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Abstract 1 An assessment of knowledge about HPV and the HPV vaccine prior to the launch of the School HPV Vaccination Programme

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The government recently introduced a nationwide scheme to vaccinate young girls against HPV types 16 and 18. However, although it is a topical subject, the lay population has had very little education on the matter. The HPV infection is usually asymptomatic or presents as genital warts but it can cause cervical cancer. Human Papillomavirus is a sexually transmitted infection and cervical cancer has the 2\textsuperscript{nd} highest incidence rate of female cancers worldwide.

The aim of this project was to assess the awareness of HPV and the HPV vaccine in 12/13 year old girls and 16/17 year old girls. It looked at how effective the leaflet is at educating girls and saw if the leaflet alone is sufficient.

I conducted 3 separate focus groups made up of randomly selected girls in year 8 and year 12. A short questionnaire was completed by each girl to formulate thoughts on the themes and issues surrounding the HPV vaccine. Questions were answered before and after reading the leaflet aimed at 12/13 year old girls.

It was found that all girls would be happy to receive the vaccination although they felt that the information on the leaflet was not enough alone. A more interactive model, like a question and answer session, was suggested in addition to the leaflet.

These findings are particularly important as a way of introducing the new, most likely unfamiliar, vaccine to young girls. It shows the best and most effective way of speaking to young girls and encourages patient autonomy and understanding.
Abstract 2 Does a measles outbreak affect attitudes to the MMR vaccination? A qualitative study

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Nicci Iacovou, Project Supervisor, Barts and The London
Chris Griffiths, Project Advisor, Barts and The London
Moira Kelly, Project Advisor, Barts and The London

Background
Following an article by Wakefield et al in 1998 suggesting a possible link between the MMR vaccine and autism there was a decrease in the uptake of the vaccine. This is especially evident in East London, where only 72% of children in the Hackney area are vaccinated for MMR, leading to a measles outbreak with 294 cases notified over 6 months in 2007.

Aims and Objectives
To explore factors affecting parents’ decision to vaccinate their children with the MMR vaccine, and to assess how these attitudes have been affected by a measles outbreak.

Methods
This was a qualitative study using semi-structured interviews and framework analysis. We recruited participants from baby clinic at a Hackney GP surgery and from a local Travellers site. We interviewed participants, the interviews were then transcribed and analysed using the framework analysis method.

Results
Several important factors affecting vaccination decisions emerged from the 13 interviews. The measles outbreak was a deciding factor for a number of previously undecided parents. Other important factors included personal experience of measles and a risk assessment of measles versus the MMR vaccine. Social responsibility contributed to parents’ own decisions and to their views on others’ behaviour. Parents reported a difficulty in accessing trustworthy information.

Comments
The results demonstrate the measles outbreak has affected parents in the local population, who now see it as a real risk to their children. The results also demonstrate potential public health implications for strategies to improve MMR uptake.
Abstract 3 What are the beliefs of adult patients on the prevention of adult obesity in primary care? A qualitative interview-based study

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Dr Richard Meakin, MD MSc FHEA, Clinical Senior Lecturer in General Practice, University College Medical School, London

Background
Obesity is an increasing problem for health care. Associated co-morbidities are increasing with damaging effects on health and medical expenditure. The literature suggests the existence of weak interventions and identifies multiple barriers to obesity prevention.

Aims & Objectives
This study aimed to explore patients' beliefs on adult obesity prevention in order to better understand this problem and suggest prevention methods that are tailored to these beliefs.

Methods
The study was a qualitative interview study using audio-taped semi-structured interviews. The interviews took place in an urban practice in North London where patients were recruited using posters and handouts. The subjects consisted of 14 adults, 7 male and 7 female with a wide range of characteristics (age, occupation, ethnicity and Body Mass Index). The collected data was analysed using the framework analysis technique.

Results
Seven key themes emerged from the analysis which were: Time, Information, Awareness, Individuality, Getting Help, Understanding My Problem and Modern Living. Generally patients recognised a lack of public awareness and education as well as patient and doctor barriers affecting adherence to lifestyle change. Furthermore a dual-approach to personalised care through patient-centredness and doctor-direction leading to empowerment was preferred by patients.

Comments
Few UK qualitative studies on patient beliefs regarding obesity prevention exist. This study uncovered beliefs, which may have a potential impact on medical education, clinical practice and health policy. Suggested interventions include, community activity programmes and group education settings held by GPs and other health professionals. The GP was seen as having the pivotal role as the main coordinator. These would address patient motivation and empowerment but the training of students and professionals would need to be addressed. Further research is indicated to further explore patients’ beliefs and to explore the views of GPs and other members of the primary care team involved in obesity prevention.
Abstract 4 What are the illness beliefs of patients with a Transient Ischaemic Attack (TIA)? Do these beliefs determine secondary prevention activities? An exploratory qualitative study

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Background
A TIA is a strong predictor of future stroke. Stroke is the most common cause of mortality in the United Kingdom. Management of risk factors by lifestyle modifications and medication can reduce the risk of future strokes. However, this is often difficult to achieve amongst TIA patients, for a variety of reasons. There is very little published research around the illness beliefs of TIA patients. Current evidence suggests that beliefs around causal attributions, severity, and perceived risk of stroke may influence secondary prevention activities undertaken by TIA patients 1,2.

Aims
To explore TIA patient’s illness beliefs around TIA and stroke and whether these beliefs have influenced their attitudes towards stroke prevention.

Methods
A qualitative study comprising face-to-face, semi-structured interviews conducted in the participant’s home. Sampling was purposive and drawn from a single North London General Practice. A thematic framework analysis method was employed.

Results
Eleven participants agreed to take part in the study (aged 46-86 years, 3 female, 8 male). The time since diagnosis ranged from 2 years to 25 years. There was a common belief that TIAs are “short-lived events” associated with full recovery, whilst strokes are believed to always lead to permanent “disability”. Only those who believed their TIA to be “serious” undertook activities to prevent a further recurrence. The most common prevention activities were medication adherence and diet modification.

Comments
Although not generalisable at a population level, some of the beliefs uncovered, such as those around TIA as recovery and Stroke as disability, may have significant implications for clinical practice. These findings merit further study in larger studies.


Abstract 5 The use of Significant Event Analysis (SEA) by undergraduate medical students to enhance their learning in primary care

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Background
All students present a (SEA) as part of their GP rotation in the 5th year. This reflects the issues which students have found either thought provoking, emotional or in other ways challenging and enables them to reflect upon it as students and prospective doctors.

Aims and Objectives
To discuss the use of SEAs as a tool for enhancing students’ learning. To report on the range of themes which students present as SEAs.

Methods
All SEAs submitted between February and April 2008 were reviewed by JA and MH. Each SEA has been categorised into topic specific themes. Specific quotations from selected SEAs will be presented to demonstrate the extent of student reactions and reflections within these themes.

Results
A wide range of themes were identified by students in areas including medical ethics, multidisciplinary working, biopsychosocial aspects of illness, medicalisation and the doctor patient relationship. We will present the range of themes identified and give examples and quotations to illustrate this diversity and the impact on the learners.

Comments
SEAs provide an educational tool to promote reflective practice for medical students, and are an effective way to encourage a profound learning experience from their primary care attachment.
Does early patient contact develop self-awareness in graduate entry medical students?

Dr Neil Douglas, Honorary Clinical Lecturer, Barts and The London Medical College and student on MSc in Primary Care course, King’s College London

Dr Anne Stephenson, Research and Dissertation Supervisor, Senior Lecturer in General Practice and Director of Community Education, King’s College London

Background
Current literature suggests that self-awareness is an important attribute for a doctor working in a patient-centred health service to possess. However, no optimal method for teaching self-awareness has been identified. Early patient contact which introduces students to patients and their experience of health and ill health at the beginning of their student career is one strategy that could enable the development of self-awareness. This research explores this from a graduate student perspective.

Graduate student programmes are expanding in many medical schools and the views of experienced adult learners are of particular value.

Aims
To determine what factors may enable or hinder the development of self-awareness in medical students.

Method
A focus group of graduate entry students in the second year of their course was recruited. The group was facilitated by the researcher using a topic guide based on self-awareness. The session was audio and video taped and then transcribed and analysed using a framework approach. Interpretations were made combining coding analysis with observational field notes made by the researcher.

Results
Emergent themes arising from the analysis included self-consciousness, age/maturity and the importance of the peer group. Initial self-consciousness may form a block to the development of self-awareness in early patient contact. Comparisons were made between the graduate students and their younger peers that focused on differences in age and maturity. However, the peer group was also seen as an important source of formal and informal feedback. A mechanism for the development of early patient contact through peer interaction and reflection is suggested.

Comments
Further research is needed to confirm whether the proposed development mechanism could be used pragmatically to teach self-awareness in a reflective group setting within the curriculum. Medical educators should take account of the suggestions that self-consciousness may act as an initial block to the development of self-awareness and encourage the positive aspects of peer interaction.
Abstract 7 The results of a pilot assessment of professional behaviour in first year medical students

Dr Judith Ibison, Dr Kathy Boursicot, Professor Patricia Hughes, Professor Sean Hilton, St George's University of London

Background
Poor professional behaviour in medical students is associated with an increased risk of poor professional behaviour after qualification. In order to offer remediation to students who exhibit poor professional behaviour, a longitudinal assessment of professional behaviour has been devised, which has three key features: behaviour is assessed at multiple time points, in different domains, by different assessors. Data from different placements are accumulated as the student progresses through the Course.

Aim
The aim of this study is to report the prevalence of poor professional behaviour in first year medical students.

Methods
All first year medical students at SGUL were assessed on a number of professional behaviour domains including attendance, timely completion of written work, assessment of professional behaviour in clinical placements and performance in CBL. The results were collated by Registry. The prevalence of unprofessional behaviour is reported for the group, by individual professional domains. The range of reported behaviour between students is reported.

Results
Sporadic reports of unprofessional behaviour were reported for two students. Poor levels of acceptable (>80%) attendance for CBL, clinical skills and communication skills attendance were recorded (55%, 60% and 79% respectively). 9% of students missed mandatory personal tutor meetings. CBL tutors also assessed 16% of students as 'minimally prepared for CBL', and reported 22% who contributed to the CBL process 'variably'. As a result of the assessment, 16% (31) of students were seen by Faculty and letters of concern about attendance were sent to a further 40% (79).

Conclusions
High standards of professional behaviour were set for the LPA. The pilot study revealed poor attendance by students for key teaching. The prevalence of poor professional behaviour on clinical placements was low.
Abstract 8 From ‘Fluffy Stuff’ to ‘Hardcore’. FY2s take on the teaching of Personal and Professional Development (PPD) to year 1 and 2 medical students

Dr Elizabeth H. Muir, Dr Neil Finer (FY2), Ifeomar Ilkweke, Department of Primary Care and General Practice, Imperial College, London

Background
Over the past decade the GMC, medical schools and Royal Colleges have been considering how to teach and assess medical professionalism. Recent developments such as the European Working Time Directive, Modernising Medical Careers and the Medical Training Application Service have markedly affected the working lives of new graduates.

Aims and Objectives
We expanded our teaching faculty to deliver small group sessions and to make the content of the course more relevant by utilising FY2 doctors.

This presentation will describe how the FY2s were recruited to teach students on both our six-year undergraduate course and new Graduate Entry Programme; their motivations for teaching, contribution to course content, the training given to address their specific skills needs, student feedback and FY2s’ reflections on the experience.

Results
Thirteen FY2s in academic and non-academic training posts volunteered for the project in response to an e-mail invitation. Motivating factors included altruism (wanting to share personal experiences with students to prepare them for the realities of clinical practice), CV building and the opportunity to develop teaching skills. FY2s then delivered sessions on PPD to groups of 10-20 students. Student wrote comments such as:

"Diverse range of teaching methods in a stimulating environment"

"Brought up important points to do with our role from Day 1 as a medical student"

FY2 reflections included: "... a truly invaluable opportunity to extend my teaching skills, reflect on my professional development to date, and get involved with the formation of tomorrow's doctors. It has been enormous fun, too!"

The reported benefits and potential pitfalls of this project to students, FY2s and the medical school will be presented.

Comment
Attendees are invited to share their own suggestions and experiences of developing teaching faculty, especially in relation to the role of FY2 doctors.
Abstract 9 Variations in anxiolytic and hypnotic prescribing by general practitioners: a cross-sectional analysis using data from the UK quality and outcomes framework

Mark Ashworth, Zoi Tsimtsiou, Roger Jones, Department of General Practice and Primary Care, Kings College London

Background
Wide variations in anxiolytic and hypnotic prescribing by general practitioners (GPs) in England have been described, but are largely unexplained.

Aims and Objectives
To examine the relationships between the volume of anxiolytics and hypnotics prescribed by GPs and their practice characteristics, population demography and performance indicators.

Methods
A dataset was constructed for 8469 (98.8%) general practices including: standardised prescribing volume data for anxiolytics and hypnotics (ADQs per 1000 STAR-PUs), practice descriptors, Index of Multiple Deprivation 2004, ethnicity data (2001 UK Census) and Quality and Outcomes Framework (QOF) data.

Results
A regression model was constructed, which explained 20.5% of the variation. Higher prescribing practices were located in more deprived areas (standardised Beta 0.31), but also in areas with a lower proportion of ethnic minorities (black or black British -0.22; Asian or Asian British -0.12). Higher volumes were also prescribed by practices with lower QOF scores ('Disease Management' domain -0.12; 'Organisational' domain -0.08). Other significant, but weaker predictors were: lower proportions of female GPs, higher recorded prevalence of serious mental illness and non-training status. The proportion of GPs trained outside UK was not a predictor.

