

# ICGP Library

## Recommended Reading

May 2024  
Issue 5

*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**  
**May 2024, Volume 41, no 4**

Independence Day: Choices for the Fledging GP

 **View all Forums:**

<https://www.irishcollegeofgps.ie/Home/Clinical-Hub/Publications-and-Journals/Forum-Journal/>

### GPWorks

Thousands of GPs will gather in the Convention Centre in Dublin in late September for WONCA Europe 2024. Dr. Andree Rochfort describes the conference and the great opportunities it will hold.



Contact Us: [library@icgp.ie](mailto:library@icgp.ie)

 **Listen to GPWorks:** <https://www.icgpnews.ie/gpworks/>

## ICGP Staff Research Articles

Callanan A, Quinlan D, Kearney PM, O'Sullivan S, Zhi GTY, Crichton A, Howell MW, Bradley C, Buckley C. **Opportunistic atrial fibrillation screening in primary care in Ireland: results of a pilot screening programme.** *Open Heart*. 2024 May 9;11(1):e002563. doi: 10.1136/openhrt-2023-002563. PMID: 38724265; PMCID: PMC11086480. <https://openheart.bmj.com/content/11/1/e002563.long>

Keenan I, Cullen L, Hogan G, O'Herlihy N, McCarthy C, Collins C. **Profile of Irish female GPs and factors affecting long-term commitment: a descriptive study.** *BJGP Open*. 2024 Apr 17:BJGPO.2023.0229. doi: 10.3399/BJGPO.2023.0229. Epub ahead of print. PMID: 38631723. <https://bjgpopen.org/content/early/2024/04/14/BJGPO.2023.0229.long>

Kirkove D, Willems S, Van Poel E, Dardenne N, Donneau AF, Perrin E, Ponsar C, Mallen C, Stylianou N, Collins C, Gagnayre R, Pétré B. **Characteristics of primary care practices associated with patient education during COVID-19: results of the cross-sectional PRICOV-19 study in 38 countries.** *BMC Prim Care*. 2024 Apr 18;24(Suppl 1):285. doi: 10.1186/s12875-024-02348-x. PMID: 38637765; PMCID: PMC11027213. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11027213/>

Power E, Taaffe S, McLoughlin P, Sharif F. **Primary and secondary care approach to paediatric mental health conditions: a novel model of care.** *BMJ Paediatr Open*. 2022 Mar;6(1):e001285. doi: 10.1136/bmjpo-2021-001285. PMID: 36053655; PMCID: PMC8905931. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8905931/>

 **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 - [Minister for Health secures government approval to further expand the role of pharmacists](#)**

By Department of Health, 16 April 2024.

The Minister for Health Stephen Donnelly has received government approval to proceed with the drafting of a further amendment to the Health (Miscellaneous Provisions) Bill 2024. This amendment will lay the groundwork for the introduction of pharmacist prescribing. This amendment will make provision in primary legislation for the further expansion of the role of pharmacists.

### **Dept. of Health Press Release - [Ministers launch the Women's Health Action Plan 2024-2025 Phase 2: An Evolution in Women's Health](#)**

By Department of Health, 18 April 2024.

Contact Us: [library@icgp.ie](mailto:library@icgp.ie)

This Action Plan aims to build on the significant development of women's health services over the last two years as well as the delivery of new services. It is supported by investment of more than €11 million, bringing total additional funding for women's health to over €140 million since 2020. This funding will be used to expand and develop priority initiatives as identified by the Women's Health Taskforce.

There are three pillars to the Action Plan:

Pillar 1 - Building on Progress: Focusing on the safeguarding and expansion of services developed during the first Action Plan. It includes the expansion of the Free Contraception Scheme to women aged 17-35, increasing capacity of Specialist Menopause Clinics, and the roll-out of additional "See-and-Treat" Gynaecology Clinics.

Pillar 2 - New spotlights for 2024-2025: This includes the development of the first public Assisted Human Reproduction Treatment Centre, initiatives targeted at women at midlife or older, to improve bone health and cardiovascular health, funding to expand the National Venous Thromboembolism Programme and supports for marginalised women.

Pillar 3 - Listening and Learning: Through the Women's Health Taskforce, the Department of Health will continue to put women's voices at the centre of policy creation. Initiatives include a new Radical Listening exercise planned for 2025, a new Patient Voice Forum to hear directly from women accessing existing services, as well as new research and outcomes analysis.

### **Dept. of Health Press Release - [Minister for Health Stephen Donnelly Publishes the Sláintecare Progress Report 2021-2023](#)**

By Department of Health, 30 April 2024.

This report highlights the unprecedented progress being made in transforming our health and social care services to provide the Right Care, in the Right Place, at the Right Time. There has been an expansion of primary care capacity and community services to ensure that patients are treated in their locality or as close to their homes as possible.

Some highlights for General Practice include:

#### **Improving Access**

- There are now 174 Primary Care Centers in operation - up from 138 in 2020.

#### **Expanding Eligibility & Affordability**

- Expansion of GP Visit Card - Eligibility for a GP visit card has been extended to over half a million people in 2023, including free GP care to people earning no more than the median household income. Consequently, more than half the population are now eligible for either a medical or a GP visit card.
- Free Contraception - the free contraception scheme was introduced in September 2022 and extended throughout 2023 and is available to all women aged 17 - 30. Access to free contraception further expanded to include women aged 31 from January 2024. Approximately 189,000 women availed of the scheme in 2023.

. \*A state-funded IVF scheme launched in 2023.

## Increasing Capacity

- GP training places - The number of doctors entering GP training has been increased significantly in recent years, with 286 new entrants in 2023 and 350 places for new entrants for this year. Annual intake to the GP training scheme has been increased by over 80% from 2015 to 2023, and the number of new entrant places to be available this year is a 22% increase on last year's intake. In addition, GP recruitment is ongoing under the joint non-EU GP Training Programme between the HSE and Irish College of General Practitioners (ICGP). 112 non-EU GPs were recruited last year under the training programme and it is planned to recruit up to 250 more non-EU GPs to Ireland this year. The placement of GPs under the programme is targeted to rural and underserved areas. Internal DoH statistical analysis indicates that between 1.5 and 3.1 GPs will exit training for each retiring GP over the coming years.

