



ICGP Library Recommended Reading

April 2023
Issue 4

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's being published lately in the ICGP.

Latest Issue of Forum

[April 2023, Volume 40, no 3](#)

Stress Buster: daily dose for better GP Health

👁 **View** all Forums from 2023:

<https://www.icgp.ie/go/library/forum>

ICGP Quick Reference Guide (QRG)

[Management of Alcohol Use Disorder in Primary Care: Quick Reference Guide](#)

The GP is well placed to introduce interventions based on the level of alcohol dependence. This ICGP QRG from the Quality & Safety in Practice Committee focuses on the management of alcohol use disorder in primary care including an Assessment Algorithm, Practice Based Interventions and Useful Resources.

👁 **View** all ICGP QRGs:


<https://www.icgp.ie/go/in the practice/quick reference guides>





GPWorks

Check out the latest episode of GP Works podcasts with Dr. Knut Moe, ICGP Director of NEGs and Hannah Carney discussing the ICGP's Mentoring Programme.

 **Listen** to this episode in full here:
<https://www.icgpnews.ie/gpworks/>

ICGP Research Staff Publications

1. McEllistrem B, Hennis MP, Fawns T, Hanley K. **Exploring the Irish general practice training community's perceptions on how an entrustable professional activities dashboard implementation could facilitate general practice training in Ireland.**

Educ Prim Care. 2023 Mar 24;1-9. doi: 10.1080/14739879.2023.2191340. Epub ahead of print.

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36960834/>

Full-text: <https://www.tandfonline-com.icgplibrary.idm.oclc.org/doi/full/10.1080/14739879.2023.2191340>

The Irish General Practitioner Training (GP) Programme is currently moving to Competency-Based Medical Education (CBME), facilitated by Programmatic Assessment (PA) and Entrustable Professional Activities (EPAs). These new assessment and feedback mechanisms may provide a rich and much sought-after dataset. However, given the possible number of feedback and assessment events, and the variety of modalities used, aggregating and interpreting these can be costly and difficult. Dashboard implementations (DI) have been purposed as a solution to bridge the gap between the large datasets and the training community at all levels. This paper outlines the perceptions from a postgraduate medical education training community on an EPAs DI, which would be applicable to other training communities considering introducing similar mechanisms.

2. McDonnell T, Nicholson E, Bury G, Collins C, Conlon C, et al. **The role of contextual factors in decision-making by general practitioners on paediatric referral to the emergency department: A discrete choice experiment.**

Health Policy. 2023 Apr 5;132:104813. doi: 10.1016/j.healthpol.2023.104813. Epub ahead of print. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37037150/>

Full-text: <https://www.sciencedirect.com/science/article/pii/S0168851023000982?via%3Dihub>

A General Practitioner's (GP) decision to refer a patient to the emergency department (ED) requires consideration of a multitude of factors, and significant variation in GP referral patterns to secondary care has been recorded. This study examines the contextual factors that influence GPs when referring a paediatric patient with potentially self-limiting clinical symptoms to the ED. Enhanced awareness of contextual factors on referral decision-making is crucial to understanding patterns of paediatric unscheduled healthcare and to planning services that respond to parent's and children's needs, whilst allowing GPs to make decisions in the best interest of the child.

 **View** all ICGP Research Staff Publications here:

https://www.icgp.ie/index.cfm?spPath=research/reports_statements/2AA00D46-19B9-E185-83BC012BB405BAA6.html

Reports



The Second Report of the
Structured Chronic
Disease Management
Treatment Programme
in General Practice



HSE. (2023). The second report of the Structured Chronic Disease Management Programme in General Practice

The report focuses on the first two years of implementation from January 2020 to January 2022. It largely describes a population aged 65 years and over due to the age-based phased introduction of the programme and it aims to reach full implementation in 2023. This report refers to patients treated by GPs for the first two years of the programme and comprises 186,210 patients in total. It focusses particularly on patients (43,600) who have had at least three reviews in the first two years of the programme to describe trends in outcomes.

Key Information:

- 91% of patients with chronic disease were not attending hospital for the ongoing management of their chronic condition, which was now fully managed routinely in primary care
- 91% of General Practitioners signed up for the CDM contract
- 83% of eligible patients (65 years and older) enrolled
- Around 800,000 reviews have been carried out by GPs and practice nurses
- Improving trend self-reported lifestyle risk factors - 13% of patients had given up smoking between first and third visit; of patients who were obese at their first visit, 1% of these had achieved normal weight and a further 13% of them had reduced weight and are now be in the overweight category rather than obese.

The report's **major findings** include:

Multi-morbidity

It is extremely encouraging to note that the vast majority of multi-morbidity patients did not attend hospital for the routine management of their chronic conditions and their conditions were reported as being fully managed routinely in Primary Care.

- Multi-morbidity increases with age (defined as two or more chronic conditions); 51% of over 85 year olds had two or more chronic conditions compared to 42% of the cohort overall
- 20% of over 85 year olds had three or more chronic conditions compared to 14% of the cohort overall
- Patients with heart failure tend to have more comorbidities than patients with other chronic conditions e.g. 87% of heart failure patients have at least 1 other chronic condition.

Lifestyle Health Behaviour Improvements

The report shows improvements in all the modifiable risk factors concerned between the first and third visit, including patients who had higher risk profiles at the first visit.

- Of those that were smokers on their first visit 13% had become non-smokers by their third visit
- Of those who were obese at their first visit 1% had achieved normal weight and 13% had reduced weight to be in the "overweight" category by their third visit
- Of those who had inadequate physical activity on their first visit there was a 48% reduction by the third visit and 30% had achieved adequate levels by their third visit

- Of those who had risky alcohol behaviour (Audit C Scale) on their first visit 67% had become either normal drinkers or were non-drinkers by their third visit.

Bio Metric Risk Factor Improvements (Medical)

There is an improving trend in biometric measurements such as blood pressure, LDL cholesterol and HbA1c, over time in this cohort.

- Both systolic and diastolic blood pressure had dropped by 1 mm Hg for the whole cohort of patients who had three visits to their GP. (This population scale reduction is linked to very significant reductions in future CVD events i.e. reduction in heart failure of 13.3, in Coronary Heart Disease of 9, and in stroke a 4.8 events per 100,000 person years).

Blood test results

The Chronic Disease Treatment Programme requires a series of blood tests to be carried out at specified intervals, some in common across all conditions and some specific to the condition concerned. Overall, the results for LDL (low-density lipoprotein) cholesterol show important improvements against target for all subcategories, between their first and third visit to their doctor, indicating a raised awareness among doctors and patients and tighter control either by diet or medication in combination.

Patients with Diabetes also showed important improvements against their targets for Hba1C levels.

Diabetic Foot Examinations

Diabetic foot disease is a major cause of hospital admission and surgery for diabetic patients, hence early identification and management is essential. The Chronic Disease Treatment Programme requires the GP or the Practice Nurse to carry out a number of tests on diabetes patients' feet to identify foot complications.

- 98% of diabetic patients had a detailed foot examination.
- 21% of diabetic patients had an abnormal foot exam and should be continued to be monitored twice yearly and referred to the ambulatory care hub podiatry service if necessary.

Healthcare

The CDM programme requires that General Practitioners develop, discuss and record a care plan with each of their patients and that this plan is updated at each visit. The care plan includes anticipatory care, recommended actions for when the patient deteriorates and facilitates the development of patient-centred goals for treatment and behaviour change to be agreed and documented between patient and their GP.

- 53% (i.e. 98,494) of patients had a comprehensive patient centred care plan by January 2022, this had risen to 71% of patients by January 2023.

Hospital attendances

GPs participating in the Treatment Programme are asked to indicate whether their patients are also attending hospital for the care of each of the chronic conditions included in the Treatment Programme. A major objective of the Chronic Disease Management Programme and the Enhanced Community Care programme is to enable patients to be managed in primary care as much as possible.

- 91% of patients with chronic disease were not attending hospital for their chronic condition, which was now fully managed routinely in primary care.

