

Primary Care, Population Sciences & Medical Education: PhD Research Conference

Wednesday 18th January 2023 10.30 – 15.00

10.30	Julie Parkes	Welcome and Introduction
10.35	Steph Hughes	Active Surveillance for Prostate Cancer is a shared journey: The dyadic perspective.
10.49	Amy Dobson	“There must be something wrong, or else I’m just a terrible parent” Parent experiences of unsettled infants: A systematic review and thematic synthesis.
11.03	Thomas Phillips	Factors associated with health-related quality of life for people with chronic kidney disease – analyses from a large UK biobank.
11.17	Grace Grove	Investigating approaches to the prevention of childhood obesity and improvement of diet quality in young families.
11.31	Chloe Langford	Impostor Syndrome in Medical Students from Low Socio-Economic Backgrounds: An Interpretative Phenomenological Analysis
11.45	Emilia Holland	Understanding the meaning of burden and complexity in the context of multimorbidity, and its assessment in primary care.
11.59	Immaculate Okello	Support to improve Type II diabetes mellitus (T2DM) outcomes for African ethnic groups in England
12.13	Marc Saunders	A mixed methods exploration of integrated chiropractic care models and the UK chiropractic profession’s views on potential models of collaborative working with and employment within the NHS.
12.27	Charlotte Cook	Assessing and addressing Hepatitis C in hard to reach populations
12:41 – 13:20 Break		
13.20	Mirembe Woodrow	Inequalities in Long Covid prevalence and support: what are the drivers, impact, and solutions?
13.34	Ian Bennett-Britton	Factors affecting the perceived acceptability and effectiveness of peer-review and feedback interventions in primary care. A systematic literature review and thematic synthesis
13.48	Jack Colley	The Diabetes Annual Review in a Postal Box
14.02	Lisa Osborn-Jenkins	A qualitative exploration of when SELF-management doesn’t help people with persistent low Back pain: Ending “the merry-go-round”. (The SETBack study)
14.16	Heather Mozley	Bursting bubbles: Exploring experiences of widening participation in two UK medical schools
14.30	Inna Walker	Adverse childhood experiences and improving health and life chances of young adults in the criminal justice system
14.44	Alex Smith	Barriers and facilitators to delivering alcohol screening and brief interventions in community pharmacy: a qualitative evidence synthesis
15.00	Julie Parkes	Close

Supervisors: Prof Hazel Everitt, Dr Becky Band & Dr Beth Stuart

Active Surveillance for Prostate Cancer is a shared journey: The dyadic perspective.

Background

Active surveillance (AS) for prostate cancer (PCa) is a monitoring programme for men with low grade, slow growing prostate cancer. The pathway aims to avoid or delay radical treatment such as surgery, and the associated unwanted side effects. However, living with an untreated cancer can have a negative psychological impact. Previous research suggests partners/significant others of men on AS are involved, important and influential in the men's experiences, acceptance and adherence to AS, and ultimately they are a big influence in treatment decision making. Research encompassing both men on AS and their significant others is limited.

Objective

This study aims to explore experiences of men undergoing AS for PCa and their significant others, with a more specific aim to explore how the significant other responses to the PCa diagnosis and AS treatment plan impact on the PCa patient.

Methods

Semi-structured telephone interviews were conducted with 9 men on AS for PCa and their wives/partners (n=18). Participants were aged between 54-78, mostly White British (n=17), mostly retired (n=14) and had a mixture of education levels. Data analysed using the Collaco et al. (2021) Framework Method for dyadic data analysis.

Results

Our main findings indicate the dyads function as an interconnected, interdependent unit with interlinked emotional responses, often triggering each other. Both members of the dyad experience PCa related distress, and both men on AS and SOs describe two-directional support. Differing feelings about AS and the decision not to pursue active treatment within the couple were common, with the men prioritising the avoidance of active treatment side effects, and SOs keen to minimise the chance of disease progression, feeling less concerned about potential treatment side effects. Unanimously participants agreed SO inclusion in all aspects of the PCa journey was of utmost importance. More emotional support is needed for this population, and a reliable, professional point of contact to answer questions between appointments would be beneficial.

Conclusion

Significant others of men on AS are involved, important, and potentially influential in patient acceptance, adherence and decision making. More research needs to be conducted to explore how SOs can be better included and supported.

