

Abstracts of the Australasian Association
for Academic Primary Care (AAAPC)
Annual Research Conference

12–13 August 2021, Online

The Australasian Association for Academic Primary Care (AAAPC) held its second online Annual Research Conference (ARC 2021) from 12–13 August 2021. The Conference provided an important opportunity to:

- Showcase Australasia's leading primary care research
- Nurture research excellence
- Promote multidisciplinary research networks and collaborations
- Support the translation of evidence into policy and practice
- Strengthen the impact of primary care research

The Conference hosted 200 delegates from across Australia and New Zealand; we were also delighted to welcome colleagues from Asia, the UK and North America. The conference opened with two plenary talks by Professor Danielle Mazza (Australia) and Associate Professor Matire Harwood (New Zealand); we hosted five skills-building workshops for academics at all stages of their career; and enjoyed four thought-provoking Dangerous Ideas that challenged us to think about research and healthcare differently. We are all now very adept at interacting in an online environment and it was great to catch up with colleagues and friends.

Conference Committee

A/Professor Lauren Ball (Committee Chair), Griffith University

Dr Chris Barton, Monash University

Dr Lynsey Brown, Flinders University

Dr Vera Costa, Monash University

Ms Anna Fragkoudi, University of Adelaide

Dr Lauralie Richard, University of Otago

Dr Liz Sturgiss, Monash University

Our Vision (www.aaapc.org.au)

The Australasian Association for Academic Primary Care's vision is for a multidisciplinary primary care oriented health care system founded on patient-centred, primary care principles and developed through evidence and education.

Our Strategic Goals

- To become a visible, effective and sustainable organisation that is responsive to a broad primary care membership
- To increase linkages with other organisations with an involvement in primary care
- To provide effective advocacy for primary care and primary care research and training
- To promote and nurture research and scholarly activity in primary care
- To promote excellence in primary care education
- To mentor the academic primary care workforce
- To champion a vision of primary care oriented health care underpinned by evidence and education

Members

We are a representative body for people undertaking teaching and research in academic primary care. AAAPC aims to promote and develop the discipline of academic primary care by:

- Representing general practice and academic primary care at state and national levels
- Promoting research and teaching in general practice and academic primary care
- Providing a forum for exchange of information and ideas via our active email list, website, research meetings and newsletters
- Fostering and supporting career development in general practice and academic primary care via our Travelling Fellowship and awards for public presentation
- Awarding the Bridges-Webb and Neil Carson medals for excellence within our membership.

**Australasian Association for Academic Primary Care
2021 Annual Research Conference
12–13 August 2021, Online**

Abstracts

Pre- and post-migration factors associated with chronic pain in humanitarian refugee women living in Australia

Areni Altun^A, Sze-Ee Soh^A, Helen Brown^B and Grant Russell^A

^AMonash University

^BDeakin University

Background: Refugee women are one of the most vulnerable groups in our society and exhibit some of the highest rates of chronic pain. However, the relationship between migration experiences and the development and perpetuation of chronic pain remains unclear. **Aim/Objective:** To identify the pre- and post-migration factors associated with chronic pain in refugee women living in Australia. **Methods:** A secondary analysis of a prospective longitudinal cohort was conducted using resettlement data from the 'Building a New Life in Australia', a study of humanitarian refugees living in Australia. The primary outcome was chronic pain and predictors include migration and resettlement factors collected between October 2013 to March 2018. Logistic regression modelling was used to examine the association between predictor variables and chronic pain. **Findings:** 310 refugee women aged between 18 to 75 years were included in this study. Almost half reported having chronic pain, 65% of whom also reported having a long-term disability. After controlling for potential covariates, the strongest predictors associated with chronic pain were age, Women at Risk visa category, general health, region of settlement and discrimination. Our final model showed that women who migrate on the Women at Risk visa had 2.3 times higher odds of reporting chronic pain than women migrating on any other visa category (95% CI 1.20, 4.24). **Implications:** This study has provided rich insights into the health of resettling refugee women, informing an evidence base for chronic pain assessment and guiding broader practice protocols, to support women resettling and dealing with chronic pain.

Uptake of advanced care planning in Western Sydney among the Vietnamese-speaking community

Yvonne An^A, Penelope Abbott^A and Steven Trankle^A

^AWestern Sydney University

Background: As Australia's multicultural population ages, advanced care planning (ACP) is increasingly important in allowing end-of-life wishes to be communicated across health teams. Despite multilingual resources to improve access to ACP in Australia for culturally and linguistically diverse (CALD) communities, research demonstrates lower ACP uptake compared to their non-CALD counterparts. As the CALD population is a highly heterogeneous group, this research project focuses on the Vietnamese community, which makes up a significant proportion of the Greater Western

Sydney population. **Aim/Objectives:** To gain insight into the perceived barriers and facilitators of advanced care planning for the Greater Western Sydney Vietnamese community. **Methods:** This is a mixed methods study, combining a quantitative survey with follow up one-on-one qualitative interviews. The survey has been developed through a combination of previous survey tools used in similar studies and literature review. It includes questions on demographics, self-rated English ability, awareness of the advanced care planning process, and rating of various factors which are perceived as barriers and facilitators. Participants will then be invited to elaborate further in an interview, to be analysed via thematic analysis. **Findings:** The protocol draft is being finalised for ethical review. It is anticipated that data will be collected by September, and the presentation will include preliminary results from the surveys and interviews. **Implications:** It is hoped that this will guide future support and resources for general practitioners and others involved in advanced care planning with CALD communities, as well as lead to further research.

What is being seen out of hours in primary care in the Australian Capital Territory?

Katelyn Barnes^A, Jason Agostino^B, Dagmar Ceramidas^C and Kirsty Douglas^B

^AACT Health Directorate

^BAustralian National University

^CACT Health

Background: Out of Hours (OOH) community-based primary care is designed to provide access to medical care that requires attention, but may not require emergency department resources. Anecdotally, GPs in the ACT report OOH care has changed over the last 10 years, from subacute injuries and illness to routine care. **Aim/Objectives:** To describe patient presentations to OOH community-based primary care medical services and compare presentations by type of service. **Methods:** Providers from 31/51 general practices (GP) open OOH (of 86 total GP practices), 3/3 GP locum services (CALMS), and 3/3 Nurse-led Walk in Clinics (WICs) completed consultation records for consenting patient volunteers during the OOH period. The survey was conducted simultaneously across services, over one weeknight and weekend in 2019. **Findings:** Participants returned 934 consultation records (response rate 32.8%). Participants rated most presentations as non-urgent (51.6%). Problems managed were predominantly diagnostic or disease related (59.7%), with the most common being infections (35.3%). No significant differences were noted for presentations on Saturday morning (MBS defined 'usual hours') compared to other OOH times. Compared to GP and WIC, CALMS reported higher proportions of urgent presentations. GP reported higher proportions of long-term issues and procedural consultations compared to WIC and CALMS. **Implications:** Presentations varied by OOH service; with urgent issues managed by locum medical practitioners, non-urgent issues by WIC, and ongoing routine care issues by extended hours GP. Further exploration on the effectiveness and efficiency of the different models of care is needed to inform a collaborative OOH service plan for the ACT.

Patient reasons for seeking care outside of hours: a whole system snapshot for the Australian Capital Territory

Katelyn Barnes^A, Dagmar Ceramidas^B, Jason Agostino^C and Kirsty Douglas^C

^AACT Health Directorate

^BACT Health

^CAustralian National University

Background: Out of Hours (OOH) medical care is provided by primary and tertiary services. Patient reasons for choosing to attend OOH or selecting specific services are unclear. **Aim/Objectives:** To describe patient reasons for presenting to OOH medical services and to compare reasons by service. **Methods:** A patient-completed survey was conducted simultaneously across OOH services in the ACT, for one weeknight and weekend in 2019. Patients voluntarily completed a survey prior to their appointment at 31/51 general practices (GP) open OOH (of 86 total GP practices), 3/3 GP locum services (CALMS), 3/3 Nurse led Walk in Clinics (WICs), and 2/2 public emergency departments (ED). **Findings:** 1992 participant surveys were returned (response rate 35.4%). The most common reason for attending OOH in ED, CALMS and WIC was 'The problem occurred outside of hours' (38.2%). The most common reason for attending OOH in GP was 'I cannot afford to take time off work/life' (37.9%). The most common reasons for choosing a specific service were 'this is my regular GP' (33.6%), and 'the services here are free or I am bulk billed' (31.7%). Modifiable reasons for attending ED were 'I wasn't aware of anywhere else that could help me', 'this service has facilities that I need (e.g. X-ray)' and 'I was sent here on advice of another health professional'. **Implications:** Patients present OOH due to perceived need for medical care and personal preference for OOH care. Access to publicly funded OOH pathology and x-ray may help reduce low acuity ED presentations, though would require advertisement.

Is nutrition care in primary care settings cost effective? A systematic review of trial-based economic evaluations

Katelyn Barnes^A, Zoe Szewczyk^B, Jaimon T. Kelly^C, Katrina Campbell^D and Lauren Ball^C

^AACT Health Directorate

^BHunter Medical Research Institute

^CGriffith University

^DMetro North Hospital and Health Service

Background: Effective nutrition care is a fundamental part of high-quality health services. In resource constrained healthcare systems, nutrition interventions must prove they are effective and affordable to be considered by health care funders and policy makers. **Aim/Objectives:** To synthesise and critique evidence on the cost-effectiveness of nutrition care in primary care settings. **Methods:** A systematic search of peer-reviewed literature was conducted using Medline, Embase, CINAHL, Cochrane Register, EconLit, and NHS EED from inception to May 2020. For inclusion, studies must have: been a randomised controlled trial; involved a health professional providing nutrition care; been set in a primary care; and reported an incremental cost effectiveness ratio (ICER), which compares the cost of incremental improvements in health outcomes between two options. **Findings:** Nutrition care was more effective and more costly than usual care in eight of the nine included studies. Nutrition care required increased costs associated with labour and intervention materials. Strategies to reduce costs included using technology to support patients and encouraging

nutrition care by all health professionals. Study duration was generally short, and not long enough to adequately capture cost savings from decreased demand for health services. **Implications:** Nutrition care was implemented as wholly additional to usual care, and as such was more expensive upfront. There is opportunity for primary care to support improved health and wellbeing of communities through nutrition care, however, this requires investment. Future nutrition interventions in primary care should incorporate economic evaluations that use long term timeframes to fully capture the benefit of nutrition care.

COVID vaccine: key cohort preparedness and communication strategies – patient survey data

Ruby Biezen^A, Jessica Kaufman^B, Jo-Anne Manski-Nankervis^A, Lena Sancic^C, Simon Bell^D, Julie Leask^E, Holly Seale^B, Jane Munro^B, Darren Suryawijaya Ong^B, Jane Oliver^B, Carol Jos^B, Monsurul Hoq^B, Jane Tuckerman^B, Katie Bagot^B and Margie Danchin^B

^AThe University of Melbourne

^BMurdoch Children's Research Institute

^CMonash University

^DUniversity of Sydney

^EUniversity of New South Wales

Background: A safe and equitable COVID-19 vaccination program is necessary to provide a long-term solution to the COVID-19 pandemic. There is limited information about intention to vaccinate and associated factors amongst people prioritised to receive the vaccine in Phase1b of the rollout.

Aim/objectives: To understand the vaccine intentions, information needs, and preferences of patients prioritised to receive the vaccine in Phase1b. **Methods:** People aged ≥ 70 years or 18–69 with chronic or underlying conditions in Victoria were eligible to complete an online survey. Patients were recruited via SMS from four general practices, paid Facebook advertisements, patient support and advocacy organisations, social media and snowballing. Data were analysed using descriptive statistics. **Findings:** Preliminary data from 1975 respondents indicated both groups have high intention to vaccinate (84% 18–69 age group, 90% 70+ age group), and overwhelmingly trust the COVID-19 vaccines (84% 18–69 age group, 91% 70+ age group). For those who were unsure or intended not to vaccinate, concerns included that vaccines haven't been tested enough, potential long-term effects, and serious reactions. Majority of participants thought the vaccines were safe and preferred to receive them through general practices. Most participants wanted more information on the vaccines and their side-effects, and preferred to receive information from their healthcare providers, with government websites or resources their second choice. Additional findings will be presented. **Implications:** Findings from the vaccine preparedness study will be supplied to inform the Commonwealth COVID-19 Immunisation Program implementation in Victoria.

Shared decision support for patients. An antimicrobial stewardship strategy to promote appropriate antibiotics use in primary care

Ruby Biezen^A, Jo-Anne Manski-Nankervis^A, Kaleswari Somasundaram^A and Kirsty Buising^B

^AThe University of Melbourne

^BNational Centre for Antimicrobial Stewardship

Background: Judicious use of antibiotics can limit antibiotic resistance and reduce adverse drug events in people unlikely to benefit from their prescription. Decision making about clinical management and antibiotic use can be supported by tools to guide discussion and promote a shared understanding between health professionals and patients. In October 2019-March 2020, we co-designed seven patient information sheets for common infections to support antimicrobial stewardship in primary care. **Aim/Objectives:** To pilot the use of seven patient information sheets for their acceptability and feasibility in general practice. **Methods:** Four rural and four metropolitan general practices participated in the pilot study between August-November 2020. Participating GPs used the information sheets with their patients where appropriate. Semi-structured interviews were conducted with GPs, practice nurse and patients to explore acceptability and usability of the information sheets. Data were analysed thematically. **Findings:** 14 GPs, one PN and 13 patients participated in the interviews. Participants found the information sheets well designed, visually appealing and easy to understand. Patients reported the sheets provided useful information and improved patients' knowledge about antibiotics and infection management. While these tools may not be used with every patient, GPs commented that the information sheets provided something to give to patients rather than an antibiotic script, and complemented their consultations. **Implications:** The tools provided evidence-based information that was easy to understand and use for healthcare providers and patients as part of consultations. These may be useful resources for guideline developers and peak bodies to provide, endorse and update as new evidence emerges.

Calling for publicly funded abortion service provision: a consensus statement by the Women's Sexual and Reproductive Health COVID-19 Coalition

Jessica Botfield^A, Danielle Mazza^A and Members of the SPHERE Women's Sexual and Reproductive Health COVID-19 Coalition

^AMonash University

Background: Ensuring access to abortion services is a priority of the National Women's Health Strategy 2020-2030. However, inequalities in abortion care persist across Australia with scarce availability and a number of barriers to access for women. **Aim/Objectives:** Develop and disseminate a Consensus Statement to call for the provision of universal, publicly funded abortion services and recommended approaches to addressing inequitable access to abortion in Australia. **Methods:** A Working Group of the SPHERE Women's SRH COVID-19 Coalition was convened to draft the Consensus Statement, which was ratified in November and released in December 2020. **Findings:** Key recommendations included that abortion services are recognised by federal and state governments as an essential healthcare service (Category 1); that publicly-funded abortion services are accessible, affordable and available; that where complications arise in provision of abortion in community settings, accessible and equitable treatment is available in publicly-funded hospitals; that services which receive public funding or engage in training future health professionals are mandated to provide medical and surgical abortion services; that state-wide information and

referral centres are available for all women requesting an abortion; that as part of the National Women's Health Strategy the Minister of Health reports on the proportion, location and names of services engaged in publicly-funded abortion services. **Implications:** Publicly funded health services are essential for training the future healthcare workforce and ensuring sufficient numbers of skilled practitioners to provide abortion care and manage complex cases. Monitoring and reporting of progress in relation to abortion access will be critical to determine improvements.

The ORIENT study protocol: improving Rural and regional access to long-acting reversible contraception and medical abortion through nurse-led models of care, Tasksharing and telehealth

Jessica Botfield^A, Danielle Mazza^A, Asvini Subasinghe^A, Jessica Moulton^A, Kellie Hamill^A, Kirsten Black^B, Jane Tomnay^C, Deborah Bateson^D, Kevin McGeechan^B, Tracey-Lea Laba^E and Wendy Norman^F

^AMonash University

^BUniversity of Sydney

^CThe University of Melbourne

^DFamily Planning NSW

^EUniversity of Technology Sydney

^FUniversity of British Columbia

Background: Ensuring access to contraception and abortion services is a priority of the National Women's Health Strategy. Women in rural and remote areas often experience difficulties in accessing long-acting reversible contraception (LARC) and early medical abortion (EMA). Extending the scope of practice nurses (PNs) using nurse-led models and task-sharing could help to overcome access issues. While such models exist in community health and family planning settings, they have not been developed or evaluated in general practice. **Aim/Objectives:** The ORIENT study aims to increase access to LARC and EMA for women in rural and regional Australia, through implementing a nurse-led model in primary care. **Methods:** ORIENT is a five-year pragmatic, stepped-wedge, cluster randomised controlled trial. We will co-design, implement and evaluate a nurse-led model of care that includes contraceptive implant insertions and use of telehealth to support LARC and EMA. Thirty-two general practices will be recruited. Online education, academic detailing and a virtual Community of Practice will be utilised to support implementation. **Findings:** It is anticipated that broadening the scope of PNs to provide LARC and EMA services in general practice will increase LARC uptake and access to EMA for women living in rural and regional areas. **Implications:** ORIENT will equip PNs with the resources, networks, knowledge and skills to increase the delivery of LARC and EMA in rural and regional Australia. This has the potential to decrease unintended pregnancies and improve reproductive health outcomes for this priority population in Australia.

Familial hypercholesterolaemia as an exemplar for precision medicine: a greater role for general practice?

Tom Brett^A, Jan Radford^B, Clare Heal^C, Charlotte Hespe^D and Gerard Gill^E

^AThe University of Notre Dame Australia, Fremantle

^BUniversity of Tasmania

^CJames Cook University

^DThe University of Notre Dame Australia, Sydney

^EDeakin University

Background: Familial hypercholesterolaemia (FH) is a common, autosomal dominant disorder characterised by marked elevation in low-density lipoprotein cholesterol (LDL-c) and premature cardiovascular disease. Under 10% of 100 000 Australians with the disorder are diagnosed and thus remain untreated. Over 88% of the population attend a GP at least once annually. **Aim/Objectives:** To highlight the importance of recent changes to Australia's Medicare Benefits Schedule to enable genetic testing of suspected FH cases. To help increase awareness, diagnostic rates and management skills for FH among Australian GPs. **Methods:** Review of recent research and changes pertaining to FH in general practice including uptake of genetic testing, shared care with lipid specialists and our NHMRC Partnership study (GNT1142883). **Findings:** Heterozygous FH is present in 1 in 250–300 in the general population. It is the most common inborn error of metabolism and life-threatening monogenic disorder in humans. Untreated, up to 50% of males will develop a cardiovascular event or die by age 50 years. Genetic testing of high-risk patients facilitates future cascade testing of their close family relatives. Such precision medicine facilitates earlier identification of affected family members allowing time to institute cardio-protective measures. **Implications:** Rates of under-diagnosis and under-treatment of FH are a public health concern. Genetic testing of close relatives of genetically proven probands is both time- and cost-effective. A genetic disorder deserves a genetic diagnosis.