Read the report: [HSE publishes second report into the implementation of the Structured Chronic Disease Management Programme in General Practice - HSE.ie](#)

Department of Health - Terms of Reference for a Strategic Review of General Practice (3rd April 2023)

The Strategic Review, with input from key stakeholders, will identify the challenges facing General Practice in delivering a sustainable service into the future, and set out the actions necessary to address those challenges in the context of delivering on the principles of Sláintecare. It will draw on the expertise of the HSE and General Practice, including through consultation with the Irish College of General Practitioners (ICGP) and the Irish Medical Organisation (IMO). The Minister has also invited three practising GPs including Professor Tom O'Dowd; Dr. Niall Macnamara; and Dr. Katie Wolahan, to participate in the Department of Health project group overseeing the Review to ensure that GPs' voices are heard directly throughout the process. The Terms of Reference define the scope and methodology for the Review, and set out the core issues to be examined, including GP capacity issues, GP training, Out of Hours reform and the support model for General Practice. The Review is to be completed by the end of this year.

Read the Terms of Reference: gov.ie - [Terms of Reference for a Strategic Review of General Practice \(www.gov.ie\)](http://www.gov.ie)



SlainteCare Progress Report 2022 & Action Plan 2023 (March 2023)

- **2022 highlights include: Sláintecare Consultant Contract; Public Hospital Inpatient Charges for Children Abolished; Elective Hospitals Approved in Principle; Waiting Lists Reduction of 11% for those exceeding Sláintecare Maximum Wait Times; Free Contraception Scheme; Increasing capacity (hospital and critical care beds); Additional frontline health and social care staff.**
- **2023 areas of focus include: Enhanced Community Care programme; Waiting List Action Plan; Workforce Planning; Regional Health Areas; Surgical Hubs; eHealth.**

Some highlights for General Practice include:

- The GP Direct Access to Diagnostics scheme provides a direct referral pathway for GPs to allow their patients access diagnostic scans. It delivered over 250,000 diagnostics in 2022. (See Pg. 21 for more details)
- Expansion in eligibility including:
 - a free contraception scheme for women aged 17-25 was launched on 14 September 2022 and will be expanded to 26-year-olds on 1 January 2023.
 - the Drug Payment Scheme threshold was reduced twice in 2022. From €138 per month in 2018, the threshold has now reduced to €80 per month.
 - a free national STI home-testing scheme was introduced by the HSE in October 2022.
- The *National Stop Smoking Clinical Guideline* was published in January 2022. <https://www.hse.ie/eng/about/who/tobaccocontrol/national-clinical-guidelines/>

- *Sharing the Vision Implementation Plan 2022 – 2024* was published in March 2022.
https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/sharing-the-vision.html?gclid=Cj0KCQjww4-hBhCtARIsAC9gR3aRUfb5CnlplzhVReHC_dcsOji7bjzluZonEo4htx6iNdSuUabL5PkaAl1LEALw_wcB&gclidsrc=aw.ds
- *The Traveller Health Action Plan* was launched on 28 November 2022.
<https://www.hse.ie/eng/services/publications/socialinclusion/national-traveller-health-action-plan-2022-2027.pdf>
- Agreement for additional undergraduate places in medicine from September 2022 onwards was reached with Irish Medical Schools.

Sláintecare Action Plan 2023 - Key areas of focus for 2023:

- Significant preparations were undertaken for the strategic review of GP services to develop the future vision of general practice, to commence in early 2023.
- **Enhanced Community Care:** The Enhanced Community Care (ECC) programme of reform represents a population-based approach to the expansion of primary and community care and, importantly, its integration with the acute hospital sector, providing health services closer to people's homes and reducing pressure on acute hospitals. By the end of 2022, 94 of the 96 Community Healthcare Networks (CHNs) and 21 of 30 Community Specialist Teams for Older people and 21 of 30 CSTs for Chronic Disease Management had been established under the Programme. It is expected that all CHNs and CSTs will be established in 2023. It is projected that the impacts of these networks and teams over a full year will enable between 16,000 and 21,000 ED avoidances.
- **Workforce Planning:** The department is currently focused on the development of the *Health and Social Care Workforce Strategy and Action Plan and Planning Projection Model*. This will provide demand and supply projections of numbers required in medicine, nursing and HSCPs spanning short- (3-5 years), medium- (5-10 years) and long-term (18-20 year) time horizons. Initial workforce planning projections are due to be completed in Q3 of 2023. The key outcome of this work is that the department will have the tools, processes, and technical capacity to produce rolling health and social care workforce planning action plans and implement targeted policy measures for health and social care workforce reform.
- **eHealth:** The department and the HSE are working on the following initiatives:
 - the development of a new *Digital Healthcare framework 2023-2027* to succeed the eHealth Strategy published in 2013 is well underway. It will align with Government's Digital policy "*Harnessing Digital*" and set the roadmap for digital health in Ireland for the next decade.
 - the development of a *Health Information Bill* is well advanced. The Bill seeks to ensure Ireland has a fit for purpose national health information system to enhance patient care and treatment and support better planning and delivery of health services. Additionally, it will result in better research and innovation due to an increase in the availability of health information. The Bill will also provide for the appointment of a National Health Information Guardian and provisions to strengthen the rights of individuals in relation to their health information; a standards based approach to health information, and; support the establishment of a National Health Information Authority to play a strategic leadership role in

the transformation of the health information systems and to enhance access and use of health information for primary and relevant purposes

- 2022 also saw the HSE maintain eHealth and digital innovations including major national systems and patient digital engagement deployed in response to COVID-19 and it continues to roll-out a comprehensive programme of key clinical and enterprise technology solutions to support the delivery of health services.
- **Individual Health Identifier (IHI):** The need to be able to identify patients uniquely is essential for safe care. Individual Health Identifiers (IHIs) are now being deployed into GP practice systems for all patients with PPSNs, medical cards or GP visit cards. The population of patient administration systems across the country commenced in 2022, starting with Letterkenny University Hospital. The Health Information Bill, planned for 2023, will promote the use of the Personal Public Service Number (PPSN) by patients as their primary identifier with the IHI used to manage the healthcare records associated with that patient.

 **Read the Report:** [gov.ie - Minister for Health publishes Sláintecare Progress Report 2022 and Action Plan 2023 \(www.gov.ie\)](https://www.gov.ie/en/publications-and-statements/publication-minister-for-health-publishes-slaintecare-progress-report-2022-and-action-plan-2023/)

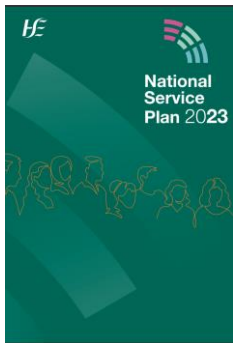
HSE Service Plan 2023 (April 2023)

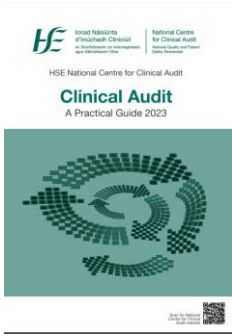
The National Service Plan outlines the health and social care services to be provided to the people of Ireland this year. The Government has allocated a budget of €21.124 billion for this purpose, which is 5.7 per cent above last year's starting budget.

One of their key objectives is to continue ***the modernisation and development of an integrated General Practice service*** through the following:

- a) Work with the DoH and stakeholders on the extension of GP cover for children aged 6 / 7 years, expansion of eligibility for free GP visit cards and the extension of the free contraception scheme, including provision of additional resource for expansion of the GP practice team, e.g. practice nurses.
- b) Provide an additional 30 GP training places in 2023, increasing the planned intake to 285. The HSE will work with partners, including the Irish College of General Practitioners, to identify opportunities to attract GPs internationally to Ireland.
- c) Complete roll-out of the GP structured programme for CDM and prevention for all medical card / GP visit card holders ages 18 years and over including opportunist case finding and the roll-out of a high-risk preventative programme for eligible patients aged 45 years and over.
- d) Progress the roll-out of eHealth initiatives, including ePrescribing, summary and shared care records.
- e) In line with the GP Agreement 2019, a strategic review of general practice will be undertaken to examine and identify the necessary contractual and structural arrangements that need to be in place to facilitate a system of GP care, including out-of-hours care, embedded in a primary care-focused health service and in line with the Sláintecare vision on access. The initiative will be led by the DoH with the support of the HSE including engagement with relevant stakeholders.

