

ICGP Library

Recommended Reading

June 2024
Issue 6

Every month, the ICGP library scan resources of interest to General Practice and recommend reports and research articles from reputable sources.

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ICGP Publications

We look at what has been published recently in the ICGP.



Latest Issue of Forum
June 2024, Volume 41, no 5

Bowel Screening: Breaking down barriers to better uptake

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ICGP Staff Research Articles

Kerr G, Kulshreshtha N, Greenfield G, Li E, Beaney T, Hayhoe BWJ, Car J, Clavería A, Collins C, et al. **Features and frequency of use of electronic health records in primary care across 20 countries: a cross-sectional study.** *Public Health*. 2024 Jun 6;233:45-53. doi: 10.1016/j.puhe.2024.05.001. Epub ahead of print. PMID: 38848619.
<https://www.sciencedirect.com/science/article/pii/S0033350624001884?via%3Dihub>

Garzón-Orjuela N, Collins C, Willems S, Van Poel E, Vellinga A. **Patient safety incidents in Irish general practice during the COVID-19 pandemic: an exploratory practice level analysis.** *BMC Prim Care*. 2024 May 29;24(Suppl 1):288. doi: 10.1186/s12875-024-02439-9. PMID: 38811900; PMCID: PMC11137878.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11137878/>



View all ICGP Staff Research Articles here:

<https://www.irishcollegeofgps.ie/Home/Lifelong-Learning-PCS/Research/Publications-Involving-College-Staff/2024-Research-Publications>

GP News

Dept. of Health Press Release - [Members of the Commission on Care for Older People](#)

By Department of Health, 24 May 2024.

Catherine McGuigan, Chief Officer of Age Friendly Ireland, has been appointed as Chairperson of the Reference Group for the Commission on Care for Older People. The Reference Group will be a focal point for the Commission's wider engagement with stakeholders. Dr. Lucinda Dockeray, a full-time GP and Director of Care of the Older Person Course, Irish College of General Practitioners (ICGP), is one of the members of the Reference Group.

Dept. of Health Press Release - [Minister for Mental Health and Older People announces allocation of additional €10 million to enhance mental health services](#)

By Department of Health, 27 May 2024.

- Government investment in mental health services now is over €1.3 billion, an increase of over €300 million since 2020.
- new and recurring funding will enhance the delivery of mental health services targeting the areas of child and youth mental health, online safety, recovery services, and the National Clinical Programmes in mental health.
- funding will be assigned on a geographical spread and focus on improving access to services, better integration between services and embedding innovative service models.

Dept. of Health Press Release - [Minister for Health announces that free contraception will be extended to women aged 32-35 from 1 July 2024](#)

By Department of Health, 3 June 2024.

The Minister for Health Stephen Donnelly has announced the expansion of the Free

Contraception Scheme to include women aged 32-35. This means that from 1 July 2024, all women aged 17 to 35, inclusive, will be covered under the scheme.

This extension has been supported by an additional €4 million health service development funding ringfenced for women's health services and supports to be delivered through the Women's Health Action Plan 2024-2025, a total of €48 million has now been allocated to the scheme for 2024.

The scheme is open to women, girls and other people identifying as transgender or non-binary, who are ordinarily resident in Ireland and for whom prescription contraception is deemed suitable by their doctors.

Almost 2,400 GPs and 2,050 pharmacies are providing services under the scheme, with more than 189,000 women accessing the service in 2023.

Dept. of Health Press Release - Minister Burke launches interactive map to facilitate access to 442 publicly-funded drug treatment and family support services

By Department of Health, 4 June 2024.

The Minister for Public Health, Wellbeing and the National Drugs Strategy, Colm Burke has launched an interactive map of publicly-funded drug treatment and drug-related family support services.

The online tool is a partnership between the Department of Health and the Health Research Board and marks the first time a visual database of services has been produced. It features 442 services in receipt of public funding, including services provided directly by the Health Service Executive (HSE) or community-based organisations and residential services funded via the HSE.

The map provides easily navigable information on local services for people looking to access services to address their drug or alcohol use, and for families and concerned others who are struggling to deal with a loved one's drug or alcohol use. The map complements existing resources such as the drug and alcohol helpline and [the drugs.ie website](https://www.drugs.ie).

The map is a commitment in the strategic action 2023-2024 for the national drugs strategy, Reducing Harm, Supporting Recovery. It also forms part of a project to inform the planning of drug services in the newly-established HSE Health Regions.

Dept. of Health Press Release - Minister for Health publishes the National Cancer Strategy 2017-2026 Implementation Report 2023

By Department of Health, 17 June 2024.

