

South West Pharmacy Research Network

Annual Innovation Day 2024

Venue

Room 605, Rolle Building
Plymouth University, PL4 8AA

Supported by

The South West Peninsula Research
Delivery Network (RDN)

Thursday 10th October 2024

9.30	Registration and Refreshments
10.00	Welcome
10.05	The big picture: what's happening nationally and what can we learn from other regions and professions?
11.15	Refreshments and networking
11.45	Parallel Workshops Workshop 1 - How to write conference abstracts and posters about small scale projects Workshop 2 - Path to Research: How to integrate research into your pharmacy career (Royal Pharmaceutical Society)
12.45	Lunch
13.15	Poster Talks
14.00	Principle Investigator Essentials - What do I need to know?
14.30	Small project presentations
15.10	Refreshments and networking
15.40	Summary, prizes and looking to the future
16.00	End of the day

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Foreword

Welcome to the second [South West Pharmacy Research Network](#) Innovation Day. The aim of the network is to encourage and support pharmacy practitioners to get involved in research and foster collaboration between practitioners and academics across the region and beyond.

The seed of the network was sown when a couple of visionary chief pharmacists banged on the door of the University of Bath. Since then it has been nurtured and developed by an increasing number of people from practice and academia who work in a variety of pharmacy roles and all at different stages of their career. We are very proud to now have members from all the Universities in the region, many NHS Trusts, Primary Care Networks (PCNs) and community pharmacy. We have a mailing list of over 260 people which is growing year on year, we send regular newsletters showcasing work from across the region, and host journal clubs and webinars. The resources on our MS Teams site are growing steadily and network members are beginning to use it to interact with each other – something we encourage you all to do today!

Today we want to build on the success of our first innovation day held in October 2023. The programme has been put together to provide some practical learning about research, deliver inspiration to get involved in research and importantly allow you to find some time and headspace to think about your own research journey, where you want it to take you and how you might get there. We know being involved in research drives innovation in practice, ultimately supporting better patient care, and it is that which brings us together today.

Our one piece of advice to get the most out of today is the same key message given last year: try to take advantage of meeting face-to-face and try to talk to many people here today. That way, when you have a question or you need a collaborator, you may just know the person to ask. Fundamentally, this is the point of the network.

The network and the Innovation Day would not be possible without contributions from a lot of people, and we are very grateful to all of them:

- Mary Carter, Kiran Channa, Charley Hobson-Merrett, Helen Ireland, Matthew Jones, Tom Kallis, Ya-Hui Liang, Anneka Mitchell, Stuart Spicer and Jenny Scott, who organised the programme for today.
- Mary Carter and Matthew Jones, who led the funding application to SW CRN.
- Tom Kallis, who led the publicity for today's event.
- Charley Hobson-Merrett, who organised the catering for today.
- Stuart Spicer, who organised the venue and equipment for today.
- All of today's speakers and chairs and everyone who has contributed a poster.
- Tiffany Chan and Ya-Hui Liang, who organised poster submissions.
- Helen Ireland and Matthew Jones, who have organised the poster competition.
- Jenny Scott, who will later ask you to complete a feedback survey.
- Sarah Jones who steers the Journal Club

- *Matthew Jones for his leadership and dedication and being all round nice guy.*
- *Our steering group members (listed later in this programme), who provide advice and make all sorts of things happen.*

The network will only carry on developing if people continue to commit some time to it. The more people who this, the less any individual needs to do. So, if you value the network and its activities, please do consider volunteering to help. Every contribution is very welcome, however large or small – please just get in touch (M.D.Jones@bath.ac.uk).

Have a wonderful, thought provoking and inspiring day! Please share your feedback with us. Today has built on the feedback we received last year. We want to hear your thoughts to inform whether we aim to have an Innovation Day in 2025 and what it might look like. Use this QR code to share your views before you leave today:



Full Programme

(All sessions will be in room 605 of the Rolle Building unless indicated)

09:30	Registration, refreshments, networking and posters
10:00	Welcome – Matthew Jones (University of Bath)
10:05	<p>The big picture: what's happening nationally and what can we learn from other regions and professions?</p> <p>Presenters:</p> <ul style="list-style-type: none"> • Professor Ruth Endacott, NIHR Director of Nursing & Midwifery, whose role includes supporting pharmacists with the NIHR research agenda • Dr Nazish Khan, Consultant Pharmacist Cardiovascular Diseases & Cardiovascular Clinical Research (University Hospitals Birmingham); Cardiovascular Disease Clinical & Programme Lead (Health Innovation West Midlands) <p>Chair: Matthew Jones (University of Bath)</p>
11.15	Refreshments, networking and posters
11:45	Parallel workshops (choose one to attend)
	<p>Workshop 1 – How to write conference abstracts and posters about small scale projects (e.g. QI, audit)</p> <p>Presenters/chairs:</p> <ul style="list-style-type: none"> • Charley Hobson-Merrett (University of Plymouth) • Matthew Jones (University of Bath) <p>In this session Charley Hobson-Merrett and Matthew Jones will share experiences on how to write successful abstracts and posters, including lessons they have learned the hard way! There will be time in this session to apply ideas to your own abstracts and posters, so if you want to, please do come along with a project in mind that you are interested in sharing at conferences in the future. Or you might want to bring a draft abstract and poster to discuss - either printed or on a laptop. Of course, it fine not to do this.</p> <p>This workshop session will be in room 304, on the 3rd floor of Rolle Building.</p>
	<p>Workshop 2 - Path to Research: How to integrate research into your pharmacy career</p> <p>Presenters:</p> <ul style="list-style-type: none"> • Mandy Wan (Guy's and St Thomas' NHS Foundation Trust) • Ofra Almosawi (Great Ormond Street Hospital, UCL) • Lauren Ross (Royal Pharmaceutical Society) <p>Chair: Tom Kallis (University of Exeter)</p> <p>An interactive session covering potential research opportunities for all career stages, how to bridge your clinical practice to research, and how to hone your research motivation. Two research-active pharmacists will walk you through their experiences and example cases to inspire and inform those looking to progress in pharmacy research. The RPS Science & Research Team will end the session by highlighting how your professional body can support you on this journey.</p> <p>This workshop session will be in the main room (605, Rolle Building).</p>

12:45	Lunch (provided), networking and posters
13:15	Poster talks Posters will be divided into two themes and there will be 3-minute presentations in front of each poster
14:00	Principal Investigator Essentials – What do I need to know? Presenter: <ul style="list-style-type: none"> Helen Chenoweth (NIHR Research Delivery Network, South West Peninsula) Chair: Mary Carter (University of Exeter)
14.30	Small project presentations Presenters: <ul style="list-style-type: none"> April George (Royal United Hospital, Bath) <i>Exploring the opportunities for role expansion for Pharmacy Technicians in Oncology</i> Pamela Nyatanga (University Hospitals Trust, Plymouth) <i>Development and implementation of a training programme to support EEA qualified pharmacists recruited to an NHS Acute hospital</i> Emma Clarke (Dorset HealthCare University NHS Foundation Trust) <i>Let's talk about clozapine documentation: an audit to assess appropriate documentation in East Dorset</i> Chair: Kiran Channa (Royal United Hospital, Bath)
15:10	Refreshments, networking and posters
15:40	Summary of workshops, prize presentation and next steps Presenter & chair: Anneka Mitchell (University Hospitals Trust, Plymouth)
16:00	End of day
16:15	Optional Tour of the new University of Bath School of Pharmacy based at University of Plymouth Tour leader: Lyn Hanning (University of Bath)

Funding

This event is funded through the generous support of the South West Peninsula Research Delivery Network (formerly Clinical Research Network). The South West Pharmacy Research Network is a collective endeavour across multiple organisations and individuals. Our innovation days would not be possible without the external funding provided by local stakeholders. We are deeply grateful for the support that the Research Delivery Network has provided us to make our 2024 innovation day possible.