Comments
Demographic factors were more powerful determinants of prescribing than characteristics of the practice itself. Nevertheless, our findings do provide some support for the notion that high prescribing practices were less well developed in that their QOF scores were lower and they were less likely to be training practices.
**Abstract 10** Practice characteristics and antibiotic prescribing volumes in primary care: A cross-sectional analysis

Kay Wang, Paul Seed, Stevo Durbaba, Peter Schofield, Mark Ashworth, Department of General Practice and Primary Care, Kings’ College London School of Medicine

**Background**
Inappropriate antibiotic prescribing is associated with concerns about prescribing costs and antibiotic resistance. Various antibiotic prescribing guidelines have been developed, but substantial, unexplained variations in antibiotic prescribing volumes between practices still remain.

**Aims and Objectives**
To explore the relationships between practice descriptors, patient demographics, Quality and Outcomes Framework (QOF) indicators and antibiotic prescribing volumes in order to assess whether these factors explain variations in antibiotic prescribing between practices.

**Methods**
A dataset was constructed for 8515 general practices in England including standardised prescribing volume data for antibiotics (items per 1000 antibiotic STAR-PUs i.e. Specific Therapeutic group Age-sex Related Prescribing Units), practice descriptors, Index of Multiple Deprivation 2004, ethnicity data (2001 UK Census) and QOF data (2004-2005). Associations were examined using linear regression modelling.

**Results**
There was a 2.5-fold variation in antibiotic prescribing volumes between the 5th and 95th percentiles. A linear regression model was constructed, which accounted for 20.7% of the variance in antibiotic prescribing.

Antibiotic prescribing was higher in practices located in areas of greater social deprivation (standardised coefficient, $\beta$, 0.16). Practices whose lists featured a higher proportion of patients over the age of 65 ($\beta$, 0.09) and a greater prevalence of diabetic patients ($\beta$, 0.14) also prescribed more antibiotics.

Fewer antibiotics were prescribed by training practices ($\beta$, -0.09), practices with a higher proportion of GPs under the age of 45 ($\beta$, -0.07) and practices in areas with higher proportions of ethnic minorities (black and black British $\beta$, -0.12, Chinese and other ethnic groups $\beta$, -0.13). Antibiotic prescribing was also lower in practices with higher total QOF scores ($\beta$, -0.14), even after adjustment for practice descriptors and patient demographics.

**Comments**
Explanations for higher antibiotic prescribing in certain areas, particularly those with greater social deprivation and lower proportions of ethnic minorities, need to be established. This might involve exploring GP- and/or consultation-related factors using a qualitative approach.
Abstract 11 Antibiotic prescribing, antibiotic resistance and multidrug resistance in urinary coliforms: A data linkage study in primary care


Background
Multidrug resistance in coliform organisms is increasing with implications for treatment of UTI and bacteraemia.

Aims and Objectives
To examine the effect of previous antibiotic prescribing, age and gender on antibiotic resistance and multidrug resistance in urinary coliforms isolated from primary care specimens.

Method
Cross sectional data-linkage study using anonymised, individually linked local laboratory data and GP prescribing data, from 960 patients at 2 primary care centres in North London with urinary cultures positive for coliform bacteria. Logistic regression was used to examine the relationship between age, gender, previous antibiotic prescribing and resistance to a range of antibiotics and multidrug resistance (defined as resistance to at least 3 antibiotics). Adjusted odds ratios are presented.

Results
61% (588/960) of patients had urinary coliform isolates that were resistant to at least one antibiotic and 7% (64/960) showed multidrug resistance. Resistance levels were higher in men, including multidrug resistance (OR2.75 95% CI 1.60-7.81). Prescriptions of Trimethoprim, Nitrofurantoin and Ciprofloxacin in the previous 2 months was associated with the corresponding resistance. For Trimethoprim (OR 1.61 95%CI 1.23-2.11), Nitrofurantoin (OR2.66 95% CI 1.14-6.21) Ciprofloxacin (OR 4.20, 95%CI 1.27-13.81) Cephalosporin and Ciprofloxacin prescribing were strongly associated with multi drug resistance. (For Ciprofloxacin (OR 3.91 95%CI 1.5-10.2), for Cephalexin OR 2.10 95%CI 1.10-3.99) This association was increased if these antibiotics had been used in the previous 2 months. In 43% (28/64) of cases of multidrug resistance there was no evidence of prior GP antibiotic prescribing.

Comment
GP prescribing clearly contributed to the high levels of resistance and multidrug resistance. However many such patients had no record of prior antibiotic prescriptions suggesting that resistance spreads easily. Increasing use of Cefalexin and Ciprofloxacin in UTI treatment is likely to increase the prevalence of multidrug resistant coliform strains.
Abstract 12 Generation and dissemination of practice level health equity audits

Ellena Badrick, Sally Hull, Kambiz Boomla, Sharmin Shajahan, Stephen Bremner, John Robson, Barts and The London

Background
There is inequity of provision of healthcare for chronic diseases by age, sex and ethnic group. This is often based upon data aggregated at PCT level. The Health Equity project aims to reduce health inequalities in east London by working with GP practices. To begin this process we want to provide a report to enable practices to see their performance compared to their peers to provide a platform for improvement.

Aims and Objectives
The aim is to present meaningful data on three chronic diseases by age sex and ethnic group using a range of patient indicators. The objective is to produce a non-technical report, and build in facilitation for the practices to discuss improvement.

Methods
Routinely collected data from the 2007-2008 SQUID Audit were available for Coronary Heart Disease, Diabetes and Chronic Obstructive Pulmonary Disease registers in Tower Hamlets (TH). Appropriate indicators in these registers were presented by age sex and ethnic groups in funnel plots. The plots are then summarised in bar charts for ease of viewing.

Results
Concise reports for all general practices in TH were completed and facilitated meetings with the practices have been organised. The reports provided a unique insight into practice performance, and we hope they will be received positively.

Comments
The audits were complex to develop and therefore explanation on paper and facilitation of the reports were time consuming. Our detailed data only covers TH practices, the mean for many values of which is below the national average, in future we should build in comparisons with national data.
Abstract 13 "...Never heard of it" - Understanding people’s lack of awareness of the Summary Care Record and HealthSpace despite a public information programme

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Background
A pilot of the Summary Care Record (a centrally held electronic summary of medical details) was associated with very low public awareness. Most people did not know that their medical details were about to be uploaded to a central 'Spine', accessible by any NHS clinician anywhere in the country. This was despite an intensive Public Information Programme (PIP) including letters to patients, posters, leaflets, 'road shows', talks to community groups, and radio.

Aim
To understand why the PIP largely failed to reach its audience.

Methods
Qualitative analysis of 107 patient interviews and 8 focus groups, as well as letters, posters, and other PIP materials. Theoretical insights from communication studies were applied.

Results
Many patients mistook the letter for junk mail and discarded it unread. This letter scored poorly on features likely to enhance communication. The language used was impersonal; information essential to understanding was omitted (e.g. it was not stated anywhere that the SCR was electronic); and there was ambiguity about the sender, receiver and message. The message was one-sided, giving many alleged benefits of the SCR (e.g. that care would be "better" and "safer") but failing to acknowledge any potential disbenefits (e.g. risk of data loss or intrusion). It contained a number of mixed messages (e.g. that patients should expect to be "empowered" but also that they should "do nothing"). All this made the letter hard to understand and appear dull and insincere. Other components of the PIP (e.g. posters, roadshows, radio) were characterised by poor visibility.

Comment
Informing the public of a change in NHS services is not easy. Such campaigns may be more successful if established principles of effective mass communication are applied. It is both ethically and legally questionable to assume "implied consent" for sharing personal medical records on the basis of a mailmerge letter.
Abstract 14 Reforming London’s healthcare: The evidence. Patterns of health information seeking, and internet use, among families with young children living in one inner London area and their descriptions of ‘a good GP’

Mary Malone, Professor Alison While, Dr Julia Roberts, Florence Nightingale School of Nursing and Midwifery, King’s College London

Background
Child health promotion and equitable access to health information are recognised as key components of public health policy. New information technologies, including the Internet, have been identified for their potential to enhance equitable access to health information.

Aims
The study aimed to describe patterns of health information seeking and Internet use among families with small children in one inner London area. In addition to this the study aimed to investigate whether or not patterns of health information seeking varied according to ‘place’ or local areas within the study site.

Method
A multi-method approach was used. Structured survey questionnaires (n=229) were used to identify the different sources of health information used by parents; parent-led discussions, service-provider led discussions, semi-structured interviews with parents and service-providers and focus groups of parents and service-providers were used to identify why parents chose different sources of health information and to describe local area characteristics.

Results
General practitioners (GPs) were the most popular source of health information for parents followed by family and friends and the health visitor. Parents described the characteristics of ‘a good GP’ as available with the ability to provide a service reflecting local values and social mores. The Internet was the fourth most popular source of health information within the study site. Patterns of health information seeking appeared to be associated with different psychosocial characteristics of local areas within the study site.

Discussion
Perceptions of access to general practice may contribute local area psychosocial characteristics by engendering feelings of self-efficacy and control amongst parents in some local areas but not in others. The findings indicate the importance of general practice both as a provider of health information, as a contributor to local social and psychosocial functioning and, thereby, as a contributor to patterns of parental health information seeking.
Abstract 15 Evaluating patient-developed quality indicators for youth mental health in primary care

Tanya Graham, Andre Tylee, Diana Rose, Joanna Murray, Institute of Psychiatry
Helen Lester, University of Manchester

Background
Young people with mental health problems are difficult to engage in primary care. In a previous study, young service users developed a series of quality indicators to inform best practice for youth mental health in primary care.

Aims
To evaluate quality indicators developed by young service users for primary care mental health.

Methods
Pairs of young service users presented sixteen quality indicators to four focus groups of multidisciplinary primary care practitioners. Each focus group was also co-facilitated by young service users. Three semi-structured interviews were conducted with GPs. The first stage of the thematic analysis has been completed. The final thematic network will be presented at the conference and will be developed through multiple coding meetings with young service users, practitioners and researchers.

Results
Factors outside the control of practitioners hindered their ability to implement the quality indicators including PCT funding, Quality and Outcomes Framework, competing priorities, practice-based commissioning, a focus on severe mental illness, lack of time, and interface issues. Being explicit about confidentiality was considered as implicit to general practice. Attending training in youth mental health training is determined in part by personal interests.

Comments
Collaborative research between practitioners and patients can yield results that better reflect the needs of both groups. Patient-developed quality indicators can be used as a toolkit to guide practices that are interested in improving their service for young people with mental health problems. To be translated into quality indicators by which practitioners can be assessed, the quality indicators require better definition and greater practitioner control over access to services. Practices will be unable to implement the quality indicators without the support of PCTs.
Abstract 16 A participatory approach to seeking youth perspectives on the role of primary care for mental health problems

Tanya Graham, Andre Tylee, Diana Rose, Joanna Murray, Institute of Psychiatry
Helen Lester, University of Manchester

Background
Young people with mental health problems are difficult to engage in primary care.

Aims
To understand youth perspectives on the role of primary care for mental health problems.

Methods
Focus groups were conducted with the following groups of 16-25 year olds both with and without mental health problems: Asian females, Black males, sixth form males and females, students, employed young people, and hostel dwellers. Young service users co-facilitated the focus groups. Thematic analysis was conducted using respondent validation and multidisciplinary coding meetings with young service users and researchers.

Results
Young people identified primary care mental health as inappropriate, a risk and functional. GPs were considered to be for help with physical health problems, lacking in time and skills for dealing with mental health problems. Young people were concerned about the side effects of medication and confidentiality. GP referrals were considered practical and medication as helpful.

Comments
Involving young service users yielded results that both support and add to the existing literature. Our sample included a wide range of young people indicative of urban areas including ethnic minorities and homeless groups. The findings may help to explain why young adults with mental health problems often do not consult primary care. Improved practice response to this vulnerable group could include being explicit about confidentiality, providing more time in consultation and better information about medication. The findings also confirm that GPs play a vital role for young people who do seek help. As GPs have to manage competing priorities on their time it may be left up to local champions to support training initiatives.
Abstract 17 A systematic review of cognitive behaviour therapy interventions to promote the physical and psychological well-being of women who have experienced intimate partner violence

Jessica Gibbs, Tracy Barry, Jean Ramsay, Centre for Health Sciences, Barts and The London School of Medicine and Dentistry

Background
Intimate partner violence (IPV) is a global problem affecting between 15 and 71% of women worldwide. Cognitive behavioural therapy (CBT) identifies and modifies negative thoughts and behaviours and is effective in treating depression, post-traumatic stress disorder (PTSD) and anxiety. Although previous research has suggested that CBT may be beneficial for survivors of IPV there is not an up-to-date systematic review specifically assessing this.

Aim
To assess the effects of CBT on the physical and psychological wellbeing of women who have experienced IPV.

Method
We searched CENTRAL, MEDLINE, EMBASE, CINAHL, PSYCINFO, SSCI, IBSS, DARE, BNID and NHS EED up to 31st December 2007, carried out backwards and forwards citation tracking and contacted experts to identify randomised controlled trials comparing CBT to usual care. Two reviewers independently assessed trial quality and extracted data. When necessary, study authors were contacted for additional data. Effect sizes with 95% confidence intervals were calculated; odds ratios (OR) were calculated for binary outcomes and standardised or weighted mean differences (SMD/WMD) for continuous outcomes.

Results
We included four trials which involved 233 ethnically diverse women whose ages ranged from 18 to 70-years-old. The maximum length of follow-up was 12 months. Two trials involving 186 participants measured physical abuse but CBT had little effect compared to usual care; OR for minor abuse was 0.97 (95%CI 0.49-1.94), OR for severe abuse 0.89 (95% CI 0.44-1.81). However, CBT reduced depression, based on meta-analysis of 3 trials, SMD -1.94 (95%CI -2.36 to -1.51), and reduced PTSD, based on meta-analysis of 2 trials, WMD -58.29 (95% CI -65.78 to -59.80).

Comments
CBT is effective at reducing depression and PTSD in female survivors of IPV. However, there is insufficient evidence to determine whether CBT affects the incidence of IPV or if the positive effects of CBT are maintained over extended periods of time.
Abstract 18 The representation of suicide and self harm in young people in UK newspapers

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Aim
To examine how suicide and self harm in young people are represented in UK newspapers.