Supervisors: Associate Prof Ingrid Muller, Prof Miriam Santer & Prof Sue Latter

“There must be something wrong, or else I’m just a terrible parent” Parents’ experiences of unsettled infants: A systematic review and thematic synthesis.

Background

Infant symptoms (crying and vomiting) are increasingly attributed to medical problems such as allergy or reflux. This may result in harm through unnecessary diagnoses and prescribing.

Objective

To review and synthesise qualitative research on parents’ perceptions of their unsettled infants as they relate to illness or health, with a focus on how and why parents seek a diagnostic label.

Methods

Searches were conducted in CINAHL, Medline, Embase, PsychINFO, Cochrane Clinical Trials register plus grey literature and handsearch. Qualitative studies reporting parent experiences of unsettled infants <12months and discussing a medical label were included. Studies focused antenatally or reporting commercial funding were excluded. Quality appraisal was conducted using CASP framework. Analysis used thematic synthesis.

Results

Nine papers were included. Two analytical themes were identified: ‘Searching for an explanation’ and ‘Identity as a good parent’. ‘Searching for an explanation’ was developed from descriptive themes of ‘Guilt, responsibility and control’, as parents blamed themselves for their infants’ symptoms and ‘Transition from ‘me’ to ‘me as a parent’ where parents seemed to use advocacy, personal hardship and medical labels to help construct a positive parenting identity and protect against perceived judgement.

‘Identity as a good parent’ was developed from descriptive themes of parent ‘Expectations’ of themselves, their baby and normal infant behaviour; ‘Feeding’ as a central concern; disillusionment and needs around ‘Finding help’; a ‘Lack of certainty’ around infant symptoms; ‘Hypervigilance and desperation’ as parents became stuck in a cycle of searching

Conclusion

Parents require support that builds self-efficacy, reduces feelings of guilt and failure and builds identity as a ‘good parent’. If these needs are met, there may be a reduction in the search for a medical label.

Supervisors: Dr. Simon Fraser, Dr. Kristin Veighey & Dr. Ashley Heinson

Factors associated with health-related quality of life for people with chronic kidney disease – analyses from a large UK biobank.

Background

Existing studies examining health-related quality of life in people with chronic kidney disease (CKD) have largely focussed on how it is affected by non-modifiable factors such as age, comorbidities and kidney function, use mixed patient reported measures, or have limited the work to those on renal replacement therapy (RRT).

Aims

To use baseline and longitudinal data to determine potentially modifiable factors that affect quality of life in people with chronic kidney disease. We will also explore how quality of life changes for people with CKD over time and if quality of life can affect the risk of developing other health-related issues such as cardiovascular disease or CKD progression.

Methods

Baseline data collection on 2996 participants for a national biobank has been undertaken. These data include information on demographics, socioeconomics, biochemical tests, anthropometrics and questionnaires including quality of life measures such as EQ5D5L. This data has been cleaned and analysed using Python in a Jupyter notebook as well as SPSS. Descriptive statistics were completed, as well as univariate associations with all variables against EQ5D index values and issues in any of the EQ5D5L domains. Those with p values for significance <0.1 were entered into multivariable mixed models to assess for effect on quality of life measures. Longitudinal data (a repeat of all measures at baseline) will be available in early 2023, as will repeat patient reported questionnaire data in late 2023. This will allow for 3 timepoints in analysis – one at baseline and two follow-up.

Conclusions

We will examine what affects, and what is affected by, health-related quality of life for people living with CKD. Analysis at an earlier stage of the disease process will hopefully allow for identification of those factors which could most help people with this common condition.

Supervisors: Nisreen Alwan, Dianna Smith, Nida Ziauddeen & Mary Malone (KCL).

Investigating approaches to the prevention of childhood obesity and improvement of diet quality in young families

Background

Childhood obesity in the UK is increasing, and children from deprived areas are twice as likely to be obese as those from more affluent areas. Poor diets are linked with both deprivation and increased risk of childhood obesity. Improving diet quality in deprived groups, particularly those at high risk, may reduce the risk of childhood obesity and health inequalities. The UK government's Healthy Start scheme aims to improve diet quality among low-income families by providing vouchers to spend on milk, fruit and vegetables. However, the scheme has poor uptake and unknown benefit.

Aims

This research aims to feasibility test an online childhood obesity risk estimation tool (SLOPE CORE), and to explore how can a food voucher system be optimised to improve dietary quality.