Information stands

We are delighted to welcome the following organisations to our Innovation Day:

- [Peninsula Applied Research Collaborative \(PenARC\)](#)
- [Royal Pharmaceutical Society](#)
- [Society for Academic Primary Care \(SAPC\)](#)
- [Pharmacy Workforce Development South \(PWDS\)](#)
- [University of Bath School of Pharmacy in Plymouth](#)

Each organisation will have a table of information in room **605**, Rolle Building, and representatives will be on hand to answer any questions you may have.

Recording of sessions

Please be aware that audio and video recordings of the various sessions and workshops will be made. These will later be shared with the wider South West Pharmacy Research Network via our MS Teams site (i.e. not publicly available).

Social media

If you're a social media user, please help us publicise the network by sharing news of the day using the hashtag #SWPRN.

Posters

During the day, the delegates' posters will be displayed in **room 605** in the Rolle Building. These posters describe many types of project, including research, audit, service evaluation and quality improvement. Some may describe final results or projects that are ongoing.

Posters will be divided into two themes and there will be a very short talk from the author of each poster starting at 13.15. Please do take time to look at the posters - your interest will be very encouraging for the researcher!

Poster abstracts are presented on pages 9 - 22 of this programme.

Poster prizes

During the day, a team of judges will view all the posters and decide on first and second place winners in the following categories:

- Best poster from an early career researcher (lead author does not have a PhD)
- Best poster from a more experienced researcher (lead author has a PhD)
- Most visually attractive poster
- Delegates' choice*

Prizes (online vouchers) will be sent to first & second place winners after the Innovation Day.

*We will be asking all delegates to vote for their favourite posters, to decide the winners of the delegates' choice prizes. Please look out for QR codes around the venue that will take you to the voting form and make sure you vote by the end of lunch.

Poster abstracts

POSTER 1: Evaluation of the University of Bath’s (11 week, 15CATS credit) postgraduate unit for practising UK pharmacists: Supporting education and training in healthcare contexts.

Author:

Sally-Ann Prater, Lecturer, Clinical Pharmacy Practice, University of Bath
(sap46@bath.ac.uk, X: @sally_prater)

Introduction:

The ‘Supporting education and training in healthcare contexts unit’ is available as part of the Advanced Clinical Pharmacy Practice MSc, Clinical Pharmacy Practice Certificate/Diploma or as a standalone CPD option. It aims to equip Pharmacists for advanced patient-facing roles across sectors, emphasising the education pillar of advanced practice.

Aim:

The evaluation of this initial cohort (September 2023) aimed to assess the unit’s effectiveness in supporting Pharmacists’ skills and competence within the education pillar, with the goal of gathering insights for improvement.

Methods:

The cohort (12) were asked to complete a qualitative (Stop-start-continue model) and quantitative (5-point Likert scale) end of unit evaluation. 6/12 students responded (50%),

Students were asked whether the unit enhanced their:

- Confidence and competence to teach and support learning in healthcare contexts?
- Progress against education competencies in the RPS Core Advanced Pharmacist Curriculum **(1)**
- Progress against Areas of Activity in the UKPSF for teaching and learning in Higher Education **(2)**.

Results and feedback:

Students agreed the unit enhanced their competence and confidence to teach and support learning in healthcare contexts. The feedback comments and quantitative Likert responses (Table 1) are summarised below.

“flexibility of project choice meant it could be adapted to your workplace”.

“unit has a lot of useful resources on different segments of a teaching project”.

“learning about teaching strategies and the evidence behind learning theories has taught me to be a more considered teacher”.

“reflect on how to more effectively teach based on the needs of the individual learners”.

“I found the webinars interesting... could there perhaps be another webinar to help cover more aspects”.

	Definitely agree	Mostly agree	Neither agree nor disagree	Mostly disagree	Definitely disagree
The unit has enhanced my CONFIDENCE in teaching & supporting learning in healthcare contexts.	50%	50%	0%	0%	0%
The unit has enhanced my COMPETENCE in teaching & supporting learning in healthcare contexts.	33.3	66.7%	0%	0%	0%
The unit has enhanced my progress against the following RPS Core Advanced Pharmacist Curriculum outcomes....					
Outcome 4.1: Reflects on practice to critically assess own learning needs and proactively engages in professional development.	66.7%	33.3%	0%	0%	0%
Outcome 4.2: Supervises others' performance and development; provides high quality feedback, mentorship, and support.	33.3%	66.7%	0%	0%	0%
Outcome 4.3: Designs and delivers educational interventions that impact at a team and/or organisational level, supporting members of the pharmacy team, wider multidisciplinary team, and/or service users, to safely and effectively use medicines.	50%	50%	0%	0%	0%
The unit has enhanced my progress against the Professional Standards Framework for teaching and learning in Higher Education 2023 (Areas of Activity A1-A5)					
Area of Activity A1: Design or plan learning activities or programmes.	83.3%	16.7%	0%	0%	0%
Area of Activity A2: Teach and/or support learning through appropriate approaches and environments.	66.7%	33.3%	0%	0%	0%
Area of Activity A3: Assess and give feedback for learning.	50%	50%	0%	0%	0%
Area of Activity A4: Support and guide learners.	66.7%	33.3%	0%	0%	0%
Area of Activity A5: Enhance practice through own continuing professional development.	66.7%	33.3%	0%	0%	0%

Table 1: Student responses to qualitative survey using 5-point Likert scale.

Improvement:

Based on this evaluation the following changes have been implemented for subsequent cohorts:

- Additional webinars hosted earlier in the unit to complement online content
- More opportunities for one-to-one contact with the unit convenor
- Continued to offer cross-sector teaching and flexible project choices.

Conclusion:

The University of Bath’s education unit enhances pharmacists’ confidence and competence in teaching and supporting learning in healthcare contexts. Evaluation will continue to influence iterative unit updates.

References:

1. Royal Pharmaceutical Society. Core Advanced Pharmacist Curriculum (2022). [Core Advanced Pharmacist Curriculum \(rpharms.com\)](https://www.rpharms.com)
2. Advance HE. Professional Standards Framework for teaching and supporting learning in Higher Education 2023 (2023). [Professional Standards Framework for teaching and supporting learning in higher education 2023 | Advance HE \(advance-he.ac.uk\)](https://www.advance-he.ac.uk/professional-standards-framework-for-teaching-and-supporting-learning-in-higher-education-2023)

POSTER 2: A review of the teaching and development of clinical skills in trainee pharmacists.

Author(s):

Victoria Ling (Royal Cornwall Hospital Trust), Sarah Jones (University of Bath), Lyn Hanning (University of Bath)

Introduction:

Significant changes have been made to the Master of Pharmacy degree, to prepare pharmacists to be prescribers upon registration (1). There is a recognised need to ensure a continuum of education between the MPharm, and the Foundation Training year, to allow pharmacists to play a greater role in clinical care from their first day joining the register (2). There is a need to review the clinical skills that have been taught within the current MPharm, which clinical skills pharmacists require on day one of qualification, and those that can be developed within the subsequent years of practice.

