
General Practice Research in Ireland 2014

*Research and Audit Activity presented
at the ICGP Research and Audit
Conference and projects provided with
ICGP Ethical Approval or Funding*



Irish College of General Practitioners

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Contact Us

Irish College of General Practitioners
4-5 Lincoln Place, Dublin 2
Tel: 01 6763705, Fax: 01 6765850
Email: info@icgp.ie
Web: www.icgp.ie

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Irish College of General Practitioners

Acknowledgements

The ICGP wishes to acknowledge the contribution in compiling this document from Dr Claire Collins (Director of Research) and Sally Anne O'Neill (Administrator). We thank the researchers who submitted their abstracts for inclusion.

Notes

References and further information are available on request from the author(s). The lists from other sources are complete and hence there may be an overlap between lists. The related abstracts may also have been submitted for inclusion.

Disclaimer

The contents of this document are intended as a snapshot guide only and although every effort has been made to ensure that the contents are correct, the ICGP and its agents cannot be held responsible for inaccuracies or incompleteness. The contents are a compilation of the abstracts of work presented at the ICGP Research and Audit Conference 2014.

Cardiovascular

Survey of use of 24 hour Ambulatory Blood Pressure Monitoring amongst General Practitioners in the Midlands

Author

D. Searson

Introduction

Hypertension is a major risk factor for the development of cardiovascular disease. It is most commonly managed in general practice. The NICE Hypertension Guidelines 2011 advise routine use of 24 hour ABPM to diagnose hypertension. A questionnaire was compiled assessing the use of 24 hr ABPM and blood pressure management amongst general practitioners in the Midlands.

Methods

The questionnaire was posted to all training practices attached to the Midlands GP training scheme. The results were collated and analyzed using Microsoft Excel 2010.

Results

There was a response rate of 90%. All respondents adhered to guidelines when prescribing for hypertension. 78% used a 24 hr ABPM in their practice. Of those who didn't 60% had access to one. 84% felt ABPM had changed their management of hypertension. 62% found the monitor cost efficient in their practice. 100% felt 24 hr ABPM should be covered by the GMS.

Conclusions

ABPM is widely used amongst General Practitioners in the Midlands. It has been widely used for several years before its use was recommended in guidelines to diagnose hypertension. There was considerable variation in the frequency with which cardiovascular risk factors were assessed. Hypertension is very common and is under diagnosed and will increase in prevalence in the future due to our ageing population and it is important that it be prioritized in general practice, which is best suited to managing hypertension.

Cardiovascular

Cardiac Screening of Athletes in General Practice- A Feasibility Study

Authors

C. O'Fearraigh, D. Mc Eniff, K. Hanley, M. Ward, E. Sheehy, S. David

Introduction

40 young people die of Sudden Cardiac Death (SCD) each year in Ireland (1). Each death is a tragedy. The European Society of Cardiology (ESC), FIFA and the GAA recommend screening of athletes over 14 yrs of age with a history, examination and Electrocardiogram(ECG). Such a screening programme is law in Italy and has been shown to reduce mortality from SCD by 90% (2). Our practice was asked by a GAA club to provide a screening service to its members.

Methods

We conducted a literature review and devised a screening protocol based on international best evidence. We undertook a BMJ learning Module on ECG interpretation in athletes. The screening protocol included a 5 part questionnaire to assess family history, personal history and cardiac symptoms, a physical examination including pulse check, Blood pressure measurement and cardiac auscultation. Club members over 14 yrs of age were invited to screening by the club via word of mouth, posters, facebook, twitter, e-mail & text. 2 Screening days were provided (9hours) in the GP Practice. Following the screening, data was analysed, ECGs were interpreted based on Seattle Criteria for ECG interpretation in athletes. Abnormalities were referred to local Cardiology services. Costs were calculated included equipment, supplies, and hours at standard rates.

Results

60 club members from an eligible 85 attended for screening, 48 male, 12 female. Average age was 19 yrs. 3 were excluded because of known cardiac disorders. 6 abnormalities were noted (10% of participants), 4 ECG abnormalities and 2 cardiac murmurs and those participants were referred for follow up. 5 attended for follow up and all had normal Echocardiograms. Costs were calculated at €39 per participant.

Conclusions

Training in ECG interpretation in athletes is available online for GPs. Referral rates were comparable to screening conducted by cardiologists and the cost of providing a screening service in general practice is reasonable and lower than reported in other international studies(3). Cardiac Screening of athletes in General Practice in Ireland is feasible and warrants consideration.

Cardiovascular

Practical application of home blood pressure monitoring in General Practice

Authors

Y. Ryan, Y. Keenan, P. Fowler, S. Prosser

Introduction

The use of home blood pressure monitors (HBPM) has been advocated in recent guidelines from NICE and the European Society of Hypertension as an alternative to ambulator medical Centre is a single-handed GP practice with a patient population of 2988. The only access y blood pressure monitoring (ABPM). Waterside M to ABPM is via the local hospital. We introduced home blood pressure monitoring in the practice in September 2013. We believe it to be a viable and cost effective alternative to ABPM.

Methods

We conducted a retrospective review of HBPM over six months from September 2013 to March 2014. All data was collected prospectively and anonymously. Two automated electronic oscillometric monitors were used and a blood pressure record sheet was designed. Home monitors were used in place of ABPM in practice. All clinical staff in the practice could refer a patient for HBPM. Patients were trained in the use of the monitors and record sheet. The patients were instructed to do two measurements, in the same arm, three minutes apart, in the morning and two in the evening, every day until the monitor was returned. Patients completed seven days HBPM for diagnosis of hypertension and five days HBPM for compliance/ efficacy of treatment. All the record sheets were reported on by the blood pressure lead in the practice, in this case Dr Ryan the corresponding author.

Patients were treated according to their results and guidelines. All data was analysed on Excel.

Results

The practice is semi urban with 2988 patients, 2186 are >18 years. There are 368 patients with hypertension in the practice (16.8% of adults >18 yrs have diagnosed hypertension). There were forty-nine home BP monitors issued to forty-three patients over six months. Monitoring compliance/efficacy of treatment was the indication for thirty monitors, suspected new diagnosis of hypertension was the indication for sixteen monitors, and symptomatic hypotension/suspected overtreatment was the indication for three monitors.

Of the thirty monitors done for compliance/efficacy of treatment, twenty four changes to medication were made due to uncontrolled hypertension (85.7 % had clinically significant medication changes made due to the results of the HBPM).

The number of patients new diagnosed with hypertension using the monitors over the six month period was eleven (25.5% of patients given a monitor). Of these, nine commenced medication and two borderline hypertensive patients received lifestyle advice.

Conclusions

Home blood pressure monitoring is a validated and very practical alternative to ABPM for the diagnosis and monitoring of blood pressure in the community. It is a very practical and low cost alternative to ABPM in general practice. It has the added advantage as acting as a tool to engage and educate patients in the management of this chronic condition.

Care of the Elderly

An Audit on adherence to the STOPP protocol as set out in STOPP START Guidelines in Castlegregory Medical Centre

Authors

B. Walsh, A. Sills

Introduction

Aims: The aim of the audit is to:

- Establish Evidence Based Standards for Medication Prescribing for long-term nursing home residents.
- Review current prescription's in our practice
- To implement the agreed standards with the STOPP START Toolkit Supporting Medication Review

Clinical Standards: We decided upon a standard of 90% for our criteria, as listed below

- Evidence of review of medications every three months
- Stopping medications according to the STOPP criteria
- Reducing medication doses where possible as per the STOPP criteria.

Methods

The data for both Phase 1 and Phase 2 was gathered retrospectively through a Health One Database search of patient's records of prescription's. Phase one was conducted in August 2013 when I audited medications prescriptions from May to July 2013 inclusive to long-term nursing home residents. I worked with the following nursing care homes: St Joseph's Nursing Home, Ocean view View Nursing Home

At this time I provided both facilities with STOPP START Toolkit Supporting Medication Review. I completed the audit cycle in January 2014, re – auditing the medications prescriptions from October to December inclusive. 29 long term residents were audited in Phase 1 and 24 in Phase 2.

Results

100% of the charts had a three month medication review; there was a reduction in the total number of medications prescribed from 265 to 256 and 7 of the 8 categories showed a reduction in prescribing in adherence with STOPP guidance.

Conclusions

Our audit showed that compliance with a validated toolkit resulted in a reduction in medications prescribed to elderly residents in nursing homes. This in turn has a positive effect on the overall welfare of our patients and reduces the burden placed by unnecessary medication costs on our already over stretched health service. We had a reduction in 7 of the 8 categories of prescribed medications as per the STOPP toolkit and an overall reduction in the total number of prescribed medications of 9. We found the pocket book version of the toolkit especially easy to use, given its size and colour co-ordinated, and further improved our adherence to the guidelines. Following on from this small audit there was a heightened awareness of unnecessary or inappropriate prescribing amongst the participating Doctors which I feel will be the audits lasting legacy.

Care of the Elderly

Resuscitation decisions in long term care facilities in Cork

Author

M. Coakley

Introduction

25% of deaths in Ireland occur in the long-term care (L.T.C.) setting. Therefore, decisions regarding resuscitation must occur in long-term care facilities on a regular basis. However, little is known about how resuscitation policies are made in Irish nursing homes. Issues surrounding resuscitation represent a complex and challenging area of practice for health care professionals.

