2025

NIHR | School for Primary Care Research

Trainees Event

Abstract Booklet

This booklet accompanies the series of lightning talks presented by our award holders at the 2025 SPCR Trainees Event. We invite you to use it to learn more about their research and to support networking throughout the event and beyond.

Table of Contents

Adam, Balazs

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Research area/specialism: Pharmacy Practice, Social Pharmacy, Hermeneutic Phenomenology

From Theory to Practice: A Critical Review and Meta-Framework for Operationalising Person-Centredness, Therapeutic Alliance and Empathy in Pharmacist-Led Mental Health Consultations.

Despite their expanding patient-facing roles and increased involvement in mental health services, pharmacists' interactions with clients remain largely medication-focused and less client-centred. This trend is compounded by a reported lack of pharmacists' confidence and inadequate training in both mental health conditions and communication skills.

The interrelated concepts of person-centredness, therapeutic alliance, and empathy play a pivotal role in effective mental health consultations, positive client outcomes, and high-quality care delivery. Grounded in the interpretivist and pragmaticist paradigms, we have developed a meta-framework that unifies this triad. The resulting model conceptualises person-centredness across three interconnected levels: the consultation (analogous to the therapeutic alliance), the systems (focusing on multidisciplinary collaboration and leadership), and the intrapersonal (encompassing the practitioner's intellectual, practical, and phenomenological attributes). Functioning as an integral, unifying component across the entire model, empathy is detailed as a three-stage process at the consultation level between pharmacist and client, involving exploration, shared understanding, and optional therapeutic action.

Presented as a comprehensive series of succinct recommendations, this model provides timely guidance, enabling pharmacists to deliver high-quality, holistic, and meaningful mental health care, with the aim of improving client outcomes and fostering effective interprofessional working relationships.

Findings from the interviews will inform co-design workshops with PPI contributions. Findings from the co-design workshop will help us determine how best to adapt falls prevention intervention.

Akinmolayan, Atinuke

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Research area/specialism: Cardiovascular Disease Epidemiology, Women's Health, Primary Care

Long-term Cardiometabolic Consequences of Perinatal Depression using CPRD data.

Perinatal depression (PND) affects over 25% of women during pregnancy or the first year after birth, with higher rates among women under 30 and those in deprived areas. While PND has well-documented impacts on maternal mental health, family wellbeing and wider society, growing evidence also points to long-term physical health risks. Recent research shows that women with PND have a 36% increased risk of developing cardiovascular disease (CVD), including hypertension (50%), ischaemic heart disease (IHD) (37%) and heart failure (36%) as well as over three times the risk of developing gestational diabetes. However, little is known about of the long-term physical and economic outcomes of PND in the UK, particularly among ethnically diverse and socioeconomically disadvantaged populations.

This project aims to address this gap by:
1. Utilising data from the Clinical Practice Research Datalink (CPRD) to assess the long-term cardiometabolic outcomes in women who experienced PND, and how these vary by age, deprivation, ethnicity, and medical history.
2. Undertaking dedicated Patient and Public Involvement (PPI) activities with women from diverse backgrounds to ensure the perspectives of women with lived experience informs the selected outcomes and direction of future research.

Methodology
Key cardiometabolic outcomes will be identified through PPI input and a literature review. Using CPRD data, I will utilise an existing cohort of women who gave birth between 2015-2023, comparing those with and without PND. Analyses will track primary cardiometabolic outcomes, such as hypertension and diabetes for up to five years.

Conclusion
This work will clarify the long-term cardiometabolic risks of PND, supporting strategies to improve maternal health and reduce health inequalities. It will also lay

the foundation for a future doctoral fellowship investigating the long-term outcomes for women who experience pregnancy-related CVD, such as pre-eclampsia.

Amo-Agyei, Silas

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Research area/specialism: My research area is health economics, with a specialism in applied micro econometrics, causal inference, policy evaluation, and the analysis of health inequalities. My work focuses on the socioeconomic and structural determinants of health, healthcare access, and utilisation, particularly among underserved populations. My work applies longitudinal and administrative datasets, using econometric methods to generate policy-relevant evidence that informs the design of more equitable health systems.

Improving equity in early diagnosis and primary care use around the onset of chronic illness.

Chronic illnesses such as diabetes, heart disease and cancer are a growing challenge for the NHS and society, shaping people's health, employment and quality of life, while also driving demand for costly emergency care. By 2022, more than two in five adults in England were living with at least one long-term condition, and over 2.5 million people were out of work due to long-term sickness.

Early diagnosis and timely primary care can prevent complications and improve outcomes, yet disadvantaged groups - including those on lower incomes/education, minority ethnic groups, migrants and people with disability - often face barriers to accessing preventive and planned care, leading to later diagnoses and greater reliance on emergency services.

My project will provide nationally representative longitudinal evidence on how use of GP and outpatient services changes before and after chronic illness diagnosis, and how these patterns differ across social groups. Using fifteen years of data from the UK Household Longitudinal Study, I will track individuals' care use around the time of diagnosis and examine links to health, wellbeing and employment.

Working with NHS practitioners and public contributors, the study will seek to identify where gaps in care emerge and who is most affected, and identify potential solutions to support people at higher risk to obtain earlier care. The findings will provide actionable insights for commissioners and policymakers, informing strategies to promote earlier diagnosis, reduce avoidable hospital use, and deliver more equitable, effective care.

Anjum, Rifah

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Research area/specialism: Dementia, Mild cognitive impairment

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

Mild cognitive impairment (MCI) is considered an intermediary stage between normal cognition and dementia. At present, there is no clinical strategy which enables GPs or secondary care physicians to identify MCI patients at high risk of progressing to dementia.

Furthermore, current estimates of MCI to dementia conversion are based on research cohorts that overrepresent health literate, affluent and White individuals. East London is a diverse and deprived area where dementia risk varies by ethnicity and there is a higher prevalence of modifiable risk factors for dementia than elsewhere. Therefore, progression to dementia is likely to be higher in MCI patients in East London, but this is unknown. The

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

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

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Research area/specialism: Primary Care. Mental Health. Public Health. Health inequalities.

Digital interventions for the self management of distress in underserved communities

Background

Distress is defined as a severe emotional response caused when individuals face challenges in coping with major life changes or stressors. The prevalence of distress is growing in primary care. Conventional treatment options for mental health are limited and contribute to overmedicalization and overtreatment highlighting the need for alternative, evidence-based, accessible interventions that empower individuals to manage distress independently.

Aim/Objectives

The aim of this research is to optimize the Healthy Paths through Stress digital intervention by studying ways to enhance its usability and accessibility for diverse populations enabling it to serve as an effective tool for self-management of distress across various demographic groups.

Methods

This project plans to conduct a systematic review with a thematic synthesis of existing digital mental health interventions. The first phase will be a qualitative study using open-ended think-alouds, followed by intervention mapping and the development of a logic model. Finally, a longitudinal qualitative study will assess and refine the intervention to ensure its feasibility, acceptability, and effectiveness. This project will specifically focus on ethnicity, migrant groups and communities experiencing multiple health inequalities.

Additional information:

This project is currently in its preliminary stages, focused on the systematic review phase. Efforts are directed toward defining the review objectives and refining the search strategies. As the work is in its early stages, no findings or conclusions are available at this time.

Beltran-Martinez, Adrian

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Research area/specialism: Commercial CTIMPs

Improving commercial research in Primary Care.

Primary care is often the first point of contact for healthcare, yet commercial research in this setting remains underutilised, despite its potential to bring innovative treatments and interventions closer to patients. As part of the new national cohort of NIHR GP Commercial Research Fellows, my work will focus on sharing expertise in leading Clinical Trials of Investigational Medicinal Products in primary care, in order to increase research capacity and expertise within the East Midlands and nationally.

By collaborating with regional and national partners—including the Research Delivery Network, Commercial Research Delivery Centres, NHS trusts, and Integrated Care Boards—I aim to strengthen GPs' knowledge of commercial research and support practices in initiating commercial studies. Ultimately, this will enable patients to access cutting-edge care through their local GP.

Birkinshaw, Hollie

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Research area/specialism: Musculoskeletal pain and distress

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

Background
Musculoskeletal pain is extremely common in the UK, and often accompanied by low mood and distress. However, it is unknown how people with shorter-term pain experience pain-related distress; whether it changes in relation to pain duration; and what factors affect distress. Additionally, first contact physiotherapists are now a core part of the primary care team, yet to date, no research has been undertaken with them to explore how they address and manage pain-related distress.

Therefore, this fellowship explores:
1) Changes in pain-related distress over time in relation to pain duration.
2) People's experiences of pain-related distress over time.
3) FCPs' perspectives of pain-related distress in relation to MSK pain.

Bowker-Lonnecker, Lin

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Research area/specialism : To Follow

Using health economic methods to understand the impact of polygenic risk scores in screening for common disease in primary care.

Details to follow

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Research area/specialism: Primary care infection

Use of the FebriDx® host response point-of-care-test for upper respiratory tract infections in primary care: a mixed-methods feasibility study

Background

Upper respiratory tract infections (URTIs) include some of the conditions most associated with inappropriate antibiotic prescribing: sore throat, sinusitis, otitis media.

Novel combination host response point-of-care tests (POCTHR), using ≥2 biomarkers, are proposed as a way to reduce antibiotic overprescribing. There is currently no evidence regarding their feasibility and value for URTIs in primary care.

FebriDx® is a hand-held, 10 minute lateral-flow assay. It measures CRP and Myxovirus resistance protein A (an interferon-inducible protein), biomarkers of immune response to bacterial and viral infections. FebriDx® is recently FDA approved to distinguish bacterial from non-bacterial RTIs.

Aim

Investigate the feasibility and value of FebriDx® for children and adults with acute URTIs in primary care.

Methods
Feasibility cohort study with qualitative interviews and exploratory assessment of diagnostic accuracy. Eligible patients are ≥12 months presenting to GP practices and pharmacies with URTIs, where the clinician is likely to prescribe antibiotics in the absence of further tests.

Patients and clinicians provided data about their belief in the need for antibiotics, and clinician diagnostic confidence, pre- and post-FebriDx®. A nose/throat swab was sent to a research laboratory for multiplex PCR (29 viruses, 13 bacteria).

231 participants were required to detect a difference of 15% in diagnostic confidence pre- vs post-test. Diagnostic accuracy assessment planned through comparison to nose/throat swab PCR and using latent class analysis. Semi-structured interviews with up to 20 patients and 20 clinicians

Results
252 participants were recruited between 17/12/2024 and 12/5/2025, 81.5% from nine GP practices and 18.5% from two pharmacies. Primary outcome data completeness (clinician diagnosis certainty) is 99.6%. Interviews conducted with 22 patients and 14 clinicians. Data is currently being analysed.

Discussion
This study will provide important evidence about the feasibility of FebriDx® for URTIs in primary care; the impact of FebriDx® on clinician diagnostic confidence and belief in the need for antibiotics; and the diagnostic accuracy of FebriDx® for URTIs in the community setting. To our knowledge, this is also the first study to investigate the use of a combination POCTHR by pharmacists. Findings will inform future investigation (in an RCT) and implementation of FebriDx®.