How can cultural safety, as determined by Aboriginal and Torres Strait Islander peoples, be assessed in GP trainees?

Kay Brumpton^A, Rebecca Evans^A, Raelene Ward^B and Tarun Sen Gupta^A

^AJames Cook University

^BUniversity of Southern Queensland

Background: How do I, as a GP, know if I am providing culturally safe (CS) care for my patients? How do I, as an assessor of medical students and GP registrars, decide if they are providing CS care? In Australia we have no validated measures of assessment of CS for GPs that are aligned with the AHPRA definition of CS where safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. **Aims/Objectives:** This research project is co-constructed with Australian Aboriginal peoples with the aim of developing a CS assessment process for CS. We have two sub-questions relating to this question: 1) What are the GP-related attributes, as identified by Australian Aboriginal patients, that contribute to a CS GP consultation? 2) How can these identified attributes be assessed amongst GP registrar consultations (if at all)? **Methods:** This is a sequential mixed methods project conducted in two phases. Phase 1 involves semi-structured interviews with Australian Aboriginal patients exploring their experience of CS. This is combined with a survey examining participant characteristics (including social determinants of

health) and agreement with current published findings on CS care. Phase 2 consists of validating findings from phase 1 using a two-step qualitative approach to confirm essential elements of CS assessments. **Findings:** This is a work in progress. **Implications:** In Australia we are currently lacking an assessment approach to CS that is determined by Aboriginal and Torres Strait Islander peoples. This project will contribute toward development of a CS approach to assessment of CS.

Remote self-management support interventions for type 2 diabetes: a systematic review

Iona Bryson^A, Peter Hanlon^A, Holly Morrison^A, Qasim Rafiq^A, Jim Lewsey^A, David McAllister^A and Frances Mair^A

^AUniversity of Glasgow

Background: People living with type 2 diabetes (T2D) undertake a variety of tasks to manage their condition (self-management). A range of technologies and strategies have been used to support self-management remotely. The relative effectiveness between different modes of delivery is not well understood. **Aim/Objectives:** This systematic review aimed to evaluate the effectiveness of remotely delivered self-management support interventions for patients with T2D. **Methods:** 5 databases searched (Medline, Embase, CINAHL, PsycINFO and CENTRAL) from inception to October 2020. Titles, abstracts and full texts screened in duplicate. Inclusion criteria: randomised controlled trials of remotely delivered self-management interventions for adults with T2D compared with usual care. Primary outcome: change in HbA1c. Studies grouped by mode of delivery (phone, mobile-app, web-based, and telemonitoring) and follow-up (3–6, 6–9, and 9–12 months) before combining in random-effects meta-analysis. **Findings:** After screening 13,651 abstracts and 1171 full texts, 61 studies were eligible, of which 46 could be synthesised in the meta-analyses (14 phone, 14 apps, 4 web-based, 14 telemonitoring). Phone, apps and telemonitoring were superior to usual care at all time points (pooled reduction –0.46% (–0.07 to –0.81), –0.61% (–0.19 to –1.03), and –0.26% (–0.09 to –0.43) at 9–12 months for phone, apps, and telemonitoring, respectively). Web-based interventions showed short-term improvements. Heterogeneity was high within each group. **Implications:** Interventions supporting T2D self-management remotely can improve HbA1c over usual care. Future studies should explore if and how these improvements can be sustained over longer-term follow-up, examine additional sources of heterogeneity, and how remote interventions can be integrated into existing healthcare systems.

Pharmacist-delivered contraceptive counselling: possibility or a ‘pipedream’?

Pip Buckingham^A, Safeera Hussainy^A, Natalie Amos^A, Danielle Mazza^A, Wendy Norman^B, Deborah Bateson^C and Judith Soon^B

^AMonash University

^BUniversity of British Columbia

^CFamily Planning NSW

Background: Community pharmacists (CPs) are trusted and accessible health providers and could improve contraceptive health literacy by providing contraceptive counselling (CC). CPs’ self-reported CC practices have not previously been examined in Australia. **Aims/Objectives:** To examine CPs’ knowledge, attitudes and practices regarding CC and their views as to the key barriers to and

benefits of pharmacist-delivered CC. **Methods:** A nationwide cross-sectional survey of CPs, stratified by State and Territory was conducted between September–December 2020. We invited CPs from 2149 pharmacies to participate. Summary statistics of respondent characteristics and parametric (Chi-Square, linear regression) and non-parametric tests (Mann–Whitney, logistic regression) were computed to examine knowledge, confidence, attitudes, barriers and benefits. Content analysis of free-text responses was undertaken to analyse open-ended questions. **Findings:** We received 366 responses. CPs felt they had good knowledge of contraceptive pills compared to other methods. CPs did not know about bleeding changes associated with intrauterine devices or their suitability for adolescents, but were knowledgeable of costs and administration frequency. CPs felt that CC was part of their role but perceived a lack of training and remuneration as significant barriers. CPs were concerned about the feasibility of increased CC responsibilities due to low perceived demand, high existing workload, resistance from health professionals and potential duplication of services. **Implications:** CPs in Australia do not feel supported to provide, or able to prioritise, CC. Training opportunities, professional resources and remuneration mechanisms are needed. Consumer demand, in addition to health professional resistance and strategies to increase collaboration should be explored in future research.

The acceptability of immediate postpartum and post-abortion placement of long-acting reversible contraception to adolescents: a systematic review

Pip Buckingham^A, Jessica Moulton^A, Asvini Subasinghe^A, Natalie Amos^A and Danielle Mazza^A

^AMonash University

Background: Long-acting reversible contraception (LARC) methods are safe for adolescents and provide the greatest protection against repeat pregnancy when inserted during the immediate postpartum (IPP) and immediate post-abortion (IPA) period. The acceptability of this timing of placement to adolescents has not previously been examined in a review. **Aim/Objectives:** To examine adolescents' (10–19 years) attitudes towards, experiences of and factors involved in the decision to initiate, decline or discontinue LARC IPP/IPA. **Methods:** We searched seven bibliographic databases for original research articles published in English, from 2000. Studies of any design focussed on IPP/IPA LARC were eligible for inclusion. We assessed articles for eligibility, extracted data relevant to the outcomes of the review and critically appraised included articles. Key themes were reported narratively. **Findings:** We identified 10 relevant articles from high-income and low-income countries. IPP availability improved LARC access. Attitudes to LARC IPP were associated with adolescent sociodemographic characteristics. Determinants of discontinuation and non-use included poor-quality contraceptive counselling, side-effects and subsequent distress, misconceptions about LARC safety IPP and the influence of community. Two articles addressed IPA LARC; these did not describe decision-making factors. Limited evidence suggested: contraceptive implants were preferred over intrauterine devices IPA; and, in certain contexts, adolescents initiate LARC IPA at lower rates than adult women. **Implications:** Based on limited evidence, IPP LARC appears acceptable to adolescents who do not experience side-effects and those with autonomy to choose/use their contraceptive method. Research on adolescents' lived experiences and perceptions of IPP/IPA LARC is needed to inform high-quality, person-centred contraceptive counselling.

Emotional experiences of family members and admission to aged care: a cross-sectional survey study

Vera Camões-Costa^A, Chris Barton^A, Samantha Chakraborty^A, Bianca Brijnath^B, Xiaoping Lin^A and Alana Hewitt^A

^AMonash University

^BNational Ageing Research Institute

Background: The wellbeing and quality of life (QoL) of family members of older adults is highly challenged with transition to residential aged care. Evidence suggests certain factors might increase carers' risk of poor mental health during and after the transition. **Aim/Objective:** To investigate how QoL, the emotional wellbeing, and the support needs of family members change throughout the transition period of an older relative to residential care, and which factors are associated with poorer and better emotional outcomes. **Methods:** Using a cross sectional design, this study evaluates the mental well-being and QoL of two groups; family members of those who entered permanent residential care less than 12 months before data was collected, and longer than 12 months since data was collected. Standardised instruments were used to measure family members' QoL, burden, depression and anxiety symptoms and loneliness. A total of 307 primary family contacts of aged care residents returned a completed survey. **Findings:** Preliminary results show the emotional experience of family members of aged care residents is mixed. There are particular factors associated to poorer mental health outcomes or better quality of life, which may allow identification of those family members more at risk and in need of support. **Implications:** Exploring the particularities and universalities of the quality of life and wellbeing of different groups of family carers of those transitioning to residential aged care, may inform the co-design of risk screening tools and tailored interventions to support this population group.

End-of-life cancer care provision in NSW Australia, does geographic variation play a role?

Jessica Cerni^A, Joel Rhee^{A,B}, Hassan Hosseinzadeh^A, Judy Mullan^C, Lorraine Chantrill^D, Greg Barclay^D and Victoria Westley-Wise^C

^AUniversity of Wollongong

^BCentre for Positive Ageing + Care, HammondCare

^CCentre for Health Research Illawarra Shoalhaven Population

^DIllawarra Shoalhaven Local Health District

Background: The projected increase in ageing populations with medical complexity including new cancer cases poses an increased burden on healthcare services in regions across Australia for many years ahead. More research is needed to fully understand the crucial role primary health care can play in addressing the many challenges and barriers affecting end-of-life (EOL) cancer care across urban and rural settings. **Aim/Objectives:** This study aimed to examine the influence of geographic variation on the patterns of EOL cancer care provision in an adult decedent cancer cohort of Illawarra Shoalhaven Local Health District (ISLHD) residents including the impact of availability and access to primary health care services. **Methods:** This population-based, retrospective, cohort study used linked administrative health databases using a common unique identifier to analyse the contribution of covariates to EOL service utilisation patterns among all decedents with metastatic cancer who died in an ISLHD facility between 2015 and 2019. Indicators of acute and life-sustaining care (>1 ED visit, ICU visit, chemotherapy, radiotherapy, mechanical ventilation), primary care and

palliative care in the last 12 months of life were examined. **Findings:** Among the 3586 study cohort 60% were male, the mean age at death was 74 and lung cancer was the most common primary cancer type ($n = 650$). The findings will also discuss the correlation between travel times to nearest hospitals and cancer centres, the relative availability of Medicare subsidised primary health care services such as GPs, allied health and the patterns of EOL cancer care usage. **Implications:** The results of this research will provide evidence to inform the better integration of primary health care systems in the provision of EOL care in people with cancer. Supporting interprofessional collaboration between specialist palliative care and primary health care will help to ensure greater resource efficiency and broaden access to quality EOL care particularly among EOL populations where geography remains a barrier.

General Practitioners' perspectives on barriers and facilitators to cervical cancer screening in women from culturally and linguistically diverse backgrounds in South Australia; a qualitative study

Abira Chandrakumar^A, Nigel Stocks^A, Jill Benson^B and Elizabeth Hoon^A

^AThe University of Adelaide

^BGPEX

Background: Cervical cancer is the fourth most common cancer in women worldwide. In Australia, an effective national cervical screening program exists, allowing for early detection and prevention of cervical cancer. However, participation in cervical cancer screening remains low, with women from culturally and linguistically diverse (CALD) backgrounds amongst those with the lowest rates of participation. Research has explored CALD patients' barriers to cervical cancer screening, but the perspectives of Australian General Practitioners (GPs) have not yet been investigated.

Aim/Objective: To explore GPs' views on the barriers and facilitators to cervical cancer screening in women from CALD backgrounds. **Methods:** Qualitative study involving semi-structured telephone interviews with GPs; recruited through purposeful sampling and using the Theoretical Domains Framework as a guide. **Findings:** Study protocol to undergo ethics review. Data collection is anticipated to commence in May. Thematic analysis will take place to identify the most important themes, and preliminary results are expected to be available by August for the AAAPC Conference. **Implications:** By identifying barriers and facilitators, as experienced by GPs, in a persistently under-screened population group, we can implement strategies to improve the uptake of cervical cancer screening in this population group.

The prevalence and associations of telehealth consultations in GP registrars' practice: a cross-sectional study nested within the Registrar Clinical Encounters in Training (ReCEnT) study

Katie Fisher^A, Amanda Tapley^B, Alison Fielding^B, Andrew Davey^B, Mieke van Driel^C and Parker Magin^B

^AUniversity of Newcastle

^BGP Synergy

^CThe University of Queensland

Background: In March 2020, 281 temporary Medicare Benefits Schedule item numbers were introduced for telehealth consultations in Australia in response to the COVID-19 pandemic. Early

evidence shows that this was followed by a rapid uptake of telehealth consultations by general practitioners (GPs). There is currently no literature available regarding the uptake of telehealth amongst Australian GP registrars. **Aim/Objectives:** To address the evidence gap regarding uptake of telehealth by Australian GP registrars. We will assess the use of telehealth versus in-person consultations, and the associations of using telehealth, including registrar, patient, practice, and consultation factors. **Methods:** A cross-sectional analysis of data from the Registrar Clinical Encounters in Training (ReCEnT) study. In ReCEnT, GP registrars from three Regional Training Organisations (RTOs) record clinical and educational details of 60 consecutive consultations, 6-monthly. The primary analysis will use univariate and multivariable logistic regression with the outcome being telehealth versus in-person consultations. **Findings:** Analyses are in progress and will be presented at the Conference. Preliminary analysis from GP Synergy data from 2020 showed 607 registrars (response rate 75%) recorded 47,868 consultations. Of these, 23.5% (95% CI, 23.1–23.9) were telehealth consultations, of which 96.4% were telephone and 3.6% were video. Significant associations of telehealth included shorter duration, by 5 minutes on average, ($P < 0.001$); female patient gender ($P < 0.001$); less problems addressed per consultation ($P < 0.001$); and patient age 35–64 years ($P < 0.001$). **Implications:** Improved understanding of registrars' uptake of telehealth and the associations of telehealth versus in-person consultations will be of value to teaching practices and RTOs in informing training and educational practice.

FAMS: Family planning and Multiple Sclerosis: identifying practices and unmet information needs of people with MS

Anna Fragkoudi^A, Alice Rumbold^B and Luke Grzeskowiak^C

^AThe University of Adelaide

^BSouth Australian Health and Medical Research Institute

^CFlinders University

Background: Multiple sclerosis (MS) is a chronic neurological disease, which usually presents during a woman's reproductive years. This can give rise to concerns around family planning, despite evidence that MS itself does not negatively affect pregnancy outcomes. In Australia, approximately 26 000 people live with MS, of which more than two thirds are women. To date few studies have investigated family planning and decision making in relation to MS. Furthermore, there are currently few educational resources in Australia to support people with MS and their partners in this context.

Aims/Objectives: This study aims to improve reproductive health care and outcomes for individuals living with MS, by improving the relevance and accessibility of family planning information.

Methods: A mixed methods exploratory sequential design has been adopted, which includes three phases. First phase: semi-structured interviews with individuals living with MS, health care professionals and representatives of MS organisations. Second phase: online survey with individuals living with MS and specialist MS clinics. Third phase: epidemiological data, by using national medicines data to examine longitudinal patterns of hormonal contraception use in women with MS. A socio-ecological approach will be applied throughout the study and will inform each phase.

Findings: This study is ongoing and forms the basis of a three-year PhD program. Interviews with individuals living with MS are currently underway and will inform future phases of the study.

Implications: Research findings will inform future guidelines and policies, as well as the development of educational resources in regard to family planning and MS.

Using automated reminders before consultations to prompt adult at-risk patients to ask about pneumococcal vaccination

Oliver Frank^A, David Gonzalez-Chica^A, Carla de Oliveira Bernardo^A, Elizabeth Hoon^A and Nigel Stocks^A

^AThe University of Adelaide

Background: Vaccination against invasive pneumococcal disease is recommended for adults who have a chronic condition that increases their risk of and from this infection. Nationally 8% of at-risk adults under 65 years have been vaccinated. **Aims/Objectives:** To test a new strategy to increase pneumococcal vaccination of at-risk people aged 18+ years. **Methods:** Controlled clinical trial of automated SMS messages to at-risk patients after they have made an appointment with their general practitioner. In addition, patients whose consultations are face-to-face receive an automatically generated printed sheet with information and advice when they arrive for their consultation. The primary outcome is vaccination rates. Our estimated sample size provides 90% power to detect a 3% absolute increase in vaccination rates. We are gathering qualitative data to understand barriers and enablers of the intervention. **Findings:** The study is running currently. Our baseline audit of participating practices found that 30% of their adult patients were at higher risk, but that only 9% of these patients aged 18-64 had received at least one dose of pneumococcal vaccine. On 16/3/2021, 53 GPs in 28 practices were participating, 3352 SMS messages had been sent to 3478 enrolled patients (some patients are unable to receive SMS messages or have not agreed to receive them) and 1879 printed information sheets had been generated. Feedback to date from general practitioners and practice managers is positive. **Implications:** If this low-cost automated system increases vaccination rates in at-risk adults, wider adoption of this strategy might lead to reduced morbidity and mortality from pneumococcal disease.

Communicating medical information with Aboriginal patients: lessons learned from general practitioners in Aboriginal primary care

Wissam Ghamrawi^{A,B}, Emma Kennedy^B and Jill Benson^A

^AGPEX

^BFlinders University

Background: Communication is the most powerful tool doctors can use to make a significant difference in people's lives. A clinician working in Aboriginal Health needs to be mindful of the complexity of presentations, the personal and intergenerational history, and the diversity of health literacy in Aboriginal and Torres Strait Islander people. The mind, spirit, land, socioeconomic status, family, and community can all take precedence to an Aboriginal patient's own health and can therefore play a major factor in their decision-making matrix. Communication skills are essential in understanding these factors. Furthermore, whilst there has been significant investment in the development of resources for use within Aboriginal Health, there is limited research targeted at understanding how and when these resources can be best used. Communication skills are essential for ensuring the effective use of these resources. **Aim/Objectives:** To explore communication strategies used in Aboriginal Health by expert GPs with more than 10 years of experience compared to novice GPs, including Registrars and new Fellows. **Methods:** An Expert Group will identify up to five scenarios across common but complex presentations within Aboriginal Health and across different patient characteristics. This will be followed by scenario-based interviews with expert and novice GPs. **Findings:** We expect to have the interviews completed by the end of July and to build a

body of opinions and resources about communication. **Implications:** Find recommendations to improve consultation skills for novice GPs and identify potential gaps in resources and knowledge between novice and expert GPs working in Aboriginal Health.

Being Your Best: an innovative, co-designed and holistic approach to frailty

Maja Green^A, Judy Lowthian^A, Alison Hutchinson^B, Claudia Meyer^A and Fran Sutherland^C

^ABolton Clarke

^BDeakin University

^CCabrini Health

Background: Frailty is characterised by increased vulnerability and decline of physical and cognitive reserves. It mainly affects older people, leading to a cascade of repeated hospitalisations and loss of independence. Frailty and pre-frailty are modifiable with interventions including physical exercise, cognitive training, social connection, and improved nutrition, especially in group settings (Yang and Lee 2010). Uptake of referrals to services following hospital discharge is sub-optimal, indicating that a more proactive, person-centred, and integrated approach is required (Barker *et al.* 2015).