Minister for Health publishes the National Cancer Strategy 2017-2026 Implementation Report 2023

- 127 additional staff recruited to cancer services in 2023.
- New radiation oncology centre in Galway costing €70 million opened to patients in April 2023, providing new treatments and reducing waiting times.
- €9.89 million funding allocated to capital projects for cancer in 2023.
- €6.7 million funding allocated to cancer research in 2023.
- €7.5 million Shared Island funding announced in 2023 for Daisy Lodge therapeutic centre for families affected by cancer in County Mayo.

- €3 million funding announced in 2023 for the Alliance of Community Cancer Support Centres.

Irish Independent - Heavy workload forces yet another rural GP to quit as manpower crisis worsens

By Eilis O'Regan, 3 June 2024.

Another rural GP has resigned with "a heavy heart" after years of coping with an unrelenting workload which at times took a toll on her own health. Dr Mireille Sweeney (63), who is a single-handed GP, was a family doctor in Ardara, Co Donegal, for 29 years. She is one of a falling number of GPs based in villages around the country. As more of these solo GPs face retirement, the onerous level of work means there may be nobody willing to take their place.

Reports

WHO World Health Statistics 2024 (21st May)

The World health statistics report is the annual compilation of health and health-related indicators, which has been published by the World Health Organization since 2005.

The 2024 edition reviews more than 50 health-related indicators from the Sustainable Development Goals and WHO's Thirteenth General Programme of Work. It also highlights the findings from the Global health estimates 2021, notably the impact of the COVID-19 pandemic on life expectancy and healthy life expectancy.

In just two years, the COVID-19 pandemic reversed over a decade of gains in both life expectancy at birth and healthy life expectancy (HALE). By 2020, both global life expectancy and HALE had rolled back to 2016 levels (72.5 years and 62.8 years, respectively). The following year saw further declines, with both retreating to 2012 levels (71.4 years and 61.9 years, respectively).

The WHO regions most affected were the Region of the Americas and South-East Asia Region, with declines of about 3 years in life expectancy and 2.5 years in HALE between 2019 and 2021. The Western Pacific Region saw the smallest impacts over the first two pandemic years, with losses of less than 0.1 and 0.2 years in life expectancy and HALE, respectively.

Globally, the share of deaths from noncommunicable diseases (NCDs) among all deaths rose steadily to 73.9% by 2019, while the share of communicable diseases dropped to 18.2%. With the emergence of COVID-19, communicable diseases surged back to 23.0% of all deaths in 2020 and 28.1% in 2021 - a return to 2005 levels. Consequently, the share of NCD deaths declined to 70.0% in 2020 and 65.3% in 2021.

The world continues to grapple with the double burden of malnutrition, characterized by the coexistence of undernutrition and overweight/obesity. In 2022, worldwide over one billion people aged 5 years and over were living with obesity, while over half a billion were underweight.

 **Read the Report:** [World Health Statistics \(who.int\)](https://www.who.int/world-health-statistics)





National Clinical Programme for Older People - Knowledge and Skills Framework for Healthcare Professionals Working with Older People

A new knowledge and skills framework for healthcare professionals working with older people has been launched by the National Clinical Programme for Older People. The framework describes the knowledge and skills needed for working with older people across acute, community and residential setting. The framework can support you and your team to identify training needs and improve health care for older people.

 **Read the Report:** [Knowledge & Skills Framework for HCPs working with Older People \(hse.ie\)](https://www.hse.ie)



WHO: Global patient safety report 2024 (30th May 2024)

The first ever World Health Organization (WHO) global report on patient safety aims to provide a foundational understanding of the current state of patient safety across the world, aligned with the [Global Patient Safety Action Plan 2021-2030](#). It contains insights and information beneficial to health care professionals, policy-makers, patients and patient safety advocates, researchers – essentially anyone involved or interested in the improvement of health care and patient safety globally.

 **Read the Report:** [WHO: Global patient safety report 2024 \(30 May 2024\) - WHO - Patient Safety Learning - the hub \(pslhub.org\)](https://www.pslhub.org)



Medical Council & Pharmaceutical Society of Ireland: Safe Prescribing and Dispensing of Controlled Drugs Joint Guidance, Version 2, March 2024

This resource aims to facilitate safer prescribing and dispensing of controlled drugs (CDs), with a particular focus on controlled drugs in schedule 2, 3 and schedule 4 part 1. It should be used by all prescribers and pharmacists in the collaborative, safe and effective care of patients. This guidance was first produced in 2017 and has been updated to reflect further legislative changes. While this guidance provides some information on legal requirements applicable to hospital or residential settings, it is primarily aimed at professionals working in a primary care setting.