Methods

- Feasibility testing of SLOPE CORE will be undertaken through the health visiting service and targeting vulnerable families with young children.
- A systematic review of the impact of vouchers supporting fruit and vegetable purchases for disadvantaged families and pregnant women will be completed.
- Quantitative data will be collected from disadvantaged families including demographic information, food diaries and food purchasing information.
- Qualitative data will be collected from disadvantaged families and health visitors. In-depth interviews will be carried out with 20 parents and focus groups with 15 health visitors, considering food purchasing, diet quality and barriers and enablers to Healthy Start.

The systematic review and primary data will be used to inform an individual level model. This will model changes in food purchasing behaviour and diet following changes to the Healthy Start scheme, such as increasing voucher value. This will provide evidence for a trial of changes to the scheme, and subsequently, national policy changes.

Conclusion

This project will help support evidence-based policy decisions for young families.

Supervisors: Professor Sally Curtis & Dr Sarah Rule

Impostor Syndrome in Medical Students from Low Socio-Economic Backgrounds: An Interpretative Phenomenological Analysis

Impostor Syndrome (IS) is experienced by those unable to internalise their own success, leading to feelings of fraudulence¹. Research suggests that among medical students, IS is a reliable indicator of psychological distress², which in turn correlates to a higher likelihood of making clinical errors³. Students from minority backgrounds are also more likely to experience IS⁴. This study aims to investigate the lived experience of IS in medical students from low socio-economic backgrounds.

Semi-structured online interviews were conducted with 6 medical students who meet the criteria for a Widening Participation to Medicine programme (BM6); these were transcribed and analysed idiographically using Interpretative Phenomenological Analysis (IPA). Descriptive and linguistic features were identified and analysed to ensure a multi-faceted interpretation.

Participants interpreted IS as feelings of not belonging, either because their achievements and status are undeserved, or simply because they don't fit in. Initial findings indicate students struggle to identify specific events where they experienced IS, explaining that it's something they 'can't really articulate' and is 'in a lot of little moments'.

A consistent thread in their lived experiences is the importance of practical and/or emotional support networks, without which they experience feelings of isolation. However, even when support networks are present, participants admitted an unwillingness to display vulnerability by seeking emotional support.

Students demonstrated a battle between logic and emotion, struggling to consolidate evidence of their success with their lack of self-belief. A supportive, stable environment appears vital in building students' sense of belonging and self-confidence; this valuable insight into their reality of living with IS will allow for pragmatic, constructive support mechanisms to be considered for future students and cohorts.

Supervisors: Dr Simon Fraser, Professor Nick Francis & Dr David Culliford

Understanding the meaning of burden and complexity in the context of multimorbidity, and its assessment in primary care.

Background

Prevalence of multimorbidity in the UK is rising, and early-onset multimorbidity is more common in areas of higher deprivation. Multimorbidity 'burden' can be caused by many different factors, for example physical symptoms, psychological problems (both as a cause and consequence of multimorbidity) and social factors. Many aspects of burden may be not captured by routine data, thus leading to the need for 'proxy' or derived indicators. This project will explore the true experience of multimorbidity, beyond simply a count of the number of diseases, to try to identify burden and complexity in data.

Aims

To develop and test an algorithm which identifies multimorbid patients with a high level of burden and complexity within primary care data.

Methods

1. **Qualitative evidence synthesis** to assimilate the evidence on the lived experience of multimorbidity with regard to burden/complexity:
 - The literature review search will be finalised and carried out in MEDLINE, EMBASE, PsycINFO and CINAHL prior to the conference.
2. **Consensus study (Delphi)** to agree characteristics of burden/complexity for use in routine primary care data:
 - Ethics approval has been granted and participant information sheets/consent form are ready
 - I have started to develop the online survey for the Delphi study using Qualtrics
 - A list of clinicians/academics and patients/carers with experience of multimorbidity to invite onto the panel is in development.
3. **Algorithm development** based on themes identified in the qualitative evidence synthesis and consensus study and implementation within a large GP dataset such as CPRD/SAIL:
 - I am now an ONS Accredited Researcher and have access to the SAIL databank.
4. **External validation and piloting of the algorithm** in the real world of GP practices/CCG to confirm reproducibility and generalisability:
 - This future work will take place after the algorithm development

Results and Conclusions

Preliminary results from the literature review will be available at the conference.

