maintenance of interpersonal relationships with other workers, clients, patients or pupils. Information from this study may help develop workplace interventions targeted to prevent psychosocial factors affecting different sections of the workforce.

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RELATIONSHIP BETWEEN SOCIOECONOMIC STATUS AND GASTROINTESTINAL INFECTIONS IN DEVELOPED COUNTRIES: A SYSTEMATIC REVIEW AND META-ANALYSIS

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10.1136/jech-2017-SSMAbstracts.169

Background The public health impact of gastrointestinal (GI) infections is substantial, with around a quarter of individuals experiencing an episode of infectious gastroenteritis each year. Yet relatively little is known about the social patterning of these infections. Studies investigating the association between socioeconomic status (SES) and risk of GI infections have produced conflicting results, with some reporting greater risk amongst lower SES and other observing the opposite effect. This systematic review and meta-analysis aimed to assess the association between SES and risk of GI infections, and explore possible sources of heterogeneity in effect estimates reported in the literature.

Methods MEDLINE, Scopus, Web of Science and grey literature were searched from 1980 to October 2015 for studies reporting a quantitative association between GI infections and SES in a representative population sample from a member-country of the Organisation for Economic Co-operation and Development. Quality assessment was conducted using the Liverpool University Quality Assessment Tool. Harvest plots were created for comparison where heterogeneity between studies was high, stratified by age, SES measurement, GI infection measurement and pathogen type. Meta-analysis was conducted on a subset of data. To explore sources of heterogeneity, meta-regression and stratified meta-analyses were performed on the basis of country, age, pathogen type, GI infection measurement and SES measurement. The protocol was registered on PROSPERO: CRD42015027231.

Results In total, 6021 studies were identified; 102 met the inclusion criteria. Overall risk of GI infection for low versus high SES was 1.06 (95%CI 0.95–1.19). For children, risk was higher for those of low SES versus high (RR 1.51, 95% CI 1.26–1.83), but there was no association for adults (RR 0.83, 95% CI 0.61–1.14). Results were similar when sensitivity analyses were performed on the basis of study quality. Age explained a small proportion of the overall heterogeneity.

Discussion We quantify, for the first time, the association between SES and risk of GI infection in developed countries and show that disadvantaged children, but not adults, appear to be at greater risk of GI infection compared to their more advantaged counterparts. Increased risk may relate to differential exposures, vulnerability or healthcare-seeking behaviours by SES. It is possible that factors that could not be adjusted for may explain the high residual heterogeneity. Strategies to

improve childhood socioeconomic conditions are likely to reduce the burden of GI illness. Gaining greater insight into this relationship will help to inform policies to reduce the health inequalities identified.

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EXAMINING STRATEGIES TO INCREASE KNOWLEDGE MOBILISATION BETWEEN PUBLIC HEALTH ENGLAND AND KEY STAKEHOLDERS: A MIXED METHODS STUDY

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10.1136/jech-2017-SSMAbstracts.170

Background Public Health England (PHE) is an executive agency, sponsored by the Department of Health, which aims to protect and improve the nation's health and wellbeing, and reduce health inequalities. PHE has a number of responsibilities relating to the collection, curation and sharing of research, data and other knowledge relevant to public health. The organisations key stakeholders include local authorities and clinical commissioning groups. PHE requested that an academic partner support the organisation to develop the organisation's knowledge mobilisation function.

Methods We conducted a sequential mixed methods study. 1. We performed a rapid evidence review to identify strategies which improve knowledge mobilisation; 2. We held a workshop for PHE staff during which we prioritised identified strategies using Delphi methods; 3. We conducted semi-structured interviews and a focus group with a range of PHE staff to discuss the relevance of identified strategies in context; 4. We integrated findings from all three sources using the Pillar Integration Process, a technique for analytical integration of mixed data.

Results We identified 13 relevant reviews/meta-reviews. 16 PHE staff attended the workshop. 18 PHE staff were involved in indepth qualitative work (8 semi-structured interviews, 1 focus group of 10 people). Of strategies identified in the literature, workshop participants agreed that some were already working well at PHE, and this was echoed in the qualitative findings. Existing strengths of the organisation are that it is large and trusted, with established local networks. Short term priorities included gaining better understanding of stakeholder needs and future challenges in order make best use of social marketing, tailoring and targeting, and also to reflect narratives that are of particular interest to both immediate and downstream users of PHE evidence (e.g. the Director of Public Health who directly accesses PHE evidence, but also the councillor who ultimately makes decisions based on this). A longer term priority was to develop methods of measuring and evaluating the use of PHE knowledge products. The importance of flexibility in approaches, harmonising rather than homogenising, was a strong theme arising from the qualitative work. Integrated findings highlight the legacy of multiple previous entities having come together to form PHE and the burgeoning identity of PHE as a knowledge brokering organisation.

