THURSDAY 12 SEPTEMBER
15:10-15:40

Room 0.09 – Patient-Professional Interaction

Goblins and bugbears in the waiting room: Updating Arber and Sawyer's classic study of GP reception work using ethnography in eight English general practices

Catherine Pope, Annelieke Dreissen, Abi Eccles, Bella Wheeler, Carol Bryce, Jacob Heath, Chloe Phillips, Toto Gronland, Helen Atherton

(University of Oxford)

In 1985 Arber and Sawyer published their seminal 'dragon behind the desk' paper describing the discretionary rationing power of GP receptionists. This revealed deep hostility by patients and the public to receptionists' 'officious' filtering and inquisitive questioning of the legitimacy of requests to see the doctor. Our paper revisits this territory, reporting data from an NIHR funded study about how people make and get appointments with their GP.

In the intervening years much has changed. Online digital triage has been introduced to assess and prioritise patients. Telephony has been digitised and many practices have automated menu systems to filter and order demand. Where once a solo GP or small partnership and limited reception role existed, there are now myriad practitioners and services. The problem of access persists, exacerbated by increasing multi-morbidity, chronic physical and mental illness, and pressures on other health services. Media, politicians and surveys regularly warn of the crisis in general practice, and point to the 'unacceptable' delays patients experience when trying to get a GP appointment.

Our ethnography in eight English general practices explores everyday interactions between receptionists and patients/the public. We observed waiting and reception areas (front and back stage), interviewed staff and patients and examined practice documents pertaining to access. Our analysis highlights an important redistribution of frustration and anger associated with getting an appointment. Rationing, legitimising and advocacy remains core to access interactions, but the dragon has changed, and patients and receptionists appear embroiled in managing rather different 'creatures' and challenges.

Room 0.08 – Mental Health

Depression, anxiety and their major risk factors among the Ukrainian female refugee population in Czechia and Ireland

Iryna Mazhak

(RCSi University of Mercian and Health Sciences)

Female war-forced migrants from Ukraine have experienced a wide range of stressful and traumatic events. Depression and anxiety as comorbid illnesses are mental health conditions that can seriously impair a person's functioning and general well-being. It is critical to comprehend how prevalent depression and anxiety symptoms are among Ukrainian female refugees in the Czech Republic (N=919, 2022) and the Republic of Ireland (N=656, 2023) as well as the risk factors that contribute to them. This cross-sectional study was conducted as part of a bigger mixed-method research project with Ukrainian female refugees over 18 years old via an online survey.

Depression symptoms were measured by using PHQ-9. As a result, more than half of females have moderate to severe symptoms of depression. In Ireland, female refugees experienced more severe levels of depression. Additionally, more than 50% of Ukrainian female refugees in both host countries have moderate to concerning anxiety measured by BAI.

Linear logistic regression analysis showed that there are some similar factors associated with depression and anxiety increase (limitations in activities due to illnesses, low SES and decreased financial status during migration, lack of necessary psychological help, relationships with relatives, colleagues, neighbours, and locals deteriorated, applying avoidant coping strategies) or decrease (participating in Ukrainian community meetings, applying problem-focused coping strategies). However, there are different (experienced cultural difficulties in Ireland and discrimination in Czechia) and even opposite (having children under 18) factors too which could be partially explained by differences in social policy. These findings could have important public health implications.

Room 0.17 – Health Service Delivery

Modern general practice access: Digital, efficient and equitable?

Sara Shaw, Natassia Brenman, Sophie Spitters, Sara Paparini, Michael Gill, Sharon Spooner, Deborah Swinglehurst, Joseph Wherton

(University of Oxford)

In this paper, we focus on the triage systems that many general practices use as a means of managing demand for care. These systems are typically supported by digital platforms, which filter patient requests (for anything from a repeat prescription through to an urgent appointment) through online forms, to be assessed by practice staff before appointments are booked. The vision is one of digital triage seamlessly organising patient requests and ensuring regulated flow through practices. This vision is encapsulated in recent policy on Modern General Practice Access, which envisions a way of organising work in general practice that enables practices to (amongst other things) provide inclusive, straightforward online and telephone access; prioritise and allocate patient requests safely and equitably; and improve the efficiency of their processes. But what does that mean in practice? We draw on ethnographic research in three general practices in England to explore the organisation of triage work in more depth. Inspired by Deborah Stone's writing on values in health policy, we explore how "efficiency papers over a lot of conflicts", and examine who's perspective is foregrounded in the quest to improve efficiency and manage demand through digital triage systems. We conclude by reflecting on how issues of equity, continuity and care might come to the fore in policy.

Room 0.11 – Lifecourse

Theorising perceptions and experiences of multiple long-term conditions: Insights from a study with the Mass Observation Project

Sue Bellass, Victoria Bartle, Avan A Sayer, Rachel Cooper, Thomas Scharf

(Manchester Metropolitan University)

The experience of living with multiple long-term conditions (MLTC) - the co-occurrence of two or more health conditions lasting over 12 months – is becoming increasingly common, with far-reaching consequences for individuals and healthcare systems. Increasing recognition of the challenges of MLTC has led to substantial investment in research; however, how people's biographical and temporal landscapes are shaped by MLTC as they progress through the life course remains poorly understood.

In offering new insights into the effects of MLTC on people's lives, this presentation draws on a novel approach. We present an analysis of 142 written accounts from members of the general public who contribute to the Mass Observation Project. This is a unique social history archive which captures and