 **Read the report:** [national-service-plan-2023.pdf \(hse.ie\)](https://www.hse.ie/eng/press/2023/national-service-plan-2023.pdf)





HSE Clinical Audit: A Practical Guide 2023 (March 2023)

The Health Service Executive (HSE) *National Centre for Clinical Audit (NCCA)* was established within the National Quality and Patient Safety Directorate (NQPSD) in 2022, following publication of the *HSE National Review of Clinical Audit Report 2019*. Establishing the HSE NCCA marks an important step in the HSE's continued efforts to improve the quality and safety of healthcare for patients. Following the establishment of the NCCA and progression of the agreed recommendations and programme of work, this practical guide on Clinical Audit was produced, which contains the agreed seven stages of clinical audit. The Practical Guide should be adopted by the HSE and become the national standard for clinical audit for all agencies involved in clinical audit. They also produced the *Nomenclature HSE National Centre for Clinical Audit: A Glossary of Terms for Clinical Audit*.

 Read the report: [HSE National Centre for Clinical Audit - A Practical Guide 2023](#)

 View more resources: [National Centre for Clinical Audit - Corporate \(hse.ie\)](#)

EBM Round-Up

NMIC Therapeutics Today (Apr 2023)


In this month's issue:

- Breast cancer risk and contraception
- Prevention of hospital admissions for adverse drug reactions
- Withdrawing from SSRI antidepressants
- HSE Medicines Management Programme Update 1
- HSE Medicines Management Programme Update 2
- Guideline/advice documents
- NMIC CPD module
- Regular features
 - April's medication reflection
 - 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 (Mar 2023, vol. 29, No.2) Management of Menopause

- Assessment of menopausal women should consider factors including patient's age, symptoms and impact on quality of life, and risk for cardiovascular disease and osteoporosis.
- In general, the benefits of hormone replacement therapy (HRT) outweigh the risks for most women with menopausal symptoms aged <60 years or within 10 years of menopause.
- Transdermal oestrogen administration is associated with a lower risk of venous thromboembolism and stroke than oral administration.
- Women should be informed that HRT is not a contraceptive method.

 View [this issue](#).



Health Podcasts

1. HSE Talking Health and Wellbeing Podcasts

A weekly podcast series focusing on the work of HSE Health and Wellbeing with their partners and gets under the bonnet on the work underway to achieve the Healthy Ireland ambition to create the optimum health and wellbeing for all. There are currently 9 Episodes focusing on topics such as Social Prescribing, Staff Choirs, Men's Health, etc.

 **Listen** here: [HSE Health and Wellbeing - YouTube](#)

2. BMJ Podcasts

The BMJ hold several podcasts a year, with international experts aimed at healthcare professionals and students with an interest in keeping up to date with the latest scientific developments, evidence-based medicine and guidelines.

 **Listen** here: [Podcasts | The BMJ](#)

3. London School of Hygiene & Tropical Medicine "Primary Health Care: the Heart of Every Health Care System" Seminar Series

This is a ten-part seminar series that runs once a month from October 2022 to July 2023. The seminar series provides an overview of the key functions and features of PHC; its potential in achieving universal health coverage and its role in global health. Seminars are led by speakers working in a range of settings. Session seven focuses on the Primary Care Workforce and is scheduled for *Wednesday 26th April from 12.45-1.45pm* with Valerie Wass, Professor of Medical Education in Primary Care at The School of Medicine, Aberdeen University and Emeritus Professor of Medical Education in the Faculty of Health at Keele, featuring on the panel. It is free and open to all with no registration required. Recordings of the sessions are available.

 **Listen** here: [Primary Health Care Interest Group | LSHTM](#)

Irish Articles

1. Wanat M, Redmond P, Barry T, Chakraborty S, Foley T, et al. **Ten things I wish I had known about academic primary care.** Br J Gen Pract. 2023 Mar 30;73(729):176-177. doi: 10.3399/bjgp23X732465. PMID: 36997225; PMCID: PMC10049592.
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36997225/>
Full-text: <https://bjgp.org/content/73/729/176.long>
2. McCarthy C, Pericin I, Smith SM, Moriarty F, Clyne B. **Recruiting general practitioners and older patients with multimorbidity to randomized trials.** Fam Pract. 2023 Apr 4:cmad039. doi: 10.1093/fampra/cmad039. Epub ahead of print. PMID: 37014975. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37014975/>
Full-text: <https://academic.oup.com/fampra/advance-article/doi/10.1093/fampra/cmad039/7103618>
Randomized controlled trials (RCTs) often exclude older people with multiple medical conditions. The aim of this study was to explore how and why participants took part in a primary care based RCT that included 51 general practitioners (GPs) and 404 older patients prescribed ≥ 15 medicines. The RCT was designed to assess the usefulness of a supported medication review. The study team assessed information that was already collected as part of the RCT, to

describe the process of inviting and enrolling GPs and older people. This included information on the numbers invited and enrolled and interviews from a smaller sample of GPs (18) and older people (27). The study successfully enrolled the required number of participants but it took 26 months more than planned. 37% of invited GPs and 25% of invited patients took part. GPs felt the research was important but they identified lack of time and resources as barriers to participation. Older people predominantly took part because they trusted their GP but some were wary of having medicines taken away and were put off by trial documentation. It is important that RCTs including older people with multiple medical conditions carefully plan recruitment and pay careful attention to trial documentation.

3. McCarthy C, Flood M, Clyne B, Smith SM, Boland F, et al. **Association between patient attitudes towards deprescribing and subsequent prescription changes.** *Basic Clin Pharmacol Toxicol.* 2023 Mar 17. doi: 10.1111/bcpt.13859. Epub ahead of print. PMID: 36930881. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36930881/>
Full-text: <https://onlinelibrary.wiley.com/doi/10.1111/bcpt.13859>
Deprescribing is an essential component of safe prescribing, especially for people with higher levels of polypharmacy. Identifying individuals prepared to consider medicine changes may facilitate deprescribing-orientated reviews. We aimed to explore the relationship between revised patients' attitudes towards deprescribing (rPATD) scores and medication changes in older people prescribed ≥ 15 medicines. A secondary analysis of rPATD scores and prescription data from a cluster randomised controlled trial of a GP-delivered, deprescribing-orientated medication review was conducted. The association between number of medicines stopped, started and changed and baseline rPATD scores was assessed using Poisson regression, adjusting for patient age, gender, study group allocation, baseline number of medicines and effects of clustering. Participants ($n = 404$) had a mean age of 76.4 years and were prescribed a mean of 17.1 medicines at baseline. Willingness to stop a medicine was associated with higher rates of both deprescribing (IRR: 1.40; 95% CI: 1.06-1.84) and initiating medicines (IRR: 1.43; 95% CI: 1.09-1.88). Satisfaction with current medicines was associated with a lower rate of deprescribing (IRR: 0.69; 95% CI: 0.57-0.85). The rPATD questionnaire could be used as part of a deprescribing intervention to identify participants who may be prepared to engage in deprescribing, enabling more efficient use of clinician time during complex consultations.
4. Vellinga A, Luke-Currier A, Garzón-Orjuela N, Aabenhus R, Anastasaki M, et al. **Disease-Specific Quality Indicators for Outpatient Antibiotic Prescribing for Respiratory Infections (ESAC Quality Indicators) Applied to Point Prevalence Audit Surveys in General Practices in 13 European Countries.** *Antibiotics (Basel).* 2023 Mar 14;12(3):572. doi: 10.3390/antibiotics12030572. PMID: 36978439; PMCID: PMC10044809. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36978439/>
Full-text: <https://www.mdpi.com/2079-6382/12/3/572>
Up to 80% of antibiotics are prescribed in the community. An assessment of prescribing by indication will help to identify areas where improvement can be made. A point prevalence audit study (PPAS) of consecutive respiratory tract infection (RTI) consultations in general practices in 13 European countries was conducted in January-February 2020 (PPAS-1) and again in 2022 (PPAS-4). The European Surveillance of Antibiotic Consumption quality indicators (ESAC-QI) were calculated to identify where improvements can be made. A total of 3618 consultations were recorded for PPAS-1 and 2655 in PPAS-4. Bacterial aetiology was suspected in 26% (PPAS-1) and 12% (PPAS-4), and an antibiotic was prescribed in 30% (PPAS-1) and 16% (PPAS-4) of consultations. The percentage of adult patients with bronchitis who receive an antibiotic should, according to the

ESAC-QI, not exceed 30%, which was not met by participating practices in any country except Denmark and Spain. For patients (≥ 1) with acute upper RTI, less than 20% should be prescribed an antibiotic, which was achieved by general practices in most countries, except Ireland (both PPAS), Croatia (PPAS-1), and Greece (PPAS-4) where prescribing for acute or chronic sinusitis (0-20%) was also exceeded. For pneumonia in adults, prescribing is acceptable for 90-100%, and this is lower in most countries. Prescribing for tonsillitis (≥ 1) exceeded the ESAC-QI (0-20%) in all countries and was 69% (PPAS-1) and 75% (PPAS-4). In conclusion, ESAC-QI applied to PPAS outcomes allows us to evaluate appropriate antibiotic prescribing by indication and benchmark general practices and countries.