The aim of this study was to gather the views of nursing managers in L.T.C. settings on issues relating to resuscitation in nursing homes. This looked at hypothetical situations and also the current situation in their facility.

Methods

A postal questionnaire was sent to all 70 L.T.C. facilities (public and private) in Cork city & county. The response rate was 36 out of 69 (52%) nursing managers. One facility had closed down & was excluded from further analysis. A two-part questionnaire was used. This collected factual information and also had a 5-point Likert scale to gauge opinion.

Results

50% of long term care facilities that replied have a policy regarding resuscitation. 44% of respondents have no policy & 6% left that question unanswered. 36% of facilities had resuscitation decisions made for <10% of their residents.

94% of nursing managers who replied agreed that a statement in the patients records whether in favour or against the use of CPR is important for all L.T.C. residents. 97% of respondents agreed that there are situations where it is inappropriate to initiate CPR & more appropriate to issue a DNR order.

68% of respondents agreed that the day to day reality for patients in L.T.C. facilities in Ireland is that they do not have decisions predetermined about life saving treatment. 97% agreed that national guidelines would be helpful with regard to decision-making concerning resuscitation in L.T.C.settings.

Conclusions

Nursing managers appeared to be in favour of advance decision-making regarding resuscitation on patients in L.T.C. facilities. However, there is wide disparity on decision making in reality and almost half of nursing homes that replied have no resuscitation policy. This suggests the need for national guidance on the issue.

Care of the Elderly

Falls Prevention in Elderly Inpatient Psychiatric Population - Falls Risk Assessment and Reduction

Authors

S. O'Kelly, J. Finucane

Introduction

Falls are common in older patients and can result in significant mortality and morbidity including decline in mobility and functional status; increased anxiety related to fear of falling; and increased likelihood of long-term care placement. The risk factors for such falls include age, psychotropic drug use, environmental hazards, gait/balance disorders, dizziness, confusion, postural hypotension¹. These predisposing features are common to both community-based and hospital inpatient populations and international guidelines recommend the integration of falls risk into the assessment of older patients².

The aim of this audit is to assess whether a falls risk assessment is carried out on admission all patients over 65 in St John of Gods Hospital. In accordance with local guidelines all patients > 65 should be assessed by nursing staff using the Stratify Falls Risk Assessment Ontario Version. All patients scoring ≥ 2 (i.e. high risk) should have the following performed (1) lying/standing BP (2) medication review by doctor (3) physiotherapy/OT assessment.

Methods

A review of clinical notes (on the MHIS electronic system) of all patients on the two psychiatry of old age wards for the 8 week period to assess whether initial risk assessment performed and whether all high risk patients had the relevant reviews. All falls during this period were also identified.

Following the initial audit cycle an intervention was made to increase compliance with local guidelines. This was the inclusion by the IT department of the requirement to consider falls risk as part of general risk assessment on the MHIS MDT proforma used at each ward round, which prompts consideration of monitoring for postural hypotension, reviewing medication and referral to PT/OT.

A re-audit post-intervention is currently in progress

Results

30 inpatients were identified. Initial nursing risk assessment completed on 100% of these patients, however, compliance with measures to prevent falls was poor with evidence in the notes that only one patient had medication review and referral to PT/OT. During this period there were 13 falls (relating to 8 patients).

Data collection for re-audit post-intervention in progress.

Conclusions

Data collection for re-audit post-intervention in progress.

Chronic Disease Management

Measuring the Impact of Establishing a Chronic Disease Register in General Practice on Indices of Patient Care and Practice Performance

Author

P. Hickey

Introduction

Chronic disease management accounts for approximately 80% of general practitioner consultations. A pivotal role for primary care in structured chronic disease management is envisaged but not yet implemented, and practices must manage patients within currently allocated means. This audit aimed to improve patient care within existing practice resources by establishing a chronic disease register, determining the burden of chronic disease management, improving standardised record keeping and increasing vaccination uptake.

Methods

Practice activity was analysed for the period 1/11/2012 – 31/1/2013, including patient demographics, the number and nature of all patient transactions, recording of health indices and vaccinations. Patients were retrospectively assigned to a chronic disease or non-chronic disease group. Subsequently, coding terms were agreed, a chronic disease register was established, and an alert system was installed to flag these patients. The analysis of practice activity was repeated for the period 1/11/2013 – 31/1/2014 and the results were compared.

Results

In a rural, single handed training practice with a nominal population of 3467 patients, 1144 patients (33%) with 3231 coded diagnoses were entered on a chronic disease register. Dyslipidaemia (N=636), hypertension (N=397), depression (N=220), asthma (N=203), osteoarthritis (N=169), chronic kidney disease (N=122), ischaemic heart disease (N=121), type 2 diabetes (N=112), impaired fasting glucose (N=96) and osteoporosis (N=95) were the most coded terms. 779 patients were eligible for pneumococcal vaccination and 789 for influenza vaccination. In the first analysis, 81% of all recorded transactions (N=2639) were for chronic disease patients – 252 consultations, 1009 drug prescriptions, 555 consultant reports, 763 lab results and 25 radiology reports. 7 health indices and 2 vaccinations were recorded. In the second analysis, 72% of all recorded transactions (N=5478) were for chronic disease patients – 1978 consultations, 976 drug prescriptions, 931 consultant reports, 1001 lab results and 75 radiology reports. 495 health indices and 99 vaccinations were recorded.

Conclusions

Standardised electronic recording within the practice is suboptimal but has improved significantly. Most indices have been recorded heretofore in free text format or on paper. It is envisaged that a standardised electronic form, automatically generated with each consultation, will improve recording of health indices and opportunistic vaccination of chronic disease patients.

Chronic Disease Management

Timing of Access to Healthcare Services and Lower Limb Amputations in Patients with Diabetes; A case-control study

Authors

C. M Buckley, F. Ali, G. Roberts , P. M. Kearney , I. J. Perry , C. P. Bradley

Introduction

Patients with diabetes are at increased risk of lower limb amputation. Early referral from primary to secondary healthcare services for diabetes management is assumed to prevent the occurrence of amputation. The objective of this study is to investigate the association between timing of patient access to secondary healthcare services and the long-term outcome of amputation among patients with diabetes.

Methods

A case-control study was conducted in Ireland. Cases were 116 patients with diabetes who underwent a first major non-traumatic amputation. Controls were 348 patients with diabetes who were admitted to hospital for any other cause, frequency matched by gender, type of diabetes, year and hospital of admission. Data were collected for 7 years prior to the event year. Odds ratios (ORs) for amputation in patients with diabetes comparing early versus late referral from primary to secondary healthcare were calculated.

Results

Statistically significant risk factors associated with amputation in patients with diabetes included being single, chronic kidney disease, hypertension and hyperglycaemia. Documented retinopathy was a significant protective factor. In unconditional logistic regression analysis adjusted for potential confounders, there was no evidence of a reduced risk of amputation among patients referred earlier from primary to secondary healthcare for diabetes management.

Conclusions

Referral may need to occur earlier than the seven year cut-off used in this study to demonstrate an effect on reducing amputation risk. The management of diabetes in primary care is also impacting on outcomes as seen by the counter intuitive finding of lower amputation risk among those with documented retinopathy. Efforts to improve diabetes care should be focused on both primary and secondary healthcare services and promoting integration between the two healthcare settings.

Chronic Disease Management

Assessment of documentation of individual risk factors for complications in patients with type 2 diabetic mellitus and actual risk of a cardiovascular event

Author

M. Quinlan

Introduction

D.M, in particular, Type 2 is increasing in prevalence. 5% of population have a diagnosis and is estimated to increase, partially secondary to an aging population and obesity. Many other patients are undiagnosed due to lack of symptoms or presentation. Type 2 D.M accounts for 90% of European diabetics. The International Diabetes Federation predicts the number will rise from 366 million in 2011 to 552 million by 2030. This will result in increased consultations. If we achieve good chronic disease management and risk factor identification, the occurrence of complications and economic health burden can be decreased.

Methods

An audit cycle was completed by accessing all diabetic patients in the practice through Complete GP. This search included type 1 diabetics, type 2 diabetics and gestational diabetics. To retrieve the data, I used the complete GP audit tool. This gave a set of data for each patient along with an ID number. No names were used, just ID numbers. For those reviewed in the period encompassed by cycle 1 or 2, I reviewed their individual flowcharts and medical charts to compile data. No patients with gestational diabetes had a review and I excluded type 1 diabetics. After cycle 1 was completed I introduced the intervention. The intervention was incorporation of the Framingham risk score into pre-existing diabetic flowcharts, through a software programme which autocompletes when other parameters are filled in the flowchart.

Results

Cycle 1, 143 had diabetic review, 3 excluded due type 1, leaving 140. Cycle 2, 136 had diabetic review, 2 excluded due type 1, leaving 134. Cycle 1, 70% were <75 years and cycle 2, 67.2% were <75 years. The results showed improvement in documentation between the two cycles after intervention and in particular in relation to cardiovascular risk score. 10 year cardiovascular risk was documented in 0 out of 98 (0)% patients in cycle 1 and 98.9 in cycle 2. This is applicable only to patients <75years old.