Design
Qualitative content analysis.

Data
Newspaper articles about suicide or self harm in young people over a one year period (1 March 2007 - 29 February 2008).

Setting
Four UK national newspapers (and their Sunday counter-parts).

Findings
Across all four newspapers, 83 articles were identified. Only five of the articles were about self harm in young people, the others were about suicide in young people. There were differences in the way that suicide and self harm were portrayed. Suicide was discussed sympathetically using images of innocence and victimhood; in contrast self harm was represented as an angry and monstrous act. Suicide was portrayed simply, being attributed to single factors such as bullying, and was often portrayed as a ‘mystery’. The internet was represented as a source of promoting suicide among young people and as a place where those who had killed themselves were honoured (through memorial sites and tributes). The mental health of individuals who had killed themselves or self harmed was only mentioned in 23 of the 83 articles (27.7%). The ethnicity of individuals was only stated in three of the articles (3.6%). Prevention of suicidal behaviour was frequently mentioned (59%) although with little in-depth discussion and only seven of the 83 articles (8.4%) provided information about support and help for readers.

Comments
Suicide was portrayed by innocence and victimhood in the UK newspapers studied. Self harm was presented as an angry and monstrous act. The lack of discussion on prevention and support indicates a greater need to balance news stories about suicide with more detailed information about prevention and support. The findings from this study suggest that media guidelines available on reporting suicide are not currently being adhered to. More needs to be done to promote media guidelines and encourage responsible reporting of suicidal behaviour.
Abstract 19 SignTranslate – A simple cure?

Rachel Holland, Stage 3 Student Doctor, University of Cambridge

Background
I was able to incorporate my interest in British Sign Language (BSL) with my medical studies, in the form of a student-selected component, by undertaking an independent evaluation of the video interpreting website, SignTranslate (formerly SignHealth), that had been recommended by the Department of Health.

Aims and Objectives
This project aimed to independently evaluate the benefits and drawbacks of the communication tool, SignTranslate, to both user groups: General Practitioners and BSL users.

Methods
Legal issues prevented me from observing a consultation with the use of the SignTranslate website and complicated the logistics of arranging a mock consultation within the project time frame. As an alternative, I designed a questionnaire to send out to GPs and held a discussion session with the Cambridge Deaf Association. By finding out the views of both potential parties, it was hoped that an unbiased assessment could be formed.

Results
30% of the 87 questionnaires sent were completed and returned, of which only four GPs had heard of the communication tool, none of whom had actually used it. Of those who had heard of it, but had not used the website, it is not clear whether this was because the instructions they had been given were insufficient, or because there had been no need to use the website.

The major drawbacks of the website are the bias towards the biomedical perspective, in that there is no way for the patient to voice their own opinions or concerns about their illness, treatment or prognosis, and the current lack of awareness for the website.

Conclusions
The current lack of awareness and familiarity with SignTranslate mean that those who may benefit are losing out, and further progress and improvements are being delayed.
Abstract 20 What could be done in general practice to prevent neurological admissions to hospital? A 9 week epidemiological study of preventable neurological admissions to a Tehran, Iran Hospital and Addenbrooke’s Hospital, Cambridge, UK

Abstract for Society for Academic Primary Care: Medical Student Presentations
Ali Alim-Marvasti B.A.(Hons) 1,2, Shabnam Mortazavi 3

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2 Iranian Center for Neurological Research (ICNR), Imam Khomeini Hospital Complex, Tehran, Iran
3 Tehran University Medical School, Tehran, Iran

Background
Hospital admissions under the specialty of neurology were the 5th most common from 71 specialties in the UK (1998-2007 [1]). Identifying the causes of preventable admissions is a first step towards treating them at the primary care level and may ultimately help reduce the burden on the NHS and free up neurology ward beds.

Aims and Objectives
The primary objective was to audit the proportion of preventable admissions to the neurological ward at Addenbrooke’s Hospital and compare with those of a developing nation: ICNR, Tehran, Iran. Secondary objective was to compare the causes of these admissions.

Methods
The diagnoses at ICNR, Tehran were monitored everyday Mon-Fri for 5 weeks from 20th July - 26th August 2008 (121 admissions) and at Addenbrooke’s Hospital ward A4 (neurology inpatients) for 4 weeks from 25th August - 19th September 2008 (81 admissions of which 74 were included in the audit).

History, examination, patients’ notes and direct contact with the residents/SHOs on the ward were used to determine whether an admission was preventable - in the absence of previous such study, a preventable admission was defined as:

1. any diagnosis which had a clear cause that could have been treated earlier (e.g. stroke due to uncontrolled AF) or
2. a precipitating event that could have been avoided (e.g. trauma), or
3. any diagnosis with an uncontrolled risk factor that had a Risk Ratio (RR) \(\geq 4\) or Odds Ratio (OR)\(\geq 4\) (e.g. stroke and uncontrolled hypertension).

All patients who had been formally admitted to the ward were eligible for the study. Results were compared using Pearson’s or Yates’ Chi-squared Test at the 95% confidence level.
Abstract 21 Diagnostic imaging in primary care: The evidence from Australian polyclinics

Bhavin Upadhyay, Academic Foundation Trainee, The North Middlesex Hospital, London and The Royal Free Hospital, London
Bhavni Patel, Foundation Trainee, The Lister Hospital, Stevenage

Background
Lord Darzi's reports for reforming health care delivery place an emphasis on bringing diagnostic services closer to the patient. Polyclinics will make more specialised investigations available in the community.

Objectives
To explore the perceptions of patients, clinicians and managers in relation to the availability of diagnostic imaging within a large Sydney polyclinic.

Method
A qualitative design was used, involving semi-structured interviews with six patients, two general practitioners (GPs), one radiologist and one manager. Interviews were transcribed and examined using thematic analysis.

Results
Five major themes emerged from the study: the patient pathway, patient convenience, interspeciality relationships, image interpretation and organisational implications.

There was a consensus among interviewees that in-house imaging reduced the length of the patient pathway from presentation to definitive treatment. There was no longer a need for a specialist outpatient appointment before the investigation. The patients unanimously found the imaging facilities convenient.

GPs would interpret the plain radiographs, but many initially felt uncomfortable with this role. The in-house radiologist found checking large numbers of GPs plain radiographs when there was a time pressure to complete other work could put a strain on their professional relationship.

The manager commented on the large set up costs for equipment and the need for appropriately trained staff such as radiographers and sonographers. There was also some concern from doctors that the diversion of a certain case mix away from hospital may have training implications.

Comments
This research suggests that imaging services in the polyclinic would be popular with patients. However, important implementation issues are raised. The equipment is expensive and an analysis that considers economies of scale as well as patient convenience is required. Ensuring adequate training for new professional roles is also essential to success.
Abstract 22 Time trends in ethnic disparities in diabetes management: A 10 year population based cross sectional survey in primary care

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Background
Diabetes is a major worldwide health problem with widespread variations in health care related outcomes between ethnic groups. There have been very few long term studies on ethnic disparities outside the USA. In the UK, considerable investment has been provided to improve standards of clinical care. This includes the National Service Framework in 2001 and the new quality indicator incentivised GP contract in 2004. We present findings from a 10 year patient level study.

Aims and Objectives
To examine diabetes target achievements across ethnic groups over 10 years (1997-2006) in a culturally diverse area of North West London.

Methods
Data was obtained from the Brent Clinical Information Management Sharing (CIMS) project which includes 26 GP practices with a total registered population of just over 100,000. Percentage achievements by ethnic group of quality indicators (blood pressure, cholesterol and HbA1c) in diabetes management were calculated.

Results
The percentage of diabetic patients having blood pressure, cholesterol and HbA1c measured, and meeting national treatment targets for these variables increased significantly over the 10 year study period as did the use of lipid lowering, oral hypoglycaemic agents (OHAs), insulin and antihypertensive medication. Blacks were significantly less likely to achieve blood pressure control compared to the White group. South Asians were found to have better lipid control, be on more lipid lowering treatment, and receive twice as many prescriptions for OHAs than the White group.

Comments
Although there has been considerable improvement in diabetes care since 1997 ethnic disparities exist. There may be signs of addressing these as we have shown much improved lipid management in the South Asian group. Further work is needed to tackle these disparities.
**Abstract 23** What do patients understand about pigmented skin lesions and why do they consult?

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**Background**
General practice consultations about pigmented skin lesions are common; while the majority are benign, a small minority will be malignant melanomas, a serious skin cancer with a worldwide incidence increasing faster than any other cancer. Increased tumour thickness at presentation gives poorer prognoses, therefore earlier diagnosis may improve mortality and morbidity. However patients' lack of knowledge and awareness can lead to delays in seeking early medical attention.

**Aims & Objectives**
To explore patient perceptions and awareness of their pigmented skin lesions and the factors that influence their decision to consult.

**Method**
Semi-structured telephone interviews were conducted between April and August 2008. All participants in the MoleMate Trial feasibility phase with a pigmented skin lesion, aged 18 or over, were approached, interviews were audio-taped and transcribed, and a constant comparative approach used for analysis.

**Results**
Forty interviews were conducted (25 female; aged 22–83; majority white British employed or retired). The decision to consult about a pigmented skin lesion is complex; level of concern is informed by detecting changes such as size or colour, monitoring and comparing over time, and incorporating previous experiences, both personal and family related, with knowledge gained through the media. Current or potential future illness can be inferred once a certain concern threshold is reached, or an event triggers the patient to overcome barriers in seeking medical attention. The decision to consult can then be justified and concerns discussed with a doctor.

**Comments**
This study highlights patients’ understanding of pigmented skin lesions and the complex processes involved when deciding to consult. In order to reduce tumour thickness at diagnosis and improve mortality from melanoma, early help seeking behaviour in primary care should be promoted through encouraging patient recognition of potentially serious symptoms and signs, and by overcoming perceived barriers to seeking medical attention.
Abstract 24 Nurse led telephone support for stroke patients who are monitoring their blood pressure (BP) at home

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Background
We are conducting a randomised trial in 360 patients who have suffered a recent stroke or TIA (transient ischaemic attack) to see if home BP monitoring with nurse led telephone support leads to lower BP after 12 months.

Aims
To analyse the number and content of calls between the participants and study nurse in the first 50 patients allocated to the intervention.

Participants
50 patients were recruited and randomly allocated to receive a home BP monitor and have been followed up for at least six months. Patients were visited at home and shown how to use the monitor. They were advised to see their GP or ring the study nurse if their BP readings were consistently over target (<130/80mmHg). The nurse’s telephone number and target BP were written on the monitor. In addition the nurse routinely rang the patient at one week and 3 months and also if previous calls or the home visit indicated BP was above target.

Methods
Information on number, content and who initiated calls was extracted from hand written contact sheets completed by the study nurse.

Results
Preliminary results on 15 patients (mean age 74 years) showed a total of 65 calls were logged. 60 were initiated by the nurse including 10 unanswered calls. 30 calls were made to seven patients with BP above target, and 20 (routine) calls to eight patients with controlled BP. Reasons for 16 calls made to patients whose BP was above target included checking whether they had arranged to see their GP about their elevated BP readings and if not to encourage them to do so.

Comments
Most contacts were initiated by the nurse rather than the participants. Even when BP was above target some patients did not consult their GP. Full results on 50 patients will be presented.
Abstract 25 Quality of primary care management of Chronic Obstructive Pulmonary Disease (COPD) in South London: Wide variation in prescribing and prevalence rates suggests inadequate care

Patrick White, Gita Thakur, King’s College London, Department of General Practice and Primary Care

Background
The effectiveness of inhaled anti-cholinergics (tiotropium) and inhaled combination long-acting beta-agonists and steroids (combination inhalers) in moderate and severe COPD is now established. We examined general practice prescribing of these remedies in 198 south London practices together with Quality and Outcomes Framework (QOF) and practice demographic data.

Method
Quarterly prescribing data were obtained from four south London PCTs from April 2006 to March 2008 and compared with QOF scores, practice list sizes, list age and sex breakdown, and Index of Multiple Deprivation (IMD) scores. Prescription rates were expressed per 100 patients aged 45 years and over because the wide range of reported prevalence of COPD was more suggestive of under-reporting than low actual prevalence.

Results
Reported practice COPD prevalence per patients 45 years and over was 3.3% (sd 1.9; range 0.33-11.6%). Tiotropium prescription rate was 2.5 prescriptions per quarter per 100 patients 45 years and over (sd 2.2; range 0.18-11.5 prescriptions) and combination inhaler prescription rate was 8.2 prescriptions per quarter (sd 6.6; 0.91-45.5 prescriptions). Prescribing of tiotropium was highly correlated with prescribing of combination inhalers ($r=0.849; p<0.0001$). 25% of practices issued less than one Tiotropium prescription per quarter per 100 patients 45 years and over. Tiotropium and combination inhaler prescription rates were not correlated with reported prevalence of COPD or practice IMD score.

Conclusions
Variability in primary care prescribing of COPD-specific tiotropium and of combination inhalers was not related to practice reported disease prevalence. Low prescribing of tiotropium was not compensated by high prescribing of combination inhalers. These figures suggest systematic inadequate treatment of COPD in many south London practices.
Abstract 26 Regional and economic variations in prevalence of Chronic Obstructive Pulmonary Disease (COPD) – Evidence from the Quality and Outcomes Framework (QOF)

Paul Seed, Stevo Durbaba, Mark Ashworth, Patrick White, King’s College London, Department of General Practice and Primary Care

Background
COPD is the biggest cause of emergency admissions to hospital in England and Wales, affecting 5-10% of people. Only 1.5% have a physician-based diagnosis. The NHS QOF database includes prevalence of COPD. To this we added age & sex for general practices in England.

Aims and Objectives
To estimate the range of reported COPD prevalence and to seek systematic differences at practice, PCT, and regional level.

Methods
A negative binomial model was fitted in 8181 practices in the 2006-7 database with non-zero prevalence. Exposure was estimated from practice size and demographic variation (patients over 45 years).

