Scottish School of Primary Care

SSPC_News
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News bulletin Winter 2022

Welcome

With the festive season fast approaching, the SSPC would like to wish all our colleagues a very Merry Christmas and a Happy New Year.

We look forward to seeing you all in 2023.

Best Wishes,

Gill & Lindsey

Gill Hubbard, Co-Director

Lindsey Pope, Co-Director

The Primary Care Academic Collaborative (PACT) launches the Why Test study

Have you ever found yourself looking at blood test results and wondered why the test was done in the first place?

The Primary Care Academic CollaboraTive (PACT) is a new UK-wide network to help GP trainees, GPs and allied healthcare professionals take part in high-quality research. The Why Test study is launching **now** and offers an opportunity to complete a quality improvement project whilst also gaining research experience. The study aims to find out why blood tests are requested in primary care, who requests blood tests, and what happens with the results.

At a practice level this research may flag up important areas for quality improvement around filing, actioning and communication blood tests. Practices will receive a report including anonymised practice-level data benchmarked against other participating practices. At a national level this research can help us start to understand the drivers for increasing rates of primary care testing, which is important for patient anxiety, GP workload and NHS costs.

GP trainees are always on the lookout for audit and quality improvement projects – this research offers a 'ready-to-go' project for their ePortfolio, as well as giving them the chance to get involved in something much bigger. As well as collecting data, PACT members will be able to engage in the research process through an interactive NIHR Learn platform, and will be named as authors or collaborators (depending on journal guidelines) on the final publication in a peer reviewed journal.

All clinicians working in primary care are welcome to take part - no previous research experience is needed. To get involved sign up via our website or email whytest-study@bristol.ac.uk

PACT Primary care Academic CollaboraTive

WHY TEST EXPLORING REASONS FOR PRIMARY CARE TESTING

Primary care and community-based health and social care service provision in rural and island communities of Scotland during the pandemic

A new study has just started to find out about health and social care service provision in rural and island communities of Scotland during the pandemic. In rural and island communities, where there is usually only a handful of health and social care services available, the impact of pandemics and other types of emergencies can be considerable. Some services might have stopped, reduced, and/or adapted and switched to telephone or video during the pandemic. Lack of funding, workforce shortages and availability of technology will have influenced how services responded during the pandemic. In this study, we will investigate the impact of the pandemic on services. We will do this by conducting a survey in rural and island regions of Scotland. A key question asked will be:

"During the first year of the Covid-19 pandemic, between 24th March and 30th April 2021, did you modify or adapt any services you provided for any duration?" Please mark all that apply:

	Stopped completely in the first year of the pandemic	Stopped and then re-started in the first year of the pandemic	Decreased initially and then returned to normal in the first year of the pandemic	Stayed the same in the first year of the pandemic	Increased in the first year of the pandemic	Started as a new delivery option
Delivering our services face to face in situ	○	○	○	○	○	○
Delivering our services by video conferencing	○	○	○	○	○	○
Delivering our services by telephone	○	○	○	○	○	○

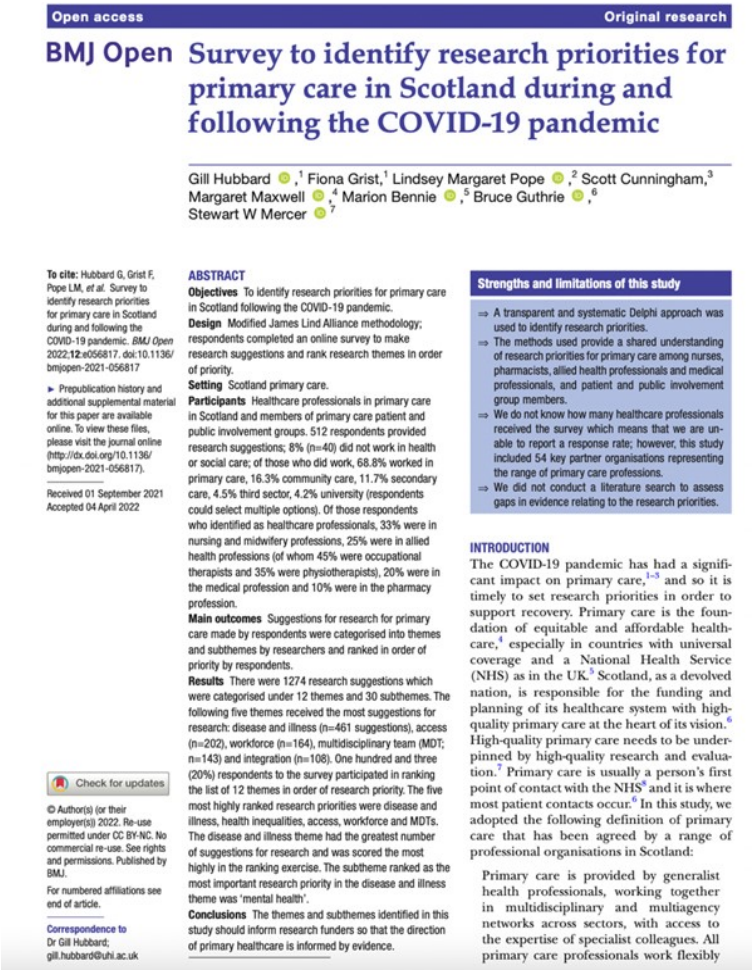
The study will inform rural and island policy-making. Health and social care policy-makers will be provided with clear evidence about what services closed or stayed open during the pandemic and adaptations services made. This evidence will help them make informed decisions about rural and island primary care and community-based service sustainability as preparation for future emergencies.