Supervisors: Dr Merlin Willcox, Dr Ingrid Muller, Dr Mark Lown & Dr Shabana Cassambai

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

Rationale

By 2015, about 3.8 million people in England had diabetes with 90% having T2DM. African ethnic populations are twice as likely to develop T2DM from a younger age, possibly because of the unequal distribution of risk factors and health inequalities.

Despite the NHS' large expenditure to treat diabetes, there are still cases of non-adherence to conventional therapy, and poor glycaemic control due to the complex cultural, physiological, and linguistic concerns in interventions to manage T2D. These disparities affect access to reliable information on alternative therapies and subsequently increase the risk of associated complications. Interventions tailored to ethnic groups have evidenced positive patient outcomes.

Aim

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

Objectives

1. To explore the experiences of patients in self-managing T2DM using conventional and complementary therapies.
2. To develop a culturally-sensitive intervention providing evidence-based information on the self-management of T2DM.
3. To pilot and optimise this intervention using feedback from Patient Public Involvement panels.

Research approach

Objective 1 and 2: We will conduct literature reviews to understand the common self-management behaviour, followed by a systematic review of qualitative studies to understand the use of existing services. Through PPI panels and using the Person-Based Approach, we will explore patients' views on designing a resource.

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

Objective 3: About 30 participants will be recruited to participate in think-aloud interviews to explore their thoughts of the developed resource(s). The interviews will be transcribed and analysed using a thematic analysis approach to inform the iterative modification and of the materials.

Supervisors: Prof Michael Moore, Prof Dave Newell, Dr Jane Vennik, Dr Jonathan Field & Dr Neil Osborne

A mixed methods exploration of integrated chiropractic care models and the UK chiropractic profession's views on potential models of collaborative working with and employment within the NHS.

Background

Musculoskeletal (MSK) conditions are the United Kingdom's (UK) leading cause of disability for years lived with disability, and healthcare costs for MSK conditions are the third largest area of NHS programme spending. Chiropractors are well placed to manage MSK conditions and can potentially address this burden by being part of the NHS's MSK workforce. However, few studies have explored integration of this profession into healthcare systems or the reasons why integration is successful within different healthcare contexts, and no recent research has been published concerning the views of the UK chiropractic profession towards integration with or within the NHS.

Aims

- Realist review: To explore the contexts and mechanisms that influence the degree to which integrated chiropractic care service delivery is implemented to inform future integrated chiropractic care models.
- Qualitative interviews and cross-sectional survey: To explore the current attitudes, perceptions, and future intentions within the UK chiropractic profession concerning integration models with or within the NHS.

Methods

For the realist review, first level selection criteria yielded an unmanageable number of relevant papers, therefore second level selection criteria were devised and applied by two independent reviewers with a third reviewer to resolve conflicts. The resulting papers were screened for causal insights in relation chiropractic integration according to the degree of richness of insight and directness in relation to a specific integrated service.

Findings

First level selection criteria produced 857 papers for second level screening. Second level screening reduced the number of papers to 172, of which 21 papers were identified as having a high degree of richness of causal insights in relation to chiropractic integration.

Discussion

The studies within this PhD will highlight and address gaps in the current research literature with regards to successful integration of chiropractors into healthcare systems and the views of UK chiropractors towards integration with and within the NHS.

Supervisors – Prof Julie Parkes, Prof Salim Khakoo and Assoc Prof Ryan Buchanan

Assessing and addressing Hepatitis C in hard to reach populations

Background

Hepatitis C virus (HCV) is a blood borne virus that is easily curable. There is a global strategy to eliminate HCV as a public health threat. For this to be achieved, it is imperative that the prevalence of HCV in all at risk populations is understood, to aid decisions about targeted testing. One population that has not been researched is people who use image and performance enhancing drugs (IPEDs). These are most commonly used by bodybuilders, and the most abundantly used IPEDs are anabolic androgenic steroids. This DM comprises several projects but this abstract focuses on the qualitative research amongst people who use IPEDs.

Aims

To understand the risk behaviours associated with the use of IPEDs

To explore awareness of liver related harms associated with bodybuilding and used of IPEDs

To explore possible options for testing and treatment locations (for HCV) and how this is best performed

To understand how best to perform a survey of people who use IPEDs

Method

This qualitative element of the DM will be performed using semi-structured interviews. Posters will be placed in through gyms in Southampton. Inclusion criteria are people who consider themselves bodybuilders, are over 18 years old, have capacity and are able to complete an interview in English. Patient and public involvement (PPI) has suggested that bodybuilders (whether they use IPEDs or not) will be happy to be interviewed and discuss their experiences.