5. Shah M, Fleming A, Barbosa TM, van der Velden AW, Parveen S, Vellinga A. **Point prevalence audit surveys of respiratory tract infection consultations and antibiotic prescribing in primary care before and during the COVID-19 pandemic in Ireland.** J Antimicrob Chemother. 2023 Mar 28:dkad088. doi: 10.1093/jac/dkad088. Epub ahead of print. PMID: 36974983. [Open Access] Abstract: <https://pubmed.ncbi.nlm.nih.gov/36974983/> Full-text: <https://academic.oup.com/jac/advance-article/doi/10.1093/jac/dkad088/7091371>

Respiratory tract infections (RTIs) are the most common reason for prescribing antibiotics in general practice. The COVID-19 pandemic has impacted on antibiotic prescribing and delivery of primary care in Ireland. To assess the quality of antibiotic prescribing, the impact of the COVID-19 pandemic and identify opportunities for antimicrobial stewardship (AMS) in Ireland. During the COVID-19 pandemic, there was a reduction in antibiotic prescribing. Opportunities identified to support AMS in primary care in Ireland are targeted initiatives to reduce antibiotic prescribing for bronchitis and tonsillitis and introducing POCT to support appropriate antibiotic prescribing.

6. Foley L, Doherty AS, Wallace E, Boland F, Hynes L, et al. **Exploring the Multidimensional Relationship Between Medication Beliefs and Adherence to Medications Among Older Adults Living With Multimorbidity Using Polynomial Regression: An Observational Cohort Study.** Ann Behav Med. 2023 Mar 31:kaad004. doi: 10.1093/abm/kaad004. Epub ahead of print. PMID: 37000216. [Open Access] Abstract: <https://pubmed.ncbi.nlm.nih.gov/37000216/> Full-text: <https://academic.oup.com/abm/advance-article/doi/10.1093/abm/kaad004/7097887>

When people live with multiple ongoing health conditions, they might have complex beliefs about their prescribed medicines. These beliefs could relate to the perceived necessity of medicines (necessity beliefs) and perceived concerns about medicines (concern beliefs). This study aimed to explore how necessity and concern beliefs, in combination, relate to the extent to which people living with multiple ongoing conditions take their medicines as prescribed. The study analyzed an existing dataset that included 812 older adults recruited via family practice settings in Ireland in 2010. Of these, 515 people were followed up again in 2012. All participants were living with at least two ongoing health conditions. Participants self-reported their medication-related necessity and concern beliefs by completing a questionnaire. Their level of medication taking was calculated using pharmacy records. The results showed that having a combination of high necessity beliefs and low concern beliefs was related to higher levels of medication taking than having a combination of low necessity beliefs and high concern beliefs. Having a combination of high necessity beliefs and high concern beliefs was related to higher levels of medication taking than having a combination of low necessity beliefs and low concern beliefs. Attempts to support patients to take their medicines should consider the combined role of their necessity and concern beliefs on behavior.

7. Schluskel MM, Sharp MK, de Beyer JA, Kirtley S, Logullo P, et al. **Reporting guidelines used varying methodology to develop recommendations.** J Clin Epidemiol. 2023 Mar 23:S0895-4356(23)00069-0. doi: 10.1016/j.jclinepi.2023.03.018. Epub ahead of print. PMID: 36965598. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36965598/>
Full-text: [https://www.jclinepi.com/article/S0895-4356\(23\)00069-0/pdf](https://www.jclinepi.com/article/S0895-4356(23)00069-0/pdf)
 Reporting guidelines have been developed with varying methodology. Reporting guideline developers should use existing guidance and take an evidence-based approach, rather than base their recommendations on expert opinion of limited groups of individuals.
8. Chong MC, Sharp MK, Smith SM, O'Neill M, Ryan M, et al. **Strong recommendations from low certainty evidence: a cross-sectional analysis of a suite of national guidelines.** BMC Med Res Methodol. 2023 Mar 25;23(1):68. doi: 10.1186/s12874-023-01895-8. PMID: 36966277; PMCID: PMC10039768. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36966277/>
Full-text: <https://bmcmmedresmethodol.biomedcentral.com/articles/10.1186/s12874-023-01895-8>
 Clinical guidelines should be based on a thorough evaluation of the evidence and generally include a rating of the quality of evidence and assign a strength to recommendations. Grading of Recommendations Assessment, Development and Evaluation (GRADE) guidance warns against making strong recommendations when the certainty of the evidence is low or very low, but has identified five paradigmatic situations (e.g. life-threatening situations) where this may be justified. We aimed to characterize the strength of recommendations and certainty of the evidence in Irish National Clinical Guidelines using the GRADE approach. From the 29 NCEC Clinical Guidelines available at the time of analysis, we identified 8 guidelines using GRADE with a total of 240 recommendations; 38 recommendations did not use the GRADE approach and were excluded. The proportion of discordant recommendations identified in this analysis was higher than some previous international studies (range of all strong recommendations being discordant 30-50%), but similar to other guidelines focused on emergency situations. The majority of discordant recommendations could be mapped to one of the five situations, but no National Clinical Guideline explicitly referenced this. Guideline developers require further guidance to enable greater transparency in the reporting of the reasons for discordant recommendations.
9. Hale EM, Greene G, Mulvey C, Mokoka MC, van Boven JFM, et al.; INCA Research Team. **Use of digital measurement of medication adherence and lung function to guide the management of uncontrolled asthma (INCA Sun): a multicentre, single-blinded, randomised clinical trial.** Lancet Respir Med. 2023 Mar 21:S2213-2600(22)00534-3. doi: 10.1016/S2213-2600(22)00534-3. Epub ahead of print. PMID: 36963417. [Available via Inter-Library Loan - Contact ICGP Library]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36963417/>
 The clinical value of using digital tools to assess adherence and lung function in uncontrolled asthma is not known. We aimed to compare treatment decisions guided by digitally acquired data on adherence, inhaler technique, and peak flow with existing methods. Evidence-based care informed by digital data led to a modest improvement in medication adherence and a significantly lower treatment burden.
10. Butler D, O'Donovan D, Johnston J, Hart ND. **Levelling up or left behind? are GP training opportunities in northern Ireland widening or closing the gap on health inequalities?** BJGP Open. 2023 Apr 5:BJGPO.2022.0178. doi: 10.3399/BJGPO.2022.0178. Epub ahead of print. PMID: 37019473. [Open

Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37019473/>

Full-text:

<https://bjgpopen.org/content/early/2023/04/04/BJGPO.2022.0178.long>

Increasing the GP workforce will not necessarily level up healthcare provision: instead increasing GP training numbers could worsen health inequity and inequalities. This is especially true if there are fewer opportunities to learn, train and build confidence in under-served, socioeconomically deprived areas. This paper aims to investigate the representation of socioeconomic deprivation in postgraduate GP training practices in Northern Ireland (NI). Postgraduate training practices had a statistically significant lower deprivation score and did not fully reflect the socioeconomic make-up of wider NI general practice. The results, however, are more favourable than in other areas of the UK and better than undergraduate teaching opportunities in general practice. Health inequalities will worsen if the representation of general practice training in areas of greater social economic deprivation is not increased.

11. Meade O, O'Brien M, Noone C, Lawless A, McSharry J, et al. **Exploring barriers and enablers to the delivery of Making Every Contact Count brief behavioural interventions in Ireland: A cross-sectional survey study.** Br J Health Psychol. 2023 Feb 26. doi: 10.1111/bjhp.12652. Epub ahead of print. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36843183/>

Full-text: <https://bpspsychub.onlinelibrary.wiley.com/doi/10.1111/bjhp.12652>

The public health impact of the Irish Making Every Contact Count (MECC) brief intervention programme is dependent on delivery by health care professionals. We aimed to identify enablers and modifiable barriers to MECC intervention delivery to optimize MECC implementation. Implementation interventions to enhance MECC delivery should target intentions and goals, beliefs about capabilities, negative emotions, environmental resources, skills and barriers to prioritization.

