AUDGPI ICGP UNIVERSITY OF LIMERICK OLLSCOIL LUIMNIGH School of Medicine

8th & 9th March 2024, University of Limerick

2024 AUDGPI ICGP

Joint Annual Scientific Meeting

#AUDGPI24

Welcome to the University of Limerick!

Fáilte!

UNIVERSITY OF LIMERICK OLLSCOIL LUIMNIGH

The University of Limerick Medical School, the Association of University Departments of General Practice in Ireland, and the Irish College of General Practitioners have formed a collaboration to host the annual AUDGPI ICGP research conference in March 2024 in Limerick, Ireland. This conference provides a platform where the best Irish General Practice and Primary Healthcare research can be presented and debated. This year's Conference theme is 'Connecting with Communities at the Edge'.

Sponsors:	Also supported by:
MEDISEC with MedPro; Promed A Partnership in Practice	HEALTH RESEARCH BOARD Primary Care CTNI CLINICAL TRIALS NETWORK IRELAND

2024 Conference Mission Statement - Aims

We believe passionately that by people coming together and working together and sharing ideas, we can help improve the health of all communities who are 'living at the edge'. In one way, all communities are living at the edge - as access to treatment, cost of treatment, and healthcare staff recruitment and retention, continue to be barriers to optimal healthcare for communities internationally. Some communities are at the geographical edge, others at the financial edge, more at the edge because of stigma and social exclusion, and all of us are at the edge of sustainability, where we are now questioning our relationship with the planet and the natural world.

Objectives

The main objectives of this conference are to:

1. Create a safe space for the presentation of scientific work from disciplines that inform the fields of general practice, primary care, and public health.
2. Allow opportunities for the creation of collaborative links between academics and practitioners.

University of Limerick Host Organising Committee
Professor Liam Glynn and Professor Anne MacFarlane – Co-Chairs of the Limerick Conference Steering Committee.

It is our honour to host the 10th Joint Annual Scientific Meeting of the Association of University Departments of General Practice in the School of Medicine at the University of Limerick. You are most welcome to our beautiful parkland campus in the mid-west of Ireland. We are delighted to have three plenaries that explore different, but complementary, aspects of our theme **"Connecting with Communities at the Edge"**.

There was tremendous interest in this meeting with a record total of 154 submissions. This is the largest number of submissions to date for this annual meeting. Thank you to all practitioners, researchers, and educators, at all career stages, for submitting your work. We look forward to learning together about the latest evidence from you on a range of topics relevant to the fields of general practice, primary care, and public health.

We would like to thank all members of the Steering Committee who supported the conference organisation with particular mention to our co-hosts Gillian Doran and Dr. Aileen Barrett, Academic Lead, Research, Policy from the ICGP and Prof Ray O'Connor, Assistant Scheme Director of the ICGP Specialist Training Scheme Mid-West. We are also very grateful to Prof. Andrew O' Regan and Dr Jon Salsberg who led the Scientific Committee; Prof. Patrick O'Donnell, Elena Koskinas for overseeing medical student involvement; Prof. Aidan Culhane for organising CPD arrangements; and to Prof. Peter Hayes for leading the development of the conference schedule and, also, for leading the social programme. A most sincere thank you to Monica Casey and Dénia Claudino who provided sterling support to the Steering Committee from the beginning to bring all our plans to fruition. We thank colleagues who took part in the work to review abstracts and select prize-winners and to all involved in the Fiona Bradley award. Finally, thank you to our sponsors Medisec, and Promed. We are also grateful to the HRB PCCTNI for their support.

We hope that you all enjoy this event and benefit from the scientific and networking opportunities. Have a great conference!

Irish College of General Practitioners

Fintan Foy, CEO, Irish College of General Practitioners

The ICGP is delighted to collaborate with the AUDGPI once again. This is the 10th Joint AUDGPI ICGP Annual Scientific meeting, and the breadth of the programme and the variety of keynote speakers are indicative of the broad scope of the daily work of general practice. There is a long history of collaboration between the ICGP, AUDGPI, and the Universities which we hope will continue and will grow so that together we can inform the debate on issues relevant to general practice today. Research and audit enable GPs to contribute to the evidence base that underpins their discipline and to inform improvements in patient care. Events such as this are an important component in disseminating and discussing project findings and data generated within general practice.

We hope you enjoy the conference but most importantly, interact and learn from one another.

AUDGPI Executive Committee

Emma Wallace, Chair AUDGPI Executive Committee

On behalf of the Association of University Departments of General Practice in Ireland (AUDGPI), I would like to warmly welcome you to the 2024 AUDGPI/ICGP Annual Scientific Meeting hosted by the School of Medicine, University of Limerick in partnership with the Mid-West GP training programme and the Irish College of General Practitioners.

This meeting brings together clinicians, researchers, postgraduate trainees, and students from across the island of Ireland to showcase general practice and primary care clinical and medical education research and innovation. There is an excellent two-day programme including plenaries from international and national speakers focussing on addressing health inequalities and promoting social inclusion in primary care healthcare service delivery, education and research. This conference will be an opportunity for attendees to share ideas and develop collaborations that will support evidence-based primary care research, education, and service delivery into the future.

On behalf of the AUDGPI executive committee, I would like to thank this year's ASM organisers led by Prof Liam Glynn and Prof Anne MacFarlane in the University of Limerick with co-hosts from the ICGP and Mid-Western GP colleagues, led by Gillian Doran and Aileen Barrett and Prof Ray O'Connor respectively.

I look forward to seeing you in Limerick.

Professor Emma Wallace, GP, Parklands General Practice, Cork, Chair in General Practice, University College Cork & Chair, AUDGPI executive committee

Mid-West GP Training Scheme

Dr Brian McEllistrem, Scheme Director, ICGP Specialist Training Scheme Mid-West

It is a pleasure to see AUDGPI coming to the Medicine School in the University of Limerick, which is being co-hosted with ICGP Specialist Training Scheme Mid-West led out by Prof Ray O'Connor, ASD. This event builds on the strong ties between GP training and post-graduate medical training in the Mid-West and is very welcome. Many of our trainees have attained their medical degrees at the UL School of Medicine. They have also completed their internship, amongst other roles, in the Mid-West and go on to train in General Practice. Thankfully too the evidence shows that many stay subsequently in the Mid-West as GPs. Events such as this and similar recent events, including intern training, are most welcome in reinforcing these ties which pay dividends in patient care ultimately.

We in the ICGP Specialist Training Scheme Mid-West, welcome our colleagues and welcome to wonderful Limerick and the Mid-West!

Early Career Researchers

Dr Caroline McCarthy, Clinical Lecturer and Research Fellow, RCSI
Dr Dónal Wallace, Assistant Professor in General Practice TCD

Dear Early Career Researchers,

Welcome to the AUDGPI ASM! We are thrilled to have you join us for an enriching and engaging experience. We are especially excited to invite you to our Early Career Workshop, focusing on the innovative use of Generative AI in academia. This 90-minute session promises to be a blend of learning and interactive exploration. Here's what you can expect:

1. **Academic Writing and Generative AI**: Discover how Generative AI, including tools like ChatGPT, can revolutionize academic writing. We'll delve into practical applications, demonstrating how AI can enhance your research and publication efforts.
2. **Generative AI in Medical Education**: Learn about the potential of AI as a dynamic tool in medical education, shaping the future of how we learn and teach.
3. **Ethical Considerations**: As we explore these advancements, we'll also touch upon the critical ethical implications that accompany the use of AI in academic settings.

The workshop will be highly interactive, including live demonstrations with ChatGPT, to give you a hands-on experience.

Evening Social Event: Join us on Friday evening for the Early Careers Researchers Gathering . It's a perfect opportunity to network, relax, and have some fun before the main ASM dinner. For an ice-breaker, we'll engage in a light-hearted activity where you'll be creating whimsical, AI-generated art descriptions! We look forward to catching up – let's make this a great meeting full of learning, innovation, and maybe a bit of fun too!

Addendum: Please note that the development of the above welcome note for our early career researchers involved the innovative use of ChatGPT, an AI language model created by OpenAI.

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VENUE AND PARKING

School of Medicine, University of Limerick, Limerick, V94 T9PX, Ireland +353 (0)61 202700

Campus Map (ul.ie)

Travelling to UL by bus

- Dublin Coach via Route 300 M7 Express: Dublin – Limerick – Ennis – Killarney which stops at the University of Limerick (online booking offers discounts & guaranteed seats)
- Bus Éireann Main Limerick City Centre bus service (allows Leap Card us) 304 & 304A are the main buses for in and out of UL.
- Above buses stop at the Student Centre in UL (#16 on the campus map)
- Midlands to Limerick Route 72 bus goes from Limerick bus station to Athlone bus station, the Hurlers bus stop is a 15 minute walk to UL.
- Cork – Limerick – Galway Route 51 stops at Cork/Limerick/Galway bus stations.

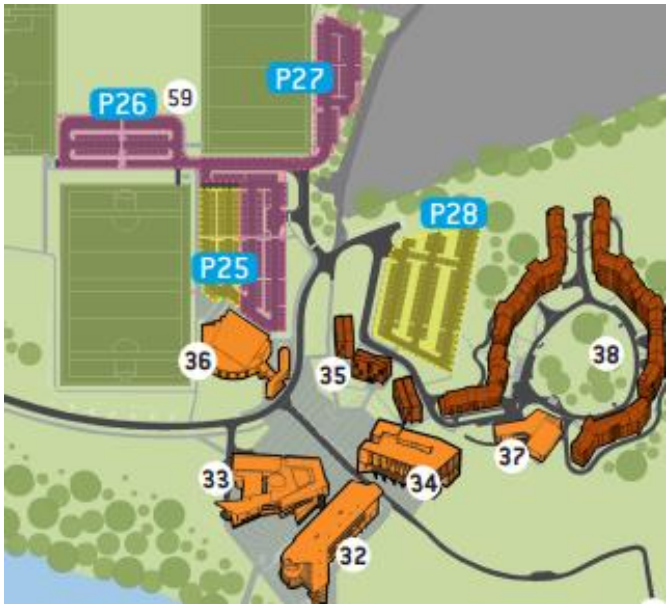
Travelling to UL by bus

- Iarnród Éireann Colbert Station is Limerick's local station and is in the City Centre.
- The 304 / 304A bus service goes from Colbert Station to UL

Travelling to UL by taxi

- Free Now (mytaxi) is an app you can download on your phone for booking taxis
- Plassey Cabs – 061 336 336
- Treaty Cabs – 061 415 544
- Limerick Taxis – Book online or call 061 417 417 / 061 31 88 44

Parking
The conference venue is the School of Medicine (34) and the Pavilion Restaurant and conference facility (36).
Free parking is available past the Pavilion Restaurant in car parks P26 and P27.
UL Campus Map



ACCOMMODATION

Kilmurry Lodge (conference dinner venue)
https://www.kilmurrylodge.com/
March 8, 2024 Bed & Breakfast (Per Room) rates: Single Occupancy €165.00; Double Occupancy €179.00; Twin Occupancy €189.00.
Guests can book and pay directly using the promo code: **AUDGPI24** or via this link
https://secure.kilmurrylodge.com/convert/site/Kilmurry%20Lodge/en/rate/8026799.html

Castletroy Park Hotel
https://www.castletroypark.ie/
March 7 and 8, 2024 bed & breakfast rate €114.

Guests can book the rooms directly at reservations@castletroypark.ie or phone 061 33 55 66 (option 1 – Bedroom Reservations) preferably between 8.30am and 5.30pm and give the promo code AUDGPI-ICGP 2024 **reference number 507220** to get the discount rate at €114 bed & breakfast single occupancy.

Travelodge Castletroy
March 8, 2024 via booking.com rate €129 approximately room only.
Via website rate €162 room only https://travelodgelimerickcastletroy.com-ireland.com
Delish in Castletroy serves breakfast from 8am

Castle Oaks Hotel
www.castleoaks.ie
March 8, 2024 bed & breakfast rate €139

Airbnb
www.airbnb.ie

ICGP Continuous Professional Development credits.

Friday March 8th 2024

External Credits: **8 CPD credits**
GMS Study Leave: 1 day GMS study leave

Saturday March 9th 2024
External Credits: **4.5 CPD credits**
GMS Study Leave: 0.5 day GMS study leave.
There is a register for you to sign at the conference registration desk – you MUST sign in to get recognition.

An individual CPDR code for each day will be disseminated throughout the conference. This code allows you to upload your attendance and points from the conference for your own records.

PLENARY SPEAKERS

Day 1 Morning

Friday March 8th 11.10-12.00

Professor Maria van den Muijsenbergh
General Practitioner; Chair of the European Forum for Primary Care (EFPC); member of the Dutch health Council, the quality council of the Dutch National Healthcare Institute and the scientific committee of the WHO Healthy cities programme
Title: Healthy communities for all? Primary care collaborations for health equity.

Prof. Dr. Maria van den Muijsenbergh was a general practitioner for 40 years and professor in Health Disparities and Person Centred Integrated Primary Care at the Department of Primary and Community care at Radboud University Medical Centre Nijmegen, the Netherlands. She is also the Chair of the European Forum for Primary Care (EFPC). As such, Maria is involved in interprofessional research, teaching and policy activities that focus on strengthening primary care. She is particularly interested in the possible contribution of primary care in reducing existing socio-economic and ethnic health disparities, so how can primary care be tailored to the needs of socially vulnerable patients, like migrants or persons with limited health literacy. To achieve equity, a strong person centred, population oriented integrated affordable primary care is required, involving interprofessional collaboration between healthcare, social care, public health and civil society.
She is member of several health policy organisations as the Dutch health Council and the quality council of the Dutch National healthcare Institute and the scientific committee of the WHO Healthy Cities programme.

Day 1 Afternoon

Planetary Health plenary and panel discussion 14.15-15.15

Friday March 8th 14.15-14.45

Eoin Warner
Naturalist and wildlife documentary presenter
Title: **'The Natural World - Healing the Disconnect'**

Naturalist Eoin Warner is a wildlife documentary presenter in both the Irish and English languages and has presented some of Ireland's foremost nature documentaries in recent years. In 2017 he was awarded two national media prizes for his work on "Éire Fhiáin". He has co-presented on the English language documentary "A wild Irish Year" and recently completed an internationally broadcast three-hour series titled "Ireland's Wild Islands". Eoin is currently working on a natural history documentary on the Burren.

Eoin grew up by the Atlantic Ocean outside Bantry in West Cork and now lives in Galway. He is an avid free-diver and loves nothing more than to be in, on or under the sea. Eoin has travelled extensively to explore our wildest places from Botswana to Antarctica and has a keen sense of our ecological responsibilities.

Panel Discussion 14.45- 15.15

- Eoin Warner, Naturalist and wildlife documentary presenter
- Professor Andrée Rochfort, MICGP, Director, ICGP Quality Improvement & Doctors' Health Program on behalf of the ICGP SPH WG
- Dr. Sean Owens, GP in practice in Co. Louth

Panel Discussion 14.45- 15.15

Dr Andrée Rochfort
MICGP, Assistant Professor Clinical Medicine, UCD

Dr Andrée Rochfort is a GP based in County Wexford and is Director of Quality Improvement and the Doctors Health Program with ICGP. She is President of EQuiP, the European Society for Quality & Safety in General Practice/Family Medicine www.qualityfamilymedicine.eu , which is a Network organisation of WONCA Europe.
She is a Board member of the European Lifestyle Medicine organisation, www.elmo.org . She has a master's degree in medical education and qualifications in occupational medicine, lifestyle medicine and is working towards MD by research on doctors' health and healthcare with UCD. She has published articles and book chapters and is an experienced international speaker with keynotes, symposia, workshops, and lectures in Europe and beyond.
Andrée has a special interest in improving healthcare quality, including wise use of finite healthcare resources, and human factors such as personal health and wellbeing for general practitioners and their practice teams. Together with five GP colleagues, Andrée advocated for a Working Group for Sustainability and Planetary Health in ICGP, which created and launched the ICGP GLAS Toolkit for general practice in May 2023
https://www.icgp.ie/go/in_the_practice/planetary_health .
There is a growing international movement of healthcare professionals concerned about our planet's health. The Council of WONCA Europe, including ICGP, endorsed the 2023 revision of the European Definition of General Practice and Family Medicine to include One health, Planetary Health and Sustainability as the bedrock of the discipline
https://www.woncaeurope.org/news/view/2023-revision-of-the-definition-of-general-practice-family-medicine. The co-benefits of improving human health, in the context of one health, with patients and policy makers for healthier lifestyle choices, behaviour change, reducing the carbon

footprint of healthcare and other actions, are increasingly recognised in medicine internationally. Meaningful actions can start locally at practice level.

Panel Discussion 14.45- 15.15

Dr Sean Owens, GP in practice in Co. Louth, will participate on the Planetary Health Panel

Dr Sean Owens is a full-time GP in practice in Co. Louth. Sean has an interest in lifestyle medicine, sustainable diets and planetary health. Hailing from County Down, Sean initially studied pharmacy at Queens University Belfast before electing to study graduate entry medicine in UCD Dublin, 2010-2014. Sean is a member of the Irish Society of Lifestyle Medicine and Irish Doctors for the Environment. He also chairs the ICGP Sustainability and Planetary Health working group, who published the Glas toolkit for making primary care more sustainable on Earth Day 2023. In 2024 he was invited to chair the Irish Climate and Health Alliance.

Day 2 Morning

Saturday March 9th 09.30-10.15

Dr Sharon Lambert
School of Applied Psychology, UCC
Title: Social inclusion in service, research and teaching

Dr Sharon Lambert is a Senior Lecturer who joined the teaching staff in the School of Applied Psychology UCC following a number of years working within community based settings that provided supports to socially excluded groups. Sharon's research interests revolve primarily around the impact of psychological trauma on development, its link with homelessness, substance dependence and mental health, and consequent considerations for service design and delivery. Sharon has particular academic and applied expertise with trauma aware, trauma sensitive and trauma informed service design projects. Sharon regularly provides guidance to national and international organisations on designing and delivering trauma aware services, policies and practices.

SOCIAL PROGRAMME

Friday March 8th Kilmurry Lodge Hotel

18.00 Early Career Researchers social meeting

19.00 General Drinks reception

19.15 Three course dinner

Music provided by EMMO https://emmo.ie/

Tickets cost €55 including reception and wine at dinner must be pre-purchased at the Eventbrite link.

Saturday March 9th at UL

7.2-30am – meeting point: Outside Kilmurry Lodge Hotel main entrance (7.20am) and outside UL Sports Arena main entrance (7.30am)

There are two gathering points for the early morning run on Saturday morning 9th March. We will gather at 07.20 AM sharp outside Kilmurry Lodge Hotel main entrance and from there run to the UL Sports arena main entrance where the second gathering will take place for 7.30am. There is free car parking available nearby, just inside the gate. Please see car parking n.8 in the map here. The run will then go from the UL Sports arena along the river bank and then return to the starting points.

There will be hot showers and changing facilities available in the UL Arena building if required. Everyone should be ready to join the Saturday AM session before 9 AM.

You can get to the School of Medicine building either by walking across "The Living Bridge" or by driving. If you decide to walk there will be student volunteers to guide you.

We are looking forward to seeing you there.

FIONA BRADLEY AWARD

Celebrating the contribution of the late Dr Fiona Bradley in promoting better medical practice, the award is made to an individual or groups who have made a sustained difference in healthcare either in Ireland or internationally.

Recipient: Professor Gerry Bury

Present position: Principal GP Coombe Family Practice, Professor of General Practice, UCD (recently retired)

PRIZES

Four prizes will be awarded during the conference:

1. Prof William 'Bill' Shannon Prize for Best Trainee presentation
2. Prof George Irwin Prize for Best Education presentation
3. Prof James McCormick Prize for Best Research presentation
4. Prize for Best Poster presentation

The process for selecting awardees commenced prior to the conference. All abstracts received were subject to review and scoring for a shortlist for a prize. Subsequently, those abstracts recommended for prize shortlisting were scored using a rubric and the top five abstracts in each category will be assessed during the conference by a panel of judges using a pre-defined scoring rubric.

The panel of judges was assembled with consideration of representation by gender, profession, and professional experience. Scores will subsequently be collated and reviewed to support the selection of an awardee for each prize. The prize-giving process is being overseen by Prof Andrew O'Regan.

We encourage you to join us to celebrate these successes at the prize giving ceremony on Saturday at 12.30.