The interviews will be analysed using a pragmatic thematic analysis approach. Coding will be audited by an experienced qualitative research who will also code one third of the interviews.

We aim to perform behaviour change wheel analysis to understand behaviour patterns and to consider which interventions may be beneficial.

Results and Conclusions

The interviews have not yet started, so results and conclusions will follow in due course.

Supervisors: Professor Nisreen A Alwan (primary supervisor), Dr Dianna Smith, Dr Nida Ziauddeen

Inequalities in Long Covid prevalence and support: what are the drivers, impact, and solutions?

Background

The WHO defines Post COVID-19 Condition (Long Covid) as occurring three months after the onset of COVID-19 with symptoms that last two months or more, including fatigue, breathlessness and cognitive dysfunction, and have an impact on everyday functioning. The Office for National Statistics estimates that 1.9 million people experience Long Covid in the UK, and it is more prevalent in particular groups including people living in more deprived areas. A mixed methods study will examine the interplay of factors affecting health inequity using the lens of Long Covid as deprivation amplification.

Aims

This research will investigate: what drives social, economic, and demographic inequality in Long Covid; how do those factors interplay; what is the impact of that inequality on health, wellbeing and fulfilment in more disadvantaged groups in the UK; and how can this inequality be addressed through local, regional and national government evidence-based policy and action.

Methods

The project will include quantitative analysis and narrative review of Long Covid prevalence in the UK and locally in Hampshire. This will also investigate the availability of support for people with Long Covid, inequality and contributing factors including the wider determinants of health. The project will also map Long Covid prevalence and support against deprivation locally and nationally. A review of policies that impact prevalence and support for Long Covid will be undertaken. Qualitative research using semi-structured interviews with Long Covid patients will investigate their lived experience and the impact on their functional abilities, support needs, availability and barriers to accessing support, and potential solutions. Interviews with local authority and national service leads will investigate the impact of Long Covid on society, the economy etc, provision of Long Covid support and gaps/barriers to access, and solutions to address inequality.

Ian Bennett-Britton

Supervisors: Dr Leanne Morrison (*University of Southampton*), Professor Geraldine Leydon (*University of Southampton*), Dr Andrew Carson-Stevens (*Cardiff University*)

Factors affecting the perceived acceptability and effectiveness of peer-review and feedback interventions in primary care. A systematic literature review and thematic synthesis

Background:

Unwarranted variation in clinical practice is an area of increasing interest due to the costs and harms of too much or too little healthcare. Determining the extent to which observed variation in clinician practice is unwarranted is challenging, and requires detailed assessment of the clinician-patient interaction. A solution is a risk-based, continuous, consultation peer-review system used by an out-of-hours general practice service provider over the last 12 years. This study aims to understand the factors affecting the perceived acceptability and effectiveness of peer-review and feedback interventions in primary care to inform the adaption of this intervention for use in the in-hours general practice context.

Methods:

We reviewed the breadth of qualitative evidence synthesis methodologies for this study, and have chosen the ‘thematic synthesis.’ Our electronic search strategy is based on the terms used in a previous Cochrane review of audit and feedback in healthcare, with the addition of search terms selecting for qualitative studies in primary care. Two reviewers will review the abstracts of all studies against the inclusion and exclusion criteria, and undertake quality assessment of included studies using the the Critical Appraisals Skills Programme (CASP) checklist. Text from each primary study will be coded though “line-by-line coding”, generated codes will be arranged into “descriptive themes” before the generation of “analytical themes”, by interpreting the descriptive themes to infer answers to the questions proposed by the synthesis. We will use the GRADE CERQual (Confidence in the Evidence from Reviews of Qualitative research) approach to assess the level of confidence in our findings. Our synthesis will be placed within the wider developing literature on the considerations when planning effective audit and feedback interventions.

Supervisors: H. Dambha-Miller, H. Price

The Diabetes Annual Review in a Postal Box

Background

In the UK, people with diabetes are offered annual review appointments to prevent or delay diabetes related complications. Non-attendance is associated with higher HbA1c levels and worse health outcomes.