Aim:

To investigate how Trainee Pharmacists can meet the GPhC learning objectives relating to the development of clinical skills.

To investigate the teaching and development of clinical skills in a cohort of trainee pharmacists in one geographical area of the NHS.

To evaluate the impact of clinical skills training ('an intervention') in a cohort of trainee pharmacists.

Methods:

Phase 1: A questionnaire to determine the self-assessed competence and confidence of Trainee Pharmacists' current clinical skills.

Phase 2: A focus group to evaluate the perceptions of clinical skills training.

Results:

Trainees felt competent in undertaking electronic blood pressure monitoring and height, weight, BSA, and BMI measurements. Trainees did not feel competent in undertaking an abdominal exam, setting up and administering infusions, basic musculoskeletal examination & venepuncture, and arterial blood gas. 79% of trainees felt practicing skills on real people would improve their confidence and competence.

Trainees felt strongly that there were a lot of skills that were taught within the university setting that they were unlikely to use in practice, and the focus should be on skills they were most likely to use in their foundation year.

Conclusion:

Trainees feel that there is a variance in competence in the clinical skills that they learned. The clinical intervention demonstrated that trainees believed that teaching clinical skills by a healthcare professional and then practicing on real patients under observation would improve their confidence and competence.

References:

1. General Pharmaceutical Council (GPhC), 2021. *Standards for the initial education and training of pharmacists* [Online]. Great Britain: GPhC. Available from: standards-for-the-initial-education-and-training-of-pharmacists-january-2021_1.pdf (pharmacyregulation.org) [Accessed 04 January 2023].
2. Health Education England (HEE). 2022. *Initial education and training of Pharmacists – reform page* [Online]. Great Britain: Health Education England. Available from: [Initial education and training for pharmacists | General Pharmaceutical Council \(pharmacyregulation.org\)](https://www.pharmacyregulation.org/initial-education-and-training-for-pharmacists) [Accessed 01 January 2023].

POSTER 3: Workplace wellbeing within the Pharmacy Team at University Hospitals Bristol and Weston

Author(s):

Helen Ireland and Claire Atkinson

Introduction:

Positive health and wellbeing of the NHS workforce has found to result in good care for patients (1). However wellbeing concerns of pharmacy professionals has been identified (2).

Within University Hospitals Bristol and Weston (UHBW) a pharmacy wellbeing group was set up to support pharmacy team members. However, the current wellbeing of the team was not fully known or how to prioritise the wellbeing support for the team. One framework used within the NHS used to help structure wellbeing resource is the modified Maslow's hierarchy of needs model (3). However this has not been applied to the pharmacy team at UHBW.

Aim:

The overall aim is to improve the workplace wellbeing of all pharmacy team members at UHBW. To achieve this aim, the following objectives were set; To explore the workplace wellbeing of UHBW pharmacy team currently and what wellbeing support team members feel they need to enable them to improve their wellbeing. To apply the modified Maslow's hierarchy of needs model to the pharmacy team feedback to inform wellbeing support and use of resources going forward.

Methods:

A quantitative methodological approach was adopted. A quantitative e-questionnaire was developed on Microsoft forms and piloted. The anonymous questionnaire consisted of a mixture of open text boxes and optional boxes, such as NHS agenda for change salary band, role within the pharmacy team. The questionnaire and link was cascaded to all UHBW pharmacy team members (322 people) in December 2023. An excel spreadsheet and thematic analysis were used to carry out the data analysis. Study did not need NHS ethics as service evaluation.

Results:

78 (response rate 25%) people undertook the questionnaire. 33 (42%) respondents identified as pharmacists, 10 (13%) pharmacy technicians and 35 (45%) did not state. 7 (9%) respondents classified their wellbeing as very well, 43 (55%) satisfactory, 14 (18%) not so well and 14 (18%) poorly.

Wellbeing improvement related to basic needs, "better access to toilets" respondent 14, security "bigger lockers for personal things" respondent 23, and sense of belonging "wellbeing events for pharmacy only" respondent 4, were found. Better career development, "not sure how to develop" respondent 10, and manager support, "need regular check ins with seniors" respondent 61, were noted.

Conclusion:

An understanding of the wellbeing of the UHBW pharmacy team from December 2023 has been captured. Using the lens of the modified Maslow's hierarchy of needs model, the qualitative responses were thematically arranged. This has helped prioritise activities going forward; which

have included dedicated toilet access, review of locker allocation and pharmacy only wellbeing events such as watercolour and craft sessions. Additionally, a one-to-one manager's toolkit has been designed to help managers undertake, structure and provide consistent wellbeing support and career development for pharmacy team members at UHBW. The e-survey is planned to rerun in December 2024 to note change.

References:

- 1) NHS England. Looking after your team's health and wellbeing guide. [Internet]. 2023. [Cited 11th September 2024] [NHS England » Looking after your team's health and wellbeing guide](#)
- 2) Royal Pharmaceutical Council. Workforce Wellbeing Roundtable Report. [Internet]. 2023. [Cited 11th September 2024]. <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Workforce%20Wellbeing/Workforce%20Wellbeing%20Roundtable%20Report%20-%20Final.pdf>
- 3) NHS Employers. NHS Staff wellbeing needs. [Internet]. 2024. [Cited 11th September 2024]. [NHSE_Hierarchy of NHS Staff Needs_v6 \(nhsemployers.org\)](#)

POSTER 4: Improving Alcohol Detoxification Services in Somerset

Author(s):

Simon Strange (Avon and Wiltshire NHS Trust), Alison Bell (Somerset Council)

Introduction:

Alcohol misuse is the biggest single risk factor for death, ill-health, and disability among 15–49-year-olds in the UK.

In Somerset in 2022, there were 3,145 hospital admissions for alcohol specific conditions, and 260 deaths from alcohol related causes (1).

Aim:

To explore alternative alcohol treatment pathways within Somerset Foundation Trust.

Methods:

Service Evaluation

Results:

A reduction in the number of patients admitted to Yeovil hospital in alcohol withdrawal may be associated with improvements in treatment.

Conclusion:

Changes to the alcohol treatment pathway may improve patient outcomes, their experience of hospital treatment, and reduce demand on NHS services (2).

References:

- 1) Office for health improvements and disparities. Public Health Profiles 2024.
- 2) Quelch D, Pucci M, Coleman J, Bradberry S. Hospital Management of Alcohol Withdrawal: Elective versus Unplanned Admission and Detoxification. *Alcoholism Treatment Quarterly* 2018 -10-11;37(3):278.

POSTER 5: Role of Pharmacists in the Care of Adult Asthma Patients in the Gulf Region: A Scoping Review

Author(s):

Aseel Mahmoud (University of Exeter, Imperial College Healthcare NHS Trust), Ahmad Y Abuhelwa (University of Sharjah), Tom Owen (University of Exeter), Amad Alazzawi (University of Exeter), Mohd Shara (University of Sharjah), Mohammad A Y Alqudah (University of Sharjah), Maguy Saffouh ElHajj (Qatar University), Jane R Smith (University of Exeter)

Introduction:

Asthma is a common long-term condition that affects people of all ages. The prevalence of asthma has been reported to range from 4.7% to 32.0% in studies conducted across Kingdom of Saudi Arabia (KSA), Kuwait, Bahrain, Oman, Qatar and the United Arab Emirates (UAE) between 1986 and 2017. Evidence suggests that a significant proportion of asthma patients in the Gulf Cooperation Council (GCC) do not receive appropriate diagnosis, monitoring and/or treatment. Although pharmacists play a role in asthma care globally, there appears to be no defined role for them in providing care to patients with asthma in the GCC countries.