Aim/Objectives: We aimed to co-design a program to help pre-frail and frail older community dwellers following hospital discharge, by increasing resilience and promoting independence.

Methods: We engaged healthcare consumers and healthcare professionals from three hospitals and a home-based nursing service in metropolitan Melbourne, Australia. **Findings:** From co-design sessions with 23 healthcare consumers and 17 healthcare professionals, frailty was perceived to affect physical and mental wellbeing. The co-design process resulted in the Being Your Best program incorporating a holistic approach, addressing four domains supported by research evidence: Moving Well, Eating Well, Thinking Well, and Connecting Well; with the aim of improving health and wellbeing and mitigating the effects of frailty through community- or home-based physical activities, nutritional support, cognitive training, and social support. **Implications:** Promoting community or home-based services for pre-frail and frail older people can raise awareness and may help in reducing the effects of frailty and improving personal wellbeing, leading to increased resilience and independence, and less re-hospitalisations. Being Your Best is now being tested for feasibility and acceptability with recently hospitalised individuals.

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Using SMS surveys to access hard-to-reach groups: a pilot study assessing feasibility and uptake

Nilakshi Gunatillaka^A, Suzanne Nielsen^A, Tina Lam^A, Annemarie Wright^B and Liz Sturgiss^A

^AMonash University

^BVicHealth

Background: Engaging disadvantaged communities in research can be difficult. Short messaging services (SMS) have several advantages over traditional survey methods when trying to reach these communities, including high penetration into the community, anonymity, low cost and suitability for repeated sampling. The REACH study supports clinicians to provide brief interventions for alcohol to low-income patients attending general practice. An embedded sub-study will investigate the use of SMS surveys in primary care research. **Aim/Objectives:** To assess response rate to SMS surveys among patients attending general practice and identify research processes that impact on feasibility. **Methods:** Six general practices in metropolitan Melbourne were recruited. Practices will send an SMS inviting all patients aged over 18 years with at least one visit to the practice in the preceding three months to participate in a survey about alcohol brief interventions. Respondents will be invited to participate in a follow-up SMS survey every three months for a year. Qualtrics™ will be used for data collection and storage. Descriptive analysis of quantitative data will be undertaken. **Findings:** The study is in progress. One practice has sent out the SMS survey to their patients (n= 5286) and 506 (9.5%) responded. Of these, 63 (12.4%) patients consented to the follow up SMS survey. The other practices will send out their SMS survey invitations by March 2021. **Implications:** This study is expected to improve our understanding of SMS as a survey distribution tool. Findings may inform the development of novel strategies for sampling of hard to reach populations.

PCR point of care testing for group A streptococci in patients with uncomplicated acute sore throat improves targeting of antibiotics

Ronny Gunnarsson^{A,B}, Ulrich Orda^{C,D}, Bradley Elliott^E, Clare Heal^D, Hilary Gorges^D, Paul Glasziou^F and Chris Del Mar^F

^AUniversity of Gothenberg

^BResearch and Development Center Södra Älvsborg

^CMount Isa Hospital/North West Hospital and Health Service

^DJames Cook University

^EHinchinbrook Health Care

^FBond University

Background: Evidence supports some beneficial effects of antibiotics prescribed to patients with a sore throat and proven presence of Group A Streptococci (GAS), particularly in populations with a high incidence of rheumatic fever (RF) and rheumatic heart disease (RHD). This must be balanced with Antibiotic Stewardship. **Aim/Objectives:** To investigate to what extent the introduction of a high-sensitive polymerase chain reaction (PCR) point of care test (POCT) to detect presence of GAS changes the management of otherwise healthy patients attending for an uncomplicated acute sore throat. **Methods:** A total of 283 consecutive patients were recruited from two general practices and one hospital emergency department in north and north-west Queensland, Australia at their first presentation for uncomplicated acute sore throat. Patterns of antibiotic prescribing were explored before and after testing for GAS using a rapid point of care PCR test. **Findings:** The Australian Therapeutic Guidelines were often not adhered to. The PCR test reduced the proportion of patients

prescribed antibiotics from 46% to 40%. The decision to prescribe antibiotics was changed in 30% of patients ($P < 0.001$): before testing only 40% of patients prescribed antibiotics had a positive GAS PCR while this increased to 97% after testing. **Implications:** An easy to use point of care test to detect GAS makes antibiotic prescribing much better targeted in patients with an uncomplicated acute sore throat. Consequently, the POCT significantly reduced the risk for patients with GAS being left without antibiotics which is especially important in regions of high risk for RF and RHD.

Cooling to reduce pain associated with vaccination: a systematic review

Leanne Hall^A, Yashdoha Ediriweera^A, Anajali Nambiar^A and Clare Heal^A

^AJames Cook University

Background: Vaccine injections are the most common cause of iatrogenic pain in childhood and a cause of anxiety in adulthood. Skin cooling techniques, including icepacks and vapocoolants, may provide pain relief during intramuscular injections. **Aim/Objective:** To identify the effects of skin cooling techniques on pain associated with immunisation. **Methods:** MEDLINE (Ovid), CINAHL, EMCARE, INFORMIT and Scopus were searched for randomised controlled trials (RCTs) investigating the use of skin cooling techniques on pain associated with vaccination. Study and intervention details, outcomes measures and results were extracted, and risk of bias assessed using the Cochrane Risk of Bias tool. Due to heterogeneity of studies, a narrative synthesis was performed. **Findings:** Thirteen trials were included, involving 689 paediatric and 829 adult participants. All studies used vapocoolant or ice as one of the interventions. Comparator groups included topical EMLA cream, breastfeeding, distraction techniques and tactile stimulation. Vapocoolant reduced vaccination-related pain in all adult studies and six paediatric studies however the use of ice packs in paediatric patients was not effective. **Implications:** The use of cooling techniques reduces pain associated with vaccinations in adults. Paediatric studies show mixed results for vapocoolants and an inability for ice to decrease vaccine-injection pain. Larger RCTs are required to determine the most effective administration techniques and optimise the analgesic effects of skin cooling. Given the mass roll out of COVID-19 vaccination in 2021 primary care vaccine providers may wish to consider the use of cooling techniques in anxious patients who may have vaccine hesitancy.

Protecting aged care: a rapid review of international strategies to prevent and reduce transmission in residential care settings

Sally Hall Dykgraaf^A, Sethunya Matenge^A, Jane Desborough^A, Liz Sturgiss^B, Garang Dut^A, Leslee Roberts^C, Alison McMillan^C and Michael Kidd^C

^AAustralian National University

^BMonash University

^CAustralian Government Department of Health

Background: The COVID-19 pandemic disproportionately affected residential care settings internationally, highlighting the extreme vulnerability of the elderly and others who reside in nursing homes or residential aged care facilities (RACFs). Evidence to support policy formation was urgently needed to protect these vulnerable individuals. **Aim/Objectives:** This rapid narrative review, conducted to inform policy decision-making, aimed to identify measures that have been effective in

preventing or mitigating COVID-19 transmission in residential care settings. **Methods:** PubMed/Medline, Cochrane Library and Scopus were systematically searched to 24 November 2020. English language studies were included if they described potential evidence for effectiveness. Studies were excluded if they did not report empirical evidence (for example commentaries and consensus guidelines). Study quality was appraised on the basis of study design. Data were extracted from published reports and synthesised narratively using tabulated data extracts and summary tables. **Findings:** Searches yielded 713 articles; 80 papers describing 77 studies were included. Most studies were observational with no randomised controlled trials identified. In addition to well-recognised infection prevention and control strategies consistent with current guidelines, potentially effective strategies included universal serial testing of residents and staff, attention to ventilation and environmental management, use of digital health applications and acute sector collaborations. **Implications:** There is little high-quality evidence of effectiveness, which continues to emerge. Staff represent a substantial transmission risk for facilities and workforce management approaches are important components of pandemic response. Continued prevention and mitigation measures may be required, even as COVID-19 vaccination programs are rolled out in many countries.

Prevalence, measurement and implications of frailty in stroke

Peter Hanlon^A, Jenni Burton^A, Terry Quinn^A, Jim Lewsey^A, David McAllister^A, Katie Gallacher^A and Frances Mair^A

^AUniversity of Glasgow

Background: An understanding of the relationship between frailty and stroke could inform stroke care and practice. **Aim/Objectives:** We aimed to estimate the prevalence of frailty in stroke using differing methods of assessment and describe the effect of frailty on stroke outcomes. **Methods:** We used data from stroke survivors included in three international population surveys of ageing. We assessed frailty status using the frailty phenotype and a 40-item frailty index. We created estimates of frailty prevalence and assessed association of frailty with outcomes of mortality, hospital admission and recurrent stroke using logistic regression models adjusted for age and sex, clustering and sample weights. Additional analyses explored the effect of missing frailty data and adding cognitive measures to the frailty assessments. **Findings:** We included 9617 stroke survivors. Using the frailty phenotype, 23.8% ($n = 2094$) were identified as frail, using the frailty index, 22.7% ($n = 2147$) had moderate frailty and 31.9% ($n = 3021$) severe frailty. When cognitive variables were added to the frailty assessments, there was minimal difference in the prevalence of frailty. Frailty was associated with increased risk of mortality, hospitalisation, and recurrent stroke using either the frailty phenotype or the frailty index. People with frailty plus cognitive impairment had a greater risk of outcomes than people with an equivalent level of frailty but no cognitive impairment. **Implications:** Frailty assessment in stroke is sensitive to the method used. However, regardless of the measure used frailty is common in stroke and associated with poor outcomes. Frailty assessment should become a part of routine stroke care.

Using serious adverse events to assess representativeness of randomised controlled trials

Peter Hanlon^A, Neave Corcoran^A, Guy Rughani^A, Anoop Shah^B, Frances Mair^A, Bruce Guthrie^C, Joanne Renton^A and David McAllister^A

^AUniversity of Glasgow

^BLondon School of Hygiene and Tropical Medicine

^CUniversity of Edinburgh

Background: Representativeness of ‘standard’ antihypertensive drug trials is uncertain, with limited recruitment of older people. Some trials specifically recruit older participants to address this. If older people’s trials are representative, we would expect rates of hospitalisation and death in each trial to be similar to community rates, and higher than rates in standard trials. **Aim/Objectives:** To compare the rate of Serious Adverse Events (SAEs, predominantly accounted for by all-cause hospitalisations and death) in trials to community rates of hospitalisation and death. **Methods:** We identified hypertension trials of Renin-Angiotensin-Aldosterone system (RAAS) drugs. We compared SAE rates in older people’s and standard trials, adjusting for trial characteristics (phase/drug/comparison/outcome). We identified a community cohort of adults with hypertension commencing similar drugs to obtain an expected rate of hospitalisations/deaths, and compared this to observed SAE rates in each trial. **Findings:** Included 110 trials: 11 older people’s trials exclusively recruited people over 60 years; 99 standard trials included general adult populations. Older people’s trials had higher SAE rate than standard trials (IRR 1.74, 95% CI 1.03–2.92). The hospitalisation and death rate in the community for those taking RAAS antihypertensives was much greater than the SAE rate in standard (ratio 4.17 (3.45–5.26)) and older people’s trials (4.76 (2.86–8.33)), adjusting for age and sex. **Implications:** Trials report substantially fewer SAEs than expected given hospitalisation and death rates among similar-aged people receiving equivalent treatments in the community. SAE rates may be a useful metric to assess trial representativeness. Clinicians should be cautious when applying trial recommendations to older people, even when trials focus on older participants.

Frailty and multimorbidity in middle-aged people with type 2 diabetes

Peter Hanlon^A, Bhautesh Jani^A, Elaine Butterly^A, Barbara Nicholl^A, Jim Lewsey^A, David McAllister^A and Frances Mair^A

^AUniversity of Glasgow

Background: Frailty and multimorbidity are common in type 2 diabetes (T2D), including people <65 years. Guidelines recommend adjustment of treatment targets in people with frailty or multimorbidity. It is unclear how recommendations to adjust treatment targets in people with frailty or multimorbidity should be applied to different ages. **Aim/Objectives:** Assess implications of frailty/multimorbidity in middle/older-aged people with T2D. **Methods:** Analysis of UK Biobank participants (n=20,566) with T2D aged 40-72 years comparing two frailty measures (Fried frailty phenotype and Rockwood frailty index) and two multimorbidity measures (Charlson Comorbidity index and count of long-term conditions (LTCs)). Outcomes: mortality (all-cause, cardiovascular- and cancer-related mortality), Major Adverse Cardiovascular Event (MACE), hospitalisation with hypoglycaemia or fall/fracture. **Findings:** Measure choice influenced the population identified: 42% frail or multimorbid identified by at least one measure; 2.2% identified by all four measures. Each measure was associated with mortality, MACE, hypoglycaemia and falls. The absolute 5-year mortality risk was higher in older versus younger participants with a given level of frailty (e.g. 1.9%,

and 9.9% in men aged 45 and 65, respectively, using frailty phenotype) or multimorbidity (e.g. 1.3%, and 7.8% in men with 4 LTCs aged 45 and 65, respectively). Using frailty phenotype, the relationship between higher HbA1c and mortality was stronger in frail compared with pre-frail or robust participants. **Implications:** Assessment of frailty/multimorbidity should be embedded within routine management of middle-aged and older people with T2D. Method of identification as well as features such as age impact baseline risk and should influence clinical decisions (e.g. glycaemic control).

Frailty in rheumatoid arthritis and its relationship with disease activity, hospitalization and mortality: an analysis of the Scottish Early Rheumatoid Arthritis cohort and UK Biobank

Peter Hanlon^A, Fraser Morton^A, Stefan Seibert^A, Jim Lewsey^A, David McAllister^A and Frances Mair^A

^AUniversity of Glasgow

Background: Frailty is present in relatively young people with rheumatoid arthritis (RA) but its association with longitudinal outcomes is unclear. **Aim/Objectives:** To assess the prevalence of frailty in RA and its association with baseline and longitudinal disease activity, all-cause mortality, and hospitalisation. **Methods:** People with RA identified from Scottish Early Rheumatoid Arthritis (SERA) cohort (recruited at diagnosis, mean age 58) and UK Biobank (identified using diagnostic codes prior to baseline, mean age 59). Frailty was quantified using the frailty index approach (both datasets) and the frailty phenotype (UK Biobank only). Disease activity was assessed using DAS28-score in SERA. Relationship between baseline frailty and all-cause mortality and unscheduled hospitalisation was assessed adjusted for age, sex, socioeconomic status, smoking and alcohol, plus DAS28 in SERA. **Findings:** Using the frailty index, frailty was common in SERA (12% moderate) and UK Biobank (20% moderate, 3% severe). 23% were frail using the frailty phenotype. Frailty index was closely associated with DAS28, as well as age and female sex. In SERA, as DAS28 fell over time with treatment, mean frailty index also fell. Both the frailty index and frailty phenotype were associated with all-cause mortality and unscheduled hospitalisation. In SERA, the relationship with hospitalisation (but not mortality) was attenuated after adjusting for DAS28. **Implications:** Frailty is common in early and established RA. Frailty in this context is a dynamic concept and for some may be ameliorated through controlling disease activity. Future work should explore how best to identify individuals likely to benefit from specific treatment strategies.

Social prescribing in the Sydney Local Health District: a qualitative analysis of key stakeholder perspectives on a 'link worker model'

Isabel Hanson^A and Melissa Kang^A

^AUniversity of Sydney

Background: Social prescribing links clients with community services to improve health, wellbeing, and social connectivity. Social prescribing was identified by the Royal Australian College of General Practitioners in 2019 as a priority area for further research and capacity building. However, there is a mismatch between community need and social prescribing services within Australian general practice. Barriers include lack of referral systems, inadequate staffing to coordinate services, and poor follow up about services received. A 'link worker model' for social prescribing has been successfully implemented in the United Kingdom, where link workers receive referrals from General

Practitioners to connect consumers with social activities tailored to support their physical and mental health. **Aims/Objectives:** The primary aim of this study is to explore perspectives of key stakeholders in the Sydney Local Health District on the feasibility of a 'link worker model' referral system for social prescribing. **Methods:** Semi-structured in-depth qualitative interviews will be held with key stakeholders in the Sydney Local Health District, including clients, General Practitioners, Practice Nurses, Primary Health Network staff, and local government representatives. Thematic analysis will be used within a social ecology implementation science framework. **Findings:** Interviews with key stakeholders are currently in progress. Interim results will be presented. **Implications:** Understanding stakeholder perspectives about a 'link worker model' in the Sydney Local Health District will inform the design and implementation of a social prescribing programme. Improved access to social prescribing will assist with holistic management of complex and long-term health issues for clients.

Preventing chronic disease in patients with low health literacy using eHealth and teamwork in primary healthcare

Mark Harris^A, Sharon Parker^A, Margo Barr^A, Alumgir Kabir^A, Nigel Stocks^B, Nicholas Zwar^C, Don Nutbeam^D, Richard Osborn^E, Carmel McNamara^B, An Tran^A and Elizabeth Denney-Wilson^D

^AUniversity of New South Wales

^BThe University of Adelaide

^CBond University

^DUniversity of Sydney

^ESwinburne University

Background: People with low health literacy communicate less well with health care providers, miss opportunities for prevention and experience adverse health outcomes. **Aim/Objectives:** To evaluate the effectiveness of a practice nurse supported mHealth and telehealth intervention in general practice in changing health literacy, diet and physical activity. **Methods:** Patients aged 40–70 years with a BMI ≥ 28 were enrolled in a two-arm pragmatic practice-level cluster randomised trial in low socioeconomic areas in Sydney and Adelaide. Intervention group patients were invited to a practice nurse health check visit, offered the use of a lifestyle app (my snapp) and referred for telephone coaching. Primary outcomes included patient reported health literacy (Domains 8 and 9 of the Health Literacy Questionnaire (HLQ)), diet (serves of fruit and vegetables) and physical activity (moderate and vigorous) at baseline and 6 months and assessed using difference-in-differences analysis (DiD) (comparing average change). **Findings:** 22 practices and 214 patients were recruited (117 in intervention and 97 in control practices). At six months in the intervention group HLQ8 Ability to find good health information increased compared to the control group (DiD 1.46, 95% CI 0.10–2.82; $P = 0.035$), but HLQ9 Understanding health information well enough to know what to do did not. There was a significant improvement in diet score (DiD 0.78 (0.10–1.47; $P = 0.026$) but not in physical activity. **Implications:** There was evidence of impact on health literacy and health behaviours limited by 'ceiling effects' in baseline HLQ scores. Prevention in general practice is challenging even with a comprehensive mHealth app and telephone coaching.

Comparison of topical antibiotics with topical antiseptics and inert ointment for treatment of impetigo – a feasibility study for a randomised double-blinded controlled trial for the topical treatment of impetigo in Australian general practice

Clare Heal^A, Leanne Hall^A and Hilary Gorges^A

^AJames Cook University

Background: Antimicrobial stewardship is a global public health issue and impetigo presents an understudied area of possible antibiotic misuse. Antibiotics are the mainstay of treatment for impetigo, but some guidelines internationally recommend topical antiseptics. Topical antiseptics present a potentially valuable, understudied, antibiotic-sparing treatment for mild impetigo.