Results
The prevalence per patient aged 45 years or over was 3.7%; sd 2.0%, range 0.2% to 22%. It was 81% higher (95% CI 76-87) in the most deprived fifth of practices (defined by IMD score). Reported COPD prevalence rose with practice performance measured by QOF score: 12.3% higher (CI 9.0-5.7) in the highest compared to the lowest quintile, controlling for deprivation.

We identified 807 practices (9.9%) reporting under 50% of expected COPD, based on demographics and deprivation; 387 in London. There were differences between the ten Strategic Health Authorities in England (highest prevalence in North East, lowest in London, Incidence Rate Ratio (IRR) 1.61, CI 1.54 to 1.69) not explained by list structure, deprivation or urban density.

Comments
Reported prevalence of doctor-diagnosed COPD shows wide unexplained variation at every level of the health service in England, representing unmet medical need. The problem appears to be worst in London. We have developed a method to identify under-reporting practices as a first step towards improvement.
Abstract 27 Ethnic density and psychosis – An ecological study of neighbourhood and individual level effects in South London

Peter Schofield, Kings College London

Background
Ethnic density, or the proportion of a given ethnic group in a defined area, has long been cited as a relevant risk factor for psychosis. Since Faris and Dunham’s landmark study in Chicago, over seventy years ago, studies have shown a reduced risk of psychotic illness for those whose ethnicity is more likely to be shared in their immediate neighbourhood. The present study seeks to explore this question by examining a large ethnically diverse sample in South East London.

Aim
To address the question: is the prevalence of psychosis in different ethnic groups related to the ethnic density of their immediate neighbourhood.

Method
The study uses data collected from a large sample of patient records from GP practices in Lambeth, SE London (Lambeth DataNet). As well as having a high level of accuracy in the way ethnicity is coded the dataset includes patient postcodes allowing neighbourhood factors to be assessed by mapping census and other data to patients’ immediate locality.

A multilevel analysis will be conducted to simultaneously explore individual and neighbourhood level effects predicting a diagnosis of a psychotic illness. These include individual age, gender, ethnicity, language fluency and ethnic origin and neighbourhood ethnic density and measures of social deprivation.

Results
Preliminary results suggest a clear negative association between neighbourhood ethnic density and the likelihood of having a psychotic illness for African-Caribbeans in the study sample. This is retained even after controlling for neighbourhood level social deprivation which suggests that a `social drift' argument is not enough to explain the difference. However, for patients in the white and other ethnic groups ethnic density does not show a significant difference.

Comment
It appears that ethnic density may be a significant factor predicting rates of psychotic illness. This may be because, for some ethnic groups, living in a community where one’s ethnicity is shared implies a level of social support that is protective for severe mental illness.
Abstract 28 The effect of ethnicity on the prevalence of Chronic Kidney Disease (CKD) among hypertensive patients in East London

Dr Sally Hull, Senior Clinical Lecturer, Queen Mary University of London
E. Badrick, Research Fellow, QMUL
G. Dreyer, Renal Department, Barts and The London NHS Trust
A. Chessor, Renal Department, Barts and The London
M. Yaqoob, Renal Department, Barts and The London

Background
Identifying patients in the early stages of CKD, and targeting interventions to reduce progression, is an important task for primary care clinicians.

IT systems such as QMAS (Quality Management and Analysis System) enables comparisons between practices on chronic disease management, but takes no account of variation by age or ethnic group. In east London, where half the population is non-white, assessing differences in prevalence and management between groups, and developing strategies for reduction, may contribute to improving equity and reducing the burden of end stage renal failure.

Aims
Using data from 75,100 patients on the adult hypertension registers in east London we examine prevalence, and process of care by ethnicity.

Methods
Cross sectional data base survey using MIQUEST searches, in 94% of general practices in the three PCTs of Tower Hamlets, Hackney and Newham (combined population 818,570).

Analysis of hypertension and CKD chronic disease registers and measurement of key disease variables and prescribed medication, by age, sex and ethnic group, using descriptive and multivariate statistics.

Results
Ethnicity recording for the hypertension register was 93%. In the last 15 months there were recordings for blood pressure in 91% and eGFR values in 69% of cases.

Crude prevalence of CKD (stages 3,4,5) among hypertensive patients with an eGFR was 20%. Prevalence varied by ethnicity, with higher rates of severe CKD (stages 4,5) in South Asian populations (OR 1.44 95%CI 1.16-1.79) compared to White groups (adjusted for age and sex, clustered by practice.)

We plan to examine achievement of target BP value, and medication use by ethnicity. We will also examine whether failure to meet target BP levels is due to systolic or diastolic values, or both, and how this varies by ethnicity.

Comments
Comprehensive practice level ethnicity recording is crucial for equity audits in chronic disease management. The use of such data to improve clinical care in hypertension will be discussed.
Abstract 29 Barriers and facilitators to implementation of information and communication technologies in the NHS: Implementer views

Elizabeth Murray, Reader in Primary Care, Department of Primary Care and Population Health, University College London
Jo Burns, Primary Care Research Network Manager, London South Bank University
Carl May, Professor of Medical Sociology, University of Newcastle
Kate O’Donnell, Senior Lecturer in Primary Care R & D, University of Glasgow
Tracy Finch, Senior Lecturer, University of Newcastle
Frances Mair, Professor of Primary Care Research, University of Glasgow

Background
As primary care professionals and researchers we are constantly bombarded with new technologies. Current reforms in London’s health care are likely to exacerbate this. Some we like, and they become a routine part of our everyday experience, others we use because we’re forced to but would stop using if we were given a chance, and yet others we never really use at all. This variable degree of uptake of information and communication technologies (ICT) remains a major challenge in the NHS, despite very heavy investment. The Normalisation Process Model is a sociological theory which explains, and may predict, relative success in implementing ICT.

Aim
To determine the views of implementers (people charged with implementing a new ICT in the NHS) on barriers and facilitators to the implementation.

Methods
Qualitative study. Three case studies were selected to represent the range of health service contexts (primary, secondary, community care), e-health domains (information, management, decision support, communication) and policy sponsors (national, local). Within each case study, up to 10 interviewees were selected for a maximum variety sample. Semi-structured interviews were recorded, transcribed, and analysed using the NPM by a multi-disciplinary group.

Results
The 3 case studies identified were Choose and Book (C&B), Picture Archiving and Communications System (PACS), and a Clinical Nurse Information System (CNIS). The degree of normalisation (embedding into routine practice) varied considerably, with PACS having completely normalised and the CNIS hardly normalising at all. C&B had normalised well in hospital, but poorly in general practice. This variability was well explained by the NPM.

Conclusions
The NPM explained the observed variability in uptake. The NPM may help identify potential problems and pitfalls in future ICT implementations. This presentation will interest health professionals facing constant change, those involved in reforming London’s health care, and researchers interested in e-health or implementation.
Abstract 30 A pilot feasibility study of screening for Barrett’s Oesophagus (BE) with a novel non-endoscopic capsule sponge device in a primary care setting

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Background: Oesophageal adenocarcinoma is increasing rapidly and has been highlighted by the CMO as a major health concern. It's precursor, Barrett's Oesophagus (BE) develops secondary to chronic heartburn. Screening for BE though considered by endoscopy, is not feasible. Therefore we have developed a non-endoscopic screening test using an encapsulated sponge device (capsule sponge) attached to a thread.

Aim: To determine the recruitment rates, demographics, symptom severity and acceptability of the screening device.

Setting: One general practice in Cambridgeshire with the catchment area population of 9200.

Methods: Patients aged 50-70 years, had received acid-suppressants for >3 months over the past 5 years and not had an endoscopy within the last 12 months were eligible. Participants swallowed the capsule after completing the GERD impact scale\(^1\) to assess reflux symptom. Cells retrieved were analysed for evidence of BE. Acceptability of the test was measured using a 10 point visual analogue scale (0 being unpleasant, 10 being enjoyable) at day 0 and 7.

Results: Of the 211 invited, 54 (25%) agreed to take part initially but 12 failed to attend, 4 were excluded for medical reasons and 1 failed to swallow the device after 3 attempts. There were no adverse events. Thus, 39 (18.5%) participated, their mean age was 59.6 years, mean BMI was 31.2 (range 20-48) with a waist to hip ratio of 0.92 for males (moderate risk) and 0.87 for females (high risk). 36/39 (92%) had ongoing reflux which in 21 (55%) occurred >1 per week. 18 (47%) had uncontrolled symptom despite being on medication. The mean acceptability rating on day 0 was 5.1 (range 2-10) and 4.7 (range 2-8) on day 7. The prevalence of Barrett's oesophagus was 5% (2 out of 39)

Conclusions: This study recruited approximately 20% of invitees, similar to previous primary care reflux studies\(^2\). Obesity and increased waist to hip ration was commonly associated with reflux. The capsule sponge device is safe and appears to be well tolerated. These data are encouraging for the ongoing study which aims to recruit 500 individuals.

References


Abstract 31 Can interactive computer-based interventions reduce alcohol consumption?

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Background
With 32% of men and 15% of women in England drinking to excess (7.1 million people), alcohol misuse is rising up the public health and primary care agenda. Although brief interventions for alcohol misuse are effective in the primary care setting, only 1 in 18 people in need of treatment actually receive it. If Internet interventions are effective, they could offer a convenient, confidential and cost-effective alternative to conventional treatment.

Objectives
The purpose of this systematic review is to determine the effectiveness of interactive, computer-based interventions aimed at reducing alcohol consumption.

Methods
Systematic review methodology was employed. Particular attention was given to defining an ‘interactive’ intervention, distinguishing the main purpose of the intervention as treatment rather than education, and considering factors other than the complex intervention itself that may have influenced behaviour change, such as severity of alcohol disorder, motivation and readiness to change.

Results
The searches identified 7346 studies, with 21 eligible for inclusion. This presentation will report on the impact of these Internet interventions on alcohol consumption (the review is currently in progress but these findings will be available in time for the conference). It will also describe the populations at which these interventions are aimed, the types of alcohol problems they address, and the theoretical basis on which they are formed.

Comments
With limited time in GP consultations for identification of alcohol misuse and conduct of brief interventions, other approaches are welcome. The role of Internet interventions in the current provision of alcohol services will be explored.
Abstract 32 Developing an educational intervention: A pilot study

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Safia Debar, GP Academic Registrar, Division of Community Health Sciences, St George’s Hospital
Puspha Kumarapeli, PhD student, Division of Community Health Sciences, St George’s Hospital
Tom Chan, Honorary Senior Lecturer, Division of Community Health Sciences, St George’s Hospital
Simon de Lusignan, Reader in GP, Division of Community Health Sciences, St George’s Hospital

Background
Primary care professionals are well placed to assess cardiovascular risk, by recording modifiable risk factors and calculating risk using equations such as Framingham. The various brands of primary care electronic patient record (EPR) system (e.g. EMIS, INPS Vision) have different cardiovascular risk calculators embedded within them. Although GPs are expected to use these systems on a daily basis, there is no formal standardised training offered.

Aims/Objectives
To develop an educational intervention providing GPs with feedback about their use of EPR systems when assessing cardiovascular risk, to improve their use of the computer in a consultation.

Method
We filmed GPs assessing cardiovascular risk using the ALFA toolkit (a multi-channel video and screen capture method) in simulated consultations. We observed the use of four popular EPR systems: EMIS LV, INPS-Vision, iSoft Synergy and EMIS PCS. We analysed the video clips and provided a graphical representation of variables such as time spent looking at the computer, looking at the patient and talking to the patient and the number of items coded. We selected video clips from the consultation which showed where the GPs performed well and where there was scope for improvement. We developed a patient questionnaire to collect patients’ views of the use of the computer in the consultation. We then collated this information and presented it to the GPs.

Results
GPs welcomed the feedback; reporting that they had not received any previously. They showed variable styles of computer use. We will demonstrate the non-judgemental feedback process.

Comments
We hope that the educational intervention will enable GPs to use computers in a way that makes more efficient use of time in a consultation. The educational intervention aims to fill a gap in computer training allowing computers to be used effectively when calculating and communicating cardiovascular risk to patients.
Abstract 33 Improving medical education in London: Does undertaking a BSc improve subsequent results at a London medical school?

Dr M Howman and Dr M Jones, Department of Primary Care and Population Health, University College London

Background
Intercalated BScs are an optional part of the Medical School curriculum in many Universities, at an added expense to both the student and the Medical School in terms of time and costs (approx £25,000). Does undertaking a BSc improve subsequent student performance? A systematic review has provided evidence that a BScs probably improve subsequent performance but these studies have been flawed by BSc students being highly selected. This study looks at data from medical students after the introduction of compulsory BScs at one school.

Aims and Objectives
To compare first year clinical exam results from the Academic Year 2005/6 to see whether there is any difference in performance between students who had intercalated before or after the first clinical year.

Methods
A univariate analysis was performed on first year overall clinical results. Results from a total of 375 students were compared. Graduate or transfer students (mainly Oxbridge) were excluded from the analysis.

Results
There was a mean difference in end of first year clinical exam scores of 3.7 (238 early BSc students vs 234.6 late, score range 145 to 272 out of 300), with the group which had taken the BSc scoring higher. This result was statistically significant (p<0.05).

Conclusions
This result is important as it is taken from a student group where BScs are compulsory so does not have the issue of selection bias. It shows a significant (though small) improvement in first year clinical exam results following a BSc. This provides support for including BScs as a compulsory part of a medical degree; not only do they provide valuable research experience but they also appear to improve outcome in clinical exams. Larger studies are needed to see if this result is reproduced in other years and at other medical schools.
Factors associated with academic progress: A qualitative study of high and low achieving medical students

Mathew Todres, Zoi Tsimtsiou, Anne Stephenson, Roger Jones. Department of General Practice and Primary Care, Kings College London

Background
Previous research has indicated the impact of academic and non-academic factors on performance at medical school. Little however, is known about students’ personal beliefs concerning the factors impacting on their progression at medical school.

Aims and Objectives
To identify high and low achieving students’ perceptions of the factors impacting on their academic progression at KCL.