Conclusion We have identified some priority actions for both the short and long-term to improve mobilisation of knowledge

from PHE to key stakeholders. This project will inform the development of a knowledge mobilisation strategy at PHE.

P70 ARE SEPSIS AWARENESS AND ANTIMICROBIAL STEWARDSHIP COMPETING GOALS? A CONTENT ANALYSIS OF THE FRAMING OF SEPSIS AND ANTIMICROBIAL RESISTANCE IN THE POPULAR NEWS MEDIA

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10.1136/jech-2017-SSMAbstracts.171

Background Antimicrobial resistance has emerged as one of the greatest threats to population health of modern times. A review on antimicrobial resistance in 2016 by the UK government predicted that infections caused by resistant organisms could be responsible for ten million deaths annually by 2040. A key driver of resistance is inappropriate use of antibiotics within human healthcare in managing minor illnesses that would resolve spontaneously without drug treatment. This has been referred to as 'just in case' prescribing.

The Chief Medical Officer, Dame Sally Davies, has called for a reduction in unnecessary prescribing as part of improved antimicrobial stewardship however; there is evidence that antimicrobial resistance remains overlooked by the public and by health professionals as an important health risk.

Antimicrobial stewardship is complicated by growing recognition that serious bacterial infections can initially present in the same way as mild viral illnesses. Recently, there has been a drive to improve recognition and management of sepsis, a serious consequence of untreated bacterial infection that is associated with high mortality. Simultaneously, there has been a large volume of high profile stories about sepsis in the media. This study aims to explore similarities and differences in how antimicrobial resistance and sepsis are framed in the popular print news.

Methods Quantitative analysis of the manifest content of 297 articles about sepsis and 163 articles about antimicrobial resistance published in 11 UK national newspapers on all available dates until 31 st December 2016, identified via a systematic search on the Nexis database. A coding frame was developed through a priori knowledge and close reading of 200 articles using the constant comparative method. A random sample of 10% of these articles were coded by two reviewers to ensure consistency in the application of codes. The remaining articles were coded by a single reviewer and analysed using SPSS.

Results Articles about sepsis were more likely to identify individuals who had suffered serious adverse health effects, often infants or young children, and to criticise the actions of individual health professionals. These factors have been identified as 'media triggers' that can increase public interest in a news story.

Conclusion Exposure to news stories about sepsis has the potential to alter public awareness and perception of risks associated with minor illness. This may impact on expectations of receiving antimicrobial treatment, with implications for antimicrobial stewardship.

P71 IMPLEMENTATION OF STEP-DOWN INTERMEDIATE CARE IN GLASGOW CITY: A QUALITATIVE STUDY EXPLORING BARRIERS AND ENABLERS

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10.1136/jech-2017-SSMAbstracts.172

Background The aim of Step-down Intermediate Care (IC) is to provide a short-term care environment for older people ready for discharge from acute hospital but requiring a period of assessment and/or rehabilitation. There are a number of models of IC in the UK. Glasgow City's model of IC has gone through several iterations and stages of development. This study aims to examine the implementation of IC in Glasgow City, to identify enabling factors and barriers.

Methods The study used multiple qualitative methodologies: document review, semi structured interviews, focus groups and attendance at IC development and care home review meetings. The documentary analysis included reports and meeting minutes. Nine key members of staff were interviewed and three focus groups were run; the first included IC social work staff from Glasgow City's three sectors, the second included rehab staff from two sectors, and the third included care home staff from three IC units. Framework analysis was used to identify common themes.

Results Perceived enablers common to all staffing groups included: buy-in from a range of stakeholders, strong leadership and a risk management system in place, good relationship, trust and communication between agencies, the role of targets and in particular the 72 hour discharge target, training of staff, changing perception of risk and risk aversion among practitioners, the right infrastructure and staffing in place, an accommodation based strategy for patients discharged from IC, the right context of political priorities, funding, and a wider model of care for older people, and ongoing adaptation of the model in discussion with frontline staff. Perceived barriers included: differing perception of IC aims, the use of separate technologies by agencies for recording information, transition of patients from hospital to IC, inappropriate referrals to IC, and variation in health and social care systems between sectors and hospitals. Additionally, perceptions differed by staffing group. While social workers noted a need for continuous education of acute staff, and placement issues on discharge from IC, rehab staff found that care homes often lacked appropriate facilities. Both social work and rehab staff noted the benefits of being attached to one unit, while care home staff described the importance of continuity of acute staff.

Conclusion The proposed benefits of IC were understood and supported anecdotally by staff. The development of IC in Glasgow gives an insight into enablers of and barriers to implementation of the service, highlighting further opportunities for improvements to the model.