 **Read the Report:** [Safe Prescribing and Dispensing of Controlled Drugs - 2024 \(medicalcouncil.ie\)](https://www.medicalcouncil.ie)

EBM Round-Up



NMIC Therapeutics Today (June 2024)

In this month's Therapeutics Today:

- Recent NMIC Bulletins
- Guidance and advice
- Regular features:
 - Medication Safety Minutes
 - HSE Antibiotic Prescribing
 - Health Products Regulatory Authority (HPRA) updates
 - Health Protection Surveillance Centre updates

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- o Signposting

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HSE - Why Chronic Disease Prevention Works! Making Every Contact Count (MECC) Webinar (29th May 2024)

The purpose of this webinar is to highlight the critical role that chronic disease prevention plays in achieving better health outcomes for patients. Early intervention with a patient or service user can make a life-changing difference for them. We aim to encourage as many healthcare professionals as possible to engage with us and complete the training programme, and to demonstrate to senior managers the benefits of allowing staff to complete the training modules. Additionally, the webinar showcases the positive impact on patients when staff deliver brief interventions as part of their routine care.

Dr. David McConaghy, ICGP Lead in Prevention for Irish College of General Practitioners (ICGP), provided an outline of the GP Chronic Disease Programme (CDM) structure and how MECC benefits GP practices to further encourage and inspire as part of routine clinical practice.

 [View the Webinar.](#)

Irish Articles

1. Linnane S, Mullarkey S, Kyne E, Fallon J, O'Regan A, Hannigan A, Sharma S, O'Connor R. **Is pay for performance promoting inverse inequality in Irish general practice?** *Br J Gen Pract.* 2024 Jun 20;74(suppl 1):bjgp24X737397. doi: 10.3399/bjgp24X737397. PMID: 38902072.

Full-text: [Is pay for performance promoting inverse inequality in Irish general practice? | British Journal of General Practice \(oclc.org\)](#)

Abstract: In 2020, the Chronic Disease Management (CDM) programme was introduced in Ireland. This programme resources GPs to review public (GMS) patients, diagnosed with eight named chronic diseases, twice yearly according to a structured protocol. This pay for performance initiative has been widely adopted by GPs. However, it is hypothesised that private patients (PPs) receive a poorer standard of care, as they may be reluctant to attend due to the cost involved. To assess whether the management of eight chronic diseases named in the CDM programme is to the same standard among both PPs and GMS patients. A retrospective audit of GP practices in the Midwest of Ireland. Data relating to 25 GMS patients and 25 PPs, matched by age, gender, and clinical condition, is collected from each practice. Patients have at least 1 of the eight named chronic diseases. Parameters include vaccination status (influenza, pneumococcal, COVID); body mass index; blood pressure; smoking status; renal function; HbA1c; lipid profile; brain natriuretic peptide (BNP) in patients with heart failure; and lung function tests in patients with COPD or asthma. COVID vaccination status acts as a control because it is freely available for both PPs and GMS patients. Preliminary results from 2 GP practices show large consistent disparities in management between PPs and GMS patients in most parameters. Limiting Pay for Performance to the care of GMS patients only, based on age or income, promotes inverse inequality. We argue that CDM care should be offered to all patients.

2. Barry T, Kasemiire A, Quinn M, Deasy C, Bury G, Masterson S, Segurado R, Murphy AW; Out-of-Hospital Cardiac Arrest Registry Steering Group. **Health systems developments and predictors of bystander CPR in Ireland.** *Resusc Plus.* 2024 May 31;19:100671. doi: 10.1016/j.resplu.2024.100671. PMID: 38881596; PMCID: PMC11177081. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11177081/>
Abstract: To explore predictors of bystander CPR (i.e. any CPR performed prior to EMS arrival) in Ireland over the period 2012-2020. To examine the relationship between bystander CPR and key health system developments during this period. Bystander CPR increased over the study period, and it is likely that health system developments contributed to the yearly increases observed. However, COVID-19 appeared to disrupt this positive trend. Urban OHCA location was associated with markedly decreased odds of bystander CPR compared to rural location. Given its importance bystander CPR in urban areas should be an immediate target for intervention.

3. Hassan AHF, Barry HE, Hughes CM. **An exploration of Northern Ireland general practice pharmacists' views on their role in general practice: a cross-sectional survey.** *BMC Prim Care.* 2024 Jun 6;25(1):201. doi: 10.1186/s12875-024-02457-7. PMID: 38844848; PMCID: PMC11157875. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11157875/>
Abstract: There is limited research examining the views of general practice pharmacists (GPPs) on their role and their impact in general practice. The aim of this study was to explore GPPs' views regarding this role and its potential impact within general practice in Northern Ireland (NI). The findings indicated that GPPs had largely positive views about their role and their impact on primary care. The results may be helpful for practices and service commissioners. Further research is necessary to explore the perspectives of patients regarding the role of the GPP and to enhance patients' awareness of the GPP.