Methods
Year 4 students who failed one or both of the mid-year examinations, the equivalent group achieving the highest marks for the same assessments, and Year 5 students re-sitting their final year were invited for interview. The interview schedule explored students’ perceptions of their personal characteristics, social variables and well-being and its possible impact on their academic progression. Interviews were coded using QSR NVIVO 7, followed by thematic content analysis.

Results
Eight of the 22 re-sitting their final year and ten from seventeen in the top fifth centile of Year 4 were interviewed. High achievers identified conscientiousness, competitiveness, stubbornness and good control of anxiety as contributing to success. Comments from re-sitters indicating lack of confidence, poor compliance with school recommendations, not being proactive and poor self-assessment ability may hinder progress. Both groups identified problematic health and social conditions, although the coping mechanisms used may have made the difference. Socialising with medical students, balancing hard work and social life, having a previous degree, and an organised approach to studying were associated by the students with better performance.

Comments
Since many valued the opportunity for reflection, similar interviews could be conducted by personal tutors and clinical advisees. Medical educators should intensify their efforts to provide individualised appraisals, assisting their students to build their self-assessment abilities.
Abstract 35 The London academic ST4 Pilot Programme: First thoughts from the evaluation

Isobel Bowler, General Practice Department, London Deanery, University of London

Background
In preparation for the extension of specialty training in general practice from three to four years the London Deanery is piloting a number of new training schemes. The ST4 academic programme is a stand-alone fourth year of training combining clinical work with a placement in an academic department.

Aims and Objectives
An evaluation has been embedded into the programme management to inform the development of the new four-year GP specialty training programmes. The programme objectives are to

- To enable GP trainees to develop experience in research and teaching and link clinical activity with academic experience
- To equip these GPs to become future leaders of the profession.

Methods
The evaluator (a researcher who works as a consultant to the deanery) is using document analysis, participant observation, informal interview and email feedback to collect data from all stakeholders: (academic departments, practices, deanery, and ST4 doctors). It is iterative in that the stakeholders see drafts of evaluation reports and can comment upon them. It is a type of action research: findings and observations are shared with stakeholders and inform the development of the programme as the year progresses.

Results
The programme began in August 2008. The evaluation to date has captured the recruitment and selection stages, induction and the formation of individual development plans for the year. The feedback from the evaluation is being incorporated into the development of next year’s programme and is also shaping the present programme. Key benefits to programme participants to date include learning to manage the demands of a ‘portfolio’ career in a supported environment, being part of a network of peers, benefiting from a different type of practice and clinical experience. This type of evaluation results in rich data but also raises challenges issues about the distinctions overlaps and conflicts between programme management and evaluation.
Abstract 36 Lights, Camera, Education.  An evaluation of the impact of a film session exploring professional attitudes and behaviour on first year medical students

Dr Adrian Raby, Chadburn Lecturer, Department of Primary Care and Social Medicine, Imperial College, London

Background
Amongst the aspirations of the General Medical Council is that a modern medical curriculum must enable students to ‘develop qualities that are appropriate to their future responsibilities to patients, colleagues and society in general’¹. Film is a medium that has exceptional power to engage an audience on an affective level, and therefore can be a useful educational tool. This resource has been employed in one early patient contact course in a large UK Medical School to shape students’ professional attitudes and behaviour.

Aims and Objectives
To evaluate the impact of a film session in improving students’ awareness and understanding of a number of professional issues. These included the impact of different communication styles, medical examinations, ward rounds and bedside manner on patients.

Methods
First year medical students were shown a film depicting a cancer patient’s journey from diagnosis to death. Following the film students completed a Likert format questionnaire exploring the impact of the session.

Results
543 students completed the evaluation over a 2 year period. Students reported a positive impact in their awareness and understanding of a number of important areas. 99 per cent of students reported that the session had improved their understanding of the impact of medical examination, ward rounds and bedside manner on patients. The results were consistently high over the 2 year study period.

Comments
A film session examining a realistic patient journey through an episode of illness can be a useful addition to the Undergraduate Medical Curriculum. Students report a positive impact in raising awareness of a number of factors relating to professional behaviour, communication and patient experience. There is the potential to expand the use of this teaching method in undergraduate medical education.

¹General Medical Council Tomorrows Doctors 2003 p3
Abstract 37 “Take a Focussed History...” But what is a focussed history and should we be teaching it?

Dr Paul Booton, Imperial College London

Background
An operational definition of a focussed history from a student’s perspective is a history pruned to fit an OSCE station. Certainly the one time they are consistently asked to take a focussed history is in this exam situation. But is the focussed history merely an exam tool or does it have a life in the real world? GPs would give an unconditional “yes” to the latter.

This presentation arose out of discussions with students preparing for (and panicking about) finals examinations. It explores history taking from the perspective of clinical decision making. It proposes a hierarchical approach to learning history taking in which the focussed history should be overtly taught and find its place at the apex of the undergraduate curriculum.

Methods

- Review of the literature around the focussed history
- A comparison of history taking as it is usually taught with the use of clinical histories in the real world
- A discussion of where this fits with our understanding of clinical decision making from the perspective of cognitive psychology

Comments
The focussed history is part of the everyday life of all experienced doctors, but there is little attempt to teach it and it is more usually disparaged as “taking short cuts.” This paper argues that it should be recognised and taught as a high level intellectual activity at the heart of clinical medicine.
Abstract 38 An evaluation of the GP teachers’ role in delivering community-based undergraduate surgical education

Dr Niamh O’ Carroll, Dr Ben Braithwaite, Department of Primary Care and Social Medicine, Imperial College London

Background
Imperial medical students in their third medical year receive teaching in basic clinical skills (Clinical Methods Teaching, CMT) from general practitioners, in community settings. In 2007-08, for the first time, GP teachers were asked to spend three tutorials on history and examination skills particularly focussed on surgical conditions commonly encountered in primary care, such as hernias and lower limb vascular problems. We received anecdotal feedback that GPs felt less confident teaching these surgical skills than those related to other clinical presentations. A literature search identified no previous studies investigating the role of GPs in teaching surgical history and examination.

Aims and Objectives
We wished to evaluate our GP teachers’ role in teaching the surgical elements of the Clinical Methods Teaching module:
- To explore GP’s perceptions of their role in teaching surgical history-taking and examination, in particular their self-perceptions of skill and confidence in these areas;
- To obtain general feedback on the surgical components of the CMT module;
- To use our findings to provide targeted support to teachers and improve the CMT course for the future.

Methods
We emailed a brief questionnaire to 76 GPs who taught the CMT module in 2007-08. The questionnaire contained a mixture of Likert-style agreement questions and free-text questions, designed to elicit quantitative and qualitative feedback from GPs on their perceptions of the surgical components of the course, and their role in teaching them.

Results
Out of the 28 responses our GP teachers were generally positive about their expanded role in teaching surgical skills, and on the whole felt confident in their ability. Some teachers found it difficult to recruit patients to teach with: the short waiting time for most surgical treatment was cited as a reason why few patients with striking clinical signs could be found. Teachers felt that more time could be spent on surgical teaching in the community, and suggested other conditions and skills to add to the curriculum; several respondents asked for refresher training on the clinical skills being taught.

Comments
We believe this to be the first study looking specifically at GP’s perceptions of their role in teaching skills in surgical history-taking and examination; we intend the results to improve the training and support given to GP teachers in future years, and hope that they will inform approaches to introducing community-based teaching into other subjects which may lie outside the comfort zone of GP teachers.
Abstract 39 Managing obese patients in primary care: Exploring the take up and use of the NICE clinical guidance on the management of obesity by general practitioners

Ann Wylie, Vanita Bhavnani, William Barry Sherlock and Ann Deehan, Department of General Practice and Primary Care, Kings College London

Background
In December 2006, the National Institute for Clinical Excellence (NICE) published guidance on the prevention, identification, assessment and management of obesity. Research literature suggests that general practitioners (GPs) have difficulties in engaging with obese patients to discuss weight issues.

Aims and Objectives
The study examines GPs:

- Engagement with obese patients;
- Perceptions of the barriers and opportunities to managing obese and overweight patients successfully, and;
- Knowledge and use of (NICE) guidelines

Methods
30 general practitioners will be interviewed using a topic guide. GPs are selected through purposive sampling of the GP population in two South London Primary Care Trusts. The objective of the sampling strategy will be to recruit a sample of GPs of varying practice experiences, from teaching and training practices, single-handed, medium sized and large practices.

The interviews will be tape-recorded, transcribed and entered into NVIVO for thematic analysis. The data will be coded independently by two researchers. Initial coding will emerge from the broad topic guide themes with additional sub-codes likely to emerge.

Results
Data collection will be completed and preliminary analysis undertaken by end of 2008. The presentation will discuss the findings of the study and the concerns raised by respondents including:

- GPs experience of raising the issue of weight in consultations
- GPs perceptions of the strategies patients use to avoid discussing their weight
- The strategies employed by GPs to encourage weight loss and
- The value of NICE guidelines in routine consultations.

Comments
Obesity is a risk factor to address urgently. This study will provide insight into the challenges for GPs working with this patient group. In particular it will examine what could motivate and support GPs to engage proactively, highlighting the strategies GPs are currently using to engage with obese and overweight patients.
Abstract 40 Asymptomatic chlamydia trachomatis, bacterial vaginosis and mycoplasma genitalium in sexually active female students: Community based study

Adamma Aghaizu, Sally Kerry, Phillip Hay, Ian Simms, Sima Hay, Helen Atherton, Miguel Ardid Candel, Pippa Oakeshott, Jorgen Jensen

Background
Pelvic infection is thought to be polymicrobial which is why it is usually treated with two antibiotics. Few data are available on the prevalence of Chlamydia trachomatis, bacterial vaginosis (BV) and Mycoplasma genitalium in women recruited in the community, and even less on the frequency of multiple infections. The Prevention of Pelvic Infection (POPI) trial aims to see if screening women for chlamydia and treating those found to be infected reduces the incidence of pelvic infection within a 12 month period. It is unique in recruiting women from non-healthcare facilities. Here we present the prevalence of C.trachomatis, M.genitalium and BV in baseline self-taken vaginal samples.

Methods
From 2004-6, 2530 sexually active female students, mean age 20.8 and 27% from black ethnic minorities, were recruited from 20 London universities and further education colleges. At baseline women completed a questionnaire on sexual health and provided self-taken vaginal swabs and smears. Swabs were tested for C.trachomatis and M.genitalium by nucleic acid amplification techniques. Vaginal smears were Gram stained and analysed for BV using Nugent’s criteria. In this study we restrict analysis to the 2244 women for whom all three results were available.

Results
The prevalence of chlamydia was 5.9% (133/2244 95% C.I. 5.0-7.0%), the prevalence of M.genitalium was 3.3% (73/2244, 2.6-4.1%), and the prevalence of BV was 20.4% (457/2244, 18.7-22.1%). Of 133 women with chlamydia, 40% (53) had co-existing BV and 6% (8) were co-infected with M.genitalium. Similarly, of 73 women with M.genitalium, 41% (30) had BV and 11% (8) had chlamydia. Five women had all three infections.

Comments
Although the prevalence of sexually transmitted infections was relatively low in this community based cohort, nearly half of those with chlamydia or M.genitalium had concurrent BV. Follow-up data after 12 months will explore whether this increases the risk of developing pelvic infection.
Abstract 41 GRADE: Implications for evidence use in guidelines

Sparrow, K, National Collaborating Centre for Primary Care, RCGP

Background
In 2004 an international committee, called the GRADE Working group, was set up to produce a new method of assessing the quality of medical papers, to standardise guidelines and systematic reviews across the world leading to the production of systematic review evidence which is transferable and can be generally understood.

Aims
This presentation will demonstrate how modified GRADE profiles are being used by NICE in their clinical guidelines programme. The GRADE profile includes a meta-analysis of all studies which compare two comparators and provides information on clinical outcomes that are important to recommendations. A GRADE profile is created for each outcome being considered in a systematic review. The quality assessment aspect of GRADE looks at the limitations, inconsistencies, imprecisions and indirectness of the studies included. GRADE shifts the focus of evidence reviews to outcomes and as a result may encourage researchers to ensure that they provide evidence on outcomes which are relevant to healthcare professionals as well as conducting reliable and effective studies.

Previously evidence for NICE guidelines has been presented as narrative reviews and this presentation will demonstrate the advantages and disadvantages of GRADE versus narrative reviews for presenting evidence to the GDG and in the guidelines.

The introduction of GRADE by NICE and other guideline and systematic review programmes across the world is changing the way clinical studies are being reviewed. This will lead to more transferability of guidelines and systematic reviews, with medical researchers needing to focus on the relevant outcomes which relate to patient care and health care systems.
Abstract 42 Prevalence and predictors of mycoplasma genitalium in women attending further education colleges and universities in London: A cross-sectional survey

Adamma Aghaizu, Jorgen Skov Jensen, Phillip Hay, Sally Kerry, Helen Atherton, Birthe Dohn, Ian Simms, David Taylor-Robinson, Pippa Oakeshott

Background
Mycoplasma genitalium is associated with mucopurulent cervicitis, urethritis and endometritis in women, but there are few data on its prevalence in the community and no UK guidelines on testing and treatment. The POPI (Prevention of Pelvic Infection) trial aimed to investigate the efficacy of chlamydia screening using self-taken vaginal swabs in preventing pelvic infection over 12 months. This allowed an opportunity to investigate the prevalence and factors associated with M.genitalium in participants included in the study.

Objectives
To find the M.genitalium positivity rate in women recruited outside healthcare facilities.

Methods
2530 sexually active female students aged 16-27 years, 40% from ethnic minorities, were recruited from 20 universities and further education colleges between 2004 and 2006. They were asked to complete a sexual health questionnaire and to provide self-taken vaginal swabs. Samples were tested for M.genitalium and Chlamydia trachomatis by nucleic acid amplification techniques.

