01-23

Presentation form

Lecture

An interim analysis of a pilot screening programme for Atrial Fibrillation (AF) in primary care in Ireland.

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Background: AF a common, frequently asymptomatic condition is a major risk factor for stroke. Identification of AF enables effective preventive treatment to be offered with potential to reduce stroke risk by up to two thirds. While there is international consensus that AF screening is valuable what is less clear is the optimal mode and location for AF screening. Primary care has been identified as a potential location for AF screening.

Questions: Is AF screening with a one-lead ECG device in general practice feasible?

Methods: A pilot AF screening programme in primary care in the south of Ireland using a one-lead ECG device, KardiaMobile. General practitioners (GPs) were recruited from Cork and Kerry. GPs opportunistically invited patients ≥ 65 years attending visits to undergo AF screening, blood pressure check and identification of smoking status.

Outcomes: Anonymised data from 2298 patients, 52 GPs and 33 GP practices was collected. Among the 2298, 46% (1051) female, 50% (1162) male, 4% (85) gender was not recorded, patients screened, 110 (4.7%) patients with previously undiagnosed AF were detected 3.4% (78) were male, 1% (25) female, 0.3% (7) gender was not recorded. These patients ranged in age from 65-100y, average age 71y.

Discussion: These findings suggest that AF screening in primary care is feasible and can lead to detection of newly diagnosed AF cases who can be assessed for treatment.

Take home message for practice: One-lead ECG screening for AF appears to be feasible in Irish general practice and may prove useful for early detection of AF.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 713

Internal code

O01-24

Presentation form

Lecture

Empathy in doctor-patient primary care encounters: a patient perspective

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Background: Research indicates that patients consider empathy as a key factor contributing to the quality of care. However, difficulties in the definition of this multidimensional construct complicate definite conclusions to-date.

Purpose: To investigate how participants perceive a doctor's behavior that is affectively empathic, cognitively empathic, or compassionate compared to a neutral response in a hypothetical doctor-patient-interaction.

Methods: 379 US citizens (151 women, 228 men, mean age = 36.49 years) completed our online questionnaire. The associations between doctor's gender (female vs male) and doctor's empathic behavior (openly showing affective empathy vs expressions of cognitive empathy vs compassion vs neutral response) and the participants' evaluation of the quality of care were analyzed. The patient's gender and the number of visits to a doctor (a specialist / a general practitioner) in the past six months were assessed as possible moderator variables.

Results: In a hypothetical doctor-patient encounter, participants perceived compassion and cognitive empathy as more desirable than affective empathy and neutral behavior. Encounters with a female doctor were rated most satisfying in the compassionate condition and those with male doctors in the cognitive empathy condition. Neither the participant's gender nor the number of doctor visits were significant moderators.

Conclusions: Our survey study revealed differential evaluations of empathy in primary care encounters. While cognitive empathy and compassion were both desirable and appropriate, affective empathy tended to be more controversial, especially for female doctors. This finding may help to adopt education and practice accordingly in order to ensure high quality primary care encounters.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 714

Internal code

O01-25

Presentation form

Lecture

The impact of the COVID pandemic on the incidence of cancer-related symptoms in general practice

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³⁾UMC Groningen, Groningen, Netherlands

⁴⁾Maastricht University, Maastricht, Netherlands

Introduction/ The onset of the COVID pandemic saw shifts in primary health service provision away from physical consultations, cancer-screening programs were temporarily halted, and government messaging focused on remaining at home. In the Netherlands, weekly cancer diagnoses were decreased to 73% of their pre-COVID levels in April/May 2020. This study aims to explore the effect of the COVID pandemic on the incidence of presentations with cancer-related symptoms in general practice in The Netherlands.

Methods/ Primary care codes for presentations to general practices throughout The Netherlands with cancer-related symptoms were analysed from March 2018 to February 2021, including the records of 1,230,266 patients. Monthly incidences of these symptoms were analysed over time and compared to pre-COVID means.

Results/ Data demonstrated reductions in the incidence of cancer related symptoms during the first COVID wave (March-June 2020, -31%, $p < 0.001$) and second wave (October 2020 – February 2021, -5%, $p < 0.001$) compared with the pre-COVID mean incidence. Cancer-related symptoms with high positive predictive value for cancer, such as rectal bleedings (-17%, $p < 0.001$) and breast lump (-13%, $p < 0.001$) demonstrated reductions in the first wave, with subsequent incidences that continued to rise in the second wave (+19%, $p < 0.001$ and +26% $p < 0.001$ respectively). Non-alarm symptoms such as tiredness, naevus and weight loss demonstrated decreased incidences in both periods (mean -34% and -17%).

Conclusion/ Presentations for cancer-related symptoms to general practices during the first COVID period were substantially reduced, although there appears to have been a correction for cancer-alarm symptoms after the first wave.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 725

Internal code

O01-26

Presentation form

Lecture

Impacts of Diabetes Self-Management Education Programme, organised in a primary care practice in a deprived area: A quantitative study

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Background

Patient education is essential in the management of patients with diabetes. Primary care, accessible to all, provides an opportunity for patients' access to education programs, especially in deprived areas. In France, motivated MultiProfessional Primary care Practices (MPCP) develop Diabetes Self-Management Education (DSME) programmes for their populations. This study contributes to the evaluation of DSME in primary care practices by quantifying the impacts of a DSME programme organised in a MPCP in a deprived area.

Question

Does DSME program led by a MPCP in a vulnerable area has an impact on the biomedical markers of diabetes for people with diabetes?

Methods

A retrospective non-controlled before-after study was conducted between 2017 and 2019. Data were collected from the MPCPs and their electronic health records. A descriptive analysis was performed. The main outcome was the change in glycated haemoglobin (HbA1c). The secondary outcomes were the type of diabetic treatment, change in BMI, blood pressure, lipids, microalbuminuria and regular retinopathy screening.

Results

69 participants participated in the study. HbA1c decreased significantly ($p=0,01$) and adjustment on the length of time of participant's diabetes did not change anything. Metformin's prescription among participants increased significantly ($p=0,03$) after participants participation. No significant difference was found concerning the secondary outcomes.

Discussion

Improvement of HbA1c among participants encourage the continuation of this practice in MPCP. The increase of metformin's prescription is new in the literature and need further studies.

Take home message for Practice

DSME organised by MPCP could improve outcomes for patients with diabetes.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 740

Internal code

O01-27

Presentation form

Lecture

Is impaired peak expiratory flow associated with elevated risk of dementia: analysis of the English Longitudinal Study of Ageing (ELSA)

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Background:

Global prevalence of dementia is increasing. Understanding dementia risk-factors is of increasing importance.

Evidence suggests impaired lung-function may be associated with elevated dementia risk. Peak expiratory flow rate (PEFR) is monitored in primary care. Its relationship with dementia risk has not been fully explored.

This longitudinal study used ELSA to investigate the relationship between PEFR measured in 2002&2004 and dementia reported at latest follow-up (2018).

Methods:

ELSA is an ongoing longitudinal study of older people in England, starting in 2002, following up biannually. Full information is available from <https://www.elsa-project.ac.uk/about-elsa>.

Data were imported into *Stata* v.17. Relevant variables were extracted, including lung-function measurements (in quintiles), all-cause dementia diagnoses, and key covariates. Participants were included if they had PEFR recorded in 2002 and/or 2004 and an outcome for all-cause dementia in 2018. Logistic regression was performed for the 2002 cohort and the 2004 cohort, and odds of incident dementia calculated. Complete case analysis was undertaken.

Results:

The 2002 cohort included 3,096 people. Those in the highest PEFR quintile had significantly lower odds of reporting dementia in 2018, compared to those in the lowest quintile, OR 0.27[95%CI 0.12-0.58], adjusted for age and sex.

The 2004 cohort included 4,712 people. Those in the highest PEFR quintile had significantly lower odds of reporting dementia in 2018, compared to those in the lowest quintile, OR 0.38[95%CI 0.19-0.76], adjusted for age and sex.

Conclusions:

This analysis suggests the relationship between PEFR and dementia risk warrants further investigation.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 807

Internal code

O01-28

Presentation form

Lecture

Changes to consultations and diagnosis of osteoarthritis in primary care during the COVID-19 pandemic

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Background

General physicians play a key role in the diagnosis and treatment of osteoarthritis (OA) and are often the first medical professionals to see patients with OA. However, the impact of COVID-19 on the management of OA patients in primary care is unknown.

Questions

This study quantifies how the COVID-19 pandemic affected the management and diagnosis of osteoarthritis in primary care in the Netherlands.

Methods

Using electronic health records from 118,756 primary care patients over 45 years, we compared the number of GP consultations at the peak of the first and second wave in 2020 to 5-year average prior to the pandemic. We focused on weekly number of GP consultations for: any musculoskeletal disorders; knee and hip complaints; knee and hip OA; and the number of newly diagnosed hip and knee OA or symptoms.

Outcomes

The relative reduction in consultations across our outcomes ranged from 47.3% (95% CI: 42.1-52.1%) (all musculoskeletal consultations) to 61.6% (95% CI: 44.6-73.3%) (hip symptoms) for the first wave, and from 8.6% (95% CI: 0.4-17.7%) (all musculoskeletal consultations) to 26.3% (95% CI: 12.1-38.2%) (knee OA diagnosis) for the second wave.

Discussion

We observed substantial disruption to treatment and diagnosis of knee and hip OA in primary care during the first two waves of the pandemic. This may lead to worsening symptoms in OA patients, decrease in health related quality of life and increased mortality.

Take Home Message

We may expect worsening sarcopenia and frailty among OA patients, and more requests for arthroplasty surgery.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 877

Internal code

O01-29

Presentation form

Lecture

Improving Lower Gastrointestinal Cancer detection within primary care in the new COVID era

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Background

The COVID-19 pandemic has significantly impacted the pathways through which lower gastrointestinal cancers (LGICs) are diagnosed within primary care. This is shown by substantial reductions in both 2-week wait and routine referrals, as well as temporary pausing of screening services. Subsequently, LGICs may be diagnosed at a more advanced stage.

Questions

How did this practice perform in detecting LGICs during the COVID pandemic? What principles can be applied to improve detection of LGICs within primary healthcare settings where changes such as remote consulting will likely remain?

Methods

We ran an algorithm on EMIS to identify patients who had been newly diagnosed with LGICs in two separate time periods of 21 months, resulting in a pre-COVID and COVID cohort. Next, we recorded relevant patient characteristics including: pathway to diagnosis, stage of cancer, faecal immunochemical test status and presenting features.

Outcomes

There were 22 and 21 patients diagnosed with LGICs in the pre-COVID and COVID cohort, respectively. Pathways to diagnosis were similar between the groups and there was no significant difference in stage of cancer or metastasis status at diagnosis.

Discussion

Our data suggests that the COVID-19 pandemic did not affect this practice's ability to detect LGICs or patients' pathway to diagnosis. We are currently exploring the measures this practice implemented, such as a novel telephone triage system, which led to this successful outcome.

Take home message for practice

With the correct measures, a new remote approach can be applied to provide comparable outcomes to traditional primary care.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 909

Internal code

O01-30

Presentation form

Lecture

Randomised trial evaluating health care professional delivered cognitive behavioural intervention for people with advanced COPD and depression or anxiety (TANDEM).

Steph Taylor¹⁾, Ratna Sohanpal¹⁾, Elizabeth Steed¹⁾, Richard Hooper¹⁾, Hilary Pinnock²⁾

¹⁾Wolfson Institute for Population Health, Barts and the London School of Medicine and Dentistry, Queen Mary University of London, London, United Kingdom

²⁾Usher Institute, The University of Edinburgh Medical School, Edinburgh, United Kingdom

Background

Anxiety and depression are common co-morbidities in people with chronic obstructive pulmonary disease (COPD) and are associated with increased morbidity and poor uptake of pulmonary rehabilitation (PR). Cognitive behavioural therapy improves mental health of people with long-term conditions and could potentially increase uptake of PR.

Questions

Could a cognitive behavioural approach (CBA) talking therapy delivered by respiratory health care professionals (HCPs) (TANDEM) reduce anxiety and/ or depression in people COPD and increase uptake of PR?

Methods

Individual patient RCT comparing TANDEM with usual care (randomisation ratio 1.25:1). Usual care received routine PR referral. Primary outcome was Hospital Anxiety and Depression Scale anxiety and depression scores (HADS-A, HADS-D) six months post-

randomisation. Secondary outcomes at 6m and 12m included: quality of life, healthcare resource use, completion of PR and cost effectiveness.

Outcomes

423 participants were randomised (intervention 242; control 181). Follow up at 6- and 12-months was 93% and 82%. Despite good fidelity for intervention delivery, mean between-group differences (MD) in HADS at 6-months ruled out clinically important effects (MD (95% CI): HADS-A -0.60 (-1.40; 0.21); HADS-D -0.66 (-1.39; 0.07)) with similar results at 12-months. There were no between-group differences in any of the secondary outcomes.

Discussion

The tailored CBA intervention delivered with fidelity by trained respiratory healthcare professionals to people with COPD was neither clinically nor cost-effective.

Take Home Message for Practice

Anxiety and depression in people with advanced COPD are not improved by training respiratory HCPs to deliver a cognitive behavioural approach intervention.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1065

Internal code

O01-31

Presentation form

Lecture

Anxiety, depression, burnout syndrome and legal drug consumption among primary care physicians after a year of the COVID-19 pandemic

Araceli Gómez Templado, Xavier Martínez Regada
EAP Santa Eulàlia Sud, Barcelona, Spain

Background:

Anxiety, depression, Burnout syndrome and the consumption of legal drugs are under-diagnosed pathologies which have a negative impact on the lives of those who suffer them. Among physicians, the need of handling highly stressful situations often, can cause or exacerbate these problems. In the current context of COVID19 pandemic, primary care physicians have played a fundamental role, facing highly emotionally charged situations. This fact has been able to produce a change in terms of anxiety, depression, burnout syndrome and consumption of legal drugs compared to their condition before the pandemic.

Research questions:

Is the situation generated by COVID-19 or the type of job carried out during the pandemic affecting the mental health and/or lifestyle habits of primary care physicians?

Method: A cross-sectional and afterwards a longitudinal prospective observational study will be carried out among the primary care physicians who works in L'Hospitalet de Llobregat area in Barcelona, Spain (estimated at 200 doctors). An online questionnaire in which The Hospital Anxiety and Depression Scale, the Maslach Scale and the AUDIT-C questionnaire will be included will be filled out. Participants will complete the survey on two occasions 6 months apart.

Results: Bivariate analysis and finally a multivariate analysis will be performed.

Conclusions:

The study will provide knowledge about how the COVID-19 situation has affected mental health and toxic consumption in primary care physicians

Points for discussion:

Being able to detect the details which modulate mental health impairment over time could be the basis for future prevention plans for these pathologies.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1091

Internal code

O01-32

Presentation form

Science Slam

Not all weight loss is cancer, not all late-onset diabetes is type 2

Maria Inês Leal¹⁾, Daniela Bento²⁾, António Pereira²⁾, Joana Alexandra Lourenço¹⁾, Cátia Santos¹⁾, Deolinda Almeida¹⁾

¹⁾ACES Porto Ocidental, USF Carvalhido, Oporto, Portugal

²⁾ACES Porto Ocidental, USF Prelada, Oporto, Portugal

Introduction:

LADA is considered a type of diabetes, characterized by adult-onset and slowly progressive insulin deficiency, with circulating autoimmune antibodies and insulin resistance.

Case Report:

In October 2020, a 57-year-old woman, previously healthy, reported, through a telephone consultation, a one year history of unintentional weight loss and asthenia. She and everyone around her were concerned it would be cancer. After two measurements of high blood glucose level, she was diagnosed with type 2 diabetes and started on metformin+dapagliflozin. Despite this treatment and a healthy diet, she kept a poor glycemic control and started insulin. Nevertheless, good glycemic control wasn't achieved and the patient kept a very low weight. Autoimmunity tests were performed, which demonstrated presence of islet autoantibodies and low C-peptide level. This allowed the diagnosis of LADA and optimization of insulin treatment, with good outcome on HbA1c and weight recovery.

Discussion:

LADA is often misdiagnosed not only because it's a rare condition, but also due to the lack of knowledge of diagnostic's criteria. This patient meets two of the three criteria: late onset and autoimmunity. The third criterion, the early requirement of insulin wasn't probably well assessed, because of delay in seeking health care in the pandemic context. This case highlights the essential role of the primary health care in quickly detecting less prevalent pathologies, as well as applying the most effective treatment. Additionally, it represents an example of the impact that Covid-19 pandemic has on the access to the primary health care.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1120

Internal code

O01-33

Presentation form

Lecture

Understanding the patient experience of the diagnostic process for coeliac disease: a qualitative interview study

*Alice Harper, Jessica Watson, Rachel O'Donnell, Martha Elwenspoek, Jonathan Banks
Bristol Medical School, University of Bristol, Bristol, United Kingdom*

Background: 1 in 100 people have coeliac disease (CD), symptoms are non-specific and variable so diagnosis can be challenging. Traditionally, diagnosis involves serological testing followed by confirmatory endoscopic intestinal biopsy whilst patients continue gluten-containing diets. There is limited research into the patient experience of the diagnostic process.

Questions: What is the patient experience of the diagnostic process of CD? How could this be improved?

Methods: Twenty participants were purposefully sampled from 200 previously surveyed adults with CD for in-depth interviews. Transcripts are being analysed using thematic analysis.

Outcomes: Analysis is ongoing. Preliminary findings suggest lack of patient awareness about CD pre-diagnosis. Patients were frequently not informed they were being tested for CD, with the test taken as part of a screening panel. Minimal information was shared on the diagnostic process prior to positive serology. Patients generally accepted endoscopy but experienced delays and uncertainties during the diagnostic journey. Patients expressed a positive orientation towards diagnosis and adhering to a gluten free diet as a trade off against symptoms of CD. Post-diagnostic support is limited, with self-education common, and informal support groups beneficial.

Discussion: Improved awareness of coeliac symptoms may encourage earlier presentation and testing in primary care. Use of shared decision making and information sharing could improve the diagnostic process.

Take Home Message for Practice: Our findings may have implications for improving the patient experience of the diagnostic process of CD including shared decision making within primary care.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1122

Internal code

O01-34

Presentation form

Lecture

Large-scale *Helicobacter pylori* eradication aspirin trial (HEAT): results of a real-world outcomes trial in primary care

Richard Hobbs

University of Oxford, Oxford, United Kingdom

Background: *Helicobacter pylori* may increase upper gastrointestinal (UGI) ulcer bleeding from aspirin therapy. The Helicobacter Eradication Aspirin Trial (HEAT) investigated whether *H.pylori* eradication reduces ulcer bleeding.

Methods: HEAT was a large real-world primary care trial of people over 60 taking aspirin (≤ 325 mg daily), where *H. pylori* positive participants were randomised to one week eradication treatment (twice daily lansoprazole 30mg, clarithromycin 500mg & metronidazole 400mg) or matching placebos. Recruitment was via bespoke web-based database with digital search tool at practices identifying eligible subjects and sending automatic trial invitations. Primary endpoint: hospitalisation due to peptic ulcer bleeding (digital follow-up of outcomes) analysed using a Cox proportional hazards model. Data are still blinded and presented as Group A/B.

Results: 1,208 UK practices sent 188,875 invitation letters, with 30,166 patients consented, of whom 5,353 *H. pylori* positive participants (17.8%) were randomised. Mean age was 73.6 (SD 7.0) and 73.8% male. In a 10% retest sample 90.7% in Group A tested *H. pylori* negative vs 24.3% in Group B. In near 30,000 person-years of follow-up 607 episodes of clinically significant GI bleeding were identified and 45 adjudicated as definite or probable UGI ulcer bleeds. The rate of GI bleeding varied significantly by time: events occurred more frequently in first 2 years of follow up in group B. There were significant differences between groups in the early period, which was not evident after 2.5 years.

Conclusions: Full analysis of unblinded results will be presented. Large-scale, real-world clinical trials can answer key questions in primary care.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1135

Internal code

O01-35

Presentation form

Lecture

Uncovering the hidden curriculum of academic GP training

Thomas Agar, Russell Hearn

Faculty of Life Sciences & Medicine, King's College London, London, United Kingdom

Background

Hidden curricula, the unintended non-explicit learning that occurs in a teaching programme, shapes the vocation and development of all clinicians. The hidden curriculum experienced by academic clinical fellows in general practice has yet to be uncovered.

Questions

What are the common hidden curricula experiences of academic GP trainees in London? How do these factors shape learning, and which can be incorporated into explicit learning outcomes?

Methods

A qualitative survey was disseminated to all NIHR ACFs in England which informed the creation of a topic guide for two focus groups of 6-10 trainees recruited at the point of survey completion. Thematic analysis of the survey and transcribed focus group data was undertaken using double coding through NVivo 10 software.

Outcomes

Data collection is ongoing (to be completed by May 2022). Initial results identify positive learning for ACFs around negotiation, leadership, and teamwork, but also potentially negative biases towards research in Primary Care and the importance of educational activities versus research.

Discussion

Results inform future ACF curriculum change, highlighting useful hidden outcomes that can be brought into the formal curriculum. Unintended learning outcomes may negatively impact academic GP career development, and through understanding these there is potential to improve retention and diversity of primary care academics.

Take-Home Message for Practice

ACFs will benefit from explicit incorporation of identified positive learning outcomes. More work is required to both level the playing field for academics involved in education versus research and reduce the prestige differential between primary and secondary care academia.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1247

Internal code

O01-36

Presentation form

Lecture

Factors influencing adherence to the intermittent use of a fasting-mimicking diet in patients with type 2 diabetes

Marjolein Schoonakker¹⁾, Petra van Peet¹⁾, Elske van den Burg¹⁾, Hanno Pijl²⁾, Mattijs Numans¹⁾

¹⁾Public Health and Primary Care, Leids University Medical Center, Leiden, Netherlands

²⁾Internal Medicine, Leids University Medical Center, Leiden, Netherlands

Introduction

Lifestyle adjustments, including dietary changes, are important for patients with type 2 diabetes (T2D), however adherence to diets is often difficult. Intermittent fasting might be a promising new dietary approach. In this study we investigate facilitators and barriers for following a fasting-mimicking diet (FMD) for five consecutive days every month during one year for patients with T2D in the FIT study.

Methods

A qualitative study with focus groups of four to six participants of the FIT study was carried out, using a semi structured questionnaire until data saturation. A thematic analysis was performed using the Capability, Opportunity, Motivation - Behaviour model combined with the Theoretical Domain Framework.

Results

Twenty FIT trial participants were included. Four participants had not completed the one-year intervention. Thematic analyses revealed that the main barriers to adherence to a

FMD were the taste of the meal replacing products (opportunity), problems with attending social activities within the diet period (opportunity) and insufficient family support (opportunity). The main facilitators were feeling health improvements (motivation), feeling internally motivated to adhere to the FMD (motivation) and receiving family support (opportunity).

Conclusion

Facilitators for adherence to a FMD are internal motivation, experiencing health improvements and receiving family support, whereas the main barriers are taste of the products, difficulties while attending to social activities during the diet period and lack of family support. Health care professionals might beneficially influence adherence to a FMD in patients with T2D by paying attention to these aspects.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1257

Internal code

O01-37

Presentation form

Science Slam

Bidirectional associations of accelerometer-assessed physical activity and sedentary time with physical function among older English adults: The EPIC-Norfolk cohort study

Dharani Yerrakalva, Samantha Hajna, Katrien Wijndaele, Kate Westgate, Nick Griffin, Simon Griffin, Soren Brage
University of Cambridge, Cambridge, United Kingdom

Background To develop healthy ageing interventions, the longitudinal associations between objectively-assessed physical activity and sedentary time and physical function need to be better understood.

Methods We assessed physical activity (total physical activity, moderate-to-vigorous physical activity (MVPA), light physical activity, sedentary time (ST) and prolonged sedentary bout time) for 7 days using accelerometers and physical function (hand grip strength using Smedley's Dynamometer; usual walking speed (UWS) with 4-metre timed walk; chair stand speed using 5 timed sit-to-stands) at two time-points in 3,188 participants (≥ 60 years) of the EPIC-Norfolk study. We evaluated associations of baseline physical function with follow-up activity, baseline activity with follow-up physical function, and bidirectional associations of changes in physical function and changes in activity using multi-level regression.

Results Over 6.1 years follow-up, greater baseline physical activity and lower sedentary time was associated with higher subsequent physical function, other than grip strength. Improvements in physical function, other than grip strength, were associated with improvements in activity (e.g. 6min/day/year increased MVPA per 8cm/s/year increased UWS). Improvements in activity were associated with improvements in physical function (e.g. 2.5cm/s/year increased UWS per 1 hour/day/year increased LPA, -2.9cm/s/year reduced UWS per 1hour/day/year increased ST).

Conclusion

We found bidirectional associations between change in all activities and change in physical function supporting the case for further work on previously neglected behaviours (sedentary time and LPA), which may be easier behaviours to change in the quest to maintain physical function in older adults.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1258

Internal code

O01-38

Presentation form

Workshop

New approaches to primary care research into respiratory infections in Europe

Gail Hayward¹⁾, Christopher Butler¹⁾, Alike van der Velden²⁾, Benjamin Saville³⁾

¹⁾Nuffield Dept of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom

²⁾Department of General Practice, UMC Utrecht, Utrecht, Netherlands

³⁾Berry Consultants, Austin, United States

Background: In order to optimise diagnosis and treatment of respiratory infections in primary care, we need high quality evidence from trials based in community settings. With the advent of new methodologies and research collaborations, this type of evidence can be obtained more rapidly than ever before. In this workshop leading members of the General Practice Research on Infections Network (GRIN; www.grinweb.org) will present their current research, discuss the novel research designs used and their future plans for the recently launched European Clinical Research Alliance on Infectious Diseases (ECRAID; www.ecraid.eu).

Target Group: Clinicians interested in the management of respiratory infections in primary care and novel trial designs.

Didactic Method: Short research presentations, discussion with Q and A

Objectives

To describe recent and ongoing studies into the treatment and management of respiratory infections conducted by GRIN members, to discuss outstanding questions in this field and how we could best approach them.

To discuss innovative adaptive trial design, outline benefits and challenges to these approaches and host an audience Q and A with experts in this methodology.

Estimated participants: 50

Workshop leaders: Professors Chris Butler, Gail Hayward, and Alike Van der Welden are leading the PRINCIPLE and PANORAMIC trials investigating COVID-19 treatments and the ValueDx consortium PRUDENCE trial, exploring the impact of rapid diagnostics on respiratory infection management. Dr Ben Saville is Director of Trial design and analysis at Berry Consultants, experts on adaptive trial design and conduct.

02. Planetary health, climate change and environmental sustainability

Abstract topic

02. Planetary health, climate change and environmental sustainability

Abstract ID: 58

Internal code

O02-01

Presentation form

Lecture

Teaching the teachers planetary health (WONCA working party on the environment workshop)

Terry Kemple^{1, 2)}, Aarti Bansal^{3, 4)}, Tamsin Ellis^{4, 3)}, Felicity Connolly⁵⁾, Mike Tomson³⁾

¹⁾Royal College of General Practitioners, London, United Kingdom

²⁾WONCA working party on the environment workshop, WONCA, London, United Kingdom

³⁾Greener Practice, Sheffield, United Kingdom

⁴⁾Centre for Sustainable Health Care, Oxford, United Kingdom

⁵⁾Lancaster University Medical School, Lancaster, United Kingdom

Background

Planetary Health is being introduced into undergraduate and speciality training programmes. This WONCA Working Party on the Environment workshop aims to find and share the best practices for this teaching and learning, and further the objectives of the Working Party.

Target Group

Those who want to improve the teaching and learning of planetary health.

Didactic Method

After a brief introduction outlining the principles of sustainable healthcare, and the background, process and outcome of the workshop, the workshop will share ideas, techniques and practical skills.

Participants will write on post it notes examples of best practice and what they aim to achieve in the workshop. These examples and aims will be sorted by topic on a flip chart.

These topics will dictate work in small groups (6-15 people) and the main outcomes.

After working in small groups on their preferred topic each group will present 'take home messages' for the other groups.

Participants will be encouraged to join the working party to further learning after the session

Objectives

Share knowledge about how to promote and develop best practices in teaching and learning about planetary health. Support family doctors and other health professionals to advocate for healthy people, and a healthy planet.

Estimated number of participants 60 (the workshop venue will need to be big enough to allow 4-6 separate groups to work on a topic)

Brief presentation of the workshop leader

Terry Kemple, RCGP national representative for sustainability, climate change and green issues and past president,

Abstract topic

02. Planetary health, climate change and environmental sustainability

Abstract ID: 157

Internal code

O02-02

Presentation form

Lecture

Developing a Toolkit for Better and Greener Asthma Care

Aarti Bansal¹⁾, Tamsin Ellis²⁾

¹⁾*RCGP Co-chair of the RCGP Climate Emergency Advisory Group, WONCA Environment Group, Sheffield, United Kingdom*

²⁾*Greener Practice, Sheffield, United Kingdom*

Background: We have two interconnected challenges. We need to urgently reduce the carbon footprint from pressurised metered dose inhalers as well as improve asthma outcomes. The UK has both the highest carbon footprint from inhalers and worst health outcomes from asthma in Europe.

Questions: How can we simultaneously improve asthma care and reduce the carbon footprint of inhalers? How can we make quality improvement in this area safe, effective and accessible to busy clinicians in primary care?

Methods: We did an extensive and repeated stakeholder events involving many different primary care clinicians (GPs, Nurses, Pharmacists) and patients to map out the various barriers to effective care and the points in the patient's contact with primary care where care could be improved. We then engaged with IT experts to look at how digital solutions could embed improvements into daily clinical practice. Our toolkit then underwent feedback from the clinical national NHSE working group for inhalers.

Outcomes: A step by step toolkit to deliver better and greener asthma care through quality improvement projects in diagnosis, disease control, device choice and disposal.

Discussion: Our experience of bringing together the aims of better care with greener care, helped to create a toolkit that has been widely endorsed by clinician and patient groups and is integrated into the IT systems of clinical practice.

Take Home Message for Practice: Better and greener asthma care can be achieved through accessible integrated tools for quality improvement.

Abstract topic

02. Planetary health, climate change and environmental sustainability

Abstract ID: 369

Internal code

O02-03

Presentation form

Lecture

Planetary Health: A New Chapter for UK General Practice

Steve Walter, Suchita Shah, Mike Tomson

Professional Development and Standards, Royal College of General Practitioners, London, United Kingdom

Background

In the wake of COP-26 there is no better forum than WONCA 2022 to explore how a family practice curriculum can contribute to tackling the global problem of climate change. There is much we can do as clinicians, and as a profession, to make a difference to the complex ecosystem of human and environmental health.

The RCGP curriculum team has now embedded Planetary Health within UK postgraduate family medicine specialist training. We have worked with stakeholders to develop an integrated curriculum chapter setting out key population, global, and planetary health skills and knowledge for GPs.

Target Group

Postgraduate and undergraduate healthcare professionals in primary care and global family practice. Those involved in writing or reviewing family medicine curricula.

Didactic Method

- Introduction (5 mins): Why now?
- Quiz (15 mins): to establish prior knowledge and expertise of participants and ice breaker
- Presentation (10 minutes): how we have incorporated planetary health into the RCGP curriculum – structure, language, and assessment methodologies
- Small group discussion (30 minutes): using structured case scenarios to explore examples, opportunities, and barriers to changing practice
- Summary and close (10 mins)

Objectives

Share experiences and ideas for:

- Connecting global, planetary and population health, and social determinants of health through curriculum.
- Identifying professional capabilities that support resilient and sustainable healthcare systems e.g. remote consulting, managing overdiagnosis risks, deprescribing, personalised care.

Estimated number of participants: 30 participants

Workshop leader: GP. RCGP Medical Director for Curriculum. Curriculum lead for UK Personalised Care Institute

Abstract topic

02. Planetary health, climate change and environmental sustainability

Abstract ID: 518

Internal code

O02-04

Presentation form

Workshop

Leadership skills and influencing the wider system: lessons from greener primary care

Munro Stewart^{1, 2)}, Tamsin Ellis³⁾, Veena Aggarwal⁴⁾, Fran Cundill¹⁾, Aarti Bansal¹⁾

¹⁾Greener Practice, Sheffield, United Kingdom

²⁾RCGP Scotland, Dundee, United Kingdom

³⁾Greener Practice, London, United Kingdom

⁴⁾Greener NHS, Primary Care, NHS England & Improvement, Kingston, United Kingdom

Background

Leadership in climate change, and indeed healthcare, requires 'winning hearts and minds'. This involves mapping key stakeholders and working out how to engage with them. Which individuals or groups can you and your network influence? This ranges from your own team, to your royal college or union, to leaders of your local primary care networks. Which different communication strategies are needed with each group?

Target Group

- All of primary care!

Didactic Method

We will start with a short presentation (10-15 minutes) outlining the relevance of this topic to primary care and giving our top tips and first-hand experience. We will then split into small groups, facilitated by the workshop leaders to:

- Map key stakeholders for our objectives
- Perform role play scenarios on inspiring and motivating others
- Discuss how to cope with bumps in the road

Examples of scenarios: Practice meeting, local commissioners meeting

Following the role play the group will have the opportunity to reflect and feedback on their own and each other's leadership styles, what worked well and the challenges encountered.

Objectives

- Improve participants confidence in promoting greener practice with stakeholders
- Share leadership experiences, successes and challenges, and how these were overcome.

Number of participants

40-50

Workshop leader

Dr Munro Stewart is a salaried GP in Dundee, ballot member of RCGP Scottish Council and is the clinical representative for climate and sustainability for RCGP Scotland. He works with NHS Tayside Sustainability Group, Greener Practice Tayside & Fife, and teaches at The University of Dundee Medical School on environmental issues.

Abstract topic

02. Planetary health, climate change and environmental sustainability

Abstract ID: 521

Internal code

O02-05

Presentation form

Science Slam

Communicating the connections between climate and health

Tamsin Ellis, Munro Stewart, Veena Aggarwal, Fran Cundill, Aarti Bansal
Greener Practice, Greener Practice, Sheffield, United Kingdom

Background

Healthcare professionals are becoming more aware that the climate crisis is also a health crisis, and one that we are seeing first hand in primary care. This workshop aims to discuss the complexity and emotive nature of communicating health and climate with our patients, colleagues and in our personal lives.

Target Group

Everyone who works in primary care

Didactic Method

In this session we will offer a 10 minute introduction on effective communication about sustainable healthcare, including the meeting of the GP crisis and the climate crisis. This will be followed by 2 sections of 30 mins, each section will have be split into 3:

1. Presentation of the literature on an aspect of how to communicate
2. Discuss our experiences relevant to this.
3. Audience to explore ways in which we might improve communication around the topic.

Section themes: 'the GP magic' (e.g. communication skills, Ideas Concerns Expectations) and finding the balance of hope vs despair in climate health.

Objectives

- Improve confidence in raising climate health with colleagues/patients
- Empower participants to have skills to communicate well and counter criticism
- Share experiences of effective communication about climate and health

Estimated number of participants

40-50

Brief presentation of the workshop leader

Dr Munro Stewart is a salaried GP in Dundee, ballot member of RCGP Scottish Council and is the clinical representative for climate and sustainability for RCGP Scotland. He works with NHS Tayside Sustainability Group, Greener Practice Tayside & Fife, and teaches at The University of Dundee Medical School on environmental issues.

Abstract topic

02. Planetary health, climate change and environmental sustainability

Abstract ID: 533

Internal code

O02-06

Presentation form

Lecture

Helping our patients to use the right inhaler device

Stephen Holmes^{1, 2)}

¹⁾*The Park Medical Practice, Shepton Mallet, United Kingdom*

²⁾*Clinical Respiratory Team, NHS England - South West, South West, United Kingdom*

Background

The implications of respiratory inhalers on the environment has been highlighted recently. An awareness of the environmental impact along with evidence for overuse of many inhalers used in respiratory care, recognised poor ability of patients (and clinicians) to be able to use inhalers appropriately - highlights the importance to all clinicians involved in respiratory care to improve appropriate use of inhalers that minimise environmental risk.

Target Group

Clinicians involved in caring for people (acute and routine care) with asthma and COPD.

Didactic Method

This can be presented as a very interactive workshop with placebo devices to enable delegates to have a good range of current devices for their clinical environment or if required a more interactive presentation based.

Objectives

To highlight the environmental importance of inhalers and their use.

To familiarise colleagues with the basic techniques for pressure meter dose inhalers, spacer device use and dry powder inhalers.

Estimated number of participants 15 - 60

Brief presentation of the workshop leader

Steve has been a GP for more than 30 years and has had a respiratory interest (previous chair of the Primary Care Respiratory and with involvement with national guidelines and the International Primary Care Respiratory Group - along with strategic regional work as one of two GPs in England involved. He has also been on the RCGP Council for more than 10 years until recently. He has been involved in teaching on respiratory inhalers for more than 20 years.

Abstract topic

02. Planetary health, climate change and environmental sustainability

Abstract ID: 590

Internal code

O02-07

Presentation form

Lecture

Are we as green as we think?

Helena Alonso Valencia¹⁾, María Aránzazu Dorrego López²⁾

¹⁾NHS England, Teston, Maidstone, United Kingdom

²⁾Emergency Care, Hospital Povisa, Vigo, Spain

Background

Climate crisis is a present and future challenge for our planet and all species. The consequences of the progressive increase in the average planet temperature have been studied and forecasted; our generation and the next will suffer from them.

We all know how to help the environment as an individual, but might not be aware of the impact of our professional practice. Primary Care is at the epicentre of the community, bringing a wonderful opportunity to be an advocate to help influence change in the population.

Target group

Healthcare professionals

Didactic method

Estimated time: 60 minutes.

After a brief presentation of the climate crisis (10 min), the attendees will gather for brainstorming regarding how our professional activity affects the ecosystem from the system, patient and professional perspectives (15 min).

Then we will share these ideas and experiences, plus an explanation of the evidence-based information with a slides presentation (25 min).

To sum it up, we will finish with some take-home messages and online resources for the attendees for daily life use (10 min)

Objectives

We hope to generate an upgrowing awareness on this matter and to take this chance to encourage further steps to action among our colleagues and their communities.

Estimated number of attendees

Up to 40

Brief presentation of the workshop leader

Dr Dorrego Lopez is an enthusiastic GP that works in A&E in Vigo (Spain) since qualified in 2019. She participates in local initiatives to help preserving the environment in its extent.

Abstract topic

02. Planetary health, climate change and environmental sustainability

Abstract ID: 646

Internal code

O02-08

Presentation form

Lecture

Educating sustainable healthcare for future GPs – Practicing family medicine beyond the EBM model

Sietse Wieringa¹⁾, Amy Booth²⁾, Eva Visser³⁾, Evelyn Brakema³⁾, Elin Rosvold¹⁾, Kristin Heggen¹⁾, Eivind Engebretsen¹⁾, Sara Shaw²⁾

¹⁾Department of Primary Health Care and Centre of Sustainable Healthcare Education, University of Oslo, Oslo, Norway

²⁾Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom

³⁾Department of Public Health and Primary Care, Leiden University Medical Centre, Leiden, Netherlands

Background

Practice, training and professional development of GPs is nowadays guided by evidence-based medicine (EBM). EBM is generally understood as the integration of research evidence and clinical expertise to meet the needs and preferences of individual patients in specific contexts (Sackett). In this session we argue that Climate change, the COVID pandemic and the United Nations 2030 Agenda with its 17 Sustainable Development Goals call for a revision of the current EBM model. Health-related decisions must also take into account *future and global consequences*. For example, GPs should start to weigh the benefits of medication and technology against concerns of waste, carbon footprint, equality, diversity and staff wellbeing.

In this collaborative initiative of primary care researchers in sustainable healthcare at the University of Oslo, Leiden and Oxford, we want to work with GPs, patients and stakeholders on:

- Fostering awareness of the interdependancies of health, care and the environment
- Training evidence-based sustainable behaviors in GPs
- Understanding complexity for complex decision making
- Advocating sustainable pharma and technology

Target Group

GPs, trainees, GP staff and management, patients, educators, commissioners, payers and industry.

Objectives

To explore and promote evidence-based sustainable healthcare education for family doctors and trainees.

Didactic Method

Presentations and group work

Estimated number of participants

30

Workshop leaders

Eva Visser is a GP trainee and PhD student. Evelyn Brakema is a postdoc researcher, GP trainee and chair of the Dutch Green Care Alliance. Amy Booth is a doctor and DPhil student. Sietse Wieringa is a GP, hospitalist and postdoc researcher.

Abstract topic

02. Planetary health, climate change and environmental sustainability

Abstract ID: 684

Internal code

O02-09

Presentation form

Science Slam

Environmental impact of inhalers: factors other than poor asthma control may underlie SABA 'overuse'

Caitríona Callan^{1, 2)}

¹⁾Oxford School of General Practice, Health Education England – Thames Valley, Oxford, United Kingdom

²⁾Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom

Background

Metered dose inhaler (MDI) prescribing is a carbon-intensive area of primary care, as highlighted in the NHS net zero strategy. High short-acting beta-agonist (SABA) use is also associated with poor asthma outcomes.

Questions

For adults with asthma with the highest rate of SABA MDI prescription issues:

- what are their patterns of SABA usage?
- what do they know about carbon emissions of MDI?
- are they open to trying alternative regimes (Dry Powder Inhalers (DPI))?

Content

7 patients with asthma (age 25-62) with 6+ MDI SABA issues in the preceding 6 months were contacted for remote review.

5 had good asthma control: 3 using SABA 4 puffs or less per week and 2 ordering more prescriptions than their borderline-overuse required. 2 had SABA overuse and poor asthma control.

Reasons for disproportionate ordering included having SABA on repeat prescription along with monthly-dispensed medications; reorder reminders from online pharmacy service; and unawareness of their expected duration of MDI SABA.

None were aware of inhaler-related emissions or need for pharmacy disposal. All were willing to try DPI, several motivated by not needing a spacer, and having inhaler dose counters.

Take Home Message for Practice

SABA 'overuse' based on prescriptions issued may indicate uncontrolled asthma, but may also reflect overordering for other reasons. For high-quality, low-carbon, cost-effective care, number of SABA issues should be checked and corroborated with usage at patient review to guide shared decision-making on management strategies, such as

intensifying treatment, switching to DPI, or educating patients to estimate usage-based MDI duration.

Abstract topic

02. Planetary health, climate change and environmental sustainability

Abstract ID: 801**Internal code**

O02-10

Presentation form

Science Slam

Fair health care in a time of climate change

Catriona Parker*NHS, Stirling, United Kingdom*

Background: Environmental changes caused by human activity are affecting less developed and poor income countries disproportionately. General practice has a key role in acknowledging and addressing the impacts of climate change in relation to health inequalities.

Target group: General practice trainees, Clinical educators, Healthcare students, General practice physicians

Didactic method:

Introduction to environmental changes focusing on those more severely affected and subsequent health impacts.

Summary of the key outcomes from COP26 regarding mitigations and prevention of potential damage as a result of environmental change.

Small group discussion about participants' experiences of adverse health outcomes as a result of environmental change particularly focusing on how migrant and homeless populations may be affected. Reflect on our role as family doctors and what we can do to reduce the potential impacts in the future.

Feedback and large group discussion.

Estimated number of participants: 10-40

Objectives: We will reflect on how we practice in family medicine and how we can practice more sustainably to mitigate climate change and subsequent health impacts. Learn about how you as a doctor can help engage migrant and homeless populations.

Brief presentation of workshop leader: Dr Catriona Parker is a salaried GP working in Stirling, Scotland.

She is part of the Education team in the RCGP Junior International Committee and she is also involved with the Vasco de Gama Special interest group on Planetary health.

Abstract topic

02. Planetary health, climate change and environmental sustainability

Abstract ID: 971**Internal code**

O02-11

Presentation form

Workshop

A Toolkit to Enable General Practice to Act and Lead in Planetary Health

Rochfort Andree, John Cox, Aoife Benton, John Allman, Sean Owens
ICGP, Dublin, Ireland

Introduction

Climate change is described as the biggest health challenge of the 21st century. Every country produces emissions from healthcare activities. GPs and the practice team can be local ambassadors for action on climate change in their communities, and leaders in the evolving global domain of planetary health.

The Sustainability Working Group in the Irish College General Practitioners created a Planetary Health Infographic and Toolkit (PHIT) to motivate all clinicians in primary care to consider their options for improving the environmental sustainability of their healthcare activities.

Methods

The ICGP PHIT will be presented to the participants, with examples of evidence-based actionable tasks for planetary health (15')

A facilitator will lead each small group on a focussed exploration of at least one domain from the toolkit. Participants will be encouraged to share actual and potential, individual and practice-based actions from their country. Examples of overcoming barriers to better planetary health in GP communities are sought, along with tips for implementation.

Each group will create a list of topics for practice improvement projects on planetary health (PIPPH) (30')

Results

Small groups report back to the full workshop group under the toolkit domains; Medication, Lifestyle changes, Social Prescribing, Energy & Waste, e-Communications & Rational Resource Use (20')

Conclusion

The PHIT aims to demonstrate how primary healthcare can improve patient health while reducing resource use. The secondary aim is to increase job satisfaction among GPs, Nurses and the practice team.

The facilitators will coordinate the take-home messages of the workshop (10')

Total (75')

Abstract topic

02. Planetary health, climate change and environmental sustainability

Abstract ID: 1020

Internal code

O02-12

Presentation form

Science Slam

Sustainable clinics? Yes, it is possible!

RAPHAEL FIGUEREDO

*ALERGIA E IMUNOLOGIA, CAAIC - CLINICA DE ALERGIA, ASMA E IMUNOLOGIA
CLINICA, Imperatriz, Brazil*

Nossa clínica de alergia e imunologia está situada em edifício na cidade de Imperatriz – MA, Brasil. Desde o início há cinco anos, instalamos placas solares que são suficientes para toda a demanda energética da clínica. A iluminação natural é utilizada em boa parte do dia, pois há janelas de vidro em todos os ambientes. Houve mudanças de copos descartáveis para copos biodegradáveis, além de substituímos o papel toalha por secadores a vapor.

No edifício onde estamos localizados, sempre houve a coleta adequada dos resíduos contaminados, realizada por empresa especializada neste seguimento. Em 2022, iniciamos a coleta seletiva sendo os resíduos separados por sacos de cores diferentes, em parceria com a secretaria do meio ambiente do município de Imperatriz – MA, e retirados por um caminhão do município que o destina a cooperativa de catadores, gerando renda para eles.

Com a pandemia, iniciamos consultas por telemedicina, ferramenta que permite atender pacientes a qualquer distância no território nacional, com isso diminuimos a emissão de gases e poluentes por não precisar de deslocamento de veículos, usando prontuário eletrônico e receituário digital. Dessa forma incentivamos os pacientes a realizarem suas consultas e retornos por telemedicina, sempre preferindo o receituário digital, diminuindo assim o consumo de papéis, árvores e florestas.

E para diminuir ainda mais a geração de poluição, nós como profissionais da saúde podemos substituir o nosso deslocamento por veículos menos poluentes, como os elétricos ou bicicletas.

Abstract topic

02. Planetary health, climate change and environmental sustainability

Abstract ID: 1055

Internal code

O02-13

Presentation form

Lecture

Barriers and facilitators to the integration of planetary health into family medicine specialist curriculum

Oisin Brady Bates¹⁾, Emmanuel Prothon²⁾, Catriona Parker³⁾

¹⁾*Institute of Population Health, Trinity College Dublin HSE General Practice Training Scheme, Dublin 24, Ireland*

²⁾*Department of General Practice, University of Bordeaux, Bordeaux, France*

³⁾*Royal College of General Practitioners, London, United Kingdom*

Background:

Climate change and environmental degradation constitute dire threats to human health both in a domestic and international context. Planetary health encourages “evidence-based policies to promote human health and prosperity while preserving the environment which allows us to thrive”.

Family medicine is in a unique position to prevent and manage illness in a community setting. As such, family medicine specialist training and curriculum should equip trainees to understand, prevent and manage health effects related to planetary health.

Target group: General practice educators, General practice trainees, Clinical educators, Healthcare students, Curriculum developers, General practice physicians

Didactic Method:

- 5 minutes: Introductions and prior expertise
- 10 minutes: Overview of planetary health as a concept and its role in family medicine
- 10 minutes: Interactive exercise exploring participant perspectives and perceived relevance to family medicine specialist training
- 10 minutes: Current evidence - integrating planetary health into broader healthcare curriculum with emphasis on postgraduate family medicine curriculum
- 25 minutes: Whole group facilitated discussion on barriers and facilitators to achieving integration

Objectives:

Introduce participants to the planetary health conceptual framework

Explore the perceived relevance of

Estimated number of participants:

20-30

Brief presentation of the workshop leader:

Dr. Oisín Brady Bates is a family medicine trainee based in Dublin Ireland. He is the Vasco de Gama Movement planetary health special interest group lead. He is a founder of the Climate and Health in Medical Education (CHIME) working groups. His MSc awarded by the Royal College of Surgeons in Ireland is on the topic of planetary health and medical education curriculum.

Abstract topic

02. Planetary health, climate change and environmental sustainability

Abstract ID: 1108**Internal code**

O02-14

Presentation form

Lecture

Reducing your practices carbon footprint: practical steps for your practice

Emmanuel Prothon¹⁾, Oisín Brady Bates²⁾, Catriona Parker³⁾, Ben Rusholme³⁾

¹⁾Department of General Practice, Université de Bordeaux, Bordeaux, France

²⁾HSE General Practice Training scheme, Trinity College Dublin, Dublin, Ireland

³⁾Royal college of general practitioners, London, United Kingdom

Background:

The 2021 International Panel on Climate Change (IPCC) report underlines that climate change is a major threat to global health. The European Union aims to be climate-neutral by 2050, in order to limit global warming to 1.5°C by 2100, in line with the 2012 Paris agreement.

The healthcare system represents 4 to 8% of global greenhouse gas emissions (GHG). If it were a country, it would be the fifth largest carbon emitter. In the UK, NHS England committed to reach net-zero by 2040. In this challenge, General Practitioners play a crucial role.

Target group: General practice physicians and trainees

Didactic method:

1. Introduction to the topic;
 - Short quiz on GHG emissions of the health sector
 - Facts from different countries on the main emitters
 - Local initiatives to reduce the carbon footprint in General Practice
1. Facilitated small group discussions;

Participants will brainstorm ways in which family medicine practitioners can reduce their footprint for:

- Drug and medical devices prescription,
 - Inhalers prescription,
 - Transport,
 - Building heating
1. Large group discussion;

Discussion and consolidation of practical steps to decrease participants' carbon footprint as General Practitioners.

Objectives:

1. Reflect on the current carbon footprint of the participants' own practice
2. Develop strategies to decrease their carbon footprint in their practice

Estimated number of participants: 10-40

Brief presentation of the workshop leader: Dr Emmanuel Prothon is a general practitioner and associate teacher at the Department of General Practice of the University of Bordeaux, France.

03. Education

Abstract topic

03. Education

Abstract ID: 50

Internal code

O03-01

Presentation form

1 Slide – 5 minutes lecture

Opioid switching to improve pain management for Primary Care physicians.

Matteo Mannucci

IBSALUT, Palma, Spain

Background.

The WHO considers that the consumption of opioid analgesics in a country is an adequate indicator of pain management. At present, the consumption of these drugs is increasing in a controlled way thanks to the adequate training of health professionals and the increasing use in non-cancer pain. Although we have to deal with the risk of misuse and abuse. Switching opioids can improve pain control and reduce secondary effects
Aim and learning objectives.

Improve the management of opioids by primary care physicians, in order to increase confidence as well as optimize their use.

Methods and timetable.

We will divide the participants into teams.

Introduction

ICEBREAKER with KAHOOT (5 mins)

Each team will have posters with different doses and routes of administration and we will present realistic clinical cases where each team will have its role and where they will have to choose the rotation, dose and route (and choose the most appropriate poster to show the correct answer). We will take advantage of each one of the cases to give the keys in the management and calculation of opioid doses (45 mins)

Conclusions and take home messages (10 mins)

Using the techniques of learning by playing, we aim to achieve that the participants return to their consultations and to their routine, having gained skill and confidence in the handling and rotation of opioids.

Abstract topic

03. Education

Abstract ID: 67

Internal code

O03-02

Presentation form

Workshop

Changes to primary care since COVID-19: what are the opportunities and challenges for medical education?

Richard Darnton

Public Health and Primary Care, University of Cambridge, Cambridge, United Kingdom

Background

A significant proportion of UK medical training takes place in the primary care setting. However, the COVID-19 pandemic precipitated several changes to how UK general practice is delivered. These include a greater use of pre-consultation triaging of patients, remotely attended healthcare team meetings and (most significantly) an increase in the proportion of consultations delivered remotely (via telephone or video link). Consequently, learners have voiced concerns that this may adversely affect the quality of their experience. However, research suggests that telephone consulting can confer specific benefits for learners, that triage may increase the educational value of learning in general practice and that video consultations could facilitate learning about sociocultural aspects of health and illness as well as enabling learners to consult from their homes.

(See <https://doi.org/10.1080/0142159X.2020.1829576> and <https://doi.org/10.1080/0142159X.2021.1990239>)

Target Group

Doctors and other healthcare professionals involved in delivering or researching workplace-based learning in the primary care setting.

Method/Timings

Introductory presentation (15 minutes)

Group work sharing thoughts and experiences concerning the effect of the COVID-19 pandemic on learning in primary care with a view to clarifying challenges and opportunities. (30 minutes)

Group work sharing and developing strategies for addressing these opportunities and challenges (30 minutes)

Estimated number of participants

50 – 75

Workshop leader

Dr Darnton is a GP and educator who leads the elements of the Cambridge undergraduate medical course that are based in primary care. He is also a postgraduate trainer and consultation skills expert and has researched pandemic-driven changes to primary care based medical education. <https://www.phpc.cam.ac.uk/people/pcu-group/pcu-senior-academic-staff/richard-darnton/>

Abstract topic

03. Education

Abstract ID: 90**Internal code**

O03-03

Presentation form

1 Slide – 5 minutes lecture

Primary Care Support for Adult Trans and Non-binary patients - a European Perspective

Danial Bennion-Leahy, Kamilla Kamaruddin*Adult Gender Identity Clinic, Tavistock and Portman NHS Foundation Trust, London, United Kingdom*

How GPs can treat trans people in the UK and EU countries – a European perspective

Trans people are recognised throughout human history, yet remain a minority group that are discriminated against and are an underserved community. They face multiple barriers in accessing health care in the UK and EU countries, it is urgent that these issues are addressed to improve health inequalities. Primary care in the UK and EU countries is most often the first point of contact for many trans people when accessing health care and so Primary Care is key to improving health care for trans people and providing inclusive and person centred care.

Trans patients often find accessing health care a challenging and frustrating process. We often hear trans people describing the process as exhausting when consulting with health professionals. Transgender voices and concerns for their health care are often ignored or misunderstood. Primary Care Health Professionals have a duty of care to trans people to treat them with dignity and respect. They need medical support in relation to hormones, fertility preservation, cancer screening, hair reduction, voice therapy, psychological support and surgical treatment

Health care practitioners in the UK and EU that have an open mind, willingness to learn and sense of humility are an untapped resource that can be an enormous support for trans patients.

We will present an overview of health inequalities for trans people across UK and EU. Diagnosis of Gender Incongruence, best practice for hormonal treatment and primary care support will be discussed.

Abstract topic

03. Education

Abstract ID: 106**Internal code**

O03-04

Presentation form

Science Slam

New family doctors' readiness and motivation to work in primary health care system: a qualitative study of new family doctors in Estonia

Marta Velgan

Institute of Family Medicine and Public Health, University of Tartu, Tartu, Estonia

Background: Shortage of family doctors is a growing problem in Estonia and worldwide. Although the number of young doctors admitted to family medicine postgraduate training in Estonia has increased in recent years, it is still difficult to find replacements for doctors who are leaving family medicine. This shortage means a threat for the services provided by primary care, and by extension for the organization of the entire health care system.

Aim: The aim of this study is to describe factors which influence the readiness and motivation of new family doctors in Estonia to continue working as family doctors in the Estonian health care system.

Methods: A qualitative study using semi-structured group interviews was conducted in Estonia among last year family medicine trainees and new family doctors within 5 years of completing training. Interviews were conducted using Microsoft Teams until data saturation and recordings transcribed. Thematic analysis using NVivo Software was performed.

Results: Altogether 6 group interviews with 25 participants, 12 family medicine trainees and 13 new family doctors were conducted. Most doctors have started family medicine residency with the aim to work as an independent practitioner in the future, but not immediately after finishing training. The main factors influencing the postponement of creating a private practice are factors related to personal life, workplace, the process of creating a private practice and training.

Abstract topic

03. Education

Abstract ID: 130

Internal code

O03-05

Presentation form

1 Slide – 5 minutes lecture

'Your NHS needs you!' Inspiring the next generation through interactive workshops.

Alex Corcoran

Health Education England, Romsey, United Kingdom

Background

I have been working on a school outreach project during a fellowship year with Health Education England. As a GP, I am increasingly aware of our staffing crisis, and the need to think long-term about recruitment and multi-disciplinary working. Existing research by universities and employers has identified that career sessions in schools can impact future plans and help promote diversity in undergraduate students. The Roland Report (2015) and more recent work by the Kings Fund (2019), demonstrate the pressing need for recruitment to primary care.

Questions/Discussion point

Can you influence career decisions through interactive workshops? I developed an interactive workshop for schools. The purpose is to encourage students in years 10-13 to consider working in a General Practice setting. The session involves a talk giving an overview of the varied careers within a General Practice team, then four interactive stations to provide hands-on experience with medical equipment.

Content

To date, I have delivered 11 sessions, reaching around 300 students. Pre-session, 65.5% of students were considering a career in the NHS, this rose to 85.8% in the post-session feedback. 89.3% of students said that the session had positively impacted their views on NHS careers. Qualitative feedback was positive, both from students and teachers, particularly regarding the interactive elements.

Take home message for practice

NHS career sessions can have a measurable impact on career intentions. I passionately believe that inspiring younger people to work within the General Practice team is a fundamental part of securing a sustainable future workforce.

Abstract topic

03. Education

Abstract ID: 151

Internal code

O03-06

Presentation form

Lecture

International graduates' experiences of reflection in UK General Practice training: Results of a national mixed methods study

Laura Emery, Ben Jackson, Phillip Oliver, Caroline Mitchell

Academic Unit of Primary Medical Care, The University of Sheffield, Sheffield, United Kingdom

Background: Reflection is a key component of postgraduate UK General Practice (GP) training. UK training programmes assume international medical graduates (IMGs) have less experience of reflection than UK graduates. Earlier introduction to reflection is suggested to be key to progression in training.

Questions: What are IMGs' experiences of reflection prior to and during UK GP training?

Methods: A cross-sectional survey of international graduates in UK GP training schemes using a piloted self-administered on-line questionnaire. Categorical data from responses were analysed using Pearson Chi-square test. Qualitative analysis of free-text answers is ongoing.

Outcomes: 485/3413 IMG trainees participated (14.2% response rate, representative of national IMG demographics). 79.8% participants reported no undergraduate experience of reflection. 36.9% reported no formal training in reflection during UK GP training. 69.7% participants agreed reflection was beneficial for training. Qualitative themes identified perceived benefits as analysis of self and practice, identification of learning needs and opportunities for improvement, and time as a negative. Significant differences in experience of reflection and opinions on benefits were seen by country of primary medical qualification (PMQ) (all p-values <0.01).

Discussion: These data confirm many IMGs have limited experience of reflection prior to UK GP training. Despite this, participants understood the benefits of reflection. The variation in experience by country of PMQ highlights the need for individualised approaches to support and supervision during training.

Take home message for practice: All IMGs in UK training should have an individualised learning needs assessment so that appropriate support, including developing skills in reflection, is offered.

Abstract topic

03. Education

Abstract ID: 232

Internal code

O03-07

Presentation form

1 Slide – 5 minutes lecture

What's new and what's changing for women's health care

Anne Connolly¹⁾, Toni Hazell²⁾

¹⁾*Bevan Healthcare, Bradford, United Kingdom*

²⁾*Somerset Gardens Family Healthcare Centre, London, United Kingdom*

Women's health is in the news and on the political agenda. Recent publications by the devolved governments have used surveys to understand what women want and need, highlighting the need for improved care from primary care and allied health care professionals.

This workshop will cover a number of issues pertinent to improving the quality of care for women's health. There is a clear demand for personalised care across the lifecourse which is appropriate and acceptable for women in the local population. Using cases typically presenting to primary care this workshop will cover a range of contentious and changing practices covering a number of clinical concerns, demonstrating the opportunities for personalising care and reducing inequalities for women.

Hormone Replacement Therapy – risky or beneficial?

Ambition to eliminate HPV related cancers – immunisation and new ways of screening.

PCOS a public health concern.

Women's Health Hubs – an opportunity?

The workshop will be delivered by clinicians working in primary care and will include a recorded interview with a Member of Parliament currently working on the women's health agenda.

Abstract topic

03. Education

Abstract ID: 235

Internal code

O03-08

Presentation form

Science Slam

Financial wellbeing and its predictors among medical students, residents and attending physicians: a multi centered survey in Lebanon

Mohammadali Jardaly, Jumana Antoun, Issam Shaarani
Family Medicine, American University of Beirut Medical Center, Beirut, Lebanon

Background

According to OECD, financial wellness is “the combination of knowledge, attitudes, behaviors, systems and overall wellness necessary to make sound financial decisions and ultimately achieve individual financial wellbeing”.

Adetayo notes “as a very literate group, there is an unacceptably high level of “illiteracy” concerning financial education”.

For doctors, financial wellness correlates with burnout which affects patient safety.

Questions

The primary objective is to assess financial literacy and wellbeing of final year medical students in Lebanese medical school, residents and attending physicians in Lebanese university hospitals.

The secondary objectives are to measure predictors of financial literacy and wellbeing, to measure the level of debt medical students to finance their medical education and to assess the impact of the financial crisis on the financial wellbeing

Methods

This is a multi-institutional cross-sectional study among all 6 private medical schools and the affiliate hospitals on medical students, residents and practicing physicians in Lebanon to measure financial literacy using an online survey using validated tools.

Outcomes

We emailed a total of 1,592 participants. Response was 278 (17.46%).

Financial literacy knowledge was low in all three groups.

Financial wellbeing is in the medium low range for all three groups.

The financial crisis was devastating on everyone.

Discussion

Financial literacy cannot predict or remedy a crisis, but financial education will play a pivotal role in the economic recovery of our country

We cannot be in denial. We need to be pro-active

Take Home Message for Practice

Financial education can be introduced at all levels of training.

Abstract topic

03. Education

Abstract ID: 255

Internal code

O03-09

Presentation form

Lecture

Creating a lifestyle medicine training program: Overview, methods, resources, and implementation

Lilach Malatskey^{1, 2)}, Jumanah Essa-Hadad¹⁾

¹)Azrieli Faculty of Medicine, Bar Ilan University, Safed, Israel

²)Israel family physician Association, Zichron, Israel

Background: Lifestyle medicine (LM) is an emerging specialty that is gaining recognition globally. LM is the use of evidence-based lifestyle interventions, including exercise, nutrition, stress management, and more, as a primary means to prevent, treat, and reverse chronic diseases. In 2017, the American Medical Association (AMA) passed a resolution supporting the incorporation of LM curriculum in medical schools. Multiple reports from physicians, residents, and medical students show the gaping void in LM training and education. The need to include LM in medical education is evident yet remains a neglected area in most medical schools and residency programs. This workshop aims to provide participants with strategies and tools to develop an action plan for LM training program.

Target group: Medical school and residency program faculty leaders, GP's, interested in developing educational programs

Didactic Method: Short lectures, small group work, discussion, and personal practical exercises

Workshop objectives: (1) providing knowledge, skills, and tools to develop and implement LM education programs for medical students and primary care residents and physicians; (2) sharing and exchanging experiences; and (3) working to begin the development of an action plan with a "to-do list", timetable, targets, and outcomes.

Estimated number of participants: up to 20-25

Workshop facilitators:

Lilach Malatskey MD, a family physician, vice dean for community education in the Azrieli faculty of medicine, president of the Israeli society for LM

Jumanah Essa-Hadad, Ph.D. in public health and health promotion, responsible for LM and healthy faculty initiation at the Faculty of Medicine.

Abstract topic

03. Education

Abstract ID: 259

Internal code

O03-10

Presentation form

Science Slam

Effect of adverse childhood experiences in prediction of psychotic episode: a systematic review

Jéssica Martins¹), Catarina de Freitas²), Márcia Roda¹), Ana Teixeira²)

¹)CENTRO DE SAÚDE DA CAMACHA, SESARAM, E.P.E, Camacha, Portugal

²)CENTRO DE SAÚDE DE SANTO ANTÓNIO, SESARAM, E.P.E, FUNCHAL, Portugal

- In literature it has been hypothesized that adverse childhood experience (ACE) contributes to psychotic symptoms.

- Is there an association between ACE and the occurrence of a psychotic episode?

- Search in Pubmed and Cochrane Library with the query: "Adverse Childhood Experiences" AND "Psychotic Disorders", in English published until 20/08/2021. Inclusion criteria were defined according to the PICO model: P - individuals with at least one psychotic episode; I – occurrence of ACE; C – not occurrence of ACE; O – association of

psychotic episode and ACE. To assess the level of evidence and strength of recommendation, SORT was applied.

- A total of 14 articles were included: 2 systematic reviews, 2 narrative reviews, 2 opinion articles, 2 cohort studies, 5 case-control studies and 1 observational study.

- Exposure to stress modifies neurodevelopment. These changes have a considerable impact on the function of emotion and reward circuits, which play a central role in the onset and severity of psychosis.

The occurrence of ACE is significantly associated with the emergence and maintenance of psychotic symptoms with an apparent dose-dependent effect, in which greater burden, duration, severity, and multiplicity of childhood trauma were associated with greater severity of positive symptoms.

Higher levels of positive social and behavioral attributes in childhood may decrease the subsequent emergence of a psychotic episode.

- Since higher levels of positive social and behavioral attributes in childhood may decrease the subsequent emergence of a psychotic episode, it's important to recognize these patients early and adjust interventions in order to improve outcomes.

Abstract topic

03. Education

Abstract ID: 264

Internal code

O03-11

Presentation form

1 Slide – 5 minutes lecture

Teaching across cultures - can teachers' cultural competence improve differential attainment

Majid Jalil¹⁾, Rosslyne Freeman²⁾

¹⁾Wessex Appraisal Service, Health Education England/Shirley Avenue Surgery, Southampton, United Kingdom

²⁾International Educational Consultant, Freelance, Stockbridge, United Kingdom

Context

The current discourse on Differential Attainment urges educational and licensing bodies to do more to support learners to achieve better results; with emerging research highlighting the responsibilities of educational teams in ensuring any barriers towards successful progression are fully addressed. This workshop offers an open, unbiased opportunity for teachers to explore how cultural factors impact on learning; to see how differing cultural perceptions of learning and teaching can unconsciously contribute to barriers to progression. We include the analysed feedback gathered from educators participating in a series of workshops (held over 8 years), to identify important learning themes. This is used as a further resource in our workshop to develop strategies for educators to use in order to improve their their teaching practice.

Target Group

Trainers, Examiners, Educational Leads, Educational Supervisors, Nurses with educational responsibilities – 20 participants

Workshop content

- How culture potentially influences learning, providing concepts that provide a baseline for learning and discussion

- A qualitative analysis of participant feedback – what did they learn, how was it used, and why is it relevant today?
- How can this learning be used to lessen the risk of creating barriers to progression?

Teaching methods:

- Brief focused input to provide structure
- Group discussion on concepts, sharing experience
- Small group work defining strategies

Learning Outcomes

At the end of the workshop, participants will:

- Have increased awareness of the way culture can influence learning and professional development
- Become keen to learn more about culture
- Have considered strategies to better facilitate progression

Abstract topic

03. Education

Abstract ID: 266

Internal code

O03-12

Presentation form

1 Slide – 5 minutes lecture

Medical student attitudes towards General Practice resulting from UK media portrayal of GP during the COVID-19 pandemic

Erin Lawson-Smith, Sabena Jameel

University of Birmingham, Birmingham, United Kingdom

Background

General practice (GP) has long-standing difficulty with recruitment; to meet demands, it is critical to inspire medical students' interest. COVID-19 and increased media scrutiny has exacerbated pressures on GP. This research assesses whether increased media scrutiny has negatively affected medical student perspectives of GP. If so, increased efforts may be needed to incentivise students into GP and the media should reflect on ramifications of their attacks.

Methods

The principal investigator was a final year medical student. An online survey was distributed to UK medical students via social media in Spring 2022. 225 responses were collected and analysed.

Outcomes

88% of respondents (n=198) recalled seeing media about GP during COVID-19. 77% of these (n=154) felt the media stance towards GP was negative, and 47% (n=93) stated "yes" or "maybe" when asked if portrayal of GP in the media during COVID-19 had affected their view of GP. Of those who stated "yes" (n=40), 92.5% (n=37) said the effects were "somewhat" or "extremely" negative.

Discussion

Results suggest that medical students have been negatively affected by media portrayal of GP during COVID-19, with some students less likely to consider careers in GP. More

work is needed to counteract deleterious effects of the pandemic and address themes highlighted in this study to attract medical students to GP.

Abstract topic

03. Education

Abstract ID: 286**Internal code**

O03-13

Presentation form

Lecture

Learning tactics from the military: training decision making in complexity and prioritisation in General Practice (GP)

Agata Dunsmore¹⁾, Robin Ramsay²⁾, Janet Skinner¹⁾, Neil Gallacher²⁾, Alan Barnard²⁾

¹⁾Medical Education, Chancellors Building, University of Edinburgh, Edinburgh, United Kingdom

²⁾Usher Institute, University of Edinburgh, Edinburgh, United Kingdom

Background: Tactical decision games (TDG) have been used to train decision makers in safety critical industries, such as the military, where life dependent decisions need to be taken where uncertainty and complexity exists.¹ TDG are facilitated simulations using brief written scenarios.¹ The facilitator then leads discussions around the decisions made and the rationale underpinning these decisions.¹

Question: General Practice(GP) is facing increasingly complex patients needing complex decision making. How can TDG be utilised to train general practitioners in making these complex decisions?

Content: The safety critical industries teach non-technical skills (NTS), the cognitive, personal and social resource skills which contribute to safe and effective task performance.² Evidence from immersive simulation has shown that NTS can be taught. Medical students found TDG to develop their NTS in acute care scenarios a valuable learning activity.¹ We have therefore developed TDG in managing complexity and uncertainty for undergraduate and international masters students in GP. This interactive science slam, will share the evidence which underpins this pedagogy; allow you to participate in a TDG and demonstrate the development of scenarios appropriate for the learners' context. The scenarios are deliberately intended not to have a single best solution to aid discussion and unearth often subconscious assumptions. This is a low cost flexible teaching approach which can be delivered online and in person.

Take home messages: Safety industries train decision makers using TDGs. This method of teaching may be used to train doctors in managing complexity and uncertainty in GP.

Abstract topic

03. Education

Abstract ID: 287**Internal code**

O03-14

Presentation form

Lecture

Virtual meet & greet sessions – trainee-led solution from a GP school for a diverse cohort in pandemic

Kamran Naseem¹⁾, David Palmer²⁾

¹⁾Stroud Medical Practice, Walsall, United Kingdom

²⁾Head of School, West Midlands School of General Practice, Birmingham, United Kingdom

Introduction:

The GP training recruitment for 2021 had massive uptake which resulted a very high number of trainees starting. West Midlands GP School had 350 trainees starting in 16 different schemes of which 70% had their Primary Medical Qualification Abroad meaning limited NHS experience but more importantly limited or no General Practice experience.

Methods:

The GP School Working with AiT Committee and the RCGP Midlands Faculty had a proactive approach. After obtaining opinion from current trainees regarding how their induction could have been improved, the 7 Trainee-led Meet & Greet Sessions organized were: What is General Practice? How does NHS Work? The Doctor-Patient Relationship. Get the most out of your Attachments. Making most of your Portfolio. Giving feedback and receiving feedback. What is Reflection?

Results:

Live attendance was around 80 to 100. The session, “What is General Practice?” has been watched 360 times. Total views of the recordings were 1466. The three most-watched recordings were: General Practice, NHS and Reflection.

Conclusion:

These audience figures are likely to be driven by a conscious need to explore these topics in more detail to meet the doctor’s educational needs. It is concerning that many of the doctors recruited to GP training have a limited understanding of the profession. Trainees leading on the Sessions supported by the GP School and RCGP send an important inclusive message to trainees that their influence and leadership is encouraged and valued. The future lies in training where trainees are not only at the centre but influencing it actively.

Abstract topic

03. Education

Abstract ID: 296

Internal code

O03-15

Presentation form

Science Slam

Six Steps to Success in MRCGP – GP School initiative to help navigate assessments in the Pandemic

Kamran Naseem¹⁾, David Palmer²⁾

¹⁾Stroud Medical Practice, Walsall, United Kingdom

²⁾Head of School, West Midlands School of General Practice, Birmingham, United Kingdom

Background:

As the pandemic hit it led to virtual VTS teaching and loss of passive support that trainees had when preparing for examinations in the form of TPDs and fellow trainees. RCA posed great anxiety among trainees as it was a new examination and had uncertainty around it.

Target Group:

Trainees, Educators and GPs

Methods:

The GP School Working with AiT Committee and the RCGP Midlands Faculty had a proactive approach. The AiT Committee and the School came up with Six Steps to Success in MRCGP as an initiative where trainees chaired sessions inviting senior educators such as TPDs, Examiners, Associate Deans, and Head of School. Each series had 2 sessions on General Training topics, AKT and RCA. The attendees could ask live questions either in Chat or in the Q&A section.

Results:

Live attendance was often more than a hundred. The AKT Videos are the most popular which have been viewed 2378 times. The series has had 5618 views so far.

Conclusion:

The popularity of these sessions shows that trainees want GP school to have an active role in helping them navigate the assessments in training. These sessions help in ridding anxieties around exam preparations. These allow trainees to take advantage of the experience of other trainees and of senior educators. These sessions give excellent leadership opportunities to the trainees. It remains to be seen whether they have an impact on the overall exam outcome.

Abstract topic

03. Education

Abstract ID: 304

Internal code

O03-16

Presentation form

1 Slide – 5 minutes lecture

The general practitioners and palliative care: how to improve confidence in ethical considerations about end-of life?

Jean-Claude Leners

Long term care facilities and hospice care, Ettelbruck, Luxembourg

Background: In early years of medical practice, palliative care situations might be rather rare, just because not frequently encountered. But nevertheless even few situations are important to be reflected correctly and to take wise decisions as rapid changing medical symptoms can be very challenging.

Target group: Mainly for young general practitioners who wish to discuss on complex end-of life situations, the different ethical issues, where not one single medical option is found to be the “gold standard”

Didactic method: 3 real clinical situations will be briefly presented and through ethical considerations in a vivid open discussion round will be summarized pro and cons on different medical strategies.

Objectives: Different decisions have to be considered from the patient's view but also the consequences for relatives and us as professionals (a specific tool for a possible consensus will be presented)

Estimated number of participants: should be limited to a maximum of 12 participants

Brief presentation: Workshop leader is engaged in palliative care institutions since more than 20 years, working with 3 GP colleagues in an hospice and in another palliative setting for persons with dementia. He is qualified general practitioner and geriatrician and trained in palliative medicine.

Abstract topic

03. Education

Abstract ID: 322

Internal code

O03-17

Presentation form

1 Slide – 5 minutes lecture

What matters to trainees? A competency priority analysis for specialty training in Family Medicine

Helene Junge¹⁾, Sophie Sun²⁾, Aaron Poppleton³⁾, Fabian Dupont¹⁾

¹⁾Center for Family Medicine, Saarland University, Homburg, Germany

²⁾Collège universitaire de médecine générale, Université Claude Bernard Lyon 1, Lyon, France

³⁾School of Medicine, Keele University, Keele, United Kingdom

Background: WONCA-medical-education-board (EURACT) has published competency-based aims and requirements for speciality training in Family-Medicine (FM). Trainers and institutions have commented and formulated prerequisites and fields of special interest for postgraduate education in Family Medicine. To date, the voice of trainees has not yet been recorded. Rapid changes in and expansion of clinical roles within FM risks creating uncertainty, stress and overload for FM-trainees. Identifying which competencies are most necessary in Family Medicine training will help direct curriculum planning, training resource development and trainee wellbeing. This study undertook a pan-European structured competency-prioritisation study to identify which training competencies were perceived as most relevant to FM-trainees.

Methods: An explorative, consecutive mixed-methods approach was used to prioritise competencies in FM-training. A Bloom's taxonomy-structured three step qualitative hybrid-town hall discussion was undertaken with trainee and early career FM-doctors at the VdGM-Forum (Edinburgh-2022). Participants identified competencies rated as highly relevant for individual trainees within host European home countries were recorded ad verbatim. Outcomes informed a quantitative Delphi-ranking of the top three competencies undertaken by national European-VdGM-representatives.

Results: Results from the study are expected in spring-2022.

Conclusion: The working environment and expectations for FM are changing rapidly. Specialty training for FM will need to be responsive to this changing demand, especially when it comes to high-quality competency-based training. Prioritisation of competencies is of great value to European stakeholders in directing the ongoing development of FM specialty-training. By professionalising FM competency-training, we can guarantee that

we will provide a highly trained primary care workforce for generations of patients to come.

Abstract topic

03. Education

Abstract ID: 323**Internal code**

O03-18

Presentation form

Lecture

Digital student study-behaviour during a compulsory competency-based blended-learning curriculum in Family Medicine at Saarland University

Fabian Dupont¹⁾, Sara Volz-Willems¹⁾, Erik Schmock²⁾, Helene Junge¹⁾, Aline Salzmann¹⁾, Catherine Bopp¹⁾, Johannes Jäger¹⁾

¹⁾Center for Family Medicine, Saarland University, Homburg, Germany

²⁾Department of Institutional Partnerships, Amboss, Berlin, Germany

Introduction: Undergraduate medical-education has changed for faculty and students. Educators have increasingly included digital learning-activities into their traditional curriculum (blended-learning). This new situation has increased the amount of self-directed-learning within medical schools. To date, very little is known about how students behave and use provided digital learning-activities. At Saarland University, the Department of Family Medicine has implemented a competency-based, blended-learning curriculum in 2020 in cooperation with Amboss (digital publishing-house) and IMPP (Govt.-agency-for-state-examinations). This presentation aims to show and compare different study behaviours seen in different digital learning-activities (podcasts-vs.-digital formative assessment-exercises).

Methods: Overall, data from 203 anonymized students from two consecutive cohorts (winter-semester-2020-21, summer-semester-2021) was included. Data from the YouTube-creator, anchor.fm, and Amboss analytical-data was extracted for this study. Data storage permission and ethics approval was granted prior to data-collection. Descriptive and analytical statistics were analysed with Jamovi.

Results: In winter-semester 2020-21, an additional 455 learning-hours, with 39,165 answered MC-questions were created by formative assessment-exercises. An additional 358,4 hrs of podcast consumption were created in the same semester. On visual inspection, studybehaviour differed between podcast usage and formative-assessment exercises. Podcast-consumption was more evenly distributed over the semester, whereas formative-assessment exercises were primarily used within 14 days prior to the exam date. (*to be defined*)

Conclusion: These findings may suggest a clear benefit for digital learning activities. However, faculty may need to use them more purposefully with the respective student-study behaviour in mind. This may improve the study quality and learning progress even further in the future.

Abstract topic

03. Education

Abstract ID: 336**Internal code**

O03-19

Presentation form

1 Slide – 5 minutes lecture

Students' experiences of a GP escape room

Kevin McConville, Clara White*General Practice, University of Dundee, Dundee, United Kingdom***Background**

Educational escape games are becoming common, yet their effectiveness needs to be evaluated to establish whether they are a valuable educational tool.

Questions

This study explored students' experiences of a GP based escape room game.

Methods

A Year 2 cohort of medical students were divided into 32 teams ranging from two to five students. Each group would individually enter the GP escape room, which had been organised to resemble a typical consultation room. Ethnographic analysis of the team activities was undertaken, combined with student evaluation of the experience.

Outcomes

Fourteen team events constituting 718 minutes have been currently analysed. From the footage, five themes with fourteen subthemes emerged. The five main themes were: teamwork, leadership, clinical thinking, numeracy, and gamification. From the student questionnaires (n=131), it was reported that the GP escape room was overwhelmingly an excellent educational experience.

Discussion

Educational escape games are invaluable in medical education. They can promote the growth of non-technical skills such as teamwork, leadership, and clinical thinking. Participants struggled with numeracy in the high-pressured environment, this must be addressed to reduce mistakes made in the workplace. A GP-orientated escape room could encourage enrolment in the GP speciality by providing early GP exposure from a different perspective and by equipping students with the skills to be successful in this field.

Take Home Message for Practice

This research lends support to educational escape games being worthy of a space within a medical school's curriculum and has potential for its use to become more widespread.

Abstract topic

03. Education

Abstract ID: 340**Internal code**

O03-20

Presentation form

1 Slide – 5 minutes lecture

Medical students' perceptions of the role of GP societies

Kevin McConville, Benjamin Williams*General Practice, University of Dundee, Dundee, United Kingdom*

Background

RCGP along with medical student societies, have been working to improve careers in general practice and entice more students.

Questions

What are the perceptions of the role of GP societies, especially among students who were considering pursuing a GP career?

Methods

A case study centred on one Scottish medical school underpinned by theories related to communities of practice (COP). The primary method of data collection was via semi-structured interviews using focus groups. Thematic analysis process was employed, being reflexively mindful throughout.

Outcomes

Sixteen medical students between years 1-4 took part in 3 focus group discussions and 1 individual online interview. Five key themes were identified: the GP society's impact on medical students, the GP society's influence at medical school, positive and negative perceptions of GP societies and future steps for GP societies.

Discussion

Medical students have varying perceptions of the role of GP societies. These opinions appear to be more positive amongst students of the upper years i.e., years 4 and 5. GP societies do appear to enhance students' attitudes towards a career in general practice. Attitudes towards COP are positive in relation to GP societies.

Take Home Message for Practice

Building a GP society requires the need for an online presence combined with hosted events. Direct liaisons with medical schoolteachers who are GPs is essential. In any COP, the wider context regarding activities being carried out must be made clear to the community e.g. the nationwide shortage of GPs and the strain on general practice within the UK.

Abstract topic

03. Education

Abstract ID: 348

Internal code

O03-21

Presentation form

Lecture

What do students value in their general practice placements? A multi-centre evaluation

Neelam Parmar¹⁾, Anthony Codd²⁾, William Coppola¹⁾, Hugh Alberti²⁾, Sophie Park¹⁾

¹⁾Primary Care and Population Health, UCL, London, United Kingdom

²⁾Newcastle University, School of Medical Education, Newcastle, United Kingdom

Background: Given on average 13% of UK medical education curricula are provided in general practice (GP), it is important to improve and support student engagement with GP placements to meet future societal needs.

Questions: We sought to identify and understand students' learning experiences and transferable skills from GP placements

Methods: Across three UK medical schools, we piloted, then added three questions to GP placement feedback; “What did you value about your GP placement?” “What did you not value about your GP placement?” “What did you learn that might be relevant for your future practice?” Responses were collated from the academic years and thematically analysed. Data clinics across schools were held to ensure coherent analyses.

Outcomes: 579 responses showed students valued active learning, responsibility and interacting with unselected patients. They valued supportive, well-prepared tutors and practices where they felt part of a team. Poor organisation, preparation of tutors, lack of patient contact and lack of protected teaching time were amongst placements components valued least. Learning for future practice discussed included development of consultation skills, relationships with patients and becoming a professional.

Discussion: Students value GP environment, GP educators and access to unselected patients. The GP setting allows students to transition to becoming professionals with opportunities to have responsibility in a supportive environment. Student ‘least valued’ factors can help improve GP teaching and support tutors to develop.

Take Home Message: Active student learning in GP is highly valued by students, and can be optimised further to enhance transferable skills and professional development.

Abstract topic

03. Education

Abstract ID: 351

Internal code

O03-22

Presentation form

1 Slide – 5 minutes lecture

RCA Lunch-box session for trainers - a bite-sized solution to educational needs during the pandemic

Kamran Naseem¹⁾, David Palmer²⁾

¹⁾Stroud Medical Practice, Walsall, United Kingdom

²⁾Head of School, West Midlands School of General Practice, Birmingham, United Kingdom

Introduction

Pandemic resulted in added pressure on trainers due to the new Remote Clinical Assessment exam. When RCGP announced a July sit for trainees who were due to CCT in August and were unsuccessful in their previous attempt the GP School wanted to give additional support to trainers of these trainees to help them succeed.

Methods:

Four 30 minutes lunchbox sessions were organised. These were facilitated by the trainees but had examiners and senior educators sharing their experiences regarding the exam. Sessions included: Discussion with examiners, Supporting your trainee for RCA: practicalities of setting up surgery for recording, Case selection, and Shared Management. The trainers could ask questions in the chat or during the Q&A segment. These were recorded as well to help those who could not attend to view later.

Results:

The session on Shared Management was most popular with 335 views after being recorded. Overall the series had 1114 views.

Conclusion:

There's a need for additional support for both trainers and trainees regarding the RCA and ongoing concern that results don't always reflect the candidate as the trainer would expect or predict. The process can be damaging with any failure undermining confidence in the trainee and trainer. It has added many weeks or months of additional anxiety for many trainees during their already stressful ST3 year.

The number of viewings reflects the anxiety around the RCA for trainers and trainees. Short subject focussed discussions delivered live and recorded can help to allay some of the concerns.

Abstract topic

03. Education

Abstract ID: 362**Internal code**

O03-23

Presentation form

1 Slide – 5 minutes lecture

Primary care for LGBT* patients – implementation and evaluation of a seminar for medical students

Wolfram Herrmann, Philip Oeser*Charité - Universitätsmedizin Berlin, Berlin, Germany*

Background: LGBT* persons have special primary care needs. However, primary care for LGBT* patients is rarely included in the medical curriculum. Thus, our goal was to develop, implement and evaluate a seminar on primary care for LGBT* patients.

Concept: We offered an elective 90-minute online-seminar in the 10th semester. The seminar consisted of inputs, case studies and group work regarding terminology, mental health, prep and HIV-tests in primary care, hormone therapy for trans patients in primary care and being an LGBT+ friendly primary care practice. Eight learning objectives were constructed.

Evaluation: For the evaluation, we conducted a before-after survey, letting the students self-assess their knowledge regarding the learning objectives. Open end questions were included in the survey. Participants were matched by a pseudonym. Data analysis was conducted as mixed model regression. Additionally, the normal evaluation by the faculty was conducted.

Results: 44 students took part in three iterations of the seminar in winter semester 2021/2022. 42 filled out the pre-questionnaire and 28 the post-questionnaire. 25 students could be matched (25/44=57%). There was a self-assessed knowledge increase regarding all learning objectives. Minority stress had the largest increase with 3.0 steps (95%-CI:2.6-3.4) on a five-point-likert scale. Students wished the seminar to be longer and included in the obligatory curriculum. In the faculty evaluation, 23 students stated to be overall very satisfied (1.13 on a 5-point-scale ranging from 1 to 5).

Conclusion: A short seminar may give medical students a first insight into primary care for LGBT* patients.

Abstract topic

03. Education

Abstract ID: 365**Internal code**

O03-24

Presentation form

Lecture

A qualitative analysis of lectures as a mean to foster motivation to study in a blended-learning Family Medicine curriculum at Saarland-University

Catherine Bopp, Aline Salzmann, Sara Volz-Willems, Johannes Jäger, Fabian Dupont
Center for Family Medicine, Saarland University, Homburg, Germany

Introduction: Medical education has recently undergone strong changes, with a tendency towards online-learning. Little is known about the effectiveness and face-validity of digital-learning-activities. At Saarland-University, the Department of Family Medicine has implemented a competency-based blended-learning curriculum in 2020. Feedback was that students felt a gain of motivation through additional lectures that were held parallelly to other online learning-activities. This qualitative-study explores what makes lectures an indispensable learning-activity for medical students, even during online-learning.

Methods: Four rounds of qualitative, semistructured-interviews were led in 2020/21, with both students and faculty until theoretic saturation was reached. The interviews were transcribed verbatim and were followed by a grounded theory content-analysis.

Results: Preliminary analyses of the interviews show that nearly all interview participants attended the online live-lectures and experienced a gain in motivation. They named positive aspects that all lectures have in common, such as guidance and identification of the principal intended-learning-outcomes. The participants pointed out that additional positive aspects depend on the lecturer-type, such as the grade of interaction and the communicational and motivational component shown by the teaching-individual. Most participants preferred a dual version with live-lectures and a supplementary on-demand version for revision. **[to-be-completed]**

Conclusion: This study suggests that live-(digital/hybrid) lectures may provide a unique combination of favorable structural elements to improve learning. Aspects to consider when setting up new blended-learning curricula are e.g., interaction, guidance, structured-repetitive-time slots and personality traits of the lecturer. These components may help provide a structure for future blended-curriculum-design in Family Medicine.

Abstract topic

03. Education

Abstract ID: 390**Internal code**

O03-25

Presentation form

1 Slide – 5 minutes lecture

Language matters; English speaking proficiency and differential attainment in a consulting skills assessment

Anwar Khan, Lynne Rustecki, Martin Lisboa, Margaret Miller, Peter Burrows
Safety and Learning, I&R and RCGP International, NHSR, HEE and RCGP, Epping, United Kingdom

Background

The Simulated Surgery exam is used in the 'Induction and Return to Practice' (I&R) scheme for examining GPs who have qualified outside the UK and have no previous NHS experience. Their level of spoken English has not previously been correlated with their examination scores. The referral of candidates for formative language reports and observation during the exam has provided an opportunity to do this.

Questions

Is there an association between spoken language proficiency and candidates' scores/pass rates in the Simulated Surgery examination?

If so, is it seen more in some skill domains than others?

What are the implications of this for the I&R scheme?

Methods

A team of specialist linguists graded the English-speaking proficiency of 120 candidates using linguistic criteria from the Occupational English Test (OET) for Medicine. Their grades were matched to the candidates' exam scores and pass/fail outcomes.

Outcomes

The results show a clear association between language grades and overall exam scores; correlation 0.52. The disadvantage for less proficient candidates particularly affected sub-scores in the domains of 'Eliciting ideas, concerns and expectations', 'Explaining the problem' and 'Effective consulting'. This is reflected in lower pass rates for less proficient English speakers.

Discussion

Is this differential attainment unfair or appropriate when the assessment is used to permit entry to UK general practice?

Take Home Message for Practice

Care must be taken to avoid unfair penalisation of candidates with lower language proficiency. Candidates should have the opportunity of language training during their preparation for the examination.

Abstract topic

03. Education

Abstract ID: 403

Internal code

O03-26

Presentation form

1 Slide – 5 minutes lecture

Empowering rural undergraduate educators through development of a Community of Practice

Miriam Dolan, Declan Fox

RCGP, Rural Forum RCGP, London, United Kingdom

Background

Rural communities are often deprived of adequate primary care services because of difficulties recruiting healthcare professionals. Recruitment can be improved by exposing

healthcare students to rural communities and clinical practices (WHO 2021). Local educators are essential for this work. A Community of Practice (CoP) allows connection, empowerment and advancement of educators and rural undergraduate primary care education.

Target Group

Participants with a passion for or expertise in rural undergraduate primary care education.

Didactic method

A workshop in which participants will form a Community of Practice. They will find motivations and methods for further engagement with the CoP to enhance continuous professional and institutional change and learning.

Objectives

The values and challenges of rural undergraduate placements in primary care identified at a workshop held at the WONCA World Rural Health Conference 2022 in Ireland will form the basis of the workshop. The participants will collectively discover solutions to the challenges. They will explore how a CoP can enhance the value attached to rural placements and share possible solutions to barriers like time, funding, and stakeholder engagement. They will determine how the CoP can support shared learning by dissemination of good practice examples and learning resources using online communication technology.

Estimated number of participants

30

Brief presentation of the workshop leader

Miriam Dolan (FRCP) -rural primary care educator Northern Ireland, members of the RCGP Rural Forum Steering Group

Declan Fox-rural primary care educator, active in Society of Rural Physicians of Canada, clinical assistant professor, Dept of Family Medicine, Memorial University, Newfoundland

Abstract topic

03. Education

Abstract ID: 427

Internal code

O03-27

Presentation form

Lecture

GP trainer (educational supervisor) world café workshop

Kevin McConville¹⁾, Joachim Hansen²⁾

¹⁾*General Practice, University of Dundee, Dundee, United Kingdom*

²⁾*Department of Clinical Medicine, Univeristy of Aarhus, Aarhus, Denmark*

Background

Current UK and national recommendations seek to encourage the recruitment and training of more GPs, however minimal policy or practice focuses on the recruitment and retention of GP trainers. This workshop offers a safe space to explore current barriers and enablers within GP trainers' communities.

Target Group

GP trainers / Educational supervisors

Didactic Method

Using an adapted World Café / de Bono technique this workshop allows the opportunity for any health care professional whom has a one-to-one training role e.g. Educational Supervisor, GP trainer, preceptor etc to explore current barriers and enablers to being a supervisor.

Objectives

By the end of the session participants should be able to:

- Explain what a world café technique is
- Be aware of De Bono's 'Six Thinking Hats' concepts
- Explore key issues within the one-to-one teaching / training environments
- Integrate your current 'trainer' approaches with those of others

Estimated number of participants

20-30

Brief presentation of the workshop leaders

Dr Kevin McConville is acting head of the Undergraduate GP department, University of Dundee. He has been a previous GP trainer, with an EdD that has explored GP trainers' professional identity formation.

Dr Joachim F. Hansen is a full time Danish GP. Besides his clinical work, he is employed as GP educational coordinator and has been educating GP trainers and GP trainees for more than ten years. Currently, he is doing a dissertation focusing on clinical undergraduate placements in general practice as part of a Master in Medical Education at the University of Dundee.

Abstract topic

03. Education

Abstract ID: 439

Internal code

O03-28

Presentation form

1 Slide – 5 minutes lecture

Acute abdominal pain in the right lower quadrant... not always be appendicitis

Eva Pérez Carvajal, Heliodoro Ibañez, Estefania Pérez Nicolás, Esther Tórtola Ventura, Mara Sempere
CS. SUECA, family doctor, Sueca / Valencia, Spain

Didactic method

We'll reviewed in this report the differences between the diagnosis procedure for both appendicitis and mesenteric adenitis, following up with the proper management of mesenteric lymphadenitis.

Presented problem

A fourteen-year-old female patient was admitted into emergency room complaining about having acute abdominal pain in the lower right quadrant for a period of 12 hours, onset of pain commencing abruptly and with high intensity. She also reported upper respiratory symptoms associated with an ongoing fever measured at 38°C.

Management

Physical examination assessment was performed. The abdomen was anodyne with uncertain Blumberg's signal and positive Klein's signal. Considering the diagnostic hypothesis for acute abdominal pain, during the differential diagnosis process, we asked

for a pregnancy test, blood test and an ecography, while symptomatic treatment with analgesic and anti-inflammatory medications was administered with clinical response.

Outcome

Blood test showed leukocytosis while pregnancy test was negative.

According to the imaging report, prominence of abdominal lymph nodes was noticed.

Discussion

One of the most common ailments that frequently requires urgent evaluation in emergency room, is abdominal pain, which for children and adolescents it's usually caused by either appendicitis or mesenteric lymphadenitis. The prevalence and clinical manifestations are overlapping in both pathologies.

What we can learn from this/open questions

Differential diagnosis is required, due to appendicitis leading to surgical treatment while mesenteric lymphadenitis having other, nonsurgical, health and/or medical prescription management.

Abstract topic

03. Education

Abstract ID: 458

Internal code

O03-29

Presentation form

1 Slide – 5 minutes lecture

Low Calorie Diets - The novel treatment for type 2 diabetes

Marlon Morais, Sukhvinder Bhakar

Xyla Healthcare, Leeds, United Kingdom

Imagine a treatment for type 2 diabetes that can drastically reduce HBA1c, it could lead to vast reduction in need for costly medications, and could even lead to complete remission for type 2 diabetes. This treatment does not involve new medications, it does not involve advanced technology, it is suitable for different religiously sensitive dietary requirements, and is completed within 6 months.

Well this exists. There has been a lot of interest in low calorie diets as a way to treat and potentially reverse type 2 diabetes. There is an evidence base about these, and now there are a couple of years experience of providing these at scale. NHS England has commissioned a number of pilots to look at delivery at scale and Xyla have been delivering a number of these.

We will cover the theory behind the low calorie diet, how they are thought to work, cover the evidence base and papers that looked into them, and cover our real world experience in delivering them, and problems encountered. We will have a testimony from a patient and a MDT team to present to the audience keen to learn about this novel treatment.

Abstract topic

03. Education

Abstract ID: 461

Internal code

O03-30

Presentation form

1 Slide – 5 minutes lecture

HIV 40 years on, and update for primary care today

Marlon Morais, Paul Fairweather

Manchester Health and Care Commissioning, Manchester, United Kingdom

It is 40 years since the first patient was identified with AIDS. Panic pursued and the initial gay male victims were failed by their politicians, their society, and their families. However, when it was seen to be affecting children, and people with haemophilia the governments of the world looked up and there was rapid research and development, and within 13 years the disease changed from a 7 year death sentence to a manageable chronic disease with normal life expectancy.

However in the UK people are still diagnosed late and die early of HIV.

The UK is an area of high HIV prevalence and Manchester, London, and Brighton have areas of very high prevalence; and have committed to try to end HIV transmission in a generation through participation in the fast track city programme.

Owing to this in Manchester, through a true collaboration between primary and secondary care and the third sector, we have been providing education for primary care: when to test, what are indicator conditions, and what should we do to provide care for our patients. . Real patients tell their story and primary and secondary care clinicians present about the disease. We hope to bring this to the conference.

Abstract topic

03. Education

Abstract ID: 462

Internal code

O03-31

Presentation form

Science Slam

Encouraging and enrolling GPs into scientific research contributes to enhancement of quality GP education and quality patient care

Lyubima Despotova-Toleva

Bulgarian Long term and palliative care society, MU-Plovdiv, Plovdiv, Bulgaria

Background

During the last decades the population in many developed countries is aging as well as the general practitioners and the need in palliative care is also growing worldwide. Encouraging young doctors to consider a professional career in General practice must become a well thought out policy. Their enrolment in new attractive and useful PhD programs is an excellent opportunity to answer future health needs in society and to boost their professional development, providing enhancement of quality education and quality patient care.

Questions / Discussion Point

Encouraging and enrolling GPs into scientific research and novel PhD programs contributes to enhancement of quality GP education, quality patient care and solving societal health problems

Content

PhD programs in palliative care and geriatrics in Bulgarian and English developed under OMNIA project (BG05M2OP001-2.016-0007) are novel for Bulgaria. We aim to fill a significant gap in the third level of education of Bulgarian doctors, thus significantly contributing to better health care for the growing number of palliative and geriatric patients. PhD students in palliative care and geriatrics will gain a deep understanding of the nature, necessity and importance of the problems, to acquire sufficient theoretical knowledge and important practical skills in research and apply evidence-based clinical decisions in primary care.

Take Home Message for Practice

PhDs in palliative care and geriatrics contribute to a deep understanding of these growing problems, help GPs to offer medical and non-medical help and support to these specific populations and contribute to management and health policies development through evidence-based medicine.

Abstract topic

03. Education

Abstract ID: 504

Internal code

O03-32

Presentation form

1 Slide – 5 minutes lecture

Social media for family physicians

ibtehal makki

dubai health authority, dubai, United Arab Emirates

In the social media any person regardless of qualification can distribute information, in a sense making anybody a publisher. Content on social media can reach one person or millions of people around the world in no time depending on the social media influencer and platform of audience. Since more than 90 percent of adults use social media regularly, this media can be very influential. The challenge was highlighted by the observation that 25% of Google searches for headache reportedly discuss brain tumors. If doctors who use evidence-based clinical decision Care get into the social media technology, we will deal with patients who are informed, empowered, and engaged. Pushing physicians out of their comfort zones into a world of social media, that is where the future is headed.

Unfortunately, with many adults researching medical conditions online and attempting to self-diagnose, this widespread misinformation can be dangerous. One important role for physicians in social media is to combat this misinformation.

Abstract topic

03. Education

Abstract ID: 513

Internal code

O03-33

Presentation form

1 Slide – 5 minutes lecture

“Acute bronchitis: clinical parameters, therapeutic conduct and their correlation with the average length of stay”

Gabriela - Daria Gheorghe

Saint-Exupéry Network, Strasbourg, France

Acute bronchitis is defined as the inflammation of the medium and small airways, most frequently diagnosed in children aged up to two years. It is one of the most frequent reasons for medical appointments in this age group, be it with a general practitioner or a pediatrician.

This paper is a retrospective observational study of a cohort of 112 patients hospitalized between October 2015 and May 2016 in a hospital in Bucharest, Romania. Patients had acute bronchitis as both their admission and their discharge diagnosis. The data was collected based on the information filled in the admission sheet, associated with anamnestic interviews so as to complete the necessary research parameters for the study: personal and familial history, lifestyle habits, symptoms and history of illness, blood samples, clinical parameters, treatment and length of stay.

The main purpose of this research was to find a link between the average length of stay in patients hospitalized with bronchitis and various clinical and paraclinical parameters, as well as the impact of various treatments on the average length of stay.

Several conclusions could be drawn after the data was collected and interpreted: male gender as well as passive smoking are considered to be risk factors, pollution can also account for a longer length of stay as well as a history of allergy. The most effective treatment is represented by nebulisations of physiological serum solutions.

This can be useful information for a GP in terms of possible therapeutic solutions but also for prevention purposes.

Abstract topic

03. Education

Abstract ID: 529

Internal code

O03-34

Presentation form

1 Slide – 5 minutes lecture

Model for utilizing distance learning post COVID-19 using (PACT)TM a cross sectional qualitative study

Naqwa Hegazy¹⁾, Samar A. Ahmed²⁾, Hany W. Abdel Malak³⁾, W. Cliff Kayser III⁴⁾, Noha M. Elrafie²⁾, Mohammed Hassanien⁵⁾, Abdulmonem A. Al-Hayani⁵⁾, Sherif A. El Saadany⁵⁾, Abdulrahman O. Al-Youbi⁵⁾, Mohamed H. Shehata⁶⁾

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⁶⁾Family Medicine, College of Medicine and Medical Sciences, Arabian Gulf University, Manama, Bahrain

Background: COVID-19 pandemic pressured medical schools globally to shift to Distance learning (DL) as an alternative way to ensure that the content delivered is satisfactory for student progression. Aim of the work: This work aims at mapping priorities for post-COVID planning for better balance between distance learning and face to face learning.

Methods: This qualitative study is using The Polarity Approach for Continuity & Transformation (PACT)TM. A virtual mapping session was held with 79 faculty from 19 countries. An initial polarity map was generated identifying five tension areas; Faculty, Students, Curriculum, Social aspects and Logistics. A 63-item assessment tool was generated based on this map, piloted and then distributed as a self-administered assessment. The outcomes of this assessment were utilized for another mapping session to discuss warning signs and action steps to maintain upsides and avoid downsides of each pole. Results: Participants agreed that face-to-face teaching allows them to inspire students and have meaningful connections with them. They also agreed that DL provides a good environment for most students. However, students with financial challenges and special needs may not have equal opportunities to access technology. As regards social issues, participants agreed that face-to-face learning provides a better chance for professionalism through enhanced team-work. Cognitive, communication and clinical skills are best achieved in face-to-face. of polarities. Educators need to understand that the choice of DL, although was imposed as a no-alternative solution during the COVID era, yet it has always existed as a possible alternativ.

Abstract topic

03. Education

Abstract ID: 547

Internal code

O03-35

Presentation form

1 Slide – 5 minutes lecture

Characteristics and definitions of family medicine / general practice throughout its history

OLGUN GÖKTAŞ

FAMILY MEDICINE, ULUDAĞ UNIVERSITY FAMILY HEALTH CENTER, NILUFER/BURSA, Turkey

Abstract

Background /Purpose: Family medicine / general practice is at the core of health systems and despite its differences in the practices of countries, it has standard features and developing definition. In this study, the characteristics and definitions of family medicine / general practice throughout its history are reviewed.

Methods: Family medicine / general practice forms the basis of the health systems of countries and determines the quality of health care. The development of family medicine / general practice in the world dates back to the beginning of the 20th century. The development of family medicine had a complex structure. Because the need for family medicine / general practice was dependent on various factors in the first years. To date, the features and application of family medicine / general practice have evolved.

Results: As a result, the definitions of family medicine / general practice gained a broader meaning and this was reflected in its application area. In this study, the evolution

and process of family medicine / general practice throughout its history are summarized and discussed with recommendations.

Conclusion: In spite of differences in practice and increasing workload between countries, the basic features of family medicine / general practice should be maintained and existing standards should be developed.

Abstract topic

03. Education

Abstract ID: 566

Internal code

O03-36

Presentation form

1 Slide – 5 minutes lecture

Mental well-being among students of selected medical universities in Poland. The role of a family physician

Jakub Tchórzewski¹⁾, Karolina Tchórzewska¹⁾, Małgorzata Koziarska-Rościszewska^{1, 2)}

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²⁾Nephrology, Hypertension and Family Medicine Department, Medical University of Lodz, Lodz, Poland

Background: Based on the available literature and the practices of primary care physicians, it has been observed that young adults have increasing levels of stress and mental health disorders, which worsens their quality of life. Medical students are a special group due to their stressful studies.

Discussion point: An assessment of the well-being of students at selected medical universities in Poland. Determining the role of a family physician in this respect. Increasing awareness of mental health among both students as well as family physicians.

Content:

Material and methods: Students of medical faculties (medicine, nursing, pharmacy, emergency medicine) at selected universities in Poland. Form of the survey – an anonymous online questionnaire.

The data collected were statistically analysed using STATISTICA v.13 (StatSoft Inc, USA).

Results: 20% of the respondents described their mental condition as good. Anxiety disorders are reported by 52%, sleep disorders by 75%, eating disorders by 46% and 15% of the participants have been diagnosed with depression. 86% of the students consume alcohol and 73% do not use medical help.

Take home message: Students at selected Polish medical universities report high levels of stress. Many of them have developed anxiety disorders, sleep disorders and depression during the course of their studies. Measures should be taken to raise awareness of the prevalence of mental disorders among students by both students and family physicians. Family physicians should pay particular attention to the mental health of medical students.

Abstract topic

03. Education

Abstract ID: 567

Internal code

O03-37

Presentation form

1 Slide – 5 minutes lecture

Improving the experience of International Medical Graduates (IMG) GP trainees within primary care

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¹⁾*Eleanor Cross Healthcare, Northampton, United Kingdom*

²⁾*Abbey House Surgery, Northampton, United Kingdom*

³⁾*Northamptonshire Training Program, Northampton, United Kingdom*

Title of Individual contributions:

- The Nigerian GP trainee perspective during and after training
- The Pakistan GP trainee perspective in training
- Prospective solutions to changing the narrative of supporting IMGs within GP training.

Objectives

1. Create awareness about the journey and conceptions of an IMG prior to starting GP training.
2. Understanding the cultural barriers preventing stability of an IMG.
3. Creating awareness to GPs and wider primary care team members on the social and psychological needs of an IMG using data from IMGs in GP training.
4. Providing practical solutions and resources to implement within GP surgeries globally.

Discussion

In the 2018 GMC Register, 'IMGs represent 23% of all GP trainees'. Therefore, there is an ever-growing need for primary care teams to address intricate ways to support IMGs so that differential attainment can be adequately tackled. We will present data and feedback from IMGs in GP training across the country. During this session, we hear of lived experiences of IMGs within primary care. It is not all doom and gloom as there are also successes and good practices to be celebrated which will be shared. We will provide practical solutions and resources that can be implemented immediately.

Take Home message for the practices:

1. IMGs are an integral part of primary care and helping them to settle in is important for recruitment and retention.
2. Reassessment of our onboarding processes locally for IMG GP trainees is important.
3. Embrace new ways to engage with IMGs to narrow the gap in differential attainment.

Abstract topic

03. Education

Abstract ID: 609**Internal code**

O03-38

Presentation form

Science Slam

Does undergraduate exposure to general practice change Danish medical students' perceptions of a as general practitioner?

Joachim Frolund Hansen

School of Medicine, Dundee University, Dundee, Scotland, United Kingdom

Background:

Recruitment to General Practice in Denmark is challenged, resulting in approximately 8% fewer General Practitioners (GPs) today than ten years ago. Little is known about how undergraduate experiences and education affect later career choices in a Danish context. This study explores if, and how, undergraduate clinical placements in general practice affect medical students' perceptions and attitudes towards a career as GP.

Content

This was a qualitative case study within one of the medical educational Regions in Denmark. Eighteen individual semi-structured interviews with medical students were conducted and thematically analysed whilst a reflective stance was kept. The study is the Dissertation as part of a Masters degree in Medical Education at the University of Dundee, Scotland. The deadline for the Dissertation is May 2022. Thus, the results will be ready for WONCA.

Discussion Point: The preliminary results suggest that undergraduate clinical practice placements are changing medical students' perception of a future career favouring general practice. Clinical placements present general practice as a positive early experience to medical students, but also counteracts negative prejudices about the speciality. Surprisingly medical students who have their placement in their last term state that they would not be ready earlier due to the speciality's width and complexity.

Take Home Message for Practice The role of the GP as a teacher and a role model during undergraduate clinical placements is essential. Not only does General Practice provide an excellent learning environment. High quality undergraduate clinical placements may play a crucial role in recruitment towards General Practice.

Abstract topic

03. Education

Abstract ID: 653

Internal code

O03-39

Presentation form

1 Slide – 5 minutes lecture

Developing practical resources to support fair, consistent, transparent outcome decision-making at ARCP panels

Olivia Jagger, Janet McGee

ARCP, HEE, Working across Wessex, Otterbourne, Winchester, United Kingdom

Background

ARCP panels review evidence to ensure trainees are meeting requirements to progress through training. In 2021 Wessex had a significant increase in ARCP panels conducted, with increasingly complex outcome-decisions and time requirements. As an HEE ARCP

fellow and new panel member, I observed that the ARCP Associate Deans shared invaluable insights during panels that informed decision-making, which weren't formally captured and had produced useful resources, such as mandatory requirement checklists, which weren't formally collated, shared or updated.

Questions

How can we streamline ARCP panels and support fair, consistent, transparent outcome decision-making?

Methods

Worked with Associate Deans to collate existing resources and develop new tools informed by qualitative interviews with new and experienced panel members and observing and participating in panels.

Outcomes

Developed resources which:

- establish roles and responsibilities of panel members, Chair and admin team
- provide key information and checklists to support decision-making
- provide 'how to' guides for key panel processes

Discussion

The resources:

- provide transparency and continuity by standardising local ARCP processes
- support fair, consistent outcomes
- streamline panels by providing practical support and tips for successful panels
- provide user-guides for new panel members
- have potential to be shared Nationally

Next steps include producing a trainee guide highlighting what ARCP panels look for and how to clearly demonstrate evidence in Portfolios, alongside another Fellows project developing 'roadmaps' for ST 1-3, to support trainees to achieve satisfactory outcomes at the earliest point.

Take Home Message for Practice

We developed resources to support fair, consistent, transparent outcome decision-making at ARCP panels.

Abstract topic

03. Education

Abstract ID: 656

Internal code

O03-40

Presentation form

Workshop

Vasco da Gama Movement Exchange Workshop - primary care experiences around the world. Program update and adaptation to a new era

Rabee Kazan¹⁾, Rianne Van Vliet²⁾, Rocío García-Gutiérrez Gómez³⁾, Nick Mamo⁴⁾

¹⁾CAP Terrassa Rambla, Fundacion Asistencial Mutua Terrassa, Barcelona, Spain

²⁾VdGM, The Hague, Netherlands

³⁾VdGM, Madrid, Spain

⁴⁾VdGM, Zwolle, Netherlands

Background: Our program is one of the most well-known activities promoted by Vasco da Gama movement. The Hippocrates program offers an exchange in a European participating country. While with the FM360 Program, in partnership with WONCA and other YDMs, our VdGM can participate in global exchanges. Both are unique opportunities to have an insight of other Primary Care systems. Additionally, short period exchanges have been organised alongside National Primary Care Conferences, known as conference exchanges. Since COVID-19 we are obligated to connect in virtual ways.

Target Group: young doctors willing to live this experience. Anyone interested in joining/helping.

Didactic Method: Introduction, explanation and application procedures will be presented by the VdGM and FM30 Exchange Coordinators. We share our work experiences. We discuss ideas, benefits, improvements and challenges of our exchange program, in order to improve future exchanges.

Objectives: Present the opportunities for exchanges offered by VdGM-WONCA. Explain how the pandemic affected our programme. Focus on future plans for exchanges. Discuss about extending our network and possibilities.

VdGM Exchange Program is built on the cooperation of young family doctors around the world. By promoting intercultural dialogue, we wish to encourage doctors to experience primary care in other cultures, not just by being a visitor, but also becoming a host or by supporting this program in other ways. We gather new ideas for further improvement, during and after the pandemic. So, we still keep strong together.

Estimated number of participants: 20-30

Brief presentation of the workshop leader: Regional Exchange Coordinators

Abstract topic

03. Education

Abstract ID: 668

Internal code

O03-41

Presentation form

1 Slide – 5 minutes lecture

Behavior Change Interventions for Cybersecurity

Sofia Costa e Silva¹⁾, Maria Tavares de Pina²⁾, João Brites Pereira¹⁾, Filipa Manuel²⁾

¹⁾USF VASCO DA GAMA, Lisboa, Portugal

²⁾USF São João do Estoril - ACES CASCAIS, Cascais, Portugal

Background: On International Day Against Bullying, an intervention directed to teenagers aged between 15 and 18 was performed to raise awareness on cyberbullying and prevention. This action took place in Lagoa, Island of São Miguel, Azores, Portugal. Most of these teenagers were school dropouts.

Discussion Point: Due to the urgent need to make young people aware of the risks of inconsequential online sharing, we addressed the subject “Cybersecurity”. This behaviour has become increasingly common as digital tools have expanded and technology has advanced. There are risks of on-line sharing of personal information, especially among teenagers where digital tools and technologies have a relevant growing incidence.

Content: This training took place in 2 days, targeting two classes of 15 students each. In order to promote interaction and discussion, we balanced the training by exposing relevant contents to be discussed and by raising doubt and fears from the audience. The

answers were anonymous which contributed to greater adherence, ensuring privacy. Topics addressed included: sexting, stalking, sextortion, revenge porn, fake news, data privacy and cyberbullying. The questions served as theme for a complementary explanation and further discussion. We also used other tools like powerpoint and pre-recorded videos with explanations and warnings on each topic.

Take Home Message: Training itself is a powerful tool to educate the young layers of the society, as teenagers recognize its value. It is fundamental to acknowledge the different types of risks associated with online sharing, create self awareness on risk behaviors, and to provide best practices for prevention.

Abstract topic

03. Education

Abstract ID: 687

Internal code

O03-42

Presentation form

1 Slide – 5 minutes lecture

Experience of a medical student elective in care of frail elderly patients based in general practice

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¹⁾Royal College of Surgeons of Ireland, Dublin, Ireland

²⁾Hammersmith and Fulham Partnership, London, United Kingdom

³⁾Imperial College, London, United Kingdom

Background

General Practice (GP) is established as a core part of Medical Undergraduate Teaching programs but the opportunity for a period of in-depth learning that an undergraduate elective placement provides is rare in General Practice.

Questions/Discussion Point

Our five GP sites decided to design and trial a student elective program, focusing on Frailty because of its clinical importance and educational potential in offering exposure to true integrated working across organisational boundaries through our Frailty model. We describe our experience.

Content

The student joined the Frailty team from October to December 2021. Working with GPs, practice nurses, hospital consultants, community nurses and case managers, and therapists they attended home visits, hospital clinics, and care home rounds. They collated their learning and wrote a reflection on the educational value the elective placement. The elective delivered the following learning opportunities: a) immersive experience of the challenges and satisfaction in caring for adults with Frailty, b) intense exposure to complex decision-making with ethical and legal considerations a core part of care, c) enhanced exposure of collaborative working with professionals, family and other advocates around best interest principles. The elective offered a chance to really challenge the student's attitudes about what is important in medical care for frail adults, in particular those who are very near the end of life

Take Home Message for Practice

Undergraduate Medical Elective programs in GP can be successful. Frailty is especially rich in offering diverse educational opportunities. We plan further electives and recommend that them to other Gps.

Abstract topic

03. Education

Abstract ID: 708**Internal code**

O03-43

Presentation form

1 Slide – 5 minutes lecture

Creating and delivering an undergraduate Family Medicine clerkship for a multi-ethnic and multi-cultural setting

Lisa Jackson¹, Mona Hegazi², Paddy Kilian^{1, 3}, Mehnaz Mumtaz⁴, Laura Horne⁵, Rebecca Rugut⁶, Nahida Amin Ali⁷, Soobia Hashmi⁸, Adrian Stanley¹

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⁷Chief of Staff, Mediclinic City Hospital, Dubai, United Arab Emirates

⁸Family Medicine, Emirates Airline, Dubai, United Arab Emirates

Background

The 6-year MBBS programme at MBRU was inaugurated in 2016, with support from Queen's University, Belfast. With 20+ nationalities, faculty and students reflect the UAE population. The curriculum's focus is preparing students for local residency, however versatility is required as some graduates seek overseas post-graduate training.

Family Medicine (FM) Clerkship

The 4th Year 6-week FM curriculum had originally been designed with a UK perspective. Students are allocated to FM consultants from Mediclinic Middle East, a private healthcare provider affiliated with MBRU and complemented with half-day / week small group campus-based teaching.

Challenges

Private healthcare: patient case-mix and reluctance to have students were concerns that proved unfounded. At least 80% of patients accepted a student. The only limitation was the younger age demographic.

Inexperience: many colleagues had no prior teaching experience. By engaging with FM doctors as the programme developed, interested doctors were identified. They formed the clinical placements and were encouraged to contribute to campus-based teaching. A case-based format guided the delivery of active and relevant teaching which reflected colleagues' own experiences.

Local / international context: the curriculum used RCGP/SAPC principles and was modified to reflect international practices; supported by doctors familiar both with UAE and practice abroad. On-campus teaching included complex FM-based cases written in consultation with colleagues reflecting real-life UAE context. International FM reading material placed FM in a global context.

Take Home Message

This Family Medicine curriculum represents a unique learner-centered approach focused on primary care in a multi-cultural and multi-ethnic context.

Abstract topic

03. Education

Abstract ID: 732**Internal code**

O03-44

Presentation form

1 Slide – 5 minutes lecture

I can't be pregnant, I have an IUD

Joana Vieira, Silvana Amorim*Unidade de Saúde Familiar São Pedro da Cova, ARS Norte, São Pedro da Cova, Portugal*

-PowerPoint

-A 31-year-old 5G1A3P woman presented to our Primary Care Setting with a history of fatigue, nausea and tender, swollen breasts for 15 days. Her last pregnancy was gemelar 11 months back. She had been using a LNG-IUD for 6 months with consequent amenorrhea. The patient had no history of medical or surgical illnesses. On abdominal examination, there was no tenderness or distension. Vulva and vagina looked healthy. LNG-IUD thread was not visible on the speculum examination. Pelvic examination was not significant, with no palpable mass.

-Despite the history of contraception, the patient felt her symptoms were similar to the previous pregnancies. We ordered a urine pregnancy test which came out to be positive. We headed her to the Obstetric Emergency Department, in which they performed a transvaginal sonography that showed an intact pregnancy corresponding to 8th gestational weeks and a radiograph that revealed intraabdominal IUD migration.

-The IUD removal was delayed and the patient proceeded with a medical abortion. She felt overwhelmed by this decision and developed depressive symptoms, needing professional psychological support.

-Intrauterine contraception is a widely used method with high contraceptive security. Despite high efficiency, pregnancy can still occur, most commonly in the first year. The patient should have been followed up 6 weeks after insertion to ensure that the string is seen at pelvic examination.

-Physicians routinely insert devices before an assessment of the uterine cavity size. In a patient lactating, migration should be considered since low estrogen levels lead to uterine shrinkage.

Abstract topic

03. Education

Abstract ID: 734**Internal code**

O03-45

Presentation form

Lecture

WORKSHOP – structured review of prescriptions for GPs in training...what about YOUR prescribing??

richard Knox¹, Libby Laing¹, Kim Emerson², ojali Yusuff¹, Brian Bell¹, Anna Charly¹, Glen Swanwick¹, Gill Gookey³, Tony Avery¹

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²*workplace based assessment team, RCGP, London, United Kingdom*

³*Medicines safety, East Midlands Academic Health Science Network, Nottingham, United Kingdom*

Prescribing errors in primary care have the potential to cause significant morbidity and mortality. The World Health Organisation's Global Patient Safety Challenge *Medication without harm* aims to reduce 'severe avoidable harm' related to medications by 50%. In the UK it is estimated that 5% of prescriptions issued in primary care contain an error and 1 in 550 prescriptions contain a serious error. GP trainees have been highlighted as a cohort of prescribers who may benefit from additional support.

We have developed the 'revisit' intervention whereby a trained clinical pharmacist reviews 100 sequential prescriptions generated by a GP trainee, who then receives structured feedback. Using lessons learned from this intervention, a 'self-review' assessment has also been developed, whereby trainees review their own prescriptions, and reflect on the process with their trainer. This has evaluated well, and we believe could have utility in other healthcare settings.

Target – any primary care prescriber, those involved with training primary care prescribers

Method – findings from evaluation of the revisit process and self-review programme will be presented. Participants will be given examples of prescribing to review for 'errors', 'suboptimal prescribing' and highlighting good practice. Participants to discuss how such a system could work in their own healthcare context

Objectives – greater understanding of a structured prescribing review process, greater understanding of the role of feedback in an educational setting, shared learning regarding the utility of prescribing review in different healthcare settings and contexts.

Estimated participants 10-50

Workshop leader – academic GP (working with pharmacists, researchers, lay reps, GP educators)

Abstract topic

03. Education

Abstract ID: 742

Internal code

O03-46

Presentation form

1 Slide – 5 minutes lecture

Emergencies in primary care simulation training: a way forwards for interprofessional learning as a whole practice team

Jane Roome

RCGP South East Thames faculty Board, TUNBRIDGE WELLS, United Kingdom

Background

Depending on the practice and its location emergencies may be relatively infrequent, but when they occur, require the whole team to work efficiently together to provide the best possible care for the patient.

Over the last few years, the value of simulation is starting to be recognised for primary care.

We believe that we are unique in that our faculty are all trained in debriefing, work within primary care and with practice nurses, GPs, GP Specialist Trainees, and a Clinical Pharmacist are truly interprofessional.

Where delivered in practices and vaccination Hubs all staff members, including non-clinical staff, are an integral part of the simulation and debriefing session, enabling a whole team approach to learning, facilitating appreciation for other's roles and recognition that communicating and working as a team is imperative.

Target Group

Anyone who would like to learn more about the potential for using simulation within primary care.

Method

Between January 2020 and 2021 we delivered 18 sessions with 284 attendees using simulations that can occur in primary care including anaphylaxis, asthma, and cardiac arrest.

Following the scenario, a learner led debriefing session was facilitated by the faculty.

Objectives

To enable practice teams to learn to safely manage emergencies that can occur in primary care and to encompass and enhance recognition and development of technical and non-technical skills.

Estimated participants:

Up to 14 participants for a one-hour session to allow full interaction.

Workshop leader:

Dr Jane Roome: GP, GP Tutor for Tunbridge Wells, HEE KSS GP Fellow in Simulation.

Abstract topic

03. Education

Abstract ID: 744

Internal code

O03-47

Presentation form

1 Slide – 5 minutes lecture

Aegros: Empowering medical training through cognitive digital patient avatars using XR immersive technology

Celia Beecham¹⁾, Mark Knowles-Lee²⁾, Mark Christian¹⁾, Amanda Christian¹⁾, Amy Micklethwaite³⁾, Mayur Vibhuti⁴⁾, James Bullock⁵⁾, William Edney⁶⁾

¹⁾Orion Immersive Ltd, Sittingbourne, United Kingdom

²⁾Fracture Reality Ltd, Brighton, United Kingdom

³⁾Durham Tees Valley GP Training Programme, Health education North East, Stockton-on-Tees, United Kingdom

⁴⁾GP Associate Dean, Health Education England, London, United Kingdom

⁵⁾Heath Education England General Practice, West Midlands, United Kingdom

⁶⁾Exeter VTS, Heath Education England General Practice, South West, United Kingdom

Background:

Aegros is a collection of immersive experiences that create real-world experiences with digital avatars that naturally interact with trainee GPs in AR/VR headsets. Originally designed to address the shortage of onsite clinical placements available to healthcare trainees, and to better train early career clinicians, *Aegros* breaks new ground with an unprecedented level of realism, transforming interactions with digital avatars into natural, free-flowing conversations.

Aegros' avatars' responses are as fluid as a consultation with a real patient. This allows for the trainee to naturally engage with the avatar as a real-to-life, which create evocative human interactions that have broken new ground in the use of AR/VR. This overcomes long-standing issues with digital simulations, and even provides a more standardised experience compared to live roleplay.

Target group: undergraduate and early career GPs; returning GPs; mental health nurses

Didactic method: *Aegros* experiences run on the *JoinXR* collaboration platform and consist of patient simulations where instructor-driven interactions enable fluid conversation between human trainees and digital avatars remotely.

Objectives: To leverage XR immersive technologies to provide rigorous, clinically sound and real-to-life learning simulations in order to relieve pressure on clinical placements and work experiences for undergraduate, early career and returning GPs.

Participants: 10 in headset (limited by hardware available); more if viewing screens available

Workshop leader: Celia Beecham is a senior consultant at Orion Immersive. She has extensive experience in the edtech sector, specifically designing unique solutions for healthcare training using the latest XR technology.

Abstract topic

03. Education

Abstract ID: 755

Internal code

O03-48

Presentation form

1 Slide – 5 minutes lecture

Meeting Primary Care educational needs in Genomic Medicine: experiences from parallel primary healthcare systems in the UK and the Netherlands

Jude Hayward¹⁾, Michelle Bishop²⁾, Will Evans³⁾, Imran Rafi⁴⁾, Elisa Houwink⁵⁾

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²⁾*Wellcome Connecting Science, Cambridge, United Kingdom*

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⁴⁾*St. George's University of London, London, United Kingdom*

⁵⁾*Dept of Public Health and Primary Care (PHEG), Leiden University Medical Centre, Leiden, Netherlands*

Dr. Michelle Bishop

Dr. Will Evans

Dr. Imran Rafi

Dr. E.J.F. Houwink

Dr. Jude Hayward

Individual contributions:

1. 'What GPs need and don't need to know in Genomics': parallel UK and Dutch perspectives
2. 'How do GPs access information within the consultation?: A UK-wide survey
3. 'Meeting the educational needs of GPs through on-line educational tools'
4. 'Whether they've learnt it is another matter...': Evaluating practitioners' knowledge
5. 'In summary: what can we learn from how GPs learn?'

Objectives:

- To present underpinning publications within a description of parallel roadmaps for educational needs assessment and development in areas of genomics relevant for GPs, in the UK and the Netherlands
- To compare roadmaps and highlight overlaps, successes and lessons learnt

Discussion:

As Genomic Medicine embeds within healthcare systems it is crucial to equip Primary Care, as the point of access for counselling and testing, with suitable resources and skills. GPs access information regarding genomics when they perceive it to be directly relevant to patient care: 'just-in-time' learning. Health Education England Genomics Education Programme led an educational needs assessment via Delphi-style survey and UK-wide GP survey to ascertain how GPs access information on Genomics issues in the consultation, culminating in development of on-line and innovative educational tools. In the Netherlands a similar Delphi survey was conducted with subsequent website development, evaluation of Primary Care Practitioners' learning and development of educational tools from an EU project: GenEquip.

Take home messages:

Practical recommendations for developing educational programmes generalisable to other healthcare systems and clinical topics.

Abstract topic

03. Education

Abstract ID: 756

Internal code

O03-49

Presentation form

1 Slide – 5 minutes lecture

The art of giving & receiving feedback for self-development

Nouf Alnoon

DHA, Dubai, United Arab Emirates

We are clinicians and trainers in the setting of the medical field we train junior doctors, medical students, or even our colleagues. Feedback is an essential tool to reduce the gap to achieve a skill or learning outcome. Clinicians with a background of education may be more familiar with the practice of feedback & that it's an essential part of health professional development.

The clinician might face difficulty accepting feedback or delivering feedback to a colleague, trainee, or student. The practice of feedback is an art and knowing the tool to give effective feedback is essential especially in a culture where feedback is not practiced due to respect for age or seniority.

Because some clinicians aren't familiar to deliver feedback, what are the technique used for appropriate feedback? Physicians tend to avoid giving feedback or end up in criticism that restrains giving further feedback. I would conduct the workshop to review the theory behind effective feedback and discuss the application in different settings. The second part of the workshop is to practice the skills of effective feedback by discussing in small groups different case scenarios that will help reflect on current practices.

Abstract topic

03. Education

Abstract ID: 771**Internal code**

O03-50

Presentation form

Science Slam

Personalised Care in Practice: Having an impact

Hannah Wright¹⁾, Liam Loftus²⁾, Catherine Wilton³⁾, Anna Street⁴⁾

¹⁾Imperial College London, London, United Kingdom

²⁾Primary Care Team, NHS England and NHS Improvement, London, United Kingdom

³⁾NHS England and NHS Improvement and NHS Leadership Academy, London, United Kingdom

⁴⁾Geriatric Medicine, Lister Hospital, Hertfordshire, United Kingdom

Background

Personalised care is about giving the people who use our services more choice and control over how their health needs are met. This new way of working understands that people can develop the knowledge, skills and confidence to take ownership of their own health. The principles of personalised care can be used as a powerful lever to tackle many of the challenges currently facing primary care. Trainee doctors are well placed to use these principles to change minds, attitudes and cultures and lead this positive change, but it requires new ways of approaching leadership, partnerships and co-production.

Target Group

Our primary audience is current and prospective trainee doctors and their mentors, though the content is also very applicable to allied health professionals.

Didactic Method

This workshop will use numerous pedagogical approaches. It will open with a presentation outlining key principles and the workshop plan. Participants will then engage in an 'Appreciative Inquiry' exercise, before discussing new ideas to improve how they deliver personalised care. The session will close with a group discussion and 'action planning.'

Objectives

To inspire junior doctors and their mentors to become Leaders in Personalised Care
Participants to co-create tangible ideas they can implement in clinical settings

Estimated number of participants

40

Workshop leaders

Dr. Liam Loftus - GP Trainee, Clinical fellow to the Medical Director for Primary Care at NHSEI

Dr. Hannah Wright - Teaching Fellow at Imperial College, prospective GP trainee

Catherine Wilton - Director of Leadership for Personalised Care at NHSE/I and the Leadership Academy

Abstract topic

03. Education

Abstract ID: 772**Internal code**

O03-51

Presentation form

1 Slide – 5 minutes lecture

Peer-lead mentoring – a win-win for trainees and the NHS

William Paxton

NHS, Bristol, United Kingdom

Background

Mentors are role models helping to guide and develop junior colleague's personal and professional development. Good mentors can be instrumental in enhancing mentees academic knowledge and provide skills to master a training curriculum; but also share implicit knowledge and experience of the 'hidden curriculum' of medical training, not accessible in texts, being insightful, accurate and relevant. Additionally, mentors provide emotional support and encouragement – needed in today's work environment and modern life. In combination this valuable skillset is shown to improve retention rates, work performance, and working relationships.

Discussion point

Mentoring skills and networks are valuable commodities in medical/specialty training. They help influence and mould the careers of next generation healthcare professionals and GPs. Such initiatives are uncommonly utilised to compliment medical specialist training, but are gaining traction.

By developing a mentor scheme in our deanery patch, we establish a professional network developing a skillset amongst trainees not emphasised enough throughout clinical practice, benefitting both mentor and mentee. Although in it's infancy, we are receiving positive feedback from trainees and will continue to develop the initiative.

Content

Ongoing learning to develop mentor skills is important to maximise effective mentoring. The benefits for both mentee and mentor are various and the learned skills readily transferable beyond training and the medical field.

Take home message

GP training can be enhanced by encouraging and developing mentoring networks; such networks are simple and effective to execute in each training patch and can be expanded to benefit all staff in the NHS.

Abstract topic

03. Education

Abstract ID: 786**Internal code**

O03-52

Presentation form

Science Slam

Pathophysiology of herpes zoster and post-herpetic neuralgia and its impact on pain and quality of life

Nicolas Lecrenier¹⁾, Desmond Curran²⁾, Fernanda Salgado²⁾, Anamaria Jorga³⁾

¹⁾GSK, Wavre, Belgium

²⁾GlaxoSmithKline, Wavre, Belgium

³⁾GlaxoSmithKline, New York, NY, United States

Background. The perceived risk of herpes zoster (HZ) is low among the general older adult population even though its impact on pain and quality of life (QoL) is well established. We discuss how the pathophysiology of HZ/PHN may explain patients' descriptions of their pain symptoms, and its impact on QoL.

Materials. Patient descriptions of HZ were derived from online patient forums and online reports (emedicinehealth.com, MedicineNet.com and Patient.info). The pathophysiology of HZ/PHN and its impact on patients' QoL were derived from the published literature.

Results. Descriptions of HZ/PHN-related pain by patients aligned with the published literature. For example, in a retrospective study (Bowsher, 1992), the most common word groups were hot, burning, scalding, searing (76%); tingling, itching, smarting, stinging (60%); and pricking, boring, drilling, stabbing, lancinating (59%). These symptoms may be caused by inflammation of nociceptors during HZ leading to various events such as spontaneous signalling by temperature-dependent receptors (causing a burning sensation), histamine-sensitive C-nerve fibres (causing an itching sensation) or mechanoreceptors (causing a stabbing sensation and allodynia). When nociceptors are damaged (due to inflammation triggered by varicella zoster virus), nerve signals may be randomly fired from the retracted nerve end and contribute to PHN symptoms. Furthermore, inflammation and necrosis of infected dorsal root ganglia may be an additional cause of HZ/PHN neuropathic pain.

Conclusions. The pathophysiology of HZ and PHN pain is based on multiple mechanisms that can explain patients' pain descriptions and the impact of the disease on patients' QoL.

Abstract topic

03. Education

Abstract ID: 802

Internal code

O03-53

Presentation form

1 Slide – 5 minutes lecture

“Think like a GP” – teaching generalism to final year medical students

Meera Sood, Siobhan Cooke

Community Based Medical Education (CBME), Queen Mary University of London, London, United Kingdom

Background:

Covid-19 has impacted GP tutors and students with changes to remote consultation, lost time from clinical placements and isolation from the medical school community. The

medical school needs to provide final year students with robust teaching to become competent doctors.

Questions:

How to ensure students catch up with missed clinical placements and prepare for practice?

How to retain GP Tutors for clinical teaching during the pandemic?

Methods:

To promote generalist thinking in the 9-week GP Assistantship Programme we implemented the following:

- Students acting as 'GP Assistants' and immersing themselves in all aspects of General Practice.
- Student-led surgeries encouraging independent consulting with GP Tutor supervision.
- Regular, live, online core case tutorials on applied ethics and professionalism.
- Online drop-in sessions for GP Tutors; facilitated sessions for peer support/sharing best practice.
- Evaluation regularly sought from tutors and students.

Outcomes:

All final year students attended GP Assistantship during the pandemic with 95% satisfaction from student feedback.

Excellent GP Tutor recruitment and retention.

Regular faculty contact with GP Tutors and students allowed issues to be addressed early.

Discussion:

GP Tutors considered students as colleagues and students valued being part of the team.

More module lead support required for risk management of poor supervision and students feeling overwhelmed by clinical workload.

Take home message for practice:

Year 5 GP Assistantship has allowed students to fully experience Primary Care and to 'think like a GP'. Close supervision and regular feedback are essential for its success.

Abstract topic

03. Education

Abstract ID: 826

Internal code

O03-54

Presentation form

1 Slide – 5 minutes lecture

Tobacco cessation: a ship-like intervention crossing an ocean-sized problem

Carolina Beatriz Santos Maia Gafanhão¹⁾, Margarida Morais Afonso Henriques Lopes²⁾, Cláudia Patrícia Ribeiro Ferreira³⁾, Mariana Miranda Oliveira Silva⁴⁾

¹⁾USF São Marcos - ACES Sintra (Primary Care Medical Center in Sintra - Lisbon), Lisbon, Portugal

²⁾USF da Baixa - ACES Lisboa Central, Lisboa, Portugal

³⁾ACES Loures Odivelas ARS Lisboa e Vale do Tejo, Torrados, Portugal

⁴⁾USF Cynthia - ACES Sintra (Primary Care Medical Center in Sintra - Lisbon), Lisbon, Portugal

Background: The tobacco pandemic is an ocean-sized problem that kills 8 million people every year. Europe has the highest prevalence of tobacco use and that brings an emergent demand to improve cessation strategies. Besides knowing it harms every organ and quitting has proven immediate and long-term benefits, smokers keep smoking and statistics remain ocean-sized. The deep-seated smoking behavior is grounded in a physical addiction and a psychological habit and that is the trigger point for healthcare providers' intervention.

Target Group: General practitioners (GPs) and GP trainees

Method: The workshop will start with a presentation to contextualize the tobacco health pandemic, the role of GPs and tips for clinical practice following the brief tobacco intervention. Then participants will be asked to share their own experience and to take part in role plays of clinical cases which will then be discussed in group. It will be shared a pocket guide for patients.

Objectives: In the end we expect the participants to have a better understanding of the magnitude of the tobacco problem, to be aware of their role in their practice; we also intend to give tips and tools to help GP to have effective interventions.

Estimated number of participants: 20

Brief presentation of the workshop leader: I am Carolina Gafanhão, a GP trainee at USF São Marcos (Lisbon). I am interested in lifestyle medicine and took several tobacco cessation training programs. I am currently doing smoking cessation appointments and I am taking a postgraduate course in Health Literacy at ISPA (Lisbon).

Abstract topic

03. Education

Abstract ID: 838

Internal code

O03-55

Presentation form

1 Slide – 5 minutes lecture

Development of a digital primary care training hub: experience from the University of Crete in moving evidence into practice

Sophia Papadakis, Marilena Anastasaki, Foteini Anastasiou, Irini Gergianaki, Christos Lionis

Clinic of Social and Family Medicine, University of Crete, Heraklion, Greece

Background: Digital media is an important tool for continuing medical education (CME). The COVID-19 pandemic has increased the value of virtual training networks in supporting CME and the update of new evidence into practice. Successfully adapting skills training for digital platforms is both an art and science. The University of Crete Primary Care Training hub hosts several digital CME programs and includes video-based case studies and role-play and tools for primary care providers. Training content has been selected to address topics which address some of the most important contemporary issues for primary care including patient-doctor communication, vaccine hesitancy, fatty liver disease, preventative interventions, and refugee/migrant health. Course content has been informed by several large European funded programs and makes use of latest evidence and best practice.

Target Group: Primary care practitioners, educators, and government officials involved in the design and delivery of CME programs.

Didactic Method: This workshop will include brief presentation, video presentation, and an interactive small group breakout session.

Objectives: To review best practices for the design and development of digital CME programs, and share methodologies, evaluations, and lessons learned as part of the development of the University of Crete's Primary Care Training Hub.

Estimated number of participants: 20-60

Brief presentation of the workshop leader: Christos Lionis is Professor of Primary Care and Director of the Clinic of Social and Family Medicine at the University of Crete with a strong orientation in research and education and is a Honorary Fellow for the RCGP, WONCA and ESC.

Abstract topic

03. Education

Abstract ID: 840

Internal code

O03-56

Presentation form

Science Slam

Connecting Practice – Support for GP tutors during the Covid-19 pandemic and beyond

Siobhan Cooke¹⁾, Lucy Marks²⁾

¹⁾Community-Based Medical Education, Barts and The London, Queen Mary University of London, London, United Kingdom

²⁾Community Based Medical Education, School of Medicine and Dentistry, Queen Mary University of London, London, United Kingdom

Background:

The Covid-19 pandemic has profoundly affected GP clinical placements with virtual teaching and remote consultations in the context of severe workload pressures. Medical students lost six months of clinical placements. GP tutors teach Years 3 - 5 medical students face-to-face to become competent Foundation doctors whilst Years 1 - 2 students are taught entirely virtually.

Questions:

How could faculty support GP tutors and students with the emotional impact of the pandemic?

How could GP tutors be supported to continue clinical placement teaching?

Methods:

Monthly virtual groups of 1-hour duration facilitated by a psychologist and GP academic were piloted to support GP tutors across East London and Essex with their experience of the pandemic and the emotional impact on the medical students and the resultant effects on teaching and learning. Feedback was provided orally and through participant surveys.

Outcomes:

12 small group sessions were conducted with GP tutors with a range of teaching experience.

Feedback showed that tutors welcomed discussion on managing challenging situations with students and sharing best practice with peers.

Discussion

The key themes discussed included the pressures on GP tutors of continuing to teach in the current climate in General Practice. Tutors were concerned about promoting student engagement with virtual teaching and recognising and supporting students in difficulty.

Take Home Message for Practice

- This pilot promotes resilience for clinical placements in GP surgeries supporting GP tutors to continue teaching and has implications beyond the pandemic.
- Engaging in the emotional lives of students is critical for their learning.

Abstract topic

03. Education

Abstract ID: 842

Internal code

O03-57

Presentation form

Science Slam

Scholarship in educational research: developing projects into publications

Samantha Scallan

GP Education Unit, Tremona Road,, United Kingdom

Background

This workshop is intended to help novice and experienced educators in primary care to develop their work for publication in order to engage with the wider medical /healthcare research and education community of practice. The aim of the workshop is to interactively explore how to transform participants' research into a publication, to identify what makes a good academic paper, to explain how the editorial process works, and how to respond to reviewers.

Target Group

Educators seeking to publish, especially trainees and early career educators

Didactic Method

Interactive facilitated discussions supported by presentation slides to consolidate points

Objectives

Share and discuss experience of writing for publication

Consider the process of writing and submitting a paper

Strategies for dealing with reviewers' comments

Estimated number of participants

60

Brief presentation of the workshop leader

The workshop will be led by Sam Scallan who has published educational research in a range of journals, is one of three deputy editors of Education for Primary Care and has reviewed educational papers for a diverse range of journals from the BMJ to Medical Education. Support and wider expertise will be provided by other members of the editorial board of Education for Primary Care.

Abstract topic

03. Education

Abstract ID: 876

Internal code

O03-58

Presentation form

1 Slide – 5 minutes lecture

Let's talk about baby-led weaning

Inês Ventura, Beatriz Silva, Andreia Almeida, Catarina Ramos
USF Monte da Lua, Sintra, Portugal

Background: Gill Rapley first described the term Baby-Led Weaning (BLW) in 2005 as an alternative method of infant feeding. This method promotes the infant self-feeding, from 6 months of age, through offering whole pieces of food, preferably from the family meal, instead of conventional parent spoon-feeding.

Questions/Discussion Point: Should we, primary care health professionals, recommend BLW instead of conventional method? How is it done and how secure is it?

Content: Some benefits of BLW are well recognized, it helps the baby coordination, chewing skills and offers an opportunity to explore the taste and texture of a variety of foods. Some studies even suggests babies who feed themselves are more likely to control their appetite, perhaps reducing their risk of obesity later in life. However, this approach also causes concerns about the risk of choking and whether BLW provides a varied and nutritious enough diet. Overall, there is no evidence that show superiority of one method over the other. The truth is that many parents choose BLW over spoon-feeding method, making it crucial to be familiar with its concept, main principles, how to do it safely and its main risks.

Take Home Message for Practice: BLW is becoming more popular during the past years. It is very important that health professionals are adequately informed and updated on this subject, for better parenting advice and education. There is the need of more robust investigation about this practice, but majority of research show security and no inferiority compared with traditional one.

Abstract topic

03. Education

Abstract ID: 880**Internal code**

O03-59

Presentation form

1 Slide – 5 minutes lecture

We cannot solve our problems the same way we created them – the importance of research on Education for Sustainable Healthcare

Eva Henriëtte Visser, Irene Arida Slootweg, Marieke Albertha Adriaanse, Hedwig Mirjam Maria Vos, Evelyn Ariane Brakema
Public Health and Primary Care, Leiden University Medical Center, Leiden, Netherlands

Background

"Climate change is the single biggest health threat facing humanity [...]" according to the World Health Organization. Paradoxically, the healthcare sector also contributes significantly to the climate crisis, with the healthcare sector in the Netherlands being

responsible for 7% of the national carbon footprint. Surprisingly, Education for Sustainable Healthcare (ESH) is not yet routinely integrated into General Practitioner (GP) specialty training programmes. Developing and implementing ESH into the curriculum, is not an easy task. There are specific challenges, such as integrating the long-term perspective of Sustainable Healthcare into short-term daily decision making. Hence, an innovative education programme is needed that is tailored to the specific challenges associated with integrating Sustainable Healthcare into the current system.

Discussion Point and Content

In this science slam we will discuss the importance of integrating ESH in GP curricula, highlight specific challenges (e.g., long term vs short term perspectives) especially in work-based learning, and discuss the need for a transdisciplinary approach.

Take Home Message for Practice

Transdisciplinary research on ESH in GP specialty training programmes, especially in work-based learning, is needed to sufficiently prepare future GPs to deliver Sustainable Healthcare.

Abstract topic

03. Education

Abstract ID: 884

Internal code

O03-60

Presentation form

1 Slide – 5 minutes lecture

Diabetes and ramadan: a challenge between health and beliefs

Mafalda Proença da Cunha da Cunha Carvalho Portugal¹⁾, Pedro Alexandre Geraldo Galvão Santos Carmo¹⁾, Maragarida Lopes¹⁾, Carolina Beatriz Santos Maia Gafanhão²⁾, Wilson Wang Liu¹⁾, Cristiano Emanuel Marta Figueiredo¹⁾

¹⁾USF da Baixa, Lisboa, Portugal

²⁾USF São Marcos, Sintra, Portugal

1. Background:

Fasting during Ramadan is one of the Pillars of Islam. Although the Quran exempts ill people from fasting, Muslim patients with diabetes commonly wish to participate and frequently do so because they do not perceive themselves as sick. Counselling migrant patients on their religious practices is a challenge for healthcare professionals. The health beliefs of patients may challenge patient-physician relationship and therefore it is important that healthcare professionals have the expertise to manage such cases.

2. Target group: Family doctors, GP trainees

3. Didactic method:

We intend to establish an open dialogue with the participants about the religious context, how they manage this challenge in their practices or communities and if they have an organised patient and professional education. The workshop will be interactive with case studies and group exercises in order to help participants to understand the issues of Diabetes and Ramadan.

4. Objectives

We expect the attendees to have a better understanding of fasting and diabetes and individual risk quantification; a greater understanding regarding the potential risks and

the medical options and dietary modifications; and to encourage the participants to join a structured education program on the patient's satisfaction, quality of life and diabetes.

5. Estimated number of participants: 20

6. Brief presentation of the workshop leader (Mafalda Proença-Portugal):

I'm a GP resident at USF Baixa, in Central Lisbon. I work closely with the GP cofounder of the Bengalisboa Community Health Project and author of Safe Ramadan, a guide for Doctors and Nurses in Portugal.

Abstract topic

03. Education

Abstract ID: 899

Internal code

O03-61

Presentation form

1 Slide – 5 minutes lecture

Vulval cancer

Toni Hazell^{1, 2)}, Anne Connolly²⁾

¹⁾GP, Somerset Gardens Family Healthcare Centre, London, United Kingdom

²⁾PCWHF, Primary care women's health forum, London, United Kingdom

Background

Vulval cancer is the fourth most common gynaecological cancer in the UK, with approximately 1400 cases and 470 deaths per year

Questions

How can we avoid missing vulval cancer and refer more appropriately?

Methods

Increase knowledge of the fact that vulval cancer usually develops from one of two types of vulval intraepithelial neoplasia. Undifferentiated (uVIN) presents in younger women and is associated with high-grade strains of HPV. Differentiated (dVIN) presents in older women and is associated with long-term inflammatory conditions such as lichen sclerosus and lichen planus.

Outcomes

Better understanding of the two types of vulval cancer and when to refer

Discussion

Late diagnosis is associated with a worse prognosis for all types of cancer. Vulval cancer is often associated with older women in the minds of clinicians, but can present in younger women who have the high-risk strains of HPV. In older women being treated for inflammatory skin conditions, it is important to recognise when a single patch of skin doesn't heal as well as the skin around it, or when itch does not seem to improve with usual treatments, as this may be an indication for referral. Presentation in younger women can be diverse, including plaques, warty lesions and ulcers.

Take Home Message for Practice

Vulval cancer can arise in younger women. Be aware for patches of genital skin that do not heal with appropriate treatment of lichen sclerosus or other dermatoses.

Abstract topic

03. Education

Abstract ID: 955

Internal code

O03-62

Presentation form

1 Slide – 5 minutes lecture

A qualitative participatory approach to identifying General Practitioner (GP) trainees perceived palliative care education needs in Ireland

Hannah O'Brien¹, Claire Kruger¹, Sobna Ravindrarasan¹, Tony Foley², Fiona Kiely^{2, 1}¹*Palliative Medicine, Marymount University Hospital and Hospice, Cork, Ireland*²*General Practice, University College Cork, Cork, Ireland*

Background: It is estimated that just 35% of patients requiring palliative care at end of life in Europe receive it, while prevalence of palliative care need in Ireland will double by 2060. Worldwide GPs, or family physicians, play a pivotal role in the delivery of palliative care. High quality post-graduate training programs are essential to prepare GP trainees to be able to provide palliative care for patients in the community however there is a lack of research identifying GP trainees' educational needs.

Aims: To explore the perceived palliative care educational needs of GP trainees; To determine the preferred educational methods of GP trainees'.

Methods: Qualitative design was undertaken. Six focus group interviews were facilitated with 59 participants (38 female, 21 male), 3rd and 4th year GP trainees, working in general practices. Semi-structured interviews were performed, audio-recorded and transcribed. The data analysis method was Reflexive Thematic Analysis, Braun and Clarke 2006, 2020, using their 6 phases framework where an inductive approach to systematic coding to identify themes was adopted.

Results: Five core areas of educational need were expressed by trainees; A dichotomy of empowerment and disempowerment; communities of practice; intra- and interpersonal skills; formative experiences and contextual challenges. Trainees identified oriented learning, practicalities and tools of the trade and augmentation of communication skills as methods to meet identified educational needs. Trainees' main motivation was improved confidence in providing patient care.

Conclusion: Complex aspects of palliative care challenge GP trainees. Future training and curriculum mapping should meet GP trainees identified educational needs.

Abstract topic

03. Education

Abstract ID: 970**Internal code**

O03-63

Presentation form

1 Slide – 5 minutes lecture

Shielded and starting a GP training rotation: passion, pitfalls and perseverance

Anne Bryson, Alistair McLennan*Carolside Medical Centre, Clarkston, Glasgow, United Kingdom*

In February 2021 I commenced a GP training rotation in Scotland. Starting in a GP Practice during the pandemic and working remotely from home as a CEV shielded doctor was a challenge. I was matched to a very experienced trainer, who like myself had previous medical training before the change to general practice. Neither of us could identify any other trainee or trainer in our unique position.

In this presentation the audience will share the planning and preparation, how remote working meant new ways of using IT, appreciate more the normal team structure which cannot be replaced entirely with IT solutions, understand the things that we as trainees and trainers take for granted, learn from our experiences of the challenges we faced and where we didn't always get it right, reflect on the emotional strain of doing what had never been done before, appreciate the colleagues we have and the importance of coffee and a chat, and hear about the patient perspective of meeting their new doctor remotely and eventually in person. Integration back into both the Practice and OOH experience, as well as difficulties faced in rotating to hospital training posts will be discussed.

It is hoped that the audience will reflect on how they could assist a trainee or indeed any staff member should they find themselves in a similar situation, and will find our experiences valuable learning material.

Abstract topic

03. Education

Abstract ID: 1001**Internal code**

O03-64

Presentation form

Science Slam

Earlier diagnosis of heart failure in primary care: The role of the GP

Clare Taylor, Nicholas Jones*Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom*

Background: Heart failure is a common, costly, and treatable condition. Outcome for patients is poor and there has been little improvement in survival rates over the past two decades. However, there are evidence-based treatments which improve quality of life and prognosis for patients. The National Institute for Health and Care Excellence (NICE) chronic HF guideline 2018 summarises the evidence across the patient pathway. An accurate and timely diagnosis is key for patients to receive the right treatment. Natriuretic peptide testing can help to inform diagnostic decisions, including when to refer for specialist assessment, and be an indicator of short- and long-term survival.

Target group: General practitioners.

Didactic method: The format will be a combination of short presentations on the NICE guideline recommendations on diagnosis, and the evidence behind them, combined with interactive case studies to illustrate key messages.

Objectives: To explore the GP role in the diagnosis of people with heart failure.

Estimated number of participants: 30

Workshop lead: Dr Clare Taylor is a GP in a suburban practice in the Midlands and a researcher at the University of Oxford. Her research focuses on the diagnosis and

prognosis of patients with heart failure in primary care. She has over 100 publications in peer-reviewed journals, including in the BMJ and BJGP, and has presented her work at international conferences. She was a member of the NICE chronic heart failure guideline 2018 committee.

Abstract topic

03. Education

Abstract ID: 1033**Internal code**

O03-65

Presentation form

1 Slide – 5 minutes lecture

Exploring stakeholders' perceptions of education and training pathways for GPs: an international qualitative study

Janice Hoang*Exeter Q-Step Centre, University of Exeter, Exeter, United Kingdom***Introduction**

New and effective approaches to educating and training general practitioners (GPs) are required due to a shortage of GPs and increasing societal demand for GP services. Three typologies of education and training pathways for GPs ('Gatekeeper', 'Doctor of choice', and 'Team member') were developed previously through a scoping review. This study aimed to achieve a deeper understanding of the three typologies and validate them by consulting stakeholders.

Methods

Twenty-eight semi-structured interviews were conducted with trainers, trainees, medical educators, policy makers and patient representatives from Vietnam, UK, and the USA, selected as countries exemplifying the three typologies. Data were transcribed and analysed thematically.

Results

Three main themes, related to the typologies, were identified: (i) characteristics of training pathways, (ii) influencing factors, and (iii) stages of the training pathway. Training pathways were diverse and changed over time. GP training was influenced by programme design, culturally and historically established structures, the changing role of GPs, changing expectations of patients and society, and changing health needs. Three key stages of training pathways were determined, with significant distinctions between the typologies.

Conclusion

The findings highlight significant diversity and complexity in education and training for GPs; the existence of a strong connection between training pathways and primary care provision; the dangers of 'borrowing' between health systems without considering different contexts; and that barriers exist to the mobility of GPs between countries. The qualitative research confirms these typologies and allows a comparison between countries that represent each one, allowing us to see the nuances and interactions.

Abstract topic

03. Education

Abstract ID: 1042

Internal code

O03-66

Presentation form

1 Slide – 5 minutes lecture

COVID-19 Crisis, Knowledge Crisis: teaching critical thinking in Family Medicine residency Program.

Romain Lutaud

General Practice, Aix-Marseille University, Marseille, France

Planning. During the academic year 2020-21, an optional teaching of critical thinking has been proposed to the residents in General Practice of Aix-Marseille University. This project was conceived as an attempt to respond to the crisis of medical knowledge exacerbated by the COVID-19 health crisis.

Implementation. The module was broken down into 3 courses: the first was devoted to epistemology and the history of science in order to explore the permanent links between science, medicine and society. The first session was devoted to the epistemology and history of science in order to explore the permanent links between science, medicine and society. The variability of practices, opinions and attitudes of general practitioners were also questioned. In a second session, the interns were introduced to the ways of staging science and administering scientific evidence, but also to the social uses of knowledge in the internet era with a focus on cognitive biases. The last session was dedicated to the communication dimension with the patient and the essential role of GPs when knowledge is subject to controversy and uncertainty. Students were asked to use motivational interviewing techniques to explore patients' knowledge, values and preferences.

Evaluation. The workshop highlighted the strong needs of residents. Most considered critical thinking to be a professional skill.

Perspectives. It is now essential that GP departments of family medicine strengthen the communication skills of future GPs so that they can remain trusted partners to their patients in the contemporary context of disenchantment with science and medical controversies.

Abstract topic

03. Education

Abstract ID: 1066

Internal code

O03-67

Presentation form

1 Slide – 5 minutes lecture

What is the best of both? We explored users' perspectives about online and face-to-face GP vocational training to find out

Jane Smith¹⁾, Ruchika Luhach²⁾, Michelle Sheldrake²⁾, Lawrie McArthur³⁾, Emma Anderson³⁾, Marie-Louise Dick^{4, 2)}

- 1) *General Practice Discipline, Bond University Medical Program, Gold Coast, Australia*
- 2) *General Practice Training Queensland, Brisbane, Australia*
- 3) *James Cook University General Practice Training (JCU GP Training), Townsville, Australia*
- 4) *General Practice Clinical Unit, University of Queensland Faculty of Medicine, Brisbane, Australia*

Background

The huge impact of the COVID-19 pandemic changed general practice and GP vocational training. To maintain training, Face-to-face teaching (FTFT) was replaced by online learning (OLL).

This was unprecedented and provided the opportunity to research the pros and cons of each type of education from the users' perspective

Questions

What did GP trainees and medical educators' see as the benefits, challenges, and enablers of each mode of educational delivery.

Are they truly interchangeable? Do some parts of the GP training curriculum suit FTFT more than OLL? Is there curriculum better suited to OLL? Do rural teachers and learners have different perspectives to non-rural counterparts?

Methods

We completed a qualitative study including 45 registrars and medical educators (MEs) from across Queensland, Australia. Transcripts of 5 focus groups and then 22 semi-structured interviews were analysed thematically using the framework method.

Results

The learners and teachers shared many similar views, most saw FTF delivery as very beneficial but found OLL created many challenges. However many suggested ways to improve OLL.

Rural and remote users appreciated the accessibility and efficiency of OLL with initial FTF necessary to build social connection.

All users focused on the major themes of social connection, learning engagement, content delivery, and time and space. Other themes included technology, unplanned learning, learning safety, and pastoral care.

Discussion

The importance of social connection and social learning dominated. This appeared to underpin most of the other themes that were identified as important to achieve safe and effective vocational general practitioner training.

Abstract topic

03. Education

Abstract ID: 1070

Internal code

O03-68

Presentation form

1 Slide – 5 minutes lecture

Integrating Family Medicine into the Undergraduate curriculum: Preparing medical students to work in evolving health care systems.

Valerie Wass¹⁾, Marie Andrades²⁾, Ahmed Rashid³⁾, Victor Ng⁴⁾

- 1) *WONCA Executive, London, United Kingdom*
- 2) *Primary Care, Jinnah Sindh Medical University, Karachi, Pakistan*
- 3) *Primary Care, University College, London, United Kingdom*
- 4) *College of Family Physicians of Canada, University of Toronto, Toronto, Canada*

Background: The Lancet report (2010) states unequivocally that medical education (MedEd) must change to produce the skill mix needed for future healthcare. Family Medicine (FM) is crucial to this (Astana, 2018). All medical schools must ensure graduates have the generalist skills essential for healthcare and are exposed to FM as a potential career. Yet universities have been slow to change. Globally FM delivery and direct placement opportunities vary; challenged by workforce pressures and expanding student numbers. Undergraduate education risks remaining secondary care dominated. Integrating FM into curricula and working together at primary-secondary care interfaces has great potential. Now, as we emerge from the pandemic, is the time to explore innovative ways to integrate and role model FM within curricula. We must ensure all students understand the patient journey across the primary/secondary care interface and how inspiring a career in FM can be.

This joint RCGP / WONCA conference offers an exciting opportunity to harness our learning through Covid-19 and work together for a bright new future.

Target audience: All RCGP and WONCA participants with interest in undergraduate education

Workshop Objectives :

- 1: Identify how to increase the visibility of FM to medical students.
- 2: Share the challenges to integrating FM into the curriculum and strategies for overcoming these.
- 3: Explore collaborative initiatives for MedEd evaluation and research.

Didactic Method: Interactive: Plenary and small group work. Cabaret style room set up

Estimated Participants: 30- 50

Time: 75 min

Workshop leader: Val Wass: ExMedical School Dean, experienced international medical educator for RCGP and WONCA.

Abstract topic

03. Education

Abstract ID: 1109

Internal code

O03-69

Presentation form

1 Slide – 5 minutes lecture

Proximity and touch: and anthropological view of the use of touch in the doctor-patient relationship

Sonia Tsukagoshi

RCGP International, London, United Kingdom

Background

The covid pandemic has forced us to re-evaluate the use of touch as a society and to categorise it as necessary or non-necessary touch. In medicine, touch can be separated into procedural touch, for diagnostic and therapeutic purposes, and expressive touch, to communicate emotion. Many of the infection control safety protocols used within health

and social care favour task-orientated touch over expressive touch and the emotional component is often not addressed.

Target Group

All members of the multi-disciplinary team with patient contact

Didactic Method

A mixture of teaching including anthropological and GP communication skills theories

Objectives

In this interactive workshop, we will use anthropological frameworks to discuss how touch can convey empathy and presence and that we, as doctors, are touched as much as we touch; the common pitfalls and how our culture and background can affect its use and interpretation; and how touch can be used to negotiate power in the doctor-patient interaction.

Participants

50

Bio

Dr Tsukagoshi is a practising family doctor in ethnically diverse East London and former Chair of the RCGP Junior International Committee (JIC). Having studied or worked in over nine countries, she has a special interest in cultural influences on health, wellbeing and health systems and improving cultural competences amongst staff. She has a Masters in Medical Anthropology from the SOAS in London and currently sits on the Executive Board of WONCA Europe and writes a blog (www.globalgpproject.com) for doctors giving insights into how family medicine is practised throughout the world.

Abstract topic

03. Education

Abstract ID: 1115

Internal code

O03-70

Presentation form

1 Slide – 5 minutes lecture

Primary care educational research

Mehmet Akman¹⁾, Valerie Wass²⁾, Felicity Goodyear Smith³⁾, pemra Unalan⁴⁾

¹⁾Family Medicine, Marmara University School of Medicine, Istanbul, Turkey

²⁾Medical Education, Faculty of Medicine and Health, Keele University, WONCA Working part on Education, keele, United Kingdom

³⁾family medicine, Auckland University, WONCA Working party on Research, Auckland, New Zealand

⁴⁾family medicine, Marmara University School of Medicine, EGPRN, istanbul, Turkey

Background: Primary care is a rapidly growing academic branch of learning and developing its own body of research is the hallmark of a maturing academic discipline. There is a growing literature in medical education suggesting that reflection improves learning and performance in essential competencies. Specifically, reflective learning can improve professionalism and clinical reasoning, and reflective practice can contribute to continuous practice improvement and better management of complex health systems and patients. Critical reflection and critical review could lead to a transformative learning which can be perfectly delivered in family medicine.

Educational research may point the way towards more effective modes of delivery, or ensure that our assessments are meaningful, and aligned with our key objectives, course

content and learning outcomes. It may also help us gain a better understanding of the conceptual frameworks underlying critical reflection, which will not only enable greater learning from the experience being reflected upon but develop reflective skills for life-long learning. The workshop will draw on the WONCA book *How to do Primary Care Educational Research*, 2021.

Target Group: All academics and practitioners of primary care interested in educational research

Didactic Method: Short case presentations and group discussion.

Objectives: To explore the scope of primary care educational research, and the current research environment in the contexts of undergraduate education, postgraduate training, continuing professional development, and patient education. Enablers and barriers of educational primary care research and possibilities of further collaboration will be discussed.

Estimated number of participants: 40

Abstract topic

03. Education

Abstract ID: 1123

Internal code

O03-71

Presentation form

1 Slide – 5 minutes lecture

What factors influence medical students' self-regulated learning on clinical placements, and how? A qualitative review.

Laila Abdullah

King's Undergraduate Medical Education in the Community (KUMEC), King's College London, London, United Kingdom

Doctors must be self-regulated learners to ensure knowledge and skills are kept up-to-date and to take advantage of 'on-the-job' learning opportunities. Self-regulated learning (SRL) is the cyclical control of performance through processes that include goal-directed behaviour, strategies to attain goals, and the modification of these to optimise learning and performance. It is therefore paramount that medical students develop SRL behaviours and strategies while on clinical placements in preparation for lifelong learning in medicine.

What factors influence medical students' SRL in the clinical environment and how?

In this qualitative review, a systematic search yielded 13 articles for inclusion. Structured summaries and quality assessments took place. Thematic synthesis involved coding articles and grouping together codes into descriptive themes and analytical themes. These were described according to an SRL construct framework.

Three themes emerged: SRL (which is a dynamic process within individuals) can be influenced by personal factors (e.g. transitions; 'novice to expert learners' and professional identity formation), contextual factors related to teaching, learning and assessment in the complex clinical environment, and learning through socialising and forming relationships. Relationships are at the core, linking with many subthemes.

By understanding the interaction between these factors, educators can implement strategies to best support SRL, such as specific clinical teaching practices. Facilitating

the formation of relationships and a culture that fosters psychological safety, where students have legitimate participation in the 'community of practice', is key. Although individuals determine their own SRL behaviours, educators can play a big role in influencing SRL development, at various levels.

Abstract topic

03. Education

Abstract ID: 1161**Internal code**

O03-72

Presentation form

1 Slide – 5 minutes lecture

Entrusting professional activities to medical students: A catalyst for learning in primary care

Johannes Driessen, Russell Hearn*KUMEC, King's College London, London, United Kingdom***Background**

Medical education values early exposure to clinical experiences, adding real-world context to academic content. Recruitment of medical students as vaccinators introduced them to the 'entrustable professional activity' (EPA), being responsible for entire episodes of patient care, with only indirect supervision.

Questions

1. How do medical students react to entrusted professional activities?
2. What challenges arise and how can we mitigate them?

Methods

Eight medical students completed semi-structured interviews about their experiences of working as vaccinators at a North London primary care vaccination centre. Deductive thematic analysis of transcripts was completed, and conclusions drawn.

Outcomes

Students widely reported feeling ownership for EPAs, motivation to manage their time and clinical environment effectively, and a greater sense of satisfaction from patient contact. Students described refinement of risk tolerance and management, aided by task repetition and a supportive senior team. A minority reported feelings of obligation or pressure to perform, with some reporting a lack of feedback and debrief.

Discussion

Students unanimously favoured the increased independence and responsibility of EPAs, demonstrating various self-motivated positive behaviours. The primary care environment is particularly useful in facilitating high-volume EPAs like vaccination, supported by a multidisciplinary team. Although students in this study represent a self-selected subset of motivated students, the outcomes likely have broader relevance.

Take Home Message for Practice

1. Medical students respond positively to EPAs in this setting, finding them more rewarding and relevant than routine clinical placements
2. EPAs reflect some challenges of early clinical practice, offering the opportunity to pre-emptively address them

Abstract topic

03. Education

Abstract ID: 1207

Internal code

O03-73

Presentation form

1 Slide – 5 minutes lecture

An online interactive case-based CME programme for general practice/family medicine

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¹⁾Family Medicine and Population Health, Department of Family Medicine and Population Health, University of Antwerp, Antwerp, Belgium, Antwerp, Belgium

²⁾EURACT, Ljubljana, Slovenia

³⁾Universities of Barcelona and Vic-Central de Catalunya, Barcelona, Spain

⁴⁾WONCA Europe, Ljubljana, Slovenia

⁵⁾Department of Family Medicine, Jagiellonian University, Krakow, Poland

⁶⁾ISSECAM, Lier, Belgium

⁷⁾Ismar Healthcare, Oudewater, Netherlands

Background

Keeping abreast of new insights in a variety of disease areas is challenging in family medicine. To learn general practitioners (GPs) efficiently translate best available evidence into appropriate practice management and decision making, we established an interactive programme that focuses on essential clinical questions addressed by short cases and targeted feedback. Two programmes have been launched thus far: management of COVID-19 and management of pain due to osteoarthritis.

The programme was developed by WONCA Europe, its educational network group EURACT, and ISSECAM, an independent CME provider.

In an iterative process, working groups prepared and validated 8 series of cases and related evidence. The program is available in 7 languages.

Target Group

GPs/FDs

Didactic Method

We will interactively demonstrate and discuss this programme and its broader applicability in GP/FM. The session will consist of short lectures, demonstrations of online programs and interactive parts using smartphone applications.

Objectives

To familiarise the audience with a new concept for CME in GP/FM

To explain the multidisciplinary development of the programmes

To interactively demonstrate the online CME programme using smartphones

To discuss the broader applicability of this concept in GP/FM

Estimated number of participants

30-80

Brief presentation of the workshop leader

Nele Michels is GP and professor at the Faculty of Medicine and Health Sciences, University of Antwerp. She is President of EURACT. Focus of her research is medical education, workplace learning, competence-based education, mental health and resilience of students and residents, and capacity building in GP/FM.

Abstract topic

03. Education

Abstract ID: 1243**Internal code**

O03-74

Presentation form

Science Slam

Let's co-create a common European framework for LGBTIQ+ health within family medicine/general practice curricula

Filiz Ak¹⁾, Julien Artigny²⁾, Stuart Holmes³⁾, Fred Thomas⁴⁾¹⁾Department of Family Medicine, Ankara University School of Medicine, Ankara, Turkey²⁾MSP - Toulouse Constellation, College de Medecine Generale, Toulouse, France³⁾Royal College of General Practitioners, London, United Kingdom⁴⁾University College London, London, United Kingdom**Background**

Family Medicine/General Practice (FM/GP) is a specialty of primary care that provides continuing and comprehensive health care for all people. However, the studies show that LGBTIQ+ individuals meet barriers in accessing health care, and face discrimination that impact their health status. Knowing the special health needs of LGBTIQ+ community is necessary for giving an inclusive primary health care. Do the FM/GP residency curriculum of WONCA member countries teach LGBTIQ+ health issues?

Target group

Residents, Specialists and Teachers of FM/GP

Didactic method

The workshop will start with a summary of literature on specific health needs of LGBTIQ+ communities. The following questions will be asked to participants; and the participants will be invited to discuss their country experiences.

1. Do the FM/GP residency programs in your country meet the health needs of LGBTIQ+ communities?
2. What should we do for preparing a FM/GP residency curriculum including LGBTIQ+ health issues and needs?

The feedback will be used to help prepare an LGBTIQ+ inclusive training framework for WONCA member countries.

Estimated number of participants: 10-40**Objectives**

Aim of the workshop is to draw a road map to develop a common and standard model of education on LGBTIQ+ health issues that can be used in FM/GP curricula in WONCA member countries.

Brief presentation of workshop leader

Filiz Ak is a FM specialist in Ankara University School of Medicine and co-lead of the LGBTQ Health SIG of WONCA World.

Abstract topic

03. Education

Abstract ID: 1250**Internal code**

O03-75

Presentation form

Workshop

How to start your own research?Ferdinando Petrazzuoli^{1, 2)}, Shlomo Vinker³⁾, Ana Luísa Neves⁴⁾¹⁾EGPRN, Ruviano (CE), Italy²⁾Department of Clinical Sciences in Malmö, Centre for Primary Health Care Research, Lund University, Malmö, Sweden³⁾WONCA EUROPE/EGPRN; Department of Family Medicine, Sackler School of Medicine, Tel Aviv University, Tel Aviv, Israel⁴⁾WONCA Europe/EGPRN, Centre for Health Policy, Imperial College, London, United Kingdom**Background:** Research gives the vision for the future development of Family Medicine but require knowledge, skills and attitude.

EGPRN is an organization with focus on research supporting young doctors to start their academic development and offers a great variety of key activities.

The Fellowship Program and the " Web-based Course on Research in PHC" are just two examples of these activities aimed at providing young fellows with the knowledge and skills to carry their own research projects.

Target Group: primary care physicians, general practitioners and family doctors willing to conduct research but without a previous academic background in research.**Didactic Method:** 3 brief presentations by the EGPRN workshop leaders, will give tips on how to address the barriers to research in Primary care. The audience will be then divided in three small groups each of them guided by a moderator. At the end the outcome will be summarised in a plenary session.**Objectives:** The aim of the workshop is to discuss the benefits from doing research, to present the real needs of potential researchers in primary care. The WS will provide useful insights into perceived priorities for future research projects.**Estimated number of participants:** 40 participants**Brief presentation of the workshop leaders:**

1)Prof. Shlomo Vinker MD, MHA, WONCA Europe President, EGPRN EB member, Sackler Faculty of Medicine, Tel Aviv University, Israel.

2)Ana Luísa Neves MD, PhD, EGPRN EB; Institute of Global Health Innovation, Imperial College London, UK.

3)Ferdinando Petrazzuoli MD, PhD, EGPRN Educational Committee, Lund University, Malmö, Sweden.

Abstract topic

03. Education

Abstract ID: 1256**Internal code**

O03-76

Presentation form

Workshop

Tools to practice Evidence-Based Medicine - EUROPREV workshop

Carlos Martins^{1, 2)}

¹⁾*#H4A Primary Healthcare Research Network, Porto, Portugal*

²⁾*EUROPREV - European Network for Prevention and Health Promotion in Family Medicine and General Practice, Porto, Portugal*

Justification and interest of the workshop

Evidence-Based Medicine has become essential in the clinical practice of Family Medicine and is fundamental to apply the concept of quaternary prevention. However, there are still some obstacles to implement Evidence-Based Medicine at the point of care. To overcome these obstacles, it is fundamental to know and to have the right Evidence-Based Medicine tools at the point of care.

Learning goals

1. To learn about the concepts: Evidence-Based Medicine, overdiagnosis, overtreatment and quaternary prevention.
2. To know the pros and cons of different Evidence-Based Medicine tools.
3. To be able to select the right tool to implement Evidence-Based Medicine at the point of care.

Methods

A mix of lecture, clinical vignettes, small group discussion and plenum discussion will be used. Lecture content will include conceptualisations of Evidence-Based Medicine, overdiagnosis, overtreatment and quaternary prevention. Participants will be invited to discuss clinical vignettes. The use of different Evidence-Based Medicine tools will be demonstrated. The advantages and disadvantages of each tool will be discussed. Plenum discussion will be used to share the diverse experiences of the participants using Evidence-Based Medicine tools.

Expected impact on the participants

By discussing some clinical vignettes, and seeing how different Evidence-Based Medicine tools would work out in these vignettes, by sharing knowledge and experiences, participants are expected to increase their professional resources to implement Evidence-Based Medicine at the point of care.

Abstract topic

03. Education

Abstract ID: 1261

Internal code

O03-77

Presentation form

Workshop

Teaching ethics to medical students: where are we and where do we go from here? A journey to a core curriculum in medical ethics

Tania Moerenhout¹⁾, Issam Shaarani²⁾, Ross Upshur³⁾, Ignas Devisch⁴⁾

¹⁾*Bioethics Centre, University of Otago, Dunedin, New Zealand*

²⁾*Beirut Arab University Healthcare Center, Beirut Arab University, Beirut, Lebanon*

³⁾*Dalla Lana School of Public Health, University of Toronto, Toronto, Canada*

⁴⁾*Department of Public Health and Primary Care, University of Ghent, Ghent, Belgium*

Background: While medical education is witnessing rapid development in form and content, teaching medical ethics remains challenging in many aspects. There is wide agreement that including ethics in medical curricula is essential, yet there is controversy about the optimal way for doing it. The current academic curriculum of medical students considers ethics a minor subject without acknowledging its real importance within medical competencies. The first challenge is related to timing: early introduction in undergraduate years and in-depth discussion in postgraduate training seems ideal, but questions remain on what should be taught when. The actual content of the ethics curriculum is another challenge, especially with the considerable variability related to regions, cultures, and social norms. Finally, the assessment methods should be debated, given that “ethics” is not solely a theoretical discipline, but should be reflected in the daily practice and behavior. Despite regional and national efforts to develop ethics curricula, we are still missing agreement on a global core curriculum on medical ethics.

Target Group: Family physicians who are actively involved in teaching (bio)ethics, members of ethical committees, and those who have an interest in medical education.

Didactic Method: First, a panel of experts will discuss the aforementioned questions and share their expertise. Second, we will engage with the audience and discuss draft material of what this core curriculum in medical ethics could look like.

Objectives: This workshop aims to create an open dialogue to address the challenges in teaching ethics to medical students.

Estimated number of participants: 20-40

Abstract topic

03. Education

Abstract ID: 1266

Internal code

O03-78

Presentation form

Workshop

Patient safety in the management of chronic respiratory diseases

Jaime Correia de Sousa^{1, 2)}, Amanda Barnard^{1, 3)}, Miguel Román Rodríguez^{1, 4)}, Ioanna Tsiligianni^{1, 5)}

¹⁾International Primary Care Respiratory Group, Larbert, United Kingdom

²⁾Life and Health Sciences Research Institute (ICVS),, University of Minho, Braga, Portugal

³⁾Australian National University, Canberra, Australia

⁴⁾Son Pisà Primary Health Care Centre, Balearic Health System, Mallorca, Spain

⁵⁾Department of Social Medicine, University of Crete, Heraklion,, Greece

Asthma and COPD are two important chronic respiratory diseases (CRD) frequent in the community. Unfortunately, both are often underdiagnosed or misdiagnosed in primary health care (PHC). While we have effective and cost-effective pharmacological interventions - inhaled medicines; the quality of primary care prescribing, patient adherence to treatment and over-reliance on/misuse of symptom relief can cause concerning risks to patient safety and are excellent opportunities for quality improvement in clinical practice.

The target groups are trainees, early career and experienced family doctors. We suggest a participation of up to 30 participants.

The aim of this hands-on workshop is to introduce IPCRG Asthma Right Care and COPD Right Care, that offer an approach to quaternary prevention that improves patient safety. At the end of the workshop, participants should be able to a) recognise the need for change in PHC approach and management to CRD; b) debate possible courses of action aimed at altering the status quo; c) elaborate a list of actions that can have a higher and sustainable impact on the care of respiratory patients in primary care d) prioritise those applicable in their specific country or regional context allowing for the implementation of quaternary prevention routines with a focus on patient safety.

There will be two presentations, on Asthma Right Care and COPD Right Care. The remaining time will be used for an interactive networking activity on right care, to help participants develop small, feasible right care projects to improve the care of respiratory patients in primary care.

Abstract topic

03. Education

Abstract ID: 1274**Internal code**

O03-79

Presentation form

1 Slide – 5 minutes lecture

Is it worth a shot? GP trainees' perspectives on the administration of musculoskeletal injections in primary care.

Dina Salkovic, Mario Veen, Michiel Bos, Jos Runhaar
General Practice, Erasmus Medical Center, Rotterdam, Netherlands

Is it worth a shot? GP trainees' perspectives on the administration of musculoskeletal injections in primary care.

Background: Musculoskeletal injections can alleviate pain in certain problems of the musculoskeletal system. A significant part of general practitioners (GPs) does not feel competent to administer these injections. However, it is not known whether GP trainees feel competent in these skills at the end of their specialization and which factors are associated with this self-assessed competence.

Methods: To find out how GP trainees think about musculoskeletal injections, twenty Dutch GP trainees were interviewed in their final year using semi-structured interview techniques. These interviews were analyzed using template analysis.

Results: GP trainees often experience a certain reluctance in the administration of musculoskeletal injections even though they mostly find that these injections do belong in primary care. The most named barriers are a low self-assessed competence and fear of septic arthritis. Other factors that are involved relate to the GP trainee (confidence and resilience), views on their specialization, the attitude of the supervisor, patient preferences and the feasibility and estimated effectiveness of the injection.

Conclusion: GP trainees consider many factors in their decision to administer musculoskeletal injections and they often find the decision making process difficult. The most decisive factors seem to be the estimated competence and fear of complications. The GP department can help their trainees by offering education on this issue and providing opportunities to improve their technical skills.

Abstract topic

03. Education

Abstract ID: 1278**Internal code**

O03-80

Presentation form

Science Slam

Are clinicians overwhelmed by the boost in medical literature?

Andrew Zhou¹, Vianca Shah¹, Anli Zhou², Victor Lu¹, Camille Mba¹, Jonathan Fuld¹

¹University of Cambridge, Cambridge, United Kingdom

²Manchester University, Manchester, United Kingdom

The massive surge in medical literature during the COVID-19 pandemic highlighted difficulties doctors faced in keeping up to date with medical information. To the best of our knowledge, there has not been another study that assessed the struggle doctors face in keeping abreast of the literature.

Cross-sectional study, an online questionnaire distributed from 01/03/2021 to 01/05/2021 using Qualtrics, during COVID-19. The survey was circulated to doctors in 9 hospitals via Trust Coordinators. Two tailed t-test was used to assess the significance between groups within cohort. Thematic synthesis was also used to analyse open-text responses.

46 complete responses. On average, doctors rated articles 4 out of 10 for their ability to understand the literature. Statistically significant difference in the number of research articles read by doctors affiliated with universities compared to non-affiliate. ($p=0.0108$; Confidence Interval: -12.85 to -1.78). Thematic synthesis showed participants preferred easily accessible sources and are put off by information overload.

Doctors read very few articles and struggle to keep up with the literature and understand the articles. This leads to doctors relying on other sources to obtain medical information for their clinical practise. Finally, there is much variation between respondents as different doctors placed different value on specific resources as significantly more engagement with research articles from university affiliated doctors. Therefore, to promote evidence-based medicine and encourage further reading for physicians, the barrier to acquiring resources needs to be removed, and the route of access must be optimised to maximise time dedicated to further reading.

Abstract topic

03. Education

Abstract ID: 1284**Internal code**

O03-81

Presentation form

1 Slide – 5 minutes lecture

Traditional literature review versus systematic literature review in the context of evidence – based medicine

Taiwo Sogunle

Family Medicine, Federal Medical Center, Abeokuta, Nigeria

Background; Traditional and systematic literature reviews are the two main types of review we are familiar with. Concerns have been shown about the better option out of these two approaches in providing a template for decision making and policy formulation in evidence-based medicine.

Questions; Between traditional and systematic literature reviews, which one is the better option in providing a template for decision making and policy formulation in evidence-based medicine.

Methods; This review examines the characteristics of the two types of literature review based on the following domains; hip, study protocol preparation, posing a research question, use of a literature search strategy, sources of locating studies, study selection criteria, critical appraisal of the studies, synthesis, inferences, reproducibility, refinement, and updating.

Outcomes; We conclude that the systematic literature reviews provide a means of achieving the goal of making decisions and formulating health policies about patient care based on the best available evidence.

Take Home Message for Practice; Systematic literature review makes it convenient for health policymakers and clinicians to have the much-needed information to implement and hopefully improve patient outcomes.

Abstract topic

03. Education

Abstract ID: 1296

Internal code

O03-81

Presentation form

Workshop

Fireside Wisdom Women's Cafe -- Women Family Doctors as champions for equity during the Covid Pandemic and beyond:

Raquel Gomez Bravo¹⁾, Noemi Doohan¹⁾, Amanda Barnard^{1, 2)}, Amanda Howe³⁾, Claire Thomas¹⁾, Nina Monteiro⁴⁾, Elena Klusova⁵⁾, Maria Joao Nobre¹⁾

¹⁾Luxembourg

²⁾Rural Clinical School, Australian National University Medcil School, Acton, Canberra, Australia

³⁾Primary Care, Norwich Medical School, University of East Anglia / RCGP, Norfolk, United Kingdom

⁴⁾USF Bom Porto, APMGF, Porto, Portugal

⁵⁾SAMU061, Ibiza, Spain

The WONCA Working Party for Women and Family Medicine (WWPWFM) focuses on themes that are important to Women Family Physicians: leadership, gender equity, diversity and inclusion; women's health in a changing world; addressing specific challenges such as Intimate partner violence. For the theme of this workshop, we have chosen to look at lessons learned from the pandemic about health and gender equity; and how we can use this learning going forward.

The "Fireside Wisdom" format encourages sharing and storytelling; it is highly participatory allowing participants to reflect and learn with each other. We will structure

the session so that we can think both about our patients, and ourselves; our personal and professional experiences. Any common emergent themes can be fed into the ongoing work of WWPWFM, and we shall also take the chance to test our proposed themes for the 2023 World conference.

The 'fireside' motif implies a warm, safe and restful space for us to be together. The format has been used before widely within the Rural Working Party and at the African regional conference by the WWPWFM; it explicitly aims to be interactive and non-hierarchical, and the experience is led by those who attend physically or virtually. Everyone is welcome, whatever your preferred gender identity. And you do not need to have been in touch with the WWPWFM before – this is an open workshop that will hopefully extend the connectivity among us after the Conference in the virtual environment until our next World meeting in Sydney Australia.

04. Professional development

Abstract topic

04. Professional development

Abstract ID: 8

Internal code

O04-01

Presentation form

1 Slide – 5 minutes lecture

Bell's palsy, a clinical case report: the importance of proper diagnosis in primary care setting

Sofia Luz, Ana Rego

USF Global, Nazaré, Portugal, Portugal

Bell's palsy or idiopathic or primary facial palsy is the most common cause of peripheral facial palsy. It is a common mononeuropathy affecting the facial nerve. It is more common in adults than children. The etiology can be primary or secondary, with primary accounting for 75% of the cases. The first peak of incidence occurs at about 30-50 years of age and the second at 60-70 years of age. Men and women can be equally affected. There is no predominance in the affected side of the face. Its onset can be abrupt or progressive. The primary form has an incidence of about 15-30:100000. It affects about 1:60 people throughout their life. The etiopathogenicity is not totally clear and the treatment can raise some controversy. Usually it's considered a benign prognosis but it must not be undermined because in some cases it can have serious sequelae of psychological and social nature due to permanent altering of facial expressiveness. Rare causes of peripheral facial palsy must be considered in atypical cases. We herein report a case of a 28 year old caucasian man affected by this condition, diagnosed after pursuing primary care. The diagnosis of this disorder is by clinical examination which can be identified in primary care setting by a properly trained physician, without inadequate referral to emergency care. It is of extreme importance for the primary care physician to be able to manage this condition accordingly and ensue the proper referrals if necessary.

Abstract topic

04. Professional development

Abstract ID: 11

Internal code

O04-02

Presentation form

State of the art session

Continuity of care saves lives and builds relationship based medicine: current research studies in Europe

Mark Rickenbach

Park and St Francis Surgery, Winchester University, Eastleigh, United Kingdom

Background

The evidence base for continuity of care is increasing and there are several recent and ongoing international studies on this. This workshop brings together results from large studies across Europe.

Target Group

All patients, and healthcare staff including family medicine practitioners. The conclusions about continuity of care are relevant to all aspects of health and social care.

Didactic Method

A report on recent, current and future planned research studies across Europe. These include the Health Foundation Programme on Continuity of care in England which showed how to increase continuity of care across half a million patients in five sites in England. The Norwegian study showing a dose response relationship between the duration of care with the same doctor and reduced mortality. A 25% reduction being seen with care by the same GP over fifteen years. And the Longitudinal Aging study Amsterdam which showed increased mortality associated with lower rates of continuity of care.

This workshop will review the publications relating to these studies. Speakers, from these related studies will be invited to join to present their work and, where possible, answer questions as part of this workshop.

Objectives

To discuss the known benefits of continuity of care, raise awareness of these and demonstrate how to increase continuity of care with improvements in relationship based medicine.

Take Home Message for Practice

Continuity of care saves lives. It reduces morbidity, urgent care, costs, risks and litigation. It increases patient, staff and doctor satisfaction leading to better compliance and improved staff retention.

Abstract topic

04. Professional development

Abstract ID: 16

Internal code

O04-03

Presentation form

Lecture

Pinch points in the consultation and how to survive them

Martin Brunet

Binscombe Medical Centre, Godalming, United Kingdom

General practice is challenging enough at the best of times, but when the patient is angry, demands tests or treatment that won't help, or refuses every one of the doctor's good ideas, the consultation can reach pinch points that risk pushing the doctor over the limit. Based on the Two Houses consultation model, the session will examine some of these pinch points in detail, considering how to anticipate and navigate them successfully, with good results for the patient and less stress for the doctor.

The session will be suitable for anyone consulting in primary care, and will be especially suited to GP trainers, trainees and newly qualified GPs. The presentation will be fast paced and engaging with a combination of didactic teaching, use of video and interactive discussion.

The objectives of the workshop are to leave delegates with new ideas and tools to use in the consultation, both for their own use and for use in education and training. The session would be suitable for approximately 40 delegates.

Dr Martin Brunet will lead the workshop. He is a GP trainer and an experienced GP educator, having been a Training Programme Director in Guildford for 10 years. His book, *The GP Consultation Reimagined: A Tale of Two Houses* was published by Scion Publishing Ltd in June 2020.

Abstract topic

04. Professional development

Abstract ID: 80

Internal code

O04-04

Presentation form

Lecture

Making the most of mentorships

Rakesh Modi¹⁾, Sophie Rowlands²⁾, Amanda Howe³⁾

¹⁾*Primary Care Unit, University of Cambridge, Cambridge, United Kingdom*

²⁾*Coachmans Medical Practice, Crawley, West Sussex, United Kingdom*

³⁾*Norwich Medical School, University of East Anglia, Norwich, United Kingdom*

Background

The landscape of primary care can be lonely and bewildering, especially early in one's career. Decreased contact with colleagues during the pandemic has often compounded these challenges, and whilst there is always potential to turn to others for guidance, we often do not.

Mentorship is a process that gives structure for a relationship that assists learning. The mentorship can be formal or informal; the focus clinical, academic, or pastoral; and mentoring relationships may start, stop, or change over time. In this workshop, a senior RCGP mentor and two mentees, with varied mentorship experiences, explain the power of mentorship, how it can be optimised, and will collate lessons from across Europe.

Target Group

Primary care professionals: all career stages/roles.

Didactic method

20 minutes – talk by Professor Howe on mentoring, exemplifying with the RCGP Mentoring scheme; talk by Dr Modi and Dr Rowlands on mentorship theories and their mentoring journeys.

20 minutes – audience reflect on their experiences of mentorship and lessons learned (small groups)

15 minutes – groups report to wider audience, with facilitators synthesising ideas diagrammatically.

5 minutes – summary by Professor Howe, clarifying lessons for individual and WONCA/RCGP mentorship.

Objectives

1. To learn about various mentorship relationships through case-studies and theory.
2. To learn lessons on mentorship from delegates from across Europe.
3. To synthesise individual and organisational recommendations.

Participant numbers

20-30

Workshop leader

Professor Howe is an RCGP mentor, a Professor of primary care at the University of East Anglia, and a Past President of both RCGP and WONCA.

Abstract topic

04. Professional development

Abstract ID: 109

Internal code

O04-05

Presentation form

1 Slide – 5 minutes lecture

Perinatal Mental Health – the role of primary care in early identification and management

Hannah Fox, Emily Clark

Norfolk and Suffolk Mental Health Trust, Norwich, United Kingdom

Perinatal mental illnesses (PMI) affects around 15-20% of all pregnancies.

If left untreated, PMI can have long-lasting effects on the woman, the child, and the family.

Perinatal psychiatric disorder has been a leading cause of maternal mortality for the last two decades contributing to 15% of all maternal deaths.

Five years ago 40% of the country did not have a specialist perinatal community team.

As part of the Five Year Forward View for Mental Health there are now specialist PMH community services in all 44 local NHS areas in England.

Target Group

Family doctors & nurses are crucial in recognising PMI and providing care to women in the perinatal period

Didactic Method

- A Peer Support worker and expert by experience will share their experience of PMI and key factors in their recovery
- Facilitated small group work with case-based discussion to address objectives.

Objectives

- How to recognise amber and red flags for deterioration in mental state during the perinatal period; spotlight on women in vulnerable groups where risk is increased due to poverty, migration, or previous trauma.
- How to make an assessment of the parent-infant bond in primary care
- Making patient-centred decisions about medication during pregnancy and in the postnatal period, based on the latest evidence.
- Gain a deeper understanding of different models of care

Estimated number 30

Workshop leaders

Dr Hannah Fox GP and Perinatal Mental health Clinical fellow

Dr Emily Clark GP and Perinatal Mental Health Champion for the "Spotlight programme"

Kelly Moulds Peer Support Worker for Perinatal MH Team

Abstract topic

04. Professional development

Abstract ID: 129

Internal code

O04-06

Presentation form

Workshop

Sustainable healthcare for newly arrived migrants

Rebecca Farrington^{1, 2)}, Hina Shahid^{3, 4)}, Catherine Clifford^{5, 6)}, Guus Busser^{7, 8)}

¹⁾Community Based Medical Education, University of Manchester, Manchester, United Kingdom

²⁾Specialist Asylum Seeker service, Greater Manchester Mental Health, Salford, United Kingdom

³⁾NHSE/HLP Personalised Care Team, London, United Kingdom

⁴⁾Muslim Doctors Association & Allied Health Professionals CIC, London, United Kingdom

⁵⁾Translate Ireland, Cork, Ireland

⁶⁾The Park Clinic, Fermoy, Ireland

⁷⁾Medical education, Radboudumc, Nijmegen, Netherlands

⁸⁾WONCA former chair, Nijmegen, Netherlands

Background

Displacement of people, an increasing global phenomenon with multiple contexts, creates challenges and opportunities for healthcare delivery.

Primary Care teams are well-positioned to act rapidly and holistically, using our expert skills to interact with superdiverse individuals and communities in need. A Family Practice focus on person-centredness, relationship-building, and understanding of intersectionality can bring innovative approaches to appropriate care for migrants. Through developing skills and behaviours to tackle the wider determinants of health, inequalities, and promotion of wellbeing we can learn about how to provide better and more sustainable healthcare for all.

Target group

Primary care clinicians, managers and policy-makers.

Didactic Method

0-15mins: Presentations on objectives 1-3 (5mins each)

15-20mins: Split to small groups/introductions (5mins)

20-50mins: Facilitated discussion on 3 clinical scenarios re: objectives 1-3 (30mins)

50-70mins: Group feedback with additional sharing of experiences and needs (20mins)

70-75min: Summary and next steps (5mins)

Objectives

1. Improve effective clinical communication with people who do not share your language or culture.
2. Raise awareness of assets and vulnerabilities around immediate health needs assessment and tools.
3. Diminish inequalities using relationship-building, outreach partnerships, advocacy and culturally-sensitive personalised care.
4. Identification of areas for research and methods to share best practice for the WONCA Migrant Health SIG.

Estimated number of participants

50

Brief presentation of the workshop leader

Dr Farrington works with new migrants as a clinician and medical educator. She chairs the WONCA SIG for Migrant Health and is a GPwSI for people seeking asylum, presenting, writing and reviewing for primary care publications on the topic.

Abstract topic

04. Professional development

Abstract ID: 133

Internal code

O04-07

Presentation form

1 Slide – 5 minutes lecture

What makes a good doctor? The role of continuing professional development in general practice

Aaron Poppleton¹⁾, Simon Schwill²⁾, Victor Ng³⁾

¹⁾School of Medicine, Keele University, Staffordshire, United Kingdom

²⁾Heidelberg University, Heidelberg, Germany

³⁾University of Toronto, Ontario, Canada

Background

What makes a good doctor? While continuing professional development (CPD/CME) is an important component of General Practice, its structure and delivery varies significantly between countries. Expertise focussed CPD-tools, such as the Jefferson scale, contrast with multiperspective (patient, colleagues) and multidimensional systems such as the CanMeds-FM tool and clinical appraisal systems. The 2016 WONCA CPD standards aim to provide a generalisable foundation for CPD, however have yet to be validated within general practice.

Target Group

All GPs with an interest in training and CPD

Objectives

- 1) To explore experiences of CPD and its implementation in their practice,
- 2) To discuss perspectives on the implementation and benefit of CPD tools in improving quality (WONCA CPD standards, Jefferson scale),
- 3) To provoke reflection on personal “CPD-behaviour”

Didactic Method

The moderators will give a short overview on general practice CPD/CME in different national contexts (plenary).

Three working-groups will summarize participants' perspectives on CPD and what it means to continue as a 'good doctor' in their national context.

The moderators will present the WONCA CPD standards and Jefferson scale (plenary).

Three working-groups will explore these models' relevance to General Practice, including how CPD fits with quality improvement, physician wellness and workload.

Participants: maximum 24

Moderators:

Aaron Poppleton is a GP and researcher in cross-cultural mental health care (UK).

Simon Schwill is a GP and head of the competence-centre for postgraduate medical education southwest Germany.

Victor Ng is a GP and head of the WONCA Working Party for Education (CAN).

Abstract topic

04. Professional development

Abstract ID: 146

Internal code

O04-08

Presentation form

Lecture

Offering hope to patients and practitioners in GP/FM

John Spicer¹⁾, Rupal Shah²⁾, Sanjiv Ahluwalia²⁾

¹⁾Country Park Practice, London, United Kingdom

²⁾London Regional Office, Health Education England, London, United Kingdom

Background:

Addressing the professional identity and values of GPs and others who work in primary care [GP/FM] across Europe

Questions and themes :

- Primary care is a place of uncertainty, in virtue of its wide diagnostic reach, community location and engagement with the narratives of its patients. This has implications in terms of the applicability of traditional ethical frameworks.
- The foundation of GP/FM is relationship based care, to which there is increasing empirical support, and itself is founded on continuity, a family basis and a biographical stance.
- The values of GP/FM are under threat from managerialism, cost limitations and workforce shortages which vary in impact around each European country. This has been compounded by remote consulting because of COVID-19. As a result, we are at a crossroads, where we must decide what gives meaning to our work and where the future of our profession lies.

Methods and outcomes:

We present arguments that a clear meaning of GP/FM can be defined, where generalist practice can offer hope to its practitioners and patients. The presentation will include reference to epistemic justice, the ethical themes within GP/FM and health equity. Elements of the content have been published over the last year.

Take home message:

For patients this can bring about improved population health outcomes [always a particular claim for the discipline] and for practitioners a renewed optimism and a shared set of values to gird their work.

Abstract topic

04. Professional development

Abstract ID: 196**Internal code**

O04-09

Presentation form

1 Slide – 5 minutes lecture

A case of opportunistic diagnosis of HIV infection in primary care from incidental finding of high serum protein.

Nafiz Imtiaz, Dr John McLaughlin*Oakleaf Medical Practice, Londonderry, United Kingdom*

A 34-year-old male patient on ramipril for hypertension had elevated serum protein level (86g/L) on routine electrolyte profile blood test, with otherwise normal haematological and biochemical indices. Repeat electrolyte profile showed rising serum total protein (91g/L). Patient was asked to come in for assessment. Physical examination was unremarkable, no abnormality was detected on urinalysis. There was no significant past medical illness other than an episode of gastroenteritis. At this point there was no obvious explanation for this result and patient's consent was sought with regard to further screening tests i.e., serum protein electrophoresis, hepatitis serology, HIV test, bone profile. Laboratory results showed hypoalbuminaemia, increased globulin with faint bands on electrophoresis. HIV test was positive for infection. Result was discussed with patient who revealed he was homosexual and asked for his partner to be tested. His partner was subsequently HIV negative. The patient together with his partner was referred to the regional HIV/AIDS clinic for further management, has commenced anti-retrovirals, and has been offered a favourable prognosis. This case highlights the importance of vigilance in actioning routine blood tests and seeking explanation for abnormal test results, and repeating or monitoring these results where a plausible explanation for the abnormality cannot be offered. This patient was diagnosed opportunistically because of exploration of a seemingly trivial abnormality. This approach highlights both the responsibility and opportunity we have as general practitioners in diagnosing asymptomatic disease.

Abstract topic

04. Professional development

Abstract ID: 212**Internal code**

O04-10

Presentation form

1 Slide – 5 minutes lecture

Fibromyalgia, PTSD and Chronic Fatigue Syndrome: the overlap

David Mummery

Primary Care and Public Health, Imperial College London, LONDON, United Kingdom

Background:

Fibromyalgia, Chronic Fatigue Syndrome and Post Traumatic Stress Disorder are usually thought of as separate conditions, needing separate treatments. This talk is to propose that these conditions are intimately linked, have overlapping features and symptoms and often have a common aetiology. They are common conditions with significant morbidity amongst the population, causing a huge amount of distress and treatments often may not be effective. Most people with these conditions are seen regularly in Primary Care.

Questions:

How do Fibromyalgia, CFS and PTSD arise? What are the symptoms and which people are affected by them?

What are the overlapping features? Can they be thought of as different manifestations of the same condition?

There is evidence that in all three, the immune system is involved and that there is also dysregulation of the autonomic nervous system - this will be discussed as will also parallels with Long Covid

Method: Scientific evidence and papers about each condition will be addressed, as will "lived experience" of people living with each of these conditions. The scientific breakthroughs in this area and possible treatments, including pharmacological, psychological and physical will be discussed, as well as the recent "controversy" regarding the NICE CFS/ME guidance

Outcomes: There are poor outcomes in the treatment of especially Fibromyalgia and CFS. These need to be improved

Discussion: If these conditions are related, in what way are they, and do we need to assess and treat them as such?

Take home message: Fibromyalgia, PTSD and CFS are intimately linked and related conditions

Abstract topic

04. Professional development

Abstract ID: 216

Internal code

O04-11

Presentation form

Lecture

Should NHS GPs move to a salaried model: is the GP partnership era over?

David Mummery

Primary Care and Public Health, Imperial College London, LONDON, United Kingdom

Background:

Since the inception of the NHS, the model for General Practice has been based on GP Partnerships, where groups of GPs work together as partners, usually spanning over many years. This independence has traditionally had many advantages, however the GP partnership model now appears to be in severe trouble: numbers of GP partners are in

freefall ; very few young GPs want to become partners; the disadvantages of partnership seems to outweigh the advantages.

Is it time for the profession to become salaried? There may be advantages of a salaried NHS model: capped workload, occupational health provision, a standard contract, more flexibility and less liability. The BMA GPC however has never even considered or debated moving to a salaried model where GPs are directly employed by the state. Why is this? Surely GPs being employed by private companies and consortia is a worse outcome for the profession?

Are the current severe problems in General Practice actually caused by the partnership model?

In this session, Professor Azeem Majeed, has agreed to be involved, and he has made his views clear about this on his Imperial college blog. Also involved will be members of the RCGP ethics committee who will also have opinions on whether GPs should change to a salaried model

Target group: GPs and those working in Primary Care

Didactic method: Discussion and debate and a talk from Prof Majeed

Objectives: Discuss pros/cons of moving to a salaried GP model

Take home message: We need to talk about it!

Abstract topic

04. Professional development

Abstract ID: 217

Internal code

O04-12

Presentation form

Lecture

Clinical intuition: why we as GPs should learn to trust it

David Mummery

Primary Care and Public Health, Imperial College London, LONDON, United Kingdom

Background:

In our work as GPs a lot of the decisions that we make as GPs are by that mysterious quality that is known as "intuition". Intuition has various definitions but can be described as: *"the ability to understand something instinctively, without the need for conscious reasoning"*, which of course develops with knowledge and experience; it is subconscious, and part of human consciousness.

Intuition has been shown to be hugely powerful and accurate in the realm of diagnosis - like cancer - and clinical judgements. Should we learn to trust intuition or is it just a "feeling"? Are logic and guidelines a better path?

Questions: What is intuition? Where does it come from? What evidence is there that it should be trusted? Discussion of the well known examples of research regarding "gut feelings" and accurate cancer diagnosis. How important is human consciousness, compared with for instance AI algorithms, when it comes to judgement calls and decision making? What about ethics?

There will be time for audience Q&A, and personal experience.

Methods: The BJGP "gut feeling" cancer diagnosis studies will be discussed in depth

Outcomes: Does the evidence from research show that we should trust our gut feelings and intuition?

Discussion: General discussion in the audience about their experiences in their working life about the role of intuition and its value.

Take home message: Intuition in medicine can sometimes be dismissed as just feelings. In fact it is often highly accurate, and is actually intimately linked with our survival as a species

Abstract topic

04. Professional development

Abstract ID: 233

Internal code

O04-13

Presentation form

1 Slide – 5 minutes lecture

Euthanasia in our country : is it now more a matter of general practitioners?

Jean-Claude Leners

Long term care facilities and hospice care, Ettelbruck, Luxembourg

- Background: Since 2009, our Parliament has voted in a same session 2 laws: one on palliative care and a second on the right for euthanasia under specific conditions. After 12 years we wanted to know how does euthanasia evolve, in order to find out if a change occurred in this aspect.
- Questions: The following questions were analysed: “what has changed over time: gender?, age groups ? main diagnosis? the place where it happened? more general practitioners involved?”
- Content: A biennial report is issued by the Ministry of Health and written by a national commission, which has to analyse data and to control if every euthanasia was done: “lege artis”. Main points were: 112 euthanasia practiced: from 2009 – 2016: 73% in hospitals, from 2017 – 2020 : 68% at home or in elderly homes. Age groups over 60 years represent still 79% and cancer is the main disease in 4 out of 5 persons. Over the last years more men asked for euthanasia and the mean percentage is 54% for men.
- Take Home Message for Practice: The shift is clearly documented: more and more general practitioners (GP) are willing to continue to assist their patients and relatives till death, even if it is the will for euthanasia. The main argument might be: more and more patients in end-stage disease still live at home (with specialized home-care teams) or in nursing homes and the general practitioners are better trained over the last years.