Conclusions

The findings demonstrate that with documentation we can use our information to demonstrate percentage risk of cardiovascular disease in our type 2 diabetic patients. Knowing their risk factors enables us to better manage their current issues and future potential complications. This will have an impact on our practice and the health economics.

Chronic Disease Management

A Study of Erectile Dysfunction in Male Diabetic Patients in General Practice

Author

R. Grant

Introduction

Erectile dysfunction is the inability to achieve or maintain an erection sufficient for sexual performance. The prevalence is underestimated due to both failure of physicians to ask and failure of patients to disclose. Male diabetics have a higher incidence of erectile dysfunction than the general population and diabetes itself is an independent risk factor.

Methods

A cross-sectional multi-centre study, involving four training practices. 178 Questionnaires were anonymously posted to male diabetics age forty to seventy nine. This consisted of 16 tick box questions including the Erection Hardness Score. Data was coded and entered into software programme SPSS. Pearson Chi square tests and Cramer's V were used to analyse data.

Results

There was a 51% response rate to the questionnaires. 70% of diabetic patients reported some degree of erectile dysfunction. 80% of patients reported that they had never been asked at diabetic check-ups about erectile dysfunction. 90% would welcome or not mind if their GP asked about ED issues. Only 35% of men would prefer to discuss the issue with a male GP.

Conclusions

We should be asking all our diabetic patients about erectile dysfunction not alone to improve quality of life but to address their cardiovascular risk. The prevalence is high among this population and most would welcome being asked with regards to the issue.

Health Promotion

Does a prescribed exercise programme in the workplace reduce the perceived risk of occupational injury? Preliminary results from a 3 year study

Authors

C. O' Morain, J. Crowley, M. Kingston, D. Quirke, T. O'Shea

Introduction

In Ireland, work place injury and ill health costs 3.2 billion euro per year. General practice is assuming more responsibility for the medical welfare of employees. Perception of risk of injury varies in the workplace according to employee roles.

The aim is to determine if a prescribed exercise programme changes the perceived risk of occupational injury. The objectives are:

- To undertake validated observational analysis of an exercise intervention
- To establish whether exercise intervention influences motivation levels at work
- To evaluate the perception of risk of injury, from various members of the workforce.

Methods

A sample population from a group of general operatives in a multinational company was selected. A random subgroup of the sample population was studied in a pilot project involving a validated questionnaire – the mental workload scale.

Results

The pilot results recommended inclusion of a qualitative interview to the study and modification of the questionnaire and original methodology. Interviews of employees in different roles have demonstrated the contrasts in risk perception.

Conclusions

This 3 year project is ongoing. This robust pilot project has strongly influenced the methodology of the main study, adding strength and depth to the potential results. Employee's views of risk of injury differ. Employers and healthcare professionals need to be aware of this.

Mental Health

Exploring experiences of close family and friends following loss by suicide in order to improve GP management of suicide bereavement

Authors

N. Flynn, M. Nic An Fhaili

Introduction

Suicide and mental illness are growing health problems in Ireland. Rates of suicide are increasing along with increased media coverage of the problem. Frequently suicide survivors, members of the public and the mass media call on GPs to support those bereaved by suicide yet there is a dearth of research on how best to provide appropriate support for those experiencing the pain and distress associated with loss by suicide. In this study we aimed to explore the lived experiences of suicide survivors in Ireland, and to focus, in particular, on experiences of GP involvement in their grief process.

Methods

We conducted interviews with 3 focus groups, in Donegal, Waterford and Dublin, consisting of 5 members each (total n=15). Each group member was bereaved by suicide. Standard questions were posed to each group with time allowed for discussion around topics felt to be of relevance to the individual group members. Sessions were audio recorded and transcripts were subsequently analysed using a framework approach to thematic analysis.

Results

Three core themes were identified from the data: the emotional and social impact following suicide, the needs both at the time of the loss and ongoing, and barriers to attending the GP. All subjects spoke of the stigma and the intense feelings of grief after suicide which often impaired their ability to seek professional support. Participants reflected on the dramatic disruption in family dynamics. The main needs identified included the need for acknowledgement, to be listened to, and the need for direction and support. Participants also spoke appreciatively of positive experiences with their GP which facilitated healing and enhanced the therapeutic relationship.

Conclusions:

The study demonstrates a need for a proactive approach of the GP following a suicide to initiate contact with the bereaved. The GP also has the potential to function as an ongoing support and guide towards additional sources of care for the bereaved. Additionally, there is a need for integration between professional bodies and voluntary services at a local level. Recommendations for GPs in caring for patients bereaved by suicide are presented.

Medical Education

Integrating postgraduate and undergraduate general practice medical education: a qualitative study

Authors

A. O' Regan, A. Culhane, C. Dunne, D. McGrath, D. Meagher, P. O' Dwyer, W. Cullen

Introduction

Undergraduate and postgraduate educational activity in general practice has increased considerably in the past 20 years. In Ireland, reforms in medical education, expansion of specialist training, the introduction of a new medical school with a strong primary care orientation and the increase in the general practice element of existing degree programmes have increased clinical education in general practice. Vertical integration, whereby practices support students and trainees at different stages, may enhance general practice's capacity to fulfil this role. Aims. To explore the potential for vertical integration in undergraduate and postgraduate education in general practice, by describing the experience of and attitudes towards 'vertical integration in general practice education' among key stakeholder groups.

Methods

Qualitative study of GPs, practice staff, GPs in-training and medical students, involving focus groups which were thematically analysed using inductive thematic analysis. The study took place in Ireland's Midwest and Southwest regions, where considerable expansion in undergraduate and postgraduate education has taken place in recent years.

Results

Four overarching themes were identified: (1) Important practical features of vertical integration are interaction between learners at different stages, active involvement in clinical teams and inter-agency collaboration; (2) Vertical integration may benefit GPs / practices, students and patients through improved practice systems, exposure to team-working and multi-morbidity and opportunistic health promotion, respectively; (3) Capacity issues may challenge its implementation; (4) Strategies such as recognising and addressing diverse learner needs and inter-agency collaboration can promote vertical integration.

Conclusions

Vertical integration, whereby practices support students and trainees at different stages, may enhance general practice's teaching capacity. Recognising the diverse educational needs of learners at different stages and collaboration between agencies responsible for the planning and delivery of specialist training and medical degree programmes would appear to be important.

Obstetrics & Gynaecology/Women's Health

An Audit Of The Uptake Of Cervical Screening In a GP Practice Of Women Aged 45-60 Years

Author

C. Higgins

Introduction

Cervical Cancer is a common preventable cancer that has a recognized screening programme in Ireland. Reports from Cervical Check have shown that women in the older age bracket for screening (45-60 years) are less likely to attend for smears and have advised that physicians should encourage these women to attend for screening. The aims were to measure the current rate of uptake of cervical screening in a GP practice in the age group 45-60 years and to increase uptake by inviting women for smear tests who have no record of cervical screening or due repeat cervical screening.

Methods

Data was collected using the Socrates GP system from patient's records. An invitation letter and a follow up phone call one month later- both from a health care professional - were implemented in this study to increase uptake.

Results

Cervical screening uptake before the intervention was 60% for this age group; 43 women were invited by letter to attend. 8 women presented for screening after the invitation letter was sent. A further 10 women presented after receiving a follow up phone call one month after invitation letter was sent. There were 5 vault smears carried on women post hysterectomy that did not know they were eligible for screening and there were 13 cervical smears carried out.

One woman from the intervention group was referred to gynaecology for urgent review and a smear was not taken. Practice records were updated to show women who had received smears elsewhere, women who declined participation at this time and women who declared themselves inactive patients of the practice. There were a number of women who were uncontactable.

Conclusions

Cervical screening uptake was increased by sending out invitation letters. However a direct telephone call with the health care professional increased the uptake further. Maintaining accurate patient records and contact details is important. After the intervention screening rates rose to 79% for this age group which is close to Cervical Checks' screening target of 80% for all age groups by 2014. The success of any screening programme is determined by patient participation.

GPs may be able to encourage participation by providing education, recognizing women's health beliefs and addressing concerns. Further research is needed into the reasons why women don't present for screening in this age group. Specific groups may need special attention such as women post hysterectomy. The approach used could be applied to women aged 25-44 years to assess and potentially increase their uptake in cervical screening.

Obstetrics & Gynaecology/Women's Health

A study of the prevalence of urinary incontinence in the year following childbirth

Author

F. Gallagher

Introduction

Postpartum urinary incontinence has a significantly adverse impact on quality of life and is frequently overlooked as a form of maternal morbidity. Prevalence estimates for this condition vary widely, from 3 to 40% and there is an incomplete understanding of the risk factors leading to urinary incontinence in the postpartum period. Studies have shown a clear association between female urinary incontinence and childbirth, with elements of both pregnancy and delivery postulated as being involved. Other studies have attempted to further assess which variables in particular appear to enhance the risk looking at gender, age, parity, fetal size and mode of delivery as possible risk factors. I sought to establish the prevalence of urinary incontinence up to 12 months after childbirth and examine its association with a number of variables related to mother, baby and mode of delivery.