12. Gibson I, McCrudden Z, Dunne D, Harris A, Hynes L, et al. **Harnessing digital health to optimise the delivery of guideline-based cardiac rehabilitation during COVID-19: an observational study.** *Open Heart*. 2023 Mar;10(1):e002211. doi: 10.1136/openhrt-2022-002211. PMID: 36927866; PMCID: PMC10030287. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36927866/>
Full-text: <https://openheart.bmj.com/content/10/1/e002211.long>
The COVID-19 pandemic accelerated the uptake of digital health interventions for the delivery of cardiac rehabilitation (CR). However, there is a need to evaluate these interventions. We examined the impact of an evidence-based, digital CR programme on medical, lifestyle and psychosocial outcomes. Delivered by an interdisciplinary team of healthcare professionals, the core components of this 12-week programme included lifestyle modification, medical risk factor management, psychosocial and behavioural change support. Outcomes from this study suggest that interdisciplinary digital CR programmes can be successfully implemented and help patients achieve guideline recommended lifestyle, medical and therapeutic targets.

13. Hartley P, Forsyth F, O'Halloran A, Kenny RA, Romero-Ortuno R. **Eight-year longitudinal falls trajectories and associations with modifiable risk factors: evidence from The Irish Longitudinal Study on Ageing (TILDA).** *Age Ageing*. 2023 Mar 1;52(3):afad037. doi: 10.1093/ageing/afad037. PMID: 36995137. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36995137/>

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10061938/>

The label 'faller' and the associated stigma may reduce healthcare-seeking behaviours. However, falls are not inevitably progressive and many drivers are

modifiable. This observational study described the 8-year longitudinal trajectories of self-reported falls in The Irish Longitudinal Study on Ageing (TILDA) and studied associations with factors, including mobility, cognition, orthostatic hypotension (OH), fear of falling (FOF) and use of antihypertensive and antidepressant medications. The majority of recurrent fallers experienced favourable transitions. Improvements in cognitive and psychological status, psychotropic prescribing, mobility and OH may help improve trajectories. Findings may help combat stigma associated with falling and promote preventative healthcare-seeking behaviours.

14. Ares-Blanco S, Guisado-Clavero M, Ramos Del Rio L, Gefaell Larrondo I, Fitzgerald L, et al. **Clinical pathway of COVID-19 patients in primary health care in 30 European countries: Eurodata study.** *Eur J Gen Pract.* 2023 Mar 21:2182879. doi: 10.1080/13814788.2023.2182879. Epub ahead of print. PMID: 36943232. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36943232/>

Full-text:

<https://www.tandfonline.com/doi/full/10.1080/13814788.2023.2182879>

Most COVID-19 patients were treated in primary health care (PHC) in Europe. To demonstrate the scope of PHC workflow during the COVID-19 pandemic emphasising similarities and differences of patient's clinical pathways in Europe. COVID-19 clinics in PHC facilities were organised in 8/30. Case detection and testing were performed in PHC in 27/30 countries. RT-PCR and lateral flow tests were performed in PHC in 23/30, free of charge with a medical prescription. Contact tracing was performed mainly by public health authorities. Mandatory isolation ranged from 5 to 14 days. Sick leave certification was given exclusively by GPs in 21/30 countries. Patient hotels or other resources to isolate patients were available in 12/30. Follow-up to monitor the symptoms and/or new complementary tests was made mainly by phone call (27/30). Chest X-ray and phlebotomy were performed in PHC in 18/30 and 23/30 countries, respectively. Oxygen and low-molecular-weight heparin were available in PHC (21/30). In Europe PHC participated in many steps to diagnose, treat and monitor COVID-19 patients. Differences among countries might be addressed at European level for the management of future pandemics.

Research Articles

1. Grad R, Ebell MH. **Top 20 Research Studies of 2022 for Primary Care Physicians.** *Am Fam Physician.* 2023 Apr;107(4):406-414. PMID: 37054418.

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37054418/>

Full-text: <https://www.aafp.org/pubs/afp/issues/2023/0400/top-20-research-studies-of-2022.html>

This article summarizes the top 20 research studies of 2022 identified as POEMs (patient-oriented evidence that matters), excluding COVID-19. Statins for primary prevention of cardiovascular disease produce only a small absolute reduction in a person's likelihood of dying (0.6%), having a myocardial infarction (0.7%), or having a stroke (0.3%) over three to six years. Supplemental vitamin D does not reduce the risk of a fragility fracture, even in people with low baseline vitamin D levels or a previous fracture. Selective serotonin reuptake inhibitors are preferred medical therapy for panic disorder, and patients who discontinue antidepressants are more likely to relapse (number needed to harm = 6) compared with those who continue. Combination therapy using a selective serotonin reuptake inhibitor, serotonin-norepinephrine reuptake inhibitor, or tricyclic antidepressant with mirtazapine or trazodone is more effective than monotherapy for first-line treatment of acute severe depression and when monotherapy fails. Using hypnotic agents for insomnia in adults comes with a significant trade-off between

effectiveness and tolerability. In patients with moderate to severe asthma, using a combination of albuterol and glucocorticoid inhalers as rescue therapy reduces exacerbations and need for systemic steroids. Observational research shows an increased risk of gastric cancer in patients taking proton pump inhibitors (number needed to harm = 1,191 over 10 years). The American College of Gastroenterology updated its guideline for gastroesophageal reflux disease, and a new guideline provides sound advice for the evaluation and management of irritable bowel syndrome. Adults older than 60 years with prediabetes are more likely to become normoglycemic than to develop diabetes mellitus or die. Treatment of prediabetes via intensive lifestyle intervention or metformin has no impact on long-term cardiovascular outcomes. Persons with painful diabetic peripheral neuropathy have similar degrees of improvement with monotherapy using amitriptyline, duloxetine, or pregabalin and greater improvement with combination therapy. When communicating with patients about disease risk, most patients prefer numbers over words because people overestimate word-based probabilities. In terms of drug therapy, the duration of an initial varenicline prescription should be 12 weeks. Many drugs can interact with cannabidiol. No important difference was found among ibuprofen, ketorolac, and diclofenac for treatment of acute nonradicular low back pain in adults.

2. Rubino F, Batterham RL, Koch M, Mingrone G, le Roux CW, et al. **Lancet Diabetes & Endocrinology Commission on the Definition and Diagnosis of Clinical Obesity.** *Lancet Diabetes Endocrinol.* 2023 Apr;11(4):226-228. doi: 10.1016/S2213-8587(23)00058-X. Epub 2023 Mar 3. PMID: 36878238.

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36878238/>

Full-text: [https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(23\)00058-X/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(23)00058-X/fulltext)

3. Navaneethan SD, Zoungas S, Caramori ML, Chan JCN, Heerspink HJL, et al. **Diabetes Management in Chronic Kidney Disease: Synopsis of the KDIGO 2022 Clinical Practice Guideline Update.** *Ann Intern Med.* 2023 Mar;176(3):381-387. doi: 10.7326/M22-2904. Epub 2023 Jan 10. PMID: 36623286.[Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36623286/>

Full-text: https://www.acpjournals.org/doi/full/10.7326/M22-2904?rfr_dat=cr_pub++0pubmed&url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org

The KDIGO 2022 Clinical Practice Guideline for Diabetes Management in Chronic Kidney Disease is an update of the 2020 guideline from Kidney Disease: Improving Global Outcomes (KDIGO). The updated guideline includes 13 recommendations and 52 practice points for clinicians caring for patients with diabetes and chronic kidney disease (CKD). A focus on preserving kidney function and maintaining well-being is recommended using a layered approach to care, starting with a foundation of lifestyle interventions, self-management, and first-line pharmacotherapy (such as sodium-glucose cotransporter-2 inhibitors) demonstrated to improve clinical outcomes. To this are added additional drugs with heart and kidney protection, such as glucagon-like peptide-1 receptor agonists and nonsteroidal mineralocorticoid receptor antagonists, and interventions to control risk factors for CKD progression and cardiovascular events, such as blood pressure, glycemia, and lipids.