Abstract topic

04. Professional development

Abstract ID: 238

Internal code

O04-14

Presentation form

1 Slide – 5 minutes lecture

Encouraging newly qualified GPs and nurses to thrive and stay

Rachel Roberts¹⁾, Jonathan Sampson²⁾

¹⁾Primary Care, London, Health Education England, London, United Kingdom

²⁾Transforming Primary Care, NHS England, London, United Kingdom

Background

Pressures on primary care have never been greater, and despite training increasing numbers of GPs, the greatest concerns are supporting newly qualified professionals to join the permanent workforce and thrive. We look at a systematic intervention to create a satisfying and meaningful career pathway into permanent primary care roles with a portfolio component and facilitated support for 425 newly qualified GPs. An external evaluation is summarised showing 88% choosing to stay in their area, and highlighting the most impactful elements of the programme. This programme is also applicable to nurses, pharmacists and other professions.

Target Group

GPs, Health care professionals, educators, workforce leads.

Didactic Method

Short presentation of key points and evaluation findings. Video of 2 recruited Drs.

Then groupwork to consider aims and design of programmes that participants could create.

Objectives

Develop participants understanding of how to :

- create programmes to encourage and support newly qualified GPs into the permanent workforce.
- retain workforce and develop the next generation of system leaders.
- create roles that span sectors, supporting integrated care.

Estimated number of participants

60

Brief presentation of the workshop leader

Rachel Roberts is a primary care Dean London and developed the programme to support 425 newly qualified GPs into practice. Experienced educationalist and workshop presenter at international conferences

Jonathan Sampson is senior programme lead in London. He is an experienced primary care transformation and workforce leader, and undertakes regular national presentations.

Abstract topic

04. Professional development

Abstract ID: 267

Internal code

O04-15

Presentation form

1 Slide – 5 minutes lecture

Championing modern General Practice: it's not what you know, but how you use what you know

Joanne Reeve, Annabelle Machin, Emily Lyness, Johanna Reilly
Academy of Primary Care, Hull York Medical School, Hull, United Kingdom

Background

General Practice/Family Medicine is commonly described as a 'jack of all trades' profession; with an implied 'master of none'.

Evidence challenges that view, describing a distinct skillset: "foraging" data (Donner-Banzhoff), explaining the unexplained (olde Hartman/Lucassen), interpreting illness (Heath), generating practice-based-evidence (Gabbay/McKelvie/Reeve). This is the daily knowledge work(KW) of whole-person GP/FM healthcare.

This expertise is under-recognised and under-valued within healthcare systems – a failing which impacts negatively on patient care, staff recruitment/retention, and health systems effectiveness.

Optimising the impact of GP/FM means making this work visible to all. This workshop invites you to help do that.

Target Group

GP/FM community

Objectives

- Make visible the international KW expertise in the room
- Discover the gaps in our collective KW development/delivery/impact
- Generate a new story championing the KW of modern GP/FM

Didactic Method:

Approach: applied scholarship

Scene setting (10mins): what is KW (4 principles – discovery, integration, application, inspiration), why it matters

Discovery (15mins): Smaller groups apply KW framework to describe what they do, enablers/barriers – add to interactive virtual wall.

Integration (20mins): Facilitated whole group reflection on work revealed, gaps , implications

Application (20mins): addressing the gaps – facilitated small group 'dangerous ideas' discussions – shared on virtual wall, selected invited elevator pitches

Inspiration/next steps (10 mins): collating virtual wall to generate KW infographic (completed and shared post-workshop); establishing an ongoing community of practice

Estimated number participants

150-200

Workshop leader

Professor Reeve - GP, expertise in generalist redesign, founder/lead of WISE GP programme (www.wisegp.co.uk)

Abstract topic

04. Professional development

Abstract ID: 268

Internal code

O04-16

Presentation form

1 Slide – 5 minutes lecture

Enhancing the role of appraisers in providing support to doctors experiencing difficulties due to formal complaints and investigations

Majid Jaliil¹⁾, Anam Malik²⁾

¹⁾Wessex Appraisal Service, Health Education England/Shirley Avenue Surgery, Southampton, United Kingdom

²⁾Research Consultant, Public Health, Birmingham, United Kingdom

Background

Practitioners find complaints and subsequent performance-review processes threatening and considerably stressful, and appraisal meetings provide opportunity for a supportive, reflective discussion on experience. However, this is followed by a clear expectation from employers and regulatory bodies that the practitioner provides an updated response to the complaint, including lessons learnt. These regulatory demands heighten stress, making appraisal a high-stake consultation. Yet there is minimal literature available on this critical component of appraisal.

Study Questions

A qualitative study used semi-structured in-depth interviews with 10 appraisers to sample knowledge, attitude and practice when faced with practitioner complaints, including:

- Perception of appraisers role in this arena
- Strategies used in exploring the complaint, particularly with practitioners resistant to focused discussion, reflection, and identifying learning needs
- Could appraisers be better equipped for this task?

Outcomes

- The neutral, non-judgmental, supportive climate of appraisals is essential to reducing complaint-related stress - but appraisers are handicapped by time limitations
- Appraisers unbiased, empathetic, yet challenging approach to practitioner-complaints contribute to turning negative experiences into learning events
- Appraisers require a better understanding of current regulatory and performance review processes

Take home message

Regulatory requirements reviewing evidence required for appraisal makes it hard for appraisers to balance their role of 'assessors of performance' with their supportive role. Yet they manage this potential conflict skilfully; and are pivotal in supporting practitioners to learn from disaster, whilst identifying potential burn-out, and those at risk of disabling stress. A better understanding of the regulatory and performance review procedures will enhance their skills.

Abstract topic

04. Professional development

Abstract ID: 274

Internal code

O04-17

Presentation form

Workshop

We are the future of general practice: an interactive discussion by and for GP trainees

Julia Darko¹⁾, Harry Williams²⁾

¹⁾King's College VTS Scheme, London, United Kingdom

²⁾Lewisham VTS, London, United Kingdom

Workshop

Background: This workshop is led by the sitting RCGP Trainee Network Co-Chairs: Dr Julia Darko and Dr Harry Williams to engage trainees in a dynamic conversation about our vision for the future of our profession and our working lives. The discussion will generate critical analysis of the current state of general practice, the challenges facing the profession as well as our fears and hopes for the future. By facilitating this conversation, we hope to raise awareness of the opportunities for trainees to get involved in shaping the future of the workplace through college membership and beyond.

Target Group: General Practice/ Family Medicine Trainees

Didactic Method: Interactive group session with workshop leaders guiding and facilitating the discussion

Objectives:

- To facilitate an interactive discussion among current GP trainees about the future of general practice by exploring three key questions: how can GP training improve, how can GP working life improve and what is our 20-year vision for our own career.
- To introduce GP trainees to the RCGP AiT Network and opportunities to get involved as trainees
- To provide a space for trainees to meaningfully come together and get to know one another

Estimated number of participants: 30-40

Brief presentation of the workshop leaders:

Julia and Harry are both GP trainees in South London. They are also the Co-Chairs of the national trainee RCGP (AiT) network. They are passionate about improving the experience of general practice training and determined to amplify the trainee voice within the Royal College of General Practitioners.

Abstract topic

04. Professional development

Abstract ID: 289

Internal code

O04-18

Presentation form

1 Slide – 5 minutes lecture

Tackling our workforce crisis through a post-VTS/residency programme: the CATALYST programme

Joanne Reeve¹⁾, Stephen Opare-Sakyi¹⁾, Myriam Dell Olio^{2), 1)}, Kerry Leadbetter¹⁾, Joseph Wall¹⁾, Daniel Roper²⁾

¹⁾Academy of Primary Care, Hull York Medical School, Hull, United Kingdom

²⁾Humber Coast & Vale Health & Care Partnership, Hull, United Kingdom

Background

Tackling the GP workforce crisis is a national priority. Recruitment, retention, workload, professional development, service design all need urgent attention. Where do we start? Our flagship CATALYST programme in Humber, Coast & Vale starts with new-to-practice GPs. This evidence-informed programme targets known barriers to delivering the distinct expert-generalist-care needed for today's complex care; and develops the extended professional skills that motivate future professional roles.

An embedded evaluation of CATALYST demonstrates its impact; tells us how/why it works; and so what could be developed/delivered in other settings, and at different career-stages.

Target group

GPs/Family Physicians, trainers, workforce leads

Objectives

Workshop attendees will

- Understood the evidence-informed-rationale for this professional development programme
- Critically consider how it might be applied in their own context
- Contribute to drafting of a policy briefing statement potentially shared through WONCA/RCGP

Didactic method

- Introduction to CATALYST: present overview of the programme, its rationale and delivery, and key findings of the evaluation (large-group presentation, 25 minutes)
- Application of CATALYST: delegates discuss in smaller groups how could use presented CATALYST framework to address own contextual priorities/needs, including work already happening. Groups share summary in real-time on virtual wall and/or submit post-workshop. (20 minutes) Collated report of current/potential CATALYST applications shared post-workshop
- Large group Q&A examines the barriers, enablers and necessary policy/practice level changes revealed (15mins) . Briefing report to WONCA/RCGP created post-workshop

Take home message

CATALYST shows us how we can modernise professional training, transform careers and so tackle our workforce crisis

Abstract topic

04. Professional development

Abstract ID: 307

Internal code

O04-19

Presentation form

1 Slide – 5 minutes lecture

FEPO-The fast examination method for the parenchymal organs for early diagnosis of focal lesions correlated with a multimodal ultrasound screening at the primary healthcare level to high-risk populations.

Mihai IACOB

Research Department in Family Medicine, EUVEKUS/EADUS - European Association for the Development of Clinical Ultrasonography in Ambulatory Health Care (Outpatient Health Care)., Wien, Austria

According to the current statistics of oncological-pathology, we could now through relatively inexpensive methods such as multiparametric-ultrasonography, increase diagnostic accuracy, both by using early positive and differential imaging diagnostics, as well as by developing programs and methods of general-targeted-ultrasonographic-screening, on high-risk-population, especially in developing countries/remote-areas. Over

80% of cancers could be diagnosed by ultrasonographic-multimodal-screening. Our aim was the early diagnosis and quick treatment in the earliest stages at primary-care.

Method: We report a multiparametric-oncologic-ultrasound-screening(abdominal/pelvic/breast/thyroid/soft-tissues-ultrasonography=FEPO-method)performed on a total of 5000patients with positive oncological-risk-factors, over18years, followed five-years, sex-ratio=1:1. We used a questionnaire to identify the presence of the risk-factors as inclusion criteria. To patients aged 18-50years, were made an ultrasound-screening every two years and over 50years annually, by an ultrasound-guideline(FEPO) and archived into an electronic-database. Positive patients had done the following ultrasound methods:Gray-Scale/Doppler/Strain-Elastography/CEUS/4D and „Malignancy-Ultrasound-Score”(M.U.S)developed by us.

Results: Were found a total of 310patients with benign(n=157)and malignant-tumors(n=153).The incidence of malignant tumors was:3.06% at the high-risk-population. The sensitivity was81%,specificity90,94% with a high-accuracy90,54%, $p<0,01$, 5-year prevalence was:6,2%,PPV=37,32%, NPV=98,68%. ROC-analysis confirmed a higher level of diagnostic accuracy of multiparametric-ultrasound(B,Doppler,Elastography-US) compared with Gray-Scale-Ultrasound, AUC=0,996,95%CI=0,981to1,00, $p<0.001$. To ANOVA-comparative-analysis the very-significant statistical level had M.U.S., $p<0,001$.

Conclusions: FEPO-methodology correlated multiparametric-ultrasound-targeted - screening proves to be a very effective method with high accuracy90%, for the early detection of hypervascular-tumors in asymptomatic stage, who can confirm malignancy and the need for biopsy as"Gold-Standard"

Abstract topic

04. Professional development

Abstract ID: 318

Internal code

O04-20

Presentation form

1 Slide – 5 minutes lecture

Comparison of patients with coronary artery bypass graft surgery and healthy individuals receiving preventive health care in primary care

Meryem Cakir¹⁾, Habib Cakir²⁾, Koksal Donmez²⁾, Erturk Karaagac²⁾, Ismail Yurekli²⁾, Kurtulus Ongel¹⁾, Ali Gurbuz²⁾

¹⁾Family Medicine, Izmir Katip Çelebi University, Atatürk Training and Research Hospital, Izmir, Turkey

²⁾Cardiovascular Surgery, Izmir Katip Çelebi University, Atatürk Training and Research Hospital, Izmir, Turkey

In this study, we aimed to compare the status of patients who underwent coronary artery bypass graft (CABG) operation and healthy individuals to receive preventive health services for coronary artery disease in primary care.

The cross-sectional, descriptive study included a total of 151 CABG patients and 167 healthy individuals. Demographic and clinical characteristics of the patients were recorded. The form prepared by the researchers was applied using the face-to-face interview technique to collect data.

In the study, it was found that patients who underwent CABG operation received more information from their Family Physicians about the coronary damage of smoking and alcohol and coronary benefits of healthy diet, weight control and ASA usege compared to the control group ($p < 0.005$). It was found that blood pressure, lipid and blood sugar controls were performed more frequently in patients who underwent CABG operation compared to the control group ($p < 0.005$). It was found that patients who were elderly, male, diagnosed with Hypertension and Diabetes mellitus, and did not exercise had more CABG operations ($p < 0.005$).

In primary care, it is possible for patients to gain healthy lifestyle changes to protect them from coronary artery disease risks and to provide care and rehabilitation for individuals with chronic diseases. The strategies for primary healthcare services on this issue can be improved.

Abstract topic

04. Professional development

Abstract ID: 320**Internal code**

O04-21

Presentation form

1 Slide – 5 minutes lecture

A rare case in family medicine: acetamiprid poisoning

Meryem Cakir, Deniz Almak, Kurtulus Ongel*Family Medicine, Izmir Katip Çelebi University, Atatürk Training and Research Hospital, Izmir, Turkey*

Neonicotinoids, a new group of insecticides, are widely used for crop protection and flea control. In this case, a 40-year-old male patient was admitted to the Family Medicine outpatient clinic with complaints of nausea, vomiting, dysphagia, weakness, sweating, anorexia, and occasional dizziness. It was learned that he applied to the emergency service 7 days ago and received symptomatic treatment.

When the anamnesis was deepened, it was learned that the patient was a farmer and had been exposed to an insecticide containing 20% acetamiprid by skin and inhalation 7 days ago. Various blood samples, electrocardiogram and clinical urine tests were performed on the patient for differential diagnosis. Considering the patient's anamnesis, clinical findings and laboratory results, it was thought that mild toxicity developed in the patient due to exposure to acetamiprid.

There is no antidote for acetamiprid. In its toxicity, supportive treatments are recommended, such as preventing recurrent contamination, relieving symptoms, and providing respiratory and hemodynamic support when necessary.

Family Physicians, who use the principle of person-centered care in clinical practice, are thought to be concerned not only with the existing pathologies of their patients, but also with the problems that occur in the individual and the environment in which they live.

Abstract topic

04. Professional development

Abstract ID: 333**Internal code**

O04-22

Presentation form

Lecture

Professional identity formation in becoming a GP trainer – barriers and enablers

Kevin McConville

General Practice, University of Dundee, Dundee, United Kingdom

Background

Policy promotes students and doctors becoming GPs yet there exists little focus on UK GP trainers' recruitment and retention.

Questions

This study explored barriers and enablers facilitating the professional identity formation of a GP *becoming* a GP trainer

Methods

Designed as a qualitative case study within one programme of the Scottish Deanery. Data were collected between January - November 2018 via semi-structured interviews with 16 GP trainers and 79 regulatory and policy documents. Thematic analysis was applied whilst a reflexive stance as a previous GP trainer was maintained.

Outcomes

Findings indicate GPs become GP trainers through experiences and events transitioning across three predominant identities: 'Becoming a Doctor', 'Becoming a GP' and 'Becoming a GP Trainer'. Impediment at any of these stages acts as a barrier.

Discussion

The GP trainer role suggests tendencies for clinicians to be understated in their achievements and abilities. The GP trainer dually enacts and role models that of clinician and teacher; time acts as a significant barrier. The current Scottish Prospective Educational Supervisor Course (SPESC), or previous iterations, is a significant enabler. GP trainer associations with Out of Hours services have changed over time. GP trainer / trainee relationships are essential enablers to a continued GP trainer professional identity.

Take Home Message for Practice

The role of the GP trainer as a teacher needs highlighting. Processes that protect and maximise this role may enhance the positive contributions of being a teacher. Understanding these themes may enhance the recruitment and retention of GP trainers.

Abstract topic

04. Professional development

Abstract ID: 429

Internal code

O04-23

Presentation form

1 Slide – 5 minutes lecture

Basic magic skills for GPs

Peter Saul

Health Education and Improvement Wales, Cefn Coed, Nantgarw, United Kingdom

Engaging and reassuring young patients can be difficult, this workshop offers participants the opportunity to learn some basic magic skills in order to amuse and build relationships with this patient group.

Target Group - any GPs or members of the practice team who deal with younger patients

Didactic Method - demonstration and coaching by a qualified magician

Objectives - to demonstrate two or three tricks which can be easily learned and performed with patients

Estimated number of participants - 15 max, but if approved we would like to possibly run two back to back workshops

Brief presentation of the workshop leader - Chaired by Peter Saul, Magician TBA

Alternative title Hogwarts Health Center.

Abstract topic

04. Professional development

Abstract ID: 431

Internal code

O04-24

Presentation form

1 Slide – 5 minutes lecture

Managing common paediatric allergy problems in primary care

Peter Saul

Health Education and Improvement Wales, Cefn Coed, Nantgarw, United Kingdom

Background: Paediatric allergy is a clinical area that is important and often concerning to both parents/patients and GP Teams. Diagnosis, management and effective communication with parents/patient are the key. How and when to investigate in primary care settings can be confusing. Being secure in knowledge of the condition can enable effective discussions with parents and alleviate anxiety. There have been recent developments in lab based diagnostic procedures available to primary care and desensitisation options if referred to secondary care. This workshop provides an overview and also a brief summary of anaphylaxis management.

Target Group: GPs, GPSTs and other practice clinical staff

Didactic method: Part lecture, case studies, voting with mentimeter

Objectives: Differentiation of different types of allergy, Update on current management of IGE based food allergy, who and when to refer, use of Adrenalin Auto Injectors, the role of patient education. Anaphylaxis. Desensitisation options

Estimated Number of Participants: up to 100

Brief presentation of the workshop leader: PS is a GP with a special interest in Paediatric Allergy and member of BSACI

Abstract topic

04. Professional development

Abstract ID: 440

Internal code

O04-25

Presentation form

1 Slide – 5 minutes lecture

Digoxin toxicity: the great simulator

Eva Pérez Carvajal, Esther Tórtola Ventura, Estefanía Pérez Nicolás, Heliodoro Ibañez, Mara Sempere
CS. SUECA, family doctor, Sueca / Valencia, Spain

Background

The use of digitalis-based medication is extensively spread throughout the general population. Digoxin, the principal drug traced in this group, is mainly used to control the heart rate in atrial fibrillation. Its narrow therapeutic index, makes toxicity a common complication.

Questions

Digoxin toxicity, especially those associated with chronic treatment, normally implicates nonspecific clinical manifestations, such as those presented in the digestive and circulatory systems.

We propose implementing the differential diagnosis with other clinically overlapping diseases, along with the management and treatment of digitalis toxicity.

Content

Digestive symptoms are the most frequent clinical manifestation, such as nausea, vomiting, abdominal pain or diarrhoea. Additionally, other warning indicators are dizziness, lack of balance, heart palpitations, asthenia... All of these being symptoms shared among other common health problems.

To obtain a proper diagnosis, a thorough clinical record of the patient undergoing a digitalis treatment must be reviewed. Questions regarding recent dose adjustments or other intercurrent pathologies must be asked to assess toxicity.

Take Home Message for Practice

A blood analysis including electrolyte and digoxin levels is required. An ECG must also be performed in order to detect alterations. Any deviation in the complimentary tests must then be made relevant to the prognosis. Follow up management would vary depending on the clinical state of the patient, the pathology or intercurrent analytical alterations and levels of digitalis toxicity. Emphasis on correcting the potassium level alterations along with the use of antidigoxin antibodies (in serious cases with performed hemodialysis) are the mainstays of this procedural treatment.

Abstract topic

04. Professional development

Abstract ID: 451

Internal code

O04-26

Presentation form

1 Slide – 5 minutes lecture

Effective Advocacy. Developing and action plan for success.

Viviana Martínez-Bianchi¹⁾, Kim Yu²⁾, Claire Marie Thomas³⁾, Nick Mamo⁴⁾

¹⁾Department of Family Medicine and Community Health, Duke University School of Medicine, Durham, North Carolina, United States

²⁾Family Medicine, Aledade, Mission Viejo, California, United States

³⁾Primary Care, Omnes Healthcare, London, United Kingdom

⁴⁾VdGM, WONCA Europe, Zwolle, Netherlands

Background:

Family doctors and general practitioners' voices are important in establishing health priorities. We advocate for the best care for our patients, for our profession, for universal health coverage, for appropriate funding, for changes and improvements in health systems and changes in local, regional, national, and global policies.

Advocacy uses some of Family Medicine's strengths, the telling of memorable stories that support the data for our claims.

Advocacy requires nurturing long-term relationships with patients, communities, organizations' leaders and policy makers.

Effective advocacy requires careful planning and organizing around an ideal.

This workshop will take attendees through the creation of an advocacy action plan to strengthen their advocacy role.

Target Group

Family doctors/General practitioners, trainees, members of the healthcare team, and students wishing to learn or reactivate their advocacy skills

Didactic Method

This interactive workshop will take attendees through the development of an Advocacy action plan.

Objectives

To develop an action plan for advocacy that the participant can use for issues relevant to them, their patients, or their communities.

To learn basic skills in advocacy such as the creation of a short advocacy speech

To utilize their advocacy skills to advance General Practice/Family Medicine priorities

Take Home Message for Practice

ADVOCACY ACTION PLAN, STEPS TO FOLLOW

1. DEVELOPING YOUR VISION AND GOAL
2. ASSESSING THE POLITICAL AND SOCIAL ENVIRONMENT
3. LEARNING ABOUT YOUR AUDIENCE
4. USING PRINCIPLES OF COMMUNITY ENGAGEMENT
5. PREPARING THE MESSAGE
6. CREATING A NETWORK
7. BUILDING / CREATING COALITION
8. DELIVERING THE MESSAGES/ WRITING FOR POLICY CHANGE
9. MONITORING AND EVALUATING PROGRESS

Abstract topic

04. Professional development

Abstract ID: 469

Internal code

O04-27

Presentation form

1 Slide – 5 minutes lecture

Relevance of holistic modelling approach in pediatric age

DIANA FERNANDES GOMES, Diana Fernandes Gomes, Bruno Miguel Morgado Morrão, Marta Filipa Martins, Susana Patrícia Martins, María Teresa Marques Baltazar
Family Doctor, USF Mimar Meda, COVILHA, Portugal

Background

The holistic modelling approach emphasizes the need to look at the whole person and focusses not just on their illness. According to the findings, it allow us to collect information used in making a differential diagnosis and to rationally plan the next pillar of diagnosis. This way the practitioner chooses and avoids unnecessary imaging exams and laboratory investigations. It also informs about the pattern and the severity of the disease. Not performing an holistic modelling approach is a threat to the patient's safety as the probability of diagnostic errors increases.

We report the case of a 3 year old boy with a clinical picture of recurrent acute otitis media.

Questions / Discussion Point

During all consultations with the Primary Health Care practitioner, an incomplete physical exam was performed, directed only at the main complaint of the child.

Could it be that by doing an holistic modelling approach in the first episode of acute otitis media would prevent the recurrence of the disease?

Content

After multiple episodes of acute otitis media, a nose examination was performed, where a foreign body (piece of bread) was found. Mother was questioned if the child had the habit of putting objects in the nose.

Take Home Message for Practice

With this case we intend to highlight and bring awareness of the importance of carrying out an holistic modelling approach. The physical examination findings and the approach to child behaviour, allowed us to get to the underlying trigger that was causing a repetitive picture.

Abstract topic

04. Professional development

Abstract ID: 480

Internal code

O04-28

Presentation form

1 Slide – 5 minutes lecture

Remote and distance continuous professional development in a post-covid world

Dirk Pilat, Thomas Round, Emma Nash, Toni Hazell, Annemarie O'Dwyer

Online Learning Environment, Royal College of General Practitioners, London, United Kingdom

Background: The SARS-CoV-2 pandemic has transformed all aspects of our lives. Internationally, healthcare has been affected from staffing, working conditions and patient load to the provision of continuing professional development (CPD). Restrictions of face to face meetings meant that the majority of CPD had to be delivered remotely, delivering an unprecedented amount of updates due to a continuously evolving evidence base. For CPD providers the fast-changing nature of the knowledge base for COVID-19 required a significantly accelerated review and update process for any new resources that were published – in some cases, updates were required daily as rapid reviews were published by research institutions. The combination of these unique circumstances has made remote and distance learning the often only viable method of CPD delivery for

practitioners at the frontline of healthcare delivery internationally. Fortunately, online and e-learning CPD resources can contribute to the rapid upskilling of a professional workforce and offer a wide variety of formats to encompass a range of learning modes; this variety also improves the accessibility of learning episodes which can be consumed at convenient times and settings.

Target Group: Healthcare professionals with an interest in creating CPD

Didactic Method: Interactive Workshop

Objectives: We aim to demonstrate the evidence for effective remote and distant CPD, its various methods of delivery and the workstreams necessary to produce them, using technologies that are appropriate in all international settings. We hope that this workshop enables the attendees to produce their own remote/online CPD.

Estimated Number of Participants: 50

Abstract topic

04. Professional development

Abstract ID: 499

Internal code

O04-29

Presentation form

1 Slide – 5 minutes lecture

Narrative medicine, narrative-based practice, and training for narrative competence: conversations inviting change

Lucy Andrews, Devin Gray

Putneymead Group Medical Practice, London, United Kingdom

Narrative medicine has become an established field since the work of pioneers including Trisha Greenhalgh and Rita Charon around 2000. It has grown in scope internationally in recent years with the support of organisations including the European Narrative Medicine Society (EUNAMES), Narrative Medicine International based at Columbia University, and the Association of Narrative Practice in Health (ANPH) in the United Kingdom. In this workshop we will explain and demonstrate how trainers accredited by ANPH teach narrative-based skills for use in patient consultations and primary care education.

Target group: All GPs and primary care professionals including educators.

Didactic method: Presentation (15 minutes) followed by interactive workshop (45 minutes) and closing discussion (10 minutes)

Objectives: Participants will

(a) gain an understanding of how the principles of narrative medicine can be applied to consultation, supervision and training

(b) acquire some essential skills to apply in everyday practice and education

Estimated number of participants: 30-40

Workshop leaders: Dr Devin Gray, Dr Lucy Andrews (both Accredited Trainers in Conversation Inviting Change)

Abstract topic

04. Professional development

Abstract ID: 527

Internal code

O04-30

Presentation form

1 Slide – 5 minutes lecture

Why bother? Examining the value of international partnerships in primary care development

Anwar Khan^{1, 2)}, Amanda Howe²⁾, Ahmed Rashid²⁾, Helen Crawley²⁾, Aya Ayoub²⁾, Lwando Maki²⁾, Sonny Aung²⁾

¹⁾*Safety and Learning, I&R and RCGP International, NHSR, HEE and RCGP, Epping, United Kingdom*

²⁾*International Department, Royal College of GPs (UK), London, United Kingdom*

Background

The RCGP has long been involved in a number of collaborative global ventures supporting primary care as the foundation of universal health coverage. It also encouraged mutual learning helping to develop skills particularly in leadership and education. The report “Experts in our Midst: Recognising the role NHS diaspora make to global health” published by THET highlights the bilateral benefits diaspora can bring both their heritage country and current location. This workshop will discuss and debate effectiveness of different intervention methods and critically examine potential models for international engagement by a national organisation like RCGP.

Target Group include healthcare professionals working in family medicine already doing international work, those interested in it, and those just wanting to learn more.

Didactic Method - Brief presentations from a diaspora GP working with heritage country health professionals to develop GP services, Chair of RCGP Junior International Committee (JIC), Chair of World Medical Association Junior Doctors Network and Chair of the MRCGP(INT) accreditation programme. Followed by round table discussion around critical success factors.

Questions posed include 1. What made programmes successful for individuals, organisations and wider health systems? 2. What were the challenges? 3. How do organisations add value to their international work via their WONCA membership? Finally, learning shared from the group discussions

Objectives include improved understanding of service development from and international perspective and networking and connecting with WONCA and RCGP members and projects

We can accommodate 50 participants

Workshop leader is Dr Anwar Khan, Medical Director of International Accreditation, RCGP, UK

Abstract topic

04. Professional development

Abstract ID: 532

Internal code

O04-31

Presentation form

1 Slide – 5 minutes lecture

State of Art Review - Advances in Primary Care Respiratory Medicine

Stephen Holmes¹⁾, Kevin Gruffyd Jones²⁾

¹⁾*The Park Medical Practice, Shepton Mallet, United Kingdom*

²⁾*Box Surgery, Box, Wiltshire, United Kingdom*

Background

Respiratory problems are the commonest presentation in primary care - and there are considerable changes in practice likely to influence management in a primary care setting over the next few years.

Target Group

Clinicians working in primary care, academics interested in researching new modes of care

Didactic Method

4-5 short lectures

Objectives

To highlight prevalence of misdiagnosis of common long term respiratory conditions.

To be aware of current evidence on diagnosis of COPD and use of spirometry and imaging

To be aware of current evidence on use of FENO / spirometry and other factors in diagnosis of asthma

To understand current evidence on use of pulse oximetry and distance monitoring / care@home initiatives in care of COVID19 and other respiratory conditions

To be aware of current evidence on early diagnosis of lung cancer

To be aware of new evidence and guidance linked to fitness to fly, respiratory problems in athletic individuals and bronchiectasis.

Take Home Message for Practice

Good clinical skills will remain the cornerstone of care - but increasing use in primary care of spirometry, imaging, FENO and pulse oximetry will enhance diagnostic accuracy and clinical management. The session will highlight resources, good clinical tips from active clinicians and cutting edge evidence.

Abstract topic

04. Professional development

Abstract ID: 550

Internal code

O04-32

Presentation form

1 Slide – 5 minutes lecture

Practical skills training for GPs in responding to family violence. A joint WWPWF and Wonca SIGV workshop

Amanda Barnard¹⁾, Marjorie Cross¹⁾, Kelsey Hegarty²⁾, Raquel b³⁾

¹⁾*Rural Clinical School, Australian National University Medcil School, Acton, Canberra, Australia*

²⁾*General Practice, Chair of Family Violence Prevention, University of Melbourne, Melbourne, Australia*

³⁾*Integrative Research Unit: Social and Individual Development (INSIDE), University of Luxembourg, Esch-sur-Alzette, Luxembourg*

Background: GPs play a key role in identifying and responding to family violence and intimate partner abuse There is international evidence that family violence has increased

during the pandemic, and there are challenges in telehealth. The workshop is based on GP needs identified through workshops at Wonca conferences, the WHO Clinical Handbook and the *RACGP Abuse and violence -Working with our patients in general practice*

Target group: GPs, GP registrars and other primary care clinicians who may be first point of contact for disclosure of family violence.

Estimated participants: 30

Workshop format/Didactic method 75 minutes.

The workshop will consist of a brief overview, and the opportunity for participants to learn and practice new skills in a safe supportive environment:

- Identification and initial response and validation - how to identify, ask about and respond to initial disclosure of family violence. Participants will generate and rehearse questions and responses that they feel able to put into practice
- How to assess risk and assist women to reflect on their own safety and their children's safety.

Plenary discussion focusing on the challenges of the pandemic and tips on self care.

Objectives This practical training session will equip clinicians with knowledge skills and confidence to ask about abuse and respond appropriately to disclosure.

Workshop Leaders Professor Amanda Barnard is an academic GP and past Chair of the WWPWF. Professor Kelsey Hegarty is an academic general practitioner who holds the joint Chair in Family Violence Prevention at the University of Melbourne and the Royal Women's Hospital.

Abstract topic

04. Professional development

Abstract ID: 591

Internal code

O04-33

Presentation form

1 Slide – 5 minutes lecture

Trauma and migration – a beyond PTSD perspective for primary care

Roghieh Dehqan¹⁾, Ayesha Ahmad²⁾

¹⁾Centre of Multidisciplinary and Intercultural Inquiries, University College London, London, United Kingdom

²⁾St George's University, London, United Kingdom

Background:

Forced migration leaves refugee communities vulnerable to psychological stress, they are ten times more likely to be diagnosed with post-traumatic stress disorder (PTSD) than the general population in Western countries (Fazel et al, 2005). GPs are often the first contact for these patients who have complex psycho-social needs, and they are also tasked with long-term care for these patients. This workshop calls for a closer attention to the socio-cultural expression of trauma in refugees and is informed by our clinical and academic experiences with this cohort.

Target Group: Healthcare professionals

Method: After a 15-minute introduction, we will facilitate small group work. Each group will be provided with a literary vignette and tasked with a set of questions, which require critical reflection on socio-cultural determinants of trauma. Each group will have 20

minutes to discuss and 5-minutes to present to the larger group. Finally, we will explore how this knowledge could inform clinical and research responses to trauma.

Objectives: This workshop will encourage participants to consider ways trauma is expressed in clinic settings, which may not fit into a clinical definition of PTSD. The objectives are: 1) to understand complex trauma, 2) to explore therapeutic potentials of GP clinics for this cohort, 3) to inspire future primary care research with traumatized refugees.

Number of participants: 20

Workshop leaders:

Roghieh Dehghan is a GP and Wellcome fellow in health humanities.

Ayesha Ahmad is an academic, specialising in refugee mental healthcare and working in conflict settings.

Abstract topic

04. Professional development

Abstract ID: 592

Internal code

O04-34

Presentation form

1 Slide – 5 minutes lecture

Patients with hypothyroidism on Levothyroxine therapy monitoring during pandemic Covid19

Agnes Kempny, Nicola Jones

Brocklebank Health Centre, Cheam, United Kingdom

Background

Patients with hypothyroidism on Levothyroxine therapy require regular monitoring of TSH.

Questions / Discussion Point

We sought to assess TSH values and intervals between TSH tests in a large GP surgery for years 2014–2022, with a secondary goal of assessing changes in TSH monitoring during Covid19 pandemic.

Content

We included 447 patients (81% female), with a median age on most recent assessment of 55.9years and interquartile range (IQR) of 43.4-68.6years. All patients had Levothyroxine prescription and TSH tested. Between 2014 and 2022, a median of 8 [IQR5-10] TSH tests were performed per patient. The median interval between TSH tests was 7.3months (IQR3.1-13.0), with 31% test performed more than 1year after previous test.

There was no significant change of TSH tests performed annually, with 442 performed in 2014 and 472 in 2021. During Covid19 pandemic, there was no evident decline of tests nor increase of intervals between tests. Overall, 41.7% of all TSH test were not in target zone (15.3% below 0.45 and 26.4% above 4.1mU/L). Amongst patients with 3 or more TSH tests performed during this period, after exclusion of 2 first test results, 40.4% of TSH values were outside target.

Take Home Message for Practice

TSH testing frequency and intervals remained stable since 2014, without evident change during Covid19 pandemic. Despite adherence to TSH monitoring and Levothyroxine dosing guidelines, more than 40% TSH values remain outside desired range with.

therefore, suboptimal disease control. Root cause analysis and adjustment of treatment and monitoring policies are needed.

Abstract topic

04. Professional development

Abstract ID: 597

Internal code

O04-35

Presentation form

1 Slide – 5 minutes lecture

Importance of drug interactions – case report of a polymedicated patient

DIANA FERNANDES GOMES, Bruno Miguel Morgado Morrão, Marta Filipa Martins, Susana Patrícia Martins, Maria Teresa Marques Baltazar
Family Doctor, USF Mimar Meda, COVILHA, Portugal

Didactic method

Case report – classical review

Presented problem

Polymedication, often defined as routinely taking a minimum of five medicines, is more prevalent in older adults and increases the risk of adverse drug reactions, the potential of drug to drug and drug–disease interactions. Besides, it has a significant negative impact on health outcomes, an increase in the use of health care services and an expenditure on resources.

In this study is reported a case of a 66 years old male, asymptomatic, polymedicated, that presented hyperkalemia (Potassium: 5.9) in routine analyses.

Management

A comprehensive approach of the patient was carried out along side a review of the medication wused for the chronic disease with the aim of discovering the etiology of hyperkalemia.

Outcome

At a follow-up appointment, and after discontinuing and replacing some of the prescribed drugs that had adverse and dangerous interactions, potassium values got to a normal range.

Discussion

This case study warns about the importance of implementing medication reviews as a routine measure in primary health care, especially before prescribing a new medication.

What we can learn from this/open questions

With the review of the chronic medication at each consultation, the promotion of deprescription especially in the polymedicated elderly patient, and a comprehensive approach it was possible to understand the etiology of the finding and to solve it.

Abstract topic

04. Professional development

Abstract ID: 601

Internal code

O04-36

Presentation form

1 Slide – 5 minutes lecture

How to use 'Thinking Pitstops' to transform your ability to think effectively when under pressure

Susanne Caesar^{1, 2)}

¹⁾Health Education England, Otterbourne, United Kingdom

²⁾Academy Professional Development Committee, Academy of Medical Royal Colleges, London, United Kingdom

Background - The extreme pressures of the global pandemic required innovative ways to support each other to do our best quality thinking under pressure. Based on the work of Nancy Kline ('Time to Think'), Neuro-Linguistic Programming (NLP) and work with elite athletes, 'Thinking Pitstops' were developed in April 2020. They are a time efficient (15minute), easy to implement, supportive intervention that can underpin high quality thinking any time, anywhere. Think Formula One - you arrive depleted and tired and leave refreshed and re-energised.

Target Group - all professionals who want to learn how Thinking Pitstops facilitate better quality thinking and unlock creativity, especially when exhausted and stressed.

Didactic Method - participative workshop with facilitators who share the theory (10mins brief presentation), demonstrate a Pitstop (15mins demonstration, 20mins questions), before delegates work in trios to try what it feels like to have a Pitstop (30mins).

Objectives - all participants should leave with a clear understanding of what a Thinking Pitstop is, why it is so powerful, how it feels to receive one and how to access more training and the support to develop a sustainable model for ongoing delivery

Estimated number of participants - unlimited

Brief presentation of the workshop leader - Dr Susanne (Susi) Caesar is a locum GP, medical appraiser and executive coach and mentor who uses Thinking Pitstops in her own day-to-day practice as well as having facilitated them for senior clinicians in Public Health England, and in the pilot to bring Health and Social care and the third sector in Somerset together.

Abstract topic

04. Professional development

Abstract ID: 619

Internal code

O04-37

Presentation form

1 Slide – 5 minutes lecture

Why GPs and Specialists delivering collaborative patientcare should embrace their contradictions!

Loes Meijer¹⁾, Esther de Groot¹⁾, Roger Damoiseaux¹⁾, François Schellevis²⁾

¹⁾Julius Center for Health Sciences and Primary Care, UMC Utrecht, Utrecht, Netherlands

²⁾Netherlands Institute for Health Services Research, Nivel, Utrecht, Netherlands

Background:

Collaborative patientcare trajectories, especially in chronic care, need professionals who work across the boundaries of their discipline and organizations. Knowledge about their common patientcare asks for negotiating their roles and responsibilities. During this boundary crossing, change and common learning, called expansive learning can occur. This expansive learning starts with the identifying of the contradictions.

Questions:

How health professional identify contradictions during negotiating their collaborative care

Methods:

In a case study, we analyzed four meetings in which primary and secondary care professionals develop a collaborative care trajectory for patients with heart failure, written down in a Collaborative Patient Care Agreement. The videorecorded meetings were transcribed and coded with a methodological framework based on the Activity Theory.

Outcomes:

We focused on the contradictions: dilemma, double binds and conflict. We as researchers identified more contradictions than the professionals did (74vs22). The professionals didn't identify conflicts, one third of the dilemmas and almost half of the double binds. When contradictions became explicit, expansive learning starts. By negotiating their roles, they changed the collaborative patientcare trajectory and could resolve part of their contradictions.

Discussion:

Professionals who negotiate their shared patient care do not explore all contradictions. As a result, opportunities to understand each other's perspectives and learn and change together are not fully utilized. By paying attention in education to the potential of contradictions for learning and change, these opportunities can be exploited.

Take Home Message for Practice:

Embrace contradictions, dare to name them and examine them together creating opportunities for learning and change.

Abstract topic

04. Professional development

Abstract ID: 622

Internal code

O04-38

Presentation form

1 Slide – 5 minutes lecture

Family conciliation utopia or reality? EU approach on the topic, thinking on it workshop

MIRIAM REY SEOANE¹⁾, Raquel Gomez Bravo²⁾, Eva Leceaga-Gaztambide³⁾, Marta Filipa Rodrigues Sá Ruivo⁴⁾, Ozden Gokdemir⁵⁾, SARA RIGON⁶⁾, Rabee Kazan⁷⁾

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²⁾Department of Behavioural and Cognitive Sciences, Faculty of Humanities, Education and Social Science, University of Luxembourg, Luxembourg, Luxembourg

³⁾EAP MATARÓ 7, ICS, MATARO, Spain

⁴⁾Unidade Saude Familiar da Baixa, ARSLVT, LISBOA, Portugal

⁵⁾IZMIR UNIVERSITY OF ECONOMICS, FACULTY OF MEDICINE, IZMIR UNIVERSITY, IZMIR, Turkey

⁶⁾Casa della Carità, Casa della Carità, Milán, Italy

⁷⁾CAP Terrassa Rambla, Fundacion Asitencial Mutua de Terrassa, Barcelona, Spain

Background

Conciliation of Family and Work-Life is a challenging problem everywhere in Europe, some countries are better prepared to face it but none reaches equal opportunities in the workplace to be real. During COVID times this situation worsened, having a greater impact on women by the change in the balance of Work-life.

As a part of the essential workforce nowadays, thinking of a better future and evolution to equal rights and preparing a new reality is understanding the problem and the possible solutions based on today's EU laws.

Target Group

trainees, young doctors, and senior doctors, as well as management and human resource personnel.

Didactic Method

We would like to propose a modified version of the design thinking traditional workshop. After an introduction of the presenting team, an ice breaker for the participants. We divide the audience into 7 groups, each group will have a story/ news clip or other relevant paper about one or multiple topics related to family conciliation. They have to share their experiences, laws in their countries and present a cohesive proposal to solve the problem at hand.

The presenting team will summarize their research about the 7 topics, focus their answer on the EU countries.

Questions at the end of the WS.

Objectives

- Create awareness about Family Conciliation
- Create thoughtful thinking on a problem and present a coordinated response
- Have a point of reality about the topic nowadays.

35-56 participants.

Miriam is a Family Medicine Specialist, with a Masters degree in Emergency and Critical Care.

Abstract topic

04. Professional development

Abstract ID: 627

Internal code

O04-39

Presentation form

1 Slide – 5 minutes lecture

Personality disorder – approach in primary health care

Marina Faria, Ana Rita Matos

Family Health Unit Lusa, Health Centers Group of Western Lisbon and Oeiras, Oeiras, Portugal

Background

It is estimated that 27 to 32% of patients attending primary health care have a personality disorder (PD). Family doctors (FD), despite being aware of the disease, most of the time do not feel comfortable to diagnose it.

Questions

Why is this pathology underdiagnosed? What are the major difficulties? How can we make it easier for FD and patients?

Methods

Classic literature revision.

Outcomes

PD are associated with psychiatric comorbidities (depression, anxiety, suicide and substance abuse) as well as cardiovascular comorbidities. These patients also show an average decrease in life expectancy of 17.7 years. However, it is still underdiagnosed and FD identify some major obstacles, such as lack of knowledge regarding diagnosis and therapeutic options, lack of resources and difficulty in hospital referral (mainly because of the patient's resistance to the diagnosis).

Discussion

In order to improve the approach to PD by FD, it is important to invest in health literacy, as well as in the training of professionals. The FD must be alert to early screening and referral, but also improve their communication techniques to approach these patients.

Take Home Message for Practice

PD is very prevalent and has a big impact on the patient's life. FD have a role of continuous care, so more important than the diagnosis is learning how to manage patient's problems, providing the necessary support and helping them to deal with it.

Abstract topic

04. Professional development

Abstract ID: 652

Internal code

O04-40

Presentation form

1 Slide – 5 minutes lecture

Gender Inequality in Family Medicine Career - Wonca Working Party on Women & Family Medicine workshop

Victoria Tkachenko¹⁾, Donata Kurpas²⁾, Nil Tekin³⁾, Raquel Gómez Bravo⁴⁾

¹⁾Department of Family Medicine, Shupyk National Healthcare University of Ukraine, Kyiv, Ukraine

²⁾Family Medicine Department, Wroclaw Medical University, Chair of EURIPA International Advisory Board, Wroclaw, Poland

³⁾Narlidere Residential and Nursing Home, Izmir, Turkey

⁴⁾Research Group Self-Regulation and Health. Institute for Health and Behaviour, Department of Behavioural and Cognitive Sciences. Faculty of Humanities, Education, and Social Sciences. University of Luxembourg, Luxembourg, Luxembourg

Background. The proportion of women in family medicine has tripled to 45.5% in past four decades, but female doctors have yet to achieve equity of career conditions and opportunity. The Working Party on Women & Family Medicine works to raise awareness and develop strategies to overcome the problem of gender equity in family medicine, the recent international survey and research has thrown further light on this. There is concern that impact on career is often underestimated. We don't talk about gender bias openly, so people may not believe that it exists. But top leadership positions in medicine remain predominantly male, including professional associations. Gender discrimination is observed from medical school, continues in residency, then institutions overlook women physicians' accomplishments, women are consistently under-represented in leadership of medical societies. Many women fail to advance and to earn same recognition as their male counterparts. Reproductive choice and maternity leave policies have significant

impact on this. Women doctors also experience overt sexism and sexual harassment. We note that women have double rates of burnout as male colleagues.

Target Group – family doctors, students, residents

Didactic Method. Short presentations will be followed by panel discussion and brainstorming guided by moderators.

Objectives – to focus attention on challenges of gender inequality in family medicine careers, guide participants in reflection

Estimated number of participants - 80

Brief presentation of the workshop leader.

Dr.Tkachenko is European leader of WWPWF, active member of WONCA groups (EURACT, EGPRN, EURIPA, EQuIP), Life Direct Member of WONCA, senior lecturer, researcher, general practitioner, co-author of 417 publications.

Abstract topic

04. Professional development

Abstract ID: 677

Internal code

O04-41

Presentation form

1 Slide – 5 minutes lecture

Cultural competence - what do we need to know?

Catarina Capella, Marta Bessa Neves, Mafalda Roxo

USF Almada, Almada, Portugal

Culture is defined as learned patterns of thoughts and behaviors, which makes a particular social group distinguish from others.

According to WHO, 10% of the WHO European region is estimated to be migrants or refugees, making migration a growing phenomenon.

Cultural competence is a foundational pillar for reducing disparities through culturally sensitive and unbiased quality care, therefore, health care systems have to be prepared to practice individualized centered-based medicine.

Right to health is a basic human right and GPs are in a privileged position, since they care for individuals in the context of their family, their community, and their culture, and use a bio-psycho-social model taking into account cultural and existential dimensions.

This workshop is targeted at health professionals. Its objective is to equip GP with appropriate knowledge and foster critical thinking, to better patient-centered decisions.

Raising awareness of this phenomenon leads to better health outcomes, because it can decrease the unconscious cultural stereotypes that may contribute to differences in medical treatment and health care disparities.

A brief theoretical presentation will be made, which aims to present definitions and tools that can be used daily in clinical practice, followed by discussion of clinical cases in groups of 5 people, with a total of 20 participants.

Catarina and Marta are two young GP trainees, with a special interest in migrant and preventive health. They do believe that GPs should adapt their clinical practice based on religious, ethnic origin and cultural background, in order to provide a better person-centered care

Abstract topic

04. Professional development

Abstract ID: 683**Internal code**

O04-42

Presentation form

1 Slide – 5 minutes lecture

Debate: Is general practice becoming a 'Bullshit job?' An exploration of 21st century professionalismAndrew Papanikitas¹⁾, Euan Lawson²⁾¹⁾*Committee on Medical Ethics, Royal College of General Practitioners, London, United Kingdom*²⁾*British Journal of General Practice, Royal College of General Practitioners, London, United Kingdom*

In this debate we will discuss whether general practice has become a 'bullshit job' and is no longer needed. The late economic anthropologist Graeber describes 5 types of pointless jobs:

1. **Flunkies**, who serve to make their superiors feel important.
2. **Goons**, who act to harm or deceive others on behalf of their employer.
3. **Duct tapers**, who temporarily fix problems that could be fixed permanently.
4. **Box tickers**, who create the appearance that something useful is being done when it is not.
5. **Taskmasters**, who manage—or create extra work for—those who do not need it.

We will argue that aspects of this typology can be applied to General Practice, and that this awareness is the first step to a more robust and flourishing professionalism. There have been public arguments that cheaper, better care is available from nurses, pharmacists and physiotherapists. Others argue that GPs do little more than refer patients to others, making them expensive signposts; and even when they help, can be a barrier to getting the desired hospital appointments or tests. Getting rid of GPs from primary healthcare will also improve their wellbeing - if they are reluctant to see patients either with new technology or face to face. Chaired by the editor of BJGP, This house will propose (in the mode of the late David Graeber) that general practice is no longer fit for purpose, and unnecessary for the delivery of modern healthcare - especially where patients can seek advice from helplines and automated search engines. Our aim is educational debate.

Abstract topic

04. Professional development

Abstract ID: 691**Internal code**

O04-43

Presentation form

1 Slide – 5 minutes lecture

How can mentorship transcend career stages, healthcare systems, and international borders?Chris Bull, Dr Helena McKeown

Membership Programmes, Royal College of General Practitioners (RCGP), London, United Kingdom

The importance of mentorship within healthcare is well recognised, its use aiming to enhance workforce performance, encourage learning and foster multidisciplinary collaboration. There are both personal and professional benefits associated with mentorship, and it is increasingly recognised as a professional development tool that benefits both the mentor and the mentee.

Our workshop will be divided into two sections, as follows:

1) The power and potential of mentorship

The workshop will explore different ways in which mentorship can be used as a professional development tool for past, present, and future GPs both in the UK and internationally. In doing so, the workshop will spotlight several schemes from around the world, including RCGP Mentoring, and an RCGP funded programme at Christian Medical College (CMC) in Vellore, India. Delegates will get to 1) understand the key components of a successful mentoring scheme; 2) better understand mentoring opportunities that are available to them; 3) and hear first-hand from colleagues who have benefited from mentorship.

2) How can mentorship be used as a tool to support IMGs training and working in the UK?

The second part will focus on how mentorship can be used as a tool to support International Medical Graduates (IMGs) who are aspiring to train/work in the UK. A growing number of IMGs are entering the UK workforce, with IMGs equating to 47% of the GPST intake in 2021. It is therefore of utmost importance that dedicated support is made available to aid the career transition and trajectory of IMGs.

Abstract topic

04. Professional development

Abstract ID: 702

Internal code

O04-44

Presentation form

Lecture

Things that go bump in the night

Kathy Ryan

BrisDoc Healthcare Services, Bristol, United Kingdom

Background: Clinical risk is frequently mentioned but rarely discussed in depth. Clinicians' fears often influence decision-making (fear-based medicine) and affect their capacity for risk-holding. For example, fear of being sued, fear of a complaint, fear of getting it wrong etc. High profile cases such as Bawa-Garba heightened fear. The other end of the spectrum is courage-based medicine (or confidence-based medicine), in which we recognise and meet our fears, and act in the best interests of the patient.

Target group: All clinicians.

Didactic method: Interactive workshop. In small groups discuss a case which kept you awake at night. Pinpoint the root of the fear. What helped and hindered at the time? How did it pan out? What did you learn? Sandwiched by an introduction from the leader and a sharing of a personal case, with feedback time and summary.

Objectives: 1. To bring fear into the room and name it

2. To share fears via real experiences
3. To identify factors which promote courage and confidence

Number: Up to forty

Leader: Kathy Ryan is a GP who has led urgent care services for eleven years. She actively promotes an open learning culture, and coined the terms fear and courage-based medicine in 2018 in the wake of the Bawa-Garba case. She created and has led this workshop with several GP groups and trainees.

Abstract topic

04. Professional development

Abstract ID: 733

Internal code

O04-45

Presentation form

1 Slide – 5 minutes lecture

Improving Nursing Home Care. How to Overcome the Obstacles

Joachim Sturmberg, Carmel Martin
University of Newcastle, Holgate, Australia

Background. Recent studies have shown that the low quality of nursing home care is a systemic problem. Hence, its solutions must be systemic. As care providers – personal carers, nurses, allied health professionals and general practitioners – we only have direct influence on the way care is delivered at the local level, but we also have an obligation to provide feedback to nursing home management, regulators and ultimately the responsible Minister for aged care to ‘fix’ problems at their respective levels.

Target Group. Personal carers, nurses, allied health professionals and clinicians working in nursing home/community aged care settings

Didactic Method. Interactive small group workshop

Objectives. Participants will learn how to analysis the interdependencies of an issue of concern in the care of nursing home residents. Understanding these interdependencies is the sine-qua-non to developing a solution that resolves such an issue. A solution only resolves an issue if it does not create new issues in other parts of the care delivery system. Participants will learn how to chart the interdependencies of an issue and how to evaluate potential solutions to find the one that ultimately resolves it for good and thereby improves overall care delivery.

Estimated number of participants. 30-50

Brief presentation of the workshop leader. Joachim Sturmberg has a long-standing commitment to nursing home care and is involved in the local improvement of care delivery. Together with a multidisciplinary team he has conducted research into the systemic failings of nursing home care.

Abstract topic

04. Professional development

Abstract ID: 763

Internal code

O04-46

Presentation form

1 Slide – 5 minutes lecture

Are you a team player? reflect on teamwork and the importance of support.

Nouf Alnoon¹⁾, Asma Al ameer¹⁾, Aisha Al Falasi¹⁾, Aalaa Khalaf²⁾, Lamya Al Marzooqi¹⁾, Ibtihal Makki¹⁾, Najma Rahmani¹⁾, Jawaher Al Mulla¹⁾

¹⁾DHA, Dubai, United Arab Emirates

²⁾MOH, Dubai, United Arab Emirates

The importance of teamwork to help & support each other in the family medicine practice, especially in times of disaster. We would like to conduct a workshop on the importance of teamwork as part of the health care professional identity. Moreover, to conduct interactive exercises on effective teamwork skills such as communication, role delegation, decision making, interpersonal skills, and support.

Abstract topic

04. Professional development

Abstract ID: 767

Internal code

O04-47

Presentation form

Lecture

Could it be genetic?' A whole systems approach to Equipping Primary Care Practitioners (PCP) for Genomic Medicine

Jude Hayward¹⁾, Imran Rafi²⁾, Edward Miller³⁾

¹⁾Affinity Care, Shipley Medical Practice, GP / GPwSI in Genetics, Ilkley, United Kingdom

²⁾St. George's University of London, London, United Kingdom

³⁾HEE Genomics Education Programme, Swindon, United Kingdom

Background

As Genomic Medicine will increasingly become embedded in healthcare, more people will become eligible for genomic testing. UK Primary Care, as the point of entry to a nationalised healthcare system, plays a fundamental role in identifying patients and family members who are eligible for genetic testing and co-ordinating screening, risk reduction as well as holistic clinical care. Health Education England's Genomics Education Programme (HEE GEP) has recognised the need to develop competencies for the delivery of genomic care in the primary care setting and for point-of-care genomics resources.

Target Group: All Primary Care Practitioners (nursing / medical)

Didactic Method:

Two parts each comprising 15 minute presentation and 15 minutes of active contribution: Participants will move around the room to theme ideas and contribute to perspective boards.

Objectives

- Describe HEE GEP workstreams: clinical pathway and competency mapping (The Clinical Pathway Initiative), an interactive on-line “just in time” learning tool (GeNotes) utilising Familial Hypercholesterolaemia (FH) as an exemplar
- Describe initiatives underpinning the development of PCP ‘Champions’ in Genomics to support the integration of genomic medicine across the primary care setting: Primary Special Interest Group (SIG) and a tiered (national, regional and local) Genomic Advisors competency framework
- Gather and summarise similar exemplars internationally
- Explore how these workstreams could be adapted within varying Primary Care models.

Estimated number of participants: 10-80

Brief presentation of the workshop leaders: Dr. Rafi and Dr. Hayward have developed these workstreams through their national leadership roles within the RCGP and HEE GEP.

Abstract topic

04. Professional development

Abstract ID: 837

Internal code

O04-48

Presentation form

1 Slide – 5 minutes lecture

Inside primary care ethics: a conversation between the academy and the front line

Andrew Papanikitas

Committee on Medical Ethics, Royal College of General Practitioners, London, United Kingdom

In this interactive seminar, the RCGP Committee on medical ethics will offer four sort state of the art positions on primary care ethics as

1. An arena of practice-relevant academic enquiry (the philosophy of practice)
2. A topic discussed in academic journals (ethics as a hot topic)
3. Embodied in primary care education (ethics as necessary for survival and flourishing)
4. A concern for professional bodies (the role of COME)

These positions will take 45 minutes including introduction.

The remaining time will be given to reflections from the audience: How do they encounter ethical issues in practice? Where do they go for assistance or wisdom? What books, journals or other resources do they use? What role would they wish their professional bodies to take? And what are the moral issues for primary healthcare that cross national boundaries. We hope to start many conversations that go forward long after the conference has finished.

Our speakers have yet to be confirmed but would likely include: Professor Sabena Jameel-Choudhury (Birmingham), Professor David Misselbrook (BJGP/RCSI-Bahrain), Dr John Spicer (London) and Dr Andrew Papanikitas (Oxford/RCGP COME chair)

This session is in association with the British Journal of General Practice

Abstract topic

04. Professional development

Abstract ID: 872

Internal code

O04-49

Presentation form

1 Slide – 5 minutes lecture

RCGP North - Shaping the future programme

Alison LEA, Sana Arif, Helena McKeown

RCGP North West England, Manchester, United Kingdom

Change is one constant in Primary Care, never more so prominent and urgent, with unprecedented developments in society, in delivery of health and care and digitally. This presents a massive challenge but a huge opportunity to shape what primary care could become. The seven faculties of the RCGP North have collaborated to prepare the workforce to shape our future through an innovative, inclusive and diverse programme Building on the RCGP Leadership capabilities framework we aim to offer;
Local and regional leadership development opportunities, through faculties and regions
Promote and enhance diverse skills, experience and points of view
Enhance and develop leadership skills, chairing skills, understanding boards and function

To demonstrate and embed values based leadership

Deliver on objectives from the RCGP BAME Action Plan;

Inspiring the next generation of GPs, starting with those from the most under-represented backgrounds, and identifying positive role models, actively sponsoring, supporting and recognising their representation

We believe that everyone has a difference to make and that everyone's contribution is needed for us to thrive. Our programme will create the motivation, skills and opportunity to achieve that.

We will present;

A comprehensive overview of the programme

Discuss and share how we coproduced national RCGP CPD to enhanced the critical, agile and networked local faculty CPD on this important topic

A quantitative review of the programmes to date

A qualitative sample of feedback from members and faculty teams and colleagues

Discuss the next steps for sustainability, rollout and innovation.

Abstract topic

04. Professional development

Abstract ID: 902

Internal code

O04-50

Presentation form

1 Slide – 5 minutes lecture

Constructive elements of GP prevention message

Aurore Girard

UCLouvain, SINT-LAMBRECHTS-WOLUWE, Belgium

General practise have a major place in knowledge transfert and primary to quaternary prevention messages.

Some elements as EBM and initial formation try to contribute to a evidence based message. But, in fact, there are differences between recommendations and what is really said to patients.

Understanding the construction of prevention message is little studied.

By a qualitative study, we try to identify differents elements which construct GP prevention messages and how they interact.

We interviewed 30 GP by semi-structured individuals interviews. Interviews have been longitudinally coded and categorised. We used grounded theory to construct the analysis.

Two categories appears in constructive elements :

1. Main content based on three differents ways : medical knowledge, personal life and experience of the GP and GP personal culture. This 3 ways interacts to construct a personal message depending of each GP.

2. Message form depending of a "consultation staging" and linked with the moment of the consultation and the moment of the medical relationship. This message form challenging the main contain.

The 2 categories are intricated during a GP consultation and evolves during a consultation and between differents consultations.

Highlighting GP intrinsic elements in prevention message opens a lot of new opportunities to improve preventive medicine for our patients.

Abstract topic

04. Professional development

Abstract ID: 913

Internal code

O04-51

Presentation form

1 Slide – 5 minutes lecture

LISTERIA MENINGITIS

Irene Ruiz Rojano, Anna Lared, Adriana Abizanda, Bernat Morist, Claudia Natalia Leon, Eva Leceaga, Josefa Plaza, Clara Soler, Joan Domenech
CAP RONDA PRIM, Mataro, Spain

A 78 years-old male, no drug allergies. Pathological background: Hypertension, atrial fibrillation anticoagulated by Sintrom, ischemic and aortic valvular heart disease teatred Bypass AMD about DP and aortic substitution in 2018, Colon ADK treated with right hemicolectomy and adjuvant chemotherapy in 2010 and prostatitis.

Our patient was hospitalized at home on January 11, 2022 due to prostatic infection in treatment with Ceftriaxona. The following day, he began a medical history of disorientation, high blood pressure, tachypnea and tachycardia that's why he was referred to our hospital. At his arrival, he had abdominal distension, fever, rise in acute phase reactants and impaired liver function.

The first diagnosis was abdominal infection so he was treated with meropenem. During his stay the level of consciousness decreased (Glasgow 8/15) with a normal computer tomography (CT). We changed our diagnosis to meningitis so we did a lumbar puncture and began with a broad-spectrum antibiotic . The result of the spinal tap evidenced a listeria infection.

He was intubated and moved to the intensive care unit, During his stay, he presented dilatation of the ventricular system on CT and signs of moderate-severe encephalopathy on electroencephalogram until he died on January 26, 2022.

Lysteria Meningitis is a rare disease in our environment, moreover, this pathology commonly has a predisposing condition and the mortality rate is still high.

The clinical history could be confused at beginning but an early diagnosis and early began of antibiotic could help our patients to better ending.

Abstract topic

04. Professional development

Abstract ID: 923

Internal code

O04-52

Presentation form

1 Slide – 5 minutes lecture

Just to survive or to thrive? Workshop to promote resilience in primary care

Nena Kopcavar Gucek

Department of Family Medicine, Medical Faculty, University of Ljubljana , Slovenia and Community health Center, Ljubljana, Slovenia, ZD Ljubljana, Ljubljana, Slovenia

Background

During the COVID pandemics, all health care systems globally have been subjected to a very demanding stress test. Health care professionals have been confronted with chaotic, overwhelming, unpredictable, and often traumatizing working environments. The primary care as the first line of defense and as the first contact point for the individuals, infected with the new virus, had to provide for several additional working stations while upholding continuous care of all chronic, acute and injured patients. In addition, in the intimate domain, unemployment, financial strain, homeschooling children, border closures, quarantine, hospitalization, escalation of unhealthy relationships, family violence, etc., can affect everyone. Long working hours take a toll, primary care physicians are subjected to the feeling of frustration, despair, helplessness, exhaustion, burnout, and even depression.

Target group

Family physicians, as well as students and all health professionals working in primary care confronting COVID.

Didactic methods

An introductory presentation by all the participants should serve as an ice-breaker. Sharing personal experiences will be encouraged. Positive initiatives, such as introducing new techniques, sharing useful organizational tips, developing new leadership skills, and displaying methods of self-care will be encouraged.

Objectives

We aim to underpin the importance of maintaining proper resilience during the ongoing Covid-19 pandemic. Participants will be equipped with some useful techniques, such as mindfulness, breathing exercises, psychological projection.

Estimated number of participants

20-30

Abstract topic

04. Professional development

Abstract ID: 925**Internal code**

O04-53

Presentation form

1 Slide – 5 minutes lecture

Decisions Tree

Irene Ruiz Rojano, Gloria Bustamante, Yessica Machin, Claudia Leon, adriana abizanda, Rebeca Mier, Begoña Bellot, elisabeth roque, Maria lourdes Roman, Anna Larred

CAP RONDA PRIM, MAtaro, Spain

- **BACKGROUND:** Medicine is a discipline where we have to make quick decisions in front of the patients. There is not only one correct answer, in some cases, we can think differently about the same situation. But the way we start studies and make decisions can modify all our work.
- **TARGET GROUP:** Trainees, Young and Senior doctors who would like to learn about clinical ultrasound in a funny way.
- **Didactic method:** We propose an interactive workshop where we will explain different situations and depending on the answer of the assistants to develop the case we give them different options.
- Timetable 90 minutes
- **OBJECTIVES:** Our objective it's demonstrated all of the options were acceptable and compare them. To explain news of algorithm, in pathologies such as cough chronic, laryngitis chronic, arthrosis,
- **RESULTS/CONCLUSIONS:** Bring different clinical decisions of different professionals and apport the news of algorithms.
- **Estimated number of participants:** Between 8 and 12 people.

Brief presentation of the workshop leader

Abstract topic

04. Professional development

Abstract ID: 936**Internal code**

O04-54

Presentation form

1 Slide – 5 minutes lecture

Exploring correlation in HCP's sexual behaviour changes during Covid-19 lockdown

Carlos Coronell¹⁾, Leonardo Bello Miguens²⁾, Isidro Contreras Lovera¹⁾, Paula Guerrero Alonso³⁾, Francisca Molero Rodríguez⁴⁾

¹⁾Medical Department, CAP Vallirana, Vallirana (Barcelona), Spain

²⁾Medical Department, CUAP La Solana, Sant Andreu de la Barca, Spain

³⁾Medical Department, Rioja Salud, La Rioja, Spain

⁴⁾Sexology Department, Instituto Iberoamericano de Sexología, Barcelona, Spain

Background: Covid-19's lockdown affected the well-being of humanity, including sexual health.

Question: To investigate the Healthcare Providers' (HCPs) gender differences of the sexual behaviours during the Spain Covid 19's lockdown.

Methods: Participants were recruited using an online survey-based snowball sampling method. Data collection was from April to June 2020.

Outcomes: From the total of 564 HCP's survey answered, 61.5% were women and 37.6% men. First, 52.1% women and 46.8% men experiment a decrease of sexual satisfaction during the lockdown. Second, men reported a decrease of active sex lives from 85.4% (pre-lockdown) to 52.7% (lockdown), while women perceived a decreased from 82.1% to 41% in particular ($p=0.01$). The average frequency of sexual intercourse decreases from 1.86 to 1.39 per week in the female group and from 2.13 to 1.47 per week in the male group. Third, the preferred type of sexual activity before and during lockdown, shows the following changes: complete sexual intercourse 64.3% vs 49.7% in the male group, 75.7% vs 50.7 in the female group; solo masturbation 16.4% vs 34.5% in the male group, 6.8% vs 23.6% in the female group. Lastly, 20.6% women and 10.9% men perceived an increase of sexual dysfunctions during the lockdown, specifically decreased sexual desire (24.6% in women and 12.3% in men).

Discussion: This study shows the significant changes in the sexual behaviour's in the Spaniards' HCPs population during the Covid-19 lockdown.

Take Home Message for Practice: Sexual health is essential for HCPs.

Abstract topic

04. Professional development

Abstract ID: 939

Internal code

O04-55

Presentation form

1 Slide – 5 minutes lecture

“Not another fellowship” - north cumbria's newly qualified GP fellowship programme – a novel approach to support our new GP colleagues

Amit Paik¹, Alix Crawford², Robert Westgate¹

¹*Carlisle Healthcare, Carlisle, United Kingdom*

²*Health Education North East, Newcastle, United Kingdom*

Newly qualified GPs emerge from their training programme amongst a sea of multi co-morbid patients, ever rising demands and constantly evolving clinical guidelines. This rapidly develops into a minefield of professional dilemmas, testing the navigation skills of even the most competent new GPs.

This risks disenfranchising a generation of new GPs, potentially worsening an already weathered GP recruitment and retention strategy in the UK. How to we support this vulnerable professional cohort at a time of COVID and calamity?

NHS England has developed the “GP Fellowship Programme” specifically aimed at GPs in their first year of qualifying. North Cumbria has adapted this scheme and developed a novel approach to support substantive new GPs via four key domains: peer learning & development, mentorship, coaching and PCN learning.

Through ring fenced paid time, our Fellows attend monthly peer led “action learning sets” geared toward their collective learning needs. This can entail guideline updates, interesting cases or ethical dilemmas. This allows for a generation of new GPs to establish regionwide support networks and a collaborative learning system.

Practice based mentorship and coaching activities are also priorities in our Programme – guaranteeing time for each new GP to be coached on their professional journey, but equally ensure a senior figure is always present via ring fenced time to discuss professional queries and reflect on their clinical practice.

This bespoke, individualised approach remains a peer-led initiative, striving to support our new GPs and embed a sense of empowerment, value and purpose amongst our new colleagues.

Abstract topic

04. Professional development

Abstract ID: 943

Internal code

O04-56

Presentation form

1 Slide – 5 minutes lecture

Bad start with a good ending

Jesica Machín, Rebeca Mier, Laura Grimal, David Jara, Josefa Plaza, Felipe Saadjian, Silvia Cid, Tamara Jimenez, Bernat Morist Beltran
EAP Mataró 7, Mataró, Spain

Didactic method: Clinical case.

Presented problem: A 50-year-old patient, with no known drug allergies, tobacco smoker 1 pack/day, ex-enol for 7-8years. Pathological history of L5-S1 arthrodesis radiculopathy with secondary paresthesias in follow-up by Neurology.

Management: Initial consultation on November 25,2021 to general malaise, fever, asthenia and polyarthralgias, being oriented as viriasis.

She re-consults on January 14,2022 to similar symptoms and cough with purulent expectoration, night sweats and unquantified weight loss. In the physical examination, hemodynamically stable. On cardiopulmonary auscultation, the presence of crackles in the left base and increase in the size of lymphadenopathies of the neck. An X-ray of the chest is performed, showing the absence of condensations, but an increase in the bronchial meshwork and a nodular mass with well-defined retrosternal margins of approximately 10x80mm.

Outcome: It was decided to refer to the hospital emergency department to study it. They performed an an analysis and sent her to rapid tumor diagnosis study. The chest CT showed a hypodense mass, with well-defined contours, with isolated parietal calcifications, 91x60mm (CC-axial), located in the anterior right epicardial space in contact with the visceral pleura, pericardium and lung parenchyma, causing slight atelectasis of the RML, suggestive of a pleuropericardial cyst as 1st diagnosis.

What can we learn from this?

Cysts of the mediastinum, which are benign masses, are usually detected by chance, and represent 7-18% of all primary mediastinal tumors.

Asymptomatic cases are managed conservatively with a close follow-up.

If treatment is mandatory thoracoscopic intervention is a effective method.

Abstract topic

04. Professional development

Abstract ID: 954**Internal code**

O04-57

Presentation form

1 Slide – 5 minutes lecture

SARS-CoV-2 or another etiology? An observational study of respiratory tract infection presentation in primary care early in the pandemic

Alike van der Velden¹⁾, Milensu Shanyinde²⁾, Margareta Ieven³⁾, Herman Goossens³⁾, Christopher Butler²⁾

¹⁾Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, Netherlands

²⁾University of Oxford, Oxford, United Kingdom

³⁾University of Antwerp, Antwerp, Belgium

Background

Early in the COVID-19 pandemic GPs had to distinguish SARS-CoV-2 from any other etiology in patients presenting with symptoms of an RTI.

Questions

To determine congruence of the GPs' suspected and real SARS-CoV-2 etiology, how suspected SARS-CoV-2 etiology affected management and whether particular signs&symptoms and patient characteristics are associated with SARS-CoV-2 etiology.

Methods, Outcomes

Patients (n=876, 9 countries) presenting with symptoms of an RTI of unknown etiology were included. Etiology (PCR respiratory panel), congruence between real SARS-CoV-2 and the GPs' suspected etiology (split for F2F/virtual consultations and in time), GPs' management -medication prescribing, provided advice and hospital referral- (split by suspected etiology) were determined.

Results

27.2% of patients were positive for SARS-CoV-2, with large between-country variation (from 7.1% in Ireland to 61% in Moldova). In the multivariable model higher age, male sex, loss of smell/taste, fever, muscle ache, and a known risk factor for COVID-19 were independently associated with SARS-CoV-2 infection. GPs correctly identified (non-)SARS-CoV-2 etiology ((non-) in 65.2% of patients; this accuracy was slightly higher for F2F consultations than for virtual consultations and did not seem to improve in the second half of the inclusion period. Suspicion of SARS-CoV-2 etiology influenced management: more frequent antiviral therapy and less antibiotics, more frequently preventive advice and follow-up consultations.

Conclusions

Early in the pandemic SARS-CoV-2 etiology was often misclassified. Proper identification of new illness early in a pandemic will better target treatment and advice.

Abstract topic

04. Professional development

Abstract ID: 990

Internal code

O04-58

Presentation form

1 Slide – 5 minutes lecture

Clinical forums support professional development, a culture of learning and peer support in 'out of hours' urgent primary care

Anne Whitehouse*BrisDoc Healthcare Services, Bristol, United Kingdom*

BrisDoc provides Bristol, North Somerset and South Gloucestershire's Integrated Urgent Care Service, which incorporates both NHS111 and out of hours urgent primary care services. The clinical work is diverse, interesting and challenging, supported by access to the patients' longitudinal medical records and to real time senior GP advice when required.

In addition, we provide a monthly programme of Clinical Forums, facilitated by our clinical leaders. All clinicians are invited to the evening sessions which are informal, interactive and case-based. The content and discussion is always directly relevant to patient care in the out of hours setting, including interesting clinical presentations, learning and improvements arising from recent learning events (incidents, complaints and compliments), updated urgent care guidance and local pathways. Person-centred care, shared decision making, managing complexity, risk holding and uncertainty are recurrent themes. Clinical leaders bring our own cases for debate, as part of our commitment to a strong culture of learning and openness. Feedback evidences that colleagues value the professional development, and the opportunity to access peer support and build relationships with colleagues who may well not work directly together. As such, we advocate this model not only in the out of hours setting, but also within and beyond Primary Care Networks.

Abstract topic

04. Professional development

Abstract ID: 996**Internal code**

O04-59

Presentation form

1 Slide – 5 minutes lecture

Blame(less) – reflections and resolutions for after a Pandemic.

Austin O Carroll¹⁾, Nigel Hart²⁾¹⁾North Dublin City GP Training Programme, Dublin 7, Ireland²⁾Queens University Belfast, Belfast, United Kingdom

Background: Blame is where a person is held accountable for an action or inaction that is judged to be a morally or ethically wrong. Doctors are often blamed for medical misadventure or poor patient outcomes. Patients are often blamed for following

unhealthy lifestyles (smoking; obesity; lack of fitness etc.); for misusing the health system (where doctors define what misuse means); for behaviours resulting from childhood trauma (e.g. substance misuse, uncontrolled anger etc.). These narratives of blame result in significant distress for many individual doctors and patients. They also result in a diminishment of trust and weaken the doctor-patient-community relationships. There is significant evidence that adopting a non-blame approach can produce significant benefits for patients and doctors and the patient-doctor relationship.

Narratives of blame existed throughout the COVID-19 pandemic for both General Practitioners (blamed for not seeing patients) and patients (not being vaccinated or complying with public health). People of lower or lower socio-economic status particularly suffered. The aim of this blame was to change the behaviour of doctors and patients.

Didactic Method: The session will involve two presentations on Blame in Medicine and Blame during the Pandemic, followed by an interactive forum using breakout groups to discuss the issue followed by a collation of feedback.

Objectives: This session will explore narratives of blame from the perspective of ethics and pragmatism (i.e. does blame produce the desired results). The session will reflect on blame in medicine taking into account theories of medical ethics and harm reduction.

Abstract topic

04. Professional development

Abstract ID: 1004

Internal code

O04-60

Presentation form

1 Slide – 5 minutes lecture

Raising the voice of nurses for the future of Universal Healthcare Coverage.

Joyce Kenkre¹⁾, John Wynn-Jones²⁾, Shelley Nowlan³⁾, Bruce Chater⁴⁾

¹⁾*Life Sciences and Education, University of South Wales, Pontypridd, United Kingdom*

²⁾*Keele Medical School, Keele University, Stike on Trent, United Kingdom*

³⁾*Clinical Excellence Queensland, Queensland Government, Brisbane, Australia*

⁴⁾*Mayne Academy of Rural and Remote Medicine,, University of Queensland, Brisbane, Australia*

Background

The development of 'Albuquerque Statement' was a major step forward in the global recognition of the importance of nurses and rural nursing practice. The statement was developed at the 19th Wonca World Rural Health Conference in New Mexico by multidisciplinary rural health professionals, who pledged to support, advocate for, and promote nurses and midwives worldwide to be collaborative leaders to advance Universal Rural Healthcare Coverage. However, it is important that this is not just a statement and there are actions to embed as well as words of support.

Target group

Primary Care Practitioners with a vision for future provision of care fit for a range of settings.

Method

Short presentation on the Albuquerque statement and what has been achieved so far prior to conducting a Thought Leadership Workshop. Focus group discussions to explore and gain a deeper meaningful understanding of what rural doctors, nurses and policy

makers could do to develop & strengthen the role and voice of the nursing and midwifery leadership in communities in Europe and across the globe.

Objectives

To identify the areas of practice that need to be developed/changed to achieve equity in healthcare

To establish what should be the contribution and challenges by whom

To establish prioritise the key activities

Estimated number of participants

40 participants

Workshop leader

Emeritus professor Joyce Kenkre has been instrumental in developing the role of the nurse in research to develop the evidence for future practice

Abstract topic

04. Professional development

Abstract ID: 1017

Internal code

O04-61

Presentation form

1 Slide – 5 minutes lecture

Effect of an educational intervention on knowledge and perception of individuals at risk for stroke in Tabuk, Saudi Arabia.

Tariq Shagran, Mohamed Albalawi

Family Medicine, King Salman Armed Forces Hospital, Tabuk, Saudi Arabia

Objective:

To assess the effect of an educational program on the knowledge and perception of stroke in individuals at risk

Methods:

This quasi experiment study, conducted in Health Education Clinics at King Salman Armed Forces Hospital, was designed to assess the knowledge of people who were at risk for stroke, before and after delivering educational content. This content comprised 4-minute face-to-face explanation by a trained educator, 99-second video clip and a shorthand-out. The assessment was performed by administering a structured questionnaire.

Results:

A total of 313 people participated in this study. Before the intervention, 63.6% understood stroke to be due to a disturbance in blood flow resulting in loss of brain function. After delivery of the educational content, the percentage raised to 97.1%. Thirty-Four and Eight percent (109) of participants stated they knew stroke symptoms, and 55.96% knew 2 to 4 symptoms prior to intervention. Our educational content raised these percentages to 98.4% and 79.8% respectively. Good knowledge of stroke symptoms and risk factors was associated with younger age and higher level of education.

Conclusion:

Educational content by means of one-to-one interaction with trained educators, video clips and handouts result in significant improvement in understanding of stroke symptoms and risk factors among at-risk participants.

Abstract topic

04. Professional development

Abstract ID: 1023**Internal code**

O04-62

Presentation form

1 Slide – 5 minutes lecture

What are facilitators and barriers affecting general practitioners' choice to work in primary care units in Austria?

Sarah Burgmann^{1, 2)}, Sebastian Huter³⁾, Hannes Mayerl⁴⁾, Muna Paier-Abuzahra²⁾, Andrea Siebenhofer^{2, 5)}

¹⁾Health Care Planning and System Development, Austrian National Public Health Institute, Vienna, Austria

²⁾Institute for General Medicine and Evidence-based Health Services Research, Medical University of Graz, Graz, Austria

³⁾Institute for General Practice, Family Medicine and Preventive Medicine, Paracelsus Medical University Salzburg, Salzburg, Austria

⁴⁾Institute of Social Medicine and Epidemiology, Medical University of Graz, Graz, Austria

⁵⁾Institute of General Practice, Johann Wolfgang Goethe University Frankfurt, Frankfurt, Germany

Most of qualified general practitioners (GPs) are not working as contracted physicians with the social health insurance. Recent reform efforts in Austria have focused on establishing team-based care within multiprofessional primary care units (PCU).

This study aims to explore the facilitators and barriers for non-contracted GPs to work in a PCU.

We conducted twelve semi-structured, problem-focused interviews among purposively sampled non-contracted GPs. To extract categories of facilitators and barriers for working in a PCU, transcribed interviews were inductively coded using qualitative content analysis. Subcategories were grouped into facilitators and barriers of thematic criteria and mapped on the macro-, meso-, micro-, and individual levels.

We identified 41 categories, including 21 facilitators and 20 barriers. Most facilitators were located on the micro-level, while most barriers were located on the macro-level. Teamwork and associated conditions make PCUs attractive as workplaces and correspond with individual demands. By contrast, system factors tend to reduce the attractiveness of working as a GP.

Discussion: Multifaceted efforts are needed to address relevant factors on all levels. These need to be carried and consistently communicated by relevant stakeholders.

Efforts to strengthen the holistic approach in primary care, like modern remuneration and patient steering mechanisms, are essential. Financial support, consulting services as well as training on entrepreneurship, management, leadership, and team-based care may help to reduce the risk and burden of founding and running a PCU.

Stakeholders must tackle the barriers on macro level which thwart the attractive working conditions of PCUs on the micro level.

Abstract topic

04. Professional development

Abstract ID: 1058**Internal code**

O04-63

Presentation form

1 Slide – 5 minutes lecture

Sexual Health 101: an inclusive approach to gender and sexual orientations, sexual history, sexually transmitted infections

Alessio Platania^{1, 2, 3)}, Nadia Toumi⁴⁾, Ozden Gokdemir⁵⁾, Yee Suh Teh¹⁾

¹⁾Sexual Health Clinic, Royal Berkshire Trust, Reading, United Kingdom

²⁾Lead GP, Livi UK, London, United Kingdom

³⁾Movimento Giotto, London, United Kingdom

⁴⁾Locum Family Medicine Specialist, Utrecht, Netherlands

⁵⁾Associate Professor, University of Economics Faculty of Medicine, Izmir, Turkey

Background: The World Association for Sexual Health in 2014 mentioned in the Declaration for Sexual Rights “The right to the highest attainable standard of health, including sexual health; with the possibility of pleasurable, satisfying, and safe sexual experiences”. Unfortunately, sexual health is not always covered comprehensively in the curricula of GP training so often primary care physicians have to relegate this to sexual health clinics or to gynaecologists/urologists. Since the pandemic started there has been a backlog delaying access to specialist care so it has become very important for primary physicians to be able to safely manage the more common conditions and address the needs of their patients, including the LGBTIQ+ community.

Target Group: all healthcare professionals

Didactic Method: a preliminary questionnaire will be disseminated through the European network of young GPs to assess specific needs and shape the activity. The workshop will cover 3 main areas: gender identity & sexual orientations, how to take a sexual history, Sexually transmitted infections (STI); for each area there will be a mix of lecture and case base discussion, utilizing web-based polls to interact with the audience

Objectives: Participants will increase their knowledge about gender and sexual orientations, how to be more inclusive in their language, they will be more confident in the diagnosis and management of the most common STIs

Estimated number of participants: 50+

Brief presentation of the workshop leader: Dr Platania is a GP and Sexologist working part-time in a Sexual Health Clinic in Reading (UK).

Abstract topic

04. Professional development

Abstract ID: 1059**Internal code**

O04-64

Presentation form

1 Slide – 5 minutes lecture

Sexual Health 102: Sexual dysfunctions and contraception

Alessio Platania^{1, 2, 3)}, Nadia Toumi⁴⁾, Ozden Ozden Gokdemir⁵⁾, Tee Suh Teh¹⁾

¹⁾Sexual Health Clinic, Royal Berkshire Trust, Reading, United Kingdom

²⁾Lead GP, Livi UK, London, United Kingdom

³⁾Movimento Giotto, London, United Kingdom

⁴⁾Locum Family Medicine Specialist, Utrecht, Netherlands

⁵⁾Associate Professor, University of Economics Faculty of Medicine, Izmir, Turkey

Background: The World Association for Sexual Health in 2014 mentioned in the Declaration for Sexual Rights “The right to the highest attainable standard of health, including sexual health; with the possibility of pleasurable, satisfying, and safe sexual experiences”. Unfortunately, sexual health is not always covered comprehensively in the curricula of GP training so often primary care physicians have to relegate this to sexual health clinics or to gynaecologists/urologists. Since the pandemic started there has been a backlog delaying access to specialist care so it has become very important for primary physicians to be able to manage safely the more common conditions and address the needs of their patients, including the LGBTIQ+ community.

Target Group: all healthcare professionals

Didactic Method: This workshop is intended as a continuation of Sexual Health 101, but can be accessed as a standalone. This session will focus on sexual dysfunctions (erectile & ejaculatory disorders, libido and orgasm disorders, etc) and contraception; for each area there will be a mix of lecture and case base discussions, utilizing web-based polls to interact with the audience

Objectives: participants will increase their knowledge about the diagnosis and management of sexual dysfunctions in primary care and how to manage the contraceptive needs of their population

Estimated number of participants: 50+

Brief presentation of the workshop leader: Dr Platania is a GP and Sexologist working part-time in a Sexual Health Clinic in Reading (UK).

Abstract topic

04. Professional development

Abstract ID: 1068

Internal code

O04-65

Presentation form

1 Slide – 5 minutes lecture

Developing strategies for the prevention of burn out in practitioners and their potential application in appraisal meetings

Majid Jalil¹⁾, Anam Malik²⁾

¹⁾Wessex Appraisal Service, Health Education England/Shirley Avenue Surgery, Southampton, United Kingdom

²⁾Research Consultant, Public Health, Birmingham, United Kingdom

Burnout has been associated with reduced quality of care and increased patient mortality. General Practitioners are considered at higher risk of burnout. Appraisal meetings offer an opportunity for practitioners to reflect on their professional

development - could they also act as a catalyst in recognising the early stages of burnout, with strategies developed to enhance resilience and prevent onset?

Research Review – outcomes

A rapid review, using standard review methodology, explored strategies for prevention of burnout in medical practice, 56 studies identified from key databases alongside additional 28 sources from grey literature were reviewed. One major study found individual-level and system-level interventions had longer lasting effects than individual intervention alone in preventing burnout. One study seeking doctor's views on burnout prevention found value in individual psychological check-ins, debriefs and support. Other studies highlighted positive results of resilience training and mindfulness-based cognitive brain therapy; with resilience being aided by support structures. However few studies have looked at the outcomes of resilience training in practicing doctors. Whilst evidence supports treatment methods for burnout as mindfulness, stress management programmes, and resilience training, there remains a paucity of evidence around early identification of stages preceding burnout and targeted prevention strategies.

Study questions and further research

1. Could appraisal meetings identify those at risk of burnout?
2. If so, what strategies could be used to reduce the risk of onset?

Firstly, interviews with experienced appraisers determine pathways for identifying practitioners at risk of burnout; followed by developing appropriate, practical prevention strategies that appraisers can recommend.

Abstract topic

04. Professional development

Abstract ID: 1076

Internal code

O04-66

Presentation form

1 Slide – 5 minutes lecture

Guillain-Barre Syndrome (GBS) masquerading as constipation with urinary retention

Aaron Klair, Divya Gurudutt

General Paediatrics, Birmingham Children's Hospital, Birmingham, United Kingdom

Didactic Method: Case-based presentation.

Presentation: An 18-month-old girl presented with no bowel movements for 12 days, poor feeding and increasing lethargy. Previously, she was febrile for 5 days with no associated symptoms. On examination, an abdominal mass was palpated. She had a past history of constipation which was managed in primary care.

Management: During hospital admission, she was commenced on a dis-impaction regime for her constipation. An ultrasound scan was performed to discern the cause of the abdominal mass, confirmed urinary retention. She was subsequently catheterised. A urine sample grew E.coli and antibiotics were commenced. Additional examination, revealed she was unable able to walk independently with hypotonia in all four limbs and absent deep tendon reflexes. A lumbar puncture, nerve conduction studies and MRI head/spine were undertaken confirming Guillain-Barre Syndrome (GBS).

Outcome: Intravenous immunoglobulins were commenced. She has persistent autonomic dysfunction and is undergoing neuro-rehabilitation. A slow recovery is expected.

Discussion: The natural progression of GBS in children fortunately has a shorter clinical course compared to adults. Although, autonomic dysfunction can occur in children with GBS, urinary retention is a rare primary presentation. Awareness of this condition and its varied presentation is important, in order to make timely referral to institute appropriate treatment.

Learning: This case illustrates that urinary retention is an unusual clinical presentation in children even with associated constipation or urinary tract infection. Presence of unusual clinical presentations should alert clinicians to consider alternate diagnoses and collaborate with specialists in secondary care for timely referral.

Abstract topic

04. Professional development

Abstract ID: 1099

Internal code

O04-67

Presentation form

1 Slide – 5 minutes lecture

ASPIRE global leadership program: junior doctor wellbeing - cultivating a compassionate leadership culture

Oisin Brady Bates¹⁾, Rajiv Sethi²⁾, Candan Kendir³⁾

¹⁾*Institute of Population Health, Trinity College Dublin HSE General Practice Training Scheme, Dublin 24, Ireland*

²⁾*National Health Service, London, United Kingdom*

³⁾*Organisation for Economic Co-operation and Development, Paris, France*

Background

The World Organization of Family Doctors (WONCA) recently published that “leadership training has a direct impact on the ability of physicians to make continual system improvements.” Within this goal in mind, the ASPIRE Global Leaders team has been developed and aimed at increasing leadership skills, international collaboration and engagement in WONCA activities.

As a leader, effective compassionate leadership relies on cultivating an enabling culture and skills of self-compassion. Fostering compassionate leadership skills amongst young family doctors will not only develop leadership competencies but will also impart skills that improve individual and system wellbeing.

Target Group:

General practice educators, General practice trainees, Clinical educators, Healthcare students, Curriculum developers, General practice physicians

Didactic Method:

1. Introductions and icebreaker
2. Introduction to the topic
 - short quiz on compassionate leadership;
 - introduction to compassionate leadership;
 - the role of compassionate leadership for young family doctors.
1. Facilitated small group discussion
 - Participants brainstorm examples of implementing compassionate leadership in family medicine
1. Large group discussion

- o Group to discuss examples of compassionate leadership – suggestions recorded

Objectives

1. Increase awareness of compassionate leadership and its benefits
2. Explore the link between compassionate leadership, community building and system culture
3. Highlight core competencies and traits in effective compassionate leadership
4. Develop leadership potential among family medicine trainees to deliver a workshop locally and effect system wellbeing

Estimated number of participants

20-30

Brief presentation of the workshop leader:

Dr. Oisín Brady Bates is a family medicine trainee based in Dublin Ireland. He is the Vasco de Gama Movement Planetary Health Special Interest Group lead.

Abstract topic

04. Professional development

Abstract ID: 1127

Internal code

O04-68

Presentation form

1 Slide – 5 minutes lecture

The Primary Care Renaissance: renewing values in troubled times

Alexandre Gouveia¹⁾, João Sequeira Carlos²⁾

¹⁾Unisanté, Lausanne, Switzerland

²⁾Department of General Practice and Family Medicine, Hospital da Luz, Lisbon, Portugal

Background: In the last years, European primary care has been facing numerous challenges, after succeeding economic and sanitary crisis. Underfinancing of primary care clinical facilities and research, lack of primary care professionals and academic exposure, and excessive importance of quality indicators, are some of the concerns expressed by general practitioners.

Target Group: GP, GP trainees, GP teachers, members of primary care organisations

Objectives: The principal aim of this session is to hold a structured debate to identify the existing barriers and obstacles for a wider and strengthened European primary care. A second aim is to elicit the need for a renewal of the core values of general practice and family medicine, and the strategic steps that might be taken.

Didactic Methods: Firstly, speakers will present the evolution of European primary care in the last decades, with a focus on workforce, organisation and financing. Secondly, group work will allow sharing insights from participants on education, research and quality of primary care.

Estimated number of participants: 30

Brief presentation of the workshop leader:

After specializing in Family medicine in Portugal in 2009, Alexandre Gouveia worked as a GP and a lecturer in Community health (University of Minho, Braga). In 2014, he started working in Switzerland and obtained in 2019 a specialist title in general internal medicine. In 2021, he became senior physician and head of the General Medicine Polyclinic of Unisanté in 2021. His main interests are medical education, quality of care and medical humanities.

Abstract topic

04. Professional development

Abstract ID: 1143**Internal code**

O04-69

Presentation form

1 Slide – 5 minutes lecture

Direction after disaster: galvanizing General Practice leadership

Emma Wong^{1, 2)}, Liam Loftus^{1, 3)}¹⁾Next Generation GP, London, United Kingdom²⁾Royal College of General Practitioners, London, United Kingdom³⁾NHS England and NHS Improvement, London, United Kingdom

Leadership in Primary Care is more important now than ever. In the aftermath of the pandemic, patient demand and expectations have increased and the way we deliver care has changed dramatically.

Structural changes such as development of PCNs and ICS highlight the importance of the GP voice – but we are often unsure how to use this to advocate for patients and ourselves. Leadership is often seen as the remit of GP partners – but the number of these has fallen by 11.9% since June 2018.

Next Generation GP is an international movement of over 2500 participants aiming to energise, engage and empower future GP leaders through a 6 month, fully funded programme.

We want to engender discussion on how we develop/ inspire leadership.

Small groups will discuss focussed questions, e.g. “what are the leadership needs in our healthcare system?” “What are the barriers to this in practice?”

We will then explore the “what next?” - how can we achieve this in practice? Can leadership development be tailored to suit this? We will share experiences of resources and support available to achieve these goals.

Use of a virtual whiteboard will allow participants to identify themes and bring ideas together at the end of the session.

We will conclude with the thoughts of an established healthcare leadership figure on how these goals can be achieved and their experiences of leadership.

Estimated Participants: 50 + 3 speakers

Audience: Healthcare professionals with interest in leadership

Introduction: 10 mins

Small-group discussion: 30 mins

Feedback/speaker: 20-35 mins

Abstract topic

04. Professional development

Abstract ID: 1144**Internal code**

O04-70

Presentation form

1 Slide – 5 minutes lecture

Next Generation GP: pivoting during the pandemic - embracing virtual opportunities

Emma Wong^{1, 2)}, Liam Loftus^{2, 3)}

¹⁾Royal College of General Practitioners, London, United Kingdom

²⁾Next Generation GP, London, United Kingdom

³⁾NHS England and NHS Improvement, London, United Kingdom

Effective primary care leadership is more important than ever as we move towards integrated care. However, many GPs start out without clearly understanding the complex, rapidly changing NHS and do not feel they have the tools to effectively lead change.

Next Generation GP aims to tackle this. It is an international, fully-funded leadership programme for trainees and recently qualified GPs, aiming to energise participants through stories of inspiring leaders, engaging them in networks of like-minded peers and empowering them to lead change both within and beyond their organisations. To date, over 2500 participants have participated in 62 cohorts across the UK and Australia.

During the pandemic, programmes pivoted to a virtual format, including regular webinars, written interviews, and podcast episodes to widen reach.

Ten closed statements assessed knowledge and attitudes towards primary care leadership before and after each programme. Participants also answered a blank-space question on whether the programme had led them to do anything differently. Responses were compared with the same questions completed in a pre-course questionnaire.

428 participant responses were analysed. Likert scale responses showed universally positive shift in understanding and attitudes towards leadership and confidence in influencing change. Participant numbers grew during the pandemic, with podcasts and webinars further widening the programme's reach.

The analysis strongly supports that this programme has achieved its aims, after successfully pivoting to a virtual format during the pandemic.

GPs are keen to lead, innovate and empower change – we must give them the tools and support to do so.

Abstract topic

04. Professional development

Abstract ID: 1155

Internal code

O04-71

Presentation form

1 Slide – 5 minutes lecture

Using fellowship opportunities in north london to increase retention and improve patient outcomes in primary care

Carmel Sher

Haringey Training Hub, London, United Kingdom

Background

General practice in London has struggled with retention over the past decade particularly in areas of inequality and deprivation. Alongside this, tranches of the workforce are facing retirement or attrition. Working with Health Education England, Haringey Training Hub has deployed innovative 'Spin' fellowships for newly qualified doctors.

Questions

How has a new fellowship impacted vocations for newly qualified GPs in a lower socioeconomic borough which is challenged with high levels of health inequality?

Methods

Fellowships were offered to 25 GPs. In addition to a case-study methodology for key impact projects we will present survey data from recently qualified fellows who have taken part in the programme to establish factors promoting retention and success.

Outcomes

There were high levels of impact with fellowships related to increasing patients' physical activity and supporting patients managing their diabetes using care-navigators. Interprofessional working was seen as key in development of Primary Care going forward by fellows. The fellows found the programme allowed them to improve their understanding of the local population needs and improve their leadership skills.

Discussion

Innovative and creative opportunities nurture early leadership and embedding opportunities for recently qualified GPs in London. These 'Salaried Portfolio INnovation' programmes require significant funding but may pay strong returns on both workforce and patient outcomes.

Take Home Message for Practice

Key factors in creating fellowship programmes that retain GPs include creating personal programmes with high levels of investment in participants. This enables them to engage in projects with high impact whilst developing future leaders.

Abstract topic

04. Professional development

Abstract ID: 1203

Internal code

O04-72

Presentation form

1 Slide – 5 minutes lecture

Building research capacity among health care workers in Dubai Health Authority

Hamda Khansaheb

Medical Education & Research Department, Dubai Health Authority, Dubai, United Arab Emirates

Background

In order to build research capacity and strengthen the Dubai Health Authority's research foundation, it was important to develop healthcare providers' research skills and help create a positive attitude towards doing and using research.

Methods

A survey was sent to healthcare providers in 2018 to assess their research training needs.

Results

Three hundred thirty healthcare providers participated in the survey. About three-quarters of the respondents, (76.7%) did not submit any research proposal in the last five years of their work at DHA, and about two-thirds (67.6%) of the respondents never conducted research in the last five years of their work in DHA. Only (17%) of the respondents

published at least one research paper in the last five years while (46%) of them published only one paper in the last five years.

Outcomes

Based on the survey results training in areas related to introduction to research for healthcare providers, biostatistics and, literature review were organized. One-to-one consultations were also provided for researchers. There was a remarkable increase in the number of learners and the number of research proposals submitted for approval in the past three years.

Conclusion

By addressing the needs of researchers and help build their skills, research activities among healthcare workers and the culture of research improved. Healthcare workers appreciated the importance of research and its impact on patient care and healthcare delivery.

Abstract topic

04. Professional development

Abstract ID: 1245

Internal code

O04-73

Presentation form

1 Slide – 5 minutes lecture

How can we reinvigorate mid-career GPs through CPD

Jaspreet Dhillon

NHS, NHS, Southall, United Kingdom

Background

As an Appraiser I have seen burnout and apathy particularly so in mid career GPs. This is a workshop to explore the views of mid-career GPs on how we have help reinvigorate GPs who are in mid career phase and re-spark the joy.

Questions, Discussion Point

We will explore what support and CPD mid careers GPs would like and discuss possible solutions.

Content

this will take format of informal workshop

Take Home Message for Practice

The aim of this workshop is to brainstorm ideas of what mid-career GPs would like and what support we can provide to meet these needs

Abstract topic

04. Professional development

Abstract ID: 1264

Internal code

O04-74

Presentation form

Workshop

Family violence: a hidden pandemic within COVID-19

Nena Kopcavar Gucek¹⁾, Hagit Dascal Weichhendler²⁾, Raquel Gómez Bravo³⁾, Leo Pas⁴⁾, Joyce Kenkre⁵⁾, Kelsey Hegarty⁶⁾, Amanda Barnard⁷⁾, Gene Feder⁸⁾, Nina Monteiro⁹⁾, Marina Jotic¹⁰⁾

¹⁾Department of Family Medicine, Medical Faculty, University of Ljubljana, Slovenia and Community health Center, Ljubljana, Slovenia, ZD Ljubljana, Ljubljana, Slovenia

²⁾Clalit Health Services & Ruth and Bruce Rappaport Faculty of Medicine, Technion, Haifa, Israel

³⁾Department of Behavioural and Cognitive Sciences, Faculty of Humanities, Education, and Social Sciences, University of Luxembourg, Esch-Sur-Alzette, Luxembourg

⁴⁾European family Justice Center Alliance. Academic Center of General Practice, University of Leuven, Leuven, Belgium

⁵⁾Life Sciences and Education, University of South Wales, Pontypridd, Wales, United Kingdom

⁶⁾Family Violence Prevention, University of Melbourne, Melbourne, Australia

⁷⁾Rural Clinical School, ANU Medical School, College of Health & Medicine, The Australian National University, Canberra, Australia

⁸⁾Centre for Academic Primary Care Population Health Sciences, Bristol Medical School, University of Bristol, Bristol, United Kingdom

⁹⁾APMGF, USF Bom Porto, Porto, Portugal

¹⁰⁾Department of Family Medicine, Public Primary Health Care Center, Doboje, Bosnia and Herzegovina

Background

Hidden within the four walls of one's home, family violence (FV) remains grossly unrecognized and untreated. COVID-19 and the consequent measures precipitate the risk factors for the outbursts of violence and prevent the victims from seeking help. Unemployment, financial strain, homeschooling children, border closures, quarantine, and hospitalization can compromise the competent/resilient family member, while the problematic and unhealthy relationships escalate. Movement restrictions, loss of human contact, and digitalization limit access to healthcare and other services, while the perpetrators can control and limit this communication. Reports of physical and psychological abuse increased up to 700%, while, paradoxically, the lack of reports from victims also suggests potential violence.

Target group

Family physicians, as well as students and all health professionals working coming in contact daily with potential victims of FV, who are willing to address FV and improve their skills.

Didactic methods

A short introductory presentation will be followed by small group work. Sharing cases involving violence during COVID and examples of good practice will be encouraged. An emphasis on communication skills including remote consultations in complex situations of violence will be demonstrated.

Objectives

We aim to underpin the proper role of health professionals in primary care in recognizing and addressing FV during the ongoing Covid-19 pandemic. The focus will be on the proper approach to these consultations, increasing opportunities for disclosure, and managing these consultations effectively. Participants will be equipped with useful communication tips concerning FV.

Estimated number of participants

20-30

Abstract topic

04. Professional development

Abstract ID: 1285**Internal code**

O04-75

Presentation form

Workshop

VdGM Junior Researcher Award, prize-winning research projects done by young family physiciansNick Mamo¹⁾, Marta Kurdziewicz-Roszkowska²⁾¹⁾VdGM/Dimence/UMCG, Zwolle, Netherlands²⁾VdGM, Wroclaw, Poland

The Vasco da Gama Movement (VdGM) encourages junior GPs to develop research projects in the field of family medicine by giving the annual Junior Researcher Award. VdGM aims to support young family physicians to explore the opportunities of conducting research projects and underline the importance of research in Family medicine.

During the workshop, three finalists selected by an international jury will present their research projects and compete for the title of the Junior Researcher Award winner. The jury will choose the winner based on the presented projects and the series of questions and answers.

Abstract topic

04. Professional development

Abstract ID: 1292**Internal code**

O04-76

Presentation form

Workshop

Update in gastroenterology for primary care in pandemic timeJuan Mendive¹⁾, Kevin Barret²⁾, Bohumil Seifert³⁾¹⁾La Mina Academic Primary Care Centre, European Society for Primary Care Gastroenterology (ESPCG), Sant Adrià der Besòs (Barcelona), Spain²⁾ex-Chair Primary Care Society for Gastroenterology (PCSG), London, United Kingdom³⁾Dept of General Practice, University of Prague, Prague, Czech Republic**ESPCG Workshop**

Objectives: To present the state of the art in different gastrointestinal problems with special interest in a practical management of them from a primary care perspective.

Methods: Different lectures presented by ESPCG members from different European countries will be presented with possibilities for debate and discussion with attenders.

Structure and items:

Chair: Dr. Juan Mendive, President ESPCG.

Introduction by Chair

1. **Design and development of a metabolic liver (NAFLD/NASH) model of care: an international primary care project** . Juan Mendive. La Mina Primary Care Academic Centre. Catalan Health Institute. University of Barcelona & Prof.Christos Lionis. Dep.Social and Family Medicine. University of Crete. Greece
1. **A shared care pathway for Inflammatory Bowel Disease (IBD): a practical guide for clinicians.** Dr Kevin Barret , ex-Chair Primary Care Society for Gastroenterology (PCSG) , London, UK.
1. **Colorectal cancer screening across Europe: actual situation and pandemic implications.** Bohumil Seifert, Dept of General Practice, University of Prague, Czech Republic

Abstract topic

04. Professional development

Abstract ID: 1299**Internal code**

O04-77

Presentation form

Workshop

Contribution ID: 1299**Contribution presentation form**

Workshop

Cardiorenal perspective of the PCDE 2022 Position Statement.

Francesc Xavier Cos Claramunt¹⁾, Samuel Seidu²⁾¹⁾PCDEurope ivzw, Ekeren (Antwerp), Belgium²⁾PCDEurope ivzw, -, United Kingdom

Type 2 diabetes and its associated comorbidities are growing more prevalent, and the complexity of optimising glycaemic control is increasing, especially on the frontlines of patient care. In many countries, most patients with type 2 diabetes are managed in a primary care setting. However, primary healthcare professionals face the challenge of the growing plethora of available treatment options for managing hyperglycaemia, leading to difficulty in making treatment decisions and contributing to treatment and therapeutic inertia. This position statement offers a simple and patient-centred clinical decision-making model with practical treatment recommendations that can be widely implemented by primary care clinicians worldwide through shared-decision conversations with their patients. It highlights the importance of managing cardiovascular disease and elevated cardiovascular risk in people with type 2 diabetes and aims to provide innovative risk stratification and treatment strategies that connect patients with the most effective care.

Abstract topic

04. Professional development

Abstract ID: 1300**Internal code**

O04-77

Presentation form

Workshop

To Code Or Not To Code Is Not The Question in 2022

Diego Schrans¹⁾, Preben LarBelgium

²⁾ICPC-Consultant, Denmark

Background: The terminology in coding must be clearly related to the naturally terms used in daily practice to increase usability. There is an ongoing work to connect the language of practice capturing patient's problems/ symptoms and functioning and link this to the codes in ICPC, ICD and SNOMED CT.

The aim of the workshop: To gain insight into the "latest news" in coding in primary care and discuss challenges improving the classification tools and coding in GP practice

Abstract topic

04. Professional development

Abstract ID: 1304

Internal code

O04-78

Presentation form

Workshop

Writing and submitting manuscripts: perspectives from an editor

Euan Lawson¹⁾, Carolyn Chew-Graham²⁾

¹⁾BJGP, London, United Kingdom

²⁾School of Medicine, Keele University, Newcastle, United Kingdom

05. Telemedicine, IT in general practice/family medicine

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 2

Internal code

O05-01

Presentation form

Science Slam

Should we offer patients the choice between telephone, video and face-to-face consultations?

Ishani Rao

NHS, Kent, United Kingdom

Our aim is to determine whether telephone consultations or video consultations are effective and satisfactory alternatives to face-to-face consultations, moving forwards from the COVID-19 pandemic. Patient experiences will be analysed using a survey after 70 consultations are randomised into either telephone or video consultations. These will then be compared to the assumed gold-standard of patient satisfaction after a face-to-

face consultation. These cycles of change can be assessed in a novel and evolving situation by constantly re-evaluating and re-discussing this project during our time in general practice. If a patient requests or requires a face-to-face consultation we could explore their concerns and limitations regarding remote consultations. When there may be a movement back towards in-person consultations, we could offer patients the opportunity for a remote consultation first (either telephone or video) and analyse whether this is a satisfactory and effective alternative. A number of positive and negative attributes have been elicited from both types of remote consultation, which will be considered in this randomised control trial.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 9

Internal code

O05-02

Presentation form

1 Slide – 5 minutes lecture

Usage of online primary care services among patients receiving oral anticancer therapy and its association with adherence to treatment

ORIT COHEN CASTEL^{1, 2)}, Efrat Shadmi³⁾, Lital Keinan- Boker⁴⁾, Khaled Karkabi²⁾, Efrat Dagan³⁾

¹⁾FAMILY MEDICINE, MEUHEDET HEALTH FUND, HAIFA, Israel

²⁾Division of Family Medicine, Ruth & Bruce Rappaport Faculty of Medicine, Technion - Israel Institute of Technology, Haifa, Israel

³⁾The Cheryl Spencer Department of Nursing, Faculty of Social Welfare and Health Sciences, University of Haifa, Haifa, Israel

⁴⁾School of Public Health, Faculty of Social Welfare and Health Sciences, University of Haifa, Haifa, Israel

Background: The evolving of oral anticancer therapy (OACT) as a common treatment model in cancer assigns significant parts of the treatment management to patients and expands primary care physician's (PCP) involvement in the active treatment of cancer. Online services which involve interactions with the PCP may contribute to medication adherence among patients receiving OACT.

Objectives: To explore the association between online primary care services usage and adherence to OACT.

Methods: A prospective cohort study was conducted among adult cancer patients receiving OACT (either targeted, hormonal or chemotherapy). Patients were recruited upon OACT initiation and were followed for 120 days. Data on online primary care services usage (online requests form the PCP for prescriptions, referrals, forms, and general queries) were collected from medical records. Pharmacy claims were used to calculate the medication possession ratio (MPR).

Outcomes: Of the 47 participants, 64% (n=30) used online primary care services at least once, and 38% (n=18) had at least one online prescription request. Online services usage was associated with higher educational level (p=0.046), and negatively correlated with global quality-of-life (Pearson correlation=-0.28, p=0.076). Online prescription

requests rates were higher among participants with good adherence (MPR ≥ 0.85), compared to participants with poor adherence (MPR < 0.85) (41% vs. 12%, $p=0.1$).

Discussion: This study provides preliminary evidence for the importance of online primary care services in a unique although growing population of patients receiving OACT.

Take Home Message: Facilitating the accessibility of online services to a wider group of patients may improve adherence to OACT.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 48

Internal code

O05-03

Presentation form

Science Slam

The impact of physical activity trackers uses and self-management to body composition in prediabetic patients.

Antanas Bliūdžius

Faculty of medicine, Vilnius University, Vilnius, Lithuania

Background: Prediabetes is one of the most rapidly growing health problems, and the leading cause is overweight. This condition is reversible, but lifestyle-changing measures should be taken.

Questions: How does physical activity tracking with consumer wearables and self-management impact prediabetic patient body composition and weight?

Methods: Prospective cohort study. Randomly selected 30 patients (9 males and 21 females), aged 32-65 years, with impaired glucose levels and without diabetes or moving disorders. Subjects received Fitbit Inspire activity trackers, physical activity recommendations. In the first visit, we analyzed body composition with X-contact 356 analyzer. The second visit was after six months and we repeated body composition analysis and extracted data from Fitbit accounts. Calculations were made using SPSS 26 and R.

Outcomes: The median weight was 87.6 +/- 16.9Kg and BMI 32.0 [26.4–34.6]. The count of steps per day and variability was different between patients and during the research period, but we found statistically significant improvement in body composition for all the groups. We found a significant decrease in weight (-1.5Kg) and a mass of body fat (-1.8Kg) ($P<0.05$). Also, visceral fat level, visceral area, waist to hip ratio and abdominal circumference decreased ($P<0.05$). We got the same result in the mass of body fat measurement in limbs.

Discussion: This is part of the pilot study, but the results are promising. The research with large sample size, control group and healthy subjects should be taken.

Take Home Message for Practice: Physical activity tracking and self-monitoring can help to improve patients with prediabetes weight control and prevent obesity.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 102

Internal code

O05-04

Presentation form

Lecture

Patient, staff and stakeholder experiences with the NHS App in general practice: national evaluation using qualitative methods

Claire Reidy¹⁾, Chrysanthi Papoutsis¹⁾, John Powell¹⁾, Bernard Gudgin¹⁾, Céire Costelloe²⁾, Saline Tewolde²⁾, Felix Greaves²⁾

¹⁾Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom

²⁾Global Digital health unit, School of Public health, Imperial College London, London, United Kingdom

Background:

The NHS app, available since July 2019, was developed as the “digital front door” to England’s National Health Service (NHS). It enables patient record access, GP appointment booking, prescription ordering, COVID certification and other features. This study examined patient and staff experiences with this central component of NHS digital transformation.

Methods:

Qualitative process evaluation using a case study design. We recruited 54 patients, healthcare staff and wider stakeholders in 31 interviews and 4 focus groups. Ethnographic observations were undertaken in four GP surgeries. We analysed data thematically, informed by the NASSS framework.

Results:

At an organisational level, the NHS app was seen as supporting access and care delivery, although there was some uncertainty over its functionality, relevant advantage compared to commercial patient apps, and responsibility for addressing arising issues. In areas with a regional drive for digital health, there were more training, support with issues and guidance for surgeries incorporating the app.

Patients and clinicians raised disparities where not everyone was able to access GP health records equally, or digitally. Patients reported using several app features and finding it easier to access general practice through the app than “traditional” ways (e.g. telephone). Prescriptions were considered especially fast and convenient, even in comparison to other apps.

Implications:

The app offered some useful features to patients but there were concerns over equitable use and access. For GP surgeries, confusion over which apps to prioritise, and how, challenged the goal of the NHS App as a digital front door to the NHS.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 134

Internal code

O05-05

Presentation form

1 Slide – 5 minutes lecture

Implementing remote monitoring in care homes to support the enhanced health in care homes PCN DES

Shani Gray, Louise Keane
NCL CCG, London, United Kingdom

Background/Questions:

The enhanced health in care homes PCN DES outlines the expectations of what care PCNs should be providing to their care home population. Practices highlighted the need for support to achieve this at a time of increasing strain across primary care. Responding to this and the increasing need to offer remote reviews due to the covid-19 pandemic, North Central London Clinical Commissioning Group implemented remote monitoring in 100 care homes.

Methods:

Care homes were provided with Whzan blue boxes which contain a tablet and medical equipment for doing patient observations. Staff concerned about an unwell patient took observations to obtain a NEWS2 score, with results available to GPs by logging in to an online portal.

Outcomes:

1730 care home residents across 5 London boroughs were remotely monitored over a 1 year period, with 41,000 NEWS2 scores being generated over this period. 93% of NEWS2 scores were in the lower to medium risk categories of 0-4. Analysis from a sample of 10 care homes using remote monitoring with their GPs showed a 33% reduction in ambulance call outs, 8% reduction in A&E attendances and cost savings of ~£36,000 over 6 months.

Discussion:

Remote monitoring can be a useful tool in care homes to support remote reviews by GPs, to reduce A&E attendances and ambulance call outs. Considerations need to be given to potential increased workload for GPs and how clinical work generated from remote monitoring can be integrated across the healthcare system.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 144

Internal code

O05-06

Presentation form

1 Slide – 5 minutes lecture

How can we make virtual care good care? An ethical analysis of virtual-only consultation services and lessons for general practice

Tania Moerenhout
Bioethics Centre, University of Otago, Dunedin, New Zealand

Background: Although virtual consultations have been available for many years, their use was rather limited within family medicine – until the Covid-19 pandemic changed patients' and providers' needs and remote visits soared. The current landscape of virtual primary care services offers a wide range of options, from virtual-only services with or

without (AI) triage to traditional general practitioners embedding virtual consultations into their practice. This presentation will focus on ethical challenges presented by virtual-only consultation services that have so far remained underexplored and use this analysis to learn lessons for virtual care in general practice.

Questions: To what extent do virtual-only consultation services uphold the five core values in family medicine? What does a virtual consultation design that aligns with family medicine's core values look like?

Methods: Five points will be discussed in this conceptual analysis: continuity of care, access to care, equity, preventive vs reactive paradigms and comprehensive care for multimorbidity and chronic illness.

Outcomes: Virtual-only services may increase accessibility and convenience but risk compromising continuity of care, equity and a preventive, holistic approach in primary care.

Discussion: This trade-off is not necessarily caused by the virtual nature of the care provided, but by the episodic, fragmented approach adopted by these services. In fact, virtual consultations may contribute to improved continuity, proactive and comprehensive primary care, when applied appropriately.

Take Home Message for Practice: GPs should work towards developing virtual care processes that align with family medicine's core values to improve the quality of care provided.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 147

Internal code

O05-07

Presentation form

Science Slam

Use and usability of Homelab: an online diagnostic self-service implemented at the general practitioner

Kyma Schnoor^{1, 2)}, Esther Talboom-Kamp^{2, 1)}, Anke Versluis¹⁾, Niels Chavannes^{1, 2)}

¹⁾National eHealth Living Lab, Leiden University Medical Center, Leiden, Netherlands

²⁾Unilabs, Geneva, Switzerland

Background and purpose: The pressure on primary care is increasing, due to an ageing population and an increase in chronic diseases. eHealth potentially can make healthcare more accessible, efficient, and can help to reduce the workload in primary care. Homelab is an eHealth tool implemented in the environment of the general practitioner. It offers relative simple laboratory diagnostics without getting a referral of the general practitioner. After logging in patients select and order a diagnostic test based on their symptoms. The test results are presented online to the general practitioner and patient. This study aims to evaluate the use, usability and user characteristics of Homelab. Furthermore, it aims to evaluate whether Homelab replaces an appointment at the general practitioner.

Methods: Homelab has been implemented since May 2021 as a pilot in a Dutch general practice. The amount of requests and what packages are ordered, are monitored. After using Homelab, patients are invited to complete a short questionnaire. The questionnaire contains demographic questions and assesses usability using the System Usability Scale-10. In addition, questions about requesting an appointment at the general practitioner without Homelab are included. All data was anonymous.

Results: Results are expected in the summer of 2022.

Conclusion: The results of this research can provide insight in if patients use Homelab, how often and how they experience the usability of Homelab. This service offers opportunities for more accessible and efficient healthcare for both patient and general practitioner.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 180

Internal code

O05-08

Presentation form

Lecture

eHub: piloting artificial intelligence (AI) triage for electronic consultations (eConsults) in primary care

Benedict Hayhoe^{1, 2)}, Ross Dyer-Smith^{3, 2)}, Tom Beale⁴⁾, Hatim Abdulhussein⁵⁾, Sunny Dosanjh⁴⁾, Alan Davies⁵⁾, Murray Ellender^{2, 3)}, Annabelle Painter⁵⁾

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²⁾eConsult Health Ltd, London, United Kingdom

³⁾The Hurley Group, London, United Kingdom

⁴⁾Deloitte LLP, London, United Kingdom

⁵⁾Health Education England, London, United Kingdom

Background

Growing pressure on primary care makes innovative approaches to healthcare provision essential. Asynchronous electronic consultations have been widely adopted in UK primary care. However, the need to prioritize incoming electronic patient queries has proved overwhelming for some GP practices.

Questions

Is an effective artificial intelligence (AI) solution to automated triage of electronic consultations in primary care achievable, scalable and likely to improve efficiency?

Methods

A collaborative team from eConsult, the Hurley Group, and Deloitte developed a rule-based artificial intelligence (AI) module and bespoke user interface to read incoming electronic consultations (eConsults) and assign to the most appropriate available primary care professional (administrator, GP, pharmacist).

Outcomes

Tested prospectively, the system assigned eConsults with apparently greater accuracy than administrators when compared with a GP gold-standard. GPs reported a significant increase in complex cases; more straightforward tasks were assigned to other staff.

Discussion

This model has potential for substantial impact at scale on workload and efficiency. However, implementation is likely to require longer GP appointments through increased case complexity. Adequate training of professionals will be necessary in new technology and ways of working to ensure safe and successful integration.

Take Home Message for Practice

An AI solution to electronic consultation triage in primary care is achievable, effective, and potentially scalable, with likely impact on patient and health professional experience, and healthcare costs.

The healthcare workforce requires appropriate training and skills in new technology, as recognized in Health Education England's Digital, Artificial Intelligence and Robotics Technologies in Education (DART-Ed) programme.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 211

Internal code

O05-09

Presentation form

Lecture

'Living With' prostate cancer: A digital health intervention to support patients and healthcare professionals

Patricia Schartau¹), Murray Elizabeth²), Blandford Ann³), Shoumik Choudhury²), Chris Robson⁴), Jonathan Waywell⁴), Greg Shaw⁵)

¹Primary Care and Population Health, University College London and Hampstead Group Practice, London, United Kingdom

²Primary Care and Population Health, University College London, London, United Kingdom

³Department of Computer Science, University College London, London, United Kingdom

⁴Living With company, London, United Kingdom

⁵University College Hospital London, London, United Kingdom

Background

In the UK, prostate cancer is the most common cancer. Whilst novel care models involving primary- and secondary care improve clinical outcomes, they leave healthcare professionals (HCPs) with less time to support patients' complex needs.

Aim/question

To develop a digital health intervention (DHI) to support prostate cancer patients' needs, thereby supplementing their care pathway.

Methods

A theory based, multi-disciplinary, co-design approach was used for DHI development. Key user needs were elicited from our systematic review, patient focus group data (n = 24) and HCP interviews (n=7). Patient needs were grouped, using qualitative analysis, into overarching themes and translated into digital solutions by prostate cancer patients, patient and public involvement, HCPs (GPs, Urologists, CNSs, psychologist), researchers, and computer scientists.

Outcomes

We developed a patient facing mobile app connecting to a clinician dashboard for messaging (appointments, relevant articles) and collation of patient reported outcome measures (PROMS) inputted into the app. The app contains an up-to-date multi-reviewed content library covering a wide range of topics surrounding prostate cancer; a guided programme to support sexual wellbeing and pelvic floor exercises; a symptom tracker; shared patient experiences; a programme to manage and graph PSA (prostate-specific antigen) blood test appointments and results.

Discussion

The multidisciplinary co-design process of a DHI was discussed. A pilot study started to explore feasibility, acceptability and impact of the DHI.

Take Home message

Our DHI has the potential to be integrated into the primary/secondary care pathway to decrease HCPs' workload whilst leading to improved patient experiences and outcomes.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 228

Internal code

O05-10

Presentation form

1 Slide – 5 minutes lecture

Telemedicine and heart failure management in primary health care: preliminary results from a pilot study (BRAHIT project)

Leonardo Graever¹⁾, Aurora Felice Castro Issa²⁾, Anne Frølich³⁾, Leonardo Cançado Monteiro Savassi⁴⁾, Mariana Borges Dias⁵⁾, Gabriel Pesce²⁾, Viviane Belídio²⁾, Marcelo Melo²⁾, Maria Katia Gomes¹⁾, Helena Dominguez^{6, 7)}

¹⁾*Department of Primary Care Medicine, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil*

²⁾*Department of Research and Teaching, Instituto Nacional de Cardiologia, Rio de Janeiro, Brazil*

³⁾*Department of Public Health, Faculty of Health and Medical Sciences - University of Copenhagen, Copenhagen, Denmark*

⁴⁾*Department of Family Medicine, Mental Health and Collective Health, Federal University of Ouro Preto, Ouro Preto, Brazil*

⁵⁾*Department of Hospital, Emergency and Home Care, Ministry of Health, Brasilia, Brazil*

⁶⁾*Department of Cardiology, Bispebjerg-Frederiksberg Hospital, Copenhagen, Denmark*

⁷⁾*Department of Biomedical Sciences, Faculty of Health and Medical Sciences - University of Copenhagen, Copenhagen, Denmark*

Background: Primary Care Physicians (PCP) must have competence to manage several conditions, including Heart Failure (HF). Telemedicine is a suitable approach to support multidisciplinary case management, although underused and with uncertain impact on clinical outcomes. In the BRAHIT Project, cardiology e-consultation support to PCPs in Rio de Janeiro will be assessed using mixed-methods: interviews with physicians and patients and a cluster randomized trial comparing groups with and without support.

Question: Can cardiology e-consultation support to PCPs improving clinical quality management and HF outcomes?

Methods: A pilot study was carried out in 2020-2021 in primary care, where PCPs requested support from cardiologists. E-consultations were performed via videoconference. Clinical data was collected for baseline and follow-up. **Outcomes:** Twenty-four HF cases were discussed. Basal data reveals mean age of 55 years, 70% white, 37% patients in NHYA Class III and IV. Sixty percent of patients reported fatigue. Treatment with betablockers and ARB or ACE inhibitors was present in 70%, diuretics in 65%. Reduced ejection fraction was present in 60%. Over 50% were reported as having blood pressure over 120 x 80 mmHg and heart rate over 70 bpm. The impact of e-consultations on outcomes were not assessed yet due to insufficient follow-up time.

Discussion: Basal pilot study data reveals high prevalence of poorly controlled cases, indicating room for improvement regarding adherence to clinical guidelines after the intervention.

Take Home Message for Practice: We expect that e-consult support improves quality of HF care and be used in other scenarios, like areas with sub-specialist's shortage.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 240

Internal code

O05-11

Presentation form

1 Slide – 5 minutes lecture

Scheduling Family Medicine residents at AUBMC to clinics using optimization methods with multi-objective criteria and priority rules

Mohammadali Jardaly¹, Matthew Howard², Allison VanderStoep², Carolyn Wu², Marina Epelman², Riley McKeown², William Poezhe²

¹Family Medicine, American University of Beirut Medical Center, Beirut, Lebanon

²Center for Healthcare Engineering and Patient Safety, The University of Michigan, Ann Arbor, Ann Arbor, MI, United States

Background

The traditional approach is for the chief resident to hand-build the monthly schedules for the residents and assign them to the clinics. The process is time and labour-intensive, and prone to errors. The Center for Healthcare Engineering and Patient Safety (CHEPS) has experience using operations research techniques to computerize schedules.

Questions / Discussion Point

The challenge is to create a schedule every month that ensures each clinic location is adequately staffed by residents according to their level of experience, their responsibilities at AUMBC, and concurrent speciality rotations.

The schedules should provide a fair, consistent distribution of workload among the residents as well as access to a diverse training experience over the course of the year.

Content

Create a tool that automates the scheduling process and is accessible to users without training in mathematical optimization or special-purpose software.

The tool works by loading monthly input data. It then solves for a high-quality schedule. The chief resident then reviews the schedule and metrics and confirm the final schedule.

Take-Home Message for Practice

The final tool is customized to the FM department at AUBMC. It allows for easy and fast automated schedule generation in 10 minutes. In addition, the tool allows dynamic ranges and accommodates different numbers of residents, clinic locations and rotations that may change in the future.

The tool allows for a rapidly generated, high-quality schedule. It requires less review time. More importantly, it improves the resident and patient experience.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 258

Internal code

O05-12

Presentation form

1 Slide – 5 minutes lecture

BPH : α -blockers, 5α -reductase inhibitors alter the level of glucose and worsen the stage of CKD in the diabetic.

Giovanni Colucci, Enrico Maria Pellegrini
General Medicine, Martina Franca, Italy

Introduction: α -blockers and 5α -reductase inhibitors in the treatment of benign prostatic hyperplasia (BPH) can impair glucose and androgens metabolism leading to erectile dysfunction, and can worsen the stage of chronic kidney disease (CKD) or be disease predisposing factors. The aim is to investigate on the possible long-term effects of these drugs.

Methods: Retrospective study. From a cohort of 20115 adults with at least two years of follow up, 9502 patients were identified including 480 diabetics. The following were assessed at the baseline and during the follow up: Glycated Hemoglobin (HbA1c), BMI, obesity, arterial hypertension and the possible presence of CKD and BPH.

Results: a statistically significant data shows, at the primary end point, how diabetic patients exposed to treatment for BPH are at greater risk for worsening CKD. In the multivariate analysis, there are no statistically significant data showing how the use of these drugs can worsen or be a predisposing factor for CKD.

Conclusions: the general practitioner should evaluate the glomerular filtration rate (GFR) and only once discovered the stage of CKD start the therapy.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 353

Internal code

O05-13

Presentation form

1 Slide – 5 minutes lecture

Healthcare usage of a digital first general practice: an evaluation study

Romy Willemsen, Jiska Aardoom, Niels Chavannes, Anke Versluis
Public Health and Primary Care, Leiden University and Medical Center, Leiden, Netherlands

The pressure on general practitioners (GPs) is rising due to an ageing population and an increasing prevalence of chronic diseases. The use of eHealth is suggested to increase the accessibility of healthcare and to lower costs. 'Flexdoctors' is a concept for general practices that incorporates eHealth in the organizational aspects of the practice.

This study aimed to determine the effect of the Flexdoctors concept on healthcare usage. Data of healthcare use was provided by a healthcare insurer and included two Flexdoctors practices in the Netherlands. Healthcare usage was expressed in numbers

per 6 months. Healthcare usage after implementation was compared to before implementation. Moreover, healthcare usage after implementation was compared with matched individuals from non-Flexdoctors practices. The longitudinal impact of implementation was evaluated with Poisson mixed model analyses.

In total 1970 participants were included. GP consults increased significantly after compared to before implementation (RR=1.52; SE=1.03; p-value <.01). GP consults and prescribed medication were significantly higher in the Flexdoctor group as compared with the matched control group (respectively, RR=1.23, SE=1.10, p=.035; RR 1.75, SE=1.07, p<.01) whereas GP out-of-hours consults were significantly lower (RR=0.13; SE=1.79; p<.01).

Healthcare use increased after the implementation of the Flexdoctors concept. A factor influencing this increase was the staff shortage before implementation. Additional GP consults were necessary to catch up on the missed care.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 430

Internal code

O05-14

Presentation form

State of the art session

Artificial intelligence and family medicine - opportunities and challenges

Amanda Howe¹⁾, Murray Ellender²⁾, Matteo Berlucchi³⁾, Paul Atkinson⁴⁾

¹⁾Primary Care, Norwich Medical School, University of East Anglia / RCGP, Norfolk, United Kingdom

²⁾eConsult, Epspm, United Kingdom

³⁾livehealthily.com, UK, United Kingdom

⁴⁾Health Informatics Group, RCGP, London, United Kingdom

The work of general practice is being transformed by the new digital technologies. There is huge debate about how to get the best out of these for effective care, while avoiding transactionalism and increasing workloads. Appealing characteristics include low costs availability of automated encounters, but in the broader context there are concerns that AI may miss aspects important to diagnosis and empowering individuals to share necessary information. There is also concern about whether AI could 'replace' humans – and whether the new technologies are being programmed according to values of caring or convenience.

This session is for working GPs. Presenters will include GPs leading on remote consultation providers (such as e-Consult); the added value of online self presentations to the subsequent clinical consultation; aspects of safety and governance which GPs need to address; the ways in which GPs can help with innovation and research in this area; and the work of the RCGP Health Informatics group to champion the needs of members.

The method will be consecutive presentations describing innovations that can help GPs and their teams, and showing how to maximise benefits of the new technologies. This will be followed by questions and discussions, with a summary of takehome messages for practice.

The main objective is to give attendees new insights and confidence to make good choices for their own practices, and to understand better how to evaluate and use the innovations available.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 448

Internal code

O05-15

Presentation form

1 Slide – 5 minutes lecture

Research methods with technology and patients (TeNDER id proposal 875325)

RODRIGO MEDINA GARCÍA^{1, 2)}, Cristina Lozano Hernández^{1, 2)}, Maria del Canto De Hoyos Alonso¹⁾, Araceli Garrido Barral¹⁾, César Minué Lorenzo¹⁾, Laura Calderón Jiménez^{1, 2)}, Elisa Martínez Núñez¹⁾, Juan Antonio López Rodríguez¹⁾, Jennifer Jiménez³⁾, Grupo TeNDER At. Primaria Grupo TeNDER At. Primaria¹⁾

¹⁾Primary Care, Madrid Health Service, Madrid, Spain

²⁾Department of Research, Foundation for Research in Biosanitary Innovation in Primary Health Care (FIIBAP), Madrid, Spain

³⁾Department of Research, Madrid Parkinson's Association, Madrid, Spain

Background: Health technology is a research area that aims to improve quality of life and healthcare for patients. Family medicine is the chosen speciality for its development. Family doctors care patients with chronic diseases and multimorbidity, dealing with health problems that interrupt and deteriorate patients' health at an early stage. Technology offers tools to detect variations in health. TeNDER is an EU-funded project between several European health and technology organizations. Through co-creation, a technological tool will be developed to detect changes in the habits of patients with chronic diseases. An environment will be created with patients, their caregivers and health professionals with the aim of quality of life improvement. To carry out this project we should consider several research methodologies.

Question: What research methodologies are used during a technological tool development process?

Content: Co-creation among health professionals, patients and caregivers is important for technological tools development. Pilot studies are carried out according to the stage of development of the tool and its components. The reasons that lead to the elaboration of each of the pilots are to know the feasibility and to describe the potential health benefit. In addition to effectiveness, barriers and facilitators to adoption should be analyzed. For this purpose, we should consider implementation and qualitative research approaches.

Take_home_message: Pilot studies during the co-creation process of a technological tool allow to know its evolution in relation to its efficiency and feasibility. Qualitative methods can help uncover key contextual factors that may be affecting the outcomes of the study besides the intervention itself.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 489**Internal code**

O05-16

Presentation form

Lecture

Using healthcare communication services and GP systems to facilitate and audit the use of patient information resources

Fionna Pursey¹, Emily Cooper¹, Erica Elsdon², Vivek Mathew³, Donna Lecky¹

¹HCAI, Fungal, AMR, AMU & Sepsis Division, UK Health Security Agency, Gloucester, United Kingdom

²Hampshire, Southampton and Isle of Wight CCG, Winchester, United Kingdom

³accuRx, London, United Kingdom

Background

The TARGET Antibiotic Toolkit includes a range of patient facing information leaflets that can facilitate discussion around common infections, with an aim to support self-care and safety netting in patients. To allow for use during remote consultation, the leaflets were published in web-text and integrated into a healthcare communication service providing free SMS text message templates that can be used during/after a consultation. By assigning a SNOMED code, practices can audit the use of the leaflets and therefore record dissemination of crucial safety netting advice. This presentation will focus on findings from accuRx healthcare communication service, NHS Hampshire, Southampton, and Isle of Wight CCG and the TARGET antibiotic toolkit to evaluate initial data on the use of the leaflets.

Question

Can we support patients and audit the dissemination of information by providing digital patient information leaflets during remote consultations through SMS and logging their use on GP systems?

Content

Since July 2021, 3528 patient information leaflets have been sent through accuRx SMS messages. TARGET website analytic data also showed an increasing trend in leaflet downloads. Sending of a SNOMED coded SMS message with a patient information leaflet, increased by 69% on EMIS from November to December 2021 in NHS Hampshire, Southampton, and Isle of Wight CCG.

Take Home Message

These primary findings indicate a successful provision of the digital leaflets through SMS follow up. This project emphasises the importance of adapting resources to support telemedicine and to increase accessibility to patients, especially those who cannot attend face-to-face consultations.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 493**Internal code**

O05-17

Presentation form

1 Slide – 5 minutes lecture

Evaluating a digital decision aid for hormone replacement therapy

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²⁾UCL, London, United Kingdom

Background

Decision-making around hormone replacement therapy (HRT) can be complex, and accessing information about the risks and benefits is often challenging even for health care professionals. Decision aids provide evidence-based, non-biased information that can promote shared decision-making between the patient and their health practitioner.

Questions / Discussion Point

Can a decision aid for HRT prescribing be acceptable and useful?

Content

We developed an interactive, digital decision aid (<https://wellspring.health/hrt>) based on publicly available information from NICE and the MHRA. Care was taken to use the infographics and visual aids to ensure the information was easily communicated. We created an evaluation survey, which included questions on the utility of the website.

The survey was active for four weeks from July-August 2021, and was completed by 280 health professionals, primarily GPs with several years of relevant prescribing practice. Responses indicated high acceptability for the digital decision aid: 96% of the surveyed health professionals stated that they would use the tool with patients. Most valued features included the clarity of the graphics, the ability to alter information, and the tool's comprehensiveness.

This digital decision aid for HRT, based on national guidelines and evidence-based research, has demonstrated high acceptability and satisfaction among majority health professionals. This may serve as a useful adjunct to promote evidence-based, well-informed dialogue between patient and practitioner.

Take Home Message for Practice

A digital decision aid for menopause care shows high acceptance and satisfaction ratings from health professionals and shows promise for clinical implementation to promote shared decision-making.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 502

Internal code

O05-18

Presentation form

Science Slam

An innovative Telehealth framework from Brazil: preliminary results from a nurses-driven system

Vinicius Moraes, César Biselli, Camila Kawagoe, Fernanda Gushken, Guilherme Azevedo, Mário Ferretti
Alice Health, São Paulo, Brazil

Background: We describe a new Telehealth system - Alice Agora (AA) - that empowers nurse-driven decisions with the aid of evidence-based protocols and physician support. We described our model, showcasing how a multidisciplinary and protocol driven system has the potential to assist patients in a coordinated and efficient manner.

Methods: prospective, cloud-based case series, with data collection between Feb-Aug 2021. We collected anonymized data including but not limited to: main complaint, action after request (nurse or medical guidance, consultation, ambulance), follow up and level of satisfaction.

Results: We reached 4,193 online consultations in the studied period. Preliminary results show a high level of satisfaction (average Customer Satisfaction score of 4.92), with 98% of patients demonstrating confidence about the conduct of Alice Agora care. Main complaints were related to the upper respiratory tract (n=1542; 28.5%), followed by the digestive system (n=781; 14.43%), general symptoms (n=643; 11.88%) and musculoskeletal (n=607; 11.22%). We obtained 20.1% (842) of the cases solved digitally by a nurse through the use of health protocols, and 43.9% solved by nurses with medical discussion. Only 6.6% (277) of cases were referred to the ER. This represents a 64% rate of resolution managed completely by chat with nurses. Median consultation time was 29 minutes and 4 days until resolution.

Conclusions: Our system has demonstrated promising results on clinical effectiveness and patient satisfaction. Our promising resolution capacity is a result of our patient-centered design aligned with technology and nurses empowerment.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 522

Internal code

O05-19

Presentation form

Lecture

Benefits and Challenges of Using Virtual Primary Care During the COVID-19 Pandemic: From Key Lessons to a Framework for Implementation

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Background

COVID-19 has put a spotlight on remote care tools as a solution for General Practitioners to ensure the continuity of care delivery when it was not feasible to conduct face-to-face consultations. There is a need to evaluate how this global shift has impacted patient care, healthcare providers, patient and carer experience, and health systems.

Research Question

We explored GPs' perspectives on the main benefits and challenges of using digital virtual care.

Methods

GPs across 20 countries completed an online questionnaire between June – September 2020 using free-text questions. Thematic analysis was used to analyse the data.

Outcomes

A total of 1,605 respondents participated in our survey. Benefits identified included reducing COVID-19 transmission risks, guaranteeing care access, increasing efficiency, improved convenience and communication with patients, greater work flexibility, and hastening the digital transformation of primary care and accompanying legal frameworks. Main challenges included a preference for face-to-face consultations, digital exclusion, lack of physical examinations, clinical uncertainty, delays in diagnosis and treatment, overuse and misuse of digital virtual care, and unsuitability for certain types of consultations. Other challenges include the lack of formal guidance, higher workloads, remuneration issues, organisational culture, technical difficulties, implementation and financial issues, and regulatory weaknesses.

Discussion & take-home message

At the frontline of care delivery, GPs can provide important insights on what technologies worked well, why, and how during the pandemic. Lessons learned can be used to inform the adoption of improved virtual care solutions and support the development of more technologically robust and secure platforms.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 528

Internal code

O05-20

Presentation form

Lecture

Effectiveness of a lifestyle modification programme in the treatment of depression in primary care: a randomised clinical trial

Alejandra Aguilar-Latorre¹⁾, Guillermo Pérez Algorta²⁾, Capilla Navarro³⁾, María Jesús Serrano-Ripoll⁴⁾, Bárbara Oliván-Blázquez^{5, 1)}

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⁵⁾*University of Zaragoza, Zaragoza, Spain*

Background: Depression symptoms are prevalent in the general population, and their onset and continuation may be related to biological and psychosocial factors, many of which are related to lifestyle aspects. Health promotion and lifestyle modification programmes (LMPs) may be effective in reducing the symptoms.

Questions: The objective of this study was to analyse the clinical effectiveness of an LMP and an LMP plus Information and Communication Technologies (LMP+ICTs) when compared to Treatment as Usual (TAU) over 6 months. The interventions were offered as an adjuvant treatment delivered in Primary Healthcare Centres (PHCs) for people with depression symptoms.

Methods: We conducted a randomised, multicentre pragmatic clinical trial. LMP consisted of six weekly 90-minute group sessions focused on improving lifestyle aspects; LMP + ICTs replicated the LMP format, plus the addition of a wearable smartwatch. A total of 188 participants were randomised. We used linear mixed models (LMMs), with a random intercept and an unstructured covariance to evaluate the impact of the interventions compared to TAU.

Results: Both interventions showed a statistically significant reduction on depressive symptoms compared to TAU (LMP vs. TAU, $b = -3.38$, 95%, $p < 0.001$ and LMP+ICTs vs. TAU, $b = -4.05$, 95%, $p < 0.001$).

Conclusion: LMPs administered in PHCs to people experiencing depression symptoms were effective in reducing these symptoms and changing lifestyle factors compared to TAU. LMPs can be promising strategies for PHCs, being a cost-effective treatment.

Take-Home Message for Practice: LMPs are an effective adjuvant treatment for depression.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 583

Internal code

O05-21

Presentation form

Science Slam

Is it possible to modify cardiovascular risk factors via telephonic appointments?

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EAP Poblenou, Atenció Primària de l'Institut Català de Salut (ICS), Barcelona, Spain

Lifestyle changes are the mainstay of reduction of cardiovascular risk factors. Many tools have been developed to motivate and empower patients to make lifestyle changes, such as motivational interviews. Classically, those tools are mainly used during in-office appointments, but since the SARS-CoV-2 pandemic began, telemedicine has increased significantly in importance, but is it possible to engage meaningfully with patients remotely?

The family of a 32-year-old man contacted his primary care physician to warn them of his weight gain. The nurse assessed type III obesity and grade II arterial hypertension. Blood tests revealed diabetes mellitus type 2, hypertriglyceridemia, and hepatic steatosis. During anamnesis, the patient admitted binge-eating and high levels of anxiety, including having autolytic ideation, as well as daytime drowsiness and altered sleep patterns. The management of the case was based on support and education to make lifestyle changes. Metformin, lisinopril, diazepam and citalopram were initiated. The follow-up was performed by his nurse and physician through extensive telephonic appointments and punctually in-office visits. Four months later, at an in-office follow-up, a 40kg weight loss was witnessed, as well as improvement of cardiovascular risk factors and sleep apnoea. This case demonstrates the success of a patient in making vital lifestyle changes and maintaining them overtime. This was due to the support and consistent follow-ups of healthcare professionals, which in the current epidemiological scene, they could not be

done in-person. Additionally, this case exemplifies the importance of teamwork between nurses and physicians in the management of cardiovascular risk factors.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 620

Internal code

O05-22

Presentation form

1 Slide – 5 minutes lecture

The digital mistake: confounding the management of chronic kidney disease with its detection

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Background

In the United Kingdom, 10% of the population may have Chronic Kidney Disease (CKD). Among patients with moderate to severe CKD, premature death to cardiovascular events are 2-3 times more likely.

Apart from the human cost, the financial costs of CKD are significant, costing £1.44 billion to NHS England in 2009-10.

Annual screening for CKD among patients living with diabetes (PwD) using urinary Albumin Creatinine Ratio (ACR) improves patient outcomes by supporting behavioural and clinical risk factor modification.

The National Diabetes Audit shows that the urinary ACR test rate decreased locally in PwD from 81% in 2013/14 to 52% in 2020/21.

Various digital interventions are being evaluated in order to increase Urinary ACR screening.

Questions / Discussion Point

Does increasing screening via digital technology improve patient outcomes and realise predicted cost savings for the health and care system?

Content

An *in silico* modelling analysis using the CVD Tool by Public Health England is presented to estimate the costs and savings of a one-off intervention to increase ACR rates to 74%. Cost savings implied by outsourced digital interventions are based on management of CKD rather than screening for CKD.

Although digital interventions may offer screening and diagnosis, caution is advised against confounding the significant cost-savings of the management of CKD with just diagnosis. Additionally, there are information governance implications which need to be thoroughly explored.

Take Home Message for Practice

It would be advisable to incentivise the management of CKD and to ensure thorough Information Governance from all Providers.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 642

Internal code

O05-23

Presentation form

1 Slide – 5 minutes lecture

Improving patients' access to care through the implementation of telemedicine in a Moscow family medicine clinic

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Background

In March 2020, a Moscow Family Medicine clinic began telemedicine consultations to care for patients remotely when restrictive measures were imposed to reduce morbidity from COVID-19.

Question

As Family Physicians, how do we effectively care for patients with limited access to healthcare?

Content

Russian Federation laws prohibit diagnosis and treatment remotely through telemedicine but they allow therapy adjustment by telemedicine following a visit in person. After patients are seen in person where they are given diagnoses, tests, and treatments. follow-up appointments can be performed in person, by phone, or online through telemedicine. Telemedicine visits are initiated at the patients' request.

Through telemedicine, Family Physicians in a Moscow clinic have been able to improve the follow up care for patients remotely in Moscow and Moscow Region. Each telemedicine encounter saves patients about 4 hours compared to traditional visits.

Informational telemedicine consultations have also been utilized for remote regions of the Russian Federation including Siberia. An average of four 30-minute telemedicine consultations are performed daily. Telemedicine reduces the costs of time and resources for patients and the clinic.

The Family Physicians have a positive attitude toward telemedicine consultations. Technical aspects of visits have required adjustments. Protocols were developed to determine when patients need personal visits or emergency care. The clinic will continue telemedicine visits innovatively making medical care more easily accessible.

Take Home Message for Practice

Telemedicine consultations can effectively complement Family Physicians' management of patients by increasing accessibility to care, especially in chronic conditions requiring frequent follow-ups.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 670

Internal code

O05-24

Presentation form

1 Slide – 5 minutes lecture

Citizen Hackt. Empowerment of older people in the use of ICT in health issues

Tamara Jiménez Pascua^{1, 2, 3)}, Pilar Montero Alia^{2, 1)}, Eduard Moreno Gabriel¹⁾, Marta Cubo Bayó¹⁾, Laia Mas Pons³⁾, Hajar El Jaouhari Khelifi³⁾, María Rodríguez Lago³⁾, Eulàlia Hernández Encuentra¹⁾, M Carmen Rodríguez Pérez^{1, 2)}, Pere Torán Montserrat¹⁾

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Background: Active and healthy aging has become both a research and public policy priority. The COVID-19 pandemic has accelerated the adoption of ICT for management of healthcare systems, posing a challenge for older adults' accessibility and ability to effectively manage health-related information.

Objectives (questions?): Is a set of tailored online and face-to-face workshops an effective tool for increasing older people's health literacy and critical thinking?

Methods: A mixed methods evaluation of an intervention designed to increase digital health literacy of adults aged 55-80 years from a Catalan middle sized city. A quasi-experimental design with pre/post measures and a qualitative evaluation of the implementation was carried out.

Outcomes (results): 367 pre-post questionnaires have been collected. After the intervention, 10% of the participants improved their perceived capacity to identify reliable/rigorous sources, 16% increased their perceived ability to find useful health resources online and 14% decreased their perceived difficulty in assessing the reliability of health information in the media. Overall, the face-to-face format was preferred and had benefits for the participants such as perceived peer support.

Discussion: With an appropriate face-to-face group intervention, older people can more easily identify reliable and useful sources of health information on the Internet to help them have a more active and healthy aging.

KEY WORDS: Active/healthy aging, ICT, digital divide, digital literacy, critical thinking.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 690

Internal code

O05-25

Presentation form

1 Slide – 5 minutes lecture

National Post-COVID Clinical Care; Pilot Phase

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Background; Post -COVID, is a wide range spectrum of signs and symptoms that persist for or develop after 12 weeks following an acute COVID-19 infection. It could be an emerging chronic disease. So that we studied the pilot phase of this national project to, explore the demographics, Determinants, the clinical presentation of Post-COVID-19 persistent symptoms, and provide well-structured COVID-19 management plans.

Methods; Cross-sectional study. Targeted randomly selected 850 COVID-19 recovered cases four weeks after the onset of COVID-19 infection from Saudi Arabia's inhabitants during December 2022. Virtual phone call assessment conducted by well-trained family physicians. Using well-structured assessment tools composed of five main sections, and contains 4 validated scales

Results; the mean age of the studied 815 cases was 37.9± 13.5 y, (244, 30%) had comorbidities, only (132, 16.3%) were unvaccinated. In total,(359, 44.1%) were asymptomatic; the most commonly reported symptoms were in order, loss of smell, hair falls, fatigue, sleep disturbance, joint pains, and memory disorders. Interestingly, Female sex, older age, preexisting comorbidities, increased number of baseline symptoms, and hospital admission were significantly ($p<0.05$) associated (predictors) of delayed return to a baseline health state. After the initial assessment; (145, 17.8% - 139, 17%-102, 12.5%, and 16, 2%) of participants required psychiatric consultation, mental rehabilitation, referral to primary health care, referred to hospitals in order.

Conclusion; post-COVID-19 syndromes are a prevalent and complex problem. Fortunately, the majority are self-limited and reversible with a variable period. Post-COVID clinical care is essential.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 697

Internal code

O05-26

Presentation form

1 Slide – 5 minutes lecture

Title: Remote consultations in primary care: safety implications and strategies for safer use by patients and healthcare providers

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Background

The COVID-19 pandemic triggered rapid changes in primary care delivery and urged healthcare systems to utilise virtual consultations. While benefits are possible, virtual consultations also come with safety risks. There is a need to better understand these risks, and co-design strategies to better support patients and providers towards a safer use.

Research Question

Our study aimed to explore: (1) technologies most utilised to access/deliver care, (2) safety issues identified, and (3) strategies necessary to support a safer use.

Methods

Primary care doctors, nurses, pharmacists, and patients participated. Qualitative data was obtained using videorecorded focus groups. Recordings were transcribed and thematically analysed.

Outcomes

A total of 17 subjects participated. Participants identified telephone, video, and online platforms as main technologies used. Safety issues included a) reduced access to those with poor digital literacy; b) care delays; c) misuse; d) increased clinical uncertainty. Strategies to support safer use included: a) robust safety netting, b) improved remote triaging, c) decision support/guidelines for remote care; d) training for patients; e) resources to improve health literacy.

Discussion & take-home message for practice^[OB]

A holistic focus on accessibility, technology-agnostic patterns of use is needed. User-centred design can inform the co-development of standards, behaviours for safer use of virtual consultations. Learning programs using behavioural design can also play a role in promoting health and digital literacy to improve safety.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 706

Internal code

O05-27

Presentation form

Lecture

The views and experiences of primary care staff on patients having online access to their electronic primary care health record

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Background

At the time of writing, NHS England state that from April 2022, all patients with online records access (ORA) accounts will be able to view new entries in their record, including free text, letters, and documents.

Questions

What are the views and experiences of primary care staff regarding patients having online access to their primary care health record?

Methods

Fifty semi-structured interviews with clinical and non-clinical primary care staff, from a mix of urban/rural and affluent/less affluent practices.

Outcomes

A preliminary analysis categorised views expressed regarding ORA according to the Institute of Medicine's 6 domains of healthcare quality: 1) Patient centredness (e.g. the potential to increase patients autonomy or cause patients distress), 2) Effectiveness (e.g. impacting upon the consideration of potential differential diagnoses), 3) Safety (e.g. access by an abusive partner), 4) Efficiency (e.g. the potential for both positive and negative impacts on workload), 5) Timeliness (e.g. reducing delays for patients or delaying other aspects of care), and 6) Equity (e.g. disproportionately benefiting the 'worried well').

Discussion

Although primary care staff report benefits of ORA, they also have significant concerns. Future work could explore how primary care staff could be further supported to use ORA to empower and activate patients to be equal partners in managing their healthcare.

Take Home Message for Practice

ORA requires that healthcare practitioners adapt the manner in which they consult and write in the medical record. Future work needs to examine how we can maximise the benefits and minimise the risks involved.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 717

Internal code

O05-28

Presentation form

1 Slide – 5 minutes lecture

Comparing types of primary care consultation for UTI during the COVID-19 pandemic and management outcomes

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Background

The COVID-19 pandemic influenced how patients consult for a urinary tract infection (UTI), but it is unclear how these changes influence clinical management and patient satisfaction.

Question

How have restrictions imposed by the COVID-19 pandemic affected UTI consultation and management in primary care?

Method

685 women aged ≥16 years who had UTI symptoms in the previous year responded to an internet survey in England in March/April 2021. The analysis was weighted by socioeconomic and demographic indicators.

Outcomes/Discussion

67% (n=461) of women consulted by phone, 16% via in-person consultation (n=112), 8% (n=58) via e-form, 6% (n=41) via web chat, 6% (n=41) via non-video internet call, and 5% (n=34) via video call. Women who were prescribed an antibiotic were more likely have a phone consultation than those who were not prescribed an antibiotic (70% compared to 43% respectively). Women were less likely to receive an antibiotic if they spoke to their HCP in person (15% were prescribed an antibiotic compared to 32% who were not). E-form, internet, or web chat consultations were more likely to result in the provision of a backup prescription or no prescription versus immediate antibiotic. Interestingly, women who consulted by phone were more satisfied with their UTI management outcome compared to those who used other methods.

Discussion

These findings indicate that including digital elements as part of remote consultation could improve HCP confidence to consider different prescribing options; however, other explanations for these links need to be considered.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 759

Internal code

O05-29

Presentation form

1 Slide – 5 minutes lecture

When the GP cannot change the outcome of the situation: A case report of tuberculosis in the covid era

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Introduction:

According to the outbreak of the Covid-19 pandemic and the initial need to reduce the risk of infection, telemedicine was incorporated into day-to-day practice by primary care providers to allow continued access to care for patients during this time. However, despite numerous benefits, telemedicine has some pitfalls which can cause diagnostic/treatment delay.

Case Report:

On March 2020, a man, under house arrest with electronic monitoring since February, reported through a telephone consultation productive cough, asthenia, weight loss and loss of appetite since January. According to the recommendations, the patient, before carrying out exams to investigate their complaints, had to rule out the presence of covid. Before the prison services were authorized to carry out the tests, the patient suffered decompensation and was referred to the emergency department. He was hospitalized for septic shock due to Cavitary Pulmonary Tuberculosis.

Discussion:

During the pandemic, primary healthcare had many constraints with consequences on the population's health. Limitations in face-to-face observation, difficulty in having exam results in time, workload increased by the response to covid. In this case, the General Practice as the first contact of patients to the healthcare system, couldn't change the course of the patient's clinical outcome. In a pre-pandemic situation, the healthcare

should be probably different and faster but it's important to reflect, for the future, on the reasons for this failure. However, the intervention of the GP proved to be important in clinical guidance, in patient and family concerns management and in the articulation with other entities.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 769

Internal code

O05-30

Presentation form

1 Slide – 5 minutes lecture

Digital maturity and its determinants in General Practice: a cross-sectional study in 20 countries

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Background

Digital transformation is a complex multi-dimensional process requiring both system and individual-level readiness. Digital maturity is an integral component to embracing the full potential of digital transformation. Despite the recognised need for further research on this area, digital maturity in primary care has scarcely been evaluated.

Research Question

This study aimed to assess the overall digital maturity in General Practice and to explore its determinants.

Methods

General Practitioners (GPs) across 20 countries completed an online survey between June-September 2020. Demographic data, practice features and characteristics of access to Electronic Health Records (EHR) were collected. Digital maturity was assessed using the digital maturity framework (0 min-6 max).

Outcomes

A total of 1600 respondents participated in our survey. GPs had a median (P25-P75) digital maturity of 4 (3-5). Overall usage was the most acknowledged dimension of the digital maturity evaluation framework (90%), while interoperability (47%) and use of best practice general evaluation methods (28%) were the least. Being male, use of EHR for longer periods and with higher frequencies of access to EHR were positively associated with digital maturity (B=0.18 [0.01;0.36], B=0.45 [0.35;0.54], B=0.33 [0.17;0.48], respectively). Practising in a rural setting was negatively associated with digital maturity (B=-0.25 [-0.43;-0.08]).

Discussion & take-home message for practice

Our study demonstrated notable factors that impact digital maturity and exposed discrepancies in digital transformation across various healthcare settings. It provides a roadmap for policymakers to develop more efficacious interventions to hasten and take the best advantage of digital transformation in General Practice.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 773

Internal code

O05-31

Presentation form

1 Slide – 5 minutes lecture

Information exchange via electronic portals between practices and hospitals – a survey among primary care physicians in Central Switzerland

Kristina Grgičević, Patrick E. Beeler, Armin Gemperli, Christoph Merlo, Balthasar Hug
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Digitalization in healthcare is increasingly affecting communication between primary care providers (PCPs) and hospitals. This study, conducted in Central Switzerland, assessed PCPs' perception of their communication, focusing on an electronic portal provided by some hospitals.

A structured questionnaire, consisting of 26 questions, was the main instrument of this cross-sectional survey. It collected data in five areas, including the PCPs' awareness and usage of the electronic portal.

A total of 109 completed questionnaires has been received from PCPs, yielding an overall response rate of 34%. The electronic portal, well-known among 82% of the respondents, is mainly used for viewing inpatient information, whereas only few use it to refer patients to the hospital. Almost 50% of PCPs have expressed their interest in further training opportunities and regular innovation updates when it comes to the usage of the electronic portal. Among the offered training options, the most preferred are premade tutorials (43%; e.g. on YouTube), live online courses with professional tutors (37%) and group trainings with colleagues (33%).

Our study shows that the vast majority of PCPs appreciate the electronic portal to view inpatient information. However, it further reveals the need for the development of training opportunities for PCPs, so that they can learn the digital skills needed to advance their information exchange.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 774

Internal code

O05-32

Presentation form

1 Slide – 5 minutes lecture

RECAP: a remote risk prediction tool to assess patients with COVID-19 in the community.

Ana Espinosa-Gonzalez¹, Denys Prociuk¹, Francesca Fiorentino², Christian Ramtale¹, Ana Luisa Neves¹, Trisha Greenhalgh³, Simon de Lusignan³, Erik Mayer¹, Brendan Delaney¹

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Background: The remote assessment of COVID-19 severity in the community is essential for efficient use of services and requires specific tools validated in a primary care setting. We sought to develop a risk prediction tool to be used by primary care physicians when assessing patients with COVID-19 remotely.

Methods

This is a prospective cohort study using multivariable logistic regression. Data on COVID-19 patients' signs and symptoms (predictors) were collected in primary care and linked with secondary data on hospital admission (outcome) within 28 days of symptom onset. Data sources were: Royal College of General Practitioners Research and Surveillance Centre (RSC) and Northwest London (NWL) primary care practices, NHS COVID-19 Clinical Assessment Service (CCAS), and Doctaly Assist platform. Estimated sample size was 2,880.

Results: Data were available from 8,311 individuals. Observations, such as peripheral oxygen saturation (SpO₂), were mostly missing in NWL, RSC, and CCAS datasets, but available for 70% of Doctaly patients. We developed two risk prediction models: RECAP-GP, which included age, sex, degree of breathlessness, history of hypertension and temperature symptoms (Area Under the Curve (AUC): 0.802); and RECAP-O₂, which included age, fatigue, degree of breathlessness, and SpO₂ at rest (AUC: 0.843).

Interpretation

The RECAP models are a valid resource for the assessment of COVID-19 patients in the community remotely or face-to-face. RECAP-GP can be used initially to identify patients who require monitoring. If the patient is monitored at home and SpO₂ is available, RECAP-O₂ is useful to assess the need for further treatment escalation.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 794

Internal code

O05-33

Presentation form

1 Slide – 5 minutes lecture

Should we allow machines to do general practice?

Andrew Papanikitas

Committee on Medical Ethics, Royal College of General Practitioners, London, United Kingdom

The RCGP committee on medical ethics propose showcase debate between two opposing teams with audience participation to highlight the philosophical and ethical issues which our profession and its leaders should be considering;

Automation, machine-learning and Ai now seem to pervade medical practice, decision making and guidance in both primary and secondary Care: e-consultation prior to GP appointments; helpline assessment prior to the emergency department; use by the public of numerous “symptom sorter” and other diagnostic Apps, increased usage of AI technologies, chatbots, and many more.

But should we entrust our individual and collective health, wellbeing and decision making to computer generated codes and pathways, rather than the knowledge, intuition, and wisdom embedded in core values, that are encapsulated in the human form of a general practitioner?

For the proponents of AI there are obvious benefits that could or may be possible:

- Increased clinical accuracy and efficiency
- Better clinical diagnoses
- Time savings
- Ease of use and portability
- Cost savings
- Clinical advances that would not be possible otherwise without AI

For the sceptics, however, there are important questions that need to be addressed such as:

- Can good decisions come from AI that is not embedded in core human ethical values?
- What is the value of a human connection in terms of safety and quality?
- Is AI the route to entrenched and systematic bias?
- Is a career as a family doctor a route to flourishing we should not deny to humans?

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 843

Internal code

O05-34

Presentation form

1 Slide – 5 minutes lecture

Vaccination against the human papillomavirus: development of a digital shared-decision aid for GPs

Dragos-Paul HAGIU^{1, 2)}, Henri Partouch³⁾, Serge Gilberg³⁾, Paul Frappé^{1, 2)}, Aurélie Gauchet⁴⁾, Judith Mueller⁵⁾, Sébastien Bruel^{1, 2, 6)}

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⁵⁾Unité de Recherche et d'Expertise Epidémiologie des maladies émergentes, Institut Pasteur, Paris, France

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Introduction: The human papillomavirus (HPV) is responsible for the most common sexually transmitted infection worldwide. Preventable by vaccination, persistent infection of certain genotypes is associated with an increased risk of cancers including cervical cancer. However, vaccination decision making is impacted by the vaccine hesitancy phenomenon, including among general practitioners (GPs). Decision aids (DAs) are instruments that present information about a specific topic, explaining the pros and cons of a decision and clarifying patient values. Our objective is to describe how we developed a DA for HPV vaccination in France.

Methods: As recommended by the International Patient Decision Aids Standard (IPDAS) we realised a scoping, design (carrying out 2 focus groups and a review of the literature) and alpha test phase (carrying out 3 focus groups and 11 individual interviews). The tool was co-constructed with adolescents, parents, and GPs.

Results: We created an online DA. Based on a narrative review of the literature, the information included in the DA is the definition of HPV, epidemiological data, disease transmission, cancer development, the Pap smear, vaccine efficacy and possible side effects. The focus groups and individual interviews enabled us to determine the values and expectations of patients and physicians. They also confirmed an existing need for this type of tool, patient and doctor side alike.

Conclusion: We developed an online DA for HPV vaccination dedicated to French primary care settings. It needs to be validated in a beta-testing phase, to assess its impact on decision-making conflict and on HPV vaccination coverage.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 978

Internal code

O05-35

Presentation form

1 Slide – 5 minutes lecture

The curious case of a 6 year old with hair loss

Syed Kazim Rizvi

GP, NHS, Chigwell, United Kingdom

Presented problem

The mother of a 6 year old girl underwent a telephone consultation with her GP in November 2020 for concerns regarding ongoing hair loss for ~2 months. Mother was concerned as patient had started to have bald patches. She was otherwise fit & well with no underlying health issues or PMHx. Hair loss was associated with fussy eating/non-specific winging and tiredness. Some stress at home due to parents divorcing and child had recently started new school and was unsettled.

Management

Out of Hours GP1- Requested photographs. Management plan was to prescribe Antifungal shampoo for suspected fungal/tinea infection based on pictures.

Regular GP2- reviewed F2F, 3 weeks later as no improvement- examination showed a solitary area of baldness to the back of scalp with associated dryness. Reduced eyebrow thickness and small pale face. Blood tests were requested to exclude an organic cause.

Outcome

Bloods done the same week called in by emergency path lab hot phone as revealed profound hypothyroidism with TSH > 100 & T4 undetectable <1. Also revealed a mild iron deficiency anaemia.

Child underwent paediatric review same day and commenced Levothyroxine with diagnosis of Hashimoto's Thyroiditis.

Discussion

The limitations of telemedicine in providing only part of the story where as face to face consultation provide a more holistic overview.

Also key in combining various physical signs with history.

What we can learn from this/open questions

Use of appropriate investigation regardless of age when features are suggestive of an underlying pathology.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 989

Internal code

O05-36

Presentation form

1 Slide – 5 minutes lecture

Digital Platforms in Lifestyle's Intervention

Luís Miguel Seixas Meireles de Carvalho¹⁾, António Rui Carvalho Moreira Lobo²⁾, Inês Ramos Génésio³⁾, Mariana Seoane Serrano⁴⁾, Marta Duarte da Silva Gomes⁵⁾

¹⁾USF Aliança, Oliveira de Azeméis, Portugal

²⁾USF João Semana, Ovar, Portugal

³⁾USF São Bento, Rio Tinto, Portugal

⁴⁾USF Fiães, Santa Maria da Feira, Portugal

⁵⁾USF Terras de Santa Maria, Santa Maria da Feira, Portugal

Background: The COVID-19 pandemic has contributed to increased social isolation, causing binge eating and sedentary lifestyle. These factors contribute to weight gain, poor health status and higher risk of obesity. Intervention programs in this area are urgent and telemedicine creates a greater proximity between doctors and patients to discuss and implement changes in lifestyle. Very few studies used this approach for weight loss but it's efficiency in creating lifestyle changes is well documented.

Discussion: The main goal of this project will be to decrease in 5% the body weight of at least 30% of our sample. Other goals regarding changes in diet will be assessed, as well as the follow-up of recommended guidelines regarding physical activity.

Content: Recruitment of patients who match the pre-established criteria through a form delivered and filled via teleconsultation, Facebook page and/or in person, until a maximum of 15 participants per healthcare unit. During six months, live practical and/or theoretical education sessions with a maximum of 45 minutes duration, will be given through digital platforms. Each month will have a new subject for discussion. A Facebook group restricted to participants will be created with the intent of promoting community spirit and the sharing of diversified related content.

Take Home Message for Practice: With the increasing use of digital platforms motivated by the COVID-19 pandemic, these constitute a valuable tool in promoting more healthy lifestyles.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 1035

Internal code

O05-37

Presentation form

Lecture

Digital consultations in Swedish primary health care: a qualitative study of physicians' job control, demand and support

Hanna Fernemark^{1, 2)}, Janna Skagerström³⁾, Ida Seing⁴⁾, Carin Ericsson⁵⁾, Per Nilsen¹⁾

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⁴⁾Department of Behavioural Sciences and Learning, Linköping University, Linköping, Sweden

⁵⁾Centre for organisational support and development, Region Östergötland, Linköping, Sweden

Background Digital consultation with primary care physicians via mobile telephone apps has been spreading rapidly in Sweden since 2014. Despite the spread of digital consultation in primary care, there is a lack of knowledge concerning how the new service affects physicians' psychosocial work environment.

Questions The aim of this study was to investigate primary care physicians' perceived work demands, control over working processes, and social support when providing digital consultation to primary care patients.

Methods Qualitative design using semi-structured interviews. The data were analysed by deductive content analysis.

Outcomes Analysis of the data yielded 9 subcategories, which were mapped onto the 3 categories of the JDCS model. Overall, the participants saw numerous benefits with digital consultations, not only with regard to their own job situation but also for patients and the health care system in general even though they identified some shortcomings and risks with digital care.

Discussion This study has demonstrated that physicians perceive working with digital consultation as flexible with a high grade of autonomy and reasonable to low demands. According to the participants, digital consultation is not something you can work with full time if medical skills and abilities are to be maintained and developed.

Take home message for practice Combination of digital and traditional work could be beneficial for physicians' work environment. It is vital that the digital systems used for consultation is user friendly and smooth.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 1038

Internal code

O05-38

Presentation form

Lecture

Treating patients with palpitation during Covid-19 pandemic using telemedical device ECG sensor Savvy

Staša Vodička

Ambulanta družinske medicine, Zdravstveni dom Murska Sobota, Murska Sobota, Slovenia

Background – Panic attacks are very prevalent presentation of anxiety disorders, and they are often characterized by dyspnoea, dizziness, and palpitations, which can also be the symptoms of severe heart rhythm disorder. During the Covid-19 pandemic we used a telemedical approach by using personal ECG sensor Savvy to monitor patients with such symptoms to identify and treat their condition as soon as possible.

Questions / Discussion point - Identify patients with palpitations and distinguish anxiety disorders from heart rhythm disorder during the COVID-19 pandemic. We used a validated questionnaire that was made for a similar study and ECG measurements in duration of 3 days.

Content – We discovered that more than 70% of patients did not have any heart rhythm disorder and needed no specific treatment other than reassurance that there is nothing wrong with their heart and in few cases small dose antidepressant or benzodiazepine was prescribed. These findings were beneficial to both patients and their physicians during Covid-19 pandemic since no personal contact other than ECG sensor placement was needed.

Take Home Message for Practice – In Europe 50% of deaths are caused by cardiovascular conditions. Patients with palpitations represent significant burden to healthcare providers as they are the most common reason for referring a patient to cardiologist. We found that only about 30% of patients with a complaint of heart rhythm disorders have a rhythm disturbance, so we were able to reduce costs of treatment or unnecessary referral and efficiently treat our patient safely during the Covid-19 pandemic.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 1124

Internal code

O05-39

Presentation form

1 Slide – 5 minutes lecture

What can we learn about improving the "new normal" in primary care from the experiences of practice staff during the pandemic?

Francesca Dakin

Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom

The pandemic has placed the National Health Service, and the people that comprise it, under significant strain. Healthcare staff have been expected to work beyond their usual

capacity for a sustained period, whilst also managing competing pressures at home, from changing working environments, and from their own health and wellbeing, in a context of social and political uncertainty. These factors are made more complicated for people working in more deprived areas and with marginalized populations, and/or who experience multiple and intersecting barriers to achieving positive and stable working conditions. Such barriers, and their connections and impacts, are currently understudied. This leads to a lack of representation in the evidence-base for supportive working policy, and thus could perpetuate a cycle of poor working experiences.

This presentation reflects on the early findings of a project which is gathering the in-depth lived experiences of people working in primary care services, inclusive of all job roles (such as GPs, nurses, practice managers, administrative and domestic staff), as guided by the priorities of those workers. Phase 1 of the project is building in-depth case studies through qualitative research (using ethnography, narrative interviews, and photo-elicitation) into GP practices in areas of mixed-high deprivation with a mix of digital literacy. These data will be analysed to determine recommendations for improving workplace wellbeing and working conditions, and identify what support resources are required, then tested on a larger scale in Phase 2.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 1154

Internal code

O05-40

Presentation form

Science Slam

Comparing the diagnostic accuracy between primary care physicians and technicians in a diabetic retinopathy screening programme

Yolanda Valpuesta Martin, María Isabel López Gálvez, Laura Mena García, Pablo Arlanzón Lope, Belén Jaramillo López-Herce, Mariana Gabriela Roldán Contreras, Arianna del Carmen Salcedo Hernández
Sanidad Castilla y Leon (Sacyl), Valladolid, Spain

Purpose: The main aim of this project is to compare the diagnostic accuracy between primary care physicians and the technicians of a reading centre in a diabetic retinopathy screening programme in Castilla y Leon, Spain.

Methods: This was a single centre retrospective study. The retinographies of 237 patients included in the Castilla y Leon screening programme of diabetic retinopathy since the end of 2017 until mid-2019 were analysed. The protocol used was the one proposed by the Joslin Vision Network. Three-field fundus photographs were taken by a trained family physician with a digital nonmydriatic fundus camera in the primary care setting and sent to the reading centre. A double reading was done, one in primary setting by the trained family physician and the other one by certified technicians at the reading centre. Both readings were compared with the rereading by the ophthalmologist at the reading centre as a gold standard. Retinographies of the 237 patients were analysed regarding the quality of the photographs, the presence or absence of diabetic retinopathy and the need for further ophthalmologic evaluation.

Results: The preliminary results show that the agreement rate between family physician and certified technicians for diabetic retinopathy detection in the screening programme is very high.

The final results will be presented at the congress.

Conclusions: Family physicians must become involved in the early detection of diabetic retinopathy in order to prevent vision loss and blindness in our diabetic patients.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 1180

Internal code

O05-41

Presentation form

Science Slam

Implementation of a novel digital health platform for medication and chronic disease monitoring

Aya Kuwabara^{1, 2)}, Umar Ahmad¹⁾, Helder Soares¹⁾, Harry Wyatt¹⁾, Amina Siddiqui¹⁾

¹⁾Abtrace, London, United Kingdom

²⁾NHS, London, United Kingdom

Background: Current practice for ongoing medication and chronic disease care in the UK requires improvement, evidenced by avoidable adverse events through inadequate monitoring. This type of proactive healthcare has been identified as a source of considerable workload burden to primary care: particularly in light of COVID-19, GP surgeries, with limitations on administrative and clinical capacity, struggle to repeatedly identify, recall, undertake and reassess blood tests and measurements at population scale.

Method: We have developed a novel digital health platform which uses primary care electronic health data to identify those who need monitoring according to established national guidelines, prioritise them in alignment with clinical need, and allow automated contact and booking. This is being implemented in GP surgeries currently with the aim of improving the quality of chronic disease/medication care.

Discussion Point: We aim to discuss the metrics that would be collected for understanding the current provision of primary care monitoring and the impact of this intervention. This may be administrative outcomes such as the number of appointments or amount of time saved through automation, patient satisfaction outcomes through surveys, or clinical outcomes such as the proportion of cases with overdue monitoring.

Take Home Message: We demonstrate a digital health approach to an established problem in primary care, which has the potential to help us understand the quality, variation and content of how monitoring is delivered across diverse populations nationwide.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 1301

Internal code

O05-42

Presentation form

Worskhop

Teaching micro-leadership in Family Medicine/General Practice

Nele Michels¹⁾, Alan Shirley²⁾, Vesna Pekarović Džakulin³⁾, Mike Holmes²⁾, Ruth Kalda⁴⁾, Eva Cedilnik Gorup³⁾, Vesna Homar³⁾

¹⁾EURIPA, Belgium

²⁾EURIPA, United Kingdom

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⁴⁾EURIPA, Estonia

Introduction:

Family medicine and general practice require competent and caring leaders to stand on the front lines of all health care systems, yet many professionals are not trained formally to enter leadership roles.

There is a body of knowledge on the nature of leadership in medicine and experience on how to teach leadership skills to medical professionals. In this workshop, we will present the essentials of micro-leadership. Micro-leadership is about leading within one's small team by consistently doing positive things to create a creative work-environment and healthy interpersonal relationships. Participants will experience how development of their own leadership skills can enhance their thriving and effectiveness in practice as doctors as well as teachers.

Aim of the workshop:

To introduce the concept of micro-leadership as an important GP/FM professional skill, to discuss the ways of teaching micro-leadership and to identify personal leadership motivators, priorities and potentials. At the end of the workshop participants will be able to apply certain micro-leadership and collaboration skills in their every-day team work and share the knowledge with their trainees.

Methods:

There will be a short presentation of theory and methods. During the group work participants will do two purposive exercises to explore their own leadership motivators, priorities and potentials. During the reflective discussion the participants will identify the ways how to implement micro-leadership skills within their own team and how to convey this knowledge to their trainees and fellow GP/FMs.

Results:

The individual participant in the workshop will be able to identify their personal leadership motivators, priorities and potentials and be able to apply certain micro-leadership and collaboration skills in their team.

Conclusions: GP/FM doctors should adopt micro-leadership skills to their daily work to introduce small-scale positive changes to support their medical work. They should share this knowledge with other team members, fellow teams and trainees to create better work-environment in primary healthcare.

Programme:

Introduction and presentation (EURACT and Bled course). 5 minutes

Micro-leadership. What is it? Why does it matter? What is known about leadership and micro-leadership in FM/GP? 10 minutes

Pizza exercise 15 minutes

1. What are the most important skills and attitudes that participants need to master in order to lead on a micro-level? Participants identify their personal priorities (8).
1. Participants assess themselves on a scale of 1 to 10 for each "slice" (priority).
2. Participants discuss in pairs what are their strengths and where they think they have room for improvement.

“Why don’t we want to do it” concept: Recognizing the personal and systemic barriers that prevent GP/FMs to lead. 10 minutes

“Why wouldn’t you exercise” 20 minutes

1. In small groups (6-8) participant share one situation, when they DIDN’T decide to lead or accept a challenge. They identify the reasons and barriers for it.
2. The moderator lists the reasons on the flip chart, dividing them on intrinsic and extrinsic.
3. Then the group identifies possibilities to overcome the barriers and lists them as ideas.

Wrap-up & evaluation : In the big group, the facilitator writes down the motivational/organizational ideas. Add more if anybody thinks of more. Questions, remarks. 15 minutes

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 1302

Internal code

O05-42

Presentation form

Worskhop

Digital health innovations – the new landscape of care delivery

Pramendra Prasad Gupta

Department of General Practice and Emergency Medicine, B.P.Koirala Institute of Health Sciences, Dharan, Nepal

06. Innovation

Abstract topic

06. Innovation

Abstract ID: 12

Internal code

O06-01

Presentation form

1 Slide – 5 minutes lecture

Empowering patients to apply local anaesthetics prior to procedures - IUCD insertion and toe surgery

Mark Rickenbach

Park and St Francis Surgery, Winchester University, Eastleigh, United Kingdom

Background

Standard approaches to procedures like IUCD insertion and toe nail surgery usually involve administration of local anaesthetic, if used, by the healthcare professional. However time is required for the anaesthetic to be absorbed and take effect. This adds time to the procedure or makes the anaesthetic less effective if insufficient time is given.

There is limited research on the effectiveness and benefits of prior application of topical anaesthetic by patients themselves.

Questions, Discussion Point

Would application of local anaesthetic prior to a procedure be more effective and also empower the patient in their care. Earlier application is likely to enhance efficacy if timed well. Self application also has the potential to enhance belief in effectiveness of the local anaesthetic and reduce anxiety about the procedure.

Content

The techniques used and a series of cases will be reported. These will relate to prior cervical self application of lignocaine gel 1 hour before insertion of an IUCD. And to the use of occlusion dressing over lignocaine gel on the toe prior to wedge excision of toenails.

Take Home Message for Practice

Applying local anaesthetics prior to procedures empowers patients, saves time, and may make anaesthetics more effective. Guidance for these procedures could be amended to include these options. Research should be done to establish if self application is more effective or can replace professional application of anaesthetics.

Abstract topic

06. Innovation

Abstract ID: 15

Internal code

O06-02

Presentation form

1 Slide – 5 minutes lecture

The microbiome and mood: probiotics in the management of low mood

Richard Day

ADM, Somerset, United Kingdom

Title:

Microbiome modulators and mood disorders: using a multi-strain probiotic - Bio-Kult® Advanced - in patients with low mood and depression

Objective:

The aim of this proof-of-concept study was to understand the effect of daily intake of a 14 strain probiotic on mood, emotional processing and reward learning in adults with low mood in the absence of prescribed medication.

Methods:

In this parallel-group randomised double-blind, placebo-controlled trial, healthy adults with self-identified low mood were randomised to receive either the 14 strain probiotic or placebo for 4 weeks.

Results:

71 subjects completed the trial. Probiotic intake significantly reduced depression scores (by 50%) compared to baseline measured by the PHQ-9 questionnaire ($p < 0.05$). Analysis of individual items in the PHQ-9 revealed that participants reported improved concentration after 4 weeks of probiotics ($p < 0.05$) and felt less tired compared to placebo ($p < 0.01$). Subjects taking the probiotic were more accurate at recognising facial expressions compared to those receiving placebo (+12%, $p < 0.05$). This implies a

different psychological mechanism to that seen in the use of conventional antidepressants.

Conclusion:

These data suggest that intake of Bio-Kult® Advanced has an effect on mood and does so in ways that are distinct from the effects of pharmacological antidepressants. While more research is needed, these results suggest that certain probiotics could form part of an 'early intervention' strategy for people experiencing low mood. A second RCT (currently recruiting) will provide data on this intervention in patients with depression. ClinicalTrials.gov Identifier: NCT03801655

Abstract topic

06. Innovation

Abstract ID: 70

Internal code

O06-03

Presentation form

Lecture

Retaining talent – how we can create and energise GPs in their later careers

Amanda Howe^{1, 2)}, John Spicer³⁾, Mona Aquilina²⁾, Amar Rughani²⁾, Helen Crawley²⁾

¹⁾Primary Care, Norwich Medical School, University of East Anglia / RCGP, Norfolk, United Kingdom

²⁾Later careers and Retired Members (LCARM) Community, RCGP, London, United Kingdom

³⁾Country Park General Practice, NHS, London SE25 5NT, United Kingdom

In the last 5 years, the RCGP in UK has created a new membership 'community' – linking up GPs who define themselves as 'Later Career and Retired Members' (LCARM). This was partly driven by members themselves who felt they still had a lot to offer general practice and their colleagues.

There was also an important and worrying trend towards UK GPs retiring early – sometimes because they felt they could not find work conditions that could use their talents in a suitable way.

The workshop will start with a presentation (15m):

- why we created an LCARM community, and how this works in practice
- what the challenges and value drivers are for this from both workforce and professional perspectives
- what the community has achieved during its first phase of life
- the additional impacts and opportunities created by the pandemic
- some brief personal contributions about people's experiences of their involvement with LCARM

Then small discussion groups to discuss: (25m):

- does your WONCA member/Faculty have anything like this?
- How does it work?
- what works for you ?
- What is involved in getting this community together?
- What are the pros and cons of informal versus formal / online versus live meetings ?

Feedback/summary (15m) analysing what can be useful to implement at micro/meso/macro levels.

Workshop writeup will be shared with attendees, and also with WONCA Europe Executive for future consideration of how to best involve this important group of GPs / family doctors.

Abstract topic

06. Innovation

Abstract ID: 114

Internal code

O06-04

Presentation form

1 Slide – 5 minutes lecture

Are machine learning algorithms ready for implementation in primary care to facilitate early detection of skin cancers? A systematic review

Owain Jones¹, Rubeta Matin², Mihaela van der Schaar³, Natalia Calanzani¹, Jon Emery⁴, Hywel Williams⁵, Fiona Walter^{1, 6}

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⁴Centre for Cancer Research and Department of General Practice, University of Melbourne, Melbourne, Australia

⁵Centre of Evidence Based Dermatology, School of Clinical Medicine, University of Nottingham, Nottingham, United Kingdom

⁶Wolfson Institute for Population Health, Queen Mary University of London, London, United Kingdom

Background

Skin cancers occur very commonly worldwide. Prognosis and disease burden are highly dependent on cancer type and disease stage at diagnosis. We systematically reviewed machine learning (ML) algorithms aiming to facilitate early diagnosis of skin cancers, focusing on their application in primary care.

Question

Are ML-based technologies ready for implementation in primary care settings to facilitate early detection of skin cancers?

Methods

We searched four bibliographic databases (01/01/2000-9/08/2021), including all studies providing evidence on applying ML algorithms to the early diagnosis of skin cancer, all study designs and languages. Primary outcome was diagnostic accuracy for skin cancers. Secondary outcomes included: ML methods, evaluation approach, cost-effectiveness, and acceptability.

Outcomes

We identified 14,224 studies. Only 2 studies used data from low prevalence settings, so we report data from all 272 studies that could have relevance in primary care. Primary outcomes showed reasonable mean diagnostic accuracy: melanoma 89.5%, keratinocyte

carcinomas 86.7%. Secondary outcomes demonstrated heterogeneity of ML modalities and study designs, with high levels of incomplete reporting.

Discussion

Few studies used low prevalence population data to train and test their algorithms, therefore widespread adoption into primary care practice cannot currently be recommended. We propose a methodological checklist for use in development of new ML algorithms to detect skin cancer, to facilitate their design and implementation.

Take Home Message for Practice

ML algorithms have shown promising diagnostic accuracy in secondary care-based, retrospective studies. However, these findings need to be replicated in primary care populations before they can be considered for implementation.

Abstract topic

06. Innovation

Abstract ID: 162

Internal code

O06-05

Presentation form

Lecture

Lifetime cardiovascular risk, a new tool to assess cardiovascular risk in young adults.

Irene Moral¹), Carlos Brotons¹), Carlos Fernandez-Labandera²), Luis Quevedo²), Carlos Catalina²), Martha Cabrera²), Diana Fernandez¹), Mireia Puig¹), Teresa Vilella¹)

¹Research Unit, Sardenya Primary Health Care Centre. Biomedical Research Institute Sant Pau, Barcelona, Spain

²Medical Department, IBERMUTUA, Madrid, Spain

Background: 2021 European guidelines of cardiovascular prevention recommend calculating lifetime risk or vascular age in young adults.

Question: Could lifetime cardiovascular risk be a practical decision-making tool?

Methods: Retrospective cohort study of Spanish workers who underwent an occupational health examination between 2004-2007. All episodes of sickness and deaths occurred up to December 2017 were recorded.

The new equation was developed using 70% of the randomly selected cohort and then, validated using the remaining 30%.

Considering age as the latent function of time, Cox proportional hazards models were estimated for cardiovascular morbidity and mortality for men and women, accounting other causes of death as competitive risks.

Outcomes: The derivation cohort (n=533,441) and the validation cohort (n=228,617) recorded the same number of events: 0.92% cardiovascular events among men and 0.24% among women.

Significant variables in the model were manual occupation, smoking, diabetes mellitus, antihypertensive and lipid-lowering treatment, systolic blood pressure, total and high-density lipoprotein cholesterol; in men, in addition, alcohol consumption, body mass index, history of early coronary disease in first-degree relatives, kidney disease, and diastolic blood pressure. Harrell's c-statistic was 0.78 (95%CI, 0.76-0.79) in men and 0.73 (95%CI, 0.68-0.77) in women. The calibration showed an underestimation in low-risk deciles in women and overestimation in high-risk deciles in men. External validation will be done in early 2022.

Discussion: The new lifetime cardiovascular risk model has a satisfactory discrimination and calibration.

Take Home Message for Practice: Lifetime cardiovascular risk is a useful practical tool in adults with short-term intermediate cardiovascular risk.

Abstract topic

06. Innovation

Abstract ID: 214

Internal code

O06-06

Presentation form

Lecture

Self Care in the 21st century NHS: should GPs be encouraging patient self care?

David Mummery

Primary Care and Public Health, Imperial College, London, LONDON, United Kingdom

Moderators and speakers: members of Imperial SCARU : Dr David Mummery, Dr Austen El-Osta. Members of RCGP ethics committee

Contributions:

Imperial SCARU: what is the current state and future of Self Care?

*RCGP ethics : **Should** GPs be encouraging and promoting self care?*

Objectives: what role does patient self care have in the 21st century NHS and other health systems?; what is the role of education and health literacy?; what are the ethical questions involved?

Discussion:

"many people wish to be more informed and involved with their own care, challenging the traditional divide between patients and professionals, and offering opportunities for better health through increased prevention and supported self-care". NHS Long term plan

It is argued that the whole future of a viable, affordable and efficient NHS depends on supporting and enabling increased levels of appropriate self-care for large number of patients in a safe and effective manner. The NHS, will simply not be able to be clinically and financially viable with the ever increasing demands and expenses it incurs. Currently the demand on the NHS is overwhelming, and is likely to increase with an ageing and expanding population who have increasing levels of multi-morbidity.

The Imperial Self Care Academic Research Unit (SCARU) is the first academic unit in the world looking at the totality of self care relating to health. In a joint symposium with the RCGP ethics committee, the merits and problems with promotion of "self-care" will be discussed and debated.

Take home message: Self Care needs debate and discussion

Abstract topic

06. Innovation

Abstract ID: 236

Internal code

O06-07

Presentation form

Lecture

A resident-lead POCUS curriculum at a Family Medicine department in a low-resource setting: from conceptualization to implementation

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Background

POCUS, or Point-of-Care Ultrasound, is a safe, portable, cost-effective and easy-to-use technology with numerous applications in medical care. The AAFP encourages Family Medicine programs to incorporate POCUS training in their curriculum.

There is a lot of interest in POCUS in high-income countries.

Questions

Two family medicine residents share their experience starting a POCUS curriculum at their department in a tertiary care center in Beirut, Lebanon. They discuss the success they had catapulting the residents. They also share the lessons they learned amidst the COVID-19 pandemic and the unique circumstances of Lebanon in 2020.

Methods

We developed and implemented a POCUS curricular activity. The planning and preparation was based on the AAFP curriculum. We developed a longitudinal curriculum based on monthly didactic lectures and hands-on workshops with the help of one-faculty. We used a butterfly iQ Machine in addition to a standard US non-portable machine.

Outcomes

We succeeded in doing all 11 lectures and workshops. We did a pre and post assessment of the residents participating in the activity. Engagement was very high compared to the other education activities at the Department.

The curriculum was continued for the second year in a row and expanded to attendings.

Discussion

The challenges were conducting the workshops to comply with the COVID safety measures, in addition to the limited funding and lack of POCUS experts at the Family Medicine Department and institution.

Take Home Message for Practice

Starting a POCUS training program in a residency can be done with limited resources.

Abstract topic

06. Innovation

Abstract ID: 305

Internal code

O06-08

Presentation form

1 Slide – 5 minutes lecture

Undergraduate near peer teaching in primary care: experiences of students, near peer teachers and GP tutors

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Background

There is little research relating to undergraduate Near Peer education in primary care but postgraduate literature suggests that potential benefits include promotion of General Practice as a career and increasing teaching capacity.

A successful pilot led to the development of an innovative undergraduate SSC (Student Selected Component) in primary care. Year 5 students taught junior students and worked with central academics enabling them to apply for a university award.

Questions

How did participating in this SSC change medical students perception of primary care as a career choice (if at all)?

How did participating in this SSC influence students identity as an educator?

How is the dynamic of the GP tutor – student learning relationship affected?

Methods

Qualitative research methods including semi-structured interviews and focus groups.

Outcomes

Preliminary data suggests improved student teacher confidence with evidence of collaboration and creativity as well as positive feedback from the taught students and GP tutors. GP tutors valued the assistance of student teachers and there were many opportunities for teaching at the practice.

Discussion

Near Peer teaching appears to work both for tutors and students in primary care. Students received clinical and teaching experience and GP tutors welcomed the near peer educator enthusiasm and innovation. The findings contribute to the growing evidence for the value of peer assisted learning in undergraduate literature.

Take Home Message for Practice

Undergraduate Near Peer teaching in primary care has advantages for both students and GP tutors and may change students' perception of general practice.

Abstract topic

06. Innovation

Abstract ID: 326

Internal code

O06-09

Presentation form

1 Slide – 5 minutes lecture

Implementation of point-of-care ultrasound examination in primary care in the Czech Republic

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Resources: Recently in Europe, there has been an increase in implementing Point-of-Care ultrasonography (POCUS) in many medical fields including primary health care.

Aims and methods: In August 2020, the Czech Society of General Practice charged the Working Group for ultrasound in primary care to start a project POCUS iGP – POCUS Implementation in General Practice. An ultrasound device is required, as well as setting up the education and training courses with follow up courses and a consensual curriculum of skills, securing quality control mechanisms, proving with scientific evidence the reliability of POCUS when provided by GPs and setting up the final rules of competency and payment for performance. The department for ultrasound methods in anaesthetics, intensive and urgent medicine within the Institute of Postgraduate Education in Medicine has become an educational partner.

There are 3 parts to the clinical studies 1) POCUS iGP 1: Reliability of Point-of-Care ultrasound examination in primary care provided by a GP 2) Clinical study POCUS iGP 3: Patient satisfaction with Point-of-Care ultrasound examination in primary care provided by a GP 3) POCUS iGP4: Use of Point-of-Care ultrasound examination in primary care.

Results: The current international trend of patient centred care in primary health settings and increasing competencies of GPs emphasises a need to implement new point of care diagnostic methods. One of which is point of care ultrasonography.

Czech way of POCUS implementaion in GP's daily practice should be inspiring for others Gps.

Abstract topic

06. Innovation

Abstract ID: 329

Internal code

O06-10

Presentation form

1 Slide – 5 minutes lecture

Innovation in General Practice: co-designing an online learning resource with GP trainees

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COVID-19 has presented numerous challenges for medical education, including for GP trainees as the number of in-person consultations in General Practice has greatly decreased¹. There is an increased need for multi-modal methods of teaching to address this² and trainees are motivated to contribute to the development of new learning resources.

As Medical Education Fellows working for NHS Education for Scotland, we were given the opportunity to adapt the existing Virtual Primary Care (VPC) platform³, currently used in medical schools, for postgraduate education. The current platform allows users to view real-life patient consultations in primary care, which were filmed as part of the TV series 'GPs: Behind Closed Doors.'

We facilitated two virtual co-design sessions with twelve GP trainees from across Scotland, exploring their ideas about how to adapt the undergraduate VPC platform to aid their training and development. The sessions were recorded, transcribed, and themed accordingly. These ideas were then shared with EpiGenesys, the software company who created the platform, allowing them to adapt the existing resource. We plan to share these adaptations with the same GP trainees for feedback prior to finalising the new platform.

By involving GP trainees from the earliest stages of design and encouraging them to co-create their own learning resource, we are empowering and inspiring the GPs of the future to contribute to innovation and also to the quality improvement of their own education. Involvement in the process also increases the likelihood that the new learning resource will be more readily adopted⁴.

Abstract topic

06. Innovation

Abstract ID: 358**Internal code**

O06-11

Presentation form

1 Slide – 5 minutes lecture

Is three times a week oral iron replacement therapy enough?

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Background:

Iron deficiency anaemia is one of the most common findings in general practice in the UK. Iron replacement therapy is often prescribed for oral use. The most common reported side effects of oral iron replacement therapy are gastrointestinal. Some practitioners in our practice changed how they prescribed oral replacement therapy to three times a week.

Questions:

1. Is three times a week oral iron non-inferior to daily dosing oral iron, in resolving iron deficiency anaemia?
2. Were there less reported side effects?

Methods:

We conducted a retrospective cohort study to look at the efficacy of this off-licence dosing schedule by comparing it with the standard dosing of twice or three times daily oral iron replacement therapy.

All patients prescribed oral iron replacement therapy within the past 15 months were included. Patients who had not previously been investigated for iron deficiency anaemia were excluded.

Outcomes:

The overall mean rise in haemoglobin was similar between the two groups. Welch's t-test showed no statistical difference between the mean change in haemoglobin levels between the daily dosing and three times a week groups.

Discussion:

Our small retrospective cohort study shows that three times a week oral iron replacement therapy is just as effective as daily dosing.

Take Home message for practice:

Three times weekly iron dosing was statistically non-inferior to daily dosing and produced similar rises in mean haemoglobin values, in patients with iron deficiency anaemia. It could be argued it was better tolerated and so patients were more likely to adhere to the treatment.

Abstract topic

06. Innovation

Abstract ID: 372**Internal code**

O06-12

Presentation form

1 Slide – 5 minutes lecture

Point-of-care ultrasound use in general practice – a fling or evidence-based medicine?Camilla Aakjær Andersen, Thomas Løkkegaard, Martin Bach Jensen*Center for General Practice at Aalborg University, Aalborg, Denmark***Background:**

Point-of-care ultrasound (POCUS) is a focused ultrasound examination performed bedside by the treating clinician. The use of POCUS in general practice is rapidly increasing across countries propagated by the development of small, affordable ultrasound scanners and by new generations of general practitioners (GPs), who have acquired basic scanning competencies in medical school or during training in hospitals. Still, research on POCUS largely originates from secondary healthcare settings, guidelines for primary care use are few and inconsistent, there is variation in training programs, and in many countries, there is no quality assurance. If POCUS is to become broadly integrated in general practice, evidence-based recommendations promoting proper use are needed. In this state-of-the-art-session we invite you to get an overview of *what is known and what is still to be determined* in respect of POCUS use in the primary care setting.

Target Group:

GPs/family physicians

Didactic Method:

Presentations of both research and clinical practice combined with cases, live demonstrations and reflective exercises for participants.

Objectives:

To give an overview of current evidence of POCUS use in general practice, to guide and inspire POCUS interested GPs.

Take Home Message for Practice:

POCUS potentially has a large impact on patient care. However, POCUS is a tool for the clinician and not a substitute for a comprehensive organ examination performed by an imaging specialist.

Obtaining POCUS scanning competence is within reach for most GPs. However, prudence should be exercised when choosing what ultrasound examinations to perform in the primary care setting.

Abstract topic

06. Innovation

Abstract ID: 380**Internal code**

O06-13

Presentation form

1 Slide – 5 minutes lecture

Disease risk score and covid19 epidemiological survey in primary care

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²SIICP, BARI, Italy

Background: SARS-CoV2 pandemic and socio-health emergency induced interest in prophylaxis, drug therapy, epidemiological aspects and "real life" evidences. AIM: to evaluate COVID19 prevalence and sex/age distribution, percentage of oral-pharyngeal swab positivity, influence of comorbidities on pandemic related incidence, recovery or death.

Methods: The study (April-September 2020) consists of 2 Phases: retrospective compilation of a Self-Assessment COVID19 Risk-Form for pts(>18 yrs, 14 days of isolation) and online survey for GPs. Results: 222 GPs replied; 150 patients enrolled (M53.3%/F46.7%;smokers15.3%,comorbidityRisk31%:Cardiovascular 80%,Diabetes13%,Oncological10%,Haematological4.2%,Respiratory3%,Immunological3%,Renal1.4%),flu-vaccinated 41.3%; positive at molecular test 60.4%).Symptoms: myalgia/diarrhea/asthenia/fever>37.5 °C/nasal congestion. 94.1% of GPs ordered quarantine for close contacts (79%) ,coming from other regions(66.2%), positive asymptomatic(46.7%) and symptomatic 55.2%; 36% hospitalized and, for those home-treated, the treatment was:Hydroxychloroquine (20%)/Azithromycin(49.5%)/EBPM(6.3%)/Steroids (16.2%)/Paracetamol(46%)/Various supplements(1.4%)/Antivirals(0.5%)/None (22.5%). For GPs: 95.9% have changed work organization (87.4% access by appointment and 59% used home care only for emergencies), 82.4% consider insufficient the adopted DPI measures (80.2% received DPI late),41.4% received information/training support, 82.3% used the USCA.

Conclusions: Covid19 infection/development/ morbidity/mortality are prevalent in older patients and in those with multiple risk factors;a self-assessment/"Disease Risk Score" form is required to identify the disease risk and for an optimal home monitoring; digital-health is necessary to improve proximity and initiative medicine; GP-reorganization can no longer be postponed considering the fundamental role of GPs in the pandemic management.

Abstract topic

06. Innovation

Abstract ID: 384

Internal code

O06-14

Presentation form

1 Slide – 5 minutes lecture

Changes in the use and organization of care in general practice and out-of-hours services: lessons learned from the COVID-19 pandemic

Lotte Ramerman¹, Lilian Peters², Corinne Rijpkema¹, Maarten Homburg², Eline Meijer², Marjolein Berger², Tim Olde Hartman³, Jean Muris⁴, Robert Verheij¹

¹Nivel, Utrecht, Netherlands

²) *University Medical Center Groningen, Groningen, Netherlands*

³) *Radboud University Medical Center, Nijmegen, Netherlands*

⁴) *Maastricht University Medical Center+, Maastricht, Netherlands*

Objectives: The COVID-GP project aimed to monitor changes in the use and organization of care by general practitioners (GP) during the day as well as out-of-hours (OOH). Data of Dutch electronic health records from GP practices and OOH-services in the period 2019-2021 were analysed. An overview of provided care by GPs was established for a total population (general practices=1.5 million; OOH-services=12 million) and for three Dutch regions. Subgroup analyses were performed for patients who differed on age, gender, socioeconomic status, pregnancy, and chronic illnesses. Additionally, in-depth interviews among GPs and patients were conducted.

Discussion: Following the COVID-19 pandemic and the ever-changing lockdown measures, the use of care decreased considerably, but temporarily, while simultaneously more care was provided remotely. The changes in the use of care through OOH-services differed between age groups; the decrease did not occur in older adults. Meanwhile, the use of online health information increased substantially. Patients had positive experiences with remote care for low complexity problems, whereas they had negative experiences regarding accessibility and continuity of care. GP's considered the provision of remote care and stricter triage as valuable tools for managing the expected rise in the use of care in the future while considering the quality of care.

Take Home Message for Practice: The COVID-19 pandemic impacted the use and organization of care by the GP to a great extent, highlighting differences between patient subgroups. The pandemic has accelerated the implementation of providing care remotely or through the use of online information platforms.

Abstract topic

06. Innovation

Abstract ID: 402

Internal code

O06-15

Presentation form

1 Slide – 5 minutes lecture

Virtual Reality for the Modern Doctor

Lino Lucio Locurcio

Medical student, London, United Kingdom

Background

Doctors have long argued that presence (the user's sense of being there) is essential for successful medical treatment or training. There are plenty of ways to achieve presence, including virtual reality (VR) and other simulated realities, but the bottom line is that no matter how well you've done your research and prepared, patients and family members need to feel like they're right there with you in the moment. This is even more important if they cannot be there in person, whether it's because they live far away or because their health prevents them from traveling.

Questions

There is emerging literature on the use of virtual avatars to practice surgery and learn medicine, this has been widely experimented in a multi-user environment called Second Life.

Worldwide there are over 100 million diabetics; 80% of whom live in low-income countries like China and India. By building immersive worlds where patients are treated by AI doctors, healthcare can bring treatment to those who might not otherwise receive it (e.g. isolated communities).

Discussion

Metaverse technology can help users learn skills and practice by providing a virtual environment in which to practice. The improvements they make in these environments can translate directly into real-world success, improving treatment and patient outcomes. The key thing about presence is that it is intuitive, it is something that people feel inside their body, not an intellectual understanding of presence but an actual physical change in their body during a virtual reality experience.

Abstract topic

06. Innovation

Abstract ID: 471

Internal code

O06-16

Presentation form

Lecture

Insights in persistent COVID-19 related symptoms (Long COVID)

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²⁾University Medical Center Groningen, Groningen, Netherlands

Objectives

Through this symposium we aim to provide novel insights into persistent COVID-19 related symptoms (Long COVID) regarding the definition, epidemiology, pathophysiology, risk factors and care trajectories of patients which are crucial for clinicians, researchers and policy makers.

Discussion

In this symposium we would like to present the methods and first results of our series of studies with a mixed-method approach. We use data from electronic health records (EHR) from General Practitioners (GPs) and hospitals, a cohort study (incl. questionnaires) and interviews with patients and GPs. With this record linkage of EHRs within the secured environment of Statistics Netherlands we reconstruct and analyze patient journeys and we create a specific definition of Long COVID based on data, combined with expert opinions from GPs and patients. From EHR and questionnaires data, the pathological associations of Long COVID will be studied, including: medical history, effects of admission to intensive care, and outcomes of diagnostic laboratory tests. The associations of Long COVID on the different organ systems will be evaluated and its social and demographic risk factors. A special focus is put on various patient groups: individuals with low health literacy, low socioeconomic status, migration background, chronic conditions, children, elderly and pregnant women.

Take home message for practice

A clear and specific definition of Long COVID has been lacking. In this symposium we will provide unique and novel insights of Long COVID and provide caregivers, including

GPs, and patients important information to improve recognition, support and care for patients with Long COVID.

Abstract topic

06. Innovation

Abstract ID: 483**Internal code**

O06-17

Presentation form

1 Slide – 5 minutes lecture

Prednisolone and vitamin B1, 6 and 12 in patients with Post-COVID-19-Syndrome (PC19S) – a randomised controlled pilot trial in primary care

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⁶⁾Institute of General Practice, Christian-Albrechts-University of Kiel, Kiel, Germany

Background: PC19S affects a considerable portion of patients after infection with SARS-CoV-2 with a broad range of disabling symptoms. Neurotropic vitamins such as vitamins B 1/6 and 12 and drugs with anti-inflammatory properties such as corticosteroids were suggested to alleviate symptoms.

Questions: Is administration of vitamin B1/6 and 12 and prednisolone within a randomised clinical trial (RCT) in primary care patients with PC19S feasible?

Methods: It is a prospective, double blind, randomised controlled pilot trial with a 2x2 factorial design and four parallel groups. Patients ≥ 18 with a history of documented SARS-CoV-2 infection and symptoms developed during or after the infection lasting for ≥ 12 weeks will be selected by general practitioners and enrolled in the trial to be treated for 28 days either with 1) prednisolone or 2) vitamin B1/6 and 12 or 3) a combination of both. Control intervention will be placebo. The follow-up is at 4/8 weeks and 6 months.