## Reform

- Since January 2021, GPs can directly refer their patients for scans and diagnostic tests- a total of 904,857 GP directly referred community diagnostics were carried out over the 3 years.

### **Dept. of Health Press Release - [Minister for Health publishes 'Digital for Care: A Digital Health Framework for Ireland 2024-2030'](#)**

By Department of Health, 21 May 2024.

This framework sets out a roadmap to digitally transform health services in Ireland and improve access for patients. This year will see the roll-out of a patient app that will provide people with important medical history and records. Next year will see the rollout of a 'Shared Care Record' to integrate patient records no matter what part of the health service they engage with. A longer-term deployment of Electronic Health Records (EHR) is also included.

Highlights in the new Framework for 2024 and beyond include:

- the roll-out of a Patient App later this year.
- scale the use of virtual care initiatives as a viable clinical intervention, enabled by technology, that is a safe and efficient alternative to inpatient care and to boost capacity.
- complete procurement for the technology platform to deliver a National Shared Care Record. In parallel, prepare for design, configuration and plan for phased deployment to connect records and enable delivery of integrated care across the new Health Regions.
- advance the development of a Health Information Bill scheduled for priority publication this legislative session.
- widen the use of Robotic Process Automation (RPA) to the management of waiting lists and use mobile SMS reminders, informed by behavioural science, to reduce Did Not Attend (DNA) rates for outpatient hospital appointments. Consider use-cases for the safe use of artificial intelligence to support clinic decision making.
- commence procurement of a solution for national electronic prescribing.
- **continue to invest in GP systems and key data sources.**

- leverage maximum value from Electronic Health Record systems deployed at existing hospitals and continue the deployment across the larger maternity hospitals and the New Childrens Hospital (NCH).
- in parallel, prepare for future investment in Electronic Health Record systems, to be deployed across the new regions, and address the procurement approach, deployment plans and hosting models for interoperability with existing systems.
- progress deployment of the National Integrated Financial Management System (IFMS), the National Integrated Staff Records and Payroll (NISRP) system, the National Estates Information and Management System (NEIS), invest in hospital patient flow analytics solutions and longer-term demand and capacity modelling capability.
- continue to build cyber resilience through the implementation of recommendations of the post incident report following the ransomware attack in 2021 including 24/7 enhanced cyber security operations.

## **Morning Ireland - 65% reduction in number of people waiting over 12 months for care - HSE**

By RTE, 7 May 2024.

Check out Morning Ireland RTE Radio 1 interview with Dr Orlaith O'Reilly, Clinical Lead for the Chronic Disease Management in General Practice who talks about how the Enhanced Community Care programme is improving health outcomes and experiences for patients across Ireland.



Key highlights include:

- ➔ A 65% reduction in waiting lists for patients waiting over 12 months for care, in hospitals that have an integrated care consultant in place for more than 3 months.
- ➔ Over half a million people now receive all of their routine care with their GP, enabled by the GP chronic disease contract.
- ➔ A notable 16% reduction in chronic disease admissions in the last number of years since the programme was introduced.
- ➔ Excellent clinical results e.g., 45% of patients who had high blood pressure at the start of the programme, no longer have high blood pressure.

## **Guidelines**

### **National Clinical Effectiveness Committee (NCEC) Adult Type 1 Diabetes Mellitus Clinical Guidelines** (10<sup>th</sup> May)

This updated guideline for adults with Type 1 Diabetes from the National Clinical Effectiveness Committee (NCEC) aimed at improving the access, quality, and safety of care for adults with the condition. The updated NCEC guideline will see recommendations around making continuous glucose monitoring (CGM) available for all adults with Type 1 Diabetes. CGM enables people with diabetes to monitor their blood glucose levels without the need for finger pricking. The HSE has implemented a reimbursement application system for CGM sensors, since December 2023.

Type 1 diabetes is an autoimmune condition that causes destruction of the insulin producing cells in the pancreas. This means that people with type 1 diabetes must self-inject insulin or

administer via a pump to manage their blood glucose and avoid a range of serious short and long-term complications.

In 2018, the NCEC Type 1 Diabetes Guideline was the first NCEC guideline to be developed in Ireland in 2018 using the England's National Institute for Health and Care Excellence (NICE) contextualisation process; whereby a recent NICE guideline is adapted for use in another country. The recommendations are based on the best research evidence and on national and international clinical expertise. This newly updated Type 1 diabetes guideline is based on 2022 updates by NICE.

 **Read the Guidelines:** [gov - Type 1 diabetes mellitus in Adults Version 2 \(www.gov.ie\)](https://www.gov.ie/gov/Type-1-diabetes-mellitus-in-Adults-Version-2)

### **HSE/RCPI Integrated Model of Care for People with Type 2 Diabetes Mellitus 2024** (10<sup>th</sup> May)

The Health Service Executive (HSE) also launched an updated Integrated Model of Care for people with Type 2 Diabetes Mellitus. This model of care takes a population health approach to the management of Type 2 Diabetes Mellitus (T2DM). It aims to improve the health of the entire population and to reduce health inequalities among population groups. It recognises the higher prevalence of T2DM among socially disadvantaged groups. The delivery of services that emerge from implementation of this model of care will need to be supported by the development of national and local clinical guidelines and clear patient pathways, which should be supported by a diabetes registry with accurate Irish data, and a National Diabetes Strategy to detail service planning for individual services. This model of care is guided by international best practice and outlines the spectrum of health services required to manage T2DM in general practice and primary care, community, and hospital settings. Also, it can be seen that self-management education and support (SMES) is a cornerstone of clinical care across all levels of service.