Aim/Objectives: To determine the feasibility of a large randomized controlled trial (RCT) comparing the efficacy of soft white paraffin (SWP), topical hydrogen peroxide (H₂O₂) and topical mupirocin in the treatment of mild impetigo. **Methods:** Study design was aligned with the SPIRIT statement and CONSORT statement for pilot RCTs. The setting was two private general practices in Mackay, Queensland. Recruitment time was delayed and shortened due to COVID-19 and ran from 27 October 2020 to 31 January 2021. Size and number of lesions were measured at baseline and seven days. Semi-structured group interviews conducted with participating General Practitioners (GPs) were transcribed, and major themes identified. **Findings:** Two children were recruited by two GPs at two general practices to receive soft white paraffin ($n = 1$) and mupirocin ($n=1$). Both recruited patients commenced oral antibiotics after seven days due to failure of topical treatment. Barriers to recruitment included reduced incidence of impetigo due to COVID-19 related hygiene measures and physical distancing. Child health nurses, childcare centres and community pharmacies were identified as possible sources for patient recruitment in future trials. **Implications:** We recommend future trials of impetigo treatment consider recruiting patients outside of general practice clinics. Community pharmacies could be explored as feasible locations for recruitment.

Why do we continue to have significant gaps in CVD preventive care in Australia?

Charlotte Hespe^A and Katrina Giskes^A

^AThe University of Notre Dame Australia

Background: There is discrepancy between recommendations and implementation of evidence-based guidelines for screening and management of cardiovascular disease (CVD) in general practice. Quality improvement (QI) initiatives have potential to decrease these “real world” practice gaps.

Aim/Objectives: This mixed methods study looked at a QI intervention in urban Australian General Practice to understand better the barriers and enablers to implementation of CVD preventive care guidelines. **Methods:** Thirty-four General Practices enrolled in a six-month CVD QI intervention. Participants attended three workshops and were provided with education, data extraction tools and external support from a Primary Health Network. Participants were asked to submit PDSAs (Plan Do Study Act) with a goal to improve CVD preventive care. De-identified patient-level data looking at CVD risk factors, blood pressure (BP) and blood lipids, and prescription of risk-lowering medications were extracted from participating practices pre- and post-intervention. Normalisation Process Theory (NPT) framework was utilised to assess and understand the process of implementation using the data from seven practices. **Findings:** Despite no overall change in post-intervention documentation and prevalence of risk factors, attainment of BP and lipid targets or prescription of CVD risk-reducing medications, individual practices achieved small changes aligned to their PDSAs.

There was mismatch between the projects' strategic intention to improve practice level CVD care and the ability of participants to leverage their own system and processes to achieve patient level change. **Implications:** CVD guideline implementation in primary care requires alignment between system design, patient focused interventions and the GP to improve identified gaps.

Challenges experienced by GPs when treating fellow doctors as patients: a scoping review

Claire Hutton^A, Chris Barton^A and Penny Round^A

^AMonash University

Background: In order to function well, doctors need to look after themselves. They often delay seeking medical care, for a range of reasons. Once they do, there is evidence that the treating doctor can struggle to provide optimal care. **Aim/Objectives:** This scoping review investigates the extent and nature of existing literature describing doctor-patient relationships, when the patient is also a doctor. Our emphasis is on the perspective of the treating doctor, and the challenges they experience when caring for a doctor patient. **Methods:** Guided by JBI methodology, we will search Medline, PsycINFO, CINAHL and EBSCO Host databases, to identify papers describing provision of care by GPs to fellow doctors. Qualitative, quantitative, and mixed-method studies that describe, explore, and/or measure aspects of the 'doctor's doctor' experience will be included. Grey literature will also be searched. Concepts of personal beliefs/attitudes, identity, role ambiguity, and how these impact treatment of doctor-patients will be explored. **Findings:** A preliminary literature search was used to refine the research questions and search terms used. We found few empirical studies and only one related literature review, which focused on doctors' experience of becoming patients. Guidelines developed for doctors who treat fellow doctors were primarily based on individual experience, rather than empirical data. **Implications:** Good patient care, when the patient is also a doctor, is only possible with an accurate picture of what the challenges are. Findings will provide understanding of current knowledge and identify gaps in empirical evidence informing research in this area.

Opioid prescribing: difficulties faced by GP registrars in rural and remote program

Takehiro Ichikawa^A and Anna Vnuk^A

^AJames Cook University

Background: Opioid prescription in Australia has been on the rise over the recent years, especially for chronic non-cancer pain despite lack of data showing efficacy for these population and growing evidence of harm including death. GPs account for roughly half of all opioids prescribed in Australia. GP registrars are a unique subset of GPs who are still undergoing their specialist training and are practicing under supervision of more experienced GPs. Opioid prescription in GP registrars has been studied previously in metropolitan (but not specifically rural and remote) registrars and this highlighted the importance that their supervisors have on their registrars' practice and prescribing habits, and the lack of confidence in prescribing opioids among registrars. **Aim/Objectives:** To explore the specific difficulties faced by rural and remote GP registrars surrounding opioid prescribing in chronic non-cancer pain patients. **Methods:** 10-20 semi-structured phone interviews will be conducted in 2021. Participants will be recruited through emails distributed through JCU GP

training nodes. Interviews will be audio-recorded and transcribed. The data will then be analysed using thematic analysis. **Findings:** The findings of this study will highlight the difficulties faced by GP registrars in relation to opioid prescription in rural and remote communities. **Implications:** Uncovering the specific difficulties faced by rural and remote GP registrars will shed light on limitations on the current training program regarding chronic pain management. Improving GP training for the registrars is an important aspect of tackling the problem of rising opioid prescription.

Randomised controlled trial of letter vs phone/SMS mammogram reminders in Aboriginal primary care

Rowena Ivers^A, Trish Levett^B and Kyla Wynn^B

^AUniversity of Wollongong

^BIllawarra Aboriginal Medical Service

Background: Aboriginal women have a higher mortality from breast cancer however the participation rate for breast cancer screening for eligible women is lower; in 2016–2017, 41% of eligible Aboriginal women had participated, vs 55% for all women in Australia (Cancer Australia, 2020). **Aim/Objectives:** To trial two reminder types for cancer screening in Aboriginal primary care **Methods:** RCT of reminder letter vs phone call/SMS for breast cancer screening testing, in an Aboriginal Community Controlled Medical Service in NSW. **Findings:** 120 women aged between 50 and 74 who were current patients and had current reminders that they were due for mammography were included, and were randomised to either receive a reminder letter (and up to two further letters if they did not respond) or phone call (followed by up to two SMS) to attend for mammography. Ten women (16.1%) attended for a mammogram within three months after a phone call or SMS reminder, compared to 15 women (25.9%) following a letter, although this difference was not significant ($p=.19$). The time spent on phone calls/SMS vs letters by staff was similar, although costs for letter printing and mailing was more than the cost of phone call or SMS. **Implications:** Response to reminders was lower than expected. Choice of reminder type should be left to service preference. SMS appeared to be the most cost-efficient recall and time efficient. Opportunistic care should also be used to remind women about the benefits of breast cancer screening.

Australian primary health care nurses' experiences of telehealth during the COVID-19 pandemic

Sharon James^A, Christine Ashley^B, Anna Williams^C, Jane Desborough^D, Susan McInnes^B, Kaara Calma^B, Ruth Mursa^E, Catherine Stephen^B and Elizabeth Halcomb^B

^AMonash University

^BUniversity of Wollongong

^CUniversity of Notre Dame Australia

^DAustralian National University

^EUniversity of Newcastle

Background: The COVID-19 pandemic prompted rapid implementation and utilisation of telehealth in primary health care (PHC). However, initial funding arrangements supported services by doctors, nurse practitioners and allied health, creating concern for PHC nurses' roles using telehealth.

Aim/Objectives: To explore Australian PHC nurses' experiences of telehealth during COVID-19.

Methods: This qualitative descriptive study was undertaken between June and August 2020.

Following the audio recording of 25 semi-structured interviews with PHC nurses, data were professionally transcribed verbatim and analysed thematically (Braun and Clarke 2006). **Findings:** Four themes were identified: preparedness; accessibility of care; care experience; and impacts on the PHC nurse role. Some nurses, such as those in rural areas, were experienced in using telehealth, in contrast with others who indicated less preparation and availability of appropriate technology to support its use. Despite the need for face-to-face consultations for more complex physical assessments, telehealth enabled patients to access care. However, nurses indicated that patient engagement in telehealth was related to the value placed on telehealth care, perceived safety when physically attending consultations, and access to technology and confidence in its use. The impact of telehealth funding in preventing nurses to work to their full scope of practise was a great source of frustration for many participants. **Implications:** While the advantages of telehealth are clear, learning from the experiences of health professionals during the pandemic is essential for future development and implementation of telehealth models of care.

Reference

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Establishing a community of practice: a protocol for the Australian Contraception and Abortion Primary Care Practitioner Support Network (AusCAPPS) study

Sharon James^A, Danielle Mazza^A, Jessica Botfield^A, Kellie Hamill^A, Anisa Assifi^A, Amelia Grevis-James^A, Kirsten Black^B, Angela Taft^C, Deborah Bateson^D, Kevin McGeechan^B and Wendy Norman^E

^AMonash University

^BUniversity of Sydney

^CLa Trobe University

^DFamily Planning NSW

^EUniversity of British Columbia

Background: One-third of Australian women experience an unintended pregnancy in their lifetime with 30% of these ending in abortion. Long-acting reversible contraceptive (LARC) methods are effective in preventing pregnancy, however, knowledge and uptake of LARC remains low. LARC and medical termination of pregnancy (MTO) can be provided in primary care, however there is a lack of education, training and support for general practitioners (GPs), practice nurses and community pharmacists in providing these services, resulting in many feeling unsupported and isolated.

Aim/Objective: We will establish, deliver and evaluate AusCAPPS – a multidisciplinary community of practice (CoP) supporting GPs, pharmacists and nurses working in primary care to deliver LARC and MTO services. Secondary objectives are to increase the number of GPs and pharmacists certified to provide/dispense MTO and increase LARC and MTO prescription. **Methods:** We will undertake a mixed methods intervention to develop and implement the CoP. Knowledge, attitudes and practices pre- and post-implementation will be assessed. The CoP will be developed via a knowledge exchange workshop (KEW) with key stakeholders and implemented for 24-months. A process evaluation of the intervention will involve google analytics, telephone interviews and analysis of LARC uptake and MTO access through PBS and MBS data. **Findings:** It is anticipated that AusCAPPS will support increased availability of LARC and MTO services for women in Australia. **Implications:** AusCAPPS will increase access to much needed practice support, resources, education and training; provide

regional peer-networking opportunities; drive innovation; and coordinate sustainable improvements in access and equity of these services nationwide.

Implementation of eConsultant in Queensland

Jenny Job^A, Maria Donald^A, Samantha Borg^A, Caroline Nicholson^A, Jan Chaffey^B, Kathleen O'Hard^C, Narelle Fagermo^A and Claire Jackson^A

^ACentre for Health System Reform and Integration, MRI-UQ

^BCamp Hill Healthcare

^CWestern Queensland Primary Health Network

Background: Our eConsultant model involves asynchronous General Practitioner (GP)-to-General Physician communication over secure messaging, providing a formalised, efficient and documented method for GPs to access specialist support. Reduced wait times for specialist input and avoidance of face-to-face hospital visits are established outcomes of this approach in North America. The model aims to provide specialist input within three business days for adult patients who would otherwise require an outpatient department (OPD) referral. GPs send a Request-for-Advice (RFA) to the eConsultant (general physician) and discuss the eConsultant advice at patient follow-up.

Aim/Objectives: The aim of this study was to assess implementation of an electronic consultation service in the Australian setting. **Methods:** A retrospective review of RFA data was performed and nine key informants (providers/patients) completed a brief e-questionnaire assessing implementation. **Findings:** This study is underway in eight rural/remote and eight urban Queensland general practices. To date, RFAs have been generated for 58 patients, with a mean age of 61 years and an average of 2.2 comorbidities. Mean time to response by the eConsultant was 1.7 (SD 1.2) days and mean time to specialist input (from RFA to patients' GP follow-up appointment) was 13.1 (SD 14.9) days. RFAs predominately related to management/diagnosis of general medicine and musculoskeletal conditions. A face-to-face-OPD appointment was avoided for 91% of patients. There were no quality/safety concerns identified by the GPs/eConsultant. GPs and patients valued the timely/effective specialist input. **Implications:** The eConsultant model is feasible in Australia, with potential for improving access and reducing time to specialist input.

A 2019/2020 Chlamydia study in Victoria, Australia; comparing testing, diagnosis, treatment, retesting and positivity rates at retesting in urban and regional areas of general practice in Victoria and the impact of COVID-19 pandemic in 2020 testing, diagnosis, and treatment rates

Chang-June Jung^A, Ruby Biezen^A, Jane Goller^A, Jane Hocking^A, Patty Chondros^A and Jo-Anne Manski-Nankervis^A

^AThe University of Melbourne

Background: Chlamydia infections can result in serious long term health consequences, such as ectopic pregnancy and infertility, due to its asymptomatic nature. General practitioners play a vital role in providing chlamydia screening tests, treatment, and retesting, but these are not well reported. **Aim/Objectives:** To compare chlamydia testing, diagnosis, treatment, retesting and positivity rates at retesting in both urban and regional areas of general practice in Victoria in 2019, Australia, including the impact of COVID-19 pandemic on 2020 testing, diagnosis, and treatment

rates. **Methods:** Sample will be extracted from the Patron dataset, which contains de-identified patients' medical information obtained from consented 120 general practices' electronic medical records using GRHANITE® software. The 2018 data will be used to identify the retesting cases in the 2019 dataset and 2020 dataset will be used to calculate the 2019 retesting rate. Descriptive statistics will be used to describe the chlamydia testing, diagnosis, treatment, retesting and positivity rates at retesting by gender, age, and urban and regional general practices. Logistic regression using generalised estimating equations with robust standard will be used to compare the rates between urban and rural practices. **Findings:** 2019 Chlamydia testing, diagnosis, and treatment, retesting and positivity rates at retesting will be reported by gender and age group in both urban and regional Victoria. 2020 chlamydia testing, diagnosis and treatment rates will be reported. **Implications:** This study will provide an insight on chlamydia infection management in general practices in Victoria and can be used to assist in developing chlamydia infection control resources.

Integrated, accessible, and personalised: the healthcare consumer vision for quality nutrition care

Amy Kirkegaard^A, Lauren Ball^A, Lana Mitchell^A and Lauren Williams^A

^AGriffith University

Background: Chronic disease is a global problem and poor diet is a leading modifiable risk factor. Nutrition care is any practice conducted by a health professional that supports healthy eating in patients and holds promise in addressing poor diet. What constitutes quality nutrition care from the consumer perspective has not been described. **Aim/Objectives:** This study aimed to develop a model describing quality nutrition care in the primary care setting from the perspective of healthcare consumers. **Methods:** This qualitative study of healthcare consumers explored consumers' experiences and expectations of nutrition care. Convenience sampling was used to recruit participants using social media, and institutional and researcher networks. Participants were interviewed using a semi-structured interview protocol. Interviews were audio recorded and transcribed using transcription software and reviewed by a researcher for accuracy. Transcripts were thematically analysed by two researchers to identify themes and sub-themes. These themes were incorporated into a model that represented both divergent and convergent consumer views. **Findings:** Twenty-three interviews were completed and analysed. The five themes arising were: (1) Nutrition care is provided as part of an integrated societal system; (2) Nutrition care is available, accessible, and affordable for whoever needs it; (3) Nutrition care is personalised to consumer needs; (4) Nutrition care is up-to-date and evidence-based; and (5) Positive care relationships underpin nutrition care. The model of quality nutrition care comprised system and practice-level components. **Implications:** This model can be used by primary care practitioners to guide quality improvement activities aimed at aligning nutrition care with consumer expectations.

How do general practitioners perceive sedentary behaviour assessment and management in primary care in Australia? A qualitative study

Aroub Lahham^A, Jen Makin^B, Verity Cleland^B, Emily Hansen^B, Emma Warnecke^B and Tania Winzenberg^B

^AMonash University

^BUniversity of Tasmania

Background: Prolonged sitting time is associated with the incidence of type 2 diabetes and all-cause mortality risk. Sedentary behaviour could be targeted in general practice as 85% of Australians consult general practitioners (GPs) at least once yearly. However, it is unknown how GPs perceive addressing sedentary behaviour in primary care. **Aim/Objectives:** To elicit GPs' perspective on sedentary behaviour assessment and management in primary care. **Methods:** Semi-structured interviews were undertaken with GPs in Tasmania, Australia who were recruited by purposive sampling. Thematic analysis was undertaken. **Findings:** Fifteen GPs were enrolled; 40% aged ≥ 55 and 67% were women. Most GPs' interpretation of sedentary behaviour overlapped with physical inactivity. When interviewers explained the difference between sedentary behaviour and inactivity, GPs were cognisant of the impact of sedentary behaviour on patients' health and the associations of sedentarism including screen-time and physical and mental illness. GPs believed they have a critical role in addressing sedentary behaviour as part of chronic disease management and advocacy for healthcare. However, few GPs described managing sedentary behaviour, and it was described as opportunistic and occasional rather than standard care. GPs perceived that managing sedentarism is a shared responsibility of all members of the healthcare team. GPs outlined barriers to management including time restrictions, lack of skill and knowledge, and inability to identify target groups for whom addressing sedentary behaviour should be prioritised. **Implications:** GPs perceived their role in addressing sedentary behaviour as important but that they need evidence-based and accessible methods to target sedentary behaviour in general practice.

How has COVID-19 affected how general practices deliver care? A prospective case study of six Melbourne general practices

Riki Lane^A, Jenny Advocat^A, Jennifer Neil^A, Timothy Staunton Smith^A, Karyn Alexander^A, Simon Hattle^A, Benjamin Crabtree^B, Will Miller^C, Liz Sturgiss^A and Grant Russell^A

^AMonash University

^BRutgers University

^CLehigh Valley Health Network

Background: The COVID-19 pandemic has transformed how health care is delivered and thus provides a unique opportunity to understand how general practices prepare for and respond to public health emergencies. **Aim/Objectives:** We sought to identify how the pandemic spurred changes to clinical and organisational routines in general practice, and to identify contextual, organisational and individual factors that influenced these changes. **Methods:** Our prospective qualitative case study of six Melbourne general practices used a participatory approach and was informed by Miller's Relationship Centered Development model. Settings included a corporate practice, a community health centre and private practices of varying size. Participant GP investigators aided recruitment, summarised practice structure and wrote diaries. Social scientists interviewed GPs, practice managers, nurses, receptionists and GP investigators between April 2020

and February 2021. Practices reflected upon a findings presentation. **Findings:** All practices incorporated changes to triage, clinical, infection control and organisational routines, in particular around telehealth. Within practices, some relationships were reinforced, whilst others fragmented. Ownership structures, leadership, communication (internally and with the broader healthcare sector) and financial stability were major influences on practices' ability to negotiate the pandemic. **Implications:** This study demonstrates the utility of the Relationship Centered Development model. Practice resilience was intimately associated with contextual factors: creative leadership, flexible financial models and practice adaptive reserve. These could be optimised in "future proofing" primary care practices. Future pandemic management in primary care can be optimised by supportive and flexible financial models, investment in leadership, and an understanding that sensemaking is an ongoing social activity.