Methods

Cross sectional study of the prevalence of urinary incontinence in women attending a rural general practice in Co Wicklow, Ireland. Participants were included if they had given birth in the 12-month period prior to the study and information was collected by means of a questionnaire. A variety of information relating to mother, baby and mode of delivery was assessed in the questionnaire. Data was entered into an Excel spreadsheet and analysed with IBM SPSS Version 20. Student T test was used to compare groups on continuous variables and Chi Squared test for binary outcomes. A P value less than 0.05 was taken as statistically significant, by convention. Ethical approval was obtained for this study.

Results

64 women consented to be involved in this study. The prevalence of urinary incontinence in this sample was 44% [n=28]. Mixed urinary incontinence symptoms were most frequently reported [43%, n=12], followed by stress incontinence symptoms [39%, n=11], unspecified incontinence [14%, n=4] and urge incontinence symptoms [4%, n=1]. There was no significant association found between the presence of urinary incontinence and maternal age, parity, baby weight, mode of delivery, presence of episiotomy or vaginal wall tears, performance of antenatal classes or regular pelvic floor exercises during/after pregnancy.

Conclusions

Urinary incontinence was highly prevalent in this sample (44%). Improved awareness of this common and debilitating condition should result in a more vigilant approach at primary care level. General practitioners should be encouraged to advise pelvic floor exercises for the prevention of incontinence during pregnancy and the postpartum period. Further research may also help to identify modifiable risk factors to prevent urinary incontinence associated with pregnancy and childbirth.

Obstetrics & Gynaecology/Women's Health

Are we appropriately investigating Urinary Tract Infections in Adult Women?

Authors

C. Buckley, U. Scullion

Introduction

Symptoms suggestive of acute urinary tract infection are one of the most common reasons for women to visit healthcare professionals. The aims were:

1. To audit our documentation of symptoms and signs of UTI in adult females
2. To audit the use of MSU (Mid-Stream Urine sent for Culture and Sensitivity) and Urine Dipstick in adult females presenting with urinary symptoms suggestive of UTI
3. To identify appropriate guidelines on the management of UTIs in adult females and assess how we are adhering to these guidelines
4. To carry out interventions and improve the use of current guidelines.

A literature review was performed on the investigation and management of Urinary Tract Infections in Primary Care. The SIGN guidelines on the "Management of suspected bacterial urinary tract infections in adults" published in 2012 were chosen as our clinical standard. We hoped to achieve a standard of 90%.

Methods

Health One was used to code patients presenting with symptoms of urinary tract infections for a 3-month period from the 01/08/13 to the 01/11/13. Charts of female patients aged ≥ 16 and ≤ 65 patients were analysed to check documentation of symptoms. They were analysed to assess whether Urine Dipstick was performed or whether MSU was sent to the laboratory for Culture and Sensitivity. A Practice Educational Meeting was held in November and a Medi-Form Template was created. A re-audit took place from the 01/01/14 to the 01/04/14.

Results

Phase 1 of the audit showed a documentation of back pain and fever of 22.5%. The re-audit showed a documentation rate of 97%. Only 7.5% of women had a documentation of screening for vaginal symptoms in the audit phase. This showed a significant increase to 97% in the re-audit phase. In women presenting with ≤ 2 symptoms of UTI we used a urine dipstick in 82% of these consultations in the audit phase. This increased to 90% in the re-audit phase. Our empirical use of antibiotics without urine dipstick for women with severe or ≥ 3 symptoms of UTI was 17% in the audit phase and 78.5% in the re-audit phase. In the audit phase only 22% of MSUs sent to the laboratory were appropriate. In the re-audit phase 71% of the MSUs sent to the laboratory for Culture and Sensitivity were appropriate.

Conclusions

Introduction of the Urinary Tract Infection Template for Adult Women to the Health One computer system was very well received and utilised by all staff in our practice. Implementation of the new template contributed to improvement in all standards.

Obstetrics & Gynaecology/Women's Health

Management of urinary tract infection in females aged 16-65 in Primary Care

Authors

L. Fullam, D. Mathews, A. Moloney, M. Martin

Introduction

Urinary tract infections are an extremely common presentation to General practice. UTI accounts for 1% of all visits to the GP. 40% of women will develop a UTI in their lifetime. Management of UTI can be optimised by following a structured guideline to encourage doctors to treat empirically when appropriate and minimise unnecessary laboratory investigations.

Methods

Using the Scottish Intercollegiate Guidelines Network guideline as the standard we compared management of UTI in our GP surgery over an 8 week period. We then produced a handout for the GPs outlining ideal management of UTI in female adults according to the guidelines. The handout prompted GPs to treat empirically based on patient symptoms, to only send urine for culture if the patients had resistant infections and to preferentially prescribe narrow-spectrum antibiotics for as short a course as possible. We re-audited 3 months later.

Results

The initial audit included 34 patients and the re-audit 38. In the re-audit, there were marginally improved rates of documentation of negative symptoms (59% vs 50%), decreased rates of inappropriate use of urinalysis (27% vs 56%) and decreased rates of inappropriate sending of urine cultures (7% vs 29%). With regard to antibiotics – in the re-audit, nitrofurantoin was prescribed to 34% of patients vs 0% in round 1 and patients were more frequently given an appropriate short course (45% vs 26%)

Conclusions

UTI constitutes a large part of the GP workload. It is important to make the best use of the resources available in the practice. GPs should also prescribe appropriately, using narrow-spectrum antibiotics for the shortest course possible, given rising antibiotic resistance.

Here, we have shown that GPs behaviour changed when provided with a structured guideline to follow. Use of unnecessary laboratory investigations decreased and antibiotic prescribing changed to include more narrow-spectrum antibiotics and shorter courses of antibiotics. The rate of non-documentation of negative symptoms changed very little, suggesting that this GP behaviour is more resistant to change perhaps due to time pressures or because GPs tend not to record negative symptoms.

Paediatrics

A Study of the Parental Perception of Childhood Weight and Assessment of Related Obesity Risks.

Author

I. Hackett

Introduction

As primary care physicians it is our duty to recognise children with elevated BMI's/inappropriate centile measurements as it is associated with many medical comorbidities and succession to obesity in adulthood. We should then utilise our unique position to orchestrate a sensitive and comprehensive multidisciplinary management approach.

Methods

This study aimed to ascertain accuracy of parental perception of their child's weight in a Skerries based cohort and to determine their awareness of and exposure to some of the associated/related risks linked to development of childhood obesity. Target population; opportunistic inclusion of 4-12 year old children and their accompanying parent/legal guardian. Parental participants completed a 10 question quantitative questionnaire, subsequently BMI centile readings for children (1990 British (UK 90) growth reference charts), and BMI calculations for adults were recorded with calibrated antropometric equipment.

Results

64% of parental participants in this study correctly identified their child's weight status. 100% of overweight/obese parents whose children were deemed clinically overweight; underestimated their weight as normal range. Fathers were more likely to underestimate their child's weight as underweight. 30% of the children studied were objectively overweight compared to 52% of the study's parental participants; 14% of parental respondents failed to recognise they themselves were overweight/obese. 33% of overweight parents and 36% of obese parents had overweight children. 78 % of parent participants were unaware of their own BMI measurement. Only 24% of parental respondents correctly identified that >60 minutes of moderate physical activity was recommended per day. 52% of parents wished for their child's weight to be disclosed to them in the absence of their child if deemed overweight, 18% of parents wished for their own weight to be relayed via post (if deemed overweight) as an alternative to discussion of the issue contemporaneously and personally. Overall this data was very much in line with published international trends

Conclusions

Parents fail to recognise that their child is overweight because of an increasing societal normalisation of the problem. Increased emphasis should be placed on persuasion towards opportunistic presentation and completion of childhood measurements, and increased provision of resources to adequately carry out the associated multifaceted workload.

Paediatrics

Paediatrics and Child Health in General Practice: The trainee's perspective

Author

J. O'Connor

Introduction

Ireland has a growing demand for community based Paediatric healthcare as outlined in the Future health document. Ireland also has a relatively young population and a high fertility rate. In recent years concern has been raised about the health of our children, with asthma and obesity rates climbing. General Practitioners (GPs) are uniquely placed within the Irish system to provide comprehensive and holistic healthcare to children who consult their GPs up to 6 times per year. Competence within the field of Paediatrics is therefore of utmost importance for GPs. This study was conducted to determine whether GP trainees felt competent in managing Paediatric presentations to general practice and decipher where the perceived areas of weakness lie. The desire for further educational opportunities was also investigated.

Methods

GP trainees at three of Ireland's 14 Specialist GP training programmes in Ireland's South/Southwest/Midwest regions were surveyed. A questionnaire was developed to collect demographic information and data on GP trainees' attitudes towards clinical training in Paediatrics and Child Health. The questionnaire design was informed by content from the Irish College of General Practitioners (ICGP) National curriculum.