PROGRAMME AT A GLANCE

Friday 8th March

09.00 **Registration** *in foyer*

10:00 **Opening: Welcome & Introductions**
o Prof Liam Glynn
o Prof Colum Dunne
o Dr Aileen Barrett
0-016

10.15 **Plenary 1 - Keynote Speaker**
o Intro: Prof Andrew Murphy
o Professor Maria van den Muijsenbergh
0-016

11.10 **Coffee break** *in foyer*

11.30 **Parallel Sessions 1**
1A *0-028* 1B *0-016*
Workshop 1 *Pavilion 1*
Workshop 2 *1-016*

12.35 **Parallel Sessions 2**
2A *0-028* 2B *0-016*
Workshop 3 *Pavilion 1*

13.35 **Lunch** *in foyer*

13.45 **AGM AUDGPI**
working lunch *0-016*

14.15 **Fiona Bradley Award** *0-016*

14.45 **Plenary 2 - Planetary Health Panel**
Intro: Prof Andrée Rochfort
o Eoin Warner
o Dr Sean Owens
0-016

15.45 **Coffee break** *in foyer*

15.55 **Parallel Sessions 3**
3A *0-028* 3B *0-016*
Rapid Fire *Pavilion 1*
Workshop 4 *Pavilion 2*

17.05 **Day 1 closes**

18.30 **Early Researchers gathering**
Kilmurry Lodge Hotel Bar

19.15 **Conference Dinner** *Kilmurry Lodge Hotel*

Saturday 9th March

07.30 **Early morning run**
Meet outside UL Sports Arena

08.30 **Registration** *in foyer*

08.55 **Welcome** *0-016*
o Prof Anne MacFarlane

09.00 **Plenary 3 - Keynote Speaker** *0-016*
Intro: Prof Patrick O'Donnell
o Dr Sharon Lambert

10.05 **Parallel Sessions 4**
4A *0-028*
4B *0-016*
4C *Pavilion 1*
Workshop 5 *Pavilion 2*

11.05 **Coffee break** *in foyer*

11.15 **Moderated Poster Session 5**
Group 1 *outside 0-028*
Groups 2-3 *1st floor mezzanine*
Group 4 *inside 0-028*

12.15 **Parallel Sessions 6**
6A *0-028*
6B *0-016*
Workshop 6 *2-026*

13.00 **Closing Session & Prizegiving**
o Prof Anne MacFarlane
o Prof Andrew O'Regan
0-016

DAY 1 FULL PROGRAMME - Friday March 8th

Start Time	Session	Location
08/03/2023	**Friday – Morning period**	
09.00 am	Registration	SoM Foyer
10.00 am	Opening welcome and introductions: Prof Colum Dunne, Prof Liam Glynn and Dr Aileen Barrett	GEMS0-016
10.15 am	**Plenary Session 1 - Prof Maria van den Muijsenbergh** Introduction by Prof Andrew Murphy from the HRB Primary Care Clinical Trials Network Ireland	GEMS0-016
11.10 am	Coffee break and networking	
11.30-12.35	*Parallel Sessions 1 & Workshop 1*	
	1A. Short Oral - Living with Chronic Disease Chair: Prof Walter Cullen	GEMS0-028
11.30 am	#63 Supporting GPs and people with hypertension to maximise medication use to control blood pressure: A pilot cluster RCT of the MIAMI intervention	Eimear Morrissey, Louise O'Grady, Prof Andrew Murphy
11.40 am	#20 Understanding Dementia Together": the design, delivery and evaluation of a collaborative, inter-professional dementia workshop for student healthcare	Trish O'Sullivan
11.50 am	#47 Self-monitoring for improving control of blood pressure in patients with hypertension, a Cochrane intervention review	Róisín Doogue
12.00 noon	#84 A mixed methods evaluation of implementation outcomes for the Good Life with osteoArthritis Denmark (GLA:D®) hip and knee programme across public and private healthcare settings in Ireland in the first year.	Clodagh Toomey
12.10 pm	#33 Identifying and Disseminating the Exceptional to Achieve Learning (IDEAL) in primary care: Development of the IDEAL Discussion Toolkit for primary care.	Roisin O'Malley
	1B. Short Oral - Lifestyle and Chronic Conditions Chair: Dr Jon Salsberg	GEMS0-016
11.30 am	#98 Evaluating the Impact of Chronic Disease Management Programme in General Practice: Patient and Provider Perspectives.	Fintan Stanley
11.40 am	#108 Determinants of Adherence to Community-Based Group Exercise Programmes in Older Adults	Sinead Gaffney
11.50 am	#111 The Adaptive Physical Activity Study for Stroke: A Feasibility Sequential Multiple Assignment Randomised Trial	Sara Hayes
12.00 noon	#78 Social Singing, Health, and Well-being: Current practice, insights, and reflection	Hilary Moss
12.10 pm	#54 An evaluation of a music and dance programme for older adults: findings from a cluster randomised pilot feasibility trial	Amanda Clifford
12.20 pm	#132 A feasibility cohort study of medically supervised exercise rehabilitation program for individuals with chronic conditions and multimorbidity: baseline	Muireann O Shea

	participant characteristics, uptake, and retention in the ExWell program	
	1C. Workshop 1 – Dr Aileen Barrett; Dr Helen Reid Irish College of General Practitioners	Pavilion 1
11.30 - 12.35	#119 Positioning your publication; an insider's guide	
11.30 – 12.35	**1D. Workshop 2 - Stephen O'Leary**	GEMS1-016 1st Floor
	Medisec: Assisted Decision Making Act	
12.35-13.35 pm	*Parallel Sessions 2 & Workshop 3*	
12.35-13.30	**2A. Short Oral - Health and Place Chair: Dr Clodagh Toomey**	GEMS0-028
12.40 pm	#27 Simulated GP clinic closure: Effects on patient access in the Irish Mid-West	Eric Harbour
12.50 pm	#129 The Northern Ireland Agri-Rural Health Forum- 'no more silos' approach to addressing rural health inequality	Rebecca Orr
13.00 pm	#12 Epidemiology of Respiratory Syncytial Virus-Associated Pneumonia in Primary Care in Malawi	Kimberly Davy
13.10 pm	#61 "Taking Time" a review of a service innovation of extended youth mental health consultations in a deprived urban general practice.	Siobhan Hinchy
13.20 pm	#124 Identifying factors influencing health behaviours in farmers in United Kingdom and Ireland: a mixed methods study using the Capability- Opportunity-	Rebecca Orr
12.35-13.35	**2B. Short Oral - Medicines and Pain Chair: Dr Aileen Faherty**	GEMS0-016
12.40 pm	#38 The use of personal formularies in general practice: A pilot study evaluating the application of the DU90% indicator in a sample of Irish General Practices.	Caroline McCarthy
12.50 pm	#10 Laboratory monitoring of selected higher risk medicines in General Practice: a five-year retrospective cohort study of community dwelling older adults	Caroline McCarthy
13.10 pm	#24 Interventions to reduce pain related to intrauterine devide (IUD) insertion in nulliparous women: a scoping review	Mercedes Bair; Anmol Dhaliwal
13.10 pm	#79 Navigating a NICE path through chronic primary pain?	Niamh Blythe
13.20 pm	#11 Media-hyped drug makes PHC prescription monopoly	Sarah Hayes
12.35-13.35	**2C. Workshop 3 – Chair: Laura O Connor**	Pavilion 1
	#118 Priority Setting Partnerships with the James Lind Alliance: An introduction using the Top Ten priorities for 'Managing chronic conditions in Irish primary care'	

08/03/2023	**Friday – Afternoon period**	
13.35 pm	**Lunch & networking**	
13.45 pm	AGM AUDGPI	GEMS0-016
14.15-14.45 pm	Fiona Bradley Award Ceremony: presentation to Professor Gerard Bury	GEMS0-016
14.45-15.45 pm	**Plenary Session 2 - Planetary Health Panel**	GEMS0-016
	Intro: Prof Andrée Rochfort; Panel: Eoin Warner and Dr Seán Owens	
15.45-15.55pm	Coffee break in foyer	
15.55-17.00 pm	*Parallel Sessions 3 & Rapid Fire session*	
	3A Short Oral - Health Professions Education **Chair: Prof Tony Foley**	GEMS0-028
15.55 pm	#117 Fostering scholarship: a quality improvement approach to faculty development in general practice training	Aileen Barrett
16.05 pm	#69 Mapping the Facilitators and Barriers faced by GP tutors for undergraduate medical education, to aide in the setting of a new medical university, A scoping review.	Ayeisha Asim
16.15 pm	#85 New module on Quality in Practice (QiP) for general practice trainees	Karen Kyne
16.25 pm	#87 Longitudinal Integrated Clerkships in General Practice (LICs): Graduates' perceptions of their influence on the journey from Medical Student to Doctor.	Paula Greally
16.35 pm	#102 Graduate Taught Programme in Primary Care Mental Health: Design, delivery	Sheila Loughman
16.45 pm	#138 Back to Normal or Better than Before? – Cross sectional Survey of Student Experience of GP Placements in 2023 compared to 2017-19	Niamh Murphy
	3B Short Oral - Chronic Disease and Primary Care **Chair: Prof Emma Wallace**	GEMS0-016
15.55 pm	#40 Perceptions Of And Attitudes Towards Problematic Polypharmacy And Prescribing Cascades In Older Adults: A Stakeholder Analysis	Aisling A. Jennings
16.05 pm	#36 Exploring the experiences of GPs in establishing and operating the Chronic Disease Management Programme in clinical practice in Ireland during its first three	Stephen Buckley
16.15 pm	#159 Chronic Kidney Disease in Ireland: Findings from the National Kidney Disease Surveillance System (NKDSS) and Quality Assurance Programme	Austin Stack
16.25 pm	#65 Link workers for people living with multimorbidity attending general practices in deprived urban communities. An exploratory randomised trial	Bridget Kiely

	investigating feasibility, potential impact and cost effectiveness.	
16.35 pm	#107 Projecting The Future Burden Of Heart Failure- The Silent Epidemic On The Irish Population	Caitriona Ryan
15.55-17.00 pm	**3C Rapid Fire Session** **Chair: Professor Sian-Lee Ewan**	Pavilion 1
16.00 pm	#152 Cancer screening doesn't work: personalised screening does.	Benjamin Jacob; Patrick Redmond
16.06 pm	#148 We now have a "blood test for cancer".	Jack Adams; Benjamin M Jacob
16.12 pm	#88 A two-tier system? Care of Type 2 Diabetes since the introduction of Chronic Disease Management.	Brian Mc Morrow
16.18 pm	#120 Co-design of jointpain.ie: a trustworthy evidence-based education resource for people with chronic hip and knee pain and their healthcare providers.	Clodagh Toomey
16.24 pm	#114 Mapping Irish Health Data Resources for Primary Care Cancer Research: A Narrative Review	Collette Murtagh
16.30 pm	#49 Integrating Asthma Action Plans into Existing Practice Management Software – A Pilot Project	Hailey McLeod
16.36 pm	#91 Assessing adherence to the NICE guidance for the management of Knee OA in primary care, and analysing the interventions undertaken by Orthopaedics following referral.	Louise McCollum
16.42 pm	#160 Stakeholder Consultation on the Implementation of a National Research Strategy for Paramedicine in Ireland"	Niamh Cummins
16.48 pm	#125 Developing an evidence based, theoretically sound and scalable implementation strategy for implementing exercise for chronic conditions in primary care in CHO3.	Tadhg Pyne
17.04 pm	#22 Benzodiazepine deprescribing in an urban deprived practice	Naomi Smith
15.55-17.00 pm	**3D Workshop 4 - Caroline McCarthy; Donal Wallace; Ellen Stuart**	Pavilion 2
	#34 Leveraging Generative AI in Academic Research and Education: An Early Career Workshop	
16.55 pm	Day 1 closes	
18.30 pm	Early Researchers Gathering	Kilmurry Lodge Hotel Bar
19.15 pm	Conference dinner	Kilmurry Lodge Hotel

Conference Dinner

Conference dinner at the **Kilmurry Lodge Hotel at 19.15** with prepaid ticket on Eventbrite.

DAY 2 FULL PROGRAMME - Saturday March 9th

Start Time	Session	Location
09/03/2023	**Saturday**	
07.20 am	Early morning run	Kilmurry Hotel main entrance (7.20am) UL Sports Arena (7.30am)
08.30 am	Registration	School of Medicine Foyer
8.55 am	Welcome - Prof Anne MacFarlane	
9.00-10.00 am	**Plenary Session 3 - Dr Sharon Lambert**	GEMS0-016
	introduction Prof Patrick O'Donnell	
10.05-11.00	*Parallel Sessions 4 & workshop 5*	
	4A Short Oral -Cancer and Primary Care **Chair: Dr Aisling Jennings**	GEMS0-028
10.05	#146 A Systematic Review of Primary Care Prescribing Prior to Lung Cancer Diagnosis (PPP-Lung)	Benjamin M Jacob
10.15	#115 A Realist Review of mHealth Interventions Used in Lung Cancer Screening	Selena (Zhi yan) Gong
10.25	#86 Understanding Cancer Survivorship: Prevalence, Patterns and Implications for Healthcare Planning in General Practice	Muiris Rowsome
10.35	#144 Protocol for Establishing a Stakeholder Group for Primary Care Research into Cancer Using a Modified 7P Framework and an e-Delphi Process	Sophie Margaret Dolan
	4B Short Oral - Covid Reflections **Chair: Dr Nia Clendennen**	GEMS0-016
10.05	#28 An Investigation into General Practitioners' experience with Long Covid – A cross sectional study	Aisling Farrell
10.15	#154 Pandemic Patterns: A Retrospective Study of Irish General Practice data during COVID-19	Mike O'Callaghan, Dr
10.25	#58 Enhancing long COVID care in general practice: a qualitative study.	John Broughan
10.35	#139 The Behavioral Change Techniques associated with effectiveness in weight management interventions: A systematic review of systematic reviews	Hannah O'Hara, Dr
	4C Short Oral - Health Equity **Chair: Dr Niamh Murphy**	Pavilion 1
10.05	#83 Building capacity for refugees' and migrants' involvement in health research in Ireland – a social network analysis	Anna Papyan

10.15	#100 Updating a scoping review of migrant health research in Ireland to inform evidence-based policy and practice.	Anne Cronin
10.25	#105 Is Pay for Performance Promoting Inverse Inequality in Irish General Practice	Sarah Linnane, Dr
10.35	#101 Analysis of interpreted consultations with Ukrainian Beneficiaries of Temporary Protection in general practice in Ireland: a mixed methods study	Anne Cronin
10.45	#93 Factors influencing General Practice Nurse's implementation of culturally responsive care, through the Normalisation Process Theory lens: A cross-sectional study using NoMAD	Kathleen Markey
10.05-11.00	**4D Workshop 5 - Dr Ann Murray, Dr Maureen Kelly**	Pavilion 2
10.05-11.00	#80 What is in it for me? How to positively involve a medical student in a busy GP practice?	
11.00-11.15	Coffee & networking	**Foyer**
11.15-12.10	**Parallel Session 5 – Moderated poster session**	
	All posters in 4 parallel groups: 2 mins present + 1 min Q&A. Chairs:	
	Group 1 "GP care – cradle to grave" Prof Ray O'Connor - School of Medicine, University of Limerick	**Outside GEMS 0-028**
	Group 2 "Contemporary GP practice and education" - Prof Aidan Culhane - School of Medicine, University of Limerick	**1st floor Mezzanine**
	Group 3 "Cancer care" - Dr Aileen Barrett, Irish College of General Practitioners	**1st floor Mezzanine**
	Group 4 "Chronic Conditions" - Dr Andrew O'Regan - School of Medicine, University of Limerick	**Inside GEMS 0-028**
12.15-13.10	*Parallel Sessions 6 & Workshops 6*	
	6A Short Oral - Perspectives on Care Delivery Chair: Anne Cronin	GEMS0-028
12.20	#68 Co-design of a treatment algorithm by patients and healthcare professionals to optimise the care provision for large to massive rotator cuff tendon tears: The C A L M e R CUFF pathway.	Kathryn Fahy
12.30	#110 "You wouldn't ask a teacher to build their own school": addressing systemic challenges in General Practice	Uzair Shabbir
12.40	#89 Creating a dyslexia screening process for GPs in training	Sadhbh O'Dwyer

12.50	#59 Co-design studies in Primary Care: A scoping review	Ethan Murtagh
	6B Short Oral - Gender and Health **Chair: Sheila Loughman**	GEMS0-016
12.20	#50 Evaluation of menopause hormonal treatment three months post initiation, following establishment of an ANP led menopause clinic	Catriona Keye
12.30	#51 The impact of menopause education on quality of life among menopausal women: a systematic review with meta-analysis	Catriona Keye
12.40	#97Domestic Abuse Disclosure in General Practice; What are medical student's lived experiences of Forum Theatre learning?	Helen Reid
12.50	#66 An audit to improve the quality of care offered to pregnant women presenting with nausea and Vomiting in Maternity Emergency Unit in Limerick.	Arwa Awadelkarim
13.00	#99 Gender disparities in oral anticoagulants	Sarah McErlean
	6 Workshop - Dr Raymond Rowan, Ms Niamh Hogan (Promed)	GEMS2-026 Second floor
12.15 -13.15	Benefits of POCUS in Primary Care - a hands on session	
5 mins transit		
13.20-13.30	**Closing Session & Prizegiving**	GEMS0-016
	Prof Anne MacFarlane and Prof Andrew O'Regan	
13.30 pm	Day 2 closes and Conference ends	

POSTERS

Poster #	Author	Group 1 "GP care – cradle to grave": Title:
18	Abigail Browne	Utilizing Physician Associates in General Practice. A Mixed Methods Study
13	Caoimhe Cronin	Primary care as a setting for introducing milk using the milk ladder in children with IgE-mediated cow's milk protein allergy.
52	Catriona Keye	Evaluation of menopause hormonal treatment three months post initiation, following establishment of an ANP led menopause clinic.
158	Darach Ó Ciardha	General practice data to support community health advocacy
37	David Flynn	Evaluating whether electronic cigarettes should be given equal consideration to traditional cigarettes when prescribing combined hormonal contraception: a structured literature review.
55	Eilidh McAlister	General Practitioners' Perspectives on Advance Care Planning: A Qualitative Study
7	Eleanor Costelloe	An audit examining the role the national 'Free Contraception Scheme' has had on persons aged 17-26 years attending primary care for a contraceptive consultation.
56	Aisling McManus	General Practitioner Access to Diagnostic Imaging: A Scoping Review of Barriers and Facilitators
142	Hannah Hennessy	Managing menopause, hormone replacement therapy, and potential adverse side effects: a primary care audit on patient therapy follow-up at one primary care practice
43	Iryna Mamai	PRimarY healthcare for a refugee population in rural Ireland and role of the medical InterpreTers: The "PRYVIT" study
141	Joseph O'Shea	Collaborative medicines optimisation service involving a general practice pharmacist (COMPASS) in Irish primary care: a SEIPS-based interview study
57	Kaitlyn Lee	Audit of Vaccination Rates Among Eligible Pediatric Patients
136	Kirsty Mulligan	An audit on vaccinations administered in pregnancy
150	Liam Glynn	"Remote populations and populations on the move": a qualitative study of culturally appropriate healthcare access for remote, migrant and refugee populations across Europe's Northern Periphery
103	Meridian Moore	Uptake and Follow Up Compliance with Cervical Screening in General Practice
14	Nicole DiBiagio	Whose job is it anyways? Unresourced task shifting at the primary-secondary care interface: A substantial and invisible burden upon GPs?
109	Sunanda Karri	An Audit Comparing Cervical Check Recalls at a Local GP Practice to National Screening Standards

Poster #	Author	Group 2 "Contemporary GP practice and education" Title:
123	Caoimhe Peregrine	An Audit Relating to Safe Prescribing of SGLT-2 inhibitors in a GP Setting
160	Eleanor Dawson	An audit of prescriptions of short-acting beta-agonist inhalers among asthma patients in an Irish GP setting.
48	Elizabeth Gannon	The Educational Experiences and Perceived Educational Needs of Multidisciplinary Healthcare Professionals in Advanced Care Planning: A Focus Group Study
35	Elyssa Curran	Examining Prolia Compliance: An audit of the adherence to recommended dosing intervals for Prolia (Denosumab) in clinical practice
29	Eve Gaffney	Insight Project
17	Ewan Aitken	The Impact of COVID-19 on Administrative Staff in General Practice: A Qualitative Interview Study
62	Isobel MacNamara	An Unusual Problem rears its head in General Practice
32	Katie Hickey, Dr	'Why would you ask me that?!' A Study of GP and GP trainee's Knowledge and Attitudes towards STI screening in General Practice
92	Louise McCollum	An analysis of the accuracy and utility of generative AI platforms in the context of healthcare and academia.
41	Lucy Angela Dockery	An Audit of the treatment of Hereditary Haemochromatosis in the Burren Medical Centre, Co. Clare
145	Megan Bethell	Primary Care Prescribing Prior to Pancreatic Cancer Diagnosis – Systematic Review
45	Michelle Martin, Dr	Irish College of General Practitioners' (IGGP) trainee experiences following transition from hospital to general practice: a qualitative study
104	Nicola Kilroe	National Ambulance Service Information
30	Patrick Moynagh	Effectiveness of Interactive Dashboards to Optimise Prescribing in General Practice: A Systematic Review Protocol
19	Patrick O'Donnell, Dr	Towards Trauma-Informed Health Professions Education and Practice PhD Research Proposal
21	Rachelle Scheepers	Enhancing Dermatology Education in Medical Students: Insights from a Survey at Trinity College Dublin
81	Sarah Cherepacha	Exploring Irish General Practitioners' perceptions towards problematic polypharmacy and prescribing cascades in older community dwelling people: a qualitative study