4. Smeets M, Raat W, Aertgeerts B, Penders J, Vercammen J, et al. **Mixed-methods evaluation of a multifaceted heart failure intervention in general practice: the OSCAR-HF pilot study.** *ESC Heart Fail.* 2023 Apr;10(2):907-916. doi: 10.1002/ehf2.14251. Epub 2022 Dec 3. PMID: 36461750. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36461750/>

Full-text: <https://onlinelibrary.wiley.com/doi/10.1002/ehf2.14251>

Heart failure (HF) is an important health problem for which multidisciplinary care is recommended, yet few studies involve primary care practitioners in the

multidisciplinary management of HF. We set up a multifaceted prospective observational trial, OSCAR-HF, piloting audit and feedback, natriuretic peptide testing at the point of care, and the assistance of a specialist HF nurse in primary care. The aim was to optimize HF care in general practice. The use of audit and feedback combined with natriuretic peptide testing was a successful strategy to increase the number of registered and objectified HF diagnoses at 6 months. GPs and HF nurses selected patients with worse quality-of-life scores at baseline for the HF nurse intervention, which led to a significantly greater improvement in quality-of-life scores at the 6 month follow-up compared with patients without an HF nurse intervention. The interventions were deemed feasible and useful by the participating GPs with some specific remarks that can be used for optimization.

5. Hawarden A, Bullock L, Chew-Graham CA, Herron D, Hider S, et al. **Incorporating FRAX into a nurse-delivered integrated care review: a multi-method qualitative study.** *BJGP Open*. 2023 Mar 21:BJGPO.2022.0146. doi: 10.3399/BJGPO.2022.0146. Epub ahead of print. PMID: 36746471. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36746471/>

Full-text:

<https://bjgpopen.org/content/early/2023/03/19/BJGPO.2022.0146.long>

People with inflammatory rheumatological conditions (IRCs) are at increased risk of common comorbidities including osteoporosis. To explore the barriers to and facilitators of implementing nurse-delivered fracture risk assessments in primary care, in the context of multimorbidity reviews for people with IRCs. The findings suggest that, with appropriate training including risk communication, practice nurses are likely to be confident to play a key role in conducting fracture risk assessments, but further work is needed to address the barriers identified.

6. Hertens S, Van der Mullen C, Schoenmakers B. **The feasibility of teleconsultations in unplanned primary care: an intervention study in Belgium, 2021.** *Arch Public Health*. 2023 Mar 24;81(1):43. doi: 10.1186/s13690-023-01058-7. PMID: 36964630; PMCID: PMC10037370. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36964630/>

Full-text: <https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-023-01058-7>

Since 2000, an increasing misuse of emergency services in Belgium was noticed. In 2015, a multidisciplinary task-force designed a triage system. Trained operators and integrated triage protocols were installed in a call center for life-threatening and non-life-threatening care needs. Teleconsultations by telephone find their way to planned care and are well studied in this context. Also unplanned care might benefit from telephone-consultations. This study showed that teleconsultations are feasible in unplanned care. Videos add value in particular cases. Only few barriers are reported in terms of communication, technology and equipment. Teleconsultations in unplanned primary care could be performed with a high quality and a sufficient level of certainty. The willingness to conduct teleconsultations in unplanned care is high. It would be useful in a future study to investigate the feasibility, obstacles and needs for implementation of video consultations as they may differ from teleconsultations.

7. MacRae C, McMinn M, Mercer SW, Henderson D, McAllister DA, et al. **The impact of varying the number and selection of conditions on estimated multimorbidity prevalence: A cross-sectional study using a large, primary care population dataset.** *PLoS Med*. 2023 Apr 4;20(4):e1004208. doi: 10.1371/journal.pmed.1004208. PMID: 37014910; PMCID: PMC10072475.[Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37014910/>

Full-text:

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004208>

Multimorbidity prevalence rates vary considerably depending on the conditions considered in the morbidity count, but there is no standardised approach to the number or selection of conditions to include. In this study, we observed that varying the number and selection of conditions results in very large differences in multimorbidity prevalence, and different numbers of conditions are needed to reach ceiling rates of multimorbidity prevalence in certain groups of people. These findings imply that there is a need for a standardised approach to defining multimorbidity, and to facilitate this, researchers can use existing condition-lists associated with highest multimorbidity prevalence.

8. MacRae C, Mercer SW, Henderson D, McMinn M, Morales DR, et al. **Age, sex, and socioeconomic differences in multimorbidity measured in four ways: UK primary care cross-sectional analysis.** *Br J Gen Pract.* 2023 Mar 30;73(729):e249-e256. doi: 10.3399/BJGP.2022.0405. PMID: 36997222. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36997222/>

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9923763/>

Multimorbidity poses major challenges to healthcare systems worldwide. Definitions with cut-offs in excess of ≥ 2 long-term conditions (LTCs) might better capture populations with complexity but are not standardised. To examine variation in prevalence using different definitions of multimorbidity using a cross-sectional study of 1 168 620 people in England. Comparison of multimorbidity (MM) prevalence using four definitions: MM2+ (≥ 2 LTCs), MM3+ (≥ 3 LTCs), MM3+ from 3+ (≥ 3 LTCs from ≥ 3 International Classification of Diseases, 10th revision chapters), and mental-physical MM (≥ 2 LTCs where ≥ 1 mental health LTC and ≥ 1 physical health LTC are recorded). Logistic regression was used to examine patient characteristics associated with multimorbidity under all four definitions. MM2+ was most common (40.4%) followed by MM3+ (27.5%), MM3+ from 3+ (22.6%), and mental-physical MM (18.9%). MM2+, MM3+, and MM3+ from 3+ were strongly associated with oldest age (adjusted odds ratio [aOR] 58.09, 95% confidence interval [CI] = 56.13 to 60.14; aOR 77.69, 95% CI = 75.33 to 80.12; and aOR 102.06, 95% CI = 98.61 to 105.65; respectively), but mental-physical MM was much less strongly associated (aOR 4.32, 95% CI = 4.21 to 4.43). People in the most deprived decile had equivalent rates of multimorbidity at a younger age than those in the least deprived decile. This was most marked in mental-physical MM at 40-45 years younger, followed by MM2+ at 15-20 years younger, and MM3+ and MM3+ from 3+ at 10-15 years younger. Females had higher prevalence of multimorbidity under all definitions, which was most marked for mental-physical MM. Estimated prevalence of multimorbidity depends on the definition used, and associations with age, sex, and socioeconomic position vary between definitions. Applicable multimorbidity research requires consistency of definitions across studies.

9. MacVicar S, Paterson RE. **Characteristics of prescribing activity within primary care in Scotland 2013-2022 of general practitioners, nurse, pharmacist and allied health prescribers: A retrospective cross-sectional study.** *J Adv Nurs.* 2023 Mar 27. doi: 10.1111/jan.15658. Epub ahead of print. PMID: 36971201. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36971201/>

Full-text: <https://onlinelibrary.wiley.com/doi/10.1111/jan.15658>

Independent prescribing by nurses, pharmacists and allied health professionals is diversifying into a variety of healthcare settings as pressures mount on existing resources. Primary care was an early adopter of prescribing by non-medical professionals with resulting improvements in accessibility and flexibility of services but also noted barriers. Exploring existing prescribing activity within primary care can support future initiatives that are cognisant of the needs of this specific population and targeted in the use of finite resources. To explore the characteristics of prescribing activity of common drugs dispensed by community

pharmacies in Scotland by prescribing groups of general practitioners, nurses, pharmacist and allied health professionals. Specifically, to compare overall drug prescribing frequency by prescriber group and identify emergent prescribing patterns of individual drugs. The data from Public Health Scotland on frequency of the ten most common drugs prescribed and dispensed from community pharmacies between 2013 and 2022 by prescriber group were examined, applying descriptive statistics using secondary data analysis. Prescribing activity in non-medical prescribing groups accounted for 2%-3% of overall prescribing activity in primary care. There is a growing interprofessional approach to prescribing in chronic disease. Proton pump inhibitors were the most commonly prescribed medication overall with a 4-fold increase in nurse prescribing. The decline in prescribing frequency caused by COVID 19 restrictions has since returned to pre-pandemic levels. There is a growing contribution of nurse independent prescriber activity within primary care although still a relatively small proportion compared to medical practitioners. The pattern of increased prescribing of medications for long term and chronic conditions such as proton pump inhibitors by all prescribers is suggestive of multi-disciplinary professionals supporting increased patient demand. This study provides a baseline to evaluate current service provision in further research and enable professional, service and policy development.