#### *Adult Level 1 - General Practice and Primary Care Team*

Most adults with T2DM will present initially to primary care. The General Practitioner (GP), General Practice Nurse (GPN), and the wider multidisciplinary primary care team are the key health care professionals within this setting. They lead on prevention of diabetes through risk factor management, early identification of prediabetes, T2DM and complications, proactive management of these conditions including signposting or onward referral to specialist services within ambulatory care hubs. The hub-based services support GP-lead primary care via early access to self-management education and multidisciplinary interventions for individuals with more complex T2DM and/or multimorbidity for optimisation of their condition. The GP and team have a central role in ensuring an integrated, person-centred approach to support individuals to self-manage their own condition, and to develop appropriate care plans in collaboration with people with T2DM. The Structured Chronic Disease Management Programme in General Practice provides additional supports to GPs in caring for individuals living with chronic disease in the community (HSE).

 **Read the Guidelines:** [HSE Integrated Model of Care for People with Type 2 Diabetes Mellitus](https://www.hse.ie/eng/our-services/primary-care-services/structured-chronic-disease-management-programme-in-general-practice)

# Reports

## NDTP Annual Workforce Analysis Report for 2023-2024 (18<sup>th</sup> April)

This report gives an overview of the publicly funded medical workforce in Ireland for 2023 as well as highlighting changes in the workforce over recent years.



Some of the main findings are:

- 12% increase in the overall number of Consultants employed.
- 16% growth in the number of Consultants employed in Model 3 Hospitals.
- 4% growth in the number of doctors in training i.e. those doctors undertaking Basic Specialist Training (BST), Higher Specialist Training (HST).
- 21% increase in the number of doctors in non-training posts between December 2022 and December 2023.

 **Read the Report:** [medical-workforce-report-23-24-digital.pdf \(hse.ie\)](https://www.hse.ie/medical-workforce-report-23-24-digital.pdf)

## ESRI Research Series: Current and projected demand for nurses working in general practice in Ireland (16<sup>th</sup> April)

General practice is an integral part of the Irish healthcare system. Demand for general practice services is expected to increase in the coming years due to both (i) a growing and ageing population, and ii) policy proposals seeking to re-orientate healthcare delivery towards the community setting. Consequently, there is a need to increase the general practice workforce to deliver on this projected increase in demand. The number of GP training places have increased in the last number of years; however an increase in the number of nurses working in general practice could also help address growing demands on the sector.



The aim of the research in this report is:

1. To examine the current utilisation of practice nurse services in Ireland.
2. To make projections about the future demand for practice nurse services.
3. To identify challenges and potential facilitators to increasing the number of nurses working in general practice in Ireland.

## FINDINGS AND DISCUSSION

Approximately one-third of the population aged 15 and over visit a practice nurse annually. Similar to other healthcare services, relatively high utilisation of practice nurse services is observed among particular groups including older people, those with a chronic condition and Medical Card holders. On average, those living outside of Dublin had a slightly higher number of visits to the practice nurse relative to those living in Dublin, though this finding was not statistically significant.

Due to population growth and ageing, the demand for practice nurse services is projected to increase by between 22 and 27 per cent between 2019 and 2035. Consequently an additional 502-616 practice nurses are required by 2035 to keep up with additional demand for such services. In 2023, there were 79,489 nurses and midwives working in Ireland. Larger-than-expected population growth, and the implementation of Sláintecare proposals

to shift care provision (where appropriate) from the hospital setting to the community, will likely further increase demand for such services.

A number of countries (including the UK) have increased the number of nurses working in general practice in recent years, with generally positive outcomes on health status and patient satisfaction. Challenges to increasing the number of nurses identified in the international literature include a potential reluctance from doctors and patients. In the available Irish literature, little reluctance from doctors to increasing the number of nurses was observed, though there is a lack of evidence on patients' perceptions of the role of nurses in general practice. Among nurses themselves, a lack of training and education in the area of general practice may contribute to a reluctance among nurses to seek roles within general practice. In addition, potentially superior working conditions within the public sector (including established career pathways, dedicated and paid leave for training and education, and pension provision) could act as a barrier to more nurses seeking to work in general practice.

Recognising the importance of nurses to general practice, the 2023 GP Agreement made provisions for increased subsidies for practices to employ a practice nurse. This is an important step forward in increasing the number of nurses working in general practice, as is the establishment of the new graduate diploma in primary care nursing. However other initiatives may also be required, especially those which incentivise nurses to work in general practice.

 **Read the Report:** [Current and projected demand for nurses working in general practice in Ireland | ESRI](#)



**HSE National Strategic Plan to improve the Health of People experiencing homelessness 2024-2027** (April 2024)

The National Strategic Plan to Improve the Health of People Experiencing Homelessness in Ireland (2024-2027) sets out a number of principles, priorities, and actions aimed at supporting a collaborative response to the homelessness crisis, including the delivery of planned, long-term action and integrated quality healthcare initiatives that meet the needs of the changing profile of people experiencing homelessness.

 **Read the Report:** [National Strategic Plan to Improve the Health of People Experiencing Homelessness in Ireland \(2024-2027\) - HSE Publications](#)



**HRB Alcohol: availability, affordability, related harm, and policy in Ireland** (17<sup>th</sup> April)

This alcohol overview is the fifth in a series which examines data and trends on alcohol use and related consequences over time in Ireland. The data show that there has been a decrease in per capita alcohol use since the last overview was published in 2021. However, harmful and hazardous drinking patterns are impacting people's health and health services.

For the first time, alcohol availability in Ireland is examined and reveals that almost  $\frac{3}{4}$  of the population live within walking distance (300 meters) of a licenced premises and that there is a greater density of these premises in more deprived communities. The report also looks in detail at alcohol-related harms including hospitalisations, deaths, alcohol's role in crime as well as the numbers receiving treatment for their alcohol use. The HRB continually monitors



these trends to provide solid evidence to inform future policy and help plan services to support recovery and reduce harm from alcohol.