Outcomes: The primary outcome is the retention rates (proportion of patients receiving continuous treatment up to day 28). Secondary outcomes are feasibility of screening and recruitment, global clinical health, functional status, cognitive function, quality of life and adverse events. Laboratory tests such as determination of vitamin B12 and chemokine levels are also carried out.

Discussion: If feasibility is given and first data on a potential effect are promising, a confirmatory trial will be sought.

Take home message for practice: This trial will inform on the feasibility of a drug trial in patients with PC19S in primary care.

Abstract topic

06. Innovation

Abstract ID: 488**Internal code**

O06-18

Presentation form

1 Slide – 5 minutes lecture

Use of a menopause app to improve shared decision making in consultations

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²⁾balance app Ltd, Manchester, United Kingdom

³⁾UCL, London, United Kingdom

Background

Shared decision making is important for menopausal women yet many women are not receiving adequate information.

Questions

Does using the balance app empower women so they are more able to receive treatment they want?

Methods

A survey was sent to app users. Questions included whether the app had helped them improve mentally and physically, if it enabled them to access treatment they want, and whether it had enabled them to receive treatment faster.

Outcomes

1062 people responded. 90.2% stated that app use empowered them with knowledge and understanding of the menopause. Less than one month of app use resulted in 60% of users being able to self-diagnose their perimenopause or menopause; this increased to 85.2% after 5 months. 66% stated that the app had enabled them to access treatment faster; 63.6% believed that app use had reduced the number of appointments they needed. 62% found that their mental health improved and the majority (69%) had commenced HRT treatment.

Discussion

The majority of menopausal women are underserved in terms of treatments which could improve their current symptoms and future health. This survey has shown that using a free menopause app enables women to feel empowered with accurate, tailored information that gives them the confidence to seek medical help. These women are more likely to receive the correct treatments sooner.

Take Home Message for Practice

Using digital technology to track, inform and empower women has benefits for the primary care in terms of fewer appointments and a reduction in long-term co-morbidities.

Abstract topic

06. Innovation

Abstract ID: 517**Internal code**

O06-19

Presentation form

1 Slide – 5 minutes lecture

The Future of General Practice – Transformation of Long-Term Condition Care: the UCLPartners Proactive Care Frameworks

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Background

The UCLPartners Proactive Care Frameworks are a major innovation to help practices/networks transform management of long-term conditions (LTC) during and after the pandemic. The frameworks have been adopted into a national programme in England with roll out in 25% of integrated care systems. Frameworks have been developed for atrial fibrillation, hypertension, hyperlipidaemia, COPD, asthma and diabetes, with heart failure and severe mental illness in development. The frameworks and resources are free. They include easy-to-use search tools that help prioritise care, with resources to support treatment optimisation and use of the wider workforce to better personalise care and provide structured support for self-management. The frameworks have been widely welcomed in primary care with over 7,000 downloads of the search tools.

Target Group

Family doctors, patients, nurses, pharmacists, healthcare assistants, social prescribers and wider workforce.

Didactic Method

We will describe the UCLP frameworks and illustrate how they support primary care teams to do things differently to improve care and self-management and release clinician capacity, with case studies and national pilot evaluation findings.

Objectives

Delegates will learn

- How the UCLPartners Frameworks can help support LTC and elective recovery and help address the workforce crisis
- how to use the Frameworks to deliver LTC care with learning from case studies
- how to access the Framework resources and help to support local implementation

Take Home Message for Practice

The UCLP Proactive Care Frameworks offer comprehensive free resources to help practices transform the management of LTCs as we respond to and emerge from the pandemic.

Abstract topic

06. Innovation

Abstract ID: 526

Internal code

O06-20

Presentation form

1 Slide – 5 minutes lecture

Practice and challenges for general practitioners for organ donation after MAiD in international perspective

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Background The combined procedure of medical assistance in dying (MAiD) (also known as VAD, AD, euthanasia or (in Dutch) euthanasie) followed by controlled organ donation after circulatory death (cDCD) is known as ODE(H).

Questions Although the practice of ODE(H) is increasing in incidence and significance, an overview of international practice and issues is lacking. We aim to provide this overview and to inform and advise patients, family doctors and other health care professionals involved in end-of-life care regarding due care provision of ODE(H).

Methods Within the framework of a scoping review, an international roundtable was held. Literature searches, national/international stakeholder meetings and conjunctive manuscript preparation were performed. Topics, participants and regional ambiguities were identified by iterative literature review and national stakeholder engagement.

Results *Quantitative analysis* By *Qualitative analysis* In *By Bij* 2021, MAiD had been legalized in a total of eighteen jurisdictions in eight countries. Global euthanasia incidence in 2020 was 17261 patients, including 5280 (31%) non-oncological patients. ODE(H) was provided 226 times in Belgium, the Netherlands and Canada. Spain and Australia will follow this year.

Conclusion International practice of ODE(H) primarily depends on the national legality of MAiD and successful implementation of a cDCD program. A common factor is the MAiD-patient-driven development of ODE(H). Major due care concerns relating to MAiD patients are autonomy and the burden imposed. For recipients, the donor organ quality. MAiD patient and stakeholder concerns originate from the deceptive similarity between MAiD-DCD and regular DCD where life support is withdrawn from unconscious and anesthetized patients.

Abstract topic

06. Innovation

Abstract ID: 541

Internal code

O06-21

Presentation form

1 Slide – 5 minutes lecture

Role of the family history in the genomic era: what's new since the 1998 WONCA genetic workshop

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Background: Collecting family history is established in general practice. The extraordinary potential of the family history to identify genetic risk was recognised in the

1998 WONCA Genetic workshop. However, with the availability of genetic tests, is collecting the family history no longer relevant?

In the UK, genomic health services are opening up genetic tests to non-geneticists. Even with this mainstreaming of genetic testing, family history still has a role. Genetic testing often have poorer performance than family history in predicting future disease. It is proposed initial assessment of family history could signpost those who would benefit from genetic testing.

Target Group: General Practitioners & members of WONCA SIG Genetics Group

Didactic Method:

Short presentation (20 minutes):

1. Historical context of collecting family history in primary care across Europe
2. Current strategies to engage General Practitioners in collecting family history to identify genetic risk
3. Relationship between genetic testing and family history

Small group work (25 minutes):

2 groups prepare argument for continued role of family history; 2 groups prepare argument that genetic testing supersedes role of the family history

Summing up (15 minutes): Groups present counter argument and vote

Objective: participants recognise the role of family history alone, or with genetic testing, to identify genetic risk

Estimated number of participants: 32

Workshop leader is an international expert on the role of genetic family history and testing in primary care. Over the past 20 years, he has studied familial risk identification with colleagues in Canada, USA, Netherlands, Malaysia, Qatar and Australia.

Abstract topic

06. Innovation

Abstract ID: 552

Internal code

O06-22

Presentation form

1 Slide – 5 minutes lecture

The EMPOWER-SUSTAIN Mobile and Desktop Apps©: Innovating cardiovascular e-health intervention in primary care

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Background: Exponential use of mobile phones unlocks the potential to transform cardiovascular risk factors management in primary care using e-health technology. In view of this, the EMPOWER-SUSTAIN Mobile and Desktop Apps[©] were designed and developed with the aim to empower patients with Metabolic Syndrome in self-management skills and to empower primary care providers (PCP) in managing their patients. Prototype development, evaluation and refinement of the apps have recently been completed. Storyboard, wireframe and a mock prototype was designed to demonstrate the graphic representations of the content and function. Iterative model of the software-development-life-cycle was used to develop the apps. Utility and usability testing of the apps were conducted among patients and PCP using qualitative 'Think Aloud' method and cognitive task analysis. The apps were refined based on the utility and usability findings. The refined version is currently being utilised in the EMPOWER-SUSTAIN Clinic.

Target Groups: Family physicians, health-care-providers, primary care academics with special interest in cardiovascular medicine and e-health intervention.

Didactic Method: 45-minute lecture (infographic slides), 15-minute Q&A.

Objectives: In this state-of-the-art session, we will dissect current scientific evidence on the effectiveness of cardiovascular e-health intervention in primary care, share our experience in designing, developing, evaluating, refining and using the EMPOWER-SUSTAIN Mobile and Desktop Apps[©] in clinical practice.

Take Home Message for Practice: The EMPOWER-SUSTAIN apps offer a potential solution to transform cardiovascular risk factors management in primary care. Our research team has won several Gold Medal awards at innovation competitions for this novel invention.

Abstract topic

06. Innovation

Abstract ID: 561

Internal code

O06-23

Presentation form

1 Slide – 5 minutes lecture

A virtual group consultation model for postnatal care, PNC VGC

Jamila Sherif

GP Direct, Harrow, London, United Kingdom

Background

A VGC is 1:1 clinical consultation delivered virtually by a clinician and facilitator, in a supportive group setting. VGCs have been shown to improve clinical outcomes for several conditions as they allow more clinical time, motivate patients and encourage comradery. The postnatal period can be an isolating time and mothers may find it difficult to access support.

Questions/Discussion Points

PNC VGCs provide holistic assessment and support including mental well-being, pelvic floor, exercise, nutrition, infant feeding, breast and nipple problems, bowel and urinary problems, contraception, relationship and other non-medical postnatal needs. VGCs, while improving efficiency and ease of access, allow higher quality of care. Mental health problems and non-medical postnatal needs will be identified and met earlier, including via

social prescribing and community support. We will pilot and compare satisfaction scores and PHQ-9 scores, as well as attendances to GP /A&E & UCC. We will audit current number of GP consultations for baby under 12 weeks since their birth and then compare these once the programme is in place.

Content

An SMS questionnaire identifies and screens for postnatal problems. 2 sessions at 6-week intervals cover 'Understanding the Postnatal period' and 'Health and wellbeing'. The team consists of trained admin, clinicians, health visitors with input from women's health physio, nutrition specialists, mental health practitioners and social prescribers.

Take Home Message for Practice

PNC VGC provides holistic, cost-effective, efficient, easy access from home, mental health screening, earlier diagnosis of mental health conditions, and addresses safeguarding and social issues.

Abstract topic

06. Innovation

Abstract ID: 694

Internal code

O06-24

Presentation form

1 Slide – 5 minutes lecture

It's time for a rethink

Rachel Weaver, Helen Stokes-Lampard
Academy of Medical Royal Colleges, London, United Kingdom

Background:

In a study of 500 GPs, 86% of them said they had prescribed an inappropriate test, treatment or procedure which could be considered as unnecessary. The reasons for this were mixed, but the majority thought the reason was to meet a patient's expectation/insistence/pressure. The NHS's Chief Pharmacist, Professor Keith Ridge, has estimated that more than 10% of items dispensed in primary care are either inappropriate for the patient's circumstances or wishes, or could be served with alternative treatments. Both insights demonstrate the inconvenient truth that the profession continues to ignore: over-medicalisation has become normalised in primary care. We cannot carry on like this. Quite apart from the ever-spiralling cost to taxpayers, we are also doing potential harm to our patients. The Keith Ridge review also found that 15% of people are taking five or more medications a day, putting them at greater risk of adverse events and hospitalisation.

Question:

The Academy of Medical Royal Colleges and NHS England are determined to understand: why do so many clinicians avoid a holistic approach to medicine and still perform interventions which are no longer funded, not recommended, and have been shown to cause harm, and why do patients persistently and often knowingly seek medical treatment for conditions which have no medical solution?

Take Home Message:

The Rethinking Medicine programme aims to truly understand not just why over-medicalisation happens, but how we stop it once and for all.

Abstract topic

06. Innovation

Abstract ID: 723**Internal code**

O06-25

Presentation form

1 Slide – 5 minutes lecture

Self-sampling & other non-speculum approaches to cervical screening

Anita Lim¹⁾, Thomas Round²⁾, Rebecca Landy³⁾, Tony Hollingworth⁴⁾, Jo Waller¹⁾, Laura Marlow¹⁾, Peter Sasieni¹⁾

¹⁾*Comprehensive Cancer Centre, King's College London, London, United Kingdom*

²⁾*School of Population Health and Environmental Sciences, King's College London, London, United Kingdom*

³⁾*Division of Cancer Epidemiology and Genetics, National Cancer Institute, Maryland, United States*

⁴⁾*Department of Obstetrics and Gynaecology, Whipps Cross University Hospital, Barts Health NHS Trust, London, United Kingdom*

Background

Human papillomavirus (HPV) testing has led to a rapidly evolving landscape for cervical screening. Self-sampling has already been introduced into 17 countries and in the Covid-19 era, will help build resilience into Programmes as we navigate backlogs and missed screening rounds. HPV testing has enabled non-speculum 'clinician' sampling: having a healthcare professional take a swab without a speculum. These non-speculum approaches have strong potential to address two issues that have persistently plagued cervical screening: falling uptake and inequalities.

Implementation of self-sampling is underway but there is still much to learn and optimise, particularly in the face of ongoing challenges and workforce pressures.

Target Group

All healthcare professionals in general practice.

Didactic Method

Opening lecture providing an overview and update on cervical screening and novel sampling approaches.

Followed by facilitated break out groups (i) to explore barriers and facilitators to implementation of non-speculum screening approaches in primary care and (ii) to identify areas for further research required pre-implementation.

Finally, a summary of the discussion will be presented, highlighting key next steps.

Objectives

Update of the changes in cervical screening delivery in primary care with a focus on novel sampling approaches and integration into practice.

Identify barriers, concerns and facilitators to implementation of novel approaches to cervical screening.

Take Home Message for Practice

Non-speculum approaches that will increase screening access and acceptability are being rapidly developed. This session will provide the necessary information for healthcare professionals to be confident to offer these novel approaches and manage the associated clinical pathway.

Abstract topic

06. Innovation

Abstract ID: 741**Internal code**

O06-26

Presentation form

1 Slide – 5 minutes lecture

The development of a novel Admission Reflection Tool

Kathy Ryan, Jonathan Ives, Charlie Kenward*BrisDoc Healthcare Services, Bristol, United Kingdom*

Background: Decisions as to whether to refer a frail person who is acutely ill to hospital can be complex, fraught and risky. And consequences significant.

Question: How can thinking be structured, risk management optimised and shared-decision-making promoted?

Method: The BNSSG (Bristol, North Somerset and South Gloucestershire) Clinical Cabinet formed a systemwide Health and Care Risk Group in summer 2020. The group comprises a patient, ethicists, lawyers, senior clinicians and NHSE. We elected to focus on frailty and hospital admission. We followed the journeys of some real frail people who ended up in ED. We identified numerous risk/decision 'nodes', most of which did not involve healthcare professionals, but decided to focus on the final 'node', at which a HCP makes an admission decision. An initial draft of the thought process was carried out by an ethicist and clinicians, and was then iterated with wide-reaching consultation. This included with Healthwatch and care home staff, and with the Winton Centre for the Communication of Healthcare Risk.

Outcome: A novel Admission Reflection Tool (I would upload if permitted). It is not a decision aid, nor a risk score, but a tool to aid thought. It has been disseminated widely in BNSSG and beyond, and will be evaluated by a PhD student. We should have some results by June.

Discussion: What do people think of the ART? How do they approach these decisions now?

Take Home Message: An in-the-moment reflection tool for complex decisions is novel and valuable, and could be applied more widely.

Abstract topic

06. Innovation

Abstract ID: 784**Internal code**

O06-27

Presentation form

Workshop

Bereavement care - equipping primary care clinicians with tools to improve quality

Daniel Knights¹, Lucy Selman², Stephen Barclay¹, Felicity Knights³, Orla Keegan⁴, Catherine Millington-Sanders⁵¹Department of Public Health & Primary Care, University of Cambridge, Cambridge, United Kingdom

- 2) *University of Bristol, Bristol, United Kingdom*
3) *St George's University, London, London, United Kingdom*
4) *Irish Hospice Foundation, Dublin, Ireland*
5) *Royal College of General Practitioners, London, United Kingdom*

Background

The role of primary care in bereavement care has never been more vital: pre-pandemic an estimated 72% of individuals had been bereaved in the preceding 5 years, and COVID-19 has led to 'a silent epidemic of grief'. RCGP with Marie Curie and Cruse Bereavement Care have produced a suite of primary care resources which will be discussed during this session.

Target Group Primary care clinicians of all backgrounds and community professionals whose service users may be bereaved.

Didactic Method

- 5m presentation: Epidemiology of grief
- 10m presentation: Bereavement in COVID-19, including short film of first-hand experiences
- 15m small group discussion: How have experiences of pandemic bereavement care varied across Europe?
- 5m presentation: Personalising bereavement care: culture, faith & diversity
- 10m presentation: Introducing RCGP tools & application to clinical cases
- 15m: Speaker Q&A
- 10m small group discussion: Application of RCGP QI tips and tools to local settings & suggestions for further development
- 5m: Discussion feedback & closing remarks

Objectives

- To present the evidence for the importance of enabling bereavement support in primary care
- To use academic research and personal experience to discuss the impact of COVID-19 on bereavement
- To present RCGP's new tools for bereavement care and consider their potential application in participants' local contexts

Estimated number of participants 50-100

Brief presentation of the workshop leader

Daniel Knights is a GP registrar and bereavement researcher. As a seasoned WONCA workshop presenter, he will facilitate discussion and presentations from co-contributors, overseen by Catherine Millington-Sanders, RCGP's National Clinical End of Life Care Champion.

Abstract topic

06. Innovation

Abstract ID: 789

Internal code

O06-28

Presentation form

1 Slide – 5 minutes lecture

A system-wide approach to meet the challenge of emerging child health needs in our locality.

Rebecca Brown¹⁾, Sal Katib²⁾, Ianthe Abbey²⁾, Michael Holmes¹⁾, Karen McNicholas³⁾, James McQuillan⁴⁾, Michael Holmes⁵⁾

¹⁾*Nimbuscare Ltd, York, United Kingdom*

²⁾*Child health, York Teaching Hospital NHS Foundation Trust, York, United Kingdom*

³⁾*Children and Young People, Humber, Coast & Vale Integrated Care System, York, United Kingdom*

⁴⁾*Primary Care, Vale of York CCG, York, United Kingdom*

⁵⁾*-, -, United Kingdom*

Respiratory viral disease is the most common cause of hospital admission in young children, the most common causative agent is respiratory syncytial virus (RSV). In August 2021, Public Health England predicted cases of RSV would increase by 20-50%. Given the continued pressures on a stretched NHS, key stakeholders from across the care system focused on anticipating demand and delivering a solution before the problem hit. Prior to NHS commissioning, a local GP provider organisation and the acute trust funded the eight-week pilot.

It was identified that children presenting to the Emergency Department with respiratory amber criteria often did not need to attend ED and could be more beneficially handled through a community hub-based setting. The hub offers enhanced provision which utilises the skilled clinical capabilities of primary care clinicians supported by integrated working with experienced paediatric nurses and remotely with paediatric consultants. Allowing time to treat and assess response; reducing the need for hospital admission. 98% of patients were able to be monitored on site and avoided ED attendance.

The hub has succeeded in reducing paediatric attendances and improving efficiency of the ambulance service through prompt and safe transfers. Allowing time for support and education of parents has led to improved parent confidence in managing their child's condition at home. The rota at the hub is quickly filled and staff report high satisfaction levels and it has been fostering a culture of natural sharing of knowledge and training through primary and secondary care teams working together.

Abstract topic

06. Innovation

Abstract ID: 917

Internal code

O06-29

Presentation form

1 Slide – 5 minutes lecture

The use of new contrast agents for ultrasound tomography in the family doctor's office

Kardacz Tomasz

Niepubliczny Zakład Opieki Zdrowotnej im. L. Rydygiera Tomasz Kardacz, Olsztyn, Poland

Ultrasound equipment being more available is used widely in the practice of family doctors. Basic knowledge of anatomy, medical education and curiosity combined with diligence and experience allows us to include contrast ultrasound examinations in the standard of basic medical examination.

The development of advanced ultrasound techniques makes it possible to view the structures of the human body not only with anatomical, but also with histopathological precision. Today's technology allows us not only to observe the movement of red blood cells inside the vessels, but also to measure their speed. We visualize the synovial membrane, the fluid filling the burettes, microcalcifications, focal tissue changes, nerves, and avulsion fractures. New probes with high frequencies of heads - above 18- 20 Mhz - visualise in detail the eyeball, skin, while endo or intraoperative heads picture other internal tissues of the patient. New contrast agents allow visualisation of arteries and vessels with very high precision, more efficiently than arteriography. It may be unbelievable but the agents for contrast are relatively cheap and safe. Each educated GP with experience can perform this technique.

Not only has the quality of images been revolutionized, but what is probably the most important, the price of equipment and safety of contrast.

An ultrasound device becomes as necessary and useful as the once criticized stethoscope.

Abstract topic

06. Innovation

Abstract ID: 928

Internal code

O06-30

Presentation form

1 Slide – 5 minutes lecture

Positive Health in primary care as successful innovative health concept towards a sustainable future

Karolien van den Brekel

IPH, Utrecht, Netherlands

Background

To address the increasing burden of lifestyle related chronic diseases, personalized preventive care is needed. Health problems and poor lifestyle habits often have a multidimensional background. Therefore, effective collaboration with public health and the social domain is needed. Positive Health, as the elaboration in six dimensions of the general concept 'Health as the ability to adapt and to self manage, in the face of social, physical and emotional challenges' has been implemented in the Netherlands. More and more experience and research is done how to apply Positive Health in daily practice. Positive health can be used in all phases of the lifecycle, in the care for the children and youth, in mental care, chronic care, stimulating healthy lifestyle, the care for frequent visitors and the elderly.

Target Group: all participants

Didactic Method: either inspirational lecture or interactive workshop, where participants will experience what Positive Health means for themselves and how to apply into practice with their patients.

Objectives: To inspire colleagues and share results and experiences so far in the Dutch primary care. With expanding the concept internationally, the first steps in implementing the concept of Positive Health abroad can be shared. Most of the aspects can be used universally and some are culture – or country specific.

Take Home Message for Practice: How the successful innovation of Positive Health can be a solution for the health challenges we face today, and how the easy to use tool empowers patients and stimulates working pleasure in the GP practice.

Abstract topic

06. Innovation

Abstract ID: 952**Internal code**

O06-31

Presentation form

1 Slide – 5 minutes lecture

New promising methods of treatment with injecting and applying different fractions of plasma IPRF and APRF in musculoskeletal injuries and arthrosis. Films from tests and injections of plasma fractions.

Kardacz Tomasz*Niepubliczny Zakład Opieki Zdrowotnej im. L. Rydygiera Tomasz Kardacz, Olsztyn, Poland*

Treatment of simple post-traumatic, overload and sports injuries in a GP's surgery. Films from tests and injections of plasma fractions. Films and slides. Using an 8-20 Mhz head ultrasound device, the author in the GP's office injects plasma fractions such as IPRF to the tendon, muscle, and ligament area of damage. Very frequent post-traumatic interventions and the availability of simple and inexpensive high-frequency heads of ultrasound devices from 10-20Mhz allow to depict damage of the simplest areas. The most frequent are injuries to the anterior fibula ligament, tennis elbow, golfer's elbow, damage to the rotator ring, overload of the sinewy goose's foot.

Plasma administered under the control of ultrasound head is fixed on an electronic medium using the CINE loop and left to the patient together with the description of the procedure.

Abstract topic

06. Innovation

Abstract ID: 957**Internal code**

O06-32

Presentation form

1 Slide – 5 minutes lecture

Interesting new method of pressure sores treatment with injecting and applying different fractions of plasma IPRF/APRF. Films and explications by experience.

Kardacz Tomasz*Niepubliczny Zakład Opieki Zdrowotnej im. L. Rydygiera Tomasz Kardacz, Olsztyn, Poland*

The treatment of pressure sores is a serious clinical and economic problem, especially when considering the growing ageing of our society. A large part of patients who are

chronically immobile in bed, despite the most careful care, fall ill with pressure sores. Mainly patients in Nursing Homes, Health Care Centres and Hospices.

An important indicator of the quality of patient care is the number of patients with bedsores. The tasks of the family doctor include working with patients in Nursing Homes. The treatment of decubitus ulcers is one of the most serious problems that doctors, nurses and, above all, caregivers encounter in everyday practice.

For the treatment of bedsores, we have used a modern method of injecting and applying different fractions of plasma to the skin lesions. In the first phase of IPRF treatment and in the second phase of APRF treatment. At the same time, we achieved a positive effect and engaged medical caregivers, nurses, and physiotherapists to work with great enthusiasm. The first sceptical reactions quickly turned into an excellent, effective cooperation after a positive assessment by nursing teams, caregivers, and rehabilitators of the first effects of our work.

The role of the doctor as a leader in the group of people involved in the task should be emphasized. Depressing feelings of helplessness, wasted resources and time for treatment interrupted at home or in hospital. Lack of real improvement, unbelief in the success of the project turns into a committed cooperation after just a few weeks.

Abstract topic

06. Innovation

Abstract ID: 960

Internal code

O06-33

Presentation form

1 Slide – 5 minutes lecture

3D visualisation new tomographic ultrasound imaging technology in GP office

Kardacz Tomasz

Niepubliczny Zakład Opieki Zdrowotnej im. L. Rydygiera Tomasz Kardacz, Olsztyn, Poland

Application of tUS/ 3 D ultrasound tomography in mapping of superficial veins of extremities and evaluation of superficial vein thrombosis, thyroid volume, and influence of the new technology on improvement of quality of the diagnosis of limb venous vessels, thyroid volume, and the usefulness of novel tUS/tomographic 3D ultrasound technology for carotid arteries.

Using an 8/20 Mhz linear head with connected device transferring data to the computer, we analyse the course of venous vessels. A detailed evaluation of the size and volume of venous thrombosis is possible. The new technology is also a promising, fast, non-invasive test that allows a detailed evaluation of an atherosclerotic plaque, not only based on its size but also because of its shape and ulceration. This is an important risk factor of a stroke.

TUS is a new, promising method that allows for a detailed examination of venous vessels and accurate measurement of the thrombus inside the vessel. The method allows for an accurate assessment of the shape and volume of the plaque. The vessel can also be visualized on the inside using a virtual endoscopy. The technology is also useful in assessing the IM complex and thyroid volume.

Abstract topic

06. Innovation

Abstract ID: 984**Internal code**

O06-34

Presentation form

1 Slide – 5 minutes lecture

A practical introduction to diagnostic ultrasound in Family Medicine

Eva Leceaga-Gaztambide¹⁾, Aaron Poppleton²⁾, Rabee kasan³⁾, Elena Klusova Noguina⁴⁾, Vasileios Stoukas⁵⁾, Bernat Morist¹⁾, Maria Alpiste¹⁾, Irene Ruiz¹⁾, David Jara¹⁾

¹⁾EAP Mataro 7, Mataro, Spain

²⁾School of Medicine, Keele University, Staffordshire, United Kingdom

³⁾CAP Terrassa Rambla, Fundacion Asistencial Mutua Terrassa, Barcelona, Spain

⁴⁾Mobile Intensive Care Unit & Helicopter Emergency Medical Service, SAMU061, Ibiza, Spain

⁵⁾IOM, UN Migration, athens, Greece

Background:

Diagnostic ultrasound can be used at point of care by any clinician[AP1], including family doctors. Personal factors including knowledge, skill and confidence as well as clinical factors, such as time pressure, can however limit our use of ultrasound in daily practice. Patient history and physical examination, while essential, can be limited in their scope. Clinical ultrasound provides the opportunity to look inside a patient in real time. Ultrasound in family medicine can reduce time to diagnosis, improve diagnostic accuracy, reduce care costs, and improve patient satisfaction.

Target Group:

Trainee, early-career and senior doctors in family medicine wanting to learn about clinical ultrasound through an engaging 'hands on' approach.

Didactic method:

Following a focussed presentation and demonstration, participants will be divided into small groups. Each group will have to investigate a series of clinical presentations against the clock. Advice and lessons learned will be shared together.

Objectives:

To provide an engaging introduction to practical ultrasound in primary care

To network with colleagues interested in ultrasound

Participants: Maximum 24

Workshop leader Eva is a Family doctor based in Spain with a special interest in ultrasound within Family Medicine.

Abstract topic

06. Innovation

Abstract ID: 1067**Internal code**

O06-35

Presentation form

1 Slide – 5 minutes lecture

Abortion as a normal general practitioner service in Canada: workforce and rural services in Ontario

Wendy V. Norman¹⁾, Elizabeth Darling²⁾, Sheila Dunn³⁾, Law Michael⁴⁾, Janusz Kaczorowski⁵⁾, Laura Schummers¹⁾, Kim McGrail⁴⁾

¹⁾Department of Family Practice, University of British Columbia, Vancouver, Canada

²⁾Department of Obstetrics & Gynecology, McMaster University, Hamilton, Canada

³⁾Department of Family and Community Medicine, University of Toronto, Toronto, Canada

⁴⁾School of Population and Public Health, University of British Columbia, Vancouver, Canada

⁵⁾Département de médecine familiale et médecine d'urgence, Université de Montréal, Montréal, Canada

Background: Mifepristone became available for medical abortion in Canada January 2017. Previously abortions were provided only by physicians and >96% were surgical. By November restrictive regulations were removed so that mifepristone could be prescribed normally by general practitioners, nurse-practitioners (NPs) and other physicians.

Questions: We investigated abortion workforce trends, examining all most-responsible-professionals (MRP) providing abortion in Ontario. We defined all abortion events from January 1, 2012 to March 15, 2020 through government linked health administrative records.

Content: Among all 315,447 abortions we identified a MRP for 311,742 (98.3%). Before mifepristone the number of abortion providers was stable and under 330, among whom a maximum of 20.6% provided only medication abortion ('medication-only'). The number of providers rapidly tripled (1104) when mifepristone became available as a normal prescription, including 877(79.5%) providing 'medication-only'. Providers by 2020 were predominantly general practitioners (66.5%) and obstetrician gynecologists (23.2%), while 9.1% were NPs. Abortion providers working in rural areas rose from 9 to 111 after restrictions were lifted, representing a 12-fold increase, while the proportion of all physicians and NPs working in rural areas remained stable. Provider's mean age fell 6.9 years. Female providers rose from 39.5% to 63.4% overall, increasing among 'medication-only'(53.5% to 65.2%) and 'surgical-only'(27.1% to 42.6%) providers.

Take Home Message for Practice: Mifepristone availability without restrictions was associated with shift to provision by general practitioners, a twelve-fold increase in rural service provision, and a tripling of the overall number of most-responsible-professionals offering abortion care, predominantly attracting younger female general practitioners.

Abstract topic

06. Innovation

Abstract ID: 1228

Internal code

O06-36

Presentation form

1 Slide – 5 minutes lecture

Training for health care workers to detect violent radicalization of jihadi ethiology

Nuria Querol^{1, 2)}, David Garriga²⁾, Ariadna Trespaderne²⁾

¹⁾Family & Community Medicine, Catalan Institute of Health, Gelida, Spain

²⁾DETSALVS, CISEG, Barcelona, Spain

Violent radicalization is a cognitive and behavioral process by which a person adopts new extremist ideas and/or beliefs for which he/she justifies the acceptance of non-democratic means to achieve an objective. One of the forms of radicalization that has caused a greater impact in the last two decades in the West has been terrorism of jihadi ethiology. Within the nuclear actors for the effective early detection of this violent radicalization, healthcare workers play a pivotal role. Their direct link with the community, as well as the accessibility and trust of their patients, makes them key actors in detecting indicators of radicalization. For a correct assessment, a proper specific training is essential. The Global Intelligence and Security Community (CISEG) is a non-profit association born in Spain in 2017 that serves as a link between all security, intelligence and criminology professionals who work in counter-terrorism counter-narratives, and preventing violent radicalization. CISEG offers training to specific staff working in a health center called DETSALUS CISEG on the phenomenon of jihadi terrorism, providing analysis tools for the assessment, evaluation and detection of possible terrorist profiles or actions. A pilot program was implemented in a municipality in Girona as it is a hot spot of vulnerability to radicalism. As result of the training, several cases at early levels of radicalization were detected and reported to law enforcement of the region.

Abstract topic

06. Innovation

Abstract ID: 1241**Internal code**

O06-37

Presentation form

1 Slide – 5 minutes lecture

Addressing the needs of victims of domestic violence and their companion animals

Nuria Querol¹⁾, Mireia Serrano^{2, 3)}, Sonia Hernaiz⁴⁾, Anna María Morraja¹⁾, Margarida Español⁵⁾

¹⁾Family & Community Medicine, Catalan Institute of Health, Gelida, Spain

²⁾Catalan Institute of Health, Masquefa, Spain

³⁾MS Clinic, Masquefa, Spain

⁴⁾Institut Català de la Salut, Sant Esteve Sesrovires, Spain

⁵⁾Hospital Universitari Mútua Terrassa, Sant Cugat del Vallès, Spain

Over 71% of victims of domestic violence reported that their batterers had harmed, killed or threatened animals to coerce, control and intimidate them. Victims also report that they delayed their decision to seek safety out of fear for their animals' welfare. The Ministry of Equality launched a Contingency Plan in March 2020 against intimate partner violence in the face of the COVID19 crisis consisting of urgent measures to assist and

protect victims considering it an essential service. Among the measures was carrying out an institutional campaign for the prevention of family violence including the implementation of the VioPet Program to address the needs of victims with animals. For the first time, an official DV guide included a resource for the animals of the victims to avoid this type of victimization.

During its first year more than 500 women survivors of intimate partner violence have been helped and 157 animals of 130 women have been temporarily taken cared of. There is currently a network of more than 1200 foster homes throughout the country. A total of 1140 phone calls have been received, an average of 3 calls per day. Every other day (on average) we have fostered animals from a victim of violence. In 60% of the cases, the request to VioPet came from Social Services(including primary care), in 30% from victims themselves and in 10% from law enforcement. We can also referr victims of child abuse, child-to-parent violence and elder abuse.

Abstract topic

06. Innovation

Abstract ID: 1259

Internal code

O06-38

Presentation form

1 Slide – 5 minutes lecture

Improving truck drivers health and well-being through a mobile app: Cristobal

Yolanda Marcen¹⁾, Daniel Sender²⁾, Elena Ruiz²⁾, Cruz Bartolome²⁾, Rosa Magallon²⁾, Barbara Olivan²⁾, Mari Mar Martinez²⁾, Pilar Barbero²⁾, Rosa Maria Soler²⁾, Amelia Cantarero²⁾

¹⁾Department of Physiotherapy, Zaragoza University, Zaragoza, Spain

²⁾Primary Care Salud Aragon, Zaragoza, Spain

For many vital reasons it is extremely urgent to improve our truck drivers´ health. We have realized that, for this specific patient, it is quite difficult to get a medical appointment access because of the high load of working hours.

We only attend them during weekend and in case of accident.

As general practitioners we felt that we had a commitment to accomplished and so, we have developed e-health care device: “Cristobal app”.

Our goal is to provide the driver with the best scientifically evidenced self-care app in order to improve their well-being.

We asked them about their needs and reviewed the incidence of pathologies associated with driving activity as back pain and cardiovascular disease.

Cristobal offers advice in diet, anxiety and depression, exercise, sleep higiene, ergonomics, eyes strain, stop smoking and addiction care.

It contains a Community data base that gives socioemotional support by geolocation.

The application offers connection with emergencies and the nearby health center location, hospitals and taxis to reach the destination. Also facilitates the appointment with the professionals that the driver might need on the road, such as physiotherapists, psychologists, nutritionist, dentist or podiatrists.

This project is undergoing a randomized controlled and qualitative study with a sample of 158 trucks and taxi drivers.

Cristobal is presented as innovative close tool for all kind of drivers to improve health selfmanagement their health, well-being, make them feel more confident, happier and most of all avoid accidents.

Abstract topic

06. Innovation

Abstract ID: 1294**Internal code**

O06-39

Presentation form

Workshop

EPCCS/IPCCS Symposia - Heart failure in 2022: remaining major challenges but major changes to management guidance

Richard Hobbs¹⁾, Frans Rutten²⁾, Ahmet Fuat³⁾¹⁾University of Oxford, Oxford, United Kingdom²⁾University of Utrecht, Utrecht, Netherlands³⁾University of Durham, Durham, United Kingdom**Heart failure in 2022: remaining major challenges but major changes to management guidance**

European & International Primary Care Cardiovascular Societies (EPCCS/IPCCS) Symposium

Abstract: What are the main issues of concern in heart failure management? What are the priorities for primary care? Why have there been major recent changes to guideline recommendations for the diagnosis and management of heart failure? What do recent data show?

Chair: Professor Richard Hobbs, Chair EPCCS, Head of Primary Care, University of Oxford

Why is heart failure important? 15 minutes

Professor Richard Hobbs, University of Oxford

What are the main issues for primary care? 15 minutes

Professor Frans Rutten, University of Utrecht

Global guideline changes for managing heart failure in primary care – new evidence. 30 mins

Professor Ahmet Fuat, University of Durham

Audience debate - 5 mins discussion after each talk, plus 15 mins debate at the end

07. Service development

Abstract topic

07. Service development

Abstract ID: 13**Internal code**

O07-01

Presentation form

1 Slide – 5 minutes lecture

Can a Doctor's Assistant save time for "The Doctor"

Mark Rickenbach

Park and St Francis Surgery, Winchester University, Eastleigh, United Kingdom

Background

The administrative workload for a doctor has increased and can exceed consultation time for patients. This work is often hidden, unfunded and rarely thanked. Consider how often the TV hero "Dr Who" is seen doing administration tasks and the administrative role of their doctor's assistant.

The role of a personal doctor's assistant is rarely considered, within NHS primary care, where receptionists provide group or individual help, but do not often work alongside one GP throughout the week. An assistant can reduce a GPs workload freeing them up for direct patient care, releasing them for key decision making, improving satisfaction and increasing staff retention.

Questions / Discussion Point

Could a Doctor's assistant funded for each GP in the NHS dramatically improve working conditions, patient care, patient satisfaction, doctor satisfaction and help resolve the lack of GP workforce. Are we looking at the future here?

Content

The journey of one doctor over thirty years is briefly described along with the impact of a doctor's assistant on their administrative workload and existing research in the universe of primary care. A galaxy of problems are handled by a doctor's assistant including checking normal results, handling abnormal results with GP advice, checking letters, arranging requested tests, follow up, checking impact of treatments, arranging agreed prescriptions, and liaison with other professionals.

Take Home Message for Practice

A Doctor's Assistant has the potential to reduce workload dramatically for a GP (and Time Lord) if they work closely with them and are empowered to act on their behalf.

Abstract topic

07. Service development

Abstract ID: 107

Internal code

O07-02

Presentation form

1 Slide – 5 minutes lecture

A multi-country qualitative study on general practitioners' migration in Europe - Is the grass really greener on the other side?

Marta Velgan¹⁾, Thierry Vanderheyde²⁾

¹⁾*Institute of Family Medicine and Public Health, University of Tartu, Tartu, Estonia*

²⁾*University of Antwerp, Antwerp, Belgium*

Background: The shortage of doctors, especially the shortage of general practitioners is currently a worldwide problem, which on the one hand encourages the emigration of

doctors from lower income to higher income countries and on the other hand causes a shortage of doctors in lower income countries. As primary health care is considered to be the foundation of the healthcare system, this shortage imposes a threat for the services provided by primary care, and by extension for the organization of the entire health care system.

Aim: The aim of this study is to describe motivating and demotivating factors influencing European general practitioners to migrate to a new country, to stay after migration in the new country, and/or to return to the country of origin.

Methods: A qualitative study using semi-structured individual interviews was conducted among European general practitioners who have migrated to another European country, stayed there or have returned to their home country. Interviews were conducted using Zoom until data saturation and audio recordings transcribed. Thematic analysis using NVivo Software was performed by two researchers.

Results: Altogether 15 individual interviews with general practitioners from 8 different European countries were conducted during March-April 2021. The main reasons outlined by participants for migrating were grouped under three themes: professional development, personal factors and situation in the home country. The reasons to stay in the country they migrated to, go back home or migrate to another country were also listed in three groups: professional development, personal factors and organization of healthcare.

Abstract topic

07. Service development

Abstract ID: 161

Internal code

O07-03

Presentation form

Symposium

Shaping the future of general practice - hot topics in primary care policy

Rebecca Fisher, Toby Watt, Nihar Shembavnekar, Geraldine Clarke, Candida Perera
The Health Foundation, London, United Kingdom

Speakers

Rebecca Fisher, Candida Perera, Toby Watt, Geraldine Clarke, Nihar Shembavnekar

Presentations

- Levelling up general practice - how can we make provision of GP services fairer?
- Improving continuity of care – lessons from a multi-year programme
- Exploring the impact of the COVID-19 pandemic on primary care activity, and inequalities in use of care
- How is digital first primary care impacting patients, GPs and the wider health system? An analysis of public and private data.
- Workforce projections for primary care in England: 2020 - 2030

Objectives

The Health Foundation's work on general practice is broad and influential – and includes primary research and policy analysis. In this symposium, expert policy researchers and data analysts describe their current work on five key areas, each important for the future direction of general practice. We aim to:

- Present an array of research from a leading UK policy institute.

- Engage participants with key questions facing their services, educate them by sharing research through high quality presentations, and inspire them to make changes in their own practices.
- Stimulate debate, and encourage participants to share their international perspectives.

Discussion

This symposium will bridge policy and practice, bringing policy researchers and clinician delegates together to consider some of the key challenges facing general practice. The session will include a question and answer session to stimulate debate and discussion with the audience.

Take homes

This thought-provoking symposium will encourage delegates to consider the future of general practice, and their role in shaping it.

Abstract topic

07. Service development

Abstract ID: 243

Internal code

O07-04

Presentation form

1 Slide – 5 minutes lecture

The general practitioner in a palliative long-term care institution: dealing till end with oncological patients.

Jean-Claude Leners

Long term care facilities and hospice care, Ettelbruck, Luxembourg

Background

The heterogeneity for clinical evolution of a rather rare disease (glioblastoma) in a long term care facility was striking as we took end-of-life care for nearly 20 patients.(over 6 years)

Questions

We wanted to find out how far the clinical signs will progress , how far the patients are still able to express their wishes and how stressful it can be to accompany patients and relatives.

Methods

Based on a good "analogue" written documentation , we analysed the diversity in our palliative setting: age, clinical signs, symptoms control, expressed wishes of end-of-life and the medications in the last 24-48 hours.

Outcomes

Mean age was 54,8 years (very young in long term facilities); mean length of stay was 6,2 weeks ; 1 out of 3 was a female patient and more than half of all patients (55,5%) were dying in an expressed "terminal sedation" (details of drugs and dosages will be presented, p.ex. mean dosage on the last 24hours: 49,5 mg Morphine S.C.)

Discussion

We , as general practitioners, were able to take care in our palliative long term institution of a rather "high" number of patients with "end-stage neuro-oncological " disease. Pain was under control, but some weaknesses are to be considered. (contact with relatives and progressive disorientation of the patients)

Take Home Message for Practice:

The evolution is a very individual one, not all patients are still able to express their wishes concerning a possible sedation when the clinical situation is worsening, mostly through agitation, psychological discomfort and rarely due to pain.

Abstract topic

07. Service development

Abstract ID: 249**Internal code**

O07-05

Presentation form

1 Slide – 5 minutes lecture

Enabling conversations about FGM in primary care; advice from women with FGM

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¹⁾*Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom*

²⁾*NHS South Sefton CCG, South Sefton, United Kingdom*

³⁾*Nuffield Department of Women's and Reproductive Health, University of Oxford, Oxford, United Kingdom*

⁴⁾*Midaye Somali Development Network, London, United Kingdom*

⁵⁾*Oxford Against Cutting, Oxford, United Kingdom*

⁶⁾*Integrate UK, Bristol, United Kingdom*

Background:

GPs worry about how to ask and talk about FGM sensitively. Community members can find conversations about FGM in primary care difficult. Yet these conversations are the gateway for providing all supportive care (including cervical screening) and safeguarding.

Question:

What would support GP conversations with patients from FGM-affected communities?

Content:

We asked three community focus groups (London, Bristol and Oxford) this question. With them, we have co-developed a freely available resource offering primary care tips for better, safer, and more effective woman-centred conversations about FGM.

Advice includes:

Women who have experienced FGM are survivors, not criminals. FGM may not be their only or dominant health need; avoid making assumptions – ask!

Be aware that FGM is traditionally taboo; women requested that FGM not be discussed in open spaces or in front of family members (especially children or males). Professional interpreters help – but she may know them if they are from the same local community – check!

Remember that women may have FGM associated trauma; smears, questioning and examination can trigger flashbacks or re-traumatise. Asking the woman how she wants to proceed can help. Use practice systems to minimise repeated questioning. Be prepared and avoid 'medical glare' or bringing others in to see.

Allow time and plan conversations about FGM; let the woman be prepared. Embedding FGM conversations in women's health needs helps open a supportive consultation, but don't 'tack them onto' other health conversations.

Take home message:

Partnership working with communities supports access to primary care. Kindness matters.

Abstract topic

07. Service development

Abstract ID: 288

Internal code

O07-06

Presentation form

State of the art session

Tackling overprescribing: DExTruS consultations to 'TAILOR' medication use

Joanne Reeve¹⁾, James Bennett¹⁾, Clare Fozard¹⁾, Amadea Turk²⁾, Geoff Wong²⁾, Kamal Mahtani²⁾, Ruairaidh Hill³⁾, Michelle Maden³⁾

¹⁾Academy of Primary Care, Hull York Medical School, Hull, United Kingdom

²⁾Nuffield department of Primary Care, University of Oxford, Oxford, United Kingdom

³⁾Liverpool Reviews and Implementation Group, University of Liverpool, Liverpool, United Kingdom

Background

Tackling overprescribing and problematic polypharmacy is a priority for patients, practitioners and healthcare policy. Reports recognise a need to tackle problems of medicines burden, waste and safety concerns by shifting from disease-focused to person-centred prescribing. Past research described 4 barriers to achieving this in practice.

Our new NIHR-funded evidence synthesis (TAILOR) describes the changes needed to address those barriers, and so move to whole-person-tailored medication use.

Target Group

Prescribers (GPs, ACPs, pharmacists), medicines management, researchers

Objectives

Participants will critically apply evidence from TAILOR to

- Understand why tailored prescribing matters: why we must, how we can
- Use case studies to describe how their practice could/should change
- Generate quality improvement (QI) plans to implement at home

Didactic Method

Using transformational learning, combining theory/evidence with practice to support change.

- Scene setting – understanding tailored prescribing: introduces key findings from TAILOR, including the new DExTruS approach (15mins, large group presentation)
- Applied learning: using 3 case studies (individual-patient and whole-practice examples), inviting participants to consider how could apply the DExTruS approach in their own practice. (45 minutes, structured small group tasks with facilitated feedback to the full group, including use of virtual wall)
- Consolidation: whole room Q&A, facilitated generation of individual 'QI pledge' (15mins).

Participants will be invited to continue their learning using the free-to-access TAILOR on-line-learning module which will be launched in August 2022

Take Home Message

Evidence supports tailored prescribing, but requires changes to how we work. This session will give you practical ideas to take home to practice.

Abstract topic

07. Service development

Abstract ID: 303

Internal code

O07-07

Presentation form

1 Slide – 5 minutes lecture

A new service development to enhanced lipid management using siRNA LDL-C lowering therapy in primary care during the COVID-19 pandemic

Carl Deaney, Meredith Donaldson, Agne Meskauskiene
Marsh Medical Practice, North Somercotes, United Kingdom

Background

NHSE/I partnered with industry in 2020 to help tackle cardiovascular disease (CVD) in the first NHS population health agreement. The ambition was to prevent 150,000 strokes, heart attacks & dementia cases over the next 10 years. The intention has been for a new siRNA LDL-C lowering therapy (Inclisiran) to be delivered within Integrated Care Services by primary care as a component of a comprehensive approach to lipid management.

NICE published recommendations for Inclisiran in September 2021. This advocated its use in treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults with cardiovascular events, and provided guidance on its use in within the lipid management pathway where the LDL-C >2.6 mmol/l.

Question

Is it possible to rapidly roll-out a low clinical burden enhanced lipid management programme incorporating siRNA LDL-C lowering therapy in primary care during the COVID-19 pandemic?

Content / Our approach:

- MDT education programme based on Academic Health Science Network (AHSN) materials
- Automated searches were run to identify patients
- Patients were invited for review using multi-channel modalities
- Where appropriate, treatment was commenced after consent was obtained
- Automated recall systems are used to ensure follow-up; initially at 3 months, then every 6 months

Take Home Messages

- Enhanced lipid management may reduce complications and is keeping with national objectives.
- AHSN's provide a wealth of educational material to support the MDT.
- Automated searches enable rapid identification of eligible patients.
- Yes, using the MDT reduces service burden and allows rapid review/commence of treatment.
-

Abstract topic

07. Service development

Abstract ID: 319**Internal code**

O07-08

Presentation form

1 Slide – 5 minutes lecture

An evaluation of England's "two-step" digital triage model in the delivery of urgent care

Ash Sexton*Unit of Academic Primary Care,, University of Warwick, Coventry, United Kingdom***Background**

Urgent care triage in England is delivered in a "two-step" model, involving non-clinician led "primary triage" conducted by the NHS 111 service, and clinician led "secondary triage" for patients assessed as needing urgent clinical attention. Patterns of triage outcome in this model have not been previously evaluated.

Questions

How does urgent care triage outcome vary between primary and secondary triage?

Methods

Approximately 100,000 calls referred from NHS111 to secondary triage were analysed using mixed effects regression models.

Outcomes

The triage outcome associated with 73.61% of NHS111 calls was downgraded in secondary triage, 11.72% were upgraded, and 14.67% remained at the same level. There was a shift from 71% calls being triaged as needing care within 1-2 hours to only 18% after secondary triage. Calls about chest pain and breathlessness were most likely to be upgraded (OR:2.67,CI:2.36-3.03 and OR:1.62,CI:1.41-1.85, respectively); calls about dizziness (OR:1.94,CI:1.69-2.22) and earache (OR:2.12,CI:1.88-2.39) were most likely to be downgraded (reference: abdominal symptoms). Likelihood of upgrade and downgrade was influenced by the clinician.

Discussion

Understanding triage accuracy is complex. However, this research indicates that NHS111 is risk averse in its triage assessments compared to clinician triage. This may be affecting clinical outcomes and the workload for emergency, urgent, and primary care services.

Take Home Message for Practice

Given the pressure of unplanned care on NHS services, there appears to be considerable scope for improvement of safety and accuracy in primary triage within key symptom areas.

Abstract topic

07. Service development

Abstract ID: 331**Internal code**

O07-09

Presentation form

Lecture

Multidisciplinary team meetings to manage multimorbidity in primary care: a systematic review

Elena Lammila-Escalera¹, Geva Greenfield¹, Benedict W Hayhoe¹, Susan Barber¹, Dasha Nicholls², Azeem Majeed¹

¹Primary Care and Public Health, Imperial College London, London, United Kingdom

²Brain Sciences, Imperial College London, London, United Kingdom

Background: As life expectancies increase, a greater proportion of our population is vulnerable to multimorbidity; managing individuals with multimorbidity now contributes significantly to primary care workload. Multidisciplinary team (MDT) meetings could facilitate efficient coordination of care for individuals living with multimorbidity, yet evidence of effectiveness is currently limited.

Questions: How effective are interventions that include MDT meetings, based in primary care, in improving outcomes for adults living with multimorbidity?

Methods: We conducted a systematic review using the electronic databases MEDLINE and EMBASE. We extracted characteristics of featured MDTs and identified evidence of effectiveness using narrative synthesis.

Outcomes: Four randomised controlled trials, totalling 3,509 adults living with multimorbidity, were identified. Significant improvements were observed in response to MDT interventions across mental and functional health measures, the utilisation of health services, provider behaviour, acceptability of services and cost-effectiveness. Improvements did not extend to physical health outcomes.

Discussion: This review provides a foundation for consensus on the effectiveness of MDT meetings in primary care for individuals living with multimorbidity, essential to the consideration of their commissioning and implementation in this setting. However, paucity of studies currently limits the strength of evidence.

Take Home Message for Practice: Further research is required to inform widespread implementation of MDTs for individuals with multimorbidity in primary care. Adoption of digital technologies across healthcare settings during the COVID-19 pandemic has highlighted their potential to facilitate both professional and patient communication; yet further work is urgently needed to explore their use in cost-effective MDT working in primary care.

Abstract topic

07. Service development

Abstract ID: 334

Internal code

O07-10

Presentation form

Lecture

Improving the stakeholder experience of the outpatient medical paediatrics referral pathway

Ben Pearson-Stuttard¹, Maria Ten Sierra², Rebecca Cheesbrough², Guy Millman²

¹NHS Lothian, University of Edinburgh, Edinburgh, United Kingdom

²NHS Lothian, Edinburgh, United Kingdom

Background

The variation in referral patterns from primary care into outpatient medical paediatrics (MP) is not well evidenced nor understood. Furthermore, there's a need to recognise what is important to stakeholders in this pathway.

Questions

This project sought to understand the variation in referral patterns and improve the experience of stakeholders in the referral pathway.

Methods

Data was collected on referrals from primary care to outpatient MP in NHS Lothian over nine months. Qualitative interviews were undertaken with relatives, GPs and paediatricians.

Outcomes

1650 referrals were analysed. Referral rates from GP practices ranged from 4-45 referrals/1000 children population. Variation was also seen in referral rate at a cluster-level ranging from 11-19/1000. Feeding difficulties accounted for 7% of referrals, followed by headaches/migraines, and constipation. 20 qualitative interviews generated themes for improvement; for clinicians these were timely care and inter-professional relations/development. Relatives prioritised timely care, communication and locality of clinics.

Discussion

The data guided discussions with stakeholders resulting in the co-creation of a cluster interface clinic model. In this model, each cluster has a named GP with specialist interest and a paediatrician working together, triaging and managing all referrals from that cluster to outpatient MP, through advice, telephone consults or clinic in the community. This model is being implemented with ongoing analysis.

Take Home Message for Practice

There is significant variation in referral patterns from primary care to outpatient MP, alongside key improvement themes from stakeholders. There's evidence supporting a role for a cluster interface model for this pathway.

Abstract topic

07. Service development

Abstract ID: 356

Internal code

O07-11

Presentation form

Lecture

Remuneration of European Family Doctors/General Practitioners

Mary McCarthy, Calin Bumbulut, Patrick Ouvrard, Tiago Villanueva, Vesna Pekarovic, Ivar Harvorsen, Peter Holden, Daniel Widmer, Branka Lazic, Thierry Van der Schueren
UEMO, N/A, Belgium

The funding of Family Medicine/General Practice in Europe has, historically, been astonishingly low. On average, 13% of the health budget in European countries is allotted to a speciality that is the first point of contact for 90% of medical problems and that deals with 80% of those problems. An EU meeting, "Solidarity in Public Health Emergencies", determined that the Covid-19 pandemic had exposed weaknesses in

European health systems and that these deficiencies were attributable to inadequate funding of family medicine/general practice, public health and mental health care. An Expert Panel, convened for this purpose, declared that an EU Priority must be to improve the funding of Family Medicine/General Practice. Following on from this and at the suggestion of UEMO's President, UEMO distributed a questionnaire to member delegations and we are grateful to member states for allowing use of their data. The presentation describes the different ways of funding Family Medicine and looks at the advantages and disadvantages of the varying systems. It asks about areas that may not be resourced and about the financial liability that places on FDs/GPs. In any system, those who work in it have the best grasp of what is efficient and cost-effective. We asked working doctors what works well in their country, what are the problems and their ideas on how to improve the services offered.

The variety of funding methods presents challenges which can be overcome by transparent discussions between health care bodies and family doctors/general practitioners.

Abstract topic

07. Service development

Abstract ID: 360

Internal code

O07-12

Presentation form

1 Slide – 5 minutes lecture

Anti-sarscov2 vaccinal campaign in general practice

MARIA ZAMPARELLA¹⁾, Nicola Calabrese²⁾, Filippo Anelli²⁾

¹⁾ASL BARI GENERAL MEDICINE, Bari, Italy

²⁾FIMMG BARI, BARI, Italy

Background: GP has tasks for the prevention of chronic, acute and infectious diseases and, therefore, in our Health organization, GPs must have a role in the anti-SARSCoV2 vaccination campaign. Aim: to highlight the initial and real data of the anti-SARSCoV2 vaccination coverage and all its related criticalities and positivities:

increase in workload; impact on QoL of GPs for pandemic management; implementation of initiative and proximity medicine. Materials and methods: a Survey (April-July 2021) of 15 questions was used and disclosed online to Bari-ASL GPs (865). Results: 35% responded to the Survey; 255.000 vaccines were administered in the observation period (9% at home); 50% of GPs refers a workload of 2-3 hours a day for the whole week, also using many weekends; 80% vaccinated outside surgery hours, 66% on weekends. The entire structured micro-Team was committed for 85% whereas the occasional team for 12%. 100% of the patients forced at home were vaccinated at home by GPs (an average of 100 pts each) who took about 1 hour for each vaccine. For 19%, the doctor-patient relationship worsened whereas it improved for 42% of GPs. It created anxiety and particular emotional states in 64% of GPs and affected the quality of family life in 71%.

Conclusions: GP has made it possible to increase the number of vaccinated subjects among the population at major risk of mortality and/or serious COVID19, has "affirmed" its role in vaccination campaigns and in the pandemic management and has implemented initiative medicine.

Abstract topic

07. Service development

Abstract ID: 385**Internal code**

O07-13

Presentation form

1 Slide – 5 minutes lecture

A knowledge of place: primary care teams at the heart of community service development. Fantasy or reality?Karen Gully*Wales Strategic Programme for Primary Care, Aneurin Bevan University Health Board, Caerleon, United Kingdom*

The Alma Ata Declaration highlighted the importance of primary care to achieve 'Health for All', yet more than 40 years after its publication we still have not achieved the full potential of preventive care nor have we minimised health inequalities. The Welsh Government has an ambition for 'A Healthier Wales', building upon its innovative Well-being of Future Generations Act which sets a legal obligation for public bodies to improve social, cultural environmental and economic well-being. The Strategic Programme for Primary Care in Wales commits to engage the primary care workforce in designing and delivering care that work more effectively for patients and professionals. This includes a recognition of the importance of actions to address the wider determinants of health. Given the significant pressures on frontline services we need to find time-efficient methods to capture the knowledge, ideas and enthusiasm of our workforce to drive the most effective solutions.

The workshop will interest primary care clinicians and managers engaged with service development.

A presentation of the Welsh Programme will be followed by group discussion. The objective of the workshop is to identify the critical factors needed to inspire, develop, deliver clinically led service improvement.

Estimated number of participants 20

Dr Karen Gully was a General Practitioner before gaining Membership of the Faculty of Public Health in the UK. She has worked as a Medical Director and as a Professional Advisor for Primary Care in Welsh Government. Dr Gully is Professional Advisor to the National Strategic Programme for Primary Care in Wales.

Abstract topic

07. Service development

Abstract ID: 405**Internal code**

O07-14

Presentation form

1 Slide – 5 minutes lecture

The GP and the VeteranRobin Simpson*RCGP Midlands, RCGP, Birmingham, United Kingdom*

Veterans are those who have served in the Armed Forces (Regular or Reserve) and have now left to re-join civilian life.

There are around 2.4 million Veterans in the UK (similar to the number of diabetics). Nearly half of all Veterans are over 75. Younger Veterans (typically 35-54) may be less visible, but can be at risk of isolation and face psychological and alcohol problems. Half of Veterans have some long-term illness or disability and often this is attributable to their Service.

Most GPs don't ask or know if their patient is a Veteran, even though they are likely to have 30 or 40 Veterans on their list.

The Defence Medical Services have developed a module for NHS GPStRs to be placed in a military Practice to experience the needs of military patients including veterans.

NHS GPs are not expected to be experts in the management of Veterans. However, GPs often ask for increased "signposting" of specialist resources to which Veterans can be referred. This workshop is for all GPs who want to learn more about Veterans' healthcare and it is hoped that the session will attract 100 delegates.

Participants from the outside UK will be invited to share their experiences of the healthcare of Veterans.

This interactive session aims to make GPs aware of the special healthcare needs of Veterans and the help available. In addition, there will be the opportunity to find out how your Practice can be accredited as RCGP "Veterans friendly".

Abstract topic

07. Service development

Abstract ID: 452

Internal code

O07-15

Presentation form

1 Slide – 5 minutes lecture

Quality indicators for collaborative care networks in functional disorders and persistent somatic symptoms

Nick Mamo^{1, 2, 3)}, Manouk van de Klundert⁴⁾, Kerstin Maehder⁵⁾, Lineke Tak²⁾, Tim olde Hartman⁶⁾, Judith Rosmalen¹⁾, Denise Hanssen¹⁾

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³⁾VdGM/Dimence/UMCG, Zwolle, Netherlands

⁴⁾University of Copenhagen, Copenhagen, Denmark

⁵⁾UKE, Hamburg, Germany

⁶⁾Radboud UMC, Nijmegen, Netherlands

Introduction

Care in functional disorders (FD) and persistent somatic symptoms (PSS) is often fragmented with wide variation across countries and between disciplines. These and other factors result in delayed diagnosis, and poor experience for service users and professionals. The costs of treating such disorders can also be very high.

Collaborative care networks may improve FD and PSS care. However, there is limited evidence of effectiveness of collaborative care networks in FD and PSS. We aim to create a framework of quality indicators to allow for assessment and improvement.

Methods

Using a modified Delphi process, experts in the field are asked for possible quality indicators for collaborative care networks in FD and PSS. The respondents are then asked to select the top indicators from the coded responses and rank them.

Selected experts include health and social care professionals with experience of working in this context in the Netherlands, Germany and the UK. We are aiming for a minimum of thirty respondents from each country.

Results

The expected results of the study will be a list of quality indicators, (possible examples: referral waiting times; disciplines involved). These will form a framework for improving an active network in the Netherlands and informing a cross-European survey on care for FD and PSS.

Conclusion

Creating a framework for evaluating collaborative care networks is an important first step towards valid assessments. This can lead us towards robust evidence on the quality of such networks and assessing their effectiveness in improving outcomes for FD and PSS.

Abstract topic

07. Service development

Abstract ID: 484

Internal code

O07-16

Presentation form

1 Slide – 5 minutes lecture

Integrating public health and primary care

Luke Allen¹⁾, Rory Honney²⁾, Ana Espinosa-Gonzalez³⁾

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²⁾*Southampton University, Southampton, United Kingdom*

³⁾*Imperial College London, London, United Kingdom*

Background

Primary care teams are increasingly recognising their roles and responsibilities in working with public health teams to address these drivers of ill health for their patients. This workshop will provide an opportunity for practitioners to hear examples of public health/primary care integration and innovation from across Europe.

Target Group

Primary care teams interested in developing their engagement with public health activities and teams.

Didactic Method

Combination of short presentation, panel discussion from experts in the field, and facilitated small group discussions.

Objectives

To provide an overview of current WHO normative guidance on Primary Health Care and public health/primary care integration, supplemented with real-life examples from different European contexts. We will elucidate the underlying principles that guide successful integration, discuss the various types of underlying organisational facilitators (e.g. funding, workforce, contracts...), and give participants the opportunity to critically engage with how they might apply these themes and innovative practices back home in their own practices for the benefit of their patient populations.

Estimated number of participants

50-100

Brief presentation of the workshop leader

The leaders are all members of the Faculty of Public Health special interest group on Public Health and Primary Care. Rory is dual qualified in family medicine and public health and is the clinical director of an integrated care system. Ana is a Spanish GP and primary care researcher at Imperial. Luke is a GP, WHO and World Bank primary care advisor, research fellow at LSHTM, and international lead for the FPH special interest group.

Abstract topic

07. Service development

Abstract ID: 538**Internal code**

O07-17

Presentation form

1 Slide – 5 minutes lecture

Implementation of simplified diagnostic method for obstructive sleep apnea at primary care. Does it entail a healthcare saving?

Cristina Muñoz-Pindado^{1, 2)}, Raúl Bonich-Juan³⁾, Carlos Muñoz-Pindado⁴⁾, Pere Roura-Poch^{5, 2)}, Fernando Ruiz-Mori⁶⁾, Jesús Hernández-Gallego^{7, 8)}, Maragda Deutu Colom⁹⁾, Emma Puigoriol-Juvanteny^{5, 2)}, Sara Sánchez-Belmonte¹⁾, Núria Roger-Casals^{6, 2)}

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²⁾Department of Medicine, University of Vic - Central University of Catalonia, Vic (Barcelona), Spain

³⁾Primary Care. CAP Vic Nord, Catalanian Health Care, Vic (Barcelona - Cataluña), Spain

⁴⁾Department of Geriatrics, San Jorge Hospital, Huesca (Aragón), Spain

⁵⁾Department of Epidemiology and Statistics, Vic University Hospital., Vic (Barcelona), Spain

⁶⁾Department of Pneumology - Sleep Unit., Vic University Hospital., Vic (Barcelona), Spain

⁷⁾Department of Neurology-Sleep Unit Department, 12 de Octubre Hospital., Madrid, Spain

⁸⁾Department of Neurology, Complutense University of Madrid, Madrid, Spain

⁹⁾Nurse of Primary Care. CAP Manlleu, Catalanian Health Care, Manlleu (Barcelona), Spain

Introduction: Obstructive sleep apnea (OSA) is an underdiagnosed disease with long term diagnosis and treatment (positive airway pressure therapy (PAP)). Implementing simplified OSA diagnostic methods (Apnealink™@AL) at primary care (PC) could reduce costs and waiting lists.

Aim: Implementing AL at PC in collaboration with Hospital Sleep Unit (HSU) to accelerate healthcare process (HP) and save resources.

Methods: It was performed a descriptive and prospective study. It implemented a protocol designed jointly by PC and HSU, to start OSA HP at PC. It involved patients who explain OSA suggestive symptoms to PC. PC performed clinical exam including STOP-

Bang survey. Patients with STOP-Bang ≥ 3 completed AL test. PC checked AL according to AASM/SEPAR criteria and decided diagnosis and treatment, then referred them to HSU for confirmation. PC and HSU conclusions would be compared. Healthcare resources saving at HSU would be considered.

Results: 65 patients were collected at PC, 55 needed to complete AL because of OSA suspicion (34.5% women, normal distribution). Finally 51 completed AL at PC: 27.3% suffered mild OSA (miOSA), 20% moderate OSA (moOSA) and 25.5% severe OSA (sOSA). The moOSA and sOSA patients were prescribed PAP; and miOSA ones, general therapeutic measures. Afterwards, all of them were referred to HSU: regarding moOSA and sOSA, to start PAP; and miOSA ones to complete further test. 44 patients completed whole HP (PC and USH evaluation). It was detected diagnosis and treatment agreement between PC and USH decisions in 84% of patients. 25 HSU presential appointments and 29 PGR test were saved.

Conclusions: Implementing AL in PC, aimed at patients with suspicion of moOSA or sOSA, would shorten HP and save resources.

Abstract topic

07. Service development

Abstract ID: 549

Internal code

O07-18

Presentation form

1 Slide – 5 minutes lecture

Does social prescribing affect health outcomes?

Catarina Capella¹⁾, Inês Machado²⁾

¹⁾USF Almada, Almada, Portugal

²⁾Almirante Primary Care Unit, Lisboa, Portugal

Differences, besides being part of world development, could contribute to social and health unequal opportunities, leading to worse and severe health outcomes. General Practitioners (GPs) are frequently consulted for social problems. Social prescribing (SP) arises as an opportunity for integrated and holistic care. It allows primary care workers to refer patients to non-clinical services to fulfill social needs.

Is there any evidence that SP affects health outcomes? We can split its impact in multiple levels: as an individual, as a community and as a health care system level.

On the individual level, patient autonomy is crucial, so could this intervention be seen as medical paternalism? What defines a true impact: a better health perception or an effective improvement on health physical status?

The implementation of SP programs aims different goals in each setting, so it may be impossible to uniformly compare these projects' impact. How is it possible to evaluate impact based on different cultural backgrounds?

SP demands specialized human resources, multidisciplinary teams and probably more costs. How does it affect health care systems? Also, how could we identify patients in need of SP? Should it be opportunistic? Most likely, frequent patients would have a greater advantage.

We recognize it is difficult to measure SP programs' impact. If there is still not enough robust scientific evidence, why should we insist on implementing SP programs? If you desire to implement your own SP program, suit it to your community needs and think how challenging it can be to evaluate it.

Abstract topic

07. Service development

Abstract ID: 555**Internal code**

007-19

Presentation form

Workshop

New models of service delivery for older people: towards evidence based care

Constance Dimity Pond¹⁾, Louise Robinson²⁾, Aaseem Farid³⁾¹⁾*School of Medicine and Public Health, SIG Ageing and Health, WONCA; University of Newcastle Australia, CALLAGHAN, NSW, Australia*²⁾*Population Health Sciences Institute, Newcastle University, UK, Newcastle upon Tyne, United Kingdom*³⁾*Merseyside NHS Trust, Merseyside NHS Trust, Liverpool, United Kingdom***Background:**

The world's population is ageing. At the same time there is unprecedented movement of younger populations away from their birth home, leaving older people without immediate family supports. In most countries the challenge is to provide services for older people in this context both in the home and in residential aged care. This workshop will explore new models of service delivery in the UK.

Target group: GPs; other primary care professionals; policy makers; health service managers.

Didactic method: Several models of care will be presented followed by group discussion

Aaseem Farid

"Hospital in the Home Service - Integrated Community Reablement and Assessment (ICRAS)" ICRAS is a multidisciplinary round the clock service which is uniquely primary care led.

Louise Robinson:

Instability and inequalities, fragility and fragmentation; improving dementia care in England – the PriDem programme

- i) **"The impact of COVID-19 on post-diagnostic dementia care and support in England and Wales: a qualitative study"**
- ii) **'Post diagnostic dementia care in primary care – developing an evidence based, task shared approach'.**

This model aims to improve the support of people living with dementia and their families.

Objectives:

To present and discuss primary care approaches to aged care in the UK.

Estimated number of participants: 25-50

Brief presentation of the workshop leaders:

Louise Robinson is an academic GP who leads 1 of 3 Alzheimer Society national Centres of Excellence on Dementia Care in England.

Aaseem Farid is a GP clinician and works in ICRAS in Liverpool

Abstract topic

07. Service development

Abstract ID: 594

Internal code

O07-20

Presentation form

Lecture

Cancer screening: pan-European perspectives

Leonard Callus¹⁾, Nicola Cooper-Moss²⁾

¹⁾Primary Healthcare Malta, Primary Screening Malta, Zebbug, Malta

²⁾Irwell Medical Centre, Bacup, United Kingdom

Background

Cancer screening has developed considerably over recent years, focusing on detecting the early stages of cancer in high-risk populations. Early detection allows for more effective surgical resections, leading to better prognosis, survival, and the need for less adjuvant treatment. Engagement in screening is influenced by numerous facilitators and barriers, which vary across populations. Primary care clinicians should play an essential role in promoting and implementing screening programmes in their communities,

Discussion

The lecture will review cancer screening programmes available in Europe, focusing on practices found in Malta and the UK. Reliability and participation rates of such screening programmes across Europe shall be discussed, focusing on colorectal, breast, cervical and lung cancer screening. Engagement strategies shall be discussed, followed by comparative outcomes of such programmes in European countries. The lecture will discuss how screening in different population groups might prove challenging. With such issues in mind, the roles of primary care clinicians in screening groups in promotion, service development, and implementation shall be debated with a special focus on targeting high-risk populations depending on the cancer type.

Conclusion

The lecture aims to improve understanding of the role of primary care in cancer screening approaches with participants who show interest will be directed to relevant WONCA and EuroPrev Networks.

Abstract topic

07. Service development

Abstract ID: 628

Internal code

O07-21

Presentation form

1 Slide – 5 minutes lecture

End-of-life care in primary health care

Fábio Leite Costa¹⁾, Catarina Brás Carvalho²⁾, Marina Faria³⁾

¹⁾Family Health Unit of Moscavide, Health Centers Group of Loures and Odivelas, Lisbon, Portugal

²⁾Family Health Unit of Linda-a-Velha, Health Centers Group of Western Lisbon and Oeiras, Oeiras, Portugal

³⁾Family Health Lusa, Health Centers Group of Western Lisbon and Oeiras, Oeiras, Portugal

Background

In most European countries, adequate palliative care coverage does not exist. Worldwide, it is estimated that only 14% of patients with palliative needs have access to this healthcare. The education of family physicians for palliative needs plays a key role in supporting these populations not covered by palliative care teams.

Target Group

Family doctors with clinical practice aimed at aging populations and/or with palliative needs.

Didactic methods

The workshop will have a total duration of 60 minutes. It will be divided into an introductory theoretical component (15 minutes), followed by discussion of clinical cases (20 minutes) and ending with the presentation of a proposal for the identification and orientation of these patients (25 minutes).

Objectives

- Review of the dimension, concepts and foundations of palliative care;
- Promote the identification of patients with palliative needs;
- Critical discussion of the role of the family doctor in end-of-life patient support;
- Presentation of a proposal to approach and guide these patients within the scope of primary health care.

Estimated number of participants

50 participants.

Brief presentation of the workshop leader

Fábio Leite Costa, currently on the last year of Family Medicine Residency in Portugal; studying for a Masters' degree in Palliative Care in the Faculty of Medicine of the University of Lisbon.

Abstract topic

07. Service development

Abstract ID: 660

Internal code

O07-22

Presentation form

1 Slide – 5 minutes lecture

Strengthening collaboration with specialists to improve primary care for persons with spinal cord injury: a non-randomized controlled trial

Dima Touhami^{1, 2)}, Rebecca Tomaschek^{1, 3)}, Armin Gemperli^{1, 2, 3)}, Stefan Essig^{1, 3)}

¹⁾Department of Health Sciences and Medicine, University of Lucerne, Lucerne, Switzerland

²⁾Swiss Paraplegic Research, Nottwil, Switzerland

³⁾Center for Primary and Community Care, University of Lucerne, Lucerne, Switzerland

Background: Building collaboration and distributing roles between general practitioners (GPs) and specialists is needed to improve the continuity of care for persons with spinal cord injury (SCI).

Questions: Whether health outcomes and providers' experience with the primary care delivery for persons with SCI are improved, as compared to current best practice.

Methods: A non-randomized controlled trial. The intervention included medical education to GPs on SCI-related topics, nursing visits to train GP practice staff and joint consultations between GPs and specialists to provide support for complex care. About 395 persons with SCI met the eligibility criteria and were invited to participate.

Outcomes: Data collection is complete and the analysis is ongoing. First results show that, on the collaboration between GPs and SCI specialists, self-reported ratings were high at baseline; areas for improvement were identified and included role clarification and discharge processes. The intervention is expected to support physicians in adjusting their roles in a complementary manner by enabling shared care. At baseline, 226 persons with SCI (57% response rate) participated in the study. The intervention group ($n=62$) demonstrated a SCI secondary conditions scale mean score of 16.1 ± 7.6 , 31% of participants were hospitalized and spent 1.4 days in the hospital on average. Comparison with one year assessment is ongoing.

Discussion: The assessment demonstrates that shared responsibilities between general practitioners and specialized care in Switzerland are feasible.

Take Home Message: Further analysis will show if the project is able to improve the life-long care in a population with high care demand.

Abstract topic

07. Service development

Abstract ID: 679

Internal code

O07-23

Presentation form

State of the art session

Reinvigorating relationship-based care

Martin Marshall¹⁾, Anna Stavdal²⁾, Rowena Christmas¹⁾, Bhekizulu (Becks) Bayana¹⁾, Ruth Ellenby¹⁾

¹⁾Royal College of GPs, London, United Kingdom

²⁾WONCA World, -, Norway

Background:

Relationship-based care, care in which the process and outcomes of care are enhanced by a high-quality relationship between doctor and patient, is a RCGP policy priority. In Spring 2022, we will publish a follow up to our June 2021 report "The power of relationships" considering the means by which relationship-based care can be reinvigorated via professional training, service development and national policy changes.

Target Group:

All GPs and other healthcare professionals working in and commissioning general practice. This debate will impact their daily working lives and could change the direction of travel of policy which effects the delivery of care.

Didactic Method:

Panel presentations and discussion based on relevant research and professional and patient experience, followed by a Q&A session for further exploration.

Objectives:

1. To hear from the panel on how they define good relationship-based care and how it can be facilitated and reinvigorated in 2022.

2. To consider how the concept of relationship-based care, developed by the RCGP, translates outside of the UK context.

3. To allow the GP and wider team audience to pose questions and outline the challenges and opportunities they see with regard to delivering relationship-based care.

Take Home Message for Practice:

The session will offer practical suggestions on the ways relationships between clinicians and patients can be safeguarded in the contemporary primary care landscape. It will encourage audience members to consider how they could promote relationship-based care within their contexts as well as the changes required at a national policy level.

Abstract topic

07. Service development

Abstract ID: 686

Internal code

O07-24

Presentation form

1 Slide – 5 minutes lecture

Follow a red flag to the ovarian cancer in young woman

Patricia Montenegro, [Aurora Ripoll](#), Anna Gaspà, Catalina Fons, Paola Castro, Ignacio Perez-Artacho, Blanca Simon
EAP Sarrià, Barcelona, Spain

Didactic method: case report

Presented problem

A healthy 19th years old woman explained a two months history of persistent abdominal distention. Patient denies fever, intermittency, pain, change in bowel habits, change in menstrual cycle, food intake variations, or urinary symptoms.

Management

Physical examination found an evident distended abdomen, decreased peristalsis, with an augmented rigidity, and a dull percussion in the whole extension, without pain, unable to palpate masses or visceromegaly.

Differential diagnosis included: intestinal malabsorption, peritoneal tumors, and ovarian tumors.

A portable ultrasound allowed us to perform a deeper approach at the moment. We found diffuse liquid occupation with evident tabication in peritoneum with an expansive effect that doesn't allowed visualizing posterior abdominal structures. An urgent CT scan was performed on the day after, and found a right ovarian tumor.

Urgent consultation to gynecologist was performed, patient was scheduled for laparoscopic surgery 2 days after.

Outcome

Cytology of the ascitic fluid confirmed an adenocarcinoma. CA-125 was mildly elevated. Patient was clinically diagnosed in day 1, with anatomopathological confirmation in day 12^o: Pseudomyxoma peritonei as a consequence of a Mucinous right ovarian cancer. Patient is still under follow up.

Discussion

Uncommon symptoms in young patients must be approached fast specially when an alarm sign is detected. As always, a correct anamnesis and physical examination is the key point.

Acknowledgement

Always trust the physical examination and anamnesis. Having an ultrasound inside our consulting room is a valuable tool, it's safe and efficient and could speed up diagnosis.

Abstract topic

07. Service development

Abstract ID: 695

Internal code

O07-25

Presentation form

1 Slide – 5 minutes lecture

Feasibility of familial hypercholesterolaemia (FH) identification in Malaysian primary care using Simon Broome (SB), Dutch Lipid Clinic Network (DLCN) and FAMCAT criteria

Hasidah Abdul-Hamid^{1, 2)}, Joe Kai¹⁾, Anis Safura Ramli³⁾, Hapizah Mohd Nawawi³⁾, Nadeem Qureshi¹⁾

¹⁾Primary Care Stratified Medicine (PRISM) Research Group, School of Medicine, University of Nottingham, University Park, University of Nottingham, United Kingdom

²⁾Department of Primary Care Medicine, Faculty of Medicine, Universiti Teknologi MARA, Selangor, Malaysia

³⁾Institute of Pathology, Laboratory and Forensic Medicine (I-PPerForM), Universiti Teknologi MARA, Selangor, Malaysia

Background

FH is caused by mutations in LDLR, PCSK9 and/or APOB genes. FH causes high LDL-c levels and premature cardiovascular events, which is preventable with early detection and treatment. This study's aim was to investigate the feasibility of identifying patients with high risk of FH in Malaysian primary care.

Questions

How feasible is it to identify patients with high risk of FH using a novel tool (FAMCAT) compared to established criteria (SB and DLCN) in Malaysian primary care?

Methods

Consecutive patients attending two primary care clinics were recruited. Patients' details on personal and family medical history, clinical examination findings and lipid levels were entered into the Excel calculator incorporating SB, DLCN and FAMCAT criteria. Patients identified as high risk of FH were referred to Lipid Specialist Clinic for further management and genetic testing.

Outcomes

619 patients were recruited, and 65 (10.5%) patients were identified as high risk of FH. Among them, 52 were referred to Lipid Specialist Clinic, where 26 were assessed and deemed appropriate for genetic testing. 11 patients were genetically-confirmed to have FH (6 identified by FAMCAT; 5 by SB; 7 by DLCN).

Discussion

Recruiting patients for identification of FH is feasible in Malaysian primary care. A concerted effort between primary and secondary care could potentially increase detection among this high-risk group.

Take Home Message for Practice

Primary care has an important role to play in increasing awareness and early detection of

FH. Clinical diagnostic criteria for FH offers cheaper and more convenient alternative to genetic diagnosis.

Abstract topic

07. Service development

Abstract ID: 749

Internal code

O07-26

Presentation form

1 Slide – 5 minutes lecture

Eurodata: Acute clinical pathway for vaccinated patients with COVID-19 in Europe.

Sara Ares Blanco¹⁾, Raquel Gómez Bravo²⁾, Philippe-Richard J. Domeyer³⁾, Ferdinando Petrazzuoli⁴⁾, Оксана Ильков⁵⁾, Elena Brutskaya-Stempkovskaya⁶⁾, Canan Tuz Yilmaz⁷⁾, Eurodata Collaborative group⁸⁾, Marina Guisado-Clavero⁹⁾, Pilar Astier-Peña¹⁰⁾

¹⁾Family Practice, SERMAS, Madrid, Spain

²⁾Research Group Self-Regulation and Health. Institute for Health and Behaviour. Department of Behavioural and Cognitive Sciences, Faculty of Humanities, Education, and Social Sciences. Luxembourg University, Luxembourg, Luxembourg

³⁾General Practitioner.Biostatistician. Academic Tutor of Health Management, Hellenic Open University, Thessaloniki, Greece

⁴⁾Centre for Primary Health Care Research, Department of Clinical Sciences, Lund University, Malmö, Sweden

⁵⁾Assistant of the Department of Family Medicine and Outpatient Care, Medical Faculty 2, Uzhhorod National University, Zakarpattia Oblast, Ukraine

⁶⁾Associate professor, General Medicine Department, Belarusian State Medical University, Minsk, Belarus

⁷⁾Family Medicine Department, Bursa Uludağ University, Nilüfer/Bursa, Turkey

⁸⁾European General Practice Research Network (EGPRN), Istanbul, Turkey

⁹⁾Investigation Support Multidisciplinary Unit for Primary care and Community North Area of Madrid, SERMAS, Madrid, Spain

¹⁰⁾Universitas Health Centre (Zaragoza, Spain). University of Zaragoza (Spain). GIBA-IIS-Aragón, SALUD (Servicio Aragonés de Salud), Zaragoza, Spain

Background: Primary Care (PC) treated mild and moderate COVID-19 cases in Europe, guidelines included vaccinated cases after the roll out of the vaccination.

Question: How was the medical care of SARS-CoV-2 vaccinated patients if patients presented COVID-19?

Methods: Descriptive, cross-sectional, retrospective study with qualitative data acquired through a semi-structured questionnaire to describe COVID-19 pathway in PC in Europe (31 countries participating). Main variable: PC COVID-19 acute clinical pathway in vaccinated patients. All variables were collected in April 2021.

Outcomes: PC COVID-19 acute clinical pathway in vaccinated patients

Discussion: Preliminary results from 8 countries (Byelorussia, Bosnia, Cyprus, Greece, Italy, Spain, Turkey, Ukraine). Patients with suspicious COVID-19 accessed initially to PC with RT-PCR free testing in public health system in all the countries, except Cyprus. Testing was done in PC, A&E department or private laboratories in 6 out of 8 countries. PC tested immobilized patients in all countries. The interpretation of RT-PCR results corresponded to the organization who order the test.

PC were responsible of sick leave in all countries and isolation was established between 10 to 14 days. Control of patient's confinement was done by public health in 3 countries and by the policy in 2 countries. Follow-up was done by GPs in all countries, chest X ray and blood test were available in PC in 5 countries.

Take Home Message for Practice: Even with SARS-CoV-2 vaccination campaign, PC were present and responsible in diagnosis and follow-up in most countries analyzed.

Abstract topic

07. Service development

Abstract ID: 752

Internal code

O07-27

Presentation form

Lecture

55-years of primary care sentinel surveillance: Oxford-RCGP Research and Surveillance Centre (RSC) bottom-up professionally-led use of routine data and sampling

Simon de Lusignan¹⁾, James Kennard²⁾, Margaret Ikpoh³⁾, Nicholas Thomas⁴⁾, Gayatri Amirthalingam⁵⁾, Jamie Lopez Bernal⁵⁾, Conall Watson⁵⁾, Heather Whitaker⁵⁾, Carole Aspden⁶⁾

¹⁾*Nuffield Department of Primary Care and Health Sciences, University of Oxford, Oxford, United Kingdom*

²⁾*Banbury Cross Health Centre, Banbury, United Kingdom*

³⁾*Holderness Health, Hedon, United Kingdom*

⁴⁾*RCGP, London, United Kingdom*

⁵⁾*UKHSA, London, United Kingdom*

⁶⁾*Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom*

Background

UK general practice lends itself well to research and surveillance: we were one of the first countries to computerise, practices have a registered list (reliable denominator), a unique identifier (NHS number) that can link patient data across the health service, and nearly all acute care is delivered by the NHS. In primary care prescribing is computerised, pathology results are received online, and chronic disease management incentives have ensured nearly complete annual data.

The Oxford-RCGP Research and Surveillance Centre (RSC) is an internationally renowned source of routine data. The network covers over 1900 volunteer General Practices with a nationally representative patient cohort of >17 million in England and Wales. Volunteer practices collect virology and serology specimens.

Target Group

General practices who are interested in or considering membership of the RSC.

Didactic method

Brief presentations across the data-lifecycle in RSC.

Objectives:

Promote data quality: coding is caring; surveillance relies on quality data

Explain how virology and serology sampling is integrated into clinical workflow

Demonstrate how data are used by the UK Health Security Agency (UKHSA) to inform policy.

Describe how data is kept secure in our Trusted Research Environment.

Estimated number of participants:

100.

Workshop leader:

Simon de Lusignan, practicing GP, Professor of Primary Care & Clinical Informatics, University of Oxford, Director – Royal Collage of General Practitioners RSC.

Abstract topic

07. Service development

Abstract ID: 754

Internal code

O07-28

Presentation form

1 Slide – 5 minutes lecture

The red flag referral

Amy Ross

General Practice, Donard Family Practice, Newcastle, United Kingdom

A 70 year old gentleman initially presented in August 2021 with worsening lesions on the right temporal aspect of his scalp. The lesions originated the previous year and was diagnosed as actinic keratosis.

A red flag referral was made to Dermatology for a suspected squamous cell carcinoma. Meanwhile, at the end of August, the patient had recontacted the practice as the lesion was increasing in size. At this stage, he remained to be seen. Additional referral and contact was made. The lesions became painful and weepy and he was later reviewed at the Orthoderm clinic as part of patient waiting list initiative clinic. A biopsy was sent.

The patient's scalp became severely infected. He was subsequently admitted to hospital for management with intravenous antibiotics. The biopsy had confirmed metastatic angiosarcoma of his scalp with pulmonary metastases. He was made palliative with 4 weeks of presentation and was regularly reviewed by the multi-disciplinary team in his remaining weeks.

On reflection, this was a memorable case due to the rapid decline of the patient. The scalp lesion had eroded through tissue becoming difficult to manage. It was challenging as guidelines and protocols were adhered to but the overall outcome did not change. Occasionally the possible interventions by General Practitioners and specialists are limited and the outcome in this case may not have been avoidable.

Would the overall management of this case have been any different if the waiting length times for red flag referrals were not affected by the Covid 19 Pandemic?

Abstract topic

07. Service development

Abstract ID: 758

Internal code

O07-29

Presentation form

1 Slide – 5 minutes lecture

The concept “clean clinic” and effect on routine child health vaccination during the COVID-19 pandemic

Nouf Alnoon

DHA, Dubai, United Arab Emirates

A clean clinic is defined as a clinic free of suspected or confirmed cases of COVID-19 or any symptoms of infectious disease, where all the attendees are apparently healthy people with no active complaint.

The falling number of children receiving routine childhood vaccination was reported worldwide. In Dubai, it was also noticed to be reduced and an increase of no show for vaccination was reported due to the COVID 19 pandemic. This has been linked to many reasons, mostly the fear of being exposed to people with COVID-19.(3) Due to this reason, the Dubai health authority established the concept of the clean clinic to encourage parents not to miss their children’s routine vaccination.

The presentation is to share the experience of the clean clinic & how it helped to overcome the challenges in times of the pandemics.

Abstract topic

07. Service development

Abstract ID: 792

Internal code

O07-30

Presentation form

1 Slide – 5 minutes lecture

Smoking cessation effectiveness - general practitioner counselling versus intensive counselling: a retrospective study

LIMOR ADLER^{1, 2)}, Ilan Yehoshua¹⁾, Sharon Alon Hermoni¹⁾, Avital Bilitzki¹⁾, Keren Oren¹⁾, Galia Zacay²⁾

¹⁾Family Medicine, Health Division, Maccabi Healthcare Services, Tel Aviv, Israel

²⁾Family Medicine, Tel Aviv University, Sackler Faculty of Medicine, Tel Aviv, Israel

Background: Behavioral treatments can augment the success of pharmacotherapy in smoking cessation. The aim of this study was to compare smoking quit rates between patients receiving individual counseling with their general practitioner during office visits or intensive counselling with behavioral support, both augmented by varenicline.

Methods: A nationwide retrospective cohort study conducted in Maccabi Healthcare Services, the second largest Healthcare Maintenance Organization in Israel. 601 patients were included in this study; 301 patients in the general practitioner group and 300 in the intensive counselling group. The outcome variables were smoking cessation 26-52 weeks following the beginning of treatment and satisfaction with the process.

Results: The quit rate was 36.5% in the general practitioner group and 42.3% in the intensive counselling group (P=0.147). In a logistic regression analysis, controlling for age, gender, socioeconomic status, ischemic heart disease, chronic obstructive

pulmonary disease, pack years and duration of varenicline consumption, the adjusted OR for quitting in the general practitioner group was 0.79 (95% CI 0.56,1.13). The adjusted OR was higher in the group with the highest socioeconomic status at 2.06 (1.39,3.07) and a longer period of varenicline consumption at 1.30 (1.15,1.47). Age, gender and cigarette pack-years were not associated with quit rate. In the general practitioner group 68% were satisfied with the process, while 19% were not. In the intensive counselling group 64% were satisfied and 14% were not (P=0.007). **Conclusion:** There was no difference in smoking cessation rates between patients receiving intensive counselling or counseling with their general practitioner.

Abstract topic

07. Service development

Abstract ID: 882**Internal code**

O07-31

Presentation form

1 Slide – 5 minutes lecture

Meeting the health needs of young people in Uganda - the same but different

Marian Davis*Adolescent Health Group at RCGP, Leominster, United Kingdom*

The session will give an account of the development of a young people's clinic in a hospital setting in a remote part of SW Uganda. It is an innovative model that could be reproduced elsewhere.

50% of the population of Uganda are under 15. In the area served by the hospital, most children don't complete their education beyond primary level. Rates of teenage pregnancy are very high. Young people are not usually seen without their parents and the outpatient facility at the hospital is very public.

A feasibility study was carried out in 2016 gathering the views of parents, young people and hospital and community staff to see if setting up a young people's clinic was wanted and would be appropriate.

Following this, a proposal for a youth friendly clinic, providing comprehensive primary care, was put forward and approved by the hospital board. A survey was carried out to provide baseline information about young people's use of health services. The clinic was launched in June 2019.

It runs two days a week and has continued to operate throughout the pandemic. It operates within the current hospital budget and is written into the workplans of the staff which means that it is sustainable.

The talk will describe the process of developing the clinic in collaboration with local colleagues, remotely and over a series of visits from the UK. This will include a number of challenges and how they were overcome. Plans to expand the service going forward will also be described.

Abstract topic

07. Service development

Abstract ID: 891**Internal code**

O07-32

Presentation form

1 Slide – 5 minutes lecture

Does money talk? Evaluating the GP bursary and other factors influencing recruitment to general practice in Scotland

Natasha Szmidt, Ben Pearson-Stuttard, Amjad Khan, John Colvin
NHS Education for Scotland, Bearsden, United Kingdom

Background

Historically certain GP Speciality Training (GPST) posts in Scotland have proven “hard to fill”. To incentivise recruitment the Scottish Government via NHS Education for Scotland, introduced a GPST bursary scheme in 2018. A one-off taxable bursary of £20,000 is paid to trainees choosing a “hard to fill” area. However, with GP training fill rates increasing nationally, an evaluation is warranted.

Questions

Does the GPST bursary improve recruitment and retention in “hard to fill” areas? What lessons can be applied to future policies? What other factors affect how doctors decide where to train and work long term?

Methods

A survey was sent to all GPSTs in Scotland. Qualitative interviews are being undertaken. Quantitative data from the Turas Data Intelligence system provides demographic data and tracks career progression of bursary recipients.

Outcomes

Data collection is in progress. Preliminary results show 60% of all survey respondents were influenced by the availability of the bursary. The majority had already worked in their chosen training region. The geographical location of training and proximity to family/friends were the most cited other reasons influencing chosen training location for both bursary recipients and non recipients.

Discussion

Although the bursary has incentivised trainees towards hard to fill locations, there are a number of other important individual/external factors warranting further assessment.

Take Home Message for Practice

Offering a bursary is effective in attracting trainees into “hard to fill” areas but other factors are important for recruitment and retention. Further analysis is ongoing and will be presented.

Abstract topic

07. Service development

Abstract ID: 929**Internal code**

O07-33

Presentation form

1 Slide – 5 minutes lecture

Meeting the health needs of newly arrived refugees – delivering an emergency primary care service

Rebecca Hall¹⁾, Elizabeth Blomfield²⁾, Gabrielle Weale²⁾, Jasmine Nagpal³⁾, Anna Todd²⁾, Naomi Calder⁴⁾, Krishna Misra¹⁾, Shazia Munir¹⁾, Rene Mehta³⁾, Tilly Wright²⁾

¹⁾HEALTH INCLUSION TEAM, GUY'S AND ST THOMAS NHS FOUNDATION TRUST, London, United Kingdom

²⁾Villa Street Medical Practice, London, United Kingdom

³⁾Blackfriars Medical Practice, London, United Kingdom

⁴⁾Community Health Visiting Services, Guys and St Thomas NHS Foundation Trust, London, United Kingdom

Background and purpose

The UK received 17,000 people evacuated from Afghanistan by September 2021. The sudden influx of newly displaced refugees with some unmet health needs such as trauma and pre-existing medical conditions necessitated a high demand for healthcare in an already strained healthcare system in parts of the UK.

This session will present and reflect on delivering an impromptu primary care service model to 250 newly arrived Afghan refugees from September 2021 present in a hotel setting.

Methods

We utilised an in-reach multidisciplinary team approach starting with initial needs assessments, registration with primary care, specialised health screening and addressing health needs based on priority. As our service became more established and immediate needs were addressed, we were able to tackle wider health and psychosocial issues whilst embedding patients into the wider health system.

Results

Nearly 250 people were registered with primary care and 194 underwent health assessments and detected 12 cases of latent tuberculosis, 5 parasitic infections, 3 newly diagnosed diabetes and 14 thalassaemias. All eligible women were offered LARC and cervical screening. 91% were immunised against covid-19.

Conclusions

On reflection, in such a complex and high demand situation, there is a need for an innovative and coordinated primary care response in collaboration with the other sectors addressing immediate health needs, undertaking proactive screening and then progressing to wider needs. Additionally, it demonstrates the need for a holistic approach to health considering infectious diseases, contraceptive, mental health and wellbeing as well as the wider determinants of health.

Abstract topic

07. Service development

Abstract ID: 988

Internal code

O07-34

Presentation form

1 Slide – 5 minutes lecture

Effect of An Educational Program on Dietary Practice and Nutritional status of pregnant women Attending Antenatal Care in rural family health unit, Egypt: An interventional study.

Nagwa Hegazy¹⁾, Safa Hamdy¹⁾, Nazeha khalil²⁾

¹⁾Family Medicine, Faculty of medicine, Menoufia University, Menoufia, Egypt

²⁾Nutrition and food sciences department, Faculty of Home Economics, Menoufia University, Menoufia, Egypt

Background: Pregnant women should be instructed to follow the dietary pyramid's guidelines. Less than half of pregnant women meet the guidelines for each particular food pyramid group.

Objective: to evaluate the efficacy of a nutritional programme for pregnant women in terms of food awareness, dietary pattern, and blood levels of macro and micronutrients

Methods: Multistage interventional study was conducted in 3 phases. First phase: cross section study by interviewing with pregnant women, examination of them and introduce predesigned questionnaire which will be explained later and Second phase: an interventional study by applying nutritional program. The study was conducted in the context of time frame of 12 months. The study setting was Terrene family health unit. Gharbia governorate. Al mahala alkobra districted by simple random sample.

Results: In the current study Calories, Protein B, total protein, Fat B, Carbohydrate and Ash were significantly improvement after the educational program as compered to the pre-education program with $p < 0.05$. Also, there was significantly improvement of the serum level of calcium, phosphorus, iron A, iron B, sodium, potassium, magnesium, niacin, and cholesterol after education program as compered pre-education program, with $p < 0.05$.

Conclusion: Nutritional educational program during pregnancy especially for low-income pregnant women is an appropriate intervention for food insecurity of pregnant women.

Abstract topic

07. Service development

Abstract ID: 1019

Internal code

O07-35

Presentation form

Lecture

Integration of minor surgery in family practice

Tariq Shaqran

Family Medicine, King Salman Armed Forces Hospital, Tabuk, Saudi Arabia

Rationale:

Minor surgery is a basic component included in all training programs of family practice (e.g. Saudi board curriculum). The need to integrate minor surgery in family practice has research evidence (e.g. our pilot study in family medicine administration, military hospitals in Tabuk, KSA). Integration of minor surgery in family practice not only cost effective but also time and effort saving for patients and their attendants. It might augment patient satisfaction in 1ry health care services.

Objectives:

- Increase awareness of family physicians toward the importance of minor surgery as daily practice.
- Helping family physicians to be more precise in diagnosis and management of skin lesions amenable for surgical interference.

- Practical training on simple surgical procedures (e.g. local anesthesia, suturing & removal of skin lesions).

Time: 2 hours

Schedule

Topic	Method	Time
Minor Surgery in Family Medicine, why?	Open interactive discussion	15 min
Research evidence (pilot study)	PPT presentation	10 min
Ethical issues (patient's consent & documentation)	Demonstration	10 min
Types of wounds	PPT presentation	10 min
Basic equipment		
(instruments); scalpels, scissors, forceps, needle holders etc.	Demonstration	10 min
Suture material (types, thickness, & packaging) & types of needles	Demonstration	10 min
Basic skills		
Suturing technique & wound closures	Practical session	10 min
Knot tying & removal of stiches (ROS)	Video presentation	10 min
Basic procedures		
Local anesthesia	PPT presentation	10 min
Removal of simple cysts or swelling	Pictorial atlas	15 min
I & D of abscess	Video presentation	10 min

Abstract topic

07. Service development

Abstract ID: 1031

Internal code

O07-36

Presentation form

Lecture

Working conditions in primary healthcare during the COVID-19 pandemic: an interview study with physicians in Sweden

Hanna Fernemark^{1, 2)}, Janna Skagerström³⁾, Ida Seing⁴⁾, Maria Hårdstedt^{5, 6)}, Kristina Schildmeijer⁷⁾, Per Nilsen¹⁾

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⁶⁾Vansbro primary health care center, Region Dalarna, Vansbro, Sweden

⁷⁾Department of health and caring sciences, Linnaeus university, Kalmar, Sweden

Background: The Coronavirus disease (COVID-19) has had an enormous impact on healthcare systems worldwide, including primary healthcare although the media has been focusing on hospital care. Changes of working conditions in response to the pandemic can cause stress and may add to already existing work condition problems in primary healthcare.

Questions: The aim of this study was to explore primary healthcare physicians' experiences of changes in working conditions in response to the pandemic

Methods: A descriptive, qualitative study with individual semi-structured interviews. The data were analysed using inductive content analysis.

Outcomes: Two main categories were identified: 'Work organization and routines' and 'Psychosocial work environment' containing three and five subcategories, respectively. The pandemic enforced changes in work organization and routines. Increased flexibility, including more patient-oriented delivery of care and novel means of inter- and intra-organizational interactions, were perceived as positive by physicians. The pandemic also caused changes in the physicians' psychosocial work environment, including increased workload, information overload and ethical considerations and feelings of uncertainty.

Discussion: The pandemic induced several drawbacks in working conditions for physicians in primary healthcare. For example, the information load was enormous but the physicians still felt unsure of which information to adhere to. On the other hand, the pandemic made it possible to adopt a more flexible way of delivering care. Physicians could see their patients face-to-face, by phone or video.

Take home message for practice: Crisis situations require succinct information but could generate improved collaboration between units and increased flexibility in delivery of care.

Abstract topic

07. Service development

Abstract ID: 1039

Internal code

O07-37

Presentation form

1 Slide – 5 minutes lecture

Championing perinatal care in general practice

Julia Darko¹⁾, Judy Shakespeare²⁾, Anu Jacob²⁾

¹⁾King's College VTS Scheme, LONDON, United Kingdom

²⁾GPs Championing Perinatal Care, GPCPC, London, United Kingdom

Background:

GPs have a central role in caring for all family members and the time before, during and after a pregnancy is an important time for health and wellbeing for mothers, infants and the wider family. Greater GP involvement in perinatal care is an essential factor towards reducing maternal morbidity and mortality, improving long-term health outcomes for mothers and infants.

Target Group: GPs, GP trainees, primary care multi-disciplinary team

Didactic Method: An interactive session during which we will explore the role of GPs within maternity care and consider how to promote and develop a central role for GPs to improve perinatal care in the changing landscape of primary care. We will achieve this by starting with a short presentation to introduce the topic and objectives of the workshop. We will then facilitate small group discussions around clinical cases and policy. This will

be followed by an opportunity to feedback to the wider group at which point we will collate ideas and contributions. We will close by highlighting key contributions and by signposting participants to relevant resources and interest groups.

Objectives:

To raise the profile of GPs within maternity care

To share perspectives, knowledge and experience in this field

To explore how GPs can be further involved in shaping perinatal care and research in primary care

Estimated number of participants: 20-25

Brief presentation of the workshop leaders:

This workshop is led by members of GPs Championing Perinatal Care, a network of UK GPs collaborating to improve perinatal care in primary care.

Abstract topic

07. Service development

Abstract ID: 1046

Internal code

007-38

Presentation form

1 Slide – 5 minutes lecture

The role of Family doctors in the care of retired sick doctors

Oscar Urbano-Gonzalo¹, Alba Gallego-Royo¹, Barbara Marco-Gomez¹, Candela Perez-Alvarez¹, Ines Sebastian-Sanchez¹, María Teresa Delgado-Marroquin¹, Rogelio Altisent-Trota¹, María-Pilar Astier-Peña²

¹University of Zaragoza.IIS-Aragon-GIBA, Zaragoza, Spain

²Spanish Society for Family and Community Medicine (Semfyc), Barcelona, Spain

Background:Physicians have not learned their role as patients. When retired doctors (RD) become ill, they feel unable to self-manage the process as lack of colleagues' contacts and they do not know their family doctor (FD).

Methods:Mixed study based on: 1) interviews to Spanish ill physicians; 2) focus groups with medical colleges, and doctors of ill doctors; 3) An online survey considering health issues, impact on work, help seeking and the role of doctors of ill doctors to get registered Spanish doctors' perception about their ill-health process. We analysed verbatims of qualitative data and descriptive statistical analysis of survey questions on the role of FD for RD.

Outcomes:A total of 483 RD answered (73.08% men), mean age 67.93±5.30 y.o. and 39.55±5.73 average practising years. 14,29% rates their health as bad. 78.47% admitted to having at least one chronic illness and 60.66 % admitted that "Doctors find it difficult to admit that they are sick". Only 18% would go to their FD with a likely severe health problem and 19% would self-treat. 25.67% feel receiving a poor healthcare and 78.26% would like to preserve self-prescribing for life. 25.05% have never visited a FD. In contrast, qualitative study from 5 interviews and 2 focus groups showed FD are recognized as helpful and supporting for RD.

Discussion and Take-home message for practice:The role of the FD in the care of ill RD is important as they are the connection to the health care system and guarantee a quality healthcare for them.

Abstract topic

07. Service development

Abstract ID: 1074**Internal code**

O07-39

Presentation form

1 Slide – 5 minutes lecture

A longitudinal evaluation of the sore throat test and treat service (STTT) in community pharmacies in Wales

Diana Wasag¹⁾, Haroon Ahmed¹⁾, Rebecca Cannings-John²⁾, Andrew Evans³⁾, Sally Lewis⁴⁾, Efi Mantzourani^{5, 6)}

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²⁾*Centre for Trials Research, College of Biomedical & Life Sciences, Cardiff University, Cardiff, United Kingdom*

³⁾*Primary Care Services, Welsh Government, Cardiff, United Kingdom*

⁴⁾*NHS Value-based Healthcare, Cwm Taf Morgannwg, Wales, United Kingdom*

⁵⁾*School of Pharmacy and Pharmaceutical Sciences, Cardiff University, Cardiff, United Kingdom*

⁶⁾*Primary Care, Digital Health and Care Wales, Cardiff, United Kingdom*

Background: An NHS-funded sore throat test and treat service (STTT) was introduced in selected pharmacies in Wales, initially as a pilot in two Health Boards (Nov2018). Preliminary evaluation led to the service being rolled-out to all seven Health Boards (Feb2020). Pharmacists screen clinically stable patients over the age of five presenting with symptoms of sore throat, by means of FeverPAIN or Centor scoring tools. Clinical screening may be followed by a rapid antigen detection test (RADT) and treatment with antibiotics for those patients who meet pre-defined criteria.

Questions, Discussion Point: This study aimed to complete a longer-term evaluation of the STTT, describe the patients consulting, and the number screened, tested, and treated, and analyse healthcare utilisation as well antibiotic supply rates arising from the service.

Content: The service was evaluated using data from 171 pharmacies providing STTT between November 2018 and February 2020.

Take Home Message: Data from 11,304 pharmacy consultations, over 16 months of the STTT service, shows that antibiotics were dispensed for 21.3% of all consultations. A total of 952 consultations (8.4%) were undertaken out of hours. Pharmacists continue to deal with >90% of uncomplicated sore throat presentations in the community and refer cases that are perceived to require input from a different healthcare professional. This suggests that pharmacy RADT testing can promote appropriate antibiotic use and reduce the need for general practitioner consultations and use of wider emergency services, as if service was unavailable 96.5% of patients would use GP or emergency services instead.

Abstract topic

07. Service development

Abstract ID: 1119**Internal code**

O07-40

Presentation form

1 Slide – 5 minutes lecture

Interconception care by Australian general practitioners: A qualitative study

Sharon James, Cathy Watson, Elodie Bernard, Danielle Mazza
General Practice, Monash University, Notting Hill, Australia

Background

Interconception care (ICC) aims to reduce maternal risk factors between pregnancies. General practitioners (GPs) provide care for women during the interconception period including the assessment of social, biomedical and lifestyle risks, previous pregnancy outcomes, interpregnancy intervals and contraceptive needs.

Questions

What are GP perceptions, knowledge, and reported practices regarding ICC?

Methods

Eighteen GPs were purposively recruited using a research network database. A semi-structured interview guide was informed by literature, primary care academics, and piloting. De-identified and audio-recorded interviews were transcribed verbatim, imported into NVivo 11, and analysed thematically.

Outcomes

Three themes were identified 1. ICC - "it's not a definitive thing", 2. GPs demonstrate some best practice... but it's opportunistic, and, 3. GPs face many challenges engaging mothers in ICC. ICC terminology was unfamiliar and conceptualised as part of routine care. Challenges included limited clarity about ICC and engagement from mothers, and consultation time. However, the ability to provide this care was valued by GPs.

Discussion

Findings indicate that GPs conceptualise ICC as opportunistic rather than a distinct health need. Due to competing interests, GPs questioned women's prioritisation and engagement in health optimisation for future pregnancies. To improve ICC, further research is needed to evaluate existing models of care as well as understand patient and women's health clinicians' perspectives.

Take home message for practice

To ensure maternal and infant health outcomes, reproductive planning is needed. GPs are ideally placed to deliver this care provided there is patient engagement and GPs can incorporate this care with appropriate consultation time and funding.

Abstract topic

07. Service development

Abstract ID: 1131

Internal code

O07-41

Presentation form

1 Slide – 5 minutes lecture

Impact of a patient recall letter from the attending general practitioner on influenza vaccination rate: a quasi-experimental survey

Laurent RIGAL

General Practice, Paris-Saclay University, Le Kremlin-Bicêtre, France

Background: As in many countries, the rate of influenza vaccination coverage in France remains below the WHO target of 75%.

Questions: The aim of this study was to evaluate if a patient recall letter sent by the attending GP can impact the vaccination coverage.

Methods: This impact was evaluated in a cluster non-randomized controlled study with before and after design. This survey was conducted during the 2019-2020 vaccination campaign among the patients lists of 14 GPs in Paris. In the intervention group, GPs sent a standardised letter inviting their patients to get vaccinated against the flu. They were sent to patient still not vaccinated on 2 January 2020. In the control group, GPs worked as usual. The vaccination status of patients was determined by the presence (or the absence) of a vaccin delivery in the reimbursement database of the NHI (National Health Insurance).

Outcomes: The study contained 1627 patients (723 in the intervention group and 904 in the control group). From the 2018-19 campaign to the 2019-20 campaign, the vaccination rates increased from 10.2 points of percentage in the control group and 18.8 in the intervention group respectively. The difference in differences which estimated the intervention effect, is 8.6 points of percentage.

Discussion: The rapid implementation of computerized immunization registries presents opportunities for research in implementing, on a community-wide basis, reminder and recall interventions that appear to be effective.

Take home message for practice: Secure messaging with patients within these systems is an area to be further explored.

Abstract topic

07. Service development

Abstract ID: 1146

Internal code

O07-42

Presentation form

1 Slide – 5 minutes lecture

Transforming the two-week wait (2WW) pathway: Are community breast pain clinics appropriate, effective and replicable?

Thilan Bartholomeuz¹, Mark Sibbering², Louise Merriman³, Jenny Pickard³, Iman Azmy⁴, Veronica Rogers², Kevin Clifton⁴, Denise Stafford⁴, John Robertson^{2, 5}

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²Royal Derby Hospital, University Hospitals of Derby and Burton NHS Foundation Trust, Derby, United Kingdom

³NHS Derby and Derbyshire CCG, Derby, United Kingdom

⁴Chesterfield Royal Hospital NHS Foundation Trust, Chesterfield, United Kingdom

⁵Department of Surgery, University of Nottingham, Nottingham, United Kingdom

Background

In order to manage increasing pressures and demands on primary care and 2WW

diagnostic cancer services, dedicated community breast pain clinics have been established.

Questions

Do community breast pain clinics provide effective reassurance?

Can patients be safely managed outside the 2WW pathway?

Can this be replicated in larger populations?

Methods

An approved mastalgia pathway supported the clinic incorporating examination, reassurance and familial risk assessment (NICE CG164 using FaHRAS). The clinics were run weekly in two locations by a clinician (ANP) and administrator with capacity for 12 patients per clinic.

Outcomes

A total of 332 patients were seen across Derbyshire during an 8-month period between 01/06/21 and 01/01/22. 173 patients were <50 years old with a mode age range of 30-39 (78 patients). Anonymous patient feedback reported 99% would likely recommend the service with 98% reassured by their breast pain advice. 323 (97.3%) required no imaging with only 9 receiving onward referral for breast symptoms. Importantly, there were 0 cancers and 42 (12.7%) referred at increased familial risk.

Discussion

These results reflect similar outcomes from previously reported smaller sites, with Mid-Nottinghamshire showing 100% pain reassurance, 95.9% receiving no imaging, 0 cancers and 11.6% at increased familial risk. This demonstrates the results can be replicated and with clinics providing appropriate management of these patients. These are patients who would otherwise been referred on a 2WW.

Take Home Message for Practice

Community breast pain clinics can be replicated as an effective method of appropriately reassuring patients outside of the 2WW pathway.

Abstract topic

07. Service development

Abstract ID: 1158

Internal code

O07-43

Presentation form

Workshop

Implementation of Care and Advocacy for Family Violence in different health services settings

Lodewijk PAS¹⁾, Raquel Gomez Bravo²⁾

¹⁾Department of public health and Primary Care University Leuven, Academic Centre for General Practice & European Family Justice Centre Alliance, WEZEMBEEK OPPEM, Belgium

²⁾-, -, Luxembourg

Background:

Several models for family violence care need to be considered according to available facilities and support for primary care. Clearly defined detection and collaborative care strategies are essential. Interdisciplinary subsidiarity within and between sectors of health, social, mental and law enforcement are important. Adequate interdisciplinary

communication is essential. Implementation requires motivation, confidence in available facilities and professional support.

Target Group: Professionals and students in primary care

Didactic Method: The IMOCAFV project overview of tasks, barriers and good practices for Family Violence in 3 continents are presented (3X10 min). In nominal group work statements for improving implementation will be discussed (2x20 min) to conclude how participants can contribute to FV care development in their own setting (5 min).

Objectives: Explore how family violence care needs to be implemented taking into account differences in health services settings. Participants will gain insight and learn how to develop consensus in their home country on the implementation of good care.

Estimated number of participants 20-30 (2-3 groups)

Workshop leads :

Lodewijk Pas, retired GP trainer (University Leuven), developed guidelines and implementation projects on FV, leads the IMOCAFV project as past convenor of the Wonca Special Interest Group on Family Violence (WONCA SIGFV).

Raquel Gomez Bravo is co-chair of the WONCA SIGFV and ran her doctoral study about Family violence training.

Joyce E Kenkre, is Emeritus Professor of Primary Care at the University of South Wales, conducted over 90 projects including evaluation of service provision with numerous publications contributing to the development of Primary Care.

Abstract topic

07. Service development

Abstract ID: 1167

Internal code

O07-44

Presentation form

1 Slide – 5 minutes lecture

Impact of the UK's first 24-hour vaccination clinic on patient access and uptake

Russell Hearn^{1, 2)}, Dylan Fabas²⁾, Kyle White²⁾, Francesca Pepe²⁾

¹⁾School of population health & life sciences, King's College London, London, United Kingdom

²⁾Morris House Group Practice, London, United Kingdom

Background

Prior to Christmas 2021 England's vaccination programme rapidly offered booster vaccines to all adults. To improve access and uptake, a 24-hour mass vaccination clinic was planned in North London.

Questions

Is there a demand for 24-hour access to vaccines and how can this intervention improve vaccine uptake?

Methods

A 24-hour vaccine clinic was planned, advertised, and patients invited in the usual way. Patient bookings were analysed and compared to a control cohort randomly selected from usual clinics. Patient demographics, including ethnicity, travel distance, age, sex and economic background, were analysed. Qualitative feedback from patients and the team of vaccinators was used to inform lessons learnt.

Outcomes

In total 3,058 patients were vaccinated, 22% during nocturnal hours. Average age was 39.9 years old, with the overnight 3.25 years lower than daytime. Based on postcode, the service enabled access to fewer patients from lower economic areas. Patients cited ease of access as a benefit and some patients travelled up to 150 miles. Large numbers of night shift, emergency service and hospitality industry workers attended overnight.

Discussion

Staff and patients may have responded well to the novelty and national TV media coverage. This clinic took place at an opportune time to provide capacity and access to patients in the run up to Christmas that would not be replicable.

Take Home Message for Practice

Well-timed mass vaccination booster campaigns work well to increase vaccination rates, however there is unlikely demand for ongoing 24-hour vaccine access.

Abstract topic

07. Service development

Abstract ID: 1231

Internal code

O07-45

Presentation form

1 Slide – 5 minutes lecture

Experiences of collaboration between Primary Care and Public Health in the UK

Eleanor Turner-Moss^{1, 2)}, Laura Perring³⁾, Jonny Currie^{3, 2)}, Luke Allen^{4, 2)}

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²⁾Primary Care and Public Health Special Interest Group, Faculty of Public Health, London, United Kingdom

³⁾School of Medicine, Cardiff University, Cardiff, United Kingdom

⁴⁾London School of Hygiene and Tropical Medicine, London, United Kingdom

Background

The COVID-19 pandemic has highlighted the importance of Primary Care in the identification and implementation of Public Health initiatives. The introduction of Primary Care Networks and Integrated Care Systems relies on partnerships for the benefit of population health including the reduction in inequalities.

Questions/ Discussion Point

- To understand the barriers and facilitators to successful collaboration of Public Health and Primary Care teams
- To collate examples of best practice and collaborative models that could guide future ways of working

Content

This project involves creating a questionnaire of Public Health measures that Primary Care teams have brought in since or in response to the COVID-19 pandemic and experiences of collaboration between Public Health and Primary Care. The questionnaire will be sent out to Primary Care and Public Health professionals across the United Kingdom and the results analysed to identify barriers and facilitators to successful collaboration. The diversity of policy frameworks and organisational structures in different regions will be taken into account in identifying lessons to guide meaningful future partnerships for population health.

Take Home Message for Practice

To capitalise on the renewed attention on the importance of Public Health and Primary Care integration to improve population health outcomes and reduce inequalities, it is crucial to learn from operational experiences to understand barriers and facilitators to successful collaboration.

Abstract topic

07. Service development

Abstract ID: 1252

Internal code

O07-46

Presentation form

Workshop

Primary health care as the cornerstone of the global response and recovery from current and future public health crisis

Candan Kendir¹⁾, Mehmet Akman²⁾, Michael Kidd³⁾, Amanda Howe^{4, 5)}, Felicity Goodyear-Smith⁶⁾

¹⁾Health Division, OECD, Paris, France

²⁾Family Medicine Department, Marmara University, Istanbul, Turkey

³⁾Australian National University, Canberra, Australia

⁴⁾University of East Anglia, Norwich, United Kingdom

⁵⁾RCGP, London, United Kingdom

⁶⁾University of Auckland, Auckland, New Zealand

In 2018, governments endorsed the Astana Declaration acknowledging the importance of strong primary health care (PHC) for the equitable care of a nation's population. However, a recent OECD report noted that PHC has yet to realise its full potential. The critical role of PHC has become even clearer during the COVID-19 pandemic. As family doctors sought to cope with the surge in demand for patients acutely ill with a new infectious disease, while needing to maintain care for people with chronic conditions, supporting people with mental health problems and vaccinating their populations, this pandemic has stimulated many innovative practices at national and local level. Digital transformation supported family doctors in their practices in many ways. Promising and innovative developments in PHC have been accelerated during the pandemic. These efforts need to be further expanded to manage the global response and recovery from current and future public health crisis.

The aim of this Symposium is to highlight PHC policies across different countries, exacerbated by the COVID-19 pandemic, and the responses from family practices. This Symposium is submitted on behalf of the WONCA Working Party on Research.

- 5 min Introduction

- 40 min Country presentations addressing:

* Integration of primary care and public health in preventive care during the times of pandemic

* Tackling mental health problems, worsened markedly during the pandemic, in PHC

* Digital transformation as a mean to support family doctors during and after the pandemic

- 15 min Discussion

- 15 min Take home message Policy levers to strengthen PHC

Abstract topic

07. Service development

Abstract ID: 1269**Internal code**

O07-47

Presentation form

Workshop

Vaccination policy and equity from a rural perspective

Gheorghe Gindrovel Dumitra^{1, 2, 3)}, Ozden Gokdemir^{4, 5)}, Patrick Ouvrard^{1, 6)}, Ferdinando Petrazzuoli^{5, 7)}, Oleg Kravtchenko⁸⁾

¹⁾IAB, Euripa, Neuilly, France

²⁾Family Medicine, National Society of Family Medicine, Bucharest, Romania

³⁾Family Medicine, University of Medicine and Pharmacy, Craiova, Romania

⁴⁾Family Medicine, University of Economics / Faculty of Medicine, Izmir, Turkey

⁵⁾Scientific board, Euripa, Neuilly, France

⁶⁾Médecine Générale, Collège Médecine Générale, Paris, France

⁷⁾Center for Primary Health Care Research, Department of Clinical Sciences, Lund University, Malmö, Sweden

⁸⁾Executive Committee, Euripa, Neuilly, France

Background and aim: The whole world has been shaken by the impact of the Covid pandemic 19.

Family medicine was at the forefront of providing interventions for patients suspected or confirmed with Covid 19 but also provided routine activity for acute, chronic or preventive consultations.

Primary prevention activity through vaccination has also been influenced by this pandemic context, with some countries decreasing vaccine coverage over different periods of time. The emergence of the Covid 19 vaccine has created opportunities to limit the effects of the pandemic, but it has also led to a huge effort to do so. Our aim is to explore the different vaccination policy and the challenges in the rural physicians perspectives.

Methods: The 5-minutes presentations of 5-6 country about the current situation will be followed by a working in small group.

Results: We want to highlight the challenges in the participating countries, Topics will be approached from several perspectives: -vaccine policy, sustainability, ethical aspects, accountability according to the environment in which they work (urban / rural). Data will be used for the EURIPA position paper.

Conclusions: The workshop will help us to identify the barriers encountered but also the solutions adopted. We want to share best practices so that vaccination work can be improved.

Abstract topic

07. Service development

Abstract ID: 1272**Internal code**

O07-48

Presentation form

Lecture

Improving discussions about resuscitation in COVID-19

Efioanwan Andah¹⁾, Louise Tomkow¹⁾, Felicity Dewhurst²⁾, Michaela Hubmann¹⁾, Chris Todd¹⁾, Barbara Hanratty²⁾

¹⁾University of Manchester, Manchester, United Kingdom

²⁾University of Newcastle, Newcastle, United Kingdom

Background and Questions

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) discussions have been especially challenging during the pandemic. Hospital visiting restrictions and untimely deaths due to COVID-19 have disrupted usual modes of communication between staff, patients and relatives. This research aims to understand relatives' and carers' experiences of discussions about resuscitation during the pandemic.

Methods

Semi-structured interviews were used to explore the experiences of people who discussed resuscitation on behalf of a relative during the COVID-19 pandemic. An interview topic guide was developed in collaboration with patients and public involvement partners. Interviews were analysed using framework analysis. Recruitment will continue until inductive thematic saturation.

Outcomes and Discussion

Analysis of data from 30 semi-structured interviews has identified the following themes:

I. Most described communication about care in general, and DNACPR in particular, as poor.

- Most discussions occurred in the context of an acute clinical deterioration
- Relatives were given little information about what DNACPR was
- There were examples of good practice

II. Participants experienced negative impacts of the DNACPR discussion including: feeling overlooked and not valued; shock; and guilt. Some described a consequent mistrust of the healthcare system.

III. Restrictions to hospital visitation appeared to augment these negative experiences

Take home message for practice

Urgent action is needed to improve communication around DNACPR. Current practice results in frequent misunderstandings and lasting negative effects. This may have detrimental consequences for future relationships with healthcare professionals.

Abstract topic

07. Service development

Abstract ID: 1297

Internal code

O07-49

Presentation form

Workshop

Making sense of COVID – repeated disruption driving unordered, chaotic, and complex adaptations by the GP team in their clinical practice and the dynamics of service provision

Carmel Martin

Medicine, Nursing and Allied Health, Monash Medical Centre
<http://www.monashhealth.org/>, Kelvin Grove, Australia

The Complexities in Health Special Interest Group “WONCA Network Workshop”

Background

The emergence of coronavirus (SARS-CoV-2, the cause of COVID-19) with novel characteristics has brought “society” – the economy, health systems, and individuals – to a virtual standstill. Family doctors on the front line of often shambolic health systems take a leadership role in shaping future health care. The uncertainties created by COVID-19 require us to formulate, balance and evaluate the success of interventions in health and other systems. Current approaches are often stymied by complex systems in which there are so many interacting parts that it is difficult, if not impossible, to accurately determine the impact of interventions. The Covid-19 phenomena are dependent on many variables, where chance and values can be involved. We need to lead with a knowledge of how patterns emerge from multiple interactions to form the characteristics of the whole system and how to thrive with uncertainties.

Target Group

Practitioners and Researchers of all disciplines

Didactic Method

Presentations with small group breakouts using white boards/scribing. Summaries will be provided with exit surveys

Objectives

We aim to stimulate a wider WONCA community of interest in complex systems phenomena to enable participants to understand, cope with and lead primary care through the COVID-19 crisis. Participants will share their stories, challenges and insights related to COVID-19 complexities. The workshop will highlight the use of Cynefin framework and other complex systems tools to review past successes or otherwise, work-in-progress and focus on forward looking strategies

Small groups will include:

- Practitioner health and well being
- Health Interventions – access to equipment, vaccinations and/or medications
- Health services – ‘better practice’, chaos, resourcing, ethical dilemmas
- Social Determinants – poverty, food security, politics and mindsets, societal stability.

08. Health inequalities

Abstract topic

08. Health inequalities

Abstract ID: 14

Internal code

O08-01

Presentation form

1 Slide – 5 minutes lecture

Transgender - how primary care can be supportive, inclusive to all and fair in approach

Mark Rickenbach

Park and St Francis Surgery, Winchester University, Eastleigh, United Kingdom

Background

Almost half of transgender patients have considered suicide and they are a group with specific healthcare needs which has difficulty accessing healthcare. For cis gender healthcare staff it can be difficult to understand the issues and maintain a neutral supportive stance irrespective of their own beliefs.

Questions

How can we support our transgender patients in the primary care setting.

Methods

A review of approaches that primary care can take to support LGBTQ+ patients. These include the use of rainbow flag cards, a dedicated noticeboard, LGBTQ+ ally, Whats app groups, staff awareness, education, use of art, case reports and LGBTQ+ friendly accreditation for primary care.

Outcomes

The pros and cons of different approaches are described. Data relating to the healthcare needs of LGBTQ+ patients will be presented.

Discussion

There is a balance between what is perceived as overt promotion and a holistic approach of personal support for LGBTQ+ patients in primary care. We need to get this right for all our patients

Take Home Message for Practice

Transgender and LGBTQ+ patients remain an at-risk, underserved, population and we can increase support for them with inclusive approaches that also maintain a holistic approach for all patients in primary care.

Abstract topic

08. Health inequalities

Abstract ID: 36

Internal code

O08-02

Presentation form

1 Slide – 5 minutes lecture

The impact of deprivation on the prevalence of common mental health disorders in CCGs across England: a retrospective, cross-sectional study.

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¹Faculty of Medicine, Imperial College London, London, United Kingdom

²Faculty of Life Sciences and Medicine, King's College London, London, United Kingdom

³Faculty of Medical Sciences, University College London, London, United Kingdom

Background: The 2012 Health and Social Care Act committed to a 'parity of esteem' between mental and physical health services. Although this investment, aimed to both increase the quality of services and ensure the retention of mental health staff, questions remained regarding its ability to prevent mental health problems. One possible solution is a focus on the social determinants of health which have been shown to impact mental health.

Aim: To examine the relationship between the index of multiple deprivation (IMD) and the prevalence of common mental health disorders (CMD) for CCGs in NHS England between 2019 and 2020.

Design and setting: Cross-sectional analysis of 189 CCGs in NHS England.

Methods: A multivariate linear regression model was utilised with CMD as outcome variable and IMD, age and ethnicity as explanatory variables. Datasets were obtained from Public Health England and the latest UK Census.

Results: CCG IMD was found to have a significantly positive relationship with CMD. For every 1-point increase in IMD, CMD increases by 0.25%. Ethnicity had a significantly positive relationship with CMD. For every 1% increase in the population that identify as BME, CMD increases by 0.03%. Age had a significantly negative relationship with CMD. For every 1% increase in the population aged 60+, there is a 0.11% decrease in CMD.

Conclusion: This study demonstrates that addressing mental health issues may require a multi-pronged approach. Beyond budget increases, it is essential to prioritise health equity, with careful considerations towards ethnic minorities and different age brackets.

Abstract topic

08. Health inequalities

Abstract ID: 65

Internal code

O08-03

Presentation form

1 Slide – 5 minutes lecture

Scarred survivors: Gate keepers and gate openers to healthcare for migrants in vulnerable circumstances.

Emily Clark

Wensum Valley Medical Practice, NORWICH, United Kingdom

Background

The main barriers to “vulnerable migrants” receiving good quality primary care are language and administration barriers. Little is known about the experiences of healthcare discrimination faced by migrants from different cultural groups.

Question

The aim was to explore vulnerable migrants’ perspectives on primary healthcare in a dispersal city in the UK.

Methods

Three focus groups and two semi structured interviews were aided by interpreters. These were analysed against a pre-developed framework based on national standards of care for vulnerable migrants. Recruitment was facilitated via a community organization.

Outcomes

In total, 13 participants took part, six women and seven men. There were five Arabic speakers, four Farsi speakers and four English speakers. Themes included access to primary care, mental health, use of interpreters, post-migration stressors, staff skills and health beliefs.

Discussion

Appointment booking systems and re-ordering medication are key areas where language barriers cause the most disruption to patient care. Vulnerable migrants perceived high levels of discrimination and reported the value of a respectful attitude from health professionals.

Take Home Message for Practice

- Medication-only treatment plans have limited benefit for mental distress for this population. Community based therapies which includes dealing with post-migration stressors are likely to enhance care.
- Vulnerable migrants are hard to recruit into research studies, with many of the same barriers faced in accessing services. Future primary care research must make concerted efforts where possible to include non-English speakers, engender their trust and make appropriate arrangements to ensure their views are heard.

Abstract topic

08. Health inequalities

Abstract ID: 73

Internal code

O08-04

Presentation form

Lecture

Relationship-based general practice: a means of tackling challenging patient interactions

John Edwards, Elizabeth Cottrell

Wolstanton Medical Centre, Newcastle under Lyme, United Kingdom

Background

Within primary care, our interactions may be transactional but we also have opportunities to have short-term and long-term care relationships with patients. It takes skilled consultation approaches to understand our patients and foster constructive relationships. Relationship-based care supports a high-quality approach to care and helps identify factors that lead to true understanding of our patients and the way they present in practice.

Questions

How does relationship-based care help us to provide more tailored, high quality primary care to those who need it most?

Methods

Through case studies, we will analyse challenging patient presentations and how, through relationship-based care, an understanding of the life and circumstances of patients sets those presentations in context.

Outcomes

Through valuing and nurturing relationship-based care, we have identified lived experiences of patients and gained a deeper understanding of their behaviour and difficulties. This has allowed us to implement plans for behavioural interventions, tailored explanations and reduce expression of negativity towards patients.

Discussion

Some of the most challenging patients have the greatest need. Listening to patients' experiences and interpretations of the past, and how they have been treated by others, has unlocked a solution to appropriate patient engagement by identifying and addressing triggers, emotional dysregulation, and a sense of repeated rejection.

Take Home Message for Practice

Challenging behaviour should be addressed within primary care but information seeking and true understanding helps to unlock high-quality care. A greater emphasis on

meaningful relationship-based care within brief consultations within undergraduate and postgraduate training would improve patient and clinician experience.

Abstract topic

08. Health inequalities

Abstract ID: 74

Internal code

O08-05

Presentation form

Workshop

Trailblazing into the Deep End: Primary care at its best where it is needed most.

Emily Clark¹⁾, Jessica Randall-Carrick²⁾, Gilly Ennals³⁾, Erin Allison⁴⁾, Titi Oladosu⁵⁾, David Blane⁶⁾

¹⁾Wensum Valley Medical Practice, NORWICH, United Kingdom

²⁾Thistlemoor Medical Centre, Peterborough, United Kingdom

³⁾Fernville Surgery, Hemel Hempstead, United Kingdom

⁴⁾Boroughbury Medical Centre, Peterborough, United Kingdom

⁵⁾University of East Anglia, Norwich, United Kingdom

⁶⁾Glasgow University, Glasgow, United Kingdom

Background

The UK Trailblazer Fellowship Scheme provides early-career GPs with the skills, knowledge, and confidence to work in deprived areas. The Deep End movement of General Practice is a network of health and social care professionals passionate about improving the health and well-being of deprived communities. This workshop showcases the initiatives and collaborations on best-practice at the "Deep End".

Target Group

Primary care, public health, and social care staff.

Educators

Policy-makers

Didactic method

[20 minutes] Introduction by GPs who have experienced the Trailblazer scheme and have been instrumental in the growth of the Deep End Movement.

[20 minutes] 5 smaller groups will then discuss innovations and ideas within the following areas:

1. Advocacy: How do we advocate for marginalised groups?
2. Climate: How do we innovate in a green and sustainable way?
3. Research: How do we conduct research which improves the evidence base for promoting health equity and is inclusive of the populations we serve?
4. Education: How do we provide the workforce with knowledge, skills, and abilities to work in deprived areas?
5. Workforce: How do we support staff to survive and thrive?

[20 minutes] Small groups feedback and votes are cast on the "winning" innovation to be presented to the WONCA working party on health equity.

Objectives

- To learn about existing innovations to tackle health inequalities in primary care.
- To provide a platform for innovating and sharing new ideas on supporting underserved populations.

Abstract topic

08. Health inequalities

Abstract ID: 77**Internal code**

O08-06

Presentation form

1 Slide – 5 minutes lecture

Women's Sexual and Reproductive Health COVID-19 Coalition: Advocacy and impact in Australia

Danielle Mazza, Jessica Botfield, Members of the SPHERE Women's Sexual and Reproductive Health COVID-19 Coalition
Department of General Practice, Monash University, SPHERE, NHMRC Centre of Research Excellence, Notting Hill, Australia

Background: The COVID-19 pandemic has exacerbated the challenges Australian women experience in accessing sexual and reproductive health (SRH) services.

Questions: How can we achieve equitable access to contraception and abortion care in Australia during the pandemic and beyond?

Methods: The Women's SRH COVID-19 Coalition was formed in 2020 to advocate for equitable SRH care in Australia. The Coalition is led by the SPHERE NHMRC Centre of Research Excellence and comprises representatives from peak bodies and eminent clinicians, researchers, consumers and stakeholders. The Coalition meets monthly to discuss, gather, synthesise and disseminate evidence.

Outcomes: The Coalition has produced over 12 consensus statements on issues relating to equitable access to contraception and medical abortion, including the use of telehealth, nurse- and midwife-led models, and publicly-funded care. Evidence outlined in consensus statements has been incorporated into national guidance by the Therapeutic Goods Administration and National COVID-19 Clinical Evidence Taskforce. Advocacy efforts have also contributed to policy decisions including the introduction of government subsidy for SRH telehealth consultations and removal of the Anti-D administration requirement for medical abortion.

Discussion: The pandemic has offered an opportunity to unite stakeholders concerned with the delivery of SRH services and promotion and translation of evidence. This coalition has been effective at synthesising and translating evidence into policy and practice initiatives which will lead to improved outcomes for women and their families.

Take home message: A multidisciplinary collective voice is stronger in achieving knowledge translation and creating change than the voice of individual organisations or clinical leaders.

Abstract topic

08. Health inequalities

Abstract ID: 82**Internal code**

O08-07

Presentation form

1 Slide – 5 minutes lecture

A holistic approach to the management of HIV in primary care

Toni Hazell

GP, Somerset Gardens Family Healthcare Centre, London, United Kingdom

Background

It is thought that 8% of cases of HIV are undiagnosed, with obvious implications for treatment and onward transmission. The need to increase testing in primary care and who to test will be discussed at length, as well as other aspects of the primary care management of HIV:

- Contraception and smears
- When to consider testing the children of a patient with HIV
- Basics of antiretroviral use - what a primary care clinician needs to know
- U=U (undetectable = untransmissible)
- HIV and fertility/pregnancy/breastfeeding
- HIV and frailty
- HIV and the menopause
- Pre and post exposure prophylaxis

Target Group

Primary care clinicians of all types

Didactic Method

Information given by lecture with opportunity for small group discussion

Objectives

- 1) Know why it is important to test for HIV in primary care and when this should be done
- 2) Understand the issues around HIV in older patients, including frailty and the menopause
- 3) Have a basic understanding of the primary care issues to do with antiretroviral prescribing, including interactions
- 4) Know how often to offer a smear to women with HIV
- 5) Be confident in prescribing contraception to women with HIV
- 6) Be able to advise a woman with HIV who wants to discuss pregnancy and breastfeeding

Take Home Message for Practice

This session aims to familiarise those who work in primary care with the aspects of HIV that we need to be aware of and how to manage patients with HIV when they present to primary care.

Abstract topic

08. Health inequalities

Abstract ID: 98

Internal code

O08-08

Presentation form

Workshop

Inequalities in health screening programmes: what can primary care do?

Rakesh Modi¹⁾, Emily Clark²⁾, Amanda Howe³⁾

¹) Primary Care Unit, University of Cambridge, Cambridge, United Kingdom

²) Wensum Valley Medical Practice, Norwich, United Kingdom

³) Norwich Medical School, University of East Anglia, Norwich, United Kingdom

Background

Those most in need of healthcare are least likely to receive it, and this has worsened during the pandemic. Apart from being unethical, this harms the population's health and the economy. Screening programmes are accessed unequally and since these are large-scale, they cause large health inequalities. As such, the WHO, WONCA, RCGP and others have prioritised addressing inequalities, particularly within screening programmes. Primary care has been named as central to this due to its involvement in screening and access to under-served communities. In this workshop, we highlight screening inequalities and co-create tools to address them by learning from experiences across Europe.

Target Group

Primary care staff and policy-makers

Didactic method

20 minutes – Talk by facilitators on primary care in screening programmes and screening inequalities.

20 minutes – small group-work discussing experiences of screening inequalities and small/large-scale solutions that have been tried or have potential.

20 minutes – groups feedback to wider audience and audience discuss the solutions. Solutions prioritised with nominal group-techniques and displayed.

15 minutes – Facilitators summarise findings and recommend actions for individuals and organisations.

Objectives

1. To learn about screening inequalities and highlight the role of primary care.
2. To learn from participants' experiences of screening inequalities and prioritise solutions.
3. To recommend actions to address screening inequalities at individual- and organisational-levels.

Participant numbers

20-30

Workshop leader

Professor Howe is an advisor to the WONCA Special Interest Group on Health Equity, Professor of primary care at the University of East Anglia, and a Past President of both RCGP and WONCA.

Abstract topic

08. Health inequalities

Abstract ID: 141

Internal code

O08-09

Presentation form

1 Slide – 5 minutes lecture

Prescriptions of antihypertensive drugs are influenced by the characteristics of general practitioners and their patients: a cross-sectional study in Normandy (France)

Xavier HUMBERT, Andry RABIAZA

General medicine Department, Caen Normandy University, Caen, France

Background: Hypertension is associated with significant cardio-vascular morbi-mortality. However, hypertension control is low, especially in France. The reasons influencing general practitioners' (GP) prescription of antihypertensive drugs (AD) remains unclear.

Questions: This study aimed at assessing the influence of GP and patient characteristics on AD prescriptions.

Methods: A cross-sectional study based on a sample of 2,165 GPs was realized in Normandy (France) in 2019. The ratio of AD prescription to overall prescription volume was calculated for each GP and permitted the "low-high AD prescriber" definition. Associations of this AD prescription ratio with GP's age, gender, practice location, number of years of practice, number of consultations, number and age of registered patients, patients income and number of patient with a chronic condition were assessed using univariate and multivariate analysis.

Outcomes: The low prescribers GPs were 51.3±11.2 year-old and were mainly women (56%). In the multivariate analysis, low prescribers were associated to urban practice (OR: 1.47, 95%CI: 1.14;1.88), GP's younger age (OR: 1.87, 95%CI: 1.42;2.44), patients younger age (OR: 3.39, 95%CI: 2.77;4.15), more patients consultations (OR: 1.33, 95%CI: 1.11;1.61), more low-income patients (OR: 1.44, 95%CI: 1.17;1.76) and less diabetes mellitus patients (OR: 0.72, 95%CI: 0.59;0.88).

Discussion: In future work, a more detailed assessment of all components of the consultation (in particular home blood pressure monitoring use) is necessary to explain AD prescription in general practice.

Take Home Message for Practice: Prescriptions of antihypertensive drugs are influenced by the characteristics of general practitioners and their patients.

Abstract topic

08. Health inequalities

Abstract ID: 167

Internal code

O08-10

Presentation form

Lecture

Chronic diseases and comorbidities in people with vs without intellectual disabilities: Is there need for a different care approach?

Milou van den Bemd, Bianca Schalk, Erik Bischoff, Maarten Cuypers, Geraline Leusink
Primary and Community Care, Radboudumc, Nijmegen, Netherlands

Background

Chronic disease and comorbidity patterns in people with intellectual disabilities (ID) are more complex than in the general population. Incomplete understanding of these differences limit care providers in addressing them. This study aims to compare chronic disease and comorbidity patterns in chronically ill patients with ID and without ID in Dutch general practice.

Methods

In our population-based retrospective study, we combined a multi-regional primary care database with national population data from 2018. Prevalence for the highest-impact chronic diseases (ischemic heart disease, cerebrovascular disease, diabetes mellitus, and chronic obstructive pulmonary disease) was calculated and comorbidities were identified by ICD codes.

Outcomes

Information from 18,114 people with ID and 1,093,995 people without ID was available. When considering age and sex, cerebrovascular disease, diabetes mellitus, and chronic obstructive pulmonary disease were 1.5 times more prevalent in people with than without ID. Chronic diseases in combination with multiple comorbidities were present at younger ages among people with ID, and in males with ID in particular. Comorbidities of circulatory nature were most common.

Discussion and take home message for practice

This study identified a younger onset of chronic illness and a higher prevalence of multiple comorbidities among people with vs without ID in general practice. This underlines the complexity of people with ID and chronic diseases in general practice. While guidelines have been developed to ensure high-quality chronic disease care, the different patterns in prevalence and complexity among people with ID may require different approaches to achieve the same quality of care.

Abstract topic

08. Health inequalities

Abstract ID: 169

Internal code

O08-11

Presentation form

1 Slide – 5 minutes lecture

Limited Evidence for Social Prescribing - Results from a Systematic Review

Wolfram Herrmann, Hendrik Napierala, Karen Krüger, Doreen Kuschick, Felix Holzinger
Charité - Universitätsmedizin Berlin, Berlin, Germany

Background: Social prescribing aims to provide targeted psychosocial prevention and close the gap between medical and non-medical services. Social prescribing becomes widely implemented in the UK; the number of initiatives and projects all over Europe implementing social prescribing is increasing. However, there is a lack of the state of the evidence. Goal of this this systematic review was to assess the effectiveness of community-based social prescribing interventions.

Methods: Systematic review and qualitative synthesis of interventional studies of community referral interventions focused on facilitating psychosocial support. We considered health-related endpoints, other patient reported outcomes and health care utilization. Six databases, grey literature, and additional trials registers were searched. Results were screened in a two-step process, followed by data extraction, each by two independent reviewers. If data permitted such, effect sizes were calculated. Risk of bias was assessed with the EPHPP and the Cochrane RoB2 tools.

Results: We identified 68 reports from 53 different projects, most from the UK. Of these 53 projects, only three were controlled studies and two with randomization. Uncontrolled studies with shorter time frames frequently reported positive effects. This could largely

not be seen in controlled settings and for longer follow-up periods. Designs, populations, and outcomes evaluated were heterogeneous with high risk of bias for most studies.

Discussion: Current evidence suggests positive effects of social prescribing on a variety of relevant endpoints. However, evidence from randomized controlled studies is less convincing. Thus, there is a need for further randomized controlled trials to prove the effectiveness of social prescribing.

Abstract topic

08. Health inequalities

Abstract ID: 224

Internal code

O08-12

Presentation form

1 Slide – 5 minutes lecture

Co-morbid diabetes and mood disorders: optimising prescribing

Emma Nash^{1, 2, 3)}, Dirk Pilat¹⁾, Annemarie O'Dwyer¹⁾

¹⁾eLearning, RCGP, London, United Kingdom

²⁾Westlands Medical Centre, Portchester, United Kingdom

³⁾Mental Health Commissioning, Southampton, Hampshire and Isle of Wight CCG, Southampton, United Kingdom

Background

Depression in people with diabetes at least double that of the general population. Inequalities also exist for people with serious mental illness who die, on average, 15-20 years earlier than the general population; endocrine disease is one cause of this. We need to be sure that treatments for co-existent diabetes and depression improve the health of the patient overall; side effects of some drugs may exacerbate the other condition.

Questions

In the context of national guidance on diabetes and mental health management, are there any preferred medication options given the comorbid condition?

Methods

This lecture summarises a review, undertaken for an MSc, of psychopharmacology, literature and guidelines for diabetes and mood disorder management, regarding drug treatments. The review revealed preferred choices, considering potential effects on the co-morbid condition.

Outcomes

Recommendations made for preferred psychotropics in diabetes, and the limited evidence for the psychiatric effects of anti-diabetic drugs. The new RCGP Mental Health Toolkit as a resource in comorbid disease is highlighted.

Discussion

Treating diabetic patients with psychotropics may adversely affect cardiometabolic profile, however some are potentially beneficial which will be presented. There is some evidence that GLP-1 agonists have a beneficial effect on mood. Discussion with patients about the potential benefits when making treatment decisions is helpful.

Take home message for practice

Whilst being mindful of national guidance, there are drug options which are preferential, evidenced by the review. When discussing treatment, discussion with patients regarding favourable side effect profiles may be helpful.

Abstract topic

08. Health inequalities

Abstract ID: 244**Internal code**

O08-13

Presentation form

1 Slide – 5 minutes lecture

People and place: understanding differences between registered patient lists and geographical catchments in Primary Care Networks in England

Thomas Beaney¹⁾, Gabriele Kerr¹⁾, Benedict Hayhoe¹⁾, Azeem Majeed¹⁾, Jonathan Clarke²⁾

¹⁾Primary Care and Public Health, Imperial College London, London, United Kingdom

²⁾Department of Mathematics, Imperial College London, London, United Kingdom

Background:

Primary Care Networks (PCNs) were established in the NHS Long Term Plan in 2019 and are expected to take a leading role in managing population health. Many population health activities require knowledge of the local place-based determinants of health and the geographical distribution of the patient population.

Questions:

To what extent does the geographical distribution of patients registered to PCNs vary across England?

Methods:

We used publicly available data on numbers of patients registered with General Practices (GPs) in England in April 2021 by Lower Layer Super Output Area (LSOA). We defined geographic catchment areas for PCNs by assigning an LSOA to the PCN to which most patients were registered. We compared metrics of overlap between the geographic catchment and registered patient lists.

Outcomes:

Nationally, a mean of 73.9% of people living within a PCN catchment area were registered to a GP in the same PCN. Conversely, 73.6% of patients registered to a practice in the PCN were living in the same PCN catchment area. There were significantly lower proportions of people registered to a PCN in their LSOA of residence in urban and more deprived areas than in rural and less deprived areas.

Discussion:

There is significant variation in the overlap between registered patient lists and assigned geographical catchment areas across England.

Take Home Message for Practice:

There is a weaker relationship between people and place in urban and more deprived areas. This may impact the ability of PCNs to deliver population health activities, exacerbating existing health inequalities.

Abstract topic

08. Health inequalities

Abstract ID: 246**Internal code**

O08-14

Presentation form

1 Slide – 5 minutes lecture

What makes social prescribing a relevant individual-level type 2 diabetes prevention strategy? A realist evaluation.

Sara Calderon, Sarah Finer, Megan Clinch*Wolfson Institute of Population Health, Queen Mary University of London, Bromley By Bow Health Partnership- NHS, London, United Kingdom*

Background. Social prescribing (SP) involves linking patients in primary care with activities provided by the voluntary and community sector. Despite widespread policy support and proliferation, evidence for the effectiveness of SP in areas of specific health need, such as type 2 diabetes (T2D) prevention, is still scarce.

Questions. Can SP contribute to T2D prevention in people at high risk? If so, how?

Methods. Qualitative evaluation of a SP programme within a multi-ethnic, socioeconomically deprived population at high risk of T2D in east London, UK. Data collection comprised 43 interviews with primary care clinicians, social prescribers, community organisations and SP users at high risk of T2D, as well as observations of community-based SP activities. Data were analysed thematically using a realist approach.

Results. We identified four key features of SP relevant to T2D prevention. SP services were: (a) holistic, by including lifestyle recommendations as well as support of patients' wider socio-economic problems; (b) sustained, extending beyond early behaviour change to lifestyle maintenance; (c) accessible, by relying on local, community-embedded resources; and (d) integrated within the primary care infrastructure, enabling consistent care across service providers.

Discussion. SP holds considerable promise in contributing to holistic, sustained, accessible and integrated T2D prevention in people at high risk. Further work should identify enabling and constraining factors for achieving this in primary care settings.

Take Home Message for Practice. Primary care-based SP is ideally placed to deliver effective individual-level T2D prevention.

Abstract topic

08. Health inequalities

Abstract ID: 265**Internal code**

O08-15

Presentation form

1 Slide – 5 minutes lecture

Adverse Childhood Experiences: what are they, why they are important and how can General Practice respond?

Dipesh Gopal¹⁾, Manuela Hunter²⁾, Daniel Butler³⁾, Grainne Kearney³⁾, Alexandra Huey³⁾, Nigel Hart³⁾

¹) Primary Care Unit, Centre for Primary Care, Wolfson Institute of Population Health, Queen Mary, University of London, London, United Kingdom

²) West Yorkshire & Harrogate Health and Care Partnership, Wakefield, United Kingdom

³) Centre for Medical Education, Queens University Belfast, Belfast, United Kingdom

Background: Adverse Childhood Experiences (ACEs) negatively impact health and social outcomes. GPs and Primary Care teams are arguably ideally situated to identify ACEs, the potential causes of the causes of clinical presentations, and to mitigate their impact.

Target Group: GPs, GP trainees, primary care professionals.

Didactic Method (70 minutes but can be shortened if necessary):

- Welcome - use Mentimeter to gauge delegate mood and topic understanding (5 minutes)
- Case scenario by facilitators simulating ACE disclosure in primary care setting (5 minutes)
- 4 breakout groups: delegates tackle case scenarios to identify/mitigate ACEs (10 minutes)
- Breakout groups present findings (20 minutes)
- Discussion: history of ACEs and the impact of ACEs on physical health and social outcomes (e.g. <https://youtu.be/0tyZnASq8aQ>) (10 minutes)
- Use Mentimeter to initiate wider discussion about factors for and against asking about ACEs (5 minutes)
- Delegates generate solution to challenge ACEs in their breakout groups (10 minutes)
- Presentation of evidence-based strategies to prevent ACEs and mitigate the impact of ACEs in primary care (5 minutes)
- 1 x A4 side summary handouts given

Objectives:

- Define and understand the impact of adverse childhood experiences (ACEs) on health and social outcomes
- Identify the role of the primary care in identifying and addressing ACEs
- Provide evidence-based interventions to improve the outcome of people who have encountered ACEs

Estimated number of participants: 30
Brief presentation of the workshop leader: NH and DO'D lead the Inclusion Health research group at Queen's University Belfast and DPG is a researcher interested in challenging health inequalities.

Abstract topic

08. Health inequalities

Abstract ID: 285

Internal code

O08-16

Presentation form

1 Slide – 5 minutes lecture

Transcending barriers to healthcare

Camille Gajria¹), Hina Shahid²), Sharon Raymond^{1, 3}), Emily Clark⁴), Victoria Tzortziou-Brown¹)

¹) RCGP N&W London, London, United Kingdom

²⁾Regional advisor on Social Prescribing and Personalised Care, NHS England, London, United Kingdom

³⁾Director, Covid Crisis Rescue Foundation, London, United Kingdom

⁴⁾Trailblazer deprivation fellow, Health Education England, Norwich, United Kingdom

Objectives

1. To explore excluded groups' challenges to accessing primary healthcare in Europe
2. To share presenters' and participants' experience in addressing the challenges

Background

Barriers to accessing healthcare impact on patients, clinicians, and society. The pandemic has magnified these barriers for some groups. However it has also catalysed innovation and communication with excluded groups.

Using an empathy-driven approach, this workshop will galvanise participants to share best practice and take action.

Schedule

00-05 Welcome, objectives, ground rules, consent. An electronic visual summary of the discussion will be produced in real time that participants can take home.

05-15 Background, literature summary in context of 2022 including macro and micro level barriers.

15-20 Participants placed in one of four groups; each group represents a different excluded group as a case study. Icebreaker and confirm understanding of task

20-40 Tasks in small groups, each facilitated by one presenter. Participants will be encouraged to consider issues as though they are members of the excluded group. This perspective shift can create transformative learning. The facilitators will have prepared themes to bring up if they are not already emerging, for example: evidence in serious case reviews that using informal interpreters can contribute to adverse outcomes, how technology can present barriers

40-50 Share findings with large group, discuss commonalities and intersectionality and breadth of barriers.

50-60 Speakers share case studies of their initiatives for their excluded groups

60-65 questions

65-70 Plan of action

Target Group - all conference attendees

Didactic Method - interactive

Estimated number participants - 40

Abstract topic

08. Health inequalities

Abstract ID: 290

Internal code

O08-17

Presentation form

1 Slide – 5 minutes lecture

The FAIR STEPS study: Framework Addressing Inequities through pRimary Care using STakE-holder Perspectives

Benjamin Jackson¹⁾, Steven Ariss²⁾, Joanne Coster²⁾, Munira Essat²⁾, Anna Cantrell²⁾, Mark Clowes²⁾, Tom Lawy¹⁾, Caroline Mitchell¹⁾, Chris Burton¹⁾

¹Academic Unit of Primary Medical Care, University of Sheffield, Sheffield, United Kingdom

²School of Health and Related Research, University of Sheffield, Sheffield, United Kingdom

Background

Health inequities are unjust and avoidable inequalities in health outcomes across populations and between specific population groups such as homeless people or refugees. While inequalities result primarily from social determinants of health, estimates suggest healthcare contributes up to 20%. There is a need for evidence based guidance on what family medicine can do to mitigate inequities.

Research Question

What primary care interventions should be prioritised to mitigate health inequities ?

Methods

Systematic integrative review of interventions with public and practitioner involvement. Searches conducted across 3 electronic databases from January 2010 to May 2021 identifying reports of interventions addressing health equalities in primary care. Supplementary citation searches and grey literature through web-searches and contacting experts. Extracted data includes types of actions, target groups, design and theories underpinning the interventions.

Outcomes

We identified 84 international articles on targeted actions to address health inequalities at individual practice or practice network level within developed primary care systems (including education and training initiatives). We summarised these into short vignettes for ongoing public and practitioner engagement (focus groups and a Delphi survey) to co-produce a framework for family medicine. An overview of the review findings will be presented.

Discussion

Practitioners in primary healthcare organisations need guidance on prioritising actions to mitigate health inequities and the mechanisms underpinning their effectiveness. Commissioners of primary care need guidance to maximise impact of commissioned services.

Take Home Message for Practice

A practical framework of how family medicine can mitigate health inequalities supports practitioners to maximise impact in this area.

Abstract topic

08. Health inequalities

Abstract ID: 291

Internal code

O08-18

Presentation form

1 Slide – 5 minutes lecture

Promotion of integrated mental care - an intervention project

Catarina Neves dos Santos¹, Margarida Sousa Silva², Beatriz Chambel³

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³USF Novo Mirante, ARSLVT, ACES Loures-Odivelas, Odivelas, Portugal

Background: Mental disease is extremely prevalent in Primary Care (PC). Family physicians (FP) are the ones who know the patient and his family best, which facilitates the recognition and treatment of psychiatric illnesses, reducing stigma and increasing patient adherence. In Portugal, PC articulates with mental health care (MHC) according to the reference model, in which the FP transfers the patient's care to the MHC when he is unable to continue treating him. There is no encouragement for the FP to maintain the patient's care, articulating with MHC to clarify doubts or integrate care.

Discussion Point: Mental health care should be provided mostly at PC level, with support of MHC professionals. Therefore, it is essential to establish an effective articulation between PC and MHC and empower FP to provide mental care.

Content: We developed a multidisciplinary intervention project, including physicians, nurses, psychologists and social workers, to improve the articulation between PC and MHC teams, based on 4 features: (1) mental health and health literacy promotion, with the development of concerted community initiatives; (2) training of PC professionals and development of collaborative research projects; (3) consultancy, in which MHC professionals clarify clinical doubts of PC professionals about patients followed exclusively by the latter; (4) promotion of integrated care, in which regular communication is established between the PC and MHC professionals.

Take home message for practice: It is essential to develop projects that encourage communication between PC and MHC and, thus, improve the care provided to patients with mental illness.

Abstract topic

08. Health inequalities

Abstract ID: 314

Internal code

O08-19

Presentation form

1 Slide – 5 minutes lecture

The lymphatic system - ignored , undertaught and neglected, it is time for change, our patients deserve better, time to love lymphatics

Catherine O'Leary

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Background

The lymphatic system is rather fabulous and there have been big advances in scientific understanding of it in recent years, yet evidence suggests lymphatic system dysfunction is often under recognised and there can be a significant delay to diagnosis and treatment, dramatically impacting on the lives of patients. Current prevalence figures for lymphoedema are historical and inaccurately low. The lymphatic system is the cinderella of systems in undergraduate teaching, leading to an under-representation of clinicians interested in the lymphatic system. Indeed many doctors are unaware of the advances that have been made in the understanding of the lymphatic system.

Questions

Why are we allowing the lymphatic system to continue to be ignored? Do you know how your lymphatic system actually works and what happens when it doesn't? What are the three main functions of the lymphatic system? What is going on in the arm of a patient

with breast cancer related lymphoedema? Did you know that the covid vaccine is dependent on a functioning lymphatic system? Who do you refer a patient to with a lymphatic system disease to? Are we letting a whole cohort of patients down and why does it matter?

Content- A slam!...Current understanding of structure and function of the lymphatic system. The dysfunctional lymphatics. The current patient experience. How you can go back to your practice tonight and help your patients tomorrow.

Take home message

It is time, for the lymphatic system to shine.

Abstract topic

08. Health inequalities

Abstract ID: 401

Internal code

O08-20

Presentation form

1 Slide – 5 minutes lecture

Public views of the COVID-19 pandemic and intentions to COVID-19 vaccination: a qualitative study with diverse ethnicities

Eirwen Sides¹, Dr Leah Jones², Dr Atiya Kamal³, Amy Thomas¹, Rowshonara Syeda⁴, Awatif Kaissi², Dr Donna Lecky¹, Dr Mahendra Patel⁵, Laura Nellums⁶, Dr Cliodna McNulty¹

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⁴Department of Health and Social Care, London, United Kingdom

⁵University of Bradford, Bradford, United Kingdom

⁶University of Nottingham, Nottingham, United Kingdom

Background: Vaccine acceptability and uptake are crucial to COVID-19 control.

Questions: Explore public views of COVID-19 pandemic and attitudes and intentions towards COVID-19 vaccination across diverse UK ethnic groups (EGs).

Methods: Remote qualitative interviews and focus groups (100 participants from 19 self-identified EGs) conducted before UK COVID-19 vaccine approval. Data transcribed and analysed through inductive thematic analysis.

Outcomes: Mistrust, frustration and altruism reported across all ethnic groups during first six to nine months of the COVID-19 pandemic.

Many participants shared concerns about perceived lack of information about vaccine safety and efficacy. Perceived risk, social influences, occupation, age, comorbidities and engagement with healthcare services influenced intentions to accept vaccination once available. Facilitators to vaccine uptake included: desire to return to normality and protect health, perceived higher risk of infection, evidence of vaccine safety and efficacy, vaccine availability and accessibility.

Frustration caused by reported lack of recognition of the efforts of minority EGs, inaction by government to address inequalities, rule breaking by government advisors, changing government rules, perceived poor communication and PHE COVID-19 disparities report.

Altruism felt by all in the resilience of NHS staff and their communities and families pulling together.

Discussion and Take Home Message for Practice: During vaccination programme roll-out including boosters, commissioners and vaccine providers should give clear information, counter misinformation and stress the value of vaccination in returning life to normal. Adopting a context-specific approach to resources, interventions and policies and empowering communities has potential to increase trust in vaccination programme.

Abstract topic

08. Health inequalities

Abstract ID: 406

Internal code

O08-21

Presentation form

1 Slide – 5 minutes lecture

Queering' the Medical Curriculum: How can we improve LGBT+ awareness among healthcare professionals to address LGBT+ health inequality?

Kamilla Kamaruddin¹⁾, Hamish Patel²⁾, Samuel Gregson³⁾, Ealish Swift⁴⁾, Jean-Luc Durant³⁾, Joanna Smith³⁾

¹⁾Gender Identity Clinic, East of England Gender Service, Cambridge, United Kingdom

²⁾GP Vocational Training Scheme, Royal Free London NHS Trust, London, United Kingdom

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⁴⁾Primary Care Health Services, Northwick Park Hospital, London North West University Healthcare NHS Trust, London, United Kingdom

Background

Despite increased acceptance of LGBT+ identities throughout Europe, LGBT people face significant health inequality when engaging with healthcare. Evidence suggests that there is an international absence of comprehensive LGBT teaching in medical curriculums, leading to clinicians lacking knowledge to adequately address this group's health needs.

Target Group

Since November 2020, we have delivered teaching to medical students and GP trainees aiming to promote LGBT-health equality and challenge stigma. We wish to demonstrate this to the WONCA audience. Primary Care Physicians and Trainees with little or no previous training would benefit from this workshop.

Didactic Method

Simulated consultations will be demonstrated and lead to interactive discussions with our European colleagues. Example scenarios include 'A Trans Man with Abdominal Pain', 'Vaginal Bleeding in a Woman who has Sex with Women' and 'Domestic Abuse in the LGBT community'. The themes of sexuality, gender, discrimination and unconscious bias will be explored in an open, non-judgemental forum. We will use the forum to discuss the social and legal barriers to LGBT people accessing healthcare.

Objectives

1. To share ideas with our European colleagues, on how to best teach LGBT health in Primary Care and explore potential barriers that medical educators face in delivering LGBT-inclusive education.
2. To discuss the challenges for LGBT patients accessing healthcare across Europe.
3. To improve communication skills for Primary Care physicians consulting with LGBT Patients
4. The willingness to learn and humility from health care professionals can be an enormous support for LGBT patients

Estimated number of participants: 50

Abstract topic

08. Health inequalities

Abstract ID: 412

Internal code

O08-22

Presentation form

1 Slide – 5 minutes lecture

Chocolate & periods: nutritional needs throughout the female life cycle

Raisa Alvarez Paniagua¹⁾, Klusova Noguina Elena²⁾, Rey Seoane Miriam³⁾, Thomas Claire Marie⁴⁾, da Silva e Pereira Inês⁵⁾, Leceaga-Gaztambide Eva⁶⁾, Franco Spinola Ana Cristina⁷⁾

¹⁾*Health Center Nava de la Asunción, Gerencia de Asistencia Sanitaria de Segovia, Santa María la Real de Nieva/Segovia, Spain*

²⁾*Mobile Intensive Care Unit & Helicopter Emergency Medical Service, SAMU061, Ibiza, Spain*

³⁾*Acut Delta, ICS/ Semfyc, Barcelona, Spain*

⁴⁾*Primary Care, Omnes Healthcare, London, United Kingdom*

⁵⁾*Unidade de Saúde de Lagoa, USISM, Ponta Delgada, Portugal*

⁶⁾*EAP Mataro 7, Institut Catala de Salut, Mataro, Spain*

⁷⁾*Centro de Saúde Bom Jesus, SESARAM EPE, Funchal, Portugal*

Background

Have you ever had doubts about specific nutrition advises or diets at any stage of a woman's life? Have you ever thought about those particular nutritional aspects that can significantly affect the quality of life of women? Have you ever thought about the relation between chronobiology and fertility?

Questions about nutritional recommendations and menstrual cycle or lactation or menopause are made in daily GPs consultations and we cannot usually give quality and scientific guidance.

Target Group

Doctors, nurses, students, etc who are interested in women's nutrition.

Didactic Method

We propose a women's nutrition workshop about nutrition in different life stages and diseases using "gaming" learning techniques. These techniques are a teaching strategy that aims to make learning more attractive and stimulating through play.

This activity will be amazed by a Trivial Game, created by us specifically for this workshop to face relevant aspects of nutrition throughout the woman's life, applicable in the real life.

Objectives

Understanding the most relevant nutritional aspects of women for each moment of their lives.

Learning more about nutrition based on science, making it applicable, understandable and clear.

Having some knowledge about diet therapy applied to pregnancy, different reproductive problems or pathologies and menopause.

Estimated number of participants

Around 20 people.

Brief presentation of the workshop leader

Rural family physician and PhD student at the University of Valladolid. NEC of VdGM Spain and member of nutrition and inequities working groups of SOCALEMFyC. Well versed in obesity and women's nutrition and hormonal health.

Abstract topic

08. Health inequalities

Abstract ID: 453

Internal code

O08-23

Presentation form

1 Slide – 5 minutes lecture

The effects of an educational intervention on COVID-19 knowledge, attitudes, and behaviors in people with migratory background: A Before-after Study

Zekeriya Aktürk¹⁾, Klaus Linde¹⁾, Alexander Hapfelmeier^{2, 1)}, Raphael Kunisch³⁾, Antonius Schneider¹⁾

¹⁾*Institute of General Practice and Health Services Research, Technical University of Munich, München, Germany*

²⁾*Institute for AI and Medical Informatics in Medicine, School of Medicine, Technical University of Munich, Munich, Germany*

³⁾*Institute of General Practice, School of Medicine, Universitätsklinikum Erlangen, Erlangen, Germany*

Background: Our survey in Munich revealed that 57.7% of the participants with a migratory background vs. 23.5% of the non-immigrant Germans had vaccination hesitancy. We investigated the feasibility to conduct an educational webinar for improving COVID-19-related knowledge, attitudes, and behaviors among Turkish-speaking citizens in Munich.

Methods: A before-after experiment was conducted in six out of the 10 Turkish-speaking family physician offices in Munich. Of the 245 Turkish-speaking participants of a study evaluating COVID-19 knowledge, attitudes, and behaviors, 20 (8.1%) participated in an educational webinar and completed the study questionnaires. COVID-19 vaccination hesitancy (yes/no) and knowledge levels (25 true/false items) were the primary outcomes. Using Likert scales (1 thru 5), attitudes and behaviors to COVID-19 vaccination were queried (each seven items) and participants evaluated the webinar (13 items).

Results: Although knowledge (22.8±1.5 vs. 23.1±1.5) and behavior (4.1±0.4 vs. 4.2±0.3) scores slightly increased after the intervention, this was not significant, nor changed the

intention to be vaccinated ($p>0.05$). However, there was a significant increase in the attitude scores from mean 3.9 ± 0.5 to 4.2 ± 0.5 ($p=0.009$). The webinar received high evaluation scores (mean 4.7 ± 0.2).

Take Home Message for Practice: We suggest to conduct a qualitative study aiming to understand the educational needs of the target population followed by tailored interventions involving key persons from the Turkish-speaking community as peer trainers to change the negative attitudes of the people with migratory backgrounds towards vaccination.

Abstract topic

08. Health inequalities

Abstract ID: 470

Internal code

O08-24

Presentation form

1 Slide – 5 minutes lecture

The impact of accessibility of health services on rare disease caregivers

Tina Černe¹⁾, Danica Rotar Pavlič¹⁾, Eva Turk²⁾

¹⁾Department of Family Medicine, Faculty of medicine Ljubljana, University of Ljubljana, Ljubljana, Slovenia

²⁾Institute for Health and Society, Medical Faculty, University of Oslo, Oslo, Norway

Background: Rare disease research has focused less on caregivers, who play a critical role in meeting the needs of the people they care for. Caregivers have difficulty accessing relevant information, obtaining a diagnosis, and accessing health services, which can negatively impact quality of life, which in turn directly impacts the person they care for. This study focuses on examining the experiences of health care among Slovenian caregivers of people with rare diseases. By interviewing caregivers, we aim to gain insight into caregivers challenges, needs, and experiences with the health care system. *Questions:* Two research questions were developed: (1) How does access to health care affect caregivers of people with rare diseases? (2) What are the needs of caregivers of people with rare diseases related to access to health care?

Methods: First, we conducted a systematic literature review and then, based on our findings, formulated interview questions for the qualitative portion for our study based on grounded theory.

Outcomes: The systematic review of the literature revealed that caregivers of people with rare diseases share many common experiences (problems related to diagnosis, access to services, and peer support). The qualitative portion of the study has yet to be conducted. *Discussion:* barriers to accessing health care appear to affect caregivers' quality of life. Delays in diagnosis and lack of information may lead to increased anxiety and stress.

Take Home Message for Practice: Our study will demonstrate the importance of caregiver co-creation in providing quality health care services.

Abstract topic

08. Health inequalities

Abstract ID: 475

Internal code

O08-25

Presentation form

1 Slide – 5 minutes lecture

Educating student doctors on health equity, racism and unconscious bias

Rohini Sabherwal, Dev Gadhvi

CBME, Queen Marys University, London, United Kingdom

Background

Health equity is at the heart of primary care clinical education. Despite increasing diversity UK students often lack experience and educational opportunity to explore the social determinants of health. Health inequalities are partly determined by ethnic background, and examining the part clinicians may play in sustaining unjust systems of care is our key objective.

Questions/Discussion Point

How did we handle challenging beliefs, bias and “debate”?

What did the students learn?

What did we learn about our own practice?

Content

We created an innovative module informed by transformative pedagogy. We use virtual flipped-learning with self-study of interactive resources in the morning, introducing common terms and asking students to explore evidence about access to health care for marginalised groups. We end the afternoon with deeper critical discussion facilitated by trained GP Tutors focussing on why in the UK BAME women are 3-5 times more likely to die before, during or after childbirth than their white counterparts.

Evaluation shows we create a psychologically safe, non-judgmental space for students to ask questions and challenge beliefs. Students start to comprehend the complexity behind health inequity, and the part they may play. We look importantly at our own subjectivity, unconscious bias and racism when treating patients; confronting the belief that as doctors we are always fair and objective and that the system makes it easy/appropriate to treat each patient the same.

Take Home Message for Practice

Be bold, be brave and get ready to learn and challenge your own values, biases and practices.

Abstract topic

08. Health inequalities

Abstract ID: 491**Internal code**

O08-26

Presentation form

Lecture

What is the uptake of, and attitude to the COVID-19 vaccination among asylum-seekers and refugees in Bristol?

Anna Gordon, Loubaba Mumluk
Medical School, University of Bristol, Bristol, United Kingdom

Background

COVID-19 disproportionately affected asylum-seeking and refugee (ASR) populations in infection prevalence and disease severity, compounded by complex individual and societal factors. These include language and cultural barriers, lower health literacy, poly-traumas and mental health needs poorly understood by practitioners, and increased exposure due to mobile status and adverse living conditions contributed to by delays in the asylum process. Despite the increased risk however, vaccine hesitancy and low vaccination rates were reported in ASR populations.

Question

What is the uptake of, and attitude to the COVID-19 vaccination among ASRs in Bristol?

Methods

A scoping literature review was conducted to develop a topic guide. Semi-structured interviews based on a diverse, purposive sample of 12 consenting service-users of refugee projects in Bristol were conducted, transcribed verbatim and analysed thematically to identify emergent themes.

Liaising with Bristol City Council, quantitative data surrounding vaccine by ethnicity, geographical location and asylum status were gathered and analysed to inform findings.

Outcomes

Preliminary findings indicate delayed rather than lower vaccine uptake, and reasoning for this summarised by 3 concepts; fear (secondary to social isolation, misinformation and mental illness), trust (surrounding the NHS and access to it, community relationships and reliable information) and systemic asylum issues (including regular relocation, uncertainty, language barriers and dependency on the charity sector).

Discussion & Take-Home

We explore these themes, and examine the importance of, and specific ways to target interventions to this vulnerable group in future, based on an understanding of their specific barriers to vaccination and healthcare, and health needs.

Abstract topic

08. Health inequalities

Abstract ID: 501

Internal code

O08-27

Presentation form

1 Slide – 5 minutes lecture

What do European migrants in the UK think about mental health care in family medicine?

Aaron Poppleton¹⁾, Lisa Dikomitis²⁾, Caroline Sanders³⁾, Tom Kingstone¹⁾, Carolyn Chew-Graham¹⁾

¹⁾*School of Medicine, Keele University, Staffordshire, United Kingdom*

²⁾*Kent and Medway Medical School, University of Kent and Canterbury Christ Church University, Canterbury, United Kingdom*

³⁾*School of Health Sciences, Williamson Building, The University of Manchester, Manchester, United Kingdom*

Background

Over 2 million Central and Eastern Europeans (CEE) live within the United Kingdom (UK). Net immigration has continued during the Brexit process and COVID-19 pandemic. High levels of unmet mental health needs have been reported within the UK-CEE community, often triggered and exacerbated by social and environmental factors. There is limited understanding of UK-CEE's use of Family Medicine for mental health needs in the UK and how this is shaped by individuals' culture, healthcare experiences and organisational barriers.

Question

We explored UK-CEE narratives and perceptions of wellbeing and associated access and/or utilisation of Family Medicine for mental health. Subthemes explored included the influence of UK-CEE community superdiversity, 'Brexit' and the COVID-19 pandemic.

Methods

Public and public involvement of UK-CEE individuals defined the research and strategy. Study recruitment was undertaken through community organisations, social media and snowballing. Purposive sampling was used to support a diverse representation of participants. Semi-structured dyadic/triadic interviews were undertaken using a literature informed semi-structured interview schedule. Interviews were conducted in-person, by telephone or video call. Accredited translation was offered as required. Transcripts were thematically analysed using a constant comparison approach.

Outcomes/Discussion/

Recruitment and analysis are ongoing. Factors influencing the practical and cultural accessibility of Family Medicine delivered mental health care for UK-CEE and other UK migrant communities will be discussed.

Take Home Message for Practice

We will finish by presenting steps to improve access and quality of mental health care delivered through Family Medicine for migrant communities.

Abstract topic

08. Health inequalities

Abstract ID: 510

Internal code

O08-28

Presentation form

1 Slide – 5 minutes lecture

Opinions of Turkish-speaking people in Munich about vaccination: Preliminary results of a qualitative study

Zekeriya Aktürk, Yasmina Sancakli, Antonius Schneider, Klaus Linde

Institute of General Practice and Health Services Research, Technical University of Munich, München, Germany

Background: Citizens with Turkish migratory backgrounds are more skeptical towards vaccination. A qualitative study with semi-structured in-depth interviews was planned aiming to understand reasons behind the attitudes and behaviors of Turkish-speaking people regarding vaccination.

Methods: Based on reaching data saturation, around 20 Turkish-speaking adults will be recruited by purposive sampling. The interviews are audio recorded and transcribed verbatim and pseudonymised. Analyses are done through a thematic analysis. Eight interviews have been conducted so far. This report includes preliminary results.

Results: Interviews of 30-45 min. duration were conducted with 3 men and 5 women (age 24-75). All were vaccinated against COVID-19, except one woman. Although the majority trusted the technology and health system in Germany, hesitations were observed regarding confidence in German politics and feeling embraced by the society. Despite a median of 38.5 years in Germany, the majority are following news from Turkish sources and are affected by Turkish influencers. Some were vaccinated due to external pressures or job-related obligations. Also, suspicions were observed concerning international politics. A taxi driver quoted: *“When Trump started fighting with these Chinese, it didn't last two or three months, this event [COVID-19] came to the market.”*

Conclusion: This study is expected to reveal essential clues about the reasons of attitudes and behaviors of Turkish immigrants in Germany. We expect to get themes predominantly related with integration. The ultimate goal is to prepare interventions for this target population with specific contents covering the needs of citizens with Turkish background.

Abstract topic

08. Health inequalities

Abstract ID: 536

Internal code

O08-29

Presentation form

1 Slide – 5 minutes lecture

Gender bias - urgent awareness

Catarina Capella¹⁾, María Gisbert Canet²⁾, Raquel Gómez Bravo³⁾

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²⁾Primary Care, Hospital del Vinalopó / Dr, Sapena Health Center, Elche, Spain

³⁾Research Group Self-Regulation and Health. Institute for Health and Behaviour. Department of Behavioural and Cognitive Sciences, Faculty of Humanities, Education, and Social Sciences. University of Luxembourg, Luxembourg, Luxembourg

Gender is considered an important social determinant that influences healthcare. A health system must be gender-sensitive, so that men and women receive the best health care, based on individualized and patient-centered medicine, which will lead to better health outcomes. Gender-biased health research and healthcare systems perpetuate gender inequalities. Health care professionals' gender awareness has been presented as a mechanism to minimize gender biases in health.

The main question we asked was if we practiced gender individualized medicine or not. Then, we wanted to characterize the sample and understand who contributed the most to biased medicine.

We conducted an online descriptive cross-sectional study using the validated Nijmegen Gender Awareness in Medicine Scale (N-GAMS). We adapted the scale into a google form and distributed via email among the GP community. We thank VdGM, WWPWF and regional parts of Family Medicine societies which have helped us by spreading the survey through their channels. Statistical analysis was accomplished by using R programming language.

Primary results are still being obtained. Now we have a total of 56 answers, from various countries. 69% were female doctors, 55% worked in urban areas³⁾ and 49% correspond to senior GP. Men are more gender sensitive and have more gender stereotypes towards patients.

According to literature, women tend to practice less gender biased medicine. Gender sensitivity seems to improve through medical residency and with proper training and awareness. Gender-sensitive activities should be part of the residency curriculum, in order to train future GPs, to minimize gender inequalities.

Abstract topic

08. Health inequalities

Abstract ID: 585**Internal code**

O08-30

Presentation form

1 Slide – 5 minutes lecture

A Guillain-Barré syndrome unravels a patient's complex history

Marina Lima, Rita Viegas*USF Cova da Piedade, Almada, Portugal***Didactic method:** Oral presentation**Presented problem:** A 41-year-old female, with a history of type 2 diabetes and sickle-cell disease, presented with adynamia, rapid-onset muscle weakness in the lower limbs and steppage gait, with no other associated symptoms or recent infectious history.**Management:** The patient displayed a drop foot on physical exam, with no other relevant findings. A negative Rapid Antigen Test for COVID19 was performed. On suspicion of an acute neurological condition, she was referred to the hospital emergency department. After a head CT and lumbar puncture with normal results, she was admitted to Neurology for a Guillain-Barré syndrome with unknown cause.**Outcome:** Under immunoglobulin treatment and intensive physical therapy, the patient improved steadily. Following hospitalization, the family doctor was faced with a hidden reality upon a reevaluation consult - the patient was routinely monitored in an infectious disease programme and underwent daily pre-exposure prophylaxis (PrEP), because her HIV-positive husband refused antiviral therapy, citing religious beliefs.

This discovery led to a complete review of the patient's clinical history, follow-up and to the rethinking of her diabetes monitoring since sickle-cell disease does not allow for conventional determination of glycated hemoglobin.

Discussion: An acute health problem revealed a complex personal and clinical reality, which the patient hid from her practitioner for years and tolerated as a cultural taboo. This case illustrates how the lack of comprehensive knowledge over a patient's history can compromise quality of care.**Abstract topic**

08. Health inequalities

Abstract ID: 587**Internal code**

O08-31

Presentation form

1 Slide – 5 minutes lecture

Multilingual video messages, accessible information for patients and efficient for service providers

Catherine Clifford

The Park Clinic, Fermoy, Ireland

During the Covid19 pandemic it became apparent that there were many people resident in Ireland who originated from other countries who were less likely to accessing Irish mainstream media, may not registered with a GP and were unfamiliar with how to appropriately access health services. In response a volunteer network of healthcare workers originally from outside of Ireland, many of whom were General Practitioners, created video messages in more than thirty languages to explain the rapidly changing public health advice including vaccination. The scripts were approved by the Irish College of General Practitioners.

This concept was then expanded beyond Covid19, to produce multilingual videos on other health topics including explaining the role of a GP in the Ireland, how to access medical care, screening services, antenatal care, contraception and more. The healthcare workers are able to present in a culturally appropriate style, signpost to existing resources and the video format overcomes issues with written literacy. Depending on the topic, videos are shared with individuals by a clinician or are shared on social media through the Health Service Executive website and through organisations working with migrants.

This innovation aims to inform people who arrive in Ireland, including those who have limited proficiency in English about how to access healthcare. It also benefits the health service as a means of quickly sharing accurate information and encouraging appropriate use of services.

Abstract topic

08. Health inequalities

Abstract ID: 602

Internal code

O08-32

Presentation form

1 Slide – 5 minutes lecture

Clinical parameters and factors associated with alcohol abuse disorder during the COVID-19 pandemic: a retrospective longitudinal study

Ana Lear-Claveras¹⁾, Bárbara Oliván-Blázquez^{1, 2)}, Alejandra Aguilar-Latorre²⁾, Marta Domínguez-García^{3, 2)}, Lorena Rodríguez-Elena³⁾, Beatriz González-Álvarez⁴⁾, Mario Samper-Pardo¹⁾

¹⁾University of Zaragoza, Zaragoza, Spain

²⁾Institute for Health Research Aragón (IIS Aragón), Zaragoza, Spain

³⁾Aragón Healthcare Service (SALUD), Zaragoza, Spain

⁴⁾Aragón Health Sciences Institute (IACS), Zaragoza, Spain

Background: The disruption in healthcare attention to people with alcohol dependence, along with psychological decompensation as a consequence of lockdown derived from

the COVID-19 pandemic could have a negative impact on people who suffer from alcohol abuse disorder.

Questions: This study aims to analyze the changes in the clinical parameters and associated factors to a worsening, between the six months before the start of the lockdown and the six and twelve months after its end, in men diagnosed with alcohol abuse disorder in an autonomous community in Spain.

Methods: We conducted an observational real-world data pre-post study that included 11,384 men having the diagnosis of alcohol abuse disorder in the electronic medical records of primary health care. Clinical parameters (Glutamate-oxaloacetate, Glutamate pyruvate, creatinine, glomerular filtration, systolic blood pressure, diastolic blood pressure, cholesterol, triglycerides, and body mass index) were considered. The factors analyzed were: gender, age, individual's income, place of residence, COVID-19 contagion, and chronic comorbidity. Student's t-test for matched samples and a logistic regression were performed.

Outcomes: There have been a worsening of the clinical parameters during 12 months after the end of the strict lockdown. Psychosocial factors are related to a worsening of the illness.

Discussion: The impact of COVID-19 among this group of patients has been relevant, and they are especially vulnerable to the social and economic crisis.

Take-Home Message for Practice: It is important to pay attention to the psychosocial factors of men diagnosed with an alcohol abuse disorder.

Abstract topic

08. Health inequalities

Abstract ID: 617

Internal code

O08-33

Presentation form

Workshop

The active practice charter – how GP teams can tackle local health inequalities by harnessing the power of physical activity

Andrew Boyd, Hussain Al-Zubaidi
RCGP, NHS, London, United Kingdom

Physical inactivity is a major modifiable risk factor for non-communicable disease and the COVID-19 pandemic has served to widen health inequalities in society. GP teams are ideally placed to identify and support those who have the most to gain from becoming more active.

Target Group

The RCGP Active Practice Charter (APC) is a fun, simple way for GP teams to demonstrate how they have brought activity into their surgeries, for the benefit of staff and patients. This interactive – and active – workshop is aimed at any primary care professionals interested in joining this 'movement for movement'.

Method

Following an interactive introduction to the evidence behind and the criteria to achieve the APC, a person with lived experience of a long-term condition will describe the benefits of being a patient in an 'active practice' and take questions from the audience.

After a physical activity demonstration to energise the audience, delegates will break into facilitated groups to consider barriers and opportunities of joining the APC network.

Objectives

To encourage ~50 participants to share achievements in their practices/GP networks, and support them to achieve APC status. And hopefully inspire visiting colleagues to sign up as the first cohort of international Active Practices!

Speakers

Andrew has led the RCGP clinical priority for physical activity since its inception, speaking at numerous educational events, contributing to national policy, research and resources on physical activity and health. Hussain, a passionate advocate of the APC, has used it successfully to address health inequalities in his patient population.

Abstract topic

08. Health inequalities

Abstract ID: 640

Internal code

O08-34

Presentation form

1 Slide – 5 minutes lecture

Pursuing, Teaching and Adopting Health Equity

Viviana Martínez-Bianchi¹⁾, Kim Yu²⁾

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²⁾*WONCA Special Interest Group on Health Equity, WONCA World Organization of Family Doctors, Berne, Switzerland*

Background: Health equity is a process of assurance of the conditions for optimal health for all people.

It requires:

- Valuing all individuals and populations equally
- Recognizing and rectifying historical injustices
- Providing resources according to need

The first step on our journey toward health equity is to conduct an honest assessment of systemic inequities within our practices, departments, health systems and countries (below as XXX).

1. How are current practices contributing to disparities based on race, gender, geography, immigration status, insurance, and other factors?
2. What barriers to equity currently exist within our XXX?
3. How can we improve the diversity of our XXX, especially within organizational leadership?
4. How do we learn to educate students, residents, and faculty about racism and root causes of disease?
5. How do we create safe and courageous spaces for dialogue, commitment, and community activism?

Target Group: This workshop is dedicated to family doctors interested in becoming champions for health equity within their practices and organizations.

Didactic Method: Interactive discussion, smaller group conversations, group brainstorming, and sharing will be used to highlight what activities attendees can engage on to advance health equity.

Objectives

Define health equity, health inequities, factors of vulnerability, and intersectionality

Utilize an equity and empowerment lens framework

Describe three principles for achieving health equity

Engage in important dialogue to eliminate health inequities

Number of participants- any

Workshop leaders:

Dr. Viviana Martinez-Bianchi is a former member of WONCA Executive.

Dr Kim Yu chairs the WONCA SIG on Health Equity. Both are recognized Health Equity leaders in the US.

Abstract topic

08. Health inequalities

Abstract ID: 644

Internal code

O08-35

Presentation form

1 Slide – 5 minutes lecture

Creating an Interdisciplinary Partnership to Improve Health Equity during the Pandemic

Viviana Martínez-Bianchi

Department of Family Medicine and Community Health, Duke university School of Medicine, Durham, North Carolina, United States

Background

The 2020 novel SARS-CoV-2 coronavirus (COVID-19) pandemic unveiled deep inequities and patterns of systemic and historical exclusion of communities from access to health services. The Latina community has been disproportionately affected by the 2019 novel coronavirus disease (COVID-19). National data reported by the CDC show that Hispanic/Latinx individuals are more likely to become infected, be hospitalized, and die as a consequence of COVID-19 in comparisons to their non-Hispanic, White counterparts. The Latinx Advocacy Team & Interdisciplinary Network for COVID-19 (LATIN-19), a multi-sector coalition, was formed in March 2020 to support the Latina community in North Carolina during the COVID-19 pandemic. Achievements include influencing local and state policies and coordination of efforts by community organizations. The success of this volunteer organization serves as a model for collaboration.

Target Group: Interdisciplinary

Didactic Method: Lecture presentation including inspiring video footage

Objectives

Discuss the creation of a multi-sectoral group led by PHC clinicians achieving the following impact:

- Advocacy.
- Deploying accessible, free, and culturally proficient testing/vaccination.
- Developing/dissemination of culturally appropriate essential information
- Advising and promoting Latinx community interests
- Building internal capacity of member organizations

Take Home Message for Practice

The cornerstone of LATIN-19's work is a weekly virtual meeting held since March 2020, attracting 60-100 participants every Wednesday. The agile and dynamic structure of these meetings, with follow-up from the leadership team, creates a pathway for effective communication between the community and leaders in health, education, and public systems, leading to needed changes.

Abstract topic

08. Health inequalities

Abstract ID: 650**Internal code**

O08-36

Presentation form

1 Slide – 5 minutes lecture

Gender Inequality within Healthcare Exposed by COVID-19 pandemic - Wonca Working Party on Women & Family Medicine workshop

Victoria Tkachenko¹⁾, Donata Kurpas²⁾, Nil Tekin³⁾, Raquel Gómez Bravo⁴⁾

¹⁾*Department of Family Medicine, Shupyk National Healthcare University of Ukraine, Kyiv, Ukraine*

²⁾*Family Medicine Department, Wroclaw Medical University, Chair of EURIPA International Advisory Board, Wroclaw, Poland*

³⁾*Narlıdere Residential and Nursing Home, Izmir, Turkey*

⁴⁾*Research Group Self-Regulation and Health. Institute for Health and Behaviour, Department of Behavioural and Cognitive Sciences. Faculty of Humanities, Education, and Social Sciences. University of Luxembourg, Luxembourg, Luxembourg*

Background. The outcomes of Covid-19 pandemic are gender based and inequitable. The challenges of socio-economic limitations, unpaid work, gender-based violence, inaccessibility of needed care, the effects influence on mental and physical health of patients are borne disproportionately by women. Working Party on Women & Family Medicine observes that COVID-19 pandemic has exposed links between health and gender inequality. The COVID-19 pandemic has further exacerbated barriers to access healthcare services, including sexual and reproductive health services, preventative screening for cervical and breast cancer, and chronic disease. For example, in the EU, 21% of patients had missed a medical exam. With non-communicable diseases linked to increased risk of severe COVID-19, pandemic has underlined the importance of its control and tackling risk factors. The need for immediate and long-term mental health care which acknowledges gender differences, victims of gender violence care and its prevention have become clearly evident. Ensuring gender balance in decision-making on disease prevention and governments' responses can improve the safety and quality of healthcare in gender.

Target Group – family doctors, students, residents

Didactic Method. The short presentations will be followed by panel discussion with interactive communication and brainstorming guided by moderators.

Objectives – to discuss gender inequality in healthcare exposed by COVID-19 pandemic and explore the response.

Estimated number of participants - 80

Brief presentation of the workshop leader.

Dr. Tkachenko is European leader of WWPWFM, active member of WONCA groups (EURACT, EGPRN, EURIPA, EQuIP), Life Direct Member of WONCA, senior lecturer, researcher, general practitioner, co-author of 417 publications.

Abstract topic

08. Health inequalities

Abstract ID: 681

Internal code

O08-37

Presentation form

1 Slide – 5 minutes lecture

The value of representative disease surveillance cohorts for equitable public health: experience from the Oxford-RCGP Research and Surveillance Centre.

William Elson¹, Meredith Leston¹, Jack Macartney¹, Rachel Byford¹, Alex Elliot², Gary Howsam³, Dan Todkill², William Victor³, Richard Hobbs¹, Simon de Lusignan¹

¹*Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom*

²*The real-time syndromic surveillance team (ReSST), UK Health Security Agency, London, United Kingdom*

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Background

The Oxford-Royal College of General Practitioners' (RCGP) Research and Surveillance Centre (RSC) has undertaken disease surveillance since 1967. Surveillance cohorts should be representative of the wider population to ensure actions taken based on the data are equitable.

The RSC has expanded its surveillance collaboration with UKHSA by recruiting additional Syndromic Surveillance General Practices (SSGPs) to support UKHSA's real-time syndromic surveillance team (ReSST). ReSST provides early warning of public health threats in England.

Question

How representative are SSGPs of the English population?

Methods

Comparison of the SSGP population in October 2021 to the population estimates from the Office for National Statistics by age, sex, ethnicity, region and socioeconomic status (SES) using the Index of Multiple Deprivation.

Outcomes

SSGP data came from 1,204 volunteer general practices with a registered population of 12.5 million patients, approximately 22% of the English population. Age, sex, ethnicity and SES were broadly representative. Geographically, the North West, South West and South East regions were overrepresented, whilst the East of England and, North East and Yorkshire were underrepresented.

Discussion

The surveillance population share similar characteristics to that of the wider population of England, apart from regionality. ReSST uses an additional data source from another provider that improves overall regional representation. English GPs are willing to share data for public health and research purposes.

Key message

Targeted recruitment in areas of low coverage and the use of a variety of data sources can improve the representativeness of disease surveillance and help ensure associated public health actions are equitable.

Abstract topic

08. Health inequalities

Abstract ID: 696

Internal code

O08-38

Presentation form

1 Slide – 5 minutes lecture

Identification of patients with intellectual disabilities in general practice

Bianca Schalk, Monique Koks-Leensen, Annemarie Uijen, Katrien Pouls, Maarten Cuypers

Dept. of Primary and Community Care, Radboudumc, Nijmegen, Netherlands

Recently general practitioners (GPs) had to invite persons with intellectual disability (ID) for a COVID-19 vaccination but experienced limitations in methods to do so. Registration of ID in the medical record is important, not only for this vaccination, but also because ID is associated with a higher prevalence of other comorbidities and GPs can better adjust their communication to the patient. However standard coding to register ID is underused, resulting in under identification of ID in medical health records. Therefore this study developed a method to better identify persons with ID by combining algorithms in coding and open text entries.

This retrospective cohort study used routine data from Dutch general practices. Information on symptoms and/or diagnoses was available in coding (International Classification of Primary Care; ICPC) and open text entries. The ICPC-codes 'P85-mental retardation' and 'A90.01-Down syndrome' are the best available codes to register ID. A search string was developed containing P85 or A90.01, or (syndromic) ID-related text entries.

About 80% of all persons with were coded ICPC-code for ID (ICPC:P85). Likelihood of an ID diagnosis is higher when ICPC-codes for psychological symptoms (P) or social symptoms (Z) are present. The use of only A90 has a risk of misclassification as this code is also used to code high intelligence.

The first step towards improving healthcare for patients with ID is to optimize registration in medical health records. In the meantime, our developed algorithms proved successful in improving identification of person with ID in general practice.

Abstract topic

08. Health inequalities

Abstract ID: 698

Internal code

O08-39

Presentation form

1 Slide – 5 minutes lecture

Reducing health inequalities in childhood immunisation

Loretta Ko^{1, 2)}, Nurgas Afsar²⁾, Jacqueline Courtney²⁾, Ayesha Hafeez²⁾, Saira Juma²⁾, Talac Mahmud²⁾

¹⁾Riverside GP Training Programme, Chelsea & Westminster Hospital, London, United Kingdom

²⁾General Practice, HIYOS Practice, Hounslow, London, United Kingdom

The landmark 2010 Marmot Report highlighted health inequality in England. Low childhood immunisation coverage is associated with inequalities (WHO and Public Health England). 2018-19 HIYOS practice level data show immunisation coverage has fallen below targets. Recent NICE Quality and Outcome Framework (QOF) vaccination and immunisation (VI) indicators have renewed focus on childhood immunisation.

A report on QOF VI 001 vaccination status was run in October 2021 at HIYOS, a city centre GP practice in Hounslow, London, an ethnically diverse, underserved area. Over the previous year, 166 babies were eligible to receive 3 DTaP doses before age 8 months. Demographics of fully immunised patients (FIP) were compared to partially or non-immunised patients (PNIP). Staff interviewed PNIP parents and implemented interventions for two months, including care navigation, texts, vaccine discussions, streamlined administrative practices, and increased appointment availability.

Interventions led to increase in immunisation from 78% (131/166) to 92% (153/166) ($p < 0.05$ before vs after). FIP and PNIP comparison showed PNIP are more likely to be born outside the UK. Immunisation rate varied with ethnicity, from 25% (Romanians, $n=4$) to 85% (Indians, $n=79$).

Practice-level interventions reduced vaccine uptake inequalities. Barriers included language, recent immigration, mobile lifestyle, difficulty navigating healthcare, culture, hospitalisation, digital access, and vaccine hesitancy. A larger study could assess specific interventions and develop targeted strategies. Live and pre-recorded interactive sessions for parents with shared ethnicity or language using the CW+ live webinar channel could be explored and call/recall systems tailored, including different languages, videos and social media.

Abstract topic

08. Health inequalities

Abstract ID: 703

Internal code

O08-40

Presentation form

1 Slide – 5 minutes lecture

Where does video consulting bring value in primary care?

Rebecca Payne

School of Biosciences, King's College, London, London, United Kingdom

Where does video consulting bring value in primary care

Names of moderators and speakers: Dr Rebecca Payne, King's College London. Former primary care clinical lead for video consulting, Teccymru, Welsh Government and Out of Hours GP, NHS Orkney, Dr Monica Nuvaloni, Medical Director, Practice Plus Group, Dr Liz Croton, GP, Bournbrook Varsity Medical Centre

Titles of individual contributions

When is video consulting useful in the primary care context?

An urgent care perspective - use of video consulting in 111 and GP Out of Hours services
An inhours perspective - using video consulting in the surgery

Objectives

To share research findings and practical experience about where video consulting is useful within the context of primary care both in and out of hours

To increase knowledge about when video consulting might be appropriate

To answer questions and provide useful hints and tips to participants

Discussion

Video consulting has benefits in the initial assessment of patients, especially in urgent care. It enhances rapport and facilitates communication especially for groups such as deaf patients and patients with ASD.

It should be considered for patients presenting with skin, eye, mental health, paediatric presentations and COVID cases, but care should be taken when using it for cardiac, respiratory and musculoskeletal presentations.

It is less suitable for intimate examinations, ear problems, tonsillitis, undefined presenting symptoms and patients with complex co-morbidities, but may have a role in enhancing the provision of palliative care.

Take Home Message for Practice

Video consulting is useful for particular patients and conditions

Abstract topic

08. Health inequalities

Abstract ID: 715

Internal code

O08-41

Presentation form

1 Slide – 5 minutes lecture

Critical Gap Analysis of COVID-19 vaccination uptake and information provision in black, asian, and minority ethnic communities

Rajiv Wijesuriya

NHS, London, United Kingdom

The Covid-19 pandemic has had an enormous impact on mortality and morbidity globally. It is clear from public health data that higher mortality and morbidity rates have been recorded in areas with higher deprivation rates and amongst Black, Asian and minority ethnic (BAME) populations.

Given the significant risk that Covid-19 poses to BAME communities, we looked specifically at Hackney where there are counterintuitively lower vaccination rates, notably amongst the BAME population. In our analysis of both peer-reviewed and grey literature, including published ONS and public health data, the disparity in vaccination rates in these vulnerable communities was examined. This analysis was used to explore and identify the reasons underpinning lower rates of vaccination and higher rates of vaccine hesitancy, and demonstrate the need for increased development of resources and materials with (and for) non-English speaking and migrant communities in the borough. The analysis also suggests how low vaccination rates, which fall below national targets, can be addressed in the Hackney population and beyond it in areas with similar challenges.

Abstract topic

08. Health inequalities

Abstract ID: 729**Internal code**

O08-42

Presentation form

1 Slide – 5 minutes lecture

Essential skills in LGBT+ careSofia Costa e Silva¹⁾, Janete Guimarães²⁾¹⁾USF VASCO DA GAMA, Lisboa, Portugal²⁾Usf São João da talha - ACES Loures Odívelas, Loures, Portugal

Background: There are no LGBT-specific diseases or illnesses. However, LGBT people are more likely to experience certain health issues compared to those who are not LGBT. These health issues are mostly related to the stigma and discrimination experienced by LGBT people in their daily lives, at school, work, in public places, or, even, at health care settings. Being a member of a group that experiences discrimination can cause high levels of stress (sometimes called “minority stress”), which can lead to unhealthy coping behaviors and a broad range of health problems.

Questions, Discussion Point: In this workshop/lecture we want to highlight the negative consequences of discrimination, address specific clinical needs of LGBT+ people and, mostly, provide tools for doctors to better understand and address these matters.

Content: We will discuss contraceptive counselling and services, reproductive health screenings, access to safer sex technologies, counselling for Sexually Transmitted Infections (STIs) risk prevention, STIs treatment, pregnancy-related services, partner violence and sexual violence.

Take Home Message for Practice: Overall our goal is to provide better care to this population. We intend to demystify and deconstruct the stigma around non-normative sexual orientation. We also aim to fight discrimination, raise awareness of health professionals and promote good and widely available clinical practice guidelines.

(we are in doubt between doing a workshop or an oral lecture because we don't know if it would be a very practical workshop. We leave it to your consideration, as we have material to make it 60 min)

Abstract topic

08. Health inequalities

Abstract ID: 804**Internal code**

O08-43

Presentation form

1 Slide – 5 minutes lecture

Palliative and End of Life Care: improving equity in racially and socially underserved communities.

Jamilla Hussain¹⁾, Mehrunisha Suleman²⁾, Induja Bandara³⁾, Catherine Millington-Sanders⁴⁾, Rachael Marchant⁵⁾

¹)NIHR Clinical Lecturer, Hull York Medical School/Bradford Institute for Health Research, Hull, United Kingdom

²)Director of Medical Ethics and Law Education, University of Oxford, Oxford, United Kingdom

³)GP, Programme Director, RCGP South London, London, United Kingdom

⁴)RCGP & Marie Curie EOLC Clinical Champion, RCGP/Marie Curie, London, United Kingdom

⁵)RCGP/Marie Curie, Leigh on sea, United Kingdom

Background

The covid-19 pandemic highlighted the importance of improving the equity of palliative and end of life care (PEOLC) experience in racially and socially underserved communities. PEOLC need is set to rise by 25% by 2040 and the prevalence of need for those from ethnic minority groups is expected to rise from 12.7% in 2011 to 30.3% in 2051. It is important that primary care services reflect and learn from the pandemic, and shape practice and policy to ensure needs are met equitably.

Target Group

All primary care teams supporting individuals and care-givers with PEOLC needs.

Didactic Method

- 10m speaker: Evidence based learning from the pandemic; health & wellbeing outcomes; inclusion of culture, faith & diversity
- 20m: Panel discussion to stimulate small group discussion
 - What we need to do as individuals, organisations, institutions and society to ensure culturally competent PEOLC in primary care.
- 30m Small group discussion: Shared learning experiences of PEOLC QI
- 15m: Discussion, feedback & closing remark

Objectives

- To present the evidence and narrative base for learning from the pandemic on health inequalities at the end of life.
- To share learning and develop insights into the pandemic response to support equity improvements for patients, families & staff
- To present RCGP's new tools to enable bite-size QI activity

Estimated number of participants 100

Brief presentation of the workshop leader

Jamilla Hussain, Mehrunisha Suleman, Indula Bandara, Rachael Marchant, Catherine Millington-Sanders, RCGP's National Clinical End of Life Care Champion. They will facilitate discussion and presentations from co-contributors.

Abstract topic

08. Health inequalities

Abstract ID: 816

Internal code

O08-44

Presentation form

Lecture

Medication adherence and suicide

Tharshni Umakanthan

NHS, London, United Kingdom

Poor medication adherence is a persistent challenge for general practitioners (GPs) who oversee the drug therapies for patients with chronic health conditions. We present the uncommon case of a sixty-year old gentleman who presented to the Emergency Department following self-inflicted stabbing to the neck resulting in exposure of the trachea. The gentleman reported three months of non-adherence whilst the patient was trying to contact his GP. The difficulties he encountered with acquiring his psychotropic medications drew him back into alcohol dependence and concluded in suicide attempt with a retractable knife. The patient underwent surgery to repair his neck and was admitted to the Intensive Care Unit.

This case illustrates the need for regular monitoring of treatment adherence with the practice pharmacist and utilisation of technology such as a system flag if medications are not collected or delivered. Up to forty percent of all GP appointments concern mental health support. The National Institute for Health and Care Excellence (NICE) guidelines recommend regular monitoring of treatment adherence in patients with mental illness but we need to consider how this translates to clinical practice.

Socioeconomic factors play a key role in medication adherence in patients with psychiatric illness. This gentleman had previous forensic history, low financial status and unemployment, unstable housing and lack of social support. The cultivation of a therapeutic relationship with patients is crucial to understanding socioeconomic barriers and offering tailored solutions. Relatively simple measures we can implement as clinicians can help prevent the devastating clinical consequences outlined in this case.

Abstract topic

08. Health inequalities

Abstract ID: 824**Internal code**

O08-45

Presentation form

1 Slide – 5 minutes lecture

Diversity in dermatology: treating hair and skin of colour in general practice

Thuvarahan Amuthalingam^{1, 2, 3)}¹⁾Modality Community Dermatology, Birmingham, United Kingdom²⁾Black Country and West Birmingham CCG, Walsall, United Kingdom³⁾Midland Faculty, RCGP, Birmingham, United Kingdom

Background: Traditional teaching and literature poorly represent conditions affecting the skin of colour. There is a lack of knowledge and experience when it comes to treating skin of colour in general practice. In order to address these age-old inequalities, we should focus more on understanding the differences in presentation, management and complications for patients with different skin tones.

Target Group: In a system that is stretched for resources, it falls to us, clinicians, to address the patients unmet needs by addressing our own educational needs. Advocacy and patient empowerment will be vital in achieving equity of care.

Didactic Method: I will share my knowledge and experience of treating conditions that affect hair and skin of colour effectively. Participants will then split off into groups to discuss cases and formulate treatment plans. They will then present their cases and plans to the group for discussion.

Objectives: We expect participants will take away valuable lessons for good practice in treating skin of colour fit for an inclusive and effective health care system.

Participants: 100

Dr Amuthalingam is an experienced GP with a special interest in dermatology and skin surgery. With many years of experience, he has delivered keynotes and international educational programmes. He facilitates the GP fellowship programme for the Black Country and West Birmingham Training Hub. He is a Population Health and Integrated Care Provider Commissioning Clinical Lead for the Black Country and West Birmingham Clinical Commissioning Group. He is a member of the RCGP Midland Faculty board.