Results

Trainees rated their competency in managing Paediatric presentations as good (3.9/5) and competency values were noted to increase as trainees progressed through training programmes. Hospital training posts were acknowledged as relevant to general practice paediatric presentations (4.41/5). Despite this trainees expressed a desire for further formal clinical training and clinical experience in Paediatrics. Deficits in competence were most significant when dealing with behavioural or developmental issues, dietary problems and chronic conditions. Social and crisis presentations such as obesity, SIDS and child abuse were also proven to be amongst the most difficult problems to manage. Finally, in terms of skills performance, developmental and pubertal assessments are where trainees lack competence.

Conclusions

With paediatric care representing a large percentage of Irish General Practitioners' work load, proficiency within the field of Paediatrics and Child Health is of paramount importance. This study identifies key areas within the curriculum where competence is lacking. Hopefully by addressing these areas we will be able to deliver a more holistic model of health care for Ireland's Children.

Sexual Health

Knowledge of and attitudes to HIV in General Practice

Authors

R. Naughton, O. Finucane, N.Lynn, M. Kelly, G. McGuire, A. Regan

Introduction

There is a paucity of recent literature on the attitudes of General Practitioners towards HIV in the community. There is no national policy on HIV testing in primary care in Ireland. The most up to date statistics indicate a slight increase in new cases diagnosed in Ireland in 2012 (341 in total), this is higher than the EU incidence for the year (5.7/100,000). Late presentations represent a missed opportunity for timely treatment and prevention of transmission of HIV. Awareness of HIV and the indications for testing could further reduce the number of 'late' and 'advance' cases being diagnosed.

Methods

263 anonymous questionnaires were posted to General Practitioners and GP registrars in Galway and Mayo. The study aimed to establish both GP's knowledge of and attitudes towards HIV in practice. The specific objectives were to evaluate GP's experience of testing and diagnosing HIV, to evaluate GP's knowledge of current guidelines, to explore GP's attitudes towards HIV testing and views on barriers and facilitators to HIV testing. The study employed an embedded mixed method design allowing the combined collection and analysis of quantitative and qualitative data. The quantitative section was analysed using SPSS statistical analysis software. We also received ethical approval and funding from the Irish College of General Practitioners.

Results

Response rate 48% (N=126). More than half of respondents have a patient with a diagnosis of HIV in their practice (N=71). The majority of GPs are testing for HIV outside of antenatal screening (88%, N=111). However, urban based Doctors are more likely to do so ($p=0.005$) despite the fact that the number of practices with a HIV positive patient was equal in urban and rural settings. The main themes identified from GPs attitudes to HIV were; the daily manifestations of HIV in clinical practice, readiness to engage with HIV care and challenges in practice.

Conclusions

The study data shows a willingness among General Practitioners in Galway and Mayo to engage positively with HIV care in the community. There is a need to change both GP and patient perception. There is eagerness among GPs for Irish Primary care HIV guidelines.

Vaccination

An audit of influenza vaccine uptake amongst pregnant women attending for combined antenatal care in an urban General Practice setting

Author

N. Wall

Introduction

The seasonal influenza vaccine has been recommended in Ireland by the Health Protection Surveillance Centre since 2011, for all pregnant women and up to six weeks post-partum. The World Health Organisation (WHO) has approved the vaccine's safety and efficacy in all stages of pregnancy. We performed an audit of influenza vaccine uptake amongst pregnant women attending our practice for combined antenatal care. We aimed to measure the rates of vaccination and to explore attitudes toward vaccination. We then used this information to attempt to improve vaccine uptake.

Methods

We contacted patients who had attended for combined antenatal care over a 4 month period. Patients completed a questionnaire by telephone regarding uptake of the vaccine and their attitude toward the vaccine. Our first phase results outlined poor awareness of the vaccine and reliance on Primary Care Professionals for awareness and information. For the intervention phase we created an antenatal check-list which was included in the Socrates software used for antenatal consultations. We then re-audited the uptake of influenza vaccine amongst patients attending for combined antenatal care over a 4 month period. This was performed using the same questionnaire as previously.

Results

In the initial audit, performed in 2011/2012, we found a 30.61% uptake of the vaccine amongst the 49 pregnant women interviewed. This level of uptake is comparable to previous studies performed in the United Kingdom. Our audit showed poor awareness of the vaccine amongst patients, with over half of the unvaccinated patients being unaware that it was recommended during pregnancy. Of those patients aware of the vaccine the most likely source of information was their General Practitioner (GP) or practice nurse. Significant concerns regarding the possible adverse effects on the baby were an issue for many patients. Nonetheless, 36 of the 49 women indicated they would be open to receiving the vaccine in the case of a future pregnancy.

Conclusions

We have recently completed the intervention stage of the audit and are currently involved in data compilation for the 4 month period in 2013/2014. This is expected to be completed in the next 3 weeks, after which we will have conclusions from the full audit cycle.

Vaccination

Investigation of Vitamin B 12 deficiency- Can we improve our current practice?

Author

A. Carolan

Introduction

As the requests for serum vitamin B 12 levels continue to grow it is important we are aware of the many diverse causes of same, and how best to investigate and find a cause for the deficiency. This is important as duration of treatment depends largely on first ascertaining the cause behind the B 12 deficiency in the first instance. The aims were:

1. To review the current practice for investigation into the causes of vitamin B12 deficiency in one GP Practice
2. To establish an evidence-based standard for investigation of the causes vitamin B12 deficiency in the newly diagnosed individual
3. To implement the agreed standard by educational sessions and by introducing a Vitamin B12 deficiency computerised investigation template.

The standards were established by intensive literature review and liaison with the Haematology Department in Cork University Hospital. The standard was largely based on the Royal United Hospital Bath NHS Guidelines for the Investigation and Management of vitamin B12 deficiency. The standards were also approved by all clinical staff members in the practice which was then followed by the introduction of a new template. The standard set was 80%.

Methods

Health One was used to identify the patient group using vitamin B12 injection brand terms over six months. Permission was granted by the Haematology Laboratory in Kerry General Hospital to release the names of patients from the practice who were diagnosed with a low vitamin B12 over the period. Phase 1 of the audit covered June-November 2013. The vitamin B12 deficiency template form was introduced in January 2014 and the re-audit phase was January-March 2014.

Results

Thirty patients were included in phase 1. The proportion of patients who had checks were: full blood count (100%); anti-intrinsic factor antibody (96%); thyroid function tests (83%); anti-thyroid antibody (if intrinsic factor positive or abnormal TFTs) (0%); tissue transglutaminase or coeliac screen (16%); calcium and Vit D level (if malabsorption suspected) (0%); folate and ferritin (100%). With regards to history, neurological symptom were documented in 33% of cases, family history in 0% and vegan diet in 0% of cases. Six patients were included phase 2. Coeliac screen/Tissue transglutaminase was checked in 83%; all others above were checked in 100%. Diet was documented in 83% of cases; neurological and family history in 100%.

Conclusions

All the re-audit phase results demonstrated the success of the intervention. It showed that the introduction of a low B12 investigation template could make consultation and investigation more efficient. The limitations were the small number and short re-audit phase.

Vaccination

Flu Vaccine Uptake in those ffl 65 years

Author

A. Nic Shamhrain

Introduction

Influenza is responsible for annual epidemics. The WHO recommends vaccination for all those over 65, as studies have shown that it reduces severe illnesses and complications by up to 60% and deaths by 80%. The current WHO target for influenza uptake in the elderly is 75%.

The aim of this audit was to target persons in this cohort so as to compare their uptake rate with the WHO target and also to improve their rate of uptake.

Methods

Inclusion criteria: GMS patients over sixty five who were registered to one selected doctor within the practice. A patient was deemed to have received the vaccination had it been administered anytime from August 1st 2013. Exclusion criteria: nursing home patients and inactive practice patients.

Methods currently in place in the practice to promote awareness about the flu vaccine were examined. Individuals who had not received the vaccine were sent a free flu vaccine invitation and those who did not respond to the letter were followed up by phone call invitation approximately two weeks later.

Results

Methods in place to promote flu vaccine uptake consisted of: pop up reminders to GP's, practice newsletter and notices within the practice.

(N = 200) A total of 200 patient files were extracted. The overall flu vaccine uptake rate in the practice prior to the audit was 76.5%. (n = 47 without) One woman responded positively to the invite letter and attended for the vaccine. 9 patients attended for the vaccine following a phone call. 2 had received the flu vaccine elsewhere. This represents a post-audit uptake of 82.5%.

The remaining patients (35) declined vaccination for a number of reasons listed below.

Conclusions

The audit highlights the high uptake rate of the flu vaccine within this practice which mirrors the WHO target uptake rate.

Verbal communication compared to written communication was seen to be much more effective and an influencing factor on vaccine uptake. It also elicited reasons as to why patients did not receive a vaccine.

The audit brought earnings of approximately €150 to the practice for payment of vaccine administration (GMS patients), while the cost and time to carry out the audit was low.

Other

Are we complying with the 2013 Guidelines for Antimicrobial Prescribing in our local out of hours service?

Author

M. O' Dwyer

Introduction

Following the recent alert issued by the ICGP regarding the shortage of co-amoxiclav (Augmentin), it highlighted the issue that in order to reduce antimicrobial resistance, it is important that our prescribing practice is using first line narrow spectrum antibiotics. The Primary aim of this audit was to determine if we were complying with the 2013 Guidelines for Antimicrobial Prescribing in Primary Care during our local out of hours service.