Poster #	Author	Group 3 "Cancer Care" Title
137	Alex Carroll	An Investigation of the Completeness and Accuracy of Routine GP Data Used to Determine Eligibility for Lung Cancer Screening (ICARUS-Lung)

46	Caroline Burke	Protocol for an audit on the prescription and monitoring of adjuvant endocrine therapies in patients with breast and prostate cancer in primary care
151	Gregory Eriksen	Pathways to the Diagnosis of Lung Cancer: Protocol for a Cohort Study
153	Katie Pirie; Jack Adams	Protocol for a Comprehensive Analysis of Primary Care's Role in Cancer Control in Ireland: Integrating Best Practices and Stakeholder Insights for Policy Enhancement
134	Kurdo Araz	Examining the Evidence of Transactional Data in Early Cancer Detection – A Scoping Review
130	Linda Henry	Protocol for a Scoping Review of Machine Learning Tools for Risk Prediction of Lung Cancer
135	Logan Verlaque	Collaborative Curriculum Design: A Targeted Program in Primary Care Cancer Research and Leadership Development through the PRiCAN Scholars Network
143	Maria Rybacka	Primary Care Prescribing Prior to Colorectal Cancer Diagnosis – Protocol for a Systematic Review
133	Mitchell Neuert	Use of the Rapid Access Clinic Referral Pathway by Irish GPs for Suspicion of Cancer: A Preliminary Cross-sectional Analysis (GRACCHUS Study)
140	Ricardo Zaidan	An Umbrella Review of Non-Invasive Biomarkers Used in Lung Cancer Screening

Poster #	**Author**	**Group 4 "Chronic Conditions" Title:**
44	Beibhinn Haren	Investigating the overuse of relievers inhalers for asthma management in a GP setting.
106	Caitriona Ryan	Unveiling Healthcare Dynamics: Analysing the Effects of Ireland's Chronic Disease Management Program on Acute Care Using Statistical Models
53	Claire McCormack	Heart failure in general practice: An audit from a large, rural primary care centre
122	David Healy	Understanding preferences for the delivery of diabetes audit feedback in general practice: a qualitative interview study.
121	David Healy	Identifying design features of diabetes audit and feedback interventions in general practice: a rapid review
156	Dylan Creane	Co-designing a smart pulmonary rehabilitation referral using routinely captured GP data
26	Elena Koskinas	Exercise is medicine as an intervention to support improving body mass index in patients with type 2 diabetes: A primary care audit on the effectiveness of one practice's chronic disease management programme.
149	Jagtaj Matharoo	Audit of Coronary Artery Calcium Scoring in a General Practice Setting

42	Jerrid Archutick	Physical inactivity among patients with chronic disease: a retrospective audit of general practice electronic medical records
8	Jessica Moloney	Catamenial Chest Pain
116	Joel Abraham	An Audit on Local General Practice Check-ups for Calcium and Vitamin D Levels for Osteoporosis Patients Taking Denosumab Injections
113	John Fallon	Type-2 Diabetes Mellitus, (T2DM), in the Irish Primary Care 'Chronic Disease Management' Programme, (CDM): A Quality-of-Care Audit in an Irish General Practice Setting.
90	Kevin Moran	An Audit of Referrals from General Practice to CAMHS
157	Leonard Browne	Exploring in-patient hospitalisation and mortality among patients with Chronic Kidney Disease in the Irish health system
76	Matthew Loss	Clinical Audit: Prescribing SGLT2i for patients with chronic kidney disease as a renal-protective therapy irrespective of co-morbidities
23	Orlaith Magnier	An Audit into the Impact of the Chronic Disease Management (CDM) Programme on the Annual Assessment of Patients with Uncomplicated Type 2 Diabetes in Primary Care.
131	Sarah McErlean	A systematic review of interventions to improve adherence to clinical practice guidelines when treating atrial fibrillation, ischaemic heart disease, heart failure, dyslipidaemia and hypertension in ambulatory care

DATE FOR YOUR DIARY: ICGP hosts WONCA EUROPE
Abstract Closing date is March 30th 2024

Thank You

Go raibh maith agaibh as bhur gcomhluadar agus go beimid i bhfochair a chéile arís i 2025. Slán agus rath Dé oraibh.

Thank you for your presence and here's hoping that we will be in each other's company again in 2025. Goodbye and blessings on you.

We are very grateful to our sponsors:	And supporter:
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Appendix

Rapid Fire Presentation Abstracts

ID Number: 152

Authors and Affiliations: Benjamin Jacob; Patrick Redmond

PRiCAN / RCSI

Title: Cancer screening doesn't work: personalised screening does.

Abstract:

Several authors have reported their belief that to prevent one breast cancer death, over 2,000 women must be screened. The PCLO trial (n=77,000) showed no reduction in prostate cancer mortality for the intervention arm versus the control arm for prostate screening using PSA. Some critics have claimed that the National Lung Screening Trial demonstrated a 20% reduction in lung cancer mortality (NNS = c. 300) by comparing the intervention (low-dose CT) to a control which is actively harmful (chest x-ray screening).

Traditional cancer screening is also known "age-based screening": you simply invite everyone in the country (of the relevant gender in some instances) to be screened once their age falls into the recommended range.

I will use the example of lung cancer to demonstrate that this age-based approach to cancer screening eligibility is: (1) fundamentally misconceived, since it fails to account for variations in a priori risk, leading to poor efficacy and cost-effectiveness and (2) unethical, because it seeks consent using the invalid heuristic that each patient's risk-benefit ratio is comparable to the average risk-benefit ratio of the whole population.

Thus, I will endorse a transition to "personalised cancer screening".

ID Number:88

Authors and Affiliations:

Brian Mc Morrow

NUIG (Clinical Tutor Sligo)

Title: A two-tier system? Care of Type 2 Diabetes since the introduction of Chronic Disease Management.

Abstract:

Introduction

The introduction of a structured Chronic Disease Management (CDM) Programme to primary care is welcome and will lead to improvements in overall population health. Since 2022 all adult GMS and GP visit card "public" patients are entitled to enrolment in CDM.

An unintended consequence appears to be a disparity emerging in the standard of care between public and non-GMS "private" patients. This research will specifically explore management of Type 2 Diabetes in public and private patients since the introduction of the scheme in a GP practice in Sligo, Ireland.

Aims

Retrospectively evaluate current Type 2 Diabetes management in public (CDM programme) and private patients over a 24-month period.

Methods

153 patients were identified as having Type 2 Diabetes using SOCRATES software. These were sub grouped into private (37) and public (116) patients. Individual patient records will be retrospectively checked using a three-domain standard of care (1) Process of Care (Formal Education by GP/Nurse, Retinal Screening, Foot examination, Vaccinations) (2) Risk factor control (Treated Hypertension and Smoking cessation) and (3) Intermediate Outcomes (HbA1c control and Abnormal Albumin excretion).

Results

Partial data has been collected on 153 Type 2 Diabetes patients during an audit on Pneumococcal (PPV23) vaccination. This showed a strong positive relationship between public patients and vaccination, with the group almost four times more likely to receive the vaccination (40.5% Vs 10.8%). There remain caveats to these results, notably public patients were on average considerably older (Mean age 70.9 Vs 56.9) with a greater number of co-morbidities.

Further research will compare both group in all three domains of care (see methods).

Discussion

CDM has the potential to incentivise public over private patients. The research so far supports the hypothesis that public Type 2 Diabetes patients receive more comprehensive disease management in primary care.

With greater demands on primary care to implement CDM, it means decreased capacity dedicated to private patients. Associated, would be a potential increase in private patient fees to match the CDM standard of care, which many will be unwilling or unable to pay.

Conclusion.

Initial research suggests there is a gap developing between private and public Type 2 Diabetes patients' care. It would appear to be an unintended consequence of the CDM programme. Ultimately the most equitable system would see all patients qualify for CDM. This will need to be balanced with GP capacity to deliver and cost to the state.

ID Number:120

Authors and Affiliations:

Clodagh Toomey, School of Allied Health, University of Limerick, Limerick , Ireland.

Helen O'Leary, School of Allied Health, University of Limerick, Limerick, Ireland.

Title: Co-design of jointpain.ie: a trustworthy evidence-based education resource for people with chronic hip and knee pain and their healthcare providers.

Abstract:

As clinicians and researchers in evidence-based care for osteoarthritis (Dr. Clodagh Toomey) and degenerative meniscal tears (Dr. Helen O'Leary), we are inundated with requests to fill a need for quality and trustworthy educational resources for joint pain. Prevalence of these conditions and shortages in services result in patients being stuck on waitlists without active care. We wanted to fill this need!

Explain why this talk is novel and special.

Osteoarthritis is the most common chronic, lifestyle-related condition in those over 65 years (more common than cardiovascular disease, diabetes etc.), yet it is grossly under-prioritised. Understanding the condition and treatment evidence is a crucial first-step in self-management. Patient education is one of the three core recommendations according to clinical guidelines (along with exercise and weight loss), but GPs and healthcare professionals don't have time to focus on delivering quality education or have standardised resources to do so. In addition, the use of "Dr. Google" can be a minefield of misinformation for patients.

What is the core idea?

Our idea was to design a free Irish interactive online resource for people with chronic joint pain and their healthcare provider. This website is intended to be a "one-stop shop" to ensure access to up-to-date, evidence-based information for these conditions. It can be used with the healthcare provider or in isolation, with the capability to create personalised printable resources for the patient to take-home. We have conducted co-design workshops with end-user patients and healthcare providers to make sure we are meeting the need. Along with hip and knee osteoarthritis, the website will also provide evidence-based, non-biased information for degenerative meniscal tears, femoroacetabular impingement, patellofemoral pain, lateral hip pain and persistent pain after traumatic knee injury. Other features will include: patient and expert videos, exercise prescription library, myth-busters and links to community programmes.

Takeaway message?

Once launched, this trustworthy web resource can be used by healthcare providers in Ireland to make sure they are meeting the clinical recommendations for care of people with chronic hip and knee pain. Watch out for jointpain.ie!

ID Number:114

Authors and Affiliations: Collette Murtagh, Royal College of Surgeons Ireland

Oisín Brady Bates (Dept. of General Practice, RCSI; ORCHID ID: 0000-0001-5412-877X), Caoimhe Hughes, Benjamin M. Jacob (Dept. of General Practice, RCSI; ORCHID ID: 0000-0003-1119-064X), CM, Kathleen Bennett (Data Science Centre, School of Population Health), Patrick Redmond (Dept. of General Practice, RCSI; ORCHID ID: 0000-0002-3929-2018)

Title: Mapping Irish Health Data Resources for Primary Care Cancer Research: A Narrative Review

Abstract: Introduction:

Cancer contributes significantly to the global disease burden. Primary care plays a critical role in the spectrum of cancer care, from prevention and early detection to survivorship and palliative care. Recognising the importance of primary care cancer research, this study seeks to identify and understand the range and nature of data resources in Ireland that are pertinent to this area. To streamline the research process and optimise the use of these resources, we aim to present a comprehensive overview and establish an open-access data catalogue.

Aims:

To delineate the landscape of Irish health data resources relevant to primary care cancer research. This will be done with a view to creating a detailed, open-access data catalogue of these resources.

Methods

We gathered data from publicly accessible websites, previously published information, and direct contact with key stakeholders. A snowball sampling strategy was employed to identify and consult with key informants. The identified data sources underwent a detailed evaluation during a roundtable discussion, assessing their utility for cancer research in the primary care context.

Results:

Our bibliographic searches identified 6,789 unique citations. We retrieved 274 full-text articles, of which 33 studies satisfied our inclusion and exclusion criteria. A further 5 relevant databases were identified via grey literature review. The roundtable discussion, attended by a cancer-relevant expert academic, policymaker, and patient representatives, yielded an additional 2 datasets, bringing the total dataset number to forty. Datasets have been described in terms of content, data type, accessibility, years active and accessibility. Recommendations have been made on future data usages within primary care research.

Discussion:

This review provides a roadmap for researchers seeking to navigate Irish health data resources for primary care cancer research. By mapping the landscape of available databases and setting up an open-access data catalogue, our study enhances research efficiency and advances primary care cancer management.

ID Number:49

Authors and Affiliations: Hailey McLeod, University of Limerick, School of Medicine, BMBS Year 3

Dr Brian McEllistrem - Mungret Medical Centre

Title: Integrating Asthma Action Plans into Existing Practice Management Software – A Pilot Project

Abstract: How my life connects to this topic: Before I began medical school in 2021 I spent four years teaching theatre and dance classes full time. While a career shift into medicine seems wildly different from the arts, my passion for education is still in focus. Patient education for chronic disease management has piqued my interest, and while on my general practice placement at Mungret Medical Centre I had the opportunity to co-develop an efficient, personalized leaflet for asthmatic patients.

Why this talk is novel: Asthma Action Plans (AAPs) are part of GINA's initiatives to improve patient care and prevent serious exacerbations. Historically, they have been difficult to implement due to a variety of barriers for both the practitioner and the patient. One significant barrier we wanted to address was simplicity and ease of generating a personalized plan for the patient at the point of care. Could all the relevant information be provided to the patient in a time efficient manner? Generic templates for AAPs are widely available for independent patient access through downloadable PDF format, however the information has to be entered manually, which can be a time-consuming process. In the interest of supporting chronic disease management (CDM) initiatives, we aimed to create a modified asthma information leaflet that can be auto-populated with patient information from within the Socrates practice management software. We believe this project could be integrated at other practices to help enhance the use and distribution of modified asthma action plans. The ability to discuss the idea among other practitioners at a conference such as this would be valuable for continued enhancement and dissemination of the pilot project. We welcome feedback and new idea generations around the topic.

Core idea: Engagement of other practitioners in potentially utilizing their existing software to create personalized information leaflets for their patients within the limited frame of a consultation.

Takeaway message: Ease and efficiency for improved patient education on managing asthma is possible.

ID Number:148

Authors and Affiliations: Jack Adams; Benjamin M Jacob, Patrick Redmond, PRiCAN Research Group, RCSI University of Medicine and Health Sciences

Title: We now have a "blood test for cancer".

Abstract: It is common for patients to ask their GP for an “MOT” or a “health check”, sometimes specifically requiring about the possibility of doing blood tests to check for a range of conditions including cancer. And GPs have spent decades clarifying that “cancer” is an umbrella term for dozens of individual cancers which are all very different diseases, so it isn’t possible to reliably test for many types of cancer using a solitary blood sample.

But soon that won’t be true: multi-cancer early detection tests (MCEDs), particularly those which analyses circulating cell-free DNA, are on their way to the GP consultation room. They can detect up to 50 types of cancer from a single 10 ml blood tube with a high degree of accuracy. Results from the “NHS-Galleri” screening trial are expected in 2026.

I will highlight results from other completed studies and claim that cancer detection in General Practice is about to change forever.

ID Number:91

Authors and Affiliations: Louise McCollum, Dr Joe Gallagher, Dr Trevor Corrigan, Dr Sarah McErlean, Dr Carlotta Boselli University of Limerick School of Medicine

Title: Assessing adherence to the NICE guidance for the management of Knee OA in primary care, and analysing the interventions undertaken by Orthopaedics following referral.

Abstract: Knee osteoarthritis (OA) is a prevalent condition imposing significant morbidity. The NICE Guideline 2022 outlines optimal management strategies; however, adherence to these guidelines in clinical practice remains uncertain. This audit aims to assess adherence to NICE recommendations concerning the management of patients with knee OA, focusing on weight management, exercise prescription, pharmacological approaches, and interventions offered by orthopaedic specialists.

Aims

- To evaluate adherence to NICE Guideline 2022 in the management of knee OA patients.
- To compare general practitioner (GP) prescribing practices to NICE guidance for pharmacological management of knee OA
- To analyse treatment modalities provided by orthopaedic specialists post-referral.

Methods

A retrospective analysis of 104 patients referred to orthopaedics was conducted. Key parameters assessed included BMI recording at knee OA diagnosis, identification of overweight/obese patients, provision of weight-loss advice where indicated, prescription of exercise, and provision of general information as part of management. Additionally, the rates of corticosteroid injections administered in primary care settings and specific orthopaedic interventions post-referral were recorded.

Results

BMI was documented in 72.1% of patients; 66.3% had BMI >25kg/m², yet weight-loss advice was provided in only 33.7% of cases. General OA advice was received by 1.9% of patients, while exercise was prescribed in 18.3%. Referral for physiotherapy was seen in 37.5% of cases. Pharmacological management adherence: topical NSAIDs (81.2%), oral NSAIDs (72.3%), paracetamol (90.1%), codeine-based analgesia (69.3%), tramadol (18.8%), and morphine-based analgesia (4%). 33.7% of patients received joint injections in primary care. Orthopaedic specialists: discharged 5%, administered injections (34.7%), prescribed physiotherapy (28.7%), performed arthroscopy (3%), and conducted TKR (15.8%).

Discussion

The findings highlight suboptimal adherence to NICE guidelines, particularly concerning weight management, the provision of exercise and general OA advice. In 63.4% of cases, orthopaedics advised injections and/or physiotherapy over surgical intervention. This highlights the need for increased training and resources, and better coordination between primary care and community-based physiotherapy to bridge the gap in delivering comprehensive and evidence-based care to knee OA patients and to avoid unnecessary orthopaedic referrals and waiting times.

Conclusion: The focus should be on prioritising lifestyle-based interventions either in tandem with or ahead of pharmacological approaches when managing knee OA.

ID Number: 22

Authors and Affiliations: Naomi Smith, UCD GP Scheme

Dr Fiona McGrath of Grange Cross Medical Centre, Ballyfermot

Title: Benzodiazepine deprescribing in an urban deprived practice

Abstract: Our deprived urban practice has historically high rates of long acting benzodiazepine prescriptions. Many have been on the drug for decades and were initially initiated for management of psychological distress, depression or anxiety. The practice has tried to reduce the rates of prescribing and it was felt that a more formalized approach would be beneficial.

Aims: All current patients on diazepam should have a documented discussion annually re risks and need for reduction and 2. Reduce quantity benzodiazepines prescribed.

Methods:

A retrospective audit was carried out for the first data collection over a one month period in 2022 auditing diazepam prescribed examining patient age, gender and monthly prescribed diazepam dose. Exclusion criteria: Age <18, patients in receipt of consultant prescriptions for diazepam.

We then conducted education sessions with other practice staff. Alerts were placed on each patients chart to flag that a discussion was due. We gave patients relevant informative reading material. Patients were weaned down gradually and alternative options were discussed.

Results:

47 patients were included, with 75% female and 25% male. We had 21% compliance with annual discussions of the risks and the benefit of deprescribing initially. The total monthly diazepam prescribed was 9746mg. The average age of patients was 69.5.

The second data collection in April 2023 showed a 24% decrease in the total quantity of diazepam prescribed to 7412mg. 51% of patients had a reduction in their dosage. 4% patients completely ceased their use of benzodiazepines.

Male patients had a reduction of 18.7% in their monthly doses on average versus 26.5% reduction in females. 73% of patients had a documented discussion in the previous year re the risks of long term benzodiazepine use.

Discussion:

Long term benzodiazepine prescribing is a common legacy issue in GP practices. We had an excellent result and good engagement from patient. We also had a significant improvement in our documentation of an annual discussion of the risks of long term benzodiazepine use. Our plan going forward is to re-audit this data in 12 months time.

Conclusion:

Benzodiazepine deprescribing is a feasible prospect in practices with high rates of benzodiazepine prescribing.

ID Number:160

Authors and Affiliations: Niamh Cummins, University of Limerick School of Medicine

Title: Stakeholder Consultation on the Implementation of a National Research Strategy for Paramedicine in Ireland

ID Number:125

Authors and Affiliations: Tadhg Pyne, Professor Catherine Woods, Dr. Clodagh Toomey, Dr. Andrew O'Regan Department of Physical Education and Sport Sciences, and School of Medicine, University of Limerick

Title: Developing an evidence based, theoretically sound and scalable implementation strategy for implementing exercise for chronic conditions in primary care in CHO3.