Abstract topic

08. Health inequalities

Abstract ID: 833

Internal code

O08-46

Presentation form

1 Slide – 5 minutes lecture

Learning disability is still resulting in health inequality - how annual health checks can help

Ayesha Mahmud

Mosely Avenue Surgery, Coventry, Coventry, United Kingdom

Background:

Learning disability (LD) leads to poorer health outcomes. People with LD struggle to access health care and are affected by higher premature mortality and morbidity. This leads to health inequalities.

Target Group:

GPs of all levels of experience, GP trainees, Medical Students, Practice Nurses, Practice Managers, Allied Health Professionals, Social services staff, Third Sector Staff

Didactic Method:

Mixed method

Presentations by workshop leader and expert speaker from RCGP Special Interest Group for LD

3 Interactive case-based discussions

Q&A session

Participants will apply understanding to case-based discussions providing interactive elements and encouraging participation.

Objectives

Raise awareness about poorer physical and mental health in adults with LD

Role of annual health checks (AHC) in improving outcomes and reducing avoidable early deaths

Understanding practicalities of AHC by Primary Care team

Awareness of best practice and avoiding “diagnostic overshadowing”

Estimated number of participants: 80-120

Brief presentation of the workshop leader

Workshop will be run by First5 GP and practice colleagues currently working to deliver improved care

-Discussions on value of AHC to patients and practices.

-Practicalities of setting up AHC

Disability register

Staff training

Dissemination of information to patients and carers

RCGP toolkit for AHC

Audit of AHC to ensure quality checks

QOF(Quality and Outcomes Framework) targets covering LD

Experts from RCGP SIG LD group will advise on difficulties in setting up services like phlebotomy, cancer screening discussing consent and legal problems.

Importance of learning from LeDeR (Learning Disability Mortality Review) programme will be highlighted.

Abstract topic

08. Health inequalities

Abstract ID: 834

Internal code

O08-47

Presentation form

1 Slide – 5 minutes lecture

Cybersafe: Addressing online violence against girls

RAQUEL GOMEZ BRAVO¹⁾, Nina Monteiro²⁾, Elena Klusova³⁾, Marina Jotic Ivanovic⁴⁾, Ana Cristina Franco Spinola⁵⁾, Hagit Dascal-Weichendler⁶⁾, Nena Kopcavar Gucek⁷⁾, Anke Vandenberghe⁸⁾

¹⁾University of Luxembourg, LUXEMBOURG, Luxembourg

²⁾USF Bom Porto, USF Bom Porto, Porto, Portugal

³⁾SAMU061, Ibiza, Spain

⁴⁾Primary Healthcare Center Dobo, Dobo, Bosnia and Herzegovina

⁵⁾Centro de Saúde Bom Jesus, SESARAM EPE, Ilha da Madeira, Portugal

⁶⁾Clalit Health Services & Ruth and Bruce Rappaport Faculty of Medicine, Technion, Haifa, Israel

⁷⁾Department of Family Medicine, University of Ljubljana, Slovenia and Community Health Center of Ljubljana, Slovenia, Slovenia

⁸⁾Gender & Violence Team at the International Centre for Reproductive Health (ICRH), University of Ghent, Ghent, Belgium

Background

Digital technology plays a central role in the social lives of young people, enabling them to connect, learn and express. This provides many positive opportunities but can also cause harm.

Girls and boys between the ages of 13 and 16 are a group that heavily communicates and builds relationships online. Both can play a role in online violence against girls, as a victim, perpetrator, or bystander.

As family doctors, providing health care to populations since their birth, we have a unique opportunity to prevent this type of violence from an early age, intervening in our appointments.

Target group

Professionals working with young people, who want to address online violence.

Didactic method:

We intend to have an interactive workshop which addresses the issue of online violence against girls, starting with a case presentation that allows group discussion.

Participants will do a role-play in small groups using mobile phones. This will allow them to experience the role of a victim, perpetrator, or bystander in a situation of online violence. Experiences and observations will be shared in a group discussion.

The workshop will finish with time to debrief and summarize.

Objectives

This workshop aims to equip participants with the tools to recognize online violence against girls, understand its emotional impact and other consequences, know how to prevent it and how to act in an adequate way for patients experiencing online violence.

Estimated number of participants

20-30

Brief presentation of the workshop leader:

Raquel Gómez Bravo, MD, MSc, Doctoral Researcher. Co-Chair WONCA SIGFV.

Abstract topic

08. Health inequalities

Abstract ID: 867

Internal code

O08-48

Presentation form

Lecture

Factors associated with the uptake of covid-19 vaccines among adult residents of selected communities in south-west, Nigeria

Ibrahim Bello, Akinjide Ogundokun, Temitope Olajubu, Abdulwaheed Ismail, Oluwasina Salami

Family Medicine, Obafemi Awolowo University Teaching Hospital, Ile-ife, Nigeria

Background and Objective: The rate of uptake of COVID-19 vaccines varies from one region of Nigeria to another and is influenced by different factors. This study assessed the pattern of uptake of the Covid-19 vaccine among adult residents of selected communities in Southwest Nigeria.

Methods: A descriptive cross-sectional study was carried out among adult residents of five selected communities in Osun State. A structured questionnaire was used to obtain data from 972 respondents using a multi-stage random sampling technique. Results were analysed with SPSS. Focus group discussion (FGD) was done in two communities centred on the reason for not taking the vaccine.

Results: Respondents' age ranged from 18 to 98 years with a mean of 58.4 ± 17.5 years. Close to two thirds (626, 64.4%) were females. About one quarter (249, 25.6%) had received at least one dose of the COVID-19 vaccine while 13.1% had received two doses.

Among the 723 who had not been vaccinated, the commonest reason (40.1%) was a lack of information on how to obtain the vaccine. Lower vaccination rate was associated with the female gender ($P < 0.001$), lower educational status ($P = 0.003$) and being unemployed ($P = 0.001$). FGD revealed that many believe that receiving the vaccine may shorten life expectancy, cause infertility or lead to the death of the elderly within two years.

Conclusion: The uptake of the vaccine was low. The prevailing lack of information regarding vaccination sites should be addressed, as well as demystifying the wrong beliefs.

Abstract topic

08. Health inequalities

Abstract ID: 895**Internal code**

O08-49

Presentation form

Lecture

How to have a successful consultation about obesity

Toni Hazell^{1, 2)}, Dirk Pilat^{1, 2)}, Thomas Round²⁾, Emma Nash²⁾

¹⁾GP, Somerset Gardens Family Healthcare Centre, London, United Kingdom

²⁾RCGP eLearning, RCGP eLearning, London, United Kingdom

Background

Rates of overweight and obesity are rising worldwide and in the UK over half of adults have overweight or obesity. Obesity is now recognised as a chronic disease and it is important that clinicians know how to address this issue.

Questions

How to best address a consultation about obesity.

Methods

Discuss the '5A' approach from the Canadian obesity guidelines:

- Ask for permission to discuss weight and explore readiness (and be prepared to accept 'no' as an answer if the patient is not ready to discuss their weight)
- Assess obesity related risks and root causes of obesity
- Advise on health risks and treatment options
- Agree on health outcomes and behavioural goals
- Assist in accessing appropriate resources and providers

Demonstrate these skills during role play exercises during the workshop

Outcomes

More productive consultations on obesity

Discussion

Discussion about the way in which we can improve consultations on obesity, whether it is the presenting complaint or something which has come up incidentally during a consultation about something else. Asking permission to discuss the issue, and being prepared to take no for an answer, improves the quality of consultations and can make patients feel more like active participants in their own care instead of being lectured.

Take Home Message for Practice

Know the 5 As of obesity care and always ask permission to discuss the issue.

Abstract topic

08. Health inequalities

Abstract ID: 898**Internal code**

O08-50

Presentation form

1 Slide – 5 minutes lecture

Assessing skin lesions in non-white skin

Toni Hazell^{1, 2)}, Dirk Pilat²⁾, Thomas Round²⁾, Emma Nash²⁾

¹⁾GP, Somerset Gardens Family Healthcare Centre, London, United Kingdom

²⁾RCGP, RCGP eLearning, London, United Kingdom

Background

There is increasing awareness that many textbooks and websites on dermatology show pictures which are almost exclusively of lesions on white skin. Skin conditions can look very different on black or brown skin; if this is not addressed in training, patients who do not have white skin are at risk of a delayed or wrong diagnosis.

Questions

How to best learn about skin conditions in non-white skin.

Methods

Look at some common skin conditions which look different in non-white skin e.g. eczema and psoriasis

Highlight useful online resources for improving knowledge in this area

Outcomes

Better and safer consultations for patients who are not Caucasian and who present with rashes or other skin complaints.

Discussion

Dermatology is often taught only briefly at medical school and very few vocational training schemes include a dermatology attachment. Newly qualified GPs often feel nervous about patients who present with skin problems and this can be compounded if the appearance of the rash is different due to the colour of the patient's skin. In this presentation we will briefly discuss the specific differences in presentation in one or two common skin conditions and aim to empower the audience to use online resources for their own further learning in this area.

Take Home Message for Practice

Skin conditions can look different in non-white skin – if you are not aware of this, you risk missing diagnoses.

Abstract topic

08. Health inequalities

Abstract ID: 901

Internal code

O08-51

Presentation form

1 Slide – 5 minutes lecture

Identifying and proactively managing patients at risk of health inequalities: developing an electronic tool within the electronic patient health records

Aminah Verity, Edd Morris, John McGuinness, Lola Fakoya-Sales, Joyce Jacca
North Lewisham Primary Care Network, London, United Kingdom

Background

North Lewisham Primary Care Network (NLPCN) covers 80,000 residents in urban South London. There are high levels of socioeconomic deprivation and a high proportion of inclusion health groups. Identifying those at risk of health inequalities is challenging for primary care teams. Improved identification and data coding can provide early opportunity to proactively manage the health of patients most at risk.

Methods

A GP Fellow worked collaboratively with the Lewisham's data team to program and develop a tool in the electronic health record system. The tool automatically parses the electronic record for coded data relating to health inequalities. This includes data on ethnicity, long term conditions, deprivation and social determinants of health.

When identified, the tool alerts clinicians that the patient could be at 'at risk of health inequalities'. This prompts a clinician review to approve an affirmative code and take proactive steps in managing their health, dependent on clinical judgement.

Results

An initial practice pilot (13,000 population) identified 15% of patients may be at risk of health inequalities. Initial suggested actions include: ensuring alternative non-digital access, empowering receptionists to book longer appointments, clinicians considering wider differential diagnoses and opportunistic screening.

Discussion

This innovative project is being expanded across NLPCN and collaborating with local academic centres. This tool can improve identification, clinical care and could be used as a framework for adjusted commissioning and funding for practices based on burden of deprivation. This project empowers primary care teams to identify and proactively manage patients at risk of health inequalities.

Abstract topic

08. Health inequalities

Abstract ID: 906

Internal code

O08-52

Presentation form

Lecture

Concept mapping using frameworks on refugee and migrant health to understand health risks and healthcare access during the migration journey

Adam Harvey-Sullivan

Queen Mary, University of London, Bethnal Green, United Kingdom

Background: Global migration is increasing and refugees, migrants, internally-displaced people and trafficked people face increasingly treacherous journeys; these have varied and adverse health impacts. **TARGET GROUP:** Suitable for primary healthcare practitioners interested in refugee and migrant health, global health and their application in existing frameworks.

Estimated participants: 30-35.

AIMS: Support participants to explore key concepts, definitions and frameworks relevant to global health and refugee and migrant health.

Objectives: Using Zimmerman's migration framework and Legido-Quigley's systems diagram, participants will develop concept maps constructing key concepts and

definitions. Explore heterogeneous health risks and healthcare access challenges at different stages of the migration journey.

Didactic methods: Introduction to the topic area and the principles of concept mapping. We will go through an example concept map to aid understanding (15 minutes)

Interactive methods: Using creative post-it noting, small groups will deconstruct, integrate and synthesise key concepts focused on different groups of refugees/ migrants/ trafficked persons, health challenges they face and how health systems respond. Use these to construct a concept map. (30 minutes). Each group will have a facilitator. We will end with group presentations of 2-3 minutes each with feedback then closing (15 minutes.)

Leader: Dr Adam Harvey-Sullivan is an NHS GP registrar and Academic Clinical Fellow in Primary Care. He is a member of Health Professionals for Global Health UK (other facilitators also from this group), a group committed to working towards a UK health workforce that engages with global health challenges to achieve equitable health for all.

Abstract topic

08. Health inequalities

Abstract ID: 907

Internal code

O08-53

Presentation form

1 Slide – 5 minutes lecture

The role of a primary care network community forum in addressing health inequalities in North Lewisham

Omolola Fakoya-Sales, John McGuinness, Joyce Jacca, Edward Morris, Aaminah Verity
Health Inequalities Team, North Lewisham Primary Care Network, London, United Kingdom

Background

North Lewisham Primary Care Network (NLPCN) covers 80,000 residents in South-East London. High levels of socioeconomic deprivation have resulted in a high burden of disease and low uptake of health promotion and disease management strategies. To address this, NLPCN Health inequalities team created a community forum to engage the local community to co-produce strategies addressing health inequalities and build community cohesion and trust.

Intervention

Community members, stakeholders and VSCOs were involved in scoping the design, principles and purpose of the forum. Two forums have been held since October 2021 and they run every 2 months. Between 20-50 individuals attended the hybrid online and face-to-face forums and over 140 VCSOs are on the mailing list. Representation of BAME organisations and those supporting inclusion health groups was achieved. Participants identified five key priorities: GP access, urban environment, poverty, long-term conditions and mental health. Three working groups were created to co-design improvements in GP access, housing and poverty. A strategic vision was produced for the PCN to demonstrate their commitment to tackling health inequalities in the area. Lewisham council has chosen to embed stakeholder engagement in the re-development of a health centre within the forum. We are co-designing a community hub to provide a range of services and activities which reflect local need.

Lessons learned

The forums were well-received and generated strategies for community-led priorities. Co-production of interventions is essential for meaningful involvement from the very people they are going to serve leading to increased engagement, community resilience and trust.

Abstract topic

08. Health inequalities

Abstract ID: 1030**Internal code**

O08-54

Presentation form

1 Slide – 5 minutes lecture

Multimorbidity in Latin American migrants in south London – a retrospective cohort study using primary care records

James Scuffell, Mark Ashworth
King's College London, LONDON, United Kingdom

Background

Approximately 110,000 Latin American migrants lived in the UK in 2011. Little is known of the health needs of Latin Americans, who tend to work in low-skilled employment despite high levels of educational attainment in Latin America. Understanding this population better may help to design health services to accommodate them.

Questions

- What is the prevalence of long-term conditions (LTCs) in Latin American migrants?
- To what extent are LTCs associated with not speaking English?

Methods

We used an anonymised cohort of 850,000 patients derived from primary care records in a young, multi-ethnic and deprived area of south London.

Latin Americans were identified by country of birth, self-reported ethnicity and language, and validated against census data. We estimated the rates of 32 key LTCs through the life course. Cox regression determined how speaking English affects LTC incidence.

Outcomes

We identified 26,289 Latin Americans, suggesting one fifth are not registered with a GP. 15% recorded English as their main spoken language. Rates of most LTCs were lower in Latin Americans than non-Latin Americans, particularly chronic obstructive pulmonary disease (adjusted hazard ratio (aHR) 0.35, 95% CI 0.27-0.45). HIV incidence was 25% higher than White ethnicities (aHR 1.27, 1.19-1.36). Not speaking English was associated with similar or reduced rates of LTCs.

Discussion

20% of Latin Americans have not registered with a GP; most do not speak English fluently. There is a substantial burden of HIV in this population. These data will help to improve healthcare access for this migrant group.

Abstract topic

08. Health inequalities

Abstract ID: 1061**Internal code**

O08-55

Presentation form

1 Slide – 5 minutes lecture

Tackling screening inequalities in trans and non-binary populations

Chae Ho Hwang¹⁾, Beatrice Lyons²⁾¹⁾General Practice, Suttons Wharf Health Centre, London, United Kingdom²⁾General Practice, North Wood Group Practice, London, United Kingdom

Invitation to screening depends on the gender under which patients register at their GP practice. Trans and non-binary (TNB) patients registering under a gender which differs to the sex assigned to them at birth may not receive recalls for cervical, breast or AAA screening and may not be aware that they need to opt in to this service. Routine screening pit falls exist within the TNB populations which put them at a health disadvantage. We audited a population of 34,900 patients registered in two practices in East and South London to determine whether TNB patients were receiving equal screening opportunities as cisgender patients. We standardized a search using Egton Medical Information Systems and identified 46 TNB patients. We reviewed their consultation notes to determine whether patients had been consulted regarding their preferences of title, awareness of screening recall system, and status of breast, cervix, bowel, and AAA screening. Our results revealed 43% of TNB patients were trans men and non-binary people assigned female at birth who are registered as male. This group of patients are entitled to the most screening but will not receive any form of recall. Importantly, 89% of the TNB patients were under 30 years old, as majority of screening starts later in life, we may not yet be seeing any impact of missed screening opportunities. This audit highlights potential missed screening opportunities and the need to ensure correct coding and conversations to avoid risk of future ill health and reduce health inequalities faced by TNB patients.

Abstract topic

08. Health inequalities

Abstract ID: 1088**Internal code**

O08-56

Presentation form

1 Slide – 5 minutes lecture

Refugees and health care: a practical approach

Inês Vidreiro¹⁾, Inês Miranda Paulo¹⁾, Janete Guimaraes^{2, 1)}¹⁾USF Travessa da Saúde, ACES Loures-Odivelas, Sacavém, Portugal²⁾USF São João da Talha, ACES Loures-Odivelas, São João da Talha, Portugal**Background**

Since 2015, the migrant crisis in Europe has been reaching unprecedented levels, with the number of asylum seekers increasing exponentially, with 272 million international migrants in 2019. Recent events that contribute to this include the Taliban takeover in Afghanistan, the war in Syria and migrant crossings in the Mediterranean sea. According

to the Migrant Integration Policy Index 2020, Portugal is one of the top 5 countries that adopt a comprehensive approach to integration of migrants, guaranteeing equal rights, opportunities and security.

Refugees and migrants remain among the most vulnerable members of society faced often with xenophobia; discrimination; poor living, housing, and working conditions; and inadequate access to health services, despite frequently occurring physical and mental health problems. Therefore, it is extremely important to train medical doctors on cultural competences in medicine to respond to this calamity of modern health care.

Target Group

Family doctors

Didactic Method

Brief presentation of key aspects on medical, cultural and communication skills regarding Refugees and role play of clinical cases based on our field experience.

Objectives

Our goal is to give family doctors the resources to better evaluate and communicate with the refugee population, contributing favorably to cultural competence in Health Care and providing better care for this vulnerable population.

Estimated number of participants

Maximum 30 participants.

Brief presentation of the workshop leader

Inês Vidreiro is a 4th year trainee doctor of family medicine in Lisbon, Portugal who has been contributing with the Refugee Reception Center of the Portuguese Refugee Council since 2019.

Abstract topic

08. Health inequalities

Abstract ID: 1093

Internal code

O08-57

Presentation form

Lecture

Women with obesity and cervical cancer screening: the double penalty

Laurent RIGAL, Jeanne SASSENOU

General Practice, Paris-Saclay University, Le Kremlin-Bicêtre, France

Background: The regular performance of Pap tests reduces the mortality of cervical cancer. French women can be screened at their convenience by gynecologists, general practitioners, or midwives. Gynecologists perform most of these tests. Because most of them charge more than the NHI (National Health Insurance) reimburses patients are left with out-of-pocket expenditures. Women who are obese, already under-screened compared with those of normal weight, may also face greater income inequalities for Pap tests.

Question: The objective was to test the existence of an income-BMI interaction in the under-screening of cervical cancer to determine if income inequalities in screening increase with BMI.

Methods: This study analyzes data from the CONSTANCES cohort, a general-purpose epidemiologic cohort designed to study a wide range of health problems in the general

population. We analyze the combined role of obesity and low income. We calculated a Slope Index of Inequality.

Outcomes: Among the 28,905 women included, 23.1% were underscreened. The rate of underscreening increased with BMI. The income gradient increased significantly from 0.17 among normal-weight women to 0.19 in overweight and 0.23 in obese women ($p = 0.047$).

Discussion: One potential explanation for the steeper income inequality among women who are obese could be that greater discrimination by providers, due to the combination of negative attributes, leads to deeper underscreening.

Take Home Message for Practice: Women who are obese are subject to a double penalty in cervical cancer screening: they are underscreened and subject to a more unfavorable economic gradient than normal weight women.

Abstract topic

08. Health inequalities

Abstract ID: 1094

Internal code

O08-58

Presentation form

1 Slide – 5 minutes lecture

“Count on me” project = Peer to peer groups to identify and control burn out in residents and young GP’s.

MIRIAM REY SEOANE¹⁾, Inês Da Silva e Pereira²⁾, Ewa Kopec³⁾, Sophie Petit⁴⁾

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²⁾Unidade de Saude de Lagoa, USISM, Ponta Delgada, Portugal

³⁾Uniwersytet Medyczny w Lodzi, none, Lodz, Poland

⁴⁾Maison Médicale "LeGoéland", Linkebeek, Jong Domus, Elsene, Belgium

Background

Burnout is a syndrome that can affect everyone with a high-stress level job, leading to exhaustion, cynicism, detachment, and no sense of personal or professional accomplishment. During the COVID-19 pandemic, the incidence of burnout increased and residents and young doctors were one of the most affected. The diagnosis of burnout can be difficult, especially among healthcare providers.

Questions / Discussion Point

Could a peer group help identify and control low to middle levels of burnout in residents and young GP’s?

Objectives

- Create awareness about burnout
- Create a safe place for young doctors who are struggling with a healthy work-life balance and burnout

How

We create peer groups of max 10 people who come together (online) once a month. The group will be supervised by one of us and our role is to support and structure the ideas that come from within the group. The needs and expectations of the participants will determine what the sessions will look like.

Workshop:

Target group: residents and young GP’s

Estimated number of participants: 20-30

Didactic method:

- A brief introduction on what burnout is (the initial symptoms, signs to look for, etc) and a presentation of the “Count on me” project.
- We divide into small groups to talk about burnout scales, personal experiences and what the project could mean for them, and what they (can) expect from it.
- Take-home messages and questions.

Ines, Ewa, Miriam, and Sophie love to welcome you to this special project.

Abstract topic

08. Health inequalities

Abstract ID: 1153

Internal code

O08-59

Presentation form

1 Slide – 5 minutes lecture

Narrowing the healthcare inequalities gap: Core20PLUS5 in practice

Liam Loftus¹⁾, Bola Owolabi (presenter, subject to diary availability)²⁾, Aoife Molloy (presenter, subject to diary availability)²⁾, Josie O’Heney²⁾, Emma Hadley²⁾, Thomas Gardiner (presenter, subject to diary availability)²⁾, Marina Soltan²⁾

¹⁾Primary Care Team, NHS England Primary Care Team, London, United Kingdom

²⁾Healthcare Inequalities Improvement Team, NHS England and NHS Improvement, London, United Kingdom

Background:

Core20PLUS5 is a national approach to support the reduction of healthcare inequalities. General practice is key to both implementing the approach and achieving the ambitions it outlines, thereby reducing the healthcare inequalities experienced within our communities.

Target group:

Primarily general practitioners, though the content is relevant to all working within general practice.

Didactic Method:

The session will open with a didactic presentation outlining the Core20PLUS5 approach and supporting data, making the case for change.

In the next section, participant groups will focus on the PLUS aspect of the approach, undertaking facilitated discussion the following questions:

- Who are your PLUS groups?
- How have you engaged with them to date?
- How may you engage with them moving forward?

The final section will again be group discussion. Each group will be allocated one of the 5 clinical areas of focus, discussing:

- What are you doing as a practice/PCN to achieve this aim?
- If nothing yet, then how may you start?

The session will close with a plenary covering key learning, as well as suggested high-impact actions to inspire activity following the session.

Objectives:

- To inform of the Core20PLUS5 approach.

- To stimulate discussion, and share best practice, around the work practices/PCNs are doing to reduce healthcare inequalities via this approach.
- To inspire participant action on tackling healthcare inequalities using the learning from this session.

Brief presentation of the workshop leader:

The session will be facilitated by representatives from both the Healthcare Inequalities Improvement Team, and the Primary Care Team, at NHSEI.

Abstract topic

08. Health inequalities

Abstract ID: 1159

Internal code

O08-60

Presentation form

1 Slide – 5 minutes lecture

Migration health in local practice

Aliki Traianou

University of Glasgow, Glasgow, United Kingdom

Background: An estimated 10% of the population in the European Region are migrants or refugees. Limited or interrupted access to healthcare during migration can result in missed management which can increase the risk of poorer health outcomes. Refugees and migrants often have complex health needs and face challenges in accessing healthcare in their destination countries due to language barriers, legal status and poor health literacy. As General Practitioners (GPs) we may be the first point of contact for migrants and refugees and have a key role to play in advocacy and holistic, patient-centred care.

Target group: All GPs wishing to increase awareness about migrant healthcare.

Didactic method: Short presentation on background of migration health.

Four small group discussions on role of GP in Migration health in local practice, including the health needs of migrants and how these relate to local populations, how health seeking behaviour affects health outcomes, the challenges facing migrants in accessing healthcare and holistic healthcare provision. Feedback from group work to inform wider discussion.

Objectives: Understand the health needs of migrants and refugees.

Understand the challenges migrants can face in accessing healthcare and how to address these.

Understand how a holistic practice taking into consideration all patients cultural, spiritual and health seeking beliefs can improve health outcomes.

Estimated participants: 20

Brief presentation of workshop leader: Aliki is an ST3 who has worked with the Rohingya refugees in Bangladesh for the UN and for DOTW's London clinic. She teaches on Global Health at University of Glasgow.

Abstract topic

08. Health inequalities

Abstract ID: 1173

Internal code

O08-61

Presentation form

1 Slide – 5 minutes lecture

The Oxford Refugee Health Initiative: medical students providing healthcare advocacy to young asylum seekers

Dominik Metz¹⁾, Chloe Freeman²⁾, Eleanor Ferris²⁾, Katerina Dangas²⁾, Lena Zhu²⁾, Morganne Wilbourne²⁾, Oliwia Dziwisz²⁾, Omaima Ali²⁾, Piero Alberti²⁾, Winston Zhu²⁾

¹⁾Donnington Medical Partnership, Oxford, United Kingdom

²⁾Medicine, University of Oxford, Oxford, United Kingdom

Background

Refugees and asylum seekers often have complex healthcare needs and face additional difficulties which ranging from language barriers and unfamiliarity with accessing the NHS to dealing with impacts of previous trauma. Healthcare professionals treating this group face challenges in terms of developing trust, communication, cultural sensitivity, time capacity, and understanding the legal status of patients, with wide-ranging implications for their wellbeing.

Project

Oxford Refugee Health Initiative (ORHI) developed a partnership between Oxfordshire social services supporting unaccompanied asylum seekers (16-18 years old), medical students, and primary/secondary care doctors.

Medical students organise wellbeing activities, health education sessions and offer mentorship support for young people referred to the service. Students support asylum seekers in health encounters, including pre-appointment history-taking with interpreters to allow more effective use of clinical time. ORHI students have financial support to access interpreters and arrange activities and self-directed learning seminars. Their work is supervised by senior clinicians who provide additional training.

Question

Our aim is to assess the ability of the program to improve the group's access to healthcare and social wellbeing whilst also enhancing the students' knowledge in migrant health. Outcomes of ORHI will be assessed using surveys and games-based feedback tools.

Implications for Practice

We hope to advocate for the refugee community by improving access to healthcare and promoting mental wellbeing. ORHI aims to promote students' understanding of health needs in underserved populations, empowering them to better serve vulnerable communities once fully qualified. This pilot project has been conducted aiming to encourage similar future ventures.

Abstract topic

08. Health inequalities

Abstract ID: 1215**Internal code**

O08-62

Presentation form

1 Slide – 5 minutes lecture

Do people with diabetes get less chest pain during a myocardial infarction: a systematic review and meta-analysis

Abhinav Kumar¹⁾, Amrit Sanghera¹⁾, Balpreet Sanghera¹⁾, Louise Marston²⁾, Sophie Pattison²⁾, Melvyn Jones²⁾

¹⁾UCL Medical School, UCL, London, United Kingdom

²⁾UCL Research Department of Primary Care and Population Health, UCL, London, United Kingdom

There is considerable health inequality in cardiovascular outcomes internationally for those with diabetes mellitus. People with diabetes are more likely to have a myocardial infarction (MI) and have a higher MI mortality. Chest pain during a MI is a common presentation in primary care or A&E/ED. Early recognition and prompt intervention with MI leads to improved outcomes, but in patients with diabetes with an MI there may be a higher risk of atypical, reduced or no chest pain at presentation leading to delayed treatment.

We conducted a systematic review and meta-analysis to assess the difference in chest pain symptoms when suffering MI, comparing the prevalence of chest pain symptoms in those with & without diabetes.

We searched Medline and Embase up to 2021 for observational studies of MI patients with and without pre-existing diabetes presenting to healthcare services, with the patient's chest pain measured as present/absent or typical/atypical based on clinicians' judgement. Records were double screened, and eligible articles underwent quality and risk of bias assessment. Data was meta-analysed in Stata.

Analysis of data from 52,671 participants showed increased risk of atypical or "no chest pain" symptoms in patients with diabetes during an MI, with odds ratio of 1.32 (95% CI: 1.15, 1.53).

A significantly higher incidence of "no chest pain" can be seen in those with diabetes during an MI.

Our findings are important for GPs and A&E departments, where patients with diabetes presenting with atypical symptoms should have an MI diagnosis considered.

Abstract topic

08. Health inequalities

Abstract ID: 1226

Internal code

O08-63

Presentation form

1 Slide – 5 minutes lecture

Migration and refugee experience from the field

Aliki Traianou¹⁾, Vasileios Stoukas²⁾

¹⁾University of Glasgow, Glasgow, United Kingdom

²⁾Migration Health, IOM-UN, Athens, Greece

Background: Globally there are currently estimated to be one billion migrants equating to roughly one seventh of the world's population. This includes 281 million international migrants and 82.4 forcibly displaced. (UNHCR, 2021) Migration is a social determinant of

health and migrants and refugees often have complex health needs. Understanding patients holistically enables appropriate individually tailored care that will improve health outcomes.

Questions/discussion: How can we better service the health needs of refugees and migrants?

How is refugee and migration health relevant to us all wherever we practice?

What skills have we taken from the field into our regular practice?

Content: Brief introduction around refugee and migrant health and discussion of our experiences in the field, accompanied by photos. Discussion around the relevance of skills developed in the field being introduced into our practice at home as practitioners with a focus on the importance of understanding our patients cultural beliefs and psychosocial situation during our interactions to ensure their care is holistic and individual.

Take home message for practice: Our experiences with migrants and refugees both in the field and at home has improved our understanding of our patients and how cultural and spiritual beliefs alongside their previous life experiences can impact on their health seeking-behaviours and health outcomes. As practitioners this enables us to provide holistic, patient –centred care treating the person as an individual rather than the disease.

Abstract topic

08. Health inequalities

Abstract ID: 1249

Internal code

O08-64

Presentation form

Workshop

Developing the matrix – the journey to implementing Social Prescribing in your practice and community

Jane Randall-Smith¹⁾, Joyce Kenkre^{2, 3)}, Ferdinando Petrazzuoli^{4, 3)}, Wolfram Herrmann⁵⁾, Miriam Dolan^{6, 7)}, Natasa Mrduljaš-Đujic^{8, 9, 3)}, Donata Kurpas^{10, 3)}

¹⁾EURIPA, Llandyssil, Montgomery, United Kingdom

²⁾University of South Wales, Cardiff, United Kingdom

³⁾EURIPA, Neuilly, France

⁴⁾Lund University, Lund, Sweden

⁵⁾Charité - University Medicine Berlin, Berlin, Germany

⁶⁾Maple Healthcare, Lisnaskea, United Kingdom

⁷⁾Dolans Social Farm, Garrison, United Kingdom

⁸⁾University of Split, Split, Croatia

⁹⁾Specialist practice in family medicine Postira, Island of Brac, Croatia

¹⁰⁾Wroclaw Medical University, Wroclaw, Poland

Background

Social Prescribing is a means of referring patients in primary care to activities within their community that could improve their health and wellbeing. There are other advantages to social prescribing in terms of reduction in practice visits, building social capital, the personal development of individuals, and benefit to the community.

Target Group

The participants will be GPs/practitioners and GP trainees wanting to know more about social prescribing and to learn about its implementation in practices and communities.

Method

The workshop will commence with short presentations to explain social prescribing and illustrate the different approaches.

The workshop will use a modified nominal group technique to discuss issues and come to agreement on priorities to enable development and implementation of social prescribing. This approach will bring together people with mixed experiences and knowledge of social prescribing.

The workshop will end with an evaluation.

Objectives

- To create a greater understanding of social prescribing for GPs in Europe
- To enable discussion of how the ideas and activities can be developed and are able to be facilitated, but also how to manage the barriers which may need to be overcome.
- To contribute to developing a matrix to aid practitioners with the implementation of social prescribing in their practice and community from beginners to expert

Estimated number of Participants

Up to 40 participants.

Workshop leader

Joyce Kenkre is an Emeritus professor, who has managed large projects demonstrating the impact of social prescribing. She is a member of EURIPA and Council member for Rural WONCA.

Abstract topic

08. Health inequalities

Abstract ID: 1255

Internal code

O08-65

Presentation form

Workshop

Colorectal cancer screening in Europe: from reality to evidence – EUROPREV workshop

Carlos Martins^{1, 2)}, Ahmeda Ali^{1, 3)}

¹⁾EUROPREV - European Network for Prevention and Health Promotion in Family Medicine and General Practice, Porto, Portugal

²⁾#H4A Primary Healthcare Research Network, Porto, Portugal

³⁾Assistant Scheme Director of Irish College of General Practitioners, Dublin, Ireland

Justification and interest of the workshop

The reality of colorectal cancer screening in European countries is often different. It is critical to identify dissonances with the best available evidence, in order to ensure that patients' preferences and values are also integrated into the decision of undergoing or not this screening.

Learning goals

1. To debate the reality of colorectal cancer screening in different European countries
2. To discuss the role of family doctors in colorectal cancer screening and, particularly, in approaching its benefits and harms

3. To acknowledge the best available evidence related to colorectal cancer screening

Methods

A mix of lecture, small group discussion and plenum discussion will be used. Lecture content will include the presentation of the reality of colorectal cancer screening in different European countries (EUROPREV's database) and an explanation of the best available evidence related to this cancer screening. In small groups, participants will be invited to share their experiences and to discuss eventual problems related to this cancer screening implementation in their countries. Plenum discussion will be used to share the main results of small group work and summarize the workshop results.

Expected impact on the participants

By comparing between different countries and sharing experiences, participants are expected to increase their resources to deal with colorectal cancer screening, a challenging field of family medicine.

Abstract topic

08. Health inequalities

Abstract ID: 1260

Internal code

O08-66

Presentation form

Workshop

How to be an ally for LGBTQIA+ patients?

Julien Artigny¹⁾, Stuart Holmes²⁾, Filiz Ak³⁾, Fred Thomas⁴⁾

¹⁾Collège de la Médecine Générale - France, Toulouse, France

²⁾Royal College of General Practitioners, Manchester, United Kingdom

³⁾Department of Family Medicine, Ankara University School of Medicine, Ankara, Turkey

⁴⁾University College London, London, United Kingdom

Background

Family doctors may think that LGBTQIA+ patients are a small minority group, but they actually represent between 8 to 10% of patients, more than many other populations we are trained to care for. LGBTQIA+ patients are more at risk of several conditions related to sexual and mental health, and in many countries may face violence and marginalisation (which can significantly affect their overall wellbeing). Without receiving systematic training in LGBTQIA+ healthcare, how can we be effective allies to this group of patients? What steps can we take as family doctors to improve this situation?

Target

Family doctors, Residents, Primary Healthcare professionals

Method

- We will start with a non-judgmental and friendly introduction to LGBTQIA+ vocabulary and an interactive exploration of the differences between gender identity, sexual orientation and sexual practices.
- Small group discussions to work through real life scenarios to identify practical ways to be an ally to:
 - Transgender, gender non-conforming gender questioning patients
 - LGBTQIA+ patients as they express their sexuality and relationships

Feedback and summary of tips, tricks and ideas to improve our practice as family doctors with LGBTQIA+ patients.

Participants: 10-40

Objectives

Reflect on our biases as family doctors caring for LGBTQIA+ patients

Deconstruct the stereotypes of LGBTQIA+ patients

Provide practical tips and tricks for being an ally to LGBTQIA+ patients

Workshop leader

Dr Julien Artigny is a French family doctor, co-lead of the LGBTQ Health SIG of WONCA World and is passionate about LGBTQIA+ care and advocacy.

Abstract topic

08. Health inequalities

Abstract ID: 1263

Internal code

O08-67

Presentation form

Workshop

Family medicine – jewel in the crown of equitable covid-19 care

Sara Willems¹⁾, Pierre Vanden Bussche¹⁾, Esther Van Poel¹⁾, Claire Collins²⁾, Zalika Klemenc-Ketis³⁾, Merja Laine⁴⁾, Stefanie Stark⁵⁾, Victoria Tkachenko⁶⁾, Maria Vanden Muijsenbergh⁷⁾

¹⁾Department of Public Health and Primary Care, Ghent University, Gent, Belgium

²⁾Irish College of General Practitioners, Dublin, Ireland

³⁾Department of Family Medicine, University of Ljubljana, Ljubljana, Slovenia

⁴⁾University of Helsinki, Helsinki, Finland

⁵⁾GP Institute, University Hospital Erlangen, Erlangen, Germany

⁶⁾Shupyk National Medical Academy of Postgraduate Education, Kiev, Ukraine

⁷⁾Radboud University, Nijmegen, Netherlands

Background:

The COVID-19 pandemic confronted general practices with unprecedented structural and organizational challenges to provide high-quality care. The pandemic has a disproportionately impact on people already living in a vulnerable position which inevitably results in enhancing pre-existing health inequities and generating new ones. Did general practitioners in Europe succeed in maintaining their key role in identifying vulnerable patients and limiting the growth of inequity?

The PRICOV-19 study examines how general practices in 37 European countries and Israel (re)organized the practice to guarantee safe, effective, patient-centered, and equitable care. Because of the scale and multi-country design, PRICOV-19 can identify practice- and health care system characteristics associated with better care.

Target group: Health care professionals, researchers and policymakers interested in quality of care in PHC

Didactic Method: Interactive presentation of preliminary results of the Pricov-19 study followed by small group sessions to reflect and comment on some aspects. Resuming the results of the small group work in the following plenary session.

Objectives:

- Getting familiar with the results of the PRICOV-19 study
- Getting a more in-depth understanding of the results from different countries

- Reflecting on challenges and initiatives to provide equitable care the respondents experienced in their own practice and in general practice in their country
- Getting inspired by other attendants

Estimated number of participants: 30

Brief presentation of the workshop leader: Prof. Sara Willems is head of the Department of Public Health and Primary Care at Ghent University (Belgium) and PI of the PRICOV-19 study.

Abstract topic

08. Health inequalities

Abstract ID: 1273

Internal code

O08-68

Presentation form

Lecture

Palliative and end of life care experiences of people of african and caribbean descent during COVID-19

Efioanwan Andah¹⁾, Felicity Dewhurst²⁾, Louise Tomkow¹⁾, Marie Poole²⁾, Emma McLellan²⁾, Patience Kunonga²⁾, Chris Todd¹⁾, Barbara Hanratty²⁾

¹⁾University of Manchester, Manchester, United Kingdom

²⁾University of Newcastle, Newcastle, United Kingdom

Background and Questions

People of African and Caribbean descent experienced the highest mortality rates during the pandemic, but often have the poorest access to palliative care. This study aims to identify how palliative care services can better meet the needs of people of African and Caribbean descent, by exploring patients' (by proxy), families' and health, social care and community workers' experiences of end of life care during the pandemic.

Methods

Semi-structured interviews explored experiences of end of life care using a topic guide developed with patient and public involvement partners. Participants' suggestions for care improvement were foregrounded throughout. Thematic analysis was used, and the theoretical framework combined Critical Race Theory and Saurman's model of access.

Outcomes and Discussion

Over 40 participants were recruited. Results show that people of African and Caribbean descent are poorly served by current services. Interviewees expressed distinct differences between the culture of care, and that of the patient. Themes describing end of life care services included:

- Unavailable: spiritual support, paid carers, specialist care, visitation and choice
- Inadequate: advertisement of services, cultural diversity and the appreciation of the importance of extended families
- Unacceptable: communication surrounding death and bereavement (upstream/proactive early discussions would improve engagement) and mental health and bereavement support.

Take home message for practice

Prioritisation of person-centred and culturally competent spiritual, psychological, and social interventions remains an aspiration for palliative care. A focus on cultural sensitivity and communication could help to enhance palliative and end of life care for all.

Abstract topic

08. Health inequalities

Abstract ID: 1280**Internal code**

O08-69

Presentation form

1 Slide – 5 minutes lecture

Systematic review of economic expenditure for the end of life. A comparative analysis between countries.

Carlos Torres, Eva Leceaga-Gaztambide
ICS, Barcelona, Spain

Currently, an increasing life expectancy, linked to a high prevalence of chronic diseases and a desired improvement in the quality of medical care, makes it necessary to reflect on the resources we dedicate to the last stages of our lives. **OBJECTIVE:** To define limits and conceptual differences related to the end-of-life phase according to the region or culture studied, to know and compare the economic expenditure attributed by countries and to find evidence that could justify a redistribution of the resources. **METHODS:** A systematic search was carried out in six medical and economic databases and expanded with tertiary sources and gray literature, including articles published between 2012 and April 2020. Regarding inclusion criteria, economic studies of the cost type were prioritized. **RESULTS:** All cost studies concluded that care at the end of life represents an increase of up to 80% compared to previous phases, highlighting a great variability in financing and distribution of economic expenditure. The services provided in the patient's home are cost-effective compared to conventional alternatives, highlighting the great relevance that informal care acquires in this environment. **CONCLUSION:** Current evidence suggests that palliative care has the potential to be cost-effective and improve quality of life in its later stages. The overall applicability and external validity of the evidence were uncertain due to insufficient sample sizes and limited cost-effects modelling. More specific economic evaluations of this stage of life are necessary, with more representative samples and based on results centered on the patient and her caregivers.

09. Quality improvement

Abstract topic

09. Quality improvement

Abstract ID: 5**Internal code**

O09-01

Presentation form

Science Slam

Improving uptake of bowel screening: a pilot of three approaches to enhance engagement

Sneha Rathod, John Edwards, Elizabeth Cottrell
Wolstanton Medical Centre, Wolstanton, United Kingdom

Background

Bowel screening reduces death from bowel cancer, however, its full potential is hampered by only two-thirds of the eligible population participating in the screening. Multiple patient characteristics and misconceptions contribute to poor uptake.

Questions

How can general practice prompt participation in the national bowel screening programme?

Methods

A three stage approach to improving bowel screening uptake within practice was employed. First, we utilised text messages for non-responders who had recorded mobile phone numbers. These messages outlined that the lack of response in the screening had been identified and gave information for obtaining a test kit. While these messages prompted an improved uptake, this medium for communication was not available to all patients. Next we introduced a personalised, mail-merged letter to send to non-responders without mobile phone numbers. Finally, we utilised hand-written personalised cards. The letter and card were co-designed with our patient participation group. Response before and after employing each prompt was assessed and characteristics of (non)responders were explored.

Outcomes

We will present the impact of utilising each type of prompt.

Discussion

The eligible population for bowel screening is large, high-resource, evidence-based options such as one-to-one phone calls for non-responders is not plausible or sustainable. However, we have identified approaches to encourage participation in bowel screening to prevent future cancer mortality. These approaches could be adapted for other screening programmes or health campaigns.

Take Home Message for Practice

Supplementing the national bowel screening programme with individual, practice based prompts can improve uptake of testing.

Abstract topic

09. Quality improvement

Abstract ID: 6

Internal code

O09-02

Presentation form

1 Slide – 5 minutes lecture

Improving child safeguarding within primary care through a proactive and multifaceted approach

Elizabeth Cottrell, John Edwards
Wolstanton Medical Centre, Wolstanton, United Kingdom

Background

Safeguarding children requires professional curiosity, effective communication and information-sharing between organisations. In England, this crucial information exchange has been suboptimal.

Questions

What can primary care do to optimise child safeguarding processes?

Methods

A multifaceted approach was undertaken: 1) child safeguarding electronic registers were improved and cleaned, using a broad search, notes review and seeking outcomes for all who had ever been coded with safeguarding concerns; 2) creation of registers for those when a potential cause for concern was identified; 3) improved awareness of the individual's context during care provision using electronic medical record flags and asking practice coders to flag incoming letters of those on registers; 4) employment of a dedicated administrator one day a week, to review those on the registers, chase information, convene multidisciplinary meetings, follow-up after missed appointments; 5) fortnightly meetings between the lead GP and administrator.

Outcomes

We have proactively streamlined communication, improved information exchange for vulnerable patients, identified previously-unknown safeguarding concerns, and worked collaboratively with external organisations to support families, sometimes avoiding the need to embark on safeguarding referrals.

Discussion

Good child safeguarding is important for the child and their family at the time but also to protect against the future negative impacts of adverse childhood experiences. However, this requires major investment in administrator and GP time to overcome system barriers.

Take Home Message for Practice

Primary care is optimally-placed to coordinate safeguarding processes but this requires a radically different system. This should be recognised and resourced as a core element of general practice.

Abstract topic

09. Quality improvement

Abstract ID: 7

Internal code

O09-03

Presentation form

1 Slide – 5 minutes lecture

Inhaler technique: time to care!

Jaime Correia de Sousa¹, Amanda Barnard², Miguel Román Rodríguez^{3, 4}, Ioanna Tsiligianni⁵, Nicola Connor³

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²Australian National University, Canberra, Australia

³International Primary Care Respiratory Group, Larbert, United Kingdom

⁴Instituto de Investigación Sanitaria de las Islas Baleares, Majorca, Spain

⁵Department of Primary Care and Public Health, University of Crete, Greece

Asthma is an unusual chronic condition. We do not entirely know how to prevent it effectively; it affects all ages, and the mainstay of treatment is pharmacological, sometimes as a trial of treatment, even before diagnosis is fully confirmed. There are very effective and cost-effective pharmacological interventions - inhaled medicines. And yet the quality of primary care prescribing and monitoring illustrates significant unwarranted variation, waste and failure to prevent disability and harm.

The target groups will be trainees, early career and experienced family doctors. Minimum of 15, up to 30 participants.

Aim of hands-on workshop - generate passion and commitment to take inhaled medicines seriously. On completion, participants should be able to: a) choose the right inhaler together with the patient; b) assess patients' ability to use their inhaler; c) support changes in inhaler technique; d) suggest inhaler changes when needed.

We will present a clinical case requiring the management of asthma in line with recent international recommendations (GINA), which for patients with mild and moderate asthma may require a change in inhaler. This creates challenges for the prescriber and patient and shared decisions that we will explore in an innovative and fun inhaler gameshow format, that has been well received by primary care clinicians in Spain where it has been developed.

We will address country differences, introducing alternative guidelines. e.g. UK BTS/NICE/SIGN or the Spanish GEMA guideline, reviewing the same evidence.

The workshop leader, Miguel Román is a family physician in Majorca with a special interest in respiratory conditions.

Abstract topic

09. Quality improvement

Abstract ID: 41

Internal code

O09-04

Presentation form

1 Slide – 5 minutes lecture

Direct oral anticoagulants dose adjustment to glomerular filtration rate in patients with atrial fibrillation and flutter in primary care

Rita Silva¹), Nuno Caires²), Maria Beatriz Morgado³), Mariana Pereira⁴), Catarina Capella⁵)

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²)USF Fernão Ferro Mais, Fernão Ferro, Portugal

³)USF Cova da Piedade, Almada, Portugal

⁴)USF Vista Tejo, Almada, Portugal

⁵)USF Almada, Almada, Portugal

Background

Atrial fibrillation and flutter are prevalent conditions. Direct oral anticoagulants require dose adjustment to glomerular filtration rate.

Questions

How is the quality of prescription of direct oral anticoagulants in adults with atrial fibrillation or flutter in primary care?

Methods

We conducted an observational study in 5 Portuguese health care centers. We included adults with atrial fibrillation or flutter, a glomerular filtration rate under 50 mL/min, treated with direct oral anticoagulants between June 2020 and May 2021. Glomerular filtration rate was calculated using Cockcroft-Gault formula and direct oral anticoagulants' prescription adequacy was confirmed according to the summary of product characteristics. A descriptive analysis of the population was made. A correlation between

prescription adequacy and patient characteristics, as well as with prescribed direct oral anticoagulant was assessed.

Outcomes

From 95 adults, 43 (45,3%) were male, with an average age of 83 years. 46 (48,4%) presented with inadequate anticoagulant prescription, from whom, 43 (45,3%) had an incorrect dosage and 3 (3,2%) had a formal contraindication to the treatment. We found no association between prescription adequacy, sociodemographic characteristics or the prescribed direct oral anticoagulant.

Discussion

This study suggests that there is an important prevalence of inappropriate prescription of direct oral anticoagulants in patients with reduced glomerular filtration rate in primary health care, compromising the efficacy and safety of this medication.

Take Home Message for Practice

The glomerular filtration rate vigilance is necessary for a correct prescription of direct oral anticoagulants in patients with atrial fibrillation and flutter.

Abstract topic

09. Quality improvement

Abstract ID: 51

Internal code

O09-05

Presentation form

Science Slam

Opioids prescription in advanced stage COPD patients. A Database Review.

Matteo Mannucci, Lucia Gorreto Lopez, Miguel Roman Rodriguez
IBSALUT, palma, Spain

Descriptive study based on the MAJORICA cohort, a database that includes all patients registered in the public health service with a diagnosis of COPD and / or Asthma. We will review the opioid prescription during the last 6 months of life and the last 15 days of life of the patients included in this population database who died during the years 2012 to 2019.

14,980 death patients with a diagnosis of COPD have been analyzed, described according to sociodemographic variables and comorbidities, of which 1,313 (8.8%) had prescription of Strong Opioids in the last 6 months of life. Percentage changes to 1.1% (169 people) in the last 15 days of their life. A number of 523 people (3.5%) were included in a specific Homecare Palliative Program (HPP) and 774 (5.25%) had palliative needs identified in the computerized system.

Of the 14,980 total patients in the sample, 1,336 patients took strong opioids or a combination of strong and weak opioids, according to the registered electronic prescription. Of the patients included in HPP programs, 385 take strong opioids, representing 28.8% of the total number of patients treated with this medication in the last six months of life. Percentage that rises up to 40.9% (547) in patients identified with palliative needs in the computer system.

Despite the limitations implied in the study, the role of identifying palliative needs and specific teams seems to be more than important for treatment with opioids at the end of life.

Abstract topic

09. Quality improvement

Abstract ID: 83**Internal code**

O09-06

Presentation form

1 Slide – 5 minutes lecture

Non-communicable diseases interventions in Africa: a series of systematic reviews mapping existing research and knowledge gaps

Susanne Unverzagt¹⁾, Lucas Adam¹⁾, Monique cernota¹⁾, Adamu Addissie²⁾, Eva Johanna Kantelhardt³⁾, Etienne Ngeh⁴⁾, Benjarong Nanuppakrankijkun¹⁾, Thomas Frese¹⁾, Angelika Sabine Sandholzer-Yilmaz¹⁾, Eric Sven Kroeber¹⁾

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²⁾School of Public Health, Preventive Medicine, Addis Ababa University, Addis Ababa, Ethiopia

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⁴⁾St. Luis University, Research Organisation for Health Education and Rehabilitation, Bamenda, Cameroon

Background: The transition from infectious to non-communicable diseases (NCDs) leads to novel challenges in African health systems that must be addressed in evidence-based interventions adjustable to regional contexts.

Question: To collect locally generated high-quality evidence, map research foci and knowledge gaps and inform future research.

Methods: We systematically searched electronic databases and trial registries to identify randomized controlled trials (RCTs) and prospective cohort studies (only stroke) on preventive, diagnostic and treatment interventions for patients with common NCDs hypertension, diabetes, chronic obstructive respiratory disease (COPD) and stroke.

Outcomes: We included 99 studies on hypertension, 60 on diabetes, 18 on COPD and 25 on stroke. The studies describe a heterogeneous collection of interventions of varying effectiveness. Interventions include educational, physical activity, nutritional, pharmacological, neurophysiologic and rehabilitative approaches. Studies were often conducted in urban settings of countries with strong infrastructural development. Most follow-up periods ranged from four weeks to one year. Commonly reported endpoints were blood pressure (hypertension), HbA1c (diabetes), pulmonary functioning (COPD) and body functioning scores (stroke). Few studies reported on disease progression or mortality.

Discussion: Research activity does not reflect local NCD prevalences but seems to depend on infrastructural, financial and healthcare resources and awareness in the countries. The systematic reviews summarize a variety of low-resource tested approaches that map the current research state and show a promising trend in NCD research in African countries.

Take Home Message:

Research activity is still sparse, especially in primary care and in rural areas but generally increased over the last decade.

Abstract topic

09. Quality improvement

Abstract ID: 115**Internal code**

O09-07

Presentation form

1 Slide – 5 minutes lecture

The International Survey of People Living with Chronic Conditions (PaRIS survey): development of the patient questionnaire

Jose M Valderas^{1, 2)}, Ian Porter²⁾, Mieke Rijken³⁾, Marta Ballester⁴⁾, Oliver Groene⁵⁾, Rachel Williams⁶⁾, Michael van den Berg⁷⁾, Laura Thomas⁶⁾, Niek Klazinga⁷⁾, Dolf de Boer³⁾

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⁶⁾Ipsos MORI, London, United Kingdom

⁷⁾Health Division, Organization for the Economic Cooperation and Development, Paris, France

Background: The Organization for Economic Cooperation and Development (OECD) PaRIS Survey aims to support countries in improving care for people living with chronic conditions by collecting information on how these people experience the quality and performance of the primary and ambulatory care services.

Questions: What patient survey should be used for constructing patient reported indicators?

Methods: Comprehensive and systematic process including a series of systematic literature reviews, engagement with international stakeholders identified candidate scales and items. Following a mapping exercise onto the conceptual framework, 4 instruments for each domain were shortlisted using predefined criteria. Their psychometric performance was assessed using the EMPRO method and a modified Delphi was implemented for selecting a core instrument for each domain and additional relevant scales/items. Further consultations took place with relevant stakeholders until a final version was agreed.

Outcomes: 217 instruments were identified measuring one or more of the domains of the conceptual framework. The final version of the survey includes the following sections: "Your health" (18 items; PROMIS Global-10, WHO-5, and others), "Managing your health and health care" (26; Porter-Novelli and others), "Your experience of health care (P3CEQ and others)" (49), About yourself (24).

Discussion: The current questionnaire is being evaluated through cognitive testing before being piloted in a Field Trial and will offer opportunities for further improvement.

Take Home Message for Practice: A comprehensive questionnaire has been constructed based on the PaRIS survey framework for people living with chronic conditions and following an inclusive approach.

Abstract topic

09. Quality improvement

Abstract ID: 116**Internal code**

O09-08

Presentation form

Lecture

The International Survey of People Living with Chronic Conditions (PaRIS survey): development of the conceptual framework.

Jose M Valderas^{1, 2}, Ian Porter², Mieke Rijken³, Marta Ballester⁴, Oliver Groene⁵, Rachel Williams⁶, Michael van den Berg⁷, Laura Thomas⁶, Niek Klazinga⁷, Dolf de Boer³

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⁵Optimedis A.G, Hamburg, Germany

⁶Ipsos MORI, London, United Kingdom

⁷Health Division, Organization for the Economic Cooperation and Development, Paris, France

Background: The Organization for Economic Cooperation and Development (OECD) PaRIS survey aims to support countries in improving care for people living with chronic conditions by collecting information on how these people experience the quality and performance of the primary and ambulatory care services.

Questions: What key domains of care experience and outcomes should the PaRIS Survey measure?

Methods: We identified frameworks and conceptual models using bespoke structured searches. A draft framework was developed through narrative review and comparison of each of the domains and subdomains. An iterative process followed, supported by an international Patient Advisory Panel and a multidisciplinary Technical Advisory Community. International virtual patient co-development workshops were organized for revisiting the scope, and identifying potential gaps.

Outcomes: The final framework identifies the domains (subdomains): patient reported outcomes (symptoms, functioning, self-reported health status, health related quality of life); patient reported experiences of care (access, comprehensiveness, continuity, coordination, safety, people-centred care (individualization of care, decision making, interacting with health professionals), self-management support, trust, overall perceived quality of care); health and health care capabilities; health behaviours (physical activity, diet, tobacco use, alcohol use), individual and sociodemographic factors (demographic, biometric and morbidity factors; socioeconomic factors); as well as delivery system design, health system design, policy and context.

Discussion: This conceptual framework has been developed through a systematic, replicable and inclusive process.

Take Home Message for Practice: The framework will support the design of a patient and a provider survey for the development and implementation of patient reported indicators of health system performance.

Abstract topic

09. Quality improvement

Abstract ID: 138**Internal code**

O09-09

Presentation form

Science Slam

General public screening HUNT4 with a familial hypercholesterolemia outcome. Case report.Irina Vladimirovna Kargaltseva Halbostad¹⁾, Steinar Krokstad²⁾¹⁾Namdalseid Legekontor, Nord-Statland, Norway²⁾Professor, HUNT, Levanger, Norway

Aim:Familial hypercholesterolaemia (FH) is a common genetic disorder that, if untreated, predisposes individuals to premature coronary heart disease. Still the most individuals with FH remain undiagnosed. Prevalence of the FH is 0,3-0,5% and about 300 children are born with FH per year in Norway.

Methods:Data collection for HUNT4 was completed in February 2019.

Results: The patient presented in this case, contacted her GP doctor in Namdalseid Medical Center after the results of the HUNT4 study showed total cholesterol to be 9,30 mmol/L. After several cholesterol controls the dyslipidemia could not be regarded as laboratory bias. This healthy slim 16-year-old youth has been examined in the pediatric outpatient department at the St Olavs Hospital in Trondheim with isolated high levels of cholesterol and no clinical manifestations. There is no other epidemiological data from the family other than the patient's father does have hypercholesterolemia and normal gene testing results as of 2018 and no presence of cardiovascular disease. There was no indication to test our patient genetically at that time. Even though both the father and his child presented with no positive genetic mutations for FH the diagnosis of FH were accepted.

Conclusions:This case can show that traditional cascade approach to the FH diagnosis with focus only on mutation presents can limit the diagnosis possibility. The result of the HUNT4 study has a large impact at the individual patient level, as it points to new possibilities for more active approach to identify and prevent relatively common inherited cause of premature cardiovascular disease.

Abstract topic

09. Quality improvement

Abstract ID: 158**Internal code**

O09-10

Presentation form

Science Slam

Incorporating Medical Students into the Development of Age Friendly Healthcare Systems through Quality Improvement Projects

Sadie Thompson¹, Lesca Hadley^{1, 2}, Cassidy Miller¹, Garrett Jackson¹, John Gibson¹, Jennifer Severance¹

¹Texas College of Osteopathic Medicine, Fort Worth, United States

²Geriatric Medicine, John Peter Smith Hospital, Fort Worth, United States

The world is aging. With the universal lack of geriatricians, family physicians primarily care for the elderly population and are therefore able to lead changes to improve the lives of geriatric patients. The Rural Osteopathic Medical Education (ROME) Program partnered with UNTHSC's Center for Geriatrics to create geriatric-focused quality improvement projects (QIPs) for medical students to complete in their family medicine clerkships.

Can QIPs be implemented by medical students during rural clerkships?

Two cohorts of ROME students interviewed rural family physicians regarding the needs of their geriatric patient population. Students developed geriatric QIPs which were implemented in the clinics. Following the conclusion of the projects, students were surveyed about their experience implementing geriatric QIPs during their clerkships.

In the first cohort, 100% of students stated that they were better able to analyze, collect, and communicate data about quality improvements in practice. 100% of students in this cohort stated that they would integrate QIPs into their practices. In the second cohort, 76% of students stated that they were better able to analyze and collect data for QIP. In this cohort, 71% of the students stated that they would actively integrate QIPs into their practices.

Students identified best practices to address the health needs and concerns of older adults and their caregivers. The QIPs improved care for the elderly in addition to providing experience in implementing quality improvement methods that can be used in the students' future medical practices.

Family medicine physicians can partner with medical students to implement valuable QIPs.

Abstract topic

09. Quality improvement

Abstract ID: 163

Internal code

O09-11

Presentation form

Science Slam

Mental distress and nutrition of family doctors. European based study

Marina Jotic Ivanovic¹, Angharad Kate Woolley², Genco Görgü³, Olgu Aygün⁴, Miriam ReySeoane⁵, Ozden Gökdemir⁶, Hilal Toplu Ozturk⁷, Maria Bakola⁸

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³Family Medicine Clinic, Marmara District State Hospital, Balikesir, Turkey

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⁷Kadikoy number 9 health center, Istanbul, Turkey

⁸Research Unit for General Medicine and Primary Health Care, Faculty of Medicine, University of Ioannina, Ioannina, Greece

Background

Family doctors are a pillar of the primary health care system, and their own mental wellbeing is integral to good performance. However, many studies have indicated a probable high prevalence of mental distress among them. Contributing factors include the emotionally demanding profession, work overload, tight budget, loss of autonomy and erosion of professional values, outbreaks like COVID 19 pandemic that has exacerbated distress due to greater risk of exposure to the virus, increased working hours and fear of infecting families. It is thus crucial to assess the risk and provide preventive measures.

Questions

Is there an association between the dietary pattern of family doctors and their mood?

Methods

The study used a validated Food-Mood Questionnaire (FMQ), shared via social networks across several European countries to collect data from family doctors. The permission to use the FMQ was obtained from assistant professor Lina Begdache of Binghamton University via direct email communication.

Outcomes

Outcome data from the questionnaire will be presented including the mood assessment and dietary patterns of respondents and any identified associations between them.

Discussion

The evidence suggests that mental distress may arise from differential dietary deficiencies. Known key nutrients such as tryptophan, tyrosine, eicosapentaenoic acid, polyphenols, B-vitamins, vitamin C, vitamin D, choline, iron and zinc influence neuronal activity, neurogenesis, synaptogenesis, axon myelination and synthesis of neurotransmitters.

Take home messages for practice

The assessment of diet is becoming vital as one of the modifiable risk factors for mental health, but further research in this field is needed.

Abstract topic

09. Quality improvement

Abstract ID: 166

Internal code

O09-12

Presentation form

1 Slide – 5 minutes lecture

Quality Improvement Project-Unwanted Variation in Community Antibiotic Prescribing

Shahswar Zearmal, William Murdoch, Heather Lodge

GP, Laurie Pike Health Centre Birmingham, Birmingham, United Kingdom

Background

Unwanted variation in healthcare is an area of increasing focus both in academic literature and amongst healthcare decision-makers. Research shows GPs are often unaware of the variations in quality that exist within and between their practices and those of their peers.

Methods

Data gathered from system one relating to prescriber level antibiotic prescriptions in a Modality Partnership GP practice in Birmingham. Data was analysed and then feedback

to partners and prescribers at the practice. Data regathered to see if simple feedback can lead to change in prescribing numbers.

Results

Data showed unwanted variation between prescribers in antibiotic prescription. Simply informing partners of variation in antibiotic prescribing and their own prescribing rates will not necessarily lead to change by itself but can act as a first step towards new initiative being spun out of such work.

Key Messages

- Some variation is necessary and welcomes in the delivery of complex services such as healthcare.
- Making clinicians aware of unwanted variations is a first step to encouraging them to explore the reasons for variable performance

Abstract topic

09. Quality improvement

Abstract ID: 181

Internal code

O09-13

Presentation form

1 Slide – 5 minutes lecture

Frequent attendance of adults in primary care: a systematic review

Benedict Hayhoe, Elizabeth Crawford, Elena Lammila-Escelera, Dasha Nicholls, Azeem Majeed, Geva Greenfield
Primary Care and Public Health, Imperial College London, London, United Kingdom

Background

Primary care services remain under significant pressure, with resources limited by recruitment and retention challenges. It is recognized that a small group of individuals with complex needs are disproportionately high users of primary care. Appropriate response to this is essential to improvement in their care and reduction in workload and healthcare costs. However, this is dependent on a clear understanding of the nature of these individuals and their needs.

Questions

What are the characteristics of adult frequent attenders in primary care?

Methods

We searched the electronic databases Medline, Embase and PsycINFO, and screened against inclusion criteria. Data were extracted and narrative synthesis carried out.

Outcomes

Fourteen studies were included. 22% to 33% of all primary care consultations were with frequent attenders; women were more likely to be frequent attenders than men. Physical and somatic symptoms, chronic disease, comorbidities, and psychiatric morbidity were all more common in frequent attenders. Frequent attenders were also more likely to be taking psychotropic medication. Some studies showed an association with low social support, low social functioning, smoking, high alcohol consumption, and obesity.

Discussion

This review illustrates the complex clinical, mental and psychosocial needs of frequent attenders. These individuals contribute significantly to workload in primary care and their frequent use of health services likely indicates inadequately met healthcare need.

Take Home Message for Practice

Targeted identification of frequent attenders and adoption of integrated, multidisciplinary care may provide a suitable response to improve quality of care for these individuals, as well as alleviate primary care workload.

Abstract topic

09. Quality improvement

Abstract ID: 185

Internal code

O09-14

Presentation form

Lecture

Stop the Statin - A quality improvement project into the safe prescription of macrolide antibiotics in patient's on statins.

Oscar Oglina^{1, 2)}, Joseph Robertshaw^{1, 2)}

¹⁾*Life sciences - Medical Student, Bristol University, Bristol, United Kingdom*

²⁾*Cirencester Health Group, Cirencester, United Kingdom*

This is an independent medical student quality improvement project, investigating the safe prescription of macrolide antibiotics, specifically clarithromycin and erythromycin, with patients on a contraindicated statin, specifically simvastatin and atorvastatin, at Cirencester Health Group.

A search was done on system one, and data harvesting was done manually across 34 incidences, assessing both their consultation notes and prescription notes to investigate if patient's were appropriately informed to temporarily stop statin use whilst on macrolide antibiotics. Data reviewed over the last 6 months, across 2 practices and 24 patients, indicated 45% of co-prescribing incidences did not document the patient should temporarily stop their statin.

Co-prescription with statins can increase the risk of patients developing health complications including myopathy or rhabdomyolysis due to reduced statin breakdown, and our findings suggest nearly half of patients were at risk.

We created an informative and eye catching poster, highlighting our audit findings and reminding clinicians to 'stop the statin' whilst prescribing macrolide antibiotics, to be advertised in each consultation room across both practices. We will be reauditing 6 months from now, to assess if our information poster has improved safer medication prescribing. Issues surrounding polypharmacy and medication interactions are a common issue in general practice across the UK, and we hope this quality improvement project will ensure better and safer patient outcomes. and standards.

Abstract topic

09. Quality improvement

Abstract ID: 254

Internal code

O09-15

Presentation form

Science Slam

Combatting antibiotic resistance: a single centre retrospective audit to determine GP adherence to regional antibiotic guidelines

Jonathan Barton¹⁾, Joshua Lee²⁾, Katherine Ashcroft²⁾, Kieran Grey³⁾, Sophie Harris³⁾

¹⁾*Aintree University Hospital NHS Trust, Liverpool, United Kingdom*

²⁾*Countess of Chester Hospital NHS Foundation Trust, Chester, United Kingdom*

³⁾*Riverside Surgery, Wirral, United Kingdom*

With global concerns of rising antibiotic resistance, the PanMersey Prescribing Committee has formulated a programme to optimise antibiotic prescriptions in the community. In view of this initiative, a single centre retrospective audit was conducted to determine if the Riverside Surgery on the Wirral is successfully adhering to regional antibiotic guidelines. Data was electronically collected from casenotes of 146 patients who presented with 7 common infections between August – November 2021.

Data collated included diagnosis, antibiotic prescribed, course-duration, reasoning for antibiotic choice, whether a further course was required, and whether both antibiotic and course-duration were adherent with guidelines. Standards used for comparison were NICE and PanMersey guidelines.

Overall, 53.9% of antibiotic prescriptions adhered to one of the two guidelines, both in antibiotic choice & course-duration. Whilst the majority of prescriptions were appropriate first-line treatments, course durations often exceeded the suggested lengths. 7 days of antibiotics were commonly prescribed when guidelines recommend only 5 days. The most adhered to guidelines were for prescribing in diverticulitis (100% prescriptions) and otitis media (70%), with community-acquired pneumonia having 0% adherence for the 5 patients diagnosed. Notably, only 16.8% of all patients re-presented for further antibiotics. The commonest diagnosis was tonsillitis (32 patients) with 13 prescriptions adhering to both guidelines. Phenoxymethylpenicillin is recommended as a 10 day course for tonsillitis by both guidelines but was frequently prescribed for only 7 days. After presentation and dissemination of results throughout the Practice, a further second cycle is being completed and results will be available for presentation.

Abstract topic

09. Quality improvement

Abstract ID: 301

Internal code

O09-16

Presentation form

Science Slam

Betahistine in the treatment of Benign Paroxysmal Positional Vertigo: a systematic review

Marta Rainho¹⁾, Sílvia Garcia²⁾

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²⁾*Family Health Unit Uma Ponte para a Saúde, Trofa, Portugal*

Background

Benign Paroxysmal Positional Vertigo (BPPV) is the most common peripheral vestibular disorder and a frequent condition in primary care. There are several treatment options. We aim to clarify the role of betahistine in BPPV treatment.

Question

P: ≥18 years old with BPPV

I: treatment with betahistine

C: placebo, other treatments

O: symptomatic improvement, life quality impact

Methods

Literature review. Keywords (MeSH): betahistine, benign paroxysmal positional vertigo, vertigo, dizziness. Inclusion criteria: free full text, english, portuguese, spanish, last 10 years. Exclusion criteria: Meniere's disease, central causes, duplicated articles.

Outcomes

Total: 94 results. 7 were included: 1 practice guideline: recommendation against routine BPPV treatment with betahistine; 1 systematic review that included 2 randomized controlled trials (RCT) - 1 against and 1 in favour; 5 RCT: 2 evaluated betahistine as a sole modality of treatment - 1 against and 1 recommended betahistine if the patient is unfit to undergo canalith reposition manoeuvres (CRM), 3 evaluated CRM + betahistine - 1 against and 2 sustained that betahistine add-on therapy resulted in better symptom control.

Discussion

Studies evaluating betahistine as a solo modality of treatment and in addition to CRM were included, all rated as level of evidence 2. We conclude that betahistine should only be prescribed to selected patients (in addition to CRM or if CRM is contraindicated) - Strength of Recommendation Taxonomy B (American Family Physicians). High-quality studies with a larger number of patients are necessary.

Take home message

Betahistine shouldn't be prescribed to all patients with BPPV. In selected cases, betahistine could be an option.

Abstract topic

09. Quality improvement

Abstract ID: 310

Internal code

O09-17

Presentation form

1 Slide – 5 minutes lecture

Does point-of-care ultrasound examinations performed by general practitioners lead to inappropriate care?

Camilla Aakjær Andersen¹⁾, John Brodersen^{2, 3)}, Jan Mainz⁴⁾, Janus Laust Thomsen¹⁾, Ole Graumann⁵⁾, Thomas Løkkegaard¹⁾, Martin Bach Jensen¹⁾

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²⁾Centre of Research & Education in General Practice, Department of Public Health, Faculty of Health Sciences, University of Copenhagen, Copenhagen, Denmark

³⁾Primary Health Care Research Unit, Region Zealand, Copenhagen, Denmark

⁴⁾Department of Clinical Medicine at Aalborg University, Aalborg, Denmark

⁵⁾Department of Radiology, Odense University Hospital, Odense, Denmark

Background

Across countries, general practitioners have started using point-of-care ultrasound (POCUS) as part of their examination of patients. Evidence for POCUS in general practice is sparse. To outline appropriate and inappropriate applications, there is a need for a thorough evaluation of the consequences following POCUS use in general practice.

Questions

We aimed to describe POCUS related adverse events and incidental findings identified through a six months follow-up evaluation of medical records of patients having undergone POCUS by their general practitioner.

Method

We included medical record from 567 patients scanned by 20 office-based general practitioners between January 2018 and August 2018. The medical records included all journal notes, laboratory and other test results from both primary and secondary care from the baseline consultation and the following six months.

First, the medical records were screened by two medical students to identify patients with recurrent healthcare contacts. Second, two professors in general practice reviewed the medical records to identify adverse events and classify these independently according to international standards. Third, disagreements between the two data extractions were discussed by the two professors and the first author to find consensus. If consensus could not be reached, a professor specialized in quality assurance and patient pathways did a final assessment.

Outcomes and discussion

The study is ongoing. We will present the results and discuss these at the conference.

Take home message for practice

This study identifies POCUS applications, where general practitioners should exercise caution in order to avoid inappropriate use and possible harms to patients.

Abstract topic

09. Quality improvement

Abstract ID: 317

Internal code

O09-18

Presentation form

1 Slide – 5 minutes lecture

Strengthening primary care and family medicine in different healthcare systems

Jako Burgers^{1, 2)}, Claudia Wassing-Molema¹⁾, Dorien Zwart³⁾

¹⁾Dutch College of General Practitioners, Utrecht, Netherlands

²⁾Department of Family Medicine, Maastricht University, Maastricht, Netherlands

³⁾Department of General Practice, Julius Center for Health Sciences and Primary Care at University Medical Center Utrecht, Utrecht, Netherlands

Background: A strong primary care system helps to improve overall health and contributes to equity in health. How primary care is organised widely varies between countries and healthcare systems. In some countries national professional societies are involved in policy making, but the membership and mandate of family physicians may be unclear or insufficient to influence policy making.

Target group: General practitioners, healthcare manager, teachers, policymakers.

Didactic methods: Welcome and introduction (5 min); presentation on Dutch primary care system as example (10 min); small group discussion to define problems in providing

optimal primary care and to find out potential solutions for improving the system using a framework including core dimensions of healthcare related to structure and delivery process (45 minutes); plenary feedback, conclusions and recommendations (30 minutes).

Estimated number of participants: 30-40.

Objectives: To explore and exchange knowledge and opinions on organisation and policy involvement of family medicine within different healthcare systems; To determine attributes that could help in designing effective strategies to strengthen primary care.

Brief presentation workshop leader: Both governmental and professional bodies are committed to strengthening primary care. Top down as well as bottom up measures could be considered. Top down measures are legislation promoting collaboration, a payment system supporting primary care physicians, and financial incentive for patients to visit family practice. Bottom up measures are involvement of practising family physicians in quality improvement and encouraging audit and feedback in local settings. Reciprocal balance between governmental and professional input could facilitate the incremental steps towards strengthening family medicine.

Abstract topic

09. Quality improvement

Abstract ID: 330

Internal code

O09-19

Presentation form

Science Slam

Dealing with depression: GPs' strategies for managing depressive disorders in primary care patients

Laura Hofner, Elena Tiedemann, Ildikó Gágyor

Department of General Practice, University Hospital Wuerzburg, Wuerzburg, Germany

Background: Depression is a leading contributor to disability worldwide, making it a public health concern. As the first point of contact in health care system, general practitioners (GPs) play an important role in the management of patients with depression.

Questions: Which strategies do GPs follow when managing patients with depression?

Methods: We sent a survey to 1800 randomly selected Bavarian GPs and an invitation to an in-depth interview (mixed methods design). The survey contained 53 items on management of depression (e.g. consultations, medication), GPs' confidence in treating depression and demographics. Survey data was analysed descriptively. Evaluation of interview transcripts followed Kuckartz' content analysis.

Outcomes: Overall, 471 GPs (45.4% female) completed the survey, 20 participated in an interview. GPs reported to refer 6 out of 10 affected patients to a psychotherapist (mean=6.0, SD=2.4) and to prescribe 5 out of 10 antidepressants (mean=4.7, SD=2.6), 1 out of 10 tranquilizers (mean=1.2, SD=1.5) and 3 out of 10 herbal drugs (mean=2.8, SD=2.4). GPs stated to spend at least 10 minutes on consultations (median 10-20min). First interview results show that GPs not only offer verbal relief, but provide further psychosocial counseling by discussing social burdens (e.g. family conflicts, work stress) as possible causes of depression and elaborating potential solutions. They also encourage patients to build up social and physical activities as resources.

Discussion: GPs use a broad repertoire of non-medical therapeutic approaches when managing patients with depression.

Take Home Message for Practice: Psychosocial guidance may be a main strategy for treating depression in primary care.

Abstract topic

09. Quality improvement

Abstract ID: 337

Internal code

O09-20

Presentation form

Science Slam

Antibiotic prescription for uncomplicated urinary tract infection: continuous quality improvement cycle

Catarina Neves dos Santos, Fátima Franco, Luís Martins, Marília Guerreiro Martins, Bruno Pedrosa, Fábio Gouveia, Margarida Vardasca, Bernardo Pedro
USF Ramada, ARSLVT, ACES Loures-Odivelas, Odivelas, Portugal

Background: Urinary tract infection (UTI) is one of the most common bacterial infections in outpatient setting. Although benefits of antibiotic use are clear, overuse and misuse have contributed to the growing problem of resistance amongst uropathogenic bacteria, which is a serious threat to public health.

Discussion Point: Effectiveness of implementing a continuous quality improvement cycle to optimize the antibiotic prescription profile in uncomplicated UTI.

Content: Methods: Retrospective study using PDCA method. Pre-intervention study (December 2018): we randomly selected 160 patients with ICPC-2 U70 or U71. Patients with complicated UTI were excluded. We assessed four explicit criteria: prescribed antibiotic; antibiotic dosage; dose regimen; treatment duration. After 1st evaluation, we performed an educational intervention with presentation of results and review of clinical recommendations. We created focus groups to discuss corrective measures and goal setting. September 2021: 1st post-intervention evaluation. December 2021: new corrective measures: clinical session, particular results for which family physician, flyers for patients. July 2022: 2nd post-intervention evaluation. **Outcomes:** Pre-intervention: 19,2% of the prescriptions fulfilled all criteria. First line antibiotics were prescribed in 84,6%; of those, 90,4% had a correct antibiotic dosage, 84,6% correct dose regimen and 48,1% correct treatment duration. Post-intervention: 50% of the prescriptions fulfilled all criteria. First line antibiotics were prescribed in 88,2%; of those 85,3% had a correct antibiotic dosage, 97,1% correct dose regimen and 79,5% correct treatment duration.

Take home message for practice: Application of corrective measures increased the global fulfillment of all criteria. It is imperative to maintain continuous quality improvement evaluations.

Abstract topic

09. Quality improvement

Abstract ID: 366

Internal code

O09-21

Presentation form

1 Slide – 5 minutes lecture

How useful is a high vaginal swab in general practice?

Dornubari Lebari

Maryport Health Services, Maryport, United Kingdom

Background:

Vaginal discharge is a common presentation in premenopausal women within general practice in the UK. Potential causes of abnormal vaginal discharge include infective and non-infective causes. Vaginal bacterial culture swabs are used relatively frequently in general practice. Vaginal bacterial culture swabs that were taken in the past 12 months were reviewed.

Questions / Discussion Point:

1. Do the results of the vaginal swab match the clinician's suspicion, based on history alone?
2. Is the result of the vaginal culture swab likely to influence or change management of the patient?

Content:

The majority (51%) of bacterial vaginal swabs that were processed in the past 12 months showed no abnormality. The two most common abnormalities were candida (44%) and bacterial vaginosis (37%). There was one coincidental pick up of trichomonas infection which was not suspected from the clinician's history. Other findings included group B and group G streptococcus in non-pregnant female patients. The results of the vaginal bacterial culture only changed the management in 28% of cases. In the cases where treatment was given based on the history, the vaginal bacterial culture did not result in a change of management in 86% of cases.

Take Home Message for Practice:

The diagnosis of abnormal vaginal discharge can be gleaned from a competent clinical history. Vaginal bacterial culture adds little to influence or change the management of these patients. NICE CKS guidance regarding use of vaginal bacterial culture, is best to be followed.

Abstract topic

09. Quality improvement

Abstract ID: 367

Internal code

O09-22

Presentation form

Lecture

Reading to stay alive: the healing power of literature

Christopher Dowrick

Primary Care and Mental Health, University of Liverpool, Liverpool, United Kingdom

Background: Literature enables us to acknowledge the deeply unconsolable, to 'think' reality when ordinary human thought falls short, to allow for the possibility of imagining the 'shabby, confused, agonised crisis which is the common reality of suicide' and to develop empathy towards individuals who seek it.

Target Group: Primary health care professionals with an interest in the interactions between literature and mental health.

Didactic Method: 1. Introduction to the healing power of literature, how it enables us to give voice to thoughts and experiences otherwise too difficult to contemplate, and increases our empathy. Focus on the suicide of Anna Karenina, in Leo Tolstoy's novel. 2. Small groups formed to engage with this text, considering whether Anna's death was inevitable, how the text resonates with patients in participants' own clinical experience, and what other literary works might be relevant. 3. Plenary discussion to share emergent themes and discuss clinical, educational and research implications of literary reading for the field of suicide prevention.

Objectives: This workshop will explore how literary reading may ameliorate our personal and vicarious experiences of suicide. The intended outcome is to expand participants' understanding of the relationship between literature and mental health, and understand how engaging with literature can enhance our approaches to suicide prevention.

Participants: maximum 50.

Workshop leader: Christopher Dowrick is Emeritus Professor, University of Liverpool, Past Chair of the WONCA Working Party for Mental Health, and family doctor in Liverpool UK. His book 'Reading to Stay Alive' is published by Anthem Press in Spring 2022.

Abstract topic

09. Quality improvement

Abstract ID: 376

Internal code

O09-23

Presentation form

Lecture

Tackling antibiotic resistance by scanning antibiotic prescription patterns in primary care and identifying targets for improvement

Karin Hek¹, Yvette Weesie¹, Maarten Lambert², Renee Veldkamp¹, Janneke Hendriksen¹, Anke Lambooi³, Jochen Cals⁴, Liset van Dijk^{1, 2}, Isabelle Bos¹

¹Nivel, Netherlands Institute for Health Services Research, Utrecht, Netherlands

²Groningen Research Institute of Pharmacy, Unit of Pharmacotherapy, - Epidemiology & -Economics, University of Groningen, Groningen, Netherlands

³IVM, the Dutch Institute for Rational Use of Medicine, Utrecht, Netherlands

⁴Department of Family Medicine, Maastricht University, Maastricht, Netherlands

Background: Prescribing antibiotics according to guidelines facilitates antimicrobial stewardship. We developed a general practice antibiotics scan (GP-AB scan) to identify targets to improve antibiotic prescribing in daytime general practice (DGP) and out-of-hours (OOH) services.

Methods: We screened Dutch GP guidelines on oral antibiotic prescribing recommendations and developed indicators on: 1) whether antibiotics were indicated, and 2) type, duration and dosage. The indicators were calculated separately for selected diagnoses (gastrointestinal tract, ears, respiratory tract, skin, urinary tract and genital systems) and for subgroups of patients, e.g., by age and sex. We used electronic health

record data from 350 DGPs and 27 OOH services that participate in the Nivel Primary Care Database to calculate the indicators and determined practice variation.

Results: We selected 35 guidelines with recommendations on oral antibiotic prescribing and are currently calculating the indicators. We will present the most notable results of the GP-AB scan. Preliminary results for the urinary tract show large differences between DGPs in antibiotic prescribing for healthy non-pregnant women with a cystitis (95% CI for practices: 50,2-80,0%). Most patients with a cystitis receive a first choice antibiotic, although there is high practice variation for men and children. Practice variation in the use of cystitis-related ICPC-codes may partly explain practice variation in antibiotic prescribing for painful and frequent micturition.

Conclusion: The outcomes of the GP-AB scan provide targets for further improvement of antibiotic prescribing to reduce antibiotic resistance. Results of future interventions aimed at antimicrobial stewardship can be evaluated using this GP-AB scan.

Abstract topic

09. Quality improvement

Abstract ID: 407

Internal code

O09-24

Presentation form

Lecture

Medical examiners for primary care in England and Wales - the new future

Frances Cranfield

Partner Hall Grove Group Practice, Assistant Coroner Hertfordshire, Medical Examiner Bedfordshire, Lead Medical Examiner RCGP,, Hitchin, United Kingdom

In June 2018 the Government announced its intention to introduce a national system of medical examiners (MEs) in England and Wales which will result in the scrutiny of all deaths not referred to the coroner. This has been introduced into secondary care and is now being rolled out into primary care. During 2022 this is expected to become statutory. The aim of this presentation is to look at the role of MEs and the benefits and challenges of setting up such a new system in primary care.

It is recognised that this system should put the bereaved at the centre of the process and provide an opportunity for improved bereavement care, improvement in the quality and accuracy of the Medical Certificate of Cause of Death and improved patient safety and learning from death.

However there are significant complexities and pressures involved in the roll out of implementation and this presentation will explore the benefits and the challenges together with potential consequences.

This is relevant to all general practitioners and is a system with which we will soon all have to statutorily engage. This is a whole new medical speciality and also represents an opportunity for a new portfolio career for GPs. However it is important for all concerned that we work to ensure that this system is introduced as seamlessly as possible and the aim is to explore how this can best be done.

Abstract topic

09. Quality improvement

Abstract ID: 411

Internal code

O09-25

Presentation form

Lecture

A simple touch... the key to diagnosis: a case reportSilvia Garcia¹⁾, Marta Rainho²⁾, Francisco Costa¹⁾¹⁾Family Health Unit - Uma Ponte Para a Saúde, Trofa, Portugal²⁾Family Health Unit - Luísa Todi, Setúbal, Portugal**Introduction**

Solitary plasmacytoma is characterized by a monoclonal proliferation of plasma cells. Axial skeleton is the most frequent location. Bone pain and fractures are a common presentation.

Methods

Based on the physician documentation, the investigation results and a literature review.

Content

A 56-year-old woman. Past medical history: arterial hypertension, depressive disorder and nephrectomy. Multiple visits to the emergency department due to chest pain worsened when breathing in. Chest radiography, electrocardiogram and laboratory tests were normal. Every time the discharge diagnosis was depression. Even though analgesic medication had been prescribed, no improvement was noted. Two weeks later, she goes to her Family Doctor for the same symptoms and also weight loss and asthenia since 1 month ago. The physical examination revealed an intense chest pain, located in the anterior part of the sternum, especially when direct pressure was applied. The chest computed tomography showed "a medullary infiltrative lesion with malignant characteristics". She was admitted to the hospital for investigation. The final diagnosis was Multiple Myeloma (MM) associated with sternal plasmacytoma.

Discussion

Chest pain is a warning sign, frequently associated with a medical emergency. Listening carefully to the patient's symptoms and performing a thoughtful physical examination with sternum palpation were crucial for the management of this case. The ability of her FD to cover a full range of health conditions was decisive to consider alternative diagnoses. This clinical case emphasizes the plasmacytoma/MM as a diagnostic hypothesis.

Take Home Message

An adequate physical examination remains an important component of patient evaluation.

Abstract topic

09. Quality improvement

Abstract ID: 421**Internal code**

O09-26

Presentation form

1 Slide – 5 minutes lecture

How far from perceived optimal time do GPs start advance care planning? A health record-based study

Willemijn Tros¹⁾, Jenny van der Steen^{1, 2)}, Janine Liefers³⁾, Reinier Akkermans^{3, 2)}, Henk Schers²⁾, Mattijs Numans¹⁾, Petra van Peet¹⁾, Stef Groenewoud^{2, 3)}

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²⁾Department of Primary and Community Care, Radboud university medical center, Nijmegen, Netherlands

³⁾Radboud Institute for health sciences, scientific center for quality of healthcare, Radboud university medical center, Nijmegen, Netherlands

Background: Initiating advance care planning (ACP) timely turns out to be difficult in general practice, especially in patients with non-malignant diseases. A better understanding of the relation between actual and perceived optimal ACP timing is needed.

Methods: In this mixed-methods health record study, we analysed 51 health records in which an ACP conversation had taken place in the last two years before death of patients who died with cancer, organ failure or multimorbidity. We compared actual ACP timing as recorded in patients' health records with the perceived optimal ACP timing as determined by independent GPs who studied these records. We combined content analysis with descriptive statistics.

Results: The median actual ACP timing was significantly closer to death than the median perceived optimal ACP timing in patients with cancer (88 vs. 111 days before death; $p=0.049$), organ failure (227 vs. 306 days before death; $p=0.02$) or multimorbidity (113 vs. 338 days before death; $p=0.006$). Triggers for initiating ACP were similar for the three groups with 'expressions of patients' reflections or wishes' and 'appropriate setting' being most frequent (for actual and perceived optimal timing 14% and 14% resp 10% and 13%).

Conclusion: In patients with cancer, organ failure or multimorbidity in general practice, ACP was performed later than optimal as considered by physicians. As triggers were similar for actual and perceived optimal ACP timing, we recommend GPs to initiate ACP short after a trigger becomes apparent, rather than to wait for additional triggers when the illness is in a more advanced stage.

Abstract topic

09. Quality improvement

Abstract ID: 422

Internal code

O09-27

Presentation form

1 Slide – 5 minutes lecture

Combining the GP's assessment and the PHQ-9 questionnaire leads to more reliable and clinically relevant diagnoses in primary care

Clara Teusen¹⁾, Alexander Hapfelmeier^{1, 2)}, Victoria von Schrottenberg¹⁾, Feyza Gökce¹⁾, Gabriele Pitschel-Walz³⁾, Peter Henningsen⁴⁾, Jochen Gensichen⁵⁾, Antonius Schneider¹⁾

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³) *Hospital of Psychiatry and Psychotherapy, Technical University of Munich, Munich, Germany*

⁴) *Dept. of Psychosomatic Medicine and Psychotherapy, University Hospital Technical University of Munich, Munich, Germany*

⁵) *Institute of General Practice and Family Medicine, University Hospital of the Ludwig-Maximilians University of Munich, Munich, Germany*

Background: Screening questionnaires are not sufficient to improve diagnostic quality of depression in primary care.

Questions: Does the additional consideration of the general practitioner's (GP's) assessment improve the accuracy of depression diagnosis indicated by the PHQ-9?

Methods: Secondary data analysis. PHQ-9 scores of patients were examined at baseline (t1) and during follow-up 3 months later (t2). At t1 GPs independently made an assessment whether they considered the patient depressive (yes/no). Two corresponding groups with concordant and discordant PHQ-9 and GP ratings at t1 were defined. Reliability of the PHQ-9 results at t1 and t2 was assessed by Cohen's Kappa, Pearson's correlation coefficient and Bland-Altman plots.

Outcomes: 364 consecutive patients from Upper Bavaria/Germany participated in this longitudinal study. 279 patients (76.6%) sent back the questionnaire at t2. Reliability of PHQ-9 was higher in the concordant subgroup ($\kappa=0.507$) compared to the discordant subgroup ($\kappa=0.211$) ($p=0.064$). The Bland-Altman Plot showed that the deviation of PHQ-9 scores at t1 and t2 decreased by about 15% in the concordant subgroup. Pearson's correlation coefficient between PHQ-9 scores at t1 and t2 increased significantly if the GP rating was concordant with the PHQ-9 at t1 ($r=0.671$) compared to the discordant subgroup ($r=0.462$) ($p=0.044$).

Discussion: Concordance of GP rating and PHQ-9 at t1 led to higher replicability of PHQ-9 positive and negative results between t1 and t2.

Take Home Message: Combining PHQ-9 and GP rating might improve diagnostic decision making regarding depression in general practices.

Abstract topic

09. Quality improvement

Abstract ID: 423

Internal code

O09-28

Presentation form

1 Slide – 5 minutes lecture

Work smarter, not harder

José Carneiro¹), Marisa Prada Belchior²), Isabel Alvim¹)

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²) *UCSP de Alvarelhos, Trofa, Portugal*

Background:

One of the six main skills that family doctors must have is the ability of primary health care management.

On non-working days, patients who suffer from an acute pathology are received at the Permanent Attendance Service Permanent (SAP).

Acute problems, often correspond to seasonal pathologies, of which respiratory infections stand out.

We presented the case of a SAP, functioning from 8 am to 8 pm on all non-working days of the year. During the twelve hours of work, two doctors are expected to see 96 patients.

Questions:

Is this the most cost-effective and “care-effective” approach?

Our objective is to minimize SAP overload times as well as idle times. Adjust the opening hours, so they will become more efficient.

Methods:

Data were collected on the influx of patients to the SAP between Jan/2019 to Feb/2020. To obtain the number of patients predicted for 2022, a linear regression with seasonal adjustment was performed. The hours of overload and idle periods was calculated. Next, we propose the best schedule to guarantee the absence of overload and to reduce idle periods in 2022.

Outcomes:

A timetable without hours of overload and with a decrease from 24% to 11% of free hours was found. It was also possible to save an annual total of 426 hours of medical work.

Discussion:

A fixed schedule is not the most effective from the point of view of service management.

Take Home Message for Practise:

Try to learn from the past and shape the future.

Abstract topic

09. Quality improvement

Abstract ID: 437

Internal code

O09-29

Presentation form

1 Slide – 5 minutes lecture

Can a 2-week lockdown control a COVID- 19 outbreak? Cross sectional analysis of the Lebanese COVID 19 responses

Cima Hamieh

Family Medicine, Lebanese American University Medical Center Rizk Hospital, Beirut, Lebanon

Background: With the rise of the novel coronavirus cases and fatalities around the world, researchers were invested in studying not only the therapeutic measures, but also, the preventive ones. Due to the rapidly collapsing lebanese currency and economy, the government implemented a two-week lockdown hoping it will reduce the surge in new cases without worsening the economy.

Question: In this study, we aim to understand the effectiveness of such plans in Lebanon and the contribution of the Lebanese people in its accomplishment.

Method: We looked at the numbers in all Lebanese territories over 2 weeks before the lockdown, during the 2-week lockdown (from 16 till 28th November 2020) and 2 weeks post lockdown. After collecting the data, we analyzed the mean number of cases and death before, during and after lockdown and followed the growth factor of cases during this period.

Result: It was shown that for all studied districts, there was a trend in decline of the total number of cases, but the results were not statistically significant to prove that a 2-week lockdown can impact the epidemic.

Discussion: A short partial lockdown showed no effectiveness on infection rate but served other causes; Hospitals benefit from lockdown periods, where there is decrease in influx of patients to the ED to increase their regular and intensive unit capacities.

Conclusion: A short, partial lockdown has no benefit over the growth or reduction in the virus impact or transmission, however, it might have some positive outcomes if implemented for longer periods.

Abstract topic

09. Quality improvement

Abstract ID: 490

Internal code

O09-30

Presentation form

1 Slide – 5 minutes lecture

Adequate menopause care reduces referrals and the need for non-HRT medications

[Louise Newson](#)¹⁾, [Rebecca Lewis](#)¹⁾, [Aini Kamal](#)²⁾, [Dan Reisel](#)²⁾, [Lucy Chatwin](#)¹⁾

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²⁾UCL, London, United Kingdom

Background

Menopausal symptoms vary and can be wrongly attributed to other causes. This is common if the patient is not experiencing vasomotor symptoms. Referrals to other specialties are common, which can result in prescribing of non-hormonal medication to treat menopausal symptoms. Patients often consult with multiple healthcare professionals (HCPs) before their menopause is diagnosed and treated.

Questions

Can adequate menopause care reduce workload in general practice?

Methods

An online survey was created and shared through social media channels. Number of HCPs seen about symptoms of peri/menopause in the year before attending a specialist menopause clinic were asked. Women HRT were asked how many other HCPs they had previously consulted for their symptoms. They were asked whether there had been alteration of other medications since starting HRT.

Outcomes

There were 1171 responses. 16.6% of women had consulted more than 6 HCPs in the year before starting HRT. After starting HRT, this was only 2% of women; an eight-fold reduction. 14.6% of women reduced the dose or number of non-HRT medications the first 12 months of receiving HRT.

Discussion

There are many benefits of taking HRT. Based on our study, healthcare resources are being spent on unnecessary appointments and needless investigations. Many menopausal women are given unnecessary medication for their symptoms.

Take Home Message for Practice

HRT is inexpensive, safe and clinically effective for the majority of women. Initiating HRT promptly will save the NHS money and time as well as improving the future health of women.

Abstract topic

09. Quality improvement

Abstract ID: 568

Internal code

O09-31

Presentation form

1 Slide – 5 minutes lecture

The Opioid Crisis: who is at risk and how can we help

Sara Esteves Araújo Correia¹⁾, Miriam Rey Seoane²⁾, Silvia Gomes Almeida³⁾, Rabea Kazan⁴⁾, Elena Klusova Noguina⁵⁾

¹⁾PhD in Advances and New Strategies in Forensic Science, University of Santiago de Compostela (USC), Santiago de Compostela, Spain

²⁾Ics/ Semfyc, Acut Delta, Barcelona, Spain

³⁾USF Vitrius, ARS Centro, Leiria, Portugal

⁴⁾CAP Terrassa Rambla, Fundacion Asistencial Mutua Terrassa, Barcelona, Spain

⁵⁾Out-of-hospital mobile intensive care unit, SAMU061, Ibiza, Spain

Background

For the last 30 years, the US has been dealing with an epidemic that slowly spreads around the globe: the opioid crisis. It started as a simple medical prescription for pain management and it grew out of hand. The misuse and continuous prescription of these highly addictive drugs created a public health problem which, in many cases, could start within our professional daily routine.

Target Group & Objectives

Non oncological chronic pain is one of the chief complaints that patients have when they visit our practice. Therefore, pain management is a basic skill for all GPs and this includes opioid prescription. We need to be able to assess patients with a greater risk of dose tolerance/dependence: they need a closer follow up in this matter.

This workshop is directed to all GPs wishing to improve their quality of care regarding opioids.

Didactic Method & Estimated number of participants

After updating some theoretical concepts, we will be using videos of known fictional characters as our patients to learn how to evaluate them and their personal circumstances in a way that we can point out the risk factors and best course of action as what to prescribe and how to follow up. Our workshop will also value the interactions between the participants which we expect to be from 20-25 people.

Brief presentation of the workshop leader

Sara Correia is an out-of-hours doctor specialized in family medicine and also a Toxicology PhD student. Currently working and studying in Galicia, Spain.

Abstract topic

09. Quality improvement

Abstract ID: 576

Internal code

O09-32

Presentation form

Science Slam

**Driving counselling to patients prescribed a sulphonylurea:
a single centre clinical audit**

Emily Davenport, Ree'thee Bhatt, Sabri Trepca
St Charles Centre, Barlby Surgery, London, United Kingdom

Background: Sulphonylureas (SU) are a second line treatment for type 2 diabetes mellitus; hypoglycaemia is a well-documented potential side effect. Drivers should be warned of the potential risks of hypoglycaemia when commenced on a SU and advised when to inform the DVLA. They should also be made aware of how to manage a hypoglycaemic event if this occurs while driving.

Standard: All patients should be warned of the risk of hypoglycaemia before an initial prescription of SU and appropriate driving advice should be given if they are a current driver.

Methods: We conducted a retrospective analysis of patients prescribed a sulphonylurea in the last 6 months at our general practice. We reviewed their medical notes to assess whether patients were appropriately counselled about the risk of hypoglycaemia and whether driving advice had been given and documented.

Results: We reviewed 101 patient records. 81% patients had the risk of hypoglycaemia documented in their medical notes; of these 31% were counselled at the time of SU initiation, 50% after. Only 3% of patients had driving advice documented in the medical notes.

Conclusion: The majority of patients at our practice are not receiving driving advice when commenced on a sulphonylurea. It is possible that this advice was given but not documented in the notes. These results were presented to our clinical team and posters generated to display in clinic rooms. We will perform a second audit cycle in 6 months' time to assess the effect on local prescribing and documentation practice.

Abstract topic

09. Quality improvement

Abstract ID: 604**Internal code**

O09-33

Presentation form

1 Slide – 5 minutes lecture

**Deepening in the symptomatology of Long-COVID patients
and their fluctuation over time**

Mario Samper-Pardo¹⁾, Bárbara Oliván-Blázquez¹⁾, Alejandra Aguilar-Latorre²⁾, Rosa Magallón-Botaya^{1, 3)}, Mario Samper-Pardo¹⁾

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²⁾Institute for Health Research Aragón (IIS Aragón), Zaragoza, Spain

³⁾Aragón Healthcare Service (SALUD), Zaragoza, Spain

Background: Approximately 10% or more of patients diagnosed with COVID-19 have maintained or developed symptoms beyond 3 months after infection. The name given to these cases is Long-COVID.

Questions: This intervention is intended to delve into the symptoms of the disease, as well as its evolution.

Methods: A qualitative study has been carried out by conducting focus groups and semi-structured open interviews with Long-COVID patients. The recruitment of patients has been carried out from the Primary Care Health Centers of northern Spain until the saturation of information.

Outcomes: Among the most frequent symptoms, among others, are: fatigue, general tiredness, respiratory difficulty, headache and cognitive dysfunctions. These symptoms may last from the start of the COVID-19 episode or appear after initial recovery. In most cases, a continuous fluctuation of them is perceived. The improvement of the symptoms is slow and, on occasion, regressions or the appearance of new symptoms occur.

Discussion: The symptoms caused by Long-COVID are very varied and have an impact on the quality of life of those affected, so they must continue to study the characteristics of this disease.

Take Home Message for Practice: Long-COVID symptomatology needs to be studied and addressed.

Abstract topic

09. Quality improvement

Abstract ID: 607

Internal code

O09-34

Presentation form

Science Slam

Presentation of using ICPC-diagnosis in 'Quality in primary care in Denmark'

Preben Larsen

Preben Larsen, Specialist in General Medicine, ICPC-Consultant, Senior Adviser, Quality Development in General Practice in Denmark, KiAP,, Ballerup, Denmark

The treatment of COPD, Type2 diabetes and ISH has changed radically in recent years in Denmark. Treatment has moved from hospital outpatient clinics to general practice. The treatment is now performed by teams of specialized nurses and general practitioners using Course Plans in General Practice.

Based on ICPC-2 diagnosis coding, course plans are prepared for all general practitioners in Denmark for all patients with these diagnoses. All structural data about the patient in the form of other diagnoses, laboratory values, medicines, services and contacts are gathered to make digital support in the ambition to support patients with the best possible knowledge, overview and self-care.

The course plan consists of four elements:

1. Consultation: Dialogue tool to support the consultation with patients in the clinic.
2. Patient access: Digital course plan for the patient, available via app and internet.
3. Cohort: The clinic can access cohort overview and lists for all patients with COPD, Type 2 diabetes and ISH.

4. Cluster: All general practitioners in Denmark are organized in clusters with a total of 50,000-100,000 patients. The clusters are supported with guides to facilitate quality improvement and implementation.

Introduction of **Programmes related to reported conditions** included in ICPC-3 is demonstrated.

Abstract topic

09. Quality improvement

Abstract ID: 608

Internal code

O09-35

Presentation form

1 Slide – 5 minutes lecture

Why a focus on the health and wellbeing of clinicians is always warranted in appraisal

Susanne Caesar^{1, 2)}

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²⁾Academy Professional Development Committee, Academy of Medical Royal Colleges, London, United Kingdom

Background - the global pandemic and suspension of medical appraisal for most doctors created an opportunity to revisit the appraisal process, remove some of the documentary burden from clinicians who had no time, and increase the focus on supporting doctors to maintain the health and wellbeing that are essential to continuing to provide safe and effective patient care. The rebalanced appraisal 2020 process was introduced in a flexible way in October 2020 in the face of opposition from some (McCartney and Tzortziou Brown, 2020) who questioned whether a focus on wellbeing is warranted in appraisal.

Questions - What are the benefits and potential risks of the new focus on health and wellbeing? What has happened in practice?

Methods - Literature review, survey, qualitative and quantitative data collection, focus groups

Outcomes - The rebalanced appraisal 2020 processes have been widely welcomed by doctors and felt to be significantly more supportive. Appraisers workload has increased, with additional training in signposting support resources appropriately.

Discussion - From the Hippocratic Oath, to Good Medical Practice, doctors have been expected to maintain their health and wellbeing, both for the benefit of patients, and to avoid the occupational hazard of burnout. A focus on maintaining health and wellbeing is a professional responsibility that is always warranted but it is not always easy in a toxic culture of self-sacrifice.

Take Home Message for Practice - Appraisal reaches everyone (reducing the risk of inequalities in access to support) and can provide a safe forum to discuss health and wellbeing if you want to.

Abstract topic

09. Quality improvement

Abstract ID: 625

Internal code

O09-36

Presentation form

1 Slide – 5 minutes lecture

Tackling the appropriateness and quality of dermatological fast track referrals from a general practitioner practice to a dermatology clinic

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⁴⁾Primary Care Practice Pinar de Garaita, Conselleria de Sanitat Universal i Salut Pública, Departament de salut 16, La Nucia / Alicante, Spain

Background

Dermatological referrals from primary care have increased significantly in the United Kingdom. Among these, fast track referrals represent the shortest pathway to be seen by a dermatologist when a malignancy is suspected.

Questions / Discussion Point

However, which is the appropriateness and quality of these dermatological fast track referrals?

Content**Method**

A cross-sectional study was conducted collecting all dermatological fast track referrals organised from a GP practice from the 1/1/2019 to the 31/12/2019 (N=104; women n=68). A descriptive analysis of sociodemographic variables was performed, as well as correlation between GP and dermatologist diagnosis. In addition, a list of criteria was established for defining the appropriateness of the referrals. Finally, a quality referral score was calculated, classifying the referrals in outstanding [8-10], good [5-7], acceptable [3-4] and needs improvement [0-2]. Frequency and percentage were calculated for the appropriate referrals and each of the different quality categories.

Results

78.9% of referrals were organised by a locum or salaried GP for suspected melanoma (49.0%) in a woman (65.4%) over 56 years old (63.5%) located over face (18.3%). 73.1% of referrals were assessed by a dermatologist within 14 days. Correlation between GP and dermatologist was for BCC (45.5%), melanoma (19.6%) and SCC (10.7%). 93.3% of referrals were appropriate and 58.7% had good and 19.2% had an outstanding quality.

Take Home Message for Practice

Even though most of the dermatological fast track referrals reached an acceptable standard of appropriateness and quality, GPs should be updated about the differential diagnosis of malignant skin lesions.

Abstract topic

09. Quality improvement

Abstract ID: 629**Internal code**

O09-37

Presentation form

Science Slam

A primary care audit on direct access, two-week-rule CT head scan referrals for suspected brain tumours

Joshua Wong*Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom*

Headache is the most common complaint in patients with a brain tumour. The Kernick criteria stratify clinical presentations associated with headache into three risk levels of brain tumour. Our aim was to evaluate the appropriateness of urgent CT head scan referrals with reference to the Kernick criteria at a GP surgery in Blackburn.

Consecutive patients (aged ≥ 18) presenting with headache leading to GP requests for urgent CT head scans between 26/05/2020 and 26/02/2021 were identified from the EMIS database retrospectively. Patient demographics and clinical information were recorded and matched to one of the categories of the Kernick criteria. Only patients with red flag presentations were indicated for an urgent CT head scan.

This study was followed by a teaching session on the referral guidelines and the implementation of a referral checklist on headache. A re-audit was subsequently performed between 01/03/2021 and 26/06/2021.

45 CT head scans were performed in the first cycle. 14/45(=31%) CT scans were deemed to have an appropriate indication, as suggested by red flag criteria. 31/45(=69%) CT scans were performed with indications belonging to orange or yellow flag criteria. Several factors could hinder adherence to the existing guidelines (e.g. medico-legal issues, reassurance required for anxious patients, prolonged waiting time for specialist referrals, etc).

A re-audit showed a significant increase in proportion of CT scans performed with an appropriate indication (21/32=66%), with only 11/32(=34%) referrals having inappropriate indications. This reduced unnecessary radiation to patients, while raising the practice's awareness of the clinical manifestations of brain tumour.

Abstract topic

09. Quality improvement

Abstract ID: 662**Internal code**

O09-38

Presentation form

Lecture

TIME FOR UNITED ACTION ON DEPRESSION

Christopher Dowrick^{1, 2, 3)}, Anna Stavdal^{4, 3)}, Helen Herrman^{2, 5, 6)}, Christos Lionis^{7, 3)}¹⁾Primary Care and Mental Health, University of Liverpool, Liverpool, United Kingdom²⁾Lancet-WPA Commission on Depression, London, United Kingdom³⁾World Organisation of Family Doctors, Brussels, Belgium⁴⁾Institute of Health and Society, University of Oslo, Oslo, Norway

- 5) *University of Melbourne, Melbourne, Australia*
6) *World Psychiatric Association, Geneva, Switzerland*
7) *University of Heraklion, Heraklion, Greece*

Background.

Depression is a leading cause of avoidable suffering in the world. Yet too little is done to avoid and alleviate this suffering.

The Lancet/World Psychiatric Commission, with representation from WONCA and RCGP, has produced a major report. Amongst our key messages we note that depression is universal but heterogenous, and culture and context matter; that prevention is essential and that closing the gap requires engagement with people with lived experience; that personalised care needs formulation not just diagnosis; that staged approaches and collaborative delivery models are needed; and that high investment and whole-society approaches are essential.

We make recommendations to reduce the burden of depression through united action by diverse stakeholders including the general community, people with lived experience, health care practitioners, researchers and decision makers.

Target Group.

In this presentation we will focus on our recommendations for health care practitioners across Europe.

Didactic Method.

Presentation of key findings from the report: 30 minutes.

Small group discussions of implications for practice: 25 minutes.

Plenary discussion and proposals for action: 20 minutes.

Objectives.

In light of the up-to-date scientific knowledge presented in the report, our objective is to improve clinicians' understanding of depression and enable best practice in caring for patients.

Take Home Messages for Practice:

Learn about depression, its variations and lived experience.

Proactively recognise and assess its risks and consequences.

Personalise your management approach to prevention treatment and recovery.

Practice collaborative care and rights-based approaches.

Prioritise the therapeutic alliance and continuity of care.

Abstract topic

09. Quality improvement

Abstract ID: 676

Internal code

O09-39

Presentation form

1 Slide – 5 minutes lecture

How changes in triage protocols can influence the appropriate allocation of Out-Of-Hours care

Lotte Ramerman, [Corinne Rijpkema](#), Robert Verheij
Nivel, Utrecht, Netherlands

Background General Practice care, out-of-hours (OOH), is preceded by (phone) triage. Triageists use standardized triage protocols to determine the urgency level and type of

care (i.e. visit, phone consultation, ambulance) patients need for a specific health problem. These protocols are reviewed periodically. However, it remains unclear if these changes were effective and resulted in a more appropriate allocation of care.

Questions To what extent did changes in the triage protocols result in a more appropriate allocation of care and assigned urgency levels?

Methods Data on OOH triage, representative of 70% of the Dutch population, extracted from electronic health records, were analyzed for 2017-2020, regarding urgency level (U0-U5) and allocated type of care. We assessed whether initial protocolized triage outcomes had been corrected afterward. Results were reflected in focus groups.

Outcomes The proportion of initial triage outcomes that had been corrected afterward declined from 15.5% to 8.1%, indicating better allocation of care. Depending on the health problem, assigned urgency levels and type of care changed according to the outcomes of the reviewed protocol and were less often corrected afterward. Triageists mentioned that the changes were effective and supported them in better allocation of care.

Discussion Changes in triage protocol affected assigned urgency levels and allocated care, suggesting that the changes were made to better fit already existing practice. However, not all changes resulted in a direct effect on triage outcomes.

Take Home Message for Practice: The continuous review of triage protocols are effective in managing patient flows in OOH care.

Abstract topic

09. Quality improvement

Abstract ID: 730

Internal code

O09-40

Presentation form

Science Slam

The role of birth plan at primary healthcare in Portugal

Sofia Costa e Silva, João Brites Pereira, Margarida Carvalho Vilarinho
USF VASCO DA GAMA, Lisboa, Portugal

Background: The World Health Organization (WHO) recommends that all women should have respectful health care during labour, in order to grant them a positive experience. One must keep in mind that a not so well managed delivery and postnatal period in terms of healthcare is a major risk factor for mental illness in the postnatal period, namely Post-Natal Depression. According to the WHO, pregnant women must be informed by their doctors about labour options. Dialogues and discussion regarding this subject must be promoted by them.

Discussion Point: In Portugal, more than 3800 women participated in the study "Experiences of Childbirth in Portugal", carried out by the Portuguese Association for the Rights of Women in Pregnancy and Childbirth and to which 50.9% reported a poor relationship with caregivers and 59.8% stated that they were subjected to non-consensual care or interventions.

Content: To address this problem, we hypothesize that this subject, as part of the "Birth Plan" (BP) should be added to the Pregnant Woman's Health Bulletin, in order to be discussed in the appointments with healthcare staff. The BP would include explanations, clarifications about humanistic labour, including diverse options, how it should be managed and other relevant information.

Take Home Message: The creation of this document would enable the patient to acknowledge what childbirth is and what to expect from it. Also, this document would be useful to transmit data between primary health care and maternity hospitals optimizing delivery experience for women and their babies through a holistic human rights-based approach.

Abstract topic

09. Quality improvement

Abstract ID: 746

Internal code

O09-41

Presentation form

1 Slide – 5 minutes lecture

Tips and Tripwires in Urgent Primary Care

Kathy Ryan, Louise Whyte, Anne Whitehouse

BrisDoc Healthcare Services, Bristol, United Kingdom

Background: Urgent primary care forms a large part of work in general practice and the sum of work when practices are closed. It is essential for good patient care - and for system cohesion and stability - and yet it receives little bespoke educational attention.

Target group: All clinicians.

Didactic method: 1. Interactive case discussions, using real cases around different themes, eg. children, frailty, safeguarding, complexity etc

2. Distillation of clinical governance experience of over a decade of managing complaints and incidents in urgent primary care; top tips and common tripwires

Objectives: Share intelligence; improve confidence; improve record-keeping

Number: Up to a hundred

Leader: I have eleven years' experience of leading urgent primary care services. I have managed or overseen the management of hundreds of complaints and thousands of incidents. We have delivered this talk locally to GPs, trainees and other primary care clinicians, and it has been very well received.

Abstract topic

09. Quality improvement

Abstract ID: 778

Internal code

O09-42

Presentation form

1 Slide – 5 minutes lecture

Tackling domestic abuse In high risk patient groups

Katherine Ashcroft¹⁾, Jonathan Barton²⁾, Kieran Grey³⁾

¹⁾*Countess of Chester NHS Foundation Trust, Chester, United Kingdom*

²⁾*Liverpool Univeristy Hospitals NHS Foundation Trust, Liverpool, United Kingdom*

³⁾*Riverside Surgery, Wirral, United Kingdom*

Introduction: Domestic abuse is defined as controlling, coercive or threatening behaviour, violence or abuse between those who have been intimate partners or family

members and are aged 16 or over. Wirral public health's annual review in 2016 found Merseyside has the second highest rate of police recorded incidents in England, with 5984 incidents of domestic abuse and 216 presentations to the local hospital over the past year. Higher risk patient categories included being female and pregnant. The report recommended that for high risk groups, screening should be part of routine questioning by all frontline health workers.

Method: Data was retrospectively collected over an eight month period at Riverside Surgery, Wirral. Patients were identified by codes relating to pregnancy including: pregnant, miscarriage, live birth and termination. Consultation documentation by nurses and doctors were reviewed to identify if the patient had been screened for domestic abuse.

Results: 126 pregnant patients notes were reviewed over an 8 month period. Only 15% (20/126) of these patients were asked about domestic abuse. Overall there were 6/126 patients with documented domestic abuse, and of these, 2 were not screened for domestic abuse and re-presented following pregnancy.

Conclusion: Increased compliance with public health recommendation for screening questions is required. The results have been discussed with the lead GPs at the surgery, and a compulsory prompt regarding domestic abuse screening questions is now in place for any woman who is pregnant. Furthermore, a domestic abuse patient information leaflet is being constructed, to collate local resources that are available.

Abstract topic

09. Quality improvement

Abstract ID: 791

Internal code

O09-43

Presentation form

Science Slam

Using quality improvement in general practice end of life: a practical workshop

Rachael Marchant¹⁾, Sarah Holmes²⁾, Catherine Millington-Sanders³⁾

¹⁾RCGP/Marie Curie, Leigh on sea, United Kingdom

²⁾RCGP Partnership, Marie Curie, London, United Kingdom

³⁾Clinical priorities, RCGP, London, United Kingdom

Background

End of life care core work of general practice. The covid-19 pandemic has given additional challenges providing the best care to these patients. Challenges around consulting in new ways and increased emphasis on the need for advance care planning. Fundamentally this patient group is one in which there is only one chance to get the care right and hence it is essential to keep up with best practice. The daffodil standards are UK core standards for end of life care in general practice and use quality improvement tools for practices to improve their care whatever the baseline.

Target Group

GPs and other members of primary care team.

Didactic Method

Interactive session with small group exercises to demonstrate practical use of QI tools in end of life care.

Objectives

- Awareness of the daffodil standards and the free resources available for quality improvement in practice
- Understanding of quality improvement methodologies such as SMART aims, driver diagrams, process maps and ease vs impact diagrams providing transferable skills.
- Understanding of the concept of continuous quality improvement and how this can be applied using end of life care as an example.
- To encourage the use of the daffodil standards tools by primary care.

Estimated number of participants

100

Brief presentation of the workshop leader

Rachael Marchant is RCGP/Marie Curie clinical support fellow, GP and medical director of a hospice. Catherine Millington-Sanders is RCGP/Marie Curie clinical champion for end of life care and Sarah Holmes is the medical director of Marie Curie.

Abstract topic

09. Quality improvement

Abstract ID: 811**Internal code**

O09-44

Presentation form

1 Slide – 5 minutes lecture

Palliative and End of Life Care: improving communication and involvement to enable shared decision making in DNACPR and wider ACP

Rachael Marchant¹⁾, Catherine Millington-Sanders²⁾, Indula Bandara³⁾

¹⁾RCGP/Marie Curie, Leigh on sea, United Kingdom

²⁾RCGP Partnership, RCGP/Marie Curie, London, United Kingdom

³⁾GP, Programme Director, RCGP South London, London, United Kingdom

Background

The pandemic highlighted the importance of quality assurance for palliative and end of life care (PEOLC) in primary care. PEOLC need is set to rise by 25% by 2040. It is important that primary care services learn from the pandemic to improve both personalised PEOLC and also PEOLC across the practice population.

Specific learning has occurred in advance care planning (ACP) and important communication and involvement of patients and their important others when planning their future care, including 'What Matters Most' conversations and treatment escalation plans and DNACPR decision making.

Target Group

Primary care teams of all backgrounds looking after people and care-givers with PEOLC needs.

Didactic Method

- 10m speaker: Evidence based learning from the pandemic – ACP and DNACPR
- 20m: Panel based discussion to stimulate small group discussion
 - What can we do in primary care to enable quality assurance of ACP and DNACPR

- 30m Small group discussion: Shared learning experiences of PEOLC ACP + DNACPR across Europe?
- 15m: Discussion feedback & closing remarks

Objectives

- To present the evidence and pandemic learning on best practice for DNACPR and wider ACP
- To share learning and develop insights into the pandemic response to DNACPR and wider ACP
- To present RCGP's new tools to enable bite-size QI activity and quality assurance for DNACPR and wider ACP

Estimated number of participants 100**Brief presentation of the workshop leader**

Rachael Marchant, Indula Bandara, Catherine Millington-Sanders, RCGP's National Clinical End of Life Care Champion. They will facilitate discussion and presentations from co-contributors.

Abstract topic

09. Quality improvement

Abstract ID: 822

Internal code

O09-45

Presentation form

1 Slide – 5 minutes lecture

Improving continuity of care in General Practice: our practice experience over two years

Simon Thornton^{1, 2)}

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²⁾Pioneer Medical Group, Bristol, United Kingdom

Background

Pioneer Medical Group is a GP practice with 21,000 patients spread across three sites. We have a mixture of staff including 18 GPs and 5 urgent care practitioners. Continuity of care is associated with a number of benefits including improved clinical outcomes, reduced risk of mortality, improved doctor-patient relationship, cost effectiveness and reduced elective and non-elective hospitalisation. In January 2020 we started to regularly monitor our continuity of care using the St Leonard's Index of Continuity of Care (SLICC).

Questions / Discussion Point

We started initially to monitor our continuity of care to better understand the factors that influence continuity of care and to draw greater attention to it. We wanted

Content

This presentation reviews the data on our continuity of care over the last two years, following on from the data we presented at the 2021 RCGP Annual Conference. We explore the trends in continuity of care in our practice and what has worked (and what hasn't worked) to improve continuity of care for our patients. We look at the continuity of care for data for all of our patients as well as 'special' groups of patients such as our palliative patients.

Take home message for practice

The key take home message is that by measuring continuity of care alone, you can improve it.

Abstract topic

09. Quality improvement

Abstract ID: 870**Internal code**

O09-46

Presentation form

1 Slide – 5 minutes lecture

Peripheral arterial disease screening – creation of standard guidelines for prevention in Slovakia

Katarina Dostalova¹⁾, Peter Makara²⁾, Katarina Gazdikova¹⁾, Viera Štvrtinova³⁾, Stefania Moricova¹⁾

¹⁾Slovak Medical University, Bratislava, Slovakia

²⁾Slovak Society of General Practice, Bratislava, Slovakia

³⁾Faculty of Medicine, Comenius University, Bratislava, Slovakia

Background

The diagnosis of peripheral arterial disease is determined by measurement of ankle-brachial index (ABI) - simple, highly sensitive, specific, fulfilling the WHO criteria for screening method. Slovak Angiological Society and Slovak Society of General Practice studied if ABI measurement would be beneficial in screening and could be performed by general practitioners.

Methods

Slovak Angiological Society and Slovak Society of General Practice acted responsibly when considering the introduction of screening. First of all we started by analysing epidemiological studies. This led to a decision to conduct a pilot study: 24 general practitioners from all regions of Slovakia under supervision of angiologists assessed 2207 consecutive patients over 60 years old.

Results

67.4% of patients had a normal ABI (0.9-1.2), 9.4% of patients had decreased ABI (<0.9) and 23.2% of patients had increased ABI (> 1.2). Patients with decreased ABI have significantly increased risk of myocardial infarction and stroke. Decreased ABI is more often in men, smokers, diabetics, suffering from high blood pressure, dyslipidaemia. This is our target group, patients in whom adherence to preventive measures and lifestyle changes introduced by general practitioner can lead to improvement of health and prognosis.

Conclusions

General practitioners determine the dominant way and rate of health care. Differential diagnosis of lower limb pain is their daily agenda in which ABI measurement can be effective. ABI test is a similar and cheap tool for the non-invasive assessment of PAD, expands the basic diagnostics and helps to clarify the cardio-vascular risk and risk of amputation.

Abstract topic

09. Quality improvement

Abstract ID: 886**Internal code**

O09-47

Presentation form

Science Slam

Venous thromboembolism - many questions, fewer answers

Katarina Dostalova¹⁾, Lucia Kukuckova^{1, 2)}, Diana Ponosova²⁾, Stefania Moricova¹⁾, Eva Horvathova¹⁾

¹⁾Sloval Medical University, Bratislava, Slovakia

²⁾University Hospital, Bratislava, Slovakia

Regular sport activities decrease the risk of venous thromboembolism (VTE) as was proved in the population-based case-control study by van Stralen et al. A participation in sport activities reduces the risk of VTE compared to others doing no sport (OR 0.64;95% CI 0.58-0.71) regardless of the differences in risks for various frequencies, intensities, and types of sport.

But sport activities may lead in certain cases to cause VTE with potential fatal consequences:

Sport activities pose potentially risk of VTE and may lead to enforcing Virchow triad: Hypercoaguability might be achieved by excessive perspiration without the adequate liquid supply. Administration of anabolic steroids, inherited thrombophilia or oral contraceptives increase blood coagulation factors. The stasis of blood might be achieved due to travelling or excessive abdominal press in bodybuilding. Damage of venous wall is daily problem in the collisional and contact sports.

We present two case studies: 25-y patient is professional World Cup skier. The second patient is 51-y, top manager, but in his free time he cycles on routes of the Tour de France. The case studies underline the complexity of the issue and the need for a creative approach by a general practitioner.

Both, prevention and treatment of VTE of a sportsman requires an acceptance of his priorities and goals by a physician. A sportsman, his coach and manager have to be well educated not only in medical prevention but also in nonmedical measures. It seems that education plays crucial role in prevention of VTE of sportsmen.

Abstract topic

09. Quality improvement

Abstract ID: 922**Internal code**

O09-48

Presentation form

Lecture

Our experience of overcoming the barriers to providing best practice care for patients with type 2 diabetes during the pandemic

Agne Meskauskiene, Carl Deaney, Meredith Donaldson, Victoria Ellis, Georgia Cole
General Practice, Marsh Medical Practice, Louth, United Kingdom

Background

Type 2 diabetes mellitus (T2DM) is a progressive disease characterised by hyperglycaemia and increased risk of cardiovascular disease. It is well documented that early diagnosis and glycaemic control reduces morbidity and mortality. Unfortunately, therapeutic inertia was already recognised as a factor that may delay treatment optimisation. This has been confounded by the fact that T2DM requires progressive intensification of treatment to ensure that patients not only achieve but maintain glycaemic targets.

The COVID pandemic has had a significant impact on long term condition management in UK. This has been due to a combination of factors including self-isolation, reduced pathology services, and re-prioritisation of clinical workload. Sub-optimally managed T2DM patients are also known to be at high risk of mortality and morbidity from COVID.

Question

What actions can be taken to overcome the barriers to providing best practice care for patients with T2DM in the current pandemic environment and beyond?

Content / Our approach:

- Empower the primary care MDT to manage T2DM patients through education
- Use automated searches to identify patients and enhance their glycaemic control
- Address CV risk and provide optimal hypertension & lipid management
- Use multi-channel modalities to communicate with and educate patients
- Use automated recall systems to ensure prompt follow-up and reduce clinical inertia

Take Home Messages

- A proactive approach by the MDT improves patients' management
- Automated searches enable rapid identification of patients at risk
- Using enhanced systems such ARDENS and ACCURX reduces burden and improves the ability to provide best practice and communicate with patients

Abstract topic

09. Quality improvement

Abstract ID: 940

Internal code

O09-49

Presentation form

1 Slide – 5 minutes lecture

THE PREVALENCE OF MOOD DISORDERS AND ITS EFFECT ON GLUCOSE METABOLISM AMONG PATIENTS WITH TYPE 2 DIABETES IN PRIMARY CARE

Peter Torzsa, Csenge Hargittay, Ajándék Eőry, Xenia Gonda, Bernadett Markus, Andras Mohos, Krisztian Voros, Tamas Ferenczi, Zoltan Rihmer
Department of Family Medicine, Semmelweis University, Budapest, Hungary

Aim: Data regarding the prevalence of symptoms of depression and anxiety, and their effect on glycemic control among people with diabetes is lacking in Hungary in primary care. We aimed to estimate the prevalence of depression and anxiety symptoms among patients with type 2 diabetes (T2DM) in the general practice, and to investigate the relationship between these affective disorders and HbA1c level.

Methods: We included 338 patients with T2DM from ten primary care practices in this cross-sectional study. A self-administered questionnaire (patient history, anthropometric,

socioeconomic, laboratory parameters), the Beck Depression Inventory (BDI) and the Hamilton Anxiety Scale (HAM-A) were used.

Results: The prevalence of mild, moderate or severe BDI depression symptoms was 22%, mainly moderate/severe symptoms (14%). Anxiety was more common (35%) than depression. We found significant relationship between depression and HbA1c ($p=0.001$), suicide attempt ($p<0.001$), anxiety ($p<0.001$), micro- and macrovascular complication ($p=0.028$ and $p<0.001$), education in years ($p=0.001$) and place of residence ($p=0.002$). In multivariate analysis however, only BDI score had significant ($p=0.03$) association with glycaemic control.

Conclusions: The screening introduced by the Patient Health Record in Hungarian primary care may foster the timely recognition of many patients with anxiety and depression, which may provide opportunity to alleviate symptoms and improve glycaemic control among people with diabetes.

Abstract topic

09. Quality improvement

Abstract ID: 941

Internal code

O09-50

Presentation form

1 Slide – 5 minutes lecture

Practice audit results on the use of metformin in type 2 diabetic patients with renal impairment.

Oluwatoyosi Adeniji

Eleanor Cross Healthcare, Northampton, United Kingdom

Background:

Within NICE guidelines, patients with type 2 diabetes mellitus (T2DM) and estimated glomerular filtration rate (eGFR) less than 30ml/min/1.73m² should not be on metformin. Patients with T2DM and eGFR between 30-45 ml/min/1.73m² should have a dose reduction of metformin.

Question:

To assess the prevalence of inappropriate prescribing of metformin in patients with T2DM and renal impairment

Methods:

Retrospective data was reviewed and a semi-structured interview with the diabetes specialist nurse was done.

Outcomes:

Out of 36 patients that met the inclusion criteria, 1 had an egfr of less than 30ml/min/1.73m² and was on full dose of metformin. 4 patients had full doses of Metformin with egfr between 30-45ml/min/1.73m²

Discussion:

Desired criteria of 95% in patients with reduced renal function having a reduced dose of metformin was not met. Review of current systems revealed that not all clinicians that saw reduced eGFR in diabetic patients addressed their metformin doses. They did not escalate to diabetes nurse for further review. It also showed that no information was given to patients about sick day guidance. I designed a flyer for this which is now being distributed across the county.

Take home message for practice:

- Collaborative work between teams is important for management of diabetic patients with renal impairment.
- Patient awareness of sick day guidance is important.
- Ensure there is a system in place to review if diabetic patients have actually attended their annual blood test as some did not attend due to Covid.

Abstract topic

09. Quality improvement

Abstract ID: 958**Internal code**

O09-51

Presentation form

Science Slam

Application of stoppfrail deprescribing tool to nursing home residents across 5 GP practices in the South East of Ireland

Ciaran Cassidy, Martin Mroue, Shayan Berenjian, Conor Behan, Damien McCarthy
GP Registrar, South East GP Training Programme, Dublin, Ireland

Background

Polypharmacy is a common issue in the elderly population. Physicians face many barriers to deprescribing including fear of adverse outcomes, fear of litigation, time constraint and lack of guidelines. Polypharmacy has a significant impact on the patient, the environment and consumes resources which could be better allocated elsewhere. The aim of this audit was to identify and improve the rate of inappropriate prescribing in this nursing home population using the Stoppfrail deprescribing tool as the standard.

Methods

In the first cycle of the audit medications were reviewed by a GP and GP Registrar using the Stoppfrail tool and those which were considered to be inappropriate were stopped. The second cycle of the audit was conducted 3 months later using the same process. Ethical approval was granted by the ICGP.

Outcome

In the first round of this audit 90 patients were included. Total number of prescribed medications was 991 with a mean of 10.8 (+/- 4.3). On the medication review 339 medications were stopped with a mean 3.7 (+/- 2.8). This represented 34 percent of all medications with a total saving of €6500 per month or €72.20 per patient.

A total of 69 patients were included in the second round of the audit. After review patients were prescribed a mean of 7.3 (+/-3.59) medications.

Conclusions

The benefits this of this include the reduction in the medication burden on these patients, less chance of adverse drug reactions, the substantial cost saving and a significant reduction in environmental impact.

Abstract topic

09. Quality improvement

Abstract ID: 973

Internal code

O09-52

Presentation form

1 Slide – 5 minutes lecture

Palliative and End of Life Care: a national population based quality improvement programme to support primary care teams to improve

Eve Barnes¹⁾, Catherine Millington Sanders²⁾, Val Hemsey³⁾

¹⁾RCGP, Bristol, United Kingdom

²⁾RCGP, London, United Kingdom

³⁾NAPC, Representative Practice Managers Network, London, United Kingdom

Background

High quality palliative and end of life care (PEOLC) is a core role of primary care and PEOLC need is set to rise by 25% by 2040. RCGP & Marie Curie's Daffodil Standards provide free, accessible, evidence-based support across 8 PEOLC domains. Internationally, they offer a template to share primary PEOLC learning.

The Daffodil Standards:

1. Create a structured approach to PEOLC that is relevant to your practice, staff and patients;
2. Develop quality improvement and reflective practices;
3. Create an environment of continuous learning and improvement

Target Group Primary care teams that support people and care-givers with PEOLC needs.

Didactic Method

- 10m: Daffodil Standards development as a National QI programme
- 10m: Clinical cases studies & outcomes
- 15m small group discussion: Shared learning experiences of PEOLC QI across Europe?
- 10m presentation: Personalising Advance Care Planning: respecting culture, faith & diversity
- 15m: Speaker Q&A
- 10m small group discussion: Application of RCGP QI tools to local settings & suggestions for further development
- 5m: Discussion feedback & closing remarks

Objectives

- To present the evidence for a whole team approach to improving PEOLC quality in primary care
- To share learning on the impact of quality improvement
- To present RCGP's new tools to enable bite-size QI activity

Estimated number of participants

50-100

Brief presentation of the workshop leader

Catherine Millington-Sanders, RCGP's National Clinical End of Life Care Champion. Eve Barnes, foundation doctor and previous elective student. Val Hemsey is a practice manager. They will facilitate discussion and presentations from co-contributors.

Abstract topic

09. Quality improvement

Abstract ID: 977

Internal code

O09-53

Presentation form

1 Slide – 5 minutes lecture

Exclusive breastfeeding and postpartum depression: a cohort study

Betzabé Tello^{1, 2)}, Betzabé Tello²⁾, Herminio Hernández²⁾

¹⁾*CISEAL Centro de Investigación para la salud en América Latina / Facultad de Medicina, Pontificia Universidad Católica del Ecuador, Quito, Ecuador*

²⁾*Facultad de Medicina Alberto Hurtado, Universidad Peruana Cayetano Heredia, Lima, Peru*

Background

There is sufficient evidence on the benefits of breastfeeding as well as the importance of mothers' mental health

Questions

what is the effect of post partum depression (PPD) on the maintenance of breastfeeding (BF)

Methods

A prospective cohort study was conducted in Quito- Ecuador with a consecutive sample of 279 participants. Telephone interviews at one, four and six months postpartum were used to assessment variables of feeding practices of children and identification of PPD.

Outcomes

The incidence of PPD was higher in the first month with 15.8%, it occurred less frequently in the fourth month and the sixth month with 11.9% and 8.3% respectively. The prevalence of EB per month was 84.2%, but fell to 56.1% in the fourth month and 26.6% in the sixth month

PPD predicts and is predicted by BF cessation. In this study for every woman with postpartum depression three times more likely to leave BF in the first month OR 3.26 (95% CI: 1.23 to 8.62) and six times more likely to leave exclusive BF in the fourth month OR 6.45 (95% CI: 1.50 to 27.7); p valor < 0.05

Discussion

Some studies indicate that mothers with depressive symptoms are more likely to abandon the practice of EBF.

Take Home Message for Practice.

Implementation of universal screening of PPD should be a priority for all health systems. Family physician and pediatricians, as well as obstetrician/gynecologists should identify and treat PPD for the benefit of women, infants and families.

Abstract topic

09. Quality improvement

Abstract ID: 993

Internal code

O09-54

Presentation form

1 Slide – 5 minutes lecture

Fundamentals of Quality Improvement and Enhancing Professional Satisfaction: Significant Event Identification /Analysis and Quality Improvement

David Moores

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Objectives: This 75 minute workshop identifies significant events and their analysis as foundational to effective quality improvement in clinical practice. At workshop conclusion participants will have: (1) shared significant event experiences and obstacles/facilitators to professional satisfaction; (2) modelled a Significant Analysis Process; (3) developed a Quality Improvement Project and identified the barriers/facilitators to instituting it; (4) have the opportunity to continue to engage the workshop facilitators after the WONCA meeting.

Description: The ecology of quality and safety issues in family practice/primary care in many countries is not so well known when compared to hospital-based practices. Yet health systems learning from primary care is ever present (Hays et al. 2017). Evidence suggests when physicians perceive themselves as providing high-quality care or their practices facilitating their delivery of such care, they report better professional satisfaction. Conversely, physicians describe obstacles to providing high-quality care as major sources of professional dissatisfaction. (Friedberg et al. 2014) Interventions that address quality concerns, simultaneously improving both the quality of care patients receive and physician professional satisfaction, should be attractive to multiple stakeholders. Reflecting on their own clinical practices, participants will individually identify a significant event, share with colleagues and participate in identifying an event for more in-depth analysis. Utilizing a Quality Improvement framework and the results of the significant event analysis, groups will develop a Quality Improvement project initiative. Improving service quality and improving professional satisfaction is fundamental to improving the impact of both public and private health systems in the world.

Abstract topic

09. Quality improvement

Abstract ID: 1010

Internal code

O09-55

Presentation form

Science Slam

INITIATING INJECTABLE THERAPY TO PEOPLE WITH T2 DIABETES IN PRIMARY CARE: PCDE WORKSHOP

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Aims: Diabetes is a chronic condition requiring lifelong therapy and lifestyle adjustments. Insulin therapy has been one of the pharmacotherapeutic cornerstones for glycemic control, however, recently other injectable drugs took their place in the treatment algorithms and guidelines. Although, there are many algorithms regarding hyperglycaemia treatment schemes like the European Association for the Study of Diabetes (EASD), the American Diabetes Association (ADA), the National Institute of Clinical Excellence (NICE) including insulin algorithms based on the best evidence available, all algorithms largely agree to recommend when and how to start with an injectable drug or insulin regimen, respectively.

Design and method: This is a 2 hour workshop that through a case discussion would like to introduce the most common difficulties when considering injectable antidiabetic drugs and especially insulin as a therapy option in people with Type 2 Diabetes (T2DM) in primary care. The idea is to answer clinical questions regarding therapy with injectables (e.g. insulin, GLP-1RAs) via case based discussions focused on routine clinical practice situations.

Results: After this workshop the attendees will : know the indications for initiation of injectable drugs for people with T2DM (who?); know how to initiate therapy with an injectable drug; know how to follow up a patient on injectable therapy (glycaemic target values, combination with other hypoglycaemic therapy options, side effects: hypoglycaemia, weight gain etc.); know red flags for referral (emergencies).

Abstract topic

09. Quality improvement

Abstract ID: 1025

Internal code

O09-56

Presentation form

1 Slide – 5 minutes lecture

Patients' experiences with general practitioner- versus surgeon-led colon cancer survivorship care; a mixed-methods evaluation of a randomised controlled trial.

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Background: Colon cancer survivorship care constitutes both follow-up and aftercare. Involvement of the general practitioner (GP) may help to personalize care. In 2015, the I CARE study was initiated, in which patients were randomised to receive care by either a GP or surgeon.

Questions: This study addressed patients' experiences with GP- versus surgeon-led colon cancer survivorship care.

Content: A mixed-methods approach was used to compare GP- to surgeon-led care, consisting of questionnaire-based data (N=261) and semi-structured interviews (N = 25). The Consumer Quality Index (CQI) was used to measure quality aspects of care. Interviews were performed to explore patients' experiences more in-depth. Overall, patients were satisfied with both GP- and surgeon-led care (ratings 9.6 versus 9.4 out of 10 respectively). No important differences were seen in different quality aspects of

survivorship care. Interviews revealed that patients often had little expectations of care from either the GP or surgeon. They described follow-up consultations as short, medically oriented and centered around discussing follow-up test results. Patients also reported little symptoms. Patients in the GP-led group organized care in different ways, ranging from solely on the patient's initiative to shared care. Patients sometimes desired a more guiding role from their GP, whereas others preferred to be proactive themselves.

Take home message for practice: Patients experience high quality of colon cancer survivorship care from either the GP or surgeon. If the GP is going to be more involved, a clear understanding of roles and responsibilities is necessary to help organize care.

Abstract topic

09. Quality improvement

Abstract ID: 1041

Internal code

O09-57

Presentation form

1 Slide – 5 minutes lecture

Cardiovascular Risk factors in type 2 Diabetes – should we treat to prevent?

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People with T2DM are in high risk to develop cardiovascular disease (CVD) and chronic kidney disease (CKD). Most first CVD/CKD diagnoses occur within 2 years after oral anti diabetic (OAD) initiation and are associated with increased healthcare resource utilization in a real-world population of patients with type 2 diabetes. Most of these patients are treated in primary care settings by GP's.

The aim of this workshop is to present the recent data of cardio-renal risk factors in T2DM patients and the recent recommendations for diabetes treatment and prevention of complications.

Practical case studies will be presented with an interactive involvement of the participants including live discussion with Q &A

The educational benefit of such activity is highly important.

Abstract topic

09. Quality improvement

Abstract ID: 1048

Internal code

O09-58

Presentation form

1 Slide – 5 minutes lecture

ECOCap Project

Xavier Martínez Regada, Araceli Gómez Templado, Jose Antonio Hernandez, Marta Bandrés, Joan Morató, Ana Isabel Martínez, Isabel Zamora, Maria Samán

EAP Santa Eulalia Sud, Barcelona, Spain

Background

Ultrasonography adds value to the clinical practice of general practitioners to perform better on diagnosis. Since 2021, Ultrasound machines has been installed on each primary care centre of Catalunya, Spain. In our primary care centre, most of the general practitioners has not knowledge enough to incorporate ultrasound to their daily clinical practice.

Questions, Discussion Point

How could we start to incorporate ultrasonography to our practice in a safe way?

Content

We created the ECOCap project, which consist of taking ultrasound courses from "Sociedad Española de Médicos Generales" or "CAMFIC". After that, we start to perform ultrasonography to those patients who are on the waiting list for a regular ultrasonography, after signing an informed consent. Then, we are comparing our results to the regular ultrasonography performed by the radiologists.

With the statistical results of this comparasion, we will be able to learn more about ultrasounography in a safe way, and also, we could detect when we are ready to create the Ultrasound unit of Santa Eulàlia (our primary care center) to perform regular ultrasonography.

Take Home Message for Practice

At this point, we've started the project but we don't have statistical results yet. We think that this project could be an example of how to perform a new clinical procedure in a safe way, in order to improve the quality of the clinical care that our patients have.

Abstract topic

09. Quality improvement

Abstract ID: 1089

Internal code

O09-59

Presentation form

1 Slide – 5 minutes lemure

Good Practice to fight against Antimicrobial resistance

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²⁾Internal general Medicine, Medbase - Medical Center, Lausanne, Switzerland

Background:

Antibiotic resistance is identified by the World Health Organization (WHO) as one of the most serious threats to public health. Two main strategies must be combined to fight against antibiotic resistance: on the one hand, preventing infections and limiting the transmission of bacteria and resistance genes and, on the other hand, using antibiotics wisely (those needed, when needed).

It is now necessary to put in place the control of antibiotic resistance, from a "One Health" perspective. We can collectively have a positive impact.

GPs have a key role to play in implementing strategies for prescriptions only when necessary, with the right products and the right durations.

Objectives:

1. Always consider the potential AMR.

2. Need to prescribe the right molecule at the right dose for the optimal time.
3. Develop individual strategies Create awareness of the necessity of HTA.
4. Develop a constructive partnership between GP and other health care professionals to improve quality and equity of care.

Methods

Brief presentation of the topic to the participants. Participants divided in groups will discuss two major questions:

1. What do you use as a reference in Antibiotherapy, why this choice? Vote in the group: "Do you use diagnostic tests (such as the urine dipstick and the strep test for angina)"
2. Have you put in place strategies to fight against AMR. Describe them to us. Vote in the group: "Do you use diagnostic tests..."
3. Restitution in large group, and experts present a ppt on Europe situation.

Key Words

Care, Quality, Antibiotherapy, AMR

Abstract topic

09. Quality improvement

Abstract ID: 1092

Internal code

O09-60

Presentation form

1 Slide – 5 minutes lecture

Monitoring adverse effects of amiodarone therapy: an insight from a GP practice in Glasgow

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Background: Adverse effects of amiodarone include pulmonary fibrosis, hepatitis and endocrine derangements. Guidelines currently recommend obtaining a battery of tests at baseline and regular intervals to screen for toxicity.

Questions: Are we regularly assessing patients for signs of amiodarone toxicity? How do we ensure general practitioners adhere to current guidelines?

Methods: Retrospective case note review of all patients on amiodarone therapy, identified via a Scottish GP practice's electronic database. Data collected included basic demographics, date of initiation, dosage and primary indication. Case notes were reviewed for evidence of thyroid and liver function tests (TFTs/LFTs), urea & electrolytes (U&Es), chest x-rays (CXR) and electrocardiograms (ECG) taken in both inpatient and outpatient settings at baseline and 6-month intervals.

Outcomes: 5 patients were identified, all with atrial fibrillation. Mean age was 78 years. Baseline testing was inadequate with lack of regular biannual follow-up. Baseline TFTs/LFTs were only obtained in 3 patients and a CXR in 1. U&E testing was relatively more consistent, presumably due to routine check-ups related to concurrent morbidities. Reported adverse effects included gynaecomastia, photosensitivity and breathlessness.

Discussion: Our findings may be attributed to the lack of robust algorithms for patient call-backs, inadequate cooperation with secondary care, and poor patient engagement. Previous UK-based studies have shown similar outcomes, although policies at an international level have proven more effective.

Take Home Message for Practice: A proactive and patient-centred approach, alongside utilisation of the multidisciplinary team, might dramatically improve adherence to current guidelines.

Abstract topic

09. Quality improvement

Abstract ID: 1097

Internal code

O09-61

Presentation form

Science Slam

What's in the box? Emergency medicines in primary care quality improvement project

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Background:

General Practitioners have a duty to respond promptly and effectively to acute and life-threatening emergencies within their practices. Although GPs must undertake annual basic life support training, clinicians are more likely to encounter peri-arrest emergencies, of which training is not compulsory. Early assessment and intervention reduces the risk of cardiac arrest and other complications. Due to the rarity and breadth of these situations, GPs report lack of confidence in managing these. This quality improvement project explores:

1. Is our practice's emergency medicines box in keeping with current guidelines?
2. How confident are staff in using these medicines?

Methods:

To better understand the process behind the creating/maintaining the emergency medicines box, I created a process map. I then analysed existing guidelines to compare with our medicines. I used Plan-Do-Study-Act methodology to survey clinician confidence in using medications before and after introducing an educational teaching session and "cheat sheet" on emergency medicines.

Outcomes:

Overall, there was improvement in clinician confidence for several medications, particularly adrenaline, benzylpenicillin and atropine and some oral medications. There could be further improvement for diazepam and salbutamol nebuluses. Overall, the feedback was positive.

Discussion:

I acknowledge that these guidelines are not translatable to all settings, however discussing the medications to include as a practice helped us to consider what would work best for our patients.

Take home messages:

Whilst rare, failure to prepare for emergency situations could prove detrimental to patient care. Preparing clinicians for these scenarios and creating clinical resources to assist were found to be beneficial.

Abstract topic

09. Quality improvement

Abstract ID: 1142**Internal code**

O09-62

Presentation form

1 Slide – 5 minutes lecture

Improving sick leave practice among Norwegian GPs using peer group discussions.

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Background

Most sick leave in Norway is evaluated by General Practitioners (GPs). There are considerable variations amongst the GP population, both in sick leave duration and the amount of partial sick leave. In a partial sick leave, employees are still present at work, which is considered beneficial to avoiding permanent work disability.

Question

How is sick leave practice affected by an intervention through peer group discussions?

Methods

We tested a model consisting of three peer group meetings held over 7-8 months. At meetings, participants evaluated own sick leave practice using checklists and online statistics. Before each meeting, participants complete online courses to update their knowledge on the correct use of sick leave.

Sixty-two peer groups with 408 GPs were included and consequently paired into two groups. The groups were randomized to start either in September 2020 (group A) or January 2021 (group B).

Outcomes

Participants in group A had a significantly higher proportion of partial sick leave compared with participants in group B during the same period (January – March 2021). No significant differences in sick leave duration were found.

71 % of participants reported that they had implemented changes. More partial sick leave, and increased communication with patients and employers were the most commonly reported changes.

Major obstacles against improvement were the covid-pandemic and general lack of time.

Discussion

Peer group discussion seem to be adequate and effective with regards to implementing changes in general practice. In addition, the intervention gave valuable insights into GPs' perceptions of sick leave.

Abstract topic

09. Quality improvement

Abstract ID: 1169**Internal code**

O09-63

Presentation form

1 Slide – 5 minutes lecture

Sexual and domestic violence in primary care: what do GP's need?

Anke Vandenberghe, Elizaveta Fomenko, Ines Keygnaert

Public Health and Primary Care - WHO collaborating centre: International Centre for Reproductive Health (ICRH), Ghent University, Ghent, Belgium

Background

Sexual and domestic violence are a major public health problem worldwide. The first representative research investigating the prevalence of sexual violence in the Belgian population aged 16 to 69 years found a lifetime prevalence of 64% (Keygnaert I et al, 2021). During the first 12 months of the COVID-19 pandemic at least 1 out of 3 Belgian residents became a victim of domestic violence (Keygnaert I et al, 2021). With general practitioners being key healthcare providers in primary care, it is extremely important to involve them in the care for victims of sexual and domestic violence.

Methods

Commissioned by the Belgian Federal Public Health Service and led by Prof. Dr. Ines Keygnaert, we are researching the role and needs of general practitioners in addressing sexual and domestic violence from November 2021 until May 2022. By means of a cartography we will first map out on a national level, which support general practitioners consider necessary in dealing with domestic and sexual violence in primary care. Subsequently, through focus group discussions, a more in-depth questioning of the content and design of this support will take place. Finally, a first trial version of a practical guideline will also be evaluated in GP practices.

Aim

The ultimate goal is to draw up recommendations and clinical guidelines in terms of training, tool for implementation in practice and support for the care of victims of sexual and domestic violence within primary care.

Abstract topic

09. Quality improvement

Abstract ID: 1186

Internal code

O09-64

Presentation form

1 Slide – 5 minutes lecture

Can we improve appropriate antibiotic use in Early Childhood?

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Background. Spain had one of the largest antibiotic prescription rates to treat acute respiratory tract infections among children in Europe.

PURAPI (Rational Use of Antibiotics in Early Childhood Program) is a Program implemented in 2017 in the Region of Murcia - 1.5 M inhabitants- (Spain), which was designed to improve the use of antibiotics (A) in children under the age of three. PURAPI has been aimed at paediatricians, physicians from both Primary Care and hospital emergency services, pharmacists and the general public.

Objective To analyze the evolution of A consumption in Primary Care in the pediatric population, as well as the effectiveness of the program after its implementation in each one of the 9 Health Areas of the Region of Murcia

Methodology

The Defined Daily Dose (DHD) per 1,000 inhabitants, as an A consumption measure, from the onset of the implementation Program to the present, was analyzed in children under three years of age. The data were extracted from The Murcia Region Health Service Business Intelligence Portal (PIN).

Outcomes and Discussion Significant decrease in A consumption in the paediatric population, resulting in a 45% reduction in A use in all Health Areas of Murcia Region from 2017 to 2021.

Take Home Message for Practice PURAPI success was due to the greater awareness in the appropriate use of A among not only health professionals but also the population

Abstract topic

09. Quality improvement

Abstract ID: 1235

Internal code

O09-65

Presentation form

1 Slide – 5 minutes lecture

Cancer screening in primary care during the COVID-19 pandemic - a fight against time

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USF Travessa da Saúde, ACES Loures-Odivelas, Sacavém, Portugal

Background

A comprehensive approach that focuses on promoting health and wellbeing is one of the core competences in modern Family Medicine. Primary prevention plays an essential role, allowing diseases such as breast, cervical and colorectal cancer to be diagnosed early, providing more treatment options and better overall outcomes for the patients. The COVID-19 pandemic has been a challenge to primary health care systems around the world. While managing COVID-19 patients, it was also our mission to be closer to our non-COVID patients, creating strategies to maintain adequate screening in order to prevent the outcomes of a late diagnosis.

Questions / Discussion point

The need for a rapid and efficient way to resume breast, cervical and colorectal cancer screenings in a health center in the Lisbon district, which had significantly decreased during the pandemic.

Content

Through health technologies and telemedicine, it was possible to gather the list of patients with delayed breast, cervical and colorectal cancer screenings and cross these results, establishing a priority list. A specific consultation of screenings in primary health care was created, where its importance was explained and colposcopy was performed immediately. This consultation was performed by a team of trainee doctors of the health center, increasing their technical skills and promoting health literacy in patients.

Take Home Message for Practice

This project aims to draw attention to the importance of primary prevention in health care, the need for medicine combined with technology and the proactivity and resilience of health professionals in the face of adversity.

Abstract topic

09. Quality improvement

Abstract ID: 1248

Internal code

O09-66

Presentation form

Workshop

The EGPRN Research Strategy for General Practice in Europe 2021 – how to apply it in your country and how we can measure its impact.

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A strong research basis is a necessity to provide effective health care; and research in general practice/family medicine (GP/FM) is important in terms of improving patient outcomes effectively.

In 2021, the EGPRN published its updated research agenda, now framed as a research strategy providing an overall plan with guidance to achieve specific goals. Based on a review of research in GP/FM 2010-2019 and on a proposed modified research wheel, recommendations are suggested to advance research in GP/FM. Within the strategy, a framework is presented to be adapted by those involved in research in GP/FM in individual countries.

In this workshop, a participatory approach will enable all attendees to share their ideas and learn strategies from others regarding how the EGPRN recommendations can be best applied in your context. This workshop aims to create a sense of community and common purpose working together and assisting one another to both apply and monitor the progress of our efforts to contribute to the strategic development and growth of research and innovation across the European GP/FM research community.

Abstract topic

09. Quality improvement

Abstract ID: 1265**Internal code**

O09-67

Presentation form

Workshop

Deprescribing in diabetes: when, what and to whom to deprescribe?

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Type 2 Diabetes Mellitus (T2DM) affects a relevant proportion of subjects in advanced age, and it is often treated with a multiplicity of drugs.

All the diabetes guidelines recommend different therapeutic targets in different age groups, with higher levels of glycosylated hemoglobin (HbA1c) in elderly subjects, particularly in the case of frailty or comorbidity, but no clear indications were provided about whether and how de-intensify therapy. Also, diabetes guidelines specify minimum levels of HbA1c for elderly and frail patients, under which deprescription should be recommended, but still not providing instructions on strategies for drug withdrawal.

Physicians should identify and prioritize medications to discontinue and discuss potential deprescribing with the patient. Evidence is lacking that a structured approach to decreasing the absolute number of medications, as opposed to discontinuing potentially inappropriate medications, improves patient outcomes. This is likely because deprescribing efforts are focused, patient-specific interventions with considerable variability in patient characteristics and medications used. Guidelines often discuss how to initiate therapies but rarely discuss when and how to discontinue them. The benefits of deprescribing and shortened medication lists are recognized at the patient, physician, and system levels. Physicians should view deprescribing as initiating a “therapeutic intervention” similar to initiating clinically appropriate therapy.

Following a review of the literature, in this workshop, we aim to provide the keys to deprescribing by answering the basic questions of who we should deprescribe, how we should deprescribe, and when we should deprescribe in patients with DM2.

Abstract topic

09. Quality improvement

Abstract ID: 1268**Internal code**

O09-68

Presentation form

Workshop

#Deprescription in #FamilyMedicine: barriers and facilitators

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⁵⁾*Spanish Society of Family and Community Medicine (SEMFYC), Barcelona, Spain*

Background: Polypharmacy (P), the use of multiple concurrent medications to manage multimorbidity, is a growing concern for healthcare systems globally. Although older people are particularly affected by polypharmacy (with a prevalence of 30% to 60% in people aged ≥65 years in high-income countries), people with learning disabilities, younger people, and those from deprived communities may also have multimorbidity and have been prescribed P. Inappropriate P may increase treatment burden, undermine adherence to treatment, result in adverse drug-related events, and increase health service use. Decreasing inappropriate P has become a focus of national and international policy initiatives to improve health, reduce patient harm and reduce healthcare costs. Deprescribing involves the systematic process of identifying and discontinuing drugs when existing or potential harms outweigh existing or potential benefits within the context of an individual patient's care goals, functional status, life expectancy, values, and preferences. However, in daily clinical practice, it is not easy to implement and sustain deprescribing over time.

Target Group: Healthcare professionals interested in quality and risk management to improve.

Didactic Method: Working in small groups with a series of brief presentations regarding clinical cases. Groups will work on how to put in practice deprescription identifying the barriers and potential facilitators for deprescribing. Finally, strategies to deal with deprescription will be identified.

Objectives: 1) To share significant event experiences and their obstacles/facilitators to professional satisfaction; 2) To implement a Significant Analysis Process; 3) To develop a Quality Improvement Project and identified the barriers/facilitators.

Participants: 20 working in 5 groups

Abstract topic

09. Quality improvement

Abstract ID: 1277

Internal code

O09-69

Presentation form

Science Slam

UK cross-sectional survey: Association between patient safety and self-medication in patients with vitamin B12 deficiency and Pernicious Anaemia

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Patients with B12 deficiency and pernicious anaemia often report being stigmatised by primary care medical professionals, systems and policy and chose to self-medicate via injection. However, the association between patient safety concerns and self-medication and perceptions of safe primary care in this group of people is unknown.

This cross-sectional online survey consisted of the three components: a) demographics, b) the validated Primary Care Patient Measure of Safety, and c) questions about reasons for self-medication. Multivariable logistic regression analyses examined factors associated with self-medication and patient-reported safety in primary care. Thematic synthesis was also used to analyse open-text responses.

Responses were received from 1,297 participants, 508 (39%) self-medicated via injection. Participants who self-medicated via injection were more likely to report lower levels of patient-reported safety in primary care, including adverse patient-related factors, including reduced dignity and respect (0.82, 0.73 to 0.92). Thematic synthesis showed that many self-medicated participants would have preferred treatment by a clinician but felt they had no other choice if they wanted to regain quality of life and had low levels of satisfaction with primary care.

The findings highlighted that 40% of patients with B12 deficiency self-medicate via injection. As a result, these patients had a lower perceived safety in primary care with reduced dignity and respect by their health providers. Therefore, improving patient safety by providing patient-centred care and treating patients with these diagnoses dignity and respect in primary care for this group should be a policy priority to reduce potentially unsafe health behaviours such as self-injections.

10. Patient participation

Abstract topic

10. Patient participation

Abstract ID: 128

Internal code

O10-01

Presentation form

Lecture

Attitudes to influenza vaccination in a rural population during the COVID-19 pandemic

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²⁾Coach and Horses Surgery, St Clears, Carmarthenshire, United Kingdom

Background: The seasonal influenza vaccine is recommended for at-risk populations. Hywel Dda University Health Board (H DUHB), covering a rural population, has historically had the lowest influenza vaccine uptake in Wales. Influenza vaccination hesitancy has been attributed to complacency, low confidence in the vaccine and inconvenience. However, attitudes to this vaccine in UK rural populations has not been

explored. Understanding reasons for influenza vaccine hesitancy during the ongoing COVID-19 pandemic could inform future campaigns.

Methods: A qualitative study was conducted at a GP surgery within HDUHB. Semi-structured telephone interviews were conducted with a random sample of eligible adults to explore: concern surrounding influenza infection, previous influenza vaccination, intention for influenza vaccination in 20-21 season, intention for COVID-19 vaccination. Thematic analysis of transcripts was conducted.

Results: 55 patients were interviewed. 38% had not previously received an influenza vaccination. Most common reason was inconvenience (26.9%). 6 patients (11%) opted to have their first-ever influenza vaccination in the 20-21 season, and cited COVID-19 (33%) and family illness (33%) as motivating factors. Seventeen participants intended to have the COVID-19 vaccination but not influenza vaccination. A unique motivator for the COVID-19 vaccination was feeling a moral obligation to be vaccinated (42.8%). This theme was not present for the influenza vaccination.

Conclusion: Inconvenience was the biggest barrier to seeking the influenza vaccination in this rural location. Contrasting attitudes to influenza and COVID-19 vaccines may influence vaccine uptake. Providers could consider administering both influenza and COVID-19 vaccines in the same appointment.

Abstract topic

10. Patient participation

Abstract ID: 136

Internal code

O10-02

Presentation form

Lecture

OPTION TABLES TO FACILITATE SHARED DECISION MAKING: PRIORITISING TOPICS BY GPs AND PATIENTS FOR SHARED AGENDA-SETTING

Gerda van der Weele

Guideline development, NHG, Utrecht, Netherlands

Background

Option-tables with patient-relevant information about options in preference-sensitive medical choice situations are meant to support shared decision making. Recently the Dutch College of GPs and Patient Federation together developed about 10 option-tables on various topics, based on our GP-guidelines. Because of limited resources we must be selective for which choices we should develop such tables.

Question

Which option-tables have the highest priority from the perspective of both patients and GPs?

Methods

We asked practising GPs and GP-trainees to prioritise a longlist of 77 preference-sensitive choice situations, which were derived from our GP-guidelines, according to their personal needs on a 1-7 scale. The Dutch Patient Federation together with their member patient organisations (each focused on a specific medical problem/disease) first created a set of prioritisation criteria to assess their option-table need on all 77 topics.

Outcomes

26 practising GPs and 6 GP-trainees filled out the longlist. Combining their scores (n=32) we derived a shortlist of 25 topics which scored highest. The Patient Federation excluded all topics for which already existed a decision making tool and, according to their criteria, prioritised 17 of the remaining topics. This resulted in a 12 topic-list with priority from both GPs and patients.

Discussion

Based on practice needs GPs and patient-organisations co-created a prioritised topic-list to develop option-tables that are most needed.

Take Home Message

It is possible to co-create a shared topic-agenda from both a GP- and patient-perspective, that guides us to use our resources on development of option-tables in a responsible way.

Abstract topic

10. Patient participation

Abstract ID: 170

Internal code

O10-03

Presentation form

Science Slam

Older adults' suggestions for a research programme for healthy ageing in urban areas

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Background: Urbanization and ageing are two global developments: The amount of older adults living in urban areas is increasing. These developments pose new challenges for health and social care in cities. Hence, it is important to lay a scientific evidence foundation to be prepared for these changes and ensure a healthy ageing in urban areas.

Aim: Our aim was to involve older adults living in urban areas to set up a research programme for healthy ageing in urban areas.

Methods: We conducted a two stage participatory process. In five districts of Berlin, we chose jointly with the local authorities one deprived neighbourhood each. 200 inhabitants of 65 years or older and without legal guardianship were selected randomly in each neighbourhood. A questionnaire with one open end question to suggest research topics regarding healthy ageing in urban areas was sent out by post. Codes were developed out of the material inductively and clustered into categories. In a second stage these results were discussed with the participants and local stakeholders.

Results: 105 out of 1000 persons answered the survey. We could construct seven main categories: health, prevention, mobility, living environment, barrierfree communication and information, social aspects and other topics. Health and social aspects were most common themes. Typical examples from the health category are the adaption of health care to the elderly, accessibility of health care, communication with doctors and waiting times. Typical examples from the social aspects category are social participation and loneliness.

Abstract topic

10. Patient participation

Abstract ID: 190

Internal code

O10-04

Presentation form

Lecture

How decision support tools can help you and your patients

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Background

The NHS England Personalised Care Group (PCG) has developed Decision Support Tools (DSTs) that encourage clinicians and patients to exchange information and engage in shared decision making (SDM). Their use increases patient involvement in decisions, thereby reducing decision conflict.

Target Group

GPs and trainees

Didactic Method

The session will start with an introduction to DSTs, what they are, how they can be used in practice and a brief summary of the evidence base. Delegates will then consider, in groups, what they would want from a DST. Feedback will lead into the introduction of DST on the management of menopause. Delegates will discuss this and consider how they would incorporate it onto their practice. This will inform a wider conversation about implementing DSTs into practice. There will then be a description of the DST production process so delegates could consider how DSTs may be produced in the healthcare system they work in.

Objectives

- Understand what DSTs are, the need they fulfil and the benefits of their use.
- Be able to appraise DSTs
- Understand how DSTs can be incorporated into consultations
- To inspire delegates to seek out DSTs in their healthcare systems and/or promote their development where appropriate.

Participants

This workshop would work well with a broad range of participants. 20-100 participants would be optimal.

Workshop leader

Dr Finnikin is a GP and has an academic background in SDM. He is a Specialist Advisor in Personalised Care with NHS England and has been part of the leadership team developing DSTs.

Abstract topic

10. Patient participation

Abstract ID: 370

Internal code

O10-05

Presentation form

Science Slam

The prognosis of covid-19 in behcet's disease and familial mediterranean fever patients using colchicine

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Background: The aim of this study is to investigate the clinical course of COVID-19 infection in patients receiving long-term colchicine for Familial Mediterranean Fever (FMF) and Behcet's disease.

Questions: Does the use of colchicine in FMF and Behçet's disease have an effect on Covid-19?

Methods: Our single-center, retrospective study included 369 patients whose colchicine treatment was initiated and/or continued between 01.01.2019 and 01.12.2019. The data of the patients between 01.03.2020 and 31.12.2020 were scanned in terms of COVID-19 PCR positivity. The PCR-positive patients were divided into 4 groups as outpatient, inpatient, intensive care, and mortality.

Outcomes: The rates of patients using colchicine were determined as 233 (63.1%) FMF, 82 (22.2%) Behçet's disease, 54 (14.7%) other diseases. Of 369 patients, 47 (12.7%) were diagnosed with COVID 19. Eight of 47 patients were treated in the inpatient, 38 outpatients, and the other 2 patients were treated in the intensive care unit. Coronary artery disease, congestive heart failure, hypertension, diabetes mellitus coexistence were found to be significantly higher in inpatients.

Discussion: In our patient group using colchicine, which is seen as a potential drug to prevent COVID-19, the incidence of COVID-19 was close to the estimated incidence rates for the general population living in Turkey. However, the clinic of COVID-19 was not severe and there was no mortality. Our study strengthens the evidence that colchicine reduces the risk of hospitalization and mortality due to COVID-19.

Keywords: Colchicine, Covid-19, Familial Mediterranean Fever, Behcet's disease

Abstract topic

10. Patient participation

Abstract ID: 413

Internal code

O10-06

Presentation form

Science Slam

Current smoking prevalence among students in Barcelona region: study of its evolution compared with 2016

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Sociocultural settings influence on youth smoking. Its prevalence presumably has decreased. Objectives: To assess smoking prevalence in students, as well as the

environmental influence on its initiation in Osona(District of Barcelona)(ODB),and to determine whether it has decreased compared with 2016¹.Material-methods:A cross-sectional study performed among ODB's students.Adressed to 3rdcourse secondary(3SS) and 2ndcourse of high school(2HS) students, and through an anonymous questionnaire created on EUSurvey website.It inquired about smoking and its sociocultural settings influence.Results:785 questionnaires were included(53'6%women(W)).Average age was 15'31±1'64. Mean body mass index(BMI) was 20'80±3'52.About 73'4% lived in rural areas.6'5% students suffered certain pathologies,44'8% had ill relatives.About 42'9% were Christians,16'6%Muslims,34'8% other religions and 1'3%non-denominational.Regarding parents' educational level:40'5% of mothers(M) and 31'1%fathers(F) had university studies.12'8%were smokers(74%W):10'62% in 3SS and 20'61% in 2HS. Smoking prevalence has decreased compared with results obtained in 2016(22'6%)¹.Concerning alcohol,40'4% were consumers(58%W),and 24'2% did other drugs(60%W).Among smokers, 98% had smoker friends, 85% smoker relatives and 35%smoker siblings.75% smokers acknowledged their friends' influence, and 4% relatives' influence on initiation.92% smokers consumed alcohol,and 64% did other drugs.Conclusions:smoking prevalence among students in the ODB is high but still lower compared with 2016¹.Smoking was associated with being a female,alcohol and other drugs consumption,having smoker friends or siblings.It's necessary to establish prevention programs.1.-j.semerng.2018.11.004.

Abstract topic

10. Patient participation

Abstract ID: 446**Internal code**

O10-07

Presentation form

Lecture

Myalgic encephalomyelitis/chronic fatigue syndrome: impact on quality of life of partners and family members

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Background: Myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) is a poorly understood debilitating condition.

Questions: What is the impact of ME/CFS on QoL of family members of persons with ME/CFS?

Methods: A prospective multinational online survey, devised by academics and patients with ME/CFS. EuroQoL 5 Dimension (EQ-5D-3L) questionnaire for people with ME/CFS, and the validated Family Reported Outcome Measure (FROM-16) questionnaire for family members, were disseminated via patient charities, support groups and social media.

Outcomes: Paired data on 2836 people from 30 countries were analysed. The mean overall health status on a visual analogue scale for people with ME/CFS was 33.8. People with ME/CFS were most affected by inability to perform usual activities, pain, immobility, self-care and least impacted by anxiety. For family members the overall mean

FROM-16 score was 17.9, demonstrating a major impact on QoL. Impact on QoL of the person with ME/CFS and of their family member were significantly correlated ($p=0.0001$). Family members were most impacted in family activities, holidays, sex life and finances and emotionally by worry, frustration and sadness.

Discussion: There is a major worldwide burden of ME/CFS on the QoL both of people with ME/CFS and of their family members. This has implications for policy and practice.

Take Home message for practice: Understanding the QoL burden of this 'invisible' illness can improve the standard of care, compassion and support offered to people with ME/CFS and their families.

Abstract topic

10. Patient participation

Abstract ID: 506

Internal code

O10-08

Presentation form

Lecture

Healthcare professionals learning together with patients: bridging boundaries

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Background

The increasing prevalence of chronic disease calls for more collaboration and learning across the sociocultural boundaries of healthcare professions. Patients, who continuously cross these boundaries, may well contribute to that.

Question

Using the expansive learning cycle of activity theory, this study explores how patients promote the learning process of healthcare professionals.

Methods

As part of a regional conference on improving collaboration between primary and secondary care, healthcare professionals discussed their perspectives on shared care. Several patients joined these discussions, and visualizations of their respective care trajectories were on the table. Transcripts of four distinct sessions were analyzed for the emergence of contradictions (the resolution of contradictions, according to activity theory, helps consolidate new practice development), and actions of expansive learning (dividing the learning process into different phases).

Outcomes

Patients play a significant role in the expansive learning process of healthcare professionals. Their care trajectories initiate expansive learning by grasping the temporal and spatial dimension of care. Patients themselves initiate as well as engage in the expansive learning of healthcare professionals by sharing their experiences, raising contradictions, and expressing their doubts about the outcomes of the discussion.

Discussion

This study adds a new perspective to the literature on activity theory and patient participation in learning healthcare systems. Opportunities for development, learning and change in improving collaborative care are discussed.

Take home message for practice

Patients significantly help forward the expansive learning process of healthcare professionals, and should be involved on a regular basis.

Abstract topic

10. Patient participation

Abstract ID: 611

Internal code

O10-09

Presentation form

Science Slam

The importance of acknowledging the patient's persistence

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Introduction

Pain is a subjective, unspecific symptom which can act both as guidance towards a diagnosis, or distraction masking the core problem. During the assessment of a patient presenting pain, their complaints must not be underestimated, since the more they struggle to describe their symptoms, the easier it is to be biased by other colleagues' previous approach.

Case study

A-60-year-old man visited the ER with costal pain, apparently attributed to overexerting while carrying weights. Mechanical pain was assessed by physical exploration and the X-Ray performed showed no abnormalities. Therefore, it was approached as thoracic muscle contracture, and analgesia was prescribed.

The patient re-consulted up to 13 times complaining about similar symptoms, always with the same outcome. Nevertheless, in between re-consultations, other significant alterations were encountered, such as severely out of range hyperglycaemia and glycosylated haemoglobin.

It was not until he mentioned significant weight loss, when toxic syndrome was considered as a potential diagnosis, supported by B12 hypervitaminosis found on previous blood work.

Finally, the patient was sent to the hospital ER due to cauda equina syndrome, where an emergency spinal cord MRI was performed, showing metastatic osteolytic lesions in the vertebrae. Subsequently, CT scan showed the primary tumour, hypernephroma.

Conclusion

Paraneoplastic manifestations can vary from unspecific signs to highly organized syndromes. Sometimes, it is challenging to suspect subjacent neoplasia and without proper diagnosis, these patients become hyperfrequent users, resulting in not looking beyond their case. However, this must not define our diagnosis, especially when patients reconsult several times.

Abstract topic

10. Patient participation

Abstract ID: 672

Internal code

O10-10

Presentation form

Science Slam

Oxford-RCGP Research and Surveillance Centre's sentinel surveillance network – a groundswell in GP data sharing and sampling during the COVID-19 pandemic

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Background:

The Oxford-Royal College of General Practitioner's Research and Surveillance Centre (RSC) provides state of the art disease surveillance for the UK Health Security Agency (UKHSA). We describe how the RSC footprint grew during the pandemic in terms of network size, data processing capabilities and research output.

Questions:

How did data sharing and specimen collection by practices change throughout the pandemic? How does this data contribute to national disease reporting and research?

Methods:

We report data from the first RSC-detected case (week 5, 2020) to latest available data (week 52, 2021). We quantify growth in network membership, data processing, virology and serology sampling and describe RSC contribution to national reporting and research.

Outcomes:

The RSC grew from 549 to 1892 practices (5.1 million to 17.8 million patients, 32% of the population). Virology sampling increased from 72 to 257 practices; 16,734 virology specimens were collected. Serology sampling expanded from 8 to 217 practices; 47,457 serology samples were collected. The RSC increased the frequency of its Weekly Return to twice-weekly, provided twice-weekly reports to UKHSA and managed sampling kit distribution and couriers. RSC data contributed to 86 new peer-reviewed publications.

Discussion:

There has been a groundswell of support for data sharing and sampling from practices across the pandemic. The scale and scope of the RSC has grown as a result; however, constraints still exist on real-time capabilities of surveillance data.

Take Home Message for Practice:

Robust surveillance is only possible through practices sharing primary care data and collecting virology and serology specimens.

Abstract topic

10. Patient participation

Abstract ID: 722**Internal code**

O10-11

Presentation form

Workshop

Patient participation for a sustainable future

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⁴⁾Pharos, centre of expertise on health disparities, Utrecht, Netherlands

⁵⁾University of Liverpool, Liverpool, United Kingdom

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⁷⁾Patient & Carer Partnership Group, Royal College of General Practitioners, London, United Kingdom

Background:

Increasingly, patients and the public are involved in family medicine service planning and research. They are the experts of their lives and bodies, and therefore key partners for implementing person-centred, sustainable primary care. Some General Practices already have patient boards, others are considering how to organise this. There are multiple approaches and levels at which patients can be partners. This workshop aims to explore different forms of partnership and differences between countries.

Target group:

Health care professionals, the public, service planners and researchers, interested in developing the patient participation in family medicine.

Didactic method:

- Introductions using participatory warm up exercise to explore workshop members' experiences of patient partnership. 20 minutes
- Small group discussion using participatory flexible brainstorm to draw out similarities and differences regarding different forms of partnership in different settings and context. 20 minutes
- Large group discussion to identify key factors that shape opportunities for building partnerships across settings and contexts and implications for practice, research, and policy. 20 minutes
- Conclusions and next steps

Objectives:

- To provide an opportunity to compare and contrast approaches to patient participation in different settings.
- To provide a space for deliberation and networking regarding patient participation.
- To identify key areas of tension and uncertainty that cut across different levels of patient participation.

Estimated number of participants: 30-50

Workshop leaders:

The workshop leaders are GPs and academics from the UK, Ireland, and the Netherlands interested in patient participation, and the lay chair of the RCGP Patient and Carer Partnership Group.

Abstract topic

10. Patient participation

Abstract ID: 724

Internal code

O10-12

Presentation form

Science Slam

Are patients interested in participating in clinical service improvement?

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Introduction

Patient and public involvement in clinical quality improvement is considered important internationally. In England every general practice is contractually required to involve patients through Patient Participation Groups (PPGs). However, evidence suggests that clinical topics are rarely discussed.

Audit and feedback is increasingly used to influence clinical behaviour change and implement research findings. Evaluation of an audit and feedback intervention revealed that practices had not shared feedback reports with PPGs, but indicated they would like to do so.

This qualitative study explored whether patients are interested in clinical audit and feedback results and how they would respond to them.

Methods

We conducted three online workshops with 14 participants. We purposively sampled members of the public with an interest in general practice quality improvement, and existing PPG members. Real anonymised audit and feedback reports regarding opiate and antibiotic prescribing were sent to participants prior to the workshops. Facilitated discussions focused on participants' views on report content and format, as well as the role of PPGs in responding to the findings. The workshops were audio-recorded and transcribed. Anonymised transcripts and fieldnotes were analysed thematically.

Results

Initial findings indicate that participants were interested in the feedback reports and felt the public should be involved in responding to them as partners in healthcare. Themes included the need for patient-centred messaging, transparency of comparative data, and holding the practice accountable.

Discussion

The findings from this study will be used to develop guidance for general practices on how to involve patients in clinical quality improvement initiatives.

Abstract topic

10. Patient participation

Abstract ID: 738**Internal code**

O10-13

Presentation form

Science Slam

Innovative training for patient participation

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Background:

Getting patient input to improve services is an important part of community empowerment and creating excellent family medicine. However, there are problems with how to do this meaningfully, and partnership work is often described as 'tokenistic'. We have developed and piloted a workshop which supports patients and staff to explore their work and relationships when trying to work as partners.

The workshop format allows participants to rehearse practical solutions with actors, and develop empathy for different perspectives in a safe space. It was developed by patients, staff, and academics and is based on original research findings.

Target Group:

The session will be useful to anyone interested in working with patients at an organisational level.

Didactic method:

- Welcome and introductions. 10 minutes
- Using pre-recorded workshop materials we will demonstrate how actors and theatre methods are used in the workshop. The audience will be encouraged to interact with this material and reflect on their own experience of patient partnership. 40 minutes
- We will facilitate a group discussion regarding how the workshop might be implemented and used in practice. 20 minutes

Objectives:

- To provide an opportunity to experience the training workshop
- To showcase the novel use of Forum Theatre to create an environment where patients and staff can learn together about how to work together more meaningfully
- To discuss strategies for using the workshop in practice

Estimated number of participants: 30-50

Workshop leaders:

The workshop leaders are GPs, academics, and the lay chair of the RCGP Patient and Carer Partnership Group.

Abstract topic

10. Patient participation

Abstract ID: 745

Internal code

O10-14

Presentation form

Science Slam

Added value of participatory research for primary care interventions: lessons learned from a public health perspective

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Background

Primary health care is a complex system in which various stakeholders interact. Interventions that aim to improve primary health care need to consider this complexity. Participatory research methods engage those who are the focus of the project, from stakeholders and community members, to experience experts. The difficulty lies in deciding what methods to use as this is a vast domain with diverse possibilities.

Questions

What is the added value of participatory methods, like nominal group technique and co design, in primary health care research?

Methods

To involve stakeholders, nominal group sessions and a four-phased co-design set-up were used in primary care research in Belgium between 2019 and 2021. Both projects included a heterogeneous panel of professionals and patients.

Outcomes

Promoting public health was the main objected outcome of both projects. The results consisted of community actions concerning alcohol use, and an educational leaflet about insomnia.

Discussion

Involving stakeholders in the creation of healthcare interventions boosts implementation as it creates more ownership within the population of interest. Moreover, the discussions and knowledge transfer throughout the project are inspiring and educational for all parties involved. Therefore, when selecting stakeholders, we recommend including a heterogeneous sample of all relevant parties that could benefit from the intervention. This heterogeneity adds value by resulting in a wider, more general, and transferable intervention.

Take home message for practice

Patient, professional, and community involvement are crucial elements for designing accessible primary care interventions.

Abstract topic

10. Patient participation

Abstract ID: 798

Internal code

O10-15

Presentation form

Lecture

Long-COVID in patients with a history of mild or asymptomatic SARS-CoV-2 infection: a nationwide cohort study

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Purpose: Evaluating the prevalence of long-COVID symptoms in patients with a history of mild or asymptomatic infection with SARS-CoV-2 and the factors associated with developing long-COVID.

Methods: In a nationwide cohort study, using centralized database, we identified two groups of members: those with a history of SARS-CoV-2 infection 1-6 months before data collection and SARS-CoV-2 naïve individuals. Members were asked to fill an online questionnaire covering demographics, medical history, COVID-related variables, and the presence of long-COVID symptoms. For comparison between groups, we used the chi-square test and for multivariate analysis a logistic regression model.

Results: 2,755 persons participated in the study in September 2021 (819 with and 1936 without a history of SARS-CoV-2 infection). Most prevalent long-COVID symptoms were decreased smell sensation (RR - 8.23, 95% confidence interval [CI] 6.52,10.39, $p < 0.001$), decreased taste sensation (RR-7.96, 95% CI 6.04,10.49, $p < 0.001$), memory disturbances (RR-2.56, 95% CI 2.21,2.97, $p < 0.001$), dyspnea (RR-2.25, 95% CI 1.89,2.69, $p < 0.001$), and arthralgia (RR-2.02, 95% CI 1.75,2.34 $p < 0.001$). Risk factors associated with long-COVID included female gender, symptomatic COVID-19, obesity and the presence of dyslipidemia. 34.6% of participants reported not returning to their baseline health condition after the acute illness.

Conclusions: Long-COVID is frequently seen following a mild symptomatic COVID-19 infection and, to a lesser extent, following asymptomatic SARS-CoV-2 infection. Primary care physicians should be aware of these symptoms and consider this option in their differential diagnosis. Health policy makers should expect significant impact of this syndrome on public health.

Abstract topic

10. Patient participation

Abstract ID: 832

Internal code

O10-16

Presentation form

Lecture

Collaborating with children and young people: a new model for co-production

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Background

Childhood and adolescence is a time in which the patterns and foundations for future health are laid. The World Health Organisation advocate for providing opportunities for

children and young people (CYP) to meaningfully participate in the design and delivery of services. Co-production, in which professionals and citizens collaborate together in an equal partnership, is recommended as an approach to achieve this and is linked to better community relations. Few co-production models exist that are specific to CYP and address the relevant practical and ethical challenges. We propose a new framework which can be used by organisations wishing to engage in meaningful collaboration with CYP.

Questions

To create a model for co-production with consideration of the specific needs of CYP

Methods

A new co-production framework and evaluation tool for CYP was formulated with the following methodology:

1. i) Identification of common themes from ten existing co-production frameworks
 2. ii) Detailed analysis of three co-production frameworks with reference to CYP
- iii) Identification of key issues from critique of the literature

Outcomes

The methodology allowed for the creation of a new co-production framework which can be used by organisations that wish to meaningfully collaborate with CYP and assess the depth of co-production of their initiatives.

Discussion

The new model takes into account the socio-cultural challenges that must be considered when co-producing with CYP including power relations, safety and diversity. We advocate for the model being tested, validated and further developed.

Take Home Message

Co-production with CYP is possible and can improve community relations.

Abstract topic

10. Patient participation

Abstract ID: 968

Internal code

O10-17

Presentation form

Lecture

Co-producing personalised care for populations most impacted by covid-19

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Background

This project explores how a personalised care approach can be co-produced with people with lived experience of Covid-19 in the North Lewisham Primary Care Network (NLPCN). This project seeks to redefine the relationship between health, care and the community focussing on 'what matters' at a personal, community and population level in recovering from Covid-19.

Methods

22 residents with lived experience of Covid-19 joined a series of four virtual co-production workshops. Workshops were built on the principles of co-production, creating a safe psychological space, building trust and a relationship between the project team and participants as equal partners. The workshops focussed on 1) impact of Covid-19, understanding participants experiences, needs and strengths 2) exploring local resources and developing ideas for a personalised care approach 3) Collaborative analysis workshop 4) Sharing findings and co-designing better care with professionals.

Outcomes

Themes identified included: emotional and mental health, living circumstances, formal and informal support systems, healthcare, communication, support for children and families, support from community organisations and local authority. These themes were prioritised, shared and relationships with professionals built to redesign care together. Participants have developed new collaborations and relationships within NLPCN and supported improving Covid-19 vaccine uptake.

Discussion

People with lived experience of Covid-19 want to actively participate in redesigning care. Co-production can be an effective approach in building trust and redefining how we work with our local communities, to design care that is personalised, equitable and focussed on 'what matters'.

Abstract topic

10. Patient participation

Abstract ID: 1032

Internal code

O10-18

Presentation form

Science Slam

GP-MATE - A co-production approach to improving primary care patient safety after older people are discharged from hospital

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Hospital discharge is a risky time for older people, over 5 million patients aged ≥ 75 are discharged from English hospitals each year. Our previous primary care research shows that one in thirteen over 75's are harmed as a result of how their post-discharge primary care is conducted (over 400,000 patients in England each year). Harms are usually mild, but sometimes include readmission, organ damage and even early death.

Older patients and their carers have a key role to play in preventing these harms in collaboration with their general practices. Over the next 4 years the NIHR funded **General Practice Management After Transition Events (GP-MATE)** study aims to address the lack of material to help primary care professionals help older patients after discharge. We are taking a co-produced approach with patients and primary care professionals to creating a new communication tool for patients and an educational learning set for professionals.

Questions / Discussion Point

What matters to you as primary care health-care professionals when your older patients are discharged from hospital?

What do you think matters to your patients and their carers?
What kind of content would you like to see in our tool?

Content

Methods

Results of our systems analysis and patient film
Involvement in our co-production

Take Home Message

We think older patients/carers and general practice staff have a key role to play in preventing harms after discharge. GP-MATE will be designed to empower you as practitioners to improve health literacy of your older patients to achieve this.

Abstract topic

10. Patient participation

Abstract ID: 1166

Internal code

O10-19

Presentation form

Science Slam

Assessment of patient centered care and associated factors among patients with diabetes mellitus in Malawi

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Background: Patient centred care (PCC) is associated with better experiences of chronic care medical encounters and better outcomes. Yet its assessment has not been well documented in LMIC. As Malawi strives to institutionalise PCC in its quality of care initiatives, describing its dimensions, its objective assessment becomes a good starting point in implementation and advocacy.

Aim: We sought to objectively assess the level of PCC domains and their associations with self-efficacy, adherence and glycaemic control.

Methodology: Using a locally validated tool we assessed PCC quantitatively among patients with DM in public facilities and, its relationship to self-efficacy, adherence and long-term glycaemic control.

Results: Among patients with DM, important domains in PCC include good interactional ambience (L1), patient empowerment and capacitation (L2,) and timeliness of care (L3). Overall, PCC levels were unsatisfactory with significant deficits in L2 and L3. Patients who perceived less PCC in their medical encounters especially in the domain of patient capacitation and involvement were more likely to report significant complications and less adherence to management plans. However, there was no significant relationship between PCC and self-efficacy, and glycaemic control.

Conclusion: Though PCC is not an end in itself, medical encounters that aim for patient involvement is a promising low hanging fruit in enhancing DM care especially for patients who possess or at risk of DM complications. Adherence to DM care plans is a critical step towards achieving personalise goals thus, transforming medical education to put the deserved attention in interpersonal skills will enhance efforts towards self-care.

11. Wider primary care team

Abstract topic

11. Wider primary care team

Abstract ID: 179**Internal code**

O11-01

Presentation form

1 Slide – 5 minutes lecture

COVID-19 vaccine hesitancy in Belgian nursing home staff members

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Due to their vulnerability to COVID-19, the Belgian authorities gave priority for the first two doses of the vaccination to all nursing home (NH) staff and residents. However, vaccine hesitancy may have hampered the efforts made to control the pandemic.

As part of a national study (SCOPE) on seroprevalence of SARS-CoV-2 antibodies, a random stratified sample of NH staff (n=1,142), vaccinated and unvaccinated, completed an online questionnaire including questions on socio-demographics and vaccine hesitancy (between 31/7/2021 and 15/11/2021). NH staff who hesitated or refused the vaccine were asked for the main reason for their hesitation/refusal. Those who hesitated but eventually accepted vaccination were asked for the motivation that changed their mind.

Overall, 29.5% of all respondents hesitated before accepting vaccination, were still hesitating or refused vaccination. The principal reasons for their hesitation/refusal were the fear of unknown future effects (55.1% of vaccinated participants that hesitated and 19.5% who refused), the fear of side-effects (12.7% of vaccinated participants that hesitated and 12.2% who refused) and mistrust about vaccination (10.5% of vaccinated participants that hesitated and 12.2% who refused). For vaccinated participants who hesitated initially, the principal reason they changed their minds was to protect vulnerable people, regardless of their initial reason for hesitation.

Our results indicate a degree of fear among NH staff. Given that laws mandating vaccination among healthcare workers have been proposed, communicating with NH staff about the safety and efficacy of the vaccine should be a priority.

Abstract topic

11. Wider primary care team

Abstract ID: 219

Internal code

O11-02

Presentation form

1 Slide – 5 minutes lecture

Supporting the implementation of paramedics into primary care

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Background

Since 2002, paramedics have been working in primary care within the United Kingdom (UK), a transition also mirrored within Australia, Canada and the USA. Recent recommendations to improve UK NHS workforce capacities has led to a major push to increase the numbers of paramedics recruited into primary care.

Questions

How, why, and under what circumstances paramedics can be optimally deployed into primary care.

Methods

An evidence synthesis, using realist methodology, was undertaken to explore the potential implementation of paramedics into primary care.

Outcomes

The results outlined that there is complexity surrounding the introduction of paramedics into primary care roles, with the following key findings:

- Paramedics are more likely to be effective in contributing to primary care workforces when they are supported to expand their existing role through formal education and clinical supervision.
- Unless paramedics were fully integrated into primary care services, they did not experience the socialisation needed to build trusting relationships with patients or physicians.
- For patients to accept paramedics in primary care, their role and its implications for their care should be outlined by a trusted source

Discussion

A framework to support the implementation of paramedics in primary care will be discussed, focussing on the characteristics of paramedics needed to be successful in primary care, and how paramedics are best integrated into primary care practices.

Take Home Message for Practice

Insight into understanding the impact paramedics may have on the primary care workforce and an implementation framework outlining how they might be optimally integrated.

Abstract topic

11. Wider primary care team

Abstract ID: 225

Internal code

O11-03

Presentation form

Lecture

PHARMACOTHERAPY DECISION TREE FOR CHRONIC HEART FAILURE WITH EJECTION FRACTION < 50%

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In the last year we have witnessed the publication of important randomized clinical trials (RCTs) and clinical practice guidelines (CPG) in the field of heart failure (HF).

The management of HF with reduced ejection fraction (HFrEF) has undergone important changes in its recommendations. HF in patients with a left ventricular ejection fraction (LVEF) between 41 and 49 is now called mildly reduced ejection fraction heart failure (mRF-HF). This HF shares similarities with HFrEF and there is now a tendency to treat these patients with the same drugs, although with a lower level of evidence for these recommendations.

We present this decision tree focuses on the pharmacological management of patients with heart failure and LVEF <50% and establishes recommendations on the sequencing of the different pharmacological alternatives in the most common clinical scenarios, based on the available evidence (Figure 1).

The greatest evidence is available in the management of HFrEF with four therapeutic options: 1-beta-blockers (BB);2-nepriylsin and angiotensin II receptor inhibitors (ARNI), angiotensin-converting enzyme inhibitors (ACEIs) or angiotensin II receptor antagonists (ARA II) in case of intolerance to ACEIs; 3-mineralocorticoid receptor antagonists (MRAs); and 4-iSGLT2.

The complexity of these patients makes interdisciplinary management and optimal coordination between the different levels of care and professionals involved in their care particularly necessary. This decision tree has been prepared by a multidisciplinary team composed of family physicians with the participation of cardiology and nephrology referents.

Abstract topic

11. Wider primary care team

Abstract ID: 306**Internal code**

O11-04

Presentation form

Lecture

Community pharmacists' experiences and perceptions of substance use disorder for benzodiazepines and Z-drugs

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Twelve percent of Belgians use benzodiazepines and Z-drugs (BZD/Z) in their daily lives. Although treatment should not exceed 2-4 weeks, they continue to be prescribed. Prolonged use can trigger side effects such as tolerance, physical and psychological dependence, or withdrawal symptoms and lead to substance use disorder (SUD). Community pharmacists (CP) have frequent contact with patients when fulfilling their prescriptions, which gives them a particular role in the day-to-day management of the medication.

To explore CP's experiences and perceptions of SUD to BZD/Z, semi-structured interviews were conducted with 7 randomly selected CP from rural and urban area in Liège (Belgium). Thematic content analysis was performed on the interview transcripts.

CP declared having no criteria to identify a SUD. However, they are alerted by the presence of large prescriptions in the patient's pharmaceutical file and, occasionally, unusual behaviour when collecting the medication. Most participants described feeling uncomfortable discussing the issue with patients. Furthermore, intra-professional collaboration is almost non-existent and inter-professional collaboration with general practitioners (GP) is not systematic, and dependent on the existing professional relationship. They also report that they have rarely followed a patient for de-prescribing their BZD/Z and expressed incomprehension regarding the high number of BZD/Z prescriptions and a feeling of helplessness.

These findings demonstrate a lack of resources for CP to address the issue of SUD. Improving intra- and interdisciplinary collaboration (CPs - GPs - mental health professionals) may help improve care for all patients with SUD and prevent over-prescription of BZD/Z.

Abstract topic

11. Wider primary care team

Abstract ID: 364

Internal code

O11-05

Presentation form

1 Slide – 5 minutes lecture

Workforce discrimination in primary care - First pan-London Primary Care Discrimination & Racism Survey

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Background

Support and implementation of the London Workforce Race Equality Strategy (WRES)[i] in primary care is a priority of the London Primary Care School Board. The NHS Workforce Race Equality Standard[ii] is being developed to include primary care but current information on staff experience of discrimination is restricted to small surveys[iii].^[iv] Our survey was designed to quantify ethnicity-related discrimination and harassment in primary care across London to understand the effects of racism on individuals, teams and services and to inform solutions.

Methods

We conducted an anonymous, London-wide, online survey in primary care during a seven-week period in 2021. The survey was advertised through meetings, newsletters, social media, networks, mailing lists and promoted widely by HEE, NHSEI and stakeholders.

Key findings

- Over 1,000 primary care workers responded
- 49% said they had experienced discrimination or harassment at work
- 30% said they experienced racial discrimination from patients and 18% from colleagues
- 1 in 3 instances of racial discrimination were reported.
- Only 1 in 10 who reported discrimination said it was dealt with well
- Half of respondents did not know where to get help or feel confident something would be done

Conclusions

The survey showed ethnicity-related harassment and discrimination was common and had a significant impact on individuals and the wider team. Respondents wanted more diversity and inclusion training, diverse leadership and independent support. A collaborative solution focussed approach as part of a wider primary care strategy is essential to create change.

[i] <https://www.england.nhs.uk/london/our-work/equality-and-diversity/london-workforce-race-strategy/>

[ii] <https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/>

[iii] <https://pubmed.ncbi.nlm.nih.gov/32554642/>

[iv] <https://www.humbersidelmc.org.uk/newreportcallsforactionondiscrimination>

Abstract topic

11. Wider primary care team

Abstract ID: 368

Internal code

O11-06

Presentation form

1 Slide – 5 minutes lecture

Analysing lifestyle parameters in diabetes mellitus' patients and general adult population in Austria

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Background

Diabetes mellitus (DM) is a costly, avoidable disease that affects individuals, the healthcare system and societies. Its adverse outcomes can be prevented by lifestyle

measures such as eating ≥ 5 portions of fruit and vegetables every day, performing >150 mins of aerobic physical activity (PA) and muscle strengthening exercises every week, and not smoking.

Questions

How do lifestyle choices of smoking, nutrition, and PA in DM patients differ from the general population without DM?

Methods

The Austrian Health Interview Surveys for the years 2014 and 2019 were analysed with a total sample of 31,232 persons, including 5.5% of people with DM. Logistic regression models were performed for lifestyle factors, adjusted for socio-demographic and health-related factors.

Outcomes

The percentages of DM patients who smoked were 17.1% and 17.4%, who did not fulfil the PA recommendations 83.5% and 91.7%, or the nutrition recommendations 93.4% and 95.8% respectively. The fully adjusted odds ratios (95% confidence interval) for people without DM were 1.09 (0.94-1.26), 1.44 (1.23-1.69), and 0.90 (0.71-1.13) for smoking, not complying with PA recommendations, and nutrition recommendations, respectively.

Discussion

The cohort study identified unhealthy weight, little PA, and insufficient fruit and vegetable intake in both people with and without DM, which deteriorated over time in DM patients, particularly in PA in comparison with those without DM.

Take Home Message for Practice

Management of DM must be holistic that incorporate clinical and healthy environment interventions.

Abstract topic

11. Wider primary care team

Abstract ID: 388

Internal code

O11-07

Presentation form

Science Slam

How can GPs lead the way with charitable organisations to help trans people in the community

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²⁾LGBTQ, Live Through This, London, United Kingdom

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Trans people face multiple barriers to health care from GPs. GPs are often overstretched, an issue exacerbated by the COVID pandemic and limited resources in General Practice. Most trans patients have a good level of trust in General Practice which can be further built upon with the support of charitable organisations to encourage patients to engage with healthcare. GPs share their core values with charitable organisations in delivering care to trans people so it makes logical sense to collaborate. Many trans people have a good experience when engaging with charitable organisations who are able to provide a safe meeting space, host a trans led support group, improve fitness and wellbeing, improve mental health by providing trans specific counselling sessions, support trans people affected by cancer, support trans people in social

transition, provide trans specific sexual health clinics, give employment advice and improve social cohesion by building self confidence. Charitable organisations can reduce demand on GPs and have an enormous impact on long-term health benefits and facilitate key improvements in population health.

Dr Kamaruddin is a Board member with Spectra-London and Live Through This. Spectra-London is a charitable organisation that helps trans people who are an under-served community to reach their full potential by being empowered to make positive, informed life-choices. Live Through This helps LGBTIQ+ people affected by cancer. Together we will demonstrate how we can help trans people in the community and deliver services in a friendly, safe, confidential, non-judgemental and accessible space both in person and online.

Abstract topic

11. Wider primary care team

Abstract ID: 472

Internal code

O11-08

Presentation form

1 Slide – 5 minutes lecture

The immunogenicity and safety of the adjuvanted recombinant zoster vaccine (RZV) are not impacted when co-administered with other routine vaccines

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Background: We aimed to summarize the immunogenicity and safety data of RZV co-administered with other routine vaccines in adults aged ≥ 50 years.

Methods: We reviewed 4 phase III clinical trial publications evaluating immunogenicity and safety of RZV when the first dose was co-administered with quadrivalent seasonal inactivated influenza vaccine (IIV4), reduced-antigen-content diphtheria-tetanus-acellular pertussis vaccine (Tdap), 23-valent pneumococcal polysaccharide vaccine (PPSV23) or 13-valent pneumococcal conjugate vaccine (PCV13) *versus* sequential administration (control) in ≥ 50 -year-olds.

Results: Vaccine response rates to RZV were similar between the co-administered (range: 95.8-99.1%) and control groups (97.9-99.1%). Humoral immune responses to co-administration of RZV and IIV4/Tdap/PPSV23/PCV13 were non-inferior to sequential administration, except for a reduced response to the Tdap antigen pertactin (unknown clinical significance). Frequencies of solicited local adverse events (AEs) were similar between groups, except for PPSV23 injection site (trending higher in the co-administration *versus* control). Myalgia, fatigue and headache were the most common solicited general AEs, regardless of whether the first RZV dose was co-administered or administered alone. Frequencies of solicited general AEs were comparable between groups, except for a tendency for higher shivering/fever frequency after RZV when co-administered with PPSV23. The percentage of adults reporting ≥ 1 unsolicited AE was similar in the co-administration (21.2-30.6%) and control groups (23.1-39.0%). Frequencies of serious AEs and potential immune-mediated diseases were comparable between groups; none were considered vaccine-related.

Conclusions: RZV and IIV4ITdapIPPSV23IPCV13 were immunogenic and had a clinically acceptable safety profile when co-administered. Co-administration of routine vaccines with RZV may increase vaccination rates in ≥ 50 -year-olds.

Funding: GlaxoSmithKline Biologicals SA

Abstract topic

11. Wider primary care team

Abstract ID: 474

Internal code

O11-09

Presentation form

Science Slam

Adjuvanted recombinant zoster vaccine (RZV) offers long-term protection against herpes zoster for groups of adults ≥ 50 years of age (YOA)

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Background: RZV showed 97.2% efficacy in preventing herpes zoster (HZ) in adults ≥ 50 YOA (mean follow-up: 3.2 years post-vaccination). We evaluated persistence of vaccine efficacy (VE) until year (Y) 8 and immune responses until Y10 post-RZV vaccination by age groups.

Methods: In 2 phase III long-term persistence studies (NCT02723773, NCT02735915) with Y8 (interim analysis) and Y10 follow-up data, participants previously received 2 RZV/placebo doses 2 months apart. VE and immunogenicity (anti-glycoprotein E [gE] antibody concentrations, gE-specific CD4[2+] T-cell frequencies [cell-mediated immune (CMI) responses]) were evaluated overall and by age groups (50–59, 60–69, ≥ 60 and ≥ 70 YOA). We used mathematical models to predict persistence of VE and immunogenicity 20 years post-vaccination.

Results: VE was 90.9% (95% confidence interval [CI]: 88.2–93.2%) over the 7.1 years post-vaccination follow-up period. VE at Y8 remained high (84.1%; 95%CI: 64.4–94.0%) across all age groups (50–59 YOA: 92.3%, 60–69 YOA: 81.8%, ≥ 60 YOA: 80.0%, ≥ 70 YOA: 79.0%). Modelling predicts that VE (based on Y8 data) would persist across age groups with 1.5% (50–69 YOA) and 2.3% (≥ 70 YOA) annual waning. Anti-gE antibody concentrations remained 6-fold higher than pre-vaccination levels at Y8 and Y10. CMI responses remained 6-fold (Y8) and 3.5-fold (Y10) higher than pre-vaccination levels. Modelling predicts that immune responses (based on Y10 data) would remain above pre-vaccination levels ≥ 20 years post-RZV vaccination.

Conclusions: RZV provides high and persistent efficacy against HZ for all age groups. This long-term benefit is important for HZ prevention in the adult population as the risk of HZ increases with age.

Funding: GlaxoSmithKline Biologicals SA

Abstract topic

11. Wider primary care team

Abstract ID: 496

Internal code

O11-10

Presentation form

1 Slide – 5 minutes lecture

Evaluation of the needs for Palliative Care in Madeira Island - A pre-pandemic overview

Pedro Agrela¹⁾, João Freitas¹⁾, Sofia Rei²⁾, Ana Gonçalves³⁾, Graciela Camacho¹⁾, Yaneth Gonçalves¹⁾, Marina Gouveia²⁾, Carolina Teixeira³⁾, Dolores Quintal²⁾

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³⁾ Estreito de Câmara de Lobos Health Center, SESARAM, EPERAM, Câmara de Lobos, Portugal

Background: General Practitioners/Family Physicians should promote health, preventing disease and providing cure, care or palliation. Palliative care (PC) is important in integrated, people-centred health services. PC in Autonomous Region of Madeira (ARM), Portugal, was established in 2012. In 2010, 41,2% of the individuals who died in this region had an indication for PC.

Questions: What were the needs for PC of our population in 2019, in a pre-pandemic time? What were the main causes of death, number of admissions in emergency department and hospital stays, in the population with indication for PC?

Methods: Retrospective study of the deceased in ARM during the year 2019 (N=2840). Data on gender, age, disease with indication for PC, admissions in emergency care and hospitalizations in the previous 12 months and county of residence were provided by the ARM Health Services, and evaluated using Excel and SPSS.

Outcomes: In 2019, 56,0% of the deaths presented with indication for PC, compared to the 41,2% result in 2010 ($p < 0,0001$). Of these 51.9% were female, with an average age of $79,7 \pm 12,2$ years. Neoplasms were the main indication for PC (22,7%) and most of the deaths occurred while in hospitalization (55,3%).

Discussion: The needs for PC in our population increased accordingly with its aging. Early identification of the needs and provision of PC is important, allowing for more deaths at home with quality care.

Take Home Message for Practice: Family physicians must be alert to the condition of the patient and make PC available as needed.

Abstract topic

11. Wider primary care team

Abstract ID: 514

Internal code

O11-11

Presentation form

1 Slide – 5 minutes lecture

The evolution and co-evolution of a primary care cancer research network: from academic social connection to research collaboration

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Background

Academic networks are expected to enhance collaboration and thereby increase research outputs. However, little is known about whether and how the initial steps of getting to know other researchers translates into effective collaborations.

Question

we investigate the (co-)evolution of social and collaborative ties, respectively, of researchers in an academic network, and simultaneously examine the effect of individual researcher characteristics (e.g. gender, seniority or workplace) on their evolving relationships.