4. Jennings AA, Doherty AS, Clyne B, Boland F, Moriarty F, Fahey T, Hally L, Kennelly SP, Wallace E. **Stakeholder perceptions of and attitudes towards problematic polypharmacy and prescribing cascades: a qualitative study.** *Age Ageing.* 2024 Jun 1;53(6):afae116. doi: 10.1093/ageing/afae116. PMID: 38851215; PMCID: PMC11162292. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11162292/>
Abstract: Problematic polypharmacy is the prescribing of five or more medications potentially inappropriately. Unintentional prescribing cascades represent an under-researched aspect of problematic polypharmacy and occur when an adverse drug reaction (ADR) is misinterpreted as a new symptom resulting in the initiation of a new medication. The aim of this study was to elicit key stakeholders' perceptions of and attitudes towards problematic polypharmacy, with a focus on prescribing cascades. Stakeholders believed that at a certain depth of polypharmacy, the risk that a new symptom is being caused by an existing medication becomes incalculable. Therefore, in the absence of harm, medication changes were avoided. However, medication reconciliation post hospital discharge compelled prescribing decisions and was seen as a high-risk activity by stakeholders.

5. Ryan L, Quigley F, Birney S, Crotty M, Conlan O, Walsh JC. **'Beyond the Scale': A Qualitative Exploration of the Impact of Weight Stigma Experienced by Patients With Obesity in General Practice.** *Health Expect.* 2024 Jun;27(3):e14098. doi:

10.1111/hex.14098. PMID: 38859797. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11165259/>

Abstract: Obesity is a complex, chronic, relapsing disease that requires an individualised approach to treatment. However, weight stigma (WS) experienced in healthcare settings poses a significant barrier to achieving person-centred care for obesity. Understanding the experiences of people living with obesity (PwO) can inform interventions to reduce WS and optimise patient outcomes. This study explores how patients with obesity perceive WS in general practice settings; its impact on their psychological well-being and health behaviours, and the patients' suggestions for mitigating it. Three overarching themes specific to participants' experience of WS in general practice were generated: (1) shame, blame and 'failure'; (2) eat less, move more-the go-to treatment; (3) worthiness tied to compliance. A fourth theme: (4) the desire for a considered approach, outlines the participants' suggestions for reducing WS by improving the quality of patient-provider interactions in general practice. The findings call for a paradigm shift in the management of obesity in general practice: emphasising training for GPs in weight-sensitive communication and promoting respectful, collaborative, and individualised care to reduce WS and improve outcomes for people with obesity.

6. Fitzgerald L. **Menopause in the workplace; what's everyone getting in a sweat about.** *Occup Med (Lond)*. 2024 Apr 23;kqad137. doi: 10.1093/occmed/kqad137. Epub ahead of print. PMID: 38652588.
Full-text: <https://academic.oup.com/occmed/advance-article/doi/10.1093/occmed/kqad137/7656814?login=false>
7. Dunne P, Culliney L, O'Mahony L, Byrne M, Murphy AW, O'Reilly S. **Exploring health professionals' knowledge, practices and attitudes regarding gestational diabetes: A cross-sectional Irish national survey.** *Diabet Med*. 2024 May 31:e15373. doi: 10.1111/dme.15373. Epub ahead of print. PMID: 38820178. [Open Access]
Full-text: <https://onlinelibrary.wiley.com/doi/10.1111/dme.15373>
Abstract: Gestational diabetes confers short- and long-term risk of mother and offspring health complications. Healthcare professionals such as endocrinologists, diabetes nurses, dietitians, midwives and general practitioners provide gestational diabetes care. We sought to explore healthcare professionals' perspectives on gestational diabetes care during pregnancy and postpartum. Healthcare professionals in the Republic of Ireland, whose role included gestational diabetes care were invited to complete an online 20-item survey between June and September 2022. Social media, professional organisations and personal networks were used for recruitment. Questions included guideline use, postpartum diabetes screening and advice practices. Analyses were performed using SPSS statistical software and free text was coded using NVivo. Seventeen healthcare professions across primary and secondary care settings participated (n = 127). No differences were noted between groups (medical, nursing/midwifery, allied health/other); therefore, findings were reported as a single group. Healthcare professionals reported using multiple different guidelines to support gestational diabetes management (n = 14). The most cited were 'Health Service Executive guidelines' (24.5%), 'local guidelines' (13.2%) and National Institute for Clinical Excellence guidelines (11.3%); 12.3% cited uncertainty, and 27.5% reported not to follow any named guidelines. For postpartum follow-up, 39% felt clear guidelines were available to support practice, 37% felt appropriate systems were in place and 29% reported

effective communication between primary and secondary care services. Qualitative findings emphasised a desire for improved communication between systems, participants and providers, clear interdisciplinary guidelines, and adequate resourcing for gestational diabetes management and postpartum diabetes prevention, including comprehensive support and follow-up. System-level challenges and ineffective communication across settings are barriers to optimum postpartum care. Nationally agreed guidelines for best practice gestational diabetes management including postpartum diabetes prevention are needed.