Abstract: This project introduces a novel approach to embed ULMedX, a community-based exercise rehabilitation program, in primary care practice through three distinct work packages (WPs). In WP1, a systematic review is conducted to assess the effectiveness of implementation strategies supporting clinicians in integrating ULMedX into primary care. This involves synthesizing existing literature on exercise referral mechanisms to inform subsequent phases. WP2 involves evaluating the early adoption of ULMedX in specific sites, focusing on determinants of implementation success, utilizing a multiple case study design guided by the RE-AIM framework and the CFIR. Key outcomes assessed include reach, adoption, and fidelity. In WP3, a co-design and testing phase aims to create a scalable implementation strategy for ULMedX in Irish primary care. This involves a Delphi study among a national panel of healthcare professionals to prioritize determinants, identify effective implementation strategies, and develop an overall implementation strategy. The Delphi process comprises three rounds: prioritizing determinants, ranking implementation strategies, and refining the overall strategy based on consensus. A decision committee of the research program team ensures the inclusion of strategies in the final implementation plan. The novelty lies in the comprehensive and systems-based nature of the approach, combining systematic review, evaluation, and co-design to create a tailored implementation strategy for ULMedX. The core idea revolves around understanding and addressing determinants of successful implementation through a multifaceted, evidence-based process. The takeaway message is the significance of a rigorous, stakeholder-informed approach to implement a community-based program in primary care, emphasizing the importance of tailoring strategies to local contexts and engaging healthcare professionals in the process.

Oral Presentations Abstracts

ID Number: 117

Authors and affiliations: Aileen Barrett, Irish College of General Practitioners

Co-authors: Stephanie Dowling, SouthEast GP Training Scheme, Darach Brennan, SouthEast GP Training Scheme, Stephen Brennan, SouthEast GP Training Scheme, Ciaran Foley, SouthEast GP Training Scheme

Title Fostering scholarship: a quality improvement approach to faculty development in general practice training

Background
The importance of clinician engagement in scholarly activities, particularly in rapidly evolving areas of clinical research and quality improvement, is widely recognized; many national-level initiatives exist in Ireland to promote activity in the context of audit (including training programme and post-CSCST professional competence requirements). In General Practice, the expansion of clinical research and wider engagement of general practitioners has been supported by a range of initiatives, including regional and national initiatives, European capacity-building networks, and organisational bursaries for clinical research.
However, at a training scheme level, engagement of trainees in clinical (or educational) research and quality improvement approaches remains limited despite the inclusion of research skills within the GP training curriculum (2020).

Approach:
This quality improvement initiative is underpinned by the IHI Model for Improvement (www.ihi.org), guided by theories of implementation science and the Consolidated Framework for Implementation Research (CFIR). Our specific aims were to:
1. identify faculty perspectives and values of research and QI and their role in postgraduate GP training
2. create bespoke 'plan-do-study-act' cycles of change that can be evaluated individually and collectively
3. support the development of a scholarly network among scheme directors with potential for collaboration with established regional/national GP research and QI networks

Phase I outcomes:
Nine GP training faculty members participated in a qualitative study in summer 2023. Conducted by an external interviewer, participants share a common interest in supporting research, but feeling constrained by time, individual skills across research approaches, resources and challenges in obtaining ethical approval for what they viewed as 'low risk' studies. Participants also shared varying understanding of quality improvement approaches, but a general sense of the value it could potentially bring to GP training.
Implications
Our findings have been used to map a series of improvement and impact evaluation (PDSA) cycles, including the design and delivery of supports and resources needed by SD teams to further promote trainee engagement in general practice research (programme to be delivered in 2024). A working group is also being established to inform a series of local and national-level recommendations for integrating research and QI supervision into general practice training.

ID Number: 40

Authors and affiliations: Aisling A Jennings, University College Cork

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Title Perceptions Of And Attitudes Towards Problematic Polypharmacy And Prescribing Cascades In Older Adults: A Stakeholder Analysis

Introduction
Unintentional prescribing cascades occur when an adverse drug reaction (ADR) occurs and is misinterpreted as a new symptom which results in the initiation of a new medication. Thus, exposing the patient to continuing risk of an ADR from the culprit medication and additional risk from the newly prescribed medication. Prescribing cascades represent an important and under-researched area of problematic polypharmacy. The aim of this study was to conduct a stakeholder analysis to elicit perceptions of and attitudes towards problematic polypharmacy, with a focus on prescribing cascades.
Methods
Qualitative one-to-one semi-structured interviews were conducted. Stakeholders were defined as patients with polypharmacy; carers; general practitioners (GPs); hospital doctors; community pharmacists; professional organisation representatives and policymakers Recruitment followed a gatekeeper approach. Data was analysed thematically.
Results
Thirty-one stakeholders were interviewed: six patients, two carers, seven GPs, eight pharmacists, four hospital doctors, two professional organisation representatives, and two policy makers. Interview duration ranged from 58 to 80 minutes. Three main themes were identified: i) ADRs and prescribing cascades – a necessary evil, ii) balancing the risk benefit tipping point and iii) the minefield of medication reconciliation. All stakeholders viewed adverse effects as inevitable in the context of polypharmacy. Health care professionals (HCPs) expressed concern that experiencing an ADR would negatively impact patients' confidence in their doctor. However, patients viewed ADRs as an unpredictable risk that did not impact on their trust in their doctor. The complexity of prescribing decisions in the context of polypharmacy made balancing the risk/benefit tipping point very challenging for HCPs. Consequently, unless there was clear evidence of harm, medication changes were often avoided, creating a deprescribing inertia. But medication reconciliation post hospital discharge compelled prescribing decisions. Medication reconciliation was viewed as a perilous activity by all stakeholders, including patients and carers, due to communication deficits and a lack of prescribing stewardship. Conclusion This research highlights the importance of mindful prescribing, shared patient decision making, and prescribing stewardship in the context of polypharmacy. This research adds to our understanding of problematic polypharmacy from the perspective of different stakeholders which will help to inform effective interventions in this area.

ID Number: 28

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Title: An Investigation into General Practitioners' experience with Long Covid – A cross sectional study

Introduction:
Long Covid is the continuation or development of new symptoms after initial COVID-19 infection. As Long Covid is a newly recognised condition, little is knowns about General Practitioners' (GP) experience of managing patients with Long Covid.

Aims
The aim of this study is to establish GP experiences with Long Covid across the domains of diagnosis, management, education, training and service related impacts.

Methods
This was a cross sectional study. An online survey was emailed to GPs and GP trainees working in GP training scheme practices in Cork. This survey was designed and piloted in three training practices prior to distribution. Using a combination of forced choice items and five-point Likert Scales, questions examined GP's experiences of managing patients with Long Covid.

Results
The survey was sent to 160 GPs. 53 participants completed the survey, indicating a 33% response rate. Only 7.5% (4/53) of participants agreed with the statement that they were 'confident in diagnosing Long Covid.' No respondent 'strongly agreed' with this statement. 81% (43/53) of participants were not confident in treating patients with Long Covid. 70% (37/53) of participants were not aware of the indications for referral to secondary care. 38% (20/53) of participants were aware of the referral pathway to local Long Covid clinics. 93% (49/53) of participants agreed there were educational deficits regarding Long Covid.

Conclusions
Findings suggest a number of deficits across the variable domains assessed. Overall, there was a lack of confidence in the diagnosis and management of Long Covid amongst GPs. Most GPs were unaware of the indications for referral to secondary care or the referral pathways available to them. Findings suggest there is a need for educational tools and supports to assist GPs with their assessment and management of this emerging condition.

ID Number: 54

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Title: An evaluation of a music and dance programme for older adults: findings from a cluster randomised pilot feasibility trial

Introduction: Ageing is often associated with loss of functional independence, chronic diseases, premature morbidity, increased healthcare utilisation and reduced quality of life. Evidence suggests music and dance can improve health and quality of life. As part of a pragmatic cluster randomised feasibility trial explored the preliminary effects and cost effectiveness of the Music and Movement for Health programme among community-dwelling older adults.
Methods: Community-dwelling adults aged 65 years or older were recruited to seven clusters in the Mid-West region of Ireland. A total of 100 community-dwelling adults aged 65 years and older in the Mid-West region of Ireland were randomised to the 12-week of Music and Movement for Health intervention or the control group. Secondary outcome measurements measures, including physical activity, physical and cognitive performance, and psychosocial well-being, along with healthcare utilisation were assessed at baseline and after 12 weeks.
Results: Both groups exhibited an increase in self-reported physical activity and improved physical function. Participants in the intervention group scored consistently better in psychosocial measures compared to the control group at follow-up. The health economic analysis confirmed the feasibility of the methodology employed and points to the potential cost effectiveness of the Music and Movement for Health intervention relative to the control of no organised programme.
Discussion and Implications: The Music and Movement for Health intervention and study design were found to be feasible. The findings suggest that Music and Movement for Health may preserve and enhance quality of life among community-dwelling older adults. The findings inform and support the design of a future definitive randomised controlled trial of the Music and Movement for Health programme.

ID Number: 83

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Title: Building capacity for refugees' and migrants' involvement in health research in Ireland – a social network analysis

Introduction: WHO calls for evidence-based policy and practice about the specific health needs of refugees and migrants. WHO highlights the need for meaningful involvement of refugees and migrants in the generation of that evidence. However, their involvement is rare, ad hoc and unevenly spread across countries (MacFarlane et al., 2021). There are challenges that inhibit partnership development between community, health and academic sectors e.g., linguistic barriers, mistrust. Culturally attuned methods, such as arts-based methods, support trust-building in intercultural social groups and, thus, may facilitate new inter-sectoral research partnerships.

Aims: Explore inter-sectoral, inter-cultural partnership development for refugee and migrant health research using music cafes as an arts-based method.

Methods: Following the principles of purposeful sample, twenty-five participants from migrant community organisations (n=9), health agencies (n=4) and arts or health academic backgrounds (n=12) were recruited for five two hour music cafes (four on-line and one in-person). A questionnaire was administered using Qualtrics at the end of each music café asking questions about who participants had a desire to work with in the future. Using the question "name 3 people with whom you would like to develop a partnership in the future", a social network analysis using InDegree centrality tests across the 5 workshops was conducted.

Results: The overall network remained relatively decentralised and no specific subgroups were revealed (i.e., no groups disproportionately self-nominating). Participants from health agencies were most central in the 'desire to work with' network at the first two music cafes. However, their centrality decreased and migrants from community-based organisations emerged as the more central actors in the network by the end of the fifth music café.

Discussion: Bringing people from different sectors and cultures together using arts-based methods served as a social capital intervention to link migrants from community-based organisations with potential partners in research and health sectors. This may improve refugees' and migrants' involvement in health research. Interviews with participants will further clarify motivations for network choices and explore the influence of the music cafes on building relationships.

Conclusions: Music cafes as arts-based methods warrant further investigation as methods to optimise refugees' and migrants' involvement in health research.

ID Number: 100

Anne Cronin, University of Limerick

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Title: Updating a scoping review of migrant health research in Ireland to inform evidence-based policy and practice.

Introduction: One in five people living in Ireland is a migrant. Understanding the distinctive health needs of this diverse population is essential to provide evidence-based, culturally sensitive primary care services.

Aims: To systematically examine changes in migrant health research in Ireland, to inform research, policy and practice in the field.

Methods: To update a 2017 scoping review of migrant health research in Ireland, we used Arksey and O'Malley's framework, updates by Colquhoun and Peters and the PRISMA-ScR from the Joanna Briggs Institute to search 10 databases covering May 2017 - March 2023. Findings were analysed using the World Health Organisation Strategy and Action Plan for Refugee and Migrant Health 2016-2023, which identifies 9 strategic priority areas. Findings were compared with the 2017 review.

Results: 62 papers were identified. There has been an increase in studies over time from an average of 5 per year in the previous review to an average of 10 per year in this review.
As in 2017, over two thirds of papers align with three of the nine WHO Strategic Areas (SA); Addressing the social determinants of health (SA3), Achieving public health preparedness (SA4) and Strengthening health systems (SA5). There is growing interest in research about Collaborative action on migrant health issues (SA1) and Advocacy for the right to health of refugees and migrants (SA2) (from 0% in the previous review to 13%).
The volume of research on Communicable (SA6) and Noncommunicable diseases (SA7) remains stable (34% compared to 31%) and research on Health screening and assessment (SA8) and Improving health information and communication (SA9) remains low (7% compared to 6%).

Discussion: The increase in the volume of research on migrant health in Ireland is notable. The analysis over time illuminates changes in the focus of research studies. Gaps in research about screening, assessment and health information warrant particular attention. It is also necessary to continue paying attention to areas of recent growth and stagnation for a balanced and comprehensive evidence base.

Conclusions: The frequency of migrant health studies is increasing. Mobilising resources to continue this increase is needed for evidence-based policy and practice.

ID Number: 101

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Title: Analysis of interpreted consultations with Ukrainian Beneficiaries of Temporary Protection in general practice in Ireland: a mixed methods study

Introduction: Migration is a global phenomenon and has reached unprecedented levels in Europe. Migrants have a human right to healthcare and healthcare systems need to adapt so that primary care services are accessible to patient populations that are increasingly linguistically and culturally diverse. However, such adaptations are not sufficiently developed. Thus, general practitioners have called for support to improve their communication in cross-cultural consultations i.e. when a doctor and patient do not have a shared language and culture. In Ireland, there are almost 100,000 Ukrainians in Ireland as Beneficiaries of Temporary Protection. The Irish health policy response has been to use bi-lingual Ukrainians as interpreters in general practice consultations. There has been no evaluation of the effectiveness of this policy response.

Research aim: To empirically examine communication in interpreted consultations in Ireland between Ukrainian Beneficiaries of Temporary Protection and general practitioners.

Methods: This is a participatory health research study co-designed with community partners. It is a mixed methods study. Purposeful sampling is being used to recruit general practitioners, patients and bi-lingual Ukrainian interpreters in general practice services for Ukrainian Beneficiaries of Temporary Protection in Dublin and Limerick. Data generation and analysis includes discourse analysis of audio-recorded interpreted consultations; semi-structured interviews with general practitioners, interpreters and patients about their perceptions of the audio-recorded interpreted consultations; and a comparative inductive, iterative thematic analysis of findings from the discourse analysis and interview study.

Results: Findings will be presented about the objective dynamics and interaction of interpreted consultations between Ukrainian Beneficiaries of Temporary Protection and general practitioners based on audio-recordings; participants' subjective perceptions of the dynamics and interaction of these consultations based on semi-structured interviews; and a synthesis of objective and subjective findings to identify whether/how the two align.

Discussion: Findings from this study will provide the first empirical data in Ireland about interpreted consultations in general practice where there is a reliance on bi-lingual migrants as interpreters.

Conclusion: This study will provide novel insights into the effectiveness of the Irish health policy response to communication in cross-cultural consultations in real-world general practice services.

ID number 66

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Title An audit to improve the quality of care offered to pregnant women presenting with Nausea and Vomiting in Maternity Emergency Unit in Limerick.

Introduction : Nausea and vomiting are common in pregnancy, affecting 80% of women in the first trimester, and it is a common presentation in general practice. Hyperemesis gravidarum is a severe form of nausea and persistent vomiting in pregnancy which occurs in 1% of all pregnancies and contributes to hospital admission. Multidisciplinary Care must be planned to meet the individual needs of the women concerned and to minimize both maternal and fetal risks.
Aim: To examine the quality of assessment and investigations of women presenting to MEU with NVP. To evaluate appropriateness of anti-emetic prescribing for pregnant women and to improve the standard of primary care management.

Methodology: Data were collected retrospectively between August and October 2023 using the MEU daily register book, then completed by review of patient's medical notes and prescriptions. The Modified 24-hour PUQE score and the NVP assessment algorithm were used as the standard of care. These methods are based on Guidelines for clinical management of NVP in pregnancy (clinical programs Divisions of HSE) (reviewed 2018) & ACOG UK guidelines.

Results: 98 cases were identified; 8 cases were admitted to M3 ward, and the rest were discharged home. 92% were assessed using the PUQE score.92% were treated as per NVP algorithm. And only 6 % represent the deviation from the standard guidelines.

Conclusion and recommendation: Overall, women presenting to MEU with NVP/HG appear to be managed safely and efficiently. This audit identified that some areas of assessment and prescribing could, however, be improved locally the following interventions are applicable such as developing a quick access, single page EMU/GP initial assessment tool for NVP/HG based on the standard guidelines. Having a standardised set of bloods and step-up Antiemetic medication lists as per recommendation and lastly the Impact of developing Ambulatory Hyperemesis Unit at MUH on both the inpatient rate and referrals.

ID Number159

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Health Intelligence Unit, Heath Service Executive;4National Public Health, Heath Service Executive; 5School of Public Health, University College Cork

Title: Chronic Kidney Disease in Ireland: Findings from the National Kidney Disease Surveillance System (NKDSS) and Quality Assurance Programme

Introduction and Aim
Chronic kidney disease (CKD) is a leading cause of morbidity and mortality affecting more than 1 in 10 adults globally. It is projected to become the fifth leading cause of death worldwide by 2040. The global kidney community, and allied partners have recommended that each country develop a comprehensive kidney care strategy to effectively screen, diagnose and treat CKD. In Ireland, efforts are progressing at establishing a National Kidney Disease Surveillance System (NKDSS) to monitor the burden of CKD, support early detection strategies, enhance care delivery, and evaluate the impact of traditional and novel preventive care strategies.

Methods
The NKDSS is based on an integrated informatics architecture that links routinely collected clinical data on individuals in the Irish health system with national administrative datasets.
The current programme has linked regional laboratory data in the Midwest and Northwest health regions with hospitalisation events, end-stage kidney disease registers, and national mortality files through a probabilistic record linkage algorithm resulting in one of the largest longitudinal datasets in Ireland that tracks a patients journey through the health system.

Results
In this presentation, we summarise our findings in relation to the burden of CKD in Ireland, testing rates for serum creatinine measurements and albuminuria, and highlight for the first-time associations of kidney function with major clinical outcomes including cardiovascular and non-cardiovascular hospitalisation and mortality.

Conclusion
National health policy initiatives in Ireland, the Integrated Care Programmes for Chronic Disease and Slaintecare have provided an important road map for the organisation, delivery and monitoring of chronic disease care in Ireland. The roll-out of the NKDSS is fully aligned with this roadmap and will serve as a key enabler to improve chronic disease management and multimorbidity in the Irish population.

ID Number 69

Author and affiliation: Ayeisha Asim, ULSTER UNIVERSITY

Co-authors: SIAN-LEE, Ulster University

Title: Mapping the Facilitators and Barriers faced by Gp tutors for undergraduate medical education, to aide in the setting of a new medical university, A scoping review.

Background
General Practice (GP) workforce shortages are well established, with one strategy being to inspire more medical students into a career in primary care. The factors which influence a medical student's career choice are well described, including the active role of General Practitioners in undergraduate medical education. However, less is known about the perceptions of General Practitioners about their role in undergraduate medical education and what factors enable or inhibit this.

Aim
To identify the facilitators and barriers faced by General Practitioners when engaging with undergraduate medical education, as reported in the literature.

Methodology
Scoping review methodology was employed and conducted according to the five-stage framework developed by Arksey and O'Malley (2005). OVID Medline was searched for the relevant concepts and records were screened at abstract and full text levels against the inclusion and exclusion criteria. Data extracted was analysed numerically and emerging themes identified by thematic analysis according to the six-step framework described by Braun and Clarke (2006).

Results
640 articles were initially identified and screened at the abstract level, of which 79 articles proceeded to full text review. Following this, 10 articles were identified for inclusion. Predominant themes identified included lack of empowerment, respect, funding, representation and recognition. Further, pre-existing workload and the valuing of General Practice and tutors played a determining role in GP Tutor's involvement with undergraduate teaching.

Conclusion
Given the current plans to increase medical school cohorts to meet the workforce demands of the future, there is a need to consider how we engage GP tutors in medical education in the current context of increased workload and financial pressures in this post-pandemic era. The identification of facilitating factors and barriers allow for a more strategic and informed approach to be adopted in recruiting GP tutors to meet current placement demand.