Buckley, Jenni

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Research area/specialism: Axial Spondyloarthritis.

The impact of time to diagnosis on health outcomes in people with Axial Spondyloarthritis (axSpA): a systematic review.

Introduction

Axial spondyloarthritis (axSpA) is a chronic inflammatory arthritis affecting approximately 220,000 people in the United Kingdom. AxSpA is characterised by chronic back pain and stiffness in the spine and sacroiliac joints. Prompt diagnosis remains challenging, with the current time to diagnosis (TTD) taking between 2-5 years. Early diagnosis plays a crucial role in axSpA, as delays can lead to irreversible structural damage and reduced response to effective treatments once started, further increasing the impact on long-term health outcomes. Few studies have evaluated the impact of TTD on health outcomes in people with axSpA.

Aim

To examine the relationship between differing lengths of TTD and its impact on health outcomes in people with axSpA.

Materials and Methods

A systematic review was conducted across Four medical databases (Medline, EMBASE, CINAHL, PsycINFO), which were searched from inception to January 2025. Eligible studies were those which reported a confirmed axSpA diagnosis, a quantified TTD, with at least one recorded health outcome (all health outcomes were considered). Randomised and non-randomised control trials, cross-sectional, case-control, and cohort studies were all eligible. After the initial search, identified studies were transferred to RefWorks, where duplicates were then deleted. Screening was conducted through Rayyan, with one reviewer screening titles and two authors independently screening abstracts and full texts. One reviewer extracted the data with a second reviewer verifying 50%. A narrative synthesis will be conducted, with a meta-analysis considered for outcomes that have sufficient data across multiple studies.

Results

The literature searches returned 7,295 studies, with 575 identified as duplicates, leaving 6,720 to be screened in Rayyan. Title screening removed 2,388, with abstract screening removing a further 4,194, resulting in 138 articles for full text screening. Patients with shorter TTD had less spinal pain and stiffness, less restriction in movement (BASMI), and better physical function (BASFI). Shorter TTD also has an impact on more indirect effects of axSpA on life, including enhanced work productivity and less depression/anxiety.

Conclusion

A significant volume of literature exists on TTD and health outcomes in axSpA. Patients with longer TTD tend to have worse outcomes related to disease activity, physical function, and across wider societal impacts of axSpA.

Byrne, Ailish

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Research area/specialism: Big data analysis; fibromyalgia; systematic reviews; chronic pain

Healthcare Utilisation and its Variation in People with Fibromyalgia.

Fibromyalgia is a chronic widespread pain condition estimated to affect 5.4% of the UK population. It’s a challenging condition to diagnose and manage, and people with fibromyalgia often receive unnecessary and ineffective tests, consultations and prescriptions. Research needs to focus on providing pragmatic recommendations that can support effective care for these individuals. This review aimed to describe how people with fibromyalgia use health services.

Campbell, Gillian

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Research area/specialism: Pelvic health physiotherapy

Conservative managEMent of Pelvic floOr disorders in Women: barriERs to engagement (The EMPOWER Study)

Background
Pelvic floor disorders (PFD) affect half UK women (Cooper et al., 2015), impacting many aspects of life (Peinado Molina et al., 2023). Robust evidence supports conservative management (NICE, 2021), yet only a third seek help (Campbell et al., 2023). Embarrassment, normalising of symptoms and challenges within primary care are proposed as reasons (Jouanny et al., 2024). Detailed research is needed to investigate issues preventing UK women seeking help for PFD.

Aim
To investigate barriers that prevent women who experience symptoms of pelvic floor dysfunction from seeking/accessing help and to identify potential facilitators for seeking help.

Method/Study design

1. Semi-structured interviews with symptomatic women regarding their beliefs/experiences of help-seeking for PFD.
2. National survey of health care professionals (HCP) in primary care to explore management of symptomatic women. Semi-structured interviews with HCP to investigate findings in detail.
3. Focus groups with symptomatic women to investigate potential facilitators that they believe might improve help-seeking.

Qualitative data analysed thematically. Survey analysed using descriptive statistics.

Participants and setting

1. 30 adult women with PFD recruited from an existing database, focusing on those with no help-seeking history. Additional recruitment via posters.
2. HCP recruited via adverts distributed via the research delivery network, professional networks and social media.
3. 12 women with PFD recruited from phase 1 to take part in online focus groups.

Results (final analysis is ongoing)

1. Initial findings suggest the main barrier for women seeking care is lack of knowledge. Most were unaware that symptoms could be treated. Although symptoms were embarrassing in daily life, they were not believed to be serious enough to warrant taking up GP time. Women were not embarrassed however, about discussing symptoms with health care professionals. They believe that better public health messaging regarding causes of symptoms and optimal management strategies could empower them to help themselves and seek further help when required.
2. 364 HCP completed the survey, the majority were GPs (226, 63%), but other relevant professions represented. Most HCP (336, 92%) recommended pelvic floor muscle training and 244 (73%) would choose to do so by referring women onward for specialist supervision. Although specialist services were valued, waitlists were considered unacceptable. Provision appears fragmented throughout the UK.
3. Three focus groups were conducted online and via TEAMs. Participants discussed potential facilitators to help-seeking guided by the themes developed from the interviews conducted in phase 1. Women believed that raising public awareness was important and information should be provided throughout women's lives.

Conclusion

Women want public health messaging and clear reliable information regarding PFD, to empower choices regarding self-management and help-seeking. Provision of conservative services, while valued, does not match current requirements.

Implications

Simple public health campaigns and information sessions have the potential to improve women's quality of life and facilitate informed pelvic health choices.

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Research area/specialism: Migrant health

The Migrant Health Catch-UP! Study: Intervention development protocol and preliminary findings.

Background
Global migration has steadily risen, with 16% of the UK population now born abroad. Migrants in the UK face unique health risks, with higher rates of both infectious and non-communicable diseases, compounded by significant barriers to accessing healthcare. Although UK Public Health guidelines suggest screening at-risk migrants, primary care often falls short, leading to health disparities. To address this, the Health Catch-UP! tool was developed as a digital, multi-disease screening solution for primary care to identify at-risk migrants and improve health equity.

Aims
This study aims to design and co-produce an effective implementation strategy for Health Catch-UP! by developing support materials for patients and clinicians and exploring prototype delivery models.

Methods
This is an iterative intervention development study guided by the person-based approach (PBA). Participants will be England based clinical primary health care professionals (PHCP) and community members with lived experience of migration. We will take a phased approach consisting of three core activities:

1) Participatory workshops
2) Qualitative think-aloud interviews
3) Mixed methods evaluation of the PBA participatory process.

We will establish a community-academic coalition then collaboratively develop:
1) Logic Model
2) Guiding Principles
3) Intervention planning table

This will be an iterative process, with movement back and forth between the stages to allow for a continuous learning process.

Results

A community coalition which includes two academic GPs, four migrant participants with lived experience of health exclusion and one GP has been established. Two online coalition meetings have informed our initial guiding principles, logic model, workshop, and consensus on values we will evaluate ourselves against (valuing contributions and diversity, creating safe space, support, and empowerment).
To ensure that materials are acceptable, feasible, and engaging for the target users our intervention guiding principles will target migrant understanding of preventative healthcare, the diversity of the migrant population and building trusting relationships and for PHCPs improving knowledge/awareness, communication skill and fear of causing stigma, reducing workload, and embracing diversity of PHCP workforce.

Discussion

The PBA approach allows us to combine user-centred design methods where the perspectives of migrants and PHCP are understood and accommodated with evidence-based behaviour change methods to improve Health Catch-UP! uptake, engagement, and outcomes as well as evaluate and reflect on our use of this innovative methodology within the migrant health context.

Chinner-Evans, Amy

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About me: Shared-decision making, Personalised care, Clinical uncertainty, Multiple long-term conditions

Understanding the process and impact of communicating clinical uncertainty as a component of shared decision-making for people with multiple long-term health conditions in primary care.

Background

Clinical uncertainty has been shown to contribute to delays in diagnosis, diagnostic errors, and increased burden of testing and treatment for both individual and system. This is particularly relevant within primary care for the increasing number of people living with MLTC's where healthcare decisions can be complicated by complex health interactions and lack of research. NICE guidance recommends a shared decision-making (SDM) approach for the management of MLTC's to optimise care and reduce treatment burden. However, there is currently little agreement about best practice for the communication of uncertainty as part of SDM. Additionally, patient and practitioner preferences for, and experiences when, communicating uncertainty remain poorly understood.

Aim
To formulate the key components of an educational intervention to support GPs with the communication of uncertainty as part of the SDM process with people with MLTCs.

Methods: This project will consist of four linked work packages

1. Impact Assessment – to proactively plan the research outputs and outcomes (including identifying relevant stakeholders/PPIE for consultation, considering the healthcare context and planning for evidence and dissemination).
2. Scoping review – to map the current literature exploring the communication of uncertainty as part of SDM in healthcare and identify common mechanisms and concepts, as well as highlight where the evidence base is incomplete.
3. Qualitative study – to explore the experiences and preferences of with people with MLTCs, and their GPs, using a comparative thematic analysis approach.
4. Prototype development – to bring together all the findings above into a testable, evidence-based programme theory.

Expected outputs
This project will generate outputs for a range of audiences (e.g. a prototype educational intervention, publications in peer-reviewed journals, presentations at academic conferences and public dissemination), as well as provide a platform for doctoral research skills training in primary care.

Coughlan, James

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Research area/specialism: Health Economics, Dentistry, Data Science

Forecasting Demand for Unscheduled Dental Care: An evaluation of machine learning methods.

It is estimated that approximately 60% of people access dental care routinely in England, while the remaining 40% only attend when they experience a dental issue. However, those who attend irregularly may struggle to book an appointment directly through a practice due to high demand and low numbers of NHS dentists. These patients can seek emergency dental care through NHS 111, which can recommend patients to attend local urgent dental care facilities.

Because demand for these services is unknown, commissioners must attempt to ensure they are commissioning sufficient care to meet population oral health needs, while making efficient use of scarce resources. Forecasting demand for these services can provide data driven estimates of need to guide commissioners and policy makers in their decision making.

Using NHS call data, we forecast emergency dental service demand. We train and test several machine-learning models, including autoregressive models, supervised learning and non-linear models such as gradient boosting and random forest algorithms. We tune the model hyperparameters and evaluate the models using rolling origin cross validation, comparing the root mean square error (RMSE) and mean average prediction error (MAE) of each model.

Our results show that demand for dental services has risen substantially and consistently since the onset of COVID, and has yet to return to pre-Covid levels, with an average of 88,763 monthly calls in 2023/2024. Demand is highest in Midlands and North East regions, and in spring. We find that the ridge regression model performs best with the lowest RMSE and MAE, followed by autoregression and random forest algorithm, although they each have a mean average percentage error of approximately 11%.

