

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

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College Publications

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

Latest Issue of Forum
November 2024, Volume 41, no 9

The quest for locums: Searching for a solution

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Research Articles involving College Staff

Hynes H, Wiese A, McCarthy N, Sweeney C, Foley T, Bennett D. **International medical graduates' experiences of clinical competency assessment in postgraduate and licensing examinations: A scoping review protocol.** *PLoS One*. 2024 Nov 13;19(11):e0305014. doi: 10.1371/journal.pone.0305014. PMID: 39536066; PMCID: PMC11559970.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11559970/>

Prazeres F, Jamouille M, Kareli A, Collins C, Móczár C, et al. **Delphi definition of general practice/family medicine specialty for a post-COVID world: in-person and remote care delivery.** *Fam Pract*. 2024 Nov 19:cmae061. doi: 10.1093/fampra/cmae061. Epub ahead of print. PMID: 39561247.

<https://academic-oup-com.icgplibrary.idm.oclc.org/fampra/advance-article/doi/10.1093/fampra/cmae061/7904889?searchresult=1>

Wolters, F., Peerdeman, K., Gussekloo, J., Adler, L., Asenova, R., Kánská, P. B., ... Streit, S. (2024, November 1). **Placebo Prescriptions among General Practitioners in 21 Countries: the PURE Questionnaire.** <https://doi.org/10.31219/osf.io/b34mj>

Van Poel E, Vanden Bussche P, Collins C, Lagaert S, Ares-Blanco S, Astier-Pena MP, Gabrani J, Gomez Bravo R, Hoffmann K, Klemenc-Ketis Z, Mallen C, Neves AL, Ožvačić Z, Tkachenko V, Zwart D, Willems S. **Patient safety in general practice during COVID-19: a descriptive analysis in 38 countries (PRICOV-19).** *Fam Pract*. 2024 Oct 30:cmae059. doi: 10.1093/fampra/cmae059. Epub ahead of print. PMID: 39475357.

<https://academic-oup-com.icgplibrary.idm.oclc.org/fampra/advance-article/doi/10.1093/fampra/cmae059/7852650>

Harbour E, Stanley F, Casey M, O'Callaghan ME, Glynn LG. **Simulated GP clinic closure: effects on patient access in the Irish Mid-West.** *Rural Remote Health*. 2024 Oct;24(4):8843. doi: 10.22605/RRH8843. Epub 2024 Oct 22. PMID: 39438024.

<https://www.rrh.org.au/journal/article/8843>

Barrett A. **Early-career researchers; the future of TCT.** *Clin Teach*. 2024 Oct 25:e13822. doi: 10.1111/tct.13822. Epub ahead of print. PMID: 39449667.

<https://asme-publications.onlinelibrary.wiley.com/doi/full/10.1111/tct.13822?campaign=wclearlyview>



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GP News

[Irish Times - Sepsis kills equivalent of population of Bantry every year, medic behind new protocol says - The Irish Times](#)

By Kevin O’Sullivan, 22 October 2024.

The equivalent of the population of the Co Cork town of Bantry – 3,000 people – are dying of sepsis every year, according to the lead author of a new guide for GPs on the disease. It is the leading cause of death in Ireland with more than 15,000 cases a year, and almost 20 per cent of these patients die from the disease. Sepsis is an abnormal immune response; infections most commonly associated with it are found in the lungs, urinary tract, skin and stomach. While doctors have no definitive diagnostic test the new practice “update” issued by the Irish College of GPs comes with an algorithm to help GPs speed up identification of possible cases. It is a tool to assist doctors but does not replace clinical judgment, said Dr Hayes.

Irish Independent - Clare calls for HSE to outline plan to ensure long-term access to GP care in rural areas | Irish Independent

By Ericka Sassone, 12 November 2024.

In a motion presented at a recent Clare County Council meeting, Fianna Fáil Cllr David Griffin has called on the Department of Health and the HSE to outline their plans to ensure long-term access to GP care in rural towns and villages.

Dept. of Health Press Release - Ministers for Health announce record €25.8 billion budget for the delivery of health services in 2025

By Department of Health, 2 October 2024.