10. Shiekh SI, Harley M, Ghosh RE, Ashworth M, Myles P, et al. **Completeness, agreement, and representativeness of ethnicity recording in the United Kingdom's Clinical Practice Research Datalink (CPRD) and linked Hospital Episode Statistics (HES).** *Popul Health Metr.* 2023 Mar 14;21(1):3. doi: 10.1186/s12963-023-00302-0. PMID: 36918866; PMCID: PMC10013294. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36918866/>
Full-text: <https://pophealthmetrics.biomedcentral.com/articles/10.1186/s12963-023-00302-0>

This descriptive study assessed the completeness, agreement, and representativeness of ethnicity recording in the United Kingdom (UK) Clinical Practice Research Datalink (CPRD) primary care databases alone and, for those patients registered with a GP in England, when linked to secondary care data from Hospital Episode Statistics (HES). In CPRD-HES, 81.7% of currently registered patients in the UK had ethnicity recorded in primary care. For patients with multiple ethnicity records, mismatched ethnicity within individual primary and secondary care datasets was < 10%. Of English patients with ethnicity recorded in both CPRD and HES, 93.3% of records matched at the highest-level categorisation; however, the level of agreement was markedly lower in the 'mixed' and 'other' ethnic groups. CPRD-HES was less proportionately 'white' compared to the UK Census 2011 (80.3% vs. 87.2%) and experimental ONS2019 data (80.4% vs. 84.3%). CPRD-HES was aligned with the ethnic distribution from GDPPR-HES ('white' 80.4% vs. 80.7%); however, with a smaller proportion classified as 'other' (1.1% vs. 2.8%). CPRD-HES has suitable representation of all ethnic categories with some overrepresentation of minority ethnic groups and a smaller proportion classified as 'other' compared to the UK general population from other data sources. CPRD-HES data is useful for studying health risks and outcomes in typically underrepresented groups.

11. Stafford M, Bécares L, Hayanga B, Ashworth M, Fisher R. **Continuity of care in diverse ethnic groups: a general practice record study in England.** *Br J Gen Pract.* 2023 Mar 30;73(729):e257-e266. doi: 10.3399/BJGP.2022.0271. PMID: 36316161; PMCID: PMC9639601. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36316161/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9639601/>
GPs and patients value continuity of care. Ethnic differences in continuity could contribute to inequalities in experience and outcomes. To describe relational

continuity of care in general practice by ethnicity and long-term conditions. On full adjustment, 5 of 10 ethnic minority groups (Bangladeshi, Pakistani, Black African, Black Caribbean, and any other Black background) had lower continuity of care compared with White patients. Continuity was lower for patients in more deprived areas and younger patients but this did not account for ethnic differences in continuity. Differences by ethnicity were also seen in patients with ≥ 2 long-term conditions. Ethnic minority identity and socioeconomic deprivation have additive associations with lower continuity of care. Structural factors affecting demand for, and supply of, GPs should be assessed for their contribution to ethnic inequalities in relational continuity and other care quality domains.

12. Aguilar-Latorre A, Oliván-Blázquez B, Algorta GP, Serrano-Ripoll MJ, Escobar-Olszewski L, Turón-Lanuza A. **One-year follow-up of the effectiveness of a lifestyle modification programme as an adjuvant treatment of depression in primary care: A randomised clinical trial.** *J Affect Disord.* 2023 Apr 11:S0165-0327(23)00464-0. doi: 10.1016/j.jad.2023.04.007. Epub ahead of print. PMID: 37054898. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37054898/>

Full-text:

<https://www.sciencedirect.com/science/article/pii/S0165032723004640?via%3Dihub>

An estimated 280 million individuals suffer from depression. Brief group interventions in Primary Healthcare Centres (PHCs) are recommended. One goal of these interventions is to educate people about healthy lifestyle habits, as they prevent the development of depression. This study aims to analyse the one-year follow-up results about the effectiveness of a Lifestyle Modification Programme (LMP) and an LMP plus Information and Communication Technologies (LMP + ICTs) when compared to Treatment as Usual (TAU). In long-term, LMPs plus ICTs administered in PHCs to people suffering from depression were effective in reducing depressive symptomatology and sedentarism comparing to TAU. More research is needed to enhance adherence to lifestyle recommendations. These promising programmes could be easily implemented in PHCs.

13. Black GB, Boswell L, Harris J, Whitaker KL. **What causes delays in diagnosing blood cancers? A rapid review of the evidence.** *Prim Health Care Res Dev.* 2023 Apr 11;24:e26. doi: 10.1017/S1463423623000129. PMID: 37039465. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37039465/>

Full-text: <https://www.cambridge.org/core/journals/primary-health-care-research-and-development/article/what-causes-delays-in-diagnosing-blood-cancers-a-rapid-review-of-the-evidence/0DA1FD297A02957BD3DF019AF2BA0E2A#>

We undertook a rapid review of literature relating to the diagnosis of blood cancers, to find out what factors contribute to delays in diagnosis, including symptom recognition, appraisal and help-seeking behaviours. Fifteen studies were included in the review, of which 10 were published in the United Kingdom. We found a number of factors associated with delays in blood cancer diagnosis. These included patient factors such as gender, age and ethnicity, as well as health system factors such as poor communication and seeing a locum clinician in primary care. Blood cancers are difficult to diagnose due to non-specific heterogeneous symptoms, and this is reflected in how those symptoms are interpreted by patients and managed by HCPs. It is important to understand how different interpretations affect delays in help-seeking, and what HCPs can do to support timely follow-up for patients.

14. Michielsen L, Bischoff EWMA, Schermer T, Laurant M. **Primary healthcare competencies needed in the management of person-centred integrated care for chronic illness and multimorbidity: Results of a scoping review.** *BMC Prim*

Care. 2023 Apr 12;24(1):98. doi: 10.1186/s12875-023-02050-4. PMID: 37046190; PMCID: PMC10091550. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37046190/>

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10091550/>

Chronic disease management is important in primary care. Disease management programmes focus primarily on the respective diseases. The occurrence of multimorbidity and social problems is addressed to a limited extent. Person-centred integrated care (PC-IC) is an alternative approach, putting the patient at the centre of care. This asks for additional competencies for healthcare professionals involved in the execution of PC-IC. In this scoping review we researched which competencies are necessary for healthcare professionals working in collaborative teams where the focus lies within the concept of PC-IC. We also explored how these competencies can be acquired. Four guidelines and 21 studies were included and four core competencies could be derived through the synthesis: 1. interprofessional communication, 2. interprofessional collaborative teamwork, 3. leadership and 4. patient-centred communication. This review provides insight on competencies necessary to provide PC-IC within primary care. Research is needed in more depth on core concepts of these competencies which will then benefit educational programmes to ensure that healthcare professionals in primary care are better equipped to deliver PC-IC for patients with chronic illness and multimorbidity.

15. Rees J, Burton A, Walters K, Cooper C. **Exploring the provision and support of care for long-term conditions in dementia: A qualitative study combining interviews and document analysis.** *Dementia* (London). 2023 May;22(4):820-837. doi: 10.1177/14713012231161854. Epub 2023 Mar 7. PMID: 36883009; PMCID: PMC9996169. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36883009/>

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9996169/>

The challenge of managing multiple long-term conditions is a prevalent issue for people with dementia and those who support their care. The presence of dementia complicates healthcare delivery and the development of personalised care plans, as health systems and clinical guidelines are often designed around single condition services. This study aimed to explore how care for long-term conditions is provided and supported for people with dementia in the community. Six main themes were identified from eight case studies: 1) Balancing support and independence, 2) Implementing and adapting advice for dementia contexts, 3) Prioritising physical, cognitive and mental health needs, 4) Competing and entwined needs and priorities, 5) Curating supportive professional networks, 6) Family carer support and coping. These findings reflect the dynamic nature of dementia care which requires the adaptation of support in response to changing need. We witnessed the daily realities for families of implementing care recommendations in the community, which were often adapted for the contexts of family carers' priorities for care of the person living with dementia and what they were able to provide. Realistic self-management plans which are deliverable in practice must consider the intersection of physical, cognitive and mental health needs and priorities, and family carers needs and resources.