Aim:

This scoping review aims to review and summarise the studies conducted in the GCC countries involving pharmacists in the care of adults with asthma or evaluating pharmacists' asthma care knowledge and/or skills.

Methods:

A systematic scoping review was undertaken. Seven databases were searched using relevant search terms for articles published from inception up to May 2023. Studies that evaluated pharmacists' roles, knowledge and skills in providing asthma care to adults in the United Arab Emirates (UAE), Qatar, Kuwait, Oman, KSA, and Bahrain were considered eligible for inclusion. Extracted data were collated using tables and used to produce narrative descriptive summaries.

Results:

Out of the 1588 search results, only seven studies met the review inclusion criteria. Of those, only one developed and tested a pharmacist-led inhaler technique educational intervention in the UAE within community pharmacy setting for asthma patients. The remaining six studies assessed community pharmacists' knowledge in providing asthma management and patient education in UAE, Saudi Arabia and Qatar. The quality of the included studies varied with four studies relying on simulated patients to assess pharmacists' knowledge. The study that tested the pharmacist intervention suggested improvement in inhaler techniques and asthma symptom control in asthma patients after receiving the intervention. The findings suggest a need to improve pharmacists' knowledge of inhaler technique demonstration (mainly Metered Dose Inhalers), asthma management advice and assessment of asthma control and medication use.

Conclusion:

The review highlights a notable gap in research, specifically in relation to the absence of studies evaluating pharmacist-led asthma interventions in adult patients in the GCC countries and lack of robust studies evaluating pharmacists' knowledge in the area. Future research should

exercise greater rigour in terms of design and reporting to generate evidence that can be used to inform policy and pharmacy practice in the region.

The review also emphasizes the importance of addressing pharmacists' training needs which should be considered not only by researchers in intervention development but also by policy makers and professional bodies when developing and improving continuous training and education for pharmacists. Additionally, academic institutions should consider these needs when developing pharmacy curricula. Enhancing staff competencies and introducing a pharmacist-led services integrated into the pharmacy workflow may positively influence the public perceptions of pharmacists' role and increase trust in the profession in the GCC countries.

POSTER 6: Elderly Patients' Perspectives On The Acceptability Of Deprescribing: A Qualitative Study

Author(s):

Kiran Channa (Royal United Hospitals), Rebecca Venables (Keele University), Simon White (Keele university)

Introduction:

The ageing population has resulted in an increase in multimorbidity and polypharmacy, and subsequently the complexity of optimising elderly patients' medicines (1). The need for deprescribing can arise from factors such as increased susceptibility to adverse effects of medicines in older age, due to functional and cognitive changes, which increases elderly people's risk of harm. Previous questionnaire-survey-based research suggests that patients tend not to disagree with deprescribing (2), but qualitative research on patients' perspectives on deprescribing appears sparse and focused on specific conditions, circumstances (e.g. terminal illness) or medicines. Further exploration of this area is therefore important for health professionals, and greater understanding is needed about elderly patients' perspectives on the acceptability of deprescribing and how best to approach deprescribing consultations.

Aim:

This study aimed to explore elderly patients' perspectives on the acceptability of deprescribing as an intervention.

Methods:

This study took a qualitative approach informed by the Theoretical Framework of Acceptability (TFA). Semi-structured, audio-recorded interviews were undertaken using purposive sampling of hospital in-patients who were ≥65years of age, prescribed at least one regular medicine and had multimorbidities and/or frailty. The TFA was used to develop the study objectives and interview guide topics. Interview recordings were transcribed verbatim and analysed using the Framework Analysis technique, informed by the TFA.

Results:

Twenty-two elderly inpatients were interviewed as part of this study. There were 16 female participants, and 6 males. The mean age of participants included was 78. Overall participants were broadly accepting of deprescribing, if consultations were carried out by a healthcare professional they trusted, and they were provided with a rationale that included the risk versus benefit. Participants indicated the desire to reduce the number of medicines and some participants expressed this as resistance or disquiet to medicines. In addition, it was noted that the role of the pharmacist was not widely understood by participants.

Conclusion:

The key elements of this study that require consideration for improvement include, shared decision making and medicines optimisation. There was a clear desire for participants to be involved in the decision-making process and whilst there is structure in place (to some extent) to support this, it is important that patients' perception about their own role in management of their medicines is also considered. It is important to acknowledge that this study was based in acute settings with hospital inpatients; therefore, the views may be more reflective of inpatients. This study identified that taking medicines was acceptable to participants as long as they were

perceived to be providing benefit to them. Overall, participants were open to deprescribing, and this study identified that deprescribing was an acceptable intervention to them. Participants largely identified the GP as the healthcare professional who was responsible for deprescribing medicines, this could be improved as other professions move to be more involved in this area, as part of the multi-disciplinary team. Pharmacists were still viewed in their traditional role, providing advice and supplying medicines.

References:

1. Zwijsen, SA, Nieuwenhuizen, N., Maarsingh, OR, Depla, MFIA and Hertogh, CMPM, 2016. Disentangling the concept of “the complex older patient” in general practice: a qualitative study. *BMC Family Practice*, [e-journal] 17 (1), pp.64. 10.1186/s12875-016-0455-6.
2. Scott, S, Clark, A, Farrow, C, May, H, Patel, M, Twigg, MJ, Wright, DJ and Bhattacharya, D, 2019. Attitudinal predictors of older peoples' and caregivers' desire to deprescribe in hospital. *BMC geriatrics*, [e-journal] 19 (1), pp.108. 10.1186/s12877-019-1127-x

POSTER 7: Barriers and enablers to the implementation of genomics into pharmacy practice in rural and coastal economies

Author(s):

Rachel Palmer (NHS South-West Genomic Medicine Service (SW GMSA)), Helen McClay, (NHS SW GMSA)

Introduction:

With significant advances in genomics and reducing test costs, genomic testing is becoming more commonplace in the routine care of patients. However, there is a need for equitable access for all patients, including those living in rural areas. Pharmacy staff across all areas in the UK will be expected to play a key role in interpreting genomic testing to optimise and improve patient care.

Education and training are key to mainstreaming genomics. The national pharmacy genomics education and training strategic framework (1) aims to empower the pharmacy workforce to deliver the NHS national strategy (2) to embed genomic testing and personalised medications. Cornwall is a rural and coastal county and has areas of marked deprivation with poorer health outcomes. There are also challenges in recruiting and retaining pharmacy staff. Previous studies have reported barriers in implementing genomic medicine in rural areas. It is key that rural/coastal communities have equitable access to genomic services and expertise, to avoid exacerbating pre-existing health inequalities.

To our knowledge, this will be the first research study in the UK to explore the barriers and enablers to implementing genomics within pharmacy practice in rural and coastal communities.

Aim:

To identify barriers and enablers to the implementation of genomics into pharmacy practice in Cornwall and to gather information on genomics-related training and educational requirements of this pharmacy workforce.