Medication risk management and health equity in New Zealand general practice: a retrospective cross-sectional study

Sharon Leitch^A, Jiaxu Zeng^A, Alesha Smith^A and Tim Stokes^A

^AUniversity of Otago

Background: Health inequities are present throughout Aotearoa, New Zealand. A computerised alert system was developed to notify clinicians about their patient's risk of harm due to their pre-existing medical conditions and/or current medication. **Aim/Objectives:** We aimed to determine whether there were any differences in clinician action taken on an alert based on patient ethnicity or other demographic variables. **Methods:** Sixty-six general practices from throughout New Zealand participated between 1 Jan 2018 and 1 July 2019. Complete data were available for 1611 alerts detected for 1582 patients. The primary outcome was whether clinicians took action following an alert or not. Logistic regression was used to assess if patients of one ethnicity group were more or less likely to have action taken. Potential confounders considered in the analyses included patient age, gender, socio-economic deprivation, number of long-term diagnoses and number of long-term medications. **Findings:** No evidence of a difference was found in the odds of having action taken amongst ethnicity groups, however the estimated odds for Māori and Pasifika patients were lower compared to the European group (Māori OR 0.88, 95% CI 0.63–1.22; Pasifika OR 0.88, 95% CI 0.52–1.49). Females had significantly lower odds of having action taken compared to males (OR 0.76, 95% CI 0.59–0.96). **Implications:** Use of a targeted alert system has the potential to mitigate risk from medication-related harm. Recognising clinician biases may improve the equitability of health care provision in this and other primary care based IT solutions.

The impact of COVID-19 on asthma management in general practice: a qualitative study

Louisa Ling^A, Charlotte Hespe^A and Sinthia Bosnic-Anticevich^B

^AThe University of Notre Dame Australia

^BUniversity of Sydney

Background: Despite advances in disease understanding and the availability of effective treatments, asthma continues to present a significant health burden to Australians. The COVID-19 pandemic has catalysed a series of unprecedented changes to models of care and healthcare delivery both in

Australia and internationally. This has led to a rapid transformation of asthma management to which healthcare providers and patients have had to adapt. **Aim/Objective:** To explore the impact, facilitators and barriers to asthma management in primary care during the COVID-19 pandemic in light of statutory and regulatory changes, altered patient health seeking behaviours and new guidelines around asthma diagnosis and management. **Methods:** A qualitative study design using a semi-structured interview guide will be used to explore GP perceptions. Interviews will be audiotaped and transcribed verbatim. Content analysis will be used to identify themes, utilising NVivo. **Findings:** This project is in progress. Ethical approval of the research protocol has been obtained, and participant recruitment and data collection are anticipated to commence in March/April 2021. Preliminary findings and themes from the interviews will be presented. **Implications:** The findings of this study will highlight some of the triumphs and gaps in asthma management during the COVID-19 pandemic. These lessons can be used to inform the development of future healthcare guidelines as we transition toward a 'post-COVID' landscape.

Health care experiences of adults with chronic obstructive pulmonary disease (COPD) across community (primary), acute (secondary) and subacute (tertiary) health care settings: a meta-ethnography

Sanduni Madawala^A, Christian Osadnik^A, Narelle Warren^A, Karthika Kasiviswanathan^A and Chris Barton^A

^AMonash University

Background: Chronic obstructive pulmonary disease (COPD) is a major source of morbidity and mortality in Australia and globally. Current studies investigating lived experiences of COPD patients raise important concerns within healthcare settings and interactions with healthcare professionals. Patients who smoke often describe feelings of guilt and shame associated with their COPD and may consequently experience stigma and poor patient experience of care. **Aim/Objectives:** The aim is to systematically scope, identify and synthesise findings from peer-reviewed qualitative studies published in academic journals describing healthcare experiences of patients living with COPD across a variety of healthcare settings. **Methods:** The methodology followed the seven steps for meta-ethnography described by Noblit and Hare (1988). Databases including Ovid MEDLINE, PsycINFO, Ovid Emcare, CINAHL Plus and Sociological Abstracts were searched, and peer-reviewed qualitative studies published in academic journals were included. Studies identified from these searches were uploaded to COVIDENCE to support selection and appraisal of studies. **Findings:** The initial search identified a total of 5870 papers. Following title and abstract screening, papers will be downloaded in full and appraised for quality. Data will be extracted from eligible studies using a data extraction form. Sub-group analyses will be conducted across healthcare settings and by smoking status to explore these dimensions of COPD patient experiences of care. **Implications:** Meta-ethnography provides evidence for the lived experiences of disease conditions, including how patients experience a condition. Synthesis of qualitative evidence from multiple studies assists to identify and highlight the underlying reasons and context associated with these experiences.

Reference

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Healthcare provider views on provision of sexual and reproductive healthcare for international university students

Janani Mahadeva^A, Sanjyot Vagholkar^A, Melissa Kang^B and Emma Xiang^A

^AMacquarie University

^BUniversity of Technology Sydney

Background: International students are more at risk of poor sexual and reproductive health due to lower levels of health literacy, and cultural and language barriers. The researchers are developing a model of GP-Practice nurse team-based care for Mandarin-speaking university students. As part of this process, views of healthcare providers in Australian university health services are being sought. **Aims/Objectives:** To understand the experiences of general practitioners (GPs) and practice nurses (PNs) who work in university health services of providing sexual and reproductive healthcare services to international students. The study will also explore current models of care that different health services may utilise to provide healthcare to international students. **Methods:** Semi-structured interviews are being conducted with 9–10 healthcare providers, a mix of GPs and PNs, currently working in an Australian university health service. Interviews will be recorded and transcribed. Thematic analysis will be employed, with an inductive approach utilised in exploring the data. **Findings:** The themes from analysis should provide information about clinical presentations encountered, challenges providing sexual and reproductive healthcare to this cohort of students, and ideas about models of care that may be useful, as well as a better understanding of how GPs and PNs can work in a team-based model. **Implications:** The findings will be utilised, in conjunction with a literature review, to help develop a model of GP-Practice nurse team-based care for sexual and reproductive healthcare. This model will then be tested with a group of Mandarin-speaking university students at MQ Health General Practice, a university health service.

Diabetes distress assessment and management during type 2 diabetes care in Australian general practice: an online survey of Australian general practitioners

Rita McMorro^A, Barbara Hunter^A, Jane Speight^B, Christel Hendrieckx^B, Jon Emery^A and Jo-Anne Manski-Nankervis^A

^AThe University of Melbourne

^BAustralian Centre for Behavioural Research in Diabetes

Background: Diabetes distress is experienced by up to 40% of people with type 2 diabetes and contributes to sub-optimal glycaemia and diabetes self-management. RACGP/Diabetes Australia guidelines recommend assessing diabetes distress annually, using the Problem Areas In Diabetes (PAID) scale. **Aim/Objectives:** To explore Australian general practitioners' current practices, knowledge, barriers, and facilitators to assessing and managing diabetes distress in general practice. **Methods:** A cross-sectional online survey, disseminated via email to 4776 Australian general practitioners listed on the Australasian Medical Publishing Company database. Informed by the Theoretical Domains Framework, the survey explored knowledge, barriers and facilitators relating to the assessment and management of diabetes distress during consultations with people with type 2 diabetes. **Findings:** In total, 240 (5%) surveys were completed and returned. 10% of participants never asked about diabetes distress in type 2 diabetes consultations, with 51.5% sometimes asking about diabetes distress. Using a five-point Likert scale, lowest mean responses included knowledge of RACGP/Diabetes Australia recommendations and lack of systems to prompt assessment. Highest

mean responses included confidence in ability to perform an assessment. 64% of participants indicated using the Kessler-10 to assess diabetes distress, while <2% used the PAID scale.

Implications: Accounting for low response rate, these findings indicate that Australian general practitioners experience multiple barriers to assessing and managing diabetes distress, corroborating international evidence. The use of the Kessler-10, instead of the PAID scale, for assessment of diabetes distress suggests a knowledge gap. To improve practice in routine diabetes care, interventions need to address identified barriers.

A community-based health approach to increasing cervical screening among migrant and refugee women from an Arabic speaking background living in Western Sydney

Olivia Missiakos^A, Miriam Brooks^A and Alexandra Hawkey^A

^AWestern Sydney University

Background: Cervical cancer screening (CCS) in Australia is important in reducing the incidence and mortality of cervical cancer. Women from culturally and linguistically diverse (CALD) backgrounds are less likely to undertake screening. CALD women experience a number of barriers to CCS including limited screening literacy, embarrassment, fear, and difficulties accessing healthcare. There is increasing recognition that health education should have community input and be culturally tailored to fit the different needs of cultural and community groups. **Aim/Objectives:** This project will evaluate the efficacy and acceptability of culturally tailored women's health forums as a way of increasing participation and improving knowledge of CCS – focusing on women from an Arabic speaking background residing in Western Sydney. **Methods:** Culturally tailored women's health forums – which will include CCS education – will be developed in consultation with bicultural community workers. This will take place for three groups of Arabic speaking women - from Iraq, Lebanon, and Syria. For each group, a program of three one-hour sessions will be run online or face-to-face. Evaluation will take place in the form of thematic analysis and descriptive statistics from pre-session surveys, post-session surveys and focus groups. **Findings:** Women's health forums are expected to occur from May to July 2021. Preliminary results will be presented from the focus group data which will give insights into the acceptability and efficacy of culturally tailored CCS education. **Implications:** This research addresses a gap in the knowledge by exploring a community-based strategy as a means of improving awareness of, and participation in CCS.

Co-designing a navigation intervention to provide navigation assistance to the chronic Culturally and Linguistically Diverse (CALD) patients in general practice setting

Sabuj Kanti Mistry^A, Elizabeth Harris^A and Mark Harris^A

^AUniversity of New South Wales

Background: Many people, particularly those of the culturally and linguistically diverse (CALD) backgrounds who are suffering from chronic conditions, face problems navigating health services in Australia. Over the last two decades, patients and their caregivers are increasingly considered as partners who can contribute not only to their care but also to the design of health services. **Aim/Objectives:** To co-design a bilingual community health navigator (BCN)-led intervention to facilitate health service navigation for CALD patients with chronic conditions in the general practice.

Methods: Building on prior qualitative interviews with general practice staff, we developed a co-design process. This includes patients, their caregivers, health service providers, and researchers working together to identify navigation problems, potential solutions, and skills required by BCNs to implement them. The first of two co-design workshops has been completed. **Findings:** A total of thirteen participants took part in the workshop including stakeholders from the general practice, primary health network, researchers, and patients/caregivers. Of many navigation problems identified by the participants, inadequate health literacy, cultural and language barriers, problems in navigating specialist services and local resources, and lack of trust and comfort with health service providers were most notable. To address these problems BCNs need to have communication skills, cultural competence, and professionalism. **Implications:** The first co-design workshop identified the potential of BCNs in solving some of the navigation problems faced by chronic CALD patients in Australia. In the final workshop, the participants will discuss the role, selection criteria, training, supervision of the BCNs, and practical considerations for the implementation.

Utility of ReCEnt (Registrars Clinical Encounters in Training) for reflection and learning in general practice training

Dominica Moad^A, Linda Klein^A, Alison Fielding^A, Amanda Tapley^A and Parker Magin^A

^AGP Synergy

Background: Registrars in GP training are thought to benefit by using ReCEnt as a learning tool for reflecting on their in-consultation clinical practice. Currently, there is limited evidence for using ReCEnt, or similar tools, for this purpose. **Aim/Objective:** To explore GP registrars' perceptions regarding the utility of ReCEnt for prompting reflection on, and facilitating change in, learning and clinical practice. **Methods:** A cross-sectional survey of GP Synergy and GP Training Tasmania (GPTT) registrars was conducted in May/June 2020, as part of a larger ReCEnt utility project. Inclusion criteria were: 2020 GP Synergy and GPTT registrars who had participated in two or more rounds of ReCEnt and had completed their final ReCEnt round prior to the onset of Covid-19. **Findings:** Of 187 eligible registrars, 90 (48%) participated. A majority of participants agreed/strongly agreed that completing ReCEnt helped them reflect on their clinical practice (79%) and their learning needs (69%). About half of participants agreed/strongly agreed that completing ReCEnt influenced them to make changes in their clinical practice (54%) and in their approach to learning and exam preparation (51%). Most participants (86%) personally reviewed their ReCEnt report, while 51% and 22% discussed their report with their supervisor and/or ME, respectively. Level of engagement with ReCEnt (including attending orientation sessions and reading study materials) was associated with participants' perceptions of its utility. **Implications:** The findings have implications for the use of ReCEnt among GP registrars throughout Australia.

Models of care for intrauterine device insertion in primary care: a rapid review

Lauren Moloney^A, Sharon James^A and Danielle Mazza^A

^AMonash University

Background: Intrauterine devices (IUDs) are a safe and effective method of long-acting reversible contraception (LARC), however uptake in Australia is low with other less effective contraceptive

methods more commonly prescribed. To increase IUD uptake, an exploration of models of service delivery in primary care is needed. **Aim/Objectives:** To identify and synthesise evidence about current models of care used for IUD insertion in primary care. **Methods:** A rapid evidence review was undertaken. Five databases (Scopus, Ovid MEDLINE, Cochrane, Embase and CINAHL Plus) were searched for relevant studies in English and published between 2010 and 2021. A total of 440 abstracts were screened and 38 full-text studies assessed for eligibility. Twelve papers were found to meet the inclusion criteria. **Findings:** Preliminary analysis has revealed the following themes: 1. Service availability. 2. Engagement and tailoring service delivery, and 3. Practitioner prioritisation, knowledge and skill. Papers discussed meeting the needs of at-risk groups, integration into usual care, cost, the availability of practitioners and a 'same day' service for patients. **Implications:** This review will provide an understanding of existing models of care for IUD insertion in primary care. From this, more effective, accessible and evidence-based models may be implemented through policy and service changes to support women and practitioners in contraceptive care.

The impact of multimorbidity on quality of life, disease activity and health assessment in patients with new-onset rheumatoid arthritis

Fraser Morton^A, Bhautesh Jani^A, Philip McLoone^A, Jordan Canning^A, Frances Mair^A, Barbara Nicholl^A and Stefan Siebert^A

^AUniversity of Glasgow

Background: Despite high levels of comorbidity and multimorbidity (≥ 2 long-term conditions (LTCs)) in people with rheumatoid arthritis (RA), little is known about how multimorbidity impacts health outcomes over time. **Aim/Objectives:** To longitudinally assess the effect of multimorbidity in people with newly diagnosed RA in relation to commonly used QoL, disease activity and health assessment metrics. **Methods:** We identified 633 RA participants from the SERA inception cohort with data at baseline, month 6 and month 12. Participants' comorbidities were grouped into: RA only, RA +1 LTC and RA ≥ 2 LTCs. Mixed-effects models were used to investigate the association between the number of comorbidities and disease activity (DAS28-ESR), QoL (EQ-5D), function (HAQ-DI), and anxiety and depression (HADS). **Findings:** There were significant differences between the RA ≥ 2 LTC and RA only groups at each visit for DAS28-ESR, HAQ-DI and EQ VAS. Differences in depression at baseline were not present at month 12. There were no significant differences in anxiety between LTC groups. Across all LTC groups, there were significant improvements in all measures at month 6 and month 12 relative to baseline. **Implications:** These findings suggest multimorbidity should be taken into account in the management of RA. While measures can be significantly improved, achieving the same level of improvement for patients with two or more additional LTCs as those with only RA may not be possible. This could have implications for the treat-to-target strategy recommended for the management of RA, and raises the prospect of personalised treatment goals that take into consideration multimorbidity.

Nurse involvement in task-sharing and telehealth service delivery models in primary care: a scoping review

Jessica Moulton^A, Asvini Subasinghe^A, Nishadi Withanage^A and Danielle Mazza^A

^AMonash University

Background: Ensuring equitable access to health care in Australia is reliant on the strengthening of primary care services. Increasing the utilisation of nurses through task-sharing and telehealth models of care is one strategy to improve patient access and outcomes in primary care. **Aim/Objectives:** The aim of this scoping review is to synthesise and map current evidence about nurse and midwife task-sharing and telehealth service delivery models in primary care. This includes identifying nurse-led models of care, their characteristics, economic outcomes as well as feasibility and acceptability. **Methods:** Five databases (Ovid MEDLINE, Embase, PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Cochrane Library) were searched for relevant studies published in English on 1 August 2020. A total of 1863 abstracts were screened, with 72 articles meeting the inclusion criteria for the review. **Findings:** Preliminary results show that nurses are conducting a range of tasks in the primary care setting, including screening and biometric measurements, diagnostics, prevention, health education and counselling, prescribing and referrals. Nurses are working with a range of health conditions including cardiovascular disease, diabetes, PTSD, postpartum haemorrhage, and antiretroviral treatment for HIV. Nurse-led models in these contexts may have similar if not improved health outcomes. **Implications:** This evidence will inform the feasibility and design of a nurse-led model of care for provision of early medical abortion in order to increase access in rural and regional general practice.

What is in a visit? Establishing the content and perceived utility of Clinical Teaching Visits (CTVs) in different settings within Australian GP training

Benjamin Mundy^A, Alison Fielding^A, Amanda Tapley^A, Linda Klein^A and Parker Magin^A

^AGP Synergy

Background: External Clinical Teaching Visits (CTVs) are a key formative work-based assessment for GP registrars across Australia. Despite being a mandatory component of training, there is limited evidence regarding their content and perceived educational utility. **Aim/Objectives:** To investigate the clinical and educational content of CTVs and their perceived educational utility from the perspective of registrars and visitors across different Australian vocational training settings; and to establish registrar, visitor and practice-setting factors associated with CTV content and perceived CTV utility ratings. **Methods:** A cross-sectional questionnaire was sent to registrars and teaching visitors following each CTV conducted within NSW, the ACT, Tasmania, and the Northern Territory between March–December 2020. Data were collected on both face-to-face and remote CTV modalities (which were implemented due to COVID-19). Descriptive statistics and regression analyses were performed. **Findings:** The clinical and educational content of CTVs varied by modality, while educational utility ratings were similar. Overall, 92% of registrars and 86% of visitors gave utility ratings of ‘four’ or ‘five-very useful’ on a five-point scale. Additionally, 87% of registrars indicated they were likely/very likely to change the way they practice and 81% to change their approach to learning due to the feedback they received from the visitor. Univariate and multivariable analyses of associations of utility and likelihood to change will be presented. **Implications:** Findings support that registrars and visitors perceive face-to-face and remote CTV

modalities as educationally useful. Associations of these elements will provide valuable information for conducting CTVs in varying settings.