Aim

To determine the feasibility of people with diabetes performing their annual review at home using a postal kit. This kit would allow them to collect finger-prick blood samples, urine samples, and anthropometric data.

Method and Results

We performed a systematic review exploring current evidence on the accuracy, reliability, and acceptability of capillary blood sampling for the measurement of HbA1c. Agreement between microtube/capillary tube HbA1c and venous whole blood HbA1c was high, with all included studies demonstrating limits of agreement which met the IFCC quality targets of +/-5mmol/mol. Samples were stable for five to eight days at room temperature. Although acceptability of using self-collection kits appeared high, the generalisability of the findings were limited.

To explore acceptability further, we conducted semi-structured interviews and focus groups with adults with diabetes. We explored their ideas, concerns, and expectations about an annual review postal kit. We asked participants about the design and possible additional features. We sent half of the study invites to people who infrequently attended annual review. Transcripts were collated and analysed thematically. All infrequent attenders and the majority of regular attenders responded positively to the kit. Participants valued having information about why each test was beneficial and wanted clear communication of results. Participants suggested the kit could be used to shape their future consultations by allowing them to highlight areas of personal importance.

Future work

The next step of our project is to explore expert insights from healthcare professionals who organise or undertake diabetes annual review. We will investigate potential barriers a postal kit might face, and the necessary administrative processes. We will also collaborate on its design and purpose.

Supervisors: Professor Lisa Roberts, Dr Adam Geraghty and Dr Joanne Turnbull

A qualitative exploration of when Self-management doesn't help people with persistent low Back pain: Ending "the merry-go-round". (The SETBack study)

Background

Low back pain (LBP) is the global-leading cause of disability. Clinical guidelines recommended self-management, but do not specify the content of self-management advice.

Recurrence of LBP is common, evidence suggests around 65% of people will have symptoms that persist or return within a year. As many as 10 million people live with persistent LBP in the UK and people with LBP make on average 16.4 GP surgery visits a year. Early PPI work identified this "like a merry-go-round" for patients returning to services.

Given the cost, the distress it causes patients, the high rate of recurrence and healthcare utilisation, LBP is a major concern. Self-management and behaviour change is recognised as the core of back pain care and it is vital we explore ways to improve its delivery to optimise primary care services. Research is required to understand why people with persistent LBP return to primary healthcare services, to find ways to improve delivery of self-management advice in return consultations.

Aims

Explore patients' experience and clinicians' practices of self-management strategies for patients returning with persistent LBP to better understand patients' needs.

Objectives

- To describe why people with persistent LBP return to primary healthcare services.
- To identify the strategies used by primary care clinicians to manage patients returning with LBP.
- To develop a patient resource prototype to facilitate return-consultations identifying the help patients need to self-manage.

Methods

Plan an exploratory, qualitative study informed by ethnographic principles and phenomenological methodology.

Phase 1 research plans:

- Interviews with patients in self-help groups to identify how patients navigate self-management outside of healthcare settings.
- Focus groups of clinicians (GPs; First Contact Physiotherapists and Physiotherapists). Identifying themes of professional differences and gauge the level of agreement about optimal ways to manage patients returning with LBP.

Heather Mozley

Supervisors: Professor Sally Curtis, Doctor Kath Woods-Townsend and Professor Marcus Grace

Bursting bubbles: Exploring experiences of widening participation in two UK medical schools

Many UK medical schools support students from underrepresented groups to access and gain medical degrees through widening participation strategies like gateway programmes, which provide an additional year of study. Research is emerging about how being a medical student from an underrepresented group or studying on a gateway programme impacts those individuals' experiences of Medicine. However, little is known about how increasing student diversity through gateway programmes impacts the experiences of *all* medical students.

Through a qualitative, comparative case study, I explored the experiences of increasing student diversity through widening participation at the University of Southampton and University of Aberdeen medical schools. I conducted narrative interviews with 8 students in Years 3-5.

Findings were similar between universities, although there was more focus on class differences at Aberdeen, and cultural differences at Southampton. Interacting with students from different backgrounds increased my participants' 'Awareness of Difference', 'Legitimised Different' ways of being a medical student, and 'Burst their Bubbles' about the world, transforming previously taken-for-granted worldviews. Initially, interactions were often negative; these interactions revealed participants' limited understanding about the world outside of their individual experiences and illuminated institutional inequities which may catalyse or exacerbate tensions between students. However, through sharing experiences during medical school, particularly during placements, participants described myriad benefits of interacting with a diverse cohort. Outcomes include cultural knowledge exchange, transformed perspectives about suitability for studying medicine and inspiring action to increase inclusivity in medical school.