In conclusion, forecasting demand using call data alone provides a fair forecast of demand for unplanned dental care through 111, and further research should seek to obtain and incorporate more variables to improve prediction accuracy.

Cross, Rosina

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Research area/specialism: Behavioural Psychology, Physical Activity Promotion, Primary Care, Cardiovascular Care, Process Evaluation, implementation science, qualitative research

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

Background

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

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

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

Stage 1 – Understanding Context: Conduct qualitative interviews with general practice staff and patients to explore the need for an intervention supporting PA promotion.
Stage 2 – Intervention Planning and Co-development: Use findings from Stage 1 and involve stakeholders to develop a prototype toolkit.
Stage 3 – Seeking Funding: Lead a grant application for a study on the toolkit’s acceptability and feasibility in England.

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

Davies, Rachel

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Research area/specialism: End-of-life decision-making, End-of-life ethics, Empirical ethics

"If I had known she would die in hospital I would never have sent her in": An ethnographic study exploring hospital admission decisions in the final year of life

Introduction
Unplanned admissions to hospital in the final year of life are common but may lead to physical and / or psychological harm. It is very hard to prospectively identify patients

who will gain a net benefit from an admission to hospital, just as it can be very hard to prospectively identify those who actually are in their final year of life. If people are made aware that they are approaching the end-of-life they can make their wishes for their care known, and prioritise how they spend their time according to their personal values. This is also likely to impact their views on spending time in hospital.

Empirical evidence suggests that there is variation in the way that clinicians approach decisions of this nature. This empirical ethics study, which is work in progress for my PhD, attempts to add to the conversation by exploring how clinicians consider these decisions, paying particular attention to their ethical reasoning. I attempt to answer the two part question “How do, and how should, primary care clinicians approach decisions regarding hospital admission for people who may be near the end of their lives?” This presentation will summarise the initial qualitative results and address the first part of this question.

Methods

I have carried out participant observation, with other ethnographic methods, with UK primary care clinicians over a six month period. This fieldwork took place in settings where hospital admission decisions, and related work, happened frequently. I am using reflexive thematic analysis to process the data. To address the normative aspect of my question I will be using the method of reflexive balancing to build a discussion and recommendation of how these decisions ought to be approached.

Results

I will present the main themes from my data: Forming a confident connection and 'leaning in', Uncertain risk/ risky uncertainty and Care decision or Treatment decision?

Elton, Lotte

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Research area/specialism: General Practice

The UNITE study - Understanding and improving how the limitations of blood tests are discussed in UK primary care: a participatory ethnographic study

Background

The use of blood tests in primary care has increased significantly: nearly half of all NHS tests are conducted in this setting, and testing rates have tripled since 2000. Blood tests are valuable but are often over-ordered, leading to high costs (£1.8 billion in 2015-16), increased workloads for clinicians, and potential harm to patients. These harms include anxiety, undue reassurance, and unnecessary further investigations. Communicating effectively about the limitations, risks, and purpose of blood tests is critical, but in practice communication is often inadequate. Research highlights that clinicians rarely explain the purpose or limitations of tests, while patients often report feeling uninvolved in testing decisions and unsure about the implications of their results.

NHS guidelines for optimising blood testing in primary care largely overlook issues of communication. Examining what happens in clinical consultations where blood tests are discussed is key to understanding the rise in testing and ensuring blood tests are used wisely. With patients now able to access blood test results online, these communication issues warrant urgent attention.

Aim

This project will use ethnographic and participatory methods to understand and improve how issues such as uncertainty, overuse and overdiagnosis are addressed in primary care discussions about blood testing. The research will inform strategies to promote the judicious use of blood tests.

Methods

This study consists of four work packages:

- WP1: Meta-ethnography synthesising existing qualitative literature on blood testing communication.
- WP2: Detailed ethnographic observation of interactions about blood testing in two GP practices.
- WP3: Video-reflexive ethnography workshops with primary care staff to identify and resolve challenges around blood test communication.
- WP4: Forum Theatre workshops with members of the public to explore new ways to communicate about the limitations of blood tests.

Dissemination and impact

This participatory research will highlight the primary care consultation as a key opportunity for the prudent use of blood testing. Study findings will be used to co-produce a workshop resource (for clinicians) and an online resource (for patients/the public), both aimed at improving how blood tests
are discussed in primary care. These resources will be disseminated via conferences, local community groups, social media, and podcasts.

Engamba, Serge

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Research area/specialism: Relational continuity of care

Enhancing understanding of interventions to increase relational continuity in general practice: a realist review protocol.

Background

Relational continuity of care (RCC), which is characterised by an ongoing therapeutic relationship between patients and their primary care providers, is critical for ensuring high-quality care in general practice. Despite its importance, challenges such as staffing shortages, policy shifts, and evolving patient needs often impede its consistent delivery. With the new GP contract in England highlighting the need for primary care providers to monitor and deliver relational continuity, it is more than ever crucial to understand how best to achieve it.

Aim

This realist review aims to explore how, why, and under what conditions interventions to improve relational continuity are successfully implemented in general practice.

Design & Setting

The review will be supported by an expert stakeholder panel and a patient advisory group to consider the diverse and dynamic settings of general practice, and generate contexts, mechanisms and outcomes configurations exploring how interventions to enhance RCC in general practice work.

Method

Through the synthesis of diverse international evidence sources, including qualitative, quantitative, mixed-methods studies, and grey literature, the review will develop an understanding of the mechanisms that produce relational continuity, the contexts in which these mechanisms operate, and the outcomes they produce for the health system, practices, practitioners, and patients.

Conclusion

The findings will provide data to inform future research and refine strategies and policies that support the effective delivery of relational continuity, which in turn may lead to improved patient outcomes and enhanced care experiences.

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Research area/specialism: General Practice

What can we do to facilitate commercial research uptake in UK primary care?

Commercially funded clinical research in primary care is has potential for expansion in the UK. Working with colleagues the aim will be to develop an understanding of the current scope and scale of commercial research locally and in the wider national context - gaining qualitative insight into the numbers of practices involved, what they are doing, what patients are being asked to do, who are the sponsors, how this is working and what resources this brings to practices involved. Attention will be paid to identifying current barriers and how can these be broken down.

Gao, Chenyi

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Research area/specialism: Health data, oral health, dementia, cardiovascular diseases

Explore the causal impact of Atrial fibrillation on dementia development.

Background

Atrial fibrillation (AF) is a most prevalent cardiac arrhythmia, affecting approximately 33 million global population with increasing prevalence. Recent studies suggested that AF is associated with higher risk of developing dementia. However, the effect of AF on dementia estimated from previous study may not be accurate due to inadequately considered mortality as competing risk to dementia. Meanwhile the impact of AF on different subtype of dementia is less understood. Therefore, this study aims to replicate the association and explore the impact of AF on cause specific and all-cause dementia with consideration of death.

Method

To address this methodological challenge, we will apply and compare advanced data analysis techniques, such as cause-specific cox model to consider different dementia subtypes, especially dementia due to Alzheimer's disease and vascular dementia and all other causes dementia as well as pre-stage of dementia to quantify the risk of dementia associated with AF across different follow-up periods (2-, 5- and 10-years). Cox proportional model will be used to test the long-term impact of all-cause dementia and competing risk model will used to consider mortality as competing risk. These approaches will allow us to evaluate the differences in the impact of AF on different dementia subtype and how different statistical methodologies influence dementia risk estimates and improve the accuracy of prediction models used in primary care setting.

We will use anonymised, real-world data from CPRD, one of the largest and most comprehensive primary care databases in the UK. The linked hospital and mortality data within CPRD will enable robust longitudinal tracking of patient trajectories.

Plan

We are currently working with CPRD GOLD data. In the coming year, we plan to finalise the effect of AF estimates on all-cause and cause specific dementia using CPRD GOLD and extend our analyses to CPRD AURUM. By combining the two datasets, we aim to increase statistical power and strengthen the robustness of our findings. Additionally, we plan to conduct subgroup analyses to explore whether treatments for atrial fibrillation (AF) are associated with a reduced risk of dementia.

Impact

The results of this would inform dementia prevention strategies, including earlier AF screening and management in primary care.

Gillett, Katie

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Research area/specialism: Chronic respiratory condition management in primary care

Understanding the Role of Respiratory Nurse Specialists (RNSs) in Chronic Respiratory Condition (CRC) Management in Primary Care

This doctoral research aims to answer: How can the role of respiratory nurse specialists (RNSs) be adapted to optimise the management of people with chronic respiratory conditions in primary-care?

Background
Chronic respiratory conditions, such as asthma and COPD, contribute significantly to morbidity and healthcare costs. Access to quality respiratory care is vital for improving patient outcomes, yet many adults face barriers to care. Despite the critical role of RNSs, their impact and integration into primary-care settings are not well understood. This research seeks to clarify the RNS role and explore strategies for their effective incorporation into healthcare frameworks.

Aims and Objectives
The primary aim is to explore how RNSs can optimise patient care for those with chronic respiratory conditions. Objectives include investigating the experiences and perceptions of patients, carers, and healthcare professionals regarding RNS integration into health and social care and developing actionable strategies to enhance RNS roles in healthcare delivery.

Methods
This study will use a mixed-methods approach:

1. A scoping review using systematic principles to identify and characterise existing literature on the RNS role in primary and community care for chronic respiratory conditions.
2. Surveys and qualitative interviews with patients, carers, and healthcare professionals to gather diverse perspectives on RNS roles.
3. Focus groups to collaboratively develop strategies for RNS integration into healthcare systems.
4. Patient and public involvement will be central, ensuring stakeholder voices are incorporated.

Timelines for Delivery

- Year 1: Scoping review and survey/interview design
- Years 2-3: Survey distribution, qualitative interviews, focus groups, and data analysis
- Year 4: Writing and dissemination

Anticipated Impact and Dissemination
This research aims to enhance understanding of the RNS role in managing chronic respiratory conditions and propose strategies for their integration into UK healthcare systems. Findings will be disseminated through academic publications, presentations at conferences, and community engagement. Reports will be shared with healthcare providers, policymakers, Integrated Care Boards (ICBs), and key professional platforms, such as the Primary Care Respiratory Society and the British

Thoracic Society, to inform future strategies for integrating RNSs into primary-care. This will ultimately improve health management for patients with chronic respiratory conditions.

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Research area/specialism: Commercial Research

Increasing capacity in Commercial Research

Current plans to increase commercial research in NCL

Goodwin, Rob

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Research area/specialism: Primary care, First contact practitioner physiotherapist

Understanding the support needs of first contact physiotherapists- a realist review

Background
First Contact Practitioner Physiotherapists (FCPPs) have been widely implemented across UK general practice as part of the Additional Roles Reimbursement Scheme (ARRS) to reduce GP workload and improve access to musculoskeletal (MSK) care. While some evidence exists demonstrating clinical and economic benefits of the role, concerns regarding practitioner burnout and potential turnover are emerging. Understanding the context-specific causes that contribute to these outcomes is vital for sustainable workforce planning and support.
The aim of this realist review is to explore how the evolving FCPP role interacts with workplace contexts to influence practitioner wellbeing, burnout, and turnover intentions, and to inform recommendations for improving support needs of FCPPs.