Methods:

Pharmacy staff across mental health services, acute providers, community pharmacy and primary care/ GP surgeries in Cornish rural and/or coastal locations will be invited to register an interest to participate in the study via email. Potential participants will be asked to provide their job title and number of years practising in their current sector, to allow participants with a range of experience and seniority to be selected to take part. Between 2-3 pharmacy staff from each sector of practice will be invited to participate in semi-structured qualitative interviews.

Potential participants will be asked to complete a consent form to participate and consent for interviews to be recorded and then transcribed into anonymised transcripts. Prior to interview, they will be provided with information on pharmacy roles in genomics and 2 case studies relevant to their sector of practice. Semi-structured interviews will be conducted virtually via Microsoft Teams, by a member of the research project team. The pre-interview reading will take approximately 20 minutes and interviews, 30 to 40 minutes. The project research team will check transcripts for accuracy against recording. Data will be stored securely via NHS protected IT systems and analysed via thematic analysis and the Behaviour Change wheel theoretical framework and compared to published literature looking both at healthcare innovations in

rural/coastal locations and also, qualitative studies of genomics implementation in other settings and amongst groups of other healthcare professionals.

This project is awaiting approval from the NHS Health Research Authority. (IRAS no 341083)

Results:

N/A currently in research proposal phase

Conclusion:

N/A currently in research proposal phase

References:

1. NHS England (2024). Pharmacy Genomics Workforce, education and training strategic framework. <https://www.england.nhs.uk/publication/pharmacy-genomics-workforce-education-and-training-strategic-framework/> [accessed 22 August 2024].
2. NHS England (2022). Accelerating genomic medicine in the NHS: a strategy for embedding genomics in the NHS over the next 5 years. [NHS England » Accelerating genomic medicine in the NHS](#) [accessed 22 August 2024].

POSTER 8: Early cancer diagnosis and community pharmacies in deprived areas. A systematic review.

Author(s):

Judit Konya (Exeter Collaboration for Academic Primary Care (APEX)), Rachel Winder (APEX), Chris Clark (APEX), Gianni Dongo (APEX), John Campbell, (APEX), Gary Abel (APEX), David Bearman (Pharmacist and Director of Strategy, Local Pharmaceutical Committee, Devon), Richard Neal (APEX)

Introduction:

The key to cancer treatment success and better clinical outcomes is early detection. Patients generally present to their General Practitioner (GP) with symptoms of cancer, but they may present to other healthcare providers. Community pharmacies (CPs) are accessible healthcare providers, with increasing clinical roles, hence patients may seek advice for symptoms of undiagnosed cancer to CPs.

Aim:

We aim to summarize the evidence about approaches to early cancer detection in community pharmacies: to i) describe the approaches being offered, ii) summarize clinical outcomes, iii) describe the perceived barriers and facilitators to the delivery of such programs, and iv) summarize service users' and stakeholders' experiences, and v) explore if there is difference between deprived and affluent areas.

Methods:

We are undertaking a systematic review. The following databases were searched: MEDLINE, EMBASE, CINAHL, PsychINFO and Cochrane Central Register of Controlled Trials (CENTRAL). We also searched relevant websites from the United Kingdom.

We included relevant articles published in or after 2015, written in any language, reporting on, or describing any interventions or programs in community pharmacies to aid early cancer detection.

We will adopt a narrative approach to synthesising the evidence. However, comparative numerical outcome data may be amenable to meta-analysis. We will undertake subgroup analyses, as the data permit, to compare outcomes from pharmacies serving affluent and deprived populations.

Results:

We identified 20260 records. 14143 abstracts and titles have been screened, and 330 full-text articles read. We included 46 peer-reviewed papers and 10 grey literature publications for data synthesis. The peer reviewed papers focus on various cancer types: colorectal (n=19), skin (n=9), multiple (n=8), cervical (n=3), lung (n=3), head and neck (n=2), breast (n=2). The country of publications vary: USA (n=10), UK (n=10), Spain (n=8), Italy (n=6), Ghana (n=3), France (n=1), Switzerland (n=1), Australia (n=1), Norway (n=1), Belgium (n=1), Ireland (n=1), North Cyprus (n=1), Jordan (n=1), Palestine (n=1).

Conclusion:

The included papers are heterogenous and a narrative approach will be used to present the results. The findings of our review will inform the future design of interventions targeting early

cancer detection in community pharmacies, tailored to the needs of the local population, reducing health inequalities.

References:

Konya J, Clark C, Neal R, Campbell J, Dongo G, Winder R, Carter M. Early cancer diagnosis and community pharmacies in deprived areas – a systematic review. Protocol. Available from: https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=410485

POSTER 9: Early cancer diagnosis and community pharmacy in deprived areas: Challenges in participation to complete a community pharmacy staff survey.

Author(s):

Rachel Winder (University of Exeter), Judit Konya (University of Exeter), David Bearman (Pharmacist and Director of Strategy, Local Pharmaceutical Committee, Devon), Richard Neal (University of Exeter), Christopher E Clark (University of Exeter), Gianni Dongo (University of Exeter), John Campbell (University of Exeter)

Introduction:

One in two people are diagnosed with cancer during their life. Early detection of cancer is key to improve patient outcomes. Patients usually approach their general practice with potential symptoms of malignancy, but many routinely visit a community pharmacy to purchase over-the-counter medicines. Pharmacy staff are well positioned to spot symptoms at an early stage, and can contribute to the prevention, screening and early diagnosis of cancer.

In England, the usual practice of community pharmacy staff when offering over-the-counter medication to treat possible cancer symptoms is unknown, and there is little evidence to evaluate the potential for pharmacies to act as centres for early cancer diagnosis. In addition, there is recognition that historically, involvement in research by community pharmacies has been low^{1,2}. In this abstract, we present our recruitment strategy for conducting an online survey with community staff.

Aim:

The study aims to explore the current practice of community pharmacy staff across England when dispensing over-the-counter medication to customers for the treatment of symptoms that could indicate potential gastrointestinal, urinary tract, prostate or lung cancer.

Methods:

An online survey of community pharmacy counter-facing staff was designed and piloted. We aimed to invite four Local Pharmaceutical Committee (LPC) teams to support and forward email invitations to the approximately 1000 community pharmacies in their regions. With an estimated mean of 6.84 customer-facing staff in each pharmacy in England, based on previous survey data, we aimed for a survey staff response rate of 45% of pharmacies, with 30% of their staff participating.

Results:

Emails were sent out to community pharmacies (n=397) from three LPC regions. Email reminders were sent to the three LPCs. The survey was further promoted in local training activities with pharmacists in one LPC region, and through local research networks. Over 8 weeks, a total of 30 responses were received with 4% of pharmacies responding.

We relaunched the survey nationally, emailing directly all pharmacies with a working NHS email address (N=10,211), with 4 reminder emails intended at 4-weekly intervals. Social media (Twitter, LinkedIn) were also utilised along with further professional networks to increase the response rate. After one email reminder to all community pharmacies, a total of 224 responses had been received.

Conclusion:

We are working towards increasing the response rate currently. So far we encountered a low response rate which may be explained by the historical lack of research in community pharmacies. Current pressures around resources such as time, competing interests, workforce may be cited as contributory factors.