For further information about this study contact Prof Gill Hubbard, UHI gill.hubbard@uhi.ac.uk

Research Priorities Update

We published the following article about research priorities for primary care in Scotland during and following the Covid-19 pandemic. **Between May and October 2022 the article has been downloaded 1852 times.**

The results of the survey found that there were 1274 research suggestions which were categorised under 12 themes and 30 sub themes. The following five themes received the most suggestions for research: disease and illness (n=461 suggestions), access (n=202), workforce (n=164), multidisciplinary team (MDT; n=143) and integration (n=108). One hundred and three (20%) respondents to the survey participated in ranking the list of 12 themes in order of research priority. The five most highly ranked research priorities were disease and illness, health inequalities, access, workforce and MDTs. The disease and illness theme has the greatest number of suggestions for research and was scored the most highly in the ranking exercise. The subtheme ranked as the most important research priority in the disease and illness theme was 'mental health'.



Open access Original research

BMJ Open

Survey to identify research priorities for primary care in Scotland during and following the COVID-19 pandemic

Gill Hubbard ,[1] Fiona Grist,[1] Lindsey Margaret Pope ,[2] Scott Cunningham,[3] Margaret Maxwell ,[4] Marion Bennie ,[5] Bruce Guthrie ,[6] Stewart W Mercer [7]

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For numbered affiliations see end of article.

Correspondence to
Dr Gill Hubbard;
gill.hubbard@uhi.ac.uk

ABSTRACT

Objectives To identify research priorities for primary care in Scotland following the COVID-19 pandemic.

Design Modified James Lind Alliance methodology; respondents completed an online survey to make research suggestions and rank research themes in order of priority.

Setting Scotland primary care.

Participants Healthcare professionals in primary care in Scotland and members of primary care patient and public involvement groups. 512 respondents provided research suggestions; 8% (n=40) did not work in health or social care; of those who did work, 68.8% worked in primary care, 16.3% community care, 11.7% secondary care, 4.5% third sector, 4.2% university (respondents could select multiple options). Of those respondents who identified as healthcare professionals, 33% were in nursing and midwifery professions, 25% were in allied health professions (of whom 45% were occupational therapists and 35% were physiotherapists), 20% were in the medical profession and 10% were in the pharmacy profession.

Main outcomes Suggestions for research for primary care made by respondents were categorised into themes and subthemes by researchers and ranked in order of priority by respondents.

Results There were 1274 research suggestions which were categorised under 12 themes and 30 subthemes. The following five themes received the most suggestions for research: disease and illness (n=461 suggestions), access (n=202), workforce (n=164), multidisciplinary team (MDT; n=143) and integration (n=108). One hundred and three (20%) respondents to the survey participated in ranking the list of 12 themes in order of research priority. The five most highly ranked research priorities were disease and illness, health inequalities, access, workforce and MDTs. The disease and illness theme had the greatest number of suggestions for research and was scored the most highly in the ranking exercise. The subtheme ranked as the most important research priority in the disease and illness theme was 'mental health'.

Conclusions The themes and subthemes identified in this study should inform research funders so that the direction of primary healthcare is informed by evidence.