Methods

We used longitudinal data from an international network in primary care cancer research: the CanTest Collaborative (CanTest). Surveys were distributed amongst CanTest researchers to map who knows who (the 'academic social network'). Co-hip relations were derived from Scopus (the 'collaborative network'). Stochastic actor-oriented models were employed to investigate the (co-)evolution of both networks.

Outcomes

Visualizing the development of the CanTest network revealed that researchers within CanTest get to know each other quickly and also start collaborating over time. Although the academic social network and the research collaborations do not grow at the same pace, the benefit of creating academic social relationships to stimulate effective research collaboration is clearly demonstrated.

Discussion

This study shows how facilitating a dense research network positively affects the translation from "getting to know each other" into collaboration – time will tell whether the established social connections will lead to further collaborations in the future.

Take home message for practice

Increased understanding of collaboration in networks might help research initiatives or funding agencies in developing effective research networks to promote research output.

Abstract topic

11. Wider primary care team

Abstract ID: 525

Internal code

O11-12

Presentation form

1 Slide – 5 minutes lecture

Paediatric inflammatory multisystem syndrome in a 3-year-old child

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Didactic Method: Direct presentation of facts, lecture and response,

Presented Problem: A 3-year-old boy who was admitted with a 5-day history of fever (up to 42 degrees celcius on some occasions) and left ear pain and discharge. He subsequently developed a bilateral conjunctivitis and erythematous maculopapular rash on palms, neck forehead and nappy area and inner arms, legs which were blanching. Palms and feet looked swollen. Lips looked dry despite adequate fluid intake. He also developed erythematous swelling around eyes and lips but there was no strawberry tongue. Chin looked puffy as well as the fingers.

Management: Laboratory studies revealed hyponatraemia, high CRP, very high BNP but normal leucocytes and neutrophils. SARS-CoV-2 Total N-Ab was detected and this was consistent with exposure to SARS-CoV-2. ECG - normal sinus rhythm with a rate of 120 bpm and a normal axis, QTc-339ms. He had two doses of IV Immunoglobulin.

Outcome: He recovered significantly enough to be discharged.

Discussion: Paediatric inflammatory multisystem syndrome (PIMS) is a potentially life-threatening inflammatory disorder that is similar to Kawasaki disease. It seems to be related with SARS-CoV-2 infection in that it is now commonly seen in children and some adolescents 2-6 weeks after infection with SARS-CoV-2 (covid-19)

Learning Points: It is crucial for clinicians to have a high index of suspicion for newer inflammatory conditions that could follow SARS-CoV-2 infection.

Keywords: paediatric inflammatory multisystem syndrome, SARS-CoV-2 infection, Kawasaki disease.

Abstract topic

11. Wider primary care team

Abstract ID: 548

Internal code

O11-13

Presentation form

Science Slam

The new power couple: GPs and Headteachers. A preventative medicine project for our community in Rossendale.

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In Rossendale, GPs and headteachers know obesity in children is a major problem, with 24.4% of year 6 children classed as obese, well above the national average. This is consistent with the Northwest of England being the most inactive area in the UK. With obesity and inactivity being risk factors for ill health, a pilot project was formed connecting health and education in Rossendale to tackle this. The attractiveness of the school setting for applying research driven solutions to population health inequalities was recognised due to easy access to families.

Semi-structured interviews were conducted on GPs and headteachers, and themes reflecting Ajzens (1991) theory of planned behaviour were identified from the data. The impact of the COVID-19 pandemic on family health was highlighted by participants, with widespread belief that schools may be the solution to address public health and societal problems (Harrington & O'Reily, 2020). However, headteachers expressed a dilemma around embedding physical activity in the curriculum due to pressures of delivering core teaching, despite being informed of all its benefits on health. Nonetheless, this work demonstrated the potential power and influence novel multidisciplinary teams can have on health outcomes for communities. The innovative team piloted wellbeing roadshows in schools and nurseries for parents and pupils, alongside developing school middle leaders with interests in creating physically active learning environments. The findings of this study provide a starting point for future research on the impact of co-produced, bottom-up physical activity approaches in communities, that benefit from collaboration between GPs and headteachers.

Abstract topic

11. Wider primary care team

Abstract ID: 663

Internal code

O11-14

Presentation form

1 Slide – 5 minutes lecture

Self-organising in primary care in the first wave of Covid-19: a qualitative study conducted in Wallonia, Belgium

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Background

The first wave of the Covid-19 pandemic demanded rapid adaptation to the delivery of routine, and covid-19 related, primary care. This study aims to describe the adaptations implemented at local level in primary healthcare centres in Wallonia, Belgium in response to the first wave of the evolving crisis.

Questions/Methods

Qualitative data were collected in the form of weekly semi-structured interviews with general practitioners, nurses and receptionists. Interviews focussed on evolving changes taking place in their practices between April and June 2020. The participants worked at three community health centres in the province of Liège, Belgium. Data were analysed

using thematic content analysis through the lens of a complex adaptive system model focussing on the level of self-organisation.

Results

Nine participants participated in the study and 90 interviews were conducted. Adaptations described by the participants included the transition from in-person to telephone consultations, managing protective clothing stock, setting up testing procedures, following up on chronic patients, collaboration with pharmacists, specialists and local government actors.

Discussion

The results describe the way primary care in Wallonia, Belgium had to adapt to the fast-moving crisis at a time when little information or directives were available. Using a complex adaptive system lens allows a deep analysis of the degree of self-organising in community healthcare centres and contributes to our understanding of the diverse primary care response in Belgium at the beginning of the pandemic.

Abstract topic

11. Wider primary care team

Abstract ID: 699

Internal code

O11-15

Presentation form

1 Slide – 5 minutes lecture

Medical assistants at their workload limit - the impact of the covid-19 pandemic in german general practices

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Background: The last two years had a significant impact on general practices in Germany. Especially on medical assistants (MAs) who had to manage a highly increased workload.

Questions: How has the daily work of MAs changed because of the pandemic?

Methods: We conducted semi-structured interviews with 21 MAs (April - September 2021) and analyzed them using MAXQDA following qualitative content analysis by Kuckartz.

Outcomes: MAs in Germany have been facing a highly increased workload since March 2020. Especially in the beginning, they provided information about Covid-19 and reorganized practices to comply with the applicable hygiene measures. Later, they performed smears and dealt with ever-changing and untransparent bureaucracy. Since April 2021, they have also been organizing and performing vaccinations often at out-of-hours appointments. This extra work was consistently associated with an increased number of calls, as patients need further information and wanted to get an immunization. In addition, patients often behaved aggressively towards MAs. Besides this psychological effort, MAs had to cope with their fear of infection or social distancing of significant others. At the same time, they did not feel rewarded for their effort.

Discussion: Unlike nurses, MAs have not received media attention nor have been rewarded to the same degree despite facing similar challenges, such as extra work or the psychological strain due to difficult patient interactions and their fear of infection.

Take Home Message for Practice: We need unified pandemic management strategies to prevent such scenarios in the future. Furthermore, the MAs must be relieved in this regard.

Abstract topic

11. Wider primary care team

Abstract ID: 700

Internal code

O11-16

Presentation form

Science Slam

Improving diabetes care and outcome in practice: Findings from the Ayurveda-based intervention trial

Gayatri Pandav¹⁾, Kishor Pandav¹⁾, Prashanna Chockalingam²⁾

¹⁾*Studio de ayur, Mumbai, India*

²⁾*Active Naturals Limited, London, United Kingdom*

The main objective of this research was to see if implementing a multi-component Ayurvedic intervention in community settings may result in significant changes in diabetes care and outcomes.

This was a community-based intervention trial to see how beneficial a multi-component Ayurveda intervention was in the real world. Personalized dietary and lifestyle adjustments, as well as Ayurvedic dietary and food supplements, were all part of the intervention. After 3 and 6 months, Weight loss, medication adjustments, glycaemic control, cardiac risk factors, and cost analysis were the primary outcomes.

The research demonstrates that 12 months after implementing an Ayu-intervention, significant improvements in achieving clinical targets were recorded. The intervention supported the development of self-management skills and provided proactive support to patients who were at risk of complications. After a year, every 100 participants found the intervention to be beneficial. There was a significant amount of change in clinical outcome, participants also found the program very cost-effective, with a total cost of roughly \$25 per person.

In a community-based setting, a multicomponent Ayurveda-based intervention was found effective, sustainable, and cost effective.

Abstract topic

11. Wider primary care team

Abstract ID: 707

Internal code

O11-17

Presentation form

1 Slide – 5 minutes lecture

I'm a medic: facilitating an online multidisciplinary student outreach Initiative

James Waldron

Nottinghamshire Alliance Training Hub, Nottingham, United Kingdom

Background:

The workforce crisis affects all primary care roles. School careers outreach is difficult to arrange, time-consuming and usually focusses on a small number of professions (often doctors and nurses). This approach excludes students interested in other roles.

We used an innovative online platform, and a range of healthcare professionals, to engage with and inspire 539 children.

- Will pupils engage in an online Primary Care careers event?
- Can we represent a wider range of roles than traditional methods?

Methods:

- We partnered with "I'm a Medic," a not-for-profit organisation.
- 6-week online event - June 2021.
- Online text-based platform
- Teachers booked sessions, which primary care workers joined at their convenience
- Each 40-minute session connected 30 students to talk to 5 or more workers in a variety of roles including GP, nursing, management, AHPs.

Outcomes:

Despite COVID restrictions, 26 sessions facilitated conversations between 44 colleagues and 539 students – 96% from widening participation schools - producing 3775 lines of correspondence.

Discussion:

The format enabled healthcare workers to give individualised guidance promoting both clinical and non-clinical roles, including roles not usually represented in schools. Workers and teachers found the platform easy to use.

The project is easily scalable when COVID restrictions lift.

Messages:

This virtual engagement offered an efficient and effective way to introduce students to a wide range of primary-care careers which they may not otherwise have encountered.

Abstract topic

11. Wider primary care team

Abstract ID: 728

Internal code

O11-18

Presentation form

Lecture

Improving primary care weight management offerings; Can we pay the weigh/way or are there other solutions?

Richard Mayne, Ellen Fallows, Sue Kenneally
RCGP, London, United Kingdom

Background

Despite many previous public health campaigns aiming to improve weight management (WM), the proportion of people living with obesity increases. We undertook research, (questionnaire survey, focus-groups and semi-structured interviews), to explore the perspectives of healthcare professionals working in primary care in England, regarding the efficacy and acceptability of WM services. We collaborated with international partners to compare primary care WM interventions with other methods of WM in primary

healthcare across the globe, to identify optimal WM interventions for patients living with obesity in the primary care setting. This has allowed us to identify key learning needs amongst primary care teams which will be covered in this session.

Target group

Primary healthcare professionals and patients.

Didactic Method

Multimedia presentation; breakout groups; live digital polls, surveys and freetext responses.

Objectives

To discuss the current WM landscape in primary care in the UK and across the globe, taking sociocultural factors and health inequalities into account. To discuss how all relevant primary care HCPs can effectively discuss the topic of WM with appropriate patients, as well as increase awareness of current and future digital, behavioural and pharmacological interventions in the space.

Estimated number of participants

100-200.

Workshop leader

Dr Ellen Fallows is a GP with a PG diploma in obesity management. She runs group clinics to support people with weight management and metabolic disease and also teaches lifestyle medicine at Oxford University. Together with the co-presenters she has been working with the RCGP to improve primary care weight management delivery across the UK.

Abstract topic

11. Wider primary care team

Abstract ID: 748**Internal code**

O11-19

Presentation form

Lecture

Community health workers inspired by the Brazilian family health strategy: a radical approach to heal a fragmented system and community

Cornelia Junghans Minton^{1, 2)}, Matthew Harris¹⁾, Sarah Williams¹⁾

¹⁾Primary Care and Public Health, Imperial College London, London, United Kingdom

²⁾Public Health Department, Westminster City Council, London, United Kingdom

This Community Health Worker model is a radically different approach to community health in the UK, galvanising prevention and personalised care through proportionate universality. CHWs live in the community they serve, are paid, trained and integrated into the local GP practices, and they build relationships with all households in their geographical area through monthly visits, during which they deliver health promotion, social prescribing, chronic disease management and more for the whole family or household, continuously. It has shown excellent acceptability and impact in the first UK pilot, with more pilots underway in Bridgewater, Calderdale and Kensington and Chelsea. An approach now also championed by the National Association of Primary Care, it has the potential to deliver significant improvements in inequalities and access to services.

This workshop is aimed at anyone interested to address the longstanding fragmentation and duplication in primary care and community services.

We will present the model, provide case studies, followed by an interactive session inviting participants to re-imagine the model in their own communities and helping them understand how to adapt to specific local contexts.

Attendees will gain an understanding of the CHW model, its operationalisation, tips on how to galvanise interest locally and an opportunity to join a group of learning practice and get practical support.

We estimate a significant amount of interest due to the wide appeal of a model which seeks to address issues common to all practices and communities.

The workshop will be jointly lead by a local GP, CHWs and researchers.

Abstract topic

11. Wider primary care team

Abstract ID: 750

Internal code

O11-20

Presentation form

Science Slam

Working together in primary care: reflecting on a collaborative care model for people with hazardous and harmful alcohol use

Bram Pussig, Eveline Beckers, Ali Faridoon, Geert Goderis, Bert Aertgeerts, Mieke Vermandere

Public Health and Primary Care, KU Leuven, Leuven, Belgium

Background

Hazardous alcohol use is one of the leading risk factors for morbidity and mortality in the world. Early identification and brief interventions delivered in general practice is an underutilized strategy to address this issue. One of the recurring barriers that hinder EIBI delivery in general practice is the absence of well-defined task definitions between care providers (who does what and how?).

Target Group

- Primary care providers (e.g., general practitioners, pharmacists, nurses, Dietitians, Psychologists)
- Neighborhood workers (social workers, outreach workers)
- Other interested stakeholders

Didactic Method

For this workshop a small presentation will be given in the beginning. Afterwards, a structured interactive group discussion is facilitated by the workshop leader. Different methods of interacting will be used (e.g., pen and paper visualization and plenary discussions). For larger groups, smaller breakout sessions will be planned simultaneously after which all ideas will be shared with the group.

Objectives

The objective is to reflect on how care providers in a community can work together efficiently to facilitate the care provided for the hazardous and harmful drinking population.

Estimated number of participants

A group of 8-10 is ideal to work with. For a larger turn up, smaller groups can be made.

Brief presentation of the workshop leader

Bram Pussig is a dietitian and biomedical scientist who is in his final year of his PhD. Here he focusses on improving the delivery of alcohol-related early identification and brief interventions in general practice. Health promotion and community involvement are centralized throughout his work.

Abstract topic

11. Wider primary care team

Abstract ID: 751

Internal code

O11-21

Presentation form

1 Slide – 5 minutes lecture

Diagnostic performance of biomarkers for bladder cancer suitable for use in primary care: a systematic review

Valerie Sills¹, Evie Papavasiliou¹, Natalia Calanzani¹, Hannah Harrison¹, Claudia Snudden¹, Erica di Martino², Grant D. Stewart³, Matthew Thompson⁴, Fiona M. Walters^{5, 1}, Yin Zhou¹

¹Department of Public Health and Primary Care, University of Cambridge, Cambridge, United Kingdom

²School of Medicine, University of Leeds, Leeds, United Kingdom

³Department of Surgery, University of Cambridge, Cambridge, United Kingdom

⁴Department of Global Health, University of Washington, Washington, United States

⁵Wolfson Institute of Population Health, Queen Mary University of London, London, United Kingdom

Background

Bladder cancer (BC) is one of the most common cancers worldwide. Early-stage diagnosis is associated with better survival. Therefore, timely referral of suspected cases is paramount. Cystoscopy is currently the gold standard for diagnosing BC with several disadvantages in terms of cost-effectiveness, invasiveness, and operator-dependency. Biomarkers can aid both the detection of BC and triage for cystoscopy. However, evidence on biomarker diagnostic performance for both detecting and ruling out BC, especially in the general population, is limited.

Discussion point

To update the evidence on diagnostic performance of biomarkers for the detection of BC, suitable for primary care use.

Content

MEDLINE and EMBASE were systematically searched from January 2000 to June 2021. Data were analysed using narrative synthesis and meta-analysis where possible. Searches identified 4491 unique citations, 42 of which met the inclusion criteria. Preliminary findings confirm study heterogeneity, reporting on: diverse biomarker types; use in study participants with varying demographics, risk factors and symptoms, and different healthcare settings. Most studies reported outcomes from external validation of biomarkers, in referred symptomatic populations. Reported measures of diagnostic performance included: sensitivities, specificities, negative and positive predictive values and the area under the receiver operating characteristic (AUROC) curves. Early analyses show large variations in reported diagnostic performance.

Take Home Message for Practice

A few urinary biomarkers have the potential to be a useful adjunct in the diagnostic process of BC, especially in reducing unnecessary referrals in low risk patients. However, further evidence of their use in the general population is required.

Abstract topic

11. Wider primary care team

Abstract ID: 757

Internal code

O11-22

Presentation form

1 Slide – 5 minutes lecture

Appraiser diversity, why it matters

Nkolika Anyabolu

Wessex Appraisal Service, Health Education England, Winchester, United Kingdom

Background:

The Health Education England Wessex Appraisal Service (WAS) provides appraisals to c.3000 appraisees through c.200 appraisers. The service provides appraisal to GPs (General Practitioners) in Dorset and Hampshire. We know that a diverse workforce is essential for leadership capability and there is increasing evidence that greater diversity among teams is associated with higher performance. This research addresses questions about protected characteristics with honesty and transparency to produce an equality and diversity factsheet that helps tailor Wessex appraisal services.

Questions / Discussion Point

The main questions explored are why understanding Appraiser diversity matters. This is based on several studies which suggest diversity in healthcare leadership can enhance the quality of care, quality of life in the workplace, community relations, and affect community health status.

Content

The research found a substantial proportion of doctors in Dorset and Hampshire obtained their Primary Medical Qualification (PMQ) in the UK (88%), compared to the GMC data, which shows that 60% of registered doctors obtained their PMQ in the UK. 83% of Appraisers were White, and 17% belonged to a Black, Asian, Mixed or other ethnic groups. This is in contrast to Appraisees who were 77% White and 23% of Black, Asian, Mixed or other ethnic groups. About 5% of respondents had a disability.

Take-Home Message for Practice

Not asking about diversity can help perpetuate discrimination. Understanding the diversity of appraisers and appraisees helps to ensure steps are taken to provide an inclusive and supportive programme for doctors.

Abstract topic

11. Wider primary care team

Abstract ID: 762

Internal code

O11-23

Presentation form

Science Slam

Covid19 pandemic has had a great impact in control of cardiovascular disease in primary care

GLORIA BLANCAFORT, MARIA DEL MAR RODRIGUEZ, MARTIN CEBOLLADA, BRENDA DUCH, DANIEL BRON, ROLANDO ARMITANO, EDUARDO LOPEZ, CLARA VILAVELLA, IONE MEJIA, MARTA MORROS
ics girona, cap canet de mar, CANET DE MAR, Spain

Background: The Covid pandemic has had a great impact worldwide. Cardio-vascular diseases are the main cause of death in the world, hyperlipidemia main risk factors.

Questions: From primary care we want to know the impact of the pandemic on the management of lipid control in patients, nowadays and pre-pandemic.

Methods: Cross-sectional appeared descriptive studies at two moments in time and descriptional study. Study setting primary care. Data were obtained from the ecap database of those patients over 16 (n=1326) for whom follow-up and laboratory tests were available at the two different time points (before December 2019 and after). The variables studied: gender, age, cardiovascular disease, which one, blood pressure, lipid-lowering drug. For the descriptive analysis qualitative variables(%), quantitative variables(mean). For data analysis (Excel) the R and SAS On Demands were used.

Outcomes: 1326 patients between primary and secondary (7.47%) prevention. Gender: women (50.3%). Cardiovascular disease (CI, 49%). Hypolipemiant more used Simvastatin (59%). The mean age of the population 52 years, with CTPREC150 and CTC183. Paired T test (Tvalue-29.95), the p-value(p<0.0001) is very small, so can rejected the null hypothesis that the average CTPREC and CTC was the same. Pearson's coefficient -0.04 (p<0.09) shows a negative relationship (not significant).

Discussion: Currently CVD affects more women. When comparing lipid parameters at two moments, it can be seen that cholesterol values have changed. You can conclude that CTPREC had a significantly difference average than the CTC (negative correlation).

Take Home Message for Practice: Pandemic had an impact on the control of lipidemia.

Abstract topic

11. Wider primary care team

Abstract ID: 788

Internal code

O11-24

Presentation form

1 Slide – 5 minutes lecture

Co-creation of a research agenda around doctor's wellbeing.

Claire Collins^{1, 2)}, Andree Rochfort^{1, 3)}, Sara Willems⁴⁾, Els Clays⁴⁾, Esther Van Poel⁴⁾, Milena Šantrić Milićević⁵⁾, Cécile Ponsar⁶⁾, Joanna Cholewa⁶⁾

¹⁾Irish College of General Practitioners, Dublin, Ireland

²⁾European General Practice Research Network (EGPRN), Maastricht, Netherlands

³⁾European Association for Quality and Patient Safety in General Practice/Family Medicine (EQuiP), Ljubljana, Slovenia

⁴⁾Ghent University, Ghent, Belgium

⁵⁾University of Belgrade Institute of Social Medicine, Belgrade, Serbia

6) *Catholic University of Louvain, Louvain, Belgium*

Emerging literature from all around the world is highlighting the huge toll of the COVID-19 pandemic on frontline health workers. However, prior to the crisis, the wellbeing of this group was already of concern. Burnout is one of the most extreme outcomes arising from a lack of wellbeing at work and it has a direct impact on the physician and their family, as well as on patients and their families. Some studies have shown that, among physicians who report experiencing burnout, family medicine and emergency medicine physicians are among those at highest risk.

The workshop will firstly present data from the PRICOV-19 study – which includes data from 37 countries describing the frequency of work-related distress and wellbeing among general practitioners and family physicians during the COVID-19 pandemic. Through this data and the available literature, we will identify some of the key levers that could potentially mitigate the risk of such distress.

A panel of experts will each present one idea briefly and then the audience will engage in a dialogue intended to contribute to informing a solution-based research agenda.

Abstract topic

11. Wider primary care team

Abstract ID: 885

Internal code

O11-25

Presentation form

1 Slide – 5 minutes lecture

GP to chase: a survey of attitudes to discharge communication among Foundation Year 2 Doctors on GP placements

David O'Brien, Joshua Strange, Olivier Gaillemin
Salford Royal Hospital, Salford, United Kingdom

Background

Hospital discharge summaries are essential documents in the transfer of information and work from secondary to primary care; however, they often fail to meet the needs of GPs. We aimed to establish the impact of FY2 clinical placements on the attitudes towards discharge summary communication.

Methods

Two online surveys were created: a pre- and post-GP placement survey. FY2 doctors at a tertiary hospital moving to local GP practices were surveyed. Quantitative and qualitative data were incorporated. Thematic analyses were performed on free text responses.

Results

15 pre-placement surveys and 12 post-placement surveys were completed. The average perceived quality of discharge summaries was 3.47/5.00 for pre-placement surveys and 3.50 for post-placement surveys. The most important part of the discharge summary was found to be a clearly stated diagnosis, followed by a concise clinical summary and clear information for GPs. The main problems identified were the lack of a concise clinical summary, non-inclusion of important investigations and lack of a clearly stated diagnosis. The most common changes suggested to improve discharge summaries were to state a

clear diagnosis at the top of the summary, provide clear requests for GP actions and inclusion of relevant results from investigations. Following their GP placements, participants placed greater emphasis on clear actions for the GP (n = 7) and a concise summary (n = 3).

Discussion

These results reflect the acknowledgement of FY2s of the time constraints under which GPs must operate and therefore the importance of clear and concise discharge summaries.

Abstract topic

11. Wider primary care team

Abstract ID: 908

Internal code

O11-26

Presentation form

1 Slide – 5 minutes lecture

Loneliness to Connectedness: exploring the role of physical activity within a social prescribing system.

Emily Brady-Young, Sarah Berne

TaAF Pennine, Burnley, United Kingdom

Background: Of the impacts of COVID-19, perhaps the most insidious is loneliness and social isolation and their disproportionate impact on the most vulnerable (Marmot, 2018). People are interconnected, and so their health is interconnected. Loneliness may reduce the probability of being physically active. Evidence indicates physical activity is one potential psychosocial strategy with the potential to reduce loneliness, dependent upon the quality of relationships present during physical activity (Biddle & Mutrie, 2008).

Questions / Discussion points: How can we help health practices re-frame their messaging around physical activity - to inspire and motivate inactive people to be more active, to go from 'nothing to something, something to more'.

Content: This project shares a simple and consistent way of connecting the Post Covid Syndrome Service (PCSS) to the vast range of community wellbeing support available across Pennine Lancashire (Active Lives Hub). This is done through one process, one contact and does not require GP knowledge or awareness of what is out there. Sharing the learning from a systematic approach working across Pennine with links to Social Prescribing, Neighbourhood Accelerator, VCFS sector and wider partners. Central to this approach is to work with local health practices to co-create meaningful solutions, challenge societal structures (including cross-sector politics, policy and practice), and cultural norms for long-lasting change.

Take home message for practice: Physical Activity: Nothing to something and something to more.

Abstract topic

11. Wider primary care team

Abstract ID: 927

Internal code

O11-27

Presentation form

1 Slide – 5 minutes lecture

The Rey–Osterrieth complex figure (ROCF) test - a useful tool for a GP?

Malgorzata Maria Kot¹⁾, Francisco Javier Nieto Vilabert²⁾

¹⁾UNIVERSITY HOSPITAL OF TORREVIEJA / SAN MIGUEL DE SALINAS HEALTH CLINIC, SAN MIGUEL DE SALINAS, Spain

²⁾UCAM Catholic University of Murcia, Faculty of Psychology, Murcia, Spain

Background

The Rey–Osterrieth complex figure (ROCF) test is a neuropsychological instrument designed to evaluate the visuo-constructive abilities and visuospatial memory – it consists of a copy phase and a recall phase. It is applied to people with brain injuries (dementias, parkinsonism, ADHD, substance abuse etc) as well as with psychiatric disorders.

Questions / Discussion Point

How can we introduce this test, frequently used by psychologists, but not too often by GPs, in our daily practice? Is it useful to complete evaluation of our neurological and psychiatric patients? May its results influence our therapeutic decisions?

Content

During the ROCF test the patient is asked to draw a complex figure: first looking at it (copy phase) and afterwards, without an external support (recall phase). Thanks to its' analysis the functional cognitive decline can be assessed, including attention and concentration, planning and organization, visuospatial perception, non-verbal memory, fine-motor coordination, and spatial orientation. What is valued most is the organization and planning of strategies to solve the problem, apart from the accuracy of the drawing.

The main advantage of this test is that is relatively fast, simple, cheap (as no special material is required), it facilitates its graphic reproduction, and it works well in patients with language problems. On the other hand, the disadvantages are that the interpretation of the result may be inaccurate and subjective.

Take Home Message for Practice

ROCF test is a neuropsychological easy-to-use tool designed to evaluate memory and other executive functions. It can help to complete the neuro-psychiatric examination.

Abstract topic

11. Wider primary care team

Abstract ID: 975

Internal code

O11-28

Presentation form

1 Slide – 5 minutes lecture

Can social prescribing improve maternal wellbeing in the postnatal period?

Eleanor Southgate^{1, 2)}, Kerry Greenan²⁾

¹⁾Centre For Primary Care, QMUL, London, United Kingdom

²⁾St Andrew's Health Centre, London, United Kingdom

Background

Our GP practice is located in an area with high deprivation and high migration. The 8-week postpartum check with the GP often reveals maternal mental health problems in new mothers. Other issues that come to light at these visits are stressors such as social isolation, financial difficulties and domestic violence. Usual practice involves liaison with midwives, health visitors, and perinatal mental health teams. We also have a strong social prescribing team who may be well-placed to support mothers experiencing difficulties due to their social situation.

Questions, Discussion Point

In this workshop we will discuss possible approaches to researching the role of social prescribing in improving maternal mental health and wellbeing. Is there overlap with health visitors and midwives or does social prescribing offer something different? What, and how, can we learn from existing social prescribing approaches in early parenthood? How do different health systems elsewhere support new mothers?

Content

Mental health problems in the postpartum period are common, with as many as one in five women in the United Kingdom developing mental illness during this period. These may be exacerbated in areas of high deprivation due to financial stressors, including the need for partners to return to work early. Studies have shown that migrant populations are at increased risk of perinatal mental health problems, but that social support is protective.

Take Home Message for Practice

Maternal mental health and wellbeing can be affected by various social circumstances. Multidisciplinary approaches should be considered for providing support to new mothers.

Abstract topic

11. Wider primary care team

Abstract ID: 998

Internal code

O11-29

Presentation form

Lecture

Face Masks whilst ExeRcising Trial (MERIT): a crossover randomised controlled study

Nicholas Jones¹⁾, Seren Marsh²⁾, Jason Oke¹⁾, Kurosh Nikbin³⁾, Jonathan Bowley⁴⁾, FD Richard Hobbs¹⁾, Trisha Greenhalgh¹⁾

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²⁾Jesus College, University of Oxford, Oxford, United Kingdom

³⁾King's College London, London, United Kingdom

⁴⁾University of Nottingham, Nottingham, United Kingdom

Introduction: Physical exertion is a high-risk activity for emission of aerosols, but there is controversy around whether facemasks are safe and acceptable when exercising. We aimed to determine the safety and tolerability of healthy young adults wearing different facemasks during moderate-to-high intensity exercise.

Methods: Crossover randomised controlled study, comparing a surgical, cloth and FFP3 mask to no mask during 15 minutes of exercise separated by 5 minutes rest. In a non-inferiority analysis, the primary outcome was change in oxygen saturations (non-inferiority margin=2%).

Results: 72 individuals aged 18-35 (mean 23.1 years) completed the study. Changes in oxygen saturations and heart rate did not exceed the non-inferiority margin with any mask type compared to no mask. At the end of exercise the estimated average difference in oxygen saturation for the cloth mask was -0.07% (95%CI -0.39 to 0.25), for the surgical 0.28% (-0.04 to 0.60) and for the FFP3 -0.21% (-0.53 to 0.11). The cloth mask was felt to be most difficult to exercise in by 56.3% of participants (n=40) and the FFP3 by 38% (n=27). Wearing a facemask caused additional symptoms such as breathlessness (n=13, 18.1%) and dizziness (n=7, 9.7%). 33 participants supported facemask wearing during exercise, particularly indoors, 18 would agree to this if it were mandated and 22 were opposed.

Conclusions: Exercising at moderate-to-high intensity wearing a facemask appears to be safe in healthy, young adults. There was most support for wearing a surgical facemask during indoor exercise if needed to reduce the spread of COVID-19.

Abstract topic

11. Wider primary care team

Abstract ID: 1037

Internal code

O11-30

Presentation form

Workshop

Polytrauma in daily life - the gymkhana for clinical courage.

Elena Klusova Noguina¹⁾, Miriam Rey Seoane²⁾, Rabee Kazan³⁾, Kim Yu⁴⁾, Santosh Kumar Dhungana⁵⁾, Vasileios Stoukas⁶⁾, Sara Esteves Araújo Correia⁷⁾, Victor Ng⁸⁾, Ralisa Álvarez Paniagua⁹⁾, Guillermo García Martínez¹⁰⁾

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⁵⁾Department of Internal medicine, Hurley Medical center, Flint, Michigan, United States

⁶⁾IOM, UN Migration, Athens, Greece

⁷⁾Out-of-hospital emergency department, Centro de Salud de Tui, Vigo, Spain

⁸⁾Associate director, College of family physicians of Canada, Mississauga, Canada

⁹⁾Primary Care. Santa María la Real de Nieva, Health Center Nava de la Asunción, Segovia, Spain

¹⁰⁾Primary Care, Health Center Hellin-2, Hellin, Albacete, Spain

Background

Clinical courage occurs when family doctors push themselves to the limits of their scope of practice to provide the medical care needed by patients in their community. This mental strength to venture, persevere and act out of concern for one's patient, despite a lack of formally recognized expertise, becomes necessary in critical situations.

Target Group

Family physicians who are often involved in emergency room duty, especially village or rural physicians, who work in relative professional isolation. Health personnel of any qualification, civilian personnel.

Didactic Method

The yincana is a set of skill or ingenuity tests that are carried out by teams along a route. Participants will have to take a tour through the scientific labyrinth of the gymkhana

solving the dilemmas of rapid recognition of severity and life threat signs in the polytraumatized patient. The analysis of algorithms of immediate diagnostic orientation based on their pathophysiological mechanisms and the decision of the pharmacological and non-pharmacological treatment of the patient is taught through play, action, and adrenaline pumping!

Objectives

No one is safe from experiencing a tragedy of traffic accident, fire, building collapse, witnessing a cliff fall while trekking, bicycle accident or drowning of a child in the pool. Our clinical courage and the right approach skills can save the lives of our patients and beloved ones. The objective of this workshop is to train it.

Estimated number of participants

15-20

Brief presentation of the workshop leader

Elena Klusova, Chair of WONCA SIG on Emergency Medicine, Ibiza, Spain

Abstract topic

11. Wider primary care team

Abstract ID: 1054

Internal code

O11-31

Presentation form

1 Slide – 5 minutes lecture

Paraneoplastic cerebellar degeneration

Xavier Martínez Regada, Araceli Gómez Templado, Ana Isabel Martínez Asensio, Marta Bandrés Minguenza, Isabel Zamora, María Samán
EAP Santa Eulalia Sud, Barcelona, Spain

Didactic method: Oral case presentation.

Presented problem:

A 58-year-old man with Hypertension treated with Enalapril, Dyslipidemia under treatment with Atorvastatine, come to our Primary Care Center for dizziness. He is a taxi driver, and the last 2 months have had some small accidents. From last month, he started to have some difficulties to walk properly and feel dizzy.

On physical exploration we couldn't find any neurological sign. A cerebral Tomography was performed without finding any alteration. We perform a blood test which was normal, and a urine test that shows microscopic hematuria.

Management

At this point we performed an ultrasonography that showed an hyperechogenic nodule on the upper left renal pole of 2.7 x 4.3cm. An abdominal Tomography confirmed that nodule, which showed neoplastic characteristics. The Lumbar puncture showed Anti-YO +.

Outcome

Finally, nephrectomy was performed, and the anatomopathology of the nodule was a Renal adenocarcinoma. The final diagnosis of the neurologic state of the patient was Paraneoplastic cerebellar degeneration.

Discussion

What we can learn from this/open questions

This rare condition has been diagnosed at the right time by doing a proper diagnostic approach. Also, the availability of the ultrasonography and the blood test in our primary care centre has deleted the waiting list troubles that could have appeared.

Abstract topic

11. Wider primary care team

Abstract ID: 1193

Internal code

O11-32

Presentation form

Lecture

Dental health and primary care

Wendy Thompson¹⁾, Amaar Hassan²⁾

¹⁾*Division of Dentistry, University of Manchester, Manchester, United Kingdom*

²⁾*School of Dentistry, University of Liverpool, Liverpool, United Kingdom*

Background

GPs are not responsible for patients presenting with dental problems. However, the number seeking dental advice is increasing, exacerbated by increasing difficulty accessing dentistry. What's going on? During 2020, dentistry was the only part of the NHS to experience an increase in antibiotic prescribing. Why was that? Oral and dental diseases have important impacts on systemic health. Can treating gum disease really help patients control their diabetes? And other systematic diseases too? This workshop aims to answer these and more, asked by colleagues from across primary care.

Target Group

All members of the primary care team.

Didactic Method

Hands-on workshop with spotters, case-based exercises undertaken in small groups, and open mic discussion.

Objectives

To strengthen links between dentistry and primary care by exploring:

- challenges affecting dental access,
- the impact of dental disease on overall health,
- how to recognise and prevent oral disease (tooth decay, gum disease, dental abscess, oral cancer); and
- the challenges of managing patients with toothache across NHS primary healthcare

Estimated number of participants

Up to 50

Brief presentation of the workshop leader

Dr Wendy Thompson is an academic general dentist who delivers routine and urgent dental care in South Cumbria. Her research is about antibiotic prescribing and urgent dental care, and she regularly provides CPD lectures for dentists and, on occasions, GPs and their teams. Wendy is a member of the British Dental Association's Health & Science Committee and is chair of the FDI World Dental Federation's antibiotics working group.

Abstract topic

11. Wider primary care team

Abstract ID: 1199**Internal code**

O11-33

Presentation form

1 Slide – 5 minutes lecture

Multidisciplinary approach in chronic disease

MARTA PEREZ RODRIGUEZ, SARA SANCHEZ FERNANDEZ, Cintia rueda colomina
UDMAFyC Distrito AP Malaga-Guadalhorce, ANDALUSIAN HEALTH SERVICE,
MALAGA, Spain

Didactic method: Problem based learning

Presented problem: 76 year old woman visits her family doctor after having been admitted to the hospital in Cardiology for decompensated heart failure in the context of atrial fibrillation. The patient presents great anxiety and reactive fear of her newly diagnosed disease and all the new drugs she must take.

Management: Heart failure is a highly prevalent syndrome, affecting mostly elderly people with comorbidities. A comprehensive and multidisciplinary approach is necessary. Both home and health center visits are scheduled. The liaison nurse helps to explain the use of the “pill pill”, to know which medicine to take throughout the day, the psychologist helps with the approach of a chronic disease, the doctor and nurse check symptom control and complementary test, and the social worker manages help at home.

Outcome: the patient gets to know her disease and her new treatment, becoming independent again for the basic activities of daily life. Furthermore, the fear of a new decompensation of her disease decreased.

Discussion: This is a very prevalent disease, with onset in an aging population, which requires a comprehensive and multidisciplinary approach to improve the quality of life of patients and increase their life expectancy.

What we can learn from this/open question: Primary care, due to its characteristics and privileged position, has a key role in the management and follow-up of patients with heart failure, and in coordination with other levels of care and resources when necessary.

Abstract topic

11. Wider primary care team

Abstract ID: 1262**Internal code**

O11-34

Presentation form

1 Slide – 5 minutes lecture

Opuama cottage hospital innovating wider primary care team in rural health

Abayomi Jaye, Damilola Adebajo
Cecyhealth, Victoria Island, Nigeria

Background

Opuama community until 2019 was a story of poverty in the midst of riches being an oil rich community where most oil and gas firm operates yet had no decent healthcare

centre with her huge population of over 25000 persons. Leveraging technology in the healthcare helped us to widen the primary care team.

Questions

How can limited healthcare human resource problems be solved in rural communities.

What are the way to solve dependency on aids and donations in resource limited healthcare systems?

Is Covid19 a catalyst or catastrophe?

Resources and resourcefulness are two different things. How did Cecy health pull out her resourcefulness in spite of limited resource at Opuama.

Content

In 2019 Cecy health team was engaged to run a clinic there and our mission is to change the face of health care system in Africa. Healthcare needs are largely primary care. Africa has only less than 2% of global healthcare workforce yet bears 25 % of global disease burden implying an increasing scarcity of healthcare human resources and the solution is to leverage on technology. Today we have a decent primary care team running the hospital day and night. We believe this is a step forward in changing the face of healthcare system in the rural areas that are geographically distant from healthcare.

Také home message:

Technology is a resource liberating force that makes what appears scarce and expensive to be more cheap and abundant. To widen the primary care team in rural medicine we must leverage acceptable technology.

POSTERS

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 26

Internal code

P01-001

Presentation form

Poster on paper + ePoster

Early diagnosis of lung cancer in general practice.

Frank Sullivan

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Background The current approach to diagnosing Lung Cancer in general practice, based upon symptomatic presentation, is ineffective because the disease has usually spread before typical features of the disease can be recognised. As a result, 80% of the 48K people a year who develop lung cancer in the UK present at late stage and have a poor prognosis. Fewer than 10% survive for ten years or more. A European position statement on lung cancer screening in 2017 recommended that implementation of LDCT screening should start throughout Europe as soon as possible, yet no country has initiated a national screening program. Earlier diagnosis enables more patients to benefit from recent advances in surgery, pharmacological interventions and radiotherapy. People over age 50, smokers and those living in areas of socioeconomic deprivation are affected disproportionately.

Target Group

GPs, Trainees and anyone interested in early diagnosis

Didactic Method

Studies being designed and implemented now will be discussed to enable participants to share their experiences and perspectives decide whether these new approaches are useful. Discussion will include the perspectives of policy-makers, consumers, physicians, regulatory bodies and other healthcare providers who wish to how to diagnose Lung Cancer earlier.

Objectives

By the end of the session participants will be able to discuss how to diagnose lung cancer earlier.

Take Home Message for Practice

Recent advances in the use of biomarkers and CT scanning are likely to transform early diagnosis of lung cancer in the next 5 years.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 31

Internal code

P01-002

Presentation form

Poster on paper + ePoster

What is the evidence behind cancer care reviews, a British primary care cancer support tool? A scoping review

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²⁾School of Nursing, Institute of Clinical Sciences, University of Birmingham, Birmingham, United Kingdom

Background

A “cancer care review” is a conversation between an adult patient recently diagnosed with cancer and their primary care practitioner, general practitioner (GP) or practice nurse, soon after a diagnosis of cancer. Cancer care reviews (CCRs) were introduced in the UK in 2003. There have been reviews articles evaluating similar care assessments and plans but formal evaluation of CCRs is limited.

Questions

Regarding CCRs, what is the evidence on:

1. methodology and validated outcome measures used for evaluation?
2. quality of life or symptoms?
3. the views of patients, their carers, and healthcare professionals?

Methods

A scoping review focused on CCRs, and 5 databases were searched for English articles from 1st January 2000 to 28th May 2021.

Outcomes

Of 3552 articles found, seven articles were included which covered mainly qualitative research on stakeholders’ views with no studies on methodology or outcome measures, or impact on quality of life or symptoms. Some primary care professionals felt CCRs were a tick-box exercise and they had inadequate time to deliver cancer care. Interviews with patients found few recalled CCRs and those that recalled it did not find them particularly helpful. Partners of patients would welcome CCRs to raise personal health concerns and keep themselves up to date.

Discussion

Further studies should aim to identify ways to evaluate cancer care reviews, the effect on patients and difficulties in delivering CCRs considering the COVID-19 pandemic.

Take Home Message for Practice

There is currently insufficient evidence to support CCRs in British general practice.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 35

Internal code

P01-003

Presentation form

ePoster only

(Un)Masked hypertension – a case report

Joana Gonçalves Luís, Rosa Maria Araújo, Bárbara Martins, Ângela Mendes
São Lourenço Family Health Unit, Braga, Portugal

Background: Arterial hypertension represents a major public health issue, frequently progressing to target organ damage (TOD) before being diagnosed and properly treated. The diagnosis of masked hypertension is challenging, going unnoticed among normal office blood pressure (BP) measurements.

Methods: Male, 63 years old, history of smoking, dyslipidemia and overweight. Observed in the Family Health Unit having mean systolic BP of 155 mmHg in three consecutive measurements on the right upper limb and normal values on the left arm. Previous clinical records compatible with normal-high BP. Complementary studies were then requested. In the second observation, bilateral BP measurement was compatible with normal-high BP. Electrocardiogram revealed ventricular extrasystoles whereas transthoracic echocardiogram showed left ventricular hypertrophy (LVH). A 24h ambulatory BP monitoring (ABPM) and an Holter were requested after, revealing daytime and nocturnal hypertension (non-dipper profile) and very frequent ventricular extrasystoles.

Outcomes: The diagnosis of masked hypertension was made and the patient was treated with an angiotensin-converting enzyme inhibitor (ACEi) and a cardioselective beta blocker.

Discussion: ABPM plays a fundamental role in the diagnosis and monitoring of hypertension, being the key in this case to "unmask" a masked hypertension with associated LVH. The detection of TOD combined with normal-high office BP measurements motivated the request for the ABPM, in agreement with international recommendations.

Take home message for Practice: Patients with masked hypertension have an increased cardiovascular risk comparable to those with persistent hypertension, so the family doctor should be alert to this entity to be able to spot it as early as possible.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 37

Internal code

P01-004

Presentation form

Poster on paper + ePoster

Clinical-Ultrasound-Screening of chronic kidney disease(CKD) in high-risk patients with known cardio-renal-metabolic disorders and the correlations between clinical methods of KDIGO assessment of renal function and renal multimodal ultrasound by GPs.

Mihai IACOB

Research Department in Family Medicine, EUVEKUS/EADUS - European Association for the Development of Clinical Ultrasonography in Ambulatory Health Care (Outpatient Health Care)., Wien, Austria

CKD is defined after KDIGO-guideline as abnormalities of kidney structure or function, present for more than three months, with implications for health, and CKD is classified based on cause, eGFR-category, and albuminuria-category(CGA).

Diabetic-Nephropathy(DN) is the leading cause of Chronic-Kidney-Disease(CKD) followed by high-BP and CVD, being characterized in late-stages by persistent or slight decreases of parenchyma and kidney sizes. We aimed to analyze the correlations of both, renal-tissue stiffness(Strain-Elastography) and US-morphometry, with clinical-biochemical-indicators in patients with CKD.

Method:

We did an ultrasound-screening on 1020patients with DM,CVD,BP. Patients were followed up with ultrasonography-screening performed and also laboratory assays twice a year. Renal-parenchyma-thickness, length(volume), kidney stiffness(elastography-used/Strain-Ratio-SR) and estimated-glomerular-filtration-rate(eGFR)/albumin-to-creatinine ratio(ACR-values), were analyzed using Pearson correlation and ROC-curve-analysis to assess the kidney function. We designed a diagnostic-algorithm-software. All patients were stored and counted into our electronic-database.

Results:

Our US-screening, with an accuracy of 88%, found renal-elasticity(Strain-Ratio-SR)worsened progressively from CKD-Stage3to5($p<0.001$). The renal stiffness, measured by strain-elastography, with ultrasonography, correlates well with albuminuria(ACR) and rapid-renal-deterioration in patients with CKD. A statistically significant positive-correlation was found between eGFR and both:Strain-Ratio($r=0.8013, p<0,0001$) with parenchyma-thickness($r=0,7667, p<0,0001$)and degree of kidney-dysfunction.

The ROC-statistical-analysis of our US-methods confirmed a higher-level of diagnostic accuracy of Strain-Elastography, $p<0.001, AUC=0,815, 95\%CI:0,790$ to $0,838$.

Conclusions:

Our multimodal-US screening suggests that both, ultrasonographic- parenchyma-thickness-measurements besides the renal-stiffness(SR)measured by elastography, can be some important imaging techniques for the follow-up care of CKD patients and could predict the rapid-renal-function deterioration.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 38

Internal code

P01-005

Presentation form

Poster on paper + ePoster

The early detection of NAFLD and NASH with fibrosis risk stratification at the targeted population through the multiparametric liver ultrasonographic-screening (MLUS) and artificial intelligence by family physicians.

Mihai IACOB

Research Department in Family Medicine, EUVEKUS/EADUS - European Association for the Development of Clinical Ultrasonography in Ambulatory Health Care (Outpatient Health Care)., Wien, Austria

NAFLD is a global public health issue, which progressively covers a spectrum of liver pathology, including steatosis-steatohepatitis-fibrosis, and cirrhosis. This study aimed to evaluate the diagnostic accuracy of the multiparametric-liver-ultrasonographic-screening with uses of artificial-intelligence performed by family-doctors, compared to the evaluation performed by a specialist, at the patients with a high-risk of NAFLD/NASH.

2.Methods: We conducted a multiparametric-liver-ultrasound screening(MLUS) on 4751patients, which presented as inclusion criteria:dyslipidemia,obesity,DM,metabolic-syndrome(NCEP-criteria),cirrhosis,hepatitis-B/C.

APRI-score was calculated to stratify fibrosis-risk. We use"standard-protocol", which could improve reproducibility and facilitate dynamic comparison, in multimodal-ultrasonography with standard-liver-scans.We established the cut-off/median-values(morphometric-ultrasound) of normal-ratios, between the anterior-posterior-diameters of the normal-liver-segments(Couinaud)/lobes, with the kidney/spleen-long-axis(not influenced by fatty-tissue-loading).The high-risk-patients with NAFLD/NASH were first examined by an experienced-family-doctor, subsequently compared with ultrasound-review by the specialist and agreement was evaluated using Cohen's-kappa-coefficient. We have developed a smart-computerized-diagnostic-algorithm for NAFLD/NASH.

3.Results:We identified 4751patients with NAFLD/NASH/cirrhosis confirmed by specialist. The positive-results of screening were:2592-steatosis, NASH/steatofibrosis-971persons,and 22-cases with Cirrhosis. The accuracy of liver-US-screening was:95,87%,with95%CI=95.27%to96.42%,sensitivity:97,12%,specificity:91,59%, which were subsequently confirmed by the"Gold-Standard-method"through fibroscan. The prevalence of liver-pathology was:77,48%with95%CI:76,26%to78.66%. Reports of both groups of specialists for identifying NAFLD/NASH showed a very-good-strength of agreement-k=0.875;95%CI=0.864–0.887,standard-error:0,005.

4.Conclusions:The uses of Multiparametric-Liver-Ultrasound-Screening(MLUS), morphometric-US(MUS), and artificial-intelligence(AI), performed by trained-family-physicians are comparable to diagnostic-liver-ultrasonography performed by the gastroenterologist.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 60

Internal code

P01-006

Presentation form

ePoster only

Psychogenic symptoms related to intrauterine system insertion – two case reports

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São Lourenço Family Health Unit, Braga, Portugal

Background: Levonorgestrel-releasing intrauterine systems (IUS) are highly effective contraceptives. The insertion procedure can be performed by the family doctor, who should be alert to potential complications.

Methods:

Case 1: Woman, 49 years old, healthy. During the histerometry, the patient developed dizziness and diaphoresis followed by apparent loss of consciousness, atypical upper

limb motion, vertical eye deviation and chewing-like movements, which reverted completely after around 20 seconds. Vital signs revealed hypotension. The procedure was aborted and rescheduled.

Case 2: Woman, 37 years old, asthmatic. When the patient was getting dressed after successfully IUS insertion, she started to feel dizzy, weak and diaphoretic, so was instructed to lay down again, after which initiated a bizarre placement of her hands with persistent wrist flexion and spasticity of the fingers accompanied by paresthesias. Vital signs revealed hypotension. The symptoms reverted completely after around five to ten minutes.

Outcomes: Both patients suffered vasovagal reactions related to IUS insertion.

Discussion: Atypical symptoms occurred in both cases that can be framed in a psychogenic background. The seizure-like upper limb movements from case 1 and the bizarre hand contraction from case 2 are not consistent with the rest of the symptoms and cannot be explained in the context of vasovagal reaction. The literature is sparse in relation to these type of complications during IUS insertion.

Take home message for Practice: The family doctor must be prepared to act in case of vasovagal syncope or other possible complications related to IUS insertion, providing support until complete symptoms reversal.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 75

Internal code

P01-007

Presentation form

Poster on paper + ePoster

Blurred vision: Atypical presentation of bacterial meningoenzephalitis

Pedro Alejandro Gonzales Flores, Sebastian Melgar Torena, Oswaldo Franco Ybarcena Alvarez, Giancarlo Jesús Ormeño Victorero, Alejandro Miguel Cestau Exposito, Adriana García-Pantaleón Porcuna

Emergency department/Primary Health Care, Mollet's Hospital/Catalan Health Institute, Mollet del Vallès/Cerdanyola del Vallès, Spain

Background:

Meningoenzephalitis is a medical emergency that requires immediate treatment. Classically it presents with "meningeal signs" such as headache, neck stiffness, however, it sometimes presents in an atypical way, with non specific signs.

Methodology:

Medical history of a 36-year-old woman was reviewed. She is a cocaine user who presents destruction of the nasal septum and who comes to the emergency department due to general discomfort and blurred vision.

Physical examination: No fever. Conscious although somewhat disoriented in time.

A blood test was performed that did not reveal alterations. Cranial tomography was requested: Extensive expansive supratentorial intracranial process with edema.

It is discussed with a neurosurgeon on duty who considers that the image is not suspicious of malignancy, so admission for the study is recommended.

Results:

A brain MRI is requested, which reports: Perforation of the nasal septum and medial wall of the right maxillary sinus. Edema of the white matter, with significant mass effect, with enhancement of the meninges, suggestive of bacterial meningoenzephalitis.

Treatment with cephotaxime, linezolid, and meropenem was started.

Discussion:

This is a patient who, as a first suspicion due to the atypical clinical condition and neuroimaging, was suspected of having a primary malignant neoplasm of the brain (lymphoma), however, given the history of drug abuse (cocaine), the infectious cause cannot be ruled out (abscesses, cellulitis or as in the present case bacterial meningoenzephalitis).

Take home messages:

The clinical history must always be supplemented with adequate complementary tests and, above all, pay attention to the patient's history.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 79

Internal code

P01-008

Presentation form

Poster on paper + ePoster

Ultrasound patterns of covid-19 and use of ventilation devices

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Emergency department/Primary Health Care, Mollet's Hospital/Catalan Health Institute, Mollet del Vallès/Cerdanyola del Vallès, Spain

Background:

Covid 19 pandemic has been a health challenge and as the pathophysiology has become known, especially in those patients who experience the main complication (bilateral pneumonia), new paths have been opened to treat those patients who suffer from respiratory failure due to pneumonia.

We differentiate two types of radiological and ultrasound presentation, those patients suffering from predominantly interstitial bilateral pneumonia and those in which alveolar infiltrates predominate.

These findings have allowed us to use high flow oxygen therapy in predominantly interstitial and noninvasive mechanical ventilation (NIMV) -Continuous airway pressure mode- in predominantly alveolar infiltrate.

Methodology:

We compare two patients.

Patient 1: 69 years of age, covid + of 9 days of evolution. A chest X-ray shows bilateral interstitial infiltrates. Ultrasound shows pleural slippage and abundant B lines. Candidate for high-flow oxygen therapy.

Patient 2: 56 years of age, covid + of 11 days of evolution. Bilateral interstitial and alveolar infiltrates are seen on chest X-ray. Sonographically, it shows little pleural sliding and sub-pleural condensations.

Candidate for NIMV (CAP mode).

Results:

Patient 1: After 5 days of high-flow oxygen therapy, the patient improves and is transferred to a conventional ward with a venturi mask.

Patient 2: After 4 days of CAP, the patient improves and is transferred to a conventional ward with a venturi mask.

Take-home message:

Although it is not a fully established rule, our experience makes us see that patients should be classified according to their radiological and ultrasound pattern in order to choose the best ventilatory device.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 99

Internal code

P01-009

Presentation form

Poster on paper + ePoster

A trip with a near death experience

SOFÍA GONZÁLEZ FURUNDARENA, JANA HERNÁNDEZ GARCÍA
SemFyC, Seville, Spain

Presented problem: 47-year-old man with a history of blindness due to Stargart syndrome, calcifying tendinosis and vocal cord leukoplakia, who went to medical consultation because he had just come from the Canary Islands, where he had been hospitalized for two and a half months. He was admitted to the hospital in Gran Canaria on 8/8/2021 due to bilateral Klebsiella pneumonia that required intubation and invasive mechanical ventilation, and he was in an induced coma for two months. He requested monitoring and reported lower extremities weakness.

On examination, sacral and occipital pressure ulcers and weakness in LLE with clubfoot were observed.

Management and outcome: nursing home cures for ulcers are being performed and the patient has been referred to a mobile rehabilitation unit for evaluation, improving his previous situation.

Discussion: it is a patient with a disability due to his blindness who needs partial help with his basic activities of daily living and needs help with a walker for ambulation.

He lives currently with his mother in Seville, who has a chronic pathology that also requires care, which is why she is not able to look after her son as much as he would need.

What we can learn from this: primary care is a fundamental pillar for the support of patients. In the case presented above, it is very important to monitor both the physical state and the mood of the patient. Proper monitoring and active listening are essential for this patient to recover and improve his mobility.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 101

Internal code

P01-010

Presentation form

Poster on paper + ePoster

Management of chronic cough of the adult in primary health care

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Background

Chronic cough guidelines are based on studies that realized in a specialized setting, thus do not represent the setting of a GP. This has implications on the diagnostic algorithm of the different conditions causing chronic cough seen in the populations consulting a GP vs a specialist.

Question

Are the guidelines applicable to a GP setting or do they contain a bias for this setting with a need of adaptation ?

Methods

A literature review was done by using Pubmed Mesh search. Only guidelines, Meta-analysis, RCT, clinical studies and reviews have been considered. 69 articles have been included in the review.

Outcomes

Only one study has been realized in GP setting, thus there is a strong bias with need for adaptation. This concerns mostly the prevalence of the different diseases. But also, the proposed treatments for upper airway cough syndrome and reflux rely on proof that is questionable and needs further research.

Discussion

The cough reflex has a very complex physiology which is still not understood very well. Thus, the understanding of chronic cough generation due to UACS or gastric reflux is still difficult, leading to bias in the studies and treatment results that are mediocre. The change of prevalence needs an adaptation of the diagnostic algorithm for the GP.

Take Home Message for Practices

The diagnostic algorithm should be adapted, and pulmonary diseases (instead of UACS) should be treated first if no specific clinical signs are present. The treatment for UACS and cough due to reflux should be revised.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 126

Internal code

P01-013

Presentation form

Poster on paper + ePoster

Culture...do we aspire to be competent, sensitive, sensible, or humble?

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Background

In recent years the focus on respect for the cultural diversity of our patients, students and colleagues has gained traction, with many institutions highlighting the need for openness about pluralism, ultimately to support better care.

Method

This poster explores how the terminology is evolving to enable more meaningful conversations. Short, referenced descriptions and critiques are presented for the terms:

Cultural Competency

Cultural Sensitivity

Cultural Sensibility

Cultural Humility

Outcomes

When culture is disregarded there are associated health inequities for culturally diverse patients and communities, and experiences of discrimination and exclusion for healthcare professionals and students.

Discussion

Language is important. Whilst the described terms can, in certain circumstances, be used interchangeably, there is evolution towards a more reflective and practical ethos, with self-awareness, critical inquiry, compassion, and socio-emotional skills superseding purely knowledge-based cognitive approaches.

Important constructs such as intersectionality, innate biases and prejudices can be overlooked when cultural references are used reductively. Cultural Humility places the onus on those holding privilege in diverse environments to recognise and challenge their assumptions, and to redress power imbalances at both interpersonal and institutional levels.

Take Home Message for Practice

Nuanced conversations and actions, with a commitment to lifelong learning, and avoiding replication of oppressive hegemonies in terminology, are vital. An attitude of mindfulness and a spirit of respectful curiosity remain key. Let's be competent, sensitive, sensible *and* humble to improve our knowledge, skills, professional values and behaviours. Most of all let's keep talking about culture to improve care, systems and education in medicine.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 184

Internal code

P01-014

Presentation form

Poster on paper + ePoster

Intermittent energy restriction in patients with type 2 diabetes mellitus: a systematic review

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Background: Intermittent energy restriction (IER) diets have gained popularity. The effectiveness of IER in the management of type 2 diabetes (T2D) remains a subject of discussion.

Methods: We conducted a systematic review of the effects of IER on markers of metabolic control and glucose-lowering medication in patients with T2D. Two investigators independently selected studies, extracted data and assessed risk of bias using the Cochrane Collaboration's tool.

Results: Twelve studies were included. The studies were widely heterogeneous in dietary intervention, study design and study duration. Therefore, we carried out a qualitative synthesis of the results. Ten studies reported the outcomes HbA1c and fasting glucose. Of these, five studies observed a decline in HbA1c and four studies observed a decline in fasting glucose levels. Regarding medication, eight studies excluded patients who were treated with insulin. Four studies described a reduction in the dose of glucose-lowering medication during IER, though statistical tests were not performed. Only four studies evaluated long term effects (≥ 1 year after the intervention). The benefits in terms of HbA1c or fasting glucose were generally not maintained. None of the studies yielded adverse outcomes. Most studies were judged to have at least some risk of bias.

Conclusion: Limited evidence supports benefits of IER interventions in patients with T2D. The results from this systematic review suggest that IER can improve glucose regulation at least in the short term. Moreover, IER may allow for dosage reduction of glucose-lowering medication.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 198

Internal code

P01-015

Presentation form

Poster on paper + ePoster

Assessment of osteoporosis risk in men with prostate cancer receiving androgen-deprivation-therapy: a cross-sectional study using a primary care audit database

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Background

Osteoporosis in men is under-recognised and under-treated. Androgen-deprivation-therapy (ADT) is an effective treatment for prostate cancer (PCa) but also increases the risk of osteoporosis.

Questions:

How was the risk of osteoporosis assessed for men with PCa receiving ADT in primary care?

Methods

We undertook a pilot cross-sectional study (urban practice, list size 6974). Data were extracted by hand-searching records of PCa patients identified using SNOMED codes. FRAXTM and NOGG guidelines were used for fracture risk assessment. The primary

outcome was the osteoporosis risk assessment gap: the proportion who required ADT with high risk but didn't receive a fracture risk assessment or DXA scan.

Outcomes

Of 53 patients identified with PCa (aged 53-90), half (27 men) have had ADT – 32% (17/53) current treatment (10 metastases, 7 localised advanced); 19% (10/53) had previous ADT. The average ADT duration was 35 months.

No documentation of FRAX assessment in any man on ADT.

The median 10-year probability of fracture was 5.55 (hip) and 10.48 (osteoporotic) in patients receiving current ADT compared with 3.02 (hip) and 7.04 (osteoporotic) without respectively ($p < 0.05$). 53% (9/17) men with current ADT were recommended a DXA scan (NOGG amber risk). Age is also a risk factor.

Discussion

There is an unmet need to assess osteoporosis risk and intervene in men with PCa taking ADT.

Take Home Message for Practice

As men live longer with PCa, more will suffer the complications of cancer ADT treatment. We need to be aware and assess the bone health, especially in older men.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 227

Internal code

P01-016

Presentation form

Poster on paper + ePoster

Deprescribing and patient safety

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Inappropriate overuse of healthcare resources subjects patients to risk without providing sufficient benefit, in addition to entailing cost overruns. For health systems, this means an increase in the consumption of services and in expenditure: costs of patients with more than one chronic disease are up to six times higher than those with none or only one. Thus, the approach to chronicity from an economic point of view is important, due to the potential consumption of resources and the danger to the sustainability of the current healthcare systems, conditioned by an environment of global economic crisis. There is an important act related to the improvement of prescribing in the elderly patient, and that is deprescribing: a careful and standardized process aimed at suspending some of the drugs that have been accumulating in the patient's treatment. One way of solving the problem of poly medication in fragile poly medicated patients is to apply decision-making algorithms, the aim of which would be to suspend medications that are not necessary, leaving only those that have proven efficacy and safety in this type of patient. For this reason, in recent years, so-called do-not lists have been developed as part of an overall strategy of Less is More Medicine. Some of these do-not-do recommendations persist in clinical practice for various reasons, others are practically no longer indicated. Based on the above, we propose to review the treatments of complex chronic patients, to simplify their treatments, and to discontinue those that are not indicated according to the STOPP criteria.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 260

Internal code

P01-017

Presentation form

Poster on paper + ePoster

Diagnosing, treating... and also giving company: a case report on palliative care at home

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Family Doctors' daily practice entails more than controlling chronic diseases. In Spain, we also provide palliative care and comfort to our patients at the end of their lives.

Our patient was an 80-year-old male, longtime smoker (60 pack-years) and daily drinker. He consulted for intense asthenia and weightloss of 10kg in the last year with no other symptoms. Physical exploration was anodine. Through thoracic radiography we discovered an occupation of the right lung's superior lobe. We contacted Neumology and they requested a complete TC confirming a T2N3M0 pulmonary neoformation.

Given our patient's age and general condition, palliative treatment was agreed with his family.

Initial treatment was 10mg oral morphine rescues for dyspnea, buscopan and deflazacort. We agreed on visiting every 48h and daily telephone contact.

3rd day: symptoms persisted. We initiated subcutaneous rescues with morphine and midazolam. We offered his relatives palliative sedation which they did not wish to initiate yet, so we trained them for said rescues.

6th day: Refractory dyspnea. We initiated sedation with a 24h infuser with 90mg morphine, 60mg midazolam, 80mg buscopan and 50mg levomepromazine.

7th day: Having shown no signs of suffering, we certified exitus at 13:30.

This case illustrates the importance of Family Doctors' in our patients' lives. Knowing this patient's habits and antecedents, plus the new communication ways with hospital specialties developed during the pandemic, we arrived to a quick diagnosis and treatment, avoiding our patient's suffering and giving peace of mind to his relatives, who felt supported at all times.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 271

Internal code

P01-019

Presentation form

Poster on paper + ePoster

Fever and focal neurologic abnormalities in a Young patient: HIV rapid test

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Didactic method:Case Review.

Presented problem:A 45-year-old Nigerian man with a history of alcoholism was admitted to this hospital for fever and confusion from the previous day. Within the last two months, he presented an unspecified weight loss.

Management:Physical examination showed Glasgow scale 13/15 (E3V4M6), normoreactive miotic pupils, bradypsychic, with nominal aphasia. Laboratory tests: bicytopenia at expenses of lymphopenia, altered liver biology, elevated acute phase reactants, and SARS-CoV-2 PCR negative. Chest X-ray: bilateral interstitial infiltrate. Cranial CT scan showed an oval focal lesion suggestive of cerebral toxoplasmosis. HIV rapid test: positive.

Outcome:Acquired immunodeficiency syndrome (AIDS) co-infected with pneumocystis and toxoplasmosis.

Discussion: COVID19 can present symptoms and complementary results similar to AIDS. The rapid test for HIV is a fast screening and diagnosis tool. The clinical history and examination are very important to guide the performance of a rapid test. Our patient was from Nigeria, a high HIV prevalence country, had an HIV debut with opportunistic infections.

What we can learn from this/open questions:

- The HIV rapid test is the screening test with a high negative predictive value. If positive, a confirmatory test should be performed.
- It is important to consider this diagnostic test in patients with sexually transmitted infections, recurrent pneumonia or pulmonary interstitial infiltrates, especially in imprisoned patients, men who have sex with men, injecting drug users and people from countries with high prevalence of HIV.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 311

Internal code

P01-020

Presentation form

Poster on paper + ePoster

Fever, constitutional syndrome and arthralgia as manifestations of systemic vasculitis. A case report

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Fever, constitutional syndrome and arthralgia as manifestations of systemic vasculitis. A case report

Patricia González, Arantxa Mallou, Karizha Brito, Berta Rico, Nuria Argelich

Abstract

Background: Systemic vasculitis are diseases characterized by inflammation of the blood vessels that can present nonspecific clinical manifestations.

A case study of a 62-year-old male patient who presented a two months syndrome characterized by general discomfort, asthenia, arthralgia, neck pain, headache and weight loss of 7 kg, associated with evening fever of up to 38°C, chills and night sweats.

Questions: Highlight the importance of the differential diagnosis of systemic syndrome by describing the case of a prototype patient and review the complementary studies and the diagnostic criteria of large vessel vasculitis.

Methods: Bibliographic review by the consultation of the main available scientific databases and examination of the data obtained from the patient's computerized clinical history.

Outcomes: The laboratory results showed an elevation of the inflammatory parameters and the imaging studies found findings consistent with aortitis and signs of active vasculitis in several vascular territories. Finally, the diagnosis of large vessel vasculitis was made and the patient evolved favorably after starting therapy with corticosteroids and methotrexate.

Discussion: In the presence of a systemic syndrome, it is necessary to make a correct differential diagnosis among different diseases like neoplastic syndromes, autoimmune, infectious, psychiatric, etc. The diagnosis must be supported by complementary studies as well as clinical and histopathological criteria.

Take Home Message for Practice: Try to include vasculitis in your differential diagnosis of systemic syndrome.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 344

Internal code

P01-021

Presentation form

Poster on paper + ePoster

Prescribing SSRIs for women of reproductive age, during pregnancy or breastfeeding: systematic review of local formulary guidance in England and Wales.

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Background: Depression is the second most common chronic condition affecting women of reproductive age. Antidepressant prescription rates, largely for selective serotonin reuptake inhibitors (SSRIs), are doubling per decade. The Medicines and Healthcare products Regulatory Agency (MHRA) advise prescribers of the increased risks of congenital malformations, post-partum haemorrhage and SSRI newborn withdrawal, if taken during pregnancy. It is essential therefore that women are advised of these risks prior to conception, so they can make informed decisions and that this is reflected in local guidance for GPs, who are often the main prescribers.

Questions: To systematically identify and compare medicines formularies across all Clinical Commissioning Groups (CCGs), England and Local Health Boards (LHBs), Wales, with respect to prescribing SSRIs for women of reproductive age, during pregnancy or breastfeeding.

Methods: Formularies will be reviewed by a systematic search of individual CCG/LHB websites/key word searches and all formularies will be compared with respect to SSRI prescribing recommendations for women of reproductive age, pregnancy or breastfeeding.

Outcomes: Preliminary findings suggest local guidance is limited, particularly in the pre-conceptual period, conflicting across CCGs/LHBs, and MHRA alerts may be insufficiently communicated.

Discussion: Suboptimal local SSRI prescribing guidance in the pre-conceptual period may place women and their babies at increased risk of unintentional exposure to SSRIs during pregnancy.

Take home message for practice: With increasing rates of antidepressant prescribing in women of reproductive age, GPs need to ensure appropriate pre-conceptual advice is provided alongside potentially teratogenic medicines. Local formulary guidance requires improvement to support this.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 377

Internal code

P01-022

Presentation form

Poster on paper + ePoster

Severe Zolpidem abuse in a geriatric patient - a case report

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Users often develop a tolerance to Benzodiazepines after taking high quantities for a long period, so they need higher doses to feel the effects. Overdose is usually diagnosed based on clinical presentation. Many patients are able to provide supporting information regarding their ingestion. On the other hand, when someone stops taking the drug, withdrawal symptoms emerge.

A 71 years old female with psychomotor restlessness was brought to the emergency department. She was extremely anxious, agitated and was unable to provide clinical history, repeating frantically «zolpidem». The vital signs and blood test were normal. Her son found several empty boxes of zolpidem, a benzodiazepine-like hypnotic, at her place. She had 15 prescriptions of zolpidem, from several physicians, over the previous month. Urine testing didn't reveal presence of benzodiazepines. Zolpidem overdose was assumed and she started flumazenil, a benzodiazepine antagonist.

Within 15 minutes, the agitation worsened, excessive sweating, tremors, tachycardia and hyperventilation developed, the hypothesis of benzodiazepine poisoning was ruled out and a diagnosis of deprivation took place. With administration of diazepam, the clinical condition improved, with decreased agitation and heartbeat normalization. Additional doses of diazepam were required to stabilize the patient. Benzodiazepine dose was slowly tapered down to minimize withdrawal symptoms.

Benzodiazepines abuse is very common. Both overdose and withdrawal can be extremely dangerous. The diagnosis is challenging. A urine drug screen comes with many limitations, not all benzodiazepines are detected and when positive it only indicates

recent exposure, doesn't confirm causality for acute toxicity, recognize the symptoms is key.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 389

Internal code

P01-024

Presentation form

Poster on paper + ePoster

Consensus expert recommendations on the primary care use of direct oral anticoagulants in patients with venous thromboembolism: A Delphi exercise

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Background: Direct oral anticoagulants (DOACs) are widely prescribed in venous thromboembolism (VTE). Despite extensive trial evidence and existing guidance, there remains sub-optimal implementation on DOAC use in certain real-world scenarios. Multidisciplinary, international experts supported the development of the Delphi exercise, a method of formal consensus, to address these areas.

Research aim/question: To formulate consensus statements and a summary guide to support optimal management of DOACs in VTE patients by general practitioners.

Methods: Initial statements were developed by a literature review and the expert steering committee. Statements covered nine domains of VTE management (e.g., initiation and long-term treatment). The first round Delphi was conducted online; invited participants included general practitioners and specialists from across Europe. Panel members were asked to rate their agreement using a seven point Likert Scale, and to provide supporting comments.

Outcomes: To date over 100 practitioners have provided input, and 39 have fully completed the Delphi questionnaire. Round one interim results showed consensus ($\geq 80\%$ agreement) that DOACs are the treatment of choice for VTE, and that they are as effective and safe as other anticoagulant treatments. Variability in responses regarding the use of DOACs in some of the specific patient groups will be explored in further Delphi rounds.

Discussion/Message for practice: Further Delphi rounds will be conducted via a virtual workshop in early 2022, involving rounds of iteration, to clarify areas of variability until

consensus is reached. Results will be reported at WONCA and disseminated as a peer-reviewed manuscript, infographic, and guide for general practice.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 426

Internal code

P01-027

Presentation form

Poster on paper + ePoster

Clinical profile of patients with Alzheimer's disease in the primary care center (PCC) Canaletes-Fontetes. Cerdanyola del Vallès. Spain

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Background

Alzheimer's disease (AD) is a prevalent entity in Spain. This means a high medical and social cost, due to the dependence it causes in those patients who suffer from it.

Questions/Objectives

- To determine the clinical profile of patients with AD in the PCC Canaletes-Fontetes.
- To know the functional dependence (Barthel Scale) , dementia severity status (GDS) and specific treatments for AD in the study patients.

Methods

The electronic medical records of patients with AD diagnosed up to December 31, 2021 at the PCC Canaletes-Fontetes were reviewed. Assigned population: 26124 persons. Demographic and clinical variables were studied. Data were processed with the PSPP system.

Outcomes

A total of 159 patients were obtained. The average age was 81 years old. 124 were women (74%). Barthel at diagnosis was 73.

GDS-4 (43,79%), GDS-5 (40,83%)

The main comorbidities were: hypertension (65,68%), dyslipidemia(44,97%) heart disease (33,13%), chronic hearth disease (29,59%), diabetes mellitus (28,99%) and depression (21,3%).

Main treatments were: Rivastigmine (20,12%), Memantine (18,93%), Donepezil (12,43%).

Discussion/Conclusions

- At the time of diagnosis, the average Barthel scale was 73 (mild dependence).
- At time of diagnosis, main GDS was 4 and 5 (mild-moderate dementia)
- The main comorbidities were hypertension, dyslipidemia and hearth disease.
- Up to 21,3% had associated depression.
- The main treatments were Rivastigmine, Memantina and Donepezil

Take Home Message for Practice

An active search for AE has to be made, since the profile of our patients is similar to the rest of the patients at an international level: elderly and multi-pathological patient.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 438

Internal code

P01-028

Presentation form

Poster on paper + ePoster

CADASIL a case report

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56-year-old patient, who was brought to the health center, because he was found lying on the roadside. He referred dizziness and that he had fallen while he was walking along the road. He had not had any loss of consciousness, but he reported decreased strength in his limbs and difficulty moving his legs.

He seemed to be confused. Cardiopulmonary examination was normal and neurological examination highlighted a right horizontal nystagmus and increased base of support when walking. Blood pressure and glycemia were checked and an ECG was done with no abnormalities.

When reviewing his medical history, it was seen that he suffered from cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL).

CADASIL is an angiopathy caused by pathogenic variants in the *NOTCH3* gene. Its primary clinical manifestations are transient ischemic attack and ischemic stroke principally involving small vessels, cognitive deficits with early executive dysfunction, migraine with aura, and neuropsychiatric disturbances.

It is possible that the patient had had a transient ischemic attack, so that he had fallen and could not get up because he had less strength on his limbs. When he arrived at the health center, he had recovered the strength and the symptoms of his disease explained what had happened to him.

It is very important to see the medical history of the patient, because sometimes it can give you a hint of the diagnosis, as in this case. Not knowing the patient history could lead to several unnecessary diagnostic tests, that can be avoid.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 443

Internal code

P01-029

Presentation form

Poster on paper + ePoster

Risk of comorbidity following osteoarthritis diagnosis: a cohort study in the Netherlands

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Background:

Previous studies have shown that patients with OA have a higher risk developing comorbidities. However, many focused on a few conditions only, or did not consider the temporality.

Questions:

To determine the risk of comorbidity following the diagnosis of knee or hip OA, using electronic health records in the Netherlands.

Methods:

A cohort study was conducted in the Integrated Primary Care Information database, an electronic health record database. Patients aged ≥ 18 years and at risk for OA and comorbidity were included. Diagnosis of OA was defined as the first registered corresponding code from the International Classification of Primary Care (ICPC) system. 58 comorbidities were analyzed, also defined by corresponding ICPC codes. Follow-up started at registration in the database and ended at diagnosis of comorbidity (event), or at deregistration, death or end of study (censoring), whichever came first. Exposure to knee or hip OA was time-varying: before OA diagnosis was defined unexposed, from diagnosis until end of follow-up exposed. Age and sex adjusted hazard ratios (HRs) comparing exposure status were estimated.

Outcomes:

1,890,712 patients were included. 11 comorbidities showed an increased risk of diagnosis after exposure to knee OA. 7 comorbidities showed an increased risk after hip OA. None of the comorbidities showed a negative association with exposure to OA.

Discussion:

This study showed that certain comorbidities were diagnosed more often in patients exposed to OA.

Take Home Message for Practice:

In the management of OA, risk of other long-term-conditions should be considered and further research on causality is needed.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 473

Internal code

P01-030

Presentation form

ePoster only

Post COVID condition

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Background

The effects of Coronavirus disease (COVID-19) are highly variable, ranging from asymptomatic disease to developing severe acute respiratory distress. Most patients' symptoms resolve within 12 weeks after acute COVID-19.

Questions / Discussion Point

There is growing evidence of persistent symptoms in people who recovered from COVID-19.

Content

Patients with Post COVID-19 condition are defined by the World Health Organization as "individuals with a history of probable or confirmed SARS CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis." It is a multisystemic syndrome, caused by a deregulated immune response to SARS-CoV-2 infection. The most described symptoms include cough, fatigue, and cognitive impairment. Obesity, female sex, advanced age, or having more than 5 initial symptoms, were identified as risk factors for developing Post COVID-19 condition.

Currently, there is **no long-term evidence** to help determine how long the effects seen weeks after a COVID-19 infection will last. Therefore, for people with suspected Post COVID-19 condition, a **follow-up medical assessment** is essential.

Take Home Message for Practice

These patients should be submitted to a comprehensive clinical history and examination, using a **holistic, person-centered approach**. It is important to **evaluate the person's experience** of their current symptoms and how their daily life has been affected. Lastly, patients should be **advised** on symptom self-management, the predicted course of the disease and when to seek medical support.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 520

Internal code

P01-032

Presentation form

ePoster only

Always "reed" the skin

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Didactic method: Reed's syndrome is an autosomal dominant rare genodermatosis, characterized by the presence of multiple cutaneous and uterine leiomyomatosis. This syndrome can be associated with renal cell carcinoma and leiomyosarcoma.

Presented problem: A 55-year-old woman presented to routine consultation. Physical examination was normal, except for the presence of multiple papules and nodules on her chest and left arm. They were asymmetrical, irregular, skin-colored, with a smooth surface, and she reported that they have been present for about two decades and have slowly increased over the years. The patient's past medical history was significant for myomectomy 30 years ago, and hysterectomy, eight years ago, due to uterine leiomyomas. She was unaware of a family history.

Management: A biopsy of a papule from her chest was taken, and the histological examination revealed a leiomyoma. Clinical and histological findings combined with surgical history suggested Reed's syndrome, and a genetic test was conducted, which confirmed the diagnosis.

Outcome: Given this, the patient underwent tomographic examination, which showed a renal cyst, with a 13 mm diameter. No evidence of renal carcinoma was found. Her siblings and parents were referred for genetic counseling.

Discussion: Although it is rare, leiomyomas can degenerate into leiomyosarcomas and when present, renal tumors are usually aggressive. Annual renal imaging is recommended.

What we can learn from this/open questions: This case highlights the importance of systematic review of skin lesions, as they can be the diagnostic clue for systemic diseases.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 523

Internal code

P01-033

Presentation form

ePoster only

“Pseudo-geyser sign” as the first presentation of septic arthritis of the shoulder?

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Didactic method: Massive rotator cuff tears can lead to large cysts, extending from the subacromial space through the acromioclavicular joint into a subcutaneous cyst, with a typical “geyser sign” on imaging. A single and recent study has reported extension through the deltoid. To our knowledge, no cases of transdeltoid pseudo-cyst as first manifestation of septic arthritis have ever been reported.

Presented problem: A 79-year-old female presented to the Emergency Department (ED) with a painful tumefaction over the right shoulder, with two days of evolution, and fever. A mass could be palpated in the lateral side of her shoulder, measuring about 5 cm, associated with local heat, redness, swelling and pain. She had been admitted to the ED 16 days before, after being bitten by a dog on her left leg and was discharged medicated with oral antibiotic therapy.

Management: Tumefaction drainage revealed a total cell count of 50320 cells/mL. Magnetic resonance imaging revealed glenohumeral joint cavity's fluid "decompression" through the deltoid, where it presented as a collection.

Outcome: Pseudo-cyst growth and exuberant inflammatory signs were thought to be the result of an episode of septic arthritis in the context of apparent hematogenous spread due to the dog bite. It was decided not to undergo surgical treatment, because of the clinical and analytical improvement of the patient condition during hospital stay.

Discussion: Prior antibiotic exposure can justify the self-limited course of the disease.

What we can learn from this/open questions: An atypical presentation of septic arthritis was presumed.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 531

Internal code

P01-034

Presentation form

Poster on paper + ePoster

Until cabbages appear in urine – Colovesical fistula – A case report

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A colovesical fistula (CVF) is an abnormal connection between the colon and urinary bladder. Although uncommon, diverticulitis is the commonest aetiology. Patients with CVF usually present with pneumaturia, fecaluria, suprapubic pain, recurrent urinary tract infections, and haematuria

A 65-year-old man consulted a private practitioner because of multiple episodes of low abdomen pain, dysuria and occasionally haematuria, purulent or dark urine. He completed several courses of antibiotics, without any improvement.

Within a month he consulted the family doctor for maintenance of previous symptoms and weight loss (6 kg). Physical examination revealed painful palpation of left iliac fossa; Urine culture revealed *Staphylococcus saprophyticus* despite bladder and renal ultrasound showed no alterations. In a more accurate clarification of symptoms, patient revealed that, sometimes, dark urine looked like soup with cabbages. Therefore, it was requested an abdominal-pelvic CT scan revealing: "Diverticula in sigmoid colon; suspected fistula between the colon wall and the bladder." Given the likely diagnosis of CVF, he was immediately referred to general surgery and 4 months after the initial symptoms, he was submitted to a multidisciplinary corrective surgery. Follow up 2 weeks, 1 and 6 months after of surgery showed total remission of symptoms and weight gain (4kg);

The diagnosis of an CVF poses a significant challenge as there is no consensus on any clear gold standard for CVF workup. CVF are most commonly diagnosed based on clinical evidence enhancing the importance of an accurate assessment of symptoms which proved to be fundamental in this patient outcome.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 615**Internal code**

P01-037

Presentation form

Poster on paper + ePoster

Guillain-Barré syndrome - a case report

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Guillain-Barré syndrome is a rare neurological disorder where the immune system mistakenly attacks part of its peripheral nervous system. This syndrome can be identified due to numerous symptoms, being brief weakness one of the more common. It can also present itself in the form of a massive paralysis albeit less frequent.

The cause of Guillain-Barré syndrome is unknown. In most cases symptoms start a few days or weeks after a viral infection but occasionally surgery can trigger the syndrome and in rare cases vaccines may increase the risk.

A 15 years old male, with no previous known conditions, was brought to the emergency room due to week fingertips and toes. The loss of strength started and it got worse in the past six days. The patient struggled when trying to walk on his heels and on pointe. The cold aggravated the symptoms.

There were no records of previous infections.

Urine, blood test, cranial CT scan and lumbar puncture were undertaken and did not reveal any alterations except from angiotensin-converting enzyme (ECA), monosialoganglioside (GM1) and disialoganglioside (GD1b) elevation. All the searches for infections were negative. Electromyography revealed early-stage motor-dominant demyelinating polyradiculopathy.

The patient was admitted to the hospital and after only four days was already showing signs of improvement on his motor deficits. This improvement was achieved only by undertaking physical therapy.

Similarly to numerous other cases, the young patient is almost fully recovered. However, signs of loss of strength can still be identified albeit to a lesser degree.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 623**Internal code**

P01-038

Presentation form

Poster on paper + ePoster

ThinkCancer! Results from a feasibility trial to test a novel intervention to improve cancer diagnosis

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Background

Delayed diagnosis is a factor for poorer cancer outcomes. "ThinkCancer!" is a novel workshop focussed behaviour change intervention aimed at whole practice teams. Awareness and educational sessions for both clinical and non-clinical staff, design of a bespoke practice safety netting plan are key components.

Questions

Can a successful feasibility trial with embedded process and economic evaluation be conducted to test the ThinkCancer! intervention compared with usual care?

Methods

Primary care teams from across Wales were recruited into a randomised controlled trial. Aims included assessment of feasibility criteria, outcome measures, data collection and iterative development of the intervention. Normalisation Process Theory (NPT) was used to evaluate system change.

Outcomes

30/30 (100%) practices were recruited and 24/30 (80%) retained at 6 months, with 19/21 (90%) interventions delivered. Data collection - 86% and 71% data obtained at baseline and follow up respectively. Intervention fidelity and reach improved with time due to dissemination of information through the practice. Findings from qualitative interviews, workshop feedback, NoMAD results and data regarding outcome measures will be presented in further detail.

Discussion

Trial was completed successfully and intervention developed in response to feedback. All intervention practices identified bespoke safety netting action points. Delivery at scale to clusters of practices will improve reach and may allow cross pollination of best practice between groups.

Take home message

The results and lessons learned will inform the design and delivery of a definitive trial to assess the effectiveness and cost effectiveness of this novel intervention.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 636

Internal code

P01-039

Presentation form

Poster on paper + ePoster

Celiac disease: a myth of pediatric age

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Introduction:

Celiac disease is characterized by inflammation of the intestinal mucosa after exposure to gluten, in genetically susceptible individuals. Traditionally known to be diagnosed in

infancy, this autoimmune disorder exhibits a mean age of diagnosis between the fourth and sixth decades of life. Clinically it may be asymptomatic, accompanied by mild gastrointestinal symptoms or manifest itself in its classic form, with malabsorption symptoms - a rare presentation in adults. The diagnosis is based on serology tests, like anti-transglutaminase antibodies, being confirmed through intestinal biopsy. Most patients respond favorably to a gluten-free diet.

Case report:

Fifty-year-old woman with a past history of arterial hypertension, anxiety disorder and shoulder pain syndrome. She began intermittent diarrhea complaints without a change in diet, which prompted her to seek a medical appointment. Besides other exams, a total colonoscopy was ordered revealing endoscopic findings compatible with Celiac Disease, later confirmed by positive anti-transglutaminase antibodies. The patient was hence referred to a Gastroenterology consultation.

Discussion:

This case report aims to emphasize the fact that Celiac Disease shouldn't be viewed as an infancy's diagnosed disorder and reinforces the importance of its exclusion in adult patients with suggestive symptoms. Studies indicate that the number of diagnosed cases is much lower than the true prevalence of the disease, which might be explained by the stigma attributed to usually manifesting itself in the pediatric age.

Conclusion:

The diagnosis of Celiac Disease should also be considered in adulthood given the fact that its mean age of diagnosis sits around this stage of life.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 637

Internal code

P01-040

Presentation form

Poster on paper + ePoster

Empowering is also caring

Luís Seixas

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Introduction

Unstable Angina (UA) is a subgroup of acute coronary syndromes that results from the rupture of an unstable coronary plaque, complicated by the formation of an intraluminal thrombus, embolization and partial coronary obstruction. Since its diagnosis and treatment are urgent, it is crucial to take into account the signs and symptoms, as well as the electrocardiographic findings, for a prompt and correct diagnosis.

Case report

Sixty-seven-year-old woman independent in her instrumental activities of daily living and preserved cognition. Relevant past history: overweight, poor metabolically controlled type 2 diabetes *mellitus*, well controlled arterial hypertension and dyslipidemia with an off-target LDL-C. Initiated a 3-day long recurrent retrosternal thoracic pain radiating to the mandibular region, which was induced by physical activity and reduced at rest. The pain occurrence also matched the moments she wore a mask. The patient sought an urgent visit at her family doctor, given an increase in the pain's recurrence. She was referred to the emergency department where UA diagnosis was established.

Discussion

This case report intends to emphasize the importance of acting both in the prevention of cardiovascular diseases, by controlling risk factors, and in the promotion of health education, through patients' empowerment in recognizing alarming symptoms that should prompt them to seek medical evaluation.

Conclusion

The Family Doctor takes on a central role in empowering the patient, a cornerstone characteristic of Family Medicine, as represented in the WONCA tree (World Organization Of Family Doctors).

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 648

Internal code

P01-041

Presentation form

ePoster only

My gut is getting bigger

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66 years-old men with comes to the medical care center with abdominal distension and fullness and loss of 8 kilograms in the last 4 months, that he relates to increase of the stress. In the last days, he had postprandial vomiting of undigested food. Our differential diagnosis includes gastritis, chronic gastroenteritis, stress...

In the examination highlights a 5 cm wide mass on the right hypochondrium, non-attached to deep layers. To complete the examination, we perform an ultrasonography (US) examination where we find an isoechoic and heterogenic hepatic mass, 13x10 cm wide. Due to those findings, we refer the patient to the hospital urgencies to complete the study.

During the admission in Internal Medicine, a computerized tomography is done where we observe a left hepatic lobule mass of 13.5x9.5 cm described as a possible classic or fibrolamellar hepatocellular carcinoma, metastasis... that compress the portal and the splenic vein, pancreatic body and gastric antrum without infiltration. A biopsy is made compatible with hepatic metastasis of a neuroendocrinal carcinoma.

The patient is discharged with an appointment with General Surgery for left hepatectomy and with Internal Medicine to complete the study looking for the primary tumor.

In our case, the US examination has been fundamental to make a more accurate differential diagnosis and a direct management of the pathology.

The use of US in primary care is an efficient, quick and innocuous tool that completes the anamnesis and physical examination. Unavailable US implies longer diagnosis periods trying different symptomatic treatments without a final diagnosis.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 649**Internal code**

P01-042

Presentation form

Poster on paper + ePoster

Something is wrong with my neck

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An 81-year-old woman with history of hypertension and asthma came to primary care consultation. She refers that for 8 days she has presented a right laterocervical lump, without infectious symptoms or constitutional syndrome. On examination, a nodule of approximately 2 cm diameter was palpated, not adherent to deep planes and not painful. Ultrasonography exam is performed where a 2.5x1 cm hypoechoic nodule is visualized in the theoretical Va nodal region, with diffuse vascularization

She is referred preferentially to General Surgery, who request regulated ultrasound and subsequently a Computed Tomography scan (CT) and Magnetic Resonance Imaging (MRI) to complete the study.

In CT, we observed a single lesion (35x20x46 mm) in the Va region, which presents well-defined edges and homogeneous attenuation values that are higher than the adjacent muscles, without calcification or necrosis.

In MRI, the lesion presents isosignal with the muscle in T1 and hypersignal in T2, capturing contrast in a homogeneous way.

A biopsy of the lesion was performed, revealing tissue cylinders with low-grade non-Hodgkin lymphom (NHL) compatible with follicular lymphoma (grade II) with areas of sclerosis

The patient is referred to the Haematology Service who request an extension study and maintain a watch and wait attitude.

The Follicular lymphoma (grade I and II) is the most common type of Non-Hodgkin lymphomas which is an indolent lymphoma of B-cells.

This case is an example of the importance of ultrasound in the primary care consultation and its role in physical examination.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 651**Internal code**

P01-043

Presentation form

Poster on paper + ePoster

What is this neck lump?

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19-year-old woman, without relevant medical history, in treatment with oral contraceptives, come to primary care consultations for presenting painless volume increase in the anterior cervical region of 2-3 weeks of evolution, without dysphagia, dysphonia, dyspnoea or fever associated. She denies previous cervical radiation.

Physical examination reveal a right hemithyroid nodule of approximately 2 cm in diameter, of increased consistency, well defined, not painful. Not palpable cervical or supraclavicular adenopathies.

A blood test is requested with TSH 3.5 mcU/mL and negative autoantibodies.

Clinical ultrasound of the cervical region is performed: In the right thyroid lobe, a nodule is observed that measures 47 x 26 x 36 mm. It is predominantly solid and isoechoic, presenting an outlying anechoic-hypoechoic area that could correspond to a ruptured, colloid or haemorrhagic area. In its interior presents some areas of cystic or colloid degeneration. Presents a peripheral colour map. Cervical lymphadenopathy is not observed. The nodule is classified as EU-TIRADS 3.

Taking into account the obtain findings, the patient is referred to the Endocrinology Service to continue the study.

Fine needle aspiration puncture is performed, where a haematic background smear is observed with isolated groups of poorly preserved follicular cells. No colloid evidence. Thyroid nodule of undetermined significance, Bethesda Category III.

Finally, the patient is referred to the General Surgery Service, where a right hemithyroidectomy is performed.

Cases like this demonstrate the need to equip primary care centres with an ultrasound machine as a way of quick and easy examination and case management.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 657

Internal code

P01-044

Presentation form

Poster on paper + ePoster

Psychotherapy in affective and anxiety disorders

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A 38-year-old female patient, belonging to a complete nuclear family, with her husband and two children, a stable job, and a good social network, who recently suffers from recurrent episodes of panic attacks. She tells us about the recent problems she's been having at home, her relationship with her partner, her parents, and her son, that have led her to develop a major depressive episode.

Pharmacological treatment is started with Sertraline 50 mg a day. Helpful activities, such as writing your thoughts and feelings in a notebook, are recommended. The patient is summoned again multiple times for a follow-up with psychological interviews.

After 7 sessions of psychotherapy and antidepressant treatment, the patient achieved significant improvement. Treatment will continue for at least another 6 months.

Many patients treated in primary care consultations suffer from an affective disorder, being the mental disorders most frequently diagnosed by family doctors.

Anxiety disorders are the most common group of psychiatric disorders in the general population, with panic attacks being the main psychiatric emergency.

Supportive psychotherapy is useful in all depressions, both to explain the process to the patient and to improve the family's ability to cope with the illness.

Of the different forms of psychotherapy, *cognitive techniques* and *interpersonal psychotherapy* have been shown to be particularly effective; they will almost always be associated with pharmacological treatment.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 659

Internal code

P01-045

Presentation form

Poster on paper + ePoster

Urological Symptoms and Pathways to Diagnosis (USP study): a mixed-methods study exploring opportunities for improving timely diagnosis of bladder and renal cancer

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Background

Timely diagnosis of cancer is important for improved outcomes. However, what and when tests are performed, referrals made, and how results are communicated can vary for patients. These differences may represent opportunities for improving timely and accurate diagnosis in some cases.

Question

What are the factors that affect the timely diagnosis of urological conditions, including cancer?

Methods

We undertook a prospective study of 941 patients (median age 71(IQR 64-77); 70% female) with urological symptoms, recruited from 9 GP practices between June 2018-July 2019 in the East of England. GP notes were reviewed over 12 months for information on patients' presenting symptoms, subsequent consultations, primary and secondary care tests dates and results, and final diagnosis. 15 referred patients were interviewed. Interview transcripts were analysed using thematic analysis.

Outcomes

47.9% (n=451) were diagnosed with a urinary tract infection. Fewer than 3% were diagnosed with cancer (17 prostate (1.8%), 7 bladder (0.7%), 1 (0.1%) renal and upper tract urothelial tract each). The number of subsequent consultations and diagnostic intervals will be examined. Preliminary results from the interviews suggest that information gathering during initial consultation, clinician qualities, patient autonomy in engaging with testing preparations affect the consultation and testing experiences, and

degree of explanation of tests and referrals by GPs and issues surrounding the receipt of test results may contribute to poor experiences of the diagnostic process.

Discussion

Findings from the note review and interviews, and contributing factors to poor patient experience and possible missed diagnostic opportunities will be discussed.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 661

Internal code

P01-046

Presentation form

Poster on paper + ePoster

Prevalence of radiographic ankle osteoarthritis in different subgroups of patients referred for ankle radiography

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Introduction: Ankle osteoarthritis(OA) has detrimental effects on physical health and an earlier disease onset than OA in other joints. However, the prevalence of radiographic ankle OA in patients referred for ankle radiography remains unknown.

Methods: A cross-sectional study at a radiology department serving primary and secondary care was conducted to determine the prevalence of radiographic talocrural, subtalar and talonavicular OA(Kellgren-Lawrence scale ≥ 2). Patients completed a questionnaire before radiography. Features of radiographic ankle OA were assessed for subgroups of patients, including: reason for referral ((sub-)acute post-traumatic versus chronic complaints), sex, age and Body Mass Index(BMI). To examine the difference in radiographic OA between subgroups, multinomial and logistic regression were used to calculate Odds Ratios(ORs), adjusted for sex, age and BMI.

Results: 893 patients that visited the radiology department in 2017-2018 were included for analysis. Prevalence of radiographic ankle OA was 14.3%(9.2%, 0.4% and 7.0%, respectively for the talocrural, subtalar and talonavicular joint). Radiographic talocrural OA was associated with chronic complaints(OR2.88, 95%CI:1.63;5.07), male sex(OR0.22, 95%CI:0.13;0.36) and age ≥ 45 years(OR4.12, 95%CI:2.30;7.37). Radiographic talonavicular OA was associated with male sex(OR0.51, 95%CI:0.30;0.88), age ≥ 45 years(OR1.86, 95%CI:1.04;3.33) and obesity(OR2.16, 95%CI:1.09;4.26).

Conclusion: Prevalence of radiographic ankle OA in a population referred for ankle radiography was considerable and higher in patients with chronic complaints, male, older and obese patients. More awareness of ankle OA and research on associated symptoms and future progression are needed.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 710

Internal code

P01-049

Presentation form

Poster on paper + ePoster

Clinical response to varying pollen exposure in allergic rhinitis in children

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Allergic rhinitis (AR) is a disorder of the upper airways affecting 10-15% of children. Symptoms in seasonal AR arise when patients become sensitized to aeroallergens and are therefore influenced by the exposure to pollen. Due to seasonal variation of pollen counts symptom severity fluctuates.

This study investigates the correlation between pollen season, pollen concentration and symptom load in children with AR in The Netherlands.

Symptoms were measured in the pollen season of 2013 and 2014 using a daily symptom diary. The pollen concentration was measured with a Hirst type volumetric spore trap sampler by the Leiden University Medical Center. The definitions for pollen season by the EAACI were used. Spearman correlation coefficient was calculated for the pollen concentration and the mean daily symptom score.

In 2014, the birch correlation coefficient was 0.423 ($p=0.000$). The correlation between grass pollen concentration and symptom score in 2013 was 0.413 ($p=0.000$), and 0.655 ($p=0.000$) in 2014. There was a delayed correlation between the birch pollen concentration and the symptom scores up to two days after the pollen measurement (0.151, $p=0.031$). For grass pollen concentration this effect lasted up to three days after the measured pollen concentration (0.194, $p=0.000$).

In the Netherlands, we found comparable correlations between symptom score and pollen concentration as found by EAACI. Both birch and grass pollen have an elongated influence on symptom score over several days. This implies patients might need to continue on-demand medication longer after a measured pollen peak.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 719**Internal code**

P01-051

Presentation form

Poster on paper + ePoster

Primary care approach to a pediatric patient with polydipsia: a case report

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Increased thirst is a common sequela of many diseases. It is most frequently attributed to dehydration due to an ongoing acute illness. The pediatric population, especially infants, are at high risk because of their inability to control their own water intake. The fluid and

electrolyte balance in this special population requires an intricate and complex therapeutic management.

This is a case of a 2-year old, Filipino, female, child, who presented with fever and cough and was initially diagnosed with Pediatric Community Acquired Pneumonia. However, after diligent review of her Intake and Output, red flags of polydipsia and polyuria were caught. Primary versus pathologic polydipsia was differentiated by thorough re-evaluation. She was eventually diagnosed to have Central Diabetes Insipidus. Diabetes insipidus is a disorder of water homeostasis that is characterized by excretion of large volumes of hypotonic urine either due to the deficiency of the hormone arginine vasopressin (AVP), or due to resistance to the action of AVP on its receptors in the kidneys.

She was subsequently managed with Desmopressin and monitored for follow-up of her long-term medical therapy. This case report highlights the biopsychosocial primary care approach in the course of the clinical illness from its initial non-sinister presentation to recuperation. It also emphasizes the need for continuous reassessment for red flags, which are clinical indicators of a possible serious underlying condition, especially at the primary care level with minimal investigatory facilities.

KEYWORDS: Polydipsia, polyuria, preschool children

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 727

Internal code

P01-052

Presentation form

Poster on paper + ePoster

Characteristics of older patients with back pain with radiating leg pain in general practice: BACE cohort study

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Introduction: The aim of this study was to describe and compare the socio-demographic and clinical characteristics of older patients with back pain (BP) and radiating leg pain above and below the knee.

Methods: Six-hundred and sixty-nine patients aged > 55 years visiting their general practitioner with a new episode of BP were included in the 'Back Complaints in the Elders' (BACE) cohort. Using interviewed based data, patients were divided into three groups: BP alone (BP alone), BP with radiated leg pain above the knee (BP + above-knee) and below the knee (BP + below-knee). Baseline characteristics and physical and psychological features were compared using ANOVA and Chi Square test.

Results: Two-hundred and eighty-eight (43%) patients displayed BP alone, 166 (25%) BP + above-knee and 211 (32%) with BP + below-knee. Patients with radiating leg pain experience higher average pain, more disability, lower quality of life, and higher psychological impact in terms of depressive symptomatology, pain catastrophizing, fear and false back-related beliefs. The results suggest that the further the pain radiates down the leg the worse the self-reported outcomes.

Conclusion: Identifying and categorizing patients with BP and associated radiating leg

pain could give primary care professionals a direction to deliver better management options at an early stage of a BP course in older patients.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 731**Internal code**

P01-053

Presentation form

Poster on paper + ePoster

The impact of the COVID pandemic on cancer diagnosis in general practice in The Netherlands

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In the Netherlands, the onset of the COVID pandemic saw shifts in primary health service provision away from physical consultations, cancer-screening programs were temporarily halted, and government messaging advised to limit all contact. This study aims to measure the effect of the COVID pandemic on the primary care cancer diagnostic pathway in The Netherlands.

Methods/ Adult patients with symptomatic cancer diagnosed through the GP during the first COVID wave (March – June 2020) were included. Patient clinical characteristics and diagnostic periods – from first symptom to GP consult (patient interval (IP)) and first consult to referral (primary care interval (IPC)) - were manually collected and compared to pre-COVID intervals.

Results/ Preliminary data included 462 patients: 92 with melanoma, 108 lung, 128 breast, and 134 colorectal cancer. For melanoma the median IP duration was 366.5[IQR 93-1097] and IPC 1[1-13] days, compared to 123[93-680, p=0.003] and 1[1-1, p=0.001] pre-COVID. In colorectal cancer the IP was 22[7-92] and IPC 27.5[2-177.5] days, compared to 22[8-92, p=0.79] and 5[1-28, p<0.001] pre-COVID. For breast cancer the IP was 12[4-31] and 1[1-1] days, in contrast with 15[4-31.5, p=0.29] and 1[1-1 p=0.90] pre-COVID. And for lung cancer the IP was 18[6-64.5] and 28[4-75] days, compared with 15[8-30, p=0.70] and 13[2-36, p=0.05] pre-COVID.

Conclusion/ The data demonstrate prolonged primary care cancer diagnostic periods, particularly in patients presenting to the GP with melanoma, and delays of over two weeks in primary care for lung and colorectal cancer.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 761**Internal code**

P01-054

Presentation form

Poster on paper + ePoster

Anterior atlas fracture, a rare fracture

Davinia Arvelo¹⁾, Alejandro Gisbert²⁾, Teddy Weimar Cordova Irusta²⁾, Natalia Sanchez Carbonel²⁾, Ana Ibañez Cano²⁾, Inés Murillo²⁾, Balma Tosca Adell²⁾

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Backgrounds and purpose:

Atlas fractures are about a 2% of spinal injuries. They are caused by axial compression in traffic accidents or falls on the vertex, with head trauma associated in 20% of cases.

The average age of presentation is 30 years. The typical clinical presentation is pain and stiffness in suboccipital region due to involvement of Arnold's occipital nerve. Neurological sintomatology is rare.

Case presentation

A 88 years old woman was referred to hospital emergencies after an accidental fall down stairs. She had multiple contusions to the head, at frontoparietal level, without loss of consciousness.

She had a moderate headache, cervical pain and pain in the right hemithorax that worsened with deep inspiration. She was treated with neck brace and analgesia during transfer. On examination she was conscious and oriented, Glasgow: 15, with coherent speech.

Pupils were isochoric and normoreactive, without alterations. Cervical pain, with limited movement. A CT scan was done and intracranial haemorrhage wasn't seen, but she had a fracture of the anterior arch of the atlas. Talking to neurosurgery, a conservative treatment with a neck brace was decided.

Conclusions

Elderly patients are more susceptible to injury from minor mechanisms. Because of this, we should suspect vertebral pathology if they present pain and reduced mobility and how to recognize lesions on imaging tests.

Treatment is conservative with neck brace for 8-16 weeks.

The prognosis is usually good, although there may be sequelae such as chronic neck pain or limited movement.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 768

Internal code

P01-055

Presentation form

Poster on paper + ePoster

A Bibliometric Review Comparing the Ethnic Diversity in hip in Three Major British Medical Journals

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Background

Ethnic diversity is crucial within medicine, both to represent patient populations and enable access to the profession. The importance of role models for juniors is recognized; seeing diversity in hip will encourage minority ethnic students to pursue academic

careers, and help bridge the attainment gap currently present in academic medicine. Ethnicity profiles of different journals have, to date, been under-explored.

Aims

This study aimed to explore ethnic diversity in hip in three British medical journals; the British Journals of General Practice (BJGP), Neurosurgery (BJN) and Cardiology (BJC)

Methods

A bibliometric review was conducted using papers published by the three journals in 12 months. NamSor, a recognized ethnicity identification software, was used to estimate ethnicity from author name and descriptive reports were produced considering overall author profile, first author profile and outputs with UK institutional affiliation.

Results

The majority of in all three journals were British Caucasian, while Asian, African and Caribbean, and other groups were lower in prevalence. However, overall representation varied by journal. In particular, there was less ethnic diversity in the BJGP compared to the other two journals and the clinical workforce.

Conclusion

This study presents a methodology for representation audits of medical literature and highlights areas where minority ethnic representation may be lacking. While more steps need to be taken to push for greater ethnic diversity in medical academia, the overall profiles suggest an optimistic future for academics and clinicians from minority ethnic backgrounds, who have to date been under-represented in senior clinical academic roles.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 777

Internal code

P01-056

Presentation form

Poster on paper + ePoster

A vertebral fracture in a 69 years old woman with non high-energy trauma

María Mercedes Martínez Mendiets, Natalia Sanchez Carbonell, Teddy Weimar Cordova Irusta, Davinia Arvelo Plasencia, Balma Tosca Adell, Ana Ibañez Cano, Alejandro Segura Gisbert

Semergen, Alcañiz, Spain

Osteoporosis increases the possibility of vertebral fractures. Despite the fact that vertebral fractures are very common and are associated with decreased quality of life they are frequently undetected by clinicians and underdiagnosed by radiologists

We present the case of a woman who complains of pain after a non high-energy trauma, was seen in the emergency room in two oportunities.

Case presentation

A 69-year-old woman with a history of high cholesterol, osteoporosis and breast cancer undergoing active chemotherapy treatment after bilateral mastectomy.

She attended the emergency department due to pain in the right costal region after an accidental fall. The patient reported that when she got out of bed, she slipped and hit her bedside table on her right costal area. The pain worsened with inspiration.

Physical examination revealed pain in the right paravertebral area between D9-L1 with pain and dyspnoea when the trunk was raised. There was no dyspnoea in the supine position. Pulmonary auscultation was normal.

When complementary radiological tests were carried out, a 50% crushing was observed in D9 and a Jewett corset was prescribed, accompanied by analgesia.

Conclusions:

The case shows a typical vertebral fracture in a female patient of non-fertile age with a history of osteoporosis and breast cancer both increased the risk of bone fragility. In any patient with these characteristics who presents with a fall, it is necessary to carry out a clearance of acute bone lesions.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 781

Internal code

P01-057

Presentation form

Poster on paper + ePoster

An initial finding of left supraclavicular node detected in a man with severe back pain.

María Mercedes Martínez Mendiets, Alejandro Gisbert Segura, Natalia Sanchez Carbonell, Davinia Arvelo Plasencia, Teddy Weimar Cordova Irueta
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Backgrounds and purpose:

Metastatic spread of cancer via the thoracic duct may lead to an enlargement of the left supraclavicular lymph, known as the Virchow node (VN). In the case we report it was secondary to small cell lung cancer, the clinical presentation was only back pain with not response to pain killers, a correct physical examination led us to search for the primary tumor.

Case presentation:

At this clinical case we present a 71 years old male patient, suffering diabetes, high cholesterol, chronic ischemic heart disease and previously smoker with 55 smoking index as main disease.

He was admitted due to 2 weeks of thoracic and lumbar region movement-related pain that wasn't relieving after treatment with 1st stage painkillers. He added that he had lost 15kg in the last 2 months and also had profuse sweating episodes in this period of time.

At the clinical exploration was found a palpable right supraclavicular nodule attached to deeper structures. Auscultation didn't provide further information. An x-ray was ordered finding a nodular lesion at the upper lobe of the right lung.

Patient was hospitalized at the internal medicine ward where he underwent testing of the nodule and constitutional syndrome.

Conclusions:

Here we can find how a proper anamnesis made us suspect of cancer in a patient coming to the ER asking for painkillers to solve his thoracic and lumbar pain. Proper clinical and image investigation brought us to the correct path to reach the oncologic diagnosis

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 783

Internal code

P01-058

Presentation form

Poster on paper + ePoster

It is not cellulitis or osteomyelitis, It is Charcot

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Backgrounds and purpose:

Charcot neuropathic arthropathy is a progressive denervation induced degeneration of the bones of the foot and ankle in the lower extremity.

It is associated with diabetes mellitus, but it can occur in any patient with loss of proprioceptive afferent fibres.

Case presentation:

A 50 years old male presents with pain and edema in right foot. A month earlier, he had an inversion of the foot and it was immobilized.

In childhood, he had fractured his right foot after an assault.

The patient was a regular alcohol consumer and had suffered repeated pancreatitis.

On examination, he presented edema from the toes to the ankle, with great pain on touching and mobilising the toes.

The x-ray of the foot showed deleted of the joint line between the metatarsals bones with tarsal bones.

He was treated with a plaster splint and absolute rest for 3 weeks and referred for study.

Conclusions:

Charcot neuropathy is very disfiguring and disabling, so early diagnosis and treatment are essential.

Diagnosis is clinical and by imaging test.

It must be differentiated from cellulitis and osteomyelitis, which are usually diagnosed late.

Treatment is immobilisation with complete rest and, when there is deformity, surgery.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 785

Internal code

P01-059

Presentation form

Poster on paper + ePoster

Persistent abdominal pain, Budd-Chiari syndrome in a 38 year old woman

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Budd-Chiari syndrome is caused by occlusion of the hepatic venous outflow with resulting abdominal pain, hepatomegaly, and ascites.

We present the case of a female patient who presented to the emergency room in two opportunities complaining of diffuse abdominal pain associated with progressive abdominal distensión

Case presentation:

A 38-year-old female patient reported abdominal distension of several weeks of evolution with progressive increase in abdominal perimeter associated with pain in the right hypochondrium accompanied by nausea and a feeling of fullness and also an increase of 5 Kgrs of weight. No other associated symptomatology.

A blood test was performed showing a slight increase in liver enzymes and cytolytic enzymes. An abdominal ultrasound was performed, showing right pleural effusion with abundant ascitic fluid in the right subdiaphragmatic and hypogastric areas suggestive of chronic liver disease.

During admission, multiple radiological and endoscopic diagnostic methods were performed, giving rise to the diagnostic impression of non-cirrhotic portal hypertension after a gastroscopy showed signs of portal hypertension and a CT scan of the hepatomegaly where the arterial phase showed heterogeneous enhancement with tortuous suprahepatic veins and inferior vena cava giving Budd Chiari syndrome as the most probable plausible etiology.

Finally, the patient was discharged with diuretic treatment, water restriction and anticoagulant with thrombophilia assessment at six months for possible etiology of suprahepatic thrombosis as etiology of portal hypertension.

Conclusions:

Even though the pathogenic mechanisms are unknown, Budd-Chiari syndrome is a vascular complication. Early recognition of these complications is crucial for prompt management and better prognosis.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 787

Internal code

P01-060

Presentation form

Poster on paper + ePoster

Recurrent episodes of vertigo as a presentation of brain tumor in a 47 years old male

María Mercedes Martínez Mendiets, Teddy Weimar Cordova Irusta, Natalia Sanchez Carbonell, Alejandro Gisbert Segura, Balma Tosca Adell, Davinia Arvelo Plasencia, Ana Ibañez Cano
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A variety of conditions can cause positional vertigo, one of the most common is benign paroxysmal positional vértigo BPPV but sometimes positional vertigo can be caused by

not benign conditions. This case report shows that symptoms that mimic BPPV can mislead the general practitioner and result in an incorrect presumptive diagnosis.

Case presentation

The case shows a male patient 47 years old with high blood pressure and high cholesterol as main previous diseases. First time he was admitted to the ER presented dizziness and profuse sweating. At the first check horizontal nystagmus was found and Romberg/Barany/Unterberger maneuvers were positive. All the signs and symptoms ceased with intravenous Sulpiride.

After days he was admitted to the ER again presenting same kind of dizziness and more neurological symptoms that didn't stop with oral Sulpiride. During the exploration, hypoaesthesia of the 2nd and 3rd branches of the trigeminal nerve was observed limiting the motility of the right external rectus muscle; also binocular diplopia and left eye mydriasis were found.

Due to findings a brain CT was performed giving the diagnosis of a nodular lesion at the IV ventricle associating a small hemorrhage. Patient was sent straight on to the Neurosurgery department for treatment.

Discussion:

It is important to realize that doing a proper check at the same patient twice as it was done, we could find the neurological changes related with the evolution of the nodule, reaching with the aid of the complementary image testing a proper diagnosis and early treatment

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 796

Internal code

P01-061

Presentation form

Poster on paper + ePoster

Celiac disease: the myth of paediatric age

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Introduction:

Celiac disease is characterized by inflammation of the intestinal mucosa after exposure to gluten, in genetically susceptible individuals. Traditionally known to be diagnosed in infancy, this autoimmune disorder exhibits a mean age of diagnosis between the fourth and sixth decades of life. Clinically it may be asymptomatic, accompanied by mild gastrointestinal symptoms or manifest itself in its classic form, with malabsorption symptoms - a rare presentation in adults. The diagnosis is based on serology tests, like anti-transglutaminase antibodies, being confirmed through intestinal biopsy. Most patients respond favorably to a gluten-free diet.

Case report:

Fifty-year-old woman with a past history of arterial hypertension, anxiety disorder and shoulder pain syndrome. She began intermittent diarrhea complaints without a change in diet, which prompted her to seek a medical appointment. Besides other exams, a total

colonoscopy was ordered revealing endoscopic findings compatible with Celiac Disease, later supported by positive anti-transglutaminase antibodies. The patient was hence referred to a Gastroenterology consultation.

Discussion:

This case report aims to emphasize the fact that Celiac Disease shouldn't be viewed as an infancy's diagnosed disorder and reinforces the importance of its exclusion in adult patients with suggestive symptoms. Studies indicate that the number of diagnosed cases is much lower than the true prevalence of the disease, which might be explained by the stigma attributed to usually manifesting itself in the paediatric age.

Conclusion:

The diagnosis of Celiac Disease should also be considered in adulthood given the fact that its mean age of diagnosis sits around this stage of life.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 803**Internal code**

P01-062

Presentation form

ePoster only

A stop smoking strategy after routine cervical cancer screening in Dutch general practice

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Introduction

Cervical cancer screening in general practice could be a routine moment to provide female smokers with stop smoking advice and support. The aim of this study is to assess the effect of a stop smoking strategy delivered by trained practice assistants after the cervical smear, and to evaluate the implementation process.

Methods

A two-arm, pragmatic cluster randomised trial was conducted in Dutch general practice, from September 2018 – March 2022. Randomisation was 1:1 at the level of the general practice. Practices either delivered the SUCCESS stop smoking strategy or the usual care condition. The strategy consists of brief stop smoking advice based on the Ask-Advise-Connect method and was conducted by trained practice assistants after routine cervical cancer screening. The primary outcome is the performance of a serious quit attempt 6 months after screening. Secondary outcomes are 7-day point prevalence abstinence, reduction in the number of cigarettes per day, and transition in motivation to quit smoking. The process evaluation assessed the feasibility, acceptability, and barriers or enablers to the strategy's implementation. For this purpose both qualitative and quantitative data were collected via questionnaires and in-depth interviews respectively, in both individual study participants and involved staff.

Results

Preliminary results: 483 female smokers were included (267 in the intervention group). The results from the effect study and process evaluation will be presented during the conference.

Discussion

During the conference an explanation and discussion will be provided on the study approach and on the results of the effect study and process evaluation.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 812

Internal code

P01-063

Presentation form

Poster on paper + ePoster

Muscle pain after physical effort: something strange over here?

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Didactic method:

Case report

Presented problem:

A 26-year-old patient attended his GP due to intense muscle pain in lower extremities. The pain had started 3 days before, clearly related to the physical effort (agriculture work) and was getting progressively worse.

Management:

Physical examination performed was normal. The urine analysis objectified "Coke-Coloured urine". The patient was immediately referred to the Hospital Emergency Room. Once in the ER, the patient remained stable. Physical examination remained unchanged. The urinalysis showed proteinuria and haematuria. In blood test: CK of 69000 with preserved kidney and liver function, hemogram and the rest of biochemistry tests.

Outcome:

Rhabdomyolysis without kidney failure was diagnosed, possibly related to muscle overexercise. Parenteral hydration was started with alkalization of the urine, and the loop diuretics were added. He was admitted to the Internal Medicine for monitoring and control. After 5 days a decrease of CK levels became significant.

In outpatient consultation biochemical analysis without alterations, and a normal Ammonium-Lactate Curve were confirmed. Carnitine-palmitoyl-transferase deficiency was suspected and finally confirmed by genetic study.

Discussion

Carnitine palmitoyl transferase II (CPT II) deficiency is an inherited metabolic disease that affects the mitochondrial oxidation of long-chain fatty acids (LCFA). Its most frequent clinical presentation is myopathy.

What we can learn from this

Diagnosis of CPT II directly in Primary Care is impossible, but we must be attentive to any symptoms of myopathy that we can observe and refer these patients to specialized units for their subsequent diagnosis.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 813

Internal code

P01-064

Presentation form

Poster on paper + ePoster

Understanding and improving facilitation in the IMP2ART primary care implementation trial: developing and using the FACE Instrument

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Introduction

Supported self-management is a cornerstone of care for people with asthma, and recommended in clinical guidelines, but implementation is sub-optimal. IMPLementing IMProved Asthma self-management as RouTine (IMP²ART) is a UK-wide trial which aims to use facilitation via a workshop to introduce patient resources, professional education modules, organisational strategies and 12 months of support to improve practice. Evaluation of facilitators actions could help understand and enhance the facilitation process in IMP²ART and other studies.

Question

Can a FACilitator Evaluation (FACE) tool be designed to assess competency and improve facilitation?

Methods

No prior tools were identified from the literature but a framework by Lessard et al. 2015 was identified as applicable to IMP²ART. Item generation based on the framework and a scoring system were developed and piloted to form a novel (FACE) tool. Six video-recorded facilitation workshops were double coded with the newly developed tool and analysed to understand facilitation in the pilot phase of IMP²ART.

Results

The FACE instrument contains 68 items across five competency domains: managing introductions, interpreting audit, resources, practice planning and team dynamics. Across the six pilot practices “introducing resources” and “developing a team plan” were consistently the strongest domains, whilst “interpreting audits” and “managing dynamics” were the weakest, leading to further training support for facilitators.

Discussion

The FACE tool helped understand the practice of facilitation and led to identification of further training needs. It will be validated in the full trial.

Take home message

Using the FACE can help understand and enhance facilitation in general practice

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 820

Internal code

P01-065

Presentation form

Poster on paper + ePoster

A severe case of empyema in a 63 old man.

Balma Tosca Adell, Teddy Weimar Cordova Irusta, Davinia Arvelo Plasencia, Maria Mercedes Martinez Mendieta, Alejandro Gisbert Segura, Ana Ibañez Cano, Natalia Sánchez Carbonell
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Pleural infection or empyema, the presence of bacterial infection in the pleural space, is associated with significant morbidity and mortality and accrues long inpatient hospital stays determines significant morbidity and mortality despite advances in antibiotic treatment and new surgical techniques.

Case presentation

A 63-year-old male patient presented to his general practitioner with a 2-3 weeks history of progressive shortness of breath, asthenia, adynamia. and 1 month evolution of purulent green phlegm. Reports occasional dysthermic sensation. Progressive weight loss in the last year.

On physical examination vital were normal, respiratory examination was significant for dullness to percussion in the lower zone with reduced breath sounds noted in the left lung, not other findings.

Chest X-ray revealed marked opacification of the left hemithorax. A CT showed typical features of empyema with pleural enhancement with two large encapsulations with air-fluid (purulent) content.

A thoracocentesis was subsequently performed analysis of pleural fluid revealed exudate. After the empyema was solved a new CT scan showed a lung tumor now the patient makes his follow up with oncology.

Conclusions:

The present case of severe empyema in a person with no underlying medical comorbidity showed that a correct anamnesis and a complete physical examination can lead us to a correct diagnosis, the chest x-ray confirm our suspicions.

management of empyema includes appropriate antibiotic treatment, pleural fluid culture, antimicrobial susceptibility testing, and thoracostomy or thoracotomy to decrease mortality risk.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 827**Internal code**

P01-066

Presentation form

Poster on paper + ePoster

Can respiratory professionals be trained to deliver a cognitive behavioural intervention? Findings from the TANDEM study

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Background

Depression and anxiety in COPD are common, and psychological treatments such as cognitive behaviour therapy have been shown effective in this population, however high levels of demand and long waiting times for specialist care means there is considerable unmet need. Training respiratory professionals to deliver basic support may be a solution. The current study, as part of a larger trial TANDEM, asked:-

Question: Can respiratory professionals be trained to deliver a cognitive behavioural approach intervention with fidelity to patients with anxiety/depression and COPD.

Methods

Respiratory professionals were invited to apply to be TANDEM facilitators. Three days face to face training was delivered including post training assessment by videoed role play, coded using the Cognitive First Aid Rating Scale (CFARS). A minimum score of 27 was required to pass training. Skills in practice were assessed by audio-recording of sessions and coding using a bespoke fidelity tool.

Results

31 (94%) of 34 trainees passed the training course, mean post-training score of 33 (range 21-41). For skill delivery during the trial the mean CFARS score was 35.3 (SD=7.2) with "interpersonal relationships" the strongest, and "guided discovery" the lowest competency. Adherence was high (>80%) for all of the core content except agenda setting (coded in 61% of cases).

Discussion

Respiratory professionals found training challenging but effective and they were able to use the learnt skills in practice.

Take home message for practice

With training non psychology professionals can deliver a cognitive behavioural approach to care for patient with COPD and anxiety/depression.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 828

Internal code

P01-067

Presentation form

Poster on paper + ePoster

An abdominal abscess in a 36 years old woman with persistent abdominal pain

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In 30-40% of cases an acute appendicitis could be difficult to diagnose because not all the signs are present, if the treatment is not early it can complicate with the presence of intra-abdominal abscess with a clinical presentation of persistent abdominal pain, spiking fever, tachycardiam, persistent gastrointestinal dysfunction, weakness.

We describe the case of a 36 years old woman with persistan abdominal pain as a Case presentation

A-36-years-old woman visited the emergency department with a 3 days of abdominal pain the patient an initial blood test showed an increase of the PCR to 16 but with not other findings, no leukocytosis, was discharged with symptomatic treatment

After 9 days the patient returns with persistan abdominal pain mainly focused in the right renal and iliac fosa, intensity of 2-3/10, non response to pain killers, a peak of fever of 39°, not nausea, not vomiting. Her vitals were stable the clinical examination found painful swelling of the right iliac fossa with a doubtful mass.

The CT scan abdomen and pelvic showed a liquid collection of 42x25 mm along of an inflammation of the appendix and confirms the diagnosis of abdominal abscess. After a1 week of intravenous antibiotics the patient was discharged with non major complications.

Conclusions

In this case the complication was the formation of an abscess in a patient with subacute appendicitis, as a primary care providers must to be aware of any patient with persistan abdominal pain and fever, and non repose to pain killers.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 835

Internal code

P01-068

Presentation form

Poster on paper + ePoster

“When uncontrolled high blood pressure leads to a nephrectomy” - a case report

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Framing: The family doctor is often the point of first medical contact with the health care system. It handles all health problems, manages the interface with other specialties and coordinates the provision of care.

Case Description: Male, 56 years old, accountant. Ex-smoker, overweight. He was diagnosed with arterial hypertension in December/2020. Identified resistance to antihypertensive treatment (perindopril + amlodipine + chlorthalidone). A study of secondary causes of hypertension was carried out, which showed an increase in catecholamines. A CT showed a 17mm solid nodule in the right kidney, a Bosniak II cyst in the left kidney and a 12mm hypodense nodule in the left adrenal gland. An Internal Medicine consultation was requested. At the same time, he had complaints of nocturia with worsening since November/2020. Prostatic ultrasound showed increased volume and 1,7cm adenoma with bladder prolapse. Due to the absence of symptomatic improvement with treatment with finasteride + tamsulosin, he was referred to a Urology consultation. Renal MRI revealed angiomyolipoma in the right kidney and Bosniak III cyst in the left kidney. Partial nephrectomy was proposed. Currently with controlled blood pressure, after lifestyle change. Other anomalies still under study.

Discussion: In the diagnostic process, we can find incidentalomas, lesions that require treatment or results that are difficult to interpret. It is up to the family doctor to help the patient, manage their problems and to connect with other specialties. It is important to

encourage lifestyle changes even when resistant arterial hypertension has an apparent cause.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 839

Internal code

P01-069

Presentation form

Poster on paper + ePoster

Primary care as a place to seek and receive help for domestic abuse during the COVID-19 pandemic: perspectives from IRIS+

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Background:

Identifying and responding to patients affected by domestic violence and abuse (DVA) and their children is vital in General Practice (GP). Evidence suggests DVA cases have increased during the COVID-19 pandemic and a primary care response is crucial. The IRIS+ study aims to enhance GP identification of and response to patients affected by DVA, particularly men and children, by extending the original IRIS intervention which focused on female patients.

Questions:

- How were DVA identifications and referrals impacted in IRIS+ trained practices during the pandemic?
- What are patient experiences of help-seeking for DVA in GP during the pandemic?
- What are GP healthcare professional experiences of identifying and supporting those affected by DVA during the pandemic?

Methods

Analysis of DVA identifications in the Electronic Medical Record (EMR) in IRIS+ trained practices. Semi-structured interviews with patients receiving specialist DVA support and GP healthcare professionals from IRIS+ trained GP practices.

Outcomes

- EMR analysis indicates increased third party (e.g. police) DVA reports during the pandemic.
- Patients reported challenges in accessing GP during the pandemic and there was a mixed preference for remote versus face-to-face consultations.
- GP healthcare professional perspectives included concerns about missing children affected by DVA.

Discussion

We provide an overview of primary care as a place to seek help for domestic violence during the pandemic.

Take Home Message

Optimising primary care support for patients affected DVA during the COVID-19 pandemic is critical.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 845

Internal code

P01-070

Presentation form

Poster on paper + ePoster

Subclavian vein thrombosis secondary to a clavicle tumor in a 70 years old man.

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Upper extremity deep venous thrombosis is estimated to constitute 1% to 4% of all cases of deep venous thrombosis. The incidence may be higher, however, because many patients are asymptomatic.

Subclavian vein thrombosis is a rare but potentially fatal condition that most often occurs iatrogenically or in the context of malignancy.

Case presentation

We describe a 70-year-old male admitted in the emergency room with an history of swelling and pain in his right upper limb in the last five days, not antecedent of surgery, no fever, no chest pain, no dyspnea

On examination, upper right arm was greater in diameter than the left and was warm to touch, but non-tender. He had prominent dilated superficial veins over his upper right arm. The right arm was well perfused, with radial pulse that were synchronous with the right side. There were no demonstrable anatomical abnormalities.

A CT scan is performed, it shows a solid mass of 25 x 28 x 25 mm in the posterior side of the proximal part of the right clavicle, this tumor compresses the right Subclavian vein against the first right rib producing thrombosis.

Conclusions

Upper limb thrombosis is a less known condition, in this case was caused by a tumor. An early diagnosis is important for the treatment of potential complications such as pulmonary embolism. CT is a good diagnostic technique for this condition, since it has better resolution than Doppler ultrasound, with a specificity close to 97%, and also allows us to observe neighboring structures

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 848

Internal code

P01-071

Presentation form

Poster on paper + ePoster

A fall in a 92 years old man due to bradycardia secondary to severe hyperkalemia

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Backgrounds and purpose:

Hyperkalemia is a hydroelectrolytic disorder in which the potassium in the blood is greater than 5.5 mmol/l. It occurs most frequently by a decrease in renal potassium elimination, such as in acute renal failure, or if the patient takes medications that decrease their excretion.

The symptoms are varied, some of them are mild such as anxiety, nausea and vomiting. But when potassium levels exceed 6.5 mmol/l it is already a serious situation because the patient can suffer cardiac alterations with ventricular arrhythmias and blockages.

We report a case of hemodynamic instability due to bradycardia on the basis of severe hyperkalemia

Case presentation:

A 92-year-old man with a history of atrial fibrillation was being treated with enalapril and aldactone. Go to the hospital for a fall. The patient was hemodynamically stable but on the ECG there is an atrial fibrillation blocked with T waves peaked in V4-V5. In the blood analysis (images), metabolic acidosis, acute renal failure and potassium of 8.9 stand out. In the emergency room, treatment for hyperkalemia is initiated and a decrease in potassium is achieved up to 6.9, an improvement in renal function. When the patient is discharged at home, the aldacone and enalapril were removed.

Conclusion:

Hyperkalemia is a frequent clinical problem, is a potentially life-threatening condition, often induced by polypharmacy. It can be prevented with medication monitoring and considering drugs interactions. A proper physical examination and ECG is crucial for the diagnosis in primary care.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 851

Internal code

P01-072

Presentation form

Poster on paper + ePoster

Diagnosis and treatment of complete atrioventricular block in a rural place

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- **Background and purpose**

In the third-degree (complete) atrioventricular block, there is a complete interruption of AV conduction, causing an electrical disconnection between the atria and ventricles. No stimulus is transmitted through the AV conduction system, so the atria and ventricles depolarize independently of each other. The clinical presentation can vary widely from dyspnea, dizziness, syncope or behavioral disturbances.

- **Case presentation**

An 82-year-old woman with no medical history of interest presented increase of dyspnea from 24-48 hour and increased edema in the lower extremities and persistent nonproductive cough. Her family doctor derived her to the hospital for hypertension and heart rate of 40 x'. At the hospital, the ECG showed complete AV block and signs of heart failure on chest X-ray. Physical examination showed tachypnea, bradycardia and crackles in the lung bases and edema in the lower extremities. The patient was treated with furosemide to decrease his symptoms of heart failure and was transferred to the reference hospital where a permanent pacemaker was implanted.

- **Conclusions:**

The treatment for complete AV block is the implantation of a definitive pacemaker. We wanted to emphasize in this case, that we are working in a rural place, the importance of the fast diagnosis and fast actions in all areas, from recognition of the case in primary care, to diagnosis in a regional hospital and finally definitive treatment in the big hospital which can be performed

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 853

Internal code

P01-073

Presentation form

Poster on paper + ePoster

GIST tumor, a rare tumor of the digestive tract in a 68 years old man

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Backgrounds and purpose:

GIST tumor is a type of sarcoma that affects connective tissues of the digestive tract. It is a rare pathology because it is 3% of all malignant gastrointestinal tumors and is found in 50% of cases in the stomach. Its main symptoms are abdominal pain and constitutional syndrome.

Case presentation:

A 68-year-old man went to the hospital emergency room for pain in the epigastrium and loss of 4kg in 4 months. He presents cutaneous jaundice and in the analytical one a PCR of 16.14 stands out. An x-ray of the abdomen is performed where a solid occupation in mesogastrium is seen and the patient is admitted to the hospital to complete the study. During admission the patient begins with anemia and hyporexia. Abdominal CT shows a solid mass in mesogastrium and the PET-CT scan reveals that it could be compatible with jejunum-dependent GIST tumor that is confirmed in the biopsy. The patient undergoes surgery and performs tumor resection of 15-20 cm since in the anatomopathological analysis where affected margins of resection. Repeat PET-CT scan

showing tumor remains but the tumor committee does not consider it resectable so finally the patient was treated with chemotherapy.

Conclusion:

GIST tumor is a rare tumor so there has never been much research in this field. But recently it has invested in research to learn more about these tumors and to make breakthroughs in more targeted therapies. In this case the mass was easy to see in the abdominal X-ray

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 855**Internal code**

P01-074

Presentation form

Poster on paper + ePoster

Possible SIADH in the diagnosis of tuberculosis

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- **Background and purpose**

Hyponatraemia is a water-electrolyte disorder defined by a plasma sodium concentration < 135 mmol/L. Depending on its onset and levels, it can cause multiple symptoms or lead to different diagnoses.

A suspicion whenever asymptomatic hyponatraemia is observed should be respiratory diseases such as COPD, lung cancer or TB.

- **Case presentation**

A 57-year-old man presented with syncope at home with loss of consciousness with complete recovery. He referred the previous week asthenia, weakness, no cough, no dyspnea

Temperature 37.2°C.

Blood analysis: Sodium 119. Lactate 4.4

Electrocardiogram: Sinus rhythm at 95x', without repolarization alterations.

X-ray CHEST: Pseudonodular parenchymal involvement in LSI, apical, alveolar pattern, associated with pleural thickening. Given the location and characteristics, it is advisable to assess a history of TB and rule out exacerbation.

He is admitted for study of TB as a possible cause of SIADH.

TAC: at the level of the apicoposterior segment of the LSI, nodular/pseudonodular images of about 10 mm are observed, some contiguous and confluent and others smaller and multiple centrilobular micronodules. Linear tracts are also observed. Collectively, these lesions suggest TB infection.

- **Conclusions:**

When hyponatraemia is found, we must look for possible causes.

One of the possible causes that should be investigated is respiratory diseases such as pulmonary tuberculosis.

TB is not a very frequent cause of SIADH, but when it is found on chest X-ray, it should be suspected and the diagnosis confirmed by CT scan and serology, and if confirmed, specific treatment should be started.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 856

Internal code

P01-075

Presentation form

Poster on paper + ePoster

Intense headache in a 63 old woman, stroke mimic case.

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Semergen, Alcañiz, Spain

Stroke is caused by a circulatory disorder that temporarily/permanently alters the functioning of one or more parts of the brain. In most cases it presents as a sudden onset of focal neurological deficit related to a vascular territory. Ischemic stroke is the most common type of stroke

Stroke mimics may present as a functional (conversion) disorder or may be part of the symptomatology of a neurological or medical disorder.

CASE

A 63-year-old woman reports left hemicranial headache with photo/sonophobia and nausea with vomiting.

The pain was progressively increasing the intensity in the last five days before coming to the emergency department, the intensity of the headache was 10/10 during the exploration, and did not improve despite treatment with intravenous pain killers. The vital were stable.

The patient was conscious and oriented and responding to verbal commands. His vitals were stable, the pupils were miotic equal in size but not reacting normally, the GCS 15/15. There was no motor or sensory deficit. Brainstem reflexes were normal.

The non-contrast CT scan revealed an aneurysm of the left carotid artery measuring 23 x 23 x 20mm, partially thrombosed, without cerebral hemorrhage:

Diseases mimicking a stroke are a major health problem the diagnosis of acute ischaemic stroke is however not always easy similar symptoms may develop in some medical conditions, it is important the differential diagnosis to prevent misguided treatments

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 861

Internal code

P01-076

Presentation form

Poster on paper + ePoster

Ischemic hepatitis as complication of an outbreak of Ulcerative colitis in a 40 year old man

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Semes, Monzon, Spain

Backgrounds and purpose:

Ischemic hepatitis is an infrequent disorder is characterized by a rapid rise in serum aminotransferases resulting from reduced oxygen delivery to the liver. The most common predisposing condition is cardiac failure, septic shock and respiratory failure

In the case we report here Ulcerative colitis, an inflammatory bowel diseases that in recent years is increasing in incidence, was the mechanism responsible.

UC is a disease that occurs in outbreaks and its symptoms are usually diarrhea, abdominal pain, rectal bleeding or fever.

Case presentation:

A 44-year-old man goes to the hospital for diarrhea with blood of 15 days of evolution, abdominal pain and joint pain. A blood test is performed that highlights elevation of RCP and hepatic enzymes, prolonged prothrombin time and D Dimer of 17500, an acute hepatic failure was diagnosed.

Abdominopelvic CT scan is performed and hepatitis of probable ischemic etiology is shown due to portal thrombosis and nonspecific pancolitis. It showed that probably the hepatic injury was caused by embolization from the pancolitis.

Although the patient developed acute liver failure, the hepatitis did not progress to fulminant hepatitis, and instead resolved with no major complication. It was treated with antibiotics and heparin in high doses.

Conclusions:

Ischemic hepatitis is a well-defined condition with typical clinical, blood laboratory. Ulcerative colitis usually debuts in patients over 10 or 20 years with another peak of incidence at 40 or 50 years. UC should be suspected in chronic diarrhoeal diseases and patient should be investigated as such.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 862

Internal code

P01-077

Presentation form

Poster on paper + ePoster

Rhabdomyolysis in an alcoholic patient treated with statins

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SEMERGEN, ALCAÑIZ, Spain

- **Background and purpose**

Rhabdomyolysis is a disease caused by muscle necrosis that results in the release into the bloodstream of various substances normally found inside the cells that make up muscle tissue, including creatine phosphokinase (CPK) and myoglobin. Problems that can lead to this disease include the following: Compression injuries or trauma, drug use or certain medications such as statins.

- **Case presentation**

A 58-year-old man with a history of chronic alcoholism and long-term statin use. For several days he presented with asthenia, muscle pain, loss of strength in the lower limbs and ataxia lateralized to the right.

A cranial CAT scan was performed due to acute neurological vascular suspicion, which was ruled out.

Blood tests showed creatinine 7, potassium 6.5 and elevated CK and myoglobin with severe metabolic acidosis.

ECG: No alterations

Due to the patient's condition, it was decided to transfer her to the ICU where she was treated with intensive serum therapy 5000ml/day and hyperkalaemia and metabolic acidosis were treated with salbutamol, calcium gluconate, insulin and bicarbonate.

- **Conclusions:**

Rhabdomyolysis is a potentially serious process of muscle degradation and necrosis which, if not treated in time, can have a fatal final. It is important to perform a good anamnesis and suspect it if the patient presents symptoms such as muscle weakness, change in urinary colouration and it is confirmed by an elevation of CK x5 in the blood analysis. It is treated with abundant hydration with serum therapy and eliminating the cause if it is drugs or medication.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 864

Internal code

P01-078

Presentation form

Poster on paper + ePoster

Rupture abdominal aortic aneurysm: the atherosclerosis deadly complication

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Backgrounds and purpose:

Abdominal aortic aneurysm (AAA) is a dilatation of the artery whose more frequent cause is atherosclerosis.

Rapid identification and treatment of ruptured AAA improves survival, even is estimated that only 30-50% of cases present with the classic triad of abdominal pain, hypotension, and pulsatile mass, mortality rates for patients with a ruptured AAA are as high as 90%. In contrast, mortality rates for patients undergoing elective AAA repair are less than 10%.

Case presentation:

A 75-year-old man with hypercholesterolemia suffers from intense abdominal pain and syncope.

When He arrives at the hospital the patient is hemodynamically stable and GCS

15 with normal cranial CT and a hemoglobin of 14.3. Two hours later the patient has arterial hypotension GCS 13. Abdominal CT showing a rupture infrarenal aortic

aneurysm with a diameter of 75mm and a retroperitoneal hematoma. The patient is transferred by helicopter to the reference hospital for surgical treatment.

During the surgical intervention the patient suffers hypovolemic shock. The patient arrives at the ICU with persistent metabolic acidosis, anuria and severe anemia. Despite treatment he continues to worsen his situation and eventually dies of multi-organ failure.

Conclusions:

It is imperative to diagnose AAA before rupture. The risk factors include male sex, age over 65 years, smoker, and a family history of AAA in first-degree relatives

Along an appropriate AAA screening, primary care physicians should know when to refer a patient to a vascular surgeon, how to optimize a patient's comorbid conditions before surgery, the potential complications.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 875

Internal code

P01-081

Presentation form

Poster on paper + ePoster

Delayed-type hypersensitivity to low molecular weight heparins (LMWH): case report

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Didactic method:

Case report

Presented problem:

A 36-year-old female patient with history of grade IV endometriosis and undergoing in-vitro treatment for cryotransfer with oestradiol/norethisterone and enoxaparin attended his GP due to erythematous plaques centered on each drug injection site that were appearing days after the injection.

Management:

Physical examination confirmed presence of pruritic, round, well-defined, elevated, erythematous plaques of approximately 7-12 cm diameter, on each drug injection site. The delayed-type hypersensitivity to enoxaparin was diagnosed. The decision was to change the anticoagulation treatment for bempiparin, but after several days the same lesions appeared, and the maculopapular exanthema spread on patient's chest and limbs. The final decision was to suspend the treatment.

Outcome:

The patient was consulted with Allergology Department for the final examination and the delayed-type hypersensitivity to low molecular weight heparins (LMWH) was diagnosed. The blood test discharged other complications, including heparin-related thrombocytopenia. Since in-vitro treatment was unsuccessful, the treatment with LMWH was suspended and no further testing was performed.

Discussion

Delayed-type hypersensitivity to LMWH is reported in up to 10% of patients and in majority of cases exists cross-reactivity between different LMWHs. The lesions may persist for weeks. The precise mechanism of this reaction is yet unknown. Some studies

show that fondaparinux may be a safe choice as its' cross-reaction with LMWHs are infrequent.

What we can learn from this/open questions

The skin tests are the clue to decide which treatment can be safely used in future since the cross-reactivity is unpredictable.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 879

Internal code

P01-082

Presentation form

Poster on paper + ePoster

Hematoma in the rectus abdominis caused by acenocumarol

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An hematoma in the rectus abdominis without any trauma is a rare entity that consists of an accumulation of blood in the intestine wall that could cause serious complications. Due to the symptomatology can be misleading since you can find cases with a nonspecific diffuse pain to other cases that may end with an abdominal obstruction or an acute abdomen.

Case presentation:

A 87 years-old-man in treatment with acenocumarol by FA presents an abdominal mass on the right flank side of hours of evolution. During the exploration, you feel a globular matte abdomen with a big mass that occupies all the right flank side until mesogastrium. The analytics shows a Hb 7,4 and INR 8,06. Rest of the parameters remain stable. CT showed an hematoma in the right rectus abdominis. In the hospital the patient needed treatment with vitamin K to correct the excess of acenocumarol and the transfusion of four concentrates of red blood cells. Another CT did not identify bleeding focus and it showed the partial reabsorption of hematoma, because of that the patient was discharged some days after without needing surgery.

Conclusions:

A patient with treatment with acenocumarol, the sudden appearance of an abdominal mass should make us quickly suspect possible bleeding. Doing a CT could lead us to the diagnosis for an early treatment. A correct control of the INR < 3 to the patients treated with acenocumarol is vitally important to avoid this kind of complications.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 892

Internal code

P01-083

Presentation form

Poster on paper + ePoster

Interpreting safety netting: does it translate? Interpreters' perspectives on safety netting advice in GP consultations

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Background

“Safety Netting” is a well-recognised strategy to manage risk and uncertainty in clinical consultations, particularly in primary care where patients may be seen early on in their illness journey.

Studies have shown that safety netting is less effective when patients do not have a shared understanding of their GP's safety netting strategy.

In Tower Hamlets at least 35% of adults use a main language other than English and professional interpreters are often used in GP consultations. Interpreters' perceptions of safety netting strategies are poorly understood, however their role is likely to be key to the successful use of safety netting in cross-cultural consultation.

Questions

The study aims to examine the questions:

- What do interpreters understand about safety netting in primary care?
- What do interpreters perceive is their role in communicating this information to patients?

Methods

This qualitative study will use focus groups and subsequent semi-structured interviews to explore the views of 8 to 12 purposively sampled professional interpreters in primary care. Focus groups and interviews will be audio-recorded and data transcribed verbatim for inductive thematic analysis.

Outcomes

This work is in progress. This phenomenological approach will explore interpreters' perceptions of a consultation strategy that is widely relied on in primary care for risk management and patient safety.

Discussion

This qualitative work will provide insights into interpreters' role in safety netting in cross cultural consultation.

Take Home Message for Practice

What can we learn from healthcare interpreters to ensure that safety netting advice does indeed translate?

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 893

Internal code

P01-084

Presentation form

Poster on paper + ePoster

Diagnosis and follow-up of women with gestational diabetes in primary health care: the reality of a portuguese primary care practice

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Gestational diabetes has a significant impact on maternal-fetal morbidity and mortality. In Portugal, in 2018, gestational diabetes showed a prevalence of 8.8% in pregnant women in the National Health System, which has progressively increased over the last decade. The present study aims to characterize the diagnosis and follow-up of women with gestational diabetes from a primary care practice.

We analyzed 32 pregnancies of 30 women aged between 24 and 41 years, most of them multiparous (62.5%, n=20). In 50% of pregnancies, no prior assessment of the risk of diabetes was performed. The preconception consultation was performed in 56.3% of them. Most women had normal weight (43.8%, n=14), 40.6% were overweight and 12.5% were obese. Fasting blood glucose in the first trimester was performed in all pregnancies, having been diagnostic in 43.7% of cases. The second trimester oral glucose tolerance test (OGTT) was performed in 53.1% of pregnancies. In 3.1% of pregnancies, despite being requested, there is no record of the result. OGTT at 6 to 8 weeks postpartum was performed in 37.5% of pregnancies. The determination of fasting blood glucose in the 3 years following diagnosis was performed in 35% of the women.

The present study demonstrates significant deficits in the clinical surveillance of women with gestational diabetes in the respective primary care practice, showing the need for the development of continuous improvement and quality assurance processes, with potential benefit in the overall health of the population.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 914

Internal code

P01-085

Presentation form

Poster on paper + ePoster

Music therapy and quality of life in palliative care: an evidence-based review

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Background: Palliative care aims to improve the quality of life of patients with life-threatening diseases. Music therapy appears to contribute to this goal, but more evidence is needed.

Questions: This review aims to evaluate the existence of an association between the application of music therapy techniques to patients undergoing palliative care and the improvement of their quality of life.

Methods: Bibliographic search of articles published until June 11, 2021, in Portuguese and English, indexed in scientific databases, using the search terms “palliative care”, “quality of life” and “music therapy”.

Outcomes: One systematic review and three systematic reviews with meta-analysis were included. Of the studies evaluated, one showed a statistically significant improvement in quality of life and the other two showed a non-statistically significant improvement.

Discussion: Although most of the included studies point towards the benefit of music therapy, they showed high heterogeneity in the variables evaluated and small samples, which makes it difficult to obtain statistically significant conclusions.

Take home message for practice: There appears to be evidence that music therapy is effective in improving the quality of life of patients in palliative care (strength of recommendation B).

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 916

Internal code

P01-086

Presentation form

Poster on paper + ePoster

Time is heart - the role of the family doctor as maestro in the treatment of HFrEF

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Heart failure with reduced ejection fraction (HFrEF) is managed in partnership between cardiologist and family doctor. Recently, there has been an improvement in the prognosis of HFrEF, due to the development of new medications. Thus, it is important that all physicians involved are aware of the most up-to-date guidelines for early starting of prognosis-modifying medication

What could be the role of the family doctor in the treatment of HfrEF?

Clinical information was obtained through clinical records consultation, after patient consent.

This is a 50-year-old woman with rheumatic mitral stenosis. Later she developed atrial fibrillation (AF) and thrombus in the left atrial appendage, submitted to cardiac surgery. Post-surgical, the patient had NYHA class I heart failure with preserved ejection fraction and permanent AF. Since then, she was followed in cardiology consultation and medicated with bisoprolol 5mg/day, furosemide 40 mg/bid and acenocoumarol 4mg/day. This patient went to the open-consultation on 09/16/2021 due to worsening dyspnea for small-medium efforts, with poor therapeutic compliance and multiple absences to the cardiology consultation. After symptomatic therapy adjustment, a transthoracic echocardiogram was requested, which showed an ejection fraction of 20%. The next cardiology appointment would be in one month. Thus, while waiting, the family doctor started sacubitril/valsartan and dapagliflozin.

This clinical case demonstrates the importance of teamwork between different specialities in the application of the most up-to-date guidelines of HFREF for the best benefit of the patient.

The family doctor is the most important element in the therapeutic management of the HFREF.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 921**Internal code**

P01-087

Presentation form

Poster on paper + ePoster

Impact of the COVID-19 pandemic on sexuality – review

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Background: The emergence of the COVID-19 Pandemic forced the adoption of measures of confinement and social isolation that threatened physical and mental health of the population. Disturbances in sexual health in the context of natural or epidemic disasters is already known however little is known about the impact of this new reality on the quality of sexual life of the population.

Questins: review the impact of the COVID-19 pandemic on the sexuality of men and women.

Methodology: A bibliographic search was carried out in the Pubmed database, using the MESH terms “COVID-19” AND “sexual behavior”. All articles published in Portuguese or English from 1st of January of 2020 to the 17th of April of 2021 were searched. A total of 147 articles were found and 21 were included.

Outcomes: Several studies revealed an increase in sexual desire during periods of confinement and social isolation but a decrease in intimacy, frequency of sexual intercourse and quality of sexual life. Masturbation practices and use of pornography increased globally.

Discussion: The studies included showed changes in the sexual life habits in different dimensions were demonstrated. Globally, since the beginning of the COVID-19 Pandemic there has been a negative impact on the quality of the population's sexual health.

Take home message for Practice: A change in sexual life quality constitutes a threat to the population's mental health. The Family Physician must be aware of these possible changes which are often not addressed spontaneously in the context of a consultation.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 942**Internal code**

P01-089

Presentation form

Poster on paper + ePoster

Subarachnoid hemorrhage due to ruptured saccular aneurysm

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SEMERGEN, ALCAÑIZ, Spain

- **Background and purpose**

Subarachnoid haemorrhage is bleeding into the space between the brain and the surrounding membrane (subarachnoid space). The main symptom is a sudden severe headache with or without neurological deficit. The most frequent causes are arteriovenous malformations or ruptured aneurysms.

- **Case presentation**

66-year-old woman found unconscious at home, with tachypnoea and miotic pupils. Neurological examination: Glasgow 8. Lateralisation of the pupils to the right. Muscular and cervical hypertonia. Extensor plantar cutaneous reflex in the right extremity. BRAIN CT: Subarachnoid haemorrhage predominantly in frontal and temporal sulci. Intraventricular haemorrhage in lateral ventricles. It was decided to perform a CT angiography showing subarachnoid haemorrhage due to rupture of saccular aneurysm.

- **Conclusions:**

When a patient, especially a woman, reports a severe headache with subsequent neurological deficits, a subarachnoid haemorrhage must be quickly ruled out. The definitive treatment is usually endovascular embolisation with cerebral drainage followed by oral treatments such as nimodipine and fluidotherapy to prevent vasospasm.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 946

Internal code

P01-090

Presentation form

Poster on paper + ePoster

Review status epilepticus

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Backgrounds and purpose:

Status epilepticus is the presence of a generalized seizure of more than five minutes or multiple seizures without return to baseline.

It can be confused with acute stroke, encephalopathies or movement disorders.

Triggering factors are exposure to toxic substances, acute infections, trauma, or changes in medication.

Case presentation:

A 61 year old woman, with a history of epileptic seizures of 8 years evolution due to the presence of a right frontal insular brain cavernous.

She was found unconscious at home. She had Glasgow:3 , Sat O2: 80% and generalized rigidity. The family reported an increase in seizures in the last few days. She was treated with valium 10 mg rectally an 9 mg of Midazolam IV with no change.

On hospital she had Glasgow: 5, abreactive pupils, Babinsky +, generalized rigidity and descerebrate posture.

CT scan of the brain showed only a known right frontoinsular cavernous angioma. It was started levetiracetam 2500 mg IV. Then, it was added lacosamida 400 mg + 200 mg IV. She was intubated orotracheally and transferred to ICU with continuous perfusion pump for transfer of Nimbex 30 mg and Midazolam 30 mg at 20 ml/h and one ampoule of propofol at 35 ml/h for status epileptics.

Conclusions:

It is essential to protect the airway and initiate treatment with benzodiazepines and a second long-acting drug to prevent recurrences. In case of no control it will started a continuous infusion of Midazolam, Propofol or Pentobarbital and endotracheal intubation and mechanical ventilation.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 964

Internal code

P01-091

Presentation form

Poster on paper + ePoster

Is it only a pain in the back? – a clinical case

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Background: Female, 58 years old, caucasian, factory worker, with arterial hypertension, dyslipidemia and smoking.

Discussion: She went to a consultation on April/2019 due to fatigue and pain in the back for 2 weeks, which radiates to the left abdominal quadrants and appears after prolonged standing, without any other complaints. The objective test was negative. Blood analysis were requested and symptomatic treatment was instituted. On December/2019, she brought the blood count which showed leukocytosis with lymphocytosis and neutropenia, thrombocytopenia and anisocytosis. A new confirmation blood count was requested. On January/2020, the new blood count showed worsening of previously changed parameters. The pain was located in the left hypochondrium. The patient complained of constipation, easy bruising and denies any other symptoms or risk factors. She had a palpable mass on the left flank. The patient informed that her child was hospitalized and she didn't want to continue the study, but after awareness of the potential severity of her health condition, she brings the results of abdominopelvic CT on the following month, which showed marked splenomegaly. At the Hematology consultation, the diagnosis of splenic marginal zone lymphoma (LZME) has been confirmed.

Take home message for practice: LZME is a subtype of non-Hodgkin's lymphoma, most common between 65-70 years. It's characterized by a splenomegaly and lymphocytosis and has an indolent course. This case, that seemed to be a

musculoskeletal pain, shows how the family doctor, through the holistic view, can suspect other diseases and involve the patient in his own health.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 986

Internal code

P01-093

Presentation form

Poster on paper + ePoster

Valproate use in women aged 15-44 years: Observational study in general practice.

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Background: Valproate is a known teratogen. In April 2018, the Medicines and Healthcare products Regulatory Agency (MHRA) restricted its use in women and banned use in pregnancy, except for epilepsy with no other effective treatment.

Questions: To characterise valproate prescribing to women of childbearing age, recorded advice or GP prescribed contraception, and recorded pregnancies.

Methods: A cross-sectional study of patients from all 141 general practices across three clinical commissioning groups (CCGs) in East London. Women aged 15-44 years prescribed valproate between October 2017 and January 2020 were included. Pseudonymised data on valproate indication, pregnancy, pre-conception, and contraception advice were retrospectively extracted from general practice consultation data. Data were analysed quarterly using univariate statistics.

Outcomes: Of the total 1,042,463 registered patients, 344 women aged 15-44 years were prescribed valproate during the study period; 14 were excluded. There were 10 pregnancies during possible valproate exposure; one was terminated. During the study period, the number of women prescribed valproate significantly decreased ($P = 0.003$). The pregnancy rate decreased from 9.9/1000 on valproate before the MHRA April 2018 warning, to an average of 2.8/1000 afterwards. Recorded pre-conception and contraception advice increased by 79%, from 24% to 43%, of women prescribed valproate.

Discussion: With continued pregnancies in women aged 15-44 years prescribed valproate, patient education and foetal outcomes remain ongoing concerns. Further improvements are needed to ensure women make informed reproductive choices and safeguard future pregnancies from valproate exposure.

Take home message for practice: maintain robust systems to identify women of childbearing age prescribed valproate.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 997

Internal code

P01-094

Presentation form

Poster on paper + ePoster

Symptomatic anaemia in primary care - from textbook knowledge to evidence based medicine

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Background

Anemia is a common finding in general practice and anemia symptoms like fatigue are non-specific and have a high prevalence in the general practice population. Previous research suggests, that anemia symptoms are not predictive of anemia in a population based setting. Most research on symptomatic anemia has been performed in in-patient settings, while most patients are treated in primary care.

Questions / Discussion Point

Why is it important to assess which symptoms can be used as an indicator of a higher risk of anemia. Which symptoms are deemed most important in terms of quality of life and to influence decisions on therapeutic management. How can we conduct diagnostic research in primary care settings to provide a broader evidence base?

Content

We propose a study design to evaluate the predictive value of anemia symptoms for the presence of anemia in primary care and to assess which factors are suitable as a basis for therapeutic decisions.

Take Home Message for Practice

It is important to evaluate other reasons in patients who present with anemia symptoms, regardless of anemia status. More research in primary care settings to provide a broader evidence base for general practitioners decisionmaking on diagnostic and therapeutic management is needed and feasible.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 999

Internal code

P01-095

Presentation form

Poster on paper + ePoster

Diagnosis and management of vulval dermatoses in general practice

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Background

Vulval diseases are common, but their frequency and importance are often underestimated; up to 20% of women have significant vulval symptoms during their lifetime, which can affect physical and psychological well-being.

A recent backlog of outpatient appointments has resulted in significant delays to specialist care for these women.

This study aims to evaluate the confidence among GPs in North-West London and consider possible interventions to improve diagnosis and management of vulval dermatoses in primary care.

Methods

An electronic survey was circulated to GP trainees within Imperial Healthcare NHS trust, serving 10 North-West London practices between December to January 2022.

Information including participant demographics, details of presenting vulval problems, and number of referrals made to secondary care was recorded.

Qualitative data regarding barriers facing community care and confidence of GPs was also recorded.

Outcomes

50 GP trainees responded to the survey. 66% of the respondents regularly saw females with vulval complaints. The most common diseases reported (>50%) were local fungal and bacterial infections.

Confidence in assessing and treating women with vulval disease was low amongst 74% of respondents.

82% of participants felt additional training would be beneficial in managing vulval disease.

Conclusion

There is potential for learning about appropriate diagnostics and treatment of vulval conditions to help build knowledge, confidence, and expertise amongst GPs.

Introduction of vulval dermatosis training into the GP curriculum and reviewing current referral pathways could be considered.

This may help to reduce the number of referrals into secondary care and improve the quality of referrals made.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1003

Internal code

P01-096

Presentation form

Poster on paper + ePoster

Stroke incidence and competing risks for people with heart failure and atrial fibrillation in primary care: cohort study

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Background: Atrial fibrillation (AF) is associated with a five-fold increased risk of stroke, but the risk of stroke in people with heart failure (HF), with or without AF, is less well defined.

Methods: Primary care cohort study of people aged ≥ 45 years using linked CPRD data from 2000-2018. Cox proportional hazards and Fine and Gray competing risks models were used to examine the association between HF, AF or both and incidence of first stroke.

Results: Among 2,381,941 participants (mean age 57y) 80,243 had HF, 127,588 had AF and 61,448 had AF and HF. During follow-up (median 6.62y), 93,665 patients (3.93%) had a stroke and 314,042 (13.18%) died. Among people with HF, including those with AF, 12,386 (8.7%) suffered a stroke and 82,806 (58.4%) died. In an unadjusted Cox model, stroke risk was highest among people with HF and AF (HR 8.93, 95%CI: 8.71-9.16) and AF only (HR 7.12, 95%CI: 7.00-7.25). However, in the fully adjusted Fine and Gray model, stroke risk was highest among people with AF alone (HR 2.38, 95%CI: 2.33-2.43), followed by HF and AF (HR 1.48, 95%CI: 1.44-1.53), while people with HF alone were at little increased risk compared to the general population (HR 1.04, 95%CI: 1.01-1.08).

Conclusions: People with HF are at an increased risk of stroke, but have a poor prognosis, which means stroke incidence is lower than anticipated. Future research could refine stroke risk scores to incorporate competing risks when considering anticoagulation in people with AF and HF.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1016

Internal code

P01-097

Presentation form

Poster on paper + ePoster

Arabic validity of the consultation and relational empathy CARE measurement tool to improve medical and mental health

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Aim of the study To construct then examine the internal consistency, reliability and validity of the Arabic consultation and relational empathy (CARE) measurement tool
Design and methodology The CARE measurement tool was translated into Arabic version and examined on 1245 patients of a primary health care center in the eastern province of Saudi Arabia

Results The majority of the item's responses showed high level of satisfaction. The Cronbach alpha of our study that examines the Arabic version of the CARE measurement tool 10 items was 0.96 showing an excellent internal consistency. The Kaiser-Meyer-Olkin measure was 0.96 indicating the adequacy of the data for factor analysis and the Bartlett test of sphericity shows ($\chi^2(45) = 8743.126$, $p < 0.001$) indicating the adequacy of the correlation matrix for analysis.

Conclusion The Arabic version of CARE Measure seems to be consistent and reliable in the primary health care setting.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1027

Internal code

P01-098

Presentation form

Poster on paper + ePoster

The forgotten mononucleosis-like illnesses

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Didactic method

Case-based learning.

Presented problem

A 42 year-old man with no relevant medical history presented with a 1-week history of painless right axillary adenopathy. Fever and asthenia were also reported. No other associated symptoms.

Management

Physical examination revealed a mobile, not adhered, two-and-a-half-centimeter lymphadenopathy in the right armpit with no other remarkable findings. The analysis requested showed a subclinical acute hepatitis and lymphomonocytosis. The preliminary diagnosis was an infectious mononucleosis (IM) and a battery of serologies was performed being positive for cytomegalovirus (CMV). In this case, rest was indicated.

Outcome

The clinic remitted in two weeks with rest and symptomatic treatment.

Discussion

Asymptomatic CMV infections are the most common, especially in children. Among adults, only in 10% of seroconversion cases there are some clinical manifestation. One of the symptoms associated is a mononucleosis-like illness, CMV infection causes 10 to 21% of IM. In comparison to Epstein-Barr virus (EBV)-IM, it affects patients who are 10–15 years older and who present with milder lymphadenopathy and pharyngitis, but more frequent and serious hepatitis and thrombocytopenia.

What we can learn from this

As we all know, most cases of IM are caused by EBV, however, other rare but potentially serious etiologies have been reported to cause heterophile-negative mononucleosis-like illnesses, including CMV, human herpesvirus 6 (HHV-6), human immunodeficiency virus (HIV), adenovirus, herpes simplex virus (HSV), *Streptococcus pyogenes*, and *Toxoplasma gondii*. A good differential diagnosis and clinical experience might play a determining role in achieving the best clinical approach.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1034

Internal code

P01-099

Presentation form

Poster on paper + ePoster

Effect of family-oriented counselling on family planning uptake among women with unmet family planning needs attending WGH Ilesa Nigeria

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Background

A high rate of unintended pregnancy is driving population growth, particularly in Sub-Saharan Africa where approximately half of all pregnancies are unintended or unwanted. Unmet needs for family planning can be defined as the proportion of sexually active women wishing to stop or postpone child birth for at least 24 months, but are not using a modern contraceptive method.

Aim: To determine the effect of family-oriented counselling on family planning uptake among women with unmet family planning needs attending the Family Medicine clinic in the South-western Nigerian hospital within the reproductive age group (15 – 49) years.

Methodology: This was a hospital-based, quasi-experimental study using convenience sampling. Out of the 285 respondents, only 275 completed the study. Data was analysed using Statistical Package for Social Sciences version 21. Association was estimated using the Pearson's Chi square at $P < 0.05$ and the corresponding 95% confidence level.

Results: There was 160 (58.2%) pre-intervention unmet family planning needs. This was reduced by 53 (19.3%) after the family-oriented counselling, leaving 107 (38.9%) with unmet needs. Respondents' number of current living children and partners were independently statistically significant with p values of = 0.000 and =0.029 respectively

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1044

Internal code

P01-100

Presentation form

ePoster only

I'm feeling dizzy

Xavier Martínez Regada, Araceli Gómez Templado, Marta Bandrés, Ana Isabel Martínez Asensio, Isabel Zamora, Itziar Fernandez, Rosa Viñas, Maria Saman, Laura Brañas
EAP Santa Eulalia Sud, Barcelona, Spain

Didactic method:

Oral case presentation.

Presented problem:

81-year-old woman with hypertension treated with ramipril, Atrial fibrillation treated with Bisoprolol, osteoporotic lumbar fracture L2 in 2019, under treatment with Fentanyl 25 mcg, came to our medical centre due to general discomfort, nausea and dizziness during 2 weeks. Last 2 days she couldn't eat.

On physical exploration, we observed: Cardiac auscultation: Regular and rhythmic heartbeat. Pulmonary auscultation: No crackles or sibilants. Abdominal pain on epigastric palpation, negative Murphy and Blumberg signs. No focal neurological deficit.

We decided to perform a bedside abdominal ultrasound in which we observed an hyperecogenic nodule located on the left hepatic lobe, with non defined borders, of 2.43 x 3.12 cm.

Management

Due to the state of the patient, we decided to send her to the emergency room. There, after a blood test, a hyponatremia and an elevation of transaminase was observed. At this point, the patient was hospitalized on Internal Medicine service

Outcome

After an abdominal tomography and hepatic biopsy, the diagnosis was Hepatocarcinoma BCLC-D.

Discussion

What we can learn from this/open questions

Is it useful having knowledge of ultrasound?

Should we have Ultrasound on every Primary Care going?

We learn from this case that the use of ultrasound at primary care after an accurate physical exploration can be useful to orientate the diagnosis of some patients and lead to a better management of some difficult cases

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1045

Internal code

P01-101

Presentation form

ePoster only

Doctor, I'm swollen.

Xavier Martínez Regada, Araceli Gómez Templado, Ana Isabel Martínez Asensio, Marta Bandrés Mingueza, Isabel Zamora, Itziar Fernandez, Maria Saman, Toni Perez
EAP Santa Eulalia Sud, Barcelona, Spain

Didactic method: Oral case presentation.

Presented problem:

76-year-old man, with hypertension treated with Lisinopril, current smoker of 10 cigarettes/day, Diabetes Mellitus type 2 treated with Metformin, Atrial Fibrillation under treatment with Bisoprolol and Amiodarone, came to our medical center due to hands and leg edema. He denied having dispnea, chest pain, fever, gastrointestinal symptoms.

On physical exploration, we observed: Hypertension, Cardiac auscultation: Rhythmic heartbeat. Pulmonary auscultation: Some isolated rales without crackles or sibilants. Abdominal auscultation and palpation were under normal conditions, without hepatojugular reflux. We observed hands and feet edema.

Management

We decided to perform a bedside abdominal ultrasound with no findings. An urgent blood test was performed. The main results were low albumin, high cholesterol (higher than the previous blood test performed 2 months ago), normal thyroid, normal NT-ProBNP adjusted by age, reactive C protein was high without a rise of leukocytes. Creatinin rised

and urine protein was detected on urine strip. A chest x-ray was performed, and there was an apical pulmonary node. No signs of heart failure.

Outcome

Finally, after agreeing a hospital admission with Internal Medicine service, a pulmonary tomography, a broncoscopy and a renal biopsy was performed, and confirmed the suspect of a Membranous glomerulonephritis and a pulmonary adenocarcinoma T3 N2 M1.

Discussion

What we can learn from this/open questions

We must keep in mind all the causes that could lead to edema. For ancient patients, although cardiogenic or vascular cause could be more frequent, paraneoplastic cause must be considered.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1062

Internal code

P01-102

Presentation form

ePoster only

I don't know why my hand is swollen

Araceli Gómez Templado, Xavier Martinez Regada, Antonio Perez Vallejo, Rosa Viñas Vidal, Marta Bandrés Mingueza, Isabel Zamora Casas, Maria Saman Flores, Sandra Albamonte Navarro, Itziar Fernandez Sala, Anabel Martinez Asensio
EAP Santa Eulàlia Sud, Barcelona, Spain

I don't know why my hand is swollen

Didactic method: Oral case presentation

Presented problem:

An 87-year-old male without drug allergies, ex-smoker for 30 years, hypertension and heart failure. Usual treatment: amlodipine 10mg/24h + eplerenone 25mg/24h + furosemide 40mg/24h.

He came to our medical center due to lower extremities and left hand edema. No dyspnea, fever, or chest pain. He denied toxic syndrome or weight gain.

Physical exploration: Blood pressure 122/80. Normal cardiorespiratory auscultation. Edema in the lower extremities and in the left hand. No signs of heart failure were observed.

Management:

We withdrew amlodipine thinking that edema could be due to a secondary effect.

The patient consulted a week later due to persistent edema in left hand but with improvement of edema in legs. The first step was indicating blood test and chest X-ray.

In the blood test elevated creatinine 179 (previous normal), elevated cholesterol 480 (previous normal) and hypoalbuminemia were observed. No other analytical abnormalities.

Urine strip: urine protein was detected. No blood in urine.

Chest X-ray: pulmonary nodule is observed in left lower lobe, not visible in previous X-rays.

Renal biopsy: membranous nephropathy.

Outcome:

Finally, it was oriented as a membranous nephropathy with nephrotic syndrome secondary to a lung adenocarcinoma, a candidate for radiotherapy.

Discussion

What we can learn for this/open question

With this practical case we should keep in mind all the causes that produce edema or generalized swelling. Differential Diagnosis: Heart failure, venous insufficiency, edema due to calcium antagonist, nephrotic syndrome.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1063

Internal code

P01-103

Presentation form

ePoster only

Doctor, I have it on my face

Araceli Gómez Templado, Xavier Martínez Regada, Antonio Pérez Vallejo, Rosa Viñas Vidal, Marta Bandrés Mingueza, Isabel Zamora Casas, María Saman Flores, Sandra Albamonte Navarro, Belén Zachow, Clara Sagalés Riba
EAP Santa Eulàlia Sud, Barcelona, Spain

Didactic method: Oral case presentation

Presented problem

A 30-year-old woman without drug allergies, with a history of psoriasis in elbows without chronic treatment, who goes to the medical center presenting erythematous-squamous plaques in the central facial area associated mild itching of one month of evolution. She has not tried any treatment.

Physical exploration: Uniform scaly erythematous plaques in the midfacial area, not oily, without yellowish scaling. In addition, she presents other psoriatic lesions in typical locations (elbows, knees and scalp).

Management:

We administered low or medium power corticosteroids (because can cause atrophy, telangiectasia...) and solar exposition during 2 weeks. It improved significantly with the prescribed treatment.

The final diagnosis was facial psoriasis because of the physical examination and effectiveness of treatment. History of psoriasis is also important.

Discussion

What we can learn from this/open question

We must keep in mind that sometimes, the physical exploration is the most important way to arrive to the diagnosis with no need of complementary test. On the other hand, dermatological diseases are sometimes complicated by differences between them, in this case a differential diagnosis would be seborrheic dermatitis, but physical examination and the effectiveness of the treatment make us think about psoriasis.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1072

Internal code

P01-104

Presentation form

Poster on paper + ePoster

Open label pilot study: an enzyme rich malt extract (ERME™) for the treatment of constipation

Jordan Haworth, Sarah Bloor, Anthony Hobson
Functional Gut Clinic, Manchester, United Kingdom

Background: ERME™, an enzyme-rich malt extract, is a food supplement with purported benefits to gastrointestinal (GI) health. We aimed to explore the use ERME™ for constipation.

Methods: 20 patients with chronic constipation, as determined by a Knowles-Eccersley-Scott Symptom (KESS) score of ≥ 9 , were recruited. Patients completed a daily stool at baseline (week 0) and for 4-weeks whilst taking open label ERME™ (15ml, twice daily, with food). Follow up KESS was collected. Mean differences were analysed using paired-samples T-tests.

Outcomes: 15 patients completed the study. After 4-weeks of ERME™, the overall constipation (KESS) score significantly reduced (18.9 ± 4.06 vs 12.8 ± 6.06 , $p < 0.001$) and stool consistency significantly improved (2.6 ± 0.90 vs 4.2 ± 0.91 , $p = 0.003$) from baseline. The number of weekly bowel movements (WBM) was not different (7.8 ± 5.83 vs 9.6 ± 4.01 , $p = 0.08$), but subgroup analysis in patients (10/15) with ≤ 1 daily bowel movement showed a significant increase in WBM from baseline (4.6 ± 2.3 vs 8.2 ± 2.8 , $p = 0.006$). Daily symptom scores (visual analog scale of 0–3) significantly reduced from Week 0 to Week 4 for abdominal pain (0.8 ± 0.66 vs 0.5 ± 0.62 , $p = 0.036$) and bloating (1.0 ± 0.82 vs 0.6 ± 0.70 , $p = 0.002$). No adverse GI events were reported.

Discussion: ERME™ is a safe and effective treatment for constipation, but larger, randomised controlled trials are needed.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1077**Internal code**

P01-105

Presentation form

Poster on paper + ePoster

Smart syndrome: a great unknown on the rise.

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Presented problem: A 32-year-old man with a medical history of: Acute promyelocytic leukemia in 2010, underwent autotransplantation and allogeneic transplantation of an identical brother after the 3rd recurrence. Went to the emergency room reporting a sudden episode of left frontoparietal pain and blurred vision with decreased visual acuity.

Management: The neurological examination revealed an anisocoria with a miotic left pupil, both pupils being reactive to light. Preserved cranial nerves. Sensitivity and normal strength. A complete anamnesis is performed, as well as an initial battery of tests consisting of analytics and CT.

Outcome: After an MRI de final diagnosis of a "SMART Syndrome" was obtained . The treatment carried out during the patient's admission is corticosteroid pulses that cause a total remission of the clinical picture. However, there is still no consensus on the exact treatment to be carried out.

Discussion: SMART syndrome is an extremely rare pathology of which there are just over 100 cases in the current medical literature. It is a late complication of radiotherapy occurring on average 9.5 years post-radiotherapy characterized by the appearance of acute symptoms. SMART syndrome should be considered in all patients who have required radiotherapy.

What we can learn from this: This entity can be identified in the field of both hospital and Primary Care Emergencies, and the knowledge of its existence and its characteristics linked to the radioetrapic antecedent are essential for an accurate and early treatment in order to safeguard the functions motor and sensory skills.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1080

Internal code

P01-106

Presentation form

Poster on paper + ePoster

Angioneurotic edema: When a slight suspicion can save one and many lives

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Presented problem: A 35-year-old woman with contact allergy to iodine and hypothyroidism, fibromyalgic syndrome, Südeck syndrome, comes due to edema in MSD, pain and functional impotence. She does not take prior estrogen. No apparent relationship with medication or food.

Management: She presented edema (angioedema type) in the arm, headache, functional impotence and intense pain, sometimes accompanied by edema in the right side of the face, and, on one occasion, laryngeal edema causing severe respiratory failure. Imaging and analytical tests are performed, without findings, and, given the clinical picture, and the negativity of all the complementary test performed, a determination of C4, C1q and C1 esterase inhibitor is requested. The results of these last tests cast the diagnosis.

Outcome: Angioneurotic edema due to C1-inhibitor deficiency. Treatment with Berinet 1000U was prescribed every 72h once a month and reviews were subsequently achieved, achieving a good response and greatly reducing angiedema symptoms and their symptoms.

Discussion: Angioneurotic edema due to C1-IHN deficiency is a rare pathology today (1/100,000), although it is thought to be highly underdiagnosed due to the lack of suspicion in our health environment. Patients present with nonpruritic, white, circumscribed edema. Laryngeal edema can be life-threatening, with a 25% risk of death in the absence of appropriate treatment

What we can learn from this: Despite its low prevalence, it is a disease that we should all suspect if the patient presents a suspicious condition, the treatment greatly improves the morbidity and mortality of patients who suffer from it.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1085

Internal code

P01-107

Presentation form

Poster on paper + ePoster

Loss of longitudinality of Primary Care due to the covid pandemic: seizures due to hyperphosphatemia

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Didactic method: Case-based learning

A 91 year-old woman without drug allergies or toxic habits. Pathological history: hypertension, dyslipidemia, TAVI due to double aortic injury and revascularized ischemic heart disease. Dependent for basic activities and cognitive impairment.

She is brought to the Emergency Department due to episodes of generalized myoclonus of 3 days; starting 1 hour ago generalized tonic-clonic crisis of 10 minutes. The physical examination highlights the post-critical period.

An electrocardiogram, chest X-ray, blood tests, and cranial CT are requested. The blood test shows acute renal failure, hyperphosphatemia (11 mg/dL) and hypocalcemia (6.5 mg/dL). All other results are normal. Hydration and phosphate restriction is started, and phosphate binders are administered. Calcium gluconate is given, after normalization of phosphate to prevent insoluble calcium phosphate complexes. Despite presenting renal failure and hemodialysis being indicated, it was dismissed taking into account the baseline situation.

After treatment, the ions are normalized and there are no symptoms. Reviewing Primary Care courses, 3 weeks ago she presented hyperparathyroidism with vitamin D deficiency and hypophosphatemia; starting daily supplements of phosphate and calcium without analytical controls.

This iatrogenesis has been a consequence of the covid pandemic that has led to a loss of follow-up. The impact of the pandemic on Primary Care has caused an overload of work derived from covid, but also a loss of one of the characteristics of Primary Care: longitudinality. We must not forget the importance of monitoring when we start medication; especially in frail patients, polymedicated and with comorbidities.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1121

Internal code

P01-108

Presentation form

Poster on paper + ePoster

Acute functional decline in older people living in care homes: a qualitative interview study with UK care home staff

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Background

Older people living in care homes sometimes experience episodes of acute functional decline. They represent a diagnostic challenge and can result in antibiotic prescriptions or hospital admissions, though these may not always be the most appropriate management strategies.

Questions

How are episodes of acute functional decline recognised, managed and escalated by care home staff?

Methods

Qualitative interview study with UK care home staff, including managers, nurses and carers. Semi-structured telephone interviews were carried out between January 2021 and February 2022. Thematic analysis was facilitated by NVivo.

Outcomes

Care home staff generally felt confident in recognising when residents were less well than usual, especially if they knew them well. They usually associated an acute functional decline with underlying infection, particularly in the urine. Initial management steps in the care home included a general assessment to check for possible causes and measuring clinical observations. Many staff mentioned doing a urine dipstick, although some talked about how this was no longer recommended. Some care home staff felt they had increased confidence in their own assessments since the beginning of the pandemic as they had had fewer GP visits and had become more independent.

Discussion

This study has helped us explore the processes occurring in the care home before external help is sought for an acute functional decline. Care home staff have described a range of different practices and levels of knowledge.

Take Home Message for Practice

We have identified potential areas for additional support and training, including the use of urine dipsticks.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1126

Internal code

P01-109

Presentation form

Poster on paper + ePoster

Sustainable seminar teaching and learning in contemporary primary care: review, repurpose, renew

Marion Hill

School of Life Course & Population Sciences, Faculty of Life Sciences and Medicine, King's College London, 1. English/Welsh/Scottish/Northern Irish/British, United Kingdom

Background: Small group teaching and learning (SGTL) methods are popular in healthcare education. However, barriers to effective SGTL are often overlooked in the literature. This interactive workshop reviews SGTL through the lens of an in-depth study of general practice seminars in one UK medical school. We focus on the importance of organisation, goal setting and assessment in developing effective, sustainable SGTL.

Target group: All primary care educators interested in SGTL methods, whether you organise a programme or teach small groups. You are encouraged to bring challenges or successes from your own experience to share and discuss here.

Session plan

Duration: 75 minutes

0-15 minutes: presentation

Reviewing the meaning of effective SGTL in primary care. This includes examining relationships between learner-centredness, teaching broad primary care curricula, organisational and educational climates, assessment of learning, and group identity formation.

15-25 minutes: large group questions and discussions

25-50 minutes: small groups of 5-6 to review, repurpose and renew their approaches to SGTL, develop a summary to feedback.

50-70 minutes: feedback, small groups present their summary proposals for sustainable SGTL practises going forward.

70-75 minutes: close

Objectives:

Consider the strengths and limitations of SGTL in your own context.

Review your existing goals and assessments and how they meet participant needs.

Explore potential modifications for improvement aligning to the educational and organisational climates in your SGTL.

Estimated number of participants: 15-18

Marion is an academic GP working with final-year medical students at KCL. She is particularly interested in SGTL and clinical reasoning.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1134

Internal code

P01-110

Presentation form

Poster on paper + ePoster

The long-term symptoms of Covid-19 patients: sample from a tertiary hospital in Istanbul, Turkey

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Family Medicine, University of Health Sciences, Istanbul, Turkey

Aim: In this study, we aimed to investigate the long-term symptoms of the patients who were infected with Covid-19.

Materials and Methods: This cross-sectional study was conducted between September 15, 2021, and December 15, 2021, on 392 people who applied to Istanbul Umraniye Training Hospital, Clinic of Family Medicine, and were diagnosed with Covid-19. Patients were asked to answer a questionnaire consisting of 29 questions including demographic information, clinical characteristics, and persistent symptoms after Covid-19. Cases under the age of 18, non-Turkish citizens, individuals with dementia, learning difficulties, cognitive or communication disorders were excluded from the study. The participants were divided into two as the mild group (outpatients) and the severe group (admitted to the hospital).

Results: The ages of the subjects ranged from 18 to 79 years. The most frequent symptoms of the patients in the long term period were fatigue (%51.8), breathlessness (%27.3), headache (%25.8), myalgia (%25.3), and joint pain (%25.3). The total symptom frequency and post-Covid-19 sequelae rates and incidence of neurological and cardiovascular sequelae in the mild group were found to be significantly lower ($p < 0.001$, $p = 0.004$, and $p = 0.003$ respectively).

Conclusion: In our study, the symptoms during the long Covid period were found to be similar to the existing literature. Long-term Covid symptoms are observed to develop more in cases with severe Covid-19 infection than in cases with mild Covid-19 infection.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1176

Internal code

P01-111

Presentation form

Poster on paper + ePoster

Does training in trauma informed care change healthcare providers' and patients' emotional and cognitive outcomes, or health?

Chloe Gamlin

Centre for Academic Primary Care, University of Bristol, Bristol, United Kingdom

Background

Psychological trauma increases the risk of multiple adverse mental and physical health outcomes, and results in increased utilisation of healthcare services. The trauma-informed approach is a system level intervention to promote practice enabling positive relationships and recovery and implementation of this relies on staff training and workforce development. Currently, there is a gap in the evidence for mechanisms underpinning training interventions for trauma informed care and their effect on professional behaviour and practice, as well as patient experiences and outcomes.

Questions

This mixed methods systematic review evaluates the effectiveness of training interventions on trauma informed care for healthcare providers. The primary outcome is any change in HCP or patient behaviours after training. Additional outcome measures are psychological: training-related changes in knowledge, beliefs or attitudes.

Intervention studies and service evaluations of trauma informed care training interventions of any design are included, to address the research question: does training in trauma informed care change healthcare providers' and patients' emotional and cognitive outcomes, or health?

Content

Findings demonstrate substantial heterogeneity in design, content and delivery of trauma informed care training interventions. Effectiveness does not appear to rely on training duration or intensity but involving real or simulated patients has a powerful impact on behavioural and psychological outcomes for attendees.

Take home message

Findings from this systematic review have the potential to influence the development of a unified, evidence based, and cost-effective curriculum for training healthcare providers to deliver trauma informed care, improving care for some of the most vulnerable patients we serve.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1195

Internal code

P01-112

Presentation form

ePoster only

Doctor, my back hurts

Araceli Gómez Templado, Xavier Martinez Regada, Antonio Perez Vallejo, Maria Saman Flores, Clara Sagales Riba, Rosa Viñas Vidal, Marta Bandrés Mingueza, Liliana Gomez Mantilla, Maria del Mar Fores, Belen Zachow
EAP Santa Eulàlia Sud, Barcelona, Spain

Didactic method: Oral case presentation

Presented problem:

A 43-year-old woman with no history of interest who came to Primary Care due to low back pain with mechanical characteristics of 48 hours' evolution, with no other associated symptoms. Paracetamol and ibuprofen were prescribed with no improvement, so she consulted again 24 hours later due to persistence of symptoms associated in this case with urinary retention and paresthesia in the lower extremities.

Physical examination: mild paresthesia L5 and S1. Widespread lumbar pain.

Management

We send the patient to the hospital. A lumbar X-ray was requested, observing a decrease in the L5-S1 space. MRI: extruded disc herniation L5-S1.

Bladder catheterization and urgent intervention were performed before 48 hours (central left L5-S1 discectomy).

After one week, the patient's paresthesias improved but she had no control over urination (she remains with a catheter). After 3 months in the rehabilitation phase, she was able to urinate with effort and persisted with low back pain but with preserved strength in the lower extremities.

Discussion

What we can learn from this/open question

The etiology of this syndrome is varied and may be caused by compression by abscesses or neoplasias, among other causes, but the appearance of a lumbar hernia is the most frequent cause.

Cauda equina syndrome is a diagnostic and surgical emergency. A delay in treatment of more than 48 hours influences the future of the patient.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1198

Internal code

P01-113

Presentation form

Poster on paper + ePoster

Myoclonus in a left upper extremity as the only symptom of a brain mass in a 58 years old man

Irache Ines Murillo Diaz de Cerio, Teddy Weimar Cordova Irusta, Davinia Arvelo Plasencia, Alejandro Gisbert Segura, Maria Mercedes Martinez Mendieta, Rocío García-Gutiérrez Gómez, Balma Tosca Adell, Natalia Sanchez Carbonell
EMERGENCY, SEMES SPAIN, ALCANIZ, Spain

Primary brain tumors account for about 2% of all malignant neoplasms, in adults the symptoms depend on the location and size of the tumor. Some tumors cause direct damage by invading brain tissue and some tumors cause pressure on the surrounding brain.

Case presentation

The patient is a 58 year old male, not smoker, dyslipidemia in treatment with simvastatin, not relevant family risk factors for neoplastic disease who had suffered uncontrollable movements of the left upper extremity in the last three months which were increasing in the last month before coming to the emergency department. Not weakness not numbness and not tingling. Physical examination demonstrated stable vital signs, his GCS scores were E4V5M6, muscle power was 5/5 on both sides. Investigations at admission were normal for blood CBC, S. Creatinine, S. electrolytes, liver function tests and lipid profile

He underwent MRI of brain which demonstrated a 2 x 2 cm subcortical mass underlying the precentral gyrus, the mass is hypointense on T1 and hyperintense in T2 with significant vasogenic edema. A Body CT scan was performed and was unremarkable

Conclusions

This case illustrates how early diagnosis can prevent complications the most common treatment for malignant brain tumors is surgery and the survival time depends on general patient condition, age, and histopathological type of the tumor. The severity of neurological symptoms, limits of the performed surgical procedures, and response to the applied therapy, based on imaging tests, also represent prognostic factors.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1201

Internal code

P01-114

Presentation form

Poster on paper + ePoster

Case report: Dermatofibrosarcoma protuberans

MARTA PEREZ RODRIGUEZ, cinta rueda colomina, sara sanchez fernandez
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MALAGA, Spain*

Didactic method: Problem based learning

Presented problem: 15-year-old male consulted his health center for a skin tumor located suprasternally, two centimeters in diameter, well demarcated, mobile, not adherent to deep planes and asymptomatic. Epidermoid cyst or adenopathy is suspected.

Management: In view of the growth of the lesion in 2-3 months, the patient is referred to general surgery for consultation of major outpatient surgery for excision of the tumor and subsequent analysis.

Outcome: Admitted to hospital for scheduled surgery. The lesion is excised under general anesthesia. Pathological anatomy findings of dermatofibrosarcoma protuberans. Because of this diagnosis it is necessary to expand tumor-free surgical margins and follow up on the patient's progress.

Discussion: Dermatofibrosarcoma protuberans is a rare kind of skin cancer that grows from connective tissue cells, in the dermis, the skin's middle layer. It has a slow growth and does not frequently grow beneath the skin. They are similar to dermoid cysts. Perhaps the lack of knowledge of this entity is due to the erroneous diagnosis that is usually made with the epidermoid cyst, dermoid or even with lipoma. Differential diagnosis should be made. The recommended treatment is surgical excision and anatomopathological analysis.

What we can learn from this/open question: In primary care, we must be attentive to any skin lesion that has a more accentuated growth or changes in the morphology or color of the lesion. In addition, any lesion removed should be analyzed by anatomic pathology in order to get the final diagnosis.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1210

Internal code

P01-115

Presentation form

Poster on paper + ePoster

Weight loss with liraglutide, a case of success

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Background: Obesity is a chronic disease and its prevalence is increasing in all age groups. It is a major contributor to poor health in most countries. Evaluation of an overweight or obese patient should include clinical and laboratory studies to determine health risk. Liraglutide, a glucagon-like peptide-1 receptor (GLP) - 1 agonist, reduces appetite leading to decreased food intake and weight loss.

Presented problem: Woman, 49 years, came to our healthcare centre struggling with weight loss for many years, decreased self-esteem and with future health concerns. On the first appointment on physical exam, she presented with an IMC 36 (obesity class II)

kg/m², 98 kg and a high risk for diabetes in 10 years. Blood tests did not show signs of diabetes or thyroid pathology, only hypercholesterolemia. Liraglutide was prescribed starting from 0.6 mg with progression to 1.8 mg in one week. Monthly monitoring of weight and arm, waist and hip circumference measurements were undertaken. On her own volition she started daily 60-minute and nutritional changes. Six months later, the patient presented with an IMC 27 kg/m² (overweight), 74 kg a low risk of diabetes development in 10 years as well as improved self-esteem. Adverse effects were not reported.

Discussion: Liraglutide is used in the management of weight loss due to its efficacy in regulating appetite. In this case, the continuous monitoring, positive feedback and physical exercise proved to be essential in the improvement of cholesterol levels, glycemic control, decreased risk of diabetes and better self-esteem.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1211

Internal code

P01-116

Presentation form

Poster on paper + ePoster

Volvulus in 14 years old male with constipation

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Volvulus is an important surgical emergency, is a condition in which the bowel wraps around itself and its own mesentery, causing a closed-loop obstruction which if left untreated, often results in life-threatening complications, such as bowel ischemia, gangrene and perforation.

It is an uncommon problem in children and adolescents, and is rarely considered a diagnosis in this group. We present the case of a 14 years old male.

Case presentation

The patient was a 14 years old male presented with a two weeks history of constipation and abdominal pain his symptoms suddenly worsened in the last two days and became associated with vomiting and severe pain with progressive distension. X-ray revealed air-fluid levels posterior CT Scan was conducted and was highly suggestive of a small bowel mesenteric volvulus of the small bowel. The CT showed a largely dilated bowel with a pathognomonic “whirl” pattern present. The patient was referred for an emergency laparotomy that it confirmed the diagnosis. Patient made an uneventful recovery. He made a steady recovery and remains free of symptoms to date.

Conclusions

Clinicians dealing with children should maintain a high degree of suspicion, prompt diagnosis and treatment is mandatory to intervene before colon becomes ischaemic and perforates, any delay has a devastation effect in morbidity as well as mortality. Early diagnosis and prompt treatment confers excellent prognosis

It should be one of the differentials to be considered in patients presenting with abdominal distension and constipation. This case presentation serves to highlight it.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1221

Internal code

P01-118

Presentation form

Poster on paper + ePoster

Ischemic colitis secondary to inferior vena caval thrombosis in a 83 years old woman

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Ischemic colitis IC is an ischemic injury to the colon. Most patients affected are elderly with non-specific symptoms and are easily overlooked. We present the case of an elderly female patient with ischemic colitis due a inferior vena cava thrombosis.

Case presentation

We present a 83-year-old woman had a history of hypothyroidism and mastectomy due to breast cancer. She visited our emergency room with a 48 hrs history of painless diarrhea, hematochezia, abdominal pain. A colonoscopy was performed 2 days before. Physical examination of the abdomen showed diffuse tenderness. Laboratory tests showed leukocytosis, and abnormal renal function. Abdominal CT Scan showed mural thickening with perifocal stranding in the transverse colon associated to inferior vena caval thrombosis. Ischemic colitis was suspected, but the surgeon hesitated to initiate surgery. Finally the patient was first hospitalized in the gastroenterology unit the therapeutic decision was to pursue a conservative treatment, after two weeks the patient stabilized with conservative measures, since then improved well She stayed hemodynamically stable and was discharged home on day 25 of admission

Conclusions

This case presented several clinical aspects of thrombotic disease of the mesenteric territory. The diagnosis of colon ischemia should be considered, and early colonoscopy is advised in patients presenting with severe abdominal pain followed by lower GI bleed in the next 12–24 hours. Some common but less specific symptoms include painless diarrhea, nausea, or vomiting. In this case the ischemia occurred after the colonoscopy was performed.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1224

Internal code

P01-119

Presentation form

ePoster only

Morel-Lavallée Lesion: when a correct assortment of the clinical history makes a difference on the timely diagnosis

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The case report presented refers to a clinical case first attended in a primary health care context, on which Morel-Lavallée Lesion, a rare condition, was diagnosed.

When this lesion occurs, a swelling can be found in an ultrasound, between the bottom part of the skin dermis and the fascia. Usually, trauma (in sequence of intense exercise practise or a fall) is on it's origin.

Though Morel-Lavallée Lesion is quite rare, it can bring major complications, as the shearing force applied by trauma may lead to the rupture of blood and lymph vessels, as well as adipose tissue breakdown, being these sometimes necrotic. This way, diagnosing Morel-Lavallée Lesion, as early as possible, is highly important to avoid complications, such as bacterial growth and extensive skin necrosis.

Differential diagnosis includes bursitis, hematoma, abscess, benign tumors and malignant neoplasms. So, the case report we propose to present aims to alert other clinicians for the importance of thorough data collection, which includes verifying if there is an history of trauma in association with the lesion observed on physical examination. We also aim to address the importance of recurring to proper complementary diagnostic imaging tests, as well as a correct and timely referral and cooperation with other medical specialities.

Keywords: abscess; benign tumors; bursitis; hematoma; malignant neoplasms; Morel-Lavallée Lesion; trauma.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1229

Internal code

P01-120

Presentation form

ePoster only

Domestic Violence: the importance of the physicians' role

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Domestic violence causes serious psychological and physical harm and targets mainly women in most of the reported cases. Besides it's significant social and economic costs, this sort of violence brings with it not only direct victimization but also indirect, secondary, and multiple victimization. Therefore, and throughout the years, we may see that family violence has been affecting generations in a row and future generations are also still at risk.

With proper training, clinicians in primary health care are placed in an exceptional position to recognize situations where violence is present in a family and may be a key element to offer guidance to victims. For this, the necessary groundwork should be

provided so that medical practitioners can be prepared to deal with these situations in order to give support, counsel and assistance to victims of abuse.

Knowing domestic violence is so many times hidden within dysfunctional family dynamics, and that most victims suffer long time in silence before they try to reach out for help, with this research we pretend to raise awareness to the problematic of domestic violence. For that, we aim to provide information about this matter and enlighten the role that clinicians can play helping victims of domestic violence.

Keywords: domestic violence; family violence; psychological and physical harm; victimization; victims of abuse; victims of domestic violence.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1230

Internal code

P01-121

Presentation form

ePoster only

Pharmacological treatment in chronic pain: considerations for older adults

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Chronic pain has an elevated prevalence in elderly people (aged >65 years), with a deep impact on their quality of life. It's widely recognized that ageing brings physiological changes that affect drug handling. Also, chronic pain treatment is complex, concerning the need of multidisciplinary intervention. These aspects, allied with the fact that most older adults often have to deal with polypharmacy, highlight the huge challenge that pharmacological agents' choice can be in the management of chronic pain on elderly patients.

With this presentation, we aim to review physiological particularities of chronic pain related to older adults and to present the different pharmacological choices that might be used in elderly people.

Keywords: chronic pain, older adults, pharmacological management of pain.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 68

Internal code

P01-122

Presentation form

ePoster only

Q fever

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Introduction

Pathognomonic signs and symptoms of typical viruses may lead to misdiagnosis if a holistic assessment of the patient is not performed. This case demonstrates the importance of performing a thorough history to avoid under diagnosis of diseases that are little known but frequent in Europe.

Case description

A 61-year-old male goes to the emergency department for fever symptoms of up to 39.5°C, myalgias and chills, during 7 days. He lives in an urban area, does not work with animals and has no pets.

Analytical radiographs and abdominal tomography are performed and only leukopenia with lymphopenia, elevation of transaminases and PCR of 97 mg / l.

He was admitted to internal medicine with the diagnosis of viruses versus retrocardiac pneumonia where he received empirical treatment, discharged in 4 days and followed outpatient controls. He was asked for his hobbies and he spends weekends in rural areas where he likes to visit farms, serology were requested, it was positive for Q Fever. The patient was treated with doxycycline for 2 weeks and recovered completely

Conclusion

Q fever is a zoonosis caused by *Coxiella Burnetii*, a risk for people in contact with animals, which can occur in others such as our patient who is in contact with animals in a timely manner. Faced with a fever of unknown origin, a good history of customs and habits, in addition to their working life and their family environment, can make us think about it and lead us to the diagnosis and specific treatment quickly.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 220

Internal code

P01-123

Presentation form

ePoster only

When corticosteroids are not the answer

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Background: Pityriasis rosea (PR) is an acute, self-limited, pruriginous, exanthematous skin disease. It is characteristic in children and young adults and more common in women than men. A viral etiology for PR has been hypothesized.

Questions: Can oral corticosteroids help improve manifestations and pruritus?

Methods/Outcomes: A 28-year-old woman, presented in the general practitioner (GP) office with several small oval pink pruriginous lesions on the back and upper limbs and a bigger single oval scaly lesion with a central clearing on the back ("mother" patch) that appeared two weeks earlier. The GP diagnosed PR and medicated with topical

corticosteroids and oral antihistamines. Two months later, the patient had dozens of lesions on the trunk, back, upper, lower limbs and feet. The GP referenced her to a dermatologist who proposed a two-week trial with oral prednisolone. Prednisolone therapy was associated with faster improvement in pruritus and disease severity in the first week. However, it relapsed during the weaning in the second week, developing hundreds of lesions one week later.

Discussion/Take-Home Message: Patients should be advised the rash may persist for two to three months; no follow-up is necessary as long as it resolves within this time. Although the vast majority of patients with PR require no treatment or only topical treatment to control pruritus, there is some evidence that systemic glucocorticoids may accelerate clinical improvement on severe cases, however it is not recommended because the efficacy data are limited and concern for increased risk for relapse.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 252

Internal code

P01-124

Presentation form

ePoster only

Fever and malaise during the COVID-19 pandemic - a case report

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Background: When faced with a patient with fever and malaise during the pandemic, there is a tendency to consider COVID-19 as the most likely diagnosis. In view of the current situation, one should think of this possibility even when a patient does not report exposure. However, fever is a very unspecific symptom that manifests in many diseases, which should not be forgotten despite the moment the world lives.

Question: Amidst the COVID-19 pandemic, how can a thorough anamnesis help investigate fever and malaise?

Methods/Outcomes: We report the case of a 26-year-old man who has sex with men, in a stable relationship and without multiple sexual partners or intravenous drug use. He presents for an appointment with complaints of generalized malaise, fatigue, anorexia, chills, odynophagia, nausea, and diarrhea starting four days earlier. When asked, he mentions one isolated fever peak two days earlier (38.5°C). A SARS-CoV-2 PCR test was requested and the patient was given symptomatic therapy. The test was negative. Four days later, some symptoms persisted and a new appointment was scheduled. Through a thorough anamnesis, the patient complained of pasty stools and tenesmus occurring for about 2 months and an unprotected anal sexual relation. A lab workup of chronic diarrhea and sexually transmitted infections was requested. The lab findings included the presence of HIV-antibodies.

Discussion/Take-Home Message: Fever is a clinical manifestation of many pathologies. Acute HIV infection can present with a myriad of nonspecific symptoms. This diagnosis warrants a high level of suspicion.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 256

Internal code

P01-125

Presentation form

ePoster only

Cyst of the canal of Nuck , a rare cause of inguinal mass - a case report

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Background: A nonreducible inguinal mass is a common complaint in clinical practice. Differential diagnosis includes inguinal and crural hernias, adenopathies and malignancies. In women and girls, a cyst of the canal of Nuck (CCN) should also be considered. CCN is a rare developmental disorder of the reproductive system of women.

Question: How can imaging studies complement anamnesis and physical examination in patients with a groin mass?

Methods and Outcomes: A 27-year-old woman presented to the clinic with mild and occasional left inguinal pain occurring in the last 3 months. The pain aggravated during physical activity and defecation. She also noticed a swollen palpable mass when performing such activities. Throughout the examination, the Valsalva maneuver was performed revealing the mass in the left groin. An ultrasound was performed but was inconclusive. A pelvic magnetic resonance imaging demonstrated a 10x9 mm CCN. Considering these findings, the patient was referred to a general surgeon who proposed surgical removal.

Discussion and Take Home Message for Practice: Although rare, a CCN should be considered in the differential diagnosis when a nonreducible groin mass is found in women and girls. The diagnosis relies on imaging and surgical removal is the gold standard for treatment.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 294

Internal code

P01-126

Presentation form

ePoster only

Jugulo-subclavian thrombosis after Covid-19: A case report.

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Cartagena Casco Primary Care Center, Servicio Murciano de Salud, Cartagena, Spain

Background: Thrombosis associated with COVID-19 infection is one of the most frequent complications, especially in patients who have required hospitalization.

Methods: Case report.

Outcome: A 59-year-old male patient, with a history of dyslipidemia and diabetes and who was admitted to ICU for severe pneumonia due to COVID-19, came to the consultation with his family doctor for pain in his left arm. During the physical exploration he presented pain, edema, erythema and increased temperature from the shoulder to the fingers of his left arm, he presented peripheral pulses. No functional impotence and preserved strength and sensitivity. In the blood test we can highlight fibrinogen 728 mg/dL and D-Dimer 1645. A doppler ultrasound of the left arm was performed and showed partial occupation of echogenic material in the jugulo-subclavian junction, compatible with partial thrombosis, as well as complete thrombosis of the subclavian vein in its distal, axillar, brachial and radial segments. He was diagnosed of extensive thrombosis of the left jugulo-subclavian joint and was hospitalized to start anticoagulant treatment.

Discussion: Early diagnosis of the frequent complications of deep venous thrombosis is important in the primary care. Allowing for the correct treatment to be started as soon as possible reducing associated mobility.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 295

Internal code

P01-127

Presentation form

ePoster only

Why pain should never be taken lightly.

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Background: The frequency of Multiple Myeloma increases with age, being more frequent after 65, but it can occur in younger adults. The most frequent clinic is bone pain, although there is variability between patients. A correct diagnosis and early treatment makes patients improve clinically, allowing them to increase their quality of life.

Methods: Case report.

Outcome: A 59-year-old male, smoker of 20 cigarettes per day was brought to the emergency room complaining of lower back and hip pain for the past week. He referred that the previous month he had consulted about chest pain after sneezing which had resulted in the fracture of 3 ribs. During the physical exploration he presented with pain from 7th to 12th costal arches, as well as the lower back, anterior face of the femur, and right hip, impeding deambulation. An X ray showed compression of multiple vertebrae, as well as osteolytic lesion with cortical destruction in the superior third of the right femur.

The blood test showed calcium 11.8 mg/dl, phosphorus 3.4 mg/dl, serum IgA 2739.3 and proteinogram with paraprotein IgA Kappa Beta-2. A bone marrow biopsy confirming Ig A kappa multiple myeloma was performed and chemotherapy treatment was started with clinical and analytical improvement.

Conclusion: It is important to consider secondary causes of bone fractures without prior trauma. In this case, the performance of an x-ray and laboratory tests led to the suspicion of multiple myeloma, which was finally confirmed and treatment was started with good response.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 297

Internal code

P01-128

Presentation form

ePoster only

Diabetes mellitus and vascular dementia, what came first, the chicken or the egg?

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Background: As life expectancy increases, so does chronic diseases. However, it has become evident that diabetes and vascular dementia concur more frequently than would be expected by chance alone.

Methods: Case report.

Outcome: A 81-year-old woman, with a history of hypertension, type 2 diabetes mellitus in treatment with insulin and dyslipidemia. Attended the consultation of her family doctor for frequent memory loss, disorientation, difficulties in to manage her money and self-care for about one year. The clinical history was reviewed and in recent years she had frequent episodes of hypoglycemia requiring modifications of her insulin treatment. During the physical exploration there was not any alteration and there was no neurological focality. A Minimental Test was performed and the result obtained was 19/35. A brain CT scan was requested and showed chronic ischemic/hypoperfusion. She was finally diagnosed of moderate vascular dementia.