References:

1. Crilly P, Patel N, Ogunrinde A, Berko D, Kayyali R. Community Pharmacists' Involvement in Research in the United Kingdom. *Pharmacy* 2017, 5 (3), 48
<https://doi.org/10.3390/pharmacy5030048>
2. NHS England Report of a UK survey of pharmacy professionals' involvement in research March 26 2024. [Accessed 03-09-2024] <https://www.england.nhs.uk/long-read/report-of-a-uk-survey-of-pharmacy-professionals-involvement-in-research/>

POSTER 10: The Role of Digital Health Technology in Optimising Medication Adherence in Older Patients with Asthma or COPD: Project Proposal

Author(s):

Aseel Mahmoud (University of Exeter, Imperial College Healthcare NHS Trust), Lorna Hardy (University of Exeter), Maguy Saffouh ElHajj (Qatar University), Jane R Smith (University of Exeter)

Background

The UK has the worst outcomes for lung conditions in Western Europe. Asthma and Chronic Obstructive Pulmonary Disease (COPD) are common respiratory conditions that cause limitation of airflow in and out of the lungs. The majority of asthma and COPD deaths occur in adults aged over 65 years. Gaps have been identified in the care they receive, and it is often underdiagnosed, undertreated and poorly self-managed.

The NHS Long Term Plan recommends the involvement of pharmacists in supporting people with respiratory conditions to take the right medication and use it correctly, making use of smart inhalers. Overall, there is a lack of research in the UK on the impact of digital health interventions for asthma and COPD on medication adherence in older people. Therefore, we propose a future project to address the gaps in asthma and COPD care in older people by exploring how to embed a pharmacist-led digital health service to support older people with asthma or COPD into NHS usual care. The proposed study in this abstract is the first workstream of the project.

Aim and Methods

The focus of the proposed study is to (1) establish a Patient and Public Involvement and Engagement (PPIE)/stakeholder group and (2) conduct a systematic review assessing the Role of Digital Health Technology in Optimising Medication Adherence in Older Patients with Asthma or Chronic Obstructive Pulmonary Disease (COPD). The group will involve older people with asthma or COPD, carers, pharmacists, General Physicians (GPs), Respiratory Specialists, respiratory nurses and pharma industry partners (working on design and testing of smart inhalers (digital connect inhalers)).

Progress and forward plans

We have developed and registered the protocol for the systematic review with input from information specialists. The PPIE/Stakeholder group will meet regularly to support the planning and conduct of the review.

Older people with asthma and COPD will be recruited via Exeter U3A (Third Age) and Asthma Research UK, pharmacists and GPs will be approached through connections of the research team members. Two industry partners expressed interest in being involved.

The preliminary findings from the review will be discussed with the PPIE/Stakeholder group to get their views, conceptualise the results and planning for next steps of the project. The findings from systematic review and feedback, experiences and recommendations from the PPIE/Stakeholder group meetings will help identify ways to improve medication adherence in older people and add to the evidence on implementing digital-based services for older people.

Future Project

Findings will be used to underpin a grant application (AM is the main applicant) of the future project to develop an implementation model of pharmacist-led digital service to support people with asthma or COPD. The established PPIE/Stakeholder group will be involved in the future project to sustain the relationship that will be established during the proposed activity in this abstract. We welcome any involvement in the current and future project as a PPIE/Stakeholder group member, partner or collaborator.

POSTER 11: Neurodivergent perspective on an inclusive pharmacy environment

Author(s):

Caroline Murphy (PWDS,UHBW)

Introduction:

Since 2019 there has been a huge increase in referrals for ADHD and Autism assessments and requests for ADHD medication (1). In the South West the trainee pharmacist team has seen an increase in trainees requesting reasonable adjustments on the programme and in the workplace. In response to the “Joint national plan for Inclusive Pharmacy Practice” the South West produced an “Inclusive Pharmacy Practice Manifesto” (2). With this increased demand to make the pharmacy workplace for inclusive, Pharmacy Workforce Development South (PWDS) decided training was needed in neurodiversity.

Aim:

Write an introduction to neurodiversity training session and make suggestions on how to make the pharmacy workplace more inclusive from a neurodivergent perspective and deliver to South West workplaces.

Methods:

Lived experience expert within the PWDS team wrote an hour long introduction to neurodiversity and reasonable adjustments in the workplace based on extensive research from books, websites and social media neuro-affirming influencers. Presentation was delivered to local team for feedback and Clinical Pharmacy Congress organiser was contacted about presenting at CPC in London. CPC agreed to provide a 30-minute slot at their London event, so presentation was adapted to be 30 minutes long.

Results:

Presentation was delivered on May 10th at CPC in London to an audience of approximately 100 people, there was a lot of engagement in the presentation in person at the event and on social media afterwards. The presentation has been delivered to various groups since on 7 different occasions.

Conclusion:

The presentation on neurodiverse perspective of an inclusive pharmacy environment was very well received and clearly showed a gap in education around neurodiversity. However, the approach of delivering the presentation has been on an inconsistent basis so far and a more consistent approach is needed. The follow up questions from the training have identified a gap for more knowledge on this topic. Further work is needed in making more detailed, consistent education to the pharmacy workforce in the South West.

References:

1. Foster, A. (2024). NHS cannot meet autism or ADHD demand. London: BBC News.
2. NHS England South West. (2023, March). South West Inclusive Pharmacy Practice. Retrieved from Pharmacy Workforce Development South: <https://pwds.nhs.uk/wp-content/uploads/2024/01/CS56083-NHSE-SW-Inclusive-Pharmacy-Practice-Manifesto-FINAL.pdf>

POSTER 12: Effect of medication on breastfeeding continuation in postpartum women: initial findings from a systematic review

Author(s):

Rachel Pilgrim (University of Bath), Dr Matthew Jones (University of Bath), Dr Sarah Chapman (Kings College London)

Introduction:

Breastfeeding offers significant health benefits for both mothers and infants, in addition to economic benefits. In the UK, exclusive breastfeeding is recommended for the first six months of an infant's life, then continued alongside solid food until at least one year. A survey conducted in 2010 found only 1% of babies were exclusively breastfed at six months (1). Although many medicines are not licensed for use during breastfeeding, post-marketing data frequently suggests they are safe. Yet, survey data suggests breastfeeding women are apprehensive about using medication (2). Understanding more about medication-related breastfeeding discontinuation could guide interventions supporting continued breastfeeding while addressing maternal health needs.

Aim:

This review aims to determine the incidence of medication-related breastfeeding discontinuation and explore factors influencing this decision. The objectives are:

- Identify how often new mothers stop breastfeeding due to needing medication
- Identify which medications lead to this decision
- Investigate why women choose to continue or stop breastfeeding while taking medication
- Explore how socio-economic, health, geographic, or demographic factors affect their decision to keep breastfeeding on medication.

Methods:

Embase, PubMed, The Cochrane Library, PsycINFO, Scopus, and CINAHL were searched, with a 20-year date limit. Forward and backward citation searches of included papers were conducted. Studies had to collect data directly from women themselves; it could not be collected solely from healthcare professionals or medical notes for example. For comparability, only studies from high-income countries were included. Combination feeding and the administration of expressed breastmilk was permitted. Exclusions include unpublished studies, conference proceedings, abstracts, case studies and series, articles in non-English languages, studies involving alternative or illicit medicines, and studies focussing on women who never initiate breastfeeding. An initial narrative synthesis has been completed.