Method
A realist review of UK-based literature examining the implementation and experiences of FCPPs and comparable primary care roles. Following RAMESES standards, we developed initial programme theories through stakeholder consultation and iteratively tested and refined them using evidence from the literature. Data were

synthesised into context–mechanism–outcome configurations (CMOCs), which were grouped thematically into four overarching domains: role characteristics, personal characteristics, caseload complexity, and working environment.

Results
Thirty-four refined CMOCs were synthesised. Findings show that unclear role definitions and role boundaries (CMOCs 1-9) contribute to inappropriate referrals and role overload, compounding an already inherently complex caseload (CMOCs 21-25). These demands, which are further amplified when there is limited supervision and support (CMOCs 26-34), lead to emotional strain, professional isolation, and increased risk of burnout. While individual resilience and experience can buffer these effects (CMOCs 10-20), over-reliance on personal attributes without structural support undermines practitioner sustainability. Turnover intentions were reported where organisational and operational challenges remained unresolved.

Conclusion
Burnout and turnover intentions among FCPPs are not solely the result of personal limitations, but arise from systemic issues including role ambiguity, inadequate integration, and workload misalignment. Addressing these issues requires a coordinated approach involving clear role definition, interprofessional education, enhanced supervision, and improved service design to ensure the long-term viability of FCPP roles.

Harris, Sarah

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Research area/specialism: Women's Health, Gender Health Gap, Qualitative Methodology, Patient-Led Methodology

Understanding and Identifying Barriers to Endometriosis Diagnosis in Primary Care.

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

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

Hawking, Meredith

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Research area/specialism: Social science, primary care and public health

Food Improvement Goals in Schools (FIGS II): Exploring the implementation and impact of universal free school meals in secondary schools.

Food insecurity has become a growing concern in the UK, particularly in high deprivation areas such as the London Borough of Tower Hamlets. Since 2014, Tower Hamlets has offered Universal Free School Meals (UFSMs) to primary school-aged children and in 2023 extended this provision to secondary schools, making it the only place in the country where all school children between 4-16 years old are entitled to a free school lunch five days a week. The Food Improvement Goals in Schools II (FIGS II) is an NIHR-SPCR funded mixed-methods study evaluating how UFSM are implemented, understood and experienced by school communities, with a focus on the wider social and health related impacts on young people and their families.

Our participatory research project has worked with 22 PPIE youth and parent members so far to develop priorities, methods and validate our findings. We will report on the focused ethnography we are currently conducting in five local secondary schools through interviews with 17 staff members, 14 parents and nine focus groups with 38 students, alongside 90 hours observing school food environments. Reflexive thematic analysis is ongoing. A later work package will explore the feasibility of using primary care electronic health records to evaluate the health impacts of the policy on secondary school children.

Our early findings suggest that UFSMs are overwhelmingly popular with parents and staff, and the need for the policy to continue was universally supported. UFSMs are regarded as a key policy for improving equity and reducing the stigma young people and their families used to experience when they could not afford school lunches. Parents report substantial financial relief and better mental health and wellbeing as a direct result of the policy. However, students, staff and parents identified concerns with food quality and its presentation, as well as increasing queues and pressures on staff. Some students appear to value school food less now that it is freely available, with food waste remaining an issue. Given the cost-of-living crisis, the policy comes at a critical moment showing the impact of equitable school food provision models in mitigating food pressures, ultimately supporting children and families' health and wellbeing.

Holland, Emila

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Research area/specialism: Multiple long-term conditions

Understanding the burden of living with multiple long-term conditions, and how this can be assessed in healthcare data.

My PhD aims to try to understand the 'work' (or burden) associated with living with multiple long-term conditions (MLTCs) and to try to identify this work in routine electronic healthcare records.

I have conducted and published a qualitative evidence synthesis looking at the impact of living with MLTCs. My qualitative analysis generated many different work concepts across eight themes: symptom work, emotional work, investigation and monitoring, healthcare and administration, learning and adapting, financial work, medication work and accumulation and complexity.

I subsequently conducted a modified Delphi study to try to reach consensus on the importance of these work concepts with people living with MLTCs and carers (PCs) and healthcare professionals and researchers with MLTC expertise (HRs). HRs were also asked whether they believed these concepts could be identified in, or calculated from, electronic health records.

I am currently analysing a primary care database (SAIL) to look at the prevalence of burden concepts in data and to investigate associations between burden concepts and long-term conditions.

Ibrahim, Kiran

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Research area/specialism: Medication safety and patient care

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

Abstract

Fluoroquinolone (FQ) antibiotics were first discovered in 1960s, since then these are being heavily prescribed for moderate to severe bacterial infections worldwide and are part of WHO's List of Essential Medicines. These antibiotics have many documented adverse effects some of which are very rare and serious and these have only recently gained attention from regulatory agencies after the evidences of frequent case reports globally. Among many adverse effects for multiple body parts and functions, severe psychiatric adverse events have been reported as well which includes psychosis, insomnia, mania, suicidal ideation and hallucinations. In 2016, keeping in view the frequent reporting of adverse drug events associated with this class of antibiotics, the FDA reissued the boxed warning for all available dosage forms of FQs because of the significant risks of severe adverse effects, including suicidal thoughts. Warnings and restrictions are now also in Europe and UK, but these antibiotics are still heavily prescribed in low- and middle-income countries. The decision to implement the restriction on FQs prescribing in high-income countries was not supported by any large-scale quantitative analyses that could have supported the same restrictions in other geographical locations. Due to absence of any convincing evidence or statistical significance, these restrictions are confusing for healthcare professionals and researchers as well.

Aim and objectives

The overall aim of the proposed doctoral research is to describe sociodemographic and time trends of FQ antibiotics and quantify adverse drug events (ADEs) using UK primary care data with a focus on neuropsychiatric outcomes. The three main objectives are as follows:

To conduct a systematic review of observational and RCTs on people prescribed FQ antibiotics to ascertain already reported neuropsychiatric adverse symptoms.

To conduct an interrupted-time series study on the impact of regulatory decisions on FQs in 2019 on FQ prescribing rates among primary care practitioners in England using open data sources such as open prescribing and/or the English Prescribing Dataset.

A population-based cohort study using CPRD/IQVIA IMRD electronic healthcare records to examine the association between FQ prescriptions and short-term neuropsychiatric events.

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Research area/specialism: To Follow

Project Details to Follow.

Details to follow

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Research area/specialism: Medicines optimisation in care homes and social care; medicines optimisation in primary care; medication review; polypharmacy; person-centred care; frailty and older people's care; antipsychotics in dementia.

"How can community spaces support medicines optimisation for older adults with polypharmacy in underserved communities?".

Background

As life expectancy increases, managing the health of older people with multiple health conditions and polypharmacy has become increasingly complex. Much of this care occurs in primary care settings. Polypharmacy presents medication management challenges for older people, their family carers and healthcare services. Problematic polypharmacy is associated with adverse clinical outcomes including adverse drug events (ADEs), falls, hospitalisations, and even death. These issues are especially prominent in socioeconomically disadvantaged and underserved communities, including minority ethnic groups and those with disability. Although structured medication reviews (SMRs) have been introduced to reduce polypharmacy and over-prescribing, access to such services remains limited, particularly for older people in underserved populations who face cultural or other barriers such as difficulties with mobility, or with remote consultations.

Aim

This research proposes using community spaces, such as neighbourhood hubs, clubs, and places of worship, to offer face-to-face, person-centred, proactive medicines optimisation support to help older people better manage their medications.

Methods

The research will be conducted in four phases guided by the person-based approach to intervention development.

Phase-1 will involve a systematic review of existing evidence on using community spaces for medicines-related support, with an emphasis on underserved communities.

In Phase-2, semi-structured interviews will be conducted with clinicians, practitioners, older people, and family carers to identify key requirements and potential barriers for a community-based medicines optimisation support intervention.

Phase-3 will involve the iterative design and co-development of the intervention through a series of workshops, gathering input from both older people, clinicians, practitioners and staff managing existing community spaces/clubs.

Phase-4 will test the feasibility and acceptability of the co-designed intervention with older people with polypharmacy from underserved communities, clinicians who provide medicines optimisation support and staff managing community spaces/clubs.

This research will provide evidence on whether community spaces might be feasible to provide medicines optimisation support and offer a plan for real world evaluation through national community-based support networks.

Outputs:

- Identifying barriers and facilitators for accessing medicines optimisation support
- Understanding patient preferences for how and where they receive medicines optimisation support
- Co-developing a community-based intervention with implementation guidance
- Evaluating the feasibility of delivering medicines optimisation support in community spaces

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Research area/specialism: Primary Care Clinical Pharmacy Practice

PPhoCUs: Polypharmacy, Pharmacists and Clinical Uncertainty.

Introduction

Clinical pharmacists currently represent the largest single group of professionals employed through the Additional Roles Reimbursement Scheme in Primary Care Networks in England. A key role of these pharmacists is to review patients with polypharmacy. The inherent clinical uncertainty associated with polypharmacy review can make decision-making difficult. Low tolerance of clinical uncertainty could incline pharmacists to avoid making deprescribing interventions and instead make no changes to patients' medication regimens. Little is known about how pharmacists navigate clinical uncertainty or what interventions could support them to effectively review complex polypharmacy in primary care.

Aim

To understand how pharmacist decision-making be improved when delivering patient-centred medication reviews in the context of complex polypharmacy.

Methods

Four separate studies were undertaken. Firstly, a critical literature review (CINAHL, Embase, MEDLINE and PsycInfo databases) was conducted, including articles exploring polypharmacy, clinical uncertainty, medication review and deprescribing by primary care clinical pharmacists. Results were thematically analysed and two new conceptual models were produced. Secondly, 70 pharmacist delivered polypharmacy reviews were audio recorded across 10 GP practice sites in the South West of England and West Midlands. These audio recordings were analysed using Conversation Analysis to understand consultation structure and how pharmacists navigate uncertainty with patients. Thirdly, two qualitative interview studies were undertaken with 20 practice-based pharmacists and 15 patients who had received pharmacist-delivered polypharmacy reviews. Thematic analysis was undertaken, facilitated by NVivo. Themes were identified inductively, as well as being mapped to domains within the Hillen Uncertainty Tolerance model.

Results

647 articles were screened, of which 11 (focus group, interview, ethnography and intervention-development studies) were included in the literature review. Three conceptual models generated from literature review and interviews (two novel and an expanded Uncertainty Tolerance model) explain how pharmacists navigate clinical uncertainty when reviewing polypharmacy in general practice settings. These models include internal cognitive, behavioural and emotional factors; new additions include fear of judgement and of being wrong, prescribing etiquette, and trust. Additionally, external moderators of uncertainty tolerance include workplace cultures, informal peer support networks, physical location when providing clinical services, modality of encounter (face-to-face vs. remote), patient behaviour and access to senior colleagues.