The Minister for Health Stephen Donnelly, Minister for Mental Health and Older People, Mary Butler and Minister for Public Health, Wellbeing and the National Drug Strategy, Colm Burke have announced a record €25.8 billion health budget to support the continued delivery and expansion of quality, affordable healthcare services in 2025. The funding represents an overall increase of €2.94 billion on the January 2024 allocation, recognising the challenges of inflation and the increased demand on services due to a growing and ageing population.

Highlights include:

- €33 million investment in 2025 to provide more and better cancer services
- publicly funded HRT products for women experiencing symptoms of menopause and extension of publicly funded IVF as part of €35 million measures for women’s healthcare
- more and better services to be delivered in areas of mental health, older people and for those dealing with addiction

Reports



HSE - NATIONAL MEN’S HEALTH ACTION PLAN HEALTHY IRELAND - MEN (HI-M) 2024-2028: WORKING WITH MEN IN IRELAND TO ACHIEVE OPTIMUM HEALTH AND WELLBEING (18th November)

Ireland was the first country in the world to adopt a National Men’s Health Policy. The publication of this 2nd HSE Action Plan for Men’s Health [Healthy Ireland - Men 2024-2028 (HI-M 2024-2028)] is a significant and important step in continuing the momentum and excellent progress that has been achieved in the area of men’s health practice in Ireland in

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recent years. It includes actions to promote men's health on a number of health topics with a focus on health inequalities.

 **Read the Report:** [national-men-s-health-action-plan-2024-2028.pdf](#)

ESRI - An analysis of Population-Based Resource Allocation for health and social care in Ireland (15th October 2024)

A population-based resource allocation (PBRA) mechanism is due to be introduced for healthcare in Ireland for the first time. New ESRI research funded by the Department of Health examines the proposed PBRA mechanism and establishment of HSE Health Regions. The research provides evidence to inform the structure of PBRA using information from PBRA mechanisms used internationally and funding mechanisms in the Irish healthcare system.

The study highlights that implementing PBRA across the Irish healthcare system and devolving decision-making to new HSE Health Regions has the potential to significantly improve the efficient and equitable allocation of health and social care resources and advance integrated care pathways. PBRA has the potential to achieve some of the goals of Sláintecare and may allow for multi-year budgeting for healthcare.

Key findings

- The PBRA formulae proposed by the Department of Health that use Health Region population size, age, sex, deprivation and rurality to allocate resources are commendable and align closely with PBRA implemented by international peer countries.
- Due to the lack of universal healthcare in Ireland, and the importance of medical cards in accessing healthcare, additional adjustments for medical cards when allocating resources would be appropriate.
- Only half of HSE expenditure is proposed to be included in PBRA initially, with important services such as general practitioner (GP) care, the Nursing Home Support Scheme, and Disability care not proposed to be included initially due to lack of data on these services. These exclusions may impede the full understanding of the actual resource needs of Health Regions.
- Keeping GP care outside of the PBRA formula is unique in an international context and potentially problematic. GPs are a key provider of healthcare, but they also play a central role as gatekeepers to community and hospital care, and in helping to coordinate pathways of care for patients. Inclusion of GP care in future iterations of PBRA is recommended.
- PBRA will take time to become embedded in the healthcare system, but transparency about how it works will be key to its acceptance and success. Clear evidence on how resources are being distributed and the use of an Advisory Group to oversee PBRA is recommended.

 **Read the Report:** [An analysis of Population-Based Resource Allocation for health and social care in Ireland | ESRI](#)

OECD - Health at a Glance: Europe 2024: State of Health in the EU Cycle (18th November)

The 2024 edition of *Health at a Glance: Europe* presents the state of European health



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systems as they continue their recovery from the COVID-19 pandemic and respond to the challenges and opportunities brought about by digitalisation, climate change and demographic changes. This year's report focuses on two linked pivotal themes: addressing health workforce shortages and promoting healthy longevity. Addressing health workforce shortages requires a multi-pronged approach to increase the attractiveness of health professions and retain current health workers.

 **Read the Report: [Health at a Glance: Europe 2024 | OECD](#)**

HIQA - National Standards for Better Safer Healthcare Version 2 (26th September)

The National Standards for Safer Better Healthcare describe a vision for high-quality, safe healthcare and provide a roadmap for improving the quality, safety and reliability of healthcare. They aim to ensure consistent quality care across both public and private hospitals.