Results:

After title and abstract screening of 4915 unique results, 349 papers were selected for full text screening. Of these, seventeen papers were identified for inclusion. Breastfeeding discontinuation due to medicine initiation appears more common in women with chronic diseases (range 2-58%) than in undifferentiated populations (2-18%). Drugs linked to discontinuation often have data supporting use in breastfeeding. Five studies explored factors influencing women's behaviour; healthcare professional advice appears important. One study reported that lower education level, less breastfeeding experience, chronic conditions and

employment at six months postpartum may be associated with medication-related breastfeeding discontinuation.

Conclusion:

Medication-related breastfeeding discontinuation is common despite safety data. Study is needed to identify factors associated with this decision and the healthcare professional's role in supporting women to continue breastfeeding whilst using medication.

References:

- (1) McAndrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew MJ. Infant Feeding Survey 2010: Summary [Internet]. Health and Social Care Information Centre; 2010 [cited 2024 Aug 29]. Available from: <https://files.digital.nhs.uk/publicationimport/pub08xxx/pub08694/ifs-uk-2010-sum.pdf>.
- (2) Public Health England. New survey of mums reveals perceived barriers to breastfeeding [Internet]. Public Health England; 2017 [cited 2024 Aug 29]. Available from: <https://www.gov.uk/government/news/new-survey-of-mums-reveals-perceived-barriers-to-breastfeeding>.

POSTER 13: Pay to Puff Green: Can NHS Incentives Change the Prescribing Practices?

Author(s):

Aleksandra (Ola) Howell (Health Innovation West of England | University of Oxford), Anita McGrogan (University of Bath), Matthew Jones (University of Bath)

Introduction and Objectives:

Metered Dose Inhalers (MDIs) account for 3% of NHS carbon emissions(1). In October 2022, NHS England introduced two indicators focussed on reducing avoidable carbon emissions from inhalers(2). This 6-month payment-by-results scheme rewarded Primary Care Networks (PCNs) for reduction in:

- MDI preventers (C3)
- Salbutamol mean carbon emissions (by increasing the use of SABA DPI (C1) and lower carbon SABA MDI (C2))

Indicators C1, C2 and C3 were added to the newly created national dashboards along with C4, which focuses on reducing high-carbon preventer MDIs.

Methods:

This project analysed routinely collected national prescribing data to assess the impact of the financial incentive and the introduction of dashboards on environmental inhaler prescribing.

Changes in prescriptions issued between January-March 2022 versus January-March 2023 were calculated for all four comparators.

Linear regression models were performed with potential predictors, such as asthma and COPD prevalence, GP electronic system, list size, ICS (Integrated Care System), PCN, appointment mode and population deprivation index.

Results:

In 3 out of 4 comparators there was a minimal positive change in prescribing:

- C1: + 1.94% [95% CI 1.83 – 2.06]
- C3: + 1.73% [95% CI 1.60 – 1.86]
- C4: - 1.73% [95% CI -1.60 – -1.86]

Comparator C2, which involved swapping salbutamol MDI to another MDI containing less propellant gas (e.g., Ventolin to Salamol), showed a significant improvement. The proportion of lower carbon inhalers increased by 25.7% [95% CI 25.0 – 26.3] between January-March 2022 and January-March 2023.

PCN and ICS were the only covariables exhibiting correlation with the change in prescribing, with perfect collinearity between the two and the ICS having a stronger effect (R-squared= 0.61, p<0.001 for C2). No other differences in practice and patient population characteristics correlated with the size of prescribing change.

Conclusion:

The financial incentives and dashboards did not reduce the MDI use in England. They had a negligible effect on environmental prescribing in comparators requiring change in device to

potentially more expensive and face-to-face patient education on new inhaler techniques (C1,C3,C4).

The incentive was more effective when the inhaler swap did not require introducing a new device and face-to-face patient education (C2).

Despite equal availability of the incentives, their uptake varied across England.

Differences in inhaler costs, timing and updates of local guidelines and formularies, as well as the presence of sustainability champions, were likely the main factors influencing variable uptake of incentives.

The announcement of the incentive was effective for C2 despite its postponement.

References:

- (1) NHS England. A net zero NHS. London: NHS England; [accessed 2024 Sep 12]. Available from: <https://www.england.nhs.uk/greenernhs/a-net-zero-nhs/#:~:text=For%20the%20emissions%20we%20control,reduction%20by%202036%20to%202039.>
- (2) NHS England. Investment and Impact Fund 2021/22 and 2022/23. London: NHS England; 2021 Aug [accessed 2024 Sep 12]. Available from: <https://www.england.nhs.uk/wp-content/uploads/2021/08/B0828-iii-annex-b-investment-and-impact-fund-21-22-22-23.pdf>

Venue information

The **Rolle Building** itself is located on the main University campus, which you can find by walking uphill from the train station and then turning left, with the station behind you. Or use the following address: University of Plymouth, Rolle Building, Drake Circus, Plymouth, Devon, PL4 8AA. See link on [Google Maps](#). Also please see University of Plymouth [campus maps](#).

We have the use of two rooms in Rolle Building for the Innovation Day: most sessions will take place in room **605** on the sixth (top) floor, but we will also be using room **304** on the third floor for one of the parallel sessions.

Please note that there can sometimes be a queue for the Rolle building lift at busy times, although there are two sets of stairs.

For anyone driving, there are several car parks near the university. Please note that there is **no parking on campus** (except for individuals with a disability, where parking can be arranged). See [Parkopedia](#) for options. For example, one of the largest and most popular car parks is [Drake Circus](#) opposite the campus. Another option is the smaller [Mayflower East](#) car park also located near the campus.

Food and drink

The information stands, posters and lunch will be located in room **605**, as will the main talks. The room is a L-shape at one end, which is where **lunch/posters/stands** will be located. The smaller second room (**304**) will be for **parallel workshop session 1** only (11.45).

Tea, coffee, water and biscuits will be available throughout the day in the same room as the main talks (**605**).

Contributors' biographies

Ofran ALMOSSAWI

Ofran is a qualified pharmacist and has worked most of her clinical time in critical care. She has an MSc in medical statistics from the London School of Hygiene and Tropical Medicine, and an MSc in Advanced Paediatrics from King's College London. She completed her PhD in statistics and data science at UCL funded by an NIHR Clinical Doctoral Research Fellowship.

Mary CARTER

Mary is a research fellow at the University of Exeter. She has worked on a range of research studies, and has experience of qualitative investigations, surveys, systematic reviews and randomised controlled trials. Her PhD, awarded by University of Bath, focussed on the role of pharmacists in general practice. She is currently investigating prescribing in general practice for people with moderate to severe Alzheimer's Disease.

Kiran CHANNA

Kiran is the Operational Head of Pharmacy at the Royal United Hospitals in Bath, she is very passionate about workforce and development. She is currently embarking on a Doctoral study in order to create a stronger evidence base in deprescribing and frailty.

Emma CLARKE

Emma graduated from her MPharm at the University of Bath in 2023 and undertook her foundation training with Dorset HealthCare University NHS Foundation Trust. In July 2024, she won the regional prize for the best foundation year project presentation.

Helen CHENOWETH

Helen has worked in the NHS for over 35 years after training as a Registered Nurse and has over 17 years' experience within clinical research delivery. She joined SWP NIHR Clinical Research Network in 2022.