Conclusion

These studies have expanded the Hillen Uncertainty Tolerance model and highlighted the role of multidisciplinary working in mitigating clinical uncertainty. These findings have direct implications for how pharmacist-led polypharmacy reviews are delivered in general practice and how they can be optimised to ensure appropriate deprescribing is better facilitated. Effective clinical supervision, in-practice learning opportunities and collaborative working with GPs could help pharmacists mitigate clinical uncertainty and deprescribe effectively when reviewing polypharmacy in practice settings.

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Research area/specialism: Eating disorders, health services, mental health, mixed-method

Improving the identification and management of Binge Eating Disorder and Bulimia Nervosa in primary care in the UK.

Background

Background: Recent empirical research suggests that binge eating disorder (BED) and bulimia nervosa (BN) may not be identified and managed in primary care appropriately, despite available and practical support (Chapter 2).

Aim

To improve the identification and management of BED and BN in primary care in the UK.

Methods
A systematic review was conducted to identify perceptions on the identification and management of BED and BN in primary care settings (Chapter 3). Based on these results, a national survey was created to map current practices used in primary care in the UK (Chapter 4). Using the preliminary results of the survey and the findings from the review, qualitative interviews and focus groups were conducted to inform recommendations for improving the identification and management of BED and BN in primary care in the UK (Chapter 5). All studies integrated perspectives from healthcare professionals and lived experience and were designed with the support of a patient and public advisory group.

Results
The systematic review critically appraised and synthesised evidence on 25 articles, which highlighted four key factors impacting the identification and management of BED and BN in primary care. Furthermore, findings emphasised that all these factors are interconnected, and to improve practice, a comprehensive approach needs to be taken. The national survey mapped out current practice in primary care and found differences in practice across the country and within healthcare professionals (n=347) and patient experiences (n=251). Furthermore, individuals with BN were almost four times more likely to receive a clinical diagnosis than individuals with BED. This was also mirrored in management practices, where individuals with BED relied on self-help while individuals with BN were referred to eating disorder services. Interviews with twenty-four participants suggested that to improve the identification and management of BED and BN in primary care, clear and specific guidelines need to be co-designed, education needs to be provided to HCPs, patients and the public, a screening tool and functional screening pathways needs to be developed, expectations of patients and families about treatment and referral must be managed, and current treatment and referral pathways must be improved.

Conclusions
This work has identified perceptions of healthcare professionals and patients towards the identification and management of BED and BN in primary care, mapped out current practice, providing a state-of-the-art picture and developed evidence-based recommendations for change, integrating both healthcare professional and patient perspectives. The thesis discusses good practices seen in other countries or in other health conditions within the UK, while suggesting next steps for future research.

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Research area/specialism: Health inequalities, Women's Health

How do sex and ethnicity affect bowel cancer referrals in primary care?

"Building an NHS fit for the future," a key UK Government mission, highlights reducing health inequalities and improving cancer diagnosis. Colorectal cancer (CRC), the second leading cause of all UK cancer-related deaths has worse outcomes when diagnostic delays are over two weeks. Ethnic minorities face delays of up to three weeks longer than white counterparts for CRC diagnosis. Suboptimal referrals may contribute to females having longer referral times and worse 1- year survival than males, despite ovarian hormones being protective. Eliminating sex disparities in survival, we estimate, could save one life for every 50 females diagnosed.

Urgent primary care referrals for CRC diagnosis depend on patient symptoms or faecal immunochemical test(FIT) results. Therefore, identifying variations in management could inform targeted educational or policy interventions.

Aim
To explore the inequalities associated with the sex-ethnicity intersectionality on primary care management and outcomes in people with suspected CRC.

Methods
Work package(WP)1 (systematic review and meta-analysis) will identify factors affecting timeliness of FIT and referrals in primary care patients with suspected CRC symptoms across sex and ethnicities.

WP2, building on WP1,will analyse Clinical Research Practice Datalink-Aurum, Hospital Episode Statistics and Office for National Statistics data using regression analysis to investigate sex and ethnic differences in the number and types of tests, treatments and alternate diagnoses for suspected CRC symptoms.

WP3, building on WP1&2,will analyse the above data using time to event models to investigate if sex and ethnicity are associated with (a)time to FIT (b)time to referral and (c)death in patients with suspected CRC symptoms.

WP4, will collate WP1-3 findings through (2x1-hour) focus group discussions with stakeholders including CRC patients, GPs, colorectal surgeons and cancer charity representatives. Themes will be co-identified with my public and patient involvement group and discussions will explore further research, areas of care inequality and potential interventions. Findings will inform a consensus panel to guide policy and research recommendations.

Impact
This will provide critical evidence on CRC detection across sex and ethnicities, informing intervention development and influencing policy. Findings will be reported to the NIHR Policy Research Unit on cancer awareness, screening and early diagnosis and could inform future national guidelines.

Maitra, Shuvasree

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Research area/specialism: Trauma-informed approach/ Population health

Exploring Cultural Responsivity within a Trauma-Informed Approach in the Healthcare Setting.

Around 70% of the global population experiences at least one traumatic event in their lifetime. The experience of traumatic events increases long-term health risks and increased reliance on healthcare services. In response, Trauma-Informed Approaches (TIAs) have been adopted to foster safety, empowerment, and prevent re-traumatisation. Among the six core principles of TIAs, “Cultural, Historical, and Gender Issues” is critical and often operationalised through the construct of cultural responsivity. However, its operationalisation within adult healthcare settings remains underexplored.

Our first objective was to map the current evidence on how “Cultural, Historical, and Gender Issues” is defined, implemented, and evaluated within TIAs in adult healthcare settings.

We conducted a scoping review, systematically searching four databases (MEDLINE, EMBASE, PsycINFO, and CINAHL) for peer-reviewed literature published since 2001, and registered the protocol on OSF. We included primary qualitative and quantitative studies of TIA interventions in adult healthcare settings involving adult participants. To account for the equity, we will extract PRO EDI participant characteristics, and a Patient and Public Involvement (PPI) group will advise on interpreting the findings.

A total of 6,484 articles were screened for titles and abstracts, and 38 studies met the inclusion criteria after full-text screening. We are currently working on extracting and analysing data.

This scoping review will inform the next qualitative study on patients' and professionals' views on whether UK general practice is culturally responsive.

Morgan, Thomas

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Research area/specialism: Primary Care, Commercial Research Delivery, Capacity Building & Collaboration.

Building Collaboration for Commercial Research in Primary Care.

My fellowship aims to strengthen commercial research in primary care by building collaborations and utilising networks that are growing organically, such as CRDC, RRDN and the North West GP Research Peer Support Network. The focus is on increasing general practice participation, fostering links with industry and stakeholders, and piloting practical approaches that make primary care research-ready while ensuring studies remain rooted in community settings.

Morris, Charlotte

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Research area/specialism: Inequalities in Primary Care for People with Dementia

Experiences of primary care for people with dementia from socio-economically disadvantaged areas: a qualitative study.

The increasing prevalence of dementia is expanding the role of primary care in its management. However, inequities exist in primary care for people with dementia, particularly with socioeconomic status. Individuals from socio-economically disadvantaged areas are underrepresented in research on this topic.

Aim
To explore primary care experiences of people with dementia and their carers from socio-economically disadvantaged areas.

Design and Setting
Qualitative interviews with people with dementia and their carers recruited from deprived localities (Index of Multiple Deprivation (IMD) quintile 1 or 2 postcodes).

Method
We undertook 20 semi-structured interviews. Participants were purposively sampled by postcode via the Join Dementia Research Database. Participants were aged >18 years, with any type of dementia or were a carer for someone with dementia. Data were analysed using reflexive thematic analysis.

Results
We identified four interrelated themes. These were: proactive continuity and its role in maintaining identity amidst impending loss, the paradox of healthcare support dropping away as needs increase, navigating the complex primary healthcare system, and uncertainty about where dementia healthcare sits within general practice. Views about the impact of socio-economic disadvantage varied. Some participants felt local resources, or individual social capital affected healthcare they received.

Conclusions
Changes in primary care, including proactive contact, clearer communication of dementia-related care and consistent relationships could improve patient experience. Clarifying primary care's role in dementia management is essential, especially with proposed shifts towards primary care-led post-diagnostic support. Further work is needed to establish if these experiences are described by people with dementia across all social-strata or are specific to areas of socio-economic disadvantage.

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Research area/specialism: Dementia, health inequalities

DEM-SA Study: Exploring person-centred care, care planning and care environments for people with dementia from South Asian backgrounds.

Background
The NHS emphasises the importance of person-centred care for people with dementia, yet there is a lack of culturally appropriate dementia care provision for ethnic minorities and little research into how person-centred care is operationalised for people with dementia from ethnic minority groups. Most dementia care in South Asian communities in the UK is provided at home by family carers. Despite this, there is low uptake of care planning and post-diagnostic support amongst ethnic minorities. This highlights the importance of understanding the care environment and the impact of cultural factors, and how these interact to produce distinct experiences of person-centred care.

Aims
1) Explore what ‘person-centred care’ means in practice for people with dementia from South Asian backgrounds; 2) Explore experiences of care planning and post-diagnostic support in the community, and how this might be improved, taking into account cultural backgrounds and individual needs; 3.) Explore how care environments can be culturally adapted to ensure person-centred care.

Design & Methods
1.) Systematic review and thematic synthesis of qualitative studies focusing on dementia care planning and post-diagnostic support in South Asian populations; 2.) Qualitative multi-site ethnographic study involving interviews (15-20 people with mild dementia and 15-20 carers from South Asian backgrounds), observations (of 6 South Asian people living with dementia and their care networks) and document analysis (of recorded care planning discussions in the community); 3.) Co-design of an information resource for health +/-social care professionals to help facilitate care planning discussions in the community, developed through 3 workshops with up to 10 carers and health/social care professionals and up to 5 people with dementia.

Analysis
Reflexive thematic analysis will be used to analyse the data.

Impact
Findings will help inform better models of person-centred care for people with dementia from South Asian backgrounds, specifically how care environments can be optimised/culturally adapted and how care planning and post-diagnostic support services can be improved in the community.

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Research area/specialism: Mental Health

Can the REBOOT* coaching programme support general practitioners in coping with adverse events? Adaptation and evaluation of a novel intervention.

Workplace stress is a significant issue within the healthcare sector, particularly among general practitioners (GPs), who experience the highest levels of stress and the lowest job satisfaction compared to their counterparts in other high-income countries. This stress is driven by increasing patient demand, workforce shortages, heightened workloads, and insufficient resources. Chronic exposure to such high stress levels leads to burnout, characterised by emotional exhaustion, depersonalisation or cynicism and low professional efficacy.

This occupational phenomenon has significant implications for the wellbeing of GPs, but also impacts the quality and safety of patient care through impaired cognitive functioning and an increased risk of errors. Furthermore, the relationship between burnout and adverse patient events creates an ongoing cycle wherein burnout heightens the risk of errors and patient safety incidents, and involvement in adverse events contributes to clinical distress and burnout.