The National Standards for Safer Better Healthcare were first approved by the Minister for Health in 2012. They have been updated due to the commencement of the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 which has expanded HIQA's standard-setting and monitoring functions to private hospitals and also to future prescribed health services.


 **Read the Report: [National Standards for Safer Better Healthcare | HIQA](#)**

EBM Round-Up



NMIC Therapeutics Today (November 2024)

In this month's Therapeutics Today:

- **Guidance and advice**
- **Regular features:**
 -
 - HSE Antibiotic Prescribing
 - Medication Safety Minutes
- **Signposting**
-  **View [this issue](#).**

Irish Articles

1. Maguire N, Moloney A, Fic K. **Prostate Specific Antigen (PSA) testing in a general practice 2009-2019**. *Ir J Med Sci*. 2024 Oct 23. doi: 10.1007/s11845-024-03804-4. Epub ahead of print. PMID: 39441509.

Full-text: <https://link-springer-com.icgplibrary.idm.oclc.org/article/10.1007/s11845-024-03804-4>

Abstract: Prostate-specific antigen (PSA) testing is not recommended as a population screening measure for prostate cancer. PSA testing is nevertheless widespread and is associated with harm due to false-positive test results,

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overdiagnosis and economic costs. This study sought to document the exposure of patients to PSA testing over a decade in a general medical practice setting. Men at our practice are significantly exposed to PSA testing. We found evidence of possible overdiagnosis.

2. O'Sullivan T, Moore N, McVeigh JG, Timmons S, Foley T. "**Understanding dementia together**": The design, delivery and evaluation of a collaborative, inter-professional dementia workshop for healthcare students. *Dementia (London)*. 2024 Oct 30;14713012241296173. doi: 10.1177/14713012241296173. Epub ahead of print. PMID: 39477251.
Full-text: <https://journals.sagepub.com/doi/full/10.1177/14713012241296173>
Abstract: A collaborative, multi-disciplinary team input is crucial for the optimal management of the older adult with complex care needs such as dementia. Interprofessional learning (IPL) at undergraduate level can lead to improved collaborative knowledge and skills. The aim of this study was to develop, deliver and evaluate an IPL dementia workshop for healthcare students across 11 disciplines. A secondary aim was to determine whether there is a clinical application of learned knowledge in students who completed the workshop and subsequently underwent clinical placement. The design of the IPL workshop aligned with Kern's map for the development of a curriculum in medical education. The Alzheimer's Disease Knowledge Scale (ADKS) was used to assess students' knowledge of dementia pre-and-post workshop, as well as opened-ended questions on role recognition and communication. Our study demonstrates the benefits of an IPL initiative across multiple disciplines, with perceived behavioural change on clinical placement.
3. Mercille J. **Private equity involvement in primary care: the case of Ireland.** *Health Econ Policy Law*. 2024 Nov 7;1-7. doi: 10.1017/S1744133124000203. Epub ahead of print. PMID: 39506504.
Full-text: <https://www.cambridge.org/core/journals/health-economics-policy-and-law/article/private-equity-involvement-in-primary-care-the-case-of-ireland/9A96012737115C7009B0816A6273E23C>
Abstract: Private equity (PE) firms play an increasingly important role in healthcare. Yet, existing research remains uneven, mostly focused on the United States and on certain sectors such as nursing homes. Some geographical areas and health specialties remain under-explored. This brief paper outlines a research agenda focusing on three key issues: (1) PE's significance and (2) business strategies in healthcare, and (3) PE's impacts on health and healthcare. The paper uses primary care in Ireland as an example. The proposed research agenda should improve our understanding of the nature of PE in healthcare and serve as a basis for policy-makers to explore appropriate and effective regulation of PE to reduce its negative impacts if and when they exist.
4. Guisado-Clavero M, Gómez-Bravo R, Gefaell Larrondo I, Ramos Del Rio L, Fitzgerald L, Vinker S, et al. **Diverse roles of Primary Health Care in COVID-19 vaccination across 28 European countries - Insights from the Eurodata study.** *Eur J Gen Pract*. 2024 Dec;30(1):2409240. doi: 10.1080/13814788.2024.2409240. Epub 2024 Oct 22. PMID: 39435869.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11497572/>
Abstract: Primary Health Care (PHC) professionals, especially nurses and General Practitioners, played a pivotal role in the effective distribution and administration of

COVID-19 vaccines in Europe. PHC participated in communication strategies in some countries. Disparities in vaccine availability and prioritisation groups were found across Europe.