Results
The prevalence of M.genitalium was 3.3% (78/2377, 95%C.I 2.6-4.1%). The prevalence was higher in women reporting more sexual partners in the last year: 1.2% prevalence (1/87) among those reporting no partner, 2.1% (26/1253) in those with one, 3.6% (19/528) with two, and 6.5% (32/494) in those with more than two partners (p<0.001). The prevalence in women of black ethnicity was 4.6% (29/634, 3.1-6.5%) versus 2.8% (49/1728, 2.1-3.7%) in the remainder (p<0.05). There were no associations of M.genitalium with age, age at first sexual intercourse or current urogenital symptoms. The prevalence of chlamydia in this group was 5.7% (136/2374 4.8-6.7). Eight participants had both infections.

Comments
The prevalence of M.genitalium was 3.3% but higher in those with more sexual partners or who were of black ethnicity. As in other studies, the prevalence of C.trachomatis was roughly twice that of M.genitalium. Follow-up data from this cohort will explore the role of M.genitalium in the development of pelvic infection.
Workshop 1 Student feedback, a herald of a doctor’s poor performance?

Melvyn Jones, Felicity Knott, Will Coppola, Joe Rosenthal, Anita Berlin

Background
The students are going to Dr X’s practice tomorrow for teaching. At 4pm the doctor phones you to tell you that he has had conditions placed on his practice by the PCT, that they are investigating possible poor performance, and that he is not permitted to teach students. You are not totally surprised. You’ve seen the feedback ebb and flow over two years, though there was enough light amidst the darkness to keep hoping things would improve.

In the new world of 360 degree appraisals and revalidation, is negative student feedback, based on direct observation of a doctor’s actual clinical performance, something we should be obliged to act upon or share when potentially serious concerns are raised?

Aim
To explore the use of student feedback about a clinician, as part of their evidence in re-licensure, revalidation and appraisal.

Objectives
Within this session we hope to:

- Consider the potential impact, risks and opportunities created by the use of this information resource (adverse student feedback).
- Explore the legislative, professional and ethical considerations relating to the use of this data.
- Consider the impact on students and tutors if we potentially subvert the educational role of student feedback.

The discussion will be framed around one or two real but anonymised case scenarios. We shall use textual analysis of electronic student feedback, through which we can link student reports (information with privileged access) to a particular GP teacher whose GMC registration has subsequently been questioned (public domain information).

Format and content

- 40 minute workshop
- Multidisciplinary participants including doctors, nurses and managers.
- Context presentation - a brief introduction (using power-point)
- Small group work and discussion to explore the implications, impact and possible research of these issues.
- Feedback, summing up and closing discussion with possible opportunities for future collaboration.
- Intended level – this workshop is open to anyone with an interest in undergraduate medical education.

Participants
This workshop is open to any delegates with an interest in undergraduate medical education.

No prior knowledge is required.

Preparation
If your school has had similar incidents please bring some outline along to discuss.

Evaluation
We will seek feedback from delegates at the end of the session.
Abstract 43 Understanding the impact of the use of computers on doctor-patient relations in GP consultations: An exploratory qualitative study

William Barry Sherlock, Research Fellow, Department of General Practice & Primary Care, King’s College London School of Medicine

Background
General Practitioners (GPs) are increasingly dependent on information management and technology (IM&T) systems for delivering care and generating their income. However, the use of computers in the GP consultation may have a detrimental impact on doctor-patient relations.

Aims and Objectives
This exploratory qualitative study aims to gain an understanding of the impact of the use of computers on doctor-patient relations in GP consultations by investigating how ‘doctor-patient-computer’ interaction constrains or enables GPs to adopt a ‘patient-centred’ approach to consulting.

Methods
A qualitative methodological approach was adopted with video-recordings of consultations constituting the primary data. Forty four GP consultations by eight GPs across three South London primary care trusts (PCTs) were video-recorded. A sub-sample of these consultations was analysed using open coding techniques drawn from grounded theory methodology.

Results
A range of doctor-patient-computer interaction formats were identified and grouped in a typology according to the GPs’ orientations to the computer in relation to the patient. Each format appears to have a specific function which enables the GP to do her/his work whilst retaining the patient’s engagement with the interaction. A deviant case, in which the GP turns his back on the patient, is demonstrably dysfunctional for the patient’s continuing engagement in the interaction, and serves to underline the advantages of the other formats.

Comments
This research is exploratory and the results cannot be generalised to the larger general practitioner population. Nonetheless, the findings do give an insight into the way the use of computers impacts on the doctor-patient relationship in the GP consultation. A larger study is needed to test the emergent hypothesis that GPs work hard to engage patients in the interaction around the computer.
Abstract 44 Patient views of anti-depressants and factors that influence their decisions about taking their medication

Peter Schofield, Kings College London

Background
The majority of patients discontinue antidepressant treatment earlier than prescribed. The factors behind this and the influences on patients’ choices about whether to take medication remain poorly understood.

Aims and Objectives
To explore patients’ views about antidepressants and factors that influenced their decisions about taking anti-depressant medication.

Methods
Semi-structured interviews were conducted with a purposive sample of 65 primary care patients prescribed anti-depressants, in the past year, for depression or mixed anxiety / depression. These were conducted across three sites: London, East Lancashire and the North East of England, providing a range of study contexts and patients from different socio-economic and cultural / ethnic backgrounds.

Results
Factors influencing patient’s decisions included a complex mix of demographic and cultural variables, beliefs about depression, relationships with practitioners, perceived impact of taking medication on other aspects of their life and beliefs about treatment efficacy. When they first sought help from a practitioner they described themselves as being at “rock bottom” and anti-depressants were seen as offering immediate relief. Once this immediate relief had been achieved patients report a variety of ways of taking their medication which ranged from taking it as prescribed, through to varying doses and frequency, or stopping medication altogether. Most were reluctant to take medication on a long term basis and this was often ascribed to a fear of dependency, expressed as a loss of self reliance. Cultural differences were most marked among the Asian population in the East Lancashire centre who cited family and friends as a primary influence.

Comments
Often patients viewed antidepressants as a tool to be used as part of their self management regimes where they saw this as beneficial and compatible with their day to day life. Once this no longer applied they would discontinue their medication. The present study provides some insights into these factors that could be used to better inform prescribing.
Abstract 45 Impact assessment of customer care training on patient complaints and staff working styles in an inner London general practice

Nicci Iacovou and Margaritte Arkell, Health Services Staff Training Unit (HSSTU), Centre for Health Sciences, Institute of Health Sciences Education, Barts and The London School of Medicine and Dentistry

Background
A PCT-managed inner London general practice had a number of complaints about staff attitude. There were also numerous daily difficult interactions between patients and staff requiring management input.

As part of the plans to address these issues, a short customer care programme aimed at front line staff in the practice was commissioned from HSSTU.

There was little known about the impact of this training from the patient perspective of earlier similar work.

Aims and Objectives
To measure any change in levels difficult interactions between patients and staff before and after the customer care training.

Methods
A patient satisfaction survey of 100 patients completed before the training took place. A similar survey was to be conducted after the training had taken place. These data were collated on an Excel spread sheet and used to produce comparative charts.

The practice manager was interviewed before and after the training.

Results
The pre-training patient satisfaction survey indicated that patients were satisfied with the service they were receiving, despite the number of unofficial complaints the practice was receiving. The post-training patient satisfaction survey was abandoned as it coincided with national and local patient satisfaction surveys.

After the training, the practice manager noticed a decrease in the number of difficult patient-staff interactions requiring her input and change in staff’s working practices.

Comments
This is an under researched area. However, initial findings show that staff training has a direct, positive impact on the patient experience. Having appropriately trained support staff is an important aspect of health care.
**Abstract 46 Patients’ self-reported experiences of dietary and other lifestyle influences on gastro-oesophageal reflux disease**

Lesley Dibley, Research Fellow, King’s College London  
**Professor Christine Norton**, Associate Dean (Research) and Burdett Professor of Gastrointestinal Nursing, King’s College London  
**Professor Roger Jones**, Wolfson Professor of General Practice, King’s College London

**Background**

Gastroesophageal reflux disease (GORD) is common and impacts on quality of life and socio-economic functioning. Up to 50% of GORD patients remain symptomatic despite regular proton pump inhibitor (PPI) therapy. PPIs account for up to 14% of primary care prescribing costs. Existing lifestyle management strategies appear to be under-utilised or ineffective.

**Aims and Objectives**

The overall purpose of this project is to determine whether a nurse-led disease management and education programme for GORD could improve patient wellbeing, enhance symptom control and reduce PPI prescription costs. This paper reports on the first stage of the study: devising the education programme.

**Methods**

669 patients on regular repeat PPI medication for at least 6 months were identified from 4 GP practices: 176 agreed to take part in the study. We conducted 22 semi-structured interviews with respondents aged 30 – 84 years, matched for gender and age, to explore lifestyle issues in GORD. Interviews were tape-recorded, transcribed verbatim and the content analysed thematically. Data will be combined with evidence from a systematic review to create a patient / group education programme.

**Results**

Many patients (n=15, or 68%) reported breakthrough symptoms despite regular PPI use. Patients perceive that dietary, physical activity and lying down have an influence on their symptoms, but these may be more individual and varied than the literature suggests. Both symptomatic and asymptomatic patients would welcome the opportunity to take better control of their GORD. The systematic literature review identified 38 papers on lifestyle risk factors or interventions for GORD and found evidence that some interventions are potentially beneficial but have not yet been evaluated. Lifestyle changes and strategies were identified which will be incorporated into the group education intervention.

**Comments**

Current guidance fails to acknowledge the diversity of lifestyle influences on GORD symptoms, and may not support patients effectively.
Abstract 47 The heterogeneity of recording cardiovascular risk in general practice computer systems

Soha Badshah, FY2 Doctor, Division of Community Health Sciences, St George’s Hospital
Safia Debar, GP Academic Registrar, Division of Community Health Sciences, St George’s Hospital
Pushpa Kumarapeli, PhD student, Division of Community Health Sciences, St George’s Hospital
Simon de Lusignan, Honorary Senior Lecturer, Division of Community Health Sciences, St George’s Hospital
Tom Chan, Reader in GP, Division of Community Health Sciences, St George’s Hospital

Background
Cardiovascular risk can be calculated from a small number of variables. UK general practice is highly computerised and most of the different brands of electronic patient record (EPR) systems include some sort of risk calculator. However, no studies have compared which variables they include when they calculate risk.

Objectives
To compare the cardiovascular risk management tools available in different EPR systems.

Method
We filmed GPs assessing cardiovascular risk in simulated consultations, using the ALFA toolkit, in a number of practices. Four EPR systems: EMIS LV, EMIS PCS, INPS-Vision, and iSoft Synergy were in use at these practices. Analysis focused on identifying the different variables each cardiovascular risk calculator took into account.

Results
Two types of risk calculator were embedded into the EPR: data entry forms and automated risk calculators. However, some GPs used external on-line risk calculators. All four EPR systems collected data about smoking, diabetes, left ventricular hypertrophy and cholesterol. Age and gender were incorporated into the calculators from demographic data already recorded. Some systems did not include ethnicity data and none included chronic kidney disease or atrial fibrillation (AF) in their risk calculation. The systems differed in how they used default values and the age-range and co-morbid groups for which they calculated risk.

Comments
Each EPR system uses different mechanisms for cardiovascular risk calculation. Although they all use the Framingham equation they appear to be slightly different. Some GPs use external websites; possibly due to personal preference or lack of awareness of the tools available on their EPR system. There is heterogeneity in the way cardiovascular risk is calculated, displayed and communicated to the patient. This may well have implications for patient understanding and subsequent compliance with drug treatments or lifestyle changes. Further research is needed urgently, and ahead of the implementation of vascular checks for all.
Abstract 48 Systematic and personalised approaches to managing CVS risk in the primary care consultation: A multi-camera video assessment

Pushpa Kumarapeli, PhD Student
Safia Debar, ST4 Doctor
Soha Badshah, F2 Doctor
Tom Chan, Honorary Senior Lecturer
Simon de Lusignan, Reader

Primary Care Informatics, Division of Community Health Sciences, St George’s University of London

Background
The assessment of the global risk of cardiovascular disease (CVD) is frequently carried out in primary care and often has to be undertaken within a 10 minute GP consultation.

Objective
To assess how different primary brands of computerised patient record systems support the cardiovascular risk factor recording and risk calculation.

Method
We evaluated the use of three popular EPR systems: EMIS–LV, EMIS-PCS and INPS Vision. The study was carried out in surgeries of volunteer general practitioners (n=5), in their own consulting room. We used simulated consultations (n=14) with volunteer actors playing the role of patients. The actors used the same script to consult with GPs using each system; and the systems were loaded with the same past medical histories.

We observed the consultations using the ALFA – multi-camera video toolkit.

Results
The three EPR systems have different user interfaces and mechanisms to facilitate CVD risk management. Some GPs preferred a “systematic” style (n=5); working through the data entry form provided by the EPR vendor. (average 5.8 items coded with computer use taking 31.7% of consultation). Other adopted a “personalised” style recording data; as it emerged naturally in the consultation. (average 3.25 items coded with computer use taking 25.8% of consultation) There was no statistically significant differences in time spent (p=0.348) or number of items coded (p=0.078) among two styles of consulting.

Comments
There is variability in the way GP computer systems support the assessment of cardiovascular risks. We do not know if a personalised style with little data recorded on the computer achieve better outcomes than GPs who work systematically through data entry forms. There is scope to improve the system designs as well as practitioner training to improve the integration of global cardiovascular risks into the consultations.
Abstract 49 Consensus exists in primary care of what to include in the global assessment of cardiovascular risk: A workshop report

Dr Safia Debar¹, Dr Soha Badshah¹, Dr Simon de Lusignan¹, Pushpa Kumarapeli¹, Tom Chan¹ and Professor Juan-Carlos Kaski².

1- Department of Community Health Sciences, St George’s University of London
2- Cardiovascular Biology Research Centre, St George’s University of London

Background
The risk of cardiovascular system (CVS) disease can be reduced by interventions which can be delivered in primary care. However, guidelines to reduce CVS risk differ in the variables they include. A consensus is needed because Lord Darzi’s recent review of the NHS proposes vascular health checks for all 40-74 year olds starting in 2009.