Helen's current regional role as Senior Research Delivery Manager and Workforce Lead, requires both strategic and operational management of a number of specialty portfolios, including Diabetes, Cardiovascular, Paediatrics, Reproductive Health, ENT, Metabolic and Endocrine Disorders. In her workforce role she is responsible for oversight of training opportunities and research capacity building programmes across the region for all disciplines. Helen is passionate about the role research plays in improving our health and care system and the quality of care for patients and the public and promoting the South West as a great place to do and support research.

Ruth ENDACOTT

Professor Ruth Endacott is NIHR Director of Nursing and Midwifery. Prior to her appointment in May 2021, Ruth was:

- Professor of Clinical Nursing at the University of Plymouth and Monash University, Melbourne

- Deputy Chair of the NIHR Clinical Doctorate Research Fellowship panel.

She has held leadership positions as Head of School, Head of Department and Associate Dean (Research) in the UK and Australia. Ruth is Emeritus Professor at Monash University and Trustee/Director at the Intensive Care National Audit and Research Centre (ICNARC).

April GEORGE

April is a rotational pharmacy technician within an acute-care general hospital. With a portfolio background as a therapist, lecturer, designer and fine artist, April also has experience of both community and secondary healthcare.

Her main areas of interest lie in oncology, anticoagulation and the developing area of pharmacogenomics. April's experience in research and methodologies feeds into her interest in the experiences of and the developmental opportunities for pharmacy staff.

Charley HOBSON-MERRETT

Charley is a research fellow at the University of Plymouth. She has experience in service evaluations, randomised controlled trials, and uses primarily qualitative methods. She works in mental health research, and has undertaken research looking at how to live well whilst taking antipsychotic medication.

Matthew JONES

Matthew is Senior Lecturer in Medicines Safety, Medicines Information and Clinical Pharmaceutics in the Department of Life Sciences at the University of Bath. His research career began with a PhD in respiratory drug delivery at the University of Bath, which was followed by similar work at UCL School of Pharmacy. He then worked as a medicines information pharmacist for before moving to his current post. Consequently, his current research considers medicines information and medicines safety, and particularly the links between them, in addition to respiratory drug delivery.

Tom KALLIS

Tom is a clinical pharmacist and Wellcome-NIHR Doctoral research fellow at the University of Exeter. He is interested in how clinical pharmacists make decisions in the context of clinical uncertainty when reviewing polypharmacy in primary care. He is a holder of the 'PhD for Primary Care Clinicians' NIHR fellowship and was one of the first pharmacists to be awarded this grant nationally. Tom has experience of working across several sectors of primary care in Devon and Cornwall. He qualified from King's College London and started his career in community pharmacy, before moving into general practice and later completing an MSc in Clinical Pharmacy Practice. He has extensive experience with media and public engagement, frequently promoting the role of pharmacists and community pharmacy in print news articles, radio and TV. Alongside his academic role, Tom maintains his clinical practice in an honorary capacity at Saltash Health Centre, where he supports patients with the deprescribing of medicines

with dependence forming characteristics (benzos, opioids and z-drugs) and review of complex polypharmacy.

Nazish KHAN

Nazish is the CVD Clinical and Programme Lead for the Health Innovation Network and works with multiple stakeholders to improve outcomes for people with CVD through enabling access to innovations/evidence-based treatments and through facilitating system transformation and clinical service redesign.

She is a Consultant Pharmacist in Cardiovascular Disease/Cardiovascular Clinical Research and has an interest in antithrombotic therapies, cardiovascular risk reduction and optimising secondary prevention strategies in people with established cardiovascular disease. She has several publications related to her research work. Nazish has contributed to the development of a number of cardiovascular specific guidelines and technology appraisals generated by NICE.

Anneka MITCHELL

Anneka is the Lead Pharmacist for healthcare of older people, frailty and medicine at University Hospitals Plymouth NHS Trust, and also works as a Clinical Academic Fellow at the Research Institute for the Care of Older People (RICE) in Bath. She was awarded a Dunhill Medical Trust Research Fellowship in 2017 to fund her PhD which evaluated the safety and effectiveness of anticoagulation for older people with atrial fibrillation. Her current research interests are focussed on medication use in older people at risk of falls, polypharmacy, and deprescribing.

Pamela NYATANGA

Pamela is the Lead Pharmacist for Education and Training and University Hospitals Plymouth. She has a background as a clinical pharmacist. She worked as a hospital clinical pharmacist for 13 years, spent 3 years in general practice before moving to her role in education and training. She has an MSc in pain management and is a non-medical prescriber.

Lauren ROSS

Lauren graduated from the University of St Andrews with a BSc in Cell Biology, before pursuing an Msc in Global Health & Development at UCL. Throughout both degrees, she focused on infectious diseases and the public health measures designed to prevent their proliferation. During her time at UCL, she also developed a passion for research focused on health inequities and social determinants of health.

She started her career in the medical communications industry, but has since moved back to a public health research focus at The Royal Pharmaceutical Society.

Stuart SPICER

Stuart is a researcher in applied healthcare and psychology at the University of Plymouth. His current role is Research Fellow at PenARC (NIHR Applied Research Collaboration South West Peninsula), and he is also part of the Community & Primary Care Research Group. He is currently involved in several research projects, predominantly within mental health, chronic pain, frailty and dementia. He is investigating the relationship between the overprescribing of medication prescribed for chronic pain and psychological distress, and socio-economic inequality. This includes how to support individuals to safely reduce unnecessary medication. He is currently working within PenARC to develop a wider research programme in this area, involving researchers at other organisations, local PCN's, PPIE groups, lived experience experts, community groups, and the Health Innovation Network.

Mandy WAN

Mandy is a pharmacist with over 15 years' experience working across healthcare, clinical research, and academia. Her research focuses on improving children's medicines and has extensive experience working on commercial and investigator-led paediatric clinical trials. Her research is also motivated towards using data derived from health records to advance our understanding of medicines use in children.

Mandy was awarded a HEE-NIHR Clinical Doctoral Research Fellowship. Her thesis focused on using big data to understand vitamin D prescribing practices in children, and applied population pharmacokinetic modelling to inform vitamin D dosing in children with chronic kidney disease. As the NIHR Clinical Research Network Specialty Pharmacist Lead for Children and Young People, her work also involves developing and delivering national and international collaborative paediatric clinical trials across a range of different clinical specialities

South West Pharmacy Research Network steering group

The network would not exist without the hard work of our steering group, who are drawn from as many sectors of the profession as we can manage. Thank you to all of them. Do get in touch if you would like to join the group.

- David Bearman - Devon Local Pharmaceutical Council and South West Clinical Research Network
- Ilhem Berrou - UWE and primary care pharmacist
- Victoria DiMartino - Pharmacy Workforce Development South
- Ola Howell - West of England Academic Health Science Network
- Uzo Ibechukwu - Royal United Hospitals Bath NHS Foundation Trust
- Matthew Jones - University of Bath
- Sarah Jones - University of Bath

- Anneka Mitchell - University Hospitals Plymouth NHS Trust
- Tim Rendell - Swindon and Wiltshire Local Pharmaceutical Committee and Day Lewis PLC
- Tim Rennie - University of Bath
- Jenny Scott - University of Bristol
- Anthony Sinclair- Livewell Southwest
- Stuart Spicer- University of Plymouth and PenARC
- Ellen Williams - Pharmacy Workforce Development South