 **Read the Report:** [Alcohol: availability, affordability, related harm, and policy in Ireland \(hrb.ie\)](https://hrb.ie)

## EBM Round-Up



### NMIC Therapeutics Today (May 2024)

In this month's Therapeutics Today:

- Risk of adverse events following initiation of antihypertensives in people with complex health needs
- Age- related risk of serious fall events and opioid analgesic use
- Use of progestogens and the risk of intracranial meningioma
- Recent NMIC Bulletins on Breast cancer and Prostate cancer
- Guidance, advice and suggested reading documents
- NMIC CPD module
- Regular features
  - Medication Safety Minutes
  - Updates to the HSE antibiotic prescribing website
  - Health Products Regulatory Authority (HPRA) updates
  - Health Protection Surveillance Centre updates

 **View** [this issue](#).

### NMIC Bulletin (Vol.30, no. 2, 2024)

#### **PROSTATE CANCER SURVIVORSHIP AND ANDROGEN DEPRIVATION THERAPY**

\*This bulletin was developed in collaboration with the ICGP/HSE Fellow in cancer survivorship (Department of General Practice, UCC)\*

- Specialist-initiated androgen deprivation therapy (ADT) /hormonal therapy is the mainstay of prostate cancer treatment and is often continued for long periods of time, with prescribing ongoing in primary care.
- In addition to adverse drug effects such as hot flushes, fatigue and sexual issues, hormonal therapy can also affect a patient's cardiometabolic, bone and mental health.
- Pharmacological and non-pharmacological treatments can alleviate the burden of adverse effects associated with hormonal therapy, increase adherence and reduce distress for patients.
- Prescribers should be aware that there are many potential drug-drug interactions and some important specialist-led monitoring requirements associated with hormonal therapy.

 **View** [the Bulletin](#).

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**USE OF MEDICINES WITH ANTICHOLINERGIC ACTIVITY**

- Many medicines that are commonly used in clinical practice are associated with anticholinergic activity.
- The use of medicines with high anticholinergic activity is associated with an increased risk of adverse clinical outcomes for patients, especially older patients.
- Anticholinergic scales can be used to identify medicines with anticholinergic activity and to assess the anticholinergic burden for an individual patient.
- The anticholinergic activity of a medicine should be considered when initiating medicines in older people, and the total anticholinergic burden assessed at medication review or if there are concerns regarding cognitive function

 [View the Bulletin.](#)

**British Geriatrics Society - Preferred language when referring to older people in a health context (24<sup>th</sup> April)**

This list of preferred and non-preferred terminology has been compiled to help healthcare professionals, academics and authors avoid language that might be deemed unacceptable or inappropriate when describing the health of older people.

 [View the Good Practice Guide.](#)

## Irish Articles

1. Chan A, Hickey L, Finucane K, Brennan J. **Assessing care quality in general practice: a qualitative study of GPs in Ireland.** *BJGP Open.* 2024 Apr 25;8(1):BJGPO.2023.0104. doi: 10.3399/BJGPO.2023.0104. PMID: 37813473. [Open Access]  
**Full-text:** <https://bjgpopen.org/content/8/1/BJGPO.2023.0104.long>  
**Abstract:** It is estimated that each year in Ireland, approximately 29 million consultations occur in general practice with a patient satisfaction level of 90%. To date, research has been lacking on how GPs assess the quality of care. To examine how GPs assess care quality during routine practice with respect to the following pillars of quality improvement: effectiveness, safety, timeliness, equity, efficiency, sustainability, and person-centredness. This is the first study to examine how GPs in Ireland assess care quality as a holistic construct during daily care. The qualitative approach applied yielded rich and diverse insights into the many assessment points that GPs use to inform their approach and actions as clinicians, managers, collaborators, and leaders to maximise patient care. The theory produced is likely useful and applicable for practising GPs, healthcare administration, policymakers, and funders in planning and executing changes for quality improvement.
2. O'Malley R, O'Connor P, Lydon S. **Strategies that facilitate the delivery of exceptionally good patient care in general practice: a qualitative study**

**with patients and primary care professionals.** *BMC Prim Care*. 2024 Apr 27;25(1):141. doi: 10.1186/s12875-024-02352-1. PMID: 38678200; PMCID: PMC11055247. [Open Access]

**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11055247/>

**Abstract:** In recent years, proactive strengths-based approaches to improving quality of care have been advocated. The positive deviance approach seeks to identify and learn from those who perform exceptionally well. Central to this approach is the identification of the specific strategies, behaviours, tools and contextual strategies used by those positive deviants to perform exceptionally well. This study aimed to: identify and collate the specific strategies, behaviours, processes and tools used to support the delivery of exceptionally good care in general practice; and to abstract the identified strategies into an existing framework pertaining to excellence in general practice; the Identifying and Disseminating the Exceptional to Achieve Learning (IDEAL) framework. This study comprised a secondary analysis of data collected during semi-structured interviews with 33 purposively sampled patients, general practitioners, practice nurses, and practice managers. Discussions explored the key factors and strategies that support the delivery of exceptional care across five levels of the primary care system; the patient, provider, team, practice, and external environment. For analysis, a summative content analysis approach was undertaken whereby data were inductively analysed and summated to identify the key strategies used to achieve the delivery of exceptionally good general practice care, which were subsequently abstracted as a new level of the IDEAL framework. The addition of concrete and contextual strategies to the IDEAL framework has enhanced its practicality and usefulness for supporting improvement in general practices. Now, a multi-level systems approach is needed to embed these strategies and create an environment where excellence is supported. The refined framework should be developed into a learning tool to support teams in general practice to measure, reflect and improve care within their practice.