8. O'Mahony C, Dalton K, O'Hagan L, Murphy KD, Kinahan C, Coyle E, Sahm LJ, Byrne S, Kirke C. **Economic cost-benefit analysis of person-centred medicines reviews by general practice pharmacists.** *Int J Clin Pharm.* 2024 May 30. doi: 10.1007/s11096-024-01732-y. Epub ahead of print. PMID: 38814513. [Open Access] **Full-text:** <https://link.springer.com/article/10.1007/s11096-024-01732-y> **Abstract:** Medicines reviews by general practice pharmacists improve patient outcomes, but little is known about the associated economic outcomes, particularly in patients at higher risk of medicines-related harm. To conduct an economic cost-benefit analysis of pharmacists providing person-centred medicines reviews to patients with hyperpolypharmacy (prescribed ≥ 10 regular medicines) and/or at high risk of medicines-related harm across multiple general practice settings. Person-centred medicines reviews by general practice pharmacists for patients at high risk of medicines-related harm result in substantial cost savings. Wider investment in general practice pharmacists will be beneficial to minimise both patient harm and healthcare system expenditure.
9. Woods CB, O'Regan A, Doyle C, Hayes G, Clifford A, Donnelly AE, Gillespie P, Glynn L, Murphy AW, Sheikhi A, Bengoechea EG. **Move for Life an intervention for inactive adults aged 50 years and older: a cluster randomised feasibility trial.** *Front Public Health.* 2024 May 15;12:1348110. doi: 10.3389/fpubh.2024.1348110. PMID: 38813401; PMCID: PMC11133700. [Open Access] **Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11133700/> **Abstract:** Move for Life (MFL) is a theory-informed intervention that was developed to augment established physical activity (PA) programmes and enable inactive adults aged 50 years and older to be more active. This study examined the feasibility of MFL and sought to provide evidence of its potential for improving PA and associated health outcomes. Findings show that MFL is feasible, while data are promising with regards to the potential of improving community PA programmes for adults aged 50 or more years.
10. Morrissey E, Murphy A, Murphy P, O'Grady L, Byrne M, Casey M, Dolan E, Duane S, Durand H, Gillespie P, Hayes P, Hobbins A, Hynes L, McEvoy JW, Newell J; MIAMI PPI group; Molloy G. **Supporting GPs and people with hypertension to maximise medication use to control blood pressure: Protocol for a pilot cluster RCT of the MIAMI intervention.** *HRB Open Res.* 2023 Aug 21;6:6. doi: 10.12688/hrbopenres.13661.2. PMID: 38779427; PMCID: PMC11109531. [Open Access] **Full-text:** <https://hrbopenresearch.org/articles/6-6/v2> **Abstract:** Hypertension is one of the most important risk factors for stroke and heart disease. Recent international guidelines have stated that '*poor adherence to treatment - in addition to physician inertia - is the most important cause of poor blood pressure control*'. The Maximising Adherence, Minimising Inertia (MIAMI)

intervention, which has been developed using a systematic, theoretical, user-centred approach, aims to support general practitioners (GPs) and people with hypertension to maximise medication use, through the facilitation of adequate information exchange within consultations about long-term antihypertensive medication use and adherence skill development. The aim of the MIAMI pilot cluster randomised controlled trial (RCT) is to gather and analyse feasibility data to allow us to (1) refine the intervention, and (2) determine the feasibility of a definitive RCT. This pilot cluster RCT of the MIAMI intervention will allow us to gather valuable acceptability and feasibility data to further refine the intervention so it optimally designed for both GP and patient use. In particular, the qualitative component will provide an insight into GP and patient experiences of using the intervention.

11. Hurley K, Ozaki M, Philippot Q, Galvin L, Crosby D, Kirwan M, Gill DR, Alysandratos KD, Jenkins G, Griese M, Nathan N, Borie R; COST Open-ILD Group Management Committee. **A roadmap to precision treatments for familial pulmonary fibrosis.** *EBioMedicine*. 2024 Jun;104:105135. doi: 10.1016/j.ebiom.2024.105135. Epub 2024 May 7. PMID: 38718684; PMCID: PMC11096859. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11096859/>
Abstract: Interstitial lung diseases (ILDs) in adults and children (chILD) are a heterogeneous group of lung disorders leading to inflammation, abnormal tissue repair and scarring of the lung parenchyma often resulting in respiratory failure and death. Inherited factors directly cause, or contribute significantly to the risk of developing ILD, so called familial pulmonary fibrosis (FPF), and monogenic forms may have a poor prognosis and respond poorly to current treatments. Specific, variant-targeted or precision treatments are lacking. Clinical trials of repurposed drugs, anti-fibrotic medications and specific treatments are emerging but for many patients no interventions exist. We convened an expert working group to develop an overarching framework to address the existing research gaps in basic, translational, and clinical research and identified areas for future development of preclinical models, candidate medications and innovative clinical trials. In this Position Paper, we summarise working group discussions, recommendations, and unresolved questions concerning precision treatments for FPF.