Objective
To develop a consensus amongst practising GPs as to which risk factors should be included in an opportunistic global CVS risk assessment.

Method
We organised a primary care educational workshop as part of an international cardiovascular meeting. Participants (n=56) consented for the meeting to be recorded and all material to be available online as part of an educational initiative. We used a two stage modified Delphi consensus building process. In round one, delegates indicated via questionnaire which factors form an essential part of CVS risk assessment. They completed a second round a week later.

Results
The first round response rate is 67% (38/56). Delegates agreed pre-workshop that: smoking, physical activity, BP, BMI, total cholesterol, TC:HDL ratio, diabetes, family history and ethnicity were essential. However, delegates were equivocal about: weight, LDL, left ventricular hypertrophy on ECG, hypertension treatment, diet, stress, alcohol, social deprivation, atrial fibrillation, chronic kidney disease and rheumatoid arthritis. Post-workshop the faculty felt that a measure of central obesity and ACR (albumin-creatinine ratio) should be added.

Comments
There is consensus after round one that eight items should form the basis of global CVS risk assessment; this expanded to ten after the second round. The range of risk factors which can be predictive of heart disease is long and GPs appear to be accepting that this may be a complex process. This workshop suggests that there is a bottom-up consensus of what should be included in global CVS risk assessment.
Abstract 50 Who uses an internet intervention for heart disease?

Elizabeth Murray, Reader in Primary Care, University College London
Cicely Kerr, Research Fellow, University College London
Lorraine Noble, Senior Lecturer, University College London
Richard Morris, Reader in Medical Statistics, University College London
Irwin Nazareth, Professor of Primary Care, University College London

Background
Supporting patients in self-managing chronic conditions is central to primary care. Internet Interventions which combine high-quality health information with interactive support services may help. Evidence suggests that such interventions are highly acceptable to patients, and may have a positive impact on health, but there are concerns over equity and access.

Aim
To investigate factors predicting use of an Internet Intervention in a sample of primary care patients with coronary heart disease (CHD).

Methods
A cohort study of CHD patients identified through 10 London general practices in ethnically diverse areas with high Townsend deprivation scores (quintile 5). Participants had unlimited access to the intervention over 9 months and did not need home access to the internet or previous internet experience. Training and details of local public internet access points were provided. Data was collected using both qualitative (semi-structured interviews) and quantitative (self-completed questionnaire) methods and included demographic, psychological, and clinical characteristics, previous internet experience, use of the intervention, and user views. Quantitative data were analysed with univariate and multivariate analyses, qualitative data were analysed thematically.

Results
The 168 participants were 82% male, 84% white, had a mean age of 67 and 45% were educated to degree level. 40% had little or no previous internet experience and 20% had no home internet access. Use of the intervention was associated with age (older people made more use), time since most recent cardiac event, internet access and previous experience. There was some evidence that perceived experience of symptoms due to heart disease also predicted intervention use, but gender, education and clinical characteristics had no impact. Interview data illuminated potential reasons for these findings.

Conclusions
These data contribute significantly to the literature on internet interventions and the digital divide. Stereotypical views of older people not using the internet were not supported, and the data give rise to suggestions for widening access.
Abstract 51 Improving Management in Gastroenterology (IMAGE): Initial assessment of confidence levels in general practitioners

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¹ Joint first authors

Background
There is a lack of accessible, evidence-based guidelines for the management of chronic gastrointestinal (GI) conditions in primary care. General practitioners (GPs) may therefore not feel confident about managing these conditions.

Aims and Objectives
This study aims to identify areas of chronic GI disease management in which GPs feel least confident. Confidence levels will be re-assessed 12 months after the introduction of computerised clinical decision support systems (CCDSSs), incorporating quality criteria developed by the IMAGE project.

Methods
Questionnaires assessing GPs’ confidence levels in the management of coeliac disease, inflammatory bowel disease, gastro-oesophageal reflux disease (GORD) and irritable bowel syndrome (IBS) were developed, based on the Attitudes, Reported Confidence and Behaviour Questionnaire, a validated tool for assessing GPs’ confidence in the management of mental disorders. Each questionnaire contained 9 items which GPs could score from 1 (not confident) to 4 (very confident). Additional comments about challenging aspects of care were also invited.

220 GPs from 33 practices in 7 regions of England were sent questionnaires on one of the four diseases being studied. 178 completed questionnaires were returned (81% response rate): 95 coeliac disease, 30 inflammatory bowel disease, 24 GORD and 29 IBS. Data was summarised using means and standard deviations. Similar questions were compared using one way ANOVA.

Results
GPs’ overall confidence was lowest in IBS (median=22/36) and highest in GORD (median=26/36). They felt most confident in recognising key symptoms of GORD (mean=3.50) and least confident in recognising those of coeliac disease (mean=2.97, p<0.001). They also felt most confident in starting treatment in GORD (mean=3.38) but least confident in inflammatory bowel disease (mean=2.40, p<0.001).

Comments
GPs’ lack of confidence in managing chronic GI disorders needs to be addressed because of its possible implications for healthcare resource utilisation and patients’ quality of life. Studying the impact of CCDSSs on GPs’ confidence levels will be of great importance.
**Abstract 52** A qualitative study exploring how GPs arrive at decisions about the care for patients with dementia living in residential or nursing homes, and what informs ‘best interests’

**Tamar Koch**, Author, as part of an MSc in Primary Health Care, King’s College London  
**Kalwant Sidhu & Carolyn Johnston**, Supervisors

**Introduction**  
This research study sits against the backdrop of National Health Service policies which encourage patient-centredness and autonomy, as well as the Mental Capacity Act (MCA) 2005 which outlines guidance for the assessment of a patient’s best interests. It aimed to define the various factors that feed into the GPs’ decision-making processes when caring for incapacitous residential/nursing home dementia patients, from who makes the decision, to how the decisions are made.

**Method**  
Semi-structured interviews and a clinical vignette were used to gather data. GPs were identified from residential and nursing homes within three south London Primary Care Trusts using purposive sampling. Ten GPs were interviewed and data were analysed using established qualitative techniques.

**Results**  
The results showed that whilst GPs often felt that it was their responsibility to make the decision, the views of others often became a priority. They seemed uncertain about who should be making the decision about care, and how the decision should be made. Value judgements made the application of objective criteria inconsistent. The MCA 2005 was little known, and its guidance rarely adhered to.

**Comments**  
The MCA 2005 not being referred to could be due to its relatively recent appearance, but this could also reflect ineffective dissemination, and further evidence is recommended in order to assess its impact. Furthermore, evaluation of the implementation methods employed could be performed in order to enhance future implementation of guidance. Given the GPs’ uncertainty around this issue, research into patients’ views could help clarify how these decisions should be made.
Abstract 53 Burnout among GPs in South London, 2000-2007: Personal and workplace characteristics and workload

Patrick White, Marilyn Peters, Roger Jones, King’s College London, Department of General Practice and Primary Care

Background
In the UK, GPs’ work satisfaction reached an all time low in the late 1990s. Major changes in GPs’ contracts and remuneration were made since then. We have examined changes in personal and workplace characteristics and workload and in reported burnout in south London GPs between 2000 and 2007 and have sought associations between these characteristics and workload and the reporting of burnout.

Method
A survey of 435 of GPs in the south London boroughs of Lambeth, Southwark and Lewisham, using the Maslach Burnout Inventory and a questionnaire of personal and workplace characteristics and workload, was carried out in 2000. The survey was repeated among 595 GPs in the same boroughs in 2007.

Results
The survey was completed by 304 (70%) GPs in 2000 and 316 (53%) in 2007. No differences were found between the two surveys in the personal characteristics of GPs. Significant reductions in reported workload were seen in 2007 with a reduction in home visits from 0.90/wte-partner/day to 0.71 (t=6.45, p<0.0001), a reduction in GPs doing eight sessions/wk or more from 53.5% to 36% (Χ2=19.9, p<0.0001), and a reduction in GPs seeing 15 or more patients in evening surgeries from 51.4% to 33.8% (Χ2=18.8, p<0.0001). The proportion of GPs reporting high burnout as emotional exhaustion fell from 44.6% in 2001 to 33.2% in 2007 (Χ2=19.9, p<0.0001), and as depersonalisation from 41.8% to 28.8% (Χ2=15.98, p<0.0001), with no change in reported personal accomplishment. Burnout scores were associated with practice environment and workload in both surveys.

Conclusion
Burnout among general practitioners in South London has fallen significantly in association with major changes in the structure and workload of general practice.
Abstract 54 Overcoming the barriers to general practitioners’ (GPs) engagement with the management of overweight and obesity

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Background
Obesity is a risk factor for cardiovascular disease, some cancers and type 2 diabetes and is a growing public health concern. The potential centrality of the role of the GP and primary care in its prevention and management has been recognised in central government policy development.

Aims and Objectives
This paper examines the barriers to GPs’ engagement with the management of overweight and obese patients and considers how these may be overcome. The extent to which GPs feel that this work is their role and that they feel supported and trained to do it is given particular attention

Methods
The Cochrane Library, Medline and PubMed medical databases and the British Journal of General Practice and BMA medical journals were searched using the following search terms and Boolean commands: general practice or primary health care and obesity or weight management and lifestyle interventions. Inclusion criteria were all articles and reviews from 2000 to 2007. The Department of Health (DH) website was searched for recent government policy documents and information concerning health promotion in primary care. The National Institute of Clinical Excellence (NICE) website was searched for recent NICE guidelines on the management of obesity.

Results
Barriers identified include: an expressed need from GPs for more information and guidance on how to address weight issues effectively; practical problems with raising the issue of weight with patients, including GPs’ embarrassment and concern about stigmatising patients; and uncertainty about which interventions are effective. Recent publications and initiatives aimed at overcoming these barriers include: the NICE clinical guidance on the prevention and management of overweight and obesity in adults and children; a recently published DH tool to help GPs discuss their patients’ weight problems in a sensitive manner; and the raising of the profile of prevention and health promotion in undergraduate medical education and postgraduate GP training and continuing professional development.

Comments
The NICE guidance on the management of overweight and obesity is a fairly recent publication and may not yet be widely disseminated. This paper calls for an empirical study into GPs’ knowledge and use of the NICE guidance and its impact on practice.
Abstract 55 Can education for South Asians with asthma and their clinicians reduce unscheduled care? Oedipus: A cluster randomised trial design and progress

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Background
South Asians with asthma are 2-3 times more likely than white patients to be admitted to hospital with asthma. Effective educational interventions are needed to address this health inequality.

Aims
This cluster randomized controlled trial is evaluating a complex educational intervention comprising: 1) specialist nurse self-management advice; 2) lay-led education for south Asians with asthma and 3) consultation skills education for their primary care clinicians. The primary outcome of the study is unscheduled care for asthma.

Methods
All 104 general practices in Tower Hamlets and Newham were recruited and randomised. We identified south Asian patients aged 3 and over attending local hospitals, out of hours, walk-in centre and out-patient services with uncontrolled asthma across two London boroughs. Participants were invited by letter (English and translated) with a freepost reply option. Non-responders were telephoned to invite participation verbally. Researchers were fluent in the relevant languages. Patients were then followed up by telephone after 3 months and 1 year after recruitment. Patients were taught self-management skills by asthma specialist nurses and referred to the Expert Patient Programme (EPP) offered by Social Action for Health, a local community group.

Findings
On completion of recruitment 817 patients were identified, 376 (46%) agreed to take part: 50% are adults, 47% are female and 49% are children. Patients were followed up at 3 months (85% interviewed) and at 12 months (72% interviewed) and by copying medical records (96% copied). 176 participants in the intervention group were referred to the EPP however only 25% attended the courses.

Discussion
We achieved a relatively good recruitment rate in a hard to reach population. Follow up has been successful to date. EPP course attendance was very disappointing and is the subject of a qualitative study. Quantitative results are being analysed and will be presented at the meeting.
Abstract 56 Attending to culture and equality in patient-centred care: A discussion paper

Dr Moira Kelly, Barts and The London School of Medicine and Dentistry

Culture is a hot topic in health. Equality on the other hand has been a major issue in UK healthcare for many years. Inter-related issues arise concerning how both culture and equality affect health outcomes, how we should research them and how staff can be trained to deliver ‘culturally competent’ care. Culture takes many forms and we are all part of numerous cultural groupings that become more or less relevant depending upon which social context we happen to be in. Ethnicity is often used inter-changeably with culture, which may simplify how its relationship with health is understood and lead to cultural stereotyping. This paper will outline current approaches to cultural competence, equality in healthcare and patient-centred medicine. It will then review the way in which culture is socially constructed and organised in relation to healthcare practice and research. The central focus of the paper is an examination of ways in which culture and equality become relevant to patient experiences of health problems and healthcare. The discussion will draw upon analysis from three studies to explore the relevance of culture to care. Research by Rivas, Kelly and Feder has found that whereas there are many similarities in the way women from different ethnic groups who are in psychologically abusive relationships describe their experiences and responses, there are times when culture differences clearly arise. Research by Stivers and Majid in the US has found that ethnicity and socioeconomic status affects how patients and physicians interact in consultations with children indicating an implicit race bias. Kelly, Foster and Griffiths have found that cultural issues may exacerbate interactional difficulties in GP consultations about asthma. Implications for research and the delivery of culturally competent care will be discussed.
Abstract 57 Ethnicity and psychosis: Inequalities in care between white and black patients in primary care

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Background
The incidence of schizophrenia in Black Caribbeans living in the UK is nine times higher than that of the White British population. Schizophrenia itself is associated with high co-morbidity (mostly cardiovascular disease and diabetes) and mortality (Standardised Mortality Ratio, 151). Previous studies comparing the physical health care of schizophrenia according to ethnicity have produced inconsistent results.

Aims and objectives
To determine if ethnicity is a significant predictor of differences in the physical health care of White and Black patients with psychosis by comparing various measures of physical health care and comparing rates of prescribed medication.