General practitioners' perceptions of screening for primary aldosteronism: a qualitative study

Abhir Nainani^A, Jun Yang^B, Sanne Peters^A and Grant Russell^A

^AMonash University

^BHudson Institute of Medical Research

Background: Hypertension is the most common condition encountered in primary care. Primary aldosteronism (PA), a condition characterised by overproduction of the hormone aldosterone which raises blood pressure, is a common cause of hypertension. The diagnosis of PA, a treatable condition, is frequently missed in general practice. Early detection of PA would increase treatment opportunities and reduce potential complications, highlighting the importance of screening within primary care. Therefore, recognising the barriers and enablers to screening amongst general practitioners (GPs) is a significant gap in the evidence. **Aim/Objectives:** To explore the barriers and facilitators to screening for PA among Australian general practitioners. **Method:** We will use a qualitative approach, framed by phenomenology, to explore the lived experiences of GPs who had participated in a training intervention to identify PA in newly diagnosed hypertensive patients. We will use extreme case sampling to recruit GPs that have screened the most and least patients for PA. The study, set in Melbourne, will use semi-structured in-depth interviews with a purposive sample of 20 GPs. Interviews will be transcribed verbatim and analysed using NVivo 2.0 to identify emerging themes. **Findings:** Interviews will be conducted from May to July of 2021. **Implications:** This study will identify the factors which influence a GP's decision to screen for PA. The findings will have important implications for PA screening guidelines, identify gaps in current clinical practice and guide future interventions to improve the detection of PA in primary care.

ED to Community program: pre-intervention assessment study in Sydney

Cathy O'Callaghan^A, Sonia van Gessel^B and Ben Harris-Roxas^A

^AUniversity of New South Wales

^BSouth Eastern Sydney Local Health District

Background: The increase in individuals frequently attending the hospital emergency department (ED) can lead to decreased efficiency, poor patient outcomes and reduced worker satisfaction. **Aims/Objectives:** The ED to Community program aims to develop a community-based program for persistent ED attenders. A pre-intervention assessment sought staff experiences to inform program implementation. **Methods:** The study design was qualitative at two hospitals. Normalisation Process Theory (NPT) assessed the necessary interventions: coherence, cognitive participation, collective action and reflexive monitoring. **Findings:** 60 staff were surveyed, and 23 staff were interviewed. Issues included managing patient expectations; staff frustration; and ED being incompatible with patients' complex needs. Barriers included easily accessible emergency care and fear of patient risk facilitating reappearance; variation in staff skills; and patient stigma and departmental silos not conducive to comprehensive care. Enablers were ED acceptance; increased workforce capacity; care coordination and care planning; and active engagement with GPs and community health. Applying

NPT, there was coherence with all staff recognising the necessity of the program. However, Departmental goals differed from wanting reduced admissions to accepting frequent attenders will continue to come. Collective action included being able to harmonise different care plans, sharing data between hospitals, and increasing junior staff capacity. Reflective monitoring demonstrated frontline staff lacked program awareness. **Implications:** While all staff recognised the need for solutions to ED frequent attenders, multi-disciplinary differences need to be addressed as well as adequate work processes of data sharing, harmonising care plans with clinicians, referrals and assertive community follow up.

Connecting Communities to Care: research evolution from discrete projects to a whole of community approach

Rajna Ogrin^A and Judy Lowthian^A

^ABolton Clarke

Background: Meaningful social networks and ability to sustain positive social relationships are protective factors for optimal mental, physical, and social wellbeing. **Aim/Objectives:** To foster an environment that links health and social care to support the wellbeing of older people. **Methods:** We describe a series of discrete projects to optimise the wellbeing of older people, which led to the recognition of a need for a community-wide, holistic, integrated intervention. Project 1: Older Women Living Alone (OWLA): A multi-component, mixed-methods study that codesigned new strategies to support the health and wellbeing of older women living alone in the community. Project 2: Peer support for Older Women to promote wellbeing and independence (POWER): Codesign and implementation of 3 strategies from OWLA (1) handy help, (2) volunteer driving and (3) exercise buddy using volunteer peer-supports within South Eastern Melbourne, to improve wellbeing of older women. Project 3: 'Being Your Best' to address impact of frailty. Codesign and implementation of support strategies to overcome vulnerabilities arising from frailty in older adults to build health assets for healthy ageing within South Eastern Melbourne. **Findings:** To make true holistic wellbeing change, a whole of community approach is needed. Existing primary care and social services in South East Melbourne are collaborating to codesign an activated neighbourhood, to support physical, mental, and social wellbeing of older community members. **Implications:** The Connecting Communities to Care pilot will ascertain whether this is a feasible, sustainable, and effective way to optimise the wellbeing of older community members.

Experiences of Australian general practitioners during the COVID-19 pandemic: a qualitative study

Seren Ovington^A, Katrina Anderson^A, Melinda Choy^A and Emily Haesler^A

^AAustralian National University

Background: General Practitioners (GPs) have played an integral role in Australia's COVID-19 pandemic response. Emerging research has identified challenges faced by GPs during the pandemic and described how GPs have modified their clinical practice to respond to the pandemic. However, there is little research on how GPs themselves have been affected on a personal and professional level. **Aims/Objectives:** To gain an understanding of the experience of Australian GPs working during the COVID-19 pandemic and to explore how GPs have been affected by the pandemic. **Methods:**

Semi-structured interviews with Australian GPs will be conducted to enable an in-depth exploration of experiences. Recruitment will be through an online discussion group and practice-based research networks. Purposive sampling will ensure geographic, demographic and work-model spread. Twelve interviews will be conducted over Zoom, recorded and transcribed for thematic analysis with inductive coding. Coding will be completed independently by members of the research team and triangulated with discussion to develop clear themes. **Findings:** This study is a work in progress. It is anticipated that by August there will be preliminary findings which provide insights into the challenges, positives and support that GPs experienced during the COVID-19 pandemic. We will present early findings with a focus on how the pandemic has affected GPs personally and in their relationships with patients and colleagues. **Implications:** Increasing our understanding of the experience of GPs working during the COVID-19 pandemic has the potential to guide policy and education initiatives to support GPs and primary care during the ongoing and future pandemics.

Unpacking the complexities of preventive weight management in general practice

Katrina Paine^A, Sharon Parker^A, Sue Randall^B, Elizabeth Denney-Wilson^B and Mark Harris^A

^AUniversity of New South Wales

^BUniversity of Sydney

Background: The HeLP-GP study is a two-arm cluster randomised trial being conducted in New South Wales (NSW) and South Australia (SA). Its aim is to develop the knowledge and skills of patients from general practice who are overweight or obese (BMI \geq 28) to improve their lifestyle through a general practice nurse (GPN) led intervention. **Aim/Objectives:** To identify perspectives on the provision and receipt of preventive weight management within general practice from a GP, GPN and patient perspective. **Methods:** Qualitative telephone interviews with 25 patients and 12 healthcare providers (8 GPs and 4 GPNs) from four intervention practices. All patient and provider interviews were audio-recorded, professionally transcribed, and imported to NVivo 12 Pro for coding and thematic analysis. **Findings:** This study found six main factors to influence effective receipt and delivery of weight management advice in preventive care as identified by patients and providers: (1) trusting and supportive provider-patient relationships; (2) patient motivation for change; (3) provider methods for initiating conversations about weight loss; (4) the availability of multi-modal weight management options; (5) pitching to the right level of health literacy and e-health literacy; and (6) being in it for the long haul. **Implications:** Our findings suggest that to achieve substantial, long-lasting and meaningful results for patients, preventive care for weight loss and weight management delivered in general practice needs to be highly individualised and achievable, seen as relevant, regularly monitored and take into consideration each patient's needs and expectations within an environment of mutual respect and trust.

Integrating a youth-focused digital mental health screening and clinical decision aid into general practice: results of a pilot study and protocol for a randomised controlled trial

Belinda Parker^A, Bridianne O'Dea^A and Alexis Whitton^A

^ABlack Dog Institute

Background: General Practitioners (GPs) are often a young person's first point-of-contact with the mental health system, but addressing mental health issues in general practice can be challenging. Youth StepCare is a digital screening, clinical decision-aid, and monitoring tool, developed to assist GPs in supporting adolescents with mental health concerns. **Aim/Objectives:** To evaluate the effectiveness of Youth StepCare for increasing detection of common mental health problems, and for promoting greater use of eMental Health interventions with youth. The study will also evaluate whether tailored implementation leads to better Integration of Youth StepCare into the practice workflow compared to Implementation-as-usual. **Methods:** A 2019 pilot study in two general practices is being followed by a cluster randomised-controlled implementation and effectiveness trial (RCT) in practices in NSW, VIC and ACT. Rates of screening, new mental health cases, and eMental Health referrals, will be assessed at baseline. GPs' change in knowledge, attitudes, and practical skills (KAP) in implementing digital mental health tools will be assessed at baseline, 3-months, and 6-months. **Findings:** The pilot established the feasibility and acceptability of delivering Youth StepCare in General Practices. The RCT will begin in practices in March and cease in October 2021. It is expected that rates of screening, new mental health cases, eMental Health referrals, and GPs' KAP will be higher in practices receiving enhanced implementation. **Implications:** The findings will inform best practice for implementing digital mental health tools into General Practices and establish the usefulness of Youth StepCare for helping GPs manage adolescent patients' mental health needs.

Predicting the likelihood of delayed healing in General Practice: a venous leg ulcer risk assessment tool

Christina Parker^A, Kathleen Finlayson^A, Helen Edwards^A and Terri-Jayne Bissell^A

^AQueensland University of Technology

Background: A risk assessment tool (RAT) for delayed healing in venous leg ulcers (VLUs) has previously been developed that is evidence based, valid and reliable both in Australia (Edwards *et al.* 2018) and internationally. In the General Practice (GP) and community health settings, wound care is the most frequently performed activity (Australian Medicare Local Alliance 2012) and a RAT could provide a practical approach for detection of delayed healing in people with VLUs. **Aim/Objective:** To evaluate the acceptability of this RAT on early detection and management of people with VLUs at risk of failure to heal in GP. **Methods:** Effectiveness of the RAT was evaluated through descriptive analysis of healthcare professionals who were instructed in how to use the RAT. **Findings:** Following use of the RAT, surveys were completed by nurses (n=14) and 50% had >10 years' healthcare professional experience. Most (71%) were confident with wound management with only 21% very confident. The majority of healthcare professionals were able to complete the tool in less than five minutes, 93% indicated that it was easy to use and 79% indicated that they would continue to use the RAT once the study had completed. **Implications:** The incorporation of a RAT will facilitate care by healthcare professionals in daily practice. Early identification of people at high risk of delayed healing would enable prompt referral of this group to specialist wound providers.

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Current best practices for communicating with refugee and asylum seeker patients: an environmental scan of online resources

Pinika Patel^A, Marguerite Tracy^A, Meet Patel^B, Sarah Bernays^A, Danielle Muscat^A and Lyndal Trevena^A

^AUniversity of Sydney

^BBond University

Background: Primary healthcare practitioners (PHPs) are the first point of care for refugee and asylum seekers in Australia. Communication plays a vital role in their care and developing the PHP-patient relationship. This environmental scan identifies, appraises and synthesises online resources to improve communication during consultations with these patients. **Methods:** A systematic environmental scan of online Australian resources, using Google search engine was conducted. The content of the resources was appraised, and they were evaluated for understandability and actionability, purpose and content. **Findings:** A total of 32 unique resources were identified. The identified resources on average scored better on understandability domains (mean 64%) than actionability (mean 49%). The resources each had between 2–5 purposes taxonomy types and the content relevant to communication with refugee and asylum seekers ranged from 5–100%. **Implications:** Australian PHPs looking for resources to help guide their communication during consultations with refugee and asylum seeker patients have multiple options available to them. This scan synthesises the online resources with practical suggestions for implementation into practice. Markers of quality and usefulness of the various resources have yet to be established, which makes it difficult to assess the value and uptake of these resources in clinical practice.

What characterises high quality paediatric care in general practice and how is this demonstrated? Perspectives of parents/carers, general practitioners and paediatricians in Greater Western Sydney

Tasnuba Pervez^A, Jennifer Reath^A and Steven Trankle^A

^AWestern Sydney University

Background: General Practitioners (GPs) are well-placed to provide high quality paediatric care to children within their biopsychosocial context. Although some general practices advertise themselves as providing 'excellent' paediatric care, this may not necessarily translate to high quality. High quality paediatric care is not yet clearly defined in Australian General Practice. **Objective:** To explore the perspectives of parents/carers, GPs and paediatricians regarding what they consider to be high quality paediatric care and how this is demonstrated in Australian general practice within Greater Western Sydney (GWS), including the barriers and facilitators to such care. **Methods:** We will recruit

GWS-based GPs and Paediatricians through the Western Sydney University teaching network, and recruit the parents/carers who visit these doctors. We will conduct 20-25 semi-structured interviews lasting 30–60 minutes, which will be audio-recorded and transcribed. Approximately 6–8 GPs, 5–6 Paediatricians and 8–10 parents/carers will be interviewed. We will analyse the transcripts with an inductive approach to identify themes. **Findings:** We aim to present early findings of our study including emerging themes from our early interviews. We anticipate our findings will enable us to describe high quality paediatric care from the perspectives of parents/carers and health care providers. This will likely include GP factors, practice factors, and barriers and facilitators to such care. **Implications:** Our study will provide a better understanding of the perspectives of parents/carers, general practitioners and paediatricians on what is important for delivery of high-quality paediatric care in general practice and may inform future improvements in service provision and GP education.

Best practices in practice-based research networks: a scoping review

Sanne Peters^A, Liz Sturgiss^A, Chris Barton^A, Samantha Chakraborty^A, Danielle Mazza^A, Maria De Leon^A, Timothy Staunton Smith^A and Grant Russell^A

^AMonash University

Background: Practice-based research networks (PBRNs) are attracting increasing interest in Australia. These regional collaborations bring primary care practitioners together with researchers and other key stakeholders to facilitate community-based and participatory research that offers greater external validity for translating research evidence into practice. Despite acknowledgement from the Medical Research Future that PBRNs are key to strengthening clinical and health services research, little is known about best practice in the design, management, and implementation of PBRNs. **Aim/Objectives:** To conduct a scoping review to identify best practices regarding Practice-Based Research Networks. **Methods:** Our scoping review used Arksey and O'Malley's framework and included published papers, with quantitative, qualitative, and mixed-methods study designs, concerning the development, management and implementation of PBRNs in Primary Care. We excluded grey literature and studies conducted prior to 1990. We developed, with the support of two librarians, a search strategy and checked that a set of relevant studies was included in the search results. We included the following databases: Ovid Medline, EMBASE, CINAHL and Scopus. Titles and abstracts, as well as the full texts, were screened independently by two reviewers. **Findings:** 6696 research results were obtained. 3674 duplicates were removed, which led to 3022 titles/abstract to be screened against the inclusion criteria. The screening is in progress and should be finished by the middle of April. **Implications:** The review findings will inform further formal deliberations with consumers, clinicians, and policy makers as part of an initiative to generate a robust, high-quality PBRN at the interface of MonReN, an existing PBRN, and Monash Partners, one of Australia's Academic Health Science Centres.

A systematic review of the effectiveness of provider-targeted interventions to improve opioid prescribing in primary care: a protocol

Pallavi Prathivadi^A, Natalie Connell^B, Louisa Picco^A, Karleen Giannitrapani^B, Hong-wei Wong^C, Chris Barton^A, Karl Lorenz^B and Danielle Mazza^A

^AMonash University

^BCenter for Innovation to Implementation, VA Palo Alto Health Care System

^CStanford University School of Medicine

Background: Governments, policymakers and stakeholders are developing interventions to reduce opioid over-prescription in primary care. Many of these interventions specifically target primary care providers (PCPs). However, the effectiveness of various provider targeted behaviour change approaches is unknown. **Aim/Objectives:** To assess the effectiveness of PCP-targeted interventions to improve opioid prescribing practices. **Methods:** Cochrane methods for conducting a narrative synthesis will be utilised and the results reported using PRISMA guidelines. PubMed, EMBASE, PsycInfo, CINAHL, and the Cochrane Library will be searched for studies of randomised control trials published in English from 2010 onwards. Any opioid prescribing behaviour will be measured as an outcome. No geographic limits will be applied. All stages of screening and data extraction will involve a dual review with gold standard adjudication. The Cochrane Risk of Bias tool will be used to evaluate quality and risk. The protocol was submitted to Prospero in December 2020 (pending registration), and BMC Systematic Reviews (pending review). **Findings:** Title and abstract screening yielded 1302 results, with 25 studies included in the full text stage. The results of the review will be available by June 2021. **Implications:** This systematic review will address a major research gap, and guide future intervention implementation. Identifying effective components of PCP-targeted behaviour change interventions may help inform scalability and translation of prescribing interventions across countries and varying primary healthcare settings. Findings will be disseminated to a range of stakeholders involved in quality improvement, prescribing interventions, education and training, and policymakers, researchers, and PCPs.

How to undertake research with refugees? An experiential and field work analysis of a 3-year refugee research programme in Southern New Zealand

Lauralie Richard^A, Molly George^A, Chrystal Jaye^A, Sarah Derrett^A, Emma Wyeth^A and Tim Stokes^A

^AUniversity of Otago

Background: Refugee health is a global health research priority, yet there is little guidance on how to successfully and appropriately conduct research with refugees. Working through uncertainty and negotiating unfamiliar research processes can leave researchers (particularly those new to the area) feeling ill-prepared. We offer insights from three years of building a community-based approach for conducting health research with refugees in Southern New Zealand. **Aim/Objectives:** To share experiences, reflections, and lessons from engaging in refugee health research. **Methods:** This project stems from a community-engaged approach to refugee health research. It is grounded in the experiential analysis of our research programme, team discussions about the methodological particularities of refugee health research, field notes, and the literature. **Findings:** Processes critical to our undertaking of refugee health research incorporate strong relational foundation and sensitivity to cultural diversity across contexts. These include: (1) establishing strong, enduring connections with refugee communities and agencies, incorporating their knowledge into research

planning and processes; (2) building rapport and trust with refugees in the context of interpreted conversations; (3) acknowledging the role of interpreters as cultural brokers; (4) adopting a flexible suite of methods and privileging refugees' preferences to ensure cultural responsiveness of research practices with different groups; (5) exploring meaningful ways of communicating that are considered culturally safe and appropriate, and negotiating tensions in ethical differences around gender and autonomy; (6) being vulnerable, sharing power and listening deeply as researcher. **Implications:** This research contributes to building capacity for culturally responsive research with refugees in New Zealand and abroad.