Methods

A retrospective study was conducted on all emails received from the out of hours service from 07/07/2013 to 07/10/2013 (3 months). There were 206 correspondences in total. The intervention involved an educational meeting on the audit and the 2013 Guidelines for Antimicrobial Prescribing in Primary Care and was carried out at the CME meeting on 04/02/2014. The audit cycle used in Phase I was then repeated between 07/02/2014 and 23/03/2014 (6 weeks).

Results

When using the 2013 Guidelines, it was found that 42.5% of the patients were not treated with the appropriate antibiotics for their infection as per in Phase I (pre-intervention), and 14 of the patients were prescribed antibiotics for the incorrect duration. However, there was a significant improvement shown in Phase II (re-audit) with 62.9% being managed appropriately. In Phase I, out of 206 consultations, a total of 55 patients had infections. Of these, 34 were prescribed antibiotics (63% of 55). In Phase II (re-audit), out of 173 consultations, a total of 54 patients had infections. Of these, 33 were prescribed antibiotics (61.1% of 54). Phase I revealed that, of 34 antibiotics prescribed, 14 were amoxicillin/clavulanic acid (41%) and 10 of these 14 were specifically 'Augmentin'. Phase II (re-audit) revealed that, of the 25 antibiotics prescribed, 12 were amoxicillin/clavulanic acid (48%) and 11 of these 12 were specifically 'Augmentin'.

Conclusions

There was a significant improvement shown in the re-audit with 62.9% of patients being managed appropriately compared to the 42.5 % in Phase I. Unfortunately, the use of broad spectrum antibiotics remained high with an increase from 41% in Phase I to 48% in Phase II. Of note, 'Augmentin' is arguably over-prescribed, with 10 out of 14 patients having been prescribed amoxicillin/ clavulanic acid in Phase I and 11 out of 12 during the re-audit. As antibiotic resistance is on the rise and with increasing healthcare costs, doctors need to be more vigilant when prescribing.

Other

Comparison of Outcomes in Excisional biopsy of melanoma in Primary versus Secondary Care

Authors

J. Kirwan, L. Jackman, S. Doherty, D. Dunne

Introduction

Approximately 700 cases of melanoma are diagnosed in Ireland each year, with approximately 100 deaths related to the disease per annum. It is the 3rd most commonly diagnosed cancer in the 'young adult' group, and is one of the most rapidly increasing cancers today.

Unfortunately, here in Ireland with the publication of recent National Cancer Care Programme's Guidelines for GPs on the referral of 'suspicious pigmented lesions' (SPL), any attempt to excise SPL's in primary care is deemed 'patient mismanagement'. Without doubt this will provide a huge disincentive to those GPs who regularly perform minor surgery in primary care and lead to a further increase in the already excessive workload that secondary care's 'specialist pigmented lesion clinics' (PLC) have to deal with.

Numerous retrospective studies performed in Australia and more recently in the UK have demonstrated the safety of SPL excision in primary care. What we would like to achieve with this study is to evaluate retrospectively the safety of SPL excision in primary care and therefore in doing so reinforce the recently published evidence in the literature internationally.

Methods

We have collected anonymised data from the Irish Cancer Registry of all patients diagnosed with melanoma nationwide from the years 2002 and 2011 inclusive. This involves the analysis of 7,117 patients diagnosed with melanoma between these years. Approximately 10% of these patients had their initial excision performed in primary care.

The Primary outcomes measured for comparison will include the following:

1. Histological stage at first excision
2. Completeness of first excision
3. Melanoma type
4. Frequency of need for revised excision.

Secondary outcomes for comparison:

- 1 and 5 years survival rates.
- Disease specific mortality
- All cause mortality

Results: Awaiting

Conclusions

The primary objective for this study is to analyse the data available to date in order to allow us to observe the degree of safety for primary care physicians to be excising suspicious pigmented lesions in primary care and also to determine if adverse outcomes are seen in patients who 'unintentionally' have a melanoma excised by their General Practitioner. A Quantitative Assessment of the Relationship between Patient's Payment

Other

A Quantitative Assessment of the Relationship between Patient's Payment Status and Use of Primary Care Services

Authors

D. Kelly, S. Kelly

Introduction

The planned introduction of Universal Health Insurance (UHI) by 2016 by the current government piqued our interest of the concept of 'free' GP care. This comes at a time when General Practice is trying cope with multiple financial cutbacks, an ageing population and a possible shortfall in General Practice manpower. Assessing the impact of an additional two and a half million medical card patients on Primary Care is therefore important.

Aims

To determine the impact of receiving a medical card on GP attendance rates. To explore the perception of a group of rural and urban patients feel cost affects their attendance rates.

Methods

This is a two part study. In part A, using the PCRS online suite patients were identified who gained medical cards between September 2011 and 2012. Using practice based computerised health systems age, gender, number of visits in the year prior to obtaining their medical card, and number of visits in the year after was documented. Data was collected using Microsoft excel and analysed using SPSS. In part B a questionnaire was distributed and data analysed using EPI INFO.

Results

Part A of the study looked at 160 patients. The study demonstrated statistically significant increase in attendance rates in the urban and rural practices studies, in the year following receipt of a medical card compared with the previous year. Overall the attendance rates increased from a mean of 2.47 to 4.62 in the urban practice, and from 2.53 to 5.55 in the rural practice with a p value <0.001. In part B, 183 questionnaires were analysed. Meanwhile 38% of medical card patients said they visited their GP more than 5 times in the last six months vs. 6% of private patients.

Conclusions

This study found that the overall GP consultation rate approximately doubles from the year prior to receiving a medical card compared to the year after in the two practices studied. This finding is highly relevant and topical given the proposed introduction of free GP care in the near future.

Other

A Survey of Irish General Practitioners' Sick Certification Practices and Attitudes towards the Introduction of a Fitness-to-Work Certificate

Authors

R. King, E. Roche, R. Murphy

Introduction

Illness-related benefits cost the Irish taxpayer in excess of 2.7 billion euro in 2010. Sick certification is a daily challenge for most general practitioners (GPs), who report encountering significant problems in this area. Fitness to work (FTW) certification is an alternative to sick certification and focuses on returning to work after illness. It has been well-received in the United Kingdom. We sought to establish: 1) sick certification practices of Irish GPs, 2) the challenges they face with sick certification, and 3) their attitudes towards the introduction of FTW certification.

Methods

A geographically representative random sample of Irish GPs was surveyed by postal questionnaire. 305 participants were included, based on a sample size calculation. Statistical analysis included Chi-Squared tests and binary logistic regression.

Results

A completed response rate of 64.3% was achieved (n=196). 45% of GPs reported to have a practice policy for sick certification. Challenges associated with sick certification were: 1) lack of rehabilitation services (>90%), 2) excessive focus on disability (86%) and 3) difficulty in balancing the gatekeeper role when issuing sick certificates (83%). 75.5% felt that employers should be involved in the decision regarding patient/employee return to work. 53% of GPs indicated a preference for the FTW certification system described in our survey and 36% were undecided.

Preference for FTW certification was associated with the view that: 1) sick certification focuses excessively on disability ($P < 0.005$), 2) communication between primary care and employers is poor ($P < 0.005$), 3) GPs lack familiarity with patients' roles at work ($P < 0.05$) and 4) GPs lack training in sick certification ($P < 0.005$). The only variable to significantly predict a preference for FTW on regression was the view that the current system focuses excessively on disability.

Conclusions

The current system of sick certification is unpopular with Irish GPs for a number of reasons relating to doctor/patient therapeutic relationship, lack of collaboration with employers and a lack of rehabilitation options enabling patients to return to work. A little over half of GPs voice a preference for a FTW system, a view that was strongly associated with the opinion that sick certification focuses excessively on disability.

Other

A Qualitative Study of General Practitioners Perspective of Discharge/ Outpatient Prescription from Waterford Regional Hospital

Authors

A. Collins, T. Nolan, P. Kelly

Introduction

Communicating effectively is one of the major challenges any health care organisation faces. The transitional period when patients move from hospital to primary care is a vulnerable time for medication safety. Approximately 3% of hospital admissions occur because of medication-related problems. It is suggested that one third of adverse drug events occurring around the discharge period are as a result of error. Previous international studies demonstrated that prescription form redesign can reduce medication errors and improve communication between secondary and primary care.

Objectives

To explore the perspective of Irish General Practitioners (GPs) on the current discharge/ outpatient prescription from Waterford Regional Hospital. To further explore GPs views on what information should be included on a future discharge prescription.

Methods

This qualitative study involved two focus groups comprising urban and rural GPs followed by a questionnaire.

Results

A thematic analysis was conducted on focus group interviews. The questionnaire was analysed using Microsoft Excel. Themes included: errors concerning medication; communication with the hospital; sufficient space to prescribe; clear documentation of new medications, medications altered or discontinued during hospital encounter; identification of the prescriber/consultant team. A new prescription template was drafted and presented to GPs attending Continuous Medical Education meetings in Dungarvan and Waterford City. Forty nine GPs (100%) completed the questionnaire. Forty seven (96%) of GPs agreed that the drafted prescription template is more effective than the current prescription. These findings along with the drafted template were presented to the Medicines and Therapeutics Committee in Waterford Regional Hospital and have since been incorporated into a pilot printed discharge prescription by the Geriatric Department.