Research Articles

1. Barnard R, Spooner S, Hubmann M, Checkland K, Campbell J, Swinglehurst D. **The hidden work of general practitioners: An ethnography.** *Soc Sci Med*. 2024 Jun;350:116922. doi: 10.1016/j.socscimed.2024.116922. Epub 2024 Apr 29. PMID: 38713977. [Open Access]
Full-text: <https://www.sciencedirect.com/science/article/pii/S0277953624003666?via%3Dihub>
Abstract: High quality primary care is a foundational element of effective health services. Internationally, primary care physicians (general practitioners (GPs), family doctors) are experiencing significant workload pressures. How non-patient-facing work contributes to these pressures and what constitutes this work is poorly understood and often unrecognised and undervalued by patients, policy makers, and even clinicians engaged in it. This paper examines non-patient-facing work ethnographically, informed by practice theory, the Listening Guide, and empirical ethics. Ethnographic observations (104 h), in-depth interviews (n = 16; 8 with GPs and 8 with other primary care staff) and reflexive workshops were conducted in two

general practices in England. Our analysis shows that 'hidden work' was integral to direct patient care, involving diverse clinical practices such as: interpreting test results; crafting referrals; and accepting interruptions from clinical colleagues. We suggest the term 'hidden care work' more accurately reflects the careful nature of this work, which was laden with ambiguity and clinical uncertainty. Completing hidden care work outside of expected working hours was normalised, creating feelings of inefficiency, and exacerbating workload pressure. Pushing tasks forward into an imagined future (when conditions might allow its completion) commonly led to overspill into GPs' own time. GPs experienced tension between their desire to provide safe, continuous, 'caring' care and the desire to work a manageable day, in a context of increasing demand and burgeoning complexity.

2. Bomholt KB, Nebsbjerg MA, Burau V, Mygind A, Christensen MB, Huibers L. **Task shifting from general practitioners to other health professionals in out-of-hours primary care - a systematic literature review on content and quality of task shifting.** *Eur J Gen Pract.* 2024 Dec;30(1):2351807. doi: 10.1080/13814788.2024.2351807. Epub 2024 May 23. PMID: 38779917; PMCID: PMC11123461. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11123461/>
Abstract: Task shifting from general practitioners to other health professionals could increase treatment capacity in out-of-hours primary care. Task shifting occurs for care to patients with less urgent and less complex health issues. The long-term implications of task shifting in out-of-hours primary care should be investigated.
3. de Groot E, der Vossen MM, Slootweg I, Çorum M, Kramer A, Muris J, Scherpbier N, Thoonen B, Damoiseaux R. **Advancing collaboration in health professions education in the general practice domain, developing a national research agenda.** *Adv Health Sci Educ Theory Pract.* 2024 May 27. doi: 10.1007/s10459-024-10340-4. Epub ahead of print. PMID: 38801544. [Open Access]
Full-text: <https://link.springer.com/article/10.1007/s10459-024-10340-4>
Abstract: Health professions education (HPE) research in the General Practice domain (GP-HPE) is vital for high-quality healthcare. Collaboration among GP-HPE researchers is crucial but challenging. Formulating a research agenda, involving stakeholders, and fostering inter-institutional collaboration can address these challenges and connect educational research and practice. We identified five distinct perspectives, each representing a research focus area for developing and innovating GP education: the clinician scientist, the socially engaged GP, the specific GP identity, the GP as an entrepreneur, and the GP engaged in lifelong learning. The resulting five perspectives align with General Practice hallmarks. Q-methodology and a participatory approach facilitated collaboration among stakeholders. Successful inter-institutional collaboration requires a common goal, neutral leadership, participant commitment, regular meetings, audit trail support, process transparency, and reflexivity. Future research should address evidence gaps within these perspectives. Using Q-methodology turned out to be valuable for compiling a national research agenda for GP-HPE research. The research process helped to cross boundaries between researchers in different institutions, thus putting inter-institutional collaborative advantage center stage. Our approach could provide a conceivable procedure for HPE researchers worldwide.
4. Trần TB, Ambrens M, Nguyễn J, Coleman E, Gilanyi Y, Letton M, Pandit A, Lock L, Thom JM, Sen S, Lambert K, Arnold R. **Preferences of people with chronic kidney**

disease regarding digital health interventions that promote healthy lifestyle: qualitative systematic review with meta-ethnography. *BMJ Open*. 2024 May 27;14(5):e082345. doi: 10.1136/bmjopen-2023-082345. PMID: 38802278. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11131123/>

Abstract: Diet and physical activity are crucial for people with chronic kidney disease (CKD) to maintain good health. Digital health interventions can increase access to lifestyle services. However, consumers' perspectives are unclear, which may reduce the capacity to develop interventions that align with specific needs and preferences. Therefore, this review aims to synthesise the preferences of people with CKD regarding digital health interventions that promote healthy lifestyle. Digital health interventions were considered an important mechanism to access lifestyle services. Consumers' preferences are important to ensure future interventions are tailored to specific needs and goals. Future research may consider applying the conceptual framework of consumers' preferences in this review to develop and evaluate the effect of a digital lifestyle intervention on health outcomes.