Discussion: Adequate management of pharmacological treatment in Diabetes mellitus is very important, especially in old adults where our priority is the prevention of episodes of hypoglycemia over strict glycemia control. The most interesting thing in this case report would be to understand whether poor management of diabetes with frequent hypoglycemia is due to onset dementia and the inability to properly administer the treatment, or, on the contrary, the frequent hypoglycemia was the cause of the vascular dementia.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 299

Internal code

P01-129

Presentation form

ePoster only

Doctor, my back hurts.

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Background: The systematic reading of X-ray is very important in Primary Care, it allows us to make early diagnoses and referral to other specialist, enabling early treatment.

Methods: Case report.

Outcome: A 78 years old man, without unhealthy habits, with a history of dyslipidemia and chronic atrial fibrillation, is attended after complaining of back pain for the last 2-3 weeks in the costal region and at the left paravertebral level, which persisted after taking conventional analgesia. He had not presented fever, dyspnea, or constitutional syndrome and had not suffered trauma. During the physical exploration he presented pain in the left paravertebral muscles and 7th-8th ribs. The chest X-ray showed a shadow that was projected proximal, posterior and superior with respect to the left hilar silhouette, a lysis of the posterior arch of the left 7th rib was observed, which overlaps the vertebrae. A CT-scan was performed where a tumor was confirmed and lymphadenopathy are observed at different levels, a brain CT-scan ruled out metastases. A biopsy is performed, obtaining the result of non-small cell carcinoma.

Conclusion: In Primary Care it is essential to know your patients and the reasons why they usually consult. It is also crucial to correctly interpret the diagnosis test we ask for. In this case, our patient attended his regular check-ups without prior complaints of this type. For this reason, the X-ray was requested, a test that allowed us to correctly diagnose and start treatment very quickly.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 313

Internal code

P01-130

Presentation form

ePoster only

The Australian Contraception and Abortion Primary Care Practitioner Support (AusCAPPS) Network: An online community of practice protocol

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Background

Accessing long-acting reversible contraception (LARC) and early medical abortion (EMA) can be challenging in Australian primary care. GPs, nurses, and pharmacists are well placed to provide/support LARC and EMA service provision. However, provider numbers are low due to lack of training, ongoing support, and feelings of isolation.

Questions

Can an online community of practice:

- Increase the number of EMA prescribers and dispensers?
- Increase rates of LARC and EMA prescriptions?
- Improve primary care clinicians' knowledge and attitudes regarding LARC and EMA?

Methods

The AusCAPPS Network is an interactive online community of practice developed to support GPs, pharmacists, and practice nurses working in primary care to deliver LARC and EMA services. Outcomes will be assessed through health service use and prescription data analysis. Knowledge, attitudes, and practices (KAP) within the three target groups will be assessed through national pre- and post-implementation surveys. Process evaluation will involve Google analytics and participant interviews.

Outcomes

We conducted a knowledge exchange workshop in February 2021 with industry, professional, government, and non-government organisations, informing the development and content of AusCAPPS. KAP surveys of target groups were undertaken. Analysis is underway and results will inform AusCAPPS content.

Discussion

We anticipate that primary care practitioners using AusCAPPS will benefit from networking, expert advice, resources, and education and training on the site, supporting providers in new services using best practices.

Take home message for practice

Access to peer and expert support and resources may contribute to supporting primary care practitioners with confidence to innovate and improve service delivery.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 408

Internal code

P01-132

Presentation form

ePoster only

Prevalence of Alzheimer's disease in the primary care center Canaletes-Fontetes. Cerdanyola del Vallès. Barcelona. Spain

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Background

Alzheimer's disease (AD) is a prevalent entity in Spain, in the population aged 75-79 years (3-4%), being up to 34% in those over 85 years.

Questions/Objectives

-To know the prevalence of Alzheimer's disease in the population assigned to the health center.

-Determining the place of care for patients with Alzheimer's disease and treatments prescribed for those.

Methods

The electronic medical records of patients with AD diagnosed up to December 31, 2021 at the PCC Canaletes-Fontetes were reviewed. Assigned population: 26124 persons. Demographic and clinical variables were studied. Data were processed with the PSPP system.

Outcomes

A total of 159 patients were obtained.

Prevalence of AD for general population: 0,64%

Prevalence of AD for population >75 years old: 5,92%

Prevalence of AD for population <75 years old: 0,12%

108 patients are seen in outpatient clinics (63.91%), 35 in nursing homes (20.71%), 20 at home (Home care program, 11.83%) and 6 in non-geriatric homes (3.55%).

The main treatments were: Rivastigmine (20.12%), Memantine (18.93%), Donepezil (12.43%), Memantine + Donepezil (5.33%), Galantamine (8.88%), Memantine + Rivastigmine (4.73%).

29.59% of patients were not receiving treatment.

Discussion/Conclusion

-Prevalence of AD our study was 0,64

-Prevalence of AD in patients >75 years old was: 5,9

-63,91% are attended in outpatient clinics

-36,09% of patients are treated in institutions outside the primary care center.

Take Home Message for Practice

The prevalence of Alzheimer's disease in our study is similar to that of Spain.

36,09% of the patients in our study are institutionalized (residences/home)

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 434

Internal code

P01-133

Presentation form

ePoster only

Cervical lesion under study

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Background: A 45-year-old male who reports a two-week-long, painless left cervical "lump" in treatment with anti-inflammatory drugs without improvement. Pain with swallowing and when opening mouth, without dysphagia, accompanied by a feeling of general discomfort and loss of appetite. The patient smokes a pack of cigarettes per day.

Methods: The patient has a rounded swelling, induced and adhered to deeper planes in the left laterocervical region, well defined and not painful to the palpation. At the oropharyngeal level, ulcerated lesion in the lingual region. Rest of exploration without any findings. Preferred ultrasound with PAAF: cervical lesion with cytology compatible with squamous cell carcinoma. PET-CT scan: Hypercaptative lesion on the left lateral edge of the tongue vs adjacent gums, suggestive of viable tumor tissue with multiple ipsilateral laterocervical adenopathies. Tongue biopsy: moderately differentiated infiltrating squamous cell carcinoma.

Outcomes: lingual epidermoid carcinoma

Discussion: The patient is referred to maxillofacial surgery being operated on the lesion with complete removal with free margins, left radical cervical emptying and reconstruction with radial flap of the left arm. He is currently undergoing chemotherapy treatment.

Take Home Message for Practice: In the Primary Care consultations, an adequate anamnesis and physical examination are essential to manage and prioritize the complementary scans and to get a diagnosis as early as possible, since they are usually diagnosed in advanced stages.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 435

Internal code

P01-134

Presentation form

ePoster only

Persistent abdominal pain

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Background: The patient is a 70-year-old man who reports abdominal pain for about four days, beginning at the lumbar level. He relates it to physical overexertion. The pain appears on awakening, increasing intensity, and it is located in the right iliac fossa that radiates to the mesogastrium. It increases when contracting the abdominal muscles and ventral flexion of the trunk. Given the persistence of pain despite oral analgesia it is decided to refer to hospital emergency.

Methods: Abdomen pain in the right iliac fossa with positive Carnett's sign, no signs of peritonism. Negative urine strip. Analytical analysis amylase 111. Abdominal ultrasound: signs of slight hepatic steatosis and/or liver disease, visible non-dilated bile duct, although no inflammation of the pericecal fat or free fluid is observed. It is decided to perform abdominal computed tomography with no significant findings.

Outcomes: Anterior Cutaneous Nerve Entrapment Syndrome (ACNES).

Discussion: Due to the persistence of the pain, hospital admission is decided and after carrying out complementary tests, the patient is consulted with the pain unit, confirming the diagnosis of the same after infiltration of the trigger point with immediate improvement of the abdominal pain.

Take Home Message for Practice: In Primary Care, non-specific abdominal pain is a very frequent reason for consultation. This syndrome is rarely included in the differential diagnosis, it is underdiagnosed, involving a great expense in diagnostic tests, multiple

consultations and, above all, it delays the diagnosis of the patient with the anxiety that it generates in it.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

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P01-135

Presentation form

ePoster only

Polymyalgia rheumatica: a case report

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Background: Polymyalgia Rheumatica (PMR) is an inflammatory disorder characterized by proximal joint aching and morning stiffness that occurs typically in patients over the age of 50 and accompanied by the elevation of erythrocyte sedimentation rate (ESR). It usually requires the exclusion of other diseases with similar symptoms for the correct diagnosis.

Methods: case report of a patient who consulted in our primary care unit. The additional information was researched in databases and evidence summary.

Outcomes: A 77-year-old man with arterial hypertension presented in our primary care unit with left wrist arthritis lasting for 2 weeks. It was treated with antibiotics without improvement, adding to his symptoms bilateral shoulder pain, fatigue and low-grade fever. The patient was referred to the emergency department. There were no pathological features in the abdominal and neurological examination. Laboratory tests revealed elevated ESR and C-reactive protein with normal rheumatoid factor and negative antibody results. In the radiological examination no pathology was detected. Taking to the account these results and excluding other pathologies, the final diagnosis of polymyalgia rheumatica was established.

Take home message for practice: As primary doctors we have to be familiar with the most common pain disorders and its diagnosis. PMR is not as rare as it seems, the prevalence rises as the number of elderly people increase in the world. PMR response to corticosteroids is remarkable but all symptoms may take years to fade. Therefore, early treatment is vital to improve the patient's prognosis and diminish the possible future complications.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

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ePoster only

Graves disease and its etiologic role in a infertility case

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Background: Infertility is a complex disorder with multiple etiologies that influences significant medical, psychosocial and economic aspects. Its prevalence is estimated at around 10–15% of couples. Autoimmune diseases may influence fertility and autoimmune thyroid dysfunctions are very common. Both hyper- and hypothyroidism may interfere with the mechanisms of ovulation and with sex hormone metabolism, affecting fertility.

Methods: Thirty-year-old woman turns to primary health care with complaints of infertility. She has no relevant medical history, but has family members with thyroid disease (mother and two maternal aunts). She had menarche at age 13 and has regular menstrual cycles. She revealed easy hair loss, heat intolerance, emotional lability and tiredness with 3 months of evolution. The requested analytical study demonstrated: TSH (thyroid-stimulating hormone) 0,026 mUI/L and free T4 11,5 ng/dL. Thyroid scintigraphy showed an enlarged thyroid, with heterogeneous uptake, without apparent nodules. There were no other changes in the remaining study. The patient was referred to an endocrinology consultation with a suspicion of Graves' disease, which was later confirmed through the measurement of TRAb (TSH-receptor antibodies). She was also guided to a fertility support consultation.

Discussion: Hyperthyroidism may affect female fertility not only through alteration of the hormonal profile but also through thyroid autoimmunity. This condition is generally resolved as soon as a euthyroid state is achieved.

Take home message for Practice: Pre-gestation counseling and endocrine assessment of the infertile couple is crucial. Thyroid function should be corrected early, especially before an assisted reproduction technique is planned.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

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P01-137

Presentation form

ePoster only

Anaphylaxis: case report in primary care

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42 years old women is brought to the health centre by her husband, after loss of consciousness at home. Her husband refers she complained of intense itching all over

her body and subsequently feeling dizzy with loss of consciousness. Upon arrival the patient is conscious but stuporous, hypotension: 80/40 mmHg, tachycardia, but no airway compromise, no bronchospasm, no oxygen desaturation.

With suspected anaphylactic shock, intramuscular epinephrine treatment is rapidly initiated. Additional epinephrine injection was necessary. Corticosteroids, H1 antihistamines, supplement oxygen and fluids were administered and signs and symptoms resolved over 6 hours of observation.

Anaphylaxis is defined as a severe life-threatening generalized or systemic hypersensitivity reaction characterized by rapidly developing airway and/or circulation problems. It presents with very different combinations of symptoms and apparently mild signs and can progress to fatal anaphylactic shock unpredictably. Prompt assessment and treatment are critical, as respiratory or cardiac arrest and death can occur within minutes. It is also important to treat anaphylaxis promptly because it appears to be most responsive to treatment in its early phases.

Intramuscular epinephrine (adrenaline) is the medication of choice for emergency treatment of anaphylaxis. Administration of corticosteroids and H1-antihistamines should not delay the administration of epinephrine, and the management of a patient with anaphylaxis should not end with the acute episode. Long-term management should include avoidance of triggers and following confirmation by an allergology study.

In our patient, a spider was found in her room, and allergology test conducted afterwards showed high sensitization to spider bites.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

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P01-138

Presentation form

ePoster only

Cavitated lung lesion

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50 year old man with a history of smoking, presents to his family physician with a productive cough, haemoptysis and dyspnoea for the last month. No fever, no thoracic pain. He denied intravenous drug abuse or use of steroids. On physical examination, the patient was tachypnoeic and tachycardic. Examination of the lungs revealed coarse crackles in upper right lung. The rest of systemic examination was normal. The chest X-rays reveals a right upper lobe cavitory lung lesion. CT scan detected asymmetric cavitory with an air-fluid level. Sputum study was negative. Lowenstein cultura negative. With the diagnosis of Necrotizing pneumonia and lung abscesses, treatment was

initiated with good responding to antibiotic therapy. Patient is followed to resolution with serial chest imaging.

Differential diagnosis of a cavitary lung lesion includes infectious and noninfectious etiologies. Infectious causes: bacterial, fungal, and, rarely, parasitic agents. Non infectious causes: malignant, rheumatologic, and other less common etiologies : pulmonary embolism.

Patients of older age with smoking history, specific occupational or environmental exposures, and weight loss, the most common etiology is neoplasm. Common infectious causes include lung abscess and necrotizing pneumonia, as well as tuberculosis. Important components in the clinical presentation include presence of cough, fever, night sweats, chills, and symptoms that have lasted less than one month, as well as comorbid conditions, drug or alcohol abuse, and history of immunocompromise (HIV, immunosuppressive therapy). The approach to diagnosis should be based on a composite of the clinical presentation, patient characteristics, and radiographic appearance of the cavity.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

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P01-139

Presentation form

ePoster only

Castleman disease. Case report

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30 year old man was in his usual state of good health until three months before admission when he began experiencing bilateral calf pain and lower limb weakness. At neurologist evaluation, the patient complains of lower limb paresthesia and worsening gait. Cerebrospinal fluid study was unremarkable except for elevated protein level :163,3mg/dl. Nerve conduction studies showed diffuse and severe sensorimotor polyneuropathy with axonal features. Complete laboratory study was normal. Abdominal Ecography showed splenomegaly. The patient was diagnosed with Guillain-Barre syndrome.

Three months later, pain became lancinating with radiation from his toes up into his thighs. His limb weakness progressed, and his gait worsened. He refers weight loss of more than 10 kg.

Computed tomography (CT) scan of chest, abdomen and pelvis showed splenomegaly, with extensive supra and infradiaphragmatic lymphadenopathy. Lymph node biopsy showed atypical plasmacytosis CD138+ CD56+ and lambda restriction that were consistent with plasma cell variant of Castleman's disease . He was diagnosed with Castleman's disease.

Castleman disease is a rare lymphoproliferative disorder characterized by enlarged lymph nodes and a broad spectrum of clinical manifestations. Although Castleman

disease is divided in 3 pathologic types (hyaline vascular, plasma cell, and mixed), the clinical phenotype is driven more by whether the lymphadenopathy is unicentric or multicentric. Patients with multicentric disease will most often present with constitutional symptoms, reflecting the excessive proinflammatory cytokinemia. Castleman disease can be associated with peripheral neuropathy, more commonly in multicentric disease. Castleman disease can also have coexisting polyneuropathy, organomegaly, endocrinopathy, monoclonal gammopathy, and skin changes (POEMS) síndrome.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

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P01-140

Presentation form

ePoster only

Erythrodermia: paraneoplastic syndrome

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A 66 years-old man undergoes a bilateral myringectomy due to bilateral chronic serose otitis media. One month later, he consults on a highly pruriginous erythrodermia in neckline, high-back, both forearms and head. It is not associated to any allergen and did not improve with high oral dosage of Prednisone. Two and a half months later, he debuts with diplopia.

As for exploration, he presents erythemathous lichenificated and excoriated plaques in neckline, forearms, back and face. Other findings include paresis of VI cranial pair. On X-rays, important increase of soft parts. On fiberscope, mass in cavum occupying 50% of nasopharynx, which is confirmed on TC.

Paraneoplastic dermatological syndromes are extremely common. This sum of signs and symptoms respond to a neoplasia but not a direct invasion or a metastasis in itself. Particularly on this patient, the initial symptoms of the tumour were erythema on face and body. The erythrodermia improved after tumour resection.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

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P01-141

Presentation form

ePoster only

Genital verrucas as a sign of secondary syphilis

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30 year-old man who relates stinging cutaneous lesions in both scrotum and penis during the last 3 weeks. These lesions are defined as annular rose-coloured plaques with superficial desquamation in the scrotum site, compatible with condyloma lata. Neither urinating syndrome nor urethral exudate have been present.

Our patient relates 10-20 sexual partners during the past year. He has anal intercourse with condom except for 3 sexual partners. Months later and after the negative results of nontreponemal test (RPR), the patient presents verruca acuminata in anus.

Serology: RPR (nontreponemal test): * 8.00 DILUTED. Hemagglutination (treponemal): * POSITIVE. VIH: negative

Clinical judgement: secondary syphilis

Treatment based on intramuscular benzathine Penicillin G 2.4 millions UI in one single dose. During the next days, the condylomas fade away.

Condyloma lata are highly contagious lesions due to the presence of treponemas. These will be present during secondary syphilis, more specifically on the 4-9th week after contagion. Nontreponemal tests (RPR) can give negative results 3-12 months post-infections, although they can be positive for life. Treponemal tests confirm RPR and will continue to be positive after treatment. It is fundamental to request for STD serologies so as to identify any genital verruca.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

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P01-142

Presentation form

ePoster only

Nodular injury on chest X-ray. What is the diagnosis?

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Background: Fifty-two-year-old woman who consulted for sudden chest pain in right hemithorax which started being sharp but then became oppressive. The pain persisted until the time of the medical consultation.

Methods: Physical examination showed chest pain by pressing with my finger, from the fifth to the seventh right intercostal space, at the previous axillary level. We performed an

electrocardiogram without significant alterations. We ordered an urgent chest X-ray and mammography to determine the location of the nodule.

Mammography was normal. Chest X-ray showed a nodular image in the right lung base. We referred the patient to pulmonary. They requested a chest CT and nodule biopsy to complete the study of the alleged pulmonary nodule. Test finally ruled out lung origin, confirming the diagnosis of fibrous bone dysplasia. The pain that the patient felt was due to the fracture of the seventh rib.

Results: The patient had a complete costal resection surgery. Nowadays, she is cured and completely asymptomatic.

Conclusions: Fibrous dysplasia appears by a replacement of bone tissue with fibrous tissue. In imaging tests, it can show up under very diverse morphologies and can be confused with other pathologies. It is important to take this entity into account when we see a patient with nodular image on chest X-ray that does not fit with breast or lung pathologies.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

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P01-143

Presentation form

ePoster only

What a false Coronavirus positive test can hide.

Soraya López Zacarez¹⁾, Cristina Hato Antón¹⁾, Ana Esteban Flores¹⁾, James Richard Moore²⁾, Paloma López Zacarez³⁾, Ana Cebrián Cuenca¹⁾, Rosa María Requena Ferrer¹⁾, María Belén Carrión Martínez¹⁾, Encarnación Esparza Perez¹⁾, Juana Flores Torrecillas¹⁾

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Background: Seventy-nine-year-old woman, smoker of twenty cigarettes a day, who suffered from bronchial asthma with frequent exacerbations, consulted for an increase in usual dyspnoea and wheezers.

Method: Conserved vesicular murmur, rhonchus and wheezing. Oxygen saturation 92%. We requested PCR test for Coronavirus, which was positive. Chest X-rays showed pleural effusion that occupied the right costophrenic sinus. These findings were not typical radiographic findings of COVID19, so we proposed the hospitalization of the patient for study. She requested voluntary discharge.

Some days later, we phoned the patient and asked her to come to the health centre for a clinical reassessment. We found more dyspnoea, tachypnoea and oxygen saturation 89%.

New X-ray showed worsening of the pleural effusion that now occupied almost the entire right lung.

Results: She was hospitalized, many PCRs were carried out and they all turned up being negative for COVID19, so it was considered an initial false positive.

After several imaging tests and a pleural biopsy, the diagnosis of malignant pleural mesothelioma was confirmed.

The patient died two months after the first consultation.

Conclusion: There are two important messages; on the one hand, we must emphasise how important it is to know the typical radiological findings of each disease; in COVID19 disease infection we can find: reticular pattern, multiple, basal and peripheral opacities, consolidations with predominance in lower fields of lungs, etc.

On the other hand, we must always keep in mind the possibility of having a false positive or false negative in any medical test.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

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Internal code

P01-144

Presentation form

ePoster only

Will it be anxiety?

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Presented problem: 22-aged man who comes due to an oppressive retrosternal pain radiated to the shoulders, which gets worse with deep inspiration and cough, improving in an estable seating position, keeping the trunk upright and breathless sensation. Five days before, medical chart with odynophagia and fever.treatment: escitalopram, lorazepam.exploration and tests: good general state. Rhythmic cardiac auscultation with pericardial rub. Hyperemic pharynx with pustule in the right pharyngeal pillar. Average vital signs. Electrocardiogram: sinus rhythm: 95 bpm. Nct, diffuse lifting of the st segment with dished morphology (except avr and v1). Positive waves

Management: the patient is derived to the emergency department to complete the tests. Chest x-ray: average cardiac silhouette, no pleural-parenchymatous opacities neither nasal passages clamping. Blood analysis: c-reactive-protein 12, leukocytosis 24000 (lymphocytic prevalence). Echocardiogram: no disturbances. **Diagnosis:** acute pericarditis. **Treatment:** avoiding stron efforts, acetylsalicylic acid + anti-inflammatories, no steroids or proton pump inhibition.

Outcome: positive development.

Discussion: its incidence and prevalence is difficult to determine. They suppose a 5 % of the non-ischemic chest pains which are attended at the emergency department. In our environment, 80% of the cases, etiology keeps undetermined, holding a viral origin.

What we can learn from this/open questions: most of the pericardial diseases have as a cause relatively easy to identify procedures. It is in our hands to know these syndromes to obtain an early diagnosis and an optimal treatment.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 562

Internal code

P01-145

Presentation form

ePoster only

Mediastinal choriocarcinoma. About a clinical case.

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Backgrounds: Twenty-seven-year-old man who consulted for a three-month cold: dry cough, fever, shivering and night sweating. He had been evaluated several times by hospital emergencies and the diagnosis was a respiratory infection. Doctors prescribed several antibiotics and bronchodilators but there was no improvement in the clinic.

Method: We asked for chest X-rays and blood test which showed leucocytosis, neutrophilia and C-reactive protein increase. Chest X-ray showed a mediastinal mass. Based on these findings, we decided to hospitalize the patient and admitted him to pulmonary.

Multiple imaging tests, PET-CT and lesion biopsy were performed, concluding a diagnosis of mediastinal choriocarcinoma with normal testicular ultrasound.

Results: He was given chemotherapy with progression of mediastinal disease and brain metastases. Up to six treatment lines were used but unfortunately, the patient died three years after the diagnosis.

Conclusions: Choriocarcinoma is a malignant tumour that derives from germ cells and can have a gonadal or extragonadal location. In men, it is usual to locate this type of tumour at the testicular level. They are very aggressive tumours which metastatic easily, the lung being the most common location.

Primitive choriocarcinoma in mediastinum, like the one we present in this clinical case, is very rare, its prognosis is very unfavourable.

This clinical case shows the importance of using health resources properly in order to conclude a reliable diagnosis.

The primary care physician should diagnose, treat and follow the patient.

In this clinical case, as in many others, patient follow-up was the key to achieving a correct diagnosis.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

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P01-146

Presentation form

ePoster only

Headache with alarm signs: an extremely rare tumour.

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Backgrounds: Twenty-seven-year-old woman, without history of interest, consulted for a terrible headache she had been having for five days long.

She said the headache began after a plane trip and was triggered in supine decubitus, preventing her from sleeping and not subsiding with usual analgesia.

Method: In physical examination we only detected bilateral papillary oedema.

Suspecting intracranial hypertension, we administered intramuscular corticosteroids and asked for an urgent brain CT. In this test, we observed a front left high-grade glioma. After that, a brain MRI was performed. The radiological diagnosis was glioblastoma multiforme.

Results: As glioblastoma multiforme was suspected, she was treated with surgery, chemotherapy and radiation therapy.

Once the surgery was performed, molecular biology studies of the tumour were done; the results did not match the diagnosis of glioblastoma multiforme.

A sample of the tumour was sent to the University of Heidelberg for genome sequencing, and they were also unable to issue a diagnosis.

Three years later, she continues with no diagnosis nor sequelae and being free of disease.

Conclusions: It is important to do a good physical examination of our patients, but it is just as important to listen carefully to what they tell us. In this clinical case, a CT was requested thanks to the headache alarm signs that the patient reported.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

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P01-148

Presentation form

ePoster only

Desmopressin in the symptomatic treatment of BPH - an evidence-based review

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Background: Benign prostatic hyperplasia (BPH) is characterized by an enlarged prostate, being more prevalent above the 50 years, with an important impact on patients' quality of life. Nocturia is common and frequently refractory. Several investigators have pointed to desmopressin as a useful additional therapy.

Questions: Is desmopressin effective and safe, especially in geriatric population, for the treatment of nocturia in patients with BPH?

Methods: A systematic review was performed in several sources: National Guideline Clearinghouse, Canadian Medical Association Practice Guidelines, Cochrane, DARE, MEDLINE®. The MeSH terms used were “desmopressine” and “benign prostatic hyperplasia”. The literature search included clinical guidelines, systematic reviews (with or without meta-analysis) and randomized clinical trials (RCT), published between October 2009 and October 2019, in english and portuguese. The Strength Of Recommendation Taxonomy (SORT) scale of the American Academy of Family Physicians was used to assess the quality of studies and assign the strength of recommendation.

Outcomes: The search yielded 10 articles, of which 2 RCTs and 1 guideline met the inclusion criteria.

Discussion: There is benefit in using desmopressin compared to placebo, in patients with nocturia associated with polyuria in BPH (**SORT B**). Within the studies, the risk of hyponatremia was not clinically relevant. However, more long-term studies are needed, particularly in the geriatric population. There were no significant comorbidities in the studied population, nor hyponatremia-inducing drugs, so their real safety profile when applied to clinical practice is unknown.

Take home message for practice: Desmopressin can be used as an additional therapy for refractory nocturia.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

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Internal code

P01-149

Presentation form

ePoster only

Gut-mind connection: are probiotics effective in treating anxiety? An evidence-based review

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Anxiety, defined as excessive and persistent worry over time, affects the individual's functioning and the quality of life. There are several recommended treatments for this disorder. Probiotics are live microorganisms with beneficial effects in multiple diseases. Recent studies have shown the interaction between gut microbiota and the central nervous system as a possible ally in the treatment of anxiety. This review aims to evaluate the efficacy of probiotic supplementation in the treatment of anxiety.

The search included articles from 03/2010 to 03/2020 with the MeSH terms "Anxiety Disorders" and "Probiotics". The Strength of Recommendation Taxonomy scale was used to assign levels of evidence and strengths of recommendation.

Of the 585 articles found, four meta-analyses, three systematic reviews, and six randomized controlled trials were selected. Three meta-analyses report that there is little

evidence on the use of probiotics in anxiety, while one meta-analysis states that there is a significant reduction in anxiety symptoms. The systematic reviews suggest beneficial effects, although the evidence is limited. Clinical trials showed an improvement in anxiety symptoms with their use but another clinical trial claims no significant reduction in anxiety with probiotic supplementation. Several limitations were found in the articles reviewed, such as the use of screening scales, large levels of statistical heterogeneity, variability in probiotic doses, and duration of supplementation.

The review conducted found no evidence in the use of probiotics in the treatment of anxiety, and the assigned a recommendation strength of B. However, further good-quality studies are needed to substantiate this evidence.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 634

Internal code

P01-150

Presentation form

ePoster only

Meningioma or a side effect of the Covid-19 vaccine? - a case report

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Background: 46-year-old male resorted to our consultation with decreased sensitivity and decreased muscle strength at the right upper limb, with associated paresthesias, with 3 hours of evolution. These episodes occur twice a month since he took the Covid-19 vaccine. He mentioned that today it was difficult to get the key in the lock and it was hard to remember the names of some objects. The neurological examination was normal. To exclude a space-occupying injury, cranial computed tomography was ordered. One month later, he came back to our appointment with the test result, that showed an “intra-axial expansive lesion in the left front-parietal convexity with a 5x4 cm. Mild vasogenic edema causing a 4.5mm right midline shift.” For maintaining the complaints and given the result of the exam, we refer him to the neurosurgery emergency department. He was hospitalized, made a magnetic resonance and underwent a surgery to excise the lesion at the next day.

Discussion: what initially the patient believed to be a iatrogenic effect of the vaccine, turned out to be a meningioma, which prompted an emergency surgery.

Take-home messages: The patient has a neurosurgical consultation scheduled to find out the result of the pathological anatomy of the lesion and which treatments he still has to do. This case remind us that the family doctor, as the first point of contact with healthcare for the patients, can guide to the diagnosis of serious illnesses, which may have a wide range of presentations, to which we must be alert.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 693

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P01-151

Presentation form

ePoster only

Correlation among depression, HbA1c, and family functioning assessment in elderly patients with type 2 diabetes mellitus: a longitudinal study.

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Background:

With the increasing age, DM (Diabetes mellitus) and depression are among the most prevalent chronic illnesses worldwide and people with DM are 2-3 times more likely to be diagnosed with depression compared to those without DM. Meanwhile research studies have demonstrated that DM is a family disease, for patients with higher levels of family support were linked with better glycemic control and lower mortality rate.

Questions

This study aim is to investigate whether there is a longitudinal association between depression, family function and HbA1c level among the elderly diabetes patients.

Content

The participants were recruited from an OPD during 1st June 2020 to 1st July 2021. The inclusion criteria were: (i) 60 years and above; (ii) have been diagnosed with type 2 DM; (iii) adequate cognition.

15-item Thai Geriatric Depression Scale (TGDS-15) and The family state and functioning assessment scale (FSFAS) are the self-report measurement tools of depression and family function in this study

146 participants were completed 5 time visit during one year study, 14% had depression at baseline. A linear mixed effect model with random effect was used. Our model, adjusted for age, gender, years of DM, income, cardiovascular comorbidity, insulin, physical activity and EQ5D-5L, was demonstrated the association between depression and HbA1c, and the relationship was J-shaped, but no significant association between family function and HbA1c.

Take Home Message

Timely identification for depression is a necessary component of glycemic control for elderly elderly diabetes patients.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 775

Internal code

P01-152

Presentation form

ePoster only

Abdominal pain: a celiac disease case report

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Background: The celiac disease (CD) is a hereditary intestinal autoimmune disorder caused by the ingestion of gluten. Atypical and underdiagnosed cases prevail in adults accompanied with nongastrointestinal symptoms. The correct diagnosis requires the detection of antibodies and the confirmation by biopsy.

Methods: we present a case report of a patient treated in our primary care unit. The additional information about the matter was researched in databases and evidence summary.

Outcomes: A 19-year-old man presented in our primary care unit with long-lasting abdominal pain. Additional history revealed hair fall, weight loss of 7 kg in 5 months and episodes of postprandial diarrhea without mucous or blood. On physical examination the abdomen was distended. Laboratory results show fecal calprotectine elevated and transglutaminase IgA antibodies over 200U/mL. Biopsy made subsequently confirm findings congruent with CD diagnosis.

Take home message for practice: Celiac disease it's overly undiagnosed because the classical presentation is a minority in clinical practice. Silent and atypical cases should be suspected if we found high hepatic enzymes, anemia or small bowel malfunction. The awareness of extra-digestive manifestations is important, such as bone demineralization, migraine, neuropathy or arthralgia. It is also frequent the association between celiac disease and other autoimmune diseases. Diagnostic test should be done before the elimination of the gluten because it could be leading to false negative results.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 790

Internal code

P01-153

Presentation form

ePoster only

Can a patient with Von Willebrand disease clot too much? A case report

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Background: Von Willebrand disease (VWD) is the most common inherited bleeding disorder. In Primary Care (PC), phlebitis and thrombosis of the lower extremity superficial veins are relatively common findings. This case report shows the rare combination of these two conditions.

Case description: A 49-year-old women with VWD type 2A, hypothyroidism, obesity (bariatric surgery at 2014) and non-smoker. Usual medications: levothyroxine 0,888µg id and polivitaminic supplementation. Presents at urgent PC's consultation with a three day's history of pain, tenderness, induration, with palpable cord of a superficial varicous

vein of left thigh. We suspected of superficial vein thrombosis (SVT), prescribed extremity elevation, compression therapy, prophylactic anticoagulation and obtained an urgent duplex ultrasound which the patient brought later ("SVT of the great saphenous vein in the proximal two-thirds of the thigh up to 3 cm from the saphenofemoral junction, without involvement of the femoral vein. Deep vein thrombosis was excluded. Trunk incompetence of the great saphenous vein"). Combining risk factors (age, obesity, physical inactivity), thrombosis location and extension, despite VWD we prescribe therapeutic anticoagulation and referral to a Vascular Surgery specialist for additional treatment.

Discussion Although SVT in patients with VWD is a rare event, it is important to be alert to its existence. Family doctors play an important role on its diagnose, treatment and follow-up.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 866

Internal code

P01-156

Presentation form

ePoster only

Doctor, what is this?

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Presented problem: 85-aged woman with well-controlled arterial hypertension who comes due to a pruritic lesions in the right lateral and posterior cervical region that had spread to the occipital and anterior cervical areas in the last 2 days. Associated burning pain, hyperalgesia and discomfort. Examination: good general state, confluent erythematous papules together with vesicles and blisters, with some areas of impetigo.

Management: Diagnosis: Suspicion of Herpes Zoster (HZ) with appearance less than 72 hours in an elderly patient and head/cervical involvement. **Treatment:** general measures, valacyclovir 1000 mg every 8 hours for 7 days, paracetamol and metamizole as analgesics. Cure impetigo areas with mupirocin cream every 8 hours.

Outcome: required the use of codeine and tramadol as well as gabapentin to control pain in the week following diagnosis. Later, positive evolution.

Discussion: HZ is a viral disease triggered by reactivation of the varicella-zoster virus in a specific dermatome (latent in sensory ganglia after a previous chickenpox infection). It then replicates in neuronal cells, shedding virions that are conducted down the nerve to the innervated skin. It is caused by a failure of the immune system in its control. Estimated incidence: 2.1 – 5.5 /1000 person-year (increasing with age).

What can we learn from this/open questions: Skin lesions are common in Primary Care. It's important to recognize this entity, to obtain an early diagnosis and optimal treatment for a correct evolution.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 926

Internal code

P01-159

Presentation form

ePoster only

Case report: can the solution also be the problem?

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Background: Colonic pseudo-obstruction is a disorder characterized by colonic distention in the absence of mechanical obstruction. It is often associated with metabolic imbalance, particularly hypokalemia.

Case Report: A 73-years-old woman, dependent on her 88-year-old husband, asks for a medical home visit, due to constipation and abdominal distension. In the first assessment, laxative and anti-flatulence medications were recommended. A week later, in another home visit request, this time due to alternating diarrhea and constipation and worsening of abdominal distention, it was observed a severe distended abdomen and the patient was sent to the emergency department. Transanal decompression was performed for symptom relief. Laboratory tests revealed severe hypokalemia that was corrected. In the following months, the patient repeatedly attended to the emergency room due to symptom recurrence, with associated hypokalemia, despite potassium correction conducted in each visit. An abdominal CT scan was performed, revealing exuberant colonic dilatation without evident mechanical obstruction.

Discussion: Colonic pseudo-obstruction main feature is abdominal distention. It can be associated with constipation, and, paradoxically, diarrhea, such as in this case. In presence of hypokalemia, colonic pseudo-obstruction is less likely to respond to usual treatments such as decompression. Trying to ease the suffering of the patient, the caregiver continuously provided her laxative medications, against medical recommendation. This might have perpetuated the diarrhea, resulting in fecal potassium loss. This case illustrates the Family Physician importance in the management of frail elderly, by understanding the patient in their personal context, and acknowledging caregivers' doubts, beliefs and worries.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 933

Internal code

P01-160

Presentation form

ePoster only

BP, stay with me - A community intervention

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Background: Hypertension is an important cardiovascular (CV) risk factor, being more prevalent amongst the elderly. Its control plays an important role in CV prevention. Regarding the last European Society of Cardiology (ESC) guidelines, out-of-office blood pressure (OBP) measure is highly recommended and improves treatment adherence and blood pressure (BP) control, especially when combined with education and counseling.

Questions: Does the elder population know how to correctly measure BP?

Methods: The investigators developed a questionnaire and applied it to a group of students of the Academia Sénior de Gaia, before and after a presentation about the correct way to measure BP was made. Afterwards, leaflets were distributed.

Outcomes: Although, by the submission date, the collected data are currently being analyzed, during our intervention with the population, we found that most of the interviewed people did not have enough knowledge. In the end, we received feedback from the patients saying that after the intervention they knew how to do it correctly.

Discussion: Once OBP measures are useful to diagnose masked and white-coat hypertension and to telemedicine appointments, there is an increasing need to assure that patients know how to correctly measure BP. In this project, the investigators found that many patients missed some steps. Thus, there seems to be a need to extend this intervention to the general geriatric population.

Take home message for practice: Though it is important to measure the OBP, more health education interventions are needed so it can be a useful tool on day-to-day clinical practice.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 938

Internal code

P01-161

Presentation form

ePoster only

The same symptoms over and over again? A case report...

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Introduction: Dunbar syndrome or median arcuate ligament syndrome (MALS) is a rare neurovascular compression condition characterized in celiac trunk extrinsic compression by median arcuate ligament, that can cause transient mesenteric ischemia and/or mechanical irritation of the celiac plexus nerve fibers.

Case report: For the last 30 years, a 68-year-old women, presented to various doctors, of different specialities, with recurrent epigastric and mesogastric abdominal pain and dorsal pain, especially after large food intakes, frequently accompanied by dyspepsia and flatulence, and occasionally, sweating. Over the years, several tests (analysis, abdominal ultrasound and tomography, endoscopy, colonoscopy, dorsal column tomography) were performed and various diagnosis (esophagitis, cholelithiasis, gastric polyps, diverticular disease, degenerative disc arthrosis) and treatments were done accordingly, including laparoscopic cholecystectomy. Almost four years ago, when attending to the new Family Physician and just for to keep her clinical file up to date, since she had health insurance, MALS was suspected and supported by abdominal

angio-tomography. Decompression of celiac trunk was performed and her quality of life has been improved.

Discussion: MALS is a diagnosis of exclusion. Other diseases like esophagitis, cholelithiasis, pancreatitis and food intolerance may cause similar symptoms and should be excluded. This case elucidates the difficulty of such diagnosis, alerts for the need to continue the investigation when symptoms relapse over and over again and also shows the importance of the patient's continuous and holistic approach.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 944

Internal code

P01-162

Presentation form

ePoster only

Locked In Syndrome: A case report.

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Background: Locked In Syndrome is complex and rare, characterized by complete paralysis of all voluntary muscles except for the ones that control the movements of the eyes. The most frequent cause is the vascular complication of an ischemic or hemorrhagic stroke.

Methods: Case report.

Outcome: A 54-year-old woman, is attended in her Primary Care Center, complaining of sickness and vomiting. A physical exam was performed her ECG and cardiorespiratory auscultation were normal, blood pressure was of 260/120 mmHg for which antihypertensive treatment was administered. Suddenly the patient suffered an onset of neurological symptoms, dysarthria accompanied with hemiparesis of her left limbs and face. Stroke protocol was activated, she was transferred to the hospital for a brain CT scan. The scan showed patchy hypodensities in both cerebellar hemispheres and the right margin of the pons, compatible with ischemic infarction established in the territory of the basilar artery without evidence of hemorrhagic transformation. Thrombolytic treatment was performed but the patient evolved unfavorably, losing mobility in all her body expect for the eyes. She was eventually diagnosed with Locked In Syndrome

Conclusion: This case shows us how important it is to correctly manage and prevent cardiovascular risk factors. It is also essential to be able to handle serious situations that require urgent treatment in the primary health setting until the dedicated emergency resources are able to arrive.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1029

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P01-163

Presentation form

ePoster only

Performance of FIT in detecting colorectal cancer in adults presenting to primary care with lower gastrointestinal symptoms: a review of the recent evidence and its relevance during the COVID-19 pandemic

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Background: The faecal immunochemical test (FIT) is used to assess patients presenting in primary care with lower bowel symptoms, if they do not meet the NICE DG30 criteria for 2-week-wait colorectal cancer (CRC) referral. This study summarises evidence of FIT performance in detecting CRC in these 'low-risk' patients. With relevance to the COVID-19 pandemic, this study also assesses the emerging role of FIT as a triaging tool for identifying the 'highest-risk' patients already on the 2WW pathway (NICE NG12 guidelines), who would benefit from more urgent colonoscopy.

Method: We used the MEDLINE search strategy adopted in the systematic review which informed the DG30 guidelines, adjusting for studies published from 2019 to January 2021. Abstracts and full texts were independently screened on Rayyan by two reviewers, with disagreements solved by consensus. Due to substantial heterogeneity, narrative synthesis was carried out.

Results: Our search yielded 672 results; 19 were included after full-text screening (50,344 patients from primary studies, 10,790 from systematic reviews). Using the DG30-recommended threshold of 10µgHb/g, FIT sensitivity for CRC ranged between 81.3% and 90.8%, and specificity between 84.1% and 90.5%. All studies reported a PPV >3% (the NICE-recommended threshold for urgent referral) and an NPV >98.7% for all thresholds tested.

Conclusion: Our results indicate that FIT is both a suitable diagnostic tool in symptomatic 'low-risk' patients and a risk-stratifying tool in symptomatic 'high-risk' patients. This is particularly relevant during the COVID-19 pandemic when interrupted cancer pathways have led to delays in cancer diagnosis.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1078

Internal code

P01-164

Presentation form

ePoster only

Infection or something else

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Background: Endometrial cancer (EC) is the 4th most frequent neoplasia in Spain. Indeed, 13.7 cases of over 100.000 women were detected in 2018, and its incidence has been continuously increasing. In patients without metastatic disease the overall survival ranges between 74 and 91%. However, an early-stage diagnosis improves the treatment and prognosis.

Method Clinical Case: A 75 years old, married and mother of two children arrives at the primary health care center suffering from vaginal discomfort and white discharge without blood during the last two months. Initially it was oriented as vaginitis and it was treated empirically. Her pathological history shows chronic hypertension treated with hydrochlorothiazide 25 mg/24h and losartan 50 mg/24h, obesity(BMI:32) and venous insufficiency. The vaginal culture was unspecific. The results of an abdominal tomography to study a suspected cholecystitis showed cholelithiasis, interstitial pancreatitis and endometrial thickening. Finally, a biopsy allowed to diagnose her with endometrial adenocarcinoma. The adenocarcinoma was surgical treated without complications.

Results: Endometrial carcinoma

Conclusion: It is important to consider diverse risk factors and its symptomatology while diagnosing EC. The former includes fluctuations in female hormone levels, more years of menstruation, not having been pregnant, older ages and obesity among others. The latter consists of vaginal bleeding between periods and after menopause, pelvic pain, constitutional syndrome with abdominal distension and vaginal discharge without macroscopical blood. Weight control, take oral contraceptives or hormone replacement therapy with progestogens are factors to prevent EC. An early detection can be very important.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

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Internal code

P01-165

Presentation form

ePoster only

A case of branchial cyst.

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A 28-year-old patient, with no personal history of interest, came to my clinic for a soft tumor in the right submandibular angle of about 2 months' evolution; not painful.

On physical examination, he presented a tumor of about 20mm in the right submandibular region, of soft consistency, not painful, not adhered to deep planes, no cervical adenopathies, the rest of the examination without alteration.

Ultrasound was requested in Primary Care, echogenic image of 2.10x1.60cm with well-defined borders that corresponds to a right branchial cyst. The patient was referred to General Surgery, where exeresis was performed. In the anatomopathological study, the ultrasound diagnosis made in Primary Care, brachial cyst, was confirmed.

Branchial cyst is a rare tumor; unlike thyroglossal cysts, which are the most frequent congenital tumor at the cervical level. A first branchial arch cyst can arise anywhere along the residual embryonic tract of the first branchial groove, which extends from the

external auditory canal through the parotid gland and into the submandibular triangle. This groove is the only one that gives rise to a structure that persists in adult life, the external auditory canal.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1137

Internal code

P01-166

Presentation form

ePoster only

A case of shingles.

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41 year old patient without any personal history of interest; See 3 days of evolution of left retroauricular pain; no otological clinic; also commented on certain occipital hyperalgesia; no neurological focus.

Physical examination: at the retroauricular level vesicles are observed in different stages of evolution, without cellulite data, which correspond to zoster; bilateral otoscopy without alterations, neurological not focal.

The clinical picture corresponds to Ramsay-Hunt syndrome without otological involvement, treatment with valacyclovir 1gr 3 times a day for 7 days and Cu sulfate was prescribed to avoid superinfection of these vesicles.

Shingles is characterized as a vesicular dermal rash, often with unilateral involvement, distributed in the region of a skin dermatome; This pathology is caused by the reactivation of the virus in the sensory ganglia, in which it remains latent after having suffered chickenpox during childhood. Ramsay-Hunt syndrome is a complication of it, and is characterized by the otic location of shingles, in 0.2% this complication can also be associated with facial paralysis.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1138

Internal code

P01-167

Presentation form

ePoster only

A case of anti-Jo syndrome.

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34-year-old patient with no relevant history who came to my office, with symptoms consisting of hand and foot edema, along with decreased diuresis; as well as, dyspnoea

sensation in relation to great efforts, irritative cough and asthenia of 5 days of evolution; Prickling sensation in the chest, non-thermometered dysthermic sensation, no other associated symptoms.

On physical examination, BEG showed mild auscultation of tachycardia without added sounds or murmurs, on pulmonary auscultation, vesicular murmur preserved with fine bibasal crackles; and pitting edema in both hands and feet, and pain on palpation in both ankles and hands diffusely; rest of exploration without alterations.

Complementary tests were requested, including chest x-ray; where slight impingement of both costophrenic sinuses and a cardiothoracic index at the upper limit were observed. The conclusion was reached, after admission and complete study in Internal Medicine, the patient presented episode of pericarditis and heart failure secondary to antisynthetase syndrome or anti-Jo syndrome.

The antisynthetase syndrome is considered an idiopathic inflammatory myopathy, characterized by the presence of antisynthetase autoantibodies in the serum, the most frequent of which is anti-Jo-1. As characteristic symptoms are myositis, arthritis, Raynaud's syndrome, interstitial lung disease and the characteristics "mechanic's hands". Treatment is not standardized; either with glucocorticoids alone or together with immunosuppressants for long periods of time.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1162

Internal code

P01-168

Presentation form

ePoster only

Escalation Planning In Inpatients

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Escalation Planning is an important area in the treatment of our patients, especially when we face a pandemic with high risk patients being admitted to hospital.

The study looked at patients admitted to a frailty ward during the pandemic and assessed those whom had escalation plans. Data was collected from 330 patients over a 4 month period, of which 221 patients met the criteria.

The study looked at the demographics of those patients and if they had escalation plans in place. The data also identified risk factors that were used to detect patients at the highest risk of deterioration so that it can guide us to identify those patients that need discussions about escalation planning.

Many patients have multiple contacts with health care professionals, so this study aims to try to identify high risk patients, so that discussions about future care planning can take place prior to crisis point or point of deterioration. The study also highlights risk factors that can alert staff of patients that are likely to need escalations plans. This means we can use this data to educate staff on how to identify these patients so that we can start discussions with patients and their loved ones about current and future care.

Escalation planning should be part of patient's standard care, especially in those at high risk of deterioration and we should all use each patient encounters to encourage "preventative medicine" and not just practice "reactive medicine".

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1163

Internal code

P01-169

Presentation form

ePoster only

Escalation Planning awareness and access

MARYEM GEORGE

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Escalation Planning is essential in patients at high risk of deterioration and it should be part of patient's treatment plans, however it is often completed in patients acutely deteriorating. Many patients do not have escalation plans so the study was done to look at why that might be the case.

The study used questionnaires that were given to hospital staff that had the potential to be decision makers in escalation planning. The hospital was an acute hospital and the staff varied from a number of specialties, grades and health care professionals.

The study looked at awareness of Do Not Resuscitate (DNAR) orders and Co-ordinate my care (CMC), and their access to them. The study also looked at possible ways to encourage staff engagement in further discussions about DNAR and CMC.

The study aims were to identify awareness of DNAR and CMC, and the access to them. There seems to be a reluctance to complete these, so the data was to identify possible reasons why that was the case. Knowing the barriers that prevent staff having these escalation planning discussions will help in future to try to understand why there is reluctance, which in turn allows us to suggest possible improvements and teaching to encourage this vital part of patient care.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1183

Internal code

P01-170

Presentation form

ePoster only

Thyroiditis postpartum

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Background: Tiredness in the postpartum period can be considered a common symptom. It is important to make a good anamnesis and physical examination to distinguish the physiological from the pathological symptoms.

Postpartum thyroiditis(PPT) has been found in approximately 5% of mothers in the general population. It occurs from subclinical autoimmune thyroiditis that is aggravated after pregnancy. Could cause transient or permanent thyroid disease.

Method Clinical Case: 38 year old patient who consults for fatigue, weight loss, nervousness and insomnia. She is breastfeeding her 5-month-old baby. Family history: her mother has Hashimoto disease. Physical examination: Exophthalmos already known. Cardiac tachycardia at 102 per minute, normal thyroid examination. Analytical highlights: Hto 38.000 Hb 11,5 Thyrotropin 0,023 Triiodothyroxine 2,97 Thyroxine 1,21. She was referred to the endocrinologist where the tests were repeated one month later, showing hypothyroidism, TSH of 12.3 and Triiodothyroxine 1.4 Thyroxine 0.8. Positive antithyroid antibodies. PTT was diagnosed and treatment with Levothyroxine was started with clear improvement.

Conclusion:

The prevalence of PPT in high-risk patients, including type 1 diabetes mellitus and positive family history, is nearly 20%. The risk of recurrence of PTT in a patient with a history of PPT is 42.4%

It is advisable to identify high-risk women through the clinical history of autoimmune diseases, previously elevated antithyroid antibodies or with a family history of thyroid pathology and perform antithyroid antibody detection (TPO) after delivery and a follow-up.

Take into account this pathology if we find compatible symptomatology until one year after delivery considering his high prevalence.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1200

Internal code

P01-171

Presentation form

ePoster only

Intestinal melanoma – a rare case

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Background: Melanoma represents an aggressive malignant tumour of the melanocytes that mostly targets the skin and less frequently the brain and uvea. A primary melanoma of the gastrointestinal tract (GIT) is uncommon and can present from the oral cavity to the anal canal. The anorectal melanoma is the most common among the primary GIT melanomas albeit representing less than 3%. Clinical manifestations are unspecific and can present with abdominal pain, tenesmus and fatigue.

Presented problem: Woman, 66 years old without relevant personal history or medication, presented at our Healthcare Centre complaining of weight loss (approximately 8 kg), asthenia, anorexia, hematochezia and tenesmus for 3 months leading to a referral to a gastroenterology appointment with a CT scan request. While waiting for the appointment the patient sought a private hospital where she underwent a fibrosigmoidoscopy and CT scan revealing “prolapsed vegetated lesion with extension to the anal margin/distal half of the rectum” and a PET-CT demonstrating “large malignant rectal lesion with elevated metabolic activity”. A histological result revealed a malignant melanoma and a local excision with electrochemotherapy was performed. No changes were observed on control MRI and PET- CT.

Discussion: A specific therapeutic approach is nonexistent although local excision has been described. Screening tests should be performed to ensure an early detection of all

types of colorectal cancer. Through this case it was possible to observe a rapid development of symptoms demonstrating the importance of the primary care setting in early diagnosis and forwarding such cases to a hospital setting.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1202

Internal code

P01-172

Presentation form

ePoster only

Lymphoma of the CNS and AIDS, a clinical case

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Background: HIV is a virus that affects the immune system that if untreated can lead to AIDS and opportunistic infections or other rapidly progressive disorders such as *Toxoplasma gondii* encephalitis, *criptococcus* meningitis, progressive multifocal leukoencephalopathy and lymphoma of the central nervous system (CNS). This case demonstrates how immunodeficiency can present insidiously with a rapid outcome.

Presented problem: Man, 45 years old, without relevant personal history came to our healthcare centre due to apathy, anorexia and hypobulia for months which was attributed to a housefire. He was diagnosed with depression and fluoxetine 20 mg, id was prescribed. Two weeks later, due to absence of improvement, physical exam reevaluation demonstrated mental confusion, psychomotor retardation, disorientation, cachexia and oral candidiasis. A CT scan was requested, demonstrating “two intra-axial lesions in bilateral frontal anterior topography”. Two days later, incontinence of sphincters was described and on physical examination, gait instability was seen. The patient was referred to the ER where upon hospitalization HIV, microcytic normochromic anemia and thrombocytopenia were diagnosed. Further exams revealed toxoplasmosis, latent syphilis and EBV. A Primary CNS diffuse large B-cell lymphoma was diagnosed after an MRI, lumbar puncture and biopsy. The patient initiated antiretroviral and chemotherapy treatment but died after 1 month in hospice care.

Discussion: The clinical history and presenting symptoms demonstrate the importance of medical reevaluation in the absence of improvement. Further assessment by the family doctor is essential demonstrating the value of timely articulation with secondary and palliative care in supporting the patient and his family.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1213

Internal code

P01-173

Presentation form

ePoster only

Should we treat subclinical hypothyroidism in pregnant women?

Inês Santos, Pedro Vasconcelos, Jeni Vicente
UCSP São Pedro do Sul, São Pedro do Sul, Portugal

Introduction: The association of Subclinical Hypothyroidism (SCH) with maternal and/or neonatal adverse events lacks consistent evidence, so treatment with levothyroxine (LT4) has been controversial. We review recent evidence regarding the indications for SCH treatment in pregnancy.

Methods: Search in evidence-based databases, including guidelines, systematic reviews/meta-analyses and randomized trials from the last five years. Population: adult pregnant women; intervention: LT4 therapy; control: placebo/no treatment; outcome: a decrease in the risk of maternal and/or neonatal adverse events.

Results: Fifteen studies were selected. Five meta-analyses found beneficial effects on pregnancy outcomes, mainly in pregnancy loss. Two meta-analyses based only on RCT showed no improvement in maternal-fetal outcomes in pregnant women with SCH treated with LT4. Three small RCT found a decreased risk of adverse maternal outcomes, particularly if TSH exceeds 4 mU/L and if anti-peroxidase antibody (anti-TPO) is positive; one RCT showed no benefit in cognitive outcomes in children. The American Thyroid Association recommends treatment if TSH exceeds upper reference range defined for pregnant population with positive anti-TPO or if TSH superior to 10 mU/L. Most obstetrical societies do not recommend SCH screening and subsequent treatment.

Conclusion: Previously recommended TSH cut-offs of 2.5 mU/L are likely to lead to overdiagnosis and overtreatment during pregnancy. Although there is minimal risk with LT4 supplementation, treatment of mild maternal thyroid hypofunction remains controversial due to the lack of clinical trials showing clear maternal/neonatal benefits with SCH treatment.

Abstract topic

01. Academic general practice – SAPC (in collaboration with EGPRN)

Abstract ID: 1222

Internal code

P01-174

Presentation form

ePoster only

Mediterranean diet in covid-19 infection

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UDMAFyC Distrito AP Malaga-Guadalhorce, ANDALUSIAN HEALTH SERVICE, MALAGA, Spain

Background The pandemic generated by SARS-COV-2 virus has sparked a worldwide concern among researchers for an effective treatment against it. However, due to the scarcity of therapeutic resources with the emergence of an unknown disease, from the beginning of the pandemic strategies were focused on prevention measures. Currently, no specific treatment has been developed. The Mediterranean diet is proposed as a preventive method.

Questions Is there an association between adherence to Mediterranean diet and severity in patients with COVID-19 disease?

Methods A cross-sectional descriptive observational study will be carried out, including patients over 18 years, belonging to a rural health care center and who have suffered from COVID-19 disease, after signing an informed consent. A specific questionnaire, the "Mediterranean diet test", will be used to assess adherence. Other variables will also be assessed in relation to the patient's comorbidities. The degree of severity of the disease will be reviewed through the clinical histories.

Outcomes High adherence to the Mediterranean diet is expected to produce milder symptomatology in COVID-19.

Discussion Current literature shows that optimization of the immune system through such a dietary pattern may be associated with reduced vulnerability to SARS-CoV-2 infection. Consuming a nutrition based on this type of food with high antioxidant and anti-inflammatory power will help each patient to fight this new virus

Take Home Message for Practice Healthy lifestyle habits, including good adherence to the Mediterranean diet, could be an effective preventive treatment for infectious diseases, including COVID-19 infection.

02. Planetary health, climate change and environmental sustainability

Abstract topic

02. Planetary health, climate change and environmental sustainability

Abstract ID: 373

Internal code

P02-001

Presentation form

Poster on paper + ePoster

Switching from Metered Dose Inhalers (MDI) to the "greener" Dry Powder ones: implementing change in GP practice reducing global carbon footprint.

Lino Lucio Locurcio, Ayorinde Balogun, Soleman Begg
Medical student, London, United Kingdom

Background

Asthma is a chronic respiratory condition with no cure. Its treatment can provide good symptoms control and the patients can live a normal and active life. Good asthma control also significantly reduce the global Carbon Footprint.

Metered dose inhalers (MDIs), used for Asthma, contain propellants comparable to greenhouse gases, able to contribute to nearly 4% of the entire NHS carbon footprint. Conversely Dry-powder inhalers, would be effective for most of the patients, do not contain greenhouse gases.

Methods

In our GP practice 108 patients are using MDIs, 49 are selected to switch to the "greener" Dry-powder inhalers, using their Asthma Control Test Score, and then contacted via message for their annual asthma review.

The cohort of patients will be subsequently contacted via phone and offered to switch to a Dry-powder inhaler.

The patients will be provided with an Asthma control plan and with a video link explaining how to use the new Dry-powder and carbon-free inhaler.

The study also aims to measure the total Carbon Footprint reduction after the inhalers change.

Outcomes & discussion

The ongoing study will fully report how many patients agreed to switch their Metered dose inhalers to Dry-powder inhalers.

The study follows the pledge of the Sustainable Development Unit of reducing the National Health System greenhouse gas emissions of 80% by 2050.

Abstract topic

02. Planetary health, climate change and environmental sustainability

Abstract ID: 980

Internal code

P02-002

Presentation form

Poster on paper + ePoster

Using design process to improve primary healthcare sustainability

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²⁾Bethnal Green Health Centre, Primary Care Network One, Tower Hamlets, United Kingdom

Background

Healthcare contributes to the climate crisis. Improving sustainability in primary care is important to address this. However, it is a complex challenge with ill-defined solutions that requires changes in human behaviour; often resulting in fragmented and inefficient projects.

Questions

In an east London primary care network we are applying design theory to attempt to creatively answer the question of how might we make primary care more sustainable?

Methods

Using the Framework for Innovation from the Design Council (1) that employs design principles and methods to foster culture of innovation and engagement.

Outcomes:

The existing sustainable healthcare QI literature provided resources including 'Green Impact Audits' to inform design-thinking taster sessions. These sessions mapped local stakeholders needs, engagement and existing sustainability projects. Iterative group work defined impactful projects that met local needs. This included multiple new projects and up-scaling of existing projects. It also highlighted tensions between desire for maximised impactfulness versus quick wins. Development of a local sustainability framework aims to enable on-going collaboration and a means for monitoring and evaluation.

Discussion

Using a design process has helped engage stakeholders through a creative problem definition and solution development process that promotes collaboration and

communication. A limitation of this approach when applied to sustainability was converting long-term outcomes into short-term outputs in order to maintain participant enthusiasm.

Take Home Message for Practice:

A design process provides an innovative and constructive approach to addressing the challenge of improving sustainability in primary care.

Reference: <https://www.designcouncil.org.uk/news-opinion/what-framework-innovation-design-councils-evolved-double-diamond>

Abstract topic

02. Planetary health, climate change and environmental sustainability

Abstract ID: 1282

Internal code

P02-003

Presentation form

ePoster only

The impact of COVID-19 pandemic on the lifestyle in Gulf Cooperation Council countries: a multicounty cross-sectional study

Jamil Ahmed

Family and Community Medicine, Arabian Gulf University, Manama, Bahrain

Background

Poor dietary habits, obesity, and a lack of physical activity are now being recognized as risk factors for COVID-19 infection complications. Through this study, we aimed to understand the impact of COVID-19 on dietary habits, physical activity, and lifestyle of populations in four Gulf Cooperation Council countries—Bahrain, Saudi Arabia, and Kuwait.

Methods

A cross-sectional study was conducted among 791 adults (18 years old) nationals of Bahrain, Kuwait, Oman, and Saudi Arabia. Data were collected online by using the structured validated questionnaire for the assessment of eating habits, physical activity, and lifestyle during COVID-19 pandemic. Participants were snowballed through those who would agree to answer the online questionnaire.

Outcomes

Almost half of the participants (46%) said that their weight increased during the pandemic. When asked what the best description of their overall health during the past 3 months was, most participants believed that their health was acceptable (15.2%), good (47.4%) and excellent (34.2%). About 30% of the participants believed that their food choices were not healthy, and for 42%, the quantity of food increased during the pandemic. About 42% were not performing any type of physical activity, and only 8% performed it daily during the pandemic, whereas only 41.5% performed it once to three times a week.

Conclusions

The shaded light on the negative impact of COVID-19 on people's preferences and choices for healthy eating and physical activity. These findings may be valuable to guide communities towards a better strategy to follow a healthier lifestyle.

Abstract topic

02. Planetary health, climate change and environmental sustainability

Abstract ID: 982

Internal code

P02-006

Presentation form

ePoster only

Reducing inhaler-related carbon emissions swiftly and sustainably

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²⁾*Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom*

³⁾*Gosford Hill Medical Centre, Kidlington, United Kingdom*

Background:

Metered dose inhalers (MDI) are an area of focus in the NHS net zero plan. Despite local guidelines aimed at facilitating lower-carbon prescribing, carbon dioxide equivalent emissions (CO₂e) in our practice for salbutamol prescriptions issued over 6 months were estimated at 12 tonnes.

Questions:

-how can we safely, quickly and acceptably reduce inhaler-related CO₂e?

-how can we embed more sustainable inhaler prescribing in the practice and wider PCN?

Methods

1. CO₂e labelling added to adult asthma guidelines to emphasise differences in emissions to clinicians
2. Practice protocol agreed of how to undertake switching in consultation
3. Repeat prescriptions for MDI generic salbutamol changed to MDI Salamol with patient prescription message explaining why, including link to further information

Outcomes

1. Clinical guidelines were added and shared with local Primary Care Network
2. Using practice protocol, 15 patients were switched during 5-month period of project
3. 204 repeat prescriptions for MDI generic salbutamol were changed to variable repeat dispensing prescriptions for MDI Salamol, resulting in estimated CO₂e reduction of 5 tonnes over 6 months. 2/204 requested to revert to Ventolin.

Discussion

MDT discussion (medical, nursing, clinical pharmacist) was key in agreeing practice protocol.

Collaborating with PCN clinical and community pharmacists ensured consistent communications with patients regarding the brand switch.

Early focus on simpler actions (brand switch of MDI salbutamol) to achieve big CO₂e reductions energised the team to continue embedding changes in practice.

Take Home Message for Practice

Steps to achieve swift, significant reductions in inhaler-related CO₂e can build momentum to shift ongoing prescribing patterns

03. Education

Abstract topic

03. Education

Abstract ID: 93

Internal code

P03-001

Presentation form

Poster on paper + ePoster

Off to a good start: The importance of induction for international doctors training to be GPs in the UK

Emer Forde, Sarita Chopra, Katie Collins, Sam Powell, Mariam Safdar, Hadiza Babatolu
Health Education England South East, Otterbourne, United Kingdom

Background

A recent survey by the UK General Medical Council showed that a poor induction was linked directly to patient safety and had a negative effect on doctors' wellbeing (1). Induction is particularly important for international graduates training to be doctors in the NHS. In view of this, we developed a bespoke induction programme for all international GP trainees in our region.

Question

What do international doctors value in induction?

Methods

All international GP trainees were invited to 1.5 days of induction. This included formal education on the role of primary care within the NHS, GMC Principles of Good Medical Practice and the ethics underpinning clinical decision making. Trainees participated in small group discussions to share their experiences and develop Personal Development Plans relevant to being an international graduate.

Outcomes

We will share a detailed outline of the programme as well as key themes emerging from small group discussions and trainees PDPs. These included integrating with colleagues, feeling different, tips to improve language skills and approaches to clinical decision making.

Discussion

Feedback was overwhelmingly positive: "great content, interactive and very helpful", "I found it really insightful. It has helped put things in the right perspective regarding what is expected of me as a trainee and how to navigate what might otherwise appear complex". Trainees appreciated opportunities to share experiences with each other. Bespoke inductions for international doctors are now an integral part of our GP training schemes.

Take home message for practice

Tailored inductions are highly valued by international doctors.

Abstract topic

03. Education

Abstract ID: 96

Internal code

P03-002

Presentation form

Poster on paper + ePoster

Using clinically-engaged student research to inform practice changeNicola Lew¹⁾, Kaitlyn Granda²⁾, Mina Silberberg³⁾¹⁾Ministry of Health Holdings, Singapore, Singapore²⁾Walltown Neighborhood Clinic, Durham, United States³⁾Department of Community and Family Medicine, Duke University, Durham, United States

Despite increasing awareness of the benefits of clinician-engaged research, learners in the clinical professions are still primarily trained in a traditional research model, in which study questions are determined by them or their research mentors, and research and practice are siloed. This poster describes an approach to clinician-engaged medical student research that has been used for several years in one unit of an academic medical center. Clinician-engaged student research benefits clinicians by providing them with research that informs practice; benefits research mentors by expanding their capacity to support improvement of clinical care; and benefits medical students by providing experience into identifying clinically-meaningful research gaps, assisting in rapidly translating clinically-derived observations into changes in clinic practice, and exciting her about the potential of research to aid in the creation of innovative solutions to systemically improve her medical practice. A case study of one project illustrates the process by which this work is done and its benefits.

Abstract topic

03. Education

Abstract ID: 100**Internal code**

P03-003

Presentation form

Poster on paper + ePoster

Putting skills into practice: community entrustable professional activity (C-EPA) placements for undergraduate medical studentsAnjali Vaidyanathan, Sarah Merrifield, Kim Williams*Community Based Medical Education, University of Manchester, Manchester, United Kingdom***Background**

Entrustable professional activities (EPA) are a method of service learning, translating competencies into clinical practice. First year students at Manchester Medical School undertake lab-based training in measuring blood pressure (BP) but have limited opportunities to practice this further in early years.

Pilot placements were introduced to assess whether service-learning placements in general practice are an effective method of improving confidence in practical and communication skills?

Methods

13 second year students undertook a half day placement, repeatedly practicing their BP measurement skills on “real-life” patients.

Pre and post session questionnaires were completed to assess confidence in clinical communication, BP measurement, experience of working in a multidisciplinary-team, and ability to interpret BP readings. Students responded to each statement on a five-point scale from “Strongly Disagree” to “Strongly Agree”.

Outcomes

A positive increase of at least 13% was observed across all statements. The most notable improvements were in response to: “I am confident taking a blood pressure reading from a patient” (33% increase) and “I have experience in working with a multidisciplinary team in a GP setting” (32% increase).

Free text comments were all positive and included:

“Being able to practise communication skills and skills with real patients was beneficial”

Discussion and Conclusion

Early results show this is a valuable and positive learning experience. The placement also promotes students’ early involvement in patient-facing care and service provision to a practice team.

The pilot will continue next year with 50 students to further assess utility. Placements will be expanded to include pulse measurement.

Abstract topic

03. Education

Abstract ID: 120

Internal code

P03-004

Presentation form

Poster on paper + ePoster

Development of the Wessex Supported Return to Training programme for GP trainees

Emily Kerton, Pippa Gardiner, Stacey Ringham, Dagny Fowler, Antonia Calogeras
Health Education England, Wessex, United Kingdom

Background

In Wessex, approximately 80 GP trainees are out of programme at any time. Returning to training can feel “confusing” and “unsupported”. 42% of our survey responders hadn't heard of the Supported Return to Training (SuppoRTT) programme at the start of our project.

Questions

How can we improve the SuppoRTT programme in Wessex for GP trainees?

Methods

We researched the experiences of GP trainees in Wessex via an online survey and further explored these ideas via smaller focus groups. Using this knowledge, we centred our attention on three main areas: administrative processes, lack of awareness of SuppoRTT and the desire for a GP specific return to work course.

Outcomes

We have significantly improved access to SuppoRTT information by integrating links to the SuppoRTT service within the GP trainee e-portfolio for all trainees nationally.

We created an info-graph and detailed document highlighting the process to trainees and trainers to improve the information available.

In liaison with the local patches, we have worked to increase awareness of what SuppoRTT can offer GP trainees across Wessex.

Finally, we have developed and piloted a specific return to work course for GP trainees.

Discussion

GP trainees now have clearer and easier access to the SuppoRTT programme in addition to a GP specific interactive course to ensure a confident and safe return to training and aid long term retention.

Take Home Message

Be aware of the SuppoRTT programme in your region and encourage utilisation to support trainees through the challenge of returning to work after absence.

Abstract topic

03. Education

Abstract ID: 127

Internal code

P03-005

Presentation form

Poster on paper + ePoster

Remote appraisals: the virtual reality

Alex Jones, Susi Caesar

Wessex Appraisal Service, Salisbury, United Kingdom

Background:

The Covid-19 pandemic has transformed our lives and healthcare system¹, forcing many of us to adapt the way we work. Prior to the pandemic, very few medical appraisals were virtual. Since October 2020, all have been virtual. Digital technology has disrupted normal patterns of human interaction² and can impact on people's ability to connect and care for one another³.

Question:

In this qualitative study we explore experiences of virtual appraisal and consider the impacts that appraising virtually has had on the discussion.

Methods:

Five experienced appraisers took part in a remote focus group to discuss virtual appraisals. Data from this discussion, and personal reflections on virtual appraisal, were analysed using thematic and content analysis.

Outcomes:

Appraisers and doctors spoke positively about their experiences of virtual appraisal. One said 'I can honestly say that I do not think the virtual context impacted on my appraisal discussions'. Positive themes identified included the opportunity for doctors to talk, receive support and share sensitive information, flexibility and no travel. Communication challenges identified included building rapport, difficulty seeing body language, use of silence, expressing emotion and empathy virtually, also issues with internet connection and ensuring privacy/confidentiality.

Discussion:

Appraisers' experience of virtual appraisals in this study was very positive. The virtual context did not effect connectiveness between the doctor and appraiser. Appraisers developed their practice to overcome virtual communication challenges.

Take home messages:

The future of virtual appraisals is uncertain. The reality of virtual appraisals in this study was very positive.

Abstract topic

03. Education

Abstract ID: 135

Internal code

P03-006

Presentation form

Poster on paper + ePoster

Tackling differential attainment amongst GP trainees through 'Culture in Practice' learning sets – An evaluation of the pilot scheme in Wessex

Sarah Osafo, Tessa Lambton, Sharjeel Qureshi, Camelia Zamfir

HEE Wessex Primary Care Fellowships - Equity, Diversity and Inclusion Fellow, HEE Wessex, POOLE, United Kingdom

Background

Evidence shows there continues to be differential attainment amongst international medical graduate GP trainees compared to their UK counterparts. There has been an increased effort in the Wessex GP speciality training programme to change this narrative. Research suggests there is a benefit to having peer support in medical training. Therefore, a peer support group called the 'Culture in Practice' learning set was introduced in Wessex. The aim of the peer support group was to allow trainees to access support from their peers, promote inclusion and to celebrate differences in cultures amongst GP trainees.

Questions

Do GP trainees benefit from having a peer support group as part of the GP training programme?

Methods

All GP trainees in Wessex were invited to attend the 'Culture in Practice' learning set within their patch. The learning sets were held virtually using the online video conferencing platform Zoom. To evaluate the benefit of the sessions feedback was collated at the end of the sessions from trainees and through feedback forms.

Outcomes

The GP trainees that participated appreciated the value of the sessions and were able to identify learning needs that had been addressed.

Discussion

The Culture in Practice learning sets provided an opportunity for GP trainees to share difficult experiences, have open discussions about cultural differences and receive support from each other.

Take Home Message for Practice

Integrating a peer support group into the GP speciality training programme could help to improve the GP training experience for international medical graduates and tackle differential attainment.

Abstract topic

03. Education

Abstract ID: 155

Internal code

P03-007

Presentation form

Poster on paper + ePoster

Improving ophthalmology teaching through eLearning

Rajan Sondh, Supriya Krishnan

St George's, University of London, London, United Kingdom

Background

Ophthalmology receives fewer teaching hours relative to other specialities in the medical curriculum, where interpreting clinical signs on the retina may be a difficult topic to learn. Developing an eLearning resource can enhance teaching allowing students to apply learning when using fundoscopy in general practice.

Questions

Can interactive clinical images (ICIs) eLearning resources be developed to assist medical students in interpreting clinical signs on the retina?

Methods

A comprehensive search was undertaken to source images. Following this, the university provided training to develop ICIs on the OpenLabyrinth programme. Clinical summaries were created for accessibility. This resource will be disseminated through the university intranet.

Outcomes

ICIs are frequently used at the university and have consistently developed student confidence in topics, through marking and annotation of various ICIs. This project is an effective resource for improving retina interpretation.

Discussion

Lecturer advantages include simple distribution of material, standardisation and ability to update content. However, developing eLearning tools may be time-consuming. Student advantages include controlling learning pace, active engagement, increased retention, and improved examination performance. Quality control ensures accuracy, through expert verification, and suitability, by ensuring simple navigation, appropriate interactivity, and a user-friendly interface. Measuring effectiveness of eLearning is achieved by evaluating student assessments, and satisfaction.

Take Home Messages for Practice

eLearning enhances student knowledge, especially when utilised collaboratively with traditional teaching methods. It's important to quality control content, ensure its availability and measure its performance. Integration of eLearning into the curriculum will promote more engaging teaching in specialities with fewer teaching hours.

Abstract topic

03. Education

Abstract ID: 226

Internal code

P03-008

Presentation form

Poster on paper + ePoster

GP trainers' perceptions of their learning needs: supporting trainees for the MRCGP clinical examination

Israr Ahmad Khan

Health Education England, West Midlands, Birmingham, United Kingdom

Background: Addressing differential attainment in the MRCGP clinical examination is a strategic priority for Health Education England. It has been well established that GP trainers are paramount in supporting trainees to be successful. Despite this, trainers' professional development has long been neglected.

Aims: This study identifies the learning needs of GP trainers and gains insight into how they can be best supported to improve trainee performance in the MRCGP clinical examination.

Methods: GP trainers (n = 163) in the Black Country were invited to participate via email. A mixture of quantitative and qualitative data was gathered using an online questionnaire.

Results: Of the trainers who participated in the study (n = 52), most were well experienced and had insight into differential attainment in the MRCGP clinical examination. Most trainers' main knowledge and skills gap were a poor understanding of the Recorded Consultation Assessment and difficulty understanding cultural differences.

Conclusion: A comprehensive analysis of the results identified that trainers had specific knowledge and skills gaps when assisting trainees in need of additional support. Potential changes could be considered, including upskilling trainers in cultural empathy, ensuring they have an adequate understanding of the Recorded Consultation Assessment, and providing specific resources and networks to refer to when assisting trainees in need of additional support.

Abstract topic

03. Education

Abstract ID: 257

Internal code

P03-009

Presentation form

Poster on paper + ePoster

Dysgeusia and phantogeusia during and after SARS-CoV-2 infection

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Background- Along with olfactory disorders, taste disorders are one of the earliest suggestive symptoms of COVID-19 infection. Taste disorders in general, and dysgeusia

in particular, are relatively common disorders that may be a sign of a more complex acute or chronic medical condition. During the COVID-19 pandemic, taste disorders have found significance in screening for patients who potentially may have the virus.

Questions-Identifies patients with acute and permanent olfactory dysfunction during the COVID-19 pandemic.

Methods-Food and Beverage Preferences Questionnaire was used in patients with dysgeusia after Covid -19 infection.

Discussion-Along with olfactory disorders, taste disorders are one of the earliest suggestive symptoms of COVID-19 infection. Taste disorders in general, and dysgeusia in particular, are relatively common disorders that may be a sign of a more complex acute or chronic medical condition. During the COVID-19 pandemic, taste disorders have found significance in screening for patients who potentially may have the virus.

Take-Home Message for Practice - The data regarding anosmia and dysgeusia in the context of the association, pathogenesis, diagnosis, and prognosis of the disease are limited. There is a high rate of sensation recovery rate in patients with COVID-19; however, whether more permanent loss of taste sensation occurs with COVID-19 infection is still unclear.

Identification of gustatory disturbances in the absence of concomitant symptoms of COVID-19 is of paramount importance to alerting physicians about the possibility of COVID-19, thereby aiding in self-isolating and testing the people affected.

Abstract topic

03. Education

Abstract ID: 272

Internal code

P03-010

Presentation form

Poster on paper + ePoster

Reflections on the applied knowledge test; “I didn’t give it enough respect”

Tessa Lambton, Johnny Lyon-Maris, Samantha Scallan

Southampton GPEU, Southampton GP Education Unit, Southampton, United Kingdom

Background: The Applied Knowledge Test (AKT) is one third of the licensing exam to become a GP in the UK. It is a computer based, multiple choice examination with an overall pass rate of 70%, but statistics reveal international medical graduates have lower rates of passing.

Question: What are the key features in preparation for the exam that have been used by successful candidates.

Method: A questionnaire was sent to recently successful GP trainees in Southampton. The results were further informed by a group interview and three in-depth interviews with unsuccessful candidates.

Outcomes: Six areas were identified within exam preparation, as common themes for all candidates. Further analysis showed parameters suggesting the ability to maximise the candidates’ chances of success. The areas included: Preparation; time management; expectations; peer support; change of approach and impact on trainee mental health.

Discussion: Revising for at least 10 hours per week for three months, using four to six resources and using question banks to solidify learning rather than as a prime tool, were

found to be the key parameters with successful candidates. When to take the exam should be discussed with the trainer, the difficulty of the exam needs acknowledgment by candidates, working in study groups can be beneficial and planning their approach to revision was found to be essential. The impact of failure on trainee mental health must not be underestimated.

Take home message: Setting early, realistic, and specific expectations of the work needed to pass the AKT exam may improve outcomes.

Abstract topic

03. Education

Abstract ID: 281

Internal code

P03-011

Presentation form

Poster on paper + ePoster

Consult like a GP early in training: a consultation skills package to improve differential attainment

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Background:

The key to successful completion of General Practice training and assessments is developing the ability to consult like a GP. In General Practice training there is known differential attainment (DA) in examinations and ARCP outcomes between UK graduates and International Medical Graduates (IMGs). There is also DA between white UK graduates and those of black and ethnic minority groups as well as between younger trainees and older trainees. These gaps in the South West immediately need addressing, with the pass rate for the CSA/RCA examinations in 2020 for UK graduates being 94% and IMGs being just 31%. There have been several interventions to address differential attainment. The successful Support on Extension (SOX) programme, for those who have failed the CSA/RCA, has highlighted common areas to address including the ability to consult like a GP, rather than a hospital doctor. Another common theme for improvement is that mixed peer support, in learning sets, is beneficial for both learning and peer support.

Intervention:

We have developed a consultation skills package for all trainees in ST1/2. There are five sessions across six months with each session focussing on a specific part of the consultation, including actor sessions, workshops and fixed mixed peer learning groups.

Discussion:

This intervention will be evaluated through the tracking of examination pass rates as well as trainee feedback. This is an intervention that aims to benefit everyone but is intended as a pro-active, rather than remedial, approach to narrowing the differential attainment gap.

Abstract topic

03. Education

Abstract ID: 309**Internal code**

P03-012

Presentation form

Poster on paper + ePoster

A roadmap for workplace based assessments for GP ST3 trainees and trainees to improve portfolio engagementAnnie He¹⁾, Janet McGee²⁾, Samantha Scallan³⁾¹⁾Primary Care School, Health Education England working across Wessex, WINCHESTER, United Kingdom²⁾Associate Dean for ARCP, Health Education England working across Wessex, Winchester, United Kingdom³⁾GP Education Research Lead, GP Education Unit Southampton, Southampton, United Kingdom**Background:**

In 2019, 11.57% of GP trainees nationally had an Outcome 5 at ARCP due to incomplete evidence; in Wessex this figure was higher at 20.32%¹. The commonest reason for this was incomplete Workplace Based Assessments (WPBAs), despite existing guidance on the RCGP website and the Portfolio platform Fourteen Fish. Current challenges for GPST3 trainees include having 14 different categories of WPBAs with new assessments being added year on year. A GP trainees' ARCP outcomes are also dependent on their trainer's knowledge as trainees often rely on them for portfolio guidance.

To improve GP trainees' and trainers' Portfolio engagement I designed and implemented a roadmap of WPBAs during my ARCP Fellowship.

Method:

We undertook an initial survey to ascertain trainees' and trainers' knowledge on WPBAs. Four different roadmaps were designed. One for full time trainees and 3 for part-time trainees at 80%, 70% and 60% of training. The roadmaps span the ST3 training year and show when they are recommended to complete WPBAs to optimise learning. A second survey was sent to participating trainees and trainers to assess experiences.

Outcomes:

Preliminary results in Mid-Wessex Patch show that 100% of trainees and 89% of trainers would recommend this Roadmap to a colleague. The Roadmap has been described as a "game changer," an "excellent tool" and "demystifying the less than full time trainee." The Roadmap has now been integrated into the National Portfolio Platform Fourteen Fish.

References:

1. RCGP Report on the 2019 Quality management session, published in August 2020

Abstract topic

03. Education

Abstract ID: 391**Internal code**

P03-015

Presentation form

Poster on paper + ePoster

Should language matter in a consulting skills assessment

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Background

The Simulated Surgery exam is used in the 'Induction and Return to Practice' (I&R) scheme for examining GPs who have qualified outside the UK and have no previous NHS experience. Their level of spoken English has not previously been correlated with their examination scores. The referral of candidates for formative language reports and observation during the exam has provided an opportunity to do this.

Questions

Is there an association between spoken language proficiency and candidates' scores/pass rates in the Simulated Surgery examination?

If so, is it seen more in some skill domains than others?

What are the implications of this for the I&R scheme?

Methods

A team of specialist linguists graded the English-speaking proficiency of 120 candidates using linguistic criteria from the Occupational English Test (OET) for Medicine. Their grades were matched to the candidates' exam scores and pass/fail outcomes.

Outcomes

The results show a clear association between language grades and overall exam scores; correlation 0.52. The disadvantage for less proficient candidates particularly affected sub-scores in the domains of 'Eliciting ideas, concerns and expectations', 'Explaining the problem' and 'Effective consulting'. This is reflected in lower pass rates for less proficient English speakers.

Discussion

Is this differential attainment unfair or appropriate when the assessment is used to permit entry to UK general practice?

Take Home Message for Practice

Care must be taken to avoid unfair penalisation of candidates with lower language proficiency. Candidates should have the opportunity of language training during their preparation for the examination

Abstract topic

03. Education

Abstract ID: 392

Internal code

P03-016

Presentation form

Poster on paper + ePoster

Peer mentoring scheme for GP trainees to improve wellbeing and educational outcomes during an era of online learning

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Background

Doctor wellbeing has been identified as a priority in order to improve personal health, staff retention, and patient safety.

Within a mentor-mentee relationship, a mentor passes on knowledge, skills and experience to their mentee who is in a similar field to them but earlier career stage.

We used the mentor-mentee approach as a tool to provide additional peer support for GP trainees, at a time where the majority of educational time was being delivered online.

Questions

Can establishing a mentor program for GPST1 trainees improve their wellbeing and educational outcomes?

Methods

GP trainee surveys were conducted to establish interest and need for a mentor scheme. Volunteer GPST3 mentors were then recruited, trained and paired with GPST1 trainees on starting their programme. Three meetings were embedded in the curriculum. A formal support structure was established for any concerns to be escalated, including Training Programme Directors, Mentor "Champions", and peer trio systems for both mentors and mentees.

GPST3s received a mentor update session, and were able to use the scheme to demonstrate their leadership competencies.

Outcomes

Qualitative data from surveys of trainees reported highly positive feedback. The structured approach acted as a safety net to identify and support GPST1s having difficulties.

Discussion

Mentoring schemes can address the issue of reduced peer support during online education. Educational outcomes are being assessed currently.

Take Home Message for Practice

GP trainees are keen to engage with mentoring schemes, with the additional benefit of identifying trainees in need during our current era of virtual education.

Abstract topic

03. Education

Abstract ID: 399

Internal code

P03-017

Presentation form

Poster on paper + ePoster

Medical considerations when preparing transgender patients for surgery: an overview for general practitioners

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Background

Several specific and important considerations exist when preparing transgender patients for surgery. However, these are not included in the Royal College of General Practitioners', Anaesthetists' or Surgeons' curriculum. This is reflected in the 62% of

transgender patients that have experienced a lack of understanding about their specific healthcare needs. General practitioners are in a unique position, with a holistic understanding of their patients' care, to address many of these points.

Question:

How can general practitioners optimise the perioperative care of transgender patients?

Methods:

In this presentation we will discuss key considerations general practitioners should remain cognisant when preparing transgender patients for surgery. We will conduct a pre- and post-presentation questionnaire and close with a Q&A to consolidate learning.

Outcomes:

To improve primary care preparation of transgender patients undergoing surgery.

Discussion:

GPs are well positioned to guide the preoperative preparation of transgender patients. Vital information can be shared with the anaesthetic and surgical teams in advance to help plan and optimise perioperative care. Important points include a history of gender-affirming surgery (e.g., important when forming an airway plan), medication history (e.g., plans surrounding hormone therapy), and holistic considerations (e.g., a patient's preferred pronouns). In combination this information can help improve patient experience and surgical outcome.

Take Home Points

The pre- and perioperative management of transgender patients remains poorly taught. General practitioners are well positioned to help improve preparation of patients for surgery.

Communication between the general practitioner, anaesthetic and surgical teams is vital to optimise transgender patients' surgical outcomes.

Abstract topic

03. Education

Abstract ID: 456

Internal code

P03-018

Presentation form

Poster on paper + ePoster

Effectiveness of online blended learning in non-communicable diseases for primary care clinicians working in humanitarian settings.

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Non-communicable diseases (NCDs) are a significant cause of morbidity and mortality in humanitarian settings, with NCD care often not well integrated into primary healthcare services.

Partnering with the United Nations Refugee Agency (UNHCR) Primary Care International (PCI) has provided clinical guidance and in-person courses on NCD management and Training of Trainers to health professionals working in primary healthcare in humanitarian settings.

In response to the covid-19 pandemic we switched to a blended online model with interactive case-based e-learning, live workshops and an on-line forum.

Questions: Is the online blended model as effective in achieving knowledge transfer and cascade training?

Methods: Pre and post training knowledge test scores, and the number of additional healthcare workers reached through cascade training was collected for all participants. Comparison was made between the face-to-face cohort and those completing the blended course.

Outcomes: Mean scores indicate a comparable knowledge gain, and demonstration of cascade training.

Discussion: The blended model has proved an acceptable and effective way to reach a more geographically diverse cohort simultaneously. This is more sustainable and scalable than face-to-face training, especially if a cadre of peer facilitators within the setting was developed to support induction, engagement and roll out of the NCD management course.

Take home message: E-learning supported by live workshops and on-line forums can reach clinicians working in diverse settings leading to improved NCD management knowledge and cascade training. On-line forums have the potential to become a source of peer-peer support, sharing knowledge and valuing a diversity of expertise.

Abstract topic

03. Education

Abstract ID: 457

Internal code

P03-019

Presentation form

Poster on paper + ePoster

Outside the Box: a project to enhance the “well-roundedness” of final year medical students during a longitudinal primary care placement

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Introduction

The abilities of the well-rounded practitioner extend beyond standard clinical competencies toward attributes like emotional intelligence, self-care, and situational empathy. In our nine-week primary care apprenticeship, we sought to help students develop fresh approaches to such personal and professional development.

Research Question

What was the student and tutor experience of exploring and presenting learning “outside the box”?

Methods

A video introduced three potential topic areas: *lifestyle challenge*, *creative practice*, and *medical literature review*. Students picked a topic that was new to them and relevant to their future practice. At the end of the clerkship the students presented their topic exploration to student colleagues. Students and tutors completed questionnaires on the process.

Outcomes

There was 100% student engagement. 100% of the tutors were positive about the project, “*we all enjoyed the presentations*” and 67% of students rated the opportunity as ‘good or excellent’.

Most students chose lifestyle challenges such as sleep hygiene and outdoor swimming. “*These activities have left me happier, healthier and better placed to manage the stresses of medicine!*”. A creative project involved learning music production and writing a song about a mental health. A student described “*profound learning*” by reading *With The End in Mind* by Kathryn Mannix’. Students valued hearing their colleagues projects “*lots of areas ...to think about going forward for my own health and my future patient’s*”.

Discussion and Conclusion

We have shown that programmed self-development opportunities are well rated by students, and potentially useful in terms of their development as well-rounded practitioners.

Abstract topic

03. Education

Abstract ID: 459

Internal code

P03-020

Presentation form

Poster on paper + ePoster

Impact of a general practice alumni networking session on speciality career choice

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Background

There remains a shortage of general practitioners (GPs) in the UK due to various factors, including suboptimal recruitment. If it is to maintain its worldwide reputation for excellence, UK primary care needs to attract substantial numbers of new GPs, and medical schools can do more to promote GP as a positive career choice (Wass, 2016).

Question

Our aim was to evaluate the impact of a networking event between GP alumni and medical students / recently-qualified doctors on speciality career choice.

Method

A GP alumni networking event was arranged, inviting local medical undergraduates and postgraduates. Attendees engaged in two-way dialogue with alumni, allowing them to ask pertinent questions and explore GP as a career choice. They then completed a post-event e-questionnaire, with responses being analysed and themed.

Outcomes

Thirteen of 23 attendees completed the questionnaire. Twelve responded that the presence of alumni had a positive impact on them. Comments about the impact included a sense of enthusiasm about GP, feeling inspired and having increased confidence in their career choice.

Discussion

Alumni who role model GP careers are well-received by medical undergraduates and postgraduates who value the opportunity to ask informal questions in a relaxed environment. The impact of single events on career intentions is difficult to quantify but

equally may not be desirable as formative experiences can be transformative on a highly individual basis.

Take home message

GP alumni are a “very supportive professional network”, but currently underutilised. This avenue should be explored further by medical schools to promote GP careers.

Abstract topic

03. Education

Abstract ID: 524

Internal code

P03-021

Presentation form

ePoster only

Application of a new quality framework for multidisciplinary primary care learners

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Workshop

Background

Application of a new quality framework for multidisciplinary primary care learners, with Primary Care Networks (PCNs) as the preferred learning organisation unit.

Target Group

Anyone involved in quality assurance of primary care education

Didactic method

Workshop including small group discussions

Objectives

To discuss differing regional approaches to application of the quality framework, share best practice and pitfalls. Consider how to maximise and make use of learner data such as surveys, quality panels, escalation of concerns, approval and re-approval processes.

Estimated number of participants

Up to 30 per session

Brief presentation of workshop leader

Initial brief overview of new Southwest Quality Framework and process.

Abstract topic

03. Education

Abstract ID: 530

Internal code

P03-022

Presentation form

Poster on paper + ePoster

Massive Open Online Courses (MOOCs), Professional Development in Genomics: Primary Care (PC), genetic counsellors (GC) and Wellcome Connecting Science (WCS)

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Background: There exists an urgent need for the fast-developing genomics knowledge and technology to be integrated into healthcare. Patients experience genomics as part of daily lives, so healthcare providers are expected to offer appropriate guidance. Scalable, flexible training for busy professionals is difficult to achieve.

Questions: Is it possible to provide inclusive, free training for global audience, producing a PC course which includes studying the role of genomics within primary care? Similarly a GC course aiming to raise awareness of the role of genetic counselling in the genomic era, and the challenges faced in different countries? Could both courses address ethical issues related to genomic testing?

Methods: WCS produced two online courses with practitioners in genetic counselling (GC) and primary care (PC) The courses ran on Future Learn platform for MOOCs, which attracts global audiences of thousands of learners. Conversation-based pedagogy was applied to harness social learning. Asynchronous courses, lightly facilitated by the experts, offered opportunities to learners for self-paced study. Both courses showcased clinically relevant case studies including ethics, providing opportunities for learners to investigate and discuss.

Outcomes: Between 2019-2021, 2 courses had 6 runs, reaching about 12500 learners from more than 120 countries.

Discussion: Qualitative analysis of learners' comments showed high satisfaction, especially regarding opportunities to integrate the material within own practice, and acquisition of tools and resources for further use.

Take home message for practice: The analysis pointed to the use of MOOCs as a viable option in both CPD and for wider public engagement in genomics.

Abstract topic

03. Education

Abstract ID: 556

Internal code

P03-023

Presentation form

Poster on paper + ePoster

Putting pen to paper: teaching GP trainees to write applied knowledge test (AKT) questions to enable better exam preparation

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Background and purpose

The AKT exam continues to be a challenge for trainees, reflected by the first-time pass rates in the Wessex Deanery being in the lowest quartile of the national AKT pass rates. The significant differential attainment between the UK graduates and the International Medical Graduates has created a drive to identify meaningful changes in how we approach this exam. Some identified barriers were the lack of familiarity with the exam question format and the time pressures during the AKT exam.

Methods

All new trainees were invited to write one AKT question monthly from a curriculum-based topic. An in-depth learning session on writing AKT questions was provided during a formal teaching session. The questions were collated in a database and mini-mock AKT exams were undertaken from these questions.

Results

AKT question writing proved to be a useful intervention helping trainees familiarise themselves with the style of AKT questions, and to understand the exam time pressures by taking part in the mock exams. This provided an opportunity to start revising for the AKT and allowed the trainees to interact with peers from an early stage. The feedback has been satisfactory, and trainees rated themselves as being more confident in their overall preparedness for AKT.

Conclusions

Creating tools to support trainees proactively is important not only in ensuring success at the first take of the AKT, but it may also positively contribute to the trainees' sense of confidence in approaching exams and their feeling of inclusivity through regular interaction with peers.

Abstract topic

03. Education

Abstract ID: 558

Internal code

P03-024

Presentation form

Poster on paper + ePoster

Differential attainment in general practice (GP) training– a buddy system to increase support amongst trainees

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Background and purpose

Differential attainment continues to be a reality in GP training and research across Wessex Deanery has highlighted some possible causes. These include problematic relationships with seniors, perceived bias in recruitment and lack of support in and outside of work. Our goal was to improve the support for the new to UK and new to NHS trainees by setting up a trainee to trainee buddy system.

Methods

Second- and third-year trainees were invited to take part in a buddy scheme to support new fellow trainees. The senior trainees had a formal teaching session to improve their coaching skills. Each senior trainee was allocated a new trainee and they had regular meetings tailored on individual needs. Surveys were done before the scheme started and

after a few months to assess the level of support required and received, respectively and the overall satisfaction.

Results

Our surveys indicated an increased satisfaction for all the trainees involved. The senior trainees felt their mentorship skills had improved and their level of support had been meaningful to their buddies. The new trainees gained more confidence in approaching the training system and felt supported in dealing with training related requirements which improved their overall wellbeing.

Conclusions

A holistic approach to training, involving trainees supporting each other, may improve feelings of inclusivity and confidence during training, and help achieve better results. It can also equip trainees with skills such as coaching and mentorship, which are essential for a qualified GP.

Abstract topic

03. Education

Abstract ID: 638

Internal code

P03-025

Presentation form

Poster on paper + ePoster

Ultrasound microcredential: A novel method to enhance ultrasound education

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Introduction:

Over the last several years, access to ultrasound has increased dramatically, making point of care ultrasound (POCUS) a diagnostic standard across many medical specialties. It is cost effective, non-invasive, and becoming more portable. To augment ultrasound education and improve students' skills, University of North Texas Health Science Center has developed three ultrasound microcredential courses. The microcredential program is a two-day course that allows students, residents, and practicing physicians to earn a certification in a specific area of point of care ultrasound.

Methods:

UNTHSC currently offers three POCUS microcredential courses: Primary Care, Obstetrics and Gynecology, and Emergency/Internal Medicine. Students must complete 20 hours of online modules, a 10 hour in-person course, and obtain ultrasound images on their own to obtain the microcredential.

Results:

The goals of the microcredential are twofold: to demonstrate an effective model for students to learn point of care ultrasound, and to expand ultrasound teaching to residents and physicians, to learn new techniques or build upon their current knowledge. We are in the process of evaluating our program using feedback from a comprehensive post-workshop survey. Preliminary feedback has shown that participants enjoy the workshop and find it an effective way to learn ultrasound.

Discussion:

We hope that the UNTHSC POCUS Microcredential Program can be a model for other schools looking to advance their ultrasound training for both students and residents,

practicing providers, and other members of their community. The microcredential curriculum can be tailored towards different specialties to ultimately enhance patient care in a rural setting.

Abstract topic

03. Education

Abstract ID: 658

Internal code

P03-026

Presentation form

Poster on paper + ePoster

The role of family doctors in neuroendocrine tumor diagnostics in Europe

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The Survey of Challenges in Access to Diagnostics and Treatment for Neuroendocrine Tumor Patients (SCAN) assessed the delivery of healthcare to NET patients globally. This analysis focused on the role of family doctors (FDs) in NET diagnostics in Europe. Earlier surveys showed delayed diagnosis of NETs to be a global challenge. SCAN explored further this issue.

During Sept-Nov 2019, 2359 NET patients and 436 healthcare professionals (HCPs) completed an online questionnaire, disseminated by INCA and its partner organizations in 14 languages.

1102 NET patients and 149 HCPs from Europe responded. NETs were most often gastroenteropancreatic (73%, 802/1102). 43% were initially misdiagnosed (470/1102). Incorrect diagnoses included gastritis (33%, 155/470); IBS (32%, 150/470), and anxiety (24%, 113/470). Mean time to correct NET diagnosis was 4 years (N=470, SD: 4,76).

HCPs who suggested the diagnostic test that led to correct diagnosis were most often gastroenterologists (22%, 242/1102) and FDs (19%, 208/1102). For HCPs, pathologists (82%, 122/149), oncologists (82%, 122/149) and endocrinologists (82%, 122/149) were most involved. FDs were ranked low (48%, 71/149) by HCPs, while 79% [15/19***] of FDs declared involvement.

HCP awareness of NET diagnostic tools was high: biopsy (93%, 139/149), CT scan (91%, 136/149), chromogranin A (86%, 128/149) and MRI (83%, 123/149). It was significantly lower among FDs: MRI (63%, 12/19), chromogranin A (42%, 8/19) p<0.0001.

Family doctors play an important role in NET diagnostics, although underestimated within the healthcare system.

Enhanced knowledge about NETs among family doctors and their greater involvement is essential to improve time to correct NET diagnosis.

Abstract topic

03. Education

Abstract ID: 737**Internal code**

P03-027

Presentation form

Poster on paper + ePoster

Family Violence as a missing topic in medical curricula? An overview of the GP specialty training in Europe

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Introduction: Family Violence (FV) is a pandemic public health concern that has serious implications. It describes a range of behaviours including intimate partner violence (IPV), child abuse (CA), elder abuse (EA) and female genital mutilation (FGM). Family doctors and general practitioners (GP) are often the first or only point of contact for those experiencing FV, although most doctors don't feel adequately trained to provide proper care.

Objectives: To collect data on current FV curricula in Family Medicine specialty training in Europe, and to compare these with World Health Organisation (WHO) recommendations.

Methods: Cross-sectional survey through online self-report questionnaire, targeting key informants of European countries, using convenience sampling.

Outcomes: A total of 216 individuals completed the survey (69.4% female). Mean age was 39.7 years, mean duration of practice and speciality training 12.5 years and 3.4 years, respectively. IPV was reported to be part of curricula by 41.2% of respondents, CA by 33.8%, EA by 21.8%, and FGM by 12.5%. The majority of participants (58.3%) assessed the quantity of teaching in FV as insufficient to adequately prepare future doctors to identify and respond to FV. 68.1% of the participants stated that formal teaching on FV should be included in the curriculum.

Conclusions and take-home message: There is considerable variation in FV curricula across the European Region and despite WHO recommendations, it is not properly implemented. There is an urgent need to include these topics in the formal curricula and increase the number of trained family doctors ready to identify and manage FV.

Abstract topic

03. Education

Abstract ID: 753**Internal code**

P03-028

Presentation form

Poster on paper + ePoster

A rare case of beckwith-wiedemann syndrome diagnosed in an infant

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Background: The Beckwith-Wiedemann syndrome (BWS) is the most common overgrowth syndrome and cancer predisposition disorder, with an estimated prevalence of one in 10,340 live births. It is caused by abnormalities within the chromosome 11p15 region, with variable clinical expression. Neonatal hypoglycemia, macrosomia, macroglossia, hemihyperplasia, abdominal wall defects and embryonal tumors are some of the characteristics that may be present in patients with this syndrome. Most cases are diagnosed prenatally or at birth.

Content: A female child born after an uneventful gestation of 41 weeks, with normal weight, height, and cephalic perimeter at birth. At the age of 4 months, the infant starts to show signs of overdevelopment with weight and height crossing to the 97th percentile, macroglossia and asymmetric overgrowth of the left side of the body. On suspicion of BWS, we referral the child to Pediatrics, where the clinical diagnosis of BWS was made by the combination of macrosomia, macroglossia, hemihyperplasia (3 major findings) and glabellar hemangioma (1 minor finding) and confirmed by genetic testing.

Conclusion: BWS is a disorder with considerable phenotypic variability. The diagnosis is important as the disease imposes an increased risk of fatal outcomes, as consequence of hypoglycemia, macroglossia, cardiomyopathy and associated risk of neoplasia, such as Wilms tumors, hepatoblastomas and neuroblastomas. Therefore, family doctors' clinical awareness of the possible clinical features of this syndrome is essential to allow an early diagnosis and avoid delays in the treatment and surveillance of these peculiar patients.

Abstract topic

03. Education

Abstract ID: 817

Internal code

P03-029

Presentation form

Poster on paper + ePoster

An Interprofessional Education (IPE) initiative adopting an integrated approach to complex case management in primary care

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Introduction:

Primary Care in the NHS is welcoming a wider range of health and social care professionals to provide care in an integrated, collaborative way. An educational event was developed in collaboration with University of Leicester, De Montfort University and the Leicester, Leicestershire and Rutland Training Hub to explore if students from health and social care backgrounds could use the interprofessional education (IPE) concepts of collaboration and teamwork to enhance their understanding of integrated care of complex cases.

Senior undergraduate students (n=18) across courses in medicine, pharmacy, social work, physician associate and nursing worked together in facilitated groups in a simulated, protected environment. They analysed a range of real-life case studies with varying themes of complexity and were tasked with recommending integrated care plans.

Method:

Questionnaire data was analysed on SPSS across eight pre/post learning outcomes using Wilcoxon signed rank test. All students and facilitators reflected on their experiences, and these were captured and thematically analysed.

Results:

A 88.8% student response rate was obtained. Results showed a statistically significant ($p < 0.01$) improvement across all measured learning outcomes.

Discussion:

Students enhanced their ability to work in a team and management of complex cases in primary care and valued this pedagogic style of learning with colleagues from other health and social care backgrounds. IPE nurtured students' confidence about collaborative working in integrated care.

Conclusion:

Introducing students to multidisciplinary team working in a protected environment had major benefit in their understanding and perceived ability to take an integrated approach to complex case management.

Abstract topic

03. Education

Abstract ID: 931

Internal code

P03-032

Presentation form

Poster on paper + ePoster

Overcoming the idea of sleep disturbance as a signature of normal aging: understand the problem and find solutions

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Introduction: Normative aging is associated with changes in sleep patterns and with increased prevalence of sleep disorders. Nearly 50 to 60% of older patients report poor sleep quality, which has a negative impact on their overall health and quality of life. Sleep-related concerns of the elderly are a common issue in primary care. The aim of

this review is to understand what causes sleep disturbances in the elderly, which are their most prevalent sleep pathologies, and how to tailor an appropriate approach to the problem.

Methods: A literature review about elderly sleep physiology, its therapeutic approach, and etiologic factors involved in sleep disturbances was performed using reference books and in the PubMed and UpToDate databases, with the keywords sleep, sleep disorder, and aging.

Results: The prevalence of insomnia is similar in both healthy older adults and young adults. Sleep problems in older patients are usually multifactorial. Physiological changes (namely, age-related phase advance in the circadian rhythms), medical comorbidities, chronic medication, lifestyle changes, and their surroundings often lead to sleep disruption. Regardless of it being identified as characteristic of normal aging, it can be improved or even normalised, as done for young adults. Some patients may benefit from temporary and careful use of sleep-promoting medication to restore sleep. Furthermore, customising sleep hygiene to this age group is crucial to optimise sleep.

Conclusion: Adequate management of sleep disorders in older patients is only possible with a holistic approach that includes the identification of comorbidities, adequate drug management and an efficient health education.

Abstract topic

03. Education

Abstract ID: 1047

Internal code

P03-035

Presentation form

Poster on paper + ePoster

An incidental finding of a hepatic hydatid cyst

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Background

Incidental findings are conditions usually missed during routine medical evaluations. We present the case of a liver lesion diagnosed after lumbar spine imaging.

Questions

A 48 year old Spanish woman presented with a chief complaint of lower pain. Her medical history was relevant for meningitis at age 9 without sequelae. She lived in an urban area and worked in an office; she had not travelled abroad recently. She had only a pet cat and reported no toxics habits. Review of systems was positive for epigastric pain and nausea without associated weight loss or diarrhea. This pain had become more frequent over the prior year and occurred mostly after meals.

Methods

Lumbar spine X-ray detected a well-defined rounded image adjacent to the transverse processes of L1 which seemed to contain an air-fluid level. Abdominal ultrasound showed an echogenic liver lesion of solid content and calcified wall, consistent with a hydatid cyst. These findings were confirmed with an abdominal CT scan. Serology for echinococcus was negative.

Discussion

After ruling out other conditions, a diagnosis of inactive hepatic hydatidosis (WHO stage CE4-5) was made. Yearly ultrasound surveillance was recommended as this stage did not warrant medical or surgical treatment.

Take Home Message for Practice

Physicians should be careful not to miss incidental findings identified on auxiliary tests as important conditions requiring treatment or follow-up may be identified as well.

Abstract topic

03. Education

Abstract ID: 1145

Internal code

P03-037

Presentation form

Poster on paper + ePoster

Education needs in diagnosing rare diseases in primary care: a clinician survey

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Background

Primary care physicians (PCPs) are in a unique position to identify rare diseases as these patients often present to them first, have continuity over many years, and PCPs are used to diagnostic uncertainty. However, there continues to be a significant delay in diagnosis across rare diseases.

Questions

What is PCPs knowledge, experience, and educational needs in rare disease?

Methods

A 14-question online survey to assess rare disease knowledge, experience, and educational needs was emailed to Medscape member physicians. It launched on March 31, 2021 and closed on August 2, 2021.

Results

A total of 927 physicians specializing in 16 different therapeutic areas participated in the survey. Of those, 55 were PCPs from the EU or US. A majority, 78% of PCPs considered rare diseases much rarer compared with standard definitions in the EU (5 per 10,000) or US (<200,000). And 68% said they never or only rarely (every 6 months to 1 year) see rare disease patients. Although 84%, have been involved in a rare disease diagnosis, only 7% were mostly or very confident in making such a diagnosis. Barriers that PCPs often or always encountered included sufficient time to investigate properly (47%) and sufficient knowledge of signs that should trigger suspicion (40%). PCPs noted a preference for a comprehensive online learning platform with case-based, text-based, and short-format education, given by world renowned clinicians.

Conclusions

This educational research study identifies gaps for PCPs in diagnosing rare diseases and supports the need to develop education on recognizing them earlier.

Abstract topic

03. Education

Abstract ID: 1217

Internal code

P03-038

Presentation form

Poster on paper + ePoster

Evaluating experience of preparing for and undertaking the RCA

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Background: The Recorded Consultation Assessment (RCA) is one of three assessments undertaken to gain a license to practice at the end of GP specialty training. It replaced the CSA (clinical skills assessment) in 2020. Both assessments assess the same clinical and consultation capabilities, however rather than through the face-to-face format of the CSA, the RCA requires trainees to record 13 consultations drawn from their training practice patient population.

Question: When do trainees plan to take the RCA, how do they prepare, what are the challenges and what advice would they share?

Method: Anonymous online questionnaire sent to GP trainees in Southampton who have recently taken the RCA.

Outcomes The areas which were reported to support successful engagement with the assessment were: get used to using video early in ST3, develop a plan with the trainer, take the assessment towards the middle of GPST3, start preparation early and seek feedback. Trainees reported using a range of resources.

Discussion: At least 3 months of planning is needed. This is best done in partnership with the trainer, including discussion around the practicalities of identifying and recording appropriate cases and timing of submission. Leaving the exam too late may impact on the trainee's stress and mental health. Regular recording of cases and reviewing them with feedback either from self or with a supervisor or peer is important to preparation.

Take home message: realistic and timely expectations of the work needed to pass the RCA assessment is key to success.

Abstract topic

03. Education

Abstract ID: 1232

Internal code

P03-039

Presentation form

Poster on paper + ePoster

Treating major depression with vortioxetine, in a patient with multiple co-morbidities: a case report

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Presented problem: A 35 year old female, with a long standing history of depression, reports low mood, anhedonia and lack of motivation resulting in her no longer leaving the

house. She also has a number of co-morbidities, including ulcerative colitis, spontaneous angioedema, chronic pain, spondyloarthritis and allergic rhinoconjunctivitis and is receiving medication to manage these. She was previously treated with three different antidepressants for major depressive disorder, with no improvement in symptoms. Her current antidepressant, duloxetine, was elected for both its antidepressant and analgesic properties.

Management: Given the patient's medical history and polypharmacy, a MDT approach was taken and a trial of vortioxetine, a newer multi-modal antidepressant, was felt appropriate. This was commenced, following weaning and washout of duloxetine.

Outcome: The patient abruptly stopped taking vortioxetine due to intolerable side effects. She presented with nausea, vomiting, nightmares, sweating, headache and dizziness. These may have been secondary to vortioxetine, abrupt drug cessation, co-morbid conditions or polypharmacy. Following a further MDT, vortioxetine was discontinued and switched to fluoxetine.

Discussion: Vortioxetine is a newer anti-depressant with limited use in clinical practice. It is listed as an option for major depressive disorder by NICE, however MDT discussion should be considered prior to initiation.

What we can learn from this: A thorough review of the patient's co-morbidities and medications should take place before trialling vortioxetine. Patient's need to be counselled for common side effects, such as nausea to avoid abrupt medication cessation and thus the onset of withdrawal symptoms.

Abstract topic

03. Education

Abstract ID: 1239

Internal code

P03-040

Presentation form

Poster on paper + ePoster

Perspectives of UK medical students on digital health education: identifying unmet needs

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Background: Digital health (DH) represents a key pillar in delivering the NHS Long Term Plan¹. DH medical education is vital in preparing a digitally ready workforce². This study sought to assess the current perspectives of UK medical students towards DH education.

Methods: An online data capture was distributed to UK medical students from March to September 2021. Extensive quantitative and qualitative data were collected regarding DH and DH education, with qualitative responses thematically analysed.

Results: 514 complete responses were received from 39 UK medical schools. 57.2% of respondents were female, with a mean age of 22.9 ± 3.2 . 65.8% of students considered DH 'extremely important' to future clinical practice, particularly the domains of electronic patient records, telehealth and smartphone applications. However, only 18.1% felt aware of the DH competencies required in medicine. Whilst 70.2% of students reported receiving some DH education, only 25.7% felt satisfied with these provisions. Themes for student satisfaction related to a practical teaching approach, delivery of content appropriate for their training stage and covering topics of student interest. Student dissatisfaction stemmed from inadequate teaching provided, and subsequent fears of falling behind. 56.1% preferred DH education be mandatory rather than elective, ideally through hands-on workshops (75.8%) and lectures and seminars (60.4%). 65.4% thought DH proficiency should be assessed in some capacity, of which 75.6% preferred formative assessment.

Conclusions: As the first national data capture on DH education, this study illustrates that medical students recognise the significance of DH and would like it better integrated into their curriculum.

Abstract topic

03. Education

Abstract ID: 1276

Internal code

P03-041

Presentation form

Poster on paper + ePoster

Population health intelligence: what do GP trainees and GPs know and what do public health professionals think they should know?

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Population health intelligence (PHI) allows us to know where to look for data, information, and knowledge and apply analytical techniques to effectively support decision making in healthcare. PHI will become increasingly relevant to primary care with the formation of Integrated Care Systems and large linked datasets via which GP data will be accessed and used in new ways, for example, for population health management.

Question: How does GP trainees and qualified GPs knowledge of PHI compare with that expected of them by PHI professionals?

Methods: Surveys sent out to GP trainees, qualified GPs and public health professionals in the East of England

Results: The project is on-going, however the initial results from the GP trainees show 78% were not confident using data at practice level, 82% did not know or vaguely knew where to get data relevant to their local population, 65% had not used Fingertips before and 82% did not know or vaguely understood how data fits in with the NHS Long Term Plan. The survey is currently being sent out to qualified GPs. The parallel survey for public health professionals is on-going, but the initial results show that most of the

respondents think GPs should have at least a vague understanding of data and analysis relating to their practice population or Primary Care Network population. We aim to draw comparisons between the surveys so that we may make recommendations on future training needs to enable GPs to become “intelligent customers” when liaising with colleagues in PHI.

Abstract topic

03. Education

Abstract ID: 1279**Internal code**

P03-042

Presentation form

Poster on paper + ePoster

Hot swollen joints: Management made simple for junior doctors

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Background: The presentation of a hot swollen joint is common in the general practice, emergency department, rheumatology and orthopedic clinics. There is a wide set of differential diagnoses for a hot swollen joint, thus making it difficult to diagnose and manage, especially for junior doctors. Initially, it is pertinent to exclude/diagnose medical and surgical emergencies.

Objective: We aims to summarize the key indications within history, examination and investigations

to quickly and effectively diagnose a hot swollen joint based on the original 2006 management guidelines and the paper discussing possible indications and management strategies published since.

Results: The management of crystal and non-infectious arthropathies is well recognized with little confliction. However, infectious arthritis is not concrete, and there are large discrepancies in management between doctors, especially junior doctors.

Conclusion: Key indications were summarised and provided a diagnostic flow chart to aid with the management of hot swollen joint to help junior doctors manage a hot swollen joint.

Abstract topic

03. Education

Abstract ID: 52**Internal code**

P03-043

Presentation form

ePoster only

Why do and don't GPs become GP trainers?

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Background: The demand for general practitioners is growing. Trainee numbers entering GP specialty training are increasing, yet many practices are not yet engaged in training representing a loss of opportunity to support the next generation of GPs.

Questions: What are the main barriers preventing GPs from becoming trainers, and what are the main attractions retaining those who are trainers?

Methods: A questionnaire was sent to GPs within Lincolnshire and subsequently followed up with a structured interview to ascertain their views and attitudes towards training GPs, what they saw as the opportunities and challenges within postgraduate GP medical education.

Outcomes: The main themes around barriers to training revolved around a lack of physical space to host trainees, citing a lack of investment to expand premises and perceived lack of time to educate and support prospective trainees. Those who train cited the mental stimulation, access to professional development and workforce sustainability in offering a trainee a job or partnership after completing training as motivators to train.

Discussion: With a lack of physical space, new methods of delivering care may mitigate lack of room space and ensuring those who wish to train are supported and giving protected time to do so may encourage new prospective trainers into teaching. Trainers benefited either directly or as a practice as incentives.

Take home message for practice: Those limited by space may consider alternative methods of practice, and protecting time for training may help break down barriers towards supporting tomorrow's doctors and enjoy the stimulation training brings.

Abstract topic

03. Education

Abstract ID: 53

Internal code

P03-044

Presentation form

ePoster only

How do training and non-training GP practices differ?

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Background: The demand for general practitioners is growing. Trainee numbers entering GP specialty training are increasing, yet there are many practices that are not yet engaged in training representing a loss of opportunity to support the next generation of GPs.

Questions: Are there population and practice differences between non-training and training practices?

Methods: Using available data from Public Health England, local GP training programme and clinical commissioning group, metrics such as practice size, deprivation and QOF performance were compared between training and non-training practices in Lincolnshire.

Outcomes: Of the 86 general practices in Lincolnshire, 35 (41%) are engaged in training. Training practices were slightly larger than non-training practices, though this difference in size was not statistically significant ($p=0.43$) and had higher deprivation scores but this was not statistically significant ($p=0.76$). QOF scores were on average marginally higher in non-training practices (540.3 vs 537.2 points) but this was not statistically significant ($p=0.60$).

Discussion: The findings appear to conflict with other studies that have noted training practices tend to be larger and serve less deprived communities. Although there were differences between training and non-training practices, these appeared marginal and lacked statistical significance.

Take home message for practice: Those considering becoming training practices can be reassured that training status does not appear to adversely affect many recorded performance metrics.

Abstract topic

03. Education

Abstract ID: 160

Internal code

P03-045

Presentation form

ePoster only

The educational impact of the covid-19 pandemic on clinical year medical students, studying at the university of Malta

Ramona Camilleri, Kelsey Markham, Michael Pio Cilia
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Background

Covid-19 pandemic has forced University to implement online distance-learning and halt hospital attachments for clinical year medical students.

Question:

What are the impacts of these changes on the medical students' education?

Method:

An anonymised cross-sectional survey was distributed. This targeted the overall impact of the pandemic on the students' education, exposure to patients, clinical skills developed, clinical exposure during hospital attachments; online teaching and online examinations. Results were collected through google forms and data analysed accordingly.

Outcomes:

103 replies were received. 90.3% of medical students state that their education was negatively impacted by changes implemented during the pandemic, with 98% of students stating that clinical exposure was inadequate, 76% felt unsafe attending hospital attachments and 83% felt uncomfortable examining patients. 66% of students felt satisfied with online tutorials and pre-recorded lectures. 62% of students preferred having on-site examinations and 71% felt safe attending on-site exams.

Discussion:

The study highlighted that during the pandemic, the theoretical part of teaching was deemed adequate whilst the practical component was lacking, lead to poor development of essential skills. The suggest an improved rota system to include afternoon and evening shifts for medical students, ideally through a buddy-system with senior doctors to maximise clinical exposure. The suggest that online teaching should be developed further, ensuring a safe method of teaching.

Message:

The quality of education of medical students is essential in developing an efficient and motivated workforce. Improvements in the education system need to be made to ensure this during the pandemic.

Abstract topic

03. Education

Abstract ID: 210

Internal code

P03-046

Presentation form

ePoster only

Hand-foot-and-mouth disease – beyond the basics

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Background:

Hand-foot-and-mouth disease (HFMD) is a common childhood viral disease that presents in primary care. It is most commonly caused by coxsackie virus, and it is characterized by low fever, oral ulcers, and vesicles on the hands and feet, that usually resolve in 7 to 10 days. Treatment is supportive. Onychomadesis - complete and painless detachment of the nail plate from the proximal fold - has been described as a late complication of HFMD. This nail alterations are an important cause of parent anxiety, however, is a self-resolving finding, driving to unnecessary appointments.

Case description:

A 3-years- old male child with irrelevant past medical history presents to an urgent appointment with complaints of fingernails detachment involving both hands, without any other symptoms associated for 3 weeks. The mother described that the nail changes began as a greenish-yellowish patch spreading towards the free edge of the nail and then started to shed concomitantly with the appearance of growing new nails. The family doctor asked if there was any event/disease before this symptom and the mother told that the boy had been diagnoses with HMFMD two weeks before the nails changes.

Discussion/Outcome:

This case highlights the association between HFMD and onychomadesis. This allows family doctors to guide the parents about a benign and self-resolving process that may occur as part of the evolution of this disease, avoiding unnecessary anxiety, referral, and treatments. Nevertheless, it is important to note a thorough history and physical exam are necessary to identify the correct etiology.

Abstract topic

03. Education

Abstract ID: 215**Internal code**

P03-047

Presentation form

ePoster only

The socio-emotional impact of the covid-19 pandemic on clinical year medical students, studying at the university of Malta

Ramona Camilleri, Michael Pio Cilia, Kelsey Markham

University of Malta, Msida, Malta

Background:

Covid-19 pandemic has resulted in significant challenges worldwide on mental health. During the pandemic, mental health concerns about loneliness, uncertainty, anxiety and depression have increased worldwide.

Question:

What were the socio-emotional effects on medical students because of the pandemic?

Method:

An anonymised cross-sectional survey was distributed to medical students in March 2021. The survey included questions about increase in negative emotions, hazardous behaviour, thoughts of self-harm and suicidal ideation, since the start of the pandemic. Results were collected through google forms and data analysed accordingly.

Outcomes:

103 replies were received. Since the start of the pandemic, the majority of medical students reported an increase in anxiety (78%), burnout (74%), low mood (86%), loneliness (56%), anergia (67%), uncertainty (87%) and boredom (80%).

12% of participants reported an increase in thoughts of deliberate self-harm and, more than 16% of students had an increase in suicidal ideation.

Discussion:

This study has highlighted that symptoms of depression, anxiety and deliberate self harm were more prevalent among medical students in clinical years. The suggest improved awareness of services such as the counselling provided by both university and Mater Dei Hospital, as well as the 1770 mental helpline available 24/7, among medical students. The also suggest establishing a mentoring system, through which identification of students going through challenging situations are identified and supported adequately.

Message:

Mental health is a vital issue. It is crucial to address these worrying results to ensure optimal mental wellbeing of our future doctors.

Abstract topic

03. Education

Abstract ID: 218**Internal code**

P03-048

Presentation form

ePoster only

Impact of covid-19 on medical education in different income countries: a scoping review of the literature

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Background and Purpose:

The COVID-19 pandemic has disrupted medical education worldwide. Universities were forced to rapidly adapt to the evolving situation and develop methods of delivering curricula and assessments online. The purpose of this scoping review was to assess the impact of COVID-19 on medical education and investigate how this effect varies in different income countries.

Methods:

The methodology adhered to PRISMA extension for scoping reviews. Key terms were searched in six electronic databases. Inclusion criteria included studies describing the effect of COVID-19 on undergraduate medical education in university and clinical settings, studies published post 1 December 2019 and studies published in English. A modified Johanna Briggs Institute data charting tool was used to extract data concerning study characteristics and outcomes.

Results:

The initial search returned 298 articles. Following duplicate removal and article screening, 33 studies were included. The literature indicated that the pandemic had a negative effect on medical student education worldwide, in both high-income countries (HICs) and low-and middle-income countries (LMICs). A range of factors impacted students and educators, including new curriculum and assessment design, reduced patient contact, use of new technology and lack of infrastructure. However, LMICs encountered more arduous barriers such as lack of access to information technology infrastructure and support from national governments.

Conclusions:

COVID-19 has impeded medical education worldwide. Future research is needed to address barriers to providing medical education during a pandemic. LMICs need particular support as they have fewer resources and face greater challenges regarding this matter.

Abstract topic

03. Education

Abstract ID: 338

Internal code

P03-049

Presentation form

ePoster only

Urinary parasitic infection – a case report that highlights the importance of an interdisciplinary approach

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Background:

Schistosomiasis is a parasitic infection caused by *Schistosoma* worms. The urogenital form consists of parasitic blood flukes that infect people who come into contact with larval forms released by fresh water snails. Over 200 million people are infected worldwide, mostly in tropical and subtropical areas.

Case Report:

A 60-year-old man from Guinea-Bissau, living and working in Portugal for over 20 years, presented to his family physician with a 1-week history of gross terminal hematuria and dysuria, without fever.

Initially diagnosed with a urinary tract infection, further investigation with suprapubic ultrasound revealed an anterior proximal bladder wall thickening with 38x27mm, of unknown origin. A pelvic CT confirmed the location and thickening of the bladder wall.

The patient was referred to the Urology Department of the local Hospital. More than one cystoscopy was required in order to visualize the lesions. A few months later, a "vegetating lesion, near the dome, posterior and lateral walls of the bladder, with multiple yellow vesicles, suggestive of urinary schistosomiasis and probable squamous cell carcinoma of the bladder" was identified.

The patient eventually underwent transurethral resection of the bladder and chemotherapy, but unfortunately died.

Discussion:

The case reported illustrates the diagnostic challenges of this condition but also highlights the importance of multidisciplinary approach and good communication between primary and secondary care.

It is important to suspect of urinary schistosomiasis in any child or adult with hematuria coming from endemic regions, regardless of recent visits to these regions.

Abstract topic

03. Education

Abstract ID: 341

Internal code

P03-050

Presentation form

ePoster only

Charles Bonnet syndrome – a case report about the psychological impact of this condition

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Background:

Charles Bonnet syndrome is characterized by symptoms of visual hallucinations, also called visual release hallucinations. These are typically vivid and recurring, consisting of patterns, faces, clowns, figures and animals. They occur in patients with no cognitive impairment, that maintain insight and are associated with vision loss conditions, like macular degeneration, cataract, glaucoma, diabetic retinopathy, retinitis pigmentosa and others. It is a diagnosis of exclusion with no effective treatment.

Case Report:

A 60-year-old woman presented to the Emergency Department of the local hospital with acute impaired vision, reporting seeing clowns, faces and figures intermittently for the last 5 days. She denied any headaches or trauma, laboratory tests and brain CT were all

normal. Her personal history included progressive visual impairment due to glaucoma and retinitis pigmentosa. A Psychiatrist excluded any psychiatric condition. Subsequently she was scheduled to see an Ophthalmologist and was diagnosed with Charles Bonnet syndrome.

The patient visited the Family Physician after this episode. She was medicated with quetiapine 25mg/day, later increased to 50mg/day, eventually switched to risperidone 0.5 mg twice daily, which resulted in minimal improvement. The visual hallucinations, albeit decreased in frequency, have persisted and were associated with negative emotional consequences, namely suicidal thoughts and anxiety. Currently, her mood is stable, showing no signs of depression and having improved her overall psychological well-being.

Discussion:

Although some patients might only need reassurance or treatment of the underlying conditions, more severe cases require pharmacological treatment and acknowledgement of the distress and psychological impact caused.

Abstract topic

03. Education

Abstract ID: 345

Internal code

P03-051

Presentation form

ePoster only

Inferior vena cava thrombus without major risk factors - an unlikely diagnosis

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Background: Proximal deep vein thrombosis (DVT) has an annual incidence 0.4-1.6 cases/1000 individuals in Europe, with iliac or proximal vein thrombosis representing 6% of those.

Question: Can woman without major risk factors have an inferior vena cava (IVC) thrombus?

Methods: Clinical case.

Outcomes: Female, 37 years old. Medical history: sinusitis, venous insufficiency and depression. Medication: bilastine, desogestrel+etinilestradiol and fluoxetine. Patient underwent 2 surgeries for complicated sinusitis and was medicated with oral corticosteroids. Henceforth, started with cardiac frequency and blood pressure fluctuations. Performed echocardiogram, holter, renal echography and blood tests: without abnormalities. One month later, started complaining about fatigue, lower limbs pain and oedema. Went to family doctor and emergency department (ED) multiple times, where she presented bilateral, symmetrical, soft oedema of lower limbs, without inflammatory signs, with negative Pratt's, Sigg's and Homans' signs. Venous doppler and blood tests were performed, distal DVT was excluded and venous insufficiency was assumed. After a 4h road trip, patient started with an intense pain and oedema in the left leg. Went to ED and underwent CT-angiography that showed an IVC thrombus.

Discussion: As family doctors, patients follow-up over time and knowledge of their health history are, in most cases, our great advantage. In this case, absence of risk

factors and gradual progression of symptoms that could be explained by other known problems, delayed the diagnosis.

Take home message for practice: Unlikely diagnoses are a reality. No matter how well we know our patients, we must always see them with “new eyes”.

Abstract topic

03. Education

Abstract ID: 487

Internal code

P03-052

Presentation form

ePoster only

The impact of Streetdoctors on young people at risk of violence: a local case study with Liverpool Youth Offending Team

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Streetdoctors is a medical student led charity registered in the UK. Its aim is to change the lives of young people at risk of violence by giving them the skills they need to deliver life-saving first aid. The intervention offered by StreetDoctors is comprised of two distinct yet complementary teaching sessions addressing the topics of haemorrhage control and cardiopulmonary resuscitation. The interactive teaching sessions are designed to be thought-provoking and relevant, with an emphasis on the practical skills and the human consequences of violence. Following a teaching session at Liverpool Youth Offending Team (YOT), five young offenders aged between 14-17 were interviewed. Further discussion was had with the YOT leader on the role of crime prevention strategies and the associated challenges faced in order to provide context to the responses of the participants. The three key aims of this case study were to explore the experiences of violent crime amongst young offenders, to evaluate the impact Streetdoctors has on young people's willingness to act in emergency situations, and to evaluate attitudes the young people and YOT have towards Streetdoctors and its impact. One key finding of the interviews was the exposure many of the young people had relating to violence, and the extent to which these experiences were normalised. Discussion with the YOT leader reinforced many of the themes which the young people identified, believing there to be a 'lack of availability of diversionary schemes'. Key themes were identified and compared with other youth violence interventions.

Abstract topic

03. Education

Abstract ID: 674

Internal code

P03-053

Presentation form

ePoster only

Evaluation of a short-term undergraduate medical education program in a rural primary care setting

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Introduction/Background:

The inclusion of clinical attachments in primary health care has important effects in terms of introducing General Practice/Family Medicine (GP/FM) to undergraduate medical students. In Greece, GP/FM is not included in the majority of undergraduate programs. The aim of this study was to educate and familiarize students with general practice and Primary Care, in order to redress the lack of a relevant compulsory undergraduate course.

Methods:

The study was undertaken during 2015-2020. A non-mandatory 10-day clinical attachment in PHC was organized in a rural PHC unit by general practitioners with educational experience in collaboration with the medical school of Athens during summer holidays. The participants were medical students in the 4th year of undergraduate studies. The courses offered a first-time contact with real patients and physical examination, along with exposure to the objectives and principles of PHC.

Results:

The response ratio was 95.6%. The proportion of students who might choose to specialize in general practice almost doubled (20.6%, as opposed to 8.7 % before the intervention). This increase was significant in both genders. The students' impression of the attachment was rather positive (4.6/5). The mean score on objective structured clinical examination of participants increased from 38.7/100 to 64.4/100 ($p < 0.001$).

Conclusion:

The educational intervention of including a clinical attachment in an undergraduate curriculum seems to have encouraging results, in terms of both stimulating and familiarizing medical students with GP/FM.

Abstract topic

03. Education

Abstract ID: 800

Internal code

P03-055

Presentation form

ePoster only

Laryngopharyngeal reflux: an underdiagnosed and unrecognized condition

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Background:

Laryngopharyngeal reflux is an inflammatory condition caused by direct and indirect effects of gastric or duodenal content in the upper aerodigestive tract.

It causes significant impairment of quality of life and can predict serious laryngeal and oesophageal pathology: oesophageal adenocarcinoma, laryngeal granuloma, polyps, Reinke's oedema, stenosis and chronic laryngitis.

Questions: Is laryngopharyngeal reflux being correctly diagnosed in primary health care?

Methods:

In primary care, a complete clinical history is essential for the suspicion of laryngopharyngeal reflux. Family practitioners should be aware of the overlap with gastroesophageal reflux and search for differentiating symptoms, such as globus sensation, clear throat, hoarseness, excess throat mucus or postnasal drip.

Hypopharyngeal-oesophageal intraluminal impedance-pH monitoring is considered the diagnostic gold standard. Laryngoscopy can be used to visualize the modifications of the laryngopharyngeal mucosa.

Outcomes:

Family practitioners should be more alert for these symptoms and characterize them properly, so they can do a correct diagnosis, allowing the best management of each case.

The treatment can include histamine H2 receptor antagonists, proton pump inhibitors, prokinetics and mucosal cytoprotectants.

In cases with prolonged complaints, it can be necessary the referral to secondary health care, to rule out severe laryngopharyngeal disease.

Take home message for practice:

This serious condition causes disabling symptoms and severe laryngeal and pharyngeal pathology, and should be taken into account in the differential diagnosis of chronic cough, voice changes and reflux. Family practitioners have an important role in the recognition, diagnosis and treatment of laryngopharyngeal reflux.

Abstract topic

03. Education

Abstract ID: 1133

Internal code

P03-057

Presentation form

ePoster only

Is the menstrual cup safe to use? – a literature review

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Introduction

People who menstruate have different strategies to manage menstrual blood, depending on personal preferences, resources, traditions and education. The menstrual cup is a silicone product placed inside the vagina in order to collect menstrual discharge which is becoming more popular worldwide. Although the benefits of using this product are well known, there are still concerns about its safety and health repercussions, which as primary care physicians we should be able to address.

Methods

A research was made in scientific databases using the keywords "menstrual", "cup" and "safety". The search engines used were PUBMED, Cochrane Library, NICE Guidance,

PROSPERO and Trip database. From the various articles found published between 2012 and 2022, thirteen articles were selected.

Results

In general, the usage of the menstrual cup was considered safe, without repercussions in user's health when used correctly. There were few reports of toxic shock syndrome as well as ureteral obstruction. One study reported that concurrent menstrual cup use may increase the risk of intrauterine device expulsion, while another study, with a larger number of participants, found that there is no evidence that using menstrual cups leads to higher rates of early IUD expulsion.

Conclusion

From the articles analysed, we can conclude that the menstrual cup is a safe alternative for menstrual hygiene. As doctors we should be aware that using this method is a risk factor to develop toxic shock syndrome, and that a correct use is crucial, with recommended boiling of the cup between utilisations. Still, further studies are needed.

Abstract topic

03. Education

Abstract ID: 1140

Internal code

P03-058

Presentation form

ePoster only

The role of education in doctor-patient relationships during epidemics. Comparativ study between Measles outbreak 2011 and Covid-19 pandemic in Romania.

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During an outbreak the physician is faced with a double dilemma- the contagious person would require doctor-patient interaction, as in other cases, the management of a sick person implies getting the medical history, an objective examination and particular treatment. However, the family doctors are physicians to the whole community as well, in case of epidemics, they need to determine the presence of the disease early, isolate the sick patient, to establish a vaccination program.

Measles outbreak in 2011 and Covid-19 pandemic presented a challenge for us to study the doctor-patient relationship during the epidemics- the Individual versus the Community, equity, communication, social awareness, and education.

Drawing a parallel between the two epidemics, we can observe that not much has changed. The precariousness of the coverage of vaccination in Romania has multiple causes in both cases. However, the correct communication of the vaccination program, the clear management of perceptions and preconceptions in regards to the inoculation of vaccines could represent a starting point.

Education is the only way people can understand what their rights in terms of access to the health care system are and what are the benefits of the vaccination.

The responsibility of correct education and communication (by conventional medicine or telemedicine) during the epidemic is either individual or collective- of the whole health system and community. After all, it is the common interest.

Epidemics will ultimately change the behavior of individuals and also the doctor-patient relationship. This raises some serious questions for us in the future.

Abstract topic

03. Education

Abstract ID: 1194**Internal code**

P03-059

Presentation form

ePoster only

Leonardo Level 1 EURACT course in Portugal – a practice report

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Introduction: Continuing Medical Education (CME) and Continuing Professional Development (CPD) comprise organized and dynamic processes that lead to the acquisition of skills, attitudes and knowledge to achieve proficiency in a given field. The Leonardo Level 1 course, led by European Academy of Teachers in General Practice (EURACT), is a training opportunity aimed at teachers and trainers in General Practice and Family Medicine. In Portugal, however, these courses were adapted in order to extend to all specialities.

Methods: The course is divided into six modules taught over three days of educational interventions. Each of the trainees has access to all materials prior to the course. The methodology used comprises a minimum of theoretical presentations, aiming at active learning, including roleplaying, brainstorming and work in small groups.

Results and conclusion: In Viseu, a city in central Portugal, from the 9th to the 11th of February 2022, 28 trainees and 6 facilitators met. Participants were specialists either in General Practice and Family Medicine or Anesthesiology. Two new activities were introduced compared to previous editions: two active breaks and a peddy-paper to discover the city's most famous landmarks to improve teamwork. The trainees' opinions at the end of the course met their high expectations from the beginning of the course, highlighting the eminently practical and hands-on nature of this continuous training action that made the trainees the main characters of the course.

Abstract topic

03. Education

Abstract ID: 1197**Internal code**

P03-060

Presentation form

ePoster only

An evaluation of community placements for GP registrars: 'a home visit... not to a patient but to the community'

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Background: GP registrars are required to demonstrate capabilities in 'community orientation', reflecting skills in developing and working with services that respond to needs of the practice population. These skills are seen as difficult to obtain, and the evidence base of how to support this learning is lacking. In the Yorkshire and the Humber (UK) deanery a novel scheme of community placements was developed, in which registrars spent two half-days with a local community or voluntary organisation of their choosing.

Question & Methods: Our qualitative evaluation sought to establish if and how community placements enabled registrars to develop capabilities in community orientation. All GP registrars undertaking placements were invited to participate in semi-structured interviews to explore their experiences. Interviews were audio-recorded, transcribed verbatim and analysed thematically.

Outcomes & Discussion: The majority of interviewees reported that placements enabled them to attain capabilities in community orientation, including an improved understanding of their practice community and the social determinants of health and by stimulating a holistic approach to the assessment and management of health needs. Our analysis described five key mechanisms for learning: building confidence, building networks of practice, gaining novel perspectives, generating a hunger for general practice and experiential learning. Registrars related the depth of their learning to the ability to learn alongside service users and volunteers in novel contexts.

Message: Community placements enabled GP registrars to attain capabilities in community orientation. Further study is required to evaluate learning through placements outside of training and their role in the development of professional practice.

Abstract topic

03. Education

Abstract ID: 1204

Internal code

P03-061

Presentation form

ePoster only

Fad diets and lifestyle

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Background

A fad diet is a broad term used to describe dieting methods that recommend altering the intake of macronutrients to specific proportions or instruct people to intake or avoid particular foods, often with the goal of rapid weight loss. The purpose of this systematic

review was to synthesize literature related to different types of fad diets their benefits and disadvantages.

Questions

What type of fad diets are there?

What are the benefits?

What are the risks?

Methods

The most recent articles have been reviewed.

Outcomes

This systematic review summarizes the main characteristics, food pyramids and benefits of different fad diets like vegetarian diet, vegan diet, detox, paleo diet, ketogenic diet, intermittent fasting and mediterranean diet.

Discussion

All the different types of fad diets encompass lifestyle changes that are not just associated with the foods you eat. Different diets are associated with different lifestyles that refer to environmental concerns, meal times, alcohol consumption, family and social beliefs and concepts.

Take Home Message for Practice

In all of them, the most important thing is to be aware of possible nutritional deficiencies and to be accompanied by a health professional so that you have a diversified and varied diet. The healthcare services need to begin educating the populace about the real consequences of switching to a fad diet and launch a campaign advertising healthy weight management and a physically active lifestyle to the people.

Abstract topic

03. Education

Abstract ID: 1209

Internal code

P03-062

Presentation form

ePoster only

Children's week - an initiative in a health unit

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Introduction: In Portugal, Children's Day is celebrated on June 1st. We aimed at celebrating this day, updating the knowledge of caregivers and professionals of our health unit, in order to stimulate health-promoting behaviors.

Methods: The activity took place at the health unit, aimed at children, their caregivers and health professionals. Information on various topics was exposed - periodicity of consultations, National Vaccination Program (NVP), extra-NVP vaccines, prevention of sudden infant death syndrome, healthy eating, childhood obesity, sleep, fever, exposure to new technologies - in the form of poster and flyers. An area was reserved for children to draw and display their drawings. During this week, greater relevance was given to the topic of fever, with the delivery of questionnaires to caregivers beforehand and after a presentation made during the consultation. For the training of professionals, a session was organized on the most common problems in Pediatric Surgery and on Pediatric Basic Life Support.

Results and conclusion: Comparing the pre- and pos-consultation questionnaires, applied to 22 caregivers, there was a significant knowledge improvement, particularly with regard to the definition of fever and the criteria for resorting to health care. In the scope of primary prevention, this activity allowed us to transmit a significant amount of information, often difficult to communicate in the limited time of consultation. At the same time, it allowed the commitment to update the knowledge of all Health Unit's professionals.

04. Professional development

Abstract topic

04. Professional development

Abstract ID: 29

Internal code

P04-001

Presentation form

Poster on paper + ePoster

Hydroxyurea ulcer, the ghost ulcer: many reasons to think about it

NURIA ALBERTI MASALLERAS, Elimira Aninyan Khachatryan, Javier K. O'Farrill Gonzalez, Elizabeth Kemner Vidal, Ester Canal Prunell
LABORATORIOS SALVAT, S.A., ESPLUGUES DE LLOBREGAT, Spain

Introduction:

Hydroxyurea(HU) is an antineoplastic drug used in hematology for chronic myeloproliferative syndromes such as polycythemia vera, essential thrombocythemia, sickle cell anemia and in chronic myeloid leukemia due to its good tolerability. One of its cutaneous adverse effects is the development of chronic painful ulcers in lower limbs after months or even years of the treatment that makes it hard to think about this entity. These ulcers can become huge and rapidly progressing causing a serious deterioration in the quality of life.

Treatment is as simple as withdrawing the drug.

Clinical case:

A 63 year old male, smoker with multiple cardiovascular risk factors (hypertension, hipercolesterolemia, gouty, transient brain accident) that took HU for two years to treat a polyglobulia and a thrombocythemia. He presented a sudden ulcer without previous trauma in the right lower limb that grew rapidly reaching 7 centimeters in a short time. Any topic or oral treatment was effective. Finally, we decided to make a referral to the dermatologist. He decided to stop HU after carefully studying the case. Later the ulcer began to heal.

Conclusions:

The diagnosis of these ulcers can be difficult because its appearance can be later after the treatment, so it's important that primary care physicians know this entity and think about them when an ulcer does not heal habitual treatments.

Abstract topic

04. Professional development

Abstract ID: 30**Internal code**

P04-002

Presentation form

Poster on paper + ePoster

Scabies, the 2022 epidemic

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- **Introduction:**

Scabies is an ectoparasite dermatosis caused by *Sarcoptes scabiei* var *hominis*. The incidence of scabies in our environment and especially, during COVID pandemic has increased considerably. Most cases are detected in closed institutions such as elderly residences and mental health centers. The number of cases also has increased in the hospitals where the index case is usually a child or an adolescent.

- **Case:**

A 28-year-old male was referred for evaluation of itchy skin of one month duration with erythematous hand excoriated papules and scrotum nodules. He hadn't history of contact with anyone. His partner also has itching. His physician treated him with triamcinolone acetate cream added with oral antihistamines but itching did not end. A complete cutaneous and dermoscopic examination performed correlation of the medical history, the morphological lesions and dermoscopic findings.

- **Discussion**

The transmission is direct skin-to-skin contact of sufficient duration. The risk of infection rises proportionally to the number of mites. The diagnosis should be considered when nocturnal itching is associated with the presence of burrows or comene-like papules at predilection sites. It's confirmed by dermoscopic findings or by microscopic identification. Common treatment is a topical permethrin 5% cream and oral ivermectin. Affected patients should be isolated and all contact persons should be treated.

- **Conclusions:**

Is important to do an early diagnosis and adequate treatment to avoid his spread.

it's necessary for primary care physicians to know this entity in depth.

To end, it's fundamental to the uniformity of action in treatment by all health professionals.

Abstract topic

04. Professional development

Abstract ID: 88**Internal code**

P04-003

Presentation form

Poster on paper + ePoster

The power of the PDP - improving professional development, patient safety and quality improvement through high-quality PDPs

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Background: Following the introduction of revalidation in 2012, all U.K. doctors are required to include a Personal Development Plan (PDP) in annual appraisals. However, there is little research examining the real-world impact of PDPs on professional development, quality improvement and patient care.

Questions: What is the evidence that PDPs support professional development and improve patient care?

Methods: 55 appraisals conducted for 14 doctors in Wessex over four appraisals (2018 - 2021) were reviewed. PDPs were analysed against SMARTER criteria, the Gregory Framework and impact (clinical and non-clinical). PDP content was analysed thematically and coded using a system based on GMC Good Medical Practice (GMP).

Outcomes: Most PDP goals mapped to either the 'Knowledge, Skills and Performance' (49%) or 'Safety and Quality (S&Q)' (30%) domains of GMP. Goals mapping to S&Q were more likely to be SMARTER (82%) with greater real-world impact on either professional development or patient safety. Appraisals conducted by appraisers with specialist PDP training were more likely to result in PDP goals, owned by the appraisee, that were SMARTER, high-stake and/or mapping to the S&Q domain. SMARTER goals were more likely to be completed (77% vs 61%).

Discussion: Despite research showing that many doctors believe appraisals contribute to quality improvement, there remains a common perception that PDPs are 'tick-box' exercises. This research shows that well-considered high-quality PDP goals have the potential to create a cumulative positive impact on professional development and patient care.

Take home message: High-quality PDPs empower doctors and have greater real-world impact.

Abstract topic

04. Professional development

Abstract ID: 92

Internal code

P04-004

Presentation form

Poster on paper + ePoster

The power of the PDP - does the appraisal platform matter?

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Background: Following the introduction of revalidation in 2012, U.K. doctors are required to include a Personal Development Plan (PDP) in every annual appraisal. Research carried out by Wessex Appraisal Service (WAS) evaluating PDPs highlighted an unexpected finding - that appraisal platform might impact on PDP quality.

Question: Does the choice of appraisal platform affect quality and real-world impact of PDP goals?

Methods: Data collection will be complete by March 2022. PDP goals from 60-100 appraisals conducted by WAS during autumn 2021, evenly split across two appraisal platforms (Platform A and Platform B), will be reviewed. Each PDP goal will be analysed against SMARTER criteria, the Gregory Framework and impact (clinical and non-clinical) and content coded using a system based on GMC Good Medical Practice (GMP). Comparison will be made regarding PDP quality and real-world impact on Platform A vs Platform B, two of the most popular appraisal platforms used by healthcare professionals in the U.K.

Outcomes: Initial findings suggest PDPs goals written on platform A are more likely to be SMARTER, linked to the 'Safety and Quality' domain of GMP and have greater real-world impact on either professional development or patient care.

Discussion: Taking into account confounders such as the training of appraisers or appraisees to produce high-quality PDPs, the factor suggested to account for the findings in this study is simple - that the differing structure of PDP questions on appraisal platforms has a critical influence on PDP quality.

Take home message: The structure of PDP questions affects PDP goal quality

Abstract topic

04. Professional development

Abstract ID: 188

Internal code

P04-005

Presentation form

Poster on paper + ePoster

Motivational Interviewing on substance abuse. A systematic review

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Background:

Motivational interviewing (MI) is considered a promising treatment for addiction as it aims to build a person's willingness to change their behaviour. It could become a valuable tool for primary care physicians as it may be adapted to the specific needs of the patients.

Question:

To assess the effectiveness of MI for substance abuse and consumption as well as willingness to change.

Methods:

To update an existing Cochrane review from 2011, a systematic search of six electronic databases for randomized controlled trials (RCTs) was performed. People battling with substance abuse were randomised to individualised MI or a control group without MI.

Outcomes:

After identifying 3451 references, 227 full-texts of studies were read and 30 RCTs extracted. Participants (appr. 7500) were heterogeneous, including homeless adolescents, college students, domestically abusive men and veterans. Compared to

other treatment options, MI showed the strongest treatment effect on substance abuse after a 6 months follow-up period.

Discussion:

At the conference, we will provide treatment effects of MI in various settings. The difficulty of measuring treatment effects of MI and consequently the quality of assessing existing evidence will be discussed.

Take home message:

Our results indicate that a large group of patients suffering from substance abuse might benefit from the implementation of MI in primary care.

MI can be delivered by a range of professionals in a variety of formats and time frames to a broad patient population with diverse substance use patterns in the general practice setting.

Abstract topic

04. Professional development

Abstract ID: 195

Internal code

P04-006

Presentation form

Poster on paper + ePoster

GPs returning to work after short career breaks: effectiveness of interventions to increase support and their confidence

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Background

In the United Kingdom, GPs leaving the profession is contributing to a workforce shortage. Projects to keep GPs in practice need knowledge of the local GP workforce, identification of support gaps and engagement and empowerment of individuals to address those needs. There was little support locally for GPs returning from short (3months -2 years) career breaks.

Questions

Aims:

Design interventions to support GPs returning to practice after short career breaks.

Give practical advice to GPs and their practices about measures to support their return to work.

Evaluate whether these interventions improve returning GPs confidence and their perception of being supported.

Methods

Design, implementation and evaluation of interventions to address the lack of support.

Design: surveys of GPs and practices, and an interview and focus group of GPs recently returned/ returning from short career breaks.

Interventions: Implementation of a guidance checklist for GPs and practices, "Return-to-work" courses with coaching, post-course resources and peer support.

Evaluation: by surveys.

Outcomes

Levels of confidence and feelings of support increased after both the course and checklist use.

100% of course attendee responders (n=14/23) would recommend it to a colleague.

All GPs responders that used the return-to-work checklist found it helpful

Discussion

Longer-term evaluation is required to help determine if supported individuals continue to work as GPs.

Take Home Message for Practice: Increasing support to GPs returning from short career breaks increases their confidence, which we hope will help keep them in the profession.

Abstract topic

04. Professional development

Abstract ID: 208

Internal code

P04-007

Presentation form

Poster on paper + ePoster

Partnerships despite pandemics: the case of two evolving global health partnerships during COVID-19

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Background

Global Health Partnerships (GHPs) offer reciprocal learning, with opportunities to explore clinical, managerial, educational, and leaderships aspects of health care environments. The Beyond Europe Team of the Junior International Committee (JIC) of the RCGP has a long history of developing and supporting partnerships. The COVID-19 pandemic presented a novel challenge to this way of working.

Question

How can GHPs survive and flourish given the challenges of COVID-19?

Methods

The , current JIC members, will discuss two very different GHPs during the pandemic: reimagining an established link with the Japan Primary Care Association (JPCA), and developing a new partnership in northern Uganda.

Outcomes

Detailed case studies of two partnerships will be presented. The challenges posed by COVID-19 will be discussed, and the methods used to overcome them.

Discussion

COVID-19 changed the world's approach to global working. Unpredictable travel restrictions were combined with difficult decisions regarding personal and collective risks of infection. Despite borders closing, there remains an appetite for clinicians to learn from their international colleagues. The two partnerships discussed here have responded to these challenges, tailoring projects to the individual partnering organisation. This

includes utilising remote working, and promoting locally-informed travel assessments for in-person travel.

Take Home Message

GHPs can be successfully maintained and developed despite the challenges of COVID-19. At a time when many parts of the world are increasingly looking inward to national priorities, partnerships that encourage us to look outward to our global connectedness have never been so important.

Abstract topic

04. Professional development

Abstract ID: 312

Internal code

P04-008

Presentation form

Poster on paper + ePoster

An evaluation of the virtual Simulated Surgery assessment for the Induction and Return to practice (I&R) scheme

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Background

This presentation reports the development and evaluation of the virtual simulated surgery assessment for the general practice 'Induction and Return to practice' (I&R) scheme in the UK. The scheme supports general practitioners (GPs) who have previously practiced in the UK return to general practice after a career break for longer than two years and the safe introduction of doctors who have qualified outside the UK or have no previous NHS GP experience to the system of primary care in the UK.

Questions

The evaluation addresses the following research questions: was the virtual assessment

1. fair and equivalent to the face-to-face assessment; and
2. acceptable to candidates, administrators, role-players and assessors, with a focus on observations about the online mode of assessment.

Outcomes

No meaningful difference observed suggesting the two modes of assessment are comparable in standard, reliability and cost. Valuable qualitative feedback about the process was received as well as about virtual assessment more generally.

Discussion

The evaluation examined the reliability and consistency of the virtual simulated surgery with the same assessment in a face-to-face mode of delivery, and reported feedback from the participants highlighting what is lost and/or gained by the difference in format. Participants valued different aspects, for example candidates the ability to undertake the assessment from home was popular whereas assessors and role players felt aspects around assessment experience were lost.

Take Home Message

Remote assessment can successfully replace face to face assessment, however using a mix of both can offer more flexibility and mitigate losses.

Abstract topic

04. Professional development

Abstract ID: 1071**Internal code**

P04-010

Presentation form

Poster on paper + ePoster

The rare combo of tuberculosis and pulmonary thromboembolism

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Tuberculosis (TB), as a pulmonary infection, produces a systemic hypercoagulability response.

However, thromboembolism events like pulmonary thromboembolism (PTE) are rarely reported

(Ha et al., 2019). We present a case of a young man presenting PTE at time of TB diagnosis.

A 43 years old male from Senegal, smoker, with no history of interest, who arrives to the emergency department referring tiredness, night sweats, cough and fever for three weeks.

Physical exam revealed hypotension, minimal desaturation, hypophonesis and crackles at the

left hemithorax. Laboratory tests showed abnormal high C-reactive protein and Dimer-D levels.

SARS-CoV-2 and HIV tested negative, but sputum mycobacterial PCR resulted positive for TB.

Chest X-ray showed opacities in the left lung. Echocardiogram was normal. Due to the elevated

Dimer-D levels, an angio-CT scan was performed showing bilateral PTE, left pleural effusion and

left upper lobe pneumonia.

Treatment plan included antituberculous agents and heparin. Isolation for two weeks and study

of contacts were recommended.

After two weeks of anti-TB and anticoagulation therapy under isolation, patient was discharged from the hospital to continue the treatment at home.

PTE presence can remain undetected in TB patients due to their similar symptomatology. Increased risk of PTE in TB patients could be associated to the activation of multiple coagulation

mechanisms secondary to infections (Ha et al., 2019; Subahi et al., 2021; Huang et al., 2019).

Therefore, Dimer-D levels study should be always performed so PTE can be detected even in comorbidity with TB (Gao et al., 2018; le Gal et al., 2015).

Abstract topic

04. Professional development

Abstract ID: 1073**Internal code**

P04-011

Presentation form

ePoster only

PRICOV-19: Primary Care in Times of COVID-19 - Subjective Perception of German General Practitioners (GP) during the COVID-19 Pandemic

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Background: German general practitioners (GPs) play a key role during the Covid-19 pandemic. GP practices are confronted with new organisational and structural difficulties and the crisis probably impacted the perceived importance of the GP. As a part of the international Pricov-19 study led by Ghent University (Belgium), PC is to be explored from the subjective perspective of German GPs.

Questions: How do the pandemic measures affect the from the GPs perspective? Has this crisis changed the subjective perception of their role and tasks as well as the self-perceived importance of GPs and PC?

Method: The data was collected by using a quantitative online questionnaire. GPs throughout Germany were recruited over different academic institutions and the Bavarian GP association. The target size was n=200 practices. A snowball procedure from 02/01/2021 to 03/31/2021.

Outcomes: As data cleaning is still ongoing no detailed results are available at this point. A first analysis showed differences in feeling valuable as a GP and the subjective perception of their role.

Discussion: This study represents a snapshot of the German PC with its structural and organisational challenges during the Covid-19 pandemic. The focus lies on the self-perception of GPs by retrieving how the underlying professional understanding can be classified during this pandemic.

Practical Implications: Since this study is a quantitative survey, a discussion (Pricov-19 workshop at WONCA) of the results with GPs is necessary to enhance practical implications. Recommendations for PC policies as well as GP practices are expected.

Abstract topic

04. Professional development

Abstract ID: 1287**Internal code**

P04-012

Presentation form

Poster on paper + ePoster

Association of comorbidity with development of skin cancer in patients with actinic keratosis.

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Background: Actinic keratosis is the most common actinic lesion in fair-skinned populations. It is accepted as an indicator of actinic skin damage and as an occasional precursor of squamous cell carcinoma.

Aim (Questions): In a risk group population of individuals with actinic keratosis, the aim of this study was to identify comorbidities associated with increased risk of skin cancer development later in life.

Material and methods: This registry-based cohort study examined 2,893 individuals in south-eastern Sweden diagnosed with actinic keratosis during the period 2000 to 2004, the subjects were followed for 10 years to identify skin-cancer development. They were examined according to other diseases to see whether comorbidities could be associated with increasing risk of skin cancer later in life. Hazard ratios with 95% confidence intervals (95% CI) were used as risk measures.

Results(Outcomes): actinic keratosis patients who had specific comorbidity such as leukemia had a higher risk of developing skin cancer while those with heart failure, for example, had a lower risk for skin cancer development.

Conclusion (Take Home Message for Practice): Patients with a diagnosis of actinic keratosis have increased risk of developing SCC, BCC and MM in the 10 years following diagnosis of actinic keratosis. Some diseases can be significant for skin cancer development in actinic keratosis patients both positively and negatively.

Abstract topic

04. Professional development

Abstract ID: 32

Internal code

P04-013

Presentation form

ePoster only

Cutaneous furuncle-like lesions with an unexpected diagnosis – case report

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Myiasis infection by a fly larva, usually occurs in (sub)tropical areas. In non-endemic countries, cutaneous myiasis becomes an important condition as travelling expands infective agents' transmission. Furuncular myiasis mimicks common dermatoses, which leads to misdiagnoses and inadequate treatment. We aim to characterise lesions' features, helping diagnose, treat and emphasize the relevance of adequate anamnesis.

A 40-year-old man with unremarkable medical history, updated vaccination programme, came upon our primary-health-care unit complaining of three erythematous skin lesions, moderately painful, noticed eight days before. Other symptoms, bites or lesions in household were denied. Regarding recent travels, patient reported he had been to São

Tomé e Príncipe. On physical examination three furuncle-like lesions with a central pore were observed.

While awaiting for travel/tropical medicine advice, oral antibiotic was prescribed. Hours later, patient was advised to avoid lesions' expression and occlude central punctums with petroleum, forcing the organism to emerge and be grasped.

Twenty-four-hours later, patient reported larvae extrusion from lesions. Only skin hyperpigmentation was left a month later.

Furuncular myiasis occurs as a furuncle-like lesion, being the maggot evidenced by direct visualization. Movement sensations, pruritus and pain are frequently reported. Complete larvae removal and prevention/control of secondary infection are treatment goals.

Considering myiasis among differential diagnoses, reduces unnecessary antibiotics and resistances. In primary-health-care, apart from offering preventive care and health education, Family Medicine physicians' training in travel medicine and cooperation with other institutions for tropical medicine should be improved. A detailed clinical history, exploring exposures, might prevent myiasis-causing flies to become established worldwide.

Abstract topic

04. Professional development

Abstract ID: 44

Internal code

P04-014

Presentation form

ePoster only

Analysis of knowledge of calcium and vitamin D in an urban population

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Background: To study knowledge among patients attending an urban medical centre regarding calcium and vitamin D and how these are obtained.

Methods: Descriptive, transversal study using a survey in a medical centre in Santander (Spain), during April 2019

Outcomes: 100 subjects were analysed, with an average age of 48.3 ± 16 and mainly female (69%), 74% believe that osteoporosis can be measured by assessing calcium in blood samples. With regards to calcium, 97% knew of its relationship with bones; 91.8% believed it is obtained from food, 68.4% from the sun and 11.2% only from medicines. As far as foods containing calcium are concerned, 93% identified dairy products, 77% fruits (cherries, oranges, etc), 75% from fish (sardines, anchovies, etc), 65% from nuts (hazelnuts, almonds, etc), and 53% from vegetables and pulses (cabbage). With vitamin D, 97.9% believe it has an influence on bones. For 82% they think it is obtained from exposure to the sun, 70% from food and 5.9% only from medicines. When genders were analysed, there were only significant differences regarding figures for the way calcium is obtained from the sun and from fruits.

Discussion: The population is good at identifying the relationship between calcium and vitamin D with bones, but not at the way it is obtained. There are big errors in concepts, and there is a lack of clarity as to which foods are rich in calcium. Take home message for practice: It is necessary to inform the population on how to obtain calcium and vitamin D, particularly on how to obtain calcium from foods

Abstract topic

04. Professional development

Abstract ID: 46**Internal code**

P04-015

Presentation form

ePoster only

Do we have blood pressure controlled in our patients with myocardial infarction?

Laura Alonso Alvaro, Alvaro Perez Martin, Maria Rodriguez Sanchez, Maria Jose Agueros Fernandez, Jose Ramon Lopez Lanza, Javier Bustamante Odriozola, Maria Alonso Santiago, Andres Fernandez Serna, Montserrat Gago Bustamante, Rocio Lopez Videras

Primary Health, Servicio Cantabro Salud, Santander, Spain

Background: Secondary prevention measures in patients with myocardial infarction go through an good control of risk factors, mainly blood pressure.

Question: To study the management of blood pressure in primary care in patients with a history of infarction.

Methods: Cross-sectional study in a health area of Spain of patients with myocardial infarction and follow-up in primary care. Adequate control was considered $\leq 130/80$ mmHg. We also analyze the attitude of physician and characteristics of drugs used.

Outcomes: 50 patients (64% men) were included, with a mean age of 67.7 ± 11.4 years. Smoker (24%), alcohol intake (32%). The mean systolic blood pressure were 134.2 ± 24.2 mmHg and diastolic 75.7 ± 11.9 mmHg; good control was 49%. The mean of controls in clinic was 2.7, with no significant differences by good control. ACE inhibitors (48.4%), arall (25.8%), diuretic (22.6%) and β -blockers (3.2%) were used. In cases of bad control, pharmacological changes were made in 71.4%, mainly adding drug (61.2%), followed by increasing doses (8.2%) and adjusting diet-exercise (2%); when adding drug, 50% were ACE inhibitors and 23.78% were diuretic.

Discussion: Patients with myocardial infarction have high risk and an insufficient blood pressure control. ACE inhibitors and arall remain the most used options. Good control does not depend on the number of visits in clinic. Few changes are made in cases with poor control, usually adding a drug (mainly ACE inhibitor); the use of b-blockers is very low. The primary care physician is a key agent in this control.

Abstract topic

04. Professional development

Abstract ID: 57**Internal code**

P04-016

Presentation form

ePoster only

Maybe it's better not to increase body weight, even in normal body weight people

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Background

Obesity was related to elevated ALT. But there were less studies discussing liver function in the normal BMI population.

Questions

If my BMI was within normal range, was it OK to gain some weight?

Methods

We retrospectively collected data from the health examination database. 102422 adults had health examinations in 2017. Among them, 93419 subjects had weight and ALT records. 54662 subjects had both 2017 and 2018 data. We selected 3 BMI groups: Normal: $18.5 \leq \text{BMI} < 24$. Overweight: $24 \leq \text{BMI} < 27$. Obesity: $\text{BMI} \geq 27$.

Then we conducted Spearman correlation of weight change and ALT change.

We also counted ALT changing from normal or abnormal figures in 2016, to normal or abnormal figures in 2017, and performed chi-square.

Outcomes

Spearman correlation $R = 0.422$ in the obesity group. $R = 0.339$ in the overweight group. $R = 0.229$ in the normal BMI group. All the 3 groups had significant correlation at the 0.01 level (2-tailed).

Chi squares were significant at 0.001 level in all 3 BMI groups. Increasing body weight was related to higher rate from normal ALT to abnormal ALT. Decreasing body weight was related to higher rate from abnormal ALT to normal ALT.

Discussion

Obviously, the more BMI we have, the stronger relation between increasing weight and increasing ALT change. But even in the normal BMI group, the connection also existed.

Take Home Message for Practice

Maintaining a stasis body weight may be a good policy for the normal BMI population.

Abstract topic

04. Professional development

Abstract ID: 71

Internal code

P04-017

Presentation form

ePoster only

Knowledge and opinion about rare diseases among medicine students, are they more rare than we think?

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Primary Health, Servicio Cantabro Salud, Santander, Spain

Background: EU defines a rare disease (RD) as that with a prevalence of less than 5/10,000 inhabitants. There is much ignorance about them for population and health professionals.

Question: Analyze knowledge and opinion about rare diseases of medicine students

Methods: Cross-sectional study conducted with surveys to medicine students in their final year, in Santander (Spain). We analyze knowledge, training, interest, needs and demands on rare diseases.

Outcomes: 36 surveys (83.3% women) with a mean age of 24.3±3.4 years; progeria were the best known (6.1%); 77.8% had not received specific training, 44.4% knew the correct prevalence of RD, for 88.9% the main etiology was genetic, 44.4% knew orphan drugs. For 66.7% RD are diagnosed mainly in hospital, but follow-up in primary care (52.8%); 88.9% knew an information portal, mainly ORPHANET (96.9%); 83.3% did not know any association of patients. 86.1% were interested in RD, 94.4% knew the genetic counseling; 100% thought that diagnosis is slow, mainly between 5 and 10 years (61.1%). For 94.4% more information is needed for the population and more training in the career (88.9%).

Discussion: Medicine students near graduation have a lot of ignorance about RD. However, there is interest in this topic. ORPHANET portal seems the best known. There is a need to improve pregraduate training on rare diseases.

Abstract topic

04. Professional development

Abstract ID: 97

Internal code

P04-018

Presentation form

ePoster only

Assessing nasogastric (NG) tube placement at patients' home in Taiwan

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Background

Under medical insurance in Taiwan, medical service must be fast, very cheap, and convenient. However, no error was allowed. If there was any medical error, the penalty from court might be more than 10,000 times of the service fee.

Questions

We had to place NG tubes at the patients' home. It was impossible to use X ray to check the position at patients' homes. Almost all medical staff in Taiwan still used hearing sound to determine the position. How can we improve patients' safety under budget?

Methods

We did pH test for all home care patients need an NG tubes in 2022/1. Totally 51 patients' gastric aspirates were recorded.

Outcomes

98% (50 cases) revealed pH < 5, and 88% (45 cases) had pH < 4 of the NG tube aspirates. Only 1 case with previous extensive GI tract erosion had pH >8, but the aspirates had much milk.

Discussion

Testing the pH scale was a reliable way to check the position. Doctors from multiple centers around Taiwan never saw anybody used the method. They felt strange when we did the test.

Some patients took PPI that may potentially influence the pH results. Some patients had residual milk more than 20 c.c. in their stomach. Under these factors that influenced the test, it still showed a high successful rate. It's time to update our procedures.

Take Home Message for Practice

This inexpensive method should be added on to improve our patients' safety in Taiwan.

Abstract topic

04. Professional development

Abstract ID: 189

Internal code

P04-019

Presentation form

ePoster only

A case report of dorsal back pain with unexpected end

Azahara Del Milagro Vazquez, Carolina Maria Espinosa Gaspar, Ana Raposo Lopez
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Background

Community-acquired pneumonia is the infection that most often justifies hospital admission. There are useful scales in Primary Care that allow assessment of management, such as Pneumonia Severity Index and CURB-65. Necrotizing pneumonia is a complication of Community Acquired Pneumonia that appears in less than 1% of cases, with smokers presenting a greater risk.

Questions

How important is the relationship between primary and hospital care medicine?

Methods

Additional information is given in next section.

Outcomes

- Male. 64 years old. Smoker (index 43 packs/year). High blood pressure.
- Asthenia and weight loss of some weeks of evolution. Dorsal back pain in the last 24 hours. Physical extra effort. Not trauma.
- Good general condition, eupneic, basal O₂ saturation 98%. Cardiopulmonary auscultation: no findings. Right dorsal pain on palpation, without crepitus.
- Chest X-ray and blood test was requested.
- Analgesia, pending of results.

He came back after 5 days associating dyspnea and dysthermia. It is re-explored and hypophonesis appears in the right pulmonary base. X-ray is requested. Upon discovered pleural effusion, he was referred to the Hospital Emergency Department.

Discussion

Initially, the patient was included in a suspected oncological process program that allowed short-term hospital follow-up and continuous check-ups, helping not only to

reach the definitive diagnosis (necrotizing pneumonia), but also to reduce anxiety due to diagnostic uncertainty.

Take home message for practice

Primary care makes efficient use of health care resources through co-ordinating care, working with other professionals in the primary care setting, and by managing the interface with other specialities.

Abstract topic

04. Professional development

Abstract ID: 205

Internal code

P04-020

Presentation form

ePoster only

The importance of physical examination in chest pain, about a case report

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Background

Spontaneous pneumothorax occurs in the absence of trauma or iatrogenic injury. It has a bimodal age distribution, with young and old adults. The most common symptoms are chest pain and dyspnea. Chest pain is usually severe, sharp/stabbing, pleuritic, and radiates to the ipsilateral shoulder/arm. If it is large enough, there may be no breath sounds on the affected side.

Questions

How important is physical examination in chest pain?

Methods

Additional information is given in next section.

Outcomes

-Male. 79 yo. Exsmoker. Height 1.80 m, Weight 60 kg, Body Mass Index 18.5 kg/m². High blood pressure. Acute myocardial infarction in 2002 and 2009.

-Oppressive chest pain in the left hemithorax, sudden, onset 2 days ago, radiating to the left arm. Nausea and discomfort since that morning, self-limited.

-Good general condition. Eupneic at rest but basal O₂ saturation 90%, heart rate 105bpm. Pulmonary auscultation: abolished breath sound in the left hemithorax.

-Acute chest pain, suspicion of left pneumothorax without being able to rule out acute myocardial infarction.

-Ambulance is activated at the Hospital Emergency Department.

Discussion

After completing the study in the Emergency Department, the diagnosis of primary spontaneous pneumothorax was guaranteed, the main clinical suspicion after exploration. A drainage tube was placed and he remained hospitalized for 8 days, being discharged after resolution.

Take home message for practice

This clinical case reflects the importance of physical examination so that increase in complementary techniques that cannot replace it. Thorough physical examination may determine the decision for urgent management.

Abstract topic

04. Professional development

Abstract ID: 245**Internal code**

P04-021

Presentation form

ePoster only

Practice-based small group learning as a method of continuous professional development in Defence Primary Healthcare.

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An evaluation of Practice-based small group learning as a method of continuous professional development after its introduction into Defence Primary Healthcare.

A cross sectional survey was undertaken with both quantitative and qualitative components to evaluate PBSGL as CPD in Defence. Thematic analysis of qualitative data was the main focus, with quantitative data used in a lesser role to triangulate findings.

There were 82 responses out of possible 200 respondents (41% response rate). The median number of meetings attended in the last 12 months was 4 (range 0 to 12, IQR 4). 23 (28%) attended 6 or more meetings, 26 (31.7%) of respondents attended less than 4 and 11 (13.4%) attended none. Favoured methods of CPD were: PBSGL 69 (84.1%), taught CPD updates (remote or face-to-face) 61 (74.4%), peer discussion 58 (70.7%), on-line learning 55 (67.1%), webinar 32 (39%), podcast 19 (23.2%), journals 17 (20.7%), books 3 (3.7%), other 3 (3.7%).

The thematic analysis undertaken identified six themes: Developing professional educational networks during Covid; Evolving themes of CPD; Applying learning to practice; Practical aspects of delivering CPD to Defence; Promoting a positive learning environment; Human interaction is therapeutic

While limited by issues of selection bias, this evaluation demonstrates support for PBSGL as a method of CPD within DPHC. There are benefits beyond educational, for example peer support and application to practice, which aligns it with all previous PBSGL evaluations. In addition, despite lockdown and reduced meeting attendance, PBSGL has continued to demonstrate it offers professional and educational support.

Abstract topic

04. Professional development

Abstract ID: 292**Internal code**

P04-022

Presentation form

ePoster only

Osteoporosis in chronic obstructive pulmonary disease: a real clinical challenge

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Background: Chronic obstructive pulmonary disease (COPD) is a chronic inflammatory pulmonary disease associated with significant morbidity and mortality. Patients with COPD have an increased risk of osteopenia and osteoporosis, which have significant impacts on their quality of life and activities of daily life. However, the diagnosis and treatment of these conditions are often neglected.

Question: What is the link between COPD and osteoporosis and why the diagnosis and treatment is frequently neglected?

Methods: Literature review - research of reviews and original articles on Pubmed, Cochrane library and SUMsearch databases. MeSH terms: osteoporosis; COPD; links; diagnosis; treatment. Selected articles in English, Spanish and Portuguese published in the last 10 years.

Outcomes: Risk factors of osteoporosis have been described in patients with COPD and they could be extremely difficult to change: smoking, sedentary lifestyle, use of glucocorticoids, vitamin D deficiency, low body mass index, hypogonadism. The correlation between these two conditions appears to be obvious, yet most patients remain undiagnosed until the first fracture. There is no evidence why COPD related osteoporosis is untreated. Osteoporosis and osteoporotic fractures have a real impact in respiratory function, and possibly in COPD prognosis.

Discussion: Treating COPD is a real challenge, and requires a holistic approach, focused on every comorbidity described.

Take home message for practice: It is essential to alert family physicians to the higher prevalence of osteoporosis in patients with COPD, to optimize preventive measures and diagnosis.

Abstract topic

04. Professional development

Abstract ID: 332

Internal code

P04-023

Presentation form

ePoster only

Gingival hyperplasia - a case report of acute myeloid leukemia

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Background: Acute myeloid leukemia (AML) is a group of malignancies characterized by proliferation of myeloid blasts. Although rare, it is the most common type of acute leukemia in adults, with a reported median age at diagnosis 67-71 years. AML pathogenesis is multifactorial and includes as risk factors: genetic abnormalities, hematologic disorders, smoking, exposure to cytotoxics, petrochemicals, solvents and

ionizing radiation. It's symptoms are related with anemia, neutropenia and thrombocytopenia, but focal findings such as gingival hyperplasia, ocular and neurological involvement can also occur.

Questions: Acute myeloid leukemia as differential diagnosis in gingival hyperplasia.

Methods: Case report and literature review.

Outcome: We report the case of a 52-years-old female that presented with persistent odynophagia and gingival pain, showing signs of marked gingival and tonsils hyperplasia and submandibular adenopathies. She had sought medical help several times in the past month and was medicated without improvement. Blood samples were collected, which revealed anemia, leukocytosis and thrombocytopenia, with 35% blasts on the blood smear, suggesting acute monocytic leukemia. The patient was informed and forwarded to specialist consultations.

Discussion: It is important for doctors to know AML first manifestations in order to avoid diagnostic delays. We present this case to alert that towards the described manifestations, complementary tests should be requested to confirm or rule out this pathology.

Take Home Message for Practice: Family doctors and general practitioners have an important role in the fast and premature diagnosis of this pathology and in forwarding the patients to specialized care, providing them a better prognosis.

Abstract topic

04. Professional development

Abstract ID: 404

Internal code

P04-024

Presentation form

ePoster only

Binge eating disorder – revision of definition, approach and treatment

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Background: Eating disorders are chronic diseases with difficult treatment. Binge eating disorder (BED) is the most prevalent, affecting 2 to 5% of population. Its appear is very frequent in Primary Health Care, so physicians should know how to diagnose and treat.

Questions: review the currently evidence on BED, regarding its definition, pathophysiology, diagnosis and treatment.

Methods: non-systematic literature review, including 23 articles published in MEDLINE and in evidence-based medicine websites.

Outcomes: BED is considered na autonomous syndrome since 2013, with well-defined criteria by DSM-5. It is necessary an extensive anamnesis with a psychological and physical examination, using some help tools, such as Binge Eating Scale. Only few treatments have been showed to be effective. The first line treatment is psychoterapy (cognitive behavioural therapy and interpersonal therapy). It could be combined with pharmacological therapy. Within the latter, lisdexamfetamine dimesylate, recently approved by FDA, has showed efficacy in reducing binge eating episodes and weight reduction. The behavioural changes in eating patterns and in physical activity are essential.

Discussion: the treatment is multidisciplinary and should be directionated by attending physician, psychiatrist, psychologist and a nutricionist. The role of the family doctor begins with the diagnosis and referral of patients to specialized health care. They should be available to provide support, integrate the information from other professionals and promote the patients self-efficacy and commitment.

Messages: BES is a prevalent mental disorder, especially among obese patients. Its treatment will only be effctive if its true etiology is investigated, requiring an integrated and individualized approach.

Abstract topic

04. Professional development

Abstract ID: 425

Internal code

P04-025

Presentation form

ePoster only

Nail unusual alterations in a child: a consequence of common infection

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Onychomadesis refers to proximal separation of nail plate from its matrix following temporary arrest, leading to nail shedding. While it can be a consequence of multiple aetiologies, in childhood it is uncommon. To our knowledge this is the first case reporting the association between onychomadesis and Hand-foot-mouth-disease (HFMD) in the context of primary health care in Portugal.

We describe a case of a previously healthy 21-month-old male child otherwise asymptomatic except for fingernail alterations. While exploring previous infections history, we found the child was diagnosed with HFMD four weeks before the beginning of nail changes.

Although HFMD is a highly contagious infection, it is usually self-limiting in 7 to 10 days. A late complication involves nails, being Beau's lines and onychomadesis the associated conditions.

The exact mechanism of onychomadesis is not well established, but it is probably related to post-inflammatory periungual localized reaction or direct viral infection on nail matrix. Transient nail matrix arrest is considered to be the main reason. New healthy nail forms after resumption of the nail's matrix function, starting to grow proximally.

It is therefore of extreme relevance that clinicians invest time on taking a proper and detailed patient's clinical history, such as assessing recent viral infections. On the other hand, the knowledge of probable indicators and of onychomadesis-HFMD association itself, may avoid indequate investigations, referrals and treatments. Furthermore, advising and reassuring patients/parents/caregivers about possible nail changes the weeks following HFMD, might also prevent unnecessary concerns.

Abstract topic

04. Professional development

Abstract ID: 441

Internal code

P04-026

Presentation form

ePoster only

Brain abscess and its differential diagnosis: a clinical case

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Background

Focal neurological deficits may be caused by a variety of medical conditions. The sudden development of a focal neurologic deficit suggests a vascular ischemic event, but we should not forget other possible causes.

Questions

How many side-effects can be avoided with just practicing a neurological screening examination? How much indirect cost rate can be saved due to an early diagnosis?

Methods

Sixty-nine-year-old woman was admitted to the emergency room, presenting four days before, weakness and lacking motor function in her right inferior limb. She had experienced other abnormal behavior for the last week consisting of incompatible answers when responding and sudden memory loss while being unaware of her social-cognitive dysfunction. Family described her onset of symptoms and progressively degenerative.

Outcomes

In physical examination, pupillary reaction to light was delayed in her left eye. The ability to produce words was cognitively impaired, but comprehension and ability to conceptualize her environment and herself seemed relatively preserved. As supplementary tests in line with the differential diagnosis, we asked for a blood test and cranial CT scan.

According to the clinical manifestations, leukocytosis and the imaging test, these findings are compatible with brain abscess.

Discussion

Early diagnosis and treatment are essential for clinical recovery. Signs and symptoms vary depending on the on the cause of the neurologic disorder.

Take Home Message for Practice

Practicing a neurological screening examination should take less than 5 minutes, which is enough to rationalize appropriate investigations. Early neurologic intervention can reduce admission and hospital length of stay.

Abstract topic

04. Professional development

Abstract ID: 478**Internal code**

P04-028

Presentation form

ePoster only

The power of music: a systematic review

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Chronic insomnia consists in difficulty to initiate or maintain sleep with negative consequences during waking period. Insomnia contributes to decreasing life quality and increasing depression and anxiety risk. It affects especially peri and post-menopausal women and elderly people. It's important to understand if there's evidence to recommend music as a strategy against insomnia.

Music role in treatment of chronic insomnia in adults.

Research on *Pubmed* on november 2021 using the *MESH* terms "music", "chronic insomnia" and "adult". Seven papers appeared. Two were excluded. Five papers were considered to elaborate the systematic review. Evidence level and recommendation strenght were assigned using *SORT*.

Three randomized clinical trials, one systematic review/metanalysis and one systematic review were included. All agree that music is effective to improve sleep quality perception. Systematic review defends that hearing music 45 minutes a day is sufficient. Systematic review/metanalysis concludes that hearing "sedative" music improves sleep quality in elderly. One clinical trial found a significative 2-minute decrease in time to fall asleep in polysomnography after intervention.

Music is a safe tool that can be recommended to improve sleep quality in adults (recommendation strenght A). It can be a single or complementary strategy. It seems more relevant in elderly because helps to decrease medication need. Including objective and subjective evaluation is an advantage of this review. The impossibility to obtain blind effect in music interventions is a limitation. Continuing to produce evidence based on objective methods is essencial.

Music is an effective non-pharmacologic intervention to improve sleep quality.

Abstract topic

04. Professional development

Abstract ID: 481

Internal code

P04-029

Presentation form

ePoster only

TESTICULAR CANCER

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On the medical care center we attend a 48 years-old men without any medical history of interest, which refers a right testicle mass that has grown for the last three months. He denies urinary symptoms or any other general symptom.

On physical examination we observe increase of the right testicle compared to the left one, because of a stone structure mass, immobile, not painful.

We perform an ultrasonography (US) test to complete the study, where we observe a hypoechoic mass of 2 x 1.6 cm wide with microlithiasis on the inside and echo-Doppler capture.

In suspicion of malignancy, we refer the patient to Urology where a computerised tomography is made that discards metastasis. In the light of the results, a right radical orchiectomy is made where the histology of the tissue show us a pure seminoma pT1B on TNM system, stage I. The treatment was complete with adjuvant single-agent Carboplatin.

Testicular cancer is the most common solid malignancy in males between 15 and 35 years old, and seminoma is the most frequent subtype that has an excellent prognosis following radical orchiectomy.

Due to the possibility of perform an US test on the Primary Care Center, we can made an early diagnose and refer the patient to Urology with the suspicion of malignancy, decreasing the time of complementary tests and with the final results of a cancer without any local extension or metastasis. Also important, with that tool we can decrease the patient incertitude with a precise diagnose since the begging.

Abstract topic

04. Professional development

Abstract ID: 497

Internal code

P04-030

Presentation form

ePoster only

Toxic hepatitis: do we have probable cause?

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Hepatic disease, comorbidities and alcohol/medicine consumption increase susceptibility to hepatotoxicity. There are reports associating local anesthetics with hepatic damage after parenteral administration.

This case report demonstrates toxic hepatitis probably related to cystoscopy's local anesthetic.

This case report is in accordance with Care Guidelines and patient consent.

Patient is a 77-year-old male with previous multiorgan iatrogenic complications, multiple comorbidities and polymedicated that went to the emergency service with fever and epigastralgy initiated 4 days after cistoscopy (urotelial cancer semestral surveillance – no recurrence). Patient was discharged with acute hepatitis and advised to see Family Physician (FP) for investigation. In the FP's appointment on day after, patient was asymptomatic and without signs of hepatic disease but was afraid of performing further cystoscopies. After lab-results and abdominal-ultrasonography, FP assumed a toxic hepatitis and recommended suspension of galantamine/bupropion recently started. Due to temporal relationship between symptoms and cistoscopy, favourable evolution before galantamine/bupropion suspension and repeated infusion of local anesthetic, FP considered topical anesthetic as the most probable cause for hepatitis and informed other assistant doctors to prevent further risks.

Hepatotoxicity may have been provided by fragility of bladder membrane, previous hepatic lesion, comorbidities coexistence and pharmacologic interactions. FP investigated through clinical history and promoted patient security. The greater limitation

of this report is the impossibility to confirm the cause of the toxic hepatitis because of risks associated to reexposure to the suspected agent. FP acts as care manager integrating diagnosis search, communication with colleagues and dealing with patient perspectives.

Abstract topic

04. Professional development

Abstract ID: 565**Internal code**

P04-031

Presentation form

ePoster only

Nephrotic syndrome vs heart failure: a case report

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Background

Nephrotic syndrome is defined as loss of 3 grams or more of protein into the urine per day. It could be caused by many different causes that includes primary kidney diseases, systemic diseases (diabetes, amyloidosis, lupus...), drugs or tumors. Patients usually tell foamy/bubbly urine, swelling, weight gain, fatigue, lack of appetite...

Questions

How important are complementary tests for an accurate diagnosis?

Methods

Additional information is given in next section.

Outcomes

Male, 50 yo., overweight, hypertension, hyperuricemia and hyperlipidemia.

Swelling in both legs and both upper eyelids since 4 months ago.

Good general condition, O₂ saturation 97%, heart rate 74. Auscultation: hypoventilation in both lungs, muffled sound. Rest within normal. X-Rays: pleural effusion in both lung bases. D-Dimer: 14000.

At first, we thought of heart failure due to the background and the symptoms. Discarding it with all the supplementary tests, the internal medicine service requested more laboratory examinations that finally confirmed the diagnosis, in the context of a membranous nephropathy, by the measurement of PLA₂R antibodies.

Discussion

Once we discard cardiological diseases and trombosis complications, we finally diagnosed the patient of nephrotic syndrome, now being followed up by internal medicine service and by us at the healthcare center.

Take home message for practice

This case show us the importance of being in touch with other specialties, such as internal medicine, to be able to follow up the case, as there are many tests that must be ordered in the hospital and then interpreted by us in the health center.

Abstract topic

04. Professional development

Abstract ID: 581

Internal code

P04-032

Presentation form

ePoster only

West syndrome and the importance of routine physical examinations and parent education

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Background:

West syndrome or Infantile spasms is an age-specific childhood epileptic disorder, with an incidence of 1.6 to 4.5 cases per 10,000 live births. It usually starts around 3-7 months of age and is characterized by the following triad: spasms, arrest of psychomotor development and hypsarrhythmia on EEG. It has a poor prognosis and it is associated with impaired development, neurologic structural anomalies, autism spectrum disorders and death.

Case Report:

A 6 month old baby presented to the Paediatric Emergency Department with a fever (rectal temperature of 38.7°C), malaise, irritability and nasal congestion for a day. Physical examination showed evidenced of impaired development, clusters of flexion-extension symmetrical spasms (which the parents thought to be startling reactions), that had begun a month before.

Discussion:

This case report shows the importance of parent education and a careful physical examination, even more crucial during the pandemic, where many struggled to find the proper medical care. It also signals how relevant it is to identify these conditions as early as possible, thus paying attention to minor behavioural changes reported by the parents, highlighting the importance of primary health care physicians and routine examination of children in order to not miss possible signs of serious disorders that can impact child development and survival.

Abstract topic

04. Professional development

Abstract ID: 584

Internal code

P04-033

Presentation form

ePoster only

Implications and potential benefits of magnesium supplementation in depression – an evidence-based review

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Background:

Depression is a common psychiatric disorder that impacts patients' quality of life. The World Health Organization estimates that approximately 300 million people suffer from depression worldwide.

Magnesium plays an important role in cerebral functioning and mood, since it is essential to nerve conduction.

The main goal of this review is to understand the role of magnesium supplementation in depression.

Questions:

Population: patients diagnosed with depression; Intervention: magnesium supplementation with or without antidepressants; Comparison: placebo or antidepressants alone; Outcome: efficacy of the intervention.

Methods:

We conducted a research in the following databases: Guidelines finder, Cochrane library, BMJ Evidence-Based Medicine and PubMed. We searched English-written articles between 2013 and 2020. We used the keywords: magnesium, hypomagnesemia, magnesium deficiency and depression. The excluding criteria were: supplementation with more than magnesium; patients with psychiatric disorders other than depression and patients with previous hypomagnesemia.

Outcomes:

We found a total of 406 articles and selected 6 for our analysis, including 2 meta-analysis, 2 systematic reviews, 1 randomized clinical trial and 1 case-control study.

We applied the GRADE system on the selected studies in order to evaluate the level of evidence and strength of recommendation.

Discussion and Conclusion:

We concluded that there appears to be an association between low levels of magnesium and a higher probability of depression, as well as an apparent improvement of depressive symptoms after magnesium supplementation. However, results are still contradictory and more investigation is needed in this field.

Abstract topic

04. Professional development

Abstract ID: 610

Internal code

P04-034

Presentation form

ePoster only

Opiophobia on primary health care: evaluation of barriers on prescribing strong opioids for pain control by family physicians in Portugal

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The prevalence of chronic pain among Portuguese adults is greater than 35%. Chronic pain contributes to decreased quality of life and work capacity and increases the likelihood of depressive disorders. Opioids are effective on achieving pain control but their prescription is limited in Portugal.

The objective is to understand what the barriers are on prescribing strong opioids by Family Physicians in Portugal.

A cross-sectional descriptive study was conducted through an online questionnaire to be filled out by Family Practice specialists across the country. Invitations to participate were sent through digital platforms.

138 physicians participated in the study. 87% refer having prescribed strong opioids at least once. However, just half of those surveyed considered themselves as having enough experience to initiate prescription safely. Fear of adverse effects, comorbidities, pharmacologic interactions and risk of overdose impeded prescription in more than 60% of cases. Fear of dependence, tolerance and abuse of these substances also limit the prescription. Around 60% of physicians mention patient prejudices regarding opioids as another important barrier. The majority of physicians do not consider that strong opioid use should be limited to end-of-life care nor should be prescribed only by physicians with pain or palliative care subspecialties.

This study identifies obstacles to the prescription of strong opioids in Portugal and reinforces the important effect of opiophobia on pain treatment. It is necessary to promote under- and post-graduate education to empower physicians in safe analgesic optimization.

Strong opioid underutilization, especially due to overestimation of risks, results in pain undertreatment.

Abstract topic

04. Professional development

Abstract ID: 766

Internal code

P04-036

Presentation form

ePoster only

Long COVID: next challenge in the primary health care about the pandemic

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Background:

The COVID19 pandemic, affecting the world since 2020, results in substantial mortality and morbidity. Some of those who recovered from COVID19 develop persistent or new symptoms lasting weeks or months after acute infection – this situation is called “**Long COVID**”.

The persistence of symptoms can be sequelae of organ damage or persistence of chronic inflammation/immune response.

The most common symptoms are: fatigue, breathlessness, cough, chest pain, palpitations, headache, joint pain, generalized weakness, insomnia, impaired balance and gait, memory and concentration problems.

Questions: How manage Long COVID in primary health care?

Methods:

Management of patients with “Long COVID” should be based in an **holistic** approach: it’s important to ask about signs and symptoms, but also understand their meaning for the patients, impact in daily living activities and ideas and expectations of the patients for the recovery.

Outcomes:

Detailed medical history and clinical examination are essential for diagnosis of Long COVID. Utilization of validated scales and questionnaires is helpful to determine the severity of symptoms.

Discussion:

Treatment of patients with long COVID requires a multidisciplinary approach, including symptomatic treatment, treatment of underlying problems, physiotherapy and psychological support.

Worsening of co-morbidities such as diabetes, hypertension and other chronic diseases can occur, requiring optimization of treatment.

Take home message for practice:

The primary health care have a primordial role in the management of this condition, with revaluation after acute COVID infection, understand the impact in patients lives, and suggest treatment options to improve quality of life (physical rehabilitation, olfactory training).

Abstract topic

04. Professional development

Abstract ID: 831

Internal code

P04-037

Presentation form

ePoster only

What to think about phantom tumor in lung

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Male, 83 years-old, married, independent for activities of daily living. His past medical history was significant for arterial hypertension, benign prostatic hyperplasia and atrial fibrillation, treated with lisinopril 5mg *id*, tansulosin 0.4mg *id* and edoxaban 60mg *id*. On January 2021, the patient was admitted to the emergency department for a chest pain described as “burn” for two hours and fatigue in the last two weeks. An electrocardiogram and troponin seriation excluded acute coronary disease. A posteroanterior chest X-ray revealed a nodular lesion in right lung not observed in previous exams. A chest computed tomography assessed a collected effusion at the level of the right base, which

was associated with pleural thickening. He was referred to Pulmonology consultation and it was assumed a pleural effusion. Reassessment through chest computed tomography revealed no lesion anymore. Family doctor asked for an Holter, which revealed 217 pauses with more than 3000ms and a pacemaker was installed after referral to cardiologist. To sum up, phantom tumours are pleural effusions within an interlobar fissure from exacerbated congestive heart failure. It requires treatment of the underlying cause of heart failure. Diagnosis of phantom tumours can prevent unnecessary exams and further investigations.

Abstract topic

04. Professional development

Abstract ID: 905

Internal code

P04-038

Presentation form

ePoster only

Social support among employees of the tourism sector in sousse (tunisia) during covid-19 pandemic

Amani Maatouk¹⁾, Sihem Ben Fredj^{1, 2)}, Rim Ghammam^{1, 2)}, Nawel Zammit^{1, 2)}, Jihene Maatoug^{1, 2)}, Waad Ben belgacem¹⁾, Amira El Abed¹⁾, Bochra Zendah³⁾, Hassen Ghannem^{2, 1)}, Khaoula Hadj Mabrouk³⁾

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Introduction

Social factors related to work can affect physical and mental health of the employee especially during COVID-19 pandemic. Social support describes the assistance that employees may receive from supervisors or colleagues, and a low social support can expose workers to a highest risk of poor psychological state. We aimed to evaluate social support and its associated factors among Tunisian employees in the tourism sector.

Methods

We conducted a cross-sectional study between September and November 2020 among tourism workers belonging to 12 hotels and restaurants in Sousse. Data were collected using a self-administered questionnaire. Social support was evaluated using the Karasek questionnaire. SPSS 20 software was used to analyze data.

Results

In our study, 226 employees responded to the questionnaire. Majority were male (73%) and less than 50 years (88.9%). Median social support score was 24 [20;26]. Almost half of respondents had low social support (46%). Low social support was noted among 54.8% of females (p=0.08). Social support was significantly associated with age. Indeed, 60.7% of those aged between 35 and 45 years had low social support (p=0.02). Moreover, 70.6% of workers with a college education level had low social support with a significant difference (p=0.005). Anxiety was significantly correlated with social support (spearman's rho=-0.202, p=0.002). Depression was also significantly correlated with social support (spearman's rho=-0.286, p<10⁻³).

Conclusion

Prevalence of low social support was high among workers, which may result in anxiety and depression. Therefore, social support should be promoted among workers to ensure good mental health.

Abstract topic

04. Professional development

Abstract ID: 912

Internal code

P04-039

Presentation form

ePoster only

Experiences from a General Practice Quality Improvement and Leadership Fellowship programme

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Background

Funded fellowships are offered increasingly in Primary Care. Initially these targeted newly qualified General Practitioners, but their scope has widened including Primary Care Nurses, later-career GPs and Allied Health Professionals. Various are offered with the common aim of delivering benefits to Fellows, patients, local health systems and the wider NHS through supporting development of new ways of working; supporting early career and emerging GP leaders, providing professional development, and encouraging staff retention.

Questions

What have experiences of current Health Education Thames Valley Quality Improvement and Leadership Fellows, and what has the impact upon career intentions, been?

Methods

Semi-structured questionnaire sent to current Fellows, including best-answer and short-answer questions.

Outcomes

There has been a mix of responses. Common themes in experiences have included time needed for implementing ideas in a change-resistant-environment, frustration, and limited engagement from stakeholders; impacts upon career intentions have varied; all felt positively about the experience.

Discussion

This 12-month Fellowship has taken place during a time of uncertainty and enforced change to General Practice. Notwithstanding, the common theme of poor engagement was disappointing, with multiple barriers to change experienced by Fellows. This survey suggests more is needed if the aim of increasing and maintaining high levels of participation in the primary care workforce is to be achieved through the promising opportunity offered by Fellowship programmes.

Take Home Message for Practice

Raising the profile of Fellowships within grass-roots primary care may be of value to support staff and offer a platform for aspiring leaders to effect change.

Abstract topic

04. Professional development

Abstract ID: 919**Internal code**

P04-040

Presentation form

ePoster only

Not everything is what it seems. Look out.

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Presented problem: 30-aged man who comes due to cough a of 4 days of evolution. Not vaccinated against COVID-19. A diagnostic test for SARS-CoV-2 is performed, which is positive. Examination: good general state, slightly hyperemic pharynx.

Management: Home isolation, symptomatic treatment if it's necessary. T At 10 days from the onset of symptoms refers to greater than the last 24 hours. Examination: tachypnea (that the patient attributes to the use of the mask), sO2 92%, for which the patient is referred to the hospital emergency room, where a chest X-ray is performed with a report of bilateral pneumonia due to coronavirus infection-19 with severe secondary hypoxemia. The patient requests voluntary discharge. Primary Care monitors the patient with the treatment prescribed in the emergency room (azithromycin 500 mg + amoxicillin/clavulanic acid + dexamethasone 6 mg + vilanterol/fluticasone + ipatropium bromide 20 mcg).

Result: positive development.

Discussion: We're currently in a pandemic situation due to SARS-CoV-2, with a high incidence of disease and consequently an increase in healthcare pressure. Most of the hospitalized population is unvaccinated patients, in whom the chances of suffering complications will increase greatly.

What we can learn from this/open questions: From primary care we must recognize the alarm symptoms of this entity to be able to assess the need for hospital assessment, as well as carry out the best possible approach and follow-up in case it can't be done from hospital.

Abstract topic

04. Professional development

Abstract ID: 920**Internal code**

P04-041

Presentation form

ePoster only

Job strain among employees of the tourism sector in sousse (tunisia) during the covid-19 pandemic

Amani Maatouk¹⁾, Sihem Ben fredj^{1, 2)}, Nawel Zammit^{1, 2)}, Rim Ghammem^{1, 2)}, Jihene Maatoug^{1, 2)}, Mohamed Ouertani¹⁾, Waad Ben belgacem¹⁾, Bochra Zendah³⁾, Hassen Ghannem^{1, 2)}, Khaoula Hadj Mabrouk³⁾

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Background

COVID-19 pandemic has spread rapidly affecting several sectors worldwide. Tourism is one of the most sectors affected by this crisis that may impact workers' mental health. Job strain is defined as a stressful work environment associated with little flexibility, latitude, or options to cope with these demands. We aimed to evaluate factors associated with job strain among employees in the tourism sector in Sousse.

Methods

We conducted a cross-sectional study between September and November 2020 among tourism workers belonging to 12 hotels and restaurants in Sousse (Tunisia) using a self-administered questionnaire. "Job strain" was evaluated using the Karasek questionnaire. "Job strain" corresponds to a situation where the Psychological Demand is above the median (high) and the Decision latitude is below the median (low).

Results

In total, 226 workers were included. Mean age was 38.2 ± 9.6 years. Sex ratio was 2.7. Almost half of the employees (46.5%) had a professional experience of fewer than 3 years. The prevalence of job strain was 11.3%. Job strain was found among 12.9% of women ($p=0.74$), 12.5% of workers aged less than 50 years ($p=0.47$), and 12.5% of workers with professional experience less than 5 years ($p=0.8$). Job strain was reported by 11.6% of married employees ($p=0.91$), and 12.1% of employees with a university level of study ($p=0.97$). Anxiety and depression were identified in 37% of workers having jobstrain ($p=0.7$ and $p=0.1$ respectively).

Conclusion

The prevalence of job strain was quite high. Preventive strategies reducing work amount and intensity should be implemented.

Abstract topic

04. Professional development

Abstract ID: 953

Internal code

P04-042

Presentation form

ePoster only

Annual appraisal: an opportunity for a coaching conversation

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Appraisal is a supportive conversation with a peer to review practice and formulate personal development plans. Engagement with appraisal is necessary to revalidate with the GMC as a practising doctor however it provides an important opportunity to help grow, develop, retain and nurture our workforce. Following the devastating impact of the pandemic in the last 2 years the emphasis has moved away from "widget counting" and more towards personal and professional wellbeing. As part of this appraisers could provide coaching conversations.

This project, completed as part of a HEE GP Fellowship, was to find the current appraisers' level of skill and confidence in coaching and identify ways that appraisers use coaching to support their appraisees. An online survey was sent to all 204 appraisers in the Wessex Appraisal Service. 37 appraisers responded.

67.5% of respondents had no formal coaching qualification. 59.4% felt confident providing coaching to appraisees and 86.5% reported welcoming more training. The narrative of how these appraisers have helped is powerful with themes including exploring self-limiting beliefs, resolving career dilemmas, enabling career planning and exploring and setting personal development plans.

"The key to getting formative and supportive appraisals right is seeing how a once a year intervention is predicated on superb coaching and mentoring skills without the frequency of touch points of a formal coaching or mentoring relationship."

A coaching conversation is the opportunity for annual professional development to support our clinicians and is to be encouraged, valued and supported by the appraisal process.

Abstract topic

04. Professional development

Abstract ID: 1069

Internal code

P04-043

Presentation form

ePoster only

Rupture points as a diagnostics opportunity: the value of a good clinical history. A case report

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Background: Human Immunodeficiency Virus (HIV) is a sexual transmitted infection related to sexual intercourse, and also to blood sharing and maternal-fetal transmission, progressively weakening the immune system and leading to opportunistic diseases or death.

Aim: This clinical report shows a case of high risk for HIV that did not depend on the patient's behavior, but that it is crucial to value.

Case report: On September/2021, a 54 years old female came to a medical appointment with her new family doctor. She presented symptoms of fatigue and heavy legs with no other alarm signs, and she asked for routine medical analyses. The results showed a slight lymphopenia and further tests confirmed the diagnosis of HIV infection. She was very worried and reported one unprotected sexual intercourse few days earlier with the only boyfriend she had since the divorce three years ago, motivated by her husband infidelity. She was referred to HIV clinics in the local hospital, keeping the continuity of care in Family Medicine.

Discussion: Although this patient had not risk behaviors for HIV, she presented at risk because of the relation with her unfaithful ex-husband. This was not explored at time, leading to a diagnostic delay, and potential further transmission of disease. Even without

a medical framework, the crisis in the lifespan should constitute moments for reflection and evaluation from preventive point of view.

What we can learn: The rupture points are opportunities for interaction and should be used in our practice.

Abstract topic

04. Professional development

Abstract ID: 1090

Internal code

P04-044

Presentation form

ePoster only

Barriers and enablers for choosing primary care as a place to train and work as doctors: a qualitative study

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Background

There is a sustained decline in the number of doctors who choose to train and perform in roles related to primary care after completing their undergraduate training.

Questions

What are the barriers and enablers for choosing primary care as a place to train and work as doctors?

Methods

A qualitative study with semi-structured interviews and focus groups with first and last year medical students and newly graduated doctors from the metropolitan area of Buenos Aires, Argentina. We followed a constructivist grounded theory.

Outcomes

We conducted 31 semi-structured interviews and three focus groups in 2019-2020. The main themes included: a) Factors related to the choice of Medicine as a career (serving people and biology); b) Positive and predominantly negative experiences in undergraduate education concerning primary care; c) Factors related to the choice of speciality (personal interests and projects, prestige, income and perception of other specialities); d) Negative perceptions of primary care.

Discussions

The main barriers to choosing primary care include a poor representation in their undergraduate training, a lack of prestige, and insufficient remuneration for professionals. In contrast, social commitment, the possibility of having a better lifestyle, and the type of doctor-patient relationship appeared as enablers.

Take-Home Message for Practice:

There is an essential role for government, universities and scientific societies in creating more positive representations about the role of primary care during the training of undergraduate medical students. This could facilitate the choice of primary care as a place to train and work for future doctors.

Abstract topic

04. Professional development

Abstract ID: 1271

Internal code

P04-046

Presentation form

ePoster only

Completing a follow-up with patient and family to perform a gender change

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Background and purpose

To take part in such an important process like changing gender and giving support to the patient and family, has become a very gratifying part of our work as family doctors.

Case

An eighteen-year-old girl, joined by her mother, came to our clinic to explain how “he” had started a process of changing gender.

He explained how he never felt comfortable being a girl and how he never truly felt like one.

A few months ago, he asked for help from “Trànsit” (a public gynaecological assistance) because he was not an adult yet. Along with his family, he wanted to start the process for a gender change. After a psychological evaluation of the patient and the family, he started taking testosterone as a treatment, facilitated by Trànsit. At all times, the family gave their support and trust towards the process.

After having initiated the process, he came to CAP Àdria, for the follow-up. He felt much more confident and happier since starting the treatment, and he finally felt identified with his changed gender. Some physical changes were seen, such as facial hair and tone of voice.

Conclusions

Being in such a transcendental moment in someone’s life and seeing the progression of the patient’s overall happiness was truly what made the journey so emotional and important. The family’s support was admirable, they all made him feel free in his decision-making, so he could become what he had always wanted.

05. Telemedicine, IT in general practice/family medicine

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 10

Internal code

P05-001

Presentation form

Poster on paper + ePoster

Dermatology in primary care: the role of teledermatology and GPwERs following COVID-19

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Background: Dermatology represents the most common presentation in primary care and poses a considerable burden to hospital services. We aimed to identify the proportion of dermatological consultations during the first year of the COVID-19 pandemic that could be self-managed (e.g., via teledermatology) without the need for face-to-face appointments, and the proportion of referrals to secondary care that could potentially be managed by a GPwERs in dermatology and skin surgery.