5. Broughan J, Sietiņš E, Treanor JT, Siu KYE, Morrissey J, Doyle O, Casey M, Fitzpatrick P, McCombe G, Cullen W. **Preventing cardiovascular disease in at-risk patients: Results of a pilot behavioural health programme in general practice.** *Eur J Gen Pract.* 2024 Dec;30(1):2413106. doi: 10.1080/13814788.2024.2413106. Epub 2024 Oct 18. PMID: 39422594; PMCID: PMC11492451.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11492451/>
Abstract: The High-Risk Prevention Programme promoted positive health/health behaviours among patients with high CVD risk in the participating GP sites. Its impact in terms of promoting weight loss, exercise, and healthy diet were particularly noteworthy. Future definitive trials may further demonstrate the initiative's potential as a public health solution.

6. O'Dwyer S, Lavington G, Miller J, Elfes C, Calogeras A, El-Bakri F. **Screening doctors in training for dyslexia: the benefits of an inclusive screening approach.** *Postgrad Med J.* 2024 Nov 19:qgae162. doi: 10.1093/postmj/qgae162. Epub ahead of print. PMID: 39558729.
Full-text: <https://academic.oup.com/pmj/advance-article/doi/10.1093/postmj/qgae162/7903428?login=true>
Abstract: There is a lack of suitable screeners for dyslexia for doctors in training, as the typical adult screeners do not cater for the needs of capable medical graduates. The aim of this research is to create an inclusive screening and training process for doctors with undiagnosed dyslexia. This involved working with doctors to co-create a new dyslexia screener tool. We designed an innovative holistic dyslexia screening, assessment, and support system as part of a 3-year longitudinal study. Qualitative data was collected through the use of a dyslexia screener and case-study interviews with trainees in general practice and psychiatry. Interviews were thematically analyzed to explore dyslexic trainees' experiences of an inclusive approach to dyslexia screening and assessment. Out of the 103 trainees that were screened, 10 were found to have dyslexia, one dyspraxia, and another ADHD trait. Dyslexia-specific coaching, exam, and workplace accommodations were beneficial in dispelling stigma about dyslexia as well as supporting examination success. International Medical Graduate (IMG) trainees were also supported in this process. The case study participants' progression was tracked over 3 years, and all subsequently passed their examinations. We recommend that all trainees are given access to this inclusive, holistic, medical-focused dyslexia screening process. Specifically, this can enable newly diagnosed trainees to access support and exam accommodation. In particular, greater understanding of dyslexia helps dispel stigma and enable better support, which has a positive impact on trainee well-being as well as progression.

7. Kavanagh S, Pallin JA, Doherty AS, Lazzarini P, O'Keeffe L, Buckley CM. **Prevalence and incidence of peripheral neuropathy, peripheral artery disease, foot disease, and lower extremity amputation in people with diabetes in Ireland; a systematic review protocol.** *HRB Open Res.* 2024 Aug 21;7:1. doi: 10.12688/hrbopenres.13823.2. PMID: 39544222; PMCID: PMC11561379.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11561379/>
Abstract: Internationally, the prevalence of diabetes is increasing, and with this

comes an increase in diabetes related complications. Diabetic foot disease is the most common lower extremity complication in people with diabetes causing 2% of the global disease burden. It is associated with major morbidity, mortality, and costs to health services. Despite this burden, the incidence and prevalence of diabetic foot disease is unknown in Ireland. This paper presents a protocol for a systematic review to examine the incidence and prevalence of diabetic foot disease in the Irish population. The results of this systematic review can be used to inform appropriate stakeholders on the incidence and prevalence of diabetic foot disease in Irish populations, enabling decision making around appropriate use of resources to help prevent, and improve management of this disease.

8. 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. **Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11109531/> **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.