Strengths and limitations of this study

⇒ A transparent and systematic Delphi approach was used to identify research priorities.
⇒ The methods used provide a shared understanding of research priorities for primary care among nurses, pharmacists, allied health professionals and medical professionals, and patient and public involvement group members.
⇒ We do not know how many healthcare professionals received the survey which means that we are unable to report a response rate; however, this study included 54 key partner organisations representing the range of primary care professions.
⇒ We did not conduct a literature search to assess gaps in evidence relating to the research priorities.

INTRODUCTION

The COVID-19 pandemic has had a significant impact on primary care,[1–3] and so it is timely to set research priorities in order to support recovery. Primary care is the foundation of equitable and affordable healthcare,[4] especially in countries with universal coverage and a National Health Service (NHS) as in the UK.[5] Scotland, as a devolved nation, is responsible for the funding and planning of its healthcare system with high-quality primary care at the heart of its vision.[6] High-quality primary care needs to be underpinned by high-quality research and evaluation.[7] Primary care is usually a person's first point of contact with the NHS[8] and it is where most patient contacts occur.[6] In this study, we adopted the following definition of primary care that has been agreed by a range of professional organisations in Scotland:

> Primary care is provided by generalist health professionals, working together in multidisciplinary and multiagency networks across sectors, with access to the expertise of specialist colleagues. All primary care professionals work flexibly

Florence Nightingale Foundation travel scholarship exploring how advanced practice has adapted through the Covid-19 pandemic in the Highlands and Islands

After working in clinical practice across a range of roles and settings for almost 20 years, most recently as an ANP in primary care, I moved into academia in 2018. My research has focused on advanced practice and other emerging roles in healthcare, in particular experiences of support, development and occupational identity.

The Covid-19 pandemic has clearly put huge pressures and challenges on primary care, and the wider health and social care system. Recent research has explored the difficulties faced by Advanced Care Practitioners (ACPs) throughout the pandemic, however, less is known about how primary care ACPs in the UK have developed new ways of working. This prompted my application for a Florence Nightingale Foundation travel scholarship which aimed to explore how the work of ACPs in remote and rural primary care has adapted through the pandemic and how positive innovations are being sustained.

Through initial emails I was fortunate to meet some incredibly supportive academics at the University of the Highlands and Islands who advertised my project via their networks. This led, in June 2022, to a visit to the Highlands and Islands to speak to key stakeholders about the role of ACPs in remote and rural settings. In total I undertook eight interviews (two ACPs, three ACPs with management responsibility and three policy makers in primary care nursing and advanced practice education). I organised the interviews at times and places convenient to participants, which enabled me to visit some beautiful places on my travels. Although the analysis is ongoing, key findings indicate that Covid-19 has been a catalyst for transfor-

-mation in remote and rural advanced practice.

Firstly, the context of remote and rural practice is important to reflect on; the breadth of the scope of advanced practice and the closeness of practitioners to the communities they care for provides additional challenges to this autonomous role. Secondly, the data revealed some of the innovations introduced or expanded during the pandemic; including the immediate introduction of remote consultations, triage, and online training and development. Finally, factors important to sustaining innovation were identified; supportive networks and working relationships (particularly during times of isolated working), hybrid care delivery and equitable access to training and development.

This exploratory study has enabled me to form collaborations with a fantastic team of researchers and teachers in the Highlands and Islands. The findings will inform the development of a larger programme of work, and possibly a future grant application, to explore further the work of advanced clinical practitioners in primary care across the UK.

With thanks to the Stephanie Thompson Memorial Trust, for funding this Florence Nightingale Foundation travel scholarship.

Dr Rachel King (Lecturer, University of Sheffield)
Rachel.King@sheffield.ac.uk
Twitter @Rachel_L_King

Geography and cancer screening uptake in Scotland

The Academic Primary Care Research Group in Aberdeen has a long-standing interest in geography particularly in relation to cancer. Many of our projects have also involved our medical students.

Globally, rural dwellers tend to have poorer outcomes after a cancer diagnosis than people living in urban areas. Many studies have examined pathways to diagnosis, cancer treatment and follow-up care but the reasons for this rural disadvantage are not entirely understood. Less attention has been given to cancer screening and whether there are rural-urban differences in uptake of cancer screening which might contribute to poorer outcomes for rural cancer patients. For instance, a lower uptake of cancer screening in rural areas might result in a lower proportion of early stage, more treatable cancer being detected.