ID number:146

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Title A Systematic Review of Primary Care Prescribing Prior to Lung Cancer Diagnosis (PPP-Lung)

Background: Lung cancer is the leading cause of cancer death worldwide. A significant reason for its high mortality is delayed diagnosis, with around half of cases being diagnosed in Stage III or IV. Previous research has shown that prescribing rates of certain medications increase in the 24 months preceding a cancer diagnosis. This suggests an opportunity for earlier lung cancer diagnosis by calculating lung cancer risk from GP data (including prescribing data) and then alerting a GP seeing the patient via an electronic clinical decision support tool (eCSDT) if appropriate.

Objective: To conduct a systematic review of prescribing events associated within an increased incidence of primary lung cancer in the subsequent 24 months.

Methods: We searched the literature for all peer-reviewed studies in the English language that quantitatively describe an association between primary care prescribing data and subsequent lung cancer diagnosis. Only studies which reported the unadjusted prescribing rate in a lung cancer group and control group were included.

Results: We identified 2,240 unique articles, from which 53 were selected for full-text review. 8 studies met our original eligibility criteria, yielding 106 separate prescribing events for which an association with subsequent lung cancer has been studied, which we grouped as follows: analgesics (34), antibiotics (24), mental health drugs (18), cardiovascular medication (17), antidiabetic agents (10), and COPD medication (3). No meta-analysis was possible due to the significant methodological variation between studies. However, we will present results of the implied positive predictive value of comparable prescribing events studied in 3 or more articles, demonstrating how this changes according to the lung cancer incidence, event horizon and baseline prescribing rate.

Conclusions: This review summarises the evidence on drugs which, when prescribed, suggest the possibility of an as-yet-undiagnosed lung cancer and will directly inform the development of an eCSDT which has the potential to ameliorate diagnostic delay.

ID number 65

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Title: Link workers for people living with multimorbidity attending general practices in deprived urban communities. An exploratory randomised trial investigating feasibility, potential impact and cost effectiveness.

Background
Social prescribing link workers are being implemented widely, but there is limited evidence for appropriate target populations or cost effectiveness.
This study aimed to explore the feasibility, potential impact on health outcomes and cost effectiveness of practice-based link workers for people with multimorbidity living in deprived urban communities.

Methods
The trial took place during the COVID 19 pandemic (July 2020 to January 2021).Participants had two or more ongoing health conditions, attended a general practitioner (GP) serving a deprived urban community who felt they may benefit from a one-month practice-based social prescribing link worker intervention. A wait-list control received usual care. Blinding was not possible post randomisation, but was implemented at analysis. Feasibility measures were recruitment and retention of participants, practices and link workers, and completion of outcome data. Primary outcomes at one month were health-related quality of life (EQ-5D-5L) and mental health (HADS). Potential cost effectiveness from the health service perspective was evaluated using quality adjusted life years (QALYs), based on conversion of the EQ-5D-5L and ICECAP-A capability index to utility scoring.

Results
From a target of 600, 240 patients were recruited across 13 general practices. Participant retention at one month was 80%. All practices and link workers (n=10) were retained for the trial period. Data completion for primary outcomes was 75%. Randomisation to intervention (n=123) and control (n=117) was after baseline data collection. Two control participants withdrew. There were no significant differences identified in EQ-5D-5L (MD 0.01, 95% CI -0.07 to 0.09) or HADS (MD 0.05, 95% CI -0.63 to 0.73), and no cost effectiveness advantages. A sensitivity analysis that considered link workers operating at full capacity, as if implemented in a non-pandemic setting, indicated the probability of effectiveness at the €45,000 ICER threshold value for Ireland was 0.787 using the ICECAP-A capability index.
Conclusions
While the trial under-recruited participants mainly due to COVID-19 restrictions, the intervention was feasible to implement in deprived communities for patients living with multimorbidity. A cost sensitivity analysis of link workers operating at full capacity suggested a 78% probability of potential cost effectiveness, supporting the usefulness of conducting further robust evaluations.

ID number 107

Author and affiliation: 107 Caitriona Ryan, University of Limerick

Co-authors: Dr Joe Gallagher, Prof Ken McDonald, Dr Orlaith Oreilly

Title: Projecting The Future Burden Of Heart Failure- The Silent Epidemic On The Irish Population

Background:
Heart Failure (HF) is a major public health issue and places an immense burden and cost on health resources nationally. Given the ageing population, HF will undoubtedly become a burgeoning health challenge, that will reach epidemic levels. Despite its importance there is a lack of comprehensive

epidemiological research describing both the current and future burden of HF on the Irish population. In addition, the National Cardiovascular Strategy for Ireland, expired in 2019 and there is currently no imminent plan to replace it, nor was it even evaluated.

Aims:
This paper aims to provide an up-to-date snapshot of both the current and future impact of demographic change (over a 25-year-term) on demand for acute healthcare services for symptomatic HF and the costs that this demand translates to.

Methods and Results:
Using a prevalence based methodology, the future burden HF will place on the acute hospitals was estimated. This was done by applying the most congruent national and international health and epidemiological data to the Irish population data, on both a sex and age- specific basis. The current prevalence of symptomatic HF was estimated, the hospital activity analysed and health care costs quantified and subsequently projected to 2046. By 2031, the prevalence of symptomatic HF will increase by 25.5% to 3.5% of the >25 year population in Ireland (1 in every 28 people ≥25 years) which includes a 41.2% increase in the ≥ 70s. From 2021 to 2046, conservative costs (less inflation) will increase from €29.7 million to €50.3million for the acute hospitals.

Conclusion:
Ireland lags behind other countries in terms of up-to-date research and optimising its understanding of the associated costs of HF. Both the prevalence and costs of symptomatic HF in the acute hospitals will increase substantially due to the ageing of the Irish population, but due to outdated research and many assumptions we are currently not well equipped to inform strategic planning in this area. More research is required to anticipate the costs that the acute hospitals will face in the future, as well as the broader societal and economic impact.

ID number 38

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Title: The use of personal formularies in general practice: A pilot study evaluating the application of the DU90% indicator in a sample of Irish General Practices.
Background: The Drug Utilisation 90% (DU90%), the number of medicines making up 90% of a doctor's prescribing, is a simple tool that has successfully been used in other health systems as a prescribing

quality indicator. This research aimed to evaluate the use of the DU90% to describe prescribing in a sample of Irish GPs.

Methods: Retrospective observational study using anonymous prescription data from a sample of GPs throughout Ireland. Ethical approval was granted from the ICGP REC. The study was advertised through the RCSI-affiliated teaching network and the Health One User Group. Included GPs gave informed written consent, completed a brief practice and prescriber demographic profile and extracted anonymous prescription data using their respective software system for the years 2018-2022. The primary outcome was the prescriber and practice level DU90% which was calculated on an annual basis. The association between the DU90% and prescriber and practice characteristics was explored with multi-level modelling.

Results: Thirty-eight prescribers from twenty-two different practices were included. The median number of weekly sessions was seven (range 2-10), 20 were women (53%) and 21 were qualified ≥20 years (55%). The mean number of included prescribers per practice in Socrates was 2.25 compared to 1.61 in HealthOne. The mean prescriber DU90% was 140 (SD 15.5) and practice DU90% was 141.7 (SD 13.1). Socrates practices had a significantly lower DU90% (IRR , 0.91, 95% CI; 0.85-0.98). There was a small but significantly higher DU90% in practices that were in receipt of the urban deprivation grant, in practices with a higher number of GMS patients and in practices with a higher total number of items prescribed. There was no evidence of an association between prescriber-level characteristics and the prescriber or practice DU90% (gender, years qualified, number of sessions worked).

Conclusion
Irish GPs typically use 140 different medicines in the bulk of their prescribing. Differences in the data extraction process or the selection of participants may have contributed to the observed variations in DU90% between Health One and Socrates practices. For any future large-scale study aiming to assess and compare practices accurately, it will be crucial to standardize data extraction methods.

ID number 10

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Co-authors: Caroline McCarthy (1), Frank Moriarty (3), Ann S Doherty (2), Mark Feighery (2), Fiona Boland (4), Tom Fahey (1), Emma Wallace (2);1 Department of General Practice, Royal College of Surgeons in Ireland 2 University College Cork;3 School of Pharmacy and Biomolecular Sciences, RCSI; 4 Data Science Centre, RCSI

Title: Laboratory monitoring of selected higher risk medicines in General Practice: a five-year retrospective cohort study of community dwelling older adults

Background: Potentially preventable drug related morbidity (PDRM) is an important contributor to unplanned hospital admissions in older adults, a significant proportion of which is believed to relate to sub-optimal medication monitoring. The aim of this study was to describe the prevalence of sub-optimal

monitoring for selected higher-risk medicines in older community-dwelling adults and to evaluate patient characteristics and outcomes that are associated with sub-optimal monitoring.
Methods: Retrospective observational study (2011-2015) using historical general practice-based cohort data, which included laboratory test dates, patient reported outcome measures, and linked dispensing data from a national pharmacy claims database. The primary outcome was the prevalence of sub-optimal laboratory monitoring using a composite measure of published medication monitoring indicators. Poisson regression was used to assess patient characteristics associated with sub-optimal monitoring, where the outcome variable was a count of the number of unmonitored dispensings per person per year and explanatory variables included the baseline number of medicines, age, sex, deprivation, functional status and anxiety/depression symptoms. Logistic regression was used to explore the association between baseline sub-optimal monitoring (unmonitored dispensings between 2011-2012) and the odds of adverse health outcomes.
Results : Of 625 participants taking ≥1 higher-risk the mean age was 77.7 years, 53% were female and the mean number of drugs was 7.3 (SD 3.3). A total of 499 (79.8%) had ≥1 unmonitored dispensing over five years. The number of drugs, deprivation and anxiety/depression symptoms, measured by the Hospital Anxiety and Depression Scale, were significantly associated with sub-optimal monitoring, with the largest effect seen for anxiety/depression symptoms (IRR: 1.33, 95%CI: 1.05-1.68). During the five-year follow-up 124 patients (15.6%) died, 173 (21.8%) had at least one ADR and 150 (18.9%) had at least one unplanned hospital admission. There was a small but significant association between baseline sub-optimal monitoring and emergency department visits at follow-up, but no evidence of an association with mortality or ADRs.
Conclusions: The prevalence of sub-optimal medication monitoring was high in this population of community-dwelling older adults. Participants with any anxiety/depression symptoms at baseline had a 33% higher rate of unmonitored dispensings compared to those who had no symptoms of anxiety or depression.

ID number 50

Author and affiliation: Catriona Keye , RCSI and Scholarstown Family Practice

Title: Evaluation of menopause hormonal treatment three months post initiation, following establishment of an ANP led menopause clinic.

Background:
A survey carried out in Ireland in 2020 revealed that 80% of women were unprepared for menopause. 79% of the women surveyed felt that information and support surrounding menopause was poor and almost 50% did not feel confident discussing menopause with their GP.
A gap in the provision of specialist menopause care/treatment was noticed in the surgery in 2021, as such the ANP completed relevant courses, sat in on menopausal consultations to improve competency in the area, and developed new evidence based practice guidelines including the implementation of the Greene Scale to evaluate patient symptoms and quality of life, in order to set up a specialist menopause clinic. An audit was undertaken to evaluate the outcome of the treatment provided.
Purpose:

To evaluate any change in quality of life (QoL) and menopause symptoms of patients pre and post initiation of menopause hormonal treatment (MHT) using the quality of life assessment tool; the Greene Scale in an ANP led menopause clinic.
Method:
A search of the patient database was used to identify patients returning for the three monthly review post initial initiation of MHT (n=15). Data was collected on the modified Greene Scale instrument (Australian Menopause Society). The sample was randomly selected by identifying every second patient on the surgery database. Statistical analysis was based on utilising central tendency excel functionality. The statistical significance of the data was assessed using a two tailed paired t test. P values of less than 0.05 were considered statistically significant.
Results:
MHT, provided in accordance with practice guidelines improved the overall quality of life to a statistical significance. In addition menopausal symptoms reduction occurred in all 20 symptoms as measured in the modified Greene Scale, 19 of which to a statistical significance.
Conclusion:
The study revealed an improvement in quality of life and symptoms following MHT in an ANP led menopause clinic. Further studies could build on this analysis by including other variables such as co-morbidities, demographics and patient's perspective.

ID number 51

Author and affiliation: Catriona Keye, RCSI and Scholarstown Family Practice

Co-authors: Dr Jarlath Varley Dr Declan Patton

Title: The impact of menopause education on quality of life among menopausal women: a systematic review with meta-analysis

A systematic review with meta-analysis was conducted to establish the impact of menopause health education on quality of life (QoL) among menopausal women. Research suggests that specific educational programs can support and enable women during the physical and emotional transition through menopause. The CINAHL, Medline, APA, Embase and Google Scholar databases were searched between 30 November 2021 and 9 January 2022 using the PRISMA guidelines. The Cochrane risk of bias tool was used to critically evaluate the included studies. Review Manager software was used to conduct the meta-analysis of suitable studies. Eight papers were eligible for this review. The participants were aged between 40 and 60 years, with diagnosis of menopause stemming from changes in the menstrual cycle to a last menstrual period of 7 years. Follow-up data were collected between 1 and 4 months post

education. Meta-analysis of both the primary outcome (QoL) and secondary outcome (symptom control) demonstrated statistically significant improvements post intervention. Papers not suitable for meta-analysis were reviewed narratively; two papers assessing the primary outcome (QoL) demonstrated an improvement, but only one to a statistically significant level. Secondary outcomes revealed improvements, with all bar one paper doing so to statistical significance. Menopause health education demonstrated an improvement in both QoL and symptom control in menopausal women; however, given some weaknesses in the included studies, further research is justified. Limitations include participants' level of education, geographical location, risk of bias, that only half of the papers addressed participant use of hormone replacement therapy and length of follow-up.

ID number 84

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Title: A mixed methods evaluation of implementation outcomes for the Good Life with osteoArthritis Denmark (GLA:D®) hip and knee programme across public and private healthcare settings in Ireland in the first year.

Introduction: The Good Life with osteoArthritis Denmark (GLA:D®) non-profit initiative is a bottom-up approach to deliver evidence-based care, including exercise and education, to people with hip or knee osteoarthritis (OA). GLA:D® Ireland commenced in October 2021, using a participatory health research approach to co-design implementation strategies that would ensure optimal and equitable access to the programme. To evaluate the Proctor implementation outcomes of acceptability, adoption, appropriateness, cost, feasibility, fidelity, penetration and sustainability of GLA:D® Ireland across different healthcare settings, in the first year.

Methods: Quantitative implementation outcomes collected from the GLA:D® Ireland Registry. Semi-structured interviews conducted with trained physiotherapists (PTs) and participants, identified via purposive sampling. Qualitative outcomes were analysed deductively, then inductively to identify any themes using NVivo10.

Results: In the first year of GLA:D® in Ireland, 71 PTs attended one of three training courses (41% primary care, 38% public hospital, 21% private). Of 130 participants screened across 15 sites, 41% were from the three sites with more than one PT trained. Interviews were conducted with 10 PTs (60% female) and 9 participants with OA (78% female). PTs and participants were satisfied with the structured nature that allowed individualisation, progression, and self-management. For appropriateness, PTs described the benefit of social support and how they could use the programme to tackle long waitlists and participants spoke about regaining confidence to exercise. While equipment costs were low, more staffing and space resources were highlighted by PTs as facilitators to making GLA:D feasible and sustainable across settings.

Discussion: Most themes identified related to appropriateness, acceptability, sustainability and feasibility. GLA:D® was adopted by many primary care settings in the first year, but penetration was more successful in public hospitals, with more resources and physiotherapists trained. Results suggest that implementation strategies could be adapted to incentivise training of multiple staff at one site, facilitate training of support staff (e.g. administration staff, PT assistants) and identify appropriate community spaces for delivery.
GLA:D adopters found the programme to be acceptable, appropriate, low-cost, and feasible across public and private settings. These efforts may help to ensure timely and equitable access to the programme across Ireland.

ID number 63

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Title: Supporting GPs and people with hypertension to maximise medication use to control blood pressure: A pilot cluster RCT of the MIAMI intervention

Background. The MIAMI intervention is designed to support GPs and people living with hypertension to maximise medication use to control blood pressure. It contains GP targeted components (30 minute online training, booklet and consultation guide in a Socrates drop down menu) and patient targeted components (ABPM, urine chemical adherence test, GP consult, pre-consultation plan, informational videos)

Aims. To gather and analyse acceptability and feasibility data to allow (1) further refinement of the MIAMI intervention, and (2) determination of the feasibility of evaluating the MIAMI intervention in a future definitive RCT.

Methods. A pilot cluster RCT with an intervention arm and a usual care control arm was conducted.

Patient participants were eligible to take part if they were older than 65, taking 2 or more anti-hypertensive medications and had a blood pressure >130/80 mmHg. Quantitative data collection took place at baseline and 3 months. Semi-structured interviews with participants took place at 6 weeks and 3 months. Fidelity and health economic costings were also assessed.

Results. Six general practices and 52 people living with hypertension were recruited. Patient recruitment initially occurred through Socrates search and randomisation but this process was time and resource intensive. Case finding was introduced which considerable improved the recruitment rate. All 6 practices were retained. Four patient participants were lost to follow up (8%). Fidelity, as measured on a study delivery checklist, was good but there were three processes that were not delivered as intended in the protocol. Two of these were minor processes, but the third was the delivery of the urine test results, which often did not occur due to delays to the delivery of results and some confusion around accuracy. Overall, the qualitative data demonstrated that the urine test component is not feasible in its current form but the other intervention components worked relatively well.

Conclusions. Some modifications are required to the MIAMI intervention components and research processes but with these in place progression to a definitive RCT is considered feasible.

Trial registration. ISRCTN85009436

ID number 27

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Title: Simulated GP clinic closure: Effects on patient access in the Irish Mid-West

Abstract

Introduction
Rural communities can experience more barriers to access healthcare than their urban counterparts, largely due to fewer healthcare staff and services, and geographical isolation. The purpose of this study is to examine the availability of General Practitioner (GP) practices in rural communities across the Mid-West of Ireland and the potential impact of practice closure on patient access.

Methods
GP clinic locations were identified in Ireland's Mid-West, specifically Counties Limerick and Clare. Administrative subdivisions of both counties, Small Areas (SAs), were identified and their XY geographic centre coordinates recorded. SAs were indexed into six levels of rurality (1-cities, 2-satellite urban towns, 3-independent urban towns, 4-rural areas with high urban influence, 5-rural areas with moderate urban influence, 6-highly rural/remote areas). The direct linear distance from the centre of each SA to its

respective closest GP clinic was calculated. Simulated "closing" of each GP clinic was assessed programmatically by removing practices from the overall dataset and calculating the new direct linear distance from each SA to the next closest GP clinic.

Results
The majority of the SAs in Co. Clare (63%) and Co. Limerick (66%) are classified as rural (urban/rural index ≥4), with the exception of Limerick City, where all SAs were defined as urban. Rural SAs have longer travel distances to GP clinics than their urban counterparts, and these distances are greater the more rural a population is. Simulated closure of GP clinics revealed increasing travel distances to the next closest clinic with increasing level of rurality in a stepwise fashion (r2=0.31).

Conclusion
Rural community dwellers across the Mid-West of Ireland face longer travel distances to GP clinics than their urban counterparts. Thus rural communities will be, on average, more adversely affected should their local GP clinic close. While these findings are unsurprising, our methodology calculates a discrete number that can be used to rank vulnerability of local communities. Rural areas are particularly vulnerable to GP clinic closure, and maintaining a solid foundation of primary care in these areas will require careful service and workforce planning.

ID number 59

Author and affiliation: Ethan Murtagh, School of Medicine, University of Galway, Ireland

Co-authors: Geoff McCombe, John Broughan, Walter Cullen, School of Medicine, University College Dublin, Ireland

Title: Co-design studies in Primary Care: A scoping review
Introduction: Co-design is a method of including stakeholders in the research process in order to enhance an intervention's success and relevance to the needs and wants of a specific target population. This input by stakeholders in primary care research, such as General Practitioners and patients, could be an incredibly useful tool to enhance the relevance of primary care research to a specific population, and ensure research accurately addresses the complex and vastly differing needs of primary care populations.

Methods: A search was conducted of 'PubMed', 'Scopus', 'Cochrane Library', and 'Google Scholar' for papers published between 2013-2023. The review used the Arksey and O'Malley scoping review framework, alongside additional recommendations from Levac. The search process was guided by the PRISMA extension for Scoping Reviews checklist (PRISMA-ScR).

Results: Twenty-seven studies from a wide range of locations were included in the review, with the UK and Australia being the most common. Studies included a wide variety of primary care stakeholders as co-designers, however patients and General Practitioners were the most common, featuring in 24 and 18 of the included 27 studies respectively. 22 of the 27 studies included multiple stakeholders as co-designers. These co-designers were incorporated into the research process using a wide variety of methods, with the most common being workshops and interviews. The stages of research at which co-

designers were involved also varied between studies, with most being involved in the optimisation of a more general intervention for specific population, however the majority of studies did involve co-designers at multiple stages.