5. Balqis-Ali NZ, Jawahir S, Chan YM, Lim AW, Azlan UW, Shaffie SSM, Fun WH, Lee SWH. **The impact of long-term care interventions on healthcare utilisation among older persons: a scoping review of reviews.** *BMC Geriatr*. 2024 Jun 3;24(1):484. doi: 10.1186/s12877-024-05097-9. PMID: 38831269; PMCID: PMC11145838. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11145838/>

Abstract: As the ageing population grows, the demand for long-term care (LTC) services will rise, concurrently amplifying healthcare utilisation. This review aims to examine and consolidate information on LTC interventions that influence healthcare utilisation among older persons. The findings suggest that LTC interventions could benefit from transitioning to a community-based setting involving a multidisciplinary team, including carers. The spectrum of services should incorporate a comprehensive assessment to ensure continuous care.

6. Gartner A, Daniel R, Slyne C, Nnoaham KE. **How predictive of future healthcare utilisation and mortality is data-driven population segmentation based on healthcare utilisation and chronic condition comorbidity?** *BMC Public Health*. 2024 Jun 18;24(1):1621. doi: 10.1186/s12889-024-19065-w. PMID: 38890659. [Open Access]

Full-text: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-024-19065-w>

Abstract: In recent years data-driven population segmentation using cluster analyses of mainly health care utilisation data has been used as a proxy of future health care need. Chronic conditions patterns tended to be examined after segmentation but may be useful as a segmentation variable which, in combination with utilisation could indicate severity. These could further be of practical use to target specific clinical groups including for prevention. This study aimed to assess the ability of data-driven segmentation based on health care utilisation and comorbidities to predict future outcomes: Emergency admission, A&E attendance, GP practice contacts, and mortality. This shows that the segments have satisfactory predictive ability, even for varied outcomes and a broad range of events and conditions used in the segmentation. It suggests that the segments can be a useful tool in helping to identify specific groups of need to target with anticipatory care. Identification may be refined with selected diagnoses or more specialised tools such as risk stratification.

7. Ares-Blanco S, Guisado-Clavero M, Lygidakis C, Fernández-García M, Petek D, et al. **Exploring the accessibility of primary health care data in Europe's COVID-19 response: developing key indicators for managing future pandemics (Eurodata study).** *BMC Prim Care*. 2024 Jun 20;25(1):221. doi: 10.1186/s12875-024-02413-5. PMID: 38902681. [Open Access]
Full-text: <https://bmcpriamcare.biomedcentral.com/articles/10.1186/s12875-024-02413-5>
Abstract: Primary Health Care (PHC) plays a crucial role in managing the COVID-19 pandemic, with only 8% of cases requiring hospitalization. However, PHC COVID-19 data often goes unnoticed on European government dashboards and in media discussions. This project aims to examine official information on PHC patient care during the COVID-19 pandemic in Europe, with specific objectives: (1) Describe PHC's clinical pathways for acute COVID-19 cases, including long-term care facilities, (2) Describe PHC COVID-19 pandemic indicators, (3) Develop COVID-19 PHC activity indicators, (4) Explain PHC's role in vaccination strategies, and (5) Create a PHC contingency plan for future pandemics. While PHC manages most COVID-19 acute cases, data remains limited in many European countries. This study collects data from numerous countries, offering a comprehensive perspective on PHC's role during the pandemic in Europe. It pioneers the development of a PHC dashboard and health system plan for pandemics in Europe. These results may prove invaluable in future pandemics. However, data may have biases due to key informants' involvement and may not fully represent all European GP practices. PHC has a significant role in the management of the COVID-19 pandemic, as most of the cases are mild or moderate and only 8% needed hospitalization. However, PHC COVID-19 activity data is invisible on governments' daily dashboards in Europe, often overlooked in media and public debates.
8. Bhattacharya D, Kantilal K, Martin-Kerry J, Millar V, Clark A, Wright D, Murphy K, Turner D, Scott S. **Developing a core outcome set for evaluating medication adherence interventions for adults prescribed long-term medication in primary care.** *Res Social Adm Pharm*. 2024 Jul;20(7):625-632. doi: 10.1016/j.sapharm.2024.04.002. Epub 2024 Apr 3. PMID: 38614842. [Open Access]
Full-text: <https://www.sciencedirect.com/science/article/pii/S1551741124001165?via%3Dihub>
Abstract: Approximately half of people prescribed medications do not take them as prescribed. There is a significant unmet need regarding the barriers to medication adherence not being addressed in primary care. There is no agreement on which outcomes should be measured and reported in trials of medication adherence interventions. To develop a core outcome set (COS) for trials of medication adherence interventions in primary care for adults prescribed medications for long-term health conditions. This COS represents the minimum outcomes that should be collected and reported in all medication adherence trials undertaken in primary care. When developing and finalizing the COS, feasibility and acceptability of collection of outcomes has been considered. In addition to the COS, medication adherence trials can choose to include outcomes to suit their specific context such as the health condition associated with their medication adherence intervention.
9. Rookes TA, Nimmons D, Frost R, Armstrong M, Davies L, Ross J, Hopkins J, Mistry M, Taylor S, Walters K. **Effectiveness of complex behaviour change interventions tested in randomised controlled trials for people with multiple long-term conditions (M-LTCs): systematic review with meta-analysis.** *BMJ Open*. 2024 Jun