Our systematic review published in 2021 (led by an intercalating medical student) found in general poorer uptake of breast, cervical and colorectal cancer screening in rural than urban areas in countries where screening is offered. Only three of the 50 included studies were conducted in the UK. None of the UK studies examined uptake by geography in all three cancer screening programmes. We are currently conducting a study (funded by NHS Grampian Endowments) examining whether there are differences in cancer screening uptake in each of the cancer screening programmes in Scotland according to rural or urban residency. Our study is analysing aggregate breast, cervical and colorectal screening uptake data from Public Health Scotland.

While the data analysis is underway, medical student Jamie Collins has joined the group to complete his elective project.

My elective project aimed to explore potential mechanisms of how the geography of Scotland affects cancer screening uptake. I approached this in two ways; firstly, by examining the influence of rural geography on the organisation of cancer screening and secondly, by investigating the geography of rural residency in terms of land composition and available travel.

The organisation of cancer screening differs depending on the type of cancer. Theoretically, breast screening requires the greatest amount of patient travel and therefore, is mostly likely to be influenced by geography. Women are required to attend either a breast screening centre or, more commonly for rural residents, a mobile screening unit. To better understand the organisation of rural breast screening and the use of mobile units, I organised meetings with screening managers from the breast screening programmes which encompass large areas of rural Scotland. I was also invited to attend a mobile unit in person which allowed me to appreciate the difficulties and logistics associated with mobile unit in person which allowed me to appreciate the difficulties and logistics associated with mobile unit placement in rural areas.

I have also explored access to breast screening in Orkney and Shetland in more detail. I have investigated each islands composition in terms of available inter-island transport to respective mobile breast screening sites and the associated cost of

travel to attend screening. Interestingly, I found variation in available inter-island transport with more islands in Shetland connected by road. This may make travel to screening more convenient and less time consuming than Orkney, especially for those that own cars. Conversely, I found that Orkney has more accessible inter-island public transport via ferry and air with lower associated ticket costs.

My elective project has really contextualised how geography can impact the uptake of cancer screening and given me some hands-on research experience. Watch this space for the publication of our findings!

Mr Jamie Collins (j.collins.18@abdn.ac.uk) Medical Student and Dr Lisa Iversen (l.iversen@abdn.c.uk) Research Fellow, Academic Primary Care Research Group, University of Aberdeen

"Patient and Public involvement in research "

The NRS_Primary Care – Patient and Public Involvement Group welcomes people from across Scotland. It is based in the University of Glasgow and is funded by the Chief Scientist Office. The Group provide lay feedback for grant applications and throughout the course of funded projects.

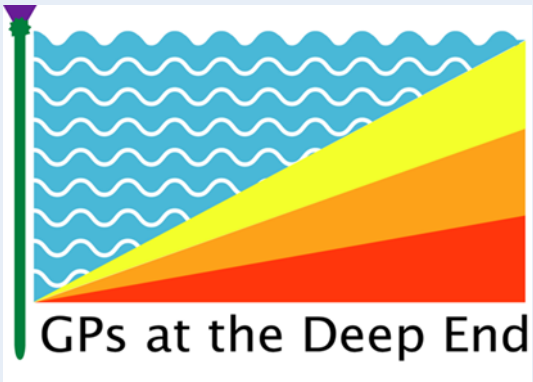
Our meetings can be face-to-face or hybrid (with an option to attend virtually). The Group met online on four occasions in the last year and have provided constructive feedback on **8** grant applications. Although not all applications received funding, the feedback from the appropriate Chief Investigator on the Group's involvement was positive. In one example the panel who were considering the application indicated that the PPI involvement was exemplary. In another example the Chief Investigator gave a 10/10 in the research feedback form for the PPI Group's input.

During the year the Group felt the need to expand the diversity of membership. The Group made links with the Poverty Alliance to build ways of engaging with people living in areas of socioeconomic deprivation. Two members of the Poverty Alliance have now joined the Group and participated in the last 3 meetings. Most members have numerous links to other health and social care related groups.

Two members of the Group applied to become members of the Patient Engagement Group at the Chief Scientist Office (CSO). A member of the Group is now a representative on the Scottish School of Primary Care Executive. Feedback from the Executive meetings now feature regularly on the agenda of the Group. Another member is participating in the Panoramic Study in relation to Long Covid.

Members were invited to the first of the Patient and Public Involvement and Engagement Annual Review meetings held in August at the recently built Advanced Research Centre in Glasgow. The hybrid meeting was attended by a range of lay public and patient representatives from the various PPIE networks associated with Glasgow University. The main discussions centred around the way forward in promoting and involving more members of the public and patients/carers in the whole area of research, especially people with lived experience of certain conditions.