Conclusion: This scoping review demonstrates the variable way in which co-design can be incorporated into primary care research, allowing an intervention to be more tailored to the eventual end users. Additionally, it is shown how utilization of different methods of implementation of co-design can be used in order to achieve a specific goal, from the identification of areas of an intervention, to the optimisation of a specific intervention to a target population.

ID number 98

Author and affiliation: Fintan Stanley, Irish College of General Practitioners

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Title: Evaluating the Impact of Chronic Disease Management Programme in General Practice: Patient and Provider Perspectives.

Introduction:

The Health Service Executive (HSE) launched a structured Chronic Disease Management (CDM) programme in 2020 to enhance care for older patients with comorbidities. This programme aims to formalize and improve the management of chronic diseases in primary care settings. The study aims to provide insights into the effectiveness and impact of the CDM programme, offering perspectives from patients and healthcare providers.

1. To assess the perspectives of healthcare providers (HCPs) – GPs and practice nurses – on the CDM programme and its impact on patient care, workload, and professional development.
2. To evaluate patient experiences, particularly regarding self-management of conditions and their views on the future role of structured care programmes in Irish general practice.

Methods:

For HCPs, an electronic survey was used to gather data on their views, experiences, and the CDM programme's impact on their work. The survey collected demographic information to understand different perspectives within the cohort.

For patients, a paper-based survey administered in GP settings will capture their views on the CDM programme, its influence on their knowledge and self-management of conditions, and their demographic profile. The study will analyse these perspectives independently and comparatively across age, gender,

and locations.

Results:
HCP perspectives have been gathered (n = 220). The majority of responses came from medium size practices of 2-4 GPs (72%), most came from medium size towns (town 62%, city 26%, village 11%) and half of all respondents were practice nurses (50%).
A large majority reported some positive overall impression of the CDM programme (87%), with 19 in 20 reporting some degree of improvement to quality-of-care for patients with chronic illnesses (95%). Alongside this 9 in 10 reported some increase in workload as a result of the programme, with "large increase" being the most common response (62%).

Discussion:
Initial findings show HCPs view the programme positively, noting improved patient care. However, the increase in workload is a concern. The study's next phase will compare these findings with patient perspectives to fully assess the programme's impact.

ID number 139

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Title: The Behavioral Change Techniques associated with effectiveness in weight management interventions: A systematic review of systematic reviews
Introduction
The development and application of behaviour change technique (BCT) taxonomies has enhanced characterisation of the content of existing behaviour change interventions. Several systematic reviews of weight management interventions have examined the relationship between identified BCTs to weight effects.

Aims
This systematic review of systematic reviews aimed to summarise the BCTs that have been identified as linked to effectiveness within systematic reviews of weight management interventions for adults.

Methods
Five electronic databases were searched for systematic reviews of randomised controlled trials or cluster randomised controlled trials of weight management interventions in adults. Systematic reviews were included if they coded BCTs using one of three taxonomies (2008 taxonomy, CALO-RE or BCTTV1) and examined links with weight loss effectiveness.

Results
The search yielded 17,289 articles; ten systematic reviews met inclusion criteria. Six systematic reviews focused on weight loss interventions for adults and four focused on gestational weight gain (GWG)

interventions. The BCT cluster most consistently associated with effectiveness was 'feedback and monitoring'; this was the only BCT cluster that was reported as being associated with effectiveness in more than one included systematic review of weight management interventions in a general adult population. This was also the BCT cluster most consistently associated with effectiveness in systematic reviews of GWG interventions. Whilst no other BCT clusters were associated with effectiveness in more than one systematic review of weight management interventions in a general adult population, the BCT clusters 'goals and planning,' 'natural consequences' and 'social support' were found to be associated with effectiveness in more than one included systematic review evaluating GWG interventions.

Discussion and conclusion
Within this systematic review of systematic reviews, there were differences in the BCT clusters demonstrated to be associated with effectiveness in GWG interventions as compared to the general population. This highlights the importance of tailoring interventions to the target population or individual. BCTs used within individual trials were mainly coded by the authors of the systematic reviews, rather than the research team who developed the interventions. Intervention components are often not well described in intervention protocols and this can lead to difficulties in accurately coding BCT content.

ID number 97

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Title: Domestic Abuse Disclosure in General Practice; What are medical student's lived experiences of Forum Theatre learning?
Introduction
Domestic abuse (DA) is a widespread problem that results in a plethora of health and social issues that can persist long after abuse has stopped. DA creates complex health needs, and those impacted by DA present more frequently to healthcare services. General Practice (GP) teams are thus ideally placed to identify DA, and offer support to patients.
Unfortunately, there is an identified lack of GP awareness, education, and training about how to identify and respond to DA. Medical schools rarely provide education around DA, and of those that do, 75% rate the learning as inadequate. If we are to improve patient care, future doctors need better training, with experiential learning promising the greatest benefits. Forum theatre (FT) is a novel method of experiential learning that allows for safe exploration of challenging topics; raising critical consciousness and preparing participants for real-world action.

Aims
The aim of this study is to undertake a FT learning experience with medical students about GP consulting with people who have experienced DA. It aims to gain a deep understanding of students' lived experiences of FT learning, and to assess potential impact of the FT learning experience.

Methods
A cohort of year 4 medical students at Queen's University Belfast were recruited to undertake a multidisciplinary developed FT learning experience, with subsequent one-on-one participant interviews at 1 and 6 months. 16 participants were recruited for initial interviews. A qualitative methodological approach (hermeneutic phenomenology) is being undertaken, with data analysed using template

analysis.

Results

Initial interview analysis suggests that FT learning provided a safe and engaging learning environment, prompted deep reflection on the issue of DA and subtle consulting skills, and led to increased confidence in raising the issue of DA. The longitudinal data collection element (follow up interviews) and their analysis are ongoing.

Conclusions and Implications
This research investigates FT as a novel method of teaching medical students about DA, deeply exploring students' lived experiences of such learning. Conclusions hold potential to expand this novel training method that could subsequently improve patient care in this challenging area.

ID number 78

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Co-authors: Professor Helen Phelan, Dr Fran Garry, Ms Elizabeth Helitzer, Dr Hannah Fahey, Irish World Academy of Music and Dance and Health Research Institute, UL

Title: Social Singing, Health, and Well-being: Current practice, insights, and reflection
Introduction
Research on choirs and other forms of group singing has been conducted for several decades. A recent focus on the potential health and well-being benefits, particularly in amateur singers, shows evidence of a range of biopsychosocial and well-being benefits to singers (Livesey et al., 2012; Reagon, 2016). As co-directors of the Singing and Social Inclusion research cluster and two of the editors of a special issue of Health Promotion International (2023) on this topic, we present key evidence, insights, and reflections on the current state of the field of singing for health and wellbeing. We focus on two projects related to our work: (1) singing as part of migrant health initiatives in Limerick (2) singing on social prescription.

Aims
1. Present key evidence, insights, and reflections on the current state of the field of singing for health and wellbeing.
2. Present the latest on arts-based research as part of participatory health research.
3. Present a Limerick based project with singing for migrant health.
4. Explore the current state of singing on social prescription in Ireland and give recommendations to GPs in using this avenue for their clients' health and wellbeing.
Methods
The experts presenting their work will report how they used literature review methodology, arts-based research methods and qualitative research methods to answer each of the above questions.
Results
Arts based research methods provide a medium for service users to express and engage in their health and wellbeing journey. A scoping review of singing on social prescription indicates that this is not a

commonly used approach in Ireland but indicates that informal approaches to social prescription are active. Group singing studies focus on white, middle class choir participants and our research demonstrates the need to embrace singing communities in different contexts (for example, Irish traditional singing sessions) and how to engage with vulnerable communities to sing for health and wellbeing.

Conclusions

This presentation will explore singing for health and wellbeing, give attendees creative ideas to support their service users and provoke discussion about the importance of engaging in arts and leisure interests as part of overall health and wellbeing.

ID number 58

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Title: Enhancing long COVID care in general practice: a qualitative study.

Introduction

Research suggests that general practice can play an important role in managing long COVID. However, studies investigating the perspectives of GPs and patients on the topic are lacking. Knowledge regarding optimal approaches to long COVID care in general practice is therefore limited. To investigate GPs and patient perspectives on the topic of long COVID and its management in general practice.

Methods

Brief questionnaires (GP n = 11, Patient n = 7) and in-depth semi-structured interviews (GP n = 10, Patient n = 7) were conducted with GPs and patients from Irish general practices during July 2022-January 2023. Interviews were conducted via telephone and audio recordings were transcribed. A phenomenological analysis involving Reflexive Thematic Analysis and constant comparison techniques was applied.

Results

Analysis of interviews with GPs (male=7, female=3; median age=50yrs (IQR=39.5-56)) and patients (males = 2, female = 5; median age = 58yrs (IQR=45-62yrs) generated four themes. These were (1) long COVID presentations are complex, (2) The value of standardising care, (3) Choosing the right path, and (4) Supportive and collaborative doctor-patient relationships. Strong consensus was observed among GPs

and patients regarding the need for holistic and integrated multidisciplinary care. Supportive and collaborative doctor-patient relationships were largely well received by GPs and patients also. GPs strongly endorsed standardising long COVID care operations.

Conclusions
Structured, integrated, and collaborative care can help optimise long COVID management in general practice. Future research examining stakeholder's perspectives using larger and longitudinal samples is advised to enhance the generalisability of evidence in this area.

ID number 85

Author and affiliation: Karen Kyne, Royal College of Surgeons in Ireland (RCSI)

Title: New module on Quality in Practice (QiP) for general practice trainees

Background
General practice quality improvement projects are completed by final year general practice trainees on the Dublin Mid Leinster GP Training scheme in their training practices. Quality improvement projects aim to improve safety, effectiveness, and care in healthcare settings. 2-3% of consultations in a GP setting result in a patient safety incident and 4% of patient safety incidents will result in severe harm.

Target audience of Teaching activity
General Practitioners, General Practice trainees, Health professions educators, and Researchers.

Method of Teaching Activity
Methods of teaching delivery for this module include workshops on quality improvement, Data Protection, Leadership, Managing people & implementing change, Adverse incidents in GP and approaches to patient safety, Ethical and Professional issues in GP, medication reconciliations, Safe prescribing, and repeat prescribing. External sessions via Zoom are facilitated by a GP Quality Improvement scholar and a librarian on how to effectively search the literature. Interactive sessions include the trainees presenting QiP elevator pitches, how to present research & give effective presentations, and critical reflective case discussions. Trainees have the option of completing self-directed modules on Research skills- 'ICGP Information Skills for GP's- The 5 Steps to Success' and 'EGPRN Basic Research Skills'

Outcome of Teaching activity
At the end of the module, the trainees produce a QiP project and present this at the scheme's annual QiP symposium with Medisec providing a medal for the best QiP trainee project. The overall aim of the module is that trainees continue to practice medicine that promotes improved patient outcomes, streamline practice processes, adhere to evidence-based guidelines, and continuous professional development. Future activity - To consider embedding quality improvement projects into the General Practitioner's Continuous Professional Development (CPD) portfolio as an alternate option to the yearly mandatory audit requirement for GPs.

ID number 93

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Title: Factors influencing General Practice Nurse's implementation of culturally responsive care, through the Normalisation Process Theory lens: A cross-sectional study using NoMAD

Introduction: Despite the increased emphasis on cultivating cultural competence and the good practice recommendations readily available, Culturally and Linguistically Diverse (CaLD) patients continue to report ongoing insufficiencies in standards of care. Consequently, there is a need to comprehensively understand the complexity of factors that enable and hinder the care provided to CaLD patients. The impetus for this study was motivated by findings from a 2021 research prioritisation with refugees/migrants, which identified the need for generating evidence about care delivery for CaLD patients across all services (https://www.irishworldacademy.ie/part-im/).

Aim: Re-framing culturally responsive care as a complex intervention, this study examines levers and barriers to implementing culturally responsive care among General Practice Nurses (GPNs) in Ireland, through the lens of Normalisation Process Theory (NPT).

Design: A self-administered online cross sectional survey

Methods: A participatory co-designed adapted version of the NoMAD (normalisation of complex interventions measure) validated tool, was distributed to a convenience sample of GPNs, between December 2022 and February 2023. The sample comprised of GPNs working in general practice services in Ireland (n = 122). Data were analysed using descriptive and analytical statistics (Pearson correlations and T-tests).

Results: Results present novel insights about GPNs characteristics and correlations with implementation work to embed culturally responsive care in routine practice. Length of time qualified and perceived competency are significantly correlated with sense making and engagement work. GPNs as individuals were familiar with and committed to, providing culturally responsive care. However, examining their accounts of collective action to enact culturally responsive care in daily practice reveals a fault line at system level. Implementing culturally responsive care in daily practice was problematic due to health system problems such as insufficient education and training, scarcities of resources and supports and limitations in organisational leadership.

Conclusion: Despite demonstrating awareness of the importance of providing nursing care that responds to the needs of CaLD patients, GPNs do not have full confidence or capacity to integrate culturally responsive care into their daily work practices. The multitude of mico-level (individual), meso-level

(organisational), and macro-level (policies), factors that require attention for normalising culturally responsive care in general practice services, are illuminated.

ID Number:68

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Title: Co-design of a treatment algorithm by patients and healthcare professionals to optimise the care provision for large to massive rotator cuff tendon tears: The C A L M e R CUFF pathway.

Abstract:

Objective: Limited practical resources exist to help guide healthcare professionals (HCPs) in choosing the optimal care management plan for patients with large to massive rotator cuff tears (LMRCTTs) and these resources lack stakeholder input. This study aimed to co-design a treatment algorithm (prototype) with HCPs and patients with LMRCTTs to guide and improve the provision of consistent, evidence based care.

Design: This study utilised an experienced-based co-design (EBCD) approach over five stages.

Methods: Stage 1 involved engagement with key stakeholders. Stage 2 involved literature review and framework development. Co-design workshops were conducted in stage 3 & 4, workshop 1 - engaging patients and gathering their experiences, workshop 2 - engaging HCPs and gathering their experiences. Stage 4 entailed key stakeholder consultation in workshop 3 and the finalisation and dissemination of the treatment algorithm formed stage 5. Results of stages 3 to 5 are the focus of this paper.

Results: Through our co-design approach, workshop 1 (n = 8, LMRCTTs), workshop 2 (n = 9, HCPs), workshop 3 (n =6, LMRCTTS & HCPs) collectively agreed on areas of focus and key priorities for care provision. A prototype framework to assist the management of LMRCTTs with supporting clinician and patient recourses was produced.

Conclusion:

In our study the co-design approach was found to be effective in engaging various stakeholders and in the development of a model of care for people with LMRCTTs. The dissemination of the prototype will assist HCPs in providing consistent, reliant, evidence-based care.

ID Number:12

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Joe Gallagher* (Corresponding Author) Dept of General Practice, University College Dublin, Ireland

Title: Epidemiology of Respiratory Syncytial Virus-Associated Pneumonia in Primary Care in Malawi

Abstract: Objective: To identify the prevalence of respiratory syncytial virus (RSV) in a cohort of children under 5 years of age with World Health Organization (WHO)-defined pneumonia and the factors associated with developing severe RSV-associated community-acquired pneumonia (CAP) in primary care in a single centre in Northern Malawi.

Methods: The BIOmarkers TO diagnose PnEumonia (BIOTOPE) study was a prospective cohort study conducted from March to June 2016 that took place in a primary care centre in Northern Malawi. Data from this study was used to identify the characteristics of children under 5 years of age who presented with RSV and WHO-defined CAP. Means, standard deviations, medians, and ranges were calculated for continuous variables. A univariate logistic regression was performed to examine the potential predictor variables.

Results: 494 infants presented with CAP and were eligible for inclusion in the study; RSV infection was detected in 205 (41.6%) of the infants. Eight factors were associated with increased risk for RSV CAP: age, born at term, presenting for care in June, crowded living environment, had not been exclusively breastfed, had not received zinc or vitamin A supplementation in the last six months. Infants with RSV were more likely to have an oxygen saturation ≤92% compared to infants with other causes of pneumonia and more likely to have severe pneumonia as defined by the WHO.

Conclusion: This study supports that RSV-associated CAP is linked to modifiable and non-modifiable risk factors; further research is indicated to determine which interventions would be most impactful. Developing and implementing an infant or maternal vaccine could be a cost-effective way to prevent RSV-associated CAP and mortality in developing nations. More research is needed to understand seasonal patterns of CAP, and research over extended periods can offer valuable insights on host, environmental, and pathogen-specific factors that contribute to RSV-associated CAP.

ID Number:24

Authors and Affiliations: Mercedes Bair; Anmol Dhaliwal, University of Limerick School of Medicine

Title: INTERVENTIONS TO REDUCE PAIN RELATED TO INTRAUTERINE DEVICE (IUD) INSERTION IN NULLIPAROUS WOMEN: A SCOPING REVIEW

Abstract: Background: A low level of relative use of Intrauterine Devices (IUD) in young women has led to discussions on how to increase uptake in nulliparous women. One major deterring factor is pain with insertion, and pain relief options have yet to be reviewed specifically for nulliparous women.

Objective: The objective of this article was to conduct a scoping review to capture studies related to interventions to reduce pain with IUD insertion specific to nulliparous women and to summarize these findings and their clinical significance.

Search Strategy: Searched databases included EMBASE, PubMed, and the University of Limerick Library Journal Search database. Two authors independently searched articles and extracted data.

Inclusion/Exclusion Criteria: Articles written in English that evaluated an intervention to prevent or treat IUD-related pain from 2015-2023 were included. Articles had to be specific to nulliparous women, had a majority of nulliparous women, or separated data by parity. Articles were excluded if they did not investigate a method of preventing or diminishing pain with IUD insertion, did not indicate parity of participants, or did not meet the minimum percentage of nulliparous women outlined above.

Results: Only 10 articles were published specific to nulliparous women in the 8-year capture period. Vaginal dinoprostol or misoprostol, 4% topical lidocaine gel and 2% intracervical lidocaine, and intrauterine mepivacaine all reduced pain. A novel cervical stabilizer device called the Aspivix was also effective. Paracervical lidocaine, oral misoprostol, nitrous oxide gas, and verbal analgesia proved ineffective.

Conclusion: This review found 6 methods that reduced pain with IUD insertion in nulliparous women.

Discussion: This information could be beneficial for future revisions of guidelines although the limited number of articles indicates a significant need for more research on the subject.

Key Words: IUD, intrauterine device, insertion, nulliparous, pain, treatment, relief, therapy, analgesia

ID Number:154

Authors and Affiliations: Mike O'Callaghan, University of Limerick/ICGP

Prof Liam Glynn, University of Limerick

Title: Pandemic Patterns: A Retrospective Study of Irish General Practice data during COVID-19

Abstract: Introduction:

The global COVID-19 pandemic has exerted huge pressures on healthcare systems worldwide. General practice in Ireland was heavily involved in the national healthcare response to COVID-19. This retrospective study uses Electronic Medical Record (EMR) data from the ULEARN research network in the Irish Midwest, to estimate the impact on consultations and medication prescribing.

Aim:

To estimate consultation numbers, types, and overall medication prescriptions in each participating practice, providing insights crucial for national general practice workload and workflow analyses.

Methods:

Practices in the ULEARN research network using 'Socrates' software were invited to participate via email. Data for this retrospective, descriptive study were collected within 10 participating practices by researchers and medical students using standard reporting tools for the period from January 1st, 2019, to December 31st, 2021. Custom software tools ensured anonymization of all data on site before it was sent to the research team.

Results:

Data on 197,000 consultations and 620,000 medications were analysed. COVID-19 immediately led to a large reduction in face-to-face consultations coupled with emergence of telephone consultations across all practices. Medications prescribed by participating GP practices increased by 16% during time period examined. Over time face-to-face activity returned to near pre-pandemic levels, with the persistence of telephone consultation work.

Note specific consultation trends for differing age cohorts and medication trends will be available for presentation and discussion in March 2024.

Discussion:

The COVID-19 pandemic significantly influenced Irish general practice, and telephone work has now been added to GPs' daily work schedule.

Conclusions:

Routinely collected EMR data can provide valuable insights for general practice research and future pandemic planning.