16;14(6):e081104. doi: 10.1136/bmjopen-2023-081104. PMID: 38885992; PMCID: PMC11184186. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11184186/>

Abstract: The prevalence of multiple long-term conditions (M-LTCs) increases as adults age and impacts quality of life and health outcomes. To help people manage these conditions, complex behaviour change interventions are used, often based on research conducted in those with single LTCs. However, the needs of those with M-LTCs can differ due to complex health decision-making and engagement with multiple health and care teams. The aim of this review is to identify whether current interventions are effective for people living with M-LTCs, and which outcomes are most appropriate to detect this change. Complex interventions can be successfully delivered to those with M-LTCs. These are most effective at reducing psychological distress in those with physical and mental LTCs. Further research is needed to identify the effective components of interventions for people with two or more physical LTCs and which outcome is most appropriate for detecting this change.

10. Herbert K, Herlitz L, Woodman J, Powell C, Morris S. **Patient and caregiver characteristics associated with differential use of primary care for children and young people in the UK: a scoping review.** *BMJ Open.* 2024 May 16;14(5):e078505. doi: 10.1136/bmjopen-2023-078505. PMID: 38760051; PMCID: PMC11103219. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11103219/>

Abstract: To systematically map evidence to answer the research question: *What is the relationship between the characteristics of children and young people (CYP) or their caregivers and primary care service use in the UK, taking into account underlying healthcare needs?* DESIGN: Scoping review. 22 eligible studies were identified, covering general practice (n=14), dental health (n=4), child mental health (MN) services (n=3) and immunisation (n=1). Only eight studies (36%) controlled for variables associated with healthcare need (eg, age, birth weight and long-term conditions). In these, evidence of horizontal inequity in primary care use was reported for CYP living in deprived areas in England, with and without complex needs. Horizontal inequity was also identified in primary care MN referrals for CYP in England identifying as mixed-race, Asian or black ethnicity, compared with their white British peers. No evidence of horizontal inequity was observed, however, in primary care use for CYP in England exposed to parental depression, or for CYP children from low-income households in Scotland. Increasing CYP's age was associated with decreasing primary care use across included studies. No studies were found regarding CYP from Gypsy or Traveller communities, children in care, or those with disabilities or special educational needs. There is evidence that socioeconomic factors impact on CYP's primary care use, in particular age, ethnicity and deprivation. However, better quality evidence is required to evaluate horizontal inequity in use and address knowledge gaps regarding primary care use for vulnerable CYP populations and the impact of policy and practice related 'supply side' of primary care.

11. Samuelson S, Pennbrant S, Svensson A, Svenningsson I. **Standing together at the helm - how employees experience employee-driven innovation in primary care.** *BMC Health Serv Res.* 2024 May 22;24(1):655. doi: 10.1186/s12913-024-11090-0. PMID: 38778370; PMCID: PMC11110197. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11110197/>

Abstract: Primary care needs to find strategies to deal with today's societal

challenges and continue to deliver efficient and high-quality care. Employee-driven innovation is increasingly gaining ground as an accessible pathway to developing successful and sustainable organisations. This type of innovation is characterised by employees being engaged in the innovation process, based on a bottom-up approach. This qualitative study explores employees' experiences of employee-driven innovation at a primary care centre in Sweden. Data are collected by focus group interviews and analysed by inductive qualitative content analysis. The result is presented with the overarching theme "Standing together at the helm" followed by three categories: "Motivating factors for practising employee-driven innovation", "Challenges in practising employee-driven innovation" and "Benefits of employee-driven innovation", including nine subcategories. The study found that employee-driven innovation fosters organisational innovation, empowers employees, and enhances adaptability at personal and organisational levels. This enables individual and collective learning, and facilitates the shaping, development, and adaptation of working methods to meet internal and external requirements. However, new employees encountered difficulty grasping the concept of employee-driven innovation and recognising its long-term advantages. Additionally, the demanding and task-focused environment within primary care posed challenges in sustaining efforts in innovation work. The employees also experienced a lack of external support to drive and implement some innovative ideas.

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