Methods: Data was collected for consultations between Feb 2015 and Feb 2021. A consultation was deemed self-manageable if the outcome included reassurance or recommendation of over-the-counter medication. A consultation was not self-manageable if the outcome was a prescription-only medicine or referral to secondary care. A secondary search was made of referrals to secondary care that resulted in surgical management.

Results: During the first year of the COVID-19 pandemic (between Feb 2019 and Feb 2020) there was a 36% decrease in the number of dermatological presentations when compared to the mean of the previous four years. Of those clinically coded, 279 of 956 (29%) patients were advised reassurance or over-the-counter medication. Of the patients referred to secondary care, 168 of 411 (41%) were managed surgically.

Discussion: We show that a significant proportion of dermatological consultations can be self-managed, and that investing in teledermatology and supporting primary care centres to train professionals with extended roles to perform minor procedures may help to reduce waiting lists, missed treatment opportunities, and accelerate the NHS Long Term Plan in the wake of this pandemic.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 47

Internal code

P05-002

Presentation form

Poster on paper + ePoster

International physical activity questionnaire and Fitbit Inspire activity tracker data from patients with impaired fasting glucose comparison.

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Background. Consumer wearables like activity trackers help family doctors objectively and faster evaluate physical activity for patients with increased risk of developing type 2 diabetes.

Questions. Our aim is to determine how physical activity measurement by smart bracelet differs from the international physical activity questionnaire (IPAQ).

Methods. Prospective cohort study. Randomly selected 30 patients (9 males and 21 females), aged 32-65 years, with impaired glucose level and without diabetes or moving disorders, attended. We gave the Fitbit Inspire activity tracker for each subject, and after one week of wearing it, they had to answer the IPAQ Lithuanian edition. Then we collected data from the activity trackers and compared it with IPAQ. Data analyses were made by SPSS 26 and R.

Outcomes. Data collected by physical activity tracker and IPAQ correlated in all types of intensities of activities: lightly active, fairly active, and very active ($P < 0.05$), but the medians of the time spent was quite different. Fitbit Inspire showed that the median time for light activity was 1780 min. vs. 708 min from IPAQ, for fairly active 129 min vs. 918 min. and very active 96 min. vs. 208 min.

Discussion. The data show the correlation between these different types of measurements, but the results are controversial, and large sample research should be done.

Take-Home Message for Practice. We suggest that the physical activity tracker data is more objective to evaluate time spent for specific intensity, but IPAQ still gives more information about the patient's behavior.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 152

Internal code

P05-003

Presentation form

Poster on paper + ePoster

The impact of patient characteristics on their attitudes toward an online patient portal for communicating laboratory test results

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Background: Patient portals are promising tools to increase patient involvement and allow them to manage their health. To facilitate patients, test results should be explained in easy language. Patient characteristics affect the usage of portals and user satisfaction.

Questions: What is the effect of patient characteristics (gender, age, education, chronic disease) on self-efficacy and perceived usability of an online patient portal communicating diagnostic test results?

Methods: We used the eHealth impact questionnaire (eHIQ) to explore patients' attitudes toward the portal. Patients visiting the portal were asked to complete the questionnaire. Subscale "information and presentation" of eHIQ assessed usability, subscale "motivation and confidence to act" assessed self-efficacy. Age, gender, education, chronic disease were determinants. Descriptive, univariable and multivariable regression analyses were performed to explore patient characteristics, usability and self-efficacy, and effects of determinants on usability and self-efficacy.

Outcomes: N=748. Higher age, high education, asthma/COPD were significant determinants for decreased usability; respectively, $b = -.094$, 95% CI -1147 to 0.042

($P < .001$); $b = -2.512$, 95% CI -4.791 to -0.232 ($P = .03$); and $b = -3.630$, 95% CI -6.545 to -0.715 ($P = .02$). High education was a significant determinant for lower self-efficacy ($b = -3.521$, 95% CI -6.469 to -0.572; $P = .02$).

Conclusions: Higher-educated users of the portal scored lower on usability and self-efficacy. Usability was also lower for older people and patients with asthma/COPD.

Take Home Message: Portals must adapt the language and communication used, according to the different target groups. Only then can users take full advantage of the online information provision.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 165

Internal code

P05-004

Presentation form

Poster on paper + ePoster

Physio Student App-based Virtual Delivery of Live MSK Rehab in General Practice

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Background

It is estimated that 8.75 million people aged over 45 years in the UK have sought treatment for osteoarthritis. Evidence shows that structured exercise and education programmes can reduce pain, improve quality of life and physical function. However barriers of access to exercise are known to be physical, accessibility, travel and pain. During the covid pandemic lockdown measures reduced access to conventional care.

Questions-

Can live virtual joint rehab classes be delivered by physio students in general practice in order to improve accessibility?

Methods

Patients were invited to join the study from a GP surgery joint injection list. 14 patients consented to participate in 4 weekly virtual classes comprising education and exercise. The classes were live streamed through the GPEP msk selfcare app and were available to view in catchup. Interaction during the class was enabled through the live chat function. Outcome was assessed using EDQ-5L and a patient satisfaction questionnaire.

Outcomes

The programme was successfully delivered by physiotherapy students from general practice. All patients reported improvement in symptoms and pain control with 60% very satisfied with the virtual format.

Discussion

The provision of virtual msk rehab programmes improves accessibility for patients that would otherwise be limited by travel, function or time. The participation of physio students in delivering this project improves the scope of care delivery for patients and enhances the students education opportunity.

Take Home Message for Practice-

Virtual msk rehab can be delivered effectively in general practice with the support of AHPs/students.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 400

Internal code

P05-007

Presentation form

Poster on paper + ePoster

Continuity of Primary Health Care ,EMR and Quality Enhancement in the Future of Family Medicine in Kosovo

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Aim

Determine a domestic policy structure that will improve the quality of work that will be implemented at the national, regional and local level in primary health care. These will also be influenced by healthcare reforms that fund health services, human resource management, and information strategy.

Background

5 year study has taken place for all protocols to improve quality of health care based on evidence from national and international scientific studies. Raising the level of competence, knowledge, and skills of general practitioners of family medicine influence the improvement of health care quality in Kosovo (Family Medicine Guideline).

Methods

It started in years 2013-2018 and every time occurred in the first weeks of the months of November in 26 FMC's which include a population of 919,555 persons and 2018 of 20 FMC's with population of 445,098 persons. National protocols are used for medical services in Kosovo so to have permanent continuity of PHC in the future.

Results

Another result is Multimorbidity, goal-directed and equity-based care that identifies the 5 major diseases in the PHC, and the future also brings the future of continuity: threats and opportunities for patients with multimorbidity. In conclusion: patient, provider, community practice , team, system and equity of health services affect the future health and sustainability of this system.

Conclusions

Integrated health services such as ultrasound, ECG, laboratory tests and ongoing population-based health education and screening programs should be provided on-site and the service should be reliable to build mutual trust .

Keywords:

Competencies, family physicians, primaryhealth care

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 449**Internal code**

P05-008

Presentation form

Poster on paper + ePoster

The extraordinary predictability of patient demand: a review of one year of online triage in General Practice in England

Devin Gray*Putneymead Group Medical Practice, London, United Kingdom*

Ten months into the COVID-19 pandemic, General Practice had never been busier. In a London GP surgery with 26,000 patients, our phone-lines could not meet demand in the context of NHS England's mandate for total triage. In January 2021 we launched an integrated online triage tool, encouraging patients to use this where possible for all practice contact, freeing-up phone capacity for elderly or vulnerable patients or those with urgent need. But we were worried. Would the demand be limitless? What could we learn to manage our capacity better?

Analysing over 45,000 online requests over 52 weeks, we identified an extraordinary predictability in patient demand. Of 860 weekly requests on average, the proportion is *consistently* 60% medical, 40% administrative. A third of the weekly demand is on a Monday, tailing off predictably across the week. Requests soar following COVID-19 vaccination announcements.

We overhauled our appointment system to better match the pattern of need and anticipated demand surges. We upskilled our reception staff in Patient Navigation to ensure patients spoke to the right person, first time; not always in our service. Our patient feedback remained highly positive throughout. Whilst demand did have a limit, we found allowing 24/7 access to our online form led to duplication of work, so after careful consideration it was disabled during working hours.

Improving patient access does not lead to limitless demand. In fact its predictability can be harnessed to plan capacity in a way that ensures efficient use of stretched resources.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 463**Internal code**

P05-009

Presentation form

Poster on paper + ePoster

Demand and capacity mapping: prioryCARE - the future of general practice

Abigail Brooks, Chris Bennett, Tom France*Priory Medical Group, York, United Kingdom***Background**

Our previous access system was challenging; patients struggled with access and service navigation, whilst staff were unable to satisfy the perceived high demand for urgent and routine appointments.

The lack of meaningful, accessible data, coupled with unknown demand and capacity, ensured that service delivery remained antiquated outdated - a model that has underpinned general practice since its inception.

Questions

Does flexibility of care provision, coupled with total triage and a demand mapped rota; enhance system capacity, efficiency and subsequently the patient journey?

Methods

Comparison of appointment availability and utilisation of clinical (GP, nursing and AHP) and non-clinical work streams was made pre and post system change.

Outcomes

- 85,000 more appointments delivered
- Routine wait < 10 working days.
- Online access 'always on'
- 83% rated good or excellent
- DNA rate <2%
- Maximal efficiency increase – over 10% reduction in unused slots.
- Clinical task reduction of 20,000
- Right clinician – streaming to ARRS roles

Discussion

Over one year on, having enabled almost half a million contacts, optimal system management has ensured we meet our routine demand for appointments within 10 working days, with staff and patient satisfaction increased alike.

prioryCARE has become a highly responsive, dynamic clinical system. Continued evolution in response to feedback loops is essential to ensure that it continues to remain relevant and serve the needs of our service and patient population.

Take Home Message for Practice

Demand and capacity mapping, whilst intensive, is highly desirable in the continued development of General Practice access systems in the COVID and post-COVID era.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 505

Internal code

P05-010

Presentation form

Poster on paper + ePoster

Impact of covid19 lockdown on glycemc control in patients with type 2 diabetes mellitus in Dubai

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Objective

To evaluate the impact of the COVID-19 lockdown on glycemc control and accompanying laboratory parameters in patients with type 2 Diabetes Mellitus.

Research design and methods

This study is a retrospective cohort study that was done on a multicenter level. It was conducted during the lockdown in 341 individuals. HbA1c was tested to measure glycemic control immediately before and after the lockdown period that lasted for 13 weeks.

Results

The primary outcome was the improvement of mean HbA1C after 13 weeks of lockdown compared to the pre-lockdown HbA1C. It was found that the mean HbA1C improved from 7.5±1.5 to 7.3±1.5 with a p-value of 0.001.

Conclusion

Our study showed that patients with type 2 diabetes mellitus exhibited an improvement in their glycemic control after the period of lockdown.

Keywords

Covid19, diabetes, lockdown.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 509

Internal code

P05-011

Presentation form

ePoster only

The prescribing of topical chloramphenicol for conjunctivitis during the COVID-19 pandemic

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²⁾Ladybarn Group Practice, Manchester, United Kingdom

Background

Chloramphenicol is routinely prescribed for conjunctivitis but should only be given if there is a suspected bacterial cause. During COVID-19, virtual consultations have taken the place of face-to-face for non-emergencies. It is hypothesised that there is difficulty in assessing the likely cause of conjunctivitis without face-to-face clinical examination.

Question

Did COVID-19 have an indirect impact on the prescribing of chloramphenicol in primary care at a single centre?

Methods

A retrospective analysis of EMIS database was performed. Inclusion criteria- patients aged ≥ 16 years of age and with clinical coding of 'conjunctivitis' or 'sticky eye' between 01/01/2020-18/01/2022. Seventy-five patients were extracted from the database with 7 excluded leaving 68 included in the final analysis with appropriate diagnosis.

Outcomes

Of the 68, 22 of these were face-to-face (32.4%) with 46 virtual. Ten of these face-to-face appointments documented either a bacterial, viral or atopic cause (45.5%), with 15 virtual appointments documented a likely organism (32.6%). A bacterial cause was suspected in 4 of the cases (5.9%), with 7 viral (10.3%), atopic (19.1%) and a cause was not documented in 44 (64.7%) of cases with a total of 37 (54.4%) of patients prescribed chloramphenicol.

Discussion

Although the use of images and video consultation has been beneficial to clinicians assessing patients, it appears it still leaves some diagnostic uncertainty as to the true likely classification of organisms responsible for conjunctivitis.

Take home messages for practice

Face-to-face consultations provide more certainty in the likely causative organism in conjunctivitis over virtual.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 574

Internal code

P05-012

Presentation form

ePoster only

Perceptions, attitudes and willingness of fourth year medical students for AY 2020-2021 on CIM CMSS - DOH Telemedicine Program : a cross-sectional study

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The COVID-19 Pandemic has also been a great blow to medical education. However, it also offered an opportunity to incorporate a new developing technology, like telemedicine, to address this dilemma. However, the success of any new technology would depend on factors such as perception, attitudes and willingness of users who engage in it.

The study determined the perceptions, attitudes, and willingness of fourth-year medical students enrolled in the Cebu Institute of Medicine for the school year 2020-2021 on the CIM CMSS – DOH telemedicine program.

It was an analytical, cross-sectional study design which was conducted at Cebu Institute of Medicine from June to July 2021 to a total of 150 fourth year medical students and utilized a validated, researcher made 4-part electronic questionnaire.

It was found out that gender, pre-medical degrees and previous experience with telemedicine did not differ significantly in terms of their perception, attitude and willingness towards the program. However, those who were fluent in Tagalog have better attitudes toward it. A positive linear correlation also exists between the respondents' perception scores and attitude scores, as well as between their perception scores and willingness scores indicating that better perception towards the program indicated better attitude and willingness.

Results of this study can be used to address the limitations perceived by medical students during the pandemic and how telemedicine bridged the gap in medical education. This can be the basis on adding telemedicine in the current medical curriculum as a new strategy for providing holistic patient care.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 639

Internal code

P05-013

Presentation form

Poster on paper + ePoster

Providing healthcare to rural populations with real time remote telementored ultrasound

Katy Wyszynski, Lesca Hadley, MD, John Gibson, MD*University of North Texas Health Science Center, Fort Worth, TX, United States***Introduction**

University of North Texas HSC medical students learn Point of Care Ultrasound (POCUS) in clinical settings as part of their curriculum. In 2021, students provided healthcare screenings and ultrasound scans to hundreds of patients in underserved rural communities in West Texas. Students utilized Butterfly's teleguidance technology to perform complex scans for the first time by using Remote Telementored Ultrasound (RTMUS) which allows a two-way video call, so that a remote practitioner visualizes the ultrasound scan and the probe location on the patient in real time.

Methods

We encountered a 62-year-old female with a 2/6 systolic ejection murmur. She noted a history of congenital heart disease diagnosed at birth, but the patient was unsure of the diagnosis and has not seen a cardiologist in many years. POCUS was performed on the patient.

Results

This patient had grossly normal cardiac POCUS examination. However, one anatomical location at the base of the patient's interventricular septum appeared thin. From her medical history and cardiac imaging, the remote practitioner approximated that she had a previous ventricular septal defect at birth that closed spontaneously.

Discussion

POCUS is a valuable tool in rural settings for patient management. Using RTMUS, trained physicians and students can bring advanced technology to remote settings using experts in distant locations, allowing ultrasound to serve as an adjunct to the physical exam even in places where healthcare inequalities commonly exist. With the expansion of this technology, RTMUS has the potential to provide ultrasound technology to underserved populations globally.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 779**Internal code**

P05-014

Presentation form

Poster on paper + ePoster

FOCUS Galicia: using IT for blood borne infectious opportunistic screening

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Background

We designed an IT opportunistic screening based on age to reduce HIV late diagnosis and to eliminate Hepatitis C (HCV). Age targets were 20 to 59 for HIV and 20 to 69 for HCV.

Question

Would an electronic help improve early diagnosis of blood borne infections at Primary Care level?

Methods

We designed an IT alert system that show a small message in the daily list of the family physician. A second reminder is shown inside of the patient electronic record, and a there is a specific request in the analytics formulary. The program was presented centre by centre from February to June 2019 and was launched with an individualized peer-to-peer explanation (182 family physicians). We show a descriptive analysis of the screening, up to September 2021.

Outcomes

Initial HCV prevalence (1.34%) decreased through the programme (0.37%). HIV diagnosis maintain low numbers (<0.1%). Request for HCV and HIV serologies increased 1.45 points during 2019. Although Covid-19 reduced analytics extracted in Primary Care, we maintain HIV/HCV test requests above years prior to the IT approach.

Discussion

Peer-to-peer approach do increase physician adherence to the screening. Summer periods and COVID waves decreased analytical petitions.

For HCV, the percentage of new diagnosis decreases as the number of requests increases. Since HIV late diagnosis remains high, the programme remains efficient, even with low case-detection.

Take Home Message for Practice

Introducing an electronic alert system in the clinical history facilitates compliance with Public Health programmes

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 799

Internal code

P05-015

Presentation form

Poster on paper + ePoster

Is telemedicine an ethical practice to enhance traditional consultations in primary care

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²⁾Hull York Medical School, Hull, United Kingdom

Aims: To evaluate real patient telemedicine interactions collated from two GP practices in urban and rural settings and the ethical considerations they posed

Introduction: The routine adoption of telemedicine has been rapidly accelerated by the COVID-19 pandemic and is set to become a permanent feature in post-covid healthcare. Whilst triage models are in place to encourage safe practice, there remains ethical considerations which may impede the full integration of telemedicine

Methods: Two independent patient and staff surveys were ran in urban and rural Lincolnshire and Humber GP practices. Data was collected on the type of consultation, including presenting complaint and any ethical considerations which arose in line with the four pillars of medical ethics. An NPS was also established after each consultation to determine satisfaction with the standard of care

Results: An average patient NPS of 7 was achieved whilst a NPS of 8 from the staff surveyed. 17/30 telemedicine consultations were completed without the need for further face-to-face care and 11/30 had some form of ethical consideration of which 5 could not be dealt with remotely

Discussion: Whilst disparities arose between the two practices, emerging themes could be detected with the lack of non-visual cues impeding clinical judgment on most occasions and poor quality digital imagery in dermatological conditions requiring further face-to-face assessment. There was a generally positive response from both staff and patients surveyed and the majority of ethical considerations were able to be dealt with appropriately remotely.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 1008

Internal code

P05-016

Presentation form

Poster on paper + ePoster

Exploring video consultations from a patient and GP perspective: a systematic review

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⁴University of Tokyo, Tokyo, Japan

Background: The COVID-19 pandemic has generated a paradigm shift in the application of video-based General Practitioner consultations, whereby the demand for easier access to a healthcare professional via an online platform is no longer a luxury but a necessity for many patients. Such online consultations have the potential to offer new opportunities for healthcare professionals to interact and engage with their patients to provide vital, synchronous interaction and equitable access across their communities.

Methods: This research aims to evaluate, by means of a systematic review, the effectiveness of online digital General Practitioner consultations, in the context of a primary care setting from both clinician and patient perspectives. The primary outcomes of interest are changes in workload for healthcare providers' (as a result of online consultation intervention), healthcare providers' satisfaction with online consultation

intervention, patients' or participants' health status, and patients' or participants' satisfaction with online consultation intervention (using validated measures).

Results: Data extraction is currently ongoing, the initial findings highlight the positive role that online consultations may have to support both healthcare professionals and patients. The shortcomings identified by this research include the fragmentation of the video conference systems being used by both parties to communicate, share, store and process consultation data; however, these online platforms (e.g. Zoom™, Skype™, MS Teams™) were never designed to be the central software link between healthcare professionals and their patients. Video consultations have the potential to revolutionise primary care services, research as nationally/internationally is urgently required to better protect patients and support healthcare professionals.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 1015

Internal code

P05-017

Presentation form

Poster on paper + ePoster

Brief Mindfulness based Intervention for Front-Line Medical Staff in the COVID19 Pandemic to Improve Psychological Wellbeing, a Randomized Controlled Multicenter Trial

Amani AL-Qurni

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Double blinded randomized control trial of brief mindfulness based intervention for front-Line medical staff in the COVID19 pandemic to improve psychological wellbeing The trial was conducted virtually through a specialized platform that was designed and customized for this trial to help deliver the intervention and track the adherence of the participant. The intervention was about 20-minute daily mindfulness audio sessions for 2 weeks, the control group received a 20 minutes psych-education audio for 2 weeks. The participants were assessed pre and post intervention for state trait anxiety, wellbeing, and resiliency. The results are performed on the 125 who completed the post questionnaire out of 147 COVID19 front-liners. For the WHO5 wellbeing index, after intervention, the average score raised to 69.9 ± 18.9 , this was statistically significant (Pillai's trace $F(1,111) = 10.2$, $p = 0.002$). For the resilience, after intervention, the average score was 26.8 ± 8.7 , the difference was not statistically significant (Pillai's trace $F(1,105) = 0.246$, $p = 0.621$). for the anxiety, after intervention, the average state anxiety score dropped to 18.4 ± 5.7 , this was statistically significant (Pillai's trace $F(1,82) = 15.7$, $p = 0.0001$). Health care worker mental wellbeing protection is of prime importance who look after patients with COVID-19 for the long-lasting ability of health workers Keywords: COVID19, healthcare providers, resiliency, wellbeing, anxiety, mental health.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 1018

Internal code

P05-018

Presentation form

Poster on paper + ePoster

A double-blind placebo-controlled trial on natural prebiotic inulin fiber for digestive health

Doris Joan Dela Cruz*Department of Family and Community Medicine, Quirino Memorial Medical Center, Quezon City, Philippines***ABSTRACT**

Background: Improving digestive health through modulation of the gut microbiome is an evolving strategy in the holistic approach to lifestyle wellness. Prebiotics, like inulin, can produce digestive endpoints addressing constipation, bloatedness, and abdominal discomfort, among others.

Objective: The study determined the gastrointestinal effects associated with the intake of inulin fiber in powdered tea form.

Methodology: This is a prospective, randomized, double-blind, placebo-controlled trial with 189 eligible adults aged 19 to 65 who experienced constipation in the past year. Subjects were recruited from employees of a tertiary government hospital with 96 and 93 participants randomly assigned to the control and intervention groups, respectively. The digestive symptom checklist was initially evaluated. The groups drank two (2) glasses (1 sachet each) of powdered tea daily for 28 days, with inulin incorporated in the experimental group. A daily symptom checklist was filled out. **Outcomes:** Baseline characteristics of the study population were similar. The placebo group had no statistical differences in bloating, passage of gas, abdominal discomfort, and defecation effects across the trial days. Inulin was effective in improving the frequency of defecation ($p < 0.001$, 0.024) and the stool consistency ($p = 0.013$, 0.049). Significant but manageable gastrointestinal changes were noted in the first two weeks of taking the inulin, evident as early as day 2 ($p < 0.007$, 0.016).

Conclusion: Inulin, a soluble long-chain fructose oligomer, when fermented in the large intestine, demonstrated enhanced bowel function by increasing fecal mass³³ and fecal frequency, with concurrent tolerable gas formation.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 1036**Internal code**

P05-019

Presentation form

Poster on paper + ePoster

Treating Otitis Externa via video consultation. Livi approach to keep patients safe during the pandemic

Alessio Platania^{1, 2, 3)}, Harriet Bradley²⁾¹⁾Movimento Giotto, London, United Kingdom²⁾LIVI UK, London, United Kingdom³⁾Sexual Health Clinic, Royal Berkshire Trust, Reading, United Kingdom

Background: Covid 19 challenged GPs to deliver excellent and appropriate care to their patient population, whilst concurrently dealing with the lack of PPE and resulting staff safety issues. Livi UK is one of the largest providers of GP video consultations for the NHS and is available to over 7 million patients. Livi had previously developed NICE compliant guidelines for remote consultations, but in response to the pandemic decided to expand this list in order to further relieve pressure on overstretched NHS services.

Questions: How to safely manage patients presenting with Otitis Externa(OE) despite the limits of video consultation?

Methods: We reviewed medical literature, NICE guidelines, sought specialist advice and utilised in house experience from both the UK and our European operations on the management of OE and perforations

Outcomes: Internal guidelines were created for the video-consultation medium, which included how to remotely diagnose OE and to utilise acetic acid spray as a first-line treatment and ciprofloxacin-based eardrops as a second-line treatment.

Discussion: Evidence shows that acetic acid is as effective as antibiotic drops in the first week of symptoms. The most used antibiotic spray in the UK is Otomize, which contains neomycin, but is ototoxic in the presence of a Tympanic Membrane(TM) perforation. Prescribing ciprofloxacin ear drops reduces the risk from missing a perforation with a remote diagnosis.

Take-Home Message: If acetic acid fails to treat OE, ciprofloxacin eardrops are a safer alternative to Otomize, as perforation of the TM cannot be reliably excluded via remote consultation.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 1082

Internal code

P05-020

Presentation form

Poster on paper + ePoster

Service transformation of asthma reviews during the COVID-19 pandemic in rural population

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Introduction

During the outbreak of COVID-19, a service transformation was necessary for the on-going care of asthma patients. The incremental rise of COVID cases meant all consultations were switched to telemedicine. In a traditional pre-COVID asthma review face to face a surgery peak flow meter was used and a reading is recorded onto the patient's record. However, following the COVID-19 pandemic this was inadvisable due to the infection transmission risk.

Methods

The practice list size of 5500 patients included an asthma register of 375 patients. A pilot study of the upcoming 50 patients who were due for an annual asthma review was issued peak flow meters and was advised to self-monitor their peak flows. Following the

success of the pilot study, incremental issues were administered to the rest of the cohort. Patients collected their meter from their designated pharmacy and complete a best-of-three reading at home. A verbatim value was then recorded into the patient's records during the time of their asthma review.

Results

Of the 50 patients, 48 patients returned their peak flow readings. Following the success of this pilot we were able to issue peak flow meters to all patients on the asthma register. In March, we achieved 66.7% Home Peak Flow Readings.

Discussion

The use of home peak flow monitoring provides feedback for patients to detect early deterioration and they can self-administer their medication and escalate their treatment. We feel that this enables patient empowerment and strengthens feedback to patient in the event of deterioration.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 1086

Internal code

P05-021

Presentation form

Poster on paper + ePoster

Virtual asthma reviews using self-administered peak flow readings during the COVID-19 pandemic in a rural population: a pilot study

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Introduction

In order to deliver asthma care virtually during the COVID-19 pandemic, consultations of necessity were changed to telemedicine. Patients on the asthma register were issued peak flow prior to scheduled telemedicine virtual asthma reviews.

Method

The practice list size of 5500 patients included an asthma register of 326 patients. In March 2020, we switched from traditional face-to-face to a telemedicine approach. A pilot study of 50 patients who were due for an annual asthma review were issued peak flow meters and were advised to self-monitor their peak flows. Following the success of the pilot study, incremental issues were administered to the rest of the cohort. A verbatim value was recorded into the patient's records during the time of their asthma review.

Results

A pilot study was done prior to full implementation of the QI project by issuing a peak flow devices to 50 patients. These patients sent in their peak flows and Asthma control tests prior to a scheduled telemedicine asthma review. Of the 50 patients, 48 patients returned their peak flow readings and two declined.

Conclusion

Our pilot study provided reassurance that home monitoring of peak flow would enable a comprehensive asthma review. It enabled the practice to deliver safe responsive care during the pandemic using self-administered peak flows alongside self-administered CAT

scores provided useful information and evaluation of patient's current asthma control. The use of home peak flow monitoring provides feedback for patients to detect early deterioration and they can self-administer their medication and escalate treatment.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 1103

Internal code

P05-022

Presentation form

Poster on paper + ePoster

Consultation modes of insect bites consults in English general practices

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Silverdale Medical Practice, Swinton, United Kingdom

There is little literature on insect bite practice, yet it is frequently dealt with in general practices. A group of GPs from RCGP overdiagnosis group wondered what new modes of consultation are adopted for insect bite assessment.

Over 'Zoom' we created a study protocol, formalising a retrospective practice case note review from 1st April to 30th September 2021. Information was anonymised and entered onto an excel spreadsheet by GPs. Data sets were merged and analysed.

253 insect bites presented to 8 practices (combined list 98,114). List size range: 8,196 – 16,026, representing an incidence of 2.6 per 1,000 practice population (range 1 - 5.4).

Consulting clinician: GPs 181 (72%); nurses 52 (21%); practice pharmacist 1; unknown 1.

Mode of consultation: Phone 174; Face to face (f2f) 35; Phone and f2f 15; Total digital 11; Digital text and photo 10; video 5; Phone and video 2; home visit 1.

Phone consultation alone accounted for 69% of consultations, (75% of the total if combined with other modes). Video was not popular. A f2f consultation alone was used in only 14%. Consults with no voice constituted 8% of consultations.

Images were used in 145/218 (67%) of consults which were not initially f2f.

The expanding GP team means that nurses, particularly ANPs, are significant providers of GP care. Using telephone first appears an acceptable and efficient way of providing care, most consultations were supported by image use to assess inflammation and infection criteria.

It was unusual for phone consultations to convert to f2f consultations.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 1113

Internal code

P05-023

Presentation form

Poster on paper + ePoster

What can we learn about improving the "new normal" in primary care from the experiences of practice staff during the pandemic

Francesca Dakin

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The pandemic has placed the National Health Service, and the people that comprise it, under significant strain. Healthcare staff have been expected to work beyond their usual capacity for a sustained period, whilst also managing competing pressures at home, from changing working environments, and from their own health and wellbeing, in a context of social and political uncertainty. These factors are made more complicated for people working in more deprived areas and with marginalized populations, and/or who experience multiple and intersecting barriers to achieving positive and stable working conditions. Such barriers, and their connections and impacts, are currently understudied. This leads to a lack of representation in the evidence-base for supportive working policy, and thus could perpetuate a cycle of poor working experiences.

This presentation reflects on the early findings of a project which is gathering the in-depth lived experiences of people working in primary care services, inclusive of all job roles (such as GPs, nurses, practice managers, administrative and domestic staff), as guided by the priorities of those workers. Phase 1 of the project is building in-depth case studies through qualitative research (using ethnography, narrative interviews, and photo-elicitation) into GP practices in areas of mixed-high deprivation with a mix of digital literacy. These data will be analysed to determine recommendations for improving workplace wellbeing and working conditions, and identify what support resources are required, then tested on a larger scale in Phase 2.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 1218

Internal code

P05-024

Presentation form

Poster on paper + ePoster

You're out of touch, I'm out of time - Ring, Ring, Ring - Improving DNA rate on missed contacts during the pandemic

Yasmin Rahman

Gallions Reach Health Centre, London, United Kingdom

To reduce the number of DNAs for remote/ telephone consultations.

Measure: Reduced DNA rate, increased patient and doctor satisfaction, greater patient access

Conclusions/Actions

We adopted remote consultations during the pandemic. There was clinician variation in approaching callbacks. I discussed with the practice allowing 2 attempts, 10-15minutes

apart. I setup text message templates to be sent between calls. There was a reduction in DNAs and increase in patient and clinician satisfaction

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 148**Internal code**

P05-025

Presentation form

ePoster only

Telemedicine and face-to-face visit in the COVID era.

María Ana Giraudo Stabio^{1, 2)}, Leonardo David Heredia Rodríguez^{1, 2, 3)}, Juan José Montero Alía⁴⁾, Mari Carmen Barreiro Montaña⁴⁾, Elena Zurilla Leonarte⁵⁾, Gemma Seda Gombau¹⁾, Laia Terris Viñas³⁾, Silvina Alcorta Vallejos³⁾, Luis Villanueva Segura⁴⁾, Pere Toran Montserrat¹⁾

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Objective:

To determine the changes in health care generated by the pandemic in PRIMARY CARE once the state of alarm has ended.

Material and methods:

This is a descriptive and multicentre cross-sectional study in which a network of voluntary sentinel physician distributed throughout different primary care centres in Catalonia report information on their daily activity. More than 80 doctors from 27 health teams in Catalonia are currently participating. During 2019, the healthcare activity of a working week during the 4 seasons of the year was recorded and in 2021 this was replicated during a week in May (just between the 4th and 5th wave).

Results:

After analysing more than 1,000 working days, an average of 29 visits per day were made in 2019 and 38 in 2021. In 2019, 67.3% of the visits were face-to-face and 8.5% were telephone visits without the existence of telematic visits. In 2021, face-to-face visits were 20.5%, telephone visits 35.5% and telematic visits 11.3%. Of the total visits in May, 10% were for acute pathology by COVID-19.

Conclusions:

The study has shown that the pandemic has precipitated us into a new care model, where face-to-face have been reduced and have gone from 20 to 8 visits /day, to an increase in telephone visits from 2 to 13 on average and to the daily irruption of telematic visits at an average of 4-5 visits/ day and the same number per COVID-19.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 361**Internal code**

P05-026

Presentation form

ePoster only

Getting closer in times of distance – is e-mail promoting access to primary care?

Frederico Rocha, Ana Sofia Ferreira, Avelina Pereira
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Background

Information and communication technologies use is increasing in primary care (PC). E-mails are an interesting tool, allowing asynchronous messages based on text and attachments. The pandemic context increased the use of informatic tools.

Questions

We focused on the use of e-mail by patients as a way of access to PC. Has this type of access changed with the pandemic in terms of quantity and quality?

Methods

We analysed the e-mails received in a PC practice in Lisbon - Portugal, serving around 14.000 people. We reviewed e-mails sent by patients during October, 2019 and October, 2021. We registered the number of contacts and conducted a subject's descriptive analysis.

Outcomes

In October of 2019, 17 e-mails were obtained from patients, contrasting with 109 e-mails received in 2021 – 5.41 times greater. In 2019, the e-mails had mostly an administrative content, while in October of 2021 they were mostly about clinical problems.

Discussion

Asynchronous communication by e-mail is a robust method for delivering primary care. Chronic disease management, prescription refills, appointment schedule and patient education are examples of what can be done via e-mail. The population in our study shows a growing preference in accessing PC via e-mail. Nonetheless, it likely needs to be resourced and planned to be an efficient way of improving access.

Take Home Message for Practice

PC needs to constantly adapt to the needs and characteristics of their community. Access to PC is of most importance and e-mail is a powerful and simple tool that fits today's needs.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 543**Internal code**

P05-027

Presentation form

ePoster only

A case of sarcoma: coordination between care levels

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BACKGROUND

This case report is about a patient consulting for volume increase of the left leg.

METHODS

Case presentation

A 68-year-old man with a personal history of high blood pressure, atrial fibrillation and a pancreatic tumor, consulted at his primary care center for an increase in volume of the left thigh of one month evolution, with a recent history of trauma. On physical examination he presented posterior and lateral area of the thigh in a wine red color, with an increased volume of fibroelastic consistency, without pain on palpation. The blood test and radiography of the femur showed no relevant findings; muscle ultrasound showed a mass of 95mm of maximum diameter with an heterogeneous appearance and lobulated edges.

OUTCOMES

We oriented the case as a possible soft tissue tumor, considering the diagnosis of sarcoma as the first option. The 'UFISS/UFTOS' (Functional Interdisciplinary Sociosanitary Unit and Functional Bone Tissues and Sarcomas Unit) of the tertiary reference hospital was contacted telematically and the patient was referred to the unit. Magnetic resonance imaging and biopsy of the lesion were performed, confirming the diagnosis of high-grade fusocellular sarcoma. Radiotherapy was proposed for subsequent surgery with a curative purpose.

DISCUSSION AND TAKE HOME MESSAGE FOR PRACTICE

Coordination between care levels is the basis of our health system, especially in tumors as serious as the one we are dealing with, and it's essential to improve the prognosis of these pathologies. The telematic route allowed the necessary speed and agility in this case.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 635

Internal code

P05-028

Presentation form

ePoster only

Family medicine in times of Covid-19 - a case report of a Henoch-Schönlein Purpura

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Background: 17-year-old male, student, with pathological personal history of urticaria. During the Covid-19 pandemic, family doctors favored alternative ways of communication with their patients, in particular the e-mail. So, the patient's mother sent an e-mail to the family doctor, requesting the prescription of the antihistamine pill that her son usually took for the urticaria because he had now some lesions on his legs. The family doctor requested some photographs of the lesions, so that you could manage the situation.

From the photographs, it was found to be an exuberant exanthema of the lower limbs, with confluent areas. When questioned, the patient reported that he had nausea and abdominal pain with one day of evolution. For maintaining the complaints and given the appearance of the lesions, we refer him to the emergency department. He had blood and urine tests, which revealed: hemoglobin 12,5g/dl; leukocytes 10870/uL; C-reactive protein 3,2mg/L and slight hematuria in urine summary analysis. After that, he was hospitalized with a diagnosis of Henoch Schonlein's Purpura. Discussion: what initially the patient believed to be an urticarial skin reaction, turned out to be a Henoch Schonlein's Purpura. **Take-home messages:** The patient has a pediatric consultation scheduled to maintain surveillance of the evolution of the disease. This case remind us that the family doctor, even during the pandemic situation, can adapt himself to new circumstances and continue to be the first point of contact with health care for his patients, even managing to guide emergency situations from a distance.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 874

Internal code

P05-029

Presentation form

ePoster only

The characteristics of telemedicine appointments in primary care: a research protocol

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Background: Remote medical consultations have experienced an exponential growth since the beginning of the COVID-19 pandemics, changing the medical practice and overcoming the low adherence both by patients as by the medical community.

Objective: We aim to characterize the remote medical consultation in primary care prospecting for the usefulness of integrating artificial intelligence pre-consultation and the perspective of patients and doctors.

Methods: This is a research protocol, including patients recurring to telemedicine services in Portugal and followed through one year to establish the profile of these individuals, their experience and expectations and the motives to use telemedicine facilities. Complementarily, we will proceed to the characterization of the accuracy of a symptom checker based on artificial intelligence, and of the doctor-machine interaction from physicians' point of view.

Expected results: Medical practice is now significantly different from some years ago since the introduction of remote medical consultations. It is crucial to frame them in their benefits, their risks and their effectiveness, in an ethical commitment of respecting the patients' will and freedom. We expect to establish the profile of the patients using these

facilities and of their doctors, allowing the incorporation of these technologies in the doctor-patient relationship.

Take Home Message for Practice: Telemedicine came into the medical consultation. Now, we have to study its indications, contraindications and non-indications to ensure safe and effective use.

Abstract topic

05. Telemedicine, IT in general practice/family medicine

Abstract ID: 1275

Internal code

P05-032

Presentation form

ePoster only

Ramadan and Diabetes Website

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Background & purpose

Fasting depending upon the season can be up to a duration of 20 hours a day. It is estimated that 80% of type 2 Diabetics and 45% of type 1 Diabetics will fast each year. This can impose a big challenge for healthcare providers due to the increase risk of hypoglycemia, hyperglycemia and Diabetic ketoacidosis (DKA). Patient should have accurate information to make informed decisions as to whether they wish to fast and how to do this safely.

Methods

We have collated information from various resources and research papers to create a website for patients. This was distributed to patients who were then invited to book in a consultation with a healthcare professional to discuss this further and adjust medication.

Results

The following website has been created to allow patients to make informed decisions and how to safely fast with their condition.

[<http://www.htmc.co.uk/pages/pv.asp?p=htmc0484>]

This was sent out across to patients in the practice and in the wider community. This information was used to help guide patients throughout the month and for health promotion.

Conclusions

Fasting is an obligatory part of Ramadan which is practiced every year. With a significant proportion of this population suffering from Diabetes. This creates a challenge for healthcare providers in helping patients achieve good control of their condition. With a lack of awareness and guidelines on how to do this safely. We have set out a website to help healthcare professionals empower patients to make decisions and manage their condition better during this month.

06. Innovation

Abstract topic

06. Innovation

Abstract ID: 17

Internal code

P06-001

Presentation form

Poster on paper + ePoster

Access to clinical trials in patients with Hepatitis B in Western and Eastern Europe

ANNA OSTAFIICHUK

Communal Non-commercial Enterprise "Center of Primary Health Care №1" of Holoivivsky district, clinic of general practice of family medicine № 2, Kyiv, Ukraine, Kyiv, Ukraine

Background: Globally, it's estimated 296 million people were living with chronic hepatitis B infection. There are nearly 1,5 million new infections each year (WHO).

Material and Methods: Based on data from <https://clinicaltrials.gov/> we searched clinical trials that has been performed in 2011-2021 in 30 European countries (10 Western and 20 Eastern). Clinical trials were studied by phases, status, type of therapy, age of patients.

Outcomes: The vast majority of Hepatitis B trials has been performed in Western Europe (196/267) and 55,61% of them are phase I-II; the median of trials per country was ranged 22 from 2 (Austria) to 45 (United Kingdom). In Eastern Europe the median of trials per country 0 ranged from 0 (12 countries) to 16 (Russian Federation), phase I-II - 54,92%. 90% of Western European countries is recruiting patients for clinical trials and only 15% Eastern. The most frequent clinical trials in Western Europe have studied vaccines - 27,55%, Nucleotide Reverse Transcriptase Inhibitors (NRTIs)- 17,86 %, Capsid inhibitors (Caps IN)- 8,67 %, combination NRTI+CapsIN-11,73%, Antisense Oligonucleotide (ASO)- 4,59 %, Toll like receptor 7 agonist (TLR)-3,06%, monoclonal antibody (MA)- 2,55 %, Interferon (INF)-2,55 %, NRTI+INF-8,16 % and respectively in Eastern: vaccines - 8,45%, NRTIs-22,53 %, Caps IN-16,9 %, combination NRTI and Caps IN-4,23%, ASO-8,45%, TLR-1,41 %, MA-1,41 %, INF-5,63 %, NRTI+INF-11,27 %.

Discussion: Access to clinical trials for Hepatitis B patients in Western and Eastern Europe is quite different. Participation in clinical trials could help patients from countries with low access to innovative medicines.

Abstract topic

06. Innovation

Abstract ID: 39**Internal code**

P06-002

Presentation form

Poster on paper + ePoster

Guidance for pharmacogenetic testing in general practice

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Guidance for pharmacogenetic testing in general practice

Pharmacogenetic differences between patients could explain differences in effects and side-effects of certain medicines. For example, 5-10% of the Western population lacks the ability to metabolize nortriptyline (linked to cytochrome P450 2D6). These patients have an increased risk of high drug levels and are vulnerable for side effects. Pharmacogenetic tests can be used to maximize the effect of a medicine and to minimize side effects. In the Netherlands there are approximately 80 medicines for which pharmacogenetic recommendations are available. Pharmacogenetic tests are mostly ordered by medical specialists. The role of pharmacogenetic testing in general practice is still unclear.

Methods

Developing guidance for pharmacogenetic testing in general practice

Outcomes

A guidance has been developed using the results of a systematic literature review and expert opinion on good clinical practice. The guidance provides an overview when pharmacogenetic testing can be considered by the General Practitioner (GP). It includes specific recommendations on medicines, indications and conditions that need to be considered, how to order a pharmacogenetic test, and how to interpret and communicate the results.

Take home message

Pharmacogenetic testing can be considered in general practice in case of side-effects or lower effectiveness than expected. Alternatively, therapeutic drug monitoring or starting a medicine that is not influenced by pharmacogenomics can be considered. Results of pharmacogenetic tests should be shared with other healthcare providers such as medical specialists and pharmacists. Pharmacogenomics should be included in education of GPs to increase knowledge and to implement the guidance.

Abstract topic

06. Innovation

Abstract ID: 49

Internal code

P06-003

Presentation form

Poster on paper + ePoster

The evaluation of lockdown due to the COVID-19 pandemic impact for the patient with prediabetes physical activity using Fitbit Inspire activity trackers.

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Background: The spread of COVID-19 disease led to the second lockdown in Lithuania on 2020 7th of November. The lockdown encompassed stay-at-home orders, quarantines and similar societal restrictions, which had a significant impact on people's physical activity habits.

Questions. How do activity trackers technologies help us objectively evaluate the effect of these lifestyle changes in real-life conditions?

Methods: Prospective cohort study. Randomly selected 30 patients (9 males and 21 females), aged 32-65 years, with impaired glucose levels and without diabetes or moving disorders. Subjects participated from 2020 August to 2021 February and received Fitbit

Inspire activity trackers, physical activity recommendations. After six months, we extracted data from Fitbit accounts. Calculations were made using SPSS 26 and R. **Outcomes:** Comparing collected data before and after lockdown, we found that the means of steps per day, distance, minutes lightly active and fairly active statistically significantly decreased. Steps per day mean decreased by 1852 steps, distance by 1,3 kilometers per day, light activity by 51 minutes per day and fairly intense activity by 5 minutes per day ($p < 0.001$). On the other hand, the sedentary time increased by 75 minutes ($p < 0.001$).

Discussion: In this trial, we see the negative impact of lockdown due to COVID-19 on prediabetic patient physical activity. We have to find ways to promote and increase active lifestyle during lockdown to prevent diseases caused by a sedentary lifestyle.

Take Home Message for Practice: Activity trackers allow us to evaluate patients' physical activity and the data collected gives us essential information in real-life conditions.

Abstract topic

06. Innovation

Abstract ID: 239

Internal code

P06-004

Presentation form

Poster on paper + ePoster

An innovative approach to maintain best practice in younger patients with asthma during COVID and beyond

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Marsh Medical Practice, North Somercotes, United Kingdom

An innovative approach providing timely reviews for younger asthma patients whilst embracing best practice principles and limiting face-to-face appointments for at risk patients during COVID. We adopted tools (e.g. accuRx) which enhanced remote care and addressed at-risk patients. Several factors are linked to exacerbation which include excessive SABA usage, lack of ICS prescriptions, & lack of reviews (including inhaler technique & customized care plans)¹. Our approach addresses/mitigates these risk factors.

Are remote tools a beneficial adjunct to help maintain best practice for 6-19 years-old patients with asthma during COVID?

A 4-step process was adopted:

1. Case finding using QoF, Ardens reports, & opportunistic reviews
2. Initiate reviews by sending ACT accuRx Florey questionnaires & MDT triage of responses
3. Timely reviews determining next best actions
4. Repeat assessment post initial review & further reviews as required

We have 76 patients 6-19 years-old with asthma. Using the above, we achieved in-date reviews of >97%. Today, there are zero patients with >6 SABA issues within 6 months that need review. Other interventions included:

- Addressing SABA usage and initiation/adjustment of therapies
- Checking Inhaler technique
- Providing up-to-date care plans
- Education & lifestyle advice

- Addressing additional interventions (e.g. blood tests)

Our process allows for efficient follow-up & can be done in the safety of one's home if shielding. It also helps reach our busiest patients/parents whilst resonating with adolescents' fascination for technology. Our process suggests that remote tools can improve asthma management in this group which may lead to a reduction in exacerbations, complications, and hospital admissions during and beyond COVID.

Abstract topic

06. Innovation

Abstract ID: 284

Internal code

P06-005

Presentation form

Poster on paper + ePoster

EMPOWER Exploring & mapping priorities for women's health technology, equipment, kit, devices, and products: a partnership priority setting project

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³School of Medicine, University of Oxford, Oxford, United Kingdom

Background

Women's health research has been historically under-funded including technology development; only 3% of digital health deals focus on women's health. There are opportunities to improve women's health throughout the life course with new or better 'technologies' (equipment, devices, products, tests, or kit). Women's voices should be at the heart of technology development; what they identify as un-met needs is unknown.

Questions

What do women (and clinicians caring for them) consider priorities for technology development to support women's health?

Methods

We are conducting a priority setting partnership process using surveys and focus groups to bring together women and clinicians views on un-met needs in women's healthcare – and their ideas about possible solutions or improvements.

We will collate a longlist of potential un-met needs and potential solutions, check for existing technologies which could help and review the evidence for their benefit, and then hold a partnership priority setting event with clinicians and service users to develop a top-ten list of priority areas of un-met need.

Outcomes

Our interim results demonstrate opportunities for innovation throughout the life course. Areas of unmet need reported thus far include improved devices to support: breastfeeding care, pregnancy and labour monitoring, affordable and environmentally sustainable menstrual care, dignified examination of women, and equipment for prolapse care.

Discussion:

This project represents an innovative approach to partnership priority setting for technology development, making women's voices central in prioritising areas of need.

Take Home Message for Practice

Bringing together clinician and women's ideas creates powerful scope and opportunities for innovation.

Abstract topic

06. Innovation

Abstract ID: 685

Internal code

P06-007

Presentation form

Poster on paper + ePoster

Bringing contraception into the digital era

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²⁾*Medical team, The Lowdown, London, United Kingdom*

This poster presents the journey of three female GPs into the world of technology, joining forces with The Lowdown, a FemTech start-up company aimed at bringing contraception into the digital era. The Covid-19 pandemic has hit at the same time as funding reduction for sexual and reproductive health. This has significantly impacted the availability of contraceptive services. Recent studies have shown contraceptive services have become more difficult to access and there has been an increase in unplanned pregnancies post-lockdown(1).

Our aim has been to translate medical guidelines for women to understand to help empower them to choose and use a contraceptive method. We present the online tools which we have created with developers including a missed pill calculator, a contraception comparison tool and a contraception recommender tool, based on UKMEC and other FSRH guidelines.

We have also built an online community who love our educational resources and intuitive design which is aided by user input. With around 2000 visitors a day to our website and 35,000 followers on social media, we have engaged with various topics including pain during coil fitting, HPV and period wellness. We also present analysis from our review platform, where people can review any method, and which now has over 5000 reviews.

There have been considerable challenges along the way, and we present lessons learned from working with a technology company to bring contraception into the digital era.

1 -<https://srh.bmj.com/content/48/1/60>

Abstract topic

06. Innovation

Abstract ID: 4

Internal code

P06-008

Presentation form

ePoster only

Comparison between B-type natriuretic peptide, procalcitonin, and the A-DROP scoring system as prognostic values for patients with pneumonia

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²⁾Emergency and Critical Care Medicine, Juntendo University Nerima Hospital, Nerima-ku, Japan

Background: Pneumonia is a major medical problem and leading infectious cause of death. To date, no systematic assessment has used B-type natriuretic peptide (BNP) levels compared with procalcitonin (PCT) and A-DROP scoring system [age (men ≥ 70 years, women ≥ 75 years), dehydration (BUN ≥ 21 mg/dl), respiratory failure (pulse oximetry ≤ 90 % or PaO₂ ≤ 60 Torr), orientation disturbance, and systolic blood pressure ≤ 90 mmHg)] as prognostic markers for pneumonia.

Methods: We conducted a prospective cohort study at Kanazawa Medical University Himi Municipal Hospital. We enrolled patients admitted between 1 January 2018 and 30 September 2021 with diagnoses of community-acquired pneumonia (CAP), non-CAP; aspiration pneumonia and healthcare-associated pneumonia, whose measured BNP and PCT levels, along with A-DROP score, had been determined on admission. We also collected data of age, sex, outcome (survival or non-survival) from patients, afterwards we applied univariate analysis to compare the data and outcomes.

Outcomes: Total 542 patients were enrolled, and 204 were diagnosed with CAP and 338 with non-CAP. The overall mean age (328 males) was 82.5 ± 9.8 years. Age, BNP, PCT (≥ 0.5 ng/mL), and A-DROP (≥ 3 points) were significantly higher in non-survivors than in survivors for all ($p=0.01$, <0.001 , <0.001 , <0.001 , respectively). A similar situation was found for age, BNP, PCT, and A-DROP ($p=0.02$, <0.001 , 0.002 , <0.001 , respectively) in CAP and for BNP, PCT, A-DROP ($p<0.0001$, 0.01 , 0.003 , respectively) in non-CAP. No significant difference was observed with respect to others.

Take home message: BNP levels may be a useful single prognostic marker for CAP and non-CAP.

Abstract topic

06. Innovation

Abstract ID: 111

Internal code

P06-009

Presentation form

ePoster only

Innovation in Palliative care in primary health care services: Implementation of a protocol about to the use of continuous infusors

Marta Auxiliadora Marqués Mayor, María Josefa Martínez Ruiz, Raquel Alcalde Agredano, Estibaliz Palma Álvarez, Pedro Blanco Domínguez, Beatriz Mellado

Rider, María Carmen González Pagador, Vicente Cabello Morales, Francisco Ángel Márquez Serrano
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Background:

The increasing amount of ambulatory health care necessities in terminal cancer patients or those with a chronic disease.

Objectives:

- Principal: Quality of life's patient and relatives improvement at the end-of-life by enhancing home care measures.
- Secondary: To improve the professional's skills in the management of continuous infusers.

Methods:

- Analysis of the present situation to identify the needs.
- Training of primary health care professionals.
- Reorganization of the resources available in palliative care.
- Carrying out an evaluation survey.

Results:

- Development of a theoretical-practical manual about infusers management.
- Improvement of accessibility to contact the Palliative Care Unit.
- Provision of material to the different primary health care centers.
- Survey of professionals: 95% felt more capable of loading an infuser, and were satisfied with the project, believing it was a technique that had improved the satisfaction of patients and their families. 41.7% of participants used an infuser, one or more times in the last year.

Discussion:

The utilisation of an infuser allows a better control of symptoms and constitutes an innovative practice in Palliative care patients. Up to now, it is a device predominantly used in Palliative Care Units.

Without a budget increase, we improved financial management by avoiding the transfers of patients to the hospital.

Practical message:

The infuser is a user-friendly device and its incorporation into primary health care allows a better enforcement of dignified death to the patients.

Abstract topic

06. Innovation

Abstract ID: 270

Internal code

P06-010

Presentation form

ePoster only

An early career GP in OOH management – creating leaders of the future

Nadine Cousins, Shawkat Hasan, David Shaw
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Background: It is increasingly difficult to attract GPs into leadership positions. Early career GPs with an interest in leadership often lack the confidence to apply to these positions whilst also lacking the skills and experience required. These GPs, however, offer an up to date and enthusiastic approach and have the potential to work for many years within the service.

Questions: How do we encourage early career GPs to apply for leadership roles?

Methods: An innovative 2 year leadership post was created within the local Out of Hours (OOH) service. The GP was supported and mentored whilst working within the existing OOH management team.

Outcomes: The post has been extremely beneficial both from an individual and service perspective. The GP in this post has now successfully applied for a leadership post.

Discussion: This post provided a nurturing environment which allowed the early career GP to become integrated within the service, grow in confidence and build the necessary skills and experience to become a lead GP. They also brought new expertise and ideas into the service which has been crucial to our work in service development, quality improvement, operational and strategic planning. The GP attracted other young GPs to work clinically within OOH and filled a vacant leadership role within another service which were additional benefits.

Take Home Message for Practice: This innovative post has demonstrated that this is a successful mechanism for recruitment of early career GPs into leadership roles and that these GPs add value to existing leadership teams.

Abstract topic

06. Innovation

Abstract ID: 381

Internal code

P06-011

Presentation form

ePoster only

A case of invasive pulmonary aspergillosis occurred during treatment of coronavirus disease 2019

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Background: We recently diagnosed a case of invasive pulmonary aspergillosis (IPA) occurred during treatment of coronavirus disease 2019 (COVID-19), after which we searched for other cases.

Methods: We reviewed the medical records at our hospital since establishment. We also performed a literature review with keywords "IPA" and "COVID-19" to identify relevant studies or case reports, based on PubMed databases from December 1st, 2019 to January 5th, 2022.

Outcomes: We didn't find any cases showed such multiple cavity lesions. The patient was a 41-year-old man. His past medical history included a diabetic nephropathy. He was transferred our hospital due to dyspnea and admitted as acute heart failure (HF) accompanying COVID-19. He got treatment for HF and steroid for COVID-19. We gradually reduced steroid with his steady progress. On day 19, when prednisolone was administered 20 mg/day, we confirmed an increased value of inflammatory reaction and

a computed tomography revealed newly appeared multiple cavity lesions in bilateral lung. We started PIPC/TAZ, VCM, and VRCZ. Beta-D-glucan, cytomegalovirus antigen, and aspergillus antigen were negative status. He was making steady progress and we finished PIPC/TAZ and VCM on day 30, on the other hand continued VRCZ. Brush cytology on day 54 revealed many mycelia and that made us suspect aspergillus, and we got a definitive diagnosis as IPA. He discharged on day 64.

Take Home Message: We report the first known case of IPA occurred during treatment of COVID-19 which showed as multiple cavity lesions.

Abstract topic

06. Innovation

Abstract ID: 937

Internal code

P06-012

Presentation form

ePoster only

What are the key considerations to develop a sustainable reimbursement plan for digital health apps and digital solutions?

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Background:

Both the Five Year Forward View and NHS Long Term have demonstrated a further commitment to ensuring a durable healthcare system, placing an emphasis on digital transformation. However, the NHS is still yet to adopt a truly digitised and interoperable system. Out of the 50,000 medical apps available on the Apple store, only 74 have currently been supported. One possible solution suggests the need for a standardised national reimbursement strategy, to best catalyse this digital revolution.

Aim:

To examine the key considerations to develop a sustainable reimbursement strategy for digital health apps and solutions within the NHS.

Methods:

A narrative review of digital health reimbursement strategies was conducted, exploring current reimbursement strategies across Europe including the UK, Belgium and Germany.

Results:

The narrative review highlighted 4 key areas: quality, costs, payment plans and the role of stakeholders. Firstly, the strategy must be evidenced based to ensure standards remain value driven. Cost evidence must be considered, including the cost of both implementing and training the workforce on new innovation, as well as the payment plan itself to help support value based costing. Lastly, in implementing this strategy there is a

clear need to develop educational tools to drive risk sharing and accountability across the system, ensuring alignment across all key stakeholders.

Conclusion:

This review highlights that developing a sustainable reimbursement strategy requires a multi-pronged approach. Though quality, cost and payment plans are important considerations, to ensure effective implementation, an emphasis on the role of all stakeholders is essential.

Abstract topic

06. Innovation

Abstract ID: 1267**Internal code**

P06-013

Presentation form

ePoster only

Normalization of fecal calprotectin and treatment of functional gastrointestinal symptoms with prebiotic and probiotic supplementation: a case report

Gisela Marcelino*Private clinical practice, Marly, Switzerland*

Background: Fecal calprotectin is a marker of intestinal inflammation but it can also be elevated in functional gastrointestinal (GI) diseases (1). It is also known that *Lactobacillus reuteri* has anti-inflammatory properties, helps repair the gut microbiome and the gut lining. Plus, according to a double-blind, placebo-controlled trial, 100 million CFU/day *Lactobacillus reuteri* DSM 17938 for 1 month was shown to decrease crying time and calprotectin levels in infants with colic (2,3). So, here is an example of a successful case where a probiotic supplementation with *Lactobacillus reuteri* in parallel with a multivitamin and an omega-3 fatty acid supplementation, known as intestinal prebiotics (4,5), helped improve fecal calprotectin levels and functional GI symptoms.

Case report: A 9-year-old male Caucasian Swiss child, known for chronic gastroesophageal reflux treated with omeprazole 20mg/day, idiopathic chronic abdominal pain and anal pruritus, presented increased levels of fecal calprotectin (204µg/g) with normal C-reactive protein and sedimentation rate. Celiac and lactose intolerance screening were negative. Fecal analysis was negative for parasites. Patient was started on a multivitamin, 1100mg/day omega-3 and 100 million CFU/day *Lactobacillus reuteri* DSM 17938 for 3 months. During the following visits, the GI complaints progressively subsided and three months later, fecal calprotectin was undetected. Since then, and more than one year later, the patient has remained symptom-free and no longer takes any medication.

Conclusion: By improving the gut microbiome, it is possible to naturally decrease inflammatory markers like fecal calprotectin and to treat functional GI symptoms.

07. Service development

Abstract topic

07. Service development

Abstract ID: 43

Internal code

P07-001

Presentation form

Poster on paper + ePoster

The big gp consultation: shaping the future of general practice

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Background: General Practice is in crisis. It's often said that primary care is the foundation of the health service and that general practitioners are the bedrock of the NHS. Just over 1 million consultations occur every weekday across the country in general practice.

Question: what do the new generation of GPs wish to see for our profession and how do they envisage their contributions to the development and delivery of primary care.

Methods: A team of National and Regional Medical Director's clinical fellows from primary and secondary care backgrounds launched The Big GP Consultation, endorsed by the Faculty of Medical Leadership and Management. The platform enabled GP trainees and early career GPs to collectively discuss how we, as a group, can influence the future of general practice and how it will look like locally, regionally, and nationally. Over 6 months we held 6 webinars facilitating a discussion about their views covering a wide range of themes from integrated care systems, multi-disciplinary working, workforce to health inequalities, greener practice, and innovation.

Outcomes: We presented and disseminated our findings to inform the development of UK primary care, by creating infographics of the collaborative, co-produced future vision, and published findings in a report of which all contributors electronically signed.

Take Home Message for Practice: General Practice remains the beating heart of the NHS and essential to the prevention agenda. The future workforce will be delivering the service and can help develop it. The Big GP Consultation initiative enables us to share our vision.

Abstract topic

07. Service development

Abstract ID: 113**Internal code**

P07-002

Presentation form

Poster on paper + ePoster

"Mifne" - establishing a service for physician's mental health and wellbeing

Lilach Malatskey

Israel family physician Association, Zichron, Israel

The medical profession has a great sense of mission and significance as well as professional mental challenges. In addition, doctors may face personal stressful life situations. These two aspects are intertwined and affect each other. The COVID-19 pandemic increased the already high level of demands and stress upon the medical profession.

Understanding this challenge, the Israeli Medical Association (IMA) has initiated a service to be independent, available, professional and discreet to address the needs of physicians and help them deal with various life situations and crises more effectively. "Mifne" is a psychological and psychosocial support service that includes professional regional coordinators as well as a network of experienced and professional therapists trained to treat doctors in various fields.

Assuming the natural tendency of doctors to cope alone or use corridor medicine, our service, being in complete secrecy from the workplace and from public records, except in cases of life danger, encourages our members to turn to us when in need. 'Mifne' in Hebrew means - a turning point, is a chance for a different reaction to crisis situations in a physician's life.

Since the establishment of the service in October 2020, over 400 physicians have utilized the service mainly for family and relationship issues, occupational challenges, health problems involved in mental crises, and more. We believe that this service will indeed be a turning point for every doctor in Israel enabling them to deal with various life situations and challenges effectively while feeling that they are not alone.

Abstract topic

07. Service development

Abstract ID: 178

Internal code

P07-003

Presentation form

Poster on paper + ePoster

Moving Medicine - The development of the peri-operative consultation guide & the role of primary care

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Background

The online platform 'Moving Medicine' (<https://movingmedicine.ac.uk/>) is an evidence-based interactive toolkit to support conversations around exercise-based motivational interviewing. Pre-operative optimisation is key in improving peri-operative outcomes.

Questions/Aims

The project aims to equip healthcare professionals (HCP) with the knowledge, skills and communication techniques to promote exercise through behaviour change, within the peri-operative process.

Methods

The consultation guide was developed using a knowledge-into-action framework. The knowledge creation stage consisted of synthesising the available evidence relevant to exercise through:

1. a narrative review,
2. external expert validation with academic leads,
3. end-user, multi-disciplinary focus group discussions.

Outcomes

A literature search identified records reporting on pre-operative (n=44) and post-operative (n=46) exercise. The evidence was graded for quality, and summarised. An external validation committee reviewed the evidence-base and summary statements. Subsequently, a focus group comprising of 16 experts (GPs, consultants in SEM, anaesthetics, and surgeons) provided further amendments. The peri-operative consultation guide was then developed:

<https://movingmedicine.ac.uk/consultation-guides/condition/adult/periop-in-development>

Discussion

RCGP co-endorsed guidelines highlight the importance of early optimisation at the point of referral from primary care in the pre-operative process. This Peri-operative Moving Medicine module is an evidence-based, multi-disciplinary, multi-system end-user informed tool to guide early discussions about exercise. It may facilitate optimisation efforts if implemented early. Future work includes reaching consensus on the tool through a Delphi formal exercise.

Take Home Message for Practice:

- Co-endorsed RCGP guidance encourages early pre-operative optimisation. Incorporating exercise is key to this.
- HCP-led pre-operative optimisation clinics in primary care may facilitate early optimisation in patients awaiting major surgery.

Abstract topic

07. Service development

Abstract ID: 187

Internal code

P07-004

Presentation form

Poster on paper + ePoster

Enhancing the diagnosis of HIV in primary care in South London

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Background

The National Institute for Health and Care Excellence recommends that in areas of high or very high HIV prevalence, an HIV test should be offered to everyone who registers with a GP practice or is undergoing blood tests for another reason who has not had an HIV test in the previous year.

The Elton John AIDS Foundation Zero HIV Social Impact Bond in Lambeth, Southwark and Lewisham which ran from October 2018 to December 2021, aimed to increase HIV testing and reengagement in primary care.

Questions

At this point in the HIV epidemic is it worth promoting HIV testing in primary care? How do we enhance early HIV diagnosis?

Methods

Clinically indicated and opportunistic HIV testing was undertaken in primary care in all boroughs.

Outcomes

In Lewisham and Lambeth there were a total of 26 new HIV diagnoses. 12 tests were performed due to presence of clinical indicators for HIV, 8 were opportunistic tests, 6 were during NHS health checks or new patient registrations.

Discussion

Opportunistic testing, testing at NHS health checks and new patient registrations, detected more than half of new HIV patients. Reliance on HIV testing based on clinical indicators alone may fail to identify many people living with HIV.

Take Home Message for Practice

In the UK, 5,150 people living with HIV are estimated to be undiagnosed. Training all primary care staff on HIV testing, including practice nurses and health care assistants, can help to reduce late diagnoses and contribute to ending HIV transmission by 2030.

Abstract topic

07. Service development

Abstract ID: 416

Internal code

P07-005

Presentation form

Poster on paper + ePoster

Alpha-Stim cranial electrotherapy stimulation (CES) for anxiety treatment: outcomes from UK primary care GP practices

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²⁾*Innovation Research Department, Northamptonshire Healthcare NHS Foundation Trust, Northampton, United Kingdom*

Introduction/Background

Anxiety disorders are the most common mental disorders, typically treated with psychotherapy and medication. These treatments are not suitable for, acceptable to, or effective for everyone. Alpha-Stim AID is cranial electrotherapy stimulation treatment with evidence of effectiveness in treating anxiety disorders and has been reviewed by

National Institute for Health and Care Excellence. In this project Alpha-Stim was offered in primary care through social prescription liaison workers to patients who reported symptoms of anxiety.

Methods

Open label patient cohort design. Self-report measures: PHQ-9 (depression), GAD-7 (anxiety) and EQ-5D-5L (quality of life). Twenty-three patients with symptoms of anxiety completed a six week course of Alpha-Stim intervention and a further 40 patients are currently completing.

Results

Reliable improvement and remission rates respectively were 60.9% and 17.4% for GAD-7; 42.9% and 22.7% for PHQ-9. Significant improvement and medium/large effect sizes ($n_2 = .59$ and $.56$ respectively). EQ-5D-5L results showed significant improvements in quality of life. Perceived quality of life doubled with an improvement of $.36$ on the health index score, indicating that this intervention adds 3.64 quality adjusted life years (QALYs). Results and experiences of additional participants will be reported.

Conclusion

Alpha-Stim AID CES can be delivered through a UK primary care practice, and can have a significant impact on symptoms of anxiety and depression, and improve quality of life in primary care patients with anxiety symptoms. Further roll-out and feasibility studies in primary care and sufficiently powered RCT are justified.

Abstract topic

07. Service development

Abstract ID: 432

Internal code

P07-006

Presentation form

Poster on paper + ePoster

Clinical impact of directly managed practices on out of hours workload

Peter Saul

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Due to lack of recruitment a number of GP practices in North Wales are directly managed by the Health Board. Staffing tends to be more fragmented than traditional GMS practices and patient access may be more difficult. This poster study examines the impact of such practices on Out of Hours workload compared with more traditionally run practices.

Abstract topic

07. Service development

Abstract ID: 578

Internal code

P07-008

Presentation form

Poster on paper + ePoster

Familial hypercholesterolaemia (FH) detection using Familial Hypercholesterolaemia Case Ascertainment Tool (FAMCAT), Simon Broome (SB) criteria and Dutch Lipid Clinic Criteria (DLCC) in primary care clinics in Klang Valley, Malaysia

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Background: Familial Hypercholesterolaemia (FH) is underdiagnosed and undertreated in primary care.

Objectives: This study aimed to clinically detect FH using FAMCAT, Simon Broome (SB) Criteria and Dutch Lipid Clinic Criteria (DLCC) among adults attending primary care clinics in Klang Valley, Malaysia.

Methods: A cross-sectional study was conducted in seven primary care clinics in Klang Valley, Malaysia from September 2020 to January 2022. The sampling frame was patients aged ≥ 18 years old with LDL-c results recorded in the electronic medical record. Patients with LDL-c levels of ≥ 4.0 mmol/L were invited to participate via social media messaging service. Those who agreed to participate were scheduled for an appointment at the primary care clinic, where their eligibility was assessed according to the inclusion/exclusion criteria. Written informed consent was obtained from those who were eligible and agreed to participate. Data for socio-demographics, FAMCAT, SB and DLCC diagnostic variables were collected.

Outcomes: A total of 2178 patients with LDL-c of ≥ 4.0 mmol/L were invited to participate, of which 286 (13.1%) were found to be eligible and recruited for the study. Out of 286, 190 (66.4%) fulfilled the FH clinical diagnostic criteria by FAMCAT and/or SB and/or DLCC. Out of 190, 41 (21.6%) fulfilled all three clinical diagnostic criteria.

Discussion: A high proportion of patients fulfilled the FH clinical diagnostic criteria. They need to be referred for genetic testing.

Take Home Message for Practice: Early diagnosis and treatment of FH in primary care are vital to prevent premature atherosclerotic cardiovascular diseases.

Abstract topic

07. Service development

Abstract ID: 673

Internal code

P07-009

Presentation form

Poster on paper + ePoster

Assessing the correlation between stress caused by war during pregnancy and babies birth weight

Tehila Mazal

Clalit health services, Jerusalem, Israel

Introduction: Stress during pregnancy has many implications on mother and baby. Most research has shown a negative connection between stress and birth outcomes, especially birthweight. We attempted to study the connection between stress in pregnancy during the second Lebanese war in Israel and baby birth weight. This was based on the National Insurance data base combined with reports from the Israeli Army of settlements that were hit during 34 days of war in summer 2006. The study group consisted of 20% of all babies born in Israel between years 2000-2009.

Methods: We used Three dependent variables of birth weight; HBW- High birth weight (>4000gr), LBW- Low birth weight (<2500gr) and VLBW- Very low birth weight (<1500gr). Regression models were used to investigate the relationship and control for potential confounders, in addition to different comparisons to isolate the stress component.

Results: We found a significant association between stress in pregnancy during the war and LBW (OR 0.85, CI 0.74-0.98, P-value 0.028). Implying that mothers stressed during pregnancy have fewer LBW babies than those who were pregnant but weren't exposed to stress. The different comparisons also supported this finding.

Conclusions: This is the first research in Israel that has shown this positive connection, and is one of very few studies in the world to have found such results. This is possibly due to positive factors in Israeli health care system during war times such as easily available and experienced family doctors, Well baby clinics and social services. Further research is required.

Abstract topic

07. Service development

Abstract ID: 889

Internal code

P07-010

Presentation form

Poster on paper + ePoster

How are you? What we have learned about GP wellbeing from post-pandemic appraisals

Colleen Wylie

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Background: In 2020 a question was added to the medical appraisal template in Wessex. "On a scale of 1-10, how are you?", followed by "Comments on your wellbeing". Research has been carried out to see how Wessex GPs are scoring their wellbeing and if the comments demonstrate common themes.

Questions: What are the common themes affecting GP wellbeing? Can this information help GPs improve their wellbeing and reduce stress and burnout?

Methods: Wellbeing scores were collected from 100 appraisals from April-May 2021. The scores were analysed based on role at work and gender. The qualitative data was

analysed to identify common themes affecting GP wellbeing and to identify common areas of self care.

Outcomes: Initial findings suggest that scores of 7 or 8 are most common. Negative comments on wellbeing are more frequent than positive comments despite the numerical score. Initial findings have shown these common themes:

-juggling family life and childcare with a high workload is a cause of stress

-between 12-20% of GPs mentioned they have suffered with low mood or anxiety

-more than 15% have decreased their clinical sessions or plan to do so to improve their wellbeing.

Discussion: This research found common themes affecting GP wellbeing. With this in mind what can we do to protect GPs and prevent stress and burnout? Can this research aid us to improve GP workforce?

Take home message: GPs need optimal working conditions and support to be the best versions of themselves and provide the best care for their patients.

Abstract topic

07. Service development

Abstract ID: 969

Internal code

P07-011

Presentation form

Poster on paper + ePoster

A GP's Point of View - Investigation into the experiences of GPs during the COVID-19 pandemic

Paul McNamara, RUMAISA Zubairi

Glasgow University, GLASGOW, United Kingdom

Introduction and Aim

The aim was to investigate the perspectives of GPs with reference to the COVID-19 pandemic. GPs have faced challenges with telephone triage, and most recently, an overwhelming wave of anti-GP sentiment online, from patients and most disappointingly, from colleagues. We sought to explore GP opinion on this phenomenon and consider solutions.

Methods

We developed a survey asking GPs about working conditions, negative press, and in-person and online abuse. We distributed the survey through social media, collecting responses in August and September 2021.

Results

244 GPs responded to the survey. In terms of workload, 92% of responders felt that their already heavy workload had increased and 87% felt that the pandemic had impacted 'negatively' or 'very negatively' on their practice. 88% of responders had encountered abuse from their own patients in the past 6 months while, disappointingly, 86% had seen negative comments from other health professionals. 99% reported that negative press had a negative impact on morale. In the face of a GP crisis, our survey showed that only 19% of GPs are satisfied with their job and only 35% would recommend general practice to future applicants.

Conclusion

In conclusion, GP morale has suffered as a result of the continuous challenges the profession faces, exacerbated by the COVID-19 pandemic. In particular, GP morale has

been negatively impacted by patient and online abuse. Repondent suggestions to counter this, such as media campaigns from GP-representing bodies and compulsory trainee placements in general practice, should be explored.

Abstract topic

07. Service development

Abstract ID: 976**Internal code**

P07-012

Presentation form

Poster on paper + ePoster

Using Improvement Science methodologies to enhance patient outcomes for overall service development at East Lynne Medical Centre

U A Tanvir Alam, Mohamed Amin*PCN Clacton, Norwich, United Kingdom*

Background – Taking over a Practice in the most deprived area which was rated CQC Requires Improvement and turning it around to CQC Overall Good(Outstanding for Well-Led) in 1.5 years during a pandemic was a great challenge. Implemented BMA model of 15 minute appointments

Question – Achieving overall service improvement and a positive cultural change using the SFQP framework of Improvement

Method- The SFQP Framework

Safety – Focusing on flows, productivity and Quality

Flows- improved by implementing NICE approved Odyssey Triage, in-house covid-19 flow design, INR Point of Care testing, HCA and paramedic home visiting service, Medifuge system for centrifuging blood to avoid degradation which was adopted by whole CCG

Productivity- Implementation of remote QoF using Medlink, Auto-consultations built for acute and chronic symptoms with safety netting for use by clinicians to allow more F2F time with patients and save typing, 4 lead ECG machine to measure 12 lead ECG using AI saving clinician time, Eclipse alerts addressed by pharmacist, tele-dermatology and AI tele-dermatology for skin lesions

Quality- improved by operating 'zero results, documents and tasks' every day, publication of clinical guidance (local and national) within Systmone, Opioid and Dependency forming medication contract to manage opioid misuse

Outcomes – Improved patient outcomes

1. 50% face-to-face appointments during the pandemic
2. 10,000 more appointments as compared to previous year
3. Change in staff culture for working towards patient outcomes
4. Medication related risks reduced by 75%
5. Improved cervical screening uptake from 69 to 87%
6. Improved patient satisfaction by national patient survey

Abstract topic

07. Service development

Abstract ID: 1087**Internal code**

P07-013

Presentation form

Poster on paper + ePoster

Service transformation of stroke patients in primary care during COVID-19 using telemedicine and home BP monitoring to maintain stroke risk reduction

Reshma Rasheed, Yathorshan Shanthakumaran

Research & Medical Education, Chapel Street Surgery, Rigg Milner Medical Centre & Corringham Health Clinic, Tilbury, United Kingdom

Introduction: Over 1.2 million stroke survivors are present in the UK with over two thirds leaving the hospital with a disability. Near one quarter of all strokes are recurrent strokes thus emphasizing the importance of stroke risk management. Pristine blood pressure control is important for secondary prevention of stroke. Prior to the COVID-19 pandemic, patients were recalled twice annually to have office readings. Following the COVID-19 pandemic and lockdown measures, an entire service transformation was undertaken using the NHS model for improvement to change BP monitoring from office to home readings.

Methods: Patients were consulted via telemedicine and advised to use home BP monitors. They were requested to send the readings back to the surgery in a written form or electronically via email. This enabled both on-going care and enabled optimal titration of medication.

Results:

Of the 111 patients on the stroke register, 87 patients (78.4 %) returned their home blood pressure profiles to the practice. 9 patients declined due to personal reasons and were monitored at the surgery.

Conclusions:

Home BP monitoring has shown a high patient acceptability rate, and enabled accurate up titration remotely throughout the pandemic. In addition the number of home readings enabled confident up titration without fear of postural hypotension. This method also enabled secure repeat dispensing ensuring no delays in the turnaround for patient's prescriptions. Patients found this an acceptable method and is now embedded in practice and so far none of our patients who accepted BP monitoring dropped out of the programme.

Abstract topic

07. Service development

Abstract ID: 1178**Internal code**

P07-015

Presentation form

Poster on paper + ePoster

Diabetic foot assessment; an observational comparative study of manual palpation vs doppler studies in a rural population

Anjali Patel, Reshma Rasheed, Yathorshan Shanthakumaran
Research & Medical Education, Chapel Street Surgery, Rigg Milner Medical Centre & Corringham Health Clinic, Tilbury, United Kingdom

Background:

Peripheral arterial disease accounts for a third of diabetic vascular disease, and using low specificity methods like digital palpation can risk missing potential impending ischemia.

Aims/Objectives:

The time honoured method of digital palpation of peripheral foot pulses to detect vascular compromise is inherently flawed and can miss peripheral vascular disease. This observational study examined the results in the same person using both digital palpation of pedal pulses vs Doppler studies in order to see which is superior in detecting vascular compromise.

Methods:

In the practice population a longitudinal observational study of 250 patients (n=250) examined the detection of vascular compromise using simple digital palpation of pedal pulses vs Doppler assessment of blood flow. Patients with a range of risk factors were selected at random from the practice diabetes register who were due diabetic foot checks. All patients were assessed using both methods.

Results:

Of the 250 patient (n=250) manual palpation showed lower specific and sensitivity than dopplers. There was a greater proportion of patients who had vascular compromise detected by dopplers while digital palpation was dubious.

Conclusions:

Our study shows that use of digital palpation lacks the sensitivity and specificity and should be replaced by the more accurate Doppler of pedal pulses. We also found the audio feedback of Doppler's was more reassuring both for the clinician and the patient in addition to the ease of use. We would advocate abandoning digital palpation in favour of Doppler studies in annual foot checks.

Abstract topic

07. Service development

Abstract ID: 1184

Internal code

P07-016

Presentation form

Poster on paper + ePoster

Use of the Nottingham Assessment of Functional Footcare (NAFF) in diabetic patients as an assessment and educational tool

Anjali Patel, Reshma Rasheed, Yathorshan Shanthakumaran
Research & Medical Education, Chapel Street Surgery, Rigg Milner Medical Centre & Corringham Health Clinic, Tilbury, United Kingdom

Background:

'The outcome of established foot ulcers, self-foot care is acknowledged to be poor even when the patient is managed in specialist diabetic centres' which has led to believe there

has been lack of knowledge in patients and the importance this has on the healthcare aspect of their footcare. Our study examined the frequency of diabetic foot related problems and foot self-care practises and where that was due to the lack of education these patients' had here in primary care.

Methods:

A 24-item questionnaire was used on 250 patients with diabetes who required diabetic foot check. They had telephone consultation asking them to answer 24-item closed questions from the NAFF which help determine the level of education each patient had on how they treat their feet. They were then educated over the phone on what they were doing incorrectly and asked if their level of understanding improved. Once brought in for a diabetic foot check they were handed a diabetes '10 step to good foot care' leaflet to ensure their level of education was as good as we could get it.

Results:

Results of 250 patients who agreed to have a diabetic foot check and who were educated showed a positive Pearson correlation coefficient of $r = 0.6975$.

Conclusions

Patients needed better understanding on the treatment of their feet now that they are diabetic. They needed to understand what to do and the NAFF questionnaire was an excellent indicator of this lack of knowledge patients' had.

Abstract topic

07. Service development

Abstract ID: 1225

Internal code

P07-017

Presentation form

Poster on paper + ePoster

Improving access to GPs: a better system for patient appointments?

Emma Wong^{1, 2)}

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²⁾Mill Road GP Surgery, Sheffield, United Kingdom

The difficulty in accessing GP appointments is often a favourite topic of media outlets, despite data showing that more consultations are being delivered year on year.

Patients are often frustrated by perceived long waits for access to primary care services, which is too often reflected in complaints.

We are a small surgery (5000 patients) based in north Sheffield. Keen to improve access to GPs, we have implemented a "routine waiting list" that runs alongside our same day and emergency care provision.

Patients calling the Practice are asked if their condition is "urgent for today" or routine, and are then given a same day slot or placed on a routine waiting list. Once on the list, they are usually contacted by a GP within 7 days, in order of booking. Receptionists are supported by clinicians to ensure red flag or severe symptoms are triaged appropriately to earlier appointments.

Our network also opts to provide expanded services such as first contact physio, thereby further improving patient access to additional services and appropriate, targeted care.

Although we have not yet collected qualitative data on this new way of working, anecdotal feedback from patients and clinical and administrative staff is that this has improved access, workload and both patient and staff satisfaction.

We would suggest that as general practice continues to find its feet with the new “hybrid” way of working, re-evaluating our traditional appointment models and booking systems may provide improved care to patients and reduce risk of clinician burnout due to workload.

Abstract topic

07. Service development

Abstract ID: 1238

Internal code

P07-018

Presentation form

Poster on paper + ePoster

Patient choice; asthma reviews telemedicine or face to face ?

Reshma Rasheed, Ahmad Zarif, Imaduldin Nazir, Azad Mahmood, Hajira Bibi, Lauren Young

Research & Medical Education, Chapel Street Surgery, Rigg Milner Medical Centre & Corringham Health Clinic, Tilbury, United Kingdom

Background:

During the COVID-19 pandemic asthma reviews were transformed from face-to-face to telemedicine consultations. We undertook a patient survey to understand patients needs and their perception of telemedicine appointments to enable service development post covid .

Method

A patient population of 11,000 patients (Asthma prevalence of 6.2%) 407 patients with a diagnosis of asthma were surveyed by telephone. They were asked about their preference of review face-to-face vs telemedicine. We also surveyed their perception of whether they felt either method could potentially compromise their care.

Results

Of 11000, patients with asthma 451 (prevalence 6.2% vs national prevalence 6% . Patients who wanted traditional face-to-face reviews (31%) 127 out of 407 were mostly older or mothers with young children and those with poorly controlled asthma or with language or communication barriers. 64% patients who wanted telemedicine reviews (261 out of 407)were mostly young and felt it was flexible convenient and gave ease of access. These patients also did peak flow self monitoring and were mostly young people who worked away from home.

Conclusion:

Understanding patient preference are necessary to deliver patient centred care. We undertook this service review to inform ourselves of our patients choices. We advocate recording patient preference on the patient record and conscious engagement with patients to enable their needs to be met. Services post pandemic will inherently retain some elements of pre-COVID and some of covid service transformation and how these will evolve must be centred around patient choice.

Abstract topic

07. Service development

Abstract ID: 64**Internal code**

P07-019

Presentation form

ePoster only

Show me your meds please? A simple question enhancing patient centred care, reducing risks, costs and environmental impact

Deb Gompertz, Ian Clegg*Complex Care, Yeovil Hospital, Yeovil, United Kingdom***Background**

Department of health estimates unused medicines cost the NHS around £300 million/year, with an estimated £110 million returned to pharmacies, audits have shown half of these are never opened.

The role of the complex care GP in South Somerset is to perform holistic assessments of patients' needs within their own homes. In our initial pilot, we identified 1 in 4 patients not adhering to their medication as prescribed. This was only apparent by looking at their medication and would not be recognised otherwise.

Method

Our solution was a simple screening question asked on routine home visits by community staff to simply identify clear non-adherence (eg. Multiple medication packets). "Show me your meds please?"

These people are discussed at multidisciplinary meetings and the appropriate staff member explores further. This includes invaluable support of the Primary Care Network clinical pharmacist and pharmacy technician.

Results

Initial 3 months

40 people with non-adherence

1049 months of unused prescription items

1667kg CO2 emissions wasted from unused medication

Outcomes

39 medications stopped

14 new cognitive impairment diagnoses

12 new referrals social prescribing

Discussion

This simple screening question can save resources for the NHS, has a positive impact for the environment and can reduce risks to patients from incorrect medication usage.

The model fits with the NHS Long term plan: personalised care and shared decision-making.

"Show me your meds please?" is not just a question but also a way of working in a multidisciplinary approach, highlighting the importance of the pharmacy team collaboration.

Abstract topic

07. Service development

Abstract ID: 159**Internal code**

P07-020

Presentation form

ePoster only

Perception of Acuity, Risk, Losses and Gains: Addressing Emergency Department Overcrowding in the UK

Gysbert Fourie

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Introduction

The year on year growth in demand for emergency departments (ED) is not sustainable, according to National Health Service England (NHSE); the report also looked at establishing reasons for this increase in demand for non-acute medical conditions like sore throats.

Aim

This research will aim to identify whether we can apply prospect theory in decision making to understand why attending ED for non-acute medical conditions in the UK.

Method

A systematic qualitative review against inclusion/exclusion criteria focused on Medline, PubMed, Research Gate, and professional medical journals like BJGP and BMJ. I ran the main search in September 2021, followed by a search in November 2021.

Findings

Four hundred studies were identified and included 75 for detailed review but excluded 30 as they did not meet requirements for this review. The papers are a mix of systematic reviews, meta-analysis and qualitative studies and only a few qualitative studies included in this review, following study selection. Studies are mainly done in hospital ED departments. I initially planned to include papers on Telehealth, but as the primary focus was used in ED when patients accessed the service, the decision is excluded for this review.

Conclusion

This review examined whether previous research have identified factors influencing patient decision to attend ED for non-acute medical conditions. The gap identified is to understand the why before the why and focus research in Primary Care, using prospect theory as a possible theoretical framework.

Keywords: Prospect Theory, Emergency Department, Demand, National Health Service, Patient Decision, Behaviour

Abstract topic

07. Service development

Abstract ID: 191**Internal code**

P07-021

Presentation form

ePoster only

A scoping review of smoking cessation intervention effectiveness in pregnant women in primary care

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Background and Purpose:

Smoking during pregnancy is associated with many negative outcomes for both infant and mother. Despite these risks, many women continue to consume tobacco during pregnancy worldwide. Primary care is a suitable area to provide smoking cessation interventions to this population. The purpose of this review is to investigate the literature available regarding effectiveness of smoking cessation interventions offered to pregnant women in primary care and provide suggestions for future research.

Methods:

The methodology followed PRISMA extension for scoping reviews. Five electronic databases were searched using key terms. Inclusion criteria included original research studies and studies published in English. Data regarding study characteristics and outcomes were extracted using a modified Johanna Briggs Institute data charting tool.

Results:

The initial search yielded 799 articles. Following duplicate removal and article screening, eleven studies were included. Four studies found a statistically significant increase in smoking cessation rates or reduction in tobacco amount consumed. The remaining seven studies showed no statistically significant difference between the intervention and control groups. However, ten studies reported that the control group received usual antenatal care involving smoking cessation promotion. An increase in smoking cessation rates was seen in both the intervention and control groups, demonstrating the effectiveness of these interventions. A variety of interventions were used including advice, counselling, education and self-help.

Conclusions:

Primary care is a suitable location to offer smoking cessation interventions to pregnant women. However, future research is needed to determine the most effective types of interventions which should be used.

Abstract topic

07. Service development

Abstract ID: 207

Internal code

P07-022

Presentation form

ePoster only

Prospective prediction of alcohol consumption among a Tunisian sample of adolescents

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Background:

During adolescence, alcohol consumption represents a new experience with the advantage of facilitating the integration of a peer group. The global overall prevalence of this risk behavior among the 15-19 years old was over 25% in 2018. However, this prevalence varies between countries.

Objective: To determine the incidence and the predictors of alcohol consumption among high school students in Sousse, Tunisia between 2017/2018 and 2018/2019.

Methods:

A prospective longitudinal study was conducted in four high schools in the governorate of Sousse during the 2018-2019 school year. Pre-trained medical doctors used an anonymous self-administered questionnaire to collect data about socio-demographic and educational features, alcohol consumption, tobacco use, illicit substances use and emotional disorders.

Results:

Participants accounted for 404. Their average age was 16.4 (± 1.1) years. Females represented 68%. The prevalence of alcohol consumption in 2017/2018 was 5.9% while the cumulative incidence during the 2018/2019 school year was 3.5%. Among males, this incidence was 11.9%. Among females, it was 3% ($p=0.020$). Illicit substance use among friends was the main predictor of becoming an alcohol consumer with an adjusted odds ratio of 6.4 (95% CI: 1.9-21.3) on the other hand, having anxiety trouble predicted less this risk behavior (adjusted odds ratio =0.2 95% CI: 0.1-0.8).

Conclusion

Alcohol consumption is becoming more and more common among the adolescents of Sousse especially among males. The current national strategy against substances use in schools should be reinforced. Implementation of social skills training among adolescents to improve assertiveness is essential.

Abstract topic

07. Service development

Abstract ID: 213

Internal code

P07-023

Presentation form

ePoster only

Ready or not - What do we know about Covid-19 vaccine hesitancy?

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Background: Vaccine hesitancy is described as a delay in acceptance or refusal despite availability of vaccination services. Other terms have been suggested to reflect the complexity of the phenomena: Vaccine confidence, acceptance or uptake but still fall short from describing different factors that go from fear of needles to distrust in healthcare systems. The Covid-19 pandemic brought unprecedented challenges to this continuum. While family doctors play a frontline role, information empowerment concerning the subject is needed.

Questions: Which factors have been identified concerning Covid-19 vaccine hesitancy?

Methods: Scoping literature review since 2021 using the keywords Covid-19 vaccine and vaccination hesitancy. 19 articles were retrieved, of which 7 were excluded for not meeting the criteria. Among the 12 included publications 5 were aimed at specific populations.

Outcomes: Concerns about safety and efficacy of the vaccine were the main factors identified. Other prevalent determinants were low risk perception, lack of confidence in political and health systems and previous influenza vaccination. Some aspects were relevant in special populations, like previous negative healthcare experiences in the LGBTQ+ study.

Discussion: The broadness of results supports a tailored approach by family doctors, a key-feature of the specialty. Overall strengths in the healthcare system also translate in better vaccination adherence.

Take home message for practice: In the era of information overload that may lead to worst individual and public-health outcomes while game-changing resources like vaccines are available, information about vaccine hesitancy is a tool to improve healthcare communication, develop resources and capacitate doctors.

Abstract topic

07. Service development

Abstract ID: 241

Internal code

P07-024

Presentation form

ePoster only

A positive side effect of COVID-19 - redesigning a patient centred service in GP out of hours

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Background: NHS Tayside GP Out of Hours (OOH) rapidly redesigned service delivery in response to COVID-19. We introduced a retriaging system to manage patient flow in line with infection control guidance but this was not sustainable long term without changes to the service.

Questions: What should service delivery look like longer term?

Methods: We analysed how the pandemic affected the clinician-patient interface, assessed our clinician capacity and best use of clinician time. We reviewed our multidisciplinary team (MDT) composition and the roles of non-clinical team members.

Outcomes: There was a 54% rise in clinician-patient contacts. We therefore introduced additional telephone triage sessions, a home triage team and an expanded MDT. A new working environment improved clinician satisfaction, training and support during busy periods and facilitated the integration of the MDT. A new patient transport service reduced home visiting requirements.

Discussion: Retriaging allows us to initiate a patient centred management plan at first contact. It allows prioritisation of cases, ensuring those in most need are assessed and managed in a timely manner. The patient transport service supports this. When demand increases, we can access additional triage capacity rapidly through home triage. The expanded MDT gives patients access to specialists; improving patient satisfaction and reducing the impact on ambulance/secondary care. Altogether, this provides a patient-centred and efficient service – right person, right place, right time, first time.

Take Home Message for Practice: Reorganizing can appear to increase workload however it has the potential to make service delivery more efficient and patient-centred.

Abstract topic

07. Service development

Abstract ID: 482

Internal code

P07-026

Presentation form

ePoster only

NOT EVERYTHING IS PATHOLOGY OF OVERUSE IN ATHLETES

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52 years-old men without medical or familiar history of interest that runs regularly, comes to the Primary Care Center consultancy because of five months of inguinal pain that does not improve with non-steroidal anti-inflammatories and rest. Some weeks later, he consults again with a painful right inguinal mass, without infectious symptoms.

On the physical examination we feel a lump of 2 cm of diameter, attached to the deep flat and painful to the examination.

We perform an ultrasonography exam where we see an adenopathy conglomerate underlying the subcutaneous tissue, biggest adenopathy is 2.6x1.8 cm long, heterogenic with microlithiasis in the inside and peripheral echo-Doppler capturing.

We refer the patient to Traumatology where a computerized tomography is made that shows retroperitoneal and right inguinal adenopathy conglomerates and bone injury on the spinal column and in pelvis that suggests metastasis.

Due to the ultrasound findings and the evolution, we suspect a malignant lesion that is confirmed by histology as a metastatic lesion of a prostatic adenocarcinoma grade group 5 (Gleason score 4+5).

The patient is treated with androgen deprivation therapy and six chemotherapy cycles of Docetaxel and followed by Oncology.

Prostate cancer is the second most common cancer in males. The initial evaluation includes physical examination, the Gleason score and extension.

Having an echograph on the Primary Care room gave us the opportunity to make an early differential diagnosis, excluding benign pathology. That allows us to make a hospital referral as malignancy suspicion, decreasing the time of diagnosis and treatment.

Abstract topic

07. Service development

Abstract ID: 534

Internal code

P07-027

Presentation form

ePoster only

Utilising existing assets in rural communities to create inclusive and sustainable supports- the example of Dolans Social farm

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Background

Dolans Social Farm offers support and recovery for people in their local rural community with intellectual disabilities and/or ill mental health. It is not output-based or a 'project' reliant on short-term funding, but outcome-focused offering stability. In 2019 the Centre for Behaviour Analysis, Queens University Belfast, conducted an evaluation study of the values of this innovative way of providing health and social care.

Questions

Does attending the farm improve health and wellbeing for participants and their families?
What do professionals involved in placements think about the benefits or challenges?

Methods

Interviews with people attending the farm, their families and involved health and social care professionals

Health and well-being surveys pre- and 'post' (four months later) attendance

Outcomes

The farm offers meaningful experiences enhancing quality of life

Social farming complements other services

Professionals felt the farm offers new opportunities

Attendance at the farm improved social and life skills, mental health and physical activity levels

Participants on the farm viewed it as a job and would like to gain farm-related qualifications

Video <https://tinyurl.com/raubkd7>

Discussion

Programmes like Dolans Social farm are dependent on commitment of

Government/commissioners for sustainability

Social farming was identified as a step for people with disabilities to get employment or apprenticeships. Government Departments will have to work together to facilitate and fund these opportunities.

Take-Home Message for Practice

This is an example of an innovative way of utilising existing assets in a rural community thereby fostering inclusive communities to promote social, mental and physical wellbeing.

Abstract topic

07. Service development

Abstract ID: 825

Internal code

P07-028

Presentation form

ePoster only

Mental Health in the community and referrals to the A&E

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Introduction

50% of the population experiences at least one mental disorder in their lifetime with 25% suffering one in the previous year. Recognition, diagnosis, treatment and referral depends on GPs. Prevalence in local primary care was 8% in 2017.

Aim

To evaluate the number of patients with a psychiatric complaint referred to A&E, the reason for referral and whether these referrals were affected by specific factors.

Methodology

Data of patients with psychiatric complaints referred to the A&E from one of the primary health care centres locally was collected retrospectively. Referrals during the months of November and December 2019 were considered.

Results

69 of inputted patients were equally distributed between November and December. 42% were females, commonest age group was 19-30 and most were triaged as ESI-2 upon arrival at A&E. 46% of patients were referred from the South region (Kirkop, Paola and Cospicua). Most patients were referred between 9:01 and 17:00. 27.5% were referred due to suicidal ideation followed by severe anxiety (21.7%). Symptoms of anxiety mimic those of acute medical emergencies. Psychiatric patients are 2-3x more likely to suffer from medical comorbidities.

43.3% were discharged on the same day with an urgent psychiatric appointment being given, 20% were kept at the acute general hospital, 7.2% required care at Psychiatric Unit and 5% admitted to psychiatric hospital.

Conclusion

Suicidal ideation and severe anxiety are common complaints in primary care. The majority of patients referred were given urgent psychiatric follow ups in the community.

Abstract topic

07. Service development

Abstract ID: 863**Internal code**

P07-029

Presentation form

ePoster only

Improving Adolescent Care in a cross-sector system

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Background

Adolescence represents a critical life stage in which there is rapid physical, cognitive and psychosocial development. It is the time where the patterns and foundations for future

health are laid and thus presents a unique opportunity to promote health and improve life-long wellbeing and reduce health inequalities. The World Health Organisation state that adolescents and young adults (AYAs) need health services that are supportive, equitable and effective.

Questions

To scope out AYA care at our organisation and the community with a view to improve quality of care for AYA

Methods

Quantitative data obtained assessed patterns of presentation to the Emergency department (ED). Qualitative data was obtained through stakeholder Interviews with professionals from across the system and AYA. 113 stakeholders were interviewed. The data obtained informed the creation of an organisational 'AYA Manifesto.' This was converted into a questionnaire to assess organisational culture around AYA Care.

Outcomes

The commonest reason for presentation to the ED for AYAs was 'depressive disorder'. A key theme from stakeholder interviews was that AYAs need better education on how to access care when needed. The 'AYA Manifesto' questionnaire found that 44.1% of professionals surveyed did not feel AYA care was prioritised

Discussion

A multifactorial approach is required to create a culture change towards prioritising this population. We propose co-production as an approach with AYAs to begin to tackle this and identify the need of the population

Take Home Message

AYA care in our organisation lies across a complex cross-sector system.

Abstract topic

07. Service development

Abstract ID: 947

Internal code

P07-030

Presentation form

ePoster only

A comparison of the cost-effectiveness of IM midazolam and IV lorazepam for the acute treatment of patients with status epilepticus

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Background:

Status Epilepticus (SE) is associated with a high mortality, and notably a medical emergency requiring immediate attention. It therefore makes faster and more reliable routes of drug administration essential to improve a patient's chances of fully recovery. According to NICE, intravenous (IV) lorazepam currently remains the first line treatment,

however, data from recent clinical trials has highlighted intramuscular (IM) midazolam as a possible alternative. A robust economic evaluation is therefore required to compare the cost effectiveness of such interventions.

Aim:

To assess the cost-effectiveness of administration IM midazolam in comparison to IV lorazepam in the treatment of SE from the perspective of the NHS.

Methods:

A Markov model was used to present results from a multicentre, randomised control trial of patients diagnosed with SE receiving either IM midazolam or IV lorazepam. A cost-effectiveness analysis was then carried over a 90 day-time frame, measuring cost in pounds sterling and effectiveness as the number of SE who saw their seizures successfully terminated prior to hospital.

Results:

The cost-effectiveness analysis produced an incremental cost-effectiveness ratio (ICER) of £12.16. This means for every additional successfully treated patient with IM midazolam, a cost of £12.16 is incurred to the NHS. This information was then used to calculate a monetary net benefit (MNB) of £36,340.81.

Conclusion:

The MNB calculated is above the NICE threshold of £30,000, suggesting a cost-saving intervention. This indicates IM midazolam is more cost effective than IV lorazepam in the treatment of SE in the community.

Abstract topic

07. Service development

Abstract ID: 1040

Internal code

P07-031

Presentation form

ePoster only

Audit to improve standards of consent for infant circumcision in line with BMA guidelines to avoid catastrophic legal risk

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Background:

Male circumcision involves removal of part of the prepuce of the penile glans for therapeutic or non-therapeutic reasons (perceived health, socioeconomic and religious reasons). Infant non-therapeutic circumcision is a grey area in the NHS (most cases in UK) due to the lack of consent from the infant. This raises serious legal risk to the service.

Medical risks are based on factors such as expertise, error, and congenital abnormalities. Complications include bleeding, infections, damage to glans of penis and death.

Benefits include - decreased risk of certain STDs, prevention of balanitis, prevention of phimosis and paraphimosis and decreases risk for penile cancer.

Statement

Aim: improve standards of consent as it relates to chaperone documentation.

Method

Chaperone documentation standards audited against proposed BMA guidelines. A retrospective study of the electronic templated notes of 127 consecutive circumcisions done between 22/07/21 - 14 /08/21; it did not reveal information about chaperoning. Following a service wide discussion, the template was updated to include detail of which parents(s) present at time of procedure. Further discussion to alert all involved of changes took place.

Outcome

Post changes another retrospective study was done on 97 patients circumcised between 20/08/21 – 20/09/21: showing a statistically significant 100% improvement in the standard of documentation.

Discussion

30 % of men are circumcised globally establishing the requirement for monitoring safety and standards.

Infant nontherapeutic circumcision is practiced by religious faiths (Muslim and Jewish) via GP run private service. Clear documentation is vital to avoid catastrophic legal risk.

Abstract topic

07. Service development

Abstract ID: 1291

Internal code

P07-032

Presentation form

ePoster only

What are the activities performed by Family Doctors in a large city in Brazil?

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Balancing the supply of professionals against the growing demand of patients is a frequent question among PHC professionals, whether they are in care or management. However, transforming workforce planning methods, such as analyzing patient panels, into something more sensitive to the specifics of PHC is a challenge. In this sense, an elementary step refers to the dimensioning of professionals in PHC. The study aims to describe the activities carried out, in different scheduling models, by medical professionals linked to family health teams. This is an observational, cross-sectional study carried out in the southern area of the city of São Paulo, Brazil. For data collection, the time motion technique was used. For data analysis, descriptive analyzes were undertaken. Four physicians participated in the study, who were observed in a typical work week, totaling 140h and 27min of observation. The most frequent interventions (and the one that spends the most working time) for doctors is the consultation, followed by the exchange of information about health care and/or service, associated activity and organization of the work process. Considering the different scheduling models, there was a difference in the percentage of activities performed.

08. Health inequalities

Abstract topic

08. Health inequalities

Abstract ID: 59

Internal code

P08-001

Presentation form

Poster on paper + ePoster

Home-based care: Does it work in Tanzania?

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Aim: This paper explores the complex inter-relationship between home-based care, HIV treatment providers, and people with HIV in Tanzania. Specifically, the study explores ways in which home-based care (HBC) offers an effective strategy for residents in Dar Es Salaam undergoing anti-retroviral therapy (ART). While research into self-management of HIV under ART in Africa has focused mostly on adherence to treatment, relatively little has explored the benefits of home-based care as another tool for reaching people with HIV.

Methods: A total of 41 respondents were interviewed. Questions detailed treatment seeking behavior and how best to improve the care the patients receive. Ethical approval was obtained from COSTECH.

Results: Majority of respondents see a greater benefit in accessing treatment through home-based care. About 85% of respondents touted cost savings, ease of access, privacy, and less stigmatization as clear benefits over currently clinic-based programs. The study concludes that home-based programs should be scaled-up because of its feasibility, preferability, and importance of HBC in the provision of ART.

Abstract topic

08. Health inequalities

Abstract ID: 72

Internal code

P08-002

Presentation form

Poster on paper + ePoster

Distribution of referrals and diagnoses of cancer in a general practice population: exploring for health inequalities

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Background

General practice in the UK is based upon populations of patients registered with general practices. The registered population will typically be drawn from the surrounding area but may not share its characteristics – for example, some cater for students, others for homeless people. Although public health information about patients is available for planning purposes, such as those produced by Public Health England, this is not always granular enough meaningfully to understand how to address health inequalities in small populations. Cancer referrals are one area known to be unevenly distributed by deprivation, for example.

Questions

Can practice registered populations be analysed in subgroups to identify differences in processes of care and health outcomes?

Methods

Using data on referrals for suspected cancer, as well as new diagnoses of cancer made through emergency hospital admissions or through other routes (screening, GP referral), we assessed differences in referrals and diagnoses of cancer by subpopulations of the registered practice population, stratified for example by age, sex, deprivation, ethnicity, and geography.

Outcomes

Rates of referral and diagnosis in each population stratum and anonymised geographical output area will be presented using descriptive statistics.

Discussion

It is possible to use routinely-collected data on registered practice populations to understand differences in presentation and health outcomes for different groups and assess care for inequalities in health service provision.

Take Home Message for Practice

Assessing performance in tackling health inequalities within practice populations requires a detailed understanding of health need and service provision but can help identify remediable steps for resolution.

Abstract topic

08. Health inequalities

Abstract ID: 125

Internal code

P08-003

Presentation form

Poster on paper + ePoster

Using the candidacy framework to understand access to sexual and reproductive healthcare (SRH) in general practice in deprived communities.

Rebecca Mawson

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Background: Deprived communities are more at risk of poor sexual and reproductive health (SRH) outcomes and access is more challenging in these areas. This is evident from significantly higher rates of unplanned pregnancies, abortions, teenage pregnancies, and higher prevalence of sexually transmitted infection in deprived communities compared to affluent counterparts. This study aimed to identify and explore

practitioner related barriers and facilitators to access of sexual and reproductive healthcare in general practice using the candidacy model.

Method: A narrative synthesis was undertaken with a focus on SRH in general practice within healthcare systems like the NHS. Further exploration was done using semi-structured interviews were conducted with 20 frontline healthcare practitioners from general practices in deprived communities across Yorkshire. Thematic analysis was undertaken to identify factors in general practice which affected access.

Results: The complexities of access to SRH service including the impact of stigma, shame, embarrassment among individuals, communities, and healthcare practitioners. Factors such as female disempowerment and gender-related barriers were identified. The candidacy model was adapted to account for the complex interaction between the person and healthcare practitioner, this developed understanding of the interplay between appearing or asserting candidacy and the recognition or acceptance of this candidacy by the healthcare practitioner.

Conclusion: To readdress SRH inequalities in deprived communities there needs to be easily accessible and stigma-free services in general practice. This research highlights the importance of healthcare professionals recognising and accepting the need of their community and having funding to develop unique services specifically for their patients.

Abstract topic

08. Health inequalities

Abstract ID: 168

Internal code

P08-004

Presentation form

Poster on paper + ePoster

Equal healthcare, worse health: Are vulnerable patient groups seen?

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Background

Chronic diseases have a high impact on patients' lives. For some patient groups, this impact is even higher. People with intellectual disabilities, characterised by limitations in adaptive behaviour and intellectual functioning, have impaired symptom recognition and understanding of what it means to be ill compared to people without intellectual disabilities. Consequently, it can be difficult to diagnose diseases timely, resulting in worse health, higher hospitalisation rates, and higher premature mortality rates. Adequate chronic disease care suited to their needs is thus essential in order to reduce these health inequities.

Discussion point

Although our research reveals that chronic disease care in people with intellectual disabilities is generally of comparable quality to the general population, their health remains worse. How can this discrepancy be tackled?

Results

A large-scale case-control study in Dutch primary care compared care received by chronically ill patients with and without intellectual disabilities. Although there were minimal differences in care received, people with intellectual disabilities more often had unhealthy lifestyles than people from the general population.

Take home message for practice

The question how to diminish existing health inequities between chronically ill patients with and without intellectual disabilities does not have one simple answer. Increased awareness of the differences between these patient groups is an essential starting point. All patients should be given the opportunity to express their personal and unique needs within the context of chronic disease care. It is then up to care providers to integrate these needs within standardised chronic disease care.

Abstract topic

08. Health inequalities

Abstract ID: 209**Internal code**

P08-005

Presentation form

Poster on paper + ePoster

Migration and the challenges of maternity and mental health care - a clinical caseMargarida Lopes*USF da Baixa - ACES Lisboa Central, Lisboa, Portugal*

Migration has been increasing and this includes women of childbearing age. This usually leads to loss of social network, socioeconomic disadvantage, language barriers and less health system literacy. Family doctors (FD) provide the first line of care, including antenatal/postnatal care.

A 24-year-old Bangladeshi woman, living in Portugal, speaking Bengali/English came to her first FD's appointment since she was pregnant for the first time. She attended every appointment of antenatal care. There were no complications during pregnancy/delivery. She did not attend post-natal checkup. In her child's 2-month appointment, her FD noticed her disinterest for the baby. After being asked, she mentioned feeling sad and admitted to self-harm. She was always alone with the baby— her husband was working, and she did not have family or friends in Portugal. She started an antidepressant and was referred to a psychiatrist. She asked about the possibility of going to a psychologist which was not possible due to language barriers. In the re-evaluation appointment, she was feeling better. The doctor noticed that she missed the psychiatrist consultation - she had not understood when and where to go.

This case illustrates a postpartum depression in a migrant woman. Postpartum is a risk period for mood disorders, being even higher for migrants. Additionally, it demonstrates the health systems' inadequate responses to migrants' needs. In this case there was no psychologist available due to language differences and the health system circuit was not understood, as it is designed for Portuguese speaking patients.

Abstract topic

08. Health inequalities

Abstract ID: 229**Internal code**

P08-006

Presentation form

Poster on paper + ePoster

Run talk run - tackling health inequalities

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Background: Run talk run (RTR) is a mental health charity with a mission to increase accessibility to mental health support through running & walking peer support groups with over 150 global locations.

Questions: Can a GP surgery deliver a weekly free walking & running group targeted at patients with mental and physical health barriers?

Methods: A team of practice staff & patients laid the foundations for the weekly group. Marketing was done via social media, practice website, staff training & accurx text messages. Run leaders were given UK athletic LIRF training. The practice car park was assigned as the meetup location.

Outcomes: Clinicians referring patients to the group targeted those with physical & mental health needs as they can be a barrier to physical activity. The feedback has been overwhelmingly positive, with the benefits of the group far-reaching. Participants have reported reduced social isolation, overcoming agoraphobia and anxiety, better sleep, & the motivation to stop smoking.

Discussion: There is a wealth of research on the benefits of physical activity on mental and physical health, and our project has allowed us to witness this first-hand when applied to those in our community who need it most.

Take Home Message for Practice: It is vital that primary care takes a leading role in helping to promote physical activity in our community. Supporting a local RTR or delivering a new run can be a powerful public health tool to tackle health inequalities in your community & help your practice join 'the Active Practice Charter'.

Abstract topic

08. Health inequalities

Abstract ID: 327

Internal code

P08-007

Presentation form

Poster on paper + ePoster

Mission Success cardiovascular diseases preventive consultation

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Background

CVDs are common, have poor survival and are increasing worldwide. Diabetes is an epidemic, it is expected that the urban population in developing countries is projected to double between 2000 and 2030. CVDs could cause disabilities such as blindness, amputation or stroke, which contribute to the patient's family get into deep poverty.

The project is located in Notre Dame de la Sante Hospital, Batsengla-Camerun, with a poor income agricultural population. Cameroon's SMI is 49 euros per month and the average annual cost for an Diabetic-Hepertensive patient is 180,65 €.

Discussion Point

Implementing this project we could promote early diagnosis, good follow up and prevention of CVDs, through a community intervention model adapted to the sociocultural reality and carried by local health workers.

Contents:

This project works in 3 items:

-Training: to our local health team.

-Access : Free screening campings of hypertension, diabetes and obesity in the surrounding towns. As well as partially cost subvention of consultation , medicine and tests.

-Implementation: a new protocol and screening test of complications (ankle brachial index, EKG, digital fundoscopy)

Our next goal is to implement an online free training platform to arrive at places where the formation is insufficient.

Take Home Message for Practice

-Tropical medicine is not just about malaria or yellow fever, it is also chronic illnesses and complications of them.

-As a GP we can make a difference, cooperate to decrease world inequalities contributing with the 3 firsts sustainable development goals. Be part of it, be part of the change.

Abstract topic

08. Health inequalities

Abstract ID: 418

Internal code

P08-008

Presentation form

ePoster only

A cross-sectional study into the relationship between childhood socioeconomic status and biological age

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Background: Childhood socioeconomic status (SES) is a major contributor to health inequalities in adults, generating significant social gradients in mortality. These disparities can already be seen in young adults through estimation of their biological age. Biological age, representing the body's true physiological function relative to the individual's chronological age, can be quantified through measurement of biomarkers of ageing.

Questions: To investigate the effect of childhood SES on the rate of biological ageing in young adults.

Methods: Using postcode Indices of Multiple Deprivation scores and 3 Likert-scale questions, subjective and objective parameters of childhood SES were recorded in 111 individuals. Participants underwent measurement of 10 phenotypic biomarkers known to decline with age, including perceived age. Biomarker measurements were converted to Z scores and the sum of these was analysed using regression models in R.

Outcomes: Individuals with lower subjective childhood SES had a relatively higher biological age ($p < 0.001$), and this effect was significant using both subjective and objective SES as predictors. No significant interactions were seen between sex and subjective SES.

Discussion This study found evidence to suggest that disparities in biological age can already be seen in young adults, through measurement of non-invasive phenotypic biomarkers.

Take Home Message for Practice: Whilst the mechanisms are still unclear, it is probable that childhood SES contributes to the differences seen. Identification of these health inequalities aids implementation of public health interventions to reduce the widening gap between social classes.

Abstract topic

08. Health inequalities

Abstract ID: 467

Internal code

P08-009

Presentation form

Poster on paper + ePoster

Problems and challenges hospices face during the COVID-19 crisis

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Background

According to the End-Of-Life Observatory, Bulgaria is in the 3rd group of countries regarding the availability of hospices and palliative care. The palliative care is not recognized nor accredited as a medical and scientific specialty, thus the patients are often neglected and the care is reduced only to terminal stage. The Covid-19 pandemic brought a variety of problems - social distancing, extensive testing, lack of medication, accessories, personal protective equipment etc.

Questions / Discussion Point

Identifying the struggles and the problems the hospice facilities face during the pandemic crisis and the state of emergency.

Content

We present part of our study on challenges in hospice care during Covid-19 Pandemic in Bulgaria, along with an updated map of registered hospices in Bulgaria. Using designed by us questionnaire and in-depth interviews we explored the social aspect of long-term and palliative care in those challenging times and the difficulties for the hospice personnel in order to identify the main problems for the hospice facilities and reveal important messages from the medics to the patients and their families concerning vaccination, discipline, recognising the importance of active protection for the elderly, not letting the patients to reach a serious condition and hospitalizing them in a timely manner, not leaving them alone for long, etc.

Take Home Message for Practice

During the Covid-19 pandemic, both palliative patients and their families, and the medical and non-medical hospice personnel were very vulnerable. Thus we need working evidence-based solutions to ensure optimal health care for them.

Abstract topic

08. Health inequalities

Abstract ID: 468**Internal code**

P08-010

Presentation form

Poster on paper + ePoster

Advance care planning in hard-to-reach groups: a focus on the bengali ethnic minority population at james wigg practice

Kerran Kandola*University College London, London, United Kingdom***Background**

Research shows ethnic minority (EM) patients engage less with advance care planning (ACP). The James Wigg Practice (JWP) caters to a large Bengali population in which uptake of ACP has been challenging.

Questions

Can a quality improvement project increase uptake of ACP amongst Bengali patients at the JWP?

Methods

Initial data collection was conducted via (i) an EMIS search, to identify the ethnicity of patients with and without care plans, and (ii) a staff survey highlighting challenges experienced with this group. Subsequently, a Plan-Do-Study-Act model for change was employed involving the following interventions;

- Bengali written patient information leaflets (PILs)
- Dedicated ACP telephone clinics with interpreters
- Invites to new ACP face-to-face clinics with interpreters
- General staff teaching session on ACP in EM patients
- Specific teaching with an Imam on ACP in Bengali patients

Outcomes

As expected there was a predominance of white ethnicity amongst patients with a care plan. Whilst, the PILs resulted in no improvement, the dedicated telephone clinics proved more successful. Common challenges identified by staff included; communication barriers, lack of understanding amongst Bengali patients, illness denial and belief in 'God's will'. Both knowledge and confidence in approaching ACP in this cohort increased post-teaching.

Discussion/Take Home

Awareness of ACP amongst Bengali patients has increased within the JWP catchment area. Furthermore, staff are better equipped at overcoming some of the identified challenges. With a rising EM ageing population learning how to engage and deliver ACP in these groups will become increasingly more important.

Abstract topic

08. Health inequalities

Abstract ID: 551**Internal code**

P08-011

Presentation form

Poster on paper + ePoster

Reducing health inequalities through social prescribing: health champions, green space and primary care chaplaincy

Jamila Sherif

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Background

Practices in areas of higher levels of deprivation have greater rates of consultations for social or emotional/psychological problems. Many non-medical needs cannot be solved by the options currently available to GPs. Social prescribing approaches provide the opportunity to look at new ways of collaborating with the community to better meet these needs, reduce the burden on primary care and offer the opportunity to redress health inequalities. Through a primary care chaplaincy service trained chaplains provide spiritual guidance by helping people find meaning behind distressing life events. Established by multiple GP practices, it is recognised as beneficial by RCGP.

Questions, Discussion Point

Will a social prescribing service lead to?

- Reduction in attendances for social and emotional problems and an increase in these patients referred to and taking up the practical support offered within community
- Improved holistic care and health and wellbeing scores
- Patients reporting more friends/less social isolation
- Attendance dropped amongst highest attendees
- Improved GP/staff morale

Content

A team of volunteer health champions will be recruited and trained to set up and run well-being community groups. We are developing up a vibrant, health and well-being green social prescribing space to support these group. A primary care chaplaincy service will be created, utilising existing resources within the community

Take Home Message for Practice

A community centred approach to primary care will address the social causes of ill-health and emotional needs by integrating with the community to link patients with culturally/ethnically/religiously sensitive and appropriate, resources and support.

Abstract topic

08. Health inequalities

Abstract ID: 582**Internal code**

P08-013

Presentation form

Poster on paper + ePoster

The GP's role in reducing inequalities in child mortality

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²)NHS East Sussex Clinical Commissioning Group, Lewes, United Kingdom

³)Medical School, University of Bristol, Bristol, United Kingdom

Background

Child deaths are a stark and sensitive indicator of the social determinants of health, with over a fifth of all child deaths in England potentially avoided if children living in the most deprived areas had the same mortality risk as those living in the least deprived. GPs are ideally suited to influence core determinants of health, using continuity of care to tackle complex adversity, and have much to gain from new insights into child mortality.

Target Group

The insights from the presentation will have implications for practice for GPs across Europe

Didactic Method

- 20m: Interactive multimedia PowerPoint presentations from workshop leaders
- 10m: Pre-recorded video presentation from bereaved parent
- 20m: Custom case studies based on audience voting
- 25m: Questions and reflection on practice

Objectives

Using a patient story to change practice

Show how GPs can help mitigate risk by changing modifiable factors and make every contact count

Show how GPs can give simple advice on safer sleep for babies to reduce the risk of Sudden Unexpected Death in Infancy

Use evidence showing that pre-term deliveries (and thus risks of infant deaths) are not inevitable; GP interventions addressing maternal obesity, smoking etc make a difference

Challenge GPs to put theory in to practice; simple actions with significant impact

Estimated number of participants

All attendees will have an opportunity to participate.

Brief presentation of the workshop leaders

Bryony and Nikesh are GPs sitting on Child Death Overview Panels. Vicky is the National Child Mortality Database Programme Manager.

Abstract topic

08. Health inequalities

Abstract ID: 599

Internal code

P08-014

Presentation form

Poster on paper + ePoster

Factors associated with worsening of mental health in men during the COVID-19 pandemic: a retrospective longitudinal study

Ana Lear-Claveras¹), Bárbara Oliván-Blázquez^{1, 2}), Alejandra Aguilar-Latorre², Rosa Magallón-Botaya¹), Sabela Couso-Viana³), Ana Clavería-Fontan³)

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³) *Galicia Sur Health Research Institute (IIS Galicia Sur), Vigo, Spain*

Background: Depression and anxiety are two of the most prevalent mental illness, but there are few studies performed specifically in men. Considering the social changes due to the pandemic and the potential decline in healthcare services, it is relevant to analyze the mental health status of men.

Questions: The objective of this study is to determine and analyze the changes between the 6 months before the lockdown and the 6 months following its end, in a men population undergoing active treatment for depression or anxiety, according to the electronic clinical history (HCE).

Methods: We conducted a retrospective longitudinal study of men undergoing active treatment for depression or anxiety. Sociodemographic variables, chronic comorbidities, COVID-19 contagion, drug consumption, and use of health resources were collected from the primary healthcare records during the two distinct periods. A Student's t-test for matched samples was performed to analyze the changes in clinical variables and a logistic regression was also performed.

Outcomes: 28,294 men were analyzed. 40% of them increase the defined daily dose. Psychosocial factors are related to a worsening of the illness were being younger than 60 years old, having an income of less than 18,000 euros/year and suffering more than one comorbidity.

Discussion: The increase in drug prescription means an increase in psychological suffering. The presence of comorbidities and a greater vulnerability to an economic crisis are factors related to this worsening.

Take-Home Message: It is important to pay attention to the psychosocial factors of men diagnosed with anxiety or depression.

Abstract topic

08. Health inequalities

Abstract ID: 600

Internal code

P08-015

Presentation form

Poster on paper + ePoster

Analysis of the impact on emotional well-being and quality of life of patients diagnosed with Long-COVID

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Background: The COVID-19 pandemic has generated a negative impact on the mental health of the world population and, especially, of those affected by the Long-COVID disease.

Questions: The main objective of this study is to delve into the impact that Long-COVID have had on patients' mental health, as well as the changes in their quality of life.

Methods: A qualitative study has been carried out by conducting focus groups and semi-structured open interviews with patients with a Long-COVID diagnosis. The recruitment of patients has been carried out from the Primary Care Health Centers of northern Spain until the saturation of information.

Outcomes: There has been an impact of Long-COVID disease on the mental health of the population, requiring the attention of mental health professionals. Significantly, they are in a situation of sick leave. Despite having felt support from people close to them, their social relationships have been diminished.

Discussion: It is necessary to delve into the impact that Long-COVID disease has generated on mental health, and to provide entities with the resources they need to carry out the solution to these issues.

Take Home Message for Practice: Consequences of Long-COVID symptomatology need to be studied and addressed.

Abstract topic

08. Health inequalities

Abstract ID: 605

Internal code

P08-016

Presentation form

Poster on paper + ePoster

Long-COVID sufferers' personal experiences with discrimination and social stigma

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³⁾Aragón Healthcare Service (SALUD), Zaragoza, Spain

Background: In October 2021, the World Health Organization (WHO) established the medical definition of Long-COVID disease, without specifying its symptoms. Until then, it had not been officially defined. This period of misinformation has been able to generate a gap in the knowledge of citizens about this pathology, as well as care guidelines for Long-COVID patients for health professionals.

Methods: A qualitative study has been carried out by conducting focus groups and semi-structured open interviews with patients with a Long-COVID diagnosis. The recruitment of patients has been carried out from the Primary Care Health Centers of northern Spain until the saturation of information was obtained.

Outcomes The large proportion of patients stated that they have not experienced discrimination as a result of their disease. A high percentage of those who have felt discriminated against has been in the health field, especially by health professionals. Most patients have not perceived stigmatization, although they have mentioned certain derogatory actions by the rest of the population, justified by ignorance or fear of the disease itself.

Discussion: Long-COVID disease knowledge and information must be disseminated to the general public by responsible media and authorities.

Take Home Message for Practice: Consequences of Long-COVID diagnoses need to be studied and addressed.

Abstract topic

08. Health inequalities

Abstract ID: 612**Internal code**

P08-017

Presentation form

Poster on paper + ePoster

Assessing weight bias among health care practitioners

Omowunmi Sonubi*Abbey House Medical Practice, Daventry, United Kingdom***Background:**

Health care practitioners (HCPs) are well placed to manage obesity and its complications as well as other problems people living with obesity present with.

Unconscious bias by these HCPs will inevitably result in adverse health outcomes for patients. The awareness of these bias is the first step in mitigating against such.

Questions:

What factors in an obese patient do you think affect your management?

What emotions do you feel when speaking with obese patient?

When you see a patient with obesity, will you say you over attribute their problems to obesity?

Methods:

A questionnaire was sent out to GP and other HCPs in a single GP practice. Also same questionnaire was sent out to GP trainees in one training region.

Outcomes:

There were 13 responses. 61.5% of the responses reflect lack of self-motivation as a driving factor in management of obese patients. There was a good range of emotions that were reported, ranging from 15.4% with displeasure, to 53.8% who showed indifference and normal consultation. 30.8% of respondents will attribute the patient's problems to obesity.

Discussion:

A good number of HCPs will attribute the problems of a patient to the obesity and majority believe lack of self-motivation is an underlying factor.

This however, further contributes towards unconscious bias towards these patients that contributes to a barrier to good management and negative outcomes.

Take home message:

An awareness of our own unconscious bias is a first step to solving it.

Abstract topic

08. Health inequalities

Abstract ID: 624**Internal code**

P08-018

Presentation form

Poster on paper + ePoster

Using social media as data on Covid-19 vaccine discourse in ethnic minority communities

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²) *Ethox Centre, Oxford, United Kingdom*

Background

The rising use of social media as an interactive health information ecosystem, has led to the spread of vaccine hesitancy in an unprecedented manner. However, more research is needed looking at the role of social media in the public discourse around the Covid-19 vaccine, particularly amongst ethnic minority groups who have been shown to have the highest rates of vaccine hesitancy.

Questions

The aim of this study is to:

- Provide a broad overview of the discourse around the Covid-19 vaccine on Twitter and YouTube.
- Understand the sentiment of social media discourse targeting ethnic minority groups about the vaccine.

Content

A Boolean search strategy consisting of keywords and hashtags will be used to collect data over a 3-month period from Twitter and YouTube using interfaces Netlytics and YouTube Data tools. An analytical coding framework will be created to identify key topics obtained from the data extracted. Further sentiment analysis via a sentiment coding framework will be done, where the sentiment in each post will be annotated based on each post's stance towards the Covid-19 vaccine.

Preliminary results depict persistent doubts over the efficacy of the vaccine, repeated conversations over the deep mistrust towards governments and institutions and concerns over the exclusionary nature of proposals such as vaccine passports.

Conclusion

Concerns remain around the Covid-19 vaccination programme in the UK. There is a need to provide a targeted approach to vaccination campaigns. Understanding the current conversation is critical in doing so, particularly with future vaccination attempts.

Abstract topic

08. Health inequalities

Abstract ID: 626

Internal code

P08-019

Presentation form

Poster on paper + ePoster

A practice report of family medicine in a rural context in Azores

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Background

São Jorge is an island in Azores, Portugal, with about 8000 inhabitants, whose health care is provided by 8 family doctors (FD), organized in two health centers, without the support of a local hospital structure.

Questions

Working in an opposite reality to which our medical training takes place, in order to understand the role and scope of the FD in a rural context.

Methods

For a month, we developed clinical activity on the Island, participating in consultations, accompanying inpatient care and performing emergency services.

Outcomes

FD are responsible for all aspects of care, including public health authority and medical-legal expertise. The facilities are equipped with clinical analysis, ECG, x-ray, US and CT. Evacuations to the hospital take place by air whenever necessary. Hospital specialists travel to the island for consultations or realization of complementary exams, 3 to 4 times per year. Private Medicine is almost non-existent. The most frequent diagnoses are dyslipidemia, obesity and hypertension.

Discussion

It was a very rich experience, in which the scope of the FD is exponential, using mostly clinical reasoning rather than complementary exams. The FD are trained for inpatient care and emergency services. Life on the island is calmer but more sedentary and has an impact on the population's health.

Take Home Message for Practice

Clinical practice in a context with few resources, requires knowledge that goes beyond the expected training of a FD. With a comprehensive approach, FD represents the totality of health care, which will inevitably strengthen the doctor-patient relationship.

Abstract topic

08. Health inequalities

Abstract ID: 645

Internal code

P08-020

Presentation form

Poster on paper + ePoster

Relationship of early stimulation and child development in Ecuador. Secondary analysis of the national health and nutrition survey 2018

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Background

Globally, more than 165 million children under five years of age have developmental impairments, and many of them are due to lack of early stimulation.

Questions

What is the relationship of early stimulation in child development in Ecuadorian children?

Methods

Cross-sectional study of secondary data analysis using the 2012 Ecuador

National Health and Nutrition Study, in 625 children aged 0-23 months
Cross-sectional study of secondary data analysis using the National Health and Nutrition Study of Ecuador 2018, in 7413 children aged 0 to 59 months. The association between parenting practices and child development outcomes were measured. Logistic regression analyses were carried out.

Outcomes

Stimulation was measured by the number of play and learning activities (more than 4) a caregiver engaged with their child in the last 3 days and that in the home there are at least 3 children's books. There was a positive and statistically significant association between quality stimulation in the family environment and child's development; OR 1.59 (95% CI: 1.38 to 1.82 and OR 1.67 (95% CI: 1.46 to 1.91) respectively. There was a negative association between negative parenting practices (Physical or psychological abuse) and child's development; OR 0.74 (95% CI: 0.65 to 0.85) and OR 0.68 (95% CI: 0.6 to 0.78) respectively

Discussion

Quality of stimulation in the family environment is crucial for child's development. Childhood poverty is a determinant factor in the development of children.

Take Home Message for Practice.

Intervention programmes in child development in primary care with family-centred activities should be strengthened.

Abstract topic

08. Health inequalities

Abstract ID: 665

Internal code

P08-021

Presentation form

Poster on paper + ePoster

The new power couple: GPs and Headteachers

Emily Brady-Young

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Background: An important objective of healthcare is to persuade populations to undertake targeted behaviours, like free-living physical activity (PA). The attractiveness of the school setting for applying research-driven solutions to population health inequalities is recognised in an innovative approach in Lancashire where schools and health care settings are connecting to grow a common purpose. (Harrington & O'Reily, 2020).

Questions: Can connecting health practice and education through PA, impact through systems?

Methods: A qualitative research design with an interpretative approach, assessing accessible beliefs of headteachers and GPs concerning cultural norms when approaching whole school health. Semi-structured interviews were conducted and themes reflecting Ajzens (1991) theory of planned behaviour have been identified from the data.

Outcomes: All participants indicate a control belief that schools may be seen as a solution to address public health and societal problems (Harrington & O'Reily, 2020).

Participants have expressed a dilemma of when to make a choice against referring to physical activity, despite being enabled and informed on benefits (Webster et al., 2015).

Discussion: This interactive poster presentation will share emerging effects GPs involvement at school level across an East Lancashire approach, predominantly focused upon the inactive population (circa 106,000) with/at risk of mental wellbeing challenges. Central to this approach is to work with local people to co-create meaningful solutions, challenge societal structures and cultural norms for long-lasting change.

Take home message for GP practice: We all worry about the same families, being connected with schools can bring a new sense of common purpose and alternative outcomes to practices.

Abstract topic

08. Health inequalities

Abstract ID: 682

Internal code

P08-022

Presentation form

Poster on paper + ePoster

Care for the urban poor through community health centre under department of family medicine: the Low Cost Effective Care Model

Sunil Abraham

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Background

The community health centres (CHCs) in the Indian public health are 30 bedded hospitals expected to function with specialists in medicine, surgery, paediatrics and obstetrics/gynaecology. The lack of specialists makes almost all of them dysfunctional. The Low Cost Effective Care Unit (LCECU) of the Family Medicine (FM) department of Christian Medical College, Vellore (CMC) is a 48 bedded urban UHC for the poor. Its services include a FM OP, secondary level in-patient care and Community Oriented Primary Care (COPC) involving volunteers in 6 poor settlements of the town.

Questions

Was the LCECU model of an urban CHC functional during the COVID-19 pandemic?

Did it meet any social determinants of health?

Methods

The following details of care during the 2 waves of the pandemic were studied

1. Number of patients treated
2. Management of Non Communicable Diseases (NCDs)
3. Response to social determinants of health

Outcomes

1. The LCECU OP saw 69685 patients in 2019, 56586 in 2020 and 59100 in 2021. Outreach clinics saw 6747 patients in 2019, 1846 in 2020 and 4269 in 2021. There were 1982 in-patients in 2019, 1117 in 2020 and 1334 in 2021.

2. 657 of the 1092 patients with NCDs in the 6 outreach areas were followed up regularly.

3. 600 poor people received lunch for 2 months.

Discussion

The CHC for the urban poor under Family Medicine department provided effective care for the poor

Take home message

Management of Urban CHCs under FM department provides affordable and wholistic care for the poor.

Abstract topic

08. Health inequalities

Abstract ID: 692

Internal code

P08-023

Presentation form

Poster on paper + ePoster

Mental healthcare for adults with mild intellectual disabilities (ID) compared to adults without ID: a detailed description of healthcare provided by general practitioners

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Background

Mental health (MH) problems are more common among people with intellectual disability (ID), compare to people without ID. General practitioners (GPs) are increasingly confronted with patients with ID and experience various challenges in providing care to them. This study compares the care provided for adults with and without ID consulting their GP for MH problems.

Methods

A retrospective cohort study using data of general practices with high data quality standards. MH problems included symptoms or complaints such as sleep disturbance, or feeling anxious as well as disorders such as depressive or anxiety disorders. Provided care included number of consultations, reasons for encounter, medication prescriptions and referrals. All care is specifically linked with the MH problem and therefore detailed information on provided care for the MH problem is available.

Results

The most prevalent MH problems for persons with ID were tobacco abuse, sleep disturbance, feeling anxious or nervous, drug abuse and depressive disorder. Patients with ID had less consultations at practice (57% versus 71%), and more home visits and telephone consultations after hours, more prescriptions with antipsychotics (12% versus 3%), and less referrals to primary care psychologist (6% versus 20%), and more referrals to a mental health institution compared to patient without ID (13% versus 7%).

Conclusions

Awareness of the profile of MH problems in this vulnerable group is the first step in improving mental healthcare in patients with ID. This study is unique, as it gives insight on GP care provided to patients with an ID and MH problems.

Abstract topic

08. Health inequalities

Abstract ID: 704**Internal code**

P08-024

Presentation form

Poster on paper + ePoster

Levelling-up: identification of heart failure patients requiring medicines optimisation and complex device therapy and the association with socioeconomic deprivation

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Background

Inequalities in provision of medicines optimisation and implant rates for complex device therapy amongst patients with heart failure and reduced ejection fraction (HFrEF) is proven.

Methods

163 GP practices participated in the Primary Care Heart Failure (PCHF) service between January 2018 and December 2021 covering a 1,875,458 patient population across England. The PCHF service audits GP medical records to identify patients with HFrEF who would benefit from a Consultant Cardiologist face-to-face consultation in primary care. The UK index of multiple deprivation was used by Clinical Commissioning Group to measure socioeconomic deprivation, data from Public Health England, as a proxy for each GP practice participating in audits.

Results

PCHF found from 1,191 clinical reviews, 48%(n=572) of HFrEF patients identified for a Consultant Cardiologist consultation required medicines optimisation and 25%(n=296) were eligible for complex device therapy. There was a correlation between patients who required medicines optimisation and socioeconomic deprivation level; with an increasing number of patients requiring medicines optimisation found in more deprived areas (R² 0.1109, p=0.003). There was also a correlation between device candidates identified and socioeconomic deprivation level; with an increasing number of patients requiring complex device therapy found in more deprived areas (R² 0.1062, p=0.004).

Conclusion

We found that the need for medicines optimisation or complex device therapy in HFrEF patients was greatest in GP practice catchment areas with higher levels of deprivation. The PCHF service model should be targeted at areas with higher levels of deprivation with the aim of reducing inequalities in HFrEF care.

Abstract topic

08. Health inequalities

Abstract ID: 720**Internal code**

P08-025

Presentation form

Poster on paper + ePoster

Meeting health needs of transgender and gender diverse people in primary care based on free and informed consent

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Background

Transgender and gender diverse (TGD) individuals represent a heterogeneous and growing population. Unmet needs, epistemic changes and political activism are leading to a transformation of care delivery. The free and informed consent model based on primary care is widely promoted. General practitioners remain insufficiently trained and informed about TGD issues.

Questions

To present a review of TGD health needs. To build common knowledge between consumers and professionals to face epistemic inconsistencies in science. To illustrate practical organizational changes.

Methods

This work lies at the confluence of academic, experiential and field knowledge. It is based on a review of recent scientific publications, a thematic synthesis of activist literature and a field experiment in community care.

Outcomes

Public health-based approaches share an epistemic proximity to arguments from the activist world, unlike specialized approaches, particularly in mental health, which lack ecological validity. Concrete examples of successful implementation also tend to reinforce this practical validity.

Discussion

Conceptualizing TGD people as a population at risk for systemic risks appears a better solution than hyperspecialized approaches based on diagnostic and prognostic assessment. Thus, transforming health care services towards primary care does not mean shifting tasks, but rather putting forward new practices and a new medical and paramedical stance in the service of self-determination and human rights.

Take Home Message for Practice

TGD users should be recognized as experts in their situation.

Medical support should focus on health promotion and risk reduction.

It is necessary to develop interprofessional networks to support a transdisciplinary approach.

Abstract topic

08. Health inequalities

Abstract ID: 810**Internal code**

P08-026

Presentation form

Poster on paper + ePoster

Developing a service: meeting the health needs of asylum seekers in Mid-Devon

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²⁾Amicus Health, Tiverton, United Kingdom

Introduction/Background

Clare House Practice in Tiverton is one of two practices providing primary care to a small Mid-Devon town with a population of approximately 35,000 people. In January 2022 a hotel in the town was commissioned to house Asylum Seekers who had recently arrived in the country. To address the potential unmet health needs of this population a project was started within the practice to ensure that high quality, timely healthcare was provided to mitigate any potential health inequalities.

Methods

A health framework was set up to meet the needs of Asylum Seekers in Mid-Devon. This included ensuring interpreters were available, registering patients, providing initial health assessments for each patient and carrying out a rapid vaccination programme in the context of new cases of COVID-19 within the Asylum Seeker community. The project ensured that the sometimes complex mental and physical health needs of the patients were met in an appropriate and culturally sensitive way.

Results and Conclusion

This is an ongoing project. Some of the initial challenges have included controlling the spread of COVID-19, co-ordinating initial COVID-19 vaccinations, identifying patients whose names and dates of birth differ from Home Office documentation and sourcing adequate translation services. As the project evolves we aim, as a practice, to continue to offer high quality health care that focuses on the specific needs of the Asylum Seeker population.

Abstract topic

08. Health inequalities

Abstract ID: 830

Internal code

P08-027

Presentation form

Poster on paper + ePoster

Healthcare transition from childrens' to adult care facilitated in general practice

Dirk Pilat

Online Learning Environment, Royal College of General Practitioners, London, United Kingdom

Background: Children with life-limiting conditions face significant challenges when they transition from paediatric to adult care. The transition involves many changes: the young person will transfer to adult specialities, to adult social care, and will experience changes in educational provision and legal changes involving parental responsibility for medical

decision making. The transition has been described as a 'cliff-edge' event, during which children and their families face significant stress, challenges, and unmet needs. When general practice is already aware of such a patient within their practice, a good service is already provided in many cases, but often young people with these conditions are not always visible, as the majority of their care is provided by paediatrics. Many of these young patients who thus far have had long term continuity of care from their paediatricians feel nervous or have little confidence in general practice and their ability to meet their complex needs. Often last minute 'fire-fighting' leads to negative outcomes

Question: How can general practice facilitate a successful transition

Methods: A two-year project by the RCGP and 'Together for short lives' which looked at the literature around health transition, and together with patients, carers, GPs and academics created a guide how primary care can lead on the process.

Outcomes: A guide how to lead healthcare transition in primary care

Take Home Message for Practice: Good healthcare transition in primary care is possible in cooperation with patients, social services, educational institutions, parents and carers.

Abstract topic

08. Health inequalities

Abstract ID: 859

Internal code

P08-028

Presentation form

Poster on paper + ePoster

Gender medicine – breaking the stereotype in our practices

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⁶⁾Department Primary Care, Omnes Healthcare, London, United Kingdom

Background

Until recently women were virtually invisible in medical research, by being excluded or significantly underrepresented in clinical trials. This resulted in women being diagnosed and treated based on male studies, which has contributed to widespread misconceptions like women having fewer heart attacks, or being more susceptible to mental illness, with important implications for their health outcomes.

Stereotypes and unconscious bias put women at risk of not having their medical issues diagnosed or addressed as well as not receiving the proper treatment they deserve.

For women to be treated equally, their differences have to be recognised. Although medicine continues to be taught in a way that presents men and women as alike, recent work on viewing medical research and in particular clinical trials with a gender lens, has shown how damaging this assumption can be. Family doctors should take this perspective into account when treating their patients.

Target Group

Family doctors, primary healthcare professionals

Didactic Method

Icebreaker activity

Short theoretical presentation, with clinical examples

Small group facilitated discussion

Discussion summary and gathering key aspects

Objectives

Make family doctors aware of their gender biases and the implications on the healthcare provided.

Discuss the different ways women can be affected by stereotypes and its impact on their health outcomes.

Provide participants with self-reflection and tools to continue working to challenge these stereotypes and provide proper care and treatment options for women.

Estimated number of participants

30-40

Brief presentation of the workshop leader

Nina Monteiro, GP, PhD student, VdGM Family Violence SIG lead.

Abstract topic

08. Health inequalities

Abstract ID: 888

Internal code

P08-029

Presentation form

Poster on paper + ePoster

Using primary care networks to reduce health inequalities: north lewisham

Aminah Verity, John McGuinness, Edd Morris, Lola Fakoya-Sales, Joyce Jacca
North Lewisham Primary Care Network, London, United Kingdom

Background

North Lewisham Primary Care Network (NLPCN) covers 80,000 residents in South-East London. Our population has a high proportion of non-white and migrant residents, high levels of socioeconomic deprivation and high prevalence of inclusion health groups. There is low uptake of health promotion, high burden of cardiovascular disease and lower life expectancy compared to national averages.

Methods

NLPCN have developed an innovative programme to address these health inequalities, placing co-production and community engagement at the centre. Initial steps included rapid engagement of 115 community organisations on their views on the causes of health inequalities. Current work streams include: 1) improving access to GP services through training administrators and reviewing triage/appointment booking systems. 2) Co-creating and running a community forum to engage the local community and co-produce our purpose, vision and strategy. 3) Hiring a social prescribing community link worker specifically to be the bridge between primary care and the community. 4) Developing a data strategy to identify and proactively manage residents at risk of health inequalities.

Outcomes

PCN wide messaging on GP access has been created and a series of workshops has developed administration access champions. Two community forums have identified five

key priorities: GP access, urban environment, poverty, long-term conditions and mental health. A data strategy has been developed, piloted and is expanding across NLPCN.

Discussion

NLPCN believes there is great power in addressing health inequalities through community engagement, ensuring their voice reflects our prioritisation and action. We are committed to using PCN resources to improve health outcomes.

Abstract topic

08. Health inequalities

Abstract ID: 894

Internal code

P08-030

Presentation form

Poster on paper + ePoster

Health checks for patients at risk of health inequalities: proactively identifying cardiovascular risk factors early

Aminah Verity, Edd Morris, John McGuinness, Lola Fakoya-Sales, Joyce Jacca
North Lewisham Primary Care Network, London, United Kingdom

Background

North Lewisham Primary Care Network (NLPCN) covers 80,000 residents in urban South London. There are high levels of socioeconomic deprivation, high proportion of inclusion health groups and a high burden of cardiovascular disease developing at a younger age. Nationally, the NHS Health Check programme aims to prevent cardiovascular disease and is available for people over 40 years old..

Methods

This project used an electronic health inequalities screening tool to identify patients over 18 at risk of health inequalities within one GP surgery. This tool was developed within the PCN using coded data on infrequent attendance, ethnicity, social information and long term conditions. The identified population were invited to attend a pop-up health check event. Smoking status, blood pressure and body mass index were recorded; and bloods taken for diabetes, lipid profile and HIV screening.

Results

781 patients were identified as high risk of inequalities from a surgery list of 13,000. Care co-ordinators were able to contact 390 patients, from which 70 attended (age range 18-90). 60% (42 patients) were found to have one abnormality within their checked parameters, of which 40% were aged under 40 years old. These findings included new diagnoses of diabetes, pre-diabetes, high cholesterol requiring medication, hypertension and obesity.

Discussion

Although a small sample size, a high proportion of patients under 40 in this pilot had significant underlying cardiovascular risk. This could have future implications for commissioning services and the role of health checks for younger populations in areas of high deprivation.

Abstract topic

08. Health inequalities

Abstract ID: 930

Internal code

P08-031

Presentation form

Poster on paper + ePoster

An update of migration & health legislation in England: an increasingly hostile environmentJoanna Dobbin*Primary care & population health, UCL, LONDON, United Kingdom***Background**

The Nationality & Borders Bill is currently working its way through parliament. Dubbed the anti-refugee bill, it builds on the *Hostile Environment* and the immigration bill of 2014, as a means to control immigration by dissuading migrants from coming to the UK through increasingly restrictive and punitive legislation once here. Despite evidence of the harm caused by this approach, the government is pushing ahead.

Questions / Discussion Points

- What does the change in legislation mean for primary care doctors?
- Why should we care?
- What can we do about it?

Content

- The history of migrant rights to accessing health in the UK in 60 seconds.
- Key changes proposed in the bill.
- The current evidence of the impact on migrants physical and mental health of these policies.

Take home message for practice:

Increasingly hostile and punitive anti-migrant legislation undermine the Refugee Convention and seek to damage the health of this already vulnerable group.

Abstract topic

08. Health inequalities

Abstract ID: 974**Internal code**

P08-032

Presentation form

ePoster only

Cervical screening non-responders: Is deprivation really a cause?Roseanne Ismail, William Herbert*University of Bristol, Bristol, United Kingdom*

The number of non-responders to the cervical screening programme is on the rise over the years. Every year, about 500 cases of cervical cancer in England is shown to be linked with deprivation. This clinical audit is aimed at establishing whether deprivation, language barriers and social class had a role in individuals not responding to cervical smear invites over the past year. We also explored whether the COVID-19 pandemic has contributed to the anxieties of patients surrounding visiting their GP practices. To conduct this audit, we used a questionnaire to identify the reasons behind the behaviour of non-

responders and to formulate recommendations to improve patient engagement with cervical screening.

Reasons such as the ongoing pandemic, worries around the procedure, past traumatising experience, and misbeliefs on who needs the smear were revealed to be the culprit behind non-responders. A number of patients reported 'not receiving an invite' due to changes in their address and/or contact details. However, results demonstrated that there was no correlation between deprivation or social class and non-responders in our population. This was unforeseen given that research demonstrates there is a lower uptake of cervical screening in deprived and lower socioeconomically developed areas. Through identifying areas for improvement, we have formulated strategies for our practice to overcome low cervical smear uptake. Strategies include ensuring patient contact details are updated regularly, providing patient information leaflets on the cervical smear and who needs it and reiterating that the cervical smear programme is ongoing despite the COVID-19 pandemic.

Abstract topic

08. Health inequalities

Abstract ID: 1052

Internal code

P08-035

Presentation form

Poster on paper + ePoster

Sexual health of the migrant population of Bordeaux, France: Exploration of the needs and expectations of asylum seekers

Fanny Rabbé-Brassens, Emmanuel Prothon

Department of General Practice, Université de Bordeaux, Bordeaux, France

Background: The sexual health of migrants faces many obstacles leading to greater vulnerability and increased prevalence and incidence of sexually transmitted infections.

Questions: The main objective of the present work is to reach out to explore the needs and expectations regarding sexual health care of asylum seekers in the Bordeaux metropolitan area, in the South-West of France.

Methods: A qualitative method was carried out in a shelter for asylum seeker (CADA) in Eysines between February and March of 2021. Semi-structured interviews with migrants using a guide were recorded and coded and a thematic analysis was performed.

Outcomes: 22 people were interviewed, 15 women and 7 men. The main needs of migrants were better access to medical knowledge concerning sexually transmitted infections (STIs), contraception and women's health, but also an improvement in the management of sexual violence. They also want comprehensive care, including mental health. They expect medical professionals to approach sexual health in a positive way, with professionalism and with an intercultural approach.

Discussion: Improving the quality of sexual health of the migrant population requires promotion of a multidisciplinary health care system with the help of professionals specialized in sexual health. Encouraging education is one of the main axes of the fight against STIs and sexual violence, but also a guarantee for better overall management of the sexual health care.

Take home message: Migrants' sexual health is not just about fighting STIs, it requires a comprehensive approach in order to assess all the specific needs of this population.

Abstract topic

08. Health inequalities

Abstract ID: 1060**Internal code**

P08-037

Presentation form

Poster on paper + ePoster

Consensual non-monogamy and the role of the GP in understanding and de-stigmatizing behaviours

Alessio Platania^{1, 2, 3)}, Nadia Toumi⁴⁾, Indre Licyte⁵⁾, Marta Ruivo⁶⁾

¹⁾*Sexual Health Clinic, Royal Berkshire Trust, Reading, United Kingdom*

²⁾*Lead GP, Livi UK, London, United Kingdom*

³⁾*Movimento Giotto, London, United Kingdom*

⁴⁾*Locum Family Medicine Specialist, Utrecht, Netherlands*

⁵⁾*AND Klinika, Vilnius, Lithuania*

⁶⁾*USF da Baixa, ARSLVT, Lisbon, Portugal*

Relationship and family models are constantly evolving, creating new relationship dynamics and terminology which are often unknown to members of older generations. Despite being a growing phenomenon, consensual non-monogamous relationships (an umbrella term which includes for example polyamory, open relationships or swinging) can often be subject to social stigmatisation and perceived in a negative way, mainly due to the divergence from more commonly accepted social and cultural based models. The pandemic restrictions had a particularly heavy toll on the community but many struggled to disclose this with relatives or healthcare professionals.

Family Doctors have the privilege to accompany patients throughout their life, which may entail different relational arrangements. Understanding these different dynamics is crucial not only to give appropriate, open and non-judgmental support but also to identify potential unaddressed health needs.

Target Group: all healthcare professional

Didactic Method: after an introduction to the terminology and the different dynamics and a presentation on data from scientific literature, participants will be split into smaller groups to discuss different case studies based on a GP setting.

Objectives: To learn about different models of familial and relational styles; to recognise personal and cultural bias towards sexual and relational styles, to overcome prejudices, prevent judgment and increase tolerance, to enhance the capacity of assessing and providing care regarding patients' sexual and mental health.

Estimated number of participants: no limit

Brief presentation of the workshop leader: Dr Platania is a GP and Sexologist working part-time in a Sexual Health Clinic in Reading(UK).

Abstract topic

08. Health inequalities

Abstract ID: 1168**Internal code**

P08-038

Presentation form

Poster on paper + ePoster

Nine islands, once concept: health

Rodrigo Tavares, André Rocha, Beatriz Câmara, Inês Pereira, Joana Câmara, João Duarte, Nádía Lopes

Unidade de Saúde da Ilha de São Miguel, Ponta Delgada, Portugal

Background

Equity in the access to health care in an outermost region – Characterization of an health system in a insular reality.

Discussion Point

The Azores, a Portuguese archipelago made up of 9 islands, have a public health system consisting of nine primary health care centers (one center per island) and three hospitals (located on 3 different islands).

The main difficulty of this system is the interconnection between primary and secondary health care, since it often requires air/sea transportation, in urgent/emergent and even elective situations, a practice with a great impact on the patient's lives.

This geographical dispersion hinders the implementation of a truly equitable system, where all users (in every island) have access to the same services/opportunities. The main challenge is in how to implement positive discrimination measures that can allow everyone to have equal access to health resources, available in the region (or outside of it).

Investing in primary health care should be the most effective and efficient method to address the needs of the region.

Conclusion

A health service that is accessible is undoubtedly a service that promotes equity. Could the status of an outermost region be a positive discriminant in the allocation of funds that allow the provision and strengthening of the health sector with means and opportunities promoting equity in health care responses in islands realities?

Abstract topic

08. Health inequalities

Abstract ID: 1172

Internal code

P08-039

Presentation form

Poster on paper + ePoster

How prepared are hairdressing salons and GP practices for working in partnership to promote the uptake of cardiovascular disease screening among women living in London's deprived and ethnically dense communities?

Tethi Patel, Marjorie Lima do Vale, Clare Coultas, Louise Goff, Veline L'Esperance, Alexis Karamanos, Salma Ayis, Stevo Durbaba, Mariam Molokhia, Seeromanie Harding
Population Health Sciences, King's College London, London, United Kingdom

Background

Hairdressing salons are trusted community assets, and have been successfully used for womens' health promotion in the United States. In the UK, ethnicity and deprivation are consistent correlates of cardiovascular disease (CVD) risk factors, and poor uptake of CVD screening.

Question: What is the preparedness of embedding hairdressing salons into the primary healthcare pathway in deprived neighbourhoods to improve early detection and management of CVD?

Methods:

We used a sampling frame of salons using GIS, online directories and participatory mapping. An overlapping map of hair salons, GP practices, CVD and mortality, Index of Multiple Deprivation, and ethnic specific densities was developed. Readiness assessments of eligible GP surgeries (4) and salons (~8), used qualitative and quantitative tools developed for studies on integrated community-primary healthcare systems, based on WHO guidance (covering governance, capacity, community-primary care collaborations, communication and information technology platforms).

Outcomes:

We will report on interviews with salon staff working in salons that target specific ethnic groups (e.g. Black Caribbeans, Black Africans) and those that cater for clients from different ethnic/migrant groups, located in deprived areas with high CVD need. Interviews with neighbouring GP practices, will discuss perceptions of cultural safety, competing priorities, community referral, follow-up systems and governance issues. The results will inform the key barriers and enablers for salons and GP practices jointly delivering a culturally accessible sustainable CVD prevention service model.

Discussion & message:

Hairdressing salon settings are a powerful community asset and a partnership with GP practices could facilitate CVD prevention services with equitable reach.

Abstract topic

08. Health inequalities

Abstract ID: 1189

Internal code

P08-040

Presentation form

Poster on paper + ePoster

Cervical screening challenges amongst travellers and gypsies: A primary care perspective

Anjali Patel, Reshma Rasheed, Yathorshan Shanthakumaran

Research & Medical Education, Chapel Street Surgery, Rigg Milner Medical Centre & Corringham Health Clinic, Tilbury, United Kingdom

Background:

Travellers populations have poor uptake of cervical screening due to increased mobility across health care providers and lack of education. The study undertook surveying travellers who did not attend for cervical screening to understand barriers to accessing screening .

Method:

The practice population studied had a high number of indigenous travellers living at a local site. During the COVID-19 pandemic due to travel restrictions many travellers remained on the traveller site.

Results:

The surgery was able to contact many of the women for screening and this helped bring up the uptake rates to 88%. 48 women (12%) who declined were surveyed using a mixed methods study . Female travellers aged between 25-65 years were selected for interview and 49 patients were contacted. Reasons for DNAs included inability to reach patients (20%) due to frequent change of mobile numbers &, failure of post reaching the traveller site. Pain and embarrassment (5 women) and a perception that taking a smear will compromise their virginity were given as reasons. 14 patients did not think a repeat smear after a negative index smear would be necessary.

Conclusions: Travellers are a unique population whose frequent change of address lifestyle and traditional beliefs dominate their culture. Lack of formal education and inability to read or write present barriers to access care. As literacy rates improve in younger women we see a slow increase in cervical smear uptake rates. Conversely the covid pandemic improved uptake rates as travel restrictions enabled the surgery to approach this population.

Abstract topic

08. Health inequalities

Abstract ID: 1190**Internal code**

P08-041

Presentation form

Poster on paper + ePoster

Vaccine hesitancy in pregnancy; an observational study in primary careAnjali Patel, Reshma Rasheed, Yathorshan Shanthakumaran*Research & Medical Education, Chapel Street Surgery, Rigg Milner Medical Centre & Corringham Health Clinic, Tilbury, United Kingdom***Background:**

Menstrual irregularities have been reported post covid vaccination. Our retrospective study looked at the true prevalence across a patient population in primary care. Dispelling myths of post COVID-19 vaccine menstrual irregularities is necessary to enhance uptake of the vaccine in women of reproductive age.

Method:

A retrospective analysis of the database of the patient population across three sites (circa patient population 12,000) was undertaken. Patients were asked about their menstrual cycles regularity after the vaccination using an open and closed questionnaire. Women aged between 12-55 years were surveyed post vaccination to assess their perception of menstrual problems vs pre-vaccination. Women with pre-existing menstrual problems were excluded.

Results: Total patient population of 5500 , 68 patients had the COVID-19 vaccine. Of these 50 patients with pre-existing menstrual irregularities were excluded but these 21 (42%) patients admitted to a worsening of their symptoms both cycle length and regularity.

Conclusions:

COVID-19 vaccination has been shown to be associated with worsening of pre-existing menstrual irregularities and the development of menstrual irregularities de novo. Women in their mid-20's to late 40's, showed a predominance of anovulatory cycles and menorrhagia . There has been no evidence found that the COVID-19 vaccine

affects fertility. We feel it was important to do this study in order to provide reassurance to patients of the reproductive age group and dispel myths of any association impact on menstruation. This enables us to counsel women more effectively and provide reassurance of the safety of the vaccine.

Abstract topic

08. Health inequalities

Abstract ID: 1196**Internal code**

P08-042

Presentation form

Poster on paper + ePoster

Health inequalities in gynaecological cancer screening in France: which role for GPs in the division of tasks?

Geraldine BLOY¹⁾, Laurent RIGAL²⁾¹⁾*Sociology, University of Burgundy, DIJON, France*²⁾*General Practice, Paris-Saclay University - INSERM CESP 1018, Le Kremlin Bicêtre, France*

It is generally assumed that the care received differs only slightly according to social status in France. Our presentation cross-references epidemiology and sociology to question this assumption in the case of gynecological cancer screening (through pap-smears and mammograms) and question the GP role in this matter. The analysis is based on two surveys on French GPs' preventive practices and backed by a large multidisciplinary literature.

Prev Quanti was an epidemiological survey based on cross-sectional observations in the practices of 52 volunteer training supervisors. 35 women aged 40 to 74 years were selected at random from the patient list of each doctor. Information on the screenings was collected from the patients and separately abstracted from their medical files. *Prev Quali* was a qualitative sociological survey carried out by in-depth semi-structured interviews of a diversified sample of 99 GPs on the same screenings.

We measured marked social gradients in both screenings and related these gradients to the last prescriber: medical gynecologist (=specifically French specialist), GP, or organized screening program. The contextualization of the prescription, with the different professional groups and institutions at play, reveals a system of interlinked but poorly coordinated actors responsible for the screenings. Although GPs are supposed to be globally in charge of preventive care and coordinate the different health professionals, they have been marginalized as gynaecological caregivers and have become unevenly willing/able to practice preventive gynecology. These suboptimal division of tasks, with poor coordination, directly contributes to shape social inequalities in healthcare access without raising much concern.

Abstract topic

08. Health inequalities

Abstract ID: 1233**Internal code**

P08-043

Presentation form

ePoster only

Auditing the uptake of diabetic retinal screening in a general practice in tower hamlets: re-thinking ethnicity and language barriers

Hardeep Kandola¹⁾, Abdullah Younis¹⁾, Osman Bhatti²⁾

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²⁾*St Andrew's Health Centre, Bromley by Bow Health, London, United Kingdom*

Introduction

Non-attendance to diabetic retinal screening (DRS) is associated with lower socioeconomic groups and ethnic minority background. Tower Hamlets is the third most deprived local authority in the country with a high ethnic minority population, particularly Bengali. We wanted to assess the DRS uptake across various demographics.

Method

Searches were undertaken on EMIS identifying patients with diabetes eligible for DRS in 2022, with a 15 month margin for attendance. These patients were assessed for their age, gender, ethnic origin, country of birth and main spoken language.

Results

Out of 15321 total patients, 665 (4.3%) were eligible for DRS. 45 patients (6.7%) had type 1 diabetes mellitus (T1DM) and 623 (93.7%) type 2 (T2DM). 143/665 (22%) did not attend (DNA) screening, 33% with T1DM and 27% T2DM. The mean age for those who DNA and did attend (DA) was 55 (SD=16.5) and 56 (SD=14.0) respectively.

Bangladeshi was the most represented ethnic origin in both DNA (50.4%) and DA groups (54.4%). Next was White British accounting for 11% (DNA) and 9.3% (DA). Those who spoke Bengali as their first language made up a smaller percentage (24.5%) in the DNA group than those who did attend (DA) (31.8%). English speakers were similarly represented at 44% and 42% in the DNA and DA group respectively.

Conclusion

Our above average DRS rates and described demographic findings directly contrast the current understanding that language barriers, ethnic minority cultural views and low socio-economic background cause low uptake.

Abstract topic

08. Health inequalities

Abstract ID: 1293

Internal code

P08-045

Presentation form

Poster on paper + ePoster

Strategies for the reorganization of primary health care in the covid-19 pandemic in a city in a Brazilian northeast semi-arid

Larissa Cunha

Hospital Israelita Albert Einstein, São Paulo, Brazil

Background:

Primary Health Care (PHC) plays an important role dealing with COVID-19, being able to act strategically to reduce the risk of transmission from early diagnosis, individual and family risk monitoring.

Questions:

What are the strategies for reorganizing care practices in PHC in the context of the COVID-19 pandemic?

Methods:

Descriptive exploratory study with a qualitative approach carried out through cartography. The study scenario was Sobral, located in the Brazilian northeast semi-arid region. Data were collected through in-depth interviews with PHC professionals and analyzed through thematic analysis, supported by the NVIVO 11 software. The study has a favorable opinion from the Ethics Committee.

Outcomes:

The reorganization of care practices in PHC focused on intervention axes, anchored in the family and community approach. Surveillance actions were developed with the implementation of a dialogue/monitoring channel through messaging application and peridomestic visits by Community Health Agents.

In addition, the actions inherent to the dynamics of the PHC units were adapted from the extended opening hours of the PHC units; specific inflows of respiratory symptomatic patients and other patients; immunization and dispensing free medication for chronic patients at home and in schools; telemedicine of complex cases supported by specialist doctors and remote assistance.

Take Home Message for Practice

The importance of PHC is revealed, anchored in a care model of family, community and territorial approach, in facing the COVID-19 pandemic.

Abstract topic

08. Health inequalities

Abstract ID: 69**Internal code**

P08-046

Presentation form

ePoster only

Are we depriving the future General Practice workforce?

Daniel Butler, Diarmuid O'Donovan, Nigel Hart

School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast, Belfast, United Kingdom

Background

All-cause mortality rates are higher in more deprived areas, as are COVID-19 mortality rates. Part of the solution is to increase access and availability to healthcare in underserved and deprived areas, which should include recruitment and placement of junior medical staff in underserved and deprived areas as we know doctors' career choices are influenced by prior experience in a specific working environment.

Question

Are current GP trainees being deprived of experience in high need areas?

Methods

A quantitative study of General Practices across NI involved in postgraduate GP training, using the GMC Programme and Site Approval list, comparing practice lists by deprivation indices, using the Northern Ireland Statistics Research Agency data. A 'General Practice with blanket deprivation' was defined as having over half of the registered patient list living in the most deprived quintile.

Results

169 (52%) General Practices in NI were registered on the GMC list as approved postgraduate training practices. 50% of NI's 'General Practices with blanket deprivation' were registered as postgraduate GP training Practices, and 45.5% of practices without blanket deprivation.

Discussion

Practices with blanket deprivation were proportionately represented in NI. Exposure to General Practice in deprived areas is an essential step to improving future workforce recruitment and to closing the health inequality gap. This study is limited to NI, does not consider Practices with pocket deprivation, does not include data on how many training posts are currently being taken up and further work is required to compare institutions across the UK and Ireland.

Abstract topic

08. Health inequalities

Abstract ID: 124

Internal code

P08-047

Presentation form

ePoster only

Assessing a practice discussion of weight management options with patients

Omowunmi Sonubi

Abbey House Medical Practice, Daventry, United Kingdom

Title: Assessing a practice discussion of weight management options with patients

Aim:

To explore obesity burden among patients in a single GP practice.

Explore weight management options offered to obese patients.

Explore if health care practitioners (HCP) initiated talks regarding weight.

Background

Obesity is a complex, chronic disease which is often relapsing and hence should be treated as such by all HCP.

A loss of 5-10% of body weight inadvertently leads to significant improvement in health outcomes for patients.

The inability to initiate discussion around weight and offer available weight management options severely impair the patient's ability to get the treatment they need.

Methods:

A computer search was done in a single practice, using the search word BMI ≥ 30 and a systematic sampling was done for a sample size of 50.

Results:

19% of the practice population had a recorded BMI ≥ 30 in the year of study.

78% of the patients had a discussion about their weight.

42% had lifestyle intervention offered to them. This includes referral to dietitians, weight watchers or slimming world.

12% were offered pharmacotherapy (orlistat) whereas only 6% had any discussion around surgical intervention.

Discussion

Whilst a significant number of patients were obese, it was clear HCP's had not initiated discussion around their weight. An initial discussion around weight will then guide clinicians to offer appropriate individualised treatment plans. To help initiate the discussion, 3 easy steps have been developed as below

Take Home Message:

3 easy steps:

Ask for permission

Respect decisions

Show empathy

Abstract topic

08. Health inequalities

Abstract ID: 492

Internal code

P08-048

Presentation form

ePoster only

HRT prescribing patterns and financial cost to patients

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²⁾ucl, london, United Kingdom

Background

The benefits of HRT outweigh the risks for most women and women usually require this treatment for years / decades to improve symptoms and provide benefits to bone and cardiovascular health. Treatment can involve several medications, and this can be expensive.

Questions

How much money are women spending on their HRT?

Methods

An online survey was created and shared through social media channels. Questions asked about HRT on a NHS repeat prescription, length of time the prescription lasted, and how much they spent on HRT each year.

Outcomes

There were 1292 responses and >97% had their HRT supplied by their NHS GP. Although the majority were receiving HRT on repeat prescriptions, 20% of the respondents did not. The duration of prescriptions varied, the majority being 3 months or less. Over half of the respondents (55%) reported that their prescription usually lasted 3 months and less than 10% lasted six months or more.

Regarding the financial cost to patients, 29% of respondents had their prescription costs covered. However, 59% of respondents were paying at least £50 per year stated they spent £51-£150 and 12% estimated they spent £10-£50.

Discussion

The menopause constitute a prolonged period of hormone deficiency, and HRT is an effective treatment that requires multiple prescriptions, usually for many years.

Take Home Message for Practice

It is important that HRT is prescribed on a repeat prescription to minimise cost and inconvenience to patients.

Abstract topic

08. Health inequalities

Abstract ID: 701

Internal code

P08-050

Presentation form

ePoster only

Digital Inclusion Survey in Elderly Patients 80 and above at Boutham Park Medical Practice Lincoln, Lincolnshire

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Background

Covid 19 pandemic resulted in changes in general practice, digital technology was quickly utilized for service provision. Resources included video consultation, econsult, AskMyGP, accurx etc. The importance of remote consultation is acknowledged by RCGP. Digital technology may create challenges and inequality for the elderly.

Aim - To empower elderly patients with IT skills.

Methods

Participants were recruited from a cross-sectional survey of people ≥80 years, who attended for covid booster vaccine in October 2021. The questionnaire included closed and open-ended questions.

Outcome

We distributed 60 questionnaires and received 33 responses. They were 51.5% females and 48.5% males. About 54.5% had mobile phones with cameras. Only 40.6% could use the camera phone while 59.4% could not. Barely 30% wanted to learn how to use their camera phones, and 70% preferred not to learn how to use them.

Discussion

Our findings revealed many of our patients ≥80 years did not have proficiency in digital IT and were not keen to learn. Bridging the gap of digital inclusion in the elder could involve investing in IT support programs to assist the elderly people. We should ensure that those who are digitally naïve are not left out in the deep end.

Conclusion

It appeared that a significant number of elderly patients in our area are not keen to learn digital IT to improve access to healthcare service at the GP surgery. There is still much work to be done in supporting them for adequate access in the future of general practice.

Abstract topic

08. Health inequalities

Abstract ID: 819

Internal code

P08-051

Presentation form

ePoster only

Carrying out annual health checks for people with learning disabilities during covid pandemic – a single practice experience

Ayesha Mahmud

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Background

People with learning disabilities (LD) have poorer health outcomes than rest of population which is mostly avoidable. Annual Health Check (AHC) for people with LD can help improve outcomes.

At Mosely Avenue Surgery, Coventry we identified lack of these important checks at surgery. However, COVID-19 posed a challenge and needed extra planning.

Questions:

What reasonable adjustments are needed during pandemic to carry out AHC for patients with LD?

What is impact of COVID-19 on patients with LD?

Methods:

Updating LD register.

Staff training

Dissemination of information to patients and carers

CCG and RCGP Special Interest Group for LD advice sought: remote consultation acceptable during this period.

RCGP toolkit and Emis template used

Addition of Covid related questions in template to capture impact of Covid

Outcomes:

List size:11849

LD register:57

First cycle: October 2020 – October 2021

68% coverage

90% of those patients said their life was adversely impacted by COVID-19. Factors identified were:

1. Loss of social interaction and independence due to lockdown

2. Increased anxiety as:

- loss of routine

- Inability to understand the nature of COVID-19

Discussion:

AHC is an important tool in improving health inequalities

Remote consultation made important checks possible

Adverse impact of COVID-19 on this vulnerable group needs acknowledgement and work.

Take Home Message for Practice:

LD register needs updating to be truly representative of practice list size.

Move to face-to-face AHC

Improve coverage and obtain feedback from patients

Audit first cycle to improve and implement changes for next cycle.

Abstract topic

08. Health inequalities

Abstract ID: 846

Internal code

P08-052

Presentation form

ePoster only

Clinical characteristics and risk factors for COVID-19 infection and disease severity: A nationwide observational study in Estonia

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Background: COVID-19 pandemic has required overloading of health systems all over the world. For reliable risk stratification, knowledge on factors predisposing to severe COVID-19 disease course is needed for decision-making at the individual, provider, and government levels.

Methods: We undertook a retrospective cohort study of 66,295 people who tested positive for SARS-CoV-2 RNA and 254,958 randomly selected controls to evaluate risk factors of infection and severe disease course.

Outcomes: Dementia, renal disease, and cerebrovascular disease increased the risk of infection. The strongest contributors to critical illness and lethal outcome were renal disease, history of previous myocardial infarction, obesity, cancer, liver disease, and cerebrovascular disease. Hypertension, hyperlipidemia, and diabetes had a relatively modest effect on the risk of critical COVID-19, but are the most common co-morbid conditions, therefore their contribution at the population level is likely to be substantial. The protective effect of the female sex was strong and the strength of association increased with diseases severity.

Discussion: Taking into account the role of ACE2 receptors in the pathogenesis of SARS-CoV-2 infection, as well as its modulating action on RAS system, further research is needed to investigate the influence of hormonal status on ACE2 expression in different tissues, as well as impact of methods aimed to stabilize metabolic profile on the course of the disease.

Take Home Message for Practice: People with metabolic syndrome and those with health conditions affecting vascular endothelia and RAS system are at greater risk of severe COVID-19.

Abstract topic

08. Health inequalities

Abstract ID: 991

Internal code

P08-053

Presentation form

ePoster only

Adolescents and young adults' habits and perspectives towards healthcare services, a cross-sectional study

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²⁾CINTESIS - Center for Health Technology and Services Research, Faculty of Medicine, University of Porto, Porto, Portugal

Background: World Health Organization announced COVID-19 as a pandemic. Inhabitants' physical isolation, concerning contagious disease infection status or risk, quarantine, it's a used to control or limit contamination. Although present low risk for infection, young people are, indeed, a vulnerable group from social point of view with impact on health issues.

Objective: We aim to characterize main concerning of young population in the pandemics context.

Methods: A cross-sectional study involving Portuguese teenagers from 16 to 24 years old. We conducted a nationwide survey from April/2020 to July/2020 to evaluate participants' worries regarding COVID19 pandemics and their impact on their lives.

Results: The total sample included 3898 participants, with mean age of 19 years old, mainly females (71%). The main concerns about pandemics are transmitting COVID19 (92%), permanent social changes (72%), health care services access (71%), academic activities access (69%) and family time or friends' access (66%).

Discussion: Several social concerns affected youngers during pandemics. These results are relevant for anticipation of needs in a preventive approach.

Take home message for practice: Pandemics had several social impacts in youngers relevant for their health.

Abstract topic

08. Health inequalities

Abstract ID: 1002

Internal code

P08-054

Presentation form

ePoster only

Adverse pregnancy outcomes secondary to gestational diabetes during the COVID-19 pandemic: a data linkage study

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Background

Gestational diabetes (GDM) is associated with complications including preterm delivery, macrosomia and stillbirth. The onset of the COVID-19 pandemic prompted significant alterations in antenatal screening practices for GDM and reports of the effect of these alterations on rates of GDM diagnosis and pregnancy complications are varied. However,

one meta-analysis reported an increase in adverse perinatal outcomes during the pandemic and that this increase was particularly evident in low-resource settings.

Aims

This study aims to explore the effect of changing GDM diagnostic techniques secondary to the COVID-19 pandemic on rates of diagnosis and perinatal complications. The effect of socio-economic status on any changes will be explored.

Methods

This is a retrospective cohort study of women using maternity services in Northern Ireland throughout the COVID-19 pandemic using data linkage of pseudonymised routinely collected healthcare data. Information contained within a database of maternity records will be linked with laboratory and primary care records to describe rates of GDM diagnosis and associated pregnancy complications, as well as rates of post-natal follow-up, before versus during the pandemic. Socioeconomic status will be included in regression models to determine the risk contribution to these outcomes.

Results / Discussion

This study will add to the body of literature describing the effect of pandemic-induced changes in GDM diagnostic criteria on diagnostic and complication rates. It will also explore ways in which socio-economic status has influenced these changes.

Abstract topic

08. Health inequalities

Abstract ID: 1281

Internal code

P08-055

Presentation form

ePoster only

A Randomised Control Trial of Culturally Adapted Motivational Interviewing and Mindfulness based CBT for People with Substance Use Disorder in Pakistan.

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Introduction

Psychoactive substance use has a significant impact on the health, social and economic aspects of families, communities and nations. There is a need to develop and test for psychological interventions aimed for people with Substance Use Disorder (SUD) in Lower and Middle Income Countries (LMICS), such as in Pakistan.

Objective

The aim of this exploratory trial is to test the feasibility and acceptability of two culturally adapted psychological interventions in a factorial randomized control trial (RCT) comparing four groups;

4 treatment groups;

1. Cognitive Behavioural Therapy based Motivational interviewing (MICBT)
2. Mindfulness Based Relapse Prevention (MBRP)
3. Combined MICBT and MBRP
4. Treatment as usual (TAU)

Study Outline

This study will be conducted in 3 phases;

1. Cultural adaptation of the interventions through focus groups with key stakeholders
2. Refine the intervention and to produce manual assisted intervention.
3. Assess the feasibility of the culturally adapted interventions through a factorial RCT

Conclusion

The protocol is to assess the feasibility and acceptability of combined CBT based MICBT and MBRP intervention for individuals with SUD. Although these are evidence based interventions, research evidence on efficacy of these interventions for SUD in LMICs like Pakistan is limited. If proven effective, the trial will strengthen the evidence base for treatment of SUD. Based on the work during the trial period, we will establish a robust platform to conduct capacity building in order to facilitate opportunities for research knowledge deployment and knowledge exchange. It will also help shape clinical practice, government policy and research in relation to supporting individuals with SUD.

Abstract topic

08. Health inequalities

Abstract ID: 1289

Internal code

P08-056

Presentation form

ePoster only

Dental vulnerability scale in Primary Health Care: development and validation

Danielle Palacio, Camila Nascimento Monteiro, Daniele Boina de Oliveira, Flavio Rebutini, Larissa Olm Cunha, Wilands Patrício Procópio Gomes, Ricardo Tuma Guariento, Danielle Viana Ribeiro Ramos, Daiana Bonfim
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Prioritizing access to oral health (OH) services is challenge to many countries. The discussion about dental care access at Primary Health Care (PHC) services in Brazil is relevant since it's observed the variety of practices to choose people for OH services. To understand vulnerabilities enables to know the conditions that expose the individuals to illness helping to prioritize care. However, there is no scientifically validated instrument to identify vulnerability in OH that could help the prioritization of the population. The objective is to seek evidence for scale of perception of dental vulnerability for use at PHC. We conducted using a psychometric study, in which the evidence of content validity stage established the preparation of items in the first instrument, through a panel of judges and the application of the content validity ratio. In the internal structure validity stage, the initial scale was applied to 1227 individuals and results were analyzed by means of the exploratory factor analysis and confirmatory factor analysis, with the application of three reliability indicators (Cronbach's alpha, McDonald's omega, Greatest Lower Bound). The final Dental Vulnerability Scale (DVS) comprises four dimensions (overall health, OH, infrastructure, and healthcare services) and has 15 evaluating items. The DVS instrument was considered valid to be used at PHC. The psychometric analysis reflected satisfactory results indicating the instrument might identify dental vulnerabilities. Thus, DVS helps professionals, students, and managers to plan actions and services

related to OH identifying high vulnerable cases, improving access and promoting efficient practices, adding quality to patients care.

09. Quality improvement

Abstract topic

09. Quality improvement

Abstract ID: 63

Internal code

P09-001

Presentation form

Poster on paper + ePoster

Prediction value of the LACE index to identify older adults at high risk for all-cause mortality in South Korea: a nationwide population-based study

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Background

Little is known about the association between LACE index and all-cause mortality in older adults. We aimed to validate the LACE index to predict all-cause mortality in older adults and also analyzed the LACE index outcome of all-cause mortality depending on the disease and age of the participants.

Methods

We used a nationwide claims database. We enrolled 7,491 patients who were hospitalized at least once between 2003 and 2004, aged ≥ 65 years as of the year of discharge, and subsequently followed-up until 2015. The LACE index was estimated using the claims database. The Cox proportional hazards model was used to estimate the hazard ratio (HR) for all-cause mortality.

Results

In populations over 65 years of age, patients with LACE index ≥ 10 had significantly higher risks of all-cause mortality than in those with LACE index < 10 (HR, 1.44; 95% confidence interval, 1.35–1.54). For those patients aged 65-74 years, the HR of all-cause mortality was higher in patients with LACE index ≥ 10 in almost all the diseases except CRF and mental illnesses. And those patients aged ≥ 75 years, the HR of all-cause mortality was higher in patients with LACE index ≥ 10 than in those with LACE index < 10 in the disease of pneumonia and MACE.

Conclusion

This is the first study to validate the predictive power of the LACE index to identify older adults at high risk for all-cause mortality using nationwide cohort data. Our findings have policy implications for selecting or managing patients who need post-discharge management.

Abstract topic

09. Quality improvement

Abstract ID: 66

Internal code

P09-002

Presentation form

ePoster only

Gabapentinoid prescribing at a primary care practice in Oxfordshire

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Background: Pregabalin and gabapentin are commonly prescribed in primary care for pain. Due to adverse effects and dependence concerns, patients require close monitoring and review to ensure continued benefit.

Questions: What is the indication, prescribing practice, and review pattern of patients on gabapentinoids at a GP practice in Oxfordshire?

Methods: Electronic patient records were used to review consultation history in repeat prescription patients.

Outcomes: 24 patients were included. All were prescribed gabapentinoids for pain, 2 (8%) of which licensed, for peripheral neuropathy. Length of use ranged from 47 days to 10.2 years, and 50% of patients had been on gabapentinoids for over 3.5 years at the time of study. 10 patients (42%) were first reviewed within four weeks, a further 6 (25%) within three months, and 6 patients (25%) never had a review after initiation of gabapentinoids. Only 11 patients (46%) had an explicit review scheduled to discuss benefit of the medication. 58% of patients had not been reviewed in the last year, and 28% hadn't been reviewed in the last two years.

Discussion: Patients are on gabapentinoids long-term without standardised reviews. Interventions introduced to address this include: a review being scheduled at first prescription, a pain control assessment done before initiation and at first review to quantify benefit, and once stable, patients are reviewed every 6-12 months.

Take Home Message for Practice: To optimise risk-benefit ratios for gabapentinoid prescriptions, patients must be regularly reviewed in a quantitative manner.

Abstract topic

09. Quality improvement

Abstract ID: 84**Internal code**

P09-004

Presentation form

Poster on paper + ePoster

Retrospective review of presentation and referrals of patients with long-COVID at a GP partnership

Shreeya Kotecha*Primary Care, Solihull Healthcare Partnership, Solihull, United Kingdom*

COVID-19 symptoms can persist for months and have significant impact on physical and mental health. Multidisciplinary approaches to assess and manage long-COVID have

been introduced and the aim of this study was to review the presentation and referrals of patients post COVID-19 in a GP partnership.

A search of patients over 18 coded as confirmed COVID-19 between 1/2/20 and 15/12/21 identified 5435 patients. 31 patients over 18 were either coded as or referred to the Long-COVID clinic. 80.6% were referred to Long-COVID clinic, 6.5% had declined referral and 12.9% were coded but no action was taken. From a randomised sample of 285 patients (5.2% identified population), 12 (4.2%) had similar presentations to those referred/coded as Long-COVID but were not referred.

The 31 patients referred/coded on average had 3.8 reviews with the GP before referral/coding, were seen on average 26 days after COVID, and 100% of patients had a combination of fatigue, cough, breathlessness and myalgia. The 12 that had similar presentations on average had 2.9 appointments after diagnosis and were seen on average 22 days after COVID. 4.2% of the reviewed population had potential long-COVID but were not referred, therefore a possibility of 228 patients having long-COVID from the total population over 18 with COVID-19.

This review identified an inconsistent referrals process to long-COVID clinic and recommendations include sending a questionnaire to all patients with COVID-19 to raise awareness of potential symptoms, and introducing an alert on notes to prompt referral.

Abstract topic

09. Quality improvement

Abstract ID: 110

Internal code

P09-005

Presentation form

Poster on paper + ePoster

A quality improvement project on co-ordinating post-discharge care for acute kidney injury

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Background

Acute kidney injury (AKI) is a clinical syndrome that often complicates an acute illness in hospital. Following an episode of AKI, patients remain at increased risk of re-admission, morbidity and mortality. Inadequate discharge summary information creates additional investigative work and impedes the co-ordination of post-AKI care in the community.

Question(s)

Do educational interventions improve AKI documentation and requests for community follow-up on discharge summaries?

Method

A multi-cycle quality improvement project was conducted with outcomes measured against Royal College of General Practitioner (RCGP) guidelines. AKI documentation and recommendations for community follow-up were audited at 3 intervals: pre-intervention, 3 months and 4 months. The first intervention was an educational poster and the second was a teaching session.

Outcomes

There was no improvement in documentation of AKI stage or recovery status on discharge summaries following our interventions. There was an increase in requests for

community follow-up in AKI patients from baseline following our first intervention, specifically for clinical review (0% to 10%) and renal function monitoring (16% to 30%). These improvements were not enhanced further by our second intervention.

Discussion

Our first intervention led to an improvement in documented requests for community follow-up on discharge summaries. Other strategies are needed to improve documentation of AKI stage/recovery status and make sustained improvements in community follow-up requests. Further studies should assess the implementation of follow-up in primary care.

Take Home Message for Practice

Clear documentation of AKI occurrence and follow-up plans on hospital discharge summaries can facilitate better post-AKI community care.

Abstract topic

09. Quality improvement

Abstract ID: 123

Internal code

P09-006

Presentation form

Poster on paper + ePoster

How HIV GP champions can contribute to promoting HIV testing and improving patient outcomes

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⁴Elton John AIDS Foundation, London, United Kingdom

Background

The Elton John AIDS Foundation's (EJAF) HIV Social Impact Bond (SIB) began in 2018 and ran across three South London boroughs: Lambeth, Southwark and Lewisham (LSL). Its aim was to increase HIV detection and re-engage patients lost to follow-up by ensuring both primary and secondary care teams increased HIV testing and recall. A key part of this was the introduction of an LSL HIV GP champion team in December 2020.

Questions

To what extent can HIV GP champion teams help facilitate a sustainable approach to HIV testing and care.

Methods

EJAF funded two HIV GP champions in each LSL borough for one GP session a month. The group met monthly between January 2021 to December 2021. The group also met quarterly with the LSL secondary care HIV teams.

Outcomes

The champions enhanced collaboration between primary and secondary HIV care through addressing barriers to communication. Promoting awareness of HIV and good practice was achieved through training for both primary care teams and GP trainees.

Discussion

The GP champions developed a joint approach to working with secondary care, the tertiary sector and local authorities through convening multisector meetings where obstacles to effective patient pathways were identified and solutions implemented. This network also enabled the sharing of ideas and learning from each borough which maximised the impact and reduced duplication of work.

Take Home Message for Practice

HIV should be managed as a chronic disease requiring coordinated care between primary, secondary and community care. Primary care leadership is vital to enable this.

Abstract topic

09. Quality improvement

Abstract ID: 132

Internal code

P09-007

Presentation form

Poster on paper + ePoster

Increasing patient access to antimicrobial educational material in general practice to enhance patient antibiotic resistance awareness and reduce antibiotic prescribing

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²⁾*Ardens Healthcare Informatics, Salisbury, United Kingdom*

Background

Since 2018 Fareham & Gosport and South Eastern Hampshire CCG's have strived to promote TARGET treating your infections leaflets within our local GP practices. Through review work it was found that widespread use of the leaflets was low due to lack of availability of easily accessible electronic versions.

Question

Can we make these leaflets more accessible to clinicians so they can easily convey the antimicrobial stewardship message to patients, with an aim to reduce antibiotic prescribing?

Methods

In 2021, we introduced a protocol created within the GP clinical system (EMIS) by the CCG and Ardens. The protocol provides an on-screen prompt each time any antibacterial from BNF section 5.1 is prescribed, reminding the clinician to give the patient a leaflet; this can be sent in a link by SMS or printed and given to the patient. Leaflet usage is captured through a SNOMED code search on EMIS. This protocol has been promoted through face-to-face and virtual meetings with clinicians.

Outcomes

Baseline figures for recorded coding entries across 34 GP practices in June 2021 were 2, rising to 3782 after 6 months.

Discussion

Initial findings are very encouraging and there are plans to further investigate the outcome of this project from a patient perspective.

Take Home Message for Practice

Giving primary care clinicians greater access to these leaflets allows them to work in line with NICE Guidance NG63 and NG15; sharing information with people on the appropriate use of antimicrobials, self-care and safety netting; and supports the network contract DES.

Abstract topic

09. Quality improvement

Abstract ID: 164**Internal code**

P09-008

Presentation form

Poster on paper + ePoster

Improving TSH monitoring in a primary care setting

Dearbhail Reid¹⁾, Timothy Hudson^{1, 2)}¹⁾GP Community Placement, Warrington Hospital, MANCHESTER, United Kingdom²⁾GP Community Placement, General Practice, Warrington, United Kingdom**Introduction**

Hypothyroidism is a chronic condition frequently managed in primary care which if not treated correctly can have severe complications. NICE 2019 guidelines state; 'For adults who are taking levothyroxine for primary hypothyroidism, consider measuring TSH every 3 months until the level has stabilised'...'and then once a year'. This study aimed to assess GP results against NICE guidelines and develop guidance to improve monitoring.

Methods

This study was carried out by identifying patients on levothyroxine on System-One, (IT system in place), between September 2020-September 2021. Patients identified as having no TSH within the last year had a bloods form and TSH letter posted to their homes with advice reminding them of importance of monitoring to reduce health complications. For the clinicians a scheduled task was created on System-one as a pop-up reminder for annual monitoring of patients on levothyroxine.

Results

A total number of 216 patients were identified on levothyroxine. 182 had TSH levels checked within one year and 34 had not. For the intervention we excluded those with no results on the system, patients <18 and those who had their bloods done within time of assessment and intervention leaving 27 patients. Within one month of the intervention (11/10/21-12/11/21), 10/27 (37%) of patients had their TSH level checked.

Conclusion

We propose for every patient on levothyroxine to have a scheduled task for annual monitoring of TSH levels (once stable) and yearly letter. This intervention was effective and would be easily reproducible across other primary care settings.

Abstract topic

09. Quality improvement

Abstract ID: 194**Internal code**

P09-009

Presentation form

Poster on paper + ePoster

Improving post-discharge follow-up of self-harm or suicidal patients in primary care

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Suicide is a public health crisis and has claimed 209 lives in Northern Ireland in 2019, with about 12.5 deaths per 100,000 population compared to 10.5 per 100,000 population in other parts of the UK. Evidence shows that the risk of suicide hugely increases following self-harm, and the greatest risk is immediately after the self-harm episode. Better access to health care, especially to primary care, in this period, can actively reduce the risk to this vulnerable patient group and help to reduce pressure on overwhelmed emergency departments (ED). Patients assessed for self-harm in ED are often followed up by the mental health/crisis team. Due to lack of resources and staff shortages this is often not possible in a timely fashion. NICE quality of standard (2013) suggests that patients should be offered a follow-up appointment in primary care within 48 hours of discharge. We aimed to proactively contact all patients discharged from secondary care following an act of self-harm within 48 hours of receiving notification to ensure continuity of care by way of ongoing risk-assessment, provision of emotional support and compassionate care, and social needs assessment where appropriate. Over a period of three months after completing two PDSA cycles, the frequency of these contacts increased from 0 to 80% (median) with an average of 83% (n=1.9) patients reviewed per week. Patient experience and satisfaction also improved significantly. We hope this intervention will significantly improve patient safety and reduce further self-harm presentation to ED in the long run.

Abstract topic

09. Quality improvement

Abstract ID: 275

Internal code

P09-011

Presentation form

Poster on paper + ePoster

Evaluation of prescribing accuracy and monitoring of DOACs in over 65s in a GP practice in middlesborough

ADESUWA PATRICIA OMORUYI

GENERAL PRACTICE, HEENE, Durham, United Kingdom

Background.

DOACs have the advantage of easy dosing, easy administration and not requiring frequent monitoring unlike earlier anticoagulants. Appropriate prescribing and monitoring is important to prevent adverse events.

Questions:

Is calculated creatinine clearance in over 65s used for initiating DOACs and at medication reviews? Is it appropriate to use eGFR alone as a drug dosing decision-aid compared to using calculated creatinine clearance as per best-practice guidelines?

Method:

Search through system-one on patients over 65 on DOACs in July 2021. Sample size 27 obtained using systematic random sampling. Data obtained on type of DOACs, indication, recent creatinine and eGFR, documented creatinine clearance prior to DOAC initiation and at medication review. Creatinine clearance was recalculated to confirm if on recommended dose or if lower or higher. EGFR for each patient compared to calculated creatinine clearance to check if would have been on appropriate doses if eGFR alone used for drug dosing decisions.

Outcomes/results:

Demographics: 41% males, 59% females. 71% on DOACs for AF. Recalculated creatinine clearance showed 74% on recommended doses, 11% on lower and 15% on higher than recommended dose. 22% had documented creatinine clearance before DOAC initiation, 78% no documented creatinine clearance (some DOACs initiated in hospital). Comparing eGFR with creatinine clearance to make drug dosing decisions, 77% would still have had appropriate doses, 19% would have higher, 4% would have lower.

Discussion:

Calculation and monitoring of creatinine clearance especially in the elderly is important for appropriate DOAC dosing. eGFR alone not recommended for drug dosing decisions.

Abstract topic

09. Quality improvement

Abstract ID: 282

Internal code

P09-012

Presentation form

Poster on paper + ePoster

Primary Care indemnity themes promoting safety interventions

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Background: Rising indemnity costs and the impact on general practice led to the introduction of a state-backed clinical negligence indemnity scheme for general practice (CNSGP) from April 2019. This could enable looking at pathways of care since secondary care was already part of state indemnity.

Aim: The audit classified and analysed the themes in order to understand the causes of claims occurring in general practice.

Method: Claims data was collected from the NHS Resolution Claims Management System from 1st April 2019 to 31 March 2020.

Results: Clinical negligence claims associated with general practice accounted for 3.4% (401) of total new claims notified to NHS Resolution in the first year of the scheme. The audit evaluated open, closed and potential claims cases.

The most frequent common case notifications were for diagnoses of cancer, 9.3% (37), cardiac, 7.3% (29) and sepsis, 5.3% (21). Of these CNSGP cases, the most commonly reported causes were delay/failure to diagnose (43.5%), medication errors (18.5%) and delay/failure to refer (10%).

Conclusion: Many of these claims relate to systems, processes and communication issues which influence delivery of effective care in Primary Care. The number of clinical negligence claims associated with general practice is expected to grow as claims are often reported many years after the incident has taken place.

This audit forms the basis for subsequent analyses to identify trends needing to be addressed to promote patient safety by ensuring effective systems around healthcare are in place.

Abstract topic

09. Quality improvement

Abstract ID: 298**Internal code**

P09-013

Presentation form

Poster on paper + ePoster

Ending the HIV epidemic - the role of primary care

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³)South East England Specialised Commissioning, South East, United Kingdom

Background:

Late HIV diagnosis carries higher mortality and morbidity compared to those diagnosed promptly[1]. In 2017-2019, 110 late diagnoses occurred in Sussex, with 49% missed testing opportunities (MOs) occurring in primary care[2]. There remain many chances to reduce MOs in primary care[3].

Question:

To explore staff views regarding MOs in Sussex GPs.

Methods:

A 15-question Microsoft Forms survey was distributed to practices via GP trainees over 2-weeks in July 2021.

Outcomes:

Of 22 responses (15 GPs, 6 GP trainees, 1 nurse), 95.5% were “very” or “somewhat comfortable” requesting an HIV test. Responses to why MOs occur included a) perceived rarity of HIV; b) not wanting to offend the patient; and c) perceived lack of time to consent for testing. The number of late diagnoses in Sussex was underestimated. Further training interested 68%, and respondents generated a wealth of suggestions.

Discussion:

Confidence requesting HIV tests was high. The barriers we identified can be addressed through training which participants would welcome.

Take Home Message for General Practice:

1. Consent for testing is outdated having been replaced by brief discussion
2. Late diagnosis is more likely in heterosexuals
3. Offending patients is rare[4]
4. Identifying undiagnosed infection is essential in achieving 2030 goals of zero new HIV transmissions[5].

[1] UK Health Security Agency. 2021.

[2] NHSE Specialised Commissioning South East and Collaborators. 2021.

[3] Gompels et al. *BMJ Open*. 2019.

[4] Baumann et al. *J Int Assoc Provid AIDS Care*. 2018.

[5] Department of Health and Social Care. 2021.

Abstract topic

09. Quality improvement

Abstract ID: 325

Internal code

P09-015

Presentation form

Poster on paper + ePoster

Clinical pharmacy service bringing value to a primary care network

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Background

Clinical pharmacy teams in primary care have been piloted in since 2015 by the NHS¹. Since then the roles have been commissioned to support PCNs via the ARRS². Recruiting, training and retention of skilled pharmacy teams has proven a challenge for PCN's

Questions

Can Pharmacy Service Providers help with the challenge?

Can pharmacy teams improve patient outcomes and save GP's time?

Methods

Monitor clinical activity to see the benefit on patients and primary care teams

Outcomes

Over a 8 month period outcomes were

Telephone Consultations	7084
Review medical notes	3920
Medicines Optimisation	100
Letter Encounter	1760
Medication review	5846
SMR	2930
Medication requested	716
Medication Query	796
Audit	398
Medication changes	488
Patient understands why taking medication	2492
Advice about side effects	1344
Patient does not understand why taking medication	266
06 - Medication knowledge - Compliance	11562
Drug monitoring to date	820
Blood test requested	780
Uses dispensed monitored dosage system	50
Repeat dispensing service declined	82
Repeat dispensing service offered	162
Consultation notes added	9344

Referral GP	32
Referral nurse	10

This resulted in 4.33 FTE GP time being saved per month and saving of £7000 a month while identifying patient safety incidents

Feedback of service positive in reducing GP workload and improving patient outcomes

Discussion

Through this service, we highlight that PCN's and Practices need to embrace new models of working for the sustainability of Primary care

Conclusion

Commissioning services of a clinical pharmacy service provider across Clacton PCN has improved patient outcomes and saved GP time

Abstract topic

09. Quality improvement

Abstract ID: 352

Internal code

P09-016

Presentation form

Poster on paper + ePoster

Medical overuse in primary care: the role of communication

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Background: In healthcare, “more” is not always better. Medical overuse refers to the usage of healthcare resources when evidence on the improvement of patient’s quality of life or increased survival is absent, posing more risks than benefits. Communication is critical in the doctor-patient relationship. High-quality, effective communication is a key skill for general practitioners as it potentially increases patient engagement, ensuring active participation and treatment’s adherence.

Questions: Can communication skills be the core to effectively manage the use of health resources in primary care?

Methods: We did a non-systematic review by performing a structured search in Pubmed, Portuguese newspapers, clinical communication books and the World Health Organization repository. The terms used were *Medical Overuse, Communication, Primary Health Care* and *General Practice*.

Outcomes: The factors contributing to medical overuse can be divided in three domains: patient, doctor-patient relationship and healthcare organization. Communication plays a central role in all of them. The patient-centred approach, which defines general practice, the shared decision-making and the patient empowerment have shown to reduce medical overuse.

Discussion: A patient-centred approach, longitudinal continuity of care and shared decision-making are crucial to increase the physician’s understanding of the patient’s concerns and problems. This allows managing the patient expectations and respect their autonomy, while making the patient responsible for their own preventive actions and treatment. Both empowerment and patient education result in an adequate use of health resources.

Take Home Message for Practice: Effective communication promotes appropriate use of the healthcare services, being key to deliver high-quality primary care.

Abstract topic

09. Quality improvement

Abstract ID: 375**Internal code**

P09-018

Presentation form

Poster on paper + ePoster

The unidentified risks associated with prescribing long-term nitrofurantoin in general practice

Ronan Sheehan¹⁾, R William Howe²⁾¹⁾*Bosvena and Three Harbours PCN, Fowey, United Kingdom*²⁾*Lostwithiel Medical Practice, Lostwithiel, United Kingdom***Background**

Prescribing long-term nitrofurantoin (LTN) for UTI prophylaxis can result in pulmonary and hepatic toxicity. Recent analysis of LTN prescribing in primary care highlighted a clear “shortfall in awareness and monitoring” amongst clinicians (1). There is a risk to patient safety demonstrated by known medico-legal implications (2, 3).

Aim

Review patients on nitrofurantoin longer than two-weeks assessing for pulmonary/hepatic toxicity and their ongoing need for treatment.

Methods

From 44,500 patients, 11 were prescribed LTN for more than two-weeks. A review by a GP or pharmacist was carried out to assess for signs of pulmonary/hepatic toxicity. Patients were also reviewed to identify if LTN was still indicated.

Outcomes

Only 36% of patients had evidence of LTN side-effects being discussed with them when first prescribed. 54% of patients had a respiratory review in the previous year and 81% had LFTs in the previous 6 months. Following the intervention, 36% of patients had their nitrofurantoin stopped due to deranged LFTs, respiratory toxicity or no longer indicated.

Discussion

At commencement of LTN there should be discussion with patients of the associated risks (4). Our study highlights that more formal monitoring and guidance would help prevent patients developing these complications.

This review is repeated six-monthly by the pharmacist to ensure nitrofurantoin is continued to be safely prescribed through the PCN which highlights the impact PCN clinical pharmacists can have on improving patient safety around prescribing, through monitoring and reviewing of patients on high-risk medication.

References

1. <https://bjgpopen.org/content/5/6/BJGPO.2021.0083>
2. <https://www.medicalprotection.org/uk/articles/complications-of-nitrofurantoin>
3. <https://www.medicalprotection.org/uk/articles/nitrofurantoin-complication-goes-to-trial>
4. <https://cks.nice.org.uk/topics/urinary-tract-infection-lower-women/management/recurrent-uti-no-visible-haematuria-not-pregnant-or-catheterized/>

Abstract topic

09. Quality improvement

Abstract ID: 379

Internal code

P09-019

Presentation form

Poster on paper + ePoster

Gynecological screening revisited in times of pandemic

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Background: The impossibility of accessing to screening is one of the many difficulties that females have had to face in the pandemic era. AIM: to evaluate HPV epidemiology, cervical cancer prevention, emerged evidences, screening procedures criticalities, PAP-Test failure, and the strategies to increase adhesion. Materials and Methods: retrospective observation (March2020-March2021, ASLBari) was performed in 649 women (25-64 years) to evaluate number of screened women and of women who continued the 2nd level investigations; number of cervical cancer/ASC-US diagnosis and of HPV vaccination. Conventional PAP-Test/colposcopy/cervico-vaginal targeted biopsy/citology were used. Exclusion criteria: previous positive cytology/histology; treatment for cervical cancer/SIL within the past five years; hysterectomy; pregnancy. Lastly, the number of invitations to screening was compared to the examinations performed in the observation period vs2019 using the ONS Survey. Results: suspension of invitation to screening (March/August 2020). Screening re-started in September 2020 with the usual letter procedure. Data: PAPs performed were 939 (March 2019-March 2020) and 649 (34 positive: 4 vaccinated for HPV; many will join to vaccination after the positive result) from March2020 to March2021. A phone recall has been activated allowing 87 (4 positive) Thin Preps (1st July/31st August 2020). Criticalities non-sharing of data with GPs, health inequalities (we tried implementation for a social rebalancing), absence of innovative communication strategies. Conclusions: It is essential to reflect on GP role in screening by implementing pathways for sharing protocols (BIG DATA) and by using multidisciplinary approach and innovative communication tools to create synergy, increase adhesion and fill up the "GAP" for health inequality.

Abstract topic

09. Quality improvement

Abstract ID: 428**Internal code**

P09-020

Presentation form

Poster on paper + ePoster

Blood pressure monitoring in patients taking mirabegron

Bethan Machado*Great Western Hospital NHS Foundation Trust, Swindon, United Kingdom*

Background: Raised blood pressure (BP) is listed as an adverse reaction on the product characteristics of mirabegron. The British National Formulary and National Institute for Health and Care Excellence recommend checking a BP before starting mirabegron and regularly during treatment.

Questions: How many patients on mirabegron do not have a recorded BP reading in the last 12 months? How can this be prevented in the future?

Methods: Data collection of all patients prescribed mirabegron as a repeat prescription at New Court Surgery was performed on a single day using the SystemOne computer system. The notes of those patients were reviewed and analysed using an Excel spreadsheet. The patients who did not have a recorded BP in the last 12 months were then contacted and invited for a face-to-face review or asked to bring in home readings.

Outcomes: 39 patients were prescribed mirabegron as a repeat medication on 1st June 2021. 15/39 patients had no recorded BP in the last 12 months. The average age of the patients was 65.4yrs. The average number of months since mirabegron was initially prescribed was 33.8 months and the average number of months since the last BP recording was 26.5 months.

Discussion: The practice is not compliant with the national guidance surrounding mirabegron and BP monitoring. As a result of this audit, a prescription note was added to all mirabegron prescriptions regarding annual BP checks.

Take Home Message: Ensure that a BP has been checked recently in patients taking mirabegron when performing annual medication reviews.

Abstract topic

09. Quality improvement

Abstract ID: 598

Internal code

P09-022

Presentation form

Poster on paper + ePoster

Impact of COVID-19 contact-tracing on GP workload throughout 2021

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Background

Healthcare demand due to COVID-19 was unpredictable both in time consumption and workload volume. At Primary Care level, we had two main PCR petitioners: outsourced contact-tracing organizations (OCT) and Primary Care Physicians (PCP).

Question

Is it feasible to use variations in PCRs prescriptions from OCTs and PCPS to estimate workloads at a Primary Care level?

Methods

We recorded the origin of every asymptomatic and symptomatic PCR prescription from 1st January 2021 to 31st January 2022 in a Health Care Area. We present a descriptive analyses and frequency curves of the data.

Outcomes

Daily variability was enormous, reaching a maximum daily difference of 644 PCRs.

The maximum daily PCR prescriptions occurred on 22nd December 2021 (1,348), but only 356 were symptomatic. The peak of individuals with COVID-like symptoms happened six days later (28th December 2021), 552 patients.

There was an inverse relationship of asymptomatic PCRs prescribed by OCTs (first day of follow up) vs PCPs. The ratio between them varied from 102 (13th February 2021) to 0.1 (several days, fifth wave).

Discussion

During this epidemic, we were able to use this data to prioritize several resources. Three-day evolution graphs and weekly curves allowed a correct allocation of resources during the different waves, except in the fifth wave where OCT requests did not follow the expected pattern.