Conclusions

This qualitative study uniquely assessed GPs perspective as end users of discharge/outpatient prescriptions from Waterford Regional Hospital a tertiary referral centre in South East Ireland. Having identified issues regarding the current discharge prescription GPs were subsequently given the opportunity to contribute their views on what information should be included for an effective discharge prescription. It has provided an opportunity for GPs to be involved in improving communication between the interface of Primary and Secondary Care to facilitate seamless transfer of patient care.

Other

Supporting communication in cross-cultural primary care consultations: implementing guidelines and training initiatives

Authors

S. Murphy, A. Taylor, T. de Brún, M. O'Reilly de Brún, A. MacFarlane

Introduction

Guidelines and training initiatives exist to improve communication between migrants and healthcare providers but their implementation across international healthcare settings is *ad hoc*. This European study (RESTORE) is designed to find effective strategies to implement relevant guidelines and training initiatives in cross-cultural primary care consultations.

Methods

RESTORE took place in five primary care sites - Austria, Crete, England, Ireland and Netherlands. We recruited a purposeful sample of N=78 stakeholders (migrant service users, general practitioners, primary care nurses, practice managers, administrative staff, interpreters, service planners, and policy makers). We conducted a mapping exercise to identify relevant guidelines and training initiatives. We initiated dialogues with stakeholders, brokered by Participatory Learning and Action (PLA) methods, around Normalization Process Theory's four key constructs (coherence, cognitive participation, collective action and reflexive monitoring). An inter-stakeholder implementation group selected a single guideline or training initiative for implementation in their local setting. We report on results of the inter-stakeholder implementation group in the Irish setting (n=11) who have worked together for 21 months over a total of 23 data generation encounters. Data have been analysed following the principles of thematic analysis.

Results

The selection of a training initiative to promote the use of trained interpreters in primary care consultations by an inter-stakeholder group in Ireland indicated that the planned implementation work made sense to stakeholders (high coherence). The completion of the training course and sustained involvement in a series of intensive planning meetings to transfer new knowledge from training into routine practice indicated strong 'buy in' (high cognitive participation). Resources are a concern but a key learning about enacting interpreted consultation is that they can be *time saving* and enhance the scope to act '*normally*' as a *general practitioner* in cross-cultural consultations (high collective action). Data is being generated to appraise general practice staff, migrant and interpreters positive and negative experiences of the consultations (reflexive monitoring).

Conclusions

The strategy of combining NPT and PLA has been helpful in this implementation project. Learning about levers and barriers to implementation work from within this group can be used to develop material to guide implementation projects in other practice settings.

Other

Emergency and Urgent Care in Ireland; what is the role of General Practice?

Author

C. Buckley

Introduction

The Irish healthcare system is currently in a state of flux. The general policy direction is to provide as much care as possible in the community and reduce avoidable hospital utilisation. The provision of effective emergency and urgent care is critically dependent on many elements of the healthcare system, spanning pre-hospital care to critical care. The aim of this study is to describe the current policy governing the contribution by general practice to the delivery of emergency and urgent care.

Methods

Current key policy documents outlining the delivery of emergency and urgent care by primary care services were identified by a research team consisting of policymakers, clinicians and academics. This project is part of a wider HRB-funded investigation of emergency and urgent care systems. This afforded the opportunity to have the document list reviewed by an international scientific advisory group. A descriptive qualitative analysis, guided by a pre-conceived framework, was conducted on relevant documents.

Results

Key policy drivers emerging from the documentary analysis were patient safety, quality of services, access to services and cost.

Conclusions

The contribution of general practice to emergency and urgent care services is underestimated. Every other element of the emergency and urgent care system has produced a recently updated policy document. However, the time lag since the last official policy document (2001) in general practice suggests this is a neglected area. In the current political debate, the focus of general practice activity lies on chronic disease management and health improvement. Efforts highlighting the contribution of general practice to emergency and urgent care services are needed to ensure this area is not overlooked.

Other

Hypothyroidism in a Rural Practice: Developing a Practice Register and Auditing Adherence to Guidelines

Authors

C. Cunningham, T. O'Reilly

Introduction

Hypothyroidism is a chronic disorder encountered on a daily basis in General Practice. The aim of the project was to develop a register of all patients with hypothyroidism in the training practice and to conduct an audit of thyroid function testing and adherence to guidelines among this cohort of patients.

Methods

Data was collected using the Socrates database. All patients on levothyroxine were compared with those who had a current diagnosis of hypothyroidism. Those who did not have a diagnosis in their past medical history had a diagnosis entered. Once the register of all patients with hypothyroidism had been completed an audit was performed to compare thyroid function testing to established guidelines

Results

69% of patients with hypothyroidism had a diagnosis entered in their past medical history, 31% did not have a diagnosis entered. 90% of patients had thyroid function testing performed within the preceding year. After recall 96% of patients with hypothyroidism had thyroid function tests performed within the preceding year.

Conclusions

This project highlights the importance of documentation. Developing a thyroid register within the practice improves the monitoring and management of patients with thyroid disease. It has also highlighted that improvements can be made in the frequency of monitoring of thyroid function tests on patients in the practice.

Other

Benzodiazepine Prescribing in Practice - are we addressing or ignoring the issue of dependence?

Author

A. Brides

Introduction

Benzodiazepine dependence in general practice has gotten much attention in recent years, especially since a large French study proved that there is a 50% increased risk of dementia in those who take long term benzodiazepines. Research has shown the benefit of brief intervention in initiating change in benzodiazepine prescribing. I looked at our benzodiazepine population to establish what were the demographics of our dependant users, and whether there was any difference in the prescribing patterns between those with GMS eligibility and those without, as studies had postulated a possible difference. I also analysed our dependant users to see if we were opportunistically discussing the issue of dependence, and, when we were, was it effecting change in prescribing patterns.

Methods

Socrates Search using IPCRN tool identified patients who had gotten >6 scripts in the year period December 2012 to December 2013. 114 patients identified. Demographics of these patients were analysed looking at gender, age, whether they were nursing home residents, whether they had an associated psychiatric condition and whether they were eligible for GMS. Each chart was then analysed retrospectively to see if there was any documented discussion regarding dependence, tolerance and side effects. In those who had documentation, I looked at whether it had effected any change in prescribing pattern for those patients. The data was then analysed using Chi Square to see if it was statistically significant.

Results

28 out of 114 patients had documented discussion regarding their benzodiazepine use. Of those 28, 10 had a change to their prescribing pattern as a result of discussion. Of the 86 who had no documented discussion, 2 had a change to their prescription. Using Chi Square a p value of <0.0001 was obtained. NNT to effect change is 3.

Conclusions

The number of benzodiazepine users in our practice correlates well with the national average. We are not opportunistically addressing the issue of dependence. Only a very small number of patients need discussion about their benzodiazepine use.

Other

Serum Uric Acid (sUA) goal achievement in patients diagnosed as Gout sufferers in Primary Care

Authors

J. P. Campion

Introduction

Optimal management of patients known to be sufferers of Gout has been outlined in the EULAR Guidelines. It was identified that there was no protocol in place in our practice for adhering to these guidelines and that monitoring of serum uric acid (sUA) levels was not standardised across the patient cohort. It was endeavoured to audit the known Gout patients and ascertain the level of sUA optimisation within the group.

Methods

A list of gout sufferers in the practice was compiled using the practice computer software. By crosschecking patients who had a diagnosis of gout in their patient file and those who were on urate lowering therapy a comprehensive list was established. Patients files were checked to establish when the latest sUA was recorded and any actions taken at the time. The results and patient details were then inputted into the Clinical Gout Audit toolkit on a Microsoft Excel spreadsheet.

Results

The total number of patients in the audit was 41. In the initial period of the audit the average sUA was 310 μ mol/L with 71% of patients achieving goal sUA. This fell short of the standard chosen of 80%. In the secondary period of the audit the average sUA was 291 μ mol/L with 83% of patients achieving goal sUA. This achieved the standard chosen of 80%.

Conclusions

Many patients of the practice were not achieving optimal sUA targets despite being on Urate Lowering Therapy (ULT). A small number of patients were on no ULT despite high sUA and previous attacks of gout. Many of the patients who were known to have Gout and who had been prescribed ULT had not a recent sUA taken and required one to be performed in the initial period of the audit. Some of these patients had suboptimal sUA and change was made to their treatment. Awareness of sUA levels among the Gout suffering patients in the practice was greatly increased. Going forward these patients will have more active management of their sUA with appropriate medications and lifestyle interventions where indicated.

Other

Obesity: The Weight on General Practice

Author

T. O'Byrne

Introduction

Obesity is a common condition encountered in primary care in Ireland. It is associated with multiple comorbidities such as diabetes mellitus and cardiovascular disease leading to an increased health burden. The rate of obesity is increasing in Ireland. The aim of this study is to evaluate the Body Mass Index (BMI) of frequent attenders (≥ 12 consultations/year) to a single GP practice, compare the rate of obesity to national figures and determine if there is a relationship between BMI and frequency of attendance.