3. Lawrence SM, Saab MM, Savage E, Hegarty J, FitzGerald S. **Adolescents' perspectives and experiences of accessing general practitioner services: A systematic review.** *J Child Health Care*. 2024 Apr 17:13674935241239837. doi: 10.1177/13674935241239837. Epub ahead of print. PMID: 38629615. [Open Access]

**Full-text:**

[https://journals.sagepub.com/doi/full/10.1177/13674935241239837?rfr\\_dat=cr\\_pub++0pubmed&url\\_ver=Z39.88-2003&rfr\\_id=ori%3Arid%3Acrossref.org](https://journals.sagepub.com/doi/full/10.1177/13674935241239837?rfr_dat=cr_pub++0pubmed&url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org)

**Abstract:** Adolescents face issues regarding physical health, mental health, sexual health, drug and alcohol problems, stress, and peer pressure. Little is known about adolescents' help-seeking behaviours in relation to health concerns. The general practitioner (GP) is usually the first point of contact for adolescents. The aim of this systematic review was to identify, describe, and summarize evidence on barriers and enablers experienced by adolescents when accessing GP-led primary care services. Systematic searches using four electronic databases (PsycINFO, MEDLINE, CINAHL, and SocINDEX) were conducted and the quality of the included studies was appraised. Six studies were included in this review. Findings indicate that barriers to GP access relate to trust, confidentiality, privacy, and communication. Adolescents also reported barriers such as transport, cost, and lack of information. Adolescents

reported enablers being services that are sensitive to their needs, healthcare professionals who understand them, and services that are flexible regarding out of hours access. Listening to and acting on the voice of adolescents is important to developing youth-friendly services.

4. Kenny C, Chavrimootoo S, Priyadarshini A. **Cost of treating rheumatoid arthritis in the primary care public health system in Ireland: A time-driven activity-based cost analysis.** *Explor Res Clin Soc Pharm.* 2024 Apr 6;14:100439. doi: 10.1016/j.rcsop.2024.100439. PMID: 38655193; PMCID: PMC11035073. [Open Access]  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11035073/>  
**Abstract:** Chronic diseases are at epidemic proportions and continuing to increase in both incidence and prevalence globally. Therefore, there is a growing need to assess and improve on the value currently provided within chronic care pathways. Examining the costs associated with care pathways is a critical part of assessing this value in order to better understand and introduce potential cost-saving interventions. Examining one such chronic disease, Rheumatoid Arthritis (RA), this study aimed to assess the cost associated with RA in primary care within the Health Service Executive (HSE) in Ireland. RA and a subset of RA patients that exert the highest healthcare costs are growing in prevalence. Therefore, this study contributes by assessing the costs associated with RA in HSE primary care that can facilitate better understanding the current value being provided and improve upon the current care pathway to cut future costs.
5. Barry T, Kasemiire A, Quinn M, Deasy C, Bury G, Masterson S, Segurado R, Murphy AW; **Out-of-Hospital Cardiac Arrest Registry Steering Group. Resuscitation for out-of-hospital cardiac arrest in Ireland 2012-2020: Modelling national temporal developments and survival predictors.** *Resusc Plus.* 2024 Apr 18;18:100641. doi: 10.1016/j.resplu.2024.100641. PMID: 38646094; PMCID: PMC11031785. [Open Access]  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11031785/>  
**Abstract:** To explore potential predictors of national out-of-hospital cardiac arrest (OHCA) survival, including health system developments and the COVID pandemic in Ireland. National survival from OHCA has significantly increased incrementally over time in Ireland. The COVID-19 pandemic was associated with decreased survival even after accounting for potential disruption to key elements of bystander and EMS care. Further research is needed to understand and address the discrepancy between urban and rural OHCA survival. Information concerning pre-event patient health status and inpatient care process may yield important additional insights in future.
6. Mialon M, Larkin J, Patton C, Tatlow-Golden M, Reilly K, Leonard P, Walsh M, Campbell N. **The commercial determinants of health in Ireland: fueling an industrial epidemic at home and abroad.** *BJGP Open.* 2024 May 2:BJGPO.2024.0029. doi: 10.3399/BJGPO.2024.0029. Epub ahead of print. PMID: 38697662. [Open Access]  
**Full-text:** <https://bjgpopen.org/content/early/2024/05/13/BJGPO.2024.0029.long>  
**Abstract:** More than half of deaths in Ireland are caused by four harmful commodities: tobacco, alcohol, fossil fuels, and unhealthy foods. Commercial

actors, through mechanisms that make these commodities artificially cheap, hyper-convenient, and seductively attractive, are a key driver for ill-health. The cumulative effects of these commercial vectors have been described in a landmark Series on the Commercial Determinants of Health (CDoH) by the eminent medical journal *The Lancet* in 2023. Here, we reflect on the findings and recommendations from the Series in the context of Ireland.

7. Kelly M, Fullen BM, Martin D, Bradley C, McVeigh JG. **eHealth interventions to support self-management: Perceptions and experiences of people with musculoskeletal disorders and physiotherapists - 'eHealth: It's TIME': A qualitative study.** *Physiother Theory Pract.* 2024 May;40(5):1011-1021. doi: 10.1080/09593985.2022.2151334. Epub 2022 Nov 25. PMID: 36426843. [Open Access]

**Full-text:**

<https://www.tandfonline.com/doi/full/10.1080/09593985.2022.2151334>

**Abstract:** There is increasing interest in the potential role of eHealth interventions to support self-management in people with musculoskeletal disorders (MSDs). The COVID-19 pandemic appears to have been a significant catalyst for the implementation of eHealth modalities into routine practice, providing a unique opportunity for real-world evaluation of this underutilized method of delivering physiotherapy. To explore the perceptions of eHealth-mediated supported self-management from the perspective of people with MSDs and physiotherapists who work in this clinical area. eHealth-mediated self-management support interventions were broadly acceptably, predominately as a follow-up option.