Take Home Message for Practic

When there is a constraint on resources, it is important to have a reliable source of your own burden of disease to allocate them

Abstract topic

09. Quality improvement

Abstract ID: 606

Internal code

P09-023

Presentation form

Poster on paper + ePoster

Diet habits of primary health care workers during COVID-19

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Background

The COVID-19 pandemic has had a major impact and blow to the lives of people around the planet. However, the first to be hit and those who faced an unknown infectious agent were health workers. Healthcare systems around the world have been brought to the brink of collapse and during this turbulent period have had to go through organizational changes to protect healthcare workers while providing the best possible healthcare to all users. It is precisely these changes in the work regime and work overload among health workers that have led to the appearance of stress, changes in eating and living habits.

Questions

The paper aimed to determine the eating habits of health workers in primary health care centers, and whether there was a change during the COVID-19 pandemic.

Methods

The collection of data was performed using the survey method via Mediterranean Diet Adherence Screener. The research was conducted in primary health care centers from 18.08.-10.10.2021 using the google.forms platform.

Outcomes

Responses were obtained from a total of 121 respondents. Mostly eating habits of participants did not fit with Mediterranean diet recommendations, especially regarding intake of fish, red meat, meat products. Worsening of diet was noticed in 23,14% participants .

Take home messages

Since primary health care workers are corner stone of health care system especially during emergencies it is very important to research how those situation impact on their health (diet, sleep, physical activity, mental health..). Only this way we can prevent future bad outcomes.

Abstract topic

09. Quality improvement

Abstract ID: 616**Internal code**

P09-024

Presentation form

Poster on paper + ePoster

A review of the initial follow up practice in women started on hormone replacement therapy in primary care

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Background: Hormone Replacement Therapy (HRT) is an effective treatment for the symptoms of menopause. It is commonly initiated in Primary care and the most effective treatment at reducing vasomotor symptoms and therefore improving quality of life. This audit aimed to review whether women started on HRT in a local practice in Primary Care were reviewed after 3 months of Initiation of HRT according to the NICE guidelines.

Methods: This retrospective review included all women who were started on HRT for menopausal symptoms at a General Practice based in Mossley Hill, Liverpool between February and August 2021. This was completed using the Primary care EMIS computer system.

Results: A total of thirty-nine women were started on HRT with age ranging from 45-61 years. Of 39 women, 11 women (28%) did not have a review after 3 months of starting or changing HRT. 28 women (72%) were reviewed after 3 months as per the guidance.

Out of the 11 women that did not have a review, over half of the women were started on HRT by the Foundation Trainees, the other women were started on HRT by ANPs, a specialty trainee and GPs.

Conclusion: Overall, this audit yielded good results against the current standards of reviewing HRT, however, it highlighted further room for improvement in ensuring 3 monthly reviews, especially amongst the Foundation year trainees.

Keywords: HRT, Women, prescribing, follow up, primary care, trainees

Abstract topic

09. Quality improvement

Abstract ID: 647**Internal code**

P09-025

Presentation form

Poster on paper + ePoster

Displaying concerns within telephone triage conversations of callers with chest discomfort in out-of-hours primary care: a conversational analysis

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Background:

In out-of-hours primary care, telephone triage nurses ask questions to patients, based on the Netherlands Triage Standard (NTS) in order to determine urgency level for medical assessment. Topics not included in the NTS, such as patients' concerns, are mostly not discussed. Especially in case of potential threatening disease, this may lead to problems in the interaction with patients during the conversation.

Question:

We aim to obtain insight in interactional implications when discussing concerns during telephone triage of callers with chest discomfort in out-of-hours primary care.

Methods:

Conversation analysis of 68 triage calls in Dutch OHS-PC from callers with chest discomfort. We assessed expressions of concerns by patients and responses on concerns by triage nurses.

Outcomes:

Discussing concerns is primarily patient initiated. Furthermore, interactional difficulties arise (i) when triage nurses and callers are not aligned about the purpose of the conversation or (ii) when triage nurses ignore expressed concerns.

Discussion:

Due to the task-oriented nature of NTS concerns are overlooked. For patients, however, discussing concerns is important, as evidenced by the large number of concerns they express.

Take Home Message for Practice:

A triage support system such as NTS seems to hinder the exploration of the 'request for help' early in the conversation, which is commonly deployed in day care general practice, to align the goals of triage nurses and patients. We recommend triage nurses to briefly explore the patient's concerns and then return to the sequence of tasks described in the NTS-assisted triage process.

Abstract topic

09. Quality improvement

Abstract ID: 664

Internal code

P09-026

Presentation form

Poster on paper + ePoster

B12 Monitoring of Patients taking Metformin Containing Medication- A Complete Audit

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Background

Long term use of Metformin has been associated with B12 deficiency – increasing by 13% per year of Metformin use. The manufacturer of Metformin suggests yearly B12 monitoring.

Question

How many Metformin patients have not had up to date B12 monitoring?

Method

Identify the patients on Metformin containing medication, then, the percentage who have had a B12 level done:

- At least once historically.
- in the last 3 years
- in the last 1 year
- Since starting Metformin

Implement change:

- Present at a Clinical Meeting and recommend yearly B12 monitoring for patients on Metformin
- Re-iterate in fortnightly Diabetes meeting
- Consolidate by adding a reminder 'B12 Monitoring required' in the red popup panel for patients on Metformin
- Reaudit in 6 months after implementation of change.

Outcomes

Between the two audit cycles, a significant percentage increase was seen in the number of patients who had had a B12 level checked since starting metformin (from 52% first cycle to 76% second cycle). An up to date B12 level was seen in 46% of patients compared to 8% in the first audit.

Discussion

The changes implemented were successful for two reasons:

1. After presenting to all clinicians, it was re-iterated to the practice diabetic team.
2. There was a visual reminder in the red pop up panel for opportunistic testing

Take Home Message for Practice

Importance of communication with clinical team, targeting appropriate clinicians to reinforce changes and using technology to re-iterate action point.

Abstract topic

09. Quality improvement

Abstract ID: 669

Internal code

P09-027

Presentation form

Poster on paper + ePoster

Does dizziness predict acute coronary syndrome in patients calling the out of hours service primary care (OHS-PC) with chest discomfort?

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Background: Dizziness has been reported as significantly more common among females than males with established ACS. However, studies actually assessing this symptom in patients suspected for ACS are lacking. The aim of this study was to assess the correlation between dizziness and (i) urgency allocation and (ii) final diagnosis of ACS in patients with chest discomfort who contacted the OHS-PC.

Methods: Cross-sectional study of telephone triage recordings of patients calling the OHS-PC with chest discomfort. Patient and call characteristics, and urgency allocation were collected. Logistic regression was used to estimate odds ratio's (OR's) on the correlation between dizziness and (i) urgency allocation, and (ii) ACS, both crude and adjusted for age and sex.

Results (preliminary): 2195 patients with chest pain were included, of whom 429 (19.5%) also reported dizziness. Patients with dizziness more often received a high urgency allocation (78.7% vs. 65.9%; crude OR 1.92 (95% CI 1.49 – 2.47), adjusted OR 2.31 (1.77 – 3.02). However, concurrent dizziness was not evidently correlated with a final diagnosis of ACS; 9.6% of patients with dizziness were diagnosed with ACS, compared to 11.9% in those without dizziness, adjusted OR 0.88 (95% CI 0.61 – 1.27). This was similar in both males and females.

Conclusion: Patients with chest discomfort who also report dizziness were more likely to receive a high urgency allocation, yet without having a higher likelihood of being diagnosed with ACS. Thus, our data shows that dizziness should not be considered as an alarming symptom in patients calling with chest discomfort in primary care.

Abstract topic

09. Quality improvement

Abstract ID: 671

Internal code

P09-028

Presentation form

Poster on paper + ePoster

Studying body shape in patients with obesity and overweight - what tool is the most significant?

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Background: Obesity is a common problem and leads to number of non-communicable diseases. According to the literature, 12 mathematical tools are used to describe the body shape in obese patients in practice, the most informative are: WHR (Waist-to-Hip Ratio), ABSI (A Body Shape Index), ConI (Conicity Index).

Question: what tool is the most significant for studying the body shape in patients with obesity and overweight.

Methods: 150 people (25-55 age) were studied: 75 patients with BMI>25kg/m² (1stgroup) and 75 volunteers with BMI<25kg/m² (2ndgroup) in equivalent proportion men/women. The IMT, WHR, ABSI, ConI were used. Statistical data was by Statistica 12, Excel 2010.

Outcomes: The significant difference was showed between groups in body weight ($p=1.53E-18$), BMI ($p=1.20E-33$), WHR ($p=4.17E-13$), ConI ($p=4.9E-10$). ABSI ($p=0,0005$).

Discussion. WHR showed difference between groups, but the analysis in gender aspect didn't identify significant difference in body shape of men of both groups ($p=0.21$), although it was present among women ($p=1.76E-36$). The ConI index showed the similar results for men $p(m)=0.54$) and women $p(f)=2.88E-30$. This indicates their insensitivity to peculiarities of physique of female and male organisms. In contrast, ABSI was the most

sensitive, the differences between male and female subgroups were significant ($p(m)=1.01E-25$, $p(w)=4.68E-87$).

Take Home Message for Practice. The most reliable indicator for comparing body shape between people with normal BMI and elevated levels, regardless of gender, is ABSI, which more clearly describes the constitution.

Abstract topic

09. Quality improvement

Abstract ID: 709

Internal code

P09-029

Presentation form

Poster on paper + ePoster

Healthcare quality improvement project: follow-up of auricular fibrillation/flutter patients under NOAC treatment - 3rd evaluation

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Background: The thrombotic risk associated with Atrial Fibrillation/Flutter (AF) can be reduced by non-vitamin K oral anticoagulants (NOAC). The European Society of Cardiology recommends monitoring these patients with a frequency dictated by the drug and its individual characteristics.

Questions: To assess whether patients under NOAC treatment are properly monitored and medicated.

Methods: Quality improvement work. Study unit: Terras Santa Maria Family Health Unit's (TSM) patients diagnosed with AF and treated with NOAC; 6 TSM's doctors; 3rd assessment: October/2020. Evaluated criteria: dose adequacy, posology and periodicity of renal function; annual liver function control and blood count. Corrective measures already implemented were recalled.

Outcomes: 113 patients were included with a median age of 79 years. Surveillance of renal function, liver function and blood count were adequate in 32.7%, 48.7% and 68.1%, respectively. Overall, 17.7% of the patients had the adequate follow-up, 80.5% had the proper dose and 90.3% the correct posology.

Discussion: There is an overall improvement, with an increase of users with adequate follow-up by 24.6% compared to the 2nd assessment. The appropriate dose and dosage showed worse results, which is worrisome. These results must be understood in the COVID19 context and the lack of up-to-date data on the family doctor's clinical process in patients undergoing hospital surveillance. Corrective measures will be reinforced and new training sessions will be held.

Take-home message for practice: Due to its impact on every AF patient health, it has been planned a new assessment in June/2022 after implementation of new corrective measures.

Abstract topic

09. Quality improvement

Abstract ID: 716**Internal code**

P09-030

Presentation form

Poster on paper + ePoster

Reducing atrial fibrillation related strokes with a remote specialist-led anticoagulation service during the covid-19 pandemic in primary care

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Objective

Ensuring patients with atrial fibrillation (AF) are appropriately anticoagulated in the Cornwall region aiming to reduce AF-related strokes; whilst delivering care remotely so patients could stay home, protect the NHS and save lives.

Outline of service

The Primary Care Atrial Fibrillation (PCAF) service was delivered remotely for GP practices in Cornwall, with five-phases as follows system interrogation, clinical audit, patient invitation, specialist-led telephone clinics, and patient follow-up.

Results

15 GP practices participated covering 194,236 population (33% of Cornwall region). 4,970 patients' medical records were audited covering all patients on the AF register; equating to an AF prevalence of 2.6%. Case notes were reviewed for 953 patients not on anticoagulation, with 307 (32.2%) patients identified as eligible for anticoagulation. A further 128 (12.6%) patients taking VKA medications were deemed sup-optimal with regards to INR control with TTR <65%. Due to Covid-19, a further 58 patients were changed from warfarin to DOAC for safety reasons. Of the DOAC patients, 306 (10.2%) required dosage review.

In total 799 patients were invited for a telephone consultation with a specialist in AF anticoagulation. From all teleconsultations, 642 patients had anticoagulants prescribed, changed, management of INRs improved, DOAC dose increased or were in the process of being anticoagulated at the time of follow-up.

From this we would expect: 25 AF-related strokes prevented, 15 lives saved, and a cost saving to the NHS of £616,320 per year.

Conclusion

A specialist-led service across Cornwall GP practices, delivered remotely, enabled improved anticoagulation to prevent AF-related stroke.

Abstract topic

09. Quality improvement

Abstract ID: 743**Internal code**

P09-031

Presentation form

Poster on paper + ePoster

Recovering the nhs health checks programme across knowsley primary care during the covid-19 pandemic and identifying cardiovascular disease

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Background

The national NHS health checks programme is a key part of public health strategies to proactively identify early detection of cardiovascular disease. The programme was suspended in March 2020 following the announcement of the first covid-19 lockdown.

Methods

NHS health checks were delivered to patients from 19 GP practices across Knowsley covering an eligible population of 24,731 people. Patients were either invited to attend a face-to-face consultation (via telephone invites or text messaging) or picked up for review with an opportunistic health check whilst attending their GP practice for an alternative clinical review (e.g. flu or covid-19 vaccination clinics).

Results

The number of NHS health checks delivered between April 2020 and December 2021 were 1,678. Numbers delivered per quarter as follows: Q1-2020=0 (programme suspended), Q2-2020=279, Q3-2020=153, Q4-2020=143, Q1-2021=242, Q2-2021=410 and Q3-2021=451. Onward referrals for weight management and physical exercise were 12.7% and 7.1% respectively for patients receiving a health check. Due to patients attending a NHS health check, 14% had a new diagnosis of cardiovascular disease made. NHS health checks delivered as a proportion of the total eligible population in Knowsley is performing above the national average (April to September 2021 - Knowsley 0.8% vs England 0.7%, $p < 0.05$).

Conclusion

The NHS health checks programme was severely disrupted during the first covid-19 national lockdown. The programme continues to recover and is vital in identifying patients who require onward referrals and for the early detection of patients with cardiovascular disease.

Abstract topic

09. Quality improvement

Abstract ID: 747

Internal code

P09-032

Presentation form

Poster on paper + ePoster

Short-acting beta agonist prescribing in patients with asthma within the donard family practice

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In 2017, 1484 people died from an asthma attack in the United Kingdom. The National Review of Asthma Deaths (2014) concluded that 46% of asthma deaths were identified as avoidable if the appropriate guidelines were adhered to. It was recommended asthmatic patients prescribed ≥ 12 short-acting beta agonist (SABA) reliever inhalers in the previous 12 months should be invited for an urgent asthma review.

The aim of this audit was to assess SABA overuses in asthmatic patients from the Donard Family Practice Register and identify those without an annual asthma review.

Data was collected from 812 patients on the asthma register. Data yielded the number of patients issued ≥ 12 salbutamol inhalers within the last year and those without review. From September to November implementations included staff education, opportunistic patient education and poster displays. From November to January, patients were contacted directly.

From 1st September 2020 to 1st September 2021, 45 (6%) had ≥ 12 salbutamol prescriptions. Following implementations, 44 (5%) had ≥ 12 salbutamol prescriptions within the previous year. 26 patients had no review within the previous year.

4 out of 26 patients (15%) have now had asthma reviews; 6 patients (25%) have an appointment scheduled; 2 patients (8%) did not attend their scheduled appointments and 14 patients (54%) have had direct letters or accurx messages sent.

Limitations included a short audit cycle and less opportunistic contacts due to the Covid-19 pandemic. Raised clinician awareness and regular audits remain essential to identify those most vulnerable and improve asthma control within primary care.

Abstract topic

09. Quality improvement

Abstract ID: 770

Internal code

P09-033

Presentation form

Poster on paper + ePoster

A review of patients over 65 years on non-steroidal anti-inflammatory drugs without a proton-pump inhibitor in primary care

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Background: Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) are used widely for their anti-inflammatory and analgesic properties. The most common side effects are GI side effects and this is something that can be prevented. NICE has advised that to manage the risk of GI side effects in elderly people, we should 'co-prescribe a PPI with an NSAID'. Here, we conducted an audit of patient records to compare practice to the guidelines.

Methodology: This retrospective review included all patients aged 65 and over who had been prescribed an NSAID without PPIs, in a local general practice in Mossley Hill, Liverpool. This included fifty-eight patients and their data were collected from the Primary care EMIS computer system for analysis.

Results: Among 58 patients on Oral NSAID therapy (Mean age 73.5), 56 patients (96%) were on low-dose aspirin, and the remaining 2 patients (4%) were on Ibuprofen and Naproxen respectively. None of which had PPI prescribed.

Conclusion: This audit highlighted that there is still some need to further emphasise the importance of prescribing PPI for gastro-protection when on NSAIDs. It is essential to educate colleagues to remember to check for PPIs when reviewing prescription requests especially in high risk patients on NSAIDs. There is also need for further research to investigate the practice of co-administering PPIs in patients taking low-dose aspirin and if the benefits outweigh the potential risks.

Keywords: NSAIDS, PPI, Elderly, gastro-protection, primary care

Abstract topic

09. Quality improvement

Abstract ID: 793

Internal code

P09-034

Presentation form

Poster on paper + ePoster

The joy project

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Background

Burnout, media backlash toward GPs and increased vaccination workload during the COVID19 pandemic has resulted in the greatest strain on primary care. With a third of GPs planning to retire in the next 5 years, only 18.7% of students applying for GP and satisfaction around 4.49/10, there is a great GP shortage. Offering financial incentives for trainees in under-resourced areas is not sustainable.

Questions

How can we improve GP retention, reduce burnout and increase recruitment to underfunded and under-resourced areas?

How can we improve job satisfaction to ultimately reduce NHS costs?

Methods

A pan-practice meeting was held to discuss difficulties in the workplace with clinical and non-clinical staff. After thorough discussion, a thematic analysis identified key issues in the workplace. A 10-point plan was curated to address each of the six themes. PDSA cycles were completed to monitor progress. A pre- and post-implementation questionnaire using the Likert Scale was implemented at each three-month interval.

Outcomes

A 40% improvement in satisfaction was achieved. Since initiation of The Joy Project, recruitment has increased by 10 new staff and retention has improved. The Joy Project is now being adopted as a blueprint for deprived NELFT surgeries.

Discussion

Key themes identified during thematic analysis were: IT infrastructure, Mentorship, Education, Workflow Optimisation, Appraisal and Teamwork. The strategies implemented included: mindfulness sessions, improved IT software, daily huddles, team lunch, Wellbeing Lead, annual appraisals and others.

Take Home Message for Practice

The Joy At Work blueprint can improve retention, patient care and reduce cost.

Abstract topic

09. Quality improvement

Abstract ID: 795

Internal code

P09-035

Presentation form

Poster on paper + ePoster

An audit of primary care management of children with poorly controlled asthma

Lucy Matthews¹⁾, Elaine Lunts²⁾

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The National Review of Asthma Deaths (2014) reported that over 90% of children and young people (CYP) aged 10-19 had avoidable risk factors. Over 70% died before reaching hospital. Identifying CYP with poor asthma control to improve their care in General Practice is imperative.

Methods

The Practice EMIS database (approx. 20,000 patients) was searched for CYP with poorly controlled asthma defined as any of the following in the previous year: more than 6 SABA inhalers, hospital admission, attendance at an emergency setting or using 2 or more courses of oral corticosteroids. Eight indicators were used from the NARD to determine the quality of their management.

Results

8.9% of the 416 CYP with asthma were poorly controlled. 31.8% had a follow up within 48 hours of an emergency attendance, 60.9% requesting 6 or more SABA inhalers had an annual review, 54.1% had an asthma plan recorded, 54.1% had household smoking status recorded but neither of the two CYP who had more than one emergency attendance or two courses of steroids were referred to paediatricians.

Discussion

Care has now been improved so that patients are booked a GP call within 48 hours of an emergency contact to complete a template covering key areas including stepping up treatment, provision of a personalised action plan, household smoking and appropriate follow up. Annual asthma review templates now include number of SABA inhalers requested, household smoking and a reminder of appropriate referral to secondary care. This audit will be repeated and is generalisable to other Practices.

Abstract topic

09. Quality improvement

Abstract ID: 809

Internal code

P09-036

Presentation form

Poster on paper + ePoster

We believe that the children are the future, teach them well and they will lead the way-engaging young people in primary care

Emma Park, Faraz Mughal, Marian Davis, Sharmila Parks
RCGP Adolescent Clinical Interest Group, Sheffield, United Kingdom

Names of Moderators and Speakers- Dr Marian Davis, Dr Faraz Mughal, Dr Sharmilla Parks, Dr Emma Park.

Objectives

To improve the healthcare of young people by empowering primary care teams to

- involve young people in service redesign
- involve young people in research
- improve young people's health literacy
- partner with schools
- to apply what they have learned in this session by providing practical tips

Talks

"Health literacy lessons as a means of looking at understanding and accessing primary care"

"The care of young people who self-harm in general practice: insights and recommendations from research"

"Setting up a Youth Friendly Clinic in Uganda - the same and yet different"

"Developmentally Appropriate trauma informed care"

Discussion

2/3 of year 10 pupils had visited their doctor in the previous 6mths.

14.5yrs is the mean age of onset of mental health disorders.

1 in 5 young people experience abuse prior to 16yr & this is a risk factor in the development of mental ill-health.

Mental health problems have important implications for every aspect of young people's lives including their ability to engage with education, engage in constructive family & other relationships and find their own way in the world.

Mental health problems and health inequalities are worsening globally since the pandemic.

Young people are the future and if we engage with them we can make a difference to their lives and their children's lives.

Take home Message

You CAN improve the healthcare of young people in your practice!

Reference <https://ayph-youthhealthdata.org.uk/>

Abstract topic

09. Quality improvement

Abstract ID: 814

Internal code

P09-037

Presentation form

Poster on paper + ePoster

Removing uncertainty: improving access to information about parental leave policies

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Introduction/Background

The policies surrounding parental leave can be complex to people who have never had to use them before. Trainees at the Exeter GPVTS had sometimes struggled to find the information they needed and complete the necessary paperwork in a timely way. To address this problem we undertook a project to scope the current knowledge of trainees surrounding these processes and develop a resource to guide trainees.

Methods

A survey was sent to all GP Trainees on the GPVTS to assess trainees' experiences of applying to take parental leave and suggestions of improvement to the process. Following this a guidance document was written to address any gaps in information provision.

Results and conclusion

60% of respondents reported finding difficulties accessing the information they needed in preparation for taking parental leave. Feedback was used to gather relevant information and policies and collate them in a user friendly format to guide trainees through the process. All trainees were able to benefit from this by accessing it through the training programme website.

Abstract topic

09. Quality improvement

Abstract ID: 844

Internal code

P09-038

Presentation form

Poster on paper + ePoster

Use of elastomeric infuser as decongestive tool to preserve assistential quality

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²SEVIAC, CUAP PURA FERNANDEZ, ICS, HOSPITALET DE LLOBREGAT, Spain

All through those two years since Covid-19 broke out, SEVIAC service has been using elastomeric infusers to treat highly complex patients, and not only in the last-day comfort treatment context. The use of elastomeric infusers has been used in our service since 2016 and during Covid waves has reached their peak.

SEVIAC, is a service that gives home attention to home attended highly chronic complex patients and palliative care patients in Barcelona, Spain during afternoons, nights, and weekends. It is formed by experienced palliative care doctors and advanced nurse practitioners that both attend by phone and at home.

During the last two years, the use of elastomeric infuser has permitted the service to attend to the high demand in patients that could not or would not go to the hospital due to

the general collapse situation in the first months of the pandemic or later on because they did not want to be alone at the hospital setting.

Consequently, the service started to treat symptoms such as refractory pain, congestion in ICC patients, or other refractory symptoms to OV medication in home settings with elastomeric infusers continuous subcutaneous dose that could be recharged in a range of 24 to 72 hours. That permitted some patients to be attended to at home providing them a telephone number for emergencies and doubts and diary phone call follow-up to elongate the periods between visits, if possible while keeping them in a reasonably good quality of life at home.

Abstract topic

09. Quality improvement

Abstract ID: 860**Internal code**

P09-039

Presentation form

Poster on paper + ePoster

Audit of GP discharge summaries following Neuropsychiatry inpatient review

Tharshni Umakanthan*NHS, London, United Kingdom*

Audit of GP discharge summaries following Neuropsychiatry inpatient review

Introduction

Neuropsychiatry is the speciality which focusses on the interface between neurological and physiological disease. Discharge summaries are an invaluable resource in ensuring continuation of care for patients that is safe and coordinated. We evaluated the quality of discharge summaries in accordance with the Royal College of Psychiatrists' guidance on this topic with the goal of identifying barriers and improving the quality of summaries and in turn clinical outcomes for patients.

Method

Retrospective review of electronic patient discharge summaries: diagnosis, current medication dose, changes to medication, actions and outpatient follow up over a sixty-day period.

Results

20 discharge summaries were identified as suitable. An astounding 40% of summaries did not mention Neuropsychiatry input at all. Just over half of the summaries specified a working clinical diagnosis and twelve percent of summaries mentioned outpatient Neuropsychiatry follow up. 25% of summaries clearly documented current medications and change of medications.

Discussion

Neuropsychiatry relies on collaborative working with diverse teams at different points in the admission to effectively manage the degree of complexity in patient presentations. Present day medicine is underpinned by the timely, accurate transfer of clinical information. It is detrimental to not provide GP colleagues with inadequate information regarding new diagnoses, medications and follow up plans. It places an unnecessary burden on primary care, increases risk of medication non-adherence, influence the therapeutic relationship and negatively impact clinical outcomes.

Abstract topic

09. Quality improvement

Abstract ID: 904**Internal code**

P09-040

Presentation form

Poster on paper + ePoster

Using group consultations to improve care in patients with Diabetes

Georgina Hamilton, Julia Kan*Faculty of Health Sciences, Courtside Surgery, Bristol, United Kingdom***Background**

Improving outcomes for patients with Type 2 Diabetes (T2D) remains a significant challenge within General Practice, with data from the National Audit of Diabetes suggesting that 50% of patients with T2D are poorly controlled. Group consultations are an emerging style of consultation which have shown potential to improve patient outcomes with T2D.

Questions

Can group consultations be a successful tool for improving Diabetes management within the practice? Does this consultation style improve motivation and engagement with the condition?

Method

We recruited eight patients with T2D who participated in two previous group consultations and invited them to take part in a virtual group consultation. We compared their HbA1C, Cholesterol, and Body Mass Index (BMI) results across the three group consultations, spanning a total of two years. Following the third consultation, we asked patients to rate their satisfaction with the session and understanding of Diabetes.

Outcomes

Within this cohort, 88% of patients had a reduction in BMI, 63% had a reduction in Cholesterol, and 38% had a reduction in HbA1C. 50% of patients who responded to the questionnaire understood Diabetes better, and 100% of patients wished to attend another group consultation.

Discussion

The group consultation style is a useful tool for improving important aspects of Diabetes control, with patient satisfaction emerging as the most pertinent result. A future study with a larger cohort is warranted given these promising results.

Take home message for the practice

Maintain the use of group consultations and discuss expanding to other long-term conditions within the practice.

Abstract topic

09. Quality improvement

Abstract ID: 985**Internal code**

P09-041

Presentation form

Poster on paper + ePoster

Who carries the burden of mental health? A review of patients referred to Psychiatry, over a 6 month period.

Zara Khan

Primary care, NHS, Leeds Teaching Hospital Trust, Leeds, United Kingdom

Background - Referral waiting lists for secondary mental health services are currently at an all-time high, resulting in a delay in assessments. There are currently clear NICE guidelines for the initiation of anti-depressant medications and initial follow up, however guidelines aren't as clear for patients on long term anti-depressant therapy, thus placing these patients at risk. This review aims to look at how this risk can be reduced.

Questions - How can these patients be supported better by primary care?

Methods: To measure the following in patients referred over a 6 month period: documented interim review, risk management plan, physical health check and whether counselling has been offered (CBT/IAPT), in the past year.

Outcomes – 96% (23/24) of patients referred for review of worsening symptoms of depression were on anti-depressant medication for >2 years. Of these, 65% had an interim review (53% of these included a risk management plan), 65% were offered counselling and 61% had physical health checks (both bloods and ECG) in the last year.

Discussion – Almost all patients that were referred, had been on anti-depressant therapy for at-least 2 years. However, not all patients received an annual interim review and even fewer were signposted to primary care counselling services. To reduce the impact of referrals and time waiting to be seen, interim reviews can be used to identify patients that can be managed in the community.

Take home message – Interim reviews can be used to review medications and risk management plans, thus supporting patients better, whilst awaiting specialist review.

Abstract topic

09. Quality improvement

Abstract ID: 1026

Internal code

P09-043

Presentation form

Poster on paper + ePoster

Falls assessment and prevention in the Healthy Aging Unit (HAU) of a large central London teaching hospital

Maitri Shila Tursini, Ruth Evans, Harriet Howard, Emma Lewin
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Background:

Falls are a common in the aging population, with 30% of the over 65s and 50% of the over 80s suffering with at least one fall per year. Falls can lead to negative physical and psychological sequelae and are estimated to cost NHS England £435million per year. NICE has produced guidelines advising on the multifactorial assessment that should be carried out to prevent falls.

Question: Are we carrying the multifactorial falls assessment as described in the NICE guidelines on falls prevention?

Methods:

We carried out a retrospective review of inpatients admitted into the healthy aging unit at King's College hospital and checked our adherence to NICE guidelines. We shared our findings with our department, created an electronic proforma and posters and surveyed staff to identify barriers to completing the assessment. We then re-audited our performance and tested for statistically significant change using a chi square test.

Outcomes: Certain aspects of the falls assessment were not carried out consistently. We looked at barriers to performing these assessments and to put in place interventions to tackle these barriers. After our intervention, we noticed a statistically significant improvement in the percentage of patients receiving the full multifactorial risk assessment.

Discussion: In our HAU, falls assessments are generally carried out thoroughly. There were aspects that proved harder to achieve and, after discussion with staff and interventions, we noticed an improvement in our performance.

Take home messages: Auditing our performance highlighted areas that required improvement and surveying staff helped us formulate effective interventions.

Abstract topic

09. Quality improvement

Abstract ID: 1050

Internal code

P09-044

Presentation form

Poster on paper + ePoster

Quality improvement project to improve covid-19 vaccination uptake on an old age psychiatric ward (meridian ward).

Emma Etherington¹, Fariah Khan², Potan Kheder²

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²Hammersmith and Fulham Mental Health Unit, West London Nhs Trust, London, United Kingdom

Aim

People with mental health issues have additional challenges in accessing medical care and it is hypothesised that this may result in some patients failing to receive protection from covid -19 by means of vaccination. This study aimed to identify the number of inpatients on an old age psychiatry ward (Meridian ward) between May and June 2021 who were fully vaccinated against covid-19 so that unvaccinated patients could be offered vaccination during admission.

Background

People with mental health issues were listed as priority groups for vaccination by the Joint Committee on Vaccination and Immunisation. However, this population can experience challenges with access to medical care and vaccine hesitancy.

Methods

Data was gathered on patients' covid-19 vaccination status. This was a total of 10 patients. This information was gathered directly from the patients, summary care records and GP records. We also audited whether the patients' vaccination status was recorded.

Results

50% patients were fully vaccinated. 20% had received one vaccine and 30% of patients were unvaccinated. 20% of unvaccinated patients received their first dose during admission.

Conclusions

Inpatient psychiatric patients face additional challenges when it comes to covid-19 vaccination. Recommendations to improve uptake among this group are:

- Patients' vaccination status is assessed and recorded during inpatient admissions.
- GP surgeries should identify patients on their database with mental health issues who are unvaccinated and provide these individuals with support around accessing information, transport or providing home vaccinations.
- Vaccination status should be documented on summary care records and ward notes.

Abstract topic

09. Quality improvement

Abstract ID: 1079

Internal code

P09-045

Presentation form

Poster on paper + ePoster

A QI project using home blood pressure monitoring for hypertensive patients during the COVID-19 pandemic

Reshma Rasheed, Junaid Farooq, Nabeel Javed, Mushabar Kazmi, Yathorshan Shanthakumaran

Research & Medical Education, Chapel Street Surgery, Rigg Milner Medical Centre & Corringham Health Clinic, Tilbury, United Kingdom

Introduction

During the COVID-19 pandemic, patients with hypertension required regular BP monitoring. Patients with hypertension are on multiple medications, and require at least a biannual office BP reading to ensure they are being treated to target. It was apparent that unless rapid service transformation was enabled using the NHS model for improvement, patients would not receive the standard of care as laid out by NICE.

Methods

Within a rural practice population of circa 5000 patients, the hypertension register identified 1196 patients, from which 45 patients have given some form of Home BP readings previously due to constraints to come to the surgery. An appointment with a clinician was made to educate patients on the use of the BP monitors. Patients were asked to provide HBPM after four weeks. Once the result of the pilot study was validated and the methodology was acceptable - remaining suitable members of the cohort were offered this incrementally. By the end of the 12 months, we achieved regular BP readings of 812 patients.

Results

No of Absent HBPM reading Pre-COVID: 1151 patients; No of Patients on HBPM Pre-COVID: 45; No of Patients with Outstanding HBPM Post-COVID: 382; No of Patients with Completed HBPM Post COVID: 814.

Discussion

Utilisation of a simple device to ensure patients can measure their blood pressures

enabled us to continue to offer safe responsive care as well as treatment escalation which improved overall patient healthcare and safety. HBPM is a safe, effective and patient friendly technique.

Abstract topic

09. Quality improvement

Abstract ID: 1081**Internal code**

P09-046

Presentation form

Poster on paper + ePoster

A QI project of active case finding for identification of long COVID in a rural population using the Yorkshire Rehabilitation Screen Tool

Reshma Rasheed, Mushabar Kazmi, Junaid Farooq, Nabeel Javed, Yathorshan Shanthakumaran

Research & Medical Education, Chapel Street Surgery, Rigg Milner Medical Centre & Corringham Health Clinic, Tilbury, United Kingdom

Introduction

The post infectious sequelae of COVID infection include Long COVID symptoms. Delays in commissioning of Long COVID clinics has been an underlying reluctance towards case findings as there are no services to offer patients.

Methods

Based on a population of 5500 patients, an active case finding strategy was deployed to screen patients who had developed Long COVID symptoms over 12 weeks of testing positive. Patients who screened positive were then offered baseline investigations and referred to newly commissioned COVID services.

Results

339 patients had COVID and were followed post-12 weeks, 36 patients screened positive for the referral to the Long COVID clinic. 196 patients had no persistent symptoms; 92 patients were non responders to telephone contact; 14 patients had mild persistent symptoms but did not meet the referral criteria to the long COVID service. Out of these 14; 9 had a change of smell and/or taste, 2 complained of hair loss, 1 complained of reduced near vision, 1 had tinnitus and 1 had persistent stomach pain. Overall, 50 people had Long COVID symptoms.

Discussion

National prevalence studies show that 10% were found to have persistent COVID symptoms, however using active case finding strategy - it has shown a higher prevalence of 20.2% in the adjusted population. In addition, 92 patients were non-responders despite being contact on two occasions and as a result are excluded from the study, adjusting the population to 247. 14.5% of patients met the referral criteria for the Long COVID clinic.

Abstract topic

09. Quality improvement

Abstract ID: 1084**Internal code**

P09-047

Presentation form

Poster on paper + ePoster

A quality improvement pilot of repeat dispensing of medication in patients with asthma to improve adherence and compliance in rural population

Reshma Rasheed, Yathorshan Shanthakumaran*Research & Medical Education, Chapel Street Surgery, Rigg Milner Medical Centre & Corringham Health Clinic, Tilbury, United Kingdom***Introduction**

During the COVID-19 pandemic, patients with respiratory conditions were prioritised to receive their long term conditions reviews. Patients with stable asthma need an uninterrupted supply of their inhalers. In order to facilitate supplies of their inhalers, following asthma reviews the surgery undertook a QI initiative to enable patients to be issued inhalers under repeat dispensing arrangements for six months. No SABAs were issued under this process. A quality improvement initiative to enable patients on stable asthma treatment to be issued inhalers under repeat dispensing arrangements.

Methods

Patients were identified from the asthma register and invited to undergo asthma reviews. Following a review using Asthma Control Test scores and good compliance indicators, on-going treatment was converted to repeat dispensing. This eliminated delays in patients receiving their prescriptions for inhalers.

Results

Of 5500 patients at the practice, 326 of these have asthma. Of these, 150 patients were offered repeat dispensing from March 2020, and 133 patients accepted repeat dispensing arrangements and 17 declined. The remaining cohort has been offered repeat dispensing incrementally as asthma reviews are scheduled.

Conclusion

Repeat dispensing (RD) is a proactive system of prescribing anticipated medication each month for a maximum of six months. With patient initiated prescriptions the main drawback is that the patient has to communicate with their surgery each time to request a repeat prescription. Significant drawbacks of this method include increased processing time and delay in patients receiving their medication. During such time if patients don't have their medication their asthma can deteriorate.

Abstract topic

09. Quality improvement

Abstract ID: 1112**Internal code**

P09-048

Presentation form

Poster on paper + ePoster

A retrospective database study of antidepressant prescribing patterns and geographical variation in England primary care during the COVID-19 pandemic

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Background Multiple studies revealed deteriorations in mental health and wellbeing during the COVID-19 pandemic, whereas others report concerns about whether the increase in telephone consultations affects their pharmacological treatments frequency.

Questions What are current trends in antidepressant primary care prescribing in England and are there any geographical variations? Has the pandemic affected compliance to national guidelines?

Method Class- and drug-specific trends in antidepressant prescribing between December 2016 - November 2021 were analysed at national and practice level using prescribing data from OpenPrescribing.net and national GP profiles from Fingertips. We generated descriptive statistics, CCG maps reflecting prescribing patterns and a multilevel mixed-effect Poisson regression model.

Outcomes and Discussion The annual antidepressant prescriptions trend remained largely consistent with pre-pandemic trend. Over the study period, TCA prescribing fell from 10.14% of all antidepressant items to 6.65%, reassuringly with substantial decreases in dosulepin and trimipramine. SSRI prescribing remained fairly constant with prescribers showing an increasing preference for sertraline over citalopram. Prescriptions of newer-generation antidepressants such as mirtazapine and vortioxetine, but not venlafaxine and mianserin, have increased. Higher prescribing rates are associated with deprivation (OR 1.22 [1.20-1.23]), percentage of elderly patients (OR 1.40 [1.39-1.42]), and patients with long-term health conditions (OR 1.24 [1.23-1.26]), but not rurality, practice list size or QOF scores. The CCG-specific random effects appear insignificant: $\sigma = 0.0167$. A pipeline allowing analysis of these data has also been developed.

Take Home Message Despite the pandemic, antidepressant prescribing patterns in primary care did not change significantly, but substantial variation was found between practices.

Abstract topic

09. Quality improvement

Abstract ID: 1116

Internal code

P09-049

Presentation form

ePoster only

Study - the impact of covid-19 on cancer screening in Portugal

Daniela Bento¹⁾, António Pereira¹⁾, Maria Sousa¹⁾, Carolina Quental¹⁾, Deolinda Almeida²⁾, Inês Leal²⁾, Joana Lourenço²⁾, Pedro Lemos¹⁾, Carolina Espregueira¹⁾

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Introduction:

The response to Covid-19 pandemic determined the suspension of normal clinical activity for a few time, mainly in 2020, and it also determined the partial replacement of

face-to-face activity with non-face-to-face activity. Covid-19 had a severe impact in several areas and caused millions of deaths around the world, many of them of non-covid causes. Therefore, it's necessary to study this impact in order to recover from it.

Methods:

Analysis of cervical, breast and colorectal cancer screening indicators from December 2016 to 2021.

Results:

Breast cancer: comparing the number of patients screened each year, we see that there was a 39% decrease in screenings performed in 2020, compared to the average number of screenings performed between 2017 and 2019. In 2021, there was an increase of 8.2%.

Colorectal cancer: we found a decrease of 14% of screenings carried out in 2020, compared to the average of screenings carried out between 2017-2019. In contrast, in 2021 there was an increase of 10.9%.

Cervical cancer: in 2020, 99924 women were screened and in 2021, 195466. There was a decrease of 59% and 20% in cancer screenings performed, respectively, compared to the average number of screenings performed between 2017-2019.

Conclusion:

We noticed a recovery in the performance of breast and colorectal cancer screenings, as they didn't require the intervention of the General practitioners (GP). Regarding cervical cancer, there's still a drop in 2021 due to the multiple tasks that the GP has to do daily.

Abstract topic

09. Quality improvement

Abstract ID: 1125

Internal code

P09-050

Presentation form

Poster on paper + ePoster

Reflections on doing ethnography in the NHS: improvement research in-situ

Francesca Dakin

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The pandemic has placed the National Health Service, and the people that comprise it, under significant strain. Healthcare staff have been expected to work beyond their usual capacity for a sustained period, whilst also managing competing pressures at home, from changing working environments, and from their own health and wellbeing, in a context of social and political uncertainty. These factors are made more complicated for people working in more deprived areas and with marginalized populations, and/or who experience multiple and intersecting barriers to achieving positive and stable working conditions. Such barriers, and their connections and impacts, are currently understudied. This leads to a lack of representation in the evidence-base for supportive working policy, and thus could perpetuate a cycle of poor working experiences. This poster reflects on the process of gaining access to NHS sites for ethnographic and qualitative research for a project that aims to learn how to improve workplace wellbeing in primary care through understanding the in-depth lived experiences of practice staff. It considers how the process of accessing sites, gatekeepers' priorities, and other factors come to influence improvement research, and what quality improvement researchers can learn from that.

Abstract topic

09. Quality improvement

Abstract ID: 1152**Internal code**

P09-051

Presentation form

Poster on paper + ePoster

High risk medication prescribing safety in primary care under shared care guidelinesReshma Rasheed, Yathorshan Shanthakumaran*Research & Medical Education, Chapel Street Surgery, Rigg Milner Medical Centre & Corringham Health Clinic, Tilbury, United Kingdom***Background:**

High risk medication requires close monitoring with blood tests due to the narrow safety profile of the medication. In order to improve prescribing safety and ensure uninterrupted supplies of medication we present a model of reinforcement of monitoring schedule to patients with quarterly SMS reminders and annual letters .

Aims

A QI Project to improve prescribing safety of high risk medication through written reinforcement of information.

Method:

We implemented a quarterly scheduled monitoring protocol (Fig.1) with checkpoint throughout the year with blood test scheduled (April, July, October, January). Prior to each quarter, an automated SMS reminder was sent to patients. Patient Information Leaflets (PIL) were posted with the forthcoming years blood forms at the start of the monitoring year..

Results:

Implementation of written and SMS textual reinforcement of the testing schedule showed a significant increase of quarterly blood test results. The results are summarised as a table.

Conclusion:

HRM monitoring requires close patient- clinician collaboration. Given that a patient's recall of consultations is unreliable, written personalised information leads to improved adherence to monitoring intervals. Adequate knowledge of forthcoming appointments and 12 weekly blood testing ensures patients are prompted to attend for regular blood tests thus allowing practitioners to safely prescribe within the guidelines and provide an uninterrupted supply of medication. This QI method was found to reduce transaction costs by saving staff time in having to contact patients on a reactive basis and presents a proactive model using the NHS model for improvement.

Abstract topic

09. Quality improvement

Abstract ID: 1156**Internal code**

P09-052

Presentation form

Poster on paper + ePoster

Pitfalls of the interpretation and implementation of clinical trials in primary care

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Background

The results of clinical trials involving novel treatments on common chronic diseases are often put into everyday practice, without taken under account the diversity of primary care populations

Questions

Are such results applicable to primary care and what is expected to be the favourable outcome in primary care populations?

Methods

We evaluated recent clinical trials on diabetes mellitus and hypertension novel treatments goals and the integration of the results into guidelines from various medical societies

Outcomes

We found that the clinical trials results often present with very wide confidence intervals, and the proposed reduction of risk of various outcomes, that may be apparent in clinical trials, for example in the emperor trial of empagliflozin the reduction of hospitalizations (hazard ratio, 0.79; 95% confidence interval [CI], 0.69 to 0.90; $P < 0.001$) really means that we are not aware of the true reduction (that may be between 31% and 10%) and that the 21% reduction presented is a statistical hypothesis and not a clinical fact. Many examples like this are presented and the ambiguity of implementing such results in clinical practice should not be ignored.

Discussion

The interpretation and implementation of the results of clinical trials into primary care require caution and attention to details that do not warranty that the findings will apply to everyday practice

Take Home Message for Practice

Always look at the confidence intervals and the absolute risk in clinical trials

Abstract topic

09. Quality improvement

Abstract ID: 1165

Internal code

P09-053

Presentation form

Poster on paper + ePoster

A QI project to detect B12 deficiency in diabetic patients – iatrogenic harm prevention

Jake Rosen, Reshma Rasheed, Yathorshan Shanthakumaran

Research & Medical Education, Chapel Street Surgery, Rigg Milner Medical Centre & Corringham Health Clinic, Tilbury, United Kingdom

Background:

It is known that patients with diabetes on Metformin can develop a B12 deficiency. An audit of all patients with diabetes revealed 87(17.57%) of patients were found to have metformin related B12 deficiency. A QI project was undertaken to embed routine B12 monitoring as part of standard care to improve detection of this side effect

Methods: We implemented the NHS model for improvement to embed routine monitoring for B12 levels as part of routine care. An audit of all the patients on the diabetes register was conducted across the 495 patient population. This revealed a B12 deficiency rate 17.57 % at first audit cycle. Patient education of the side effects was undertaken at annual review.

Results:

Embedding screening for B12 deficiency as part of routine testing yielded a much higher prevalence of B12 deficiency in patients on Metformin than anticipated . The prevention of iatrogenic harm is important to preserve health and ensure patient safety and maintain trust in safe prescribing.

Conclusion:

Studies indicate 6-30% do so unless active screening protocols are in place this important iatrogenic harm can be missed. Patients could be wrongly attributed to having diabetic neuropathy when the underlying cause is an easily corrected B12 deficiency.

Abstract topic

09. Quality improvement

Abstract ID: 1170

Internal code

P09-054

Presentation form

Poster on paper + ePoster

Use of cimicifuga for menopausal symptoms – an evidence based review

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Background: Menopause is associated with a series of psycho-physiological changes that can affect a woman's quality of life. Hormone replacement therapy has been shown to be effective in controlling the symptoms of menopause; however, many adverse effects have been associated with this treatment. Evidence from experimental studies suggests that cimicifuga (CR) may be a plausible alternative to treat menopausal symptoms.

Questions: Is cimicifuga effective for the treatment of menopausal symptoms?

Methods: We performed a survey of clinical guidelines, systematic reviews (SR), meta-analysis and randomized controlled trials (RCT) on the main evidence-based medical databases, using the MESH terms "cimicifuga" and "menopause". Studies included compared the use of CR for menopausal symptoms with placebo.

Outcomes: Our initial research included 15 articles. Studies that didn't meet the defined outcome were excluded. 6 articles were selected - 5 SR and 1 RCT. Two SR concluded that there is currently insufficient evidence to support the use of cimicifuga for menopausal symptoms. Two concluded that CR produced beneficial effects in patients

with hormone-dependent diseases who suffer from iatrogenic climacteric symptoms. Afshar S. et al deduced that a significant effect was seen on psychological symptoms (except in anxiety). The RCT found CR to be a safe and effective measure in managing menopause-related sleep disorder.

Discussion: Cimicifuga might have some interest in managing menopausal related symptoms, in particular, sleep disturbance. However, given the heterogeneity of studies, the evidence becomes insufficient to support its use (Strength of recommendation B). There is adequate justification for conducting further methodologically consistent studies.

Abstract topic

09. Quality improvement

Abstract ID: 1175

Internal code

P09-055

Presentation form

Poster on paper + ePoster

5-yearly pneumococcal vaccination in at-risk patient groups: an audit

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Background:

NICE recommends 5-yearly pneumococcal vaccination for patients with asplenia, functional hyposplenism and chronic kidney disease. This is based on evidence that antibody levels decline more rapidly in these patients and hence they are more “at-risk” of infection.

Question:

Are at-risk patients who received their first pneumococcal vaccination scheduled for re-vaccination in 5 years’ time?

Methods:

The proportion of patients scheduled for pneumococcal re-vaccination was assessed via the presence/absence of a diary entry in their electronic records 5 years after first vaccination. An automated form was then produced that enabled staff to schedule re-vaccination appointments more easily. Data were analysed to assess the efficacy of this intervention. This methodology was then repeated after implementing another intervention: a pop-up prompt that directly linked pneumococcal vaccine prescription to the automated form.

Outcomes:

Between October 2019 and February 2020, 20 of the 30 at-risk patients who received their first pneumococcal vaccination were scheduled for re-vaccination in 5 years. After the first intervention in March 2020, only 1 out of 16 patients were scheduled for re-vaccination. The results of the second intervention (implemented in December 2021) will be analysed in May 2022.

Discussion

Automated forms alone are insufficient in bridging the gap between vaccination and re-vaccination scheduling. The COVID-19 pandemic likely reduced the number of patients receiving first pneumococcal vaccinations and also the proportion rescheduled.

Take home message for practice

This potentially life-saving intervention should not be overlooked in at-risk patients, and better memory aids (e.g. pop-up prompts) may be necessary.

Abstract topic

09. Quality improvement

Abstract ID: 1179**Internal code**

P09-056

Presentation form

Poster on paper + ePoster

What are the changes in HbA1c, and renal function associated with SGLT2 inhibitors among patients with varying stages (3-5) of CKD and Type 2 Diabetes?

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Background:

Sodium Glucose Cotransporter 2 inhibitors (SGLT2is) lower blood sugar and reduce the risk of renal failure and cardiac failure in patients with diabetes and chronic kidney disease (CKD). Current UK NICE guidelines recommend the use of SGLT2i to accompany other treatment options, such as Angiotensin Converting Enzyme inhibitors (ACEis) or Angiotensin receptor blockers (ARBs), after maximum dosage.

Question:

We aimed to assess how SGLT2i use by differing CKD stage affects renal and glycaemic control outcomes.

Methods:

A systematic review +/- meta-analysis of renal and glycaemic RCT outcomes by CKD stage 3-5 will be undertaken. PubMed, PRISMA, Medline, Google Scholar databases and Cochrane systematic reviews will be searched from 2010-2022. Risk of bias and finding certainty will be assessed with Risk of Bias 2 (RoB 2) and GRADEpro tools.

Population: Adult patients ≥ 18 years who have both Type 2 Diabetes and CKD stage 3-5 (eGFR < 60 mL/min/1.73m² or UACR > 300 mg/g).

Intervention: All types of SGLT2i.

Comparators: SGLT2i vs. non SGLT2i use.

Outcomes: Renal function- eGFR, albumin: creatinine ratio (ACR) and glycaemic control (HbA1c). Where data is available, outcomes will be compared across individual CKD stages 3, 4 and 5.

Outcomes:

Relevant extracted adjusted data will be summarised and displayed in tables or charts, with narrative synthesis +/- meta-analysis. Statistical heterogeneity will be measured using the I² statistic.

Discussion & message:

The results of this study can help assess SGLT2i effects on glycaemic control and renal function by CKD stage, adding to the evidence base and informing clinical care.

Abstract topic

09. Quality improvement

Abstract ID: 1212

Internal code

P09-057

Presentation form

Poster on paper + ePoster

Mick? Are patients taking the p.....? - Quality improvement project reviewing unsolicited urine brought for dipsticks

Yasmin Rahman

Gallions Reach Health Centre, London, United Kingdom

“ Dr, I brought in my urine, I have a UTI and need some antibiotics”. Many of us will be familiar with this presentation in General Practice. In the age of Google, smartphones and openness about health conditions, many patients present to the GP already diagnosing their symptoms with a treatment plan in mind. Many patients believed urinary symptoms were due to UTIs and thus skipping history taking wishes to bring in urine samples for dipstick.

However, urinary symptoms are not always related to urinary tract symptoms. Consequently, misdiagnosis can result in ongoing symptoms, delay in diagnosis of other conditions, longterm morbidity and of course antibiotic resistance.

A retrospective audit of unsolicited urine dipsticks (urine brought in without a previous request by a GP) was conducted from the duty doctor list. This identified 68 samples in one month, an average of 3 per working day. Age range from 2-81, 79.4% female. 58.8% were positive on dipstick, almost 50% were provided with antibiotics however urine dipstick to positive culture was only 25%.

Practice based education using RCGP toolkit for UTI management and appropriate counselling of patients regarding symptoms and antibiotic stewardship resulted in a noticeable reduction in antibiotics and UTI misdiagnosis.

Ultimately, there is a place for empirical antibiotic prescribing, however, it is our duty as clinicians to question the diagnosis and return to basis, despite the age of Dr Google. History taking and appropriate, stepwise investigation and management will ensure patients receive antibiotics when clinically indicated, improving long term outcomes.

Abstract topic

09. Quality improvement

Abstract ID: 1216**Internal code**

P09-058

Presentation form

Poster on paper + ePoster

Oooooo eeeeeee, wheezy too easy? Childhood asthma: are we missing a diagnosis or are we over-prescribing salbutamol?

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Roughly 12% of the UK population have asthma, accounting for 2-3% of primary care consultations. Worryingly, several children aged 5-14 die from asthma each year. We audited diagnosis, management and follow-up in children aged 5-16 years who had been prescribed a salbutamol inhaler without an asthma diagnosis.

We reviewed four key resources. All recognised the importance of a structured assessment.

Key elements :

1. Documented history of episodes of wheeze confirmed by auscultation
2. Episodic symptoms (shortness of breath/wheeze/chest tightness/cough)
3. Diurnal variability
4. History other atopic conditions

75 children aged were prescribed salbutamol in one year without an asthma code.

88.4% had one symptom documented shortness of breath; wheeze; chest tightness; cough.

8.6% were advised to have further investigations, only 30% had follow up suggested , only 10% were followed up within one year.

194 salbutamol inhalers were prescribed over one year, an average of 2.8 inhalers per patient. 42 patients had had more than one prescribed, with a range of 2-12 inhalers.

We developed an aide memoire using asthma as an acronym:

Allergies (personal hx atopy / known allergens)

Symptoms + sounds- cough/ wheeze/ chest tightness/ sob

Time/ triggers - diurnal variation/ exercise/ allergens/ irritant exposure/ weather/ Viral illnesses

History (family)

Medications + monitoring

Advice / Alternative diagnosis - safety net /follow up

We readily prescribe salbutamol and as a clinician dealing with patient expectations, it is difficult to differentiate viral-induced wheeze and asthma. However, diagnosis and management is vital to improve patient care with timely follow up. Ultimately reducing childhood deaths.

Abstract topic

09. Quality improvement

Abstract ID: 1227

Internal code

P09-059

Presentation form

Poster on paper + ePoster

An observational study of the mental health burden in frail and elderly patients

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Introduction:

Psychiatric illnesses are common among elderly and are associated with increased mortality and physical comorbidities. Patients with frailty have a higher prevalence of depressive symptoms. (1) The eFI (electronic Frailty Index) is a tool used to assess the severity of frailty in elderly patients using a cumulative deficit model.

Method:

Patients were selected for annual frailty assessments by searching the clinical system (SystemOne) using the eFI tool. Patients were assessed using the Comprehensive Geriatric Assessment (CGA) framework. In addition, all patients were screened for coexisting anxiety and depression using the Patient Health Questionnaire (PHQ-9) and Generalised Anxiety Disorder (GAD-7) questionnaire.

Results:

Of the 118 patients who ranged from mild to severe frailty, we found there was a positive correlation of the frailty severity eFI scores with increased rates of anxiety and depression showing higher scores on the PHQ-9 and GAD-7 scoring tools. A positive correlation of the eFI with the PHQ-9 scores of ($r = 0.819$ $p < 0.001$). Within the same data set, we found correlation coefficients of eFI and GAD-7 scores ($r = 0.651$ $p < 0.001$).

Conclusion:

We found in this study higher eFI are associated with higher rates of anxiety and depression. We would recommend annual frailty assessments in patients with high eFI and this should include screening for mental health deterioration to enable patient centred supportive measures and targeted treatment strategies. Health maintenance programs should ensure patient centred holistic assessment of both physical and mental health needs for early identification to avoid deterioration.

Abstract topic

09. Quality improvement

Abstract ID: 1234

Internal code

P09-060

Presentation form

ePoster only

Auditing general practice referral for hydroxychloroquine and chloroquine-induced retinopathy screening: assessing compliance with the royal college of ophthalmologist recommendations

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Introduction

Royal College of Ophthalmologist (RCOphth) guidance (2020) recommended patients be referred for hydroxychloroquine-induced retinopathy screening. GPs are often responsible for monitoring long-term medication. Compliance with the RCOphth guidance was assessed at a practice in East London.

Methods

Searches were undertaken on EMIS identifying patients issued a prescription of hydroxychloroquine or chloroquine within 6 months. Patients were retrospectively assessed for therapy duration, indication, retinopathy screening history, initial eGFR and weight within 12 months, and if retinopathy was detected.

Results

Out of 15321 total patients, 28 (0.18%) were included for analysis. Only one received chloroquine, one was male, and mean age was 51 (SD: 14.3). Common indications

included Systemic Lupus Erythematosus (10) and Rheumatoid Arthritis (8). Mean duration of therapy was 5.4 years (SD: 3.2), with 15 patients taking treatment for >5 years. Of those greater than 5 year duration, 60% had no documented retinopathy screening. 3/9 met the RCOphth criteria for day one annual screening. Weight and eGFR was missing for both 1 and 4 patients respectively. 10 patients had a dose greater than 5mg/kg at some point during treatment. Annual review was indicated in 14 patients, with only 3 receiving it.

Only 13 patients successfully received documented retinal screening, with one showing signs of hydroxychloroquine retinopathy.

Conclusion

A pan-North East London EMIS intervention is scheduled to provide prescribing and monitoring notifications when either eGFR and weight are missing or if threshold for monitoring is triggered. We anticipate an improvement in screening and will monitor with successive audits.

Abstract topic

09. Quality improvement

Abstract ID: 1237

Internal code

P09-061

Presentation form

Poster on paper + ePoster

A QI project of frailty assessment in patients with COPD to enable care planning

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Background:

Patients with COPD have increased incidence of frailty due to their respiratory compromise. A QI project to undertake frailty reviews using the Comprehensive Geriatric Assessment (CGA) toolkit to enable proactive community care planning in primary care.

Method: 198 patients on the COPD register were offered a CGA across three sites in order to assess their health and social care needs over a period of 12 months. All patients completed a CGA which enabled future care planning and were escalated to the health and social care MDT. The CGA tool enabled identification of physical functional social and environmental needs and in addition psychological assessment to identify anxiety and depression and undertake structured medication reviews.

Result: We found of the 198 patients there was a correlation between the MRC scores and Electronic frailty indices a correlation coefficient of $r= 0.7686$ a p value of 0.05. In addition the EFI and MRC scores showed a correlation with depression PhQ9 $r= 0.5808$ and Anxiety GAD $r=0.5016$.

Conclusion:

The CGA tool is a holistic tool appropriate for patients with multiple co-morbidity including COPD. The CGA enables proactive care planning encompassing both physical, social and psychological needs. Undertaking this assessment enabled proactive health and social care planning and improved patient safety and during the COVID-19 pandemic helped reduce unplanned hospital admissions.

Abstract topic

09. Quality improvement

Abstract ID: 1240**Internal code**

P09-062

Presentation form

Poster on paper + ePoster

A QI program of early identification of non-diabetic hyperglycaemia and diabetes in an at risk population

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Background:

National prevalence rates of obesity and impaired fasting glycaemia and diabetes are rising. A QI project was undertaken to identify patients at risk of developing Impaired fasting glycaemia by active case finding in high risk patients and then enabling referral to the NDPP, assessment of cardiometabolic risk using the NHS model for improvement QI methodology.

Method

Using an active case finding methodology and active screening of high risk patient populations identified from the practice register including patients on the obesity register enabled the identification of patients with Non diabetic hyperglycaemia.

Results

Of the practice population of 11,000 patients across three sites n=582 patients were identified with IFG (impaired fasting glycaemia). Of these 371 patients were eligible for referral to the National diabetes prevention program (NDPP) . All patients had recording of blood pressure BMI Q risk and were issued with yearly blood tests and underwent an OGTT. This enabled the identification of 262 previously undiagnosed diabetics among the NDH patient population .

Conclusion:

Within the practice population there was a hidden number of patients who were previously undiagnosed with IFG and diabetes. Undertaking this QI project enabled early identification and proactive management of their cardiometabolic risk. We also identified previously undiagnosed patients coded as IFG who had diabetes. We would advocate this method to identify patients who are previously unidentified to enable proactive care to reduce their risk of developing diabetes in the future.

Abstract topic

09. Quality improvement

Abstract ID: 1254**Internal code**

P09-063

Presentation form

Poster on paper + ePoster

Initiating HRT remotely using a pre-consultation questionnaire

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Increasing awareness of menopausal symptoms and hormone replacement therapy (HRT) within the UK population will presumably lead to an increase in primary care consultations around the subject. A quality improvement project (QiP) was conducted with a view to aid prescribers initiating HRT in primary care.

An essential part of initiating HRT includes a detailed risk assessment which can be time consuming. One solution to improve patients' understanding of menopausal symptoms whilst streamlining their initial assessment, is to introduce an electronic questionnaire that patients complete and return to their clinician prior to their consultation.

A survey was sent to clinicians at a primary care organisation to determine the number and duration of consultations they required on average before initiating HRT. 16 clinicians who responded felt they would find a questionnaire useful to their practice.

A questionnaire was created based on the NICE CKS guidelines and introduced to the online workflow system. This electronic platform allowed clinicians and administrators to send the questionnaire to patients who could complete the questionnaire and return it on the same platform. Feedback from both clinicians and patients is overwhelmingly positive.

Recognised as 'emerging issue' in the RCGP curriculum, prescribing HRT is an area where a lot of practices can improve their service. Introduction of a questionnaire has the potential to improve patients' knowledge, standardise each clinician's approach to HRT risk assessment and ultimately improve the efficiency of the consultation.

Abstract topic

09. Quality improvement

Abstract ID: 27

Internal code

P09-064

Presentation form

ePoster only

Is vaccination a factor of quality of care?

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EAP Vilassar de Mar, Institut Catala de la Salut, Vilassar de Mar, Spain

Background

Is it so important to vaccinate?

Questions

Were there differences between the influenza vaccination rates of patients based on the StandardizedQualityofCare (EQA) values of their family doctor, both in those older than 59n years and in the risk groups in which they are? vaccination indicated?

Methods

The cross-sectional descriptivestudy was carried out on November 30,2021. The studied population was older than 59 years(5,158) and patients at risk of being vaccinated (n = 1200) and their doctors (Family Doctor (MF) and Nursing Diploma (DUE) of the 13 Basic-Assistance Units (UBA) of our Primary Care Center (CAP). Health professionals were

classified into two groups according to their EQA: score \geq 800 (n=6) and score $<$ 800 (n = 7). In the EQA result, the scored block of vaccines was eliminated so that there was no priority bias. Range(719-976).A Kalix,M-excel and SISAP database can be used. TestChisquared.

Outcomes

In patients older than 59 years, the prevalence of the vaccine was48.84%;the prevalence in those who had MF with EQA $>$ 799 was51.38% and46.16%in those who had MF and EQA $<$ 800. The statistical difference was demonstrated in relation to both groups(p $>$ 0.01)(c 2 =13.84).In the risk group, the prevalence was 22.17% for MF patients with EQA $>$ 799 and 18.39% for MF patients with EQA $<$ 800. There were no statistically significant differences between these two groups.

Discussion:

It seems that MF with better quality of care results vaccinate patients older than 59years.

Take Home Message for Practice

Vaccinating our patients is quality of care.

Abstract topic

09. Quality improvement

Abstract ID: 33

Internal code

P09-065

Presentation form

ePoster only

The impact of COVID-19 on strategies to improve uptake of cervical screening at Eastbury Surgery: A closed-loop QI project

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Background: Strategies that aim to increase uptake of cervical screening in primary care may improve secondary prevention of cervical cancer.

Questions: 1) Is cervical screening uptake at Eastbury Surgery in-line with the efficiency standard of 80%? 2) What are effective strategies for improving uptake among eligible patients?

Methods: Patients enrolled at Eastbury Surgery, Northwood, eligible for 3- or 5-year recall were included. Electronic medical records were accessed using EMIS. Demographic data (screening status, age, smoking status, oral contraceptive pill use) were extracted anonymously. Data analysis was conducted using Microsoft Excel and GraphPad Prism. Ethical approval was provided by Partners at Eastbury Surgery.

Outcomes: First audit cycle: Between 01/09/2016 to 31/08/2019, cervical screening uptake for women eligible for three-year recall was 42.63% (95% CI, 39.79%-45.47%); for women eligible for five-year recall it was 40.57% (95% CI, 36.55%-44.59%) between 01/09/2014 to 31/08/2019. Second audit cycle: One year after posters were displayed and a text messaging reminder service was implemented at Eastbury Surgery, a significant reduction in cervical screening uptake was observed among women aged 50-59 years (P=0.0089), women with a history of smoking (P=0.0412), and women without a

history of oral contraceptive use ($P=0.0340$). These reductions coincided with the first wave of COVID infection.

Discussion: The COVID pandemic interfered with strategies designed to increase cervical screening, especially among the elderly, smokers, and non-oral contraceptive users.

Take Home Message for Practice: Future strategies should focus on encouraging cervical screening in patient subgroups at risk of healthcare avoidance due to COVID.

Abstract topic

09. Quality improvement

Abstract ID: 54

Internal code

P09-066

Presentation form

ePoster only

Is Proven Radiological Osteopenia A Suitable Referral Criterion For DEXA Scanning

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Background

Proven radiological osteopenia is part of the DEXA scanning referral criteria in Stockport. Following a literature search, it did not show up as a referral criterion for DEXA scanning. This prompted a quality improvement activity to identify the proportion of patients with “proven radiological osteopenia” who have osteoporosis on DEXA.

Question

Is proven radiological osteopenia a suitable referral criterion for DEXA scanning?

Methods

A population search at a single GP practice was performed on electronic records software EMIS to identify patients within a 12-month period with “DEXA”-related codes between 12th May 2020 - 12th May 2021.

A manual search was carried out in the patient notes for DEXA referral forms and corresponding results.

Outcomes

The initial population search yielded a total of 48 patients. 16 of these were referred for “proven radiological osteopenia”.

Albeit the small sample size, 82% of patients who were referred for “proven radiological osteopenia” had abnormal findings, specifically 38% with osteopenia and 44% with osteoporosis.

Discussion

The reporting of radiological osteopenia is subjective and therefore may lack accuracy and reproducibility. This QIA shows that a significant proportion of patients with “proven radiological osteopenia” had osteoporosis. The DEXA lead consultant at Stockport was informed. At present, it was deemed appropriate to retain it as a referral criterion for DEXA. There is room for a multi-practice study with a larger sample size.

Take Home Message For Practice

Having appropriate scientific curiosity and maintaining good communication with secondary care could lead to quality improvement in referral systems.

Abstract topic

09. Quality improvement

Abstract ID: 137**Internal code**

P09-067

Presentation form

ePoster only

Sodium Valproate and the Prevent Guidelines: Adherence to contraception guidance

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PREVENT Audit: (Valproate Pregnancy Prevention Programme)

Introduction: There is a known teratogenic risk as well as developmental delay risk for foetuses and children whose biological mothers are on valproate whilst pregnant. Guidelines have therefore been developed by the MHRA for women of child bearing age to be on highly effective contraception.

Aims: Our audit aims to review the case files for patients who were on valproate between 2020-2021 at the Adult Mental Health Team (AMHT) in North Oxfordshire in order to ascertain whether they were on the guided highly effective contraception(IUD/Implant).

Methods: We gathered the data from mental health clinicians from their caseload folders and gathered information by phoning patients as well as looking through case notes. Information was gathered on:

- Age
- Diagnosis
- Year of diagnosis (to ascertain how long they have had treatment)
- Type of contraceptive
- Whether contraception was "Highly effective"
- Who initiated Sodium Valproate
- Whether information booklet was provided to patient
- Whether the risk form was sent to Primary care (the GP)
- Whether the risk form was reflected in the care notes

Results:

43%(3/7) were between the ages of 30-40 and 43% (4/7) were between the ages of 40-50.

71% (5/7) had a diagnosis of bipolar disorder and 29% (2/7) had a diagnosis of schizophrenia

Only 43% (3/7) were on gold-standard methods of contraception.

71% (5/7) of eligible patients did not have their risk reflected in their CarePlan on care notes

Abstract topic

09. Quality improvement

Abstract ID: 140**Internal code**

P09-068

Presentation form

ePoster only

To improve the assessment and investigation of delirium in acute medical unit at Queen Elizabeth Hospital, Birmingham

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²⁾Acute Medical Unit, University Hospitals Birmingham, Birmingham, United Kingdom

Background

Although delirium has been described in the medical literature for more than two millennia, the condition is still frequently not recognized, evaluated, or managed appropriately.

Aims and Objectives

To improve the practice of assessing and investigating delirium in the acute medical unit according to the national guidelines.

Methods

Data collection of patients who were diagnosed to have delirium from July to September 2020 in AMU. Analyzed PICS to check whether the patients diagnosed to have delirium have been assessed and investigated according to the trust guidelines. We undertook a single multifactorial PDSA cycle from October 2020 to November 2020. Then re-audited the delirium patients in December for results.

Important results post interventions

4AT assessment increased from 17% to 20% and Repeat assessment increased from 4% to 10%. Thyroid testing increased from 40% to 47%. Vitamin B12 & Folate increased from 31% to 53%. Chest x-ray testing increased from 54% to 70%. ECG testing increased from 80% to 86%

Conclusions

Recognition and diagnosis of delirium are poor, and the 4 AT is not regularly used. Low rates of 4AT assessment could be attributed to adherence to the trust guidelines where "clinical suspicion of delirium" alone is sufficient to diagnose the condition. This project did not address the under-recognition of delirium in acute medical patients. Overall this project has slightly improved the screening, detection, and sending off some common investigations of delirium on the AMU, with significant improvements in some investigations appropriately sent for delirium.

Abstract topic

09. Quality improvement

Abstract ID: 197

Internal code

P09-069

Presentation form

ePoster only

Serving Through The Perimenopause: Experiences of Women In Defence

Antony Willman

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Introduction:

With increasing numbers of women serving in the UK Armed Forces and better retention of women into their 40s and 50s, it is inevitable that serving women are being affected by the perimenopause (PMP) yet there is no information about the numbers affected or their experiences serving through it. This survey aimed to gather information on the experiences of PMP symptoms and their access to and care received from Defence Primary Health Care (DPHC) in the UK.

Methods:

An anonymous online survey, including the Greene Climacteric Score (GCS), was distributed through official Defence communication and networks to women aged 40 and over. Quantitative data was used to calculate descriptive statistics. Qualitative data from free text responses was anonymised and an iterative thematic analysis was undertaken.

Results:

There were 607 responses from a potential population of c.2750 (22%). The response rate varied by age group with a 36% response rate from those over 50. Most believed they were perimenopausal (81%) but only 26% of these were on any treatment. The median GCS was 24/60, with psychological function the worst domain affected. Over half of the respondents felt that PMP healthcare provision within DPHC could be improved. Qualitative analysis identified seven themes; accessing healthcare, coping in the workplace; fearing the effect on careers, primary care management of the perimenopause, the physical effects, the psychological and cognitive effects, and the impact on the respondent's ability to do exercise.

Conclusions:

This survey showed respondents were living through a symptomatic perimenopause whilst trying to manage a career in a male-dominated environment perceived to be unsympathetic to their experiences. Aspects of a military life, such as uniforms and fitness testing, exacerbated the PMP for many. Emotive comments highlighted women in the process of leaving the Armed Forces and turning down promotions because they felt their symptoms limited their function within the military environment. This survey identified that a formal health needs analysis is required, and further work done to raise awareness of the PMP to line managers, DPHC and Command.

Abstract topic

09. Quality improvement

Abstract ID: 203

Internal code

P09-070

Presentation form

ePoster only

Screening for tobacco use in the health care facilities among Tunisian adults

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Background :

Tobacco use represents the first preventable cause of premature death. Although the downward trend of this risky behavior in several countries during the last decades, its prevalence remains high among Tunisian adults.

Objective: To determine the prevalence of tobacco use and the frequency of its screening among a sample of Tunisian adults.

Methods

A cross-sectional study was conducted in 2014 among 1977 adults living in 16 districts randomly selected from the Governorate of Sousse. Data were collected by trained medical doctors using a pre-tested questionnaire administered to participants by an interview in their homes.

Results:

The mean age of participants was 39.8±13.8 years. The female/male sex ratio was 1.5. Tobacco use was reported by 20.7% of participants (47.6% among men versus 3.3% among women (p=0.001). Screening for tobacco use in health care facilities during the last year, was reported by 13.5%, of participants (30.2% among males versus 6.3% among females, p<0.001). This screening was more common in the 3rd line care facilities (14.3%) compared to the 2nd line (9.6%) or the first line care facilities (10.1%) (p=0.045).

Conclusions:

Despite the high prevalence of tobacco use among the adults of Sousse, screening for this risky behavior is rare in the health care facilities of the Governorate especially at the first line of care. Promotion of a healthy lifestyle with the involvement of health care workers should be enhanced in Tunisia.

Abstract topic

09. Quality improvement

Abstract ID: 250

Internal code

P09-072

Presentation form

ePoster only

Decrease late diagnosis of HIV, a challenge to control the epidemic in the health system of developed countries

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In Spain, 45,9% of the diagnosis of new HIV was late. This associates an increased risk of mortality, morbidity and spread of the disease.

Background

41-years-old male, no allergies to known drugs. No consumption of toxics. Heterosexual, stable partner, no risky behaviors. Presents fever compatible with pharyngotonsillitis, treatment with amoxicillin. After 24 hours, non-pruritic rash appears, rash is suspected by antibiotic treatment with amoxicillin for suspected glandular fever, then treatment with amoxicillin is withdrawn. After 10 days the rash persists, Analytical is requested.

Objectives

To improve the diagnosis of HIV in the early stages of infection.

Methods

Blood analysis of patients.

Results

Laboratory results were minimal leukocytosis with no atypical lymphocytes. Serology results were negative for Epstein-Barr virus, cytomegalovirus, hepatitis B and C virus, syphilis and toxoplasma.

Initial and confirmed positive HIV test with viral load of 9888000 copies of the virus, with CD4 454.

Confirmatory diagnosis of HIV infection stage A2 according to CDC. Referred to the infectious diseases service.

Discussion

HIV-associated infectious syndrome may present with signs of rash, arthralgias, mouth ulcerations, diarrhoea, nausea and vomiting. The persistence of exanthema after discontinuation of amoxicillin treatment should lead us to think of a disease other than infectious mononucleosis.

Practical message

For early HIV diagnosis, we need to increase the awareness of professionals to the clinical presentation of primary HIV infection and to protocolise the request for HIV testing in the analytical analysis even if there is no epidemiological history of risk.

Abstract topic

09. Quality improvement

Abstract ID: 339

Internal code

P09-073

Presentation form

ePoster only

Hospital referrals: are we communicating correctly? - continuous quality improvement cycle

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Background: Up to 70% of adverse events occur due to failures in communication between health professionals during moments of transition of patient care, particularly transition between different levels of care. The most common failures are related to omissions of information. The use of standardized formats in the transmission of information is effective in reducing these flaws.

Question: Are we communicating correctly, based on ISBAR technique, when we refer to hospital care?

Methods: retrospective study using PDCA method. Study dimension: technical and scientific adequacy. Type of assessment: internal. Focus groups were created to define the evaluation criteria, discuss corrective measures and goal setting. Pre-intervention study (June 2021): we randomly selected 83 referrals to Orthopedics. We assessed three explicit criteria: situation; background and assessment. As intervention, we presented the results, organized a training on safety in the transition of care and created

a memo with the information that must be included in a referral. November 2021: 1st post-intervention evaluation.

Outcomes (pre vs post-intervention): Situation - reason for referral 97,6% vs 100%; symptoms 50,6% vs 100%; test results 80,7% vs 83,3% and physical examination 20,5% vs 29,1%. Background - clinical history 25,3% vs 41,7%; allergies 0% vs 12,5%; habits 1,2% vs 8,3%; usual medication 0% vs 20,8%. Assessment - patient's condition, measures taken and their effectiveness - 31,3% vs 87,5%.

Discussion: With intervention we had a significant increase in fulfillment of all criteria.

Take home message for practice: Continuous quality improvement cycles are essential to ensure the delivery of high quality healthcare.

Abstract topic

09. Quality improvement

Abstract ID: 347

Internal code

P09-074

Presentation form

ePoster only

Impact of the coronavirus pandemic on attendances at the Islay Hospital accident and emergency department

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²⁾Islay medical practice, Bowmore, United Kingdom

Background: The island of Islay, in Scotland, has a single A&E which serves a population of just over 3000. It is run entirely by GPs and there are no Emergency Nurse Practitioners (ENP).

Questions: What effect did the pandemic have on A&E attendances in 2021? How can the service be improved?

Methods: Data was extracted from the A&E attendance book between July and September 2021. This was compared to previous audits conducted in 2020 and 2018 over the same period.

Outcomes: The total presentations were 322, a 25% increase from 2020 although below 2018, which had 423 presentations. Most presentations were minor presentations (88%). The most common presentation was lower limb trauma (15.2%) and with all MSK and wound accounting for 41%. The average time spent in department was 88 minutes, this was similar in-hours, out-of-hours and at weekends. There was a decrease of patients presenting over the weekends compared to 2020 (14% vs 21%). 9% of patients required helicopter transfer to a tertiary centre and the average wait for transfer was 173 minutes.

Discussion: Total presentations remain below pre-pandemic levels but have risen, Covid-19 was not present on the island in 2020 and arrived in 2021 but presentations were not due to Covid. This rise is likely due to the softening of the public health message. There is potential for ENPs to join the department to reduce out-of-hours burden on GPs.

Take home message: Rural GPs have a varied workload. A&E attendances have increased.

Abstract topic

09. Quality improvement

Abstract ID: 350

Internal code

P09-075

Presentation form

ePoster only

Risk of diabetic foot ulcer - assessment and continuous quality improvement in a family medicine clinic

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Background: According to the Portuguese General Health Direction (DGS), patients with diabetes mellitus (DM) should be accessed annually to identify the risk of foot injuries/active ulcers. We developed an evaluation of our clinical team assessment of foot ulcer risk in order to improve our care.

Question: Are we correctly assessing the risk of foot ulcer in patients with DM?

Methods: Observational study through evaluation of patients with DM, using our clinical database. There were two stages: 1st stage of 3-months retrospective analysis, followed by a teaching session on diabetic foot assessment; 2nd stage of new 3-months retrospective analysis.

Outcomes: In the 1st stage there were validated 194 evaluations from which 146 (75,3%) had foot ulcer risk assessment. From those 146 assessments, 7,5% had high risk of ulcer, 10,3% medium risk and 82,2% low risk.

In the 2nd stage there were validated 175 evaluations from which 166 (94,9%) had foot ulcer risk assessment. From those 166 assessments, 6% had high risk of ulcer, 4,2% medium risk and 89,8% low risk.

Discussion: We found an improvement in the assessment of ulcer risk after the performed intervention. We believe that further practice evaluation with defined intervals would be beneficial. This result highlights the importance of complying with surveillance timings, combined with regular follow-up according to the stage/control of the disease.

Take Home Message for Practice: A greater awareness of professionals on the subject contributes to the improvement of performance and consequent clinical benefit of patients.

Abstract topic

09. Quality improvement

Abstract ID: 386

Internal code

P09-076

Presentation form

ePoster only

Impact of COVID-19 Pandemic on Patients with Motor Neuron Disease

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Background:

To assess the clinical impact of covid confinement in a patient with motor neuron disease.

Outpatient neurology and trauma follow-up of a patient diagnosed with post-polio syndrome.

In the last review carried out on 11/12/2020, the patient reported that COVID had worsened during confinement. She has been doing rehabilitation, they have given her 35 daily sessions, she refers that she has been less effective than on other occasions. Walk down the street for about 10 minutes with support.

She has worsened at the level of the arms, both proximally and distally.

Without difficulty swallowing food or controlling the toilet bowl.

Weightloss.

She does a lot of physical activity at home.

Neurological examination: wakefulness, orientation and collaborator, without alteration in language.

Isochoric and normoreactive pupils, without diplopia, without alteration of the rest of the cranial nerves.

Muscle balance:

Upper extremity:

delts:4/5, pecs5/5, biceps4/5, left triceps5(-)/5, right triceps5/5, carpal flexion3/5, carpal extension4(-)/5,

right finger extension1/5, left finger extension3/5, finger flexion4/5, right thumb opponent 0/5,

Right thumb abductor2/5, opponent's left thumb 4(-)/5, left thumb abductor2/5.

Lower limb:

Psoas: bilateral 4(-)/5, right quadriceps 4(-)/5, left quadriceps 3(-)/5, hamstrings 4(+)/5, right glutes 4(+)/5, left glutes4(-)/5, plantar flexion4(-)/5, dorsiflexion3/5, flexion of the right first toe 4(-)/5, flexion of the right first toe2/5, eversion4(-)/5, right inversion3/5, left1/5.

Normal sensitivity.

Gait with unilateral support, unstable, bilateral equine.

Diagnostic

Motoneuron Disease.

Conclusion: Worsening of the clinical situation due to confinement.

Abstract topic

09. Quality improvement

Abstract ID: 396

Internal code

P09-077

Presentation form

ePoster only

Improving the annual health review rate of patients with learning disabilities

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Background: Patient with learning disabilities need a health review annually. This has been recommended by the NICE and RCGP guidelines. LD patients seem to have a shorter life span than an average human being does by 23 years. Most of them die of preventable causes due to delayed presentation of symptoms. The enhanced services recommends at least 75% of the LD patients should have their annual health assessment review every year.

Question: Are we meeting the recommended number of annual reviews and how to improve them.

Method: We audited the patients on our LD register who have had the annual review during the last year. We used their previous consultation records in EMIS to extract this data. An LD template was developed to ensure uniform consultations. After the first cycle, improvements were made and the data was re-audited.

Outcomes: We have 27 patient registered on the LD register. The audit showed that in the past year only 2 of these patients (7%) has had their annual LD health check. As a result we made Improvements by inviting all the patients for review through SMS, Letters and phone calls. 23 patients had their annual review during January 2021.

Discussion: We were able to show a marked improvement in Annual learning disability reviews from 7% to 85%. This ensured that all patients had a Physical and mental health review using a new learning disability template. Although some consultations had to be done over the phone due to pandemic limiting physical health reviews.

Abstract topic

09. Quality improvement

Abstract ID: 447

Internal code

P09-078

Presentation form

ePoster only

Improve the diagnosis of patients with type LADA diabetes in patients diagnosed with type II diabetes mellitus

Estíbaliz Palma Álvarez, Marta Auxiliadora Marques Mayor, Raquel Alcalde Agredano, María Josefa Martínez Ruíz
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Introduction:

The prevalence of type II diabetes mellitus (DM) in Spain is 13,8%. Between 10-15% of patients diagnosed as type 2 DM are later diagnosed as LADA type diabetes (*Latent Autoimmune Diabetes in Adults*).

Background:

Case 1st: 35-years-old woman, normal weight. No family history of diabetes. No personal history of autoimmune diseases. Laboratory tests showed hyperglycaemia without ketonuria and glycosylated haemoglobin of 9.3.

Case 2nd: 62-years-old male. No family history of DM. Personal history of autoimmune hypothyroidism and vitiligo. Diagnosed at the age of 59th with type II DM with good initial response to treatment with metformin. Subsequent blood tests showed glycosylated haemoglobin of 8.6.

Objectives:

- To increase sensitivity in the diagnosis of type LADA diabetes in patients diagnosed with type II DM.
- To decrease the diagnosis's type LADA diabetes as type II DM.

Methods:

- Patient blood tests.

Results:

Both clinical cases showed decreased C-peptide and antiGAD 65 positive. Insulin treatment improved glycosylated haemoglobin levels.

Discussion:

In young adults with newly diagnosed type II DM, it's necessary to reach an aetiological diagnosis to prevent long-term complications.

Suspect the diagnosis of type LADA diabetes in atypical clinical type II diabetes mellitus as age less than 50 years, acute symptoms, normal weight, family history or personal history of autoimmune diseases, late poor response to oral antidiabetic treatment.

Practical message:

For the early diagnosis of LADA type DM in patients with suspicious clinical features, analytical control of anti-pancreatic antibodies and C-peptide is necessary.

Abstract topic

09. Quality improvement

Abstract ID: 464

Internal code

P09-079

Presentation form

ePoster only

Risk assessment in women of childbearing age who are on sodium valproate

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An Audit performed in southwest London related to assessing risk for women of childbearing age who have been prescribed sodium valproate and their annual risk monitoring as per NICE guidelines.

Abstract topic

09. Quality improvement

Abstract ID: 465

Internal code

P09-080

Presentation form

ePoster only

Driving risk assessment in psychiatric patients

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Assessing fitness to drive in a patient population with various psychiatric conditions in the community in concordance to DVLA guidelines

Abstract topic

09. Quality improvement

Abstract ID: 485

Internal code

P09-081

Presentation form

ePoster only

Unopposed oestrogen use in hormone replacement therapy

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Background

Re-audit of unopposed oestrogen prescription in hormone replacement therapy (HRT).

First audit cycle: 11% of patients incorrectly prescribed unopposed oestrogen HRT.

Questions

Has incorrect unopposed oestrogen prescription decreased from previous cycle?

Are intrauterine systems (IUS) as adjuvant progesterone therapy within licensed use?

Methods

Retrospective data collection between January 2020 - September 2021.

Individual case records reviewed for rational behind unopposed oestrogen HRT prescription.

Data collected included IUS insertion date, hysterectomy or adjuvant progesterone prescription.

Outcomes

10 patients started on oestrogen-only therapy in audited period:

3 (30%) hysterectomies;

1 (10%) licensed use IUS (inserted <4 years);

2 (20%) unlicensed use IUS (inserted >4 years);

3 (30%) adjuvant oral progesterone;

1 (10%) Tibolone on advice from tertiary centre.

Discussion

2 (20%) patients currently on unopposed oestrogen therapy as IUS licensed for 4 years use for HRT (compared to 5 years for contraception). These patients are at increased risk of endometrial cancer.

One IUS was licensed (inserted <4 years) when HRT initiated however not been replaced, whereas the second IUS was inserted >4 years ago when HRT initiated therefore had never been safe to use for adjuvant progesterone for HRT.

Percentage of patients incorrectly initially started on unopposed oestrogen had decreased (11% to 10%) however percentage of patients receiving unopposed oestrogen had increased compared to previous cycle due to IUS being out of licensed use.

Take Home Message for Practice

IUS licensed length varies, indication dependant.

Oestrogen-only HRT needs regular review to ensure adjuvant progesterone (topically, orally or IUS) remains in licensed use.

Abstract topic

09. Quality improvement

Abstract ID: 515

Internal code

P09-082

Presentation form

ePoster only

Intervention project and quality work: screening for colorectal cancer at the marinha grande health center

Sílvia Inês Gomes de Almeida¹⁾, Raquel Martins¹⁾, Sara Correia²⁾, Maria Felício¹⁾, Tiago Marabujo¹⁾, Maria do Carmo Gonçalves¹⁾

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²⁾PAC TUI, SERGAS, Vigo, Spain

There is a high incidence and mortality of colon and rectal cancer in Portugal. The overall survival of patients at 5 years is 50%. If the diagnosis is made at an early stage, survival exceeds 90%. The colorectal cancer screening decreases the mortality from colorectal cancer in approximately 16%. There's a higher adherence rate compared to endoscopic exams. How can we increase the prescription for colon and rectal cancer screening by doctors and the adherence by the users of our health center? Man: 2 078 Woman: 2 249 Total: 4,327 Our objectives: educate the population about screening and make them responsible for their own screening, minimize the impact of disease complications and maximize the patient's autonomy and quality of life specific, increase the proportion of users with updated colon and rectal cancer screening, achieve the minimum expected result (52 %) for target population users between 50 and 74 years old. The first evaluation was at March 2021. Data processing: Excel®. Corrective measures: discussion of the results of the 1st evaluation at the health center meeting at June 2021. There was an improvement in the proportion of users with updated colon as rectal cancer screening. After the 1st assessment, the team was motivated, but not all records show improvement – this may be due to the change of elements in the team and. The importance of the continuity of this quality assessment and consequent discussion in the team for improvement between each assessment is demonstrated.

Abstract topic

09. Quality improvement

Abstract ID: 516

Internal code

P09-083

Presentation form

ePoster only

Association between Hyperuricemia and Health-Related Quality of Life in Korean Adults: Based on the Seventh Korean National Health and Nutrition Examination Survey (2016–2017)

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Background: The prevalence of hyperuricemia has increased over the past few decades. Hyperuricemia is responsible for the increased risk of hypertension, type 2 diabetes mellitus, chronic renal disease, and cardiovascular disease. Health-related quality of life (HQoL) has been increasingly used as an outcome in clinical trials, effectiveness research, and research on quality of care. Therefore, we aimed to analyze the association between hyperuricemia and HQoL in Korean adults aged >19 years.

Methods: We included 2,376 male and 2,593 female who participated in the Korea National Health and Nutrition Examination Survey from 2016 to 2017. Hyperuricemia was defined as a serum uric acid (SUA) level of 7 mg/dL. The Euro quality of life-5 dimension (EQ-5D) questionnaire was used to measure HQoL. A multiple logistic regression analysis was performed to examine the association between hyperuricemia and HQoL.

Results: The EQ-5D index score of the hyperuricemia group was significantly lower than of the healthy group. After adjusting for multiple covariates, the odds ratio (95% confidence interval, [CI]) for mobility issues was 1.46 (95% CI, 1.211–1.683) in male and 1.33 (95% CI, 0.716–2.464) in female; however, the difference was not statistically significant for female.

Conclusion: Hyperuricemia was associated with reduced quality of life. It is important to control SUA levels to improve HQoL.

Abstract topic

09. Quality improvement

Abstract ID: 951

Internal code

P09-086

Presentation form

ePoster only

Creation of evidence-based information leaflets for parents & teachers to encourage physical activity in children with long term health conditions

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Background: Physical activity (PA) is known to improve the quality of life, self-esteem and mental health in children with long term health conditions. For children and adolescents with these conditions, there can often be anxiety or concerns around being physically active. There was no known previous collation of information leaflets on PA specifically for parents, carers and teachers regarding the conditions mentioned below.

Methods: Literature searches for physical activity and the conditions asthma, diabetes, obesity, mental health and epilepsy in children and adolescents were undertaken. Findings were reviewed by an external validation committee of experts in physical activity. Multi-disciplinary focus groups were then carried out to discuss common concerns around PA reported by patients and how these may be appropriately addressed. Online focus group feedback was sought from teachers, parents and carers.

Results: Three clear points emerged from the parent and teacher feedback with regards to presenting the summarised evidence:

“Physical activity is good for me:” (Benefits were listed.)

“Physical activity is safe for me:” (Information provided to deal with common concerns.)

“There are things you can do to help:” (Suggestions specific to each condition.)

Five leaflets were then created in this format. (Pictures available on poster.) Online downloads available from “Moving Medicine.”

Conclusion: There was evidence in the listed conditions that PA is beneficial and safe for children and adolescents. The leaflets provide an accessible mode for care givers to help safely facilitate PA. They can be used by healthcare professionals to promote awareness and engagement in PA.

Abstract topic

09. Quality improvement

Abstract ID: 959

Internal code

P09-087

Presentation form

ePoster only

Collaborative Quality Improvement: A Darzi project, piloting a new approach to multi-disciplinary QI across Croydon's Health & Social care Landscape.

Rebecca Morris

Darzi fellow 2020-2021 (Croydon Heath services), salaried gp & senior innovation manager imperial college health partners (2021-present), NHS, LONDON, United Kingdom

Introduction:

Launched in 2019, CQI (Croydon Quality Improvement) is uniquely placed within the OneCroydonAlliance spanning Croydon Health Services NHS Trust, CCG, Local authority, Primary-care and Voluntary sector.

Aim:

To embed a pan-croydon QI approach; increasing multi-agency collaboration in QI work, (demonstrated by palpable shift in culture, identified with pre & post interview and survey evaluation and quantitatively via increase in multi-agency QI projects ; increasing from 8% of current repository QI projects to 15% in 12 months Aug'20-Aug'21).

Methods:

3month scoping of 41 stakeholder interviews was completed and a pilot site selected.

Implementation focused on 2 design areas;

Coaching-Circles: A space to 'sit with the problem' (Scharmer, 2021), forming a strong evidence base for change (Scharmer, 2021),(The Health Foundation, 2011)

Creative-Huddles: Systematic exploration of themes via QI tools.

Results:

Baseline RIPLS (Readiness for Inter-professional Learning Scale) Questionnaire (RIPLS Questionnaire, 2021) identified 33.3% disagreed with the merit in MDT learning.

Feedback showed week-on-week improvement with 100% of attendees 'likely' to re-attend at week 8.

Conclusions:

The model facilitated the embedding of QI via:

Increased visibility of QI at the clinical interface

Restored ownership with individuals

Despite a 1% proportional increase in multi-organisational projects, failing to reach the ambitious target of 8%, we recognise the highly relational focus of proposed activity and the importance of 'moving at the speed of trust' (Covey, 2008).

Abstract topic

09. Quality improvement

Abstract ID: 994

Internal code

P09-088

Presentation form

ePoster only

Proposal for quality improvement in the treatment of heart failure with reduced ejection fraction in a family health unit

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Heart failure (HF) is a growing public health problem that currently affects about 26 million individuals worldwide. Reflecting the aging of the population and the advances in the treatment of both HF and the diseases that cause it, an increase in Hf prevalence is estimated in the coming years.

In addition, the significant morbidity, high mortality and expensive costs associated with it contribute to the relevance of this pathology in current times.

It is therefore imperative to identify and treat patients with HF and family physicians are in a privileged position to do so. In fact, HF is widely recognized as a condition whose prognosis can be positively modulated by the care provided at the primary health care level.

Considering the above and the new guidelines about treatment of heart failure with reduced ejection fraction (HFrEF), we propose to conduct a pre-experimental study, pre- and post-intervention, without control group, to be performed in a Family Health Unit (FHU) in Portugal, the FHU Carnide Quer, with the aim of increasing the number of patients with HFrEF with the prescription of drugs with scientific evidence in reducing mortality and hospitalizations for HF. To this end, we intend to identify all patients diagnosed with HFrEF, verify the currently prescribed treatment, hold a meeting to raise awareness among the family physicians of that unit about recent updates in HFrEF treatment and give a list to each of them with the patients who do not comply with current recommendations so that they can act accordingly.

Abstract topic

09. Quality improvement

Abstract ID: 1024

Internal code

P09-089

Presentation form

ePoster only

Reducing the financial burden of Lidocaine patches in GP

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Background

Lidocaine patches are only licensed for post-herpetic neuralgia. There is little to no evidence to support its use in other causes of pain and comes with a large financial burden.

The NHS indicative price range is £61-72 a month per patient. The prescribing of these 'amber' drugs have been highlighted in the regional 'COMPASS' reports and there has been an increase in surveillance regarding their prescribing.

Questions

What are our current prescribing practices regarding lidocaine patches, would any patients be amenable to stopping them and can we reduce the overall cost of Lidocaine patches to the Practice?

Methods

Using a PDSA cycle, I analysed our current prescribing practices. I studied who initiated treatment and the indication.

Interventions were made by contacting patients, holding educational meetings with the Clinical Team, adding a Patient Education section to the lidocaine prescriptions, and editing our computer software so that 'Ralvo', the most cost-effective patch would be prescribed when trying to prescribe the generic or another branded patch.

Outcomes

We increased the proportion of patients on the cost-effective 'Ralvo' brand from 24% to 62%. Despite this, the overall number of patients on Lidocaine patches remained unchanged.

Discussion

Patients often become reliant on analgesia, despite limited studies demonstrating any benefit there appears to be some psychological benefit.

Take Home Message for Practice

Do not initiate treatment of Lidocaine patches if not indicated. The cost incurred by patients already on them, however, may be counterbalanced by fewer GP consultations and hospital attendances.

Abstract topic

09. Quality improvement

Abstract ID: 1051

Internal code

P09-090

Presentation form

ePoster only

Treatment in primary care with capsaicin 179 mg post herpetic neuralgia

Anyelo Michell Rodriguez

SERMAS, GUADALAJARA, Spain

A CASE REPORT FOR MANAGEMENT IN PRIMARY CARE OF POST - HERPETIC NEURALGIA WITH CAPSAICIN 179 MG PATCH REAPPLICATIONS, AFTER ORAL TREATMENT FAILURE

AUTHOR: Anyelo Michell Rodriguez

Background: Peripheral neuropathic pain (PNP) presents a significant challenge for general practitioners (GPs) as one of the most difficult pain syndromes to treat

Questions: Is capsaicin 179 patch an effective option for GPs in the management of post-herpetic PNP, in cases where conventional oral treatment fails?

Methods: A 46 year old woman case is presented, with PNP that affects the territory of dermatomes T8-T9 of the right hemithorax due to Herpes Zoster. She was in treatment, pregabalin reaching doses of 150mg/8 hours, with poor pain improvement (VAS 8-9). We decided to apply capsaicin 179mg patches and rescue with metamizole.

Outcomes: The first week, our nurse conducted a follow-up control by phone, she required rescue with metamizole, but reduced pregabalin to 75mg/8 hours. Three months later, presented a reduction of allodynia area by 80%, VAS 3. After 5 months, her pain had worsened again (VAS 6-7). Given the good response of the first patch, we decided to apply a second one and reduced pregabalin to 25mg/8 hours. A month later control.

Discussion: Capsaicin 179mg patches are an efficient option, not only after failure with conventional treatment, even in the management of PNP from the beginning.

Bibliography

1 Szok D, Tujti J, Nyari A, Vecsei L. Therapeutic approaches for peripheral and central neuropathic pain. *Behav Neurol* 2019.

2 Capsaicin patch

Abstract topic

09. Quality improvement

Abstract ID: 1100

Internal code

P09-091

Presentation form

ePoster only

Optimising the care of patients with previous gestational diabetes

Molly Kerr

General Practice, Northern Ireland Medical and Dental Training Agency, Belfast, United Kingdom

Background: At the start of my GPST2 rotation in primary care, I reviewed a lady with a previous diagnosis of Gestational Diabetes. I noticed that she had not had subsequent annual HbA1c monitoring following her diagnosis during a previous pregnancy. NICE guidelines recommend that women who have been diagnosed with gestational diabetes should have an annual HbA1c.

Aim: To ensure 80% of patients who have had gestational diabetes, have an annual HbA1c.

Method: Patients are coded with gestational diabetes. I worked with the contracts manager in the practice who facilitated a search to identify those patients who were coded for gestational diabetes. Patients who had not had an HbA1c in the previous 12 months were contacted by letter and some subsequently by telephone.

Results: By the end of the project, 100% of patients with a previous coded diagnosis of gestational diabetes had an HbA1c measured in the previous 12 months.

Outcome: There was an increased number of patients attending for annual HbA1c. A proforma was established for the practice to follow for ongoing annual HbA1c monitoring of those who have previously had gestational diabetes.

Abstract topic

09. Quality improvement

Abstract ID: 1174**Internal code**

P09-093

Presentation form

ePoster only

Guidelines for the use of COX-2 inhibitors

Inês Pereira¹⁾, Catarina Silva²⁾¹⁾*USF Terras de Souza, Paredes, Portugal*²⁾*USF Egas Moniz de Ribadouro, Penafiel, Portugal***Background**

COX-2 inhibitors are a class of anti-inflammatories often used to treat pain in our patients. The objective of this audit was to guide family physicians to a correct prescription of COX-2 inhibitors.

Questions

1. What are COX-2 inhibitors?
2. What are the indications to the use of COX-2 inhibitors?
3. What are the other treatment options?

Methods

The most recent guidelines regarding this subject have been reviewed.

Outcomes

The selection of the most appropriate non-steroidal anti-inflammatory drug (NSAID) must be individualized to each patient.

Discussion

The selection of the most appropriate NSAID must be individualized considering the risk/benefit for the patient and the drug's contraindications, as well as its adverse effects. In our service COX-2 inhibitors represented 7% of all NSAID drugs prescribed.

Take Home Message for Practice

The main factors to consider when choosing these drugs are the risk profile for gastrointestinal complications and/or adverse cardiovascular events. We must always take each individual patient into account and prescribe according to their comorbidities and risk factors and risk-benefit ratio.

Abstract topic

09. Quality improvement

Abstract ID: 1185**Internal code**

P09-094

Presentation form

ePoster only

Osteoporosis - diagnosis and treatment: how to act in primary health care?

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Background

Advances in osteoporosis case definition, treatment options, optimal therapy duration and pharmacoeconomic evidence in the national context motivated the update of the recommendations for the diagnosis and management of osteoporosis. The objective of this review was to guide family physicians to a correct rigorous of patients with osteoporosis.

Questions

What is osteoporosis?

What are the causes and the clinic of this disease?

What are the diagnostic methods?

Who to treat and what treatment options are available?

What follow-up and guidance for patients with osteoporosis?

Methods

The most current recommendations of the Portuguese Society of Rheumatology were analyzed.

Outcomes

Eleven recommendations were formulated, reaching a high level of agreement among portuguese rheumatologists.

Discussion

The recommendations for diagnosis and management of osteoporosis in adults are meant to provide a valid guide on osteoporosis diagnosis, fracture risk assessment, pharmacological treatment decision, therapeutic options and duration, informed by national evidence and circumstances. However, these recommendations may not be appropriate in all situations therefore the clinicians should use this information together with their best clinical judgment in each individual case.

Take Home Message for Practice

In the present osteoporosis recommendations, the Portuguese Society of Rheumatology recommends FRAX® algorithm to evaluate individuals absolute risk of fracture. However, it is important to note that evidence linking FRAX® scores to treatment efficacy is lacking. In addition, comparative effectiveness trials evaluating pharmacologic treatments for low bone density or osteoporosis and high risk of fracture patients are also lacking.

Abstract topic

09. Quality improvement

Abstract ID: 1220

Internal code

P09-095

Presentation form

ePoster only

Hypertensive Woman in a Primary Care Center – Is it the contraception adjusted?

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Background

Many woman use hormonal contraception. There are some contraindications for the use of combined hormonal contraception, as not controlled hypertension (>160/100), or cardiovascular disease associated.

Questions

Identify the contraception used by woman with hypertension and their eligibility. Check their hypertension control and the presence of others CVD risk factors.

Methods

Transversal, retrospective and observational study. We included women with the diagnosis of hypertension, between 18 and 55 years old. Exclusions: women without vigilance in our primary care center, pregnancy, menopause and hysterectomized. Data was taken from MIM@UF software, and analyzed on Microsoft Excel ®.

Outcomes

We analyzed 146 woman and excluded 68 for not accomplishing our criteria. From this, 56,4% use none or barrier contraception, 14,1% use combined oral contraception, 10,3% use progestative oral contraception and 19.2% use other types of contraception. Related to CVD risk factors, 43,6% are obese, 20,5% smoke and 5% have other CVD risk factors. 1.3% of the women (1 woman) making combined oral contraception had values of hypertension that contraindicate that method.

Discussion

This study indicates that contraceptive method of the majority of woman in our primary care center is suitable for them, showing personalized medicine and attention by the physician prescribing the contraceptive method. It is important to sensitize physicians for CVD risk factors that forbid specific contraceptive methods.

Message for Practice

It is important to adjust the contraceptive method to the woman we are counselling on the appointment, so we can personalize the treatment and give the best contraceptive method for her.

Abstract topic

09. Quality improvement

Abstract ID: 1236

Internal code

P09-096

Presentation form

ePoster only

QI project: feasibility of introducing a toolkit to support a structured approach to de-prescribing among frail patients in Primary Care

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Background

With an ageing population, frail complex patients are posing an increasing challenge to Primary Care. A key component of this is polypharmacy due to its association with increased risk of harmful side effects, interactions and toxicity in frailty.

Questions

1. What are the most commonly prescribed medications posing the highest risk or providing the most limited benefit in frailty, and may therefore be appropriate to stop (or reduce)?
2. How can healthcare professionals be supported to adopt a systematic approach to de-prescribing in frailty?

Methods

Patients were identified as frail using the Electronic Frailty index. Medication reviews were performed for a pilot cohort of these patients by a former Specialist Registrar in Geriatrics, including a telephone consultation with the patient or their carer. Medications frequently stopped or reduced were identified, and a simple guide was put together to support decision-making when de-prescribing in frailty.

Outcomes

Out of 16,148 patients registered at the practice, 80 patients met the search criteria, and a medication review was performed on 30 of these. The most commonly de-prescribed medications included anti-hypertensives, statins, diuretics, antiplatelets, proton pump inhibitors and bisphosphonates. A de-prescribing "toolkit" was developed, which was found to be appropriately tailored to healthcare professionals with varied experience.

Discussion/ Take home messages

This project suggests that it is possible to develop a systematic approach to medication optimisation that is accessible to healthcare professionals with varied experience in managing frailty. Feedback following the toolkit's wider use should be collected and analysed to assess its effectiveness in practice.

Abstract topic

09. Quality improvement

Abstract ID: 1251

Internal code

P09-097

Presentation form

ePoster only

Difficulties of precocious diagnostic in family practice

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Introduction

Early diagnosis of diseases is an important objective in family medicine.

But what could delay it?

Case presentation

We report a case of a 53 years old male patient, no smoker, obese, working in UK as a bus driver who came to my office for a check up complaining of tingling and paresthesia of upper and lower limbs and sweating. Electroneuromyogram, cervical MRI diagnosed motor-sensitive neuropathy and cervical discopathy. Chest x-ray, inflammatory and tumor markers were normally. Patient came back one year later. He got loss about ten kilos. This time blood tests showed inflammatory syndrome, monoclonal gammopathy with IgG and kappa chains and mild increase for CEA. He had an episode of feet erythromelalgia and one episode of hemoptysis. The chest-abdomen-pelvis CT scan described left pulmonary tumor and the histopathological exam concluded lung adenocarcinoma with very bad prognosis.

Discussion:

Could a precocious diagnosis have been done in this case?

Literature data said that 60% of patients with lung cancer are non-smokers and half of them had advanced disease. Peripheral neuropathy and exposure to exhaust gas are conditions associated with lung cancer.

But the patient had no pulmonary symptoms, a good health condition and normal chest xray so the recommendation for lung CT screening was delayed.

Conclusion:

It is difficult sometimes to do a precocious diagnosis in family practice.

We should give more attention to environmental and professional exposure of the patients to different risk factors when we decided a screening test.

10. Patient participation

Abstract topic

10. Patient participation

Abstract ID: 86

Internal code

P10-001

Presentation form

Poster on paper + ePoster

The analysis of the social appearance anxiety of professional athletes and sedentary young adolescents

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Background: This study aims to compare professional athletes and adolescents who do not do active sports in terms of social appearance anxiety.

Questions: Is there a difference between professional athletes and sedentary young adolescents in terms of social appearance anxieties and could this anxiety be associated with BMI?

Methods: A total of 103 individuals were included in the study between 15 November and 15 December 2021. Participants were asked to fill out the social anxiety scale questionnaire. Participants are between the ages of 12-17 and 60 (58.2%) are male and 43 (41.8%) are female. 42 (40.8%) of them are professional athletes and 61 (59.2%) are non-athletes.

Outcomes: The total score of the social appearance anxiety scale of professional athletes is 31.25±12(Mean±S.D.), the result of non-athletes is 32,07±13,38 (Mean±S.D.) There is no significant difference between the two groups (p=0.86). BMI <18.5 had a score of 32.46±11.53, BMI of 18-24.9 had a score of 32.28±13.4, and BMI of 25-29.9 had a score of 27.86±11.74, there is no significant difference between these three groups.

Discussion: There is no difference between professional athletes and sedentary young adolescents in terms of social appearance anxiety. Considering the increase in muscle and decrease in fat tissue in professional sports, this does not seem to have a reflection in terms of physical anxiety.

Keywords: Professional athlete. Social appearance anxiety levels

Abstract topic

10. Patient participation

Abstract ID: 89**Internal code**

P10-002

Presentation form

Poster on paper + ePoster

Ferritin levels according to the development period of professional volleyball players

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Background: The blood parameters of professional athletes are checked regularly every year. One of these values is ferritin levels. Especially in the adolescence period, with the increasing need of the body, iron stores are depleted and cause anemia in some athletes. This situation directly affects the performance of the athletes.

Questions: Is there a difference in ferritin levels according to the last 5 years' blood results of professional volleyball players in 3 different age groups?

Methods: The data are taken from the last 5 years' blood tests of Ziraat Bank Volleyball Team players. 105 professional male volleyball players between the ages of 13-35 were included in the study. These athletes were categorized into 3 groups as 13-15, 16-18, and over 18 years old. Athletes with any acute or chronic disease were not included in the study.

Outcomes: The mean ferritin levels of professional volleyball players were 46.64±106.54 in the 13-15 age group, 48.73±28.41 in the 16-18 age group, and 76.73±35.47 in the over 18 age group. A statistically significant difference was found between the ferritin levels of the 13-15 age group, the 16-18 age group, and the athletes over the age of 18 ($p<0.01$ and $p=0.013$, respectively).

Discussion: Ferritin levels were found to be lower in adolescence compared to adulthood due to the increased need for iron. Nutritional recommendations and drug supplements seem to be important in terms of performance in the adolescent age group in athletes.

Keywords: Ferritin level, professional volleyball player, adolescent

Abstract topic

10. Patient participation

Abstract ID: 230**Internal code**

P10-003

Presentation form

Poster on paper + ePoster

GENDER FEATURES OF LEFT VENTRICULAR WALL DAMAGE IN MYOCARDIAL INFARCTION

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Relevance. Myocardial infarction is the leading cause of death in both men and women. It is assumed that due to gender differences in the adaptive system of the myocardium, there are features of damage to certain walls of the left ventricle.

Aim. To reveal gender peculiarities of damage to the walls of the left ventricle in myocardial infarction.

Materials and methods. Statistical data processing was performed using the STATISTICA 10.0 software package. The null hypothesis of the absence of differences between the observed distribution of the trait and the theoretical expected normal distribution was tested using the Shipiro-Wilk W test. Differences between samples of qualitative indicators for comparison were assessed using Pearson's Chi-square test. Comparative analysis for two independent groups was carried out using the Mann-Whitney test, and for three independent groups was carried out using Kruskal-Wallis.

Results and discussion. Using the Pearson chi-square test, $p=0.08123$ was calculated, therefore, there is no statistically significant relationship between damage to a certain myocardial wall and gender.

Conclusion. The study showed that with the help of statistical methods it was not possible to identify a regular relationship between damage to the walls of the myocardium depending on gender. However, this issue requires more time and statistical data for high reliability of the result.

Abstract topic

10. Patient participation

Abstract ID: 283

Internal code

P10-004

Presentation form

Poster on paper + ePoster

Type 2 diabetes Mellitus and Heart Failure. Associated or not?

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The study will include a feasibility study of a case finding for undiagnosed heart failure (HF) amongst people with type 2 diabetes mellitus (T2DM) in a primary care setting in the Glanmire area of Cork City.

Heart failure can be associated with T2DM. It is suggested that approximately 30-40% of patients have T2DM. Natriuretic peptides (NT-proBNP) are an initial diagnostic test that is recommended in patients to help identify HF.

The study will conduct a NT-proBNP test with routine T2DM blood tests in GP practices in the Glanmire area. Further testing will be offered to patients with an abnormal NT-proBNP such as an echocardiogram test and a cardiology consultation. Management of this new diagnosis will be monitored and documented.

The main aim of the study is to:

- Estimate the prevalence of undiagnosed HF in patients with T2DM in three GP practices in the Glanmire area of Cork City.
- Assess the primary and secondary care workload arising with a diagnosis and management of HF.

Abstract topic

10. Patient participation

Abstract ID: 564**Internal code**

P10-005

Presentation form

Poster on paper + ePoster

High stress level among women in Kazakhstan: a pilot study

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Relevance. Some epidemiological studies have shown that stress can adversely affect fertility. The link between stress and infertility in Kazakhstan is poorly understood

Aim. Study the prevalence of stress in women and compare the level of stress in fertile and infertile women

Materials and methods. In this pilot cross-sectional study, we assessed the prevalence of stress in women and compared stress levels in fertile and infertile participants using the Cohen Perceived Stress Scale (PSS-10). The survey involved 52 women (27 were fertile, 25 infertile) with an average age of 36.2 years. The survey was conducted online on the SurveyMonkey in December 2021. The stress level was considered high at a score of 27 and above. To present the data, Mean (SD), 95% CI was calculated, Student's t-test was used to compare groups.

Results. We found high PSS-10 scores in all surveyed. The mean score was 27.1 (6.6). The proportion of women with a high level of stress (≥ 27) was 65.4%. Despite the same average PSS score in the compared groups (28.9 (4.5) and 25.2 (7.9), $p=0.05$, in fertile and infertile individuals, respectively), the proportion of women with a high level of stress in fertile women was significantly higher than in the comparison group (81.5% (95% CI 69-96) versus 48% (95% CI 28-68)).

Conclusions. This pilot study found unexpected evidence of a very high prevalence of stress among women in Kazakhstan compared to other countries, and a higher incidence of severe stress in fertile women compared to women with infertility.

Abstract topic

10. Patient participation

Abstract ID: 711**Internal code**

P10-007

Presentation form

Poster on paper + ePoster

Attitudes towards migraine by people without migraine: results of the OVERCOME (EU) study

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INTRODUCTION: People with migraine may experience migraine-related stigma. Our objective was to evaluate attitudes towards people with migraine in people without migraine.

METHODS: Descriptive data were provided from the European Observational survey of the Epidemiology, Treatment and Care Of Migraine; OVERCOME (EU), a cross-sectional, population level, web-based survey regarding migraine in adults (≥18 years) with and without migraine in Spain and Germany (Oct 2020 - Feb 2021). This analysis included only subjects without migraine who were asked 11 attitudinal questions about people with migraine. Answers were based on a 6-point scale: [sometimes/often/very often] were categorized as YES, [don't know/rarely/never] as NO. Two levels of migraine proximity were examined: family/friends and co-workers.

RESULTS: Of the 1,996 individuals (mean age [standard deviation] 49.5 years [16.4]; 51.2% female) who responded to the survey, 39.4% didn't report migraine proximity, 6.0% knew someone only at work, 48.0% only among family/friends, and 6.6% within both work and family/friend environments. Overall, 17.5% and 18.1% responded YES, that people with migraine use migraine to avoid work/school or family/social commitments, respectively (22.6% and 23.1% among those knowing someone with migraine). 17.9% (23.0% among those knowing someone with migraine) responded YES that those with migraine exaggerate their symptoms.

CONCLUSION: About one fifth of respondents reported negative attitudes towards people with migraine. Despite the lower percentages than those reported in similar surveys in the US, the findings confirm the need to increase the awareness of the full burden of migraine.

Abstract topic

10. Patient participation

Abstract ID: 726

Internal code

P10-008

Presentation form

Poster on paper + ePoster

Promoting access of transgender and gender diverse people to primary care: a systematic review of activist literature

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Background

The visibility and number of the transgender and gender diverse (TGD) population is increasing. They present transdisciplinary needs and face systemic barriers to accessing care. Primary care is promoted as a new organizational entry point for care pathways.

Yet, a significant number of TGD individuals report poor experiences and avoid seeking help.

Questions

The objective of this study is to highlight the ecological barriers and levers of access to primary health care for TGD people to improve practices.

Methods

We conducted a systematic review of activist literature from European organizations. Following quality analysis, we performed a thematic analysis aiming at identifying the courses of action and strategies to be used for health promotion.

Outcomes

Results highlight the expertise of TGD organizations in identifying ecological problems and solutions. Discrimination appears as a central factor in access to care, as lack of training and information of professionals. These elements appear all the more important as TGD people evolve outside the norms of heterosexual gender binarity.

Discussion

Building a common knowledge and information foundation appears to be a first step towards promoting access to care for TGD people, as well as developing professional and associative networks. Structural changes in care delivery could easily alleviate some of the difficulties and also benefit a large part of the cisgender population.

Take Home Message for Practice

Understand the TGD population as a population placed at risk with specific needs

Develop basic information underpinned by professional and associative networks.

Tackle discrimination at systemic and organizational levels.

Abstract topic

10. Patient participation

Abstract ID: 805

Internal code

P10-009

Presentation form

Poster on paper + ePoster

Empowering is also caring

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Introduction

Unstable Angina (UA) is part of a subgroup of acute coronary syndromes and results from the rupture of an unstable coronary plaque, complicated by the formation of an intraluminal thrombus, embolization and partial coronary obstruction. Since its diagnosis and treatment are urgent, it is crucial to take into account the signs and symptoms, as well as the electrocardiographic findings, for a prompt and correct diagnosis.

Case report

Sixty-seven-year-old woman, independent in her instrumental activities of daily living and with preserved cognition. Relevant past history: overweight, poor metabolically controlled

type 2 diabetes *mellitus*, well controlled arterial hypertension and dyslipidemia with an off-target LDL-C. Initiated a 3-day long recurrent retrosternal thoracic pain radiating to the mandibular region, which was induced by physical activity and reduced at rest. The pain occurrence also matched the moments she wore a mask. The patient sought an urgent visit at her family doctor, given an increase in the pain's recurrence. She was referred to the emergency department where UA diagnosis was established.

Discussion

This case report intends to emphasize the importance of acting both in the prevention of cardiovascular diseases, by controlling risk factors, and in the promotion of health education, through patients' empowerment in recognizing alarming symptoms that should prompt them to seek medical evaluation.

Conclusion

The Family Doctor takes on a central role in empowering the patient, a cornerstone characteristic of Family Medicine, as represented in the WONCA tree (World Organization Of Family Doctors).

Abstract topic

10. Patient participation

Abstract ID: 857

Internal code

P10-010

Presentation form

Poster on paper + ePoster

Follow-up of a patient diagnosed with a panic attack and discontinuation of benzodiazepines

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Histórico: O transtorno do pânico é caracterizado por períodos de ansiedade e medo intenso, acompanhado de sintomas cognitivos e somáticos. Devido à intensidade dos sintomas, a perturbação do pânico tem um forte impacto na vida de uma pessoa, causando uma disfunção significativa nos níveis social, familiar e físico, resultando em uma das patologias mentais com maiores custos para a comunidade e atenção primária à saúde.

Discussão: Mulher branca de 42 anos com histórico patológico pessoal de transtorno do pânico, acompanhamento na consulta de psicologia desde os 28 anos de idade para sintomas de ansiedade secundários a experiências vividas.

Medicação usual: Trazodona 100mg/dia, Alprazolam 0,5mg/3x dia.

Ela está estável há cerca de dois anos, com manutenção terapêutica. No entanto, ela abandonou o acompanhamento na consulta de psiquiatria há cerca de um ano.

Ela veio para a primeira consulta comigo para reduzir a medicação psiquiátrica e mencionou ter medo de não ter sucesso. Ela já tentou reduzir o Alprazolam por iniciativa própria, mas temia o reaparecimento dos sintomas de ansiedade e o retorno dos ataques de pânico.

Resultados: Após uma avaliação cuidadosa, optamos pela descontinuação do Alprazolam, com redução lenta e progressiva de até 50% da dose inicial, substituindo-a por uma ação de longo prazo Benzodiazepímico (Mexazolam). Sua redução progressiva facilitou o cumprimento do tratamento, evitando o reaparecimento de sintomas mais intensos e consequente boa adesão ao terapêutico.

É fundamental manter o monitoramento regular dos pacientes para evitar situações de uso inadequadas e/ou prolongadas.

Abstract topic

10. Patient participation

Abstract ID: 865**Internal code**

P10-011

Presentation form

Poster on paper + ePoster

Community activities – booster of primary prevention even during pandemic Covid-19

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A community is an ensemble of people with different characteristics, people who form social relationships, share common interests, values and goals. The community is a place where one can receive emotional support, appreciation and practical help in everyday life.

Moving activities significantly contributes to the quality of life, maintenance and improvement of health. Interest in common physical activities under professional guidance is a good starting point for community creation. It implies the interest of community members in a healthy lifestyle, including diet, stress prevention and active participation in screening programs.

The Covid-19 pandemic period required a creative approach in community activities. The swimming club was probably the most limited in its activities. Members of the yoga community have moved to the online space, which has made it possible to bring theoretical knowledge about exercise and diet, exercise guidance. The content was formulated into the Yoga Against Fear program.

The community of Nordic walking proved to be the most advantageous in terms of continuity during the Covid-19 pandemic. The use of the poles in a relatively brisk motion requires a safe distance.

Community activities based on the common efforts of its members for a healthy lifestyle are beneficial for their members in terms of strengthening physical and mental resilience. Thanks to professional leadership as well as long-term relationships, they provide their members with a background that has the potential to mitigate the strain, especially on the outpatient sphere of the health system during the Covid-19 pandemic.

Abstract topic

10. Patient participation

Abstract ID: 897**Internal code**

P10-013

Presentation form

Poster on paper + ePoster

Motivation of students and teachers of Slovak Medical University for physical activity

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The importance of physical activity for the human body is very well known. It is assumed that students and teachers of the university with mission to educate for prevention and a healthy lifestyle, follow the principles of a healthy lifestyle in their personal lives.

According to WHO adults aged 18–64 years should do at least 150–300 minutes of moderate-intensity aerobic physical activity

Methods:

We analyzed and compared the physical activity of teachers and students of the Slovak Medical University in Bratislava.

The group consisted of 101 teachers and 242 students. Data collection was performed through an anonymous electronic questionnaire.

Results:

44 teachers (43.56%) and 60 students (24.79%) engage in physical activity for more than 150 minutes per week. We analyzed the motivation of respondents to physical activity. 144 respondents are motivated to perform physical activity by friends (18.81% of teachers and 51.65% of students). 137 respondents chose the family as the main motivation (66.34% of teachers and 28.93% of students). Social networks, the internet, television and advertising motivate only 3 students (1.24%).

Conclusion:

It is astonishing that only a quarter of medical university students meet the WHO recommendations for physical activity. We explain the low share of motivation through social networks and the internet to physical activity and, on the contrary, motivation mainly by close people (family in teachers and friends in students) in the current pandemic situation, when personal contact becomes highly valued.

Abstract topic

10. Patient participation

Abstract ID: 1083

Internal code

P10-014

Presentation form

Poster on paper + ePoster

A pilot study of implementation of a patient questionnaire to assess patient information needs and provide targeted education to improve efficacy of asthma self-management in rural population

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Introduction

The National Review of Asthma Deaths (NRAD) found 46% of asthma deaths were avoidable. Personal asthma actions plans are key to self-management and recognition of deterioration. Patient's understanding of their inhalers is essential to avoid incorrect

usage.

Methods

A questionnaire-based assessment was undertaken to assess the patients understanding of their medication. For 20 patients who were due their annual asthma reviews were offered a questionnaire to objectively assess their knowledge of their inhalers, understanding of reliever vs. preventer therapy and asthma knowledge. Those patients who had information gaps in their knowledge were offered dedicated information and material on the areas identified. These patients were offered a further follow up appointment to reinforce knowledge of inhaler use.

Results

Patients whose information needs were formally assessed and the educated showed improvement in their knowledge scores following this intervention. Average data analysis: Preventer Knowledge: 8.93 (Before), 9.75 (After); Reliever Knowledge: 7.94 (Before), 9.94 (After); Asthma Knowledge: 8.5 (Before), 9.63 (After); Inhaler Knowledge: 8.68 (Before), 9.75 (After), Prevention Knowledge: 7.81 (Before), 9.68 (After).

Conclusion

A standardised information questionnaire prior to an asthma review was found to highlight gaps in patient knowledge of their inhalers enabling reinforcement of appropriate use of inhalers. This brief intervention was found to be effective in improving knowledge scores in patients having received education around inhaler use. We would advocate assessing patient information needs at the outset of an asthma review in order to address the knowledge gaps and addressing this to improve asthma care.

Abstract topic

10. Patient participation

Abstract ID: 1150

Internal code

P10-015

Presentation form

Poster on paper + ePoster

Patient acceptability of generic medication substitution in general practice

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Background:

Generic swaps for branded medication enables cost effective and low acquisition cost substitution that can delivery savings to the NHS.[1].Medication swaps are fraught with increasing clinician-pharmacist workload. It can increase pharmacy workload, and often result in a range of new unexpected side effects and can damage patient confidence and lead to poor adherence. Unless post medication substitution medication review is undertaken the effects of medication substitution may be hidden.

Aims

We undertook a post medication substitution review following swaps of Tamsulosin to Pamsavax to ensure patient acceptability.

Method:

Post medication substitution patients were reviewed as routine practice to ensure patient acceptability and reassurance. In addition to the usual MUR questions, we asked additional targeted closed questions to uncover new side effects and acceptability of the medication

Results:

We concluded from this pilot study that patients on the whole (93.8 %) were not experiencing any change or side effects. For the vast majority (87.5 %) we found no change in the efficacy of LUTS. A very small number (6.3 %) were found to experience unacceptable and significant side effects and had to be changed back.

Conclusion:

Bioavailability and side effects vary across brands. New side effects can worsen workload and damage trust. Subsequent interactions may suffer if this transition is not handled sensitively. Our study adds to an understanding of the impact on patients of such cost saving strategies. For medico legal reasons we would advocate a post substitution review however no additional funding for this exists.

Abstract topic

10. Patient participation

Abstract ID: 1187

Internal code

P10-016

Presentation form

Poster on paper + ePoster

Transformation of obstetric services during the COVID-19 pandemic; survey of patient satisfaction

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Objective:

We undertook a survey of patient perception of changes and satisfaction to evaluate the impact of the COVID-19 pandemic on obstetric care.

Design:

Women were questioned about their experience of antenatal, intrapartum and postpartum care during the COVID-19 pandemic using a mixed method study design.

Method:

Women between 21 and 45 years old who delivered in the last 24 months. We also surveyed their experience of access to antenatal scans, community midwifery services and asked about support received from primary care services. We asked patients to rate their satisfaction with previous births vs COVID-19 pandemic deliveries.

Results:

Of a practice population of 5500 patients, 81 pregnant women who delivered in the last 24 months were surveyed. 30 patients (37%) were dissatisfied with the care delivered by their midwife during pandemic. We found a perception that their natural delivery was accelerated and there was a lower threshold for operative delivery to expedite delivery due to the patient perception of unavailability of midwives during the COVID-19 pandemic.

Conclusion

The COVID-19 pandemic presented a unique challenge to the service delivery in Obstetrics. The local obstetric unit continued to provide a safe level of services. Reduced human contact with lowered staffing levels and redeployment of staff posed challenges resulting in lowered patient satisfaction rates. Our results show that having reduced partner support in the intrapartum period was contributory towards lower

satisfaction rates with their current pregnancy care. Patients felt supported more from primary than secondary care.

Abstract topic

10. Patient participation

Abstract ID: 1188

Internal code

P10-017

Presentation form

Poster on paper + ePoster

COVID-19 vaccination and its impact on menstruation - A retrospective primary care study

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Objective:

Menstrual irregularities have been reported post covid vaccination. Our retrospective study looked at the true prevalence across a patient population in primary care

Design:

Dispelling myths of post COVID-19 vaccine menstrual irregularities is necessary to enhance uptake of the vaccine in women of reproductive age. A retrospective analysis of the database of the patient population across three sites (circa patient population 12,000) was undertaken. Patients were asked about their menstrual cycles regularity after the vaccination using an open and closed questionnaire.

Method:

Women aged between 12-55 years were surveyed post vaccination to assess their perception of menstrual problems vs pre-vaccination. Women with pre-existing menstrual problems were excluded

Results: Total patient population of 5500, 68 patients had the COVID-19 vaccine. Of these 50 patients with pre-existing menstrual irregularities were excluded but these 21 (42%) patients admitted to a worsening of their symptoms both cycle length and regularity.

Conclusions:

COVID-19 vaccination has been shown to be associated with worsening of pre-existing menstrual irregularities and the development of menstrual irregularities de novo. Women in their mid-20's to late 40's, showed a predominance of anovulatory cycles and menorrhagia. There has been no evidence found that the COVID-19 vaccine affects fertility. We feel it was important to do this study in order to provide reassurance to patients of the reproductive age group and dispel myths of any association impact on menstruation. This enables us to counsel women more effectively and provide reassurance of the safety of the vaccine.

Abstract topic

10. Patient participation

Abstract ID: 1191

Internal code

P10-018

Presentation form

Poster on paper + ePoster

Understanding childhood immunisation hesitancy in the rural population within primary care

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Background

The success of the childhood immunisation programme depends on parental confidence in the efficacy of vaccines. Parental hesitancy because of lack of access to evidence based information alongside misinformation on social media contributes to poor uptake. Reliance on herd immunity is compromised if increasing cohorts decline vaccines. Combating misinformation and gaining an understanding of reasons for refusal and hesitancy behaviours enables the implementation of interventions to prevent declines in uptake. Our study attempted to understand reasons and personal characteristics influencing parental refusal in accepting immunisations.

Method

Using a semi-structured interview, parents of children who had missed immunisation appointments were contacted. Parents were asked open-ended questions about the reasons for non-attendance.

Results

Of 21 patients contacted, 7 patients responded. Main reasons found for vaccine refusal were misinformation, religion and homoeopathy. Two parents expressed concerns over vaccine components and 3 parents expressed previous vaccinations had a negative impact on the child or family members causing them to be 'sceptical'. A review of the records did not provide any valid information to support these claims which were more perceptual than factual.

Conclusion

Parental beliefs and hesitancy are key to the effectiveness of the childhood immunisation programme. Unless we can fully understand and counsel parents with the correct information we will not be able to change parental behaviours. Social media and the plethora of information contributes to varied messages available to parents. Our study adds to existing information around misinformation. Public health programmes cannot combat misinformation unless there are more robust information campaigns.

Abstract topic

10. Patient participation

Abstract ID: 25

Internal code

P10-019

Presentation form

ePoster only

Getting vaccinated makes my patients vaccinated

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Background

Does it influence that we get vaccinated?

Questions

Define the rate of influenza vaccination of the healthcare professionals of our Primary-Care-Center(CAP) and assess whether it was related between the rates of vaccination of the healthcare professionals and that of their patients.

Methods

Descriptive-Cross-sectional-study at November30,2021.

The population:Older than 59years (n=518 of general population of 24531people and their healthcare professionals:13-Family-Physicians(MF) and 13Nursing-Diploma(DUE) of the Basic-Assistance-Units(UBA).

The healthcare professionals were classified into 4 groups:G1-vaccinated both;G2-if the vaccinated is MF and the unvaccinated the DUE;G3 if the unvaccinated are the MF and the vaccinated is the DUE, and G4 when the unvaccinated are the MF and the DUE .It can be used as Kalix,M-Excel and SISAPDatabases. Chi-square-test.

Outcomes

The vaccinated population prevalence:48,84%; prevalence MF:46,17% and 69,23% in DUEs.Statical difference was demonstrated in relation to vaccinated patients between G1 and G2(p<0,01),G1 and G3(p<0,01),G1 and G4(p<0,01);as well as in relation to patients vaccinated between G1+G2 and G3+G4(p<0,01).

Discussion:

There is a low rate influenza vaccine in MFs and correct in DUEs. The flu vaccination of healthcare professionals (MF+DUE) synergizes this vaccination in their patients. DUE vaccination is not relevant if it not associated with MF vaccination. MF vaccination does have a significant effect on the vaccination of patients even if the DUE is not vaccinated.

Take Home Message for practice

If we vaccinate our patients will be vaccinated.

Abstract topic

10. Patient participation

Abstract ID: 55

Internal code

P10-020

Presentation form

ePoster only

Knowledge of osteoporosis in an urban population. Is it enough?

Alvaro Perez Martin, Maria Jose Agueros Fernandez, Jose Ramon Lopez Lanza, Javier Bustamante Odriozola, Jose Ignacio Gutierrez Revilla, Laura Alonso Alvaro, Maria Rodriguez Sanchez, Maria Alonso Santiago, Andres Fernandez Serna, Montserrat Gago Bustamante

Primary Health, Servicio Cantabro Salud, Santander, Spain

Background:To study the knowledge about concepts related to osteoporosis.

Methods:Descriptive,transversal study using a survey completed by patients attending a medical centre in Santander(Spain) during April 2019.

Outcomes:100 subjects were analysed,with an average age of 48.3±16 and mainly female(69%).As far as risk factors are concerned,89% knew of the menopause being a risk factor,60% smoking,31% alcohol,86% a sedentary lifestyle,63% having suffered a fracture previously, 9% family background, and 79% a low consumption of calcium. 13% think that it only affects women,87% think that men have more bone mass, 36.8% think that osteoporosis is something physiological from menopause,58.3% that falls have little or no influence on fractures; 64.6% identify a hip fracture as being the most frequent;

74% that it can be measured by assessing calcium in a blood sample. 34% know what FRAX is (20% correctly); 83.3% what a bone densitometer is (63.6% correctly).. When the different genders were analysed, only significant differences were found when identifying calcium as being a risk factor and when identifying FRAX.

Discussion: The population are unaware of many of the risk factors of osteoporosis, they only correctly recognise the menopause and the consumption of calcium; there are confused ideas about the fact that it is physiological, the age when you reach peak bone mass, or the risk of falls.

Take Home Message for Practice: It is necessary to provide osteoporosis information to improve knowledge and encourage prevention methods.

Abstract topic

10. Patient participation

Abstract ID: 56

Internal code

P10-021

Presentation form

ePoster only

Medications help patient willing to take exercise

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Background

This 33-year-old man was newly diagnosed with hypercholesterolemia. His BMI was 34.6 kg/m², and his HbA1C was 5.5%. The patient's grandmother had diabetes type 2 and died from complications.

Questions

He hoped he would not have diabetes, but he felt too tired to exercise and could not control his appetite.

Methods

He received a combination of Dulaglutide, Metformin, Orlistat and SGLT2 inhibitor.

Outcomes

Before taking medicine, his body weight increased rapidly by about 5 kg within months. Currently he has not gained weight, and even lost 9 kg. His BMI decreased to 31.3 kg/m². He felt the sleepiness duration greatly reduced by the reducing weight. Now he would like to walk more frequently since he would not feel too tired to move his body. His snoring also improved a lot. Now he would not be notified by colleges for his loud snoring whenever he takes a nap in the morning conference. Sometimes he forgot to receive an injection, but his appetite seems to be the same as when he received it.

Discussion

Patients may feel overwhelmed and give up immediately when they know how to lose weight by diet and exercise. We may help them control their appetite first, then they may have confidence to keep changing their lifestyle.

Take Home Message for Practice

Patients might be hesitating to take action to lose weight. Prescribing medication may help them be more willing to start exercising and diet to reduce the risk of diabetes.

Abstract topic

10. Patient participation

Abstract ID: 343

Internal code

P10-022

Presentation form

ePoster only

Healthy lifestyle and health literacy promotion - an intervention project

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USF Ramada, ARSLVT, ACES Loures-Odivelas, Odivelas, Portugal

Background: After a literature review about benefits of physical exercise and patient empowerment, we developed an intervention project to promote healthier lifestyles.

Question: Is it possible to promote patients' adoption of healthier lifestyles through an intervention project?

Methods: In 2018 we started an intervention project with 3 foundations: (1) physical activity promotion through accompanied walks (monthly walks with health professionals, to foster patient empowerment and doctor-patient relationship) and independent walks (patients were animated to create small independent walking groups); (2) healthier lifestyles promotion (we organized healthy meals, dance classes and distributed healthy recipes); (3) health literacy promotion (we held health education sessions and distributed flyers on various health topics). Patients were asked to fill in a survey about their sociodemographic data, physical activity (Baecke) and quality of life (WHOQOL-bref).

Outcomes: Until February 2020, we had 44 participants, with an average of 3.2 walks/participant. They had an average age of 71,4 years, 29,6% were male, 68,2% were married, 13,6% were professionally active and 80,5% practiced physical exercise. Participants who completed the 1st evaluation reported an increase in self-confidence for the practice of physical exercise but there was no significant increase in physical activity or quality of life.

Discussion: This project allowed us to convey to the population the importance of adopting healthy lifestyles. It increased their confidence and motivation to practice physical exercise, as well as their health literacy.

Take home message for practice: Family physicians have a major role in patient empowerment and in promoting changes in lifestyles.

Abstract topic

10. Patient participation

Abstract ID: 618**Internal code**

P10-023

Presentation form

ePoster only

Supporting the implementation of treatment guidelines for insomnia: a co-design project

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Background

Non-pharmacological interventions are the first step in treating insomnia according to international guidelines. Nevertheless, insomnia and use of hypnotics are a global public health problem. In Belgium, primary care professionals lack validated material for patient education that could help implement the treatment guidelines.

Question

Which educational material is needed to support the implementation of national guidelines for the approach of sleep disorders and insomnia in primary care?

Methods

Co-design with patients and healthcare professionals in four phases (Sanders & Stappers, 2014). Pre-design, needs were explored with think aloud studies and focus groups. During design studios, a prototype concept was generated. The prototype was evaluated with a second series of think aloud studies. Post-design, a short survey evaluated use of the product in practice.

Outcomes

A collaboratively designed and evaluated product for patient education.

Discussion

The final product was tailored to a wide public because special attention was given to including patients with low health literacy, and a multidisciplinary group of health professionals. The result is a square cross fold leaflet with a separate index card about chronic insomnia and multidisciplinary treatment options, which allows for differentiation when informing the patient. It enabled patients to reread previously discussed information, thus increasing self-management. Also, the leaflet was used with the specific aim of supporting the decision for non-pharmacological treatment of insomnia in general practice.

Take home message for practice

Patients emphasised readability and visual design. Health professionals focused more on the content and usability. Co-design constantly challenged the usefulness of the product.

Abstract topic

10. Patient participation

Abstract ID: 903

Internal code

P10-026

Presentation form

ePoster only

Sources of information about sexually transmitted infections: a cross-sectional study

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Background: Due to the context of adolescence, sexuality and sexual issues are important topics for questioning in young people, as a way to get skilled beneath the basic knowledge.

Aim: To characterize the sources of information of adolescents about sexuality and sexually transmitted infections (STI).

Methods: We designed a cross sectional study, including the 9th degree students of 5 basic schools at Vila Nova de Gaia, a county in the north of Portugal. The questionnaire was applied in the first quarter of 2019 to ask for the sources of information, and the knowledge about sexuality and STI prevention.

Results: A total of 412 valid questionnaires were included (participation rate of 75%). The mean age was 14.4 (± 1.0) years old (50.2% females). The main sources of information were the parents and other relatives (75.9%; 95%CI: 71.7-80.2%), followed by healthcare providers (66.4%; 95%CI: 61.7-71.1%), colleagues and friends (63.4%; 95%CI: 58.6-68.2%), and internet and social networking (60.6%; 95%CI: 55.8-65.5%). Males talk often with colleagues and friends than girls ($p=0.004$), which use more times the internet and social networks ($p=0.006$). The use of health providers ($p=0.049$) and internet and social networks ($p=0.021$) is associated with better knowledge index.

Discussion: It's difficult to communicate with adolescents. Identifying the sources of information on sexual issues allows us to focus our attention in the opinion leaders and work with them towards better skills in the adolescents.

Take home message for practice: Doctors remain a good source of information for adolescents.

Abstract topic

10. Patient participation

Abstract ID: 965

Internal code

P10-028

Presentation form

ePoster only

The importance of inspection in the chest examination: about a clinical case

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A 68-year-old woman, with no personal history and no usual medication. It was the consultation due to a fall when descending the stairs, the day before, with trauma to the left hemibody. Pain in left chest, unrelated to breathing movements. Physical examination showed good general condition, phototype II, SAD 139mmHg and TAD 81mmHg, HR 75bpm, SpO₂ 98%. Upon inspection of the chest, there were no changes in shape, no lumps, and no symmetrical breathing movements. Cutaneous lesion in the right dorsal region, approximately 15mm x 12mm, irregular, asymmetrical, polychromatic edges. Palpation, percussion and auscultation of the chest were unchanged. The patient was treated with 1000mg of paracetamol and an urgent request for a dermatological consultation was made at the referral hospital. Two weeks later, she was seen at the hospital visit and the lesion was excised. Histological diagnosis of malignant melanoma of superficial extension with regression, Clark level II, thickness 0.4mm, without angioinvasion or neurotropism. Despite the total excision of the lesion, due to the lateral surgical margins and depth of 4 and 3 mm, a new surgery was scheduled for enlargement.

Superficial extension melanoma is the most frequent malignant tumor originating from melanocytes. Early detection and treatment, in which there is a thickness of less than 1mm, allows a cure rate of more than 90% of cases. Thus, it is important to reinforce the

importance of dermatological observation, whenever possible, in the different contacts of users with the doctor, even if they are for other health reasons.

Abstract topic

10. Patient participation

Abstract ID: 1057**Internal code**

P10-029

Presentation form

ePoster only

The evaluation of long- covid syndrome's incidence in a rural region of Crete, Greece

Theodoros Vasilopoulos, Martha Karyda, Leontios Leontiou, Maria Kefalogianni, Eleni Christodoulou, Maria Beltsiou, Evangelia Atzoletaki, Dimitrios Agapiou
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Introduction: The Long Covid-19 syndrome refers to symptoms such as fatigue, dyspnea, cough, headache, chest pain or discomfort, myalgias, smell and taste disorders, which occur and persist for more than three weeks after the acute Covid-19 disease, in the absence of any possible alternative diagnosis.

Methods: The survey was performed in a Primary Health Care Center in a rural region of Crete, Greece. 48 adult patients who had a confirmed Covid-19 disease and visited the General Practice Clinic due to Long-Covid syndrome's symptoms, were interviewed with a structured questionnaire based on the international literature. The duration of the survey was 3 months (November 2021 – January 2022).

Results: The age range of participants mainly concerned the groups of 50-65 years old (37.5%) and 66-79 (33.33%). The dominant comorbidities were COPD/ asthma (54.16%), hypertension (52.08%), diabetes mellitus (37.5%), heart diseases (35.41%). In addition, 41.66% of the participants were obese based on BMI (>30 kg/m²) and 39.58% of them smokers. The symptoms that mainly were reported were fatigue (72.9%), cough (68.75%), myalgias (60.41%), dyspnea (56.25%), chest pain (37.5%), smell disorders (35.41%) and taste disorders (31.25%).

As for the vaccination status of the participants, 58.33% have received no vaccination, 33.33% only one dose and 8.33% two doses.

Conclusions: The long-term effect of Covid-19 disease appears to be multisystematic, affecting mostly patients with chronic diseases present by the time of the initial diagnosis.

Abstract topic

10. Patient participation

Abstract ID: 1075**Internal code**

P10-030

Presentation form

ePoster only

The incidence of physical and mental component of people with long-covid syndrome in a rural region of Crete, Greece

Theodoros Vasilopoulos, Martha Karyda, Evangelia Atzoletaki, Maria Kefalogianni, Eleni Christodoulou, Iosif Kapasakis, Dimitris Agapiou
Health Center of Agia Varvara Heraklion Crete, Heraklion Crete, Greece

Introduction: According to international literature Long Covid-19 syndrome affects not only the respiratory, musculoskeletal, and sensory organ but also the mental health and mainly depression. Furthermore, impacts such as disability to satisfy daily needs and usual activities are reported.

Methods: The survey was performed in a Primary Health Care Center in a rural region of Crete. 48 patients (30 F-18 M) with confirmed Covid-19 disease, visited the General Practice Clinic due to Long-Covid syndrome's symptoms, were interviewed with a structured questionnaire based on the international literature. It included the questions of the EG-5D corresponding to the 5 dimensions of health as well as the questions of PHQ-9 for specific determination of depression severity.

Results: 54,16% reported mild weakness, 31,25% moderate disability covering usual daily needs, while 8,3% of patients over the age of 80 reported significant incompetence. The total percentage of depression reached 60,41%. Of those a percentage of 41,66% received previous antidepressant therapy and in 65% of them modification of medical treatment was required in order to achieve symptom optimization. Patients who reported symptoms of depression for the first time reached a score of 7 ± 2 which indicates mild depression.

Conclusions: Long Covid syndrome deteriorates the quality of life as it provokes physical and mental disability mainly in the fields of self-care provision depression. Early intervention programs that will strengthen the society's mental health should be carried out at people with risk for depression, especially who disease with covid 19.

Abstract topic

10. Patient participation

Abstract ID: 1164

Internal code

P10-031

Presentation form

ePoster only

Health literacy and adherence to medications in patients with acute lumbar pain: a cross sectional study

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Background: Lumbar pain is a prevalent symptom with an impact on quality of life and a significant economic burden. Although the efficacy of therapeutics, pain management depends on the adherence and the literacy of patients.

Aim: We aim to evaluate the impact of health literacy in the adherence to medications in patients suffering from acute lumbar pain.

Methods: We conduct a cross-sectional study based on an online questionnaire to characterize the pain, adherence to medications, and health literacy, including Portuguese speaking patients with acute lumbar pain, invited to participate through social networks.

Results: A total of 377 participants with lumbar pain were included (70,3% females), with a mean age of 42 years old, almost a third (238) presenting acute lumbar pain. Of those, 39.9% used any pain relief medication (61,1% by medical prescription). A total of 70.8% (95%CI:61.1-80.4%) of patients presented good adherence to medications, higher when medication was prescribed by a health provider and when the level of literacy was higher.

Discussion: Literacy is relevant to the adherence to medications in patients with lumbar pain.

What we can learn: Education for health is mandatory in health care practice, contributing to patients' better literacy as a way to higher adherence.

Abstract topic

10. Patient participation

Abstract ID: 1290

Internal code

P10-032

Presentation form

ePoster only

BREAST AND CERVICAL CANCER SCREENING IN PRIMARY HEALTH CARE IN THE CITY OF SÃO PAULO, BRAZIL

Wilands Procopio, DANIELLE DA COSTA PALACIO, RICARDO TUMA GUARIENTO, LARISSA OLM CUNHA, JULIA ABOU DIAS, CAMILA NASCIMENTO MONTEIRO

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Introduction: Breast and cervical cancers are very prevalent among Brazilian women. Pap smears and Mammography are provided by the Unified Health System and PHC. Sociodemographic factors can control screening for these diseases.

Objectives: to describe the profile of women who use PHC, to analyze the screening of breast and cervical cancer in PHC.

Method: Women, over 18 years old, registered at the PHC. PCAtool Brasil was applied and sociodemographic data was collected.

Results: The analysis included 454 women, 12.4% aged less than 25 years, 32% between 25-40 years, 29.8% between 41-55 years and 20.5% between 56-70 years; 33.3% self-reported as white; 16.1% black; 46.9% brown; 2.6% yellow; 39.6% reported being unemployed; 90.7% reported not having a private health plan; 37.9% had no morbidities and 36.6% had 2 or more comorbidities; 56% were hired for specialized service. For mammography, 44% were in the age group of 41 to 55 years, 44% between 56-70 years and 12% between 25-40 years. About Pap smears, 50% were performed in the age group of 25 to 40 years and 34% by 41 to 55 years.

Conclusion: The identification of factors associated with screening can be positive, improving adherence, screening and early detection in PHC. Knowledge of the profile of women who use PHC is necessary in order to monitor the population that needs care and does not have access to the health service.

11. Wider primary care team

Abstract topic

11. Wider primary care team

Abstract ID: 62**Internal code**

P11-001

Presentation form

Poster on paper + ePoster

How do we retain and support the wider workforce in primary care? Focus on Physicians Associates.Emer Forde¹⁾, Helen Pandya¹⁾, Cathy Alyward¹⁾, Emma Cheetham¹⁾, Paula Roberts¹⁾, Sue Clark²⁾¹⁾Health Education England South East, Otterbourne, United Kingdom²⁾Primary Care School, Health Education England, Hampshire, United Kingdom**Background**

General Practice is in a crisis (1) with a mismatch between increasing patient demands and a reduced GP workforce. One response to this in the UK has been national funding for new roles such as Physicians Associates (PAs). However, concerns have already been raised that if they are not well supported, PAs will not stay in primary care.

Questions

Do PAs feel supported in primary care by: (1) their clinical supervisors, (2) the wider GP team, (3) their local Health Education England (HEE) team?

Methods

25 PAs attended an initial education morning for PAs working in primary care. We present their reflections on their roles. Common challenges included time pressures, uncertain career trajectories and colleagues not understanding their skills. 10 PAs also replied to an online survey assessing their perceived support in primary care, what was working well and what could be improved.

Outcomes

PAs felt relatively well supported by their supervisors, the wider GP team and HEE SE.

Discussion

Being well supported involved having a "named GP for the day" for advice and feedback. Lack of time was a consistent barrier. PAs felt their role was not always clearly defined or understood. They wanted more opportunities for teaching and networking to reduce feelings of isolation. We will share our learning from implementing a new monthly programme of clinical and professional support in 2022.

Take home message for practice

PAs have the potential to transform the GP workforce but need post qualification support to be retained in primary care.

Abstract topic

11. Wider primary care team

Abstract ID: 222**Internal code**

P11-002

Presentation form

Poster on paper + ePoster

What are paramedics doing in primary care?

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Background

Since 2002, paramedics have been working in primary care within the United Kingdom (UK), a transition also mirrored within Australia, Canada and the USA. Recent recommendations to improve UK NHS workforce capacities has led to a major push to increase the numbers of paramedics recruited into primary care.

Questions

What is the role of paramedics working in NHS primary care?

Methods

341 paramedics from across the UK responded to a national cross-sectional online survey questionnaire, which focussed on education level, employment conditions, and scope of practice.

Outcomes

Prevalence of paramedics working in primary care within the UK, including the scope of role they undertake.

Discussion

Descriptive statistics and correlations that exist between the job title, salary, education level, length of time in primary care, prescribing status, and the provision of supervision will be presented, alongside core themes relating to workload and employment type.

Take Home Message for Practice

Insight into the breadth of role of the current paramedic workforce in primary care, and the correlations that exist between clinical examination and procedural skills, and education level, supervision, and experience of these clinicians. This is presented with a view to guide future recruitment of paramedics into primary care roles.

Abstract topic

11. Wider primary care team

Abstract ID: 508

Internal code

P11-005

Presentation form

Poster on paper + ePoster

Epidemiological characteristics of symptom diagnoses in primary care: A retrospective cohort study

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Introduction: Symptom diagnoses are diagnoses on the level of the symptom as no disease explains the symptom. They constitute a significant part of daily practice in primary care. However, little is known about symptom diagnosis in epidemiological research.

Aim: Indicate the incidence and prevalence of symptom diagnoses in primary care.

Methods: A retrospective cohort study in a Dutch practice-based research network (Family Medicine Network) with 28,590 registered patients. We included all patients who visited their General Practitioner (GP) in 2018 with a symptom diagnosis. We used the International Classification of Primary Care (ICPC-2) codes for symptom diagnoses (01-29 of all chapters) with the exception of the codes related to risk factors, euthanasia, family planning and social problems. We indicated the incidence and prevalence of symptom diagnoses.

Results: Overall, 14989 patients visited their GP with a symptom diagnosis (M= 1,91, SD = 1.392, Range: 1 -19). The incidence rate in 2018 of symptom diagnoses was 837.04 episodes of care per 1000 patient-years. The period prevalence rate in 2018 was 524.24 patients per 1000 patient-years. The mean age of patients with symptom diagnosis was 37.92 (Range: 0 – 100), 57.3% were females. Musculoskeletal (4922 [19.01%]), digestive (3370 [13.02%]) and psychological (2878 [11.12%]) symptoms were the most prevalent symptoms respectively.

Conclusion: The policy for episodes with a symptom diagnosis, episodes without disease or syndrome diagnosis, can be a challenge for GPs. Since symptom diagnoses are common in general practice, more research is needed to explore strategies for treating episodes with a symptom diagnosis.

Abstract topic

11. Wider primary care team

Abstract ID: 739

Internal code

P11-008

Presentation form

Poster on paper + ePoster

Knowledge, attitude and practices toward Covid-19 of mothers residing in Sitio Peace valley, Barangay Lahug, Cebu city, Cebu, Philippines from June to July 2021

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Background: SARS-CoV-2, the virus causing coronavirus disease 2019 pandemic, is considered a global health crisis that has rapidly led to significant morbidity and mortality worldwide. There is a need to tailor public health education in primary prevention as the first line of epidemic control.

Objective: It was to determine the association of sociodemographic factors with the knowledge, attitudes, and practices of mothers about COVID-19 in Sitio Peace Valley, Barangay Lahug, Cebu City.

Methods: The study utilized a community-based observational, cross-sectional descriptive design. A standardized survey questionnaire was pilot-tested, and distributed to 250 respondents from June to July 2021.

Results: A total of 250 questionnaires were distributed with 100% response rate. COVID-19 awareness was at 95.6%. Majority of the respondents' lives have been changed by the pandemic & are worried about contracting the virus. Wearing of masks was the most common preventive practice, followed by frequent handwashing, avoiding crowded places & acquiring alcohol sanitizers, adopted by 97.2%, 96.79%, 94.40% and

84.74% of respondents, respectively. However, when framed as a potential preventive measure, some respondents failed to recognize “social distancing” as an option.

Conclusion: Among the study population, a few determinant factors are associated with their knowledge, attitudes and practices towards COVID-19. Higher educational levels are associated with lesser worry on contracting COVID-19. Higher income classes are associated with stronger beliefs that COVID-19 has changed their lives, with stronger worries about contracting the disease and with looser practices of keeping distance from those sick with COVID-19.

Abstract topic

11. Wider primary care team

Abstract ID: 764

Internal code

P11-009

Presentation form

Poster on paper + ePoster

Study of the control of INR and anxiety in the CAP of Sant Pol de mar during the covid 19 pandemic.

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ics girona, cap canet de mar, CANET DE MAR, Spain

INR ANXIETY COVID

Background: Covid19 pandemic in patients treated with Sintrom in the Sant Pol CAP.

Questions: To know if the anxiety experienced during the Covid19 could cause bad INR controls in the sample. And if there are differences between INR before Covid19 and with Covid19.

Methods: Descriptive observational study of the follow-up of 51 patients under treatment with Sintrom in the CAP of Sant Pol from the end of February 2020-end of April 2020. With a record of variables: gender, age, weight. Study variables: Sintrom control with INR, anxiety GOLDBERG scale, depression (GOLDBERG scale). We have analyzed data (Excel) with R student and SAS. There may be independent variables that can influence Sintrom, such as diet..

Outcomes: 51 patients. Where female and male (57.69%), average age 79, weight 78. INR average precovid 2.53, INR average covid 2.65, alteration factor 1.21, Gold anxiety 1.44, Gold depression 1.82. Pearson's correlation coefficient between INR med prec and INR mid covid 0.33, very close to 0, no correlation (p 0.0166). Comparing INR PREC vs INR COVID with t student -1.72 (p 0.0923), the null hypothesis cannot be ruled out since the p is not significant. Anova of INR covid in relation to gold anxiety, gold depression and alteration factor has been obtained respectively F=0.48, F=0.61 and F=0.72 (p 0.93, p=0.85, p=0.76).

Discussion: About the correlation between INR precovid vs INR covid we cannot rule out the null hypothesis, since t student is not significant. This study has a small n but the data are paired over time, which allows us to control the intrinsic variables. Regarding the models to assess whether there was a relationship between INR covid and anxiety, depression and alteration factors, the overall F test aren't significant, indicating we can't tell that the model could depend on the variables studied.

Take Home Message for Practice: COVID19 maybe influenced with the control of INR and chronically diseases, even though we couldn't show.

Abstract topic

11. Wider primary care team

Abstract ID: 956

Internal code

P11-010

Presentation form

Poster on paper + ePoster

Importance of patients' therapeutic compliance

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Didactic method:

Case report

Presented problem:

An 87-year-old female patient with a history of mild cognitive impairment and osteoarthritis attended the Primary Care consultation due to palpitations. She presented paleness, sweating, tachycardia of 230 bpm, tachypnoea, and oedema in the lower limbs. The ECG confirmed narrow QRS tachycardia. The patient was urgently transferred to the Hospital.

Management:

Once in ER, 3 doses of adenosine were sequentially administered without achieving SVT reversal. Amiodarone was administered and after 40 min. the patient's clinical condition improved. Given the suspicion of heart and respiratory failure, non-invasive mechanical ventilation was maintained, and treatment was introduced. Blood tests revealed kidney failure, elevated BNP, and D-Dimers.

Outcome:

At first sight, this case shows a heart failure secondary to SVT.

During successive Primary Care visits after hospital discharge, the patient continued with tachycardia(120-140 bpm); during anamnesis, she finally admitted the continuous and abusive use of salbutamol, despite not having clinical indications or corresponding prescriptions. She referred that "when she feels out of breath, she uses it". The need to abandon the use of salbutamol was explained to her, which finally resolved the problem of sustained tachycardia

Discussion

Sudden appearance of SVT and heart failure, without any pre-existing heart conditions is unfrequent and it needs to be analysed.

What we can learn from this/open questions

It is crucial to investigate patients' therapeutic compliance and ask them directly what medication they consume apart from the prescribed one: over-the-counter treatments or others, easy to buy without prescription.

Abstract topic

11. Wider primary care team

Abstract ID: 1009**Internal code**

P11-011

Presentation form

Poster on paper + ePoster

Loss of income during COVID-19 pandemic in GP offices

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Introduction

The COVID-19 pandemic has had major impact on the provision of health care in general practice. The remuneration of general practitioners (GPs) in the Netherlands consists of a mixed capitation and Fee For Service (FFS) system. During the COVID-19 pandemic these FFS decreased immensely. The Dutch government compensated the Dutch GPs with an additional capitation fee of €10,- per patient that is subscribed to the GP office. Question is whether this fee was enough to compensate for the loss in remuneration and the additional costs that GPs have made during the first year of the pandemic.

Method

Remuneration through FFS was measured in a sample of 435.000 patients during 2019 and 2020. The loss in remuneration was calculated from the beginning of the COVID-19 pandemic (march 2020). A survey, with a response of 65 GPs, was conducted to estimate the additional costs GPs had made due to COVID-19, such as protective equipment, communication devices, personnel and additional workspace. The difference between the extra capitation fee on one hand and the additional costs and loss in remuneration on the other hand was calculated.

Conclusion

This study will provide an answer to the question what the cost of the COVID-19 pandemic has been for GP offices in 2020 and whether the additional compensation offered by the Dutch Government has been sufficient.

Abstract topic

11. Wider primary care team

Abstract ID: 1101**Internal code**

P11-013

Presentation form

Poster on paper + ePoster

A hidden acute pericarditis

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Background

Acute pericarditis (AP) is the most common pericardial disease, sometimes leading to a failure of heart filling and is mainly presented with acute retrosternal, sharp, pleuritic and chest pain variable in severity. Diagnostic criteria include chest pain, pericardial rub, ECG ST elevation or PR depression, and pericardial effusion.

A 71 years-old male that arrives to primary care referring shortness of breath (dyspnea NYHA-II) and legs swelling for 4 months. Relevant history includes under-treatment hypertension. The patient does not refer orthopnea nor paroxysmal nocturnal dyspnea.

Methods

Exam highlighted mild swelling in both legs reaching the knees. Chest radiography showed bilateral pleural effusion. ECG showed sinus rhythm, small voltages and normal repolarization. Blood analysis was normal except for a proBNP of 600. Diagnosis was established as early-cardiac insufficiency. Furosemide treatment was started.

After 2 months of treatment, the patient showed swelling improvement but persistence of dyspnea, proBNP=350 and D-Dimer=2742 without both leukocytosis and acute phase reactants.

Patient was referred to the ER for a CT that resulted negative for pulmonary thromboembolism but suggestive of AP. An echocardiogram confirmed a mild-pericardial effusion without hemodynamic compromise. Serologic test was negative for infections, autoimmunity and Quantiferon-TB.

Final diagnosis was made of viral-AP, starting treatment with aspirin, colchicine and ibuprofen. Follow-up confirmed full recovery without the need for pericardiectomy.

Discussion

AP can present with uncommon symptoms, so TC imaging can be considered when assessing dyspnea. Alternatively to aspirin, NSAIDs therapy is recommended together with colchicine for symptoms management, even if AP long-term prognosis is good.

Abstract topic

11. Wider primary care team

Abstract ID: 1106

Internal code

P11-015

Presentation form

Poster on paper + ePoster

Large thigh mass

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Clinical history: A 58- year-old woman with a medical history of dyslipidemia and recent bilateral pneumonia due to Covid-19, on a check-up visit for pneumonia, patient mentions a recent pain in her right leg and the appearance of a lump in the thigh.

On physical examination, constants were: Sato2 98%, FC 82 bpm.

There were no relevant findings on cardiovascular and lung examinations. There was no sign of venous thrombosis or neurovascular affectation in the lower right extremity. In the right thigh, there was a mobile and slightly painful lump of about 6 cm.

An echography was undertaken in the primary care center 12 days later finding a well-defined hypoechoic image in the muscle tissue, measuring 38*46*41 mm displacing surrounding structures with negative doppler signal. Location was thought to be vastus lateralis or rectum but was not exact due to size.

A magnetic resonance imaging (MRI) was done to complete the study.

Complementary examination and the outcome:

The MRI scan revealed a lesion in the right vastus lateralis suggestive of intramuscular myxoma, there were no focal lesions in the subcutaneous cellular tissue or muscle groups or bone involvement.

With these results, the patient was referred to traumatology where radical removal with microscopic control, to avoid sequelae, was performed 5 months later. Histological examination confirmed an intramuscular myxoma of 7*4 cm, extracted from the anterior part of the proximal right thigh. The patient had a good recovery and no neurovascular complications.

Abstract topic

11. Wider primary care team

Abstract ID: 1139

Internal code

P11-017

Presentation form

Poster on paper + ePoster

Repeat dispensing an underused dispensing method; a survey of pharmacists views on Repeat Dispensing hesitancy in primary care

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Background:

eRepeat dispensing RD enables future dated prescriptions from prescribers to pharmacies. It can deliver transactional cost savings to practises by minimising waste, synchronising scripts and enables pharmacies to maintain pharmacy stock flows. National prevalence of eRD remains low, our study was undertaken to understand acceptability of eRD in community pharmacy and if this initiative was supported by community pharmacy.

Aims:

We undertook a survey of the community pharmacists' views towards e Repeat dispensing .

Methods:

Community pharmacists' views were surveyed using a questionnaire given to community pharmacists using Google forms and face to face visits. Some questionnaires were also done manually by face to face interviews.

Results:

Overall, 30 completed questionnaires were received. The respondents showed a clear overwhelming preference for eRD over traditional forms of prescribing.

Conclusions:

The results of our survey highlighted that the majority of pharmacists were overwhelmingly supportive of eRD. The prevalence of eRD remains very low nationally despite the overwhelming evidence for improved safety effectiveness, efficiency. Patient initiated prescribing and single repeat prescriptions which are not synchronised are inherently more risky vs synchronised scripts and these incur increased prescribing costs. We found the hesitancy of eRD and hesitancy stems mainly from primary care for reasons that are poorly understood. We would advocate a wider qualitative study of primary care to understand reasons for hesitancy that poses barriers to wider acceptance. This would enable targeted training and streamlining of eRD across primary care ensuring the system works together in harmony.

Abstract topic

11. Wider primary care team

Abstract ID: 104

Internal code

P11-024

Presentation form

ePoster only

Tackling the crisis of non communicable diseases requires upskilling the entire primary care team in lifestyle medicine

Emer Forde, Angie Thompsett, Susan Clarke

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Background

Encouraging sedentary people to become more active could prevent one in six deaths (1). However, recent research has shown that the majority of GPs in England were unfamiliar with national guidelines for physical activity, more than a third didn't even know guidelines existed, and more than half reported they had never received training in how to promote physical activity within their consultations (2). With a move towards a 'wider workforce' within primary care, there is a need to ensure all members of the team have the knowledge and skills to promote health and wellbeing through lifestyle changes.

Methods

A day of education on lifestyle medicine was offered to anyone working in primary care. This included a PHE workshop on physical activity, sleep hygiene, relaxation and using technology to promote lifestyle changes. Participants also discussed the opportunities and challenges of promoting lifestyle medicine within their surgeries.

Outcomes

A range of participants attended including health and wellbeing coaches, nurses and social prescribers. All reported that the training was useful for their professional development. Qualitative feedback included "very useful, will share with colleagues", "very useful both in terms of resources, information and improving confidence in talking to and signposting patients".

Discussion

In response to the excellent feedback and clear learning need within primary care, we plan to offer regular multidisciplinary events on lifestyle medicine.

Take home message for practice

The wider primary care workforce need upskilling in lifestyle medicine in order to address the global epidemic of non-communicable diseases.

Abstract topic

11. Wider primary care team

Abstract ID: 139

Internal code

P11-025

Presentation form

ePoster only

Effects of 100% whey protein diet on pressure ulcer healing: A randomised controlled trial

Ming Hao Chin

St Luke's Hospital, Singapore, Singapore

Background

The effect that whey protein has on wound healing in humans is not fully studied. We assessed whether putting patients on a 100% whey protein-based diet (Peptamen®) enhanced pressure ulcer healing.

Methods

The study was a parallel 2-arm pilot randomized controlled trial. Participants identified from a community hospital in Singapore were allocated randomly into either the intervention (100% whey protein-based diet) group or control (standard of care) group. The primary outcome was defined as the percentage reduction in wound surface area and change in pressure ulcer score for healing (PUSH score) after 4 weeks.

10 participants were randomised into the intervention (n=5) and control arm (n=5). Assessment of the primary outcome measure was done at baseline and weekly throughout the study. Results were analysed using a linear regression model.

Results

There was no significant difference in the percentage reduction in wound surface area ($R^2=0.16$, $F(1,7)=1.31$, $p=0.289$) and change in PUSH score ($R^2=0.02$, $F(1,7)=0.11$, $p=0.74$) between the two groups, even after adjusting for patient co-morbidities ($R^2=0.48$, $F(2,6)=2.77$, $p=0.14$; $R^2=0.02$, $F(2,6)=0.06$, $p=0.94$).

There was also no significant correlation between the amount of Peptamen® consumed and the percentage reduction in wound surface area ($R(2)=-0.25$, $p=0.76$) or change in PUSH score ($R(2)=-0.09$, $p=0.91$).

Conclusion

The consumption of 100% whey protein-based diet did not enhance wound healing. There was no correlation between the amount of Peptamen® consumed and rate of pressure ulcer healing.

Abstract topic

11. Wider primary care team

Abstract ID: 143

Internal code

P11-026

Presentation form

ePoster only

Utility Boxes for Staff

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Background: We decided on a utility box project where staff can find useful items to help with day to day minor health problems without having to be miserable all day of take time off work .

Questions: The idea came about when a trainee suffer from a really bad allergic rhinitis and could not get an OTC (over the counter) medication to help in the entire surgery and had to leave work.

Methods: We conducted a survey and soon realized lots of other staff members were in need of first aid kits to help with minor cuts , colds , headaches etc. 3 Utility boxes were placed in the 3 Practice sites. A second survey was done 6 months later.

Outcome:

Surveys showed improvement in the overall performance of all staff by ensuring optimal wellbeing when facing minor ailments where they can still work but will require a little treatment

Also we ensured first aid and safety in the work place for all staff members

Discussion: Utility boxes have improved overall staff performance and prevented absences. The GP Trainee involved presented his findings to a clinical meeting and showed leadership and team working

Take Home message for Practice: Utility boxes have helped the Practice and help prevent work absences. We feel the practice should be rolled out to other surgeries.

Abstract topic

11. Wider primary care team

Abstract ID: 242

Internal code

P11-027

Presentation form

ePoster only

Primary care complexity in COVID Era.

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Objective

To find out whether the new normality of health care has made GPs perceive a higher complexity during their working day and that they 're less decisive while attending patients.

Methods

A cross-sectional descriptive and multicentre study evaluated 80 sentinel doctors working in 27 primary care centres in Catalonia (population assisted: 400,000 inhabitants) report specific medical information during the patients' attention. We recorded care activity in 2019 and in May 2021.

Results

806 days (23840 visits) were analysed in 2019 and 267 days (10163 visits) in 2021. Doctors opined that visits were accurated on 90.9% in 2019 to 86.2% in 2021. The reasons for consultation between 2019 and 2021 varied as follows: Administrative visit went from 20% to 23%, psychosocial pathology from 2.9% to 3.6%, chronic follow-up from 40.6% to 37.8% and acute pathology was almost unchanged (36.3% vs 35.1%). Complex visits increased from 35.8% to 37.1%, with very little variation when analysing clinical, emotional or social complexity. However, complexity of communication increased (from 2.9% to 3.8%) and multi-consultation decreased (from 4.5% to 3.7%). Finally, a higher percentage of visits were referred to other levels of care (from 7.8% in 2019 to 9% in 2021).

Conclusions

We have a new healthcare model, where telematic, telephonic or remote intervention in general has become essential. However, these profound changes have not led to a significant increase in the complexity of care, remaining very similar to the levels of 2019. The resolution of visits seems to have decreased slightly.

Abstract topic

11. Wider primary care team

Abstract ID: 247

Internal code

P11-028

Presentation form

ePoster only

Factors associated with burnout in primary care.

María Ana Giraudó Stabio¹⁾, Juan José Montero Alía²⁾, Neus Sanz Riguillo³⁾, M^a Mercedes Jiménez González⁴⁾, M^a Victoria Zamora Sánchez⁵⁾, Angelica Alba Carrillo⁴⁾, Eugenia Barbena Trsitany⁴⁾, Jana Gerhard Pérez⁶⁾, Anna Santeugini Bosch⁶⁾, Marta Mourelo Cereijo⁵⁾

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⁶⁾EAP Vilassar de Mar, Institut Català de la Salut, Mataró, Spain

Objective

The aim is to find out the socio-demographic and occupational factors that can cause Primary care workers suffer from burnout.

Methodology:

Multicenter descriptive cross-sectional study. Sociodemographic variables and burnout on 1.200 Primary care professionals working in 27 public health centers placed in Maresme area and its surroundings during May 2021.

Results:

The response rate was 30%, 419 surveys were received (79.9% women). 160 Doctors, 113 Nurses, 112 Administrative staff, 22 Nursing assistants and 6 Dentists and Social workers.

24.3% suffer from burnout, 66.2% of them have children, of which 20.3% suffer from burnout vs. 33.7% of those who do not ($p=0.013$). This significant difference is bigger in the medical group (22.5% vs. 45%, $p=0.006$). 22.5% of women and 26.9% of men have burnout, but the difference is not significant. The data by age are: <35 years old 24.7% suffers from burnout, 24.8% between 35 and 50, 23.4% over 50. The figures also vary depending on workers from Health centers (25%) vs. local clinic (17%). There are also differences according to the amount of the time in employment: who have been working from 6 to 15 years are mostly affected by burnout (30.2%, $p=0.023$) compared to 16.6% of those who have been working for less than a year.

Conclusions

Having children is a protective factor in preventing burnout. It is also very important the time in employment, as we have seen that newcomers are less affected by burnout than long-time employed. Regarding the age, older people have less burnout (but not statistically significant).

Abstract topic

11. Wider primary care team

Abstract ID: 251

Internal code

P11-029

Presentation form

ePoster only

Burnout in Primary Care: the new pandemic.

Leonardo David Heredia Rodríguez¹, Ana Giraudo Stabio², Carolina Guiriguet Capdevila³, Mencia Benítez Camps³, M^a Dolores Alvarez Rodríguez⁴, Juan José Montero Alía⁵, Begoña Núñez Martínez³, Carme Viñas Silva⁶, Josefina Sanchez Solias⁷, Xènia Arias Sáez⁷

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Objective:

To find out the level of burnout of professionals working in health centres after the end of the state of alarm.

Methodology:

This is a multicentre descriptive cross-sectional study carried out on 1,200 professionals from 27 primary care teams in Catalonia by means of convenience sampling in May 2021. Sociodemographic variables and professional exhaustion (burnout) were analysed.

We define burnout when the individual obtains high scores simultaneously in the three spheres analysed by the Maslach test (MBI-HSS): Emotional Exhaustion (AE) \geq 27 points, Depersonalisation or Cynism (DE) \geq 10 points and in Personal Accomplishment (PA) \leq 33 points.

Results:

Approximately 30%, 419 surveys were received (79.9% women). According to profession they are distributed as follows: 160 medicals, 113 nursing, 112 administrative staff, 22 nursing assistants and 6 dentists and social workers. 24.3% the respondents suffer from burnout. By groups, doctors affected by burnout represented the 28.1%, administrative staff (25.8%), nurses (20.3%), auxiliary nurses (18%) and dentists (16%). None of the social workers had burnout.

If we analyse the rating scales, the highest rate in emotional exhaustion was in medicine with 56.8%, in depersonalisation in administration with 67.8% and in personal fulfilment in nursing with 38.9%.

Conclusions

A patient can be systematically cared for by burned-out professionals at all levels of care. Hopefully, the burnout data, at the end of the state of alarm and during summer holidays, will improve. Medicine and administrative staff are the most affected.

Abstract topic

11. Wider primary care team

Abstract ID: 253

Internal code

P11-030

Presentation form

ePoster only

Evolution of physician burnout in primary care (2016-2021)

Leonardo David Heredia Rodríguez¹⁾, Juan Jose Montero Alia²⁾, Silvia Cid Andújar³⁾, Eva Leceaga Gaztambide³⁾, Felipe Saatdjian Maldonado³⁾, Esther Hernandez Muñoz^{2, 4)}, Eva Calvo Martinez⁵⁾, M^aMar Rodríguez Alvarez⁵⁾, Laia Guix Font⁶⁾, Josefa Plaza Urendez³⁾

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Objective

To determine the evolution of burnout among family doctors in primary care from 2016 to the present day.

Material and methods

This is a descriptive and multicentre cross-sectional study in which a network of voluntary sentinel physician distributed throughout different primary care centres in Catalonia report diverse information of professional interest. It is a model based on voluntary collaboration. For this study, the Maslach test adapted to healthcare professionals (MBI-HSS) was administered to doctors from 2016 to May 2021. It was concluded that the professionals were suffering from the burnout syndrome when the

three dimensions of analysis -emotional exhaustion (EE), depersonalization (DP) and personal accomplishment (PA)- were highly affected (EE \geq 27; DP \geq 10; PA \leq 33 pts).

Results

In November 2016, out of 82 surveys, 6% experienced burnout. In May 2019, with 119 responses, 11% had burnout. In November 2020, with 84 participants, cases of burnout reached 58.3%. In May 2021, with 160 surveys, burnout did not fall below 28%. The response rate and the number of participating centres have varied over these 5 years. The response rate (physician responses/total physicians) has remained above 40%.

Conclusions

There is still a significant prevalence of severe burnout among professionals (28%). This indicates a deep problem. If healthcare problems worsen, whether due to complications of the pandemic or to increased loss of professionals through retirement, emigration or sick leave, the situation for the entire health system will be unsustainable.

Abstract topic

11. Wider primary care team

Abstract ID: 261

Internal code

P11-031

Presentation form

ePoster only

The role of general practitioner in prevention and early management of Human Papilloma Virus (HPV) – caused cancer

Silvia Masaryková, Michal Kovár

General Practitioner Office, MedAmb s.r.o., Bratislava, Slovakia

Introduction: Both men and women can become infected with HPV and develop HPV-caused cancer HPV related cancer include- cervical, vaginal, anal, penile and oropharyngeal cancer. HPV related cancer is the only one of all cancer which could be prevented by vaccination.

Case report: 58 – years old man while shaving noticed a painless formation on the right side of his neck. He did not have problems with speaking or swallowing. He never smoked, drunk alcohol only occasionally. He thought he had cold and he took Aspirin. 3 weeks later he came to the general practitioner because it was not better. General practitioner referred him directly to the otolaryngologist and epidermoid carcinoma of oropharynx on the right side was diagnosed. HPV status was positive. The block dissection of cervical lymph nodes was needed, after that patient underwent chemoradiotherapy.

Take Home Message for Practice: The aim is to show that general practitioners come into contact with the patients having symptoms which could be the signs of HPV caused cancer. They have an important role in prevention and in management of these patients as well.

Abstract topic

11. Wider primary care team

Abstract ID: 263

Internal code

P11-032

Presentation form

ePoster only

Primary Care is at risk, the universal health care system is at risk

Leonardo David Heredia Rodríguez¹⁾, Greta Berrocal Alonso^{2, 3)}, Jordi Creus Rico⁴⁾, Anna Champer Blasco⁵⁾, Núria Mengual Miralles⁵⁾, Isaac Buxadé Martí⁶⁾, Esther Fabré Folch⁷⁾, Antonio Escobar Muñoz⁸⁾, Gregorio Hinojosa Bareas⁶⁾, Regina Romeu Mauri²⁾

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Objective:

To find out the medical staff and their socio-demographic characteristics available to the primary care teams in the Maresme region and surrounding areas.

Methodology

Multicentre observational study conducted in the spring of 2021, after the end of the state of alarm due to the COVID-19 pandemic in Spain.

Results

We analysed 29 primary care teams (3 are teaching centres), where 371 doctors work. The mean age is 47.6 years, 68% are women, 71% have completed the speciality (MIR) in family and community medicine. In the detailed analysis, only 2 centres have 100% of the MIR staff, and 7 centres do not reach 50% of the staff with MIR training in MfiC. If we look at ageing, 11 teams exceed the average age of 50 years. But 4 are close to, and some exceed, the average age of 55. Some will lose up to 50% of their staff in the next 3 years.

Conclusion

The reform of primary care brought about a new care model that is difficult to maintain in many of the centres studied due to the lack of specialists in family and community medicine. If we add to this the obvious ageing (some teams will lose up to 50% of their staff in the next 3 years) and increasing emigration, unfortunately when the pandemic becomes normal in our lives, we will have to un-plan and reduce the expectations of the population (and politicians).

Abstract topic

11. Wider primary care team

Abstract ID: 293

Internal code

P11-033

Presentation form

ePoster only

Dealing with mental health – what is the best approach?

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Background: Mental disorders are extremely prevalent in all countries and are responsible for an immense suffering, poor quality of life, increased mortality and economic and social costs.

Question: Is there any advantage in articulate and integrate mental care between primary care and psychiatric institutions in promoting mental health and treating mental health diseases?

Methods: Literature review - research of reviews and primary articles on PubMed and Cochrane Library. MeSH terms: primary health care; mental health; patient care team. Selected articles in English, Spanish and Portuguese published in the last 10 years.

Outcomes: The benefits of integrating mental health into primary healthcare are significant and the integration of care ensures that the population has access to mental healthcare. When people receive treatment in primary healthcare facilities, they have better health outcomes and maintain their social integration.

Discussion: Integrating mental health services into primary healthcare can be an important solution to mental health interventions. Therefore, it is necessary to invest in a greater number of primary healthcare professionals (including family doctors, psychiatrists, nurses, social workers, public health professionals) with the necessary skills to identify and treat mental disorders, carry out psychosocial and crisis interventions, provide psychoeducation and support to patients and their families and refer to specialized mental health services when appropriate.

Take Home Message for Practice: Mental healthcare available in primary healthcare means that people are able to access the treatment and care that they need near their homes, maintaining their support systems and remaining integrated and active in the community.

Abstract topic

11. Wider primary care team

Abstract ID: 300

Internal code

P11-034

Presentation form

ePoster only

The importance of identifying the etiology of ulcers for a correct approach.

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Background. Chronic venous disease (CVD) has increased considerably in recent years, consuming healthcare resources and diminishing the quality of life of those who suffer. Despite this situation, CVD is still widely infra diagnosed by healthcare professionals, and treatment is only prescribed in advanced stages.

Method: Case report

Outcome: An 82 year old male, who requested consultation with his Primary Care team due to inflammation and suppuration of both lower limbs. During the physical examination the patient presented edema with fovea of both limbs, distal pulses were present, a superficial venous ulcer was found, allowing us to diagnose the patient with CVD and classify as C6 on the CEAP classification. The following treatment plan was decided upon. Local treatment of venous ulcer following the wound care management system DOMINATE, compression therapy and the use of vasoactive drugs in this case micronized purified flavonoid fraction at doses of 500mg every 12h. A referral was made to the vascular surgery service to evaluate surgical options. After 4 weeks of treatment the edema was all but gone and the venous ulcer has reduced its size.

Discussion: The importance of an early diagnosis and a correct treatment plan are crucial to prevent the progression of the disease and reduce costly complications; making the Primary Care team the best equipped to manage this disease as the first point of contact these patients have with the healthcare system

Abstract topic

11. Wider primary care team

Abstract ID: 302

Internal code

P11-035

Presentation form

ePoster only

Use of a subcutaneous line in Primary Care

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Background: The use of the subcutaneous route for administration of medication is mainly reserved for the palliative care setting. However it is considered as a very flexible, broadly feasible, rather safe, and non burdensome method, and should be used in other health care settings.

Method: Case Report

Outcome: The Primary Care team went to the house of a 64 year old woman, who was suffering from repeated episodes of vomiting for the last 24h, hampering oral intake of medication and liquids. Coinciding with the administration of a cycle of chemotherapy the previous day. During the physical examination the patient complains of fatigue and headaches; blood pressure of 90/55 mmHg, heart rate of 72 bpm. After discussing with the patient the situation and her reluctance to a hospital referral. The decision was made to place a subcutaneous line in the home, administering a dose of metoclopramide 20 mg, followed by 10 mg every 8h. After 48h the Primary Care team returned, the patient referred feeling better, without any episodes of vomiting in the last 24h enabling oral tolerance. The subcutaneous line was removed and her usual medication readjusted. Allowing the patient to remain at home without the necessity of a hospital referral, reducing possible risks associated with hospitalization.

Discussion: It is essential in Primary Care to do everything possible to agree and adapt the treatments to the wishes of the patients. Avoiding unnecessary admissions reduces hospital overcrowding allowing for a better use of healthcare resources.

Abstract topic

11. Wider primary care team

Abstract ID: 486

Internal code

P11-036

Presentation form

ePoster only

Weighing up the options; How can we improve weight management in England?

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Background

Despite many previous public health campaigns aiming to improve weight management, the proportion of people living with obesity continues to increase in England. Currently, 36.2% of adults are overweight, and 28.0% are obese. In 2021, the Department of Health and Social Care in England introduced financial incentives to encourage GP practices to refer more patients to weight management services, including a new digital weight management programme.

Questions

We explored the perspectives of healthcare professionals (HCPs) working in primary care, comprising GPs and other multidisciplinary staff, regarding the perceived efficacy and acceptability of weight management (WM) services, including financially incentivising the referral of appropriate patients.

Methods

We conducted an online questionnaire survey, two focus groups and semi-structured interviews with HCPs and patients.

Outcomes

There were 388 valid survey responses, with 31 participants in focus groups and semi-structured interviews. There was a lack of WM training and education among all HCPs, with contrasting opinions regarding successful WM interventions. Although most HCPs were keen to help patients improve their WM, there was a widespread lack of awareness regarding the availability of WM services, as well as the financial incentivisation of referrals introduced during 2021.

Discussion and Take Home Message

Despite population-level WM being a governmental priority, many primary care HCPs lack awareness of the interventions and incentives that are currently available for patients living with obesity. Interventions to improve weight management will likely to be more successful by combining individualised approaches in primary care alongside wider population-level interventions.

Abstract topic

11. Wider primary care team

Abstract ID: 572

Internal code

P11-037

Presentation form

ePoster only

When pandemic is not only about Covid-19 and primary care needs hospital backup in its team

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Background

44 year-old woman, non-smoker, who presented 3 urinary tract infections (UTI) in 4 months, associating pelvic-pain and then also right-hip-pain. She was seen by GP, locum GP, hospital ER, died after 5 months.

Questions

Was her diagnosis correct? Was her treatment effective? Did the pandemic delay diagnosis? Is this frequent?

Methods

Case study, based on patient's medical-records.

Outcomes

First UTI was diagnosed by Combur-test, treated effectively with antibiotic, associated low-abdominal pain during. Second episode 2-months later, positive Combur-test, associated vaginal pain, cured with antibiotic and NSAIDs. The third UTI, 1 month later, associated right-hip and right-iliac-fossa pain. She was referred to hospital ER, seen by the orthopaedic surgeon, who scheduled follow-up appointment. Haematuria one week later with no response to treatment, GP asked for urgent blood tests and ultrasounds: abdominal tumour seen, she was sent back to hospital. After RMI and CT-scans, she was diagnosed with malignant urinary-bladder tumour with small-intestine fistula, femoral-nerve compression, right-external-iliac-vein thrombosis, peritoneal carcinomatosis, inoperable. The tumour committee decided palliative treatment, accepted by patient and family. She died 2 weeks later.

Discussion

We consider the diagnosis correct in each phase, although unexpected final diagnosis (UTIs are frequent in fertile-age women). Warning-symptoms were not very clear until the third UTI. Pandemic might have influenced, but time from initiating third UTI to final-diagnosis was 10 days.

Take-Home Message

Resistant-to-treatment UTIs themselves should be considered as warning-symptoms. Pandemic doesn't help, but physical-exam it's important, as well as primary care - hospital collaboration.

Abstract topic

11. Wider primary care team

Abstract ID: 675

Internal code

P11-038

Presentation form

ePoster only

Integrating promotion of reducing sodium consumption in order to improve blood pressure regulation

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Introduction/Background:

Antihypertensive drug technology has shown major advances during the recent years and has helped hypertensive patients to achieve treatment goals. However, it seems that the benefit of some simple lifestyle and diet changes has been forgotten by many Primary Care physicians, focusing only on drug therapy. The aim of this study was to evaluate the value of educating elderly patients about low-sodium diet advantages in order to improve blood pressure regulation.

Methods:

Eighty-eight patients not diagnosed for hypertension or without treatment (40 men, 48 women, 54.5%), age 65-79 years old, who visited the PHC unit of a rural area in Greece between 11/2019-12/2021 participated. The patients were randomly allocated to two groups of 44 using strata randomization. Those in group A were informed for the value of DASH diet, while those in group B were not. All patients received proper antihypertensive treatment

Results:

Response ratio was 78.9%. A significant difference ($p < 0.05$) was found in both the reduction of recorded Systolic Blood Pressure (3.3 ± 1.7 mmHg) and Diastolic Blood Pressure (0.9 ± 0.8 mmHg) between the two groups, 45 days after the intervention. The reduction was evident even after adjustment for gender, BMI and age.

Conclusion:

The implementation of health promotion programs is an important aspect of General Practice. The clinical value of our prevention program in combination with low cost might be a rationale for propagation of such programs which would improve the health of the community, always in combination with proper antihypertensive drug treatment.

Abstract topic

11. Wider primary care team

Abstract ID: 841

Internal code

P11-039

Presentation form

ePoster only

A retrospective study assessing Primary Health Care Referrals to the Emergency Department during one month of the COVID19 pandemic

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Introduction

The Emergency Department (ED) oversaw 7137 patients during December 2020, with 1175 referred from primary healthcare (PHC). Patients self-refer to the ED due to lack of awareness of PHC and increased belief in ED physicians.

Aim

To conduct a 1 month retrospective study assessing PHC referrals to ED.

Methodology

All required permissions were obtained. Data included patients who were reviewed by a GP and referred to ED. Patients were referred from public and private GPs. Patients

were anonymized. Data collected included diagnosis (using ICD-10) along with admissions, radiological and haematological investigations.

Results

53.7% of patients were males. Commonest age group was 71-80years (14.5%). 14th December was the busiest day (69 referrals). Southern PHC (26%) referred the most, followed by north (25.8%) and central (16.9%). Private GPs referred 21.8% of patients.

Majority were daytime referrals (79.6%). Most referred patients were triaged ESI 2 (36.9%) and 3 (37.7%). 18% of patients were referred due to circulatory problems, followed by locomotive problems (14.6%) and digestive issues (13.4%).

56% of patients didn't require a specialist review. Most commonly sought specialist reviews were Ophthalmology (8.8%), General Surgery (7.1%) and Orthopaedics (7.1%).

65% of patients required blood investigation. 68.7% of patients required some form of investigation (x-ray/CTscan/MRI/US).

56% of patients were discharged, 36.7% admitted and 7.3% left. 19 patients died after admission.

Conclusion

Despite competent PHC physicians, only 16% were seen in the community (with 84% self-referred). After discharge, 8.9% of patients were advised to be followed up by their GP.

Abstract topic

11. Wider primary care team

Abstract ID: 910

Internal code

P11-040

Presentation form

ePoster only

It's best to know your patients.

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Background: Most pressure ulcers treated by Primary Care teams appear in patients with some degree of dependency and present a multicausal etiology that difficulties healing. The initial evaluation of the patient is crucial to enable us to develop a holistic treatment plan.

Method: Case Report

Results: The Primary Care team visited a 90-year-old male diagnosed with Alzheimer 6 years ago, after his family called us to treat an open wound. On arrival his family informed us that the wound appeared about a month ago and they had tried to treat it themselves with no improvement. We decided to first perform a general assessment of the patient's condition. The assessment scales used scored as follows: Global Deterioration Scale: 7 (Very severe cognitive decline); Barthel index for Activities of Daily Living: 10 (total dependence); Mini Nutritional Assessment: 18 (At risk of malnutrition) A blood sample was also taken which was indicative of malnutrition.

A Stage III pressure ulcer on the EPUAP pressure ulcer classification system was present on his right leg at the height of the external malleolus. The following treatment plan was established, local treatment of the wound using the acronym DOMINATE, use

of nutritional supplements to improve protein and caloric intake and control of pressure through support surfaces and frequent repositioning. After starting the new treatment plan improvement was observed after four weeks.

Conclusions: In order to treat a patient correctly it first requires an initial assessment to identify the current situation and develop a treatment plan accordingly.

Abstract topic

11. Wider primary care team

Abstract ID: 934

Internal code

P11-041

Presentation form

ePoster only

A recent onset rash or a lifetime chronic illness?

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Background: Type 1 diabetes is a severe or complete deficiency of insulin. It is related to autoimmunity, susceptibility, and environmental factors. Understanding its mechanism and its long-term problems should lead to a quick and smart diagnosis.

Case presentation: A 16-year-old Spanish male with a history of polyphagia, polydipsia, and weight loss in the last 6 months. He consulted at out-of-hours service of an erythematous maculopapular rash that began 7 days ago. His polydipsia was increased up to 6 liters and 10-11 urination per day in the last 3 days. He has not consumed any new medication recently. But his glucose blood test resulted in 581mg/dl and a urine test with ketonic bodies. An initial diagnosis of type 1 diabetes was made, and medication with short-acting insulin and serum therapy was started.

As more tests, close monitoring, and diabetologist education were needed, we decided to refer him to the pediatrics ER to be admitted to the hospital.

Suspecting diabetes in a 6 months ongoing problem could be tricky, but glucose determination is as easy to do and quick to give a result. Having a good clinical history and access to all the tests could be useful in a case like this one.

Take-home message: Do a thorough clinical history, make a differential diagnosis, a good exploration, run some tests to focus on the problem then ask for help if your resources are not enough. A simple glucose test may give an early diagnosis, could save lives and prevent complications.

Abstract topic

11. Wider primary care team

Abstract ID: 972

Internal code

P11-042

Presentation form

ePoster only

Treat or not to treat - the reaction to the bcg vaccine

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Bacillus Calmette-Guérin vaccine complications occur in <1:1000 vaccinees. The most common complications are locoregional reactions. The diagnosis of this is clinical and consists of the presence of an exuberant scar, abscess at the injection site, or associated lymphadenitis.

7-month-old female infant, negative maternal serology for human immunodeficiency virus. Shee presented good height-weight progression and adequate neurodevelopment. Updated national vaccination program, eligible for BCG vaccine, administered at 3 weeks of age. In the days that followed the administration of the vaccine, a local skin reaction appeared, with progressive growth. At 7 months, she presented trauma to the lesion with hemorrhage, so she went to the Emergency Department. Physical examination showed good general condition, circular skin lesion in the deltoid region of the left upper limb with dimensions of 15x10mm, mobile, without exudate or fluctuation zone. Left upper limb with sustained mobilization and no apparent pain, without adenopathies or other changes on physical examination. It was recommended to apply a compress with hot water and tincture of iodine daily. After 1 month, it was observed in consultation, presented good evolution, maintaining only a small crust and an erythematous area of about 3 mm.

This case is intended to remind that most adverse vaccine reactions are self-limiting, so in the absence of disseminated disease, an expectant attitude and explanation to parents of the benign nature of the situation is recommended, without the need for additional investigation or pharmacological treatment.

Abstract topic

11. Wider primary care team

Abstract ID: 1005

Internal code

P11-043

Presentation form

ePoster only

Acute shoulder pain.

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Background and aims

To evaluate the clinic of a patient with acute shoulder pain.

Method:

Evaluate the therapeutic action procedure.

A 78-year-old man with a history of diabetes and polyarthrosis, seeks urgent attention due to great pain, functional impotence and inability to mobilize the right shoulder. The frame began after falling from its height on it with the arm in external rotation. Physical examination: Pain on palpation and loss of relief in the right shoulder. Radial pulse present. Normal neurological examination. Shoulder X-ray: Anterior dislocation.

Diagnosis: Right anterior glenohumeral dislocation.

Treatment: A Kocher maneuver is performed with reduction of the dislocation.

Result:

A new radiograph shows joint congruence, not appreciating other acute bone lesions. After reduction, the patient was examined, not detecting swelling, hematoma or deformity. There are no alterations in the territory of the circumflex nerve or in the distal neurovascular. No tenderness in bony prominences. Passive abduction, rotations and strength preserved. A sling is placed, recommending functional rest and local cold for 5-10 min every 4 hours for 6 weeks.

Conclusions.

Glenohumeral dislocation is the most common of the dislocations (50%). More than 90% are anterior, where the humeral head is inward and downward. It presents with intense pain in the shoulder region with functional impotence of the same. A correct physical examination and different complementary tests are necessary to rule out fractures or associated neurovascular injuries. The doctor must make a correct diagnosis with an early reduction and a good follow-up, avoiding further complications.

Abstract topic

11. Wider primary care team

Abstract ID: 1006

Internal code

P11-044

Presentation form

ePoster only

Post-traumatic headache

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Background and objectives

Assess pain after head injury

Method: clinical case review

An 81-year-old patient who a week ago developed a headache after a head injury following an accidental fall from her height. The pain does not improve with taking paracetamol. There has been no loss of consciousness or vomiting or any type of alarm symptom.

Examination: Vital signs are: Blood Pressure 153/83, Heart Rate 106, SatO2 97%, Temperature 36.2°C. The patient is conscious, oriented and cooperative, normohydrated and normal color, in good general condition. Cardiopulmonary auscultation is normal. Neurological examination is normal. There are no findings of acute neurological focus. Head CT: presents two subdural hematomas of traumatic origin.

Result::

The treatment of subdural hematomas can be surgical, but in this case a conservative treatment was chosen given the small size of the lesions: analgesia with paracetamol if necessary, home neurological surveillance and radiological control by means of CT in about 20 days.

Conclusion:

Final comment The incidence of falls increases progressively with age, reaching 50% in people over 80 years of age. Also, half of the people who fall have more than one fall.

Between 5 and 20% of people who fall have serious injuries, including fractures, head injuries or significant soft tissue injuries, but in addition, falls can cause long stays on the ground, with serious consequences for those injured. Falls are a major determinant of restricted mobility, functional impairment, institutionalization, and often lead to fear of falling syndrome, which contributes to restricted activity.

Abstract topic

11. Wider primary care team

Abstract ID: 1007**Internal code**

P11-045

Presentation form

ePoster only

About Dupuytren's disease

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Background and aims: Evolutionary clinical follow-up.

Method: Clinical case review

A 68-year-old patient, a mason by profession, hypertensive, smoker and diabetic, with no family history of interest. He attended the Primary Care consultation for pain and stiffness in flexion of the proximal and medial interphalangeal joint of the fourth finger of the left hand for 8 months, contracture of the palmar aponeurosis and nodules, he has taken paracetamol 1000 mg/8 without relief of pain

Physical examination- Left hand: rigidity in 90 degree flexion of the metacarpal phalangeal joint of the fourth finger, adherence of the palmar fascia and depressions along the flexor path of the fourth finger, without collateral circulation and inability to flex the finger.

X-ray of the left hand: proximal and medial metacarpophalangeal subluxation of the fourth finger is observed, the other fingers were normal.

He was referred to traumatology for evaluation, performing a partial or selective fasciectomy, from which a functional finger was obtained, with complete flexion and extension. Post-surgical follow-up of the wound in primary care was indicated. Subsequently, physiotherapy that lasted 4 weeks.

Conclusion:

The causes of Dupuytren's disease are not entirely clear, however, it is known that there are certain risk factors that can favor the appearance of Dupuytren's disease. First, age is more common in patients over fifty years of age.

In addition, family history, diabetes, tobacco and alcohol consumption.

Therefore, it is important, as far as possible, to avoid these factors, especially if you have a family history of the disease.

Abstract topic

11. Wider primary care team

Abstract ID: 1107**Internal code**

P11-047

Presentation form

ePoster only

Just bronchitis?

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Clinical history: A 42- year-old woman with no relevant medical history, attended the emergency department due to a cough with expectoration, odynophagia, general malaise, and fever of 38°C. On physical examination, pulse oximeter reading was 96% and wheezing was present in both lungs. Amoxicillin 500mg/8h and formoterol/ beclomethasone 2 inhalations/8h were initiated.

I visited the patient 4 days later. The fever had remitted, but the cough with expectoration persisted along with dyspnoea. On physical examination oxygen levels were 97%, there was the persistence of wheezing, and mobile, non-painful lymph nodes were palpated in the left cervical region, left inguinal region, and bilateral axillary region. Treatment was changed to salbutamol 100 mcg 2 inhalations/6h and ipratropium bromide 250 mcg 2 inhalations/6 h. The patient was followed up 7 days later with no improvement and a persistent fever of 37-37.2 °C.

Diagnosis:

The initial suspicion was persistent bronchitis refractory to treatment, so an urgent chest x-ray was done.

Outcome:

The X-ray showed an alteration of the left mediastinal border with periaortic involvement causing a double mediastinal border and deviation of the upper portion of the trachea to the right.

With these results, the patient was referred to the secondary care rapid diagnosis department. Computerized tomography confirmed an extensive cervical-thoracic lymph node involvement suggestive of a lymphoproliferative syndrome. The biopsy revealed a classical Hodgkin's lymphoma IIB.

Conclusions:

Prior patient history and physical examination, and more importantly patient follow-up, is vital to decide the need for complementary exams.

Abstract topic

11. Wider primary care team

Abstract ID: 1171**Internal code**

P11-049

Presentation form

ePoster only

Obstructive sleep apnea syndrome: assessment in primary health care

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Background

The obstructive sleep apnea syndrome is characterized by repeated episodes of upper airway obstruction during sleep, which may be partial (hypopnea) or total (apnea). The objective of this case report was to guide family physicians to a correct follow-up of patients with obstructive sleep apnea syndrome.

Questions

What is obstructive sleep apnea syndrome?

What are the risk factors to the development of this disease?

What are the treatment options?

What follow-up and guidance for patients with obstructive sleep apnea syndrome?

When to refer to the pulmonology consultation?

Methods

The methodology used was case study and the most recent guidelines have been reviewed.

Outcomes

This case report allows us to provide an action protocol on the management of patients with obstructive sleep apnea syndrome in primary health care.

Discussion

This case report is meant to provide a valid guide on obstructive sleep apnea syndrome diagnosis, assessment, therapeutic options and follow-up. However, some of these patients may need evaluation on secondary health care.

Take Home Message for Practice

The follow-up of patients with obstructive sleep apnea syndrome under ventilation, who are clinically stabilized, should be carried out by primary health care. At least one annual face-to-face consultation should take place. Consultations must be supported by a ventilation report issued by the company providing the home respiratory care, with a record of therapeutic adherence and efficacy. However some patients should be referred to the hospital consultation.

Abstract topic

11. Wider primary care team

Abstract ID: 1206

Internal code

P11-050

Presentation form

ePoster only

Contributions to the identification of future complications of type 2 Diabetes mellitus: a multicentric case-control study

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Introduction: Diabetes mellitus is a health public problem. This study aimed at finding anthropometric and laboratory characteristics measured in the primary health care, which may predict the development of macro and microvascular complications of type 2 diabetes mellitus.

Methods: Multicenter case-control, consulting files of these patients, diagnosed more than 10 years ago, in several Health Units. The variables were anthropometric, laboratory and complications records. Statistical analysis was performed using the Wilcoxon test to compare the two moments of assessment (2016 and 2021), the binomial test to assess the proportion of values that changed and compare changes in both directions and logistic regression to identify predictors of each complication.

Results: Possible predictors of complications at 5 years were identified: HbA1c for both cardiovascular disease (CVD) (odds ratio (OR)=2,134, p=0,051) and renal failure (RF) (OR=2,854, p=0,021) and need for insulin therapy (OR=6,988, p=0,006), taking ACE inhibitors (ACEI) for RF (OR=5.755, p=0.038), glomerular filtration rate (GFR) for diabetic retinopathy (DR) (OR=1,094, p=0,057) and total cholesterol for the need to start insulin therapy (OR=0,936, p=0,040).

Discussion: This investigation found possible associations between HbA1c and the development of CVD, RF and the need to initiate insulin therapy. Taking ACEI also proved to be a predictor for the development of RF, which contradicts the expected nephroprotective effect.

Conclusion: HbA1c, GFR, total cholesterol and ACEI use are possible predictors of the complications under study. The monitoring of these variables in primary health care consultations is imperative and their control can prevent the onset of T2DM-related complications.

Abstract topic

11. Wider primary care team

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ePoster only

The perioperative management of nonvalvular atrial fibrillation patients on long-term oral anticoagulation therapy: A dilemma for GPs

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Background

The aim of this systematic review was to assess the perioperative management of nonvalvular atrial fibrillation (AF) patients on long-term oral anticoagulation therapy in a Primary Care setting.

Methods

A comprehensive search strategy was performed on varying databases including Pubmed, EMBASE, NIH clinical trials and Cochrane database of systematic reviews for clinical trials, cohort studies, randomised control trials, meta-analysis, systematic reviews relating to 'perioperative management', 'Nonvalvular Atrial fibrillation', 'bridging', 'Primary Care', 'General Practitioner' and 'anticoagulation'. The identified studies from the literature search were then further evaluated using our strict inclusion and exclusion criteria. The Critical Appraisal Skills Programme (CASP) tools ('CASP Qualitative assessment.' (2017), Available at: <https://casp-uk.net/casp-tools-checklists/>) and Cochrane database of systematic reviews was used for critical appraisal and assess for possible bias of the selected papers.

Results

Studies analysed, in this systematic review, suggest that further research is warranted to investigate perioperative management of nonvalvular AF patients on long-term anticoagulation therapy in a Primary Care setting. From the results gathered, it could be argued that GPs should consider an individualised approach to the administration of treatment for these patients' optimal perioperative care.

Interpretation and recommendation

Larger studies, with standardised protocols, may help to further evaluate the clinical significance of patient and procedure specific perioperative management of nonvalvular AF patients on long-term oral anticoagulation therapy in a Primary Care setting.

Key words

Perioperative management, nonvalvular atrial fibrillation, atrial fibrillation (AF), General Practitioners (GP), Primary Care, bridging, anticoagulation, anticoagulants.

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Gastric bezoar as a rare cause of dyspepsia in an old woman

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Background:

Intragastric bezoar is an infrequent pathology that consists in an intraluminal conglomerate of indigestible foreign materials (phytobezoars, trichobezoars , pharmacobezoars , lactobezoars , ...)

Risk factors often associated are taking high-fibers diets, previous gastrointestinal surgery o gastroparesis.

Although sometimes asymptomatic, may cause abdominal pain, vomit, dysphagia

or even life-threatening entities (GI bleeding, obstruction or perforation) according to the location and size.

Methods:

We report a case of a 62-year-old woman who presented 15-day history of intermittent acute episodes of upper abdominal pain, sickness and vomits.

Pathologic antecedents: duodenal ulcer with vagotomy and pyloroplasty intervention 35 years ago.

Abdominal x-ray showed a big gastric dilatation. The CT abdomen highlighted stomach contents. After that gastroscopy revealed a huge solid bezoar in gastric fundus, with pyloroplasty.

Outcomes:

Erythromycine IV, metoclopramide helped gastric emptying, but three gastroscopies were required to remove all fragments under orotracheal intubation. Patient started oral intake with Coke. After bezoar was completely removed, she started a diet without fiber. After two months there were no abdominal complains.

Discussion:

The diagnosis approach includes radiologic or endoscopic methods.

The treatment depends on their volume, composition, location and associated pathology.

Large bezoars (>2cm) don't respond to the pharmacologic therapy (dissolution with Coke, prokinetics, enzymes) and endoscopic mechanical disintegration are required.

Take Home Message for Practice:

Clinicians have to take gastric bezoars into account as a cause of abdominal discomfort in patients with predisposing factors such as GI surgery.

A simply abdomen radiology can be useful in the diagnosis process.