Research Articles

1. Harding TA, Martin RM, Merriel SW, Jones R, O'Sullivan JM, et al. **Optimising the use of the prostate-specific antigen blood test in asymptomatic men for early prostate cancer detection in primary care: report from a UK clinical consensus.** *Br J Gen Pract.* 2024 Jul 25;74(745):e534-e543. doi: 10.3399/BJGP.2023.0586. PMID: 39038964; PMCID: PMC11289937. **Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11289937/> **Abstract:** Screening is not recommended for prostate cancer in the UK. Asymptomatic men aged ≥ 50 years can request a prostate-specific antigen (PSA) test following counselling on potential harms and benefits. There are areas of clinical uncertainty among GPs, resulting in the content and quality of counselling varying. To produce a consensus that can influence guidelines for UK primary care on the optimal use of the PSA test in asymptomatic men for early prostate cancer detection. Improvements in the prostate cancer diagnostic pathway may have reduced some of the harms associated with PSA testing; however, several areas of

uncertainty remain in relation to screening, including optimal PSA thresholds for referral and intervals for retesting. There is consensus on proactive approaches to testing in higher-than-average risk groups. This should prompt a review of current guidelines.

2. Lee Adawi Awdish R, Grafton G, Berry LL. **Never-Words: What Not to Say to Patients With Serious Illness.** *Mayo Clin Proc.* 2024 Oct;99(10):1553-1557. doi: 10.1016/j.mayocp.2024.05.011. Epub 2024 Aug 21. PMID: 39177542.
Full-text: [https://www.mayoclinicproceedings.org/article/S0025-6196\(24\)00256-8/fulltext](https://www.mayoclinicproceedings.org/article/S0025-6196(24)00256-8/fulltext)
Abstract: Engaging in sensitive, honest dialogue with seriously ill patients has become an even greater clinical challenge with the rapid progress in therapies for conditions such as advanced heart failure, cancer, and end-stage pulmonary disease. Communicating the nature, purpose, and intended duration of often complex treatments—and setting realistic expectations about what they offer—still comes up against timeless patient experiences: fear, intense emotions, lack of medical expertise, physical pain, and the sometimes unrealistic hope for cure. We believe that certain words simply should not be used by clinicians during these difficult encounters. Such “never-words” are single words (or phrases) that not only lack benefit but also can cause emotional harm and accentuate power differences in particular clinical contexts.
3. Bellass S, Canvin K, Farragher T, McLintock K, Wright N, Hearty P, Seanor N, Cunningham M, Foy R, Sheard L. **Understanding and improving the quality of primary care for people in prison: a mixed-methods study.** *Health Soc Care Deliv Res.* 2024 Nov;12(46):1-329. doi: 10.3310/GRFV4068. PMID: 39514203.
Full-text: <https://www.journalslibrary.nihr.ac.uk/hsdr/GRFV4068#/abstract>
Abstract: People in prison often have health that is worse than people who live in the community. We do not know much about the quality of prison health care (how good it is). We also do not know much about what happens when people in prison go to see their doctor or nurse for common conditions, like asthma or diabetes. We need to understand how the quality of prison health care can be made better. This is the purpose of this study. Between 2019 and 2022, we worked with people who had knowledge about prison health care, and they helped us focus on what was most important about clinical aspects of the quality of prison health care. We looked at 25,000 prison medical records to see if there were patterns in the data (the medical records were anonymous, so we did not know who was who). There were big differences between prisons. People who were in prison with a long sentence had better-quality health care than those with a short sentence. We talked with 21 people who had been in prison and 22 prison healthcare staff who told us that quality could be influenced by many different things. They told us that one of the biggest issues was not enough healthcare staff in each prison. We took a closer look at mental health and found that health care was sometimes better for people with mental illness and sometimes worse. Mental distress was considered part of prison life by many people. Overall, we found that there is a large amount of difference in the quality of prison health care. This is probably related to how health care is organised in local areas and prisons.
4. Green C, Ee C, Vuong K. **The importance of comprehensive cancer survivorship care plans in general practice.** *Aust J Gen Pract.* 2024 Nov-Supplement;53(11 Suppl):S63-S66. doi: 10.31128/AJGP-12-23-7064. PMID: 39542676.