## Research Articles

1. Woolford SJ, Watson J, Reeve J, Harris T. **The real work of general practice: understanding our hidden workload.** *Br J Gen Pract.* 2024 Apr 25;74(742):196-197. doi: 10.3399/bjgp24X737061. PMID: 38664043; PMCID: PMC11060809.  
**Full-text:** <https://bjgp.org/content/74/742/196.long>
2. Baker R, Levene LS, Newby C, Freeman GK. **Does shortage of GPs matter? A cross-sectional study of practice population life expectancy.** *Br J Gen Pract.* 2024 Apr 15:BJGP.2023.0195. doi: 10.3399/BJGP.2023.0195. Epub ahead of print. PMID: 38621806. [Open Access]  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11044019/>  
**Abstract:** There are not enough GPs in England. Access to general practice and continuity of care are declining. To investigate whether practice characteristics are associated with life expectancy of practice populations. Deprivation was strongly negatively associated with life expectancy. Regions outside London and White ethnicity were associated with lower life expectancy. The number of GPs, continuity of care, and access in England are declining, and it is worrying that these features of general practice were positively associated with life expectancy.
3. Burrell A, Dambha-Miller H. **The BJGP Open Top 10 Most Read Research Articles of 2023: an editorial.** *BJGP Open.* 2024 Apr

25;8(1):BJGPO.2024.0042. doi: 10.3399/BJGPO.2024.0042. PMID: 38418218.  
[Open Access]

**Full-text:** <https://bjgpopen.org/content/8/1/BJGPO.2024.0042.long>

**Abstract:** In this editorial, we explore those works which have made it onto our list of *Top 10 Most Read Research Articles of 2023*. Remote consulting and telehealth remain high on the research agenda.

4. Briscoe S, Thompson Coon J, Melendez-Torres GJ, Abbott R, Shaw L, Nunns M, Garside R. **Primary care clinicians' perspectives on interacting with patients with gynaecological conditions: a systematic review.** *BJGP Open.* 2024 Apr 25;8(1):BJGPO.2023.0133. doi: 10.3399/BJGPO.2023.0133. PMID: 37968071. [Open Access]

**Full-text:** <https://bjgpopen.org/content/8/1/BJGPO.2023.0133.long>

**Abstract:** Studies have found that women with gynaecological conditions and symptoms do not feel listened to by primary care clinicians (PCCs). Less understood is whether PCCs perceive that there are challenges around listening to and interacting with this patient group. To understand PCCs' perspectives on the challenges of listening to and interacting with women patients with gynaecological conditions and symptoms. We identified 25 relevant articles. Perceived challenges associated with listening to and interacting with patients with gynaecological conditions and symptoms were identified at four 'levels': individual clinician level factors; structural and organisational factors; community and external factors; and factors related to gynaecological conditions. Interpretive analysis identified specific challenges relating to sociocultural factors affecting the consultation experience; the need for further education, training, or guidance for clinicians; factors affecting referral decisions; and factors related to service structure and organisation. PCCs acknowledge that empathy, respect, and attentive listening are important when interacting with women patients with gynaecological conditions and symptoms. However, these ideals are impeded by several factors.

5. Leighton C, Cooper A, Porter A, Edwards A, Joseph-Williams N. **Effectiveness and safety of asynchronous telemedicine consultations in general practice: a systematic review.** *BJGP Open.* 2024 Apr 25;8(1):BJGPO.2023.0177. doi: 10.3399/BJGPO.2023.0177. PMID: 37783479. [Open Access]

**Full-text:** <https://bjgpopen.org/content/8/1/BJGPO.2023.0177.long>

**Abstract:** There is a focus on increasing asynchronous telemedicine use, which allows medical data to be transmitted, stored, and interpreted later; however, limited evidence of the quality of care it allows in general practice hinders its use. To investigate uses and effectiveness of asynchronous telemedicine in general practice, according to the domains of healthcare quality, and describe how the COVID-19 pandemic changed its use. Asynchronous telemedicine provides quality care for patients but is limited by reports of increased workload and inefficient workflow compared with face-to-face consultations. Limits of evidence include heterogeneity and small-scale studies. Further research into cost-effectiveness, equity, safety, and sustained implementation will influence future policy and practice.

6. Clough RAJ, Sparkes WA, Clough OT, Sykes JT, Steventon AT, King K. **Transforming healthcare documentation: harnessing the potential of AI**

**to generate discharge summaries.** *BJGP Open.* 2024 Apr 25;8(1):BJGPO.2023.0116. doi: 10.3399/BJGPO.2023.0116. PMID: 37699649. [Open Access]

**Full-text:** <https://bjgpopen.org/content/8/1/BJGPO.2023.0116.long>

**Abstract:** Hospital discharge summaries play an essential role in informing GPs of recent admissions to ensure excellent continuity of care and prevent adverse events; however, they are notoriously poorly written, time-consuming, and can result in delayed discharge. To evaluate the potential of artificial intelligence (AI) to produce high-quality discharge summaries equivalent to the level of a doctor who has completed the UK Foundation Programme. Of the 25 AI-written discharge summaries 100% were deemed by GPs to be of an acceptable quality compared with 92% of the junior doctor summaries. They both showed a mean compliance of 97% with the minimum dataset. In addition, the ability of GPs to determine if the summary was written by ChatGPT was poor, with only a 60% accuracy of detection. Similarly, when run through an AI-detection tool all were recognised as being very unlikely to be written by AI. AI has proven to produce discharge summaries of equivalent quality to a junior doctor who has completed the UK Foundation Programme; however, larger studies with real-world patient data with NHS-approved AI tools will need to be conducted.