Despite its significance, comprehensive data on burnout prevalence among primary healthcare professionals is scarce, and interventions that enhance GPs' preparedness for, involvement in, and recovery from stressful and adverse healthcare incidents are limited. Notably, insights into GPs' perspectives on acceptable and effective intervention strategies remain underexplored.

This project seeks to fill these critical gaps through a three-phase mixed-methods research design. First, a systematic review and meta-analysis will be conducted to estimate the prevalence of burnout among primary healthcare professionals and identify variations by participant, setting, and study characteristics. Second, qualitative interviews with GPs will explore their experiences of burnout, their perceptions of burnout interventions, and inform the adaptation of a resilience-enhancing coaching intervention (Reboot).

Finally, the intervention will be adapted, delivered, and evaluated, with outcomes measured in terms of burnout, resilience, and perceived impacts on patient safety. The importance of this research lies in its potential to advance understanding in the field, addressing critical gaps in existing literature. The development and evaluation of targeted individual-level interventions have the potential to enhance GP mental health and disrupt the ongoing cycle between burnout and patient safety. Ultimately, this study seeks to demonstrate the importance of supporting the wellbeing of primary healthcare professionals to ensure the delivery of high-quality, safe patient care.

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Research area/specialism: Pain Management/Rehabilitation

Persistent Pain Management in Prison.

A substantial proportion of individuals entering the UK prison system are prescribed controlled medications for the management of persistent pain. These medications are frequently associated with significant risks in custodial settings, including diversion, illicit trading, and misuse. In response, clinical guidelines mandate the deprescribing of these medications upon incarceration, typically following a biomedical model. This approach results in considerable distress and dissatisfaction among both patients and healthcare providers.

My project seeks to explore the challenges surrounding the deprescribing of controlled pain medications in prison environments. My aim is to develop a physiotherapy led intervention, designed to support individuals with persistent pain during the deprescribing process. The ultimate goal is to enhance the health and wellbeing of people in prison living with pain, by offering a holistic, person-centred alternative to current biomedical practices.

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Research area/specialism: AI-guided POCUS (point of care ultrasound) to enable ultrasound diagnostic outside hospitals

AI-guided POCUS to enable DVT diagnosis in primary care.

Deep vein thrombosis (DVT) is a severe medical condition marked by blood clot formation in deep veins, often in lower limbs, with potential for life-threatening pulmonary embolism (PE). Both DVT and PE constitute venous thromboembolism (VTE), causing significant morbidity and mortality. Factors like stasis, hypercoagulability, and endothelial injury contribute to DVT forming the Virchow triad.

Diagnosing DVT is complex due to symptom overlap, and only 15% of DVT-like symptoms are actual DVT. Ultrasound (US) is the gold standard for DVT diagnosis, offering non-invasive, precise imaging with high sensitivity and specificity, though accuracy can vary based on anatomy and operator experience. Timely diagnosis is vital to prevent severe complications like PE and post-thrombotic syndrome (PTS). General practitioners use Wells Score and D-dimer tests initially, often referring to specialists in emergency departments or DVT clinics. DVT burdens patients and healthcare systems, with complications like PTS affecting quality of life.

AI-guided US devices hold potential to aid non-specialist healthcare professionals in primary care DVT scans, minimising hospitalisations, specialists' workload, and enhancing patient accessibility and convenience.

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Research area/specialism: Diabetes and Cardiovascular disease in primary care

Improving the accuracy of heart disease risk prediction models for individuals with Type 2 diabetes in the UK.

Background
Type 2 diabetes (T2D) is a major health issue in the UK, with rising numbers of cases, especially among those under 40. Current cardiovascular disease (CVD) risk models for T2D are unreliable, often omitting key factors such as age of T2D diagnosis and glucose control. CVD is the primary burden for those with T2D, significantly impacting individuals, families, and healthcare systems.

Aim
To improve prediction of potentially preventable CVD among people with T2D.

Methods

- Phase 1: Systematic Review – A PROSPERO-registered systematic review will evaluate existing CVD risk models for T2D.
- Phase 2: Model Development – Using 10-year data from 3057 participants in the ADDITION-Europe trial, a new model will be developed, considering both traditional and T2D-specific risk factors.
- Phase 3: Model Validation – External validation of the new T2D risk scoring model will be done on a UK-wide T2D dataset.
- Phase 4: Explore stakeholders' preferences – A survey will be conducted with primary care practitioners and patients to understand preferences for model functionality and format. Responses will be analysed to inform the design and integration of the model into clinical practice.

Okello, Immaculate

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Research area/specialism: Chronic illness management/ self-care strategies. Ethnic minority health. Health inequalities.

Support to improve Type 2 Diabetes outcomes for people from black African backgrounds in England.

Background

Type 2 Diabetes Mellitus affects many people worldwide. In high-income countries, like the UK, black Africans have a higher prevalence and greater risk of developing T2D than their white counterparts. Despite numerous initiatives to enhance self-care, challenges like non-adherence to treatment regimens and self-management guidelines remain, resulting in diabetes complications and poorer health outcomes.

Objective

To explore the experiences and perspectives of Black African/Caribbean people in the UK in managing T2D.

Methods

We recruited participants through community groups and snowball sampling. We then conducted online semi-structured qualitative interviews from May 2024 to December 2024. All interviews were transcribed verbatim and analysed using thematic analysis.

Result

We interviewed 20 people (11 men, 8 women, and 1 non-binary) from 13 countries. 14 were married, 5 were single, and 1 was widowed. 14 participants were Christian, 2 were Muslim, and 4 declared no religious beliefs.
Self-management behaviours often align with participants' cultural beliefs and norms. Many preferred interventions that included dietary advice and advice on common herbal supplements. These approaches were considered more effective and relevant to self-care routines.

Stigma and health secrecy were also noted, fuelled by fears of burdening loved ones or facing discrimination. Some participants avoided healthcare services due to negative past experiences, such as microaggressions or racial discrimination. These factors led to a reluctance to seek help and openly discuss health concerns.
Financial and social factors also affected self-care decisions, with many prioritising family responsibilities over personal health. Participants found it difficult to develop healthy coping strategies after diagnosis.

Conclusions

This study highlights the need for evidence-based information on complementary treatments/ supplements, as well as culturally salient advice. It also provides an opportunity to co-design interventions to support behaviour change using reliable information on complementary treatments in diabetes self-care.

Pathmanathan, Anna

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Research area/specialism: Health Inequities and Antibiotic Prescribing

Health Inequities in Primary Care: AMR Ethnicity and Respiratory Health.

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

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

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

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

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

Pedersen, Marie Hauge

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Research area/specialism: Multimorbidity and patient-centred outcomes, Population-based survey and register linkage studies

Patient-perceived treatment burden and its associations with multimorbidity patterns, healthcare utilisation and mortality: A population-based study using Danish survey and register data.

Multimorbidity poses increasing challenges for patients and healthcare systems, as complex treatment regimens often contributes to substantial patient-perceived treatment burden. Treatment burden is associated with poor adherence and lower quality of life, yet population-based evidence on how it relates to multimorbidity patterns, healthcare utilisation and mortality is limited.

This PhD project links data from the 2017/2021 Danish National Health Survey (adults ≥25 years receiving treatment) with longitudinal health registers. Three studies are conducted: (1) to identify multimorbidity patterns and examine their association with treatment burden; (2) to analyse whether treatment burden predicts potentially preventable healthcare utilisation; and (3) to assess the association between treatment burden and mortality.

Preliminary findings from Study 1 (n=14,344) identified eight groups with distinct disease profiles. The largest group ("Hypertension") comprised 31% of the study population, whereas the smallest ("Complex respiratory–musculoskeletal disorders") comprised 3%. High treatment burden ranged from 0.5% in the "Musculoskeletal disorders" group to 47% in the "Complex headache–mental–back disorders" group. This latter group was characterised by a high probability of mental health disorders and pain-related conditions (e.g., osteoarthritis, back disorders, migraine). Associations were consistent across sexes and age groups but weakened with age.

By identifying patient groups most at risk and examining how treatment burden is associated with healthcare use and mortality, this PhD project aims to inform patient-centred support and may guide more effective healthcare planning.

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Research area/specialism: Primary Care Inclusion Health

Improving access to general practice for and with people with Severe and Multiple Disadvantage: bringing together realist methods and co-design.

Severe and multiple disadvantage (SMD) is the experience of homelessness, substance use, violence and abuse, and poor mental health in various combinations. In England, 2.3 million adults (5.2% of the population) face two or more of these, with a high burden of mortality, multi-morbidity and frailty. Despite this, people with SMD encounter significant barriers to accessing general practice.

In my PhD I am bringing together realist methods and co-design to work out how we can improve access to general practice for and with people with SMD. This includes a realist review of effective interventions or components of interventions in primary care, a realist evaluation of 3 sites in England where they try to better include people with SMD, and bringing these findings back to local practices, community organisations and patients to co-design improvements to GP services and accessibility.

Qureshi, Sadaf

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Research area/specialism: Genetics, primary care

Exploring the use of pharmacogenomic testing in primary care- a mixed methods investigation.

The Genomic Medicine Service has the ambition to embed genomic technology across the NHS, making it one of the first National Health Systems to offer genomic medicine as part of routine care for patients. This includes the use of pharmacogenomic testing - matching people to the most effective medications based on their unique set of genes, reducing the likelihood of an adverse drug reaction, and costs.

As evidence for the clinical and cost effectiveness for pharmacogenomic testing develops, implementation issues for primary care in the UK remain unknown. In this study I explore the role of different healthcare professionals (HCPs) in delivering pharmacogenomic testing in primary care, through the use of interviews and focus groups with healthcare professionals and patients. My goal is to understand the views of primary care HCPs and patients on the potential use of pharmacogenomic testing including the barriers and facilitators and when, where and by whom would patients accept pharmacogenomic testing.

Ultimately the aim is to estimate the cost of implementing pharmacogenomic testing in primary care.

Methods
Workstream 1: To recruit and conduct one-hour semi-structured interview with 1) primary care HCPs (n=18) and 2) patients (n=6), to explore awareness, perceptions and potential barriers to PGx testing in primary care.

Workstream 2: To recruit and facilitate four focus groups with 1) primary care HCPs with genomics expertise and 2) patients to refine and validate the proposed pharmacogenomic pathways.

Workstream 3: To develop and refine pharmacogenomic -guided clinical pathways led by various primary care HCPs, informed by interview findings and discussion in focus groups (WS2) and to estimate the cost of implementing each pathway.

Outcomes
This study seeks to enhance our understanding of current awareness and knowledge of pharmacogenomic in primary care among both HCPs and patients. Additionally, it will assess the acceptability and cost-effectiveness of different HCP-led, pharmacogenomic-guided pathways. Findings will provide important insights into the feasibility of integrating pharmacogenomic testing within primary care and inform NHS policy on delivering genomic medicine services effectively.

Ravindraraja, Rathi

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Research area/specialism: Ageing, Epidemiology, Electronic Health Records, Big Data

Mental Health Outcomes and Utilization of Mental Health Care Services in ageing adults in Primary Care.