Full-text: <https://www1.racgp.org.au/getattachment/d3f2a2de-922d-4a4e-b81a-1b192a2730d4/The-importance-of-comprehensive-cancer-survivorshi.aspx>

Abstract: The number of people living with or beyond cancer are expected to rise. General practice-led cancer survivorship plans have been proposed as a way to address ongoing healthcare needs (including physical and psychosocial care) and care coordination, as well as the prevention and management of other chronic illnesses. The aim of this paper is to discuss the role of general practice in the long-term care of cancer survivors and provide a summary of recommendations for comprehensive cancer survivorship care planning in general practice. General practice provides cancer survivors with ongoing support within their community from pre-diagnosis onwards. It is recommended that comprehensive cancer survivorship care plans include the cancer treatment summary and follow-up care planning; the management of other comorbid chronic conditions; health promotion and disease prevention with tailoring to shared goals; and the cancer survivor's unique situation.c

5. Nadal IP, Angkurawaranon C, Singh A, Choksomngam Y, Sadana V, Kock L, Wattanapisit A, Wiwatkunupakarn N, Kinra S. **Effectiveness of behaviour change techniques in lifestyle interventions for non-communicable diseases: an umbrella review.** *BMC Public Health.* 2024 Nov 7;24(1):3082. doi: 10.1186/s12889-024-20612-8. PMID: 39511525; PMCID: PMC11545567.

Full-text: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-024-20612-8>

Abstract: To identify the most commonly reviewed behaviour change techniques (BCTs) and their effectiveness based on consistency across reviews for lifestyle interventions of non-communicable diseases. A narrative synthesis of extracted findings was conducted. The Behaviour Change Technique v1 Taxonomy was used to identify and code behaviour change techniques (e.g., goal setting) in a standardised manner, which were independently assessed by two reviewers. Study quality was independently assessed by two reviewers using the assessment of multiple systematic review tools. The most common BCTs were 'Goals and Planning', 'Feedback and Monitoring', 'Shaping Knowledge', 'Social Support', and 'Natural Consequence'. Based on consistency across reviews, several BCTs such as 'Goals and Planning', 'Feedback and Monitoring', 'Shaping Knowledge', and 'Social Support' have demonstrated effectiveness (Recommendation Grade A) in improving health behaviours across a limited range of NCDs. The evidence is less clear for other BCT techniques. It is also likely that not all BCTs will be transferable across different settings. There is a need for more research in this area, especially in low-middle-income countries.

6. McBride C, Hunter B, Lumsden N, Somasundaram K, McMorrow R, Boyle D, Emery J, Nelson C, Manski-Nankervis JA. **Clinical Acceptability of a Quality Improvement Program for Reducing Cardiovascular Disease Risk in People With Chronic Kidney Disease in Australian General Practice: Qualitative Study.** *JMIR Hum Factors.* 2024 Nov 13;11:e55667. doi: 10.2196/55667. PMID: 39535290.

Full-text: <https://humanfactors.jmir.org/2024/1/e55667>

Abstract: Future Health Today (FHT) is a technology program that integrates with general practice clinical software to provide point of care (PoC) clinical decision support and a quality improvement dashboard. This qualitative study looks at the use of FHT in the context of cardiovascular disease risk in chronic kidney disease (CKD). This study aims to explore factors influencing clinical implementation of the

FHT module focusing on cardiovascular risk in CKD, from the perspectives of participating general practitioner staff. This study identified many facilitators for the successful use of the FHT PoC program, in the context of cardiovascular risk in CKD, and barriers to the use of the dashboard program. This work will be used to inform the wider implementation of FHT, as well as the development of future modules of FHT for other risk or disease states.