7. Sisk R, Cameron R, Tahir W, Sammut-Powell C. **Diagnosis codes underestimate chronic kidney disease incidence compared with eGFR-based evidence: a retrospective observational study of patients with type 2 diabetes in UK primary care.** *BJGP Open.* 2024 Apr 25;8(1):BJGPO.2023.0079. doi: 10.3399/BJGPO.2023.0079. PMID: 37709350. [Open Access]

**Full-text:** <https://bjgpopen.org/content/8/1/BJGPO.2023.0079.long>

**Abstract:** Type two diabetes (T2D) is a leading cause of both chronic kidney disease (CKD) and onward progression to end-stage renal disease. Timely diagnosis coding of CKD in patients with T2D could lead to improvements in quality of care and patient outcomes. To assess the consistency between estimated glomerular filtration rate (eGFR)-based evidence of CKD and CKD diagnosis coding in UK primary care. Diagnosis coding of patients with eGFR-based evidence of CKD in UK primary care is poor within patients with T2D, despite CKD being a well-known complication of diabetes.

8. Natvik M, Gjelsvik B, Vangen S, Skjeie H, Brekke M. **Women's information needs about menopause: a cross-sectional survey in Norwegian general practice.** *BJGP Open.* 2024 Apr 25;8(1):BJGPO.2023.0127. doi: 10.3399/BJGPO.2023.0127. PMID: 37669803. [Open Access]

**Full-text:** <https://bjgpopen.org/content/8/1/BJGPO.2023.0127.long>

**Abstract:** Research has indicated that providing women with information about menopause can improve their attitudes towards it and symptom experience. Nevertheless, information shared on the menopause is often arbitrary. To examine women's information needs about menopause, and understand if, when, and from whom they want information. Most women wanted information about menopause from their GP. The study emphasises the need for GPs to consider prioritising this discussion, and to keep up to date on recommendations and treatment options.

9. de Chiffre JMD, Ormstrup TE, Kusk MW, Hess S. **Patients from general practice with non-specific cancer symptoms: a retrospective study of symptoms and imaging.** *BJGP Open.* 2024 Apr 25;8(1):BJGPO.2023.0058. doi: 10.3399/BJGPO.2023.0058. PMID: 37604580. [Open Access]  
**Full-text:** <https://bjgpopen.org/content/8/1/BJGPO.2023.0058.long>  
**Abstract:** Patients with non-specific symptoms or signs of cancer (NSSC) present a challenge as they are a heterogeneous population who are not candidates for fast-track work-up in an organ-specific cancer pre-planned pathway (CPP). Denmark has a cancer pre-planned pathway for this population (NSSC-CPP), but several issues remain unclarified, for example, distribution and significance of symptoms and findings, and choice of imaging. To investigate symptoms, cancer diagnoses, and diagnostic yield of computed tomography (CT) and fluorine-18 fluorodeoxyglucose positron emission tomography/computed tomography (<sup>18</sup>F-FDG-PET/CT) in patients on NSSC-CPP to improve the overall diagnostic process. The findings were in accordance with the literature. Patients with NSSC had a cancer prevalence of 21%, most frequently gastrointestinal. The most frequent symptom was weight loss and, even as the only symptom, it is a potential marker for cancer. CT and <sup>18</sup>F-FDG-PET/CT were sensitive with high NPV, whereas PPV was superior in CT. Better stratification by symptoms or findings is an obvious focus point for future studies to further optimise the NSSC-CPP work-up strategy.
  
10. Cagigas ML, Twigg SM, Fontana L. **Ten tips for promoting cardiometabolic health and slowing cardiovascular aging.** *Eur Heart J.* 2024 Apr 1;45(13):1094-1097. doi: 10.1093/eurheartj/ehad853. PMID: 38206047.  
Full-text: <https://academic.oup.com/eurheartj/article/45/13/1094/7516124>
  
11. Yoo SGK, Chung GS, Bahendeka SK, Sibai AM, Damasceno A, et al. **Global Prevalence of Aspirin Use for Primary Prevention of Cardiovascular Disease: A Cross-Sectional Study of Nationally Representative, Individual-Level Data.** *Glob Heart.* 2024 May 3;19(1):44. doi: 10.5334/gh.1323. PMID: 38708405; PMCID: PMC11067965. [Open Access]  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11067965/>
  
12. Homewood D, Lucas H, Kennedy C, Majer J, Sathianathen N, Corcoran NM. **When less is more: Updates in active surveillance and watchful waiting in the management of prostate cancer.** *Aust J Gen Pract.* 2024 May;53(5):253-257. doi: 10.31128/AJGP-06-23-6866. PMID: 38697055. [Open Access]  
**Full-text:** <https://www1.racgp.org.au/ajgp/2024/may/when-less-is-more/>  
**Abstract:** Prostate cancer is the second most common cancer among men globally. A range of management options are available for prostate cancer, including surgery, radiation therapy, hormone therapy, chemotherapy, or surveillance. Conservative strategies include active surveillance and watchful waiting, which differ in their intent. We provide a targeted instructive management algorithm for improving understanding of conservative strategies in prostate cancer. Active surveillance involves close monitoring with curative intent when there is evidence of disease progression. In contrast, watchful waiting is palliative in intent and focuses on delaying treatment until symptoms or complications develop. Conservative approaches have demonstrated similar long-term oncological outcomes to radical treatment, while reducing harm from overtreatment, and maintaining quality of life by



avoiding potential side effects such as urinary incontinence and erectile dysfunction. The decision to employ a conservative approach is determined by both patient and disease factors. Conservative management strategies play a vital role in the management of prostate cancer.

