

**Royal College of General Practitioners and Warwick Medical School**  
**Annual Education, Research and Innovation Symposium 18<sup>th</sup> May 2017**  
**Abstract Submission Form**

<b>PRESENTER'S DETAILS</b>	
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<b>Category</b> Research	
<b>PRESENTATION DETAILS</b>	
<b>Authors</b> Jaidev Kaur, Amanda Farley, Kate Jolly and Laura Jones	<b>Title of Study</b> Primary care interventions to reduce secondhand smoke exposure: a mixed methods systematic review and synthesis
<b>What's the problem you are tackling?</b> Secondhand smoke exposure (SHSe) continues to increase mortality and morbidity among non-smokers. Primary care-based healthcare professionals (HCPs) are likely to provide services to patients at risk of SHSe or who regularly smoke around others. Currently, it is unclear how SHSe is addressed by these HCPs.	
<b>How did/will you do it?</b> A segregated mixed-methods systematic review and synthesis was conducted to explore the current knowledge, attitudes and practices of primary care HCPs regarding SHSe. Six electronic databases were searched for articles published between January 1980 and February 2016. The quantitative and qualitative data were independently synthesised. A Bayesian approach was used to enable meta-aggregation of these individual syntheses.	
<b>What did you find?</b> 17 quantitative and 3 qualitative articles were included. Primary care HCPs have a basic understanding of the SHSe-associated risks but they require training to help them intervene around SHSe. Reported practices varied and were determined by the HCP's attitude regarding SHSe; attitudes were either 'passive', 'advisory' or 'judgemental'. Practices involving asking or advising about SHSe were more common than actions facilitating SHSe reduction. All actions were specific to smoking cessation promotion; none concerned SHSe harm reduction. The issue of SHSe was viewed as highly important and relevant to the primary care HCP's role. However, barriers (e.g. the desire to protect the professional relationship with smoking parents) prevented HCPs from intervening around SHSe.	
<b>Why does this matter?</b> This is one of the first mixed-methods systematic review and syntheses exploring primary care HCPs' knowledge, attitudes and practices around SHSe. The results show a clear need to support HCPs to reduce SHSe. Our work highlights a lack of evidence around SHSe harm reduction approaches. The potential to deliver harm reduction messages in primary care should be explored. Future research should explore the development of interventions from the perspectives of both practising HCPs and of patients in order to minimise the effects of barriers to implementation.	