Advances in healthcare have lengthened lifespans for many millions of people. Health services, and particularly primary care face a major challenge in how best to provide high quality and appropriate care to older individuals. This stage of life is associated with stressful life events such as bereavement, loneliness, co-morbidities, frailty, and financial hardships that can affect mental health. Poor mental health in older adults is accepted as part of ageing by older adults as well as physicians who treat them. However, evidence suggests that this group are not prioritised for non-pharmacological treatments in primary care. Older adults may be missing out on the benefits of psychological therapy and there are potential harms associated with polypharmacy such as an increased risk of falls.

The inequality in accessing mental health care services by older adults has been acknowledged in the NHS long-term plan and the NHS Mental Health Implementation Plan for 2019/20-2023/24.

A key goal is equal access to mental health care to all patients regardless of their age. The COVID-19 pandemic has also exacerbated health inequalities as well as changed the way care was delivered from face-to-face to other digital means. In addition, older adults from the South Asian community- comprising of Indian, Bangladeshi, Pakistani, and other communities- have faced unique barriers when recognising and discussing mental health-. This has leading to a systemic underdiagnosis and undertreatment of mental health conditions within this demographic.

This project aims to map mental health needs and services accessed by older adults using primary care electronic health records. The burden/prevalence of depression and anxiety in older adults will be explored based on age, sex, alcohol consumption, menopause, frailty status, regions, ethnicity, and socio-economic factors at area level. Patterns over time will also be explored. The study will examine changes at (1) the individual patient level by comparing referrals and outcomes within individuals diagnosed with depression or anxiety and (2) at the practice-population level using an interrupted time-series (ITS) design to examine changes in referrals and outcomes by the population after the implementation of the NHS Mental Health Implementation Plan for 2019/20-2023/24, compared to the prior 5-year period.

GPs and patients of South Asian origin receiving care for mental health in primary care will be interviewed to obtain their views and opinions of what they believe are the barriers and facilitators in providing optimal care.
By mapping the need for and usage of mental health care in older adults, the findings from this research will provide valuable information for health care service planning and providers for future improvements.

Read, Katie

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Research area/specialism: I'm a qualitative researcher who uses the person-based approach to develop digital interventions within primary care. I am currently developing an intervention to support primary care practitioners in communicating clinical empathy and realistic optimism during consultations about menstrual problems. I plan to broaden my work to include communication about other women's health topics and to develop interventions for other populations within primary care settings.

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

Patients commonly perceive consultations about menstrual problems (e.g., painful and heavy periods) to be sub-optimal. Both patients and primary care practitioners (PCPs) indicate they value and want effective patient-PCP communication, but that misunderstandings and barriers remain.

The Empathico online intervention aims to enhance PCPs' expression of clinical empathy and realistic optimism during primary care consultations. This PhD aims to use the person-based approach to develop an additional module for the Empathico intervention to enhance communication surrounding menstrual problems. The process includes a meta-ethnography of existing literature, interviews with patients and practitioners to explore their perspectives on these consultations, and iterative optimisation of the module through real-time feedback from PCPs in think-aloud interviews.

Future implementation of the module is expected to support PCPs to enhance their communication of clinical empathy and realistic optimism with patients who present to primary care with menstrual problems.

Samuel, Miriam

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About me: Primary care

Do genetic variants, which are more common amongst individuals of South Asian ancestry, reduce the accuracy of the test we use to diagnose and manage type 2 diabetes.

Type 2 diabetes is a disease associated with raised blood sugar levels, leading to complications such as eye disease, kidney disease, heart attacks and stroke. In 2011 the WHO announced guidance that glycated haemoglobin (or HbA1c) can be used to diagnose type 2 diabetes. HbA1c is a test that estimates average blood sugar levels over the preceding 8-12 weeks by assessing how much sugar is attached the Hb component of red blood cells. It is now commonly used in the diagnosis and management of type 2 diabetes. However, if individuals have genetic variants that influence the structure or function of red blood cells, HbA1c may underestimate underlying blood glycaemia. This could lead to delays in diagnosis and management of type 2 diabetes, which could lead to increased complications.

Genetic variants are more common amongst individuals with ancestry outside of Northern Europe, due to selective pressure from conditions such as malaria. During my fellowship I use data from large cohort studies with linked genetics and health record data to investigate whether individuals with genetic variants suggestive of red blood cell changes are at increased risk of delays in type 2 diabetes diagnosis and management and consequently at an increased risk of complications with type 2 diabetes.

Sealy, Pippa

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Research area/specialism: Commercial research in General Practice

Scoping of Commercial Research in South Central Region.

Commercial research in the UK has been decreasing, but we do not believe this is due to a lack of interested parties so how can we address this?

My initial plan is to:

1. Learn from practices who already participate in a large volume of commercial research

2. Understand the current scope of research/ commercial research in primary care across the region, the facilities and equipment available and the desire for growth

Following on from this I would like to work on collaboration to maximise the opportunities available, and also to inspire the next generation of GPs to participate in research.

Seeley, Anna

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Research area/specialism: Ageing Research

Exploring deprescribing of cardioprotective medications in people living with frailty.

Background
At least 10% of hospital admissions for older adults are due to medication-related harms. Optimising medications for older adults, especially those living with frailty, is a national priority. However, there is a lack of evidence to guide prescribing decisions. This is particularly so for cardioprotective medications i.e. those prescribed to prevent cardiovascular disease (CVD). Understanding the risks and benefits of cardioprotective medications in people living with frailty is complex as frailty increases CVD risk and adverse events from medications. Absolute treatment benefit is difficult to estimate as people living with frailty are commonly excluded from randomised controlled trials (RCTs). Some common adverse effects of cardioprotective medications, such as falls and mobility problems, can in turn accelerate functional decline. Faced with such uncertainty, clinicians describe hesitancy and anxiety in knowing how to tailor medication regimes in this population. Additionally, there is little qualitative research on the experience of patients living with frailty taking cardioprotective medications, or their attitudes towards deprescribing.

Aims
This thesis has two broad aims. Firstly, to understand more about the risks and benefits of deprescribing cardioprotective medications in people living with frailty. The second is to understand what the experiences are of people living with frailty taking cardioprotective medications and what they value as important when making decisions about their medications.

Methods
This thesis will use multiple methods across three linked studies, to answer the research questions.

Study 1: I will use routinely collected data from the Clinical Practice Research Database (CPRD) to identify a cohort of long-term statin users. The main exposure will be statin discontinuation in the follow-up period. This study will have two main parts. Firstly, to understand how often statins are stopped, and what factors are associated with this. Secondly, to explore the risks and benefits of statin discontinuation, and how this varies with frailty.

Study 2: I will conduct a qualitative longitudinal interview study with 10 adults living with frailty, in the community. Participants will be eligible if they are taking five or more medications, including a cardioprotective medication. Informal caregivers may also be recruited, and I will obtain participants' medical records from their GP. Participants will be interviewed three times over a 12-month period, and asked to complete diaries alongside, to explore their experiences of managing multiple medications. By using a longitudinal approach, I will explore how attitudes towards medications change with fluctuating health and dependency.

Study 3: I will conduct a secondary data analysis of the Oxford Pain Activity and Lifestyle (OPAL) study, a cohort of 5409 older adults, recruited from primary care. The OPAL cohort contains detailed information about participant's physical activity, activity, lifestyle and overall well-being, which is rarely coded in primary care records. I will link this information to their primary care records using the Oxford-RCGP Research Surveillance Centre repository (ORCHID). I will use this data to understand the relationship between statins and anti-hypertensive medications and functional decline, in people living with and without frailty.

Implications
The results from study 1 will give a more nuanced understanding of the risks and benefits of statin discontinuation in people. Results from study 3 may provide insights into other risks and benefits of taking cardioprotective medications; retaining autonomy and physical function is of primary important to older adults, but these outcomes are poorly recorded in electronic health records. Results from study 2 will help situate findings from quantitative studies into the context of what matters most to people living with frailty. It will shed light on how medications

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Research area/specialism: Salt, Low sodium Salts, Reformulation, Nutrition, Food Systems, Recipe Boxes

Increasing the awareness, use and acceptability of low sodium salts.

More than 14 million adults in the UK have high blood pressure, and, as a result, have an increased risk of heart disease and stroke. High salt consumption is a key contributor to high blood pressure. There is potential for increased use of low-sodium salt substitutes and corresponding reductions in raised blood pressure, cardiovascular diseases, and death. A range of implementation strategies exist, and modelling will help to highlight the most effective. The challenge is how to increase their use, and trials will test implementation strategies.

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Research area/specialism: Osteoarthritis

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

Background

Osteoarthritis (OA) is a common condition affecting approximately 8.5 million people in the United Kingdom (UK). It causes pain and disability which impacts people's function and wellbeing. OA is often perceived as a progressive condition inevitably leading to joint replacement. Recent and growing evidence highlights that OA has a variable clinical course that is often experienced as acute symptoms changes or 'flares (sudden onset episodes of acute signs and symptoms that can lead to mental and physical distress). Consequently, managing OA solely as a long term progressive condition is likely to lead to suboptimal care. The National Institute for Health and Care Excellence (NICE) recommended treatments for OA are exercise, weight loss (if required) and provision of information to support self-management. What information is available to help people with OA flares manage their symptoms is currently unknown, and is a NICE research priority.

Aims and objectives

The overarching aims are to explore knowledge, understanding and confidence related to the management of OA flares to inform the development of an OA flare self-management resource.

Methods

The overall study design is a sequential multi-methods study with three interlinked work packages:

1. An environmental scan of internet based OA flare patient information resources to understand what information is currently available
2. Qualitative interviews with people with OA and healthcare professionals (HCPs) (n=30) to understand their experience of care for OA flares, and preferences for a new resource
3. A community of practice (n=20) involving stakeholder co-design to develop an OA flares self-management resource

Expected outcomes

1. An understanding of what internet-based OA flare information is currently available.
2. An understanding of people's preferences for an OA flare resource
3. A co-designed OA flare information resource.

Strelchuk, Daniela

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Research area/specialism: Mental health

Guided self-help EMDR for PTSD in primary care.

Background

The prevalence of PTSD in primary care is around 12%. PTSD can be a debilitating condition which may cause significant problems with work or relationships. Left untreated, it can last for many years. Patients presenting in primary care with PTSD can be referred for eye movement desensitisation and reprocessing (EMDR) therapy, which is a highly effective treatment for PTSD. EMDR is usually provided in-person in secondary care services, but the waiting lists to access it can exceed one year. This is partly explained by the limited number of therapists, the high costs of therapy, and some patients preferring to be treated in primary care.

There is increasing evidence that self-help, internet-based interventions can reduce symptoms of PTSD. As the majority of the UK population have access to a laptop/smartphone, and an increasing number of people turn to the internet to manage their mental health, the use of guided self-help interventions (where the individual would access treatment in their own time via the use of a computer/smartphone, and also occasionally meet with a therapist to discuss treatment progress), may offer a promising alternative to in-person treatments. This study aims to prepare the ground for the development of a guided self-help EMDR intervention for use in primary care for people with mild to moderate PTSD.