7. Johnson R, Chang T, Moineddin R, Upshaw T, Crampton N, Wallace E, Pinto AD. **Using Primary Health Care Electronic Medical Records to Predict Hospitalizations, Emergency Department Visits, and Mortality: A Systematic Review.** *J Am Board Fam Med.* 2024 Jul-Aug;37(4):583-606. doi: 10.3122/jabfm.2023.230381R1. PMID: 39455267.
Full-text: <https://www.jabfm.org/content/37/4/583.long>
Abstract: High-quality primary care can reduce avoidable emergency department visits and emergency hospitalizations. The availability of electronic medical record (EMR) data and capacities for data storage and processing have created opportunities for predictive analytics. This systematic review examines studies which predict emergency department visits, hospitalizations, and mortality using EMR data from primary care. This review helps address critical gaps in the literature regarding the potential of primary care EMR data. Despite further work required to address bias and improve the quality and reporting of prediction models, the use of primary care EMR data for predictive analytics holds promise.
8. Muhl C, Mulligan K, Giurca BC, Polley MJ, Bloch G, et al. **Building common understanding: seeking consensus and defining social prescribing across contexts - a collective commentary on a Delphi study.** *BMC Health Serv Res.* 2024 Oct 24;24(1):1280. doi: 10.1186/s12913-024-11603-x. PMID: 39449029; PMCID: PMC11515304.
Full-text: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-024-11603-x>
Abstract: Social prescribing has become a global phenomenon. A Delphi study was recently conducted with 48 social prescribing experts from 26 countries to establish global agreement on the definition of social prescribing. We reflect on the use and utility of the outputs of this work, and where we go from here.
9. Chowdhury TA, Stefanova S, Bennett-Richards P. **Sustainable practice: Insulin therapy.** *BMJ.* 2024 Oct 25;387:e079425. doi: 10.1136/bmj-2024-079425. PMID: 39455100.
Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/387/bmj-2024-079425>

What you need to know

- Insulin prescribing is carbon intensive and leads to considerable plastic waste
 - Over the past decade, a broader range of medications has been made available to manage type 2 diabetes
 - If insulin prescribing is required, consider reusable pen devices
10. Roberts R, Chatoo Z, Jacob H. **Identifying young people who are experiencing criminal and sexual exploitation.** *BMJ.* 2024 Nov 11;387:e079497. doi: 10.1136/bmj-2024-079497. PMID: 39528263.

Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/387/bmj-2024-079497>

What you need to know

- Healthcare providers have an important role in recognising criminal and sexual exploitation and escalating concerns to prevent harm to young people
- Using the HEADSSS model can help structure conversations with young people
- Raise concerns through appropriate local safeguarding channels to access specially trained professionals and organisations who can provide support

11. Schwartz SB, Schonfeld D, Pederson P, Yeung F. **Identification and management of child abuse and neglect.** *BMJ.* 2024 Nov 11;387:e079054. doi: 10.1136/bmj-2023-079054. PMID: 39528253.

Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/387/bmj-2023-079054>

What you need to know

- Child maltreatment may present with subtle features, and a history of abuse or neglect is not typically provided
- Perform a full skin and intraoral examination in pre-mobile infants, consider occult injury screening, and use age- and situation-appropriate questions to help identify maltreatment
- If child sexual abuse is suspected, limit the number of physical assessments to minimise trauma to the child and contact the local sexual assault (referral) centre in a timely manner
- Given the potential for legal proceedings, ensure documentation is clear and objective, using quotations, drawings, and photographs when indicated

12. Page B, Irving D, Amalberti R, Vincent C. **Health services under pressure: a scoping review and development of a taxonomy of adaptive strategies.** *BMJ Qual Saf.* 2024 Oct 18;33(11):738-747. doi: 10.1136/bmjqs-2023-016686. PMID: 38050158; PMCID: PMC11503202.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11503202/>

Abstract: The objective of this review was to develop a taxonomy of pressures experienced by health services and an accompanying taxonomy of strategies for adapting in response to these pressures. The taxonomies were developed from a review of observational studies directly assessing care delivered in a variety of clinical environments.

13. Moore A, Hylton H, Long A, Taylor C, Pennington P, Patel I. **Best practice in COPD care: a health equity approach.** *Drug Ther Bull.* 2024 Oct 29;62(11):165-172. doi: 10.1136/dtb.2023.000067. PMID: 39472025.

Full-text: <https://dtb.bmj.com/content/62/11/165>

Abstract: There is a strong evidence base for the best care in chronic obstructive pulmonary disease (COPD) as outlined by the National Institute for Health and Care Excellence in its five fundamentals of COPD care: offer treatment and support to stop smoking; offer pneumococcal and influenza vaccinations; offer pulmonary rehabilitation if indicated; codevelop a personalised self-management plan; and optimise treatment for comorbidities. However, only a minority of those living with

COPD receive or engage with all five interventions, with clear implications for outcomes. Further, barriers which prevent people who live with COPD accessing necessary care are unequally experienced. In order to overcome many of these barriers, clinicians caring for people with COPD must prioritise personalised treatment and continuity of care.