13. Dixon S, Mawson R, Kirk UB, Horne AW. **Endometriosis: time to think differently (and together).** *Br J Gen Pract.* 2024 Apr 25;74(742):200-201. doi: 10.3399/bjgp24X737085. PMID: 38664051; PMCID: PMC11060812.
14. Aubrey-Bassler K, Patel D, Fernandes C, Lofters AK, Campbell-Scherer D, et al. **Chronic disease prevention and screening outcomes for patients with and without financial difficulty: a secondary analysis of the BETTER WISE cluster randomised controlled trial.** *BMJ Open.* 2024 Apr 15;14(4):e078938. doi: 10.1136/bmjopen-2023-078938. PMID: 38626970; PMCID: PMC11029378. [Open Access]  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11029378/>  
**Abstract:** Building on Existing Tools To improvE chronic disease pRevention and screening in primary care Wellness of cancer survlvorS and patiEnts (BETTER WISE) was designed to assess the effectiveness of a cancer and chronic disease prevention and screening (CCDPS) programme. Here, we compare outcomes in participants living with and without financial difficulty. The BETTER intervention improved uptake of CCDPS manoeuvres in participants without financial difficulty, but not in those living with financial difficulty. Improving CCDPS for people living with financial difficulty may require a different clinical approach or that social determinants be addressed concurrently with clinical and lifestyle needs or both.
15. Hippisley-Cox J, Coupland CAC, Bafadhel M, Russell REK, Sheikh A, Brindle P, Channon KM. **Development and validation of a new algorithm for improved cardiovascular risk prediction.** *Nat Med.* 2024 Apr 18. doi: 10.1038/s41591-024-02905-y. Epub ahead of print. PMID: 38637635. [Open Access]  
**Full-text:** <https://www.nature.com/articles/s41591-024-02905-y>  
**Abstract:** QRISK algorithms use data from millions of people to help clinicians identify individuals at high risk of cardiovascular disease (CVD). Here, we derive and externally validate a new algorithm, which we have named QR4, that incorporates novel risk factors to estimate 10-year CVD risk separately for men and women. Health data from 9.98 million and 6.79 million adults from the United Kingdom were used for derivation and validation of the algorithm, respectively. Cause-specific Cox models were used to develop models to predict CVD risk, and the performance of QR4 was compared with version 3 of QRISK, Systematic Coronary Risk Evaluation 2 (SCORE2) and atherosclerotic cardiovascular disease (ASCVD) risk scores. We identified seven novel risk factors in models for both men and women (brain cancer, lung cancer, Down syndrome, blood cancer, chronic obstructive pulmonary disease, oral cancer and learning disability) and two additional novel risk factors in women (pre-eclampsia and postnatal depression). On external validation, QR4 had a higher C statistic than QRISK3 in both women (0.835 (95% confidence interval (CI), 0.833-0.837) and 0.831 (95% CI, 0.829-0.832) for QR4 and QRISK3, respectively) and men (0.814 (95% CI, 0.812-0.816) and 0.812 (95% CI, 0.810-0.814) for QR4 and QRISK3, respectively). QR4 was also more accurate than

the ASCVD and SCORE2 risk scores in both men and women. The QR4 risk score identifies new risk groups and provides superior CVD risk prediction in the United Kingdom compared with other international scoring systems for CVD risk.

16. Riganti P, Ruiz Yanzi MV, Escobar Liquitay CM, Sgarbossa NJ, Alarcon-Ruiz CA, Kopitowski KS, Franco JV. **Shared decision-making for supporting women's decisions about breast cancer screening.** *Cochrane Database Syst Rev.* 2024 May 10;5(5):CD013822. doi: 10.1002/14651858.CD013822.pub2. PMID: 38726892; PMCID: PMC11082933.

**Full-text:**

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013822.pub2/full>

**Key messages**

Shared decision-making could help women feel less unsure or regretful and assist with learning during the decision-making process for breast cancer screening. However, it is important to note that our understanding of how exactly it may affect women's screening decisions is incomplete.

17. Nault D, Machingo TA, Shipper AG, Antiporta DA, Hamel C, Nourouzpour S, Konstantinidis M, Phillips E, Lipski EA, Wieland LS. **Zinc for prevention and treatment of the common cold.** *Cochrane Database Syst Rev.* 2024 May 9;5(5):CD014914. doi: 10.1002/14651858.CD014914.pub2. PMID: 38719213; PMCID: PMC11078591.

**Full-text:**

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD014914.pub2/full>

**Key messages**

- There may be little or no reduction in the risk of developing a cold with zinc supplements compared to placebo.
- For people who already have a cold, there may be a reduction in how long the cold lasts with zinc supplements compared to placebo.
- There is probably an increase in the risk of non-serious adverse events when zinc is used for cold treatment.

18. Ares-Blanco S, López-Rodríguez JA, Polentinos-Castro E, Del Cura-González I. **Effect of GP visits in the compliance of preventive services: a cross-sectional study in Europe.** *BMC Prim Care.* 2024 May 15;25(1):165. doi: 10.1186/s12875-024-02400-w. PMID: 38750446; PMCID: PMC11094967.

**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11094967/>

**Abstract:** Performing cardiovascular and cancer screenings in target populations can reduce mortality. Visiting a General Practitioner (GP) once a year is related to an increased likelihood of preventive care. The aim of this study was to analyse the influence of visiting a GP in the last year on the delivery of preventive services based on sex and household income. Greater adherence to preventive services was linked to individuals who had visited a GP at least once in the past year. Disparities were evident among those with lower household incomes who visited a GP. The most significant variability among countries was observed in influenza vaccination and colorectal cancer screening.

19. Selsick H, Heidbreder A, Ellis J, Ferini-Strambi L, García-Borreguero D, Leontiou C, Mak MSB, O'Regan D, Parrino L. **Assessment and management of chronic insomnia disorder: an algorithm for primary care physicians.** *BMC Prim Care*. 2024 Apr 26;25(1):138. doi: 10.1186/s12875-024-02381-w. PMID: 38671358; PMCID: PMC11055373.

**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11055373/>

**Abstract:** Primary care physicians often lack resources and training to correctly diagnose and manage chronic insomnia disorder. Tools supporting chronic insomnia diagnosis and management could fill this critical gap. A survey was conducted to understand insomnia disorder diagnosis and treatment practices among primary care physicians, and to evaluate a diagnosis and treatment algorithm on its use, to identify ways to optimize it specifically for these providers. The algorithm developed for, and tested by, primary care physicians to diagnose and treat chronic insomnia disorder may offer significant benefits to providers and their patients through ensuring standardization of insomnia diagnosis and management.

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