Multimorbidity in Arthritis and persistent musculoskeletal Pain (MAP) study

Guy Rughani^A, Frances Mair^A, Sara Macdonald^A, Susan Browne^A and Yvonne Cunningham^A

^AUniversity of Glasgow

Background: Providing care for patients with either persistent musculoskeletal (MSK) pain or rheumatoid arthritis (RA) and multimorbidity requires interaction between primary and secondary care. Personal attributes of the healthcare professionals (HCP) involved, knowledge of their patients and the system in which they work, impact a HCP's capacity to provide treatment. **Aims/Objectives:** To derive a taxonomy of factors that affect the interactions between primary and secondary care and increase or decrease a HCP's capacity to treat persistent MSK pain/RA and multimorbidity. **Methods:** We undertook interviews with a maximum variation sample of 40 HCPs (primary/secondary care) in Scotland and analysed transcripts using a conceptual framework underpinned by Burden of Treatment Theory (BOTT). BOTT has been used with patients to explore balance between 'work', e.g. tasks of self-care, and 'capacity', e.g. ability to perform these tasks. Focussing on the relational/communication BOTT domains, we created a taxonomy of factors that affect a HCP's ability to provide care. **Findings:** Factors increasing HCP capacity include: Well-defined routes for primary-secondary care communication, Close spatial setting, e.g. shared, Personal ('outside work') relationships facilitating interaction, Greater knowledge of the patient, affecting professional confidence and ability to act as patient advocate, Personal tenacity. Factors decreasing HCP capacity include: Ill-defined communication routes, Poor quality referral letters, Junior staff: newer HCPs may lack professional confidence, with fewer contacts and limited system knowledge. **Implications:** The work highlights how providing care for patients with multimorbidity and persistent MSK pain/RA relies on smooth interaction between care providers, and highlights points for intervention.

Perceptions of general practitioners of e-cigarettes as a smoking cessation aid: a systematic review

Melis Selamoglu^A, Bircan Erbas^B, Karthika Kasiviswanathan^A and Chris Barton^A

^AMonash University

^BLa Trobe University

Background: General Practitioners (GPs) play an important role in providing patients who smoke with information, support and treatment to encourage them to quit smoking. Despite conflicting evidence on the effectiveness of e-cigarettes as a smoking cessation aid, GPs are considering the implementation of e-cigarettes into their smoking cessation plans. **Aim/Objectives:** To synthesise

evidence from qualitative, quantitative and mixed methods studies that have assessed the perceptions of GPs towards e-cigarettes and their use as a smoking cessation treatment.

Methods: Studies from MEDLINE, CINAHL, SCOPUS, PsycINFO, EMBASE and grey literature were searched. Two independent reviewers screened abstracts and full-text articles. A data extraction form will be used to extract relevant data. Papers will be appraised for quality using the MMAT checklist. **Findings:** A total of 4046 abstracts were screened. The number of included articles is to be finalised as the review is ongoing. A preliminary review of the included studies suggest that GPs have mixed views on recommending e-cigarettes, some were optimistic, and others were reluctant and disagreed that e-cigarettes are an effective method to quit smoking. Most GPs lacked knowledge and confidence around e-cigarette safety and efficacy as a smoking cessation aid. **Implications:** This systematic review will provide evidence for GPs' perceptions on e-cigarettes and intentions for prescribing e-cigarettes as a smoking cessation alternative. Clear guidance on the role of e-cigarettes is needed to inform and educate GPs about e-cigarettes as a smoking cessation aid.

Validation of nutrition knowledge of medical doctors in Thailand in terms of delivering nutrition care

Ramin Shafiq^A and Resha Shrestha^B

^ASantichon School/Rajamangala University

^BHealthlink Reliable Lab & Clinic Pvt Ltd

Background: The knowledge of diet and diseases is responsible for a prolonged healthy lifestyle. Sufficient nutrition supply and concept have become essential for patients from reliable sources. Active doctors can be the reliable sources who can directly interact with their patients on nutritional knowledge. Their attitudes and confidence level should be persuasive in dealing with and providing dietary ideas. **Aim/Objective:** To determine the nutritional knowledge, attitude toward, and confidence of medical doctors' nutrition care in Thailand and compare the nutrition knowledge between the general practitioner (GP) and specialist (SP). **Methods:** The 37 validated questionnaires with multiple-choice questions were distributed online to 100 medical doctors in Thailand. Completed online questionnaires were received from 80 doctors representing an 80% response rate. The data were collected, calculated, and analysed using SAS version 9.4. **Findings:** The level of knowledge about nutrition and chronic disease, confidence, and attitudes toward nutritional care was of medium level. 50% of doctors are fair to extremely confident to deliver nutritional information to their patients, proving that they have nutritional knowledge. Also, 70% of doctors have a fair to high confidence level to talk to their patients while consulting them. Similarly, 56% of medical doctors agree on having positive attitudes towards nutrition care. The mean age was between 30 to 35 years (45%). There were 31 (39%) males and 49 (61%) females, 41 (51%) SPs and 39 (49%) GPs. No significant difference in the knowledge about adequate nutrition, confidence, and attitudes in nutritional skills and care ($p > .05$) was found when nutritional knowledge of GPs and SPs was compared. **Implications:** Even though nutritional care has become essential in uplifting patients' health, the medical doctors seemed to have average to medium nutritional knowledge. The average confidence level and their attitudes showed concern regarding the current status on delivering nutritional care. This study suggests training and education on nutritional care, keeping the main focus on improved patients' health.

General practitioner perspectives on provision of early medical abortion services in the general practice setting to women from culturally and linguistically diverse backgrounds

Rhea Singh^A, Asvini Subasinghe^A and Danielle Mazza^A

^AMonash University

Background: The National Women's Health Strategy has identified women from culturally and linguistically diverse (CALD) backgrounds as priority for improving access to early medical abortion (EMA) services, because they have poor sexual and reproductive health (SRH) outcomes and underutilise EMA services. While general practitioners (GPs) are ideally placed to deliver these SRH services, there is limited evidence regarding GPs' perceptions on delivery of EMA services to women from CALD backgrounds. **Aim/Objectives:** (1) To explore GPs' perspectives and experience in the provision of EMA services to women from CALD backgrounds. (2) To identify GP reported barriers and enablers to EMA provision in Australia. **Methods:** Twenty GPs nation-wide will be recruited through email invites and social media advertising to participate in a 60-minute audio-recorded telephone interview. GPs must have provided EMA in the primary care setting to women from CALD backgrounds. Interviews will be transcribed verbatim for inductive thematic analysis using NVivo. **Findings:** Interviews will be conducted between June and August 2021. We will identify GP perceptions and experiences in delivering EMA to women from CALD backgrounds and report on recommendations that should be implemented to further enhance provision of EMA services to these women. **Implications:** This project addresses a major evidence gap that has implications for changes in policy relating to EMA provision, and development of GP targeted materials to improve EMA provision in practice to women from CALD backgrounds. Understanding the complexity of providing EMA services to these women, from the service provider's viewpoint, is imperative in ensuring equitable access.

'We have a huge role to play...': a qualitative exploration among physiotherapists to provide nutrition care

Kaleswari Somasundaram^A, Kim Allison^B, Allison Hodge^B and Meredith Temple-Smith^A

^AThe University of Melbourne

^BCancer Council Victoria

Background: Poor dietary behaviours are prevalent among Australians and contribute significantly to the burden of chronic disease and healthcare costs. Addressing dietary behaviours is a key national priority. There is a building argument for primary healthcare professionals, beyond dietitians, to play a role in nutrition care within their scope of health promotion practice. Internationally, there is advocacy for physiotherapists to engage in this; however, how Australian physiotherapists perceive their role in nutrition care is unknown. **Aim/Objectives:** This study aimed to explore Australian physiotherapists' perceptions towards providing nutrition care to their patients. **Methods:** Twenty physiotherapists practising in rural, urban, and regional primary care settings in Victoria underwent a semi-structured telephone interview. Interviews focused on participants' views, knowledge, practices, and barriers to nutrition care provision. Data were transcribed and analysed thematically by two independent researchers. **Findings:** Three main themes and nine subthemes were identified. Participants felt that the ideal role regarding nutrition care was to provide basic healthy eating advice and know when to refer patients to dietitians for specialist dietary advice. Although all participants were highly motivated to provide nutrition care to

their patients, they identified a lack of nutrition education and training as the main barrier to providing such care. Other barriers include awareness of professional boundaries, ambiguity within the scope of practice and patients' expectations. **Implications:** Barriers and enablers faced by physiotherapists to provide nutrition care within the current setting were identified, which may be helpful to develop nutrition content for the Australian physiotherapy curricula and professional development training.

Consensus Reporting Items for Studies in Primary Care (CRISP): an international Delphi survey of researchers and end-users

Liz Sturgiss^A, William R. Phillips^B, Frank Moriarty^C, Aaron Orkin^D, Peter Lucassen^E and Johannes C. van der Wouden^F

^AMonash University

^BUniversity of Washington

^CRoyal College of Surgeons in Ireland

^DUniversity of Toronto

^ERadboud Universitair Medisch Centrum

^FAmsterdam Public Health Research Institute

Background: No research reporting checklists focus on the needs of primary care (PC). We surveyed researchers and practitioners and confirmed their need for guidance to make PC research reports more useful for end-users. **Aim/Objectives:** To select and prioritise essential content items to inform new guidance for the reporting of PC research. **Methods:** Online Delphi survey of PC researchers, practitioners, and community members. We will recruit up to 130 participants using a matrix to ensure inclusion of diverse disciplines, countries, research experience, demographics and a broad range of inputs to develop reporting items to meet the needs of varied PC research users. Our CRISP Working Group have developed the initial Delphi items from literature review and multiple international surveys. We plan up to three Delphi rounds asking participants if each item should be included in the final guidance, and if it should be a required or recommended item. Our prospective, published protocol establishes explicit criteria using 50% agreement cut-off and an algorithm for systematically responding to suggestions for wording changes, additional items and discrepancies between participant groups. **Findings:** The Delphi survey will begin in April 2021 and yield early results to present at the conference. **Implications:** The CRISP initiative will provide clear, pragmatic guidance on reporting PC research. We hope this iterative and inclusive process will serve the needs of diverse PC researchers, users and broader healthcare community.

Improving contraceptive health literacy and uptake of long-acting reversible contraception (LARC), among women from rural and remote areas, culturally and linguistically diverse groups and socioeconomically disadvantaged backgrounds: a protocol of the EXTEND PREFER study

Asvini Subasinghe^A, Natalie Amos^A, Pip Buckingham^A, Jane Tomnay^B, Nilab Hamidi^A and Danielle Mazza^A

^AMonash University

^BThe University of Melbourne

Background: Long-acting reversible contraception (LARC), is the most effective reversible contraceptive method for the prevention of unintended pregnancy. However, Australian women's knowledge of, preference for, and use of LARCs is poor. Additionally, these data are limited for women from priority groups who are known to experience poorer sexual and reproductive health outcomes. **Aim/Objectives:** To increase contraceptive health literacy and uptake of effective contraceptive methods among women from: (i) rural and remote areas; (ii) culturally and linguistically diverse (CALD) backgrounds; and (iii) socioeconomically disadvantaged backgrounds. **Methods:** Using targeted social media advertising, we will recruit 500 women from each priority group described above. Women will view a short online video, developed in consultation with relevant consumers and stakeholders, detailing all available contraceptive options. The video will be available in English and translated into Cantonese, Mandarin, Hindi and Arabic. Women will be asked to complete online surveys prior to viewing the video and immediately after viewing the video, as well as a follow-up survey six-months post-intervention to assess change in knowledge, contraceptive preference and uptake. Participants will be compensated with gift cards for their time. **Findings:** Data collection will begin in April 2021 and will be completed by February 2022. **Implications:** Findings will illustrate the effectiveness of an online approach to improving contraceptive health literacy among priority populations, as well as increasing preference for, and uptake of LARC. On conclusion of the study we will work towards the sustainability and broader dissemination of the intervention to prevent unintended pregnancy in Australia.

Describing variation in the provision and uptake of early medical abortion (EMA) services within primary care in Australia

Asvini Subasinghe^A, Kevin McGeechan^B, Jessica Moulton^B, Luke Grzeskowiak^{C,D} and Danielle Mazza^A

^AMonash University

^BUniversity of Sydney

^CFlinders University

^DSouth Australian Health and Medical Research Institute

Background: Abortion has been classified as an essential health care service. Early medical abortion (EMA) is available in Australia up to 9 weeks gestation and can be delivered either via telehealth or face to face. However, there are several system, provider and patient barriers to integrating EMA into Australian general practice which may lead to variability in the availability of EMA services. **Aims/Objectives:** To understand how EMA service provision varies across the Australian primary care landscape. **Methods:** We obtained counts of the number of EMA composite packs, comprising mifepristone and misoprostol (MS-2 Step), dispensed for women aged 15 to 54 in each Australian Bureau of Statistics Statistical Area 3 (SA3) between 2015 to 2019 from the Pharmaceutical Benefits Scheme. Standardised rates of MS-2 Step dispensed were calculated for 2019 stratified by state and

level of remoteness. **Findings:** In 2019, whilst dispensing rates of MS-2 Step were greatest in remote rural and outer regional parts of Australia, at 7.2 prescriptions dispensed per 1000 women, approximately 30% of women across Australia lived in an area where no general practitioner (GP) provided EMA services, and 27% lived in an area where no community pharmacy dispensed MS-2 Step. **Implications:** The higher dispensing rates in remote rural and outer regional parts of Australia may in part be explained by telehealth provision. However, there remains a large proportion of areas where there is no GP or pharmacist provision. More focus needs to be given to supporting local primary care providers to deliver EMA in their own communities.

Prioritising essential clinical services (ECS) in general practice during the COVID-19 pandemic: a protocol for the evaluation of the Royal College of General Practitioners (RCGP) guidance for the Australian context

Asvini Subasinghe^A, Pallavi Prathivadi^A, Dan Epstein^A, Natalie Amos^A, Jennie Raymond^A and Danielle Mazza^A

^AMonash University

Background: In response to the COVID-19 pandemic, general practice has rapidly adopted telehealth service provision and reduced face to face consultations. This, in addition to Australian general practitioners (GPs) reporting they would delay non-urgent consultations when faced with a pandemic, may jeopardise the provision of essential clinical services (ECS). The Royal College of General Practitioners (RCGP) recently published guidance for primary care prioritising ECS during COVID-19. However, Australia has no current framework or guidance to assist GPs in prioritising the provision of ECS. **Aim/Objectives:** To describe GPs' experiences and approaches to delivering ECS during the COVID-19 pandemic and explore GPs' views regarding the applicability of the RCGP guidance on prioritising these services during COVID-19 to the Australian setting. **Methods:** We will use targeted advertisements via social media to administer a short online survey for 300 GPs, based in Metropolitan Melbourne, to ascertain the nature of ECS delivered prior to the pandemic, and changes made to service delivery as a result of the pandemic. In-depth interviews with 20 GPs will gather insights into the survey results and provide an opportunity to evaluate and appraise the RCGP guidance for prioritising GP workload, during COVID-19, and adapt the guidance recommendations to the Australian context. **Findings:** Participant recruitment will commence in April 2021. **Implications:** Findings will inform the development of clinical guidance for GPs, and other health primary care providers, regarding prioritising the delivery of ECS during the COVID-19 pandemic and in the event of potential future crises that impact health care provision.

What mental health and wellbeing means to me: a photo sub-study of the Noongar boodjar youth wellbeing project

Bryan Tan^A, Nahal Mavaddat^A, Marijana Lijovic^B, Lena Sancic^B and Sandra Eades^C

^AUniversity of Western Australia

^BThe University of Melbourne

^CCurtin University

Background: For Indigenous Australians being healthy constitutes more than the absence of disease; includes physical, social, spiritual, emotional and ecological aspects of wellbeing, emphasises their interconnectedness and reinforces the significance of social and cultural determinants. How Indigenous young Australians see their own health and wellbeing including their mental health from this perspective however has been little explored. **Aim/Objectives:** To understand how Indigenous Australian Aboriginal youth maintain their wellbeing and mental health. **Methods:** This project sits within a larger study on service navigation for Aboriginal youth mental health. Ethical approval for the study will be obtained as an amendment to this larger study. 5-10 Indigenous Aboriginal youth aged 16–25 will be recruited. Participants will be asked to take photographs over a 2-week period of people, places or objects that contribute to their sense of wellbeing and mental health and to select 10 photos to share with researchers. Group as well as individual semi-structured interviews will then be used to gain a better contextual understanding of why the photographs were chosen as a basis of wider discussions on mental wellbeing with participants. Themes will be drawn from data of recordings of group and individual interviews as well as field notes using thematic analysis.

Findings: This study is a work in progress. **Implications:** Gaining further insights into how Indigenous Australian Aboriginal youth stay mentally happy and healthy will allow the design of interventions and services that cater to the mental health needs of young Aboriginal people.

A cross-sectional survey of Australian optometrists' diabetic retinopathy practice patterns

Vanessa Tang^A, Allison McKendrick^A, Andrew Symons^A and Daryl Guest^A

^AThe University of Melbourne

Background: Community optometrists are highly accessible and provide refractive correction to most middle-aged to older adults, hence they have a key role in the opportunistic detection of systemic diseases that manifest with retinal signs. **Aims/Objectives:** To assess current optometric approaches to diabetic eye disease, with particular emphasis on the uptake and usage of optical coherence tomography (OCT). **Methods:** A survey evaluated optometrists' diabetic eye disease management practices and retinal imaging tools, as well as their perception of these tools. Questions included confidence with diagnosis of diabetic retinopathy (DR) and diabetic macular oedema (DMO), clinical tool usage, case scenarios, and retinal imaging availability. **Findings:** 167 optometrists participated. Optometrists reported high levels of confidence and engagement with diabetic eye care. 98.8% had some form of retinal imaging device available. Optometrists with access to an OCT showed an increased confidence level for the detection of DMO. The study suggests a high uptake of sophisticated retinal imaging technology by optometrists for the provision of high-quality diabetic eye care. **Implications:** DR is a neurovascular complication where retinal neuron damage occurs concurrently with or even prior to microvascular damage. State-of-the-art retinal imaging technology widespread in optometry practices may be used to identify DR before microvascular damage is visible. Insight into how DR and DMO is presently assessed and managed in primary eye

care can better inform continuing education programs for optometrists (both in their management of people with diabetes, but additionally in their intersection with the broader healthcare sector) and aid translation of research into clinical practice.

Learning about co-design in primary care

Kathryn Thorburn^A, Mark Harris^A, Catherine Spooner^A and Karen Fisher^A

^AUniversity of New South Wales

Background: Co-design is increasingly employed to develop practical improvements in healthcare informed by the experience and expertise of service users, providers and other stakeholders. In primary health care (PHC), there is much to learn from co-design projects. This research brought together mental health consumers, carers, support workers and general practitioners to co-design an intervention to improve mental health consumers' physical health care in PHC settings and the research methods for evaluating its feasibility and usefulness. **Aim/Objectives:** The research aimed to co-design an intervention to improve PHC consultations between people diagnosed with serious mental illness and primary care providers and understand co-designers' experience of the process. This presentation will share lessons for co-design in PHC. **Methods:** The co-design was facilitated online. This research investigated the co-design process and outcome using observation and document analysis. The co-designers' experience was obtained through focus groups and interviews. **Findings:** The co-designers generated a range of possible interventions creating a challenge. The group opted for a communication/conversation guide to support consultations between mental health consumers and general practitioners based on priority and feasibility given available resources. Engaging in co-design positively influenced relationships and changed practices. Lessons were learned about using technology, fostering understanding, enabling flexibility and supporting decision-making. **Implications:** Primary care practice improvements are increasingly expected to involve collaborative process including co-design. While beneficial, these processes also present challenges, especially in the context of limited time and resources, diverse experiences and expectations and system pressures. This presentation will identify strategies for effective co-design in primary care.