16. Battista S, Lazzaretti A, Coppola I, Falsiroli Maistrello L, Rania N, Testa M. **Living with migraine: A meta-synthesis of qualitative studies.** *Front Psychol*. 2023 Mar 28;14:1129926. doi: 10.3389/fpsyg.2023.1129926. PMID: 37057143; PMCID: PMC10086165. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37057143/>

Full-text: <https://www.frontiersin.org/articles/10.3389/fpsyg.2023.1129926/full>

Migraine is one of the top ten causes of disability worldwide. However, migraine is still underrated in society, and the quality of care for this disease is scant. Qualitative research allows for giving voice to people and understanding the

impact of their disease through their experience of it. This study aims at synthesising the state of the art of qualitative studies focused on how people with migraine experience their life and pathology. Ten studies were included, counting 262 people with migraine. Our synthesis produced four main themes. (1) "Negative impact of migraine symptoms on overall life" as migraine negatively impacts people's whole life. (2) "Impact of migraine on family, work and social relationship" as migraine reduces the possibility to focus at work and interact with people. (3) "Impact of migraine on emotional health" as people with migraine experience psychological distress. (4) "Coping strategies to deal with migraine" such as keep on living one's own life, no matter the symptoms. Migraine negatively impacts people's whole life, from private to social and work sphere. People with migraine feel stigmatised as others struggle with understanding their condition. Hence, it is necessary to improve awareness among society of this disabling condition, and the quality of care of these people, tackling this disease from a social and health-policy point of view.

17. Grover S, Sandhu P, Nijjar GS, Percival A, Chudyk AM et al. **Older adults and social prescribing experience, outcomes, and processes: a meta-aggregation systematic review.** *Public Health*. 2023 Apr 13;218:197-207. doi: 10.1016/j.puhe.2023.02.016. Epub ahead of print. PMID: 37060740. [Available via inter-library loan – Contact ICGP Library for details]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37060740/>

Social prescribing is a complex care model, which aims to address unmet non-medical needs and connect people to community resources. The purpose of this systematic review was to synthesize available evidence from qualitative methods (e.g. interviews or focus groups) on experience, outcomes, and processes for social prescribing and older adults (from the person or provider level). This was a systematic review using the Joanna Briggs' meta-aggregative approach. We screened 376 citations (after duplicates) and included eight publications. There were 197 older adult participants (59% women), and many people were living with chronic health conditions. Few details were provided for participants' ethnicity, education, and related factors. We created five synthesized findings related to (1) the approach of social prescribing; implementation factors such as (2) relationships, (3) behavior change strategies, and (4) the environment; and (5) older adults' perceived health and psychosocial outcomes. Despite the limited number of available studies, data provide an overview of people and processes involved with social prescribing, identified research and practice gaps, and possible next steps for implementing and evaluating social prescribing for older adults in primary care.

18. Fox JL, Doolan TD, Gurney TM, McGrail MR. **Short-term medical student placements completed consecutively at a rural general practice positively impact chronic disease management.** *Rural Remote Health*. 2023 Apr;23(2):7611. doi: 10.22605/RRH7611. Epub 2023 Apr 17. PMID: 37069128. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37069128/>

Full-text: <https://www.rrh.org.au/journal/article/7611>

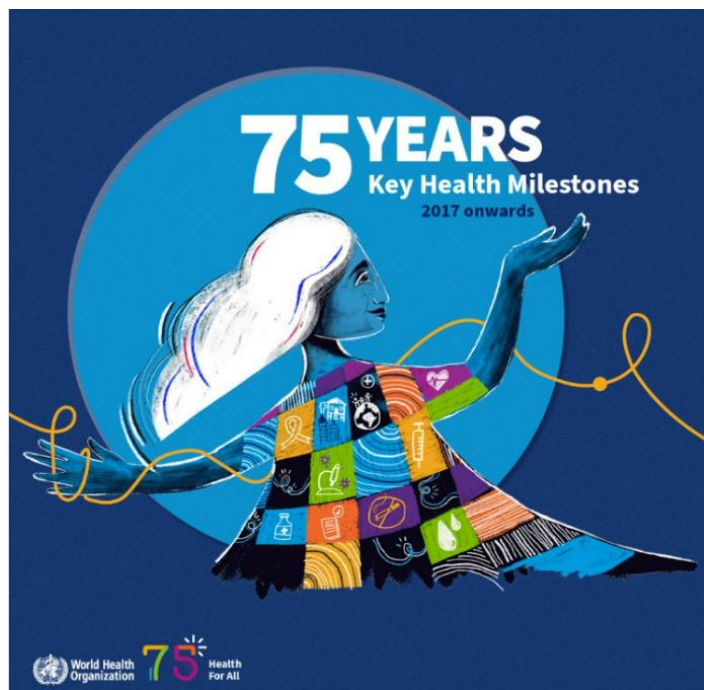
Little is known about how medical school placements in rural areas impact key stakeholders such as patients, host organisations and the wider rural community. With engagement from rural communities crucial to the success of rural medical training, this case study sought to demonstrate the benefit that rural clinical placements can have on rural general practices (systems) and likely impacts on communities (health outcomes). Specifically, we describe how a series of consecutive short-term student placements in a single rural practice were the drivers of a series of clinical audits and interventions resulting in improved management of chronic disease. This case study provides evidence that short-term rural clinical placements for medical students have the potential to greatly improve health care and clinical practice in rural and remote communities, when

designed around a consistent topic within a medical practice. Outcomes of the student projects in combination demonstrate that addressing CKD management longitudinally led to improvements in administrative processes, clinical practices, and patient awareness and accountability, despite each student only being at the medical centre for a short period of time. Similar approaches to structuring rural clinical placements and defining community projects for medical students should be considered more broadly.

19. Fishwick D, Barber C, Wiggins R. **Chronic Obstructive Pulmonary Disease and Work: The Continuing Narrative.** *Semin Respir Crit Care Med.* 2023 Apr 17. doi: 10.1055/s-0043-1764408. Epub ahead of print. PMID: 37068517. [Available via inter-library loan – contact ICGP Library]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37068517/>

It has long been recognized that harmful inhaled workplace exposures can contribute to the development of chronic obstructive pulmonary disease (COPD). This article, intended for the clinician, summarizes some of this evidence and some areas of controversy. Current estimates based on pooled epidemiological analyses of population-based studies identify that approximately 14% of the burden of COPD (and 13% of the burden of chronic bronchitis) is attributable to such exposures. In addition to these approaches, various studies implicate specific exposures as contributing. Certain of these relating to cadmium, coal, and respirable crystalline silica are discussed in more detail. Despite this amassed evidence to date supporting associations between COPD and workplace exposures, there have been surprisingly few studies that have attempted to assess the attribution by experts of an occupational cause in cases of COPD. One study, using hypothetical cases of COPD, noted that while expert physicians were willing to make such an occupational link, this was only likely in cases with light smoking histories and a priori defined heavy occupational exposures. Relatively recent data relating to computed tomography (CT) scan appearances may give the clinician a further guide. Several studies from populations have now linked potentially harmful occupational exposures specifically with the presence of emphysema on CT scanning. It will be of interest to see if this finding, along with other clinical attributes of cases such as smoking and family histories, exclusion of asthma, genetic data, and the nature of workplace exposures, will increase the future diagnosis by clinicians of occupational COPD. In the interim, while better diagnostic approaches are developed, we suggest that consideration of an occupational cause is an important part of the clinical investigation of cases of COPD. Finally, we suggest that evidence-based workplace preventive strategies for occupational COPD should be informed by knowledge of which exposures are most important to reduce, and whether and when intervention to reduce exposure at an individual worker level is warranted.



Assisted Decision-Making (Capacity) Act 2015

The Assisted Decision-Making (Capacity) Act comes into force on the 26th April 2023.

The [HSE](#) have a range of Webinars which may be of interest on getting ready Advance Healthcare Directives and getting ready for the commencement of the Act.

[Medical Protection Ireland](#) also have an article on how GPs can best prepare for the implementation of the Act.

The [Decision Support Service](#) is a new service for all adults who have difficulties with their decision-making capacity.

Health Awareness

In April, we have Bowel Cancer Awareness Month, World Autism Awareness Day (Apr 2nd), World Health Day (Apr 7th), World Immunisation Week (24th-30th Apr), and National Workplace Wellbeing day (Apr 28th). Here, we focus on World Health Day.

As WHO celebrates its 75th anniversary on April 7th 2023, World Health Day, they reflect on and celebrate their achievements which has led global efforts to expand universal health coverage; directed and coordinated the world's response to health emergencies, and promoted healthier lives. They have published a [timeline](#) that serves as a reminder of some the most memorable successes and how these have contributed to improved health across the world. These milestone achievements also provide inspiration for us to face the health challenges of the future. The goal that has guided WHO since 1947 is as important today as it was then – to work together to improve the health and wellbeing of every person and achieve health for all.



Check out information on [BowelScreen](#) from the HSE.

The theme for World Immunisation Week 2023 is [The Big Catch-up](#).

[IBEC's 9th National Workplace Wellbeing Day](#) will take place on Friday 28th April 2023.



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