Methods
We used data obtained from Lambeth DataNet, a database of medical records of patients registered at general practices in one inner city London borough. Data were obtained from 29 (54%) practices covering 206,100 (58%) registered patients. We selected patients aged 16-74 years with a diagnosis of schizophrenia or other psychosis and with a record of ethnic coding. Data were extracted for the following variables: smoking, blood pressure, cholesterol, HbA1c, BMI, mammography, cervical smear and various types of medication. Data were adjusted for age gender and social deprivation and analysed as adjusted Odds Ratios for Black and White patients with psychosis.

Results
165,911 patients aged 16-74 years were registered at the sample practices. 1694 (1.02%) patients had a recorded diagnosis of a psychotic disorder. Ethnicity data were available for 1090 (64%) patients with psychosis: of these, 501 were White and 403 were Black (psychosis prevalence, 0.87% and 1.82%, respectively).

There were no significant differences between Black and White patients in terms of any of the health screening / monitoring variables, nor in the achievement of quality indicators for blood pressure, cholesterol and HbA1c control. Similarly, there were no ethnic differences in the likelihood of treatment with hypotensives, statins, anti-depressants, lithium, antipsychotics in general nor for atypical antipsychotics. However, depot injectable antipsychotics were more likely to be prescribed to Black patients: OR 2.10 (1.20 to 3.67).

Conclusion
The physical healthcare of patients with psychosis was broadly similar regardless of ethnicity. Black patients were more likely to be treated with injectable depot antipsychotics, a delivery mode which implies concerns over medication adherence.
Abstract 58 Time trends in ethnic disparities in coronary heart disease management: A 10 year population based cross sectional survey in primary care

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Background
There has been limited work on intermediate clinical outcomes in ethnic disparities in Coronary Heart Disease (CHD) management. The National Service Framework in 2000 for CHD outlines the significant higher health risks in certain ethnic groups and highlights the need to focus care accordingly.

Aims and Objectives
To examine CHD target achievements across ethnic groups over 10 years (1997-2006) in a culturally diverse area of North West London.

Methods
Data was obtained from the Brent Clinical Information Management Sharing (CIMS) project which covers 26 Practices with a total registered population of just over 100,000. Percentage achievements by ethnic group of quality indicators (blood pressure and cholesterol) in CHD management were calculated.

Results
The percentage of CHD patients with both blood pressure and cholesterol measured increased significantly in all ethnic groups (whites 15% to 77.1%), South Asians (15.5% to 80.4%), Blacks (24.1% to 81.7%) and Others (19.5% to 74.3%). Similar large improvements were seen in all ethnic groups for cholesterol and blood pressure targets being met. The percentage increase for both targets being met was largest for the Others (18.8% to 73.2% {CI 0.32-0.77}) and smallest for the Blacks (28.6% to 61.4% {CI 0.05-0.71}). There was a significant increase in the number of patients on 3 or more antihypertensive agents across all ethnic groups. There were no statistically significant differences in CHD management between the ethnic groups.

Comments
There has been considerable improvement in the management of CHD in all ethnic groups with no significant disparities in care between groups shown.
Abstract 59 Pilot study to assess the reliability of stroke patients’ reports of visits to their general practice during 12 months of the home blood pressure (BP) monitoring trial

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Background
In an ongoing trial of home BP monitoring in 360 stroke patients, a secondary outcome relating to cost effectiveness is the number of GP visits over 12 months. It is not known whether providing patients with a home BP monitor reduces the number of visits or if they become more anxious and consult their GP more often. We wished to assess reliability of patient reports of GP attendances.

Aims
To compare patient reports of number of attendances to their GP surgery with information from computerised records.

Methods
We looked at the number of GP surgery visits reported by the first 12 patients (mean age 70 years) to complete the final 12 month questionnaire. Practice managers were asked to provide information on these patients’ attendances from medical records.

Results
All 12 GP surgeries responded. Information was provided by: telephone (4 practices), “GP records” questionnaire (4 practices), and a complete list of consultations by fax (4 practices). The mean number of GP consultations from surgery records over 12 months was 8 (range 2-19) of which 2 were for BP. This compares with a mean of 4 attendances (range 0-10) on the patient questionnaires of which 1 was for BP. Thus 11/12 patients under-reported the number of times they had seen their GP (mean difference +4, range -1 to +15). The mean number of consultations with the practice nurse (PN) was 3 (1 for BP) on the GP records, and 1 (0.6 for BP) on the patient questionnaires. 8/12 patients under-reported the number of times they had seen the PN (mean difference +3 range -6 to +6).

Comments
This pilot study suggests stroke patients tend to underestimate their number of surgery attendances. However with 8 GP and 3 PN documented attendances per year, they have more than the average patient.
Abstract 60 Pragmatic clinical evaluation of a personalised treatment programme for smoking cessation

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Background
New therapeutic strategies are urgently needed for tobacco dependence since currently available treatments are only partially effective. Metabolic profile for nicotine is genetically determined and varies considerably between individual smokers. A substantial proportion of smokers currently receive insufficient doses of nicotine when taking conventional nicotine replacement therapy. Thus treatment regimens adjusted according to genetic characteristics offer potential for improved quit rates as part of community based, smoking cessation programmes.

Methods
Pharmacy based, multi-centre, pragmatic, observational study of a novel smoking cessation programme which includes personalised treatment recommendations (PTRs) based on pharmacogenetic data. Genes tested were DRD2, DBH and the cytochrome P450 enzyme responsible for nicotine metabolism (CYP2A6).

Results
203 smokers were invited to participate. Of these, 24(12%) did not complete exercises required to generate a PTR and 44 (21%) did not set a quit date. 135 received a PTR and formed the ‘intention to treat’ group. Median (range) age 45, (17,78) years, cigarettes per day 20 (5, 40), years smoking 25 (3, 52), previous quit attempts 3 (0, 15), 39% male. 83 (62%) took recommended medication, 26 (19%) deviated from the PTR and 26 (19%) chose not to take medication. 35 of 39 participants (90% [95% CI 81%, 99%]) quit at one week and 39 of 83 (48%[95% CI 37%,58%]) at four weeks. Smoking status was validated by exhaled carbon monoxide. Those lost to follow up were assumed still to be smoking.

Comments
Personalised treatment strategies may be more effective than conventional therapy in the short term. These strategies are also likely to reduce costs and minimise the frequency of unwanted effects. Further studies are planned to improve the effectiveness of the intervention by identifying the optimum dose for each genotype group and to compare personalised therapy with current best practice for smoking cessation in randomised controlled clinical trials.
Abstract 61 A comparison of questionnaire, accelerometer and pedometer physical activity measures in older people

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Background
Physical activity (PA) is vitally important for older peoples’ health, but there is debate about how best to measure it. There have been no population-based studies of older people directly comparing subjective (questionnaire) and objective (accelerometer and pedometer) PA measures.

Objectives
To compare i) the convergent validity of the self-report Zutphen physical activity (PA) questionnaire with seven days objective PA measurement by accelerometers and pedometers; and ii) the construct validity of these measures by examining their associations with physical health, psychological and anthropometric variables.

Methods
560 community-dwelling people aged ≥65 years were invited from a UK primary care practice 238(43%) participated. PA was assessed subjectively by Zutphen questionnaire and objectively by 7 days monitoring with an accelerometer: a random half also had a pedometer. A questionnaire assessed health, disability and psychological factors and anthropometric assessment was performed.

Results
Average daily PA levels were: Zutphen 9.1(s.d.6.6)kcal/kg/day; accelerometer activity count 224963(s.d.121721); accelerometer step-count 6443(s.d. 3214); pedometer step-count 6713(s.d.3526). Zutphen score was moderately correlated with accelerometer activity count (R=0.34, p<0.001) and pedometer step-count (R=0.36, p<0.001). Pedometer step-count was highly correlated with accelerometer activity count (R=0.82, p<0.001) and accelerometer step-count (R=0.86, p<0.001). Objective PA measures showed strong associations with health, anthropometric and psychological variables. Zutphen score was not significantly related to most health or anthropometric measures, but was associated with psychological variables and provided information about activity type.

Comments
Convergent validity was strong between accelerometers and pedometers, but weaker between these and self-report Zutphen. Pedometers may be preferred to accelerometers for simple studies, due to their lower cost. Objective measures had better construct validity, being more strongly associated with established PA determinants, and thus offered better value to researchers than the questionnaire, but the latter provided useful detail on activity type, so a combined approach to PA assessment may be preferable.
Abstract 62 Title: QOF+: The design and development of a local QOF

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Background
Limitations of the national Quality and Outcomes Framework (QOF) include insufficient focus on health outcomes, primary prevention, prioritised local health need and health benefit. A local QOF may help address these limitations.

Aims and Objectives
To design and develop a local QOF (QOF+) which has a greater emphasis on prevention, addresses local needs, and reduces inequity.

Methods
Development of the scheme was informed by feedback from patients and practices and by discussions with recognised experts in quality improvement.

A number of existing QOF indicators were identified as candidates that might benefit from additional incentivisation through revised upper thresholds.

Potential new indicator areas were identified and subjected to a structured consultation with local stakeholders to prioritise areas for indicator development. Literature reviews conducted for each selected indicator area informed indicator development. Proposed new indicators were assessed using for importance, scientific soundness, feasibility and clarity. This assessment was informed by the views of local practices, a local stakeholder panel (through a structured consultation), and recognised experts in the proposed indicator areas.

Development of a QOF+ support package was informed by analysis of data on local achievement for existing QOF, and a practice needs assessment.

Results
QOF+ points will incentivise practice achievement of higher thresholds for a selected number of existing national QOF indicators including the following:

- Asthma 6, BP 5, CHD 6, CHD 8, CHD 10, CS 1, DM 12, DM 17, DM 20, MH 6, Stroke 6, Stroke 8.

Additionally, practices will be rewarded for achievement of new QOF+ indicators in the following areas:
- Cardiovascular Disease (CVD) Primary Prevention, Alcohol, Smoking Cessation (including Smoking in Pregnancy) Breastfeeding, Ethnicity, Records, New Entrant Screening (for Tuberculosis), Patient Information, Patient Experience and Patient Safety.

Comments
We hope our work on designing and developing a local QOF will serve as a model for other PCTs wishing to initiate similar schemes.
Workshop 2 Supporting primary care research in London: Accessing NHS service support costs. A discussion and workshop

Gill Rowlands, PCRN-GL
Jo Burns, PCRN-GL
Rosemarie Knight, London School of Hygiene and Tropical Medicine and lead on a PCRN-GL portfolio study

Background
Department of Health Research strategy, as outlined in Best Research for Best Health, provides for an infrastructure to deliver research across England. A key element is the formation of the NIHR Comprehensive Research Network (CLRN). The CLRNs will provide the route for access to NHS Service Support Costs in England. Research studies within the UKCRN national portfolio have automatic access to NHS Service Support Costs (SSCs) via the NIHR CRN. Studies not in the Portfolio do not have access to SSCs.

2008/09 has seen the development and implementation of systems for administering and distributing SSC. These differ between CLRNs to reflect differing local needs. London has 3 CLRNs.

In primary care SSC are commonly those staff costs incurred by Primary Care Organisations whilst identifying or recruiting research participants. Streamlined and simplified access to SSC will undoubtedly bring real benefits to researchers working on Portfolio studies, however understanding and navigating local mechanisms for distributing SSC may also present some short-term challenges. The role of the PCRN in guiding researcher understanding of these systems and working with research teams to facilitate their uptake is key.

Aims
Presentation of: outline of UKCRN structures/ inter-relationships, current SSC distribution systems in London, a London case study.

Discussion on: optimising understanding/use of SSC mechanisms in primary care, thinking about SSC when planning research in London, role of PCRN-GL in facilitating access to SSC.

Distribution of key contact details for: CLRNs and SSCs in London, PCRN-GL

Method
Presentations (max 15 minutes) including use of a worked example, facilitated structured discussion.

Outcomes
Better understanding by London Research Community of the opportunities and challenges linked to access to SSC.

Better understanding of the UKCRN structures and systems as applied to primary care in London.

Better understanding by PCRN-GL of the key issues related to SSC for London’s researchers.
Workshop 3 Whither away or wither away? A workshop to explore possible post-Darzi futures for undergraduate education in primary care

Dr Paul Booton, Imperial College London

Background
The development of teaching in general practice and by general practitioners evolved from the initial ventures in the 1970’s to let students experience a little general practice as part of their overwhelmingly hospital based curriculum, to covering quite broad areas of the curriculum by the mid 90’s. This “new orthodoxy” sees general practice typically involved in early patient experience, communications skills and basic clinical skills as well as experience of general practice. GPs are also frequently involved in curriculum management and assessment.

There is a sense that the primary care curriculum has coalesced around these areas and become fixed there. Is this the final resting place for primary care based education? Are there new areas we should be exploring and aiming to take on?

This workshop is intended to stimulate discussion about future directions for growth and change in undergraduate education and the hurdles we are likely to face.

Aims of the workshop

• to briefly review the state of primary care education across London and South eastern medical schools and assess its strengths and weaknesses
• to look at the opportunities, particularly in the light of the Darzi reforms, for undergraduate medical education and how primary care can contribute
• to look at the threats to the further development of undergraduate education in primary care

Learning outcomes

• to begin a debate on the future directions of primary care education
• to generate ideas for future educational developments in primary care and using primary care staff.

Timetable for the workshop

• Introductory Presentation (5 mins): A brief presentation of current state of Primary care education and review of “post-Darzi primary care”
• Facilitated discussion (25 mins):
  • Where are the weaknesses in the current medical curricula
  • What are the unused opportunities in current primary care
  • Where are the opportunities in the new primary care
• A synthesis of possible futures (10 mins)

What participants need to prepare or bring with them:

• Willingness to discuss knowledge both of undergraduate education and/or new service configurations in primary care.
• Read the draft of tomorrows doctors iii (at https://gmc.e-consultation.net/econsult/uploads/TD%20Final.pdf)
• Sharp minds and bright ideas!