ID Number: 132

Authors and Affiliations: Muireann O Shea, University of Galway

Title: A feasibility cohort study of medically supervised exercise rehabilitation program for individuals with chronic conditions and multimorbidity: baseline participant characteristics, uptake, and retention in the ExWell program

Abstract: Introduction:

It is estimated that 1.3 million people in Ireland are living with a chronic condition with more than half of those over 50 having at least two conditions, known as multimorbidity. Exercise therapy is a safe and effective way of improving function and reducing disability in patients living with chronic disease and multimorbidity. ExWell Medical is a group-based exercise rehabilitation program offering a structured program of exercise classes with medical oversight in the community, currently funded through the HSE in Dublin and the midlands.

Study Aims/Objectives:

The study aim is to evaluate the processes and impact of the ExWell programme delivered in Dublin and the midlands and to determine the feasibility of future research exploring clinical and cost effectiveness. The proposed presentation will present baseline results outlining the characteristics of participants referred and data on recruitment, uptake, and retention.

Methods:

This is a mixed methods prospective cohort study. All participants who were referred to and attended an induction at ExWell Medical in Dublin and midlands between January and September 2023 were invited to participate. Quantitative data was collected on demographics, health status, patient reported outcome measures, physical measures, healthcare utilization at induction, and follow up data was collected at 3 and 6 months. Referral rates and attendance at induction, follow-up, and classes were recorded. A parallel process evaluation is ongoing.

Results:

1301 participants were enrolled in the study between 30th January and 22nd September 2023. Baseline patient characteristics, PROMs (EQ5D5L, Numeric Pain Rating Scale, Self-Efficacy for Managing Chronic Disease 6 item scale, Patient Activation Measure, Clinical Frailty Scale, Short FES 1, Stages of Adopting Exercise) and physical tests (sit-to-stand, grip strength, 6-minute walk test, timed up and go, 4m gait speed test) are being analysed and will be available for presentation. The retention rate at 3-month reassessment is 60% and the 6-month retention results will be available by end of January 2024.

Conclusion:

Exercise is a generic intervention that has been reported to improve physical and mental health outcomes across a range of conditions. The current feasibility cohort study will provide important data on potential impact, uptake and retention rates in patients living with chronic conditions.

ID Number:86

Authors and Affiliations: Muiris Rowsome, University of Limerick

Dr. Peter Hayes, Dr. Andrew O'Regan, Dr. Liam Glynn, Dr. Patrick E. O'Donnell, Prof. Ailish Hannigan, Eve Gaffney, Eva Twomey, Aisling Brady University of Limerick

Title: Understanding Cancer Survivorship: Prevalence, Patterns and Implications for Healthcare Planning in General Practice

Abstract: Background

There are estimated to be 44,000 new cases of cancer diagnosed in Ireland each year, but little data exists on the prevalence of cancer in individual general practice networks-as most data is assembled via the national cancer registry. It is recognised that cancer survivorship is associated with higher rates of healthcare utilisation and secondary morbidities. No doubt, the incidence of cancer increases with age, and treatment options have never been better. General practice in Ireland is facing difficulties in meeting the challenges of an ageing population with existing resources. The aim of this study is to describe the prevalence of cancer survivorship, and to facilitate examination of the healthcare utilisation patterns of survivors, which will allow for resource planning.

Methods

Data was gathered from three general practices through a manual review of patient's electronic healthcare records. All individuals aged over 70, including those with a history of cancer, were eligible for this retrospective cohort study. Participant demographics, clinical indices, and healthcare interactions over the previous year were recorded.

Results

In total, 1208 patients participated, and 18% had a previous diagnosis of cancer (n=225). Twenty-nine patients had a diagnosis of more than one type of cancer. The majority of cancers (80%) were diagnosed after 2009. Prostate cancer was the most diagnosed cancer, followed by non-melanoma skin cancer, breast, and colorectal cancer. Our goal is to assess, by March, whether an association exists between cancer survivorship and multimorbidity, healthcare utilisation rates and various chronic morbidities. We plan to examine the data via gender also.

Discussion

The prevalence of cancer and the types observed are similar to those examined elsewhere. As expected, most cancers (80%) were diagnosed in individuals between the ages of 57 and 83 years. There is an under-examination of cancer survivorship as a discrete clinical entity, when it is known that osteoporosis, diabetes, cardiovascular disease, dementia are more common in this population. Arguably, cancer survivorship should be an entity of the national chronic disease management program. Limited data exists on cancer survivorship and healthcare utilisation rates in general practice, and this is a niche, underexplored, area for researchers.

ID Number:79

Authors and Affiliations: Niamh Blythe, Queen's University Belfast

Professor Nigel Hart (1), Professor Carmel Hughes (2)

(1) School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast

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Title: Navigating a NICE path through chronic primary pain?

Abstract: Navigating a NICE path through chronic primary pain?

Introduction

Approximately 70% of chronic pain is managed in primary care. Chronic pain conditions impose a significant clinical, social and economic burden. Chronic primary pain (CPP) as a diagnosis has been included in the International Classification of Diseases, 11th Revision (ICD-11), coming into effect January 2022. For the first time a systematic coding system for chronic pain has been incorporated. CPP is defined as pain, persisting or recurring for three months or longer, associated with significant functional disability or distress, with no underlying cause. Over the past two decades, there has been a significant increase in controversial opioid prescription for such diagnoses. Strong opioids are prescribed more frequently in Northern Ireland (NI) than elsewhere in the UK, with opioid-related deaths more likely to involve prescription drugs. Dissemination of recent UK guidance in response represents the first time CPP has been recognised by the National Institute for Health and Care Excellence (NICE) as a condition in its own right. However, this guidance has polarised opinion.

Aims

To explore GP perspectives in relation to caring for people living with CPP and the challenges encountered. To explore GP knowledge and awareness of published guidance for CPP, to understand how this guidance is used and its acceptability within the GP community.

Methods

This qualitative study uses a semi-structured interview design. 15 fully qualified GPs have been recruited from across all four jurisdictions of the UK and interviewed virtually. An inductive thematic analysis has been conducted to identify common themes within the data collected. Given that the NICE guidance regarding CPP is the standard for NI, England and Wales, with Scotland following the SIGN guidance, recruitment of GPs from throughout the UK has provided a more wide-ranging understanding of the experiences of GPs nationwide.

Results

Data collection is complete and thematic analysis is currently being undertaken. The background, rationale, methodological considerations with results will be available for presentation and discussion in March 2024.

ID Number:138

Authors and Affiliations: Niamh Murphy, UCD

Ciara McMeel, John Broughan, Crea Carberry, Walter Cullen University College Dublin

Title: Back to Normal or Better than Before? – Cross sectional Survey of Student Experience of GP Placements in 2023 compared to 2017-19

Abstract: Introduction

There is a considerable crisis in the recruitment and retention of GPs in Ireland. "Medical Student to GP An Urgent Call to Action" highlights the important role of clinical exposure in determining career preferences among medical students. It is recognised that clinical placements have been impacted greatly by the pandemic – and understanding students' experience on GP clinical placements since the reintroduction of clinical placements is important.

Aims

To examine current student experience of GP clinical placements and compare this experience with experience by cohorts before the pandemic.

Method

A secondary analysis of student feedback in respect of GP placements was conducted from all students who completed GP placements on the Medicine in the Community module at UCD School of Medicine in 2023. This included ten questions with quantitative and qualitative questions about their experience. Data was collected via an anonymous online survey and imported to Microsoft Excel for cleaning and SPSS for analysis .

Results

We received 90 responses for 2023 – (XX% response rate). XX (52.2%) indicated the clinical placement had stimulated their interest in General Practice and YY (63.3%) reported they were 'very satisfied' with the experience. For the three years 2017 to 2019. We received 222 responses (XX% response rate). XX (44.0%) indicated the clinical placement had stimulated their interest in General Practice and YY (38.7%) reported they were 'very satisfied' with the experience.

Conclusion

Though a number of limitations are acknowledged, these findings reflect positively on students' experience of clinical placements and their positive impact on general practice careers. We intend to present the results of further analysis, however these initial findings suggest the recommendations of 'Medical Student to GP' (especially #1: a national funding model that supports the hosting and delivery of undergraduate general practice placements) be implemented as a priority.

ID Number:87

Authors and Affiliations: Paula Greally, University of Limerick

Dr Andrew O'Regan, University of Limerick

Dr Peter Hayes, University of Limerick

Dr Sarah Hyde, University of Limerick

Title: Longitudinal Integrated Clerkships in General Practice (LICs): Graduates' perceptions of their influence on the journey from Medical Student to Doctor.

Abstract: Background: To explore longitudinal integrated clerkship (LIC) graduates' perceptions of how their general practice-based LIC influenced their professional identity formation (PIF). Then to further understand this process through Biesta's view of medical education and how this contributes to PIF.

Methods: A qualitative study with medical graduates, using purposive sampling. Data collected with medical graduates online via Microsoft® Teams. Interviews (n=16) completed with medical graduates of the School of Medicine, University of Limerick.

Results: Graduates perceived relationships to be important in their journey from medical student to doctor. Study findings also found the development of the "human doctor" to be important. The skills learned, relationships witnessed and formed, and the development of a growth mindset and self-acceptance all contribute to PIF by way of professional qualification, but particularly professional socialization and subjectification.

Conclusion: Professional identity formation is strongly rooted in the relationships that were developed during the LIC, the community in which those relationships were based, and the mentorship afforded to graduates while they were students. Crucially, this study demonstrates how both socialization and subjectification influence PIF, and this influence appears to have an enduring effect. These finding are relevant to all medical educators, not just those involved in LICs.

ID Number:129

Authors and Affiliations: Rebecca Orr, Queen's University Belfast

Dr Aoibeann Walsh, Rural Support

Title: The Northern Ireland Agri-Rural Health Forum- 'no more silos' approach to addressing rural health inequality

Abstract: Throughout my training I have volunteered in several roles outside of primary care to help me understand the issues affecting healthcare provision in rural and agricultural areas. I am a part-time farmer and so during many ensuing conversations with colleagues about this topic it appears that that those in rural, and those patients who are farmers, are generally felt to delay seeking health advice thus suffering unnecessary ill health. There is also increasing concern regarding the stability of rural primary care provision in Northern Ireland.

Without healthy decision makers, strategies to reach 'net zero' and address the climate crises may not find success. Policy makers are becoming more aware of the increasing importance of labour efficiency and 'human health' on farm as demands on the industry increase. To achieve a greater awareness of human, animal and environmental health (One health) agricultural representatives and healthcare providers were brought together to discuss solutions.

In order to truly collaborate and understand the issues at hand I decided to gather all those who work across this landscape around one 'table'. This was the first of a kind grouping within the British Isles to my knowledge and so no obvious 'roadmap' existed within the literature. With advice from my mentors and trainers I sought support from various departments and organisations on how to approach this. These included my training agency, Northern Ireland RCGP office and Rural Forum members.

When outdoor gatherings were regulated for, I gathered the steering group members at my farm where we held a facilitated focus group discussion. The steering group representatives include farmers, farmer facing employees, advisors, charity representatives, rural general practitioners, nurses, health check staff, bank managers, health and safety executives, supply chain managers, farming union representatives and vets.

The presentation will outline briefly the challenges faced and highlight outputs from the collaboration to date which include public health messaging campaigns, occupational health workshops and demonstrable increase in publicly funded farm family health checks and healthcare provider webinars.

ID Number:124

Authors and Affiliations: Rebecca Orr, Queen's University Belfast

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Title: Identifying factors influencing health behaviours in farmers in United Kingdom and Ireland: a mixed methods study using the Capability- Opportunity- Motivation Behaviour (COM-B) model

Abstract: Evidence suggests that farmers be at risk of cardiometabolic risk compared to their employed peers. It is also supposed amongst clinicians that farmers infrequently attend to primary care and may present late. This behaviour may lead to unnecessary ill health as well as missed opportunities to screen farmers at risk of cardiovascular disease and diabetes.

The COM-B framework, designed by Michie. et al (2014), is highly cited as a basis for designing behavioural change interventions. Our aim was to use this theoretical framework to identify what factors influence farmers' current behaviour to seek or not seek healthcare once prompted to do so. Our secondary aim is to assess farmers self-reported knowledge of cardiometabolic (CMD) risk and whether knowledge about CMD correlates with responsible health behaviours.

Following completion of narrative review, four farmers were recruited using patient and public involvement standards and a partnership was formed with a farming representative union initially to exchange ideas. A mixed methods study was devised involving a questionnaire followed by semi-structured interviews. The questionnaire reflects the three COM-B domains and allows participants to self-report their physical and psychological ability to address their health needs as well as social and physical opportunities available to do so. The questionnaire also incorporates assessment of cardiometabolic risk as well as cultural influences and beliefs. This will be piloted in early 2024 online and in hard copy via agricultural representative gatekeepers. In the second stage of the study, participants will be invited to complete a semi-structured interview.

This study is currently ongoing. The early results presented may help inform intersectoral behavioural change interventions that hope to reach 'unworried unwell patients with unmet health needs' through a holistic approach to socioeconomic determinants of health. The study also exemplifies an enhanced approach to engaging patients which is truly community based. It is hoped this protocol could be transferable to form the pilot for future similar engagement with other patient groups who may delay presentation or infrequently seek medical advice.

ID Number:47

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Title: Self-monitoring for improving control of blood pressure in patients with hypertension, a Cochrane intervention review

Abstract: Background: Hypertension is a major risk factor for cardiovascular disease, stroke, kidney failure, disability and premature mortality, affecting over 1.5 billion people worldwide. Self-monitoring of blood pressure (SMBP) with or without co-interventions may lead to improvements in blood pressure control, but questions remain in relation to the consistency of the evidence. The objective of this review is to determine the effect of SMBP in adults with hypertension on blood pressure as compared to office blood pressure monitoring (OBPM) or usual care (which does not include systematic use of SMBP).

Methods: Two reviewers with the assistance of the Cochrane Information Specialist (CIS) searched the following databases from 2008 up to January 2021: Cochrane Hypertension Specialised Register, CENTRAL (2021), MEDLINE Ovid, MEDLINE Ovid Epub ahead of Print, and MEDLINE Ovid In-Process & Other Non-Indexed Citations, Ovid Embase, US National Institutes of Health Ongoing Trials Register ClinicalTrials.gov, World Health Organisation International Clinical Trials Registry Platform searched within CENTRAL. Included studies were randomised controlled trials of adult participants, 18 years or older, with treated or untreated hypertension, which compared the effects of a blood pressure self-monitoring intervention to a non-intervention office based monitoring or usual care group.

Data collection and analysis: Data was collected independently by two reviewers using standard data collection forms and Cochrane standard methodological procedures. We presented pooled results for systolic and diastolic blood pressure as mean differences between groups with 95% confidence intervals (CIs). Our primary analysis included all SMBP interventions and we also assessed each co-intervention group separately. We undertook sub-group analysis for age and gender. We conducted sensitivity analysis by excluding single outlying results.

Main results and author's conclusions: A total of 26 trials (including 45399 participants) met our inclusion criteria. We found moderate to high certainty evidence that self-monitoring of blood pressure with extra supports like telemonitoring with planned medication changes, pharmacist support and nurse support reduced systolic and diastolic blood pressure in people with high blood pressure. Self-monitoring of blood pressure on its own has little or no effect on blood pressure improvement. Unwanted events or side-effects were similar in both the self-monitoring groups and usual care groups. Our findings suggest that self-monitoring of blood pressure when combined with tailored supports can be recommended to lower blood pressure.

ID Number:33

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Title: Identifying and Disseminating the Exceptional to Achieve Learning (IDEAL) in primary care: Development of the IDEAL Discussion Toolkit for primary care.

Abstract: Introduction: Despite the challenging nature of delivering care in general practice, many clinicians, teams and practices provide an exceptionally high standard of care. Practice teams are uniquely positioned to assess care quality and implement changes that improve care delivery. While many quality tools in healthcare consider instances of poor care, few approaches harness learning from instances of exceptional care delivery. Aims: This study aimed to develop a team-based discussion toolkit for supporting learning in general practice: the Identifying and Disseminating the Exceptional to Achieve Learning (IDEAL) Discussion Tool.

Methods: A two-stage approach was employed to develop a learning tool based on the IDEAL Framework; a framework previously developed through a systematic review and interviews with patients and primary care staff. For stage 1, two focus groups were conducted with key stakeholders (i.e., patient, general practitioners (GPs), practice nurses, practice managers) to examine the appropriateness of the initial toolkit according to APEASE criteria (Acceptability, Practicability, Effectiveness, Affordability, Side effects, Equity). Stage 2 collected further information on the usability, feasibility, face and content validity of the toolkit through cognitive interviews with GPs, practice nurses and practice managers.

Results: The IDEAL tool was received positively by patients and staff during focus groups, and several modifications were suggested and implemented. Interviews highlighted barriers to completing the toolkit in practice (e.g., length, comprehensibility of questions, clarity of instructions). The final IDEAL Discussion Toolkit consists of a clinician, team and practice assessment sheet where users identify their level of capacity (i.e., Basic, Proficient or Exceptional capacity), followed by an evaluation sheet, and a section which prompts team discussion around strategies for achieving exceptional care delivery across areas they seek to improve.

Discussion: This is the first tool specifically designed that allows teams in general practice to identify instances of exceptional care delivery in their own practice, and support discussion and reflection around improvement.

Conclusions: The IDEAL toolkit provides a valuable tool for primary care teams seeking to understand, reflect upon, and make improvements to their practice. Future research is needed to explore the feasibility of applying this toolkit in a large sample of diverse general practices.

ID Number:89

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Title: Creating a dyslexia screening process for GPs in training

Abstract: Background

There is a lack of evidence to support routine screening of GPs in training for dyslexia. We created a dyslexia screening process which included screening, consultation, assessment and coaching in the Wessex Professional Support and Wellbeing (PSW) Service for the Wessex Deanery in Hampshire, England.

Methods

This was a three-year study. Working with medical professionals, we developed an adult dyslexia screener for GPs in training. Qualitative and quantitative data were collected from dyslexia screeners and case-study interviews. Interviews were thematically analysed to explore dyslexic doctors' experiences of dyslexia screening and assessment.

Outcomes

We screened 92 General Practice Specialist Training 1 (GPST1) trainees. Twenty three screened positive for dyslexia; of these fifteen had a consultation with a dyslexia specialist. Three of the fifteen did not need dyslexia assessment: International Medical Graduates (IMG) doctors were signposted to other supports including language support. Eight trainees had dyslexia, one had dyspraxia. This fits with the prevalence of dyslexia in the population. It was found that dyslexia-specific coaching, exam and workplace accommodations were beneficial in dispelling stigma about Specific Learning Difficulties (SpLDs) as well as supporting examination success for neurodivergent GPs. The trainees who took part in this screening process were all successful in their examination re-takes.

Recommendations

We recommend that all GP trainees are given access to this dyslexia screening process to enable early identification, leading to better support and exam accommodations. This has a positive impact on well-being as well as the progression of doctors in training. Screening can also highlight the needs of IMG doctors who may benefit from additional language support. Furthermore, developing more understanding of neurodiversity helps dispel stigma about SpLDs like dyslexia.

ID Number:111

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Title: The Adaptive Physical Activity Study for Stroke: A Feasibility Sequential Multiple Assignment Randomised Trial

Abstract: Introduction: Stroke is the second leading cause of death and disability globally. Participation in physical activity (PA) is a cornerstone of secondary prevention in stroke care. given the heterogeneous nature of stroke, PA interventions which are adaptive to individual performance are recommended. Mobile health (mHealth) has been identified as a potential approach to supporting physical activity post-stroke. To this end, we aimed to assess the feasibility of a Sequential Multiple-Assignment Randomised Trial (SMART) design to develop an adaptive, user-informed mHealth intervention to improve PA post-stroke. Methods and Analysis: The components included in the 12-week intervention were based on public and patient involvement (PPI), empirical evidence, and behavioural change theory and include treatments to increase participation in Structured Exercise (SE) and Lifestyle PA (LPA), or a combination of both. Fifty participants post-stroke recruited from community and hospital settings were initially randomly assigned to one of two treatment components – SE or LPA. All participants received a Fitbit Inspire 2 which was used to monitor step-counts and deliver individualised weekly step-count goals. At 6 weeks post-initial randomisation, participants were classified as responders or non-responders based on meeting their personalised step-count goal for 2 out of 3 weeks from weeks 4 to 6. Non-responders to the initial treatment were randomly assigned to either switch to a different treatment allocation or add on a different treatment allocation. Responders continue their original treatment. Results: This trial is still ongoing. The primary outcome are feasibility outcomes and will be evaluated by recruitment, retention, and adherence rates. Secondary outcomes include mean steps per-day over 7 days, sedentary behaviour, fatigue, quality of life, depression and anxiety, activities of daily living, PA self-efficacy, stroke recurrence, and adverse effects. Conclusion: This PPI-informed SMART design will be used to evaluate the feasibility of an optimum adaptive PA intervention among community-dwelling, ambulatory people post-stroke.