14. Phillips K, Wakerley BR. **CGRP therapy in primary care for migraine: prevention and acute medication.** *Br J Gen Pract.* 2024 Oct 31;74(748):521-522. doi: 10.3399/bjgp24X739893. PMID: 39481905; PMCID: PMC11526754.
Full-text: <https://bjgp-org.icgplibrary.idm.oclc.org/content/74/748/521>
Abstract: Migraine affects about one in seven people worldwide and is the leading cause of disability among people aged under 50 years, often impacting negatively on education, employment, and family relationships. The discovery of calcitonin gene-related peptide (CGRP) as a key player in migraine pathophysiology, and the subsequent development of drugs that target this system, represents a triumph in bench-to-bed medicine and has revolutionised both migraine prevention and acute medication strategies. CGRP therapies have been shown to be highly effective at reducing migraine and overall are said to benefit at least 50% of patients by at least 50%. Guidance issued by the Medicines and Healthcare products Regulatory Agency states that topiramate, a commonly used migraine preventive in primary care, is now contraindicated in pregnancy and under the 'Pregnancy Prevention Programme', and furthers the need for new alternatives to be made available in primary care. Sooner or later most GPs will be in the position to prescribe some form of CGRP therapy. Knowledge of these drugs and when to prescribe them is briefly reviewed.

15. Williams E, Round T, Jones NR. **Cardiovascular disease - risk assessment and reduction: NICE 2023 update for GPs.** *Br J Gen Pract.* 2024 Oct 31;74(748):523-526. doi: 10.3399/bjgp24X739905. PMID: 39481907; PMCID: PMC11526735.
Full-text: <https://bjgp-org.icgplibrary.idm.oclc.org/content/74/748/523>
Abstract: The National Institute for Health and Care Excellence (NICE) guidelines on preventing cardiovascular disease have recently been updated, with significant changes to recommendations on lipid management. The new guidance has featured prominently in the national press because of the extended range of patients who are now potentially eligible for lipid-lowering therapy. This reflects a change in emphasis on lipid management towards considering a patient's lifetime risk of cardiovascular disease (CVD) and the potential benefits of intervening with treatment at a younger age. The guidance also reflects a change towards treating lipid levels to target as opposed to the previous 'fire and forget' approach, which will have significant implications for primary care.

16. Wang Z, Zhang P, Tian J, Zhang P, Yang K, Li L. **Statins for the primary prevention of venous thromboembolism.** *Cochrane Database Syst Rev.* 2024 Nov 5;11(11):CD014769. doi: 10.1002/14651858.CD014769.pub2. PMID: 39498835; PMCID: PMC11536507.
Full-text:
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD014769.pub2/full>

Key messages

- Statin use for the primary prevention of venous thromboembolism (VTE; a condition in which a blood clot, or embolism, forms in the vein) may slightly decrease the incidence of VTE and death from any cause, but the reduction may be too small to be important.

- Statins may make no difference to the likelihood of experiencing deep vein thrombosis (DVT; a blood clot in the lower legs), pulmonary embolism (PE; a blood clot in the lungs), or myopathy (a condition affecting the skeletal muscles).

- Available evidence was limited, and we are not certain about its reliability. Future prospective studies should be well-planned and conducted. They should involve a large number of people and should be conducted over a reasonable duration of at least a year.

17. Brady BM, Suffoletto JA, Sankary R, Chertow GM. **Chronic kidney disease in older adults: challenges and opportunities for the primary care provider.** *BMC Prim Care.* 2024 Nov 1;25(1):388. doi: 10.1186/s12875-024-02638-4. PMID: 39487419; PMCID: PMC11529074.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11529074/>

Abstract: Kidney disease and its comorbidities disproportionately affect older persons. Kidney disease modifying therapy is underutilized in older adults, as guidelines lack consensus on approaching diagnosis and treatment in older adults. This review aims to highlight the challenges presented by, and opportunities for, identifying and treating CKD in older adults.

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