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A Picture of General Practice Research in Ireland 2010-2011

— *Through Research & Audit Activity*



The Irish College of General Practitioners

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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 based on submissions following a national call for abstracts for research taking place in 2010 and 2011.

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Cardiovascular

An Audit of Antithrombotic Management in Patients with Atrial Fibrillation (AF) - A Rural Practice in Mayo

Author

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Introduction

This audit involved a single-handed GP practice with 1,300 GMS and 1,700 private patients. The population is predominantly rural and elderly. I diagnosed new cases of AF and also met patients on long-term Warfarin. AF is a condition easily diagnosed in general practice. I wanted to know if it was being managed properly.

Aim

To see if we were managing patients with AF according to the 2010 ESC guidelines using the CHADS₂¹ score, and if patients are on appropriate anticoagulation according to risk factors.

Method

The study was an audit of patient notes on the HealthOne system. I searched for patients with a diagnosis of AF or on Warfarin. I also made a list of patients from our practice who attended the local Warfarin clinic. This returned 60 patients. I excluded patients who had attended for one-off INR checks. This left 41 patients remaining.

Results

I found 31 patients had appropriate antithrombotic treatment according to the CHADS₂ score. Ten patients were not being managed according to their score and I noted the reasons why.

Conclusion

Good note taking and diagnosis recording took place. For patients not being managed according to the CHADS₂ score, reasons were documented.

1. The CHADS₂ is a scoring system as used in the ESC (European Society of Cardiology) 2010 guidelines for the management of atrial fibrillation.