If you are a member of the public and would like to find out more about joining the group or a researcher interested in presenting your research ideas to the group, please read more here.
(***Please follow this link for the leaflet*** https://www.nhsresearchscotland.org.uk/uploads/tinymce/PPI_Leaflet_April2022.pdf***)***



SCOTTISH DEEP END PROJECT UPDATE

It has been a challenging year for patients and primary care teams in Scotland's Deep End practices.

Perhaps now, more than ever, we have valued the sense of collective voice, identity, and purpose that the Deep End group has provided. Here are some key activities and developments from the past year:

In March, we hosted an online roundtable discussion on prison healthcare. This work was led by Dr Jag Hillhouse, then a GP in HMP Barlinnie. It was well attended, with frontline GPs, and representatives from relevant departments in Public Health Scotland and Scottish Government. The aim was to explore the significant challenges faced by patients and clinicians in secure environments, where the Inverse Care Law is acutely felt. Concerns were raised around leadership, professional vulnerability, and variation in practice, and there was a specific focus on how to better support the recruitment and retention of GPs within the prison healthcare system. These themes were captured and shared widely in Deep End Report 39, which made recommendations for key stakeholders, all with different roles to play in influencing change. In the months that followed, we have met with the RCGP, the BMA, NHS

Education for Scotland and Healthcare Improvement Scotland. We were also invited to deliver a session at the RCGP secure environments conference.

Also in March, the Scottish Government produced their report on Primary Care Health Inequalities, based on collaboration (as a Short-Life Working Group) from across different professions, sectors, and interests. The Deep End group in Scotland were actively involved in this work, and in the creation of the report which made 23 high-level and aspirational recommendations, and importantly, included the 'community voice' of an established community group, called Chance 2 Change, in a powerful accompanying report. The SLWG recommendations support the wider roll out of many of the early Deep End projects such as Community Links Workers and Welfare Advice & Health Partnerships, and proposed to incorporate key learning from the Go-van SHIP Project and Pioneer Scheme into future initiatives such as a multi-disciplinary postgraduate training fellowships, another key recommendation from the group. We continue to actively contribute to the work of the new Development Group.

In April, we held our third Deep End Medical Student Conference as an in-person event in Glasgow. Postponed because of the pandemic, this was a fantastic opportunity to get together and meet with medical students from across the undergraduate curriculum. There were sessions on Mental health and adverse childhood experience, the new Edinburgh University Inclusion Health Society, Social prescribing and Community Links Workers, the work of Medics Against Violence, Opportunities for Student Advocacy, Recovery from addiction and Gender based violence .

In July, one of our steering group hosted a visit by First Minister for Scotland, Nicola Sturgeon, to her practice. The First Minister met the practice team, including the Financial Support Worker, and discussed the practice-embedded Welfare Advice Service which the practice became involved in initially as part of a Deep End pilot several years ago. This initiative has now been rolled out widely across Scotland.

Throughout the year, members of the Deep End steering group have also presented at a number of external events, and many of the links can be found here. One of the highlights was our Deep End workshop at the European Forum of Primary Care annual conference in Ghent, Belgium, with the chance to meet with and learn from our international colleagues and friends.

(from left to right: Dan Butler, Vince McGarry, Alessio Albanese, David Blane, Graham Watt, Kat Paterson, Carey Lunan. Ghent, Belgium, October 2022)

We have also contributed to a number of Government consultations and Parliamentary enquiries on topics such as vaccine hesitancy, climate change, health inequalities, and mental health, and given presentations to the Cross-Party Group on Health Inequalities on community-based approaches to addressing health inequity.

In recent months, much of our focus has been on the cost-of-living crisis, which is disproportionately affecting our patients, and the role of general practice in providing support, sharing resources, and advocating on behalf of patients. Carey Lunan, Deep End Chair, presented at the Energy Action Scotland (EAS) conference in November on the impact of fuel poverty on health, and the urgent need for cross-sector collaboration. At the end of November, we hosted our final Deep End event of the year - a roundtable discussion on the Cost-of-Living Crisis and the Role of General Practice. Attendees from multiple sectors, including EAS, Women's Aid, Cyrenians, the Poverty Alliance, Welfare Advice Partnerships, Community Link Workers, and the Glasgow Community Food Network discussed challenges and opportunities, and we will share practical resources and recommendations in 'Deep End Report 40', which will be on the Deep End website shortly.

Finally, look out for the report of Health Foundation-funded research on "Responses to the inverse care law in Scotland over the past 20 years", which will be published in the Spring.

Until next year, Carey and David.