ID Number:11

Authors and Affiliations: Sarah Hayes, University of Limerick.

Title: "Media-Hyped Drug Makes PHC Prescription Monopoly".

Introduction: Media-Hype has caused Dependence on one drug specific treatment for DM2 & weight loss. Media and major marketing campaigns have pressurised the Irish Primary Health care system and Pharmacies to provide this to facilitate patient preferences.

Aims:

- To discuss the current dependant use of a particular DM2 - Weight loss drug.
- Aim to discuss alternatives comparing 2018 v's 2023 trials.
- Proposed Introduction of training / Webinars via CDM programme adopted by Primary Health Care

GP Practices in Ireland. These can equip GP's to inform patients of Alternative cheaper drugs with comparable if not better reduction in A1c results, CV protection, impressive weight loss reductions, which do not return on stopping the drug, unlike the currently prescribed drug.

Methods: Case Report, Media coverage review, Linked-In, Irish Medical Journal, May 2022,

Websites: www.fiercepharma.com www.ncbi.nlm.nih.gov/pmc/articles/PMC5358074/

Metawww.facebook.com/100059215976751/posts/pfbid0f4PGQ9vsiEsW6BqhFxRpY725SJkJjFDGqXbfVBme7nLrAbJtJ77tpn3Nn1qwWzMel/?sfnsn=mo

Results: Current shortage for this particular drug due to limited availability in Irish Pharmacies has led to recent illegal counterfeit drugs sold to patients. These may be harmful and hospitalise some DM2 patients, for others no reported ASE's – but expensive placebos.

On Attending some GP & DM2 review clinics – I saw alternatives and benefits and researched current successes in Alternative drugs trials.

SURPASS & SURMOUNT comparator trials, show an A1c reduction 2.08% v's 1.6% and better weight reductions 21.1% over a 52 weeks, this rose a further 6.7% with continued use of this Alternative drug.

This specific alternative has 'No' weight gain reoccurrence on stopping the Alternative DM2, Weight loss drug.

Discussion: Should GP's become over reliant on one particular DM2 "weight loss" Drug?.

Has media-hype pressurised patients to go through desperate measures to get this drug?.

Illegal measures opportunistic groups take to counter-fit this product that could hospitalise patients.

GP's need CDM Webinars on safe, trialled, well established Alternatives with proven efficacy and tolerability profile.

Conclusions. Make GP's confident and comfortable in prescribing DM2 Alternatives in Clinics today. Give Patients the confidence they need based on Trials you can relay to patients, and waylay the Media-Hype on a Particular drug, dangers of counterfeit drugs and alleviate the current DM2 Media-Hyped Monopoly Drug worldwide today.

ID Number:105

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Title: Is Pay for Performance Promoting Inverse Inequality in Irish General Practice?

Abstract: Introduction

In 2020, the HSE introduced the Chronic Disease Management (CDM) programme. This programme resources GPs to review public (GMS) patients, diagnosed with 8 named chronic diseases, twice yearly according to a structured protocol. This pay for performance initiative has been widely adopted by GPs. However, private patients (PPs) with the same chronic conditions are not eligible for the CDM programme. As a result, it is hypothesised that fee-paying PPs may receive a poorer standard of care. Aim-To assess whether the management of the 8 chronic diseases, named in the CDM programme, is to the same standard among GMS patients and PPs.

Methods: A retrospective audit of GP practices in the Irish Midwest. Data relating to 25 GMS patients and 25 PPs, matched by age, gender and clinical condition, was collected from each practice. Patients had at least 1 of the 8 named chronic diseases. The following parameters were assessed: vaccination status (influenza, pneumococcal, COVID-19); body mass index; blood pressure; smoking status; renal function; glycosylated haemoglobin (HbA1c); lipid profile; brain natriuretic peptide (BNP) in patients with heart failure; and lung function tests in patients with COPD or asthma.

Results: Preliminary data from 300 patients (6 practices) show the majority of patients were male (64.7%) and aged <70 years (89%). Rates of processes of care were higher for GMS patients for all parameters except lung function which was similar in both groups. Influenza vaccine was given or offered to 57.3% of GMS patients vs 20.7% of PPs. COVID-19 vaccine was given or offered to 61.3% of GMS vs 18.7% of PPs. Pneumococcal vaccine was offered or up-to-date for 54.7% of GMS patients vs 10% of PPs. In the past year, the following parameters were measured in GMS patients and PPs respectively: blood pressure (90.7% vs 54.7%); smoking status (76.7% vs 21.5%); renal function (89.3% vs 56%); HbA1c (87.3% vs 52.7%); lipids (88% vs 53.7%).

Discussion: Preliminary results from 6 GP practices show significant consistent disparities between PPs and GMS patients.

Conclusion

Limiting Pay for Performance to the care of GMS patients only, based on age or income, promotes inverse inequality.

ID Number:99

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Title: Gender disparities in oral anticoagulants

Abstract: Introduction

Appropriate use of oral anticoagulation (OAC) for atrial fibrillation (AF) can reduce the risk of stroke by up to 64%.However, patients are commonly undertreated with OAC and prescribed incorrect doses of OAC.

Methods

We conducted a descriptive, cross- sectional observational pilot study in the South-East of Ireland examining the pattern of OAC use in patients with permanent AF in general practice. Proportionate sampling was used across 11 general practices. GPs completed a report form on each patient by undertaking a retrospective chart review.

Results

11 practices participated with a total number of 1855 patients with AF. We received data on 153 patients. There were 121 patients on non-vitamin K antagonist oral anticoagulants (NOACs).

We analysed these patient records to determine if they were on the correct dose of the NOAC. 16 records were incomplete. Of the 105 records analysed, 84 patients (80%) were on the correct dose and 21 patients (20%) were on an incorrect dose. The most common error was the inappropriate prescription of apixaban 2.5mg BD.

A chi-square test of independence was performed to evaluate the relationship between correct NOAC dose and gender. The relationship between these variables was significant, $X2 (1 , N = 105) = 4.795 , p <.05$ ($p= .029$). Males were more likely to be on the correct NOAC compared to females. However, when adjusted for age this result did not remain significant.

Discussion

Women are less likely to be on an appropriate dose of OAC as illustrated in this pilot study. Some reasons for this inconsistency may be that women report adverse drug reactions more frequently and so are more likely to have their dose reduced, there is a dominance of women in the ageing population and inappropriate dosing is associate with increasing age, women are more likely to have their renal function overestimated using estimated glomerular filtration rate and women with heart disease are more likely to be treated conservatively.

Conclusion

With the rising prevalence of AF and an ageing global population, an important opportunity exists to eliminate the paradox of those at higher embolic stroke risk – according to the CHA2DS2-VASc score, being more likely to be on inappropriate treatment.

ID Number:115

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Title: A Realist Review of mHealth Interventions Used in Lung Cancer Screening

Abstract: Background: Lung cancer, the leading cause of cancer death worldwide, is often diagnosed at advanced stages leading to poorer prognosis. MHealth interventions promise enhanced early detection through lung cancer screening (LCS). However, their efficacy across various patient demographics and the underlying mechanisms that influence their success remain underexplored.

Aim/Objectives: To explore the efficacy of mHealth interventions in promoting LCS, focusing on patient demographics, mHealth intervention characteristics, and the underlying mechanisms and contexts influencing their effectiveness.

Methods: This realist synthesis employed an iterative literature search in Medline(Ovid), Embase(Elsevier), Web of Science, and Scopus. Selected studies were assessed for relevance, extracting data on mHealth features, patient demographics, and intervention outcomes. Data were analysed thematically to discern relationships between intervention mechanisms, contexts, and outcomes. Additionally, engagement from key stakeholders, including cancer experts, policy makers and patients was included during the synthesis phase.

Results: A total of 2046 studies were identified by the literature search, of which 1016 studies underwent title and abstract screening by two independent reviewers after removing duplicates resulting in 10 studies being included. Interventions in the following four areas were identified primary care, veteran health, and overall cancer detection. The mHealth interventions used a variety of technological platforms: 3 mobile, 4 web based, 2 iPad based, and 1 social media campaign. We theorise the two main contributing factors that led to successful promotion of LCS: 1) The promotion of shared decision-making (allowing informed communication, and increased knowledge and self-efficacy) and 2) The ease of use and personalisation of mHealth interventions allow for more user interaction and interest.

Conclusion: This review provides a comprehensive understanding of how and why mHealth interventions influence LCS uptake and are effective across different patient demographics. The findings will provide insights into optimising mHealth interventions for LCS, potentially leading to earlier detection and improved patient outcomes.

ID Number:102

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Title: Graduate Taught Programme in Primary Care Mental Health: Design, delivery

Abstract: Background: Although mental health problems are common among patients attending General Practice and Primary Care, especially since the COVID-19 pandemic, many General Practitioners and healthcare professionals working in primary care do not have formal postgraduate mental health training. In this paper, we describe the establishment of a graduate taught programme in primary care mental health and its initial delivery during the Covid-19 pandemic.

Methods: An educational needs analysis was undertaken with content and delivery designed to fit into the work commitments of clinicians. Teaching was delivered 'online' using a "flipped classroom" approach and typically jointly by General Practitioners and Consultant Psychiatrists. Students were from diverse clinical backgrounds (e.g. General Practice, Out of hours Medicine, Primary Care Nursing, Paramedicine, Non consultant hospital doctors etc). Following completion of the first year of the programme, a focus group was used to examine student experience on the course and data analysed thematically by content analysis.

Results:

In the first year of its delivery, 27 students registered for the programme. 25 had a medical degree (22 of these were GPs or GP Trainees) and 2 had another healthcare background. Students expressed a positive response to the programme. Most felt their clinical practice had changed for the better, with a feeling of increased confidence, competence and broadening of viewpoints. The main themes that emerged were relating to workload management, communication between faculty and students, and the positive experience of interprofessional collaboration.

Conclusions:

Our findings suggest that an interdisciplinary, graduate taught programme in primary care mental health is feasible and of value. Particularly in the aftermath of the Covid-19 pandemic, we suggest that such programmes can help address the health needs of the population. Adopting educational methods that promote active learning and that facilitate interprofessional learning are likely to be key.

ID Number: 108

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Title: Determinants of Adherence to Community-Based Group Exercise Programmes in Older Adults

Abstract: Introduction: The global ageing population (>60 years) continues to increase and is projected to reach 2.1 billion out of a total 9.7 billion by the year 2050. Ageing is associated with decreased functionality, reduced quality of life and increased risk of non-communicable diseases. Evidence suggests that exercise can offset these effects. Despite this, older adults are not attaining the recommended levels of exercise on a weekly basis. Community-based group exercise programmes (CBGEP) are an effective way to promote exercise in this population, with higher adherence to these programmes associated with improved physical outcomes for participants. This mixed-methods systematic review aims to synthesise the determinants of adherence to CBGEPs among older people from both qualitative and quantitative literature.

Methods: Searches were carried out in five online scientific databases (June 2014–July 2023) to identify relevant primary studies. Studies were assessed for quality and data was extracted. Results were synthesised thematically and narratively.

Results: A total of 2209 studies were identified and screened against the inclusion/exclusion criteria. Eleven studies were included, seven quantitative, three qualitative and one mixed methods study. The primary themes to emerge from the included studies were individual, intervention and social factors. Other demographic factors associated with adherence were education, gender, and neurobiological factors. Total adherence rates of 72.7% (attendance) and 80% (retention) were calculated.

Discussion: This review offers insights into participant and intervention-related factors associated with adherence and provides recommendations for future researchers to promote adherence in such interventions. The total mean adherence reported in this review is higher than previous reports, however, there continues to be inconsistency regarding the measurement and reporting of adherence in studies of exercise interventions for older adults.

Conclusions: Determinants of adherence are defined by individual factors (i.e., participant beliefs and demographics), intervention factors (i.e., instructor characteristics and programme logistics), and social factors (i.e., promoting a sense of purpose and belonging). Programmes should foster a social environment, implement varied exercises under a trained instructor who can provide modifications, and screen participants for variables such as level of education and physical activity prior to commencement.

ID Number: 61

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Title: "Taking Time" a review of a service innovation of extended youth mental health consultations in a deprived urban general practice.

Abstract: Introduction

A single general practice in an urban deprived area created a special consultation type with extended time for mental health related presentations. This service aimed to address an unmet need by providing clinicians with extra time on a discretionary basis for complex mental health cases, which are present in up to 40% of GP consultations. This study presents descriptive findings and thematic coding of these consultations. Aims - This review of the special consultation type aimed to assess the nature and content of youth mental health presentations presenting to Irish general practice in a deprived practice between March 2021 - March 2023. We aimed to gain insight into factors including demographics, presenting complaints, consultation outcomes such as referral rates, prescribing and subsequent attendance

Methods - The focus of this research were patients under 25 years old attending the extended consultation in a two year period. A retrospective review of 81 charts was completed. Data were collected on socio-demographic characteristics, reasons for attendance and consultation outcomes. Thematic analysis was conducted by two reviewers on a random 10% sample of the population (Braun & Clarke, 2006), and the coding created was then used to code all study participants' data. Descriptive statistics were calculated, including sum totals, mean scores and ranges.

Results - Our study participants were 38% (31/81) male, 15% (12/81) were aged under 12, 31%(25/81) were aged 12 to 18, and 64% (52/81) were aged 18 to 25. There were 14 coded presenting complaints, of which the most frequent were panic and anxiety (40/81), low mood (35/81) and self harm and suicidal ideation (22/81). Of note, there were differences in the ranked frequency of presenting complaints between age groups. No patients aged under 18 were prescribed psychoactive medications, while 14/33 patients aged 18 to 25 were prescribed drugs. The most common prescribed drug category was SSRIs. Most patients 64% (52/81) were referred to a further service - 40% (21/52) patients to secondary mental health services, and 48% (25/52) to community services. Twenty-nine patients (36%) were managed entirely within the practice.

Discussion / Conclusion

This data provides some insight into the broad range of youth mental health issues that are dealt with within Irish general practice. Youth mental health is a growing area of clinical concern and service investment with broad ranging implications across the lifespan of these young patients with considerable disease burden for health and social systems. The researchers discuss the impact of these findings in the context of the existing literature, and describe impacts for further research, health policy and clinical practice.

ID Number:144

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Title: Protocol for Establishing a Stakeholder Group for Primary Care Research into Cancer Using a Modified 7P Framework and an e-Delphi Process

Abstract: Introduction

Currently, no group specifically supports and coordinates primary care focused cancer research in Ireland. The aim of this project is to coordinate research efforts and build capacity in researchers and institutions.

Aims

1. Convene a stakeholder group

2. Conduct an e-Delphi exercise to assess the stakeholders' views

Methods We convened a stakeholder group, recruiting individuals with personal and professional experience of cancer care in a community setting. An e-Delphi consensus process was used to assess the stakeholders' views on: (1) the relevance and importance of primary care focused cancer research; (2) the potential role and scope of the stakeholder group; (3) how best to engage with lived experience stakeholders and healthcare professionals affected by the research; (4) how to encourage the dissemination of results and the translation of findings into practice. Round 1 was open-ended and invited the independent suggestions of stakeholders; in Round 2 and 3, group members will vote on the inclusion of these suggestions in a position statement by the group, with consensus defined as ≥75% agreement.

Results Interim results from round 2 of the e-Delphi consensus process demonstrated that the stakeholder group agreed that "Primary care cancer research should be separately and specifically supported" due to (1) its position in the cancer journey; (2) the opportunity for earlier diagnosis; (3) the nature of the primary care population; (4) the value of primary care data; (5) the unique infrastructural features of primary care. The stakeholder group identified (1) prevention; (2) early detection; (3) survivorship as "key areas for the scope of Primary Care Cancer Research". Findings relating to the activities of the stakeholder group in the areas of "Capacity Building", "Boosting Impact", "Dissemination" and "Stakeholder Engagement" were also identified. Results from Round 3 of the e-Delphi process are currently being collected and will be reported at the conference.

Conclusion The formation of the stakeholder group will help to ensure that research is relevant, patient-centred, and more readily translated into practice. The results from the e-Delphi process will guide the production of a position statement on primary care cancer research by the stakeholder group.

ID Number:36

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Title: Exploring the experiences of GPs in establishing and operating the Chronic Disease Management Programme in clinical practice in Ireland during its first three years. A qualitative study

ABSTRACT

Background: the management of chronic of disease in the context of an ageing population and increasing life expectancy is one of the major challenges facing the Irish health system. In 2020, a chronic disease management (CDM) programme in Irish general practice was introduced as part of a transformation in health policy to meet the changing needs of the population.

Objectives: a qualitative study to explore GPs experiences of establishing the CDM programme in general practice in Ireland, the barriers and facilitators they faced, as well as their perceptions of its impact on clinical practice

Methods: 18 semi-structured interviews were conducted with GPs in clinical practice in Ireland. GPs were purposefully recruited to capture the differing experiences faced by GPs in large and small practices in both urban and rural settings. Interviews were analysed using reflexive thematic analysis.

Results: GPs were enthusiastic about CDM which they felt improved their clinical approach to the management of chronic disease. However, they described several barriers to its implementation including staffing and capacity constraints. CDM could have unintended consequences for aspects of routine GP care. GPs described how practice nurses had taken on a central role in both clinical and administrative aspects of the programme.

Conclusions: capacity and staffing constraints within Irish general practice have impacted the roll out of CDM. This study highlights how adapting to the demands of CDM, in the context of these capacity and staffing constraints, has resulted in changes to clinical roles and routine practice activity within Irish general practice.

ID Number:20

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Title: "Understanding Dementia Together": the design, delivery and evaluation of a collaborative, inter-professional dementia workshop for student healthcare professionals.

Abstract: Background: Dementia is a clinical syndrome, characterized by a cognitive decline, that leads to impairment in both physical and functional ability. Members of the multi-disciplinary team (MDT) must have the necessary skills and competencies that are needed to ensure optimal patient care across clinical settings.

Aim: The aim of this study was to develop, deliver and evaluate an interprofessional dementia workshop for health professions' students across 11 disciplines in the College of Medicine and Health, University College Cork.

A secondary aim was to determine if there was perceived clinical application of learned knowledge (Kirkpatrick level 3) in students who completed the workshop and subsequently underwent clinical placement.

Methods: A social constructivist pedagogical approach was adopted. Kern's framework for the development of a curriculum in medical education informed the development of the curriculum for the workshop. A validated Alzheimer's Disease Knowledge Scale (ADKS) questionnaire with supplementary questions was used to assess students' knowledge pre and post workshop. A cohort of master's level students completed a follow-up survey to determine their perceived clinical application of learned knowledge in dementia care.

Results: 102 students completed pre-and post-workshop surveys. 52 students completed the follow up survey while on clinical placement. There were statistically significant increases in knowledge ($p=<.001$) and confidence in communication ($p<.001$) with people with dementia. Behavioural changes were self-reported post workshop on clinical placement, with 85% of students adopting improved communication strategies in dementia care post workshop.

Discussion: This is the first study to develop and evaluate a dementia IPL workshop across such a broad range of health professions. This study evaluates to Kirkpatrick level three (behaviour and performance) which is not frequently achieved in medical education evaluation.

Conclusion: Quality IPL enables collaboration both in classroom and on clinical placement and is key to efficient workforce development.

ID Number:110

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Title: "You Wouldn't Ask a Teacher to Build Their Own School": Addressing Systemic Challenges in General Practice

Abstract: Introduction: Ireland's general practice sector is facing a significant crisis due to GP shortages and increasing primary care demands. This study aims to identify practical solutions to mitigate these challenges and enhance the efficiency and sustainability of primary care services.

Methods: The research adopted a qualitative approach, conducting semi-structured interviews with 21 general practitioners across Ireland. The interviews were analysed thematically to extract insights and potential solutions to the ongoing crisis.

Results: Participants provided a range of recommendations including the integration of advanced technology for patient management and administrative tasks, enhancing collaboration between primary and secondary care, and the implementation of supportive policies by government and health authorities. The GPs suggested specific measures such as the adoption of telemedicine, streamlined referral processes, and increased funding for primary care infrastructure. They also stressed the importance of developing a more patient-centric care model and improving working conditions for general practitioners, particularly in rural areas.

Conclusion: The study underscores the necessity of innovative and pragmatic approaches to address the challenges in Ireland's general practice. By focusing on technology integration, collaborative care models, supportive policies, and improved working conditions, the findings offer a roadmap for revitalising primary care services in Ireland. These solutions, if implemented, have the potential to alleviate the GP crisis and enhance the overall effectiveness and sustainability of the healthcare system.