These benefits of increasing diversity in medical schools should be widely promoted to promote a culture that celebrates the diversity of insights, experiences and skills that are necessary to provide healthcare in our multicultural society. Diversity and reflexivity training must be embedded into medical curricula to create culturally safe spaces in which educators and students alike can benefit from identifying their own unique contributions, and what they can learn from others.

Inna Walker

Supervisors: Julie Parkes, Nisreen Alwan, Sara Morgan

Adverse childhood experiences and improving health and life chances of young adults in the criminal justice system

Background

Adverse childhood experiences (ACEs), which include child maltreatment and household dysfunction, constitute risk factors not only for offending, but also for poor mental and physical health.

Aim

This DM is embedded in the Gateway Study, which evaluated an out-of-court community-based, police-led Gateway programme, aimed at improving health and well-being, and reducing recidivism in 18-24-year-olds who have committed low-level offences.

Methods

Pragmatic randomised controlled trial (RCT) with a target sample size of 334. Participants were randomised between Gateway and usual process on a 1:1 basis. Four police sites recruited 18-24-year-old residents of Hampshire and Isle of Wight who were questioned for an eligible low-level offence. Semi-structured interviews were also held with a sample of Gateway programme participants and staff, as well as police study recruiters.

Results

A total of 191 participants were recruited, with 109 randomised to Gateway and 82 to usual process. Due to an initial overestimation of potentially eligible young people by Hampshire Constabulary and low retention rates, recruitment targets were adjusted, and a range of mitigating measures introduced. Although recruitment was broadly within the study progression criteria, retention was low throughout, making it impossible to collect sufficient data within an acceptable timeframe. Low retention was multifactorial, with one of the main barriers being difficulties contacting participants. Interviews with 28 Gateway clients, 17 Gateway staff and 13 police study recruiters yielded rare insights into the benefits and limitations of the programme, as well as barriers and facilitators for research in the police setting.

Conclusions

The Gateway study was a unique endeavour to gather evidence for a potentially life-changing intervention for an underserved population.

Engaging vulnerable young people and the police in research comes with own unique challenges, and the lessons learned will be valuable to those seeking to design similar interventions or conduct research in similar settings.

Supervisors: Professor Julie Parkes, Associate Professor Ryan Buchanan, Dr Kinda Ibrahim
Barriers and facilitators to delivering alcohol screening and brief interventions in community pharmacy: a qualitative evidence synthesis

Background

Alcohol screening and brief interventions (ABI) are those practices that aim to identify a real or potential alcohol problem and motivate an individual to do something about it. The National Institute for Health and Care Excellence recommends delivery of ABI in community pharmacy however only 5% of pharmacies in England provide ABI. Understanding the barriers and facilitators to ABI delivery in community pharmacy would be helpful to increase uptake.

Aims

This review aims to generate understanding of the barriers and facilitators to delivery of ABI in community pharmacy as experienced by staff and customers.

Methods

A systematic review of studies published from 2003 was conducted. Four databases (MEDLINE, EMBASE, CINAHL and PsycINFO) were searched to identify relevant published qualitative studies or mixed method studies with a qualitative component. Quantitative studies and grey literature were excluded. Study quality was assessed using the critical appraisal skills programme checklist for qualitative research. Data synthesis was done by framework synthesis using the COM-B system.

Results

2210 articles were screened, and nine studies were included in the review. Five studies were qualitative and four were mixed-method studies. Seven studies were conducted in the United Kingdom and two in Australia. Barriers and facilitators to delivering ABI were identified and discussed within three main themes, each reflecting one COM-B component: "Awareness, knowledge and communication skills" (capacity), "social and environmental opportunity for ABI" (opportunity) and "staff and customer motivation to engage with ABI" (motivation). For example, key barriers included: time and competing demands for staff and worries about offending customers. On the other hand, non-confrontational communication skills, using existing pharmacy services and staff role legitimacy were facilitators.

Conclusions

The understanding of barriers and facilitators generated will be used in the design of a complex intervention that incorporates both the facilitators and potential strategies to address the barriers.