One-year risk of stroke after transient ischemic attack or minor stroke in Hunter New England, Australia (INSIST study)

Shinya Tomari^{A,B}, Christopher Levi^{A,B,C}, Daniel Lasserson^D, Debbie Quain^C, Jose Valderas^E, Helen Dewey^F, Alan Barber^G, Neil Spratt^{A,B,C}, Dominique Cadilhac^{F,H}, Valery Feigin^I, Peter Rothwell^I, Hossein Zareie^C, Carlos Garcia-Esperon^{A,B,C}, Andrew Davey^B, Nashwa Najib^B, Milton Sales^K and Parker Magin^B

^AHunter Medical Research Institute

^BUniversity of Newcastle

^CJohn Hunter Hospital

^DUniversity of Warwick

^EUniversity of Exeter

^FMonash University

^GUniversity of Auckland

^HUniversity of Melbourne

^IAuckland University of Technology

^JUniversity of Oxford

^KBrunker Road General Practice

Background: One-year risk of recurrent stroke after transient ischemic attack and minor stroke (TIAMS) has been reported between 5–8% in previous studies conducted in secondary care settings.

Aim/Objectives: To establish one-year stroke risk following TIAMS and TIAMS-mimic patients managed in community-based practice. **Methods:** The International comparison of Systems of care and patient outcomes In minor Stroke and TIA (INSIST) study was a prospective inception cohort study of patients in the Hunter–Manning region (New South Wales). Possible-TIAMS patients of 16 general practices were recruited from 2012 to 2016 and followed-up for 12 months post-index event. They were adjudicated as TIAMS or TIAMS-mimics by an expert panel. We established a one-year risk of stroke, TIA and myocardial infarction (MI) in TIAMS, with further comparisons between TIAMS and TIAMS-mimic patients. **Findings:** There were 613 participants (mean age; 70 ± 12 years) whereby 298 (49%) were TIAMS. Of the TIAMS participants, 221 (74%) received secondary/specialist management compared with 177 (56%) of TIAMS-mimic participants. At one year, 3% of TIAMS participants had ischemic strokes and 8.4% experienced TIAs, while 0.6% of TIAMS-mimic participants had strokes and 1.6% had TIAs (comparison TIAMS versus TIAMS-mimic for stroke, $P = 0.026$; for TIA, $P < 0.001$). There were two MI events in each group (0.6%). **Implications:** We found a greater risk of recurrent stroke/TIA post-TIAMS when compared with TIAMS-mimics. The risk of stroke post-TIAMS was considerably less than reported in previous studies. Very prompt implementation of antiplatelet/anticoagulant therapies (often general practitioners-initiated) may have contributed to the very low stroke rate.

Patient perceptions of doctors accessing information to answer clinical questions during general practice consultations

Isaac Tranter^A, Ben Mitchell^A and Mieke van Driel^A

^AThe University of Queensland

Background: Due to the rapid expansion of medical knowledge the modern physician requires advanced skills in accessing high quality and up-to-date information. On average a GP will encounter 0.57 clinical questions per patient visit (Del Fiol *et al.* 2014). In Australian general practice this

equates to 58 clinical questions per week (University of Melbourne MU 2020). In addition, the time constraints and spatial layout of general practice consultation rooms require doctors to access the information they need during consultations. There are many benefits to point of care information seeking however, concerns remain about how this practice may impact patient perceptions and the therapeutic relationship. **Aim/Objective:** To explore patients' ideas, perceptions and attitudes towards general practitioners accessing information to answer clinical questions during consultations. **Methods:** A descriptive qualitative study which will involve semi-structured interviews with patients recruited from general practice waiting rooms in South Eastern Queensland. Participants will be asked to share their experiences regarding their doctor accessing information to answer clinical questions at the point of care as well as comment on a short video recording of a GP accessing information during a consultation. The video recording will be a simulated consultation using actors. Data will be analysed through a process of iterative thematic analysis. **Results:** Available at time of conference. **Implications:** The proposed study will provide an insight into patient perceptions of their doctors seeking information to answer clinical questions and highlight areas that are high risk for degrading the therapeutic relationship.

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Representation, diversity, and ethics: Building an international community of authors to write on sexual abuse in medicine

Elizabeth Waldron^A and Louise Stone^B

^AFlinders University

^BAustralian National University

Background: The sexual assault of doctors by doctors is an international problem. This paper arose through a research anthology on the sexual harassment of doctors by doctors. This issue is complex, so the editors sought perspectives of researchers from a range of countries and disciplines to reflect that complexity. This paper details the process of recruiting researchers with diverse contexts, backgrounds, and experiences. **Aims/Objectives:** 1. To recruit a corps of researchers with diverse sociocultural and disciplinary backgrounds, experiences, and expertise. 2. To seek researchers who could provide lived experience and theoretical analysis. 3. To define the parameters and methods of such recruitment against a non-colonial framework. **Methods:** 1. Recruitment parameters were set regarding desired academic profile, and focal countries and disciplines, including quotas for each WHO region. 2. Regional and international academic journals, doctors' and medical students' networks, and media around social movements, were explored for key terms. 3. Snowball sampling through personal and professional networks was conducted in parallel. **Findings:** This process revealed a need for flexibility and discretion in implementing recruitment parameters and quotas, in order to resolve practical dilemmas and ethical commitments. It required unanticipated considerations, such as the ethics of grouping countries into 'regions', cultural safety and awareness during intercultural communication on sensitive issues, and the politics of translation and suitability measures. **Implications:** Recruiting international contributors fosters richness of research, but can be a problematic process. Research collaboration is resource intensive, and requires skills in building

communities of practice. Collaborative research translation of international research poses substantial ethical challenges that must be carefully managed.

The 3-Domains toolkit for driving medical assessment in older drivers: pilot study in general practice

Katharine Wallis^A, Geoff Spurling^A, James Matthews^A, Theresa Scott^A and Rory Melville^A

^AUniversity of Queensland

Background: The 3-Domains toolkit is a screening toolkit for use in general practice to inform driving medical assessments in older drivers (>75 years). The toolkit measures across the three functional domains essential for driving: sensory, motor and cognitive. **Aim:** To investigate the acceptability and utility of the 3-Domains toolkit in general practice. **Methods:** Pilot study using the toolkit in ten general practices in Queensland, including GPs, practice nurses, and older drivers (>75 years) presenting to their GP for their annual driving licence medical assessment. The study will use semi-structured interviews with GPs, practice nurses and older drivers to assess acceptability and utility of the toolkit. The 3-Domains toolkit comprises visual acuity using a Snellen chart; the functional reach test; and the road signs recognition test. The three test scores are entered into an online calculator to generate an overall score predicting the likelihood the older driver would pass an on-road driving test. **Findings:** Not yet available. **Implications:** If feasible in routine practice and acceptable to both older drivers and GPs, the toolkit could be used regularly during routine driving medical assessment to inform clinical judgement and as a communication tool to facilitate discussions about the need to plan for eventual driving cessation or for on-road testing.

Australian General Practice Registrars' lived experiences of engagement with their Regional Training Organisation during the COVID-19 pandemic

Isabella White^{A,B}, Lucie Walters^A, Jill Benson^B and Taryn Elliott^B

^AThe University of Adelaide

^BGPEX

Background: The unique training and wellbeing needs of Australian General Practice (GP) registrars during disasters has not been well studied. Insufficient support and registrar burnout have been associated with far-reaching detrimental effects. Need for research in this area is highlighted by recent disasters including the widespread Australian bushfires and the COVID-19 pandemic.

Aim/Objectives: This phenomenological project aims to explore the lived experiences of Australian GP registrars with learning, wellbeing and support from their regional training organisation (RTO) during the COVID-19 pandemic. **Methods:** This study has been approved by the University of Adelaide Human Research Ethics Committee (H-2020-251). GP registrars training in South Australia, Victoria, or New South Wales during 2019 and 2020 will be invited to participate via RTO distributed emails, and professional GP registrar Facebook group posts. After completing an online survey to confirm eligibility and demographic information, participants selected by purposive sampling will undertake semi-structured interviews particularly exploring the socio-cultural impacts of COVID-19 on learning and wellbeing, as well as RTO support experiences. Interviews will continue until thematic saturation is approached. Interviews will be analysed and coded thematically using NVivo

11 Starter for Windows. **Findings:** It is anticipated that interviews will begin in April with all data collected by July. Preliminary results may be available showing initial themes from interviews.

Implications: This research project is important because it seeks to understand GP registrars' experiences of training and wellbeing during COVID19, and to identify techniques for RTOs to best support registrars through training at times of disaster.

Effectiveness of a digital mental health screening and clinical decision aid for promoting uptake of eMental Health interventions in Australian general practices

Alexis Whitton^{A,B}, Rebecca Hardy^B, Kate Cope^B, Bridianne O'Dea^B, Nicole Cockayne^B and Jill Newby^A

^AUniversity of New South Wales

^BBlack Dog Institute

Background: Web-based mental health (eMental Health) interventions will play a critical role in managing the mental health impacts of the COVID-19 pandemic, and enhancing their uptake is a key priority. General practitioners (GPs) are well-positioned to facilitate access to eMental Health interventions, but tools that assist GPs in identifying suitable patients are lacking. **Aim/Objectives:** This study evaluated the effectiveness of a digital mental health screening and clinical decision aid ('StepCare') for improving the early detection of anxiety and depression in general practice, and subsequently, the uptake of eMental Health interventions. **Methods:** StepCare screens patients for depression (PHQ-9) and anxiety (GAD-7) in the GP waiting room. It provides GPs stepped treatment recommendations, with eMental Health interventions recommended for mild-to-moderate symptoms. Patients ($n = 5138$) from 85 general practices across Australia were invited to take part in screening. **Findings:** Screening detected depression and/or anxiety in 1428 (43.1%) of 3314 patients screened. The majority (89.5%) of previously undiagnosed/untreated patients had mild-to-moderate symptoms and were candidates for eMental Health interventions. Although less than half were prescribed an eMental Health intervention by their GP, when an eMental Health intervention was prescribed, over two-thirds of patients used it. **Implications:** Implementing a digital mental health screening and clinical decision aid in general practices identifies opportunities to increase patient access to eMental Health interventions. Although GPs prescribed eMental Health interventions less frequently than in-person psychotherapy or medication, promising rates of eMental Health intervention uptake by GP-referred patients suggests GPs could play a critical role in championing eMental Health interventions.

Preconception care interventions that reduce risk and improve pregnancy outcomes: a protocol for a systematic review of interventions in primary-care settings

Nishadi Withanage^A, Jessica Moulton^A and Danielle Mazza^A

^AMonash University

Background: Adverse pregnancy outcomes may result from a range of modifiable risk factors including alcohol consumption, smoking, obesity, drug use and poor nutrition during the preconception period. Preconception care (PCC) involves interventions that identify and seek to change behavioural, biomedical and social risks present in women and men of reproductive age (12–50 years). There is limited evidence available on the effectiveness of PCC interventions that

reduce modifiable risk factors and improve pregnancy outcomes in primary-care settings globally.

Aim/Objectives: This systematic review aims to investigate the efficacy of PCC interventions delivered in primary-care settings that reduce high-risk behaviours and improve pregnancy outcomes when compared with no PCC or usual care. **Method:** Randomised controlled trial (RCT) studies from online databases OVID Medline, EMBASE, Scopus, CINAHL and Web of Science will be searched. Two independent reviewers will assess articles for inclusion. A standardised, pre-piloted form will be used to extract data from the included studies for assessment of study quality and evidence synthesis. Data related to the reduction in risk factors and pregnancy outcomes will be extracted. The Cochrane Risk of Bias for RCTs will be used to assess the risk of bias in the RCTs.

Findings: This is a developing study and findings are yet to be confirmed. **Implications:** Identification of effective PCC interventions would inform PCC policy and practices in primary care and may support the widespread implementation of PCC. This will help reduce high risk behaviours in women and their male partners and improve pregnancy outcomes.

Trans Menopause: what is the clinical, psychological and social relevance of menopause for trans and gender diverse people?

Michelle Xin^A, Riki Lane^A and Timothy Staunton Smith^A

^AMonash University

Background: General practice is the first healthcare access point for trans and gender diverse (TGD) people, enabling increasing engagement in gender-affirming hormone management. Menopause represents a significant transition for cisgender women, commonly managed by GPs. However, the importance of menopause for TGD people has not been explored in current literature. Notably, there are no evidence-based guidelines for hormone regimens in older clients. **Aims/Objective:** This exploratory study aims to investigate the biological, psychological and social meanings, experiences and impacts of menopause for TGD people, how menopause affects clinicians' practices for TGD clients, and research gaps. **Methods:** A literature review informed development of an interview schedule. Following email invitations, online semi-structured interviews were conducted with two prominent TGD community leaders (trans male, trans female) and three experienced medical practitioners (GP, endocrinologist, psychiatrist), which were audio-recorded and transcribed. Interim, inductive thematic analysis is complete, with further analysis underway. **Preliminary findings:** The definition of menopause for cisgender women does not clearly translate to TGD individuals; Diverse experiences of menopause exist in the TGD community; Large variations in clinical practices regarding hormone therapy for older TGD patients exist (e.g. cease hormones, taper to low dose, maintain dose); Lack of supports for TGD people to discuss menopause and concerns around ageing. **Implications:** This study will inform development of further research related to healthcare for older TGD individuals, focused on: hormone regimens, menopause, available supports, and primary care delivery. A key aim is to help formulate practical and realistic recommendations for clinical practice.

Lessons learned through co-design process to develop an integrated model of care for delivering self-management intervention to multi-morbid COPD people in rural Nepal

Uday Yadav^A, Jane Lloyd^A, Kedar P. Baral^B, Suresh Mehta^C, Narendra Bhatta^D and Mark Harris^A

^AUniversity of New South Wales

^BPatan Academy of Health Sciences, Nepal

^CMinistry of Health and Population, Nepal

^DB.P. Koirala Institute of Health Sciences, Nepal

Background: Co-design methods have been successful in creating greater awareness of the concerns among the stakeholders, shared ownership of the product, an improvement in care and treatment processes and better health outcomes. In Nepal, co-design is relatively new, and engagement of stakeholders is quite challenging. This research sought to actively engage people with COPD and their caregivers, primary health care workers, clinicians, academics, local government officials, state- and central-level policy makers, and media persons, in the co-design of an integrated model of care self-management support people in rural Nepal. **Aim/Objectives:** The research aims to co-design an integrated model of care for delivering self-management support for people with multi-morbid COPD in rural Nepal. **Methods:** This research used a theory-guided co-design process proposed by the Hasso Plattner Institute of design at Stanford. There are four stages in the process: empathise (understanding the problems), define (defining and prioritising the issues), ideate (designing the solutions) and prototype (refining the solutions). This study used multiple engagement strategies, including stakeholder mapping, engagement of active influential social workers and local political leaders at a community level health literacy workshop. **Findings:** This co-design process led to the design of an integrated model of care. This is achieved through empowerment and engagement of the stakeholders, addressing power imbalances. An evaluation framework was developed, and important lessons were learned. **Implications:** This study contributed to knowledge of co-design methods in low- and middle-income countries and led to a framework to guide researchers in evaluating the involvement of stakeholders including marginalised communities in the design process.

The experience of obesity healthcare in Peninsular Malaysia: a protocol of a qualitative study

Nor Akma Yunus^A, Liz Sturgiss^A, Grant Russell^A and Rosediani Muhamad^B

^AMonash University

^BUniversiti Sains Malaysia

Background: Almost half of the Malaysian adults are living with overweight or obesity. Healthcare for obesity is delivered across primary, secondary and tertiary care in Malaysia. Nevertheless, access to obesity care goes beyond reaching a weight management service in a healthcare facility.

Aim/Objectives: To explore Malaysian patients' experience of obesity healthcare focusing on accessibility and perceived personal behaviour change. **Method:** This qualitative study will use a hermeneutic phenomenology. We will purposefully sample up to 30 adult patients from the community and clinics who have been diagnosed with obesity by a healthcare provider and have received face-to-face, medically supervised obesity management (counselling, medication, or surgery). We will exclude patients who cannot understand either the Malaysian or English language. Participants will be recruited from a previous study, government health clinics and tertiary hospitals and Facebook groups. The snowballing approach will also be used to enhance uptake. Data will be

collected via semi-structured interviews conducted by video or phone. These will be recorded and transcribed verbatim. Text fragments in the Malaysian language will be translated into English by a professional translator during analysis with ongoing translation refinement. We will analyse the results using Braun and Clarke's approach to thematic analysis. **Findings:** The findings will give a deeper understanding of patients' ability to access obesity healthcare while highlighting issues that hinder access to obesity healthcare in Malaysia. **Implications:** Integrating patient perspectives of obesity healthcare could help clinicians intervene more effectively tailored to the patients' needs and guide policymakers to prioritise healthcare decision-making in Malaysia.

Association between waiting time and lung cancer outcomes: results from a systematic review of systematic and scoping reviews

Jianrong Zhang^A, Jasmeen Oberoi^A, Napin Karnchanachari^A, Paige Druce^A, Allison Drosdowsky^A, Maarten IJzerman^A and Jon Emery^A

^AThe University of Melbourne

Background: Lung cancer is the leading cause of cancer death globally, indicating the importance of timely diagnosis and treatment. **Aim/Objectives:** To provide the summarised association results between waiting time and lung cancer outcomes from systematic and scoping reviews. **Methods:** Eligible articles included English-written systematic/scoping reviews and meta-analyses that investigated the impact of total diagnostic, patient, diagnostic, treatment, healthcare or total interval on patient survival or disease stage at diagnosis in original studies on lung cancer. Articles were searched via PubMed, Embase, Web of Science, and the Cochrane Library (date range: from database inception to 6 August 2020) (PROSPERO identifier: CRD42020203530). **Findings:** From 2207 publications, we included five systematic/scoping reviews; the number of their included studies ranged from 6 to 21. Study results in each review indicated mixed associations between the time intervals and the outcomes, regardless of which interval was used. Specifically, more studies demonstrated no or a negative association, rather than a positive association between longer waiting times and poorer outcomes. We further confirmed these findings through summarising results directly based on 35 eligible studies from reviews. Reviews raised concerns of study quality (e.g. whether to address 'waiting time paradox') and large variations in study characteristics (e.g. settings, regions, sample population, study design), which may account for the mixed associations. **Implications:** Relevant research and a widespread consensus are warranted on addressing concerns in the association results of waiting time with lung cancer outcomes, which were found paradoxical with the nature of cancer development and patients' journey in healthcare services.