Methods

Using the Socrates Patient Management Software a list of all frequent attenders (≥ 12 consultations with either Doctor or Nurse) between 1st September 2012 and 31st August 2013 was generated. This resulted in 521 patients. The electronic records were retrospectively reviewed for any BMI records since 1st September 2012 giving 121 results of BMI. The other patients had a note left in their chart for their BMI to be checked as part of their next consultation. 33 patients were excluded due to pregnancy, being deceased and left practice. Charts were reviewed in Jan 2014 and the patient's age, gender, payment type (ie GMS or Private), BMI and number of attendances were recorded.

Results

A total of 429 (87.9%) BMI results were collected out of 488 eligible patients. Mean BMI was 28.94kg/m². There was no significant difference in BMI related to gender or payment type although when analysed by age the 30-44 year group had the highest mean BMI 30.4kg/m² ($p < 0.05$). The overall rate of obesity was 39.6% which compares to a national rate of 24% as calculated in the SLAN 2007 study. Patients in the 18-29 age group had an obesity rate of 41.86% compared with a national rate of 11%. There was a correlation between increasing mean no. consultations and BMI with patients who were Underweight (< 18.5 kg/m²) attending 15.44; healthy range (18.5–24.99kg/m²) 16.92 and obese (≥ 30 kg/m²) 18.75 consultations ($p = 0.044$).

Conclusions

Frequent attender patients have higher rates of obesity than the general population. Obesity is associated with an increased rate of attendance in primary care in Ireland. This needs to be factored into future healthcare resourcing.

Other

What are the preferred CPD activities for General Practice?

Authors

J. O'Connor, P. Van Der Merwe, A. O' Donoghue

Introduction

Since May 2011 adherence to a Continuous Professional Development (CPD) programme has been compulsory for all Irish Doctors. Health professionals have to keep up to date to meet the needs of their patients, the health service and their own professional development. New skills, knowledge and attitudes have to be obtained to enable competent practice. Managerial, social, professional and personal skills all form part of continuous professional development and these facets are especially worthy of consideration within the domain of general practice. Whether Irish GPs have a preferred form of CPD and what they determine to be the most efficient and meaningful types of education, has not yet been studied and this was the aim of this project.

Methods

A questionnaire was developed with the support of the statistician and delivered to GPs in Kerry, Cork and Limerick at local small group meetings. The questionnaires were completely anonymous. It consisted of a double-sided page and was designed to take less than ten minutes to complete. The majority of questions were marked according to a likert scale and one qualitative question asking where GPs would like further education was also included.

Results

97 responses were collected. There was an approximately equal split in numbers between gender, those aged less than and older than 50 years, and those who worked in teaching practices. 93.5% of those surveyed had achieved their CPD requirements in the previous year. Of those who had not, audit was the domain where most had been unsuccessful. Time constraints were identified as the biggest obstacle to learning with younger GPs mentioning cost as an issue and older GPs noting computer skills as a problem. A genuine desire for further education exists with 54% reporting clinical knowledge as the area they would like further education. The CPD activities that deliver the best value in terms of time, cost and educational benefit were found to be interactive sessions and hands-on courses.

Conclusions

Irish GPs remain interested in and enthusiastic about their education. Programmes for CPD, should ideally be varied in content, skill focused and delivered in small groups.

ICGP Research Ethics Approved Projects 2014

<i>Applicant(s) Name</i>	<i>Study Title</i>
Dr. Joe Gallagher	Measuring Quality of Life among general practice patients who potentially have Heart Failure
Dr. Patrick Redmond	Medication Reconciliation - Unintentional discontinuation of long term medication post hospitalization
Ms. Annette Breen	Supporting Integrated Care for People with Epilepsy – A Qualitative Study
Ms. Tracey O’Fiaich	A Study of the Knowledge and Use of Folic Acid among Women of Childbearing Age in the Midlands Region, Ireland
Professor Walter Cullen	Towards optimum mental disorders treatment (OPTIMIST Study): A Database Study in Irish General Practice
Dr. Maria Semkowska	Neurocognitive remediation therapy to improve cognition in community-living individuals with a history of depression: a pilot study
Dr. Ann Sheridan	Identifying and addressing the palliative care needs of people with serious mental illness
Dr. Bartholomew Daly	An Assessment of Four Year GP training in Ireland
Dr. David Mc Conaghy	Attitudes to flu vaccine in general practitioners
Dr. Kate Irving	Feasibility Randomised Controlled Trial of the In-MINDD Profiler and Support Environment in Practice
Ms. Kate Fitzpatrick	The use of placebo in general practice: A cross-sectional survey of general practitioners in Ireland
Mr. Abedallah Kasem	Exploring the views of parents of children less than two years of age following telephone advice from nurses working in a call centre in Ireland
Ms. Edel Gallagher	Targeted Management of Patients post – Transient Ischaemic Attack in a Primary Care Setting
Professor Walter Cullen	Paediatric Morbidity and Service Utilisation: A Cross Sectional Study in Irish General Practice
Professor Anne MacFarlane	Improving access to primary care services for marginalised communities
Professor Raymond Agius	The Health and Occupation Research network in General Practice (THOR-GP)-Determining the incidence of occupational disease and injury in the Republic of Ireland

ICGP Research Ethics Approved Projects 2014

<i>Applicant(s) Name</i>	<i>Study Title</i>
Dr. Claire Collins	Mental Health in Out-of-Hours Service – informing the future direction of services
Dr. Joanne Jordan	Evaluation of the Children’s Palliative Care Programme (CPCP): Phase 2 – Service Providers and key stakeholders
Dr. Kate Irving	Access to Timely Formal Care (Actifcare)
Professor Andrew Murphy	An exploration of GPs’ and patients’ attitudes towards delayed prescribing in preparation of a trial to compare treatment of uncomplicated urinary tract infections with antibiotics versus placebo in primary care
Dr. Claire Collins	How is dementia managed in general practice across Europe – a pilot study of descriptive accounts from GPs
Dr. Eamonn Shanahan	ANÁIL: A national, real world study of the impact of Ultibro® Breexhaler® (indacaterol/ Glycopyrronium) 85/43mcg once-daily, on the individual lives and health status of patients with COPD in Ireland
Dr. Elaine Hyslop	The role of Podiatry in Primary Care – General Practitioners perspective and practice in the West of Ireland
Dr. Joanne Jordan	Evaluation of the Children’s Palliative Care Programme (CPCP): Phase 3
Dr. Karen Kyne	An audit on the management of anaemia in pregnancy
Dr. Suzi Lyons	Extension to the remit of the National Drug-Related Deaths Index to include data on all road traffic collisions in the Republic of Ireland
Dr. Mary Sweeney	Illicit use of prescription medication use among medical students in Ireland
Dr. Brian O’Doherty	A non-interventional, global, cross-sectional study to Check Atrial Fibrillation rates in patients 65years or older by means of a device for opportunistic screening
Mr. Mark Corocoran	Examination of primary care psychological services in Laois and Offaly: A survey of the needs of GPs, service managers, and primary care psychologists
Dr. Brian O’Dea	Burnout in Irish General Practice: A cross –sectional survey using the Maslach Burnout Inventory
Dr. Eamonn Shanahan	Investigating patient practices and knowledge surrounding home monitoring of weight in a sample of Irish general practice attendees
Professor John O’ Leary	HPV Primary Screening Pilot Study- molecular testing of potential triage strategies for HPV-positive women

Projects approved for funding under the ICGP Research and Education Foundation 2014

<i>Applicant(s) Name</i>	<i>Study Title</i>
Dr. Ray O'Connor	A qualitative exploration of the experience of living with epilepsy in the mid-west region of Ireland
Dr. Sarah Hyde	Patient satisfaction with primary care out of hours care, and their suggestions for improvement
Professor Gerard Bury	Overdose prevention and Naloxone distribution: an education and training tool for community health professionals
Professor Tom O'Dowd	Update on the Structure of General Practice in Ireland, 2014
Dr. Liam Glynn	M- health intervention for self-management of Blood Pressure in patients with hypertension"
Dr. Pamela Landon	Attitudes towards electronic cigarettes and their role in smoking cessation: what is the patient and GP perspective
Dr. Sarah-Jayne Hassan	Screening for Chlamydia Trachomatis (CT) & Neisseria Gonorrhoea (NG) in women during routine smear testing in general practice.
Dr. Mary Sweeney	Illicit use of prescription medication use among medical students in Ireland

Travel Bursaries 2014

<i>Conference</i>	<i>Applicant Name(s)</i>
EGPRN	Dr. Catherine Sweeney, Dr. Karen Browne, Dr. Danielle Divilly, Dr. Maire McGarry
EGPRN	Dr. Carol Sinnott
IPCRG World Conference	Dr. Ann Kiely
International Forum of Quality and Safety in Healthcare	Dr. Davina Meredith
WONCA	Dr. Patrick O'Donnell
WONCA	Dr. Catherine Sweeney, Dr. Karen Browne, Dr. Danielle Divilly, Dr. Maire McGarry



Irish College of General Practitioners
4-5 Lincoln Place, Dublin 2
Tel: 01 6763705, Fax: 01 6765850
Email: info@icgp.ie
Web: www.icgp.ie