Methods

Up to 45 qualitative interviews will be held with EMDR therapists, patients with PTSD, GPs/practice nurses and psychological wellbeing practitioners. They will explore clinicians' and patients' views of the utility and acceptability of a guided, self-help EMDR intervention, and assess their views on its' content, format, and the extent of therapist guidance.

Expected results

The study has received ethical approval, and qualitative interviews are currently underway. We anticipate that the study findings and the first version of the guided self-help EMDR prototype will be available by December 2026.

Sultan, Najia

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Research area/specialism: Qualitative methods, British Pakistani communities, Generalist Care, Multimorbidity

Symptom appraisal and help-seeking in British Pakistanis with multimorbidity.

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

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

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

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Research area/specialism: Oral Health, Healthy Ageing, Health Systems and Policy

Developing an essential oral health package for older adults in England to strengthen primary care.

Oral diseases are a major public health problem that adversely affects the quality of life of those affected. In England, the growing burden of oral conditions, combined with demographic shifts to ageing societies and epidemiological transitions in their oral health needs, which are increasingly complex and diverse, highlights the imminent challenge for the healthcare system, particularly for this population group.

The WHO Global Strategy and Action Plan on Oral Health emphasises establishing an essential oral health care package that is accessible, affordable, and available through primary care. This study aimed to develop an essential oral health package for older adults that is accessible, affordable, and deliverable through primary care services in England. The study was conducted in three phases. Phase 1 was a situational analysis comprising a literature review and quantitative analysis of national-level datasets to identify oral health needs and factors influencing access to NHS dental services for older adults in England.

Phase 2 involved a qualitative study to explore further the perspectives of a wide range of stakeholders on oral health needs and factors influencing access to NHS dental services. It included the perspectives of ethnic minority groups and head and neck cancer survivors. Evidence from these phases, along with the WHO Compendium Tool, informs Phase 3, which is currently ongoing, to reach a consensus on the essential oral health package using the modified Delphi method. Ultimately, this study will develop a context- and need-specific oral health package through the active engagement of a wide range of stakeholders.

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Research area/specialism: Health service research, Epidemiology, Health Data Science

Identifying and reducing low-value care in primary care.

Low-value care refers to medical treatments or tests that provide little or no benefit to patients, may cause harm, and waste valuable healthcare resources. primary care, this could include prescribing medications that offer little benefit and may cause side effects or ordering tests and scans that don’t change treatment decisions, but still clog up the system, pushing up waiting times and delaying care for those with real, sometimes urgent, health needs.

Research shows that around 25% to 30% of healthcare services in developed countries may be low value. For patients, this doesn’t just waste time; it can cause stress, side effects, or harm from treatments they didn’t need in the first place. There are growing international efforts to tackle this problem. Initiatives like Choosing Wisely, the Beers Criteria, and the Screening Tool of Older Persons’ Prescriptions (STOPP) offer helpful guidance, but translating lists into practice has proved difficult. Despite this, we know little about how often low-value care happens in primary care settings in the United Kingdom or its impact.

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Research area/specialism: Multiple Sclerosis

Investigating the role of infections in Multiple Sclerosis: Retrospective case-control study on the development of Multiple Sclerosis and a cohort study on factors influencing infection risk in people with established MS.

Rationale

Prior to a clinical diagnosis of multiple sclerosis (MS), individuals often present with increased healthcare use and non-specific symptoms, a period referred to as the MS prodrome. Infections may represent part of this prodromal phase, while others—particularly during childhood—may act as risk factors for MS onset. Distinguishing between prodromal markers and causal risk factors is essential for understanding disease initiation. After diagnosis, people with MS (pwMS) also experience heightened infection risk, yet the determinants of this susceptibility remain poorly defined.

Methods

Using routinely collected healthcare data from the Clinical Practice Research Datalink (CPRD) and the prospective OPTIMISE-MS cohort, we will (1) investigate infections that may increase the risk of MS, (2) characterise infection-related events during the MS prodrome, and (3) identify factors that contribute to infection risk among pwMS.

Results and potential impact

Findings may improve early recognition of prodromal MS, facilitating timely diagnosis and treatment initiation. Identifying drivers of infection risk in pwMS could inform personalised prevention and management strategies. Together, these insights aim to advance understanding of MS onset and optimise long-term care.

Vennik, Jane

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Research area/specialism: Learning disability and neurodivergence.

Carer support for people with learning disabilities attending annual health checks in UK primary care.

Background

People with learning disabilities experience significant health inequalities: they have poorer physical and mental health and reduced life expectancy compared to the general population. Annual health checks are recommended internationally to identify unmet health needs, monitor ongoing health problems, promote health and well-being, and are available to all patients on GP practices intellectual disability registers. However, these checks vary between GP surgeries, and people with learning disabilities report mixed experiences. Carers often accompany people to appointments, but they can be unsure of their role and how they should support people to understand, interpret and implement their health plan and manage their health afterwards.

The aim of this work is to explore out how professional/paid and family carers support people with learning disabilities to attend their annual health check, to understand and implement their health plan, and to manage their health afterwards.

Methods

Qualitative semi-structured telephone/online interviews were conducted with a purposeful sample of 19 professional and family carers, varied according to age, gender, ethnicity and carer role and experience. Participants were recruited through community groups, charities, social media, and through word of mouth. Interviews were audio-recorded, transcribed, and analysed using thematic analysis.

Results

Carers reported mixed views on the value of health checks ranging from recognition of important benefits when checks were carried out well, to frustration at a limited “tick box” approach. Carers emphasised that people with learning disabilities have varying needs that should be recognised and responded to individually. Health checks should be tailored to the individual, reflect known health risks, and consider people’s longer-term health. Whilst reasonable adjustments were rarely discussed, carers generally reported positive overall experiences with their GP practice. This was enhanced when there was continuity and familiarity with primary care staff, and staff who were trained and knowledgeable about learning disabilities made carers more confident in the process. The multifaceted role of organiser, supporter, advocate, and facilitator makes the carer an important and pivotal partner in the annual health check.

Conclusions

Carers need to balance their roles to promote patient agency and independence, whilst ensuring that healthcare needs are communicated, understood and acted upon. This complex positioning highlights the critical importance of recognising and supporting carers in their diverse roles during annual health checks and supporting subsequent self-management.

Watterson, Joy Oghogho

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Research area/specialism: Rehabilitation and Ageing Research

Adapting Action Falls Programme for Ethnic Minority Stroke Survivors: A Qualitative Exploration of Participation in Healthcare Interventions delivered at Home and Community Centres.

Degenerative Background

Evidence shows that the onset of stroke in ethnic minority individuals is five years earlier than their white counterpart, and at higher risk of severe adverse outcomes, with multiple long-term unmet needs. Ethnic minority stroke survivors are underrepresented in falls prevention intervention research and healthcare interventions delivered in the community. The Action Falls programme is a falls management tool that manage falls by finding out what causes them and suggest ways to reduce the risks. This doctoral study will explore the contextual issues to engaging adult ethnic minority population in healthcare interventions more broadly with the view to tailor the findings to adapting the Action Falls programme for ethnic minority stroke survivors.

Aim

To explore how Action Falls programme could be adapted to meet the needs of ethnic minority stroke survivors.

Method

Three work components are proposed to achieve this:

1) Qualitative systematic review
2) Qualitative study consisting of interviews, focus groups and informal conversational interviews
3) Co-design workshops and action research

Progress to date

Qualitative systematic review

The review is currently in progress. The aim is to systematically identify barriers and enablers to adult ethnic minority patients' participation in healthcare interventions delivered in the community in the UK. 4027 articles were identified and 76 articles included for full text screening. Only studies reporting qualitative data, healthcare intervention for a diagnosed condition including those at risk of a healthcare need such as fall, frailty, fatigue and ethnic minority population will be included in the data analysis.

Qualitative study
Semi-structured interviews, focus groups and informal conversational interviews will be used to explore the views of ethnic minorities on accessing healthcare interventions delivered at home or in community centres and to understand how they could be supported to utilise these healthcare interventions. REC favourable opinion has been obtained. Recruitment begins 30th September. PPIE members has contributed to the development of this study and will be involved throughout the study cycle.

Next steps
Conduct co-design workshop and action research to identify how to make culturally acceptable adaptations and determine the usability and acceptability of the proposed adaptation to the Action Falls programme for ethnic minority stroke survivors.

Wood, Lianne

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Research area/specialism: Spinal disorders

Unpicking the diagnostic journey of people with degenerative cervical myelopathy.

Degenerative cervical myelopathy (DCM) is a progressive neurological condition that can result in complete or partial loss of the use of one's limbs, costing the UK economy an estimated £681 million per year.

The aim of my study was

1. to calculate the incidence and prevalence of DCM in the general population;
2. identify early presentations of DCM using retrospective data over five years before a diagnosis for DCM was given,
3. identify the diagnostic accuracy of signs and symptoms associated with DCM;
4. explore facilitators and barriers to diagnosis in primary and community care through qualitative interviews with stakeholders.

Using routinely collected electronic health data from the Clinical Practice Research Datalink Aurum and linked to NHS hospital records, I have included cases with a medical code of DCM linked to their patient data. I have matched these 13,600 cases to 4 controls, using age, gender and region. The estimated crude incidence of DCM is 6.3 (95% CI 6.14, 6.38). Age-standardised incidence is greater in each year of analysis than the crude estimates, following the same trends. Male incidence is higher than female incidence. The age-specific diagnosis peaks for both genders between 75-79 years.

I am still in the process of finalising the health care utilisation trajectory data, and the diagnostic accuracy of symptoms. I have completed 37 interviews with patients (n=10) and clinicians (n=27) exploring the barriers and facilitators to providing a diagnosis of DCM. The incidence of DCM in general population is greater than previous studies have shown, but remains smaller than expected. It appears to predominantly affect older adults. Patients have described challenges and unexpected barriers to seeking a diagnosis, with dismissal, disbelief and lack of neurological examination frequent themes.

Woodward, Abi

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Research area/specialism: Carers, South Asian communities, cultural barriers, health inequalities, deprivation

Co-producing culturally relevant social prescribing for South Asian family carers.

Around 5.7 million people in the UK provide informal (unpaid) care. While all carers face health challenges, South Asian carers often experience greater social isolation, anxiety, and poorer health outcomes. Despite this, they remain underserved by social prescribing (SP). Cultural norms, language, and trust strongly influence engagement in SP. The aim of this study is to co-produce a set of guidelines and recommendations for improving culturally tailored SP support that can improve health and wellbeing among South Asian family carers.

Wyke, Eleanor

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Research area/specialism: Health inequalities, co-production, multiple long-term conditions, community-based health and wellbeing initiatives.

Social Connection: Gathering community insights to inform Public Health practice.

As part of my fellowship placement at my local Integrated Care System I used my research skills to support a Public Health team with community insight gathering around social connection, community activities and volunteering. I'll give an overview of the work and talk about how it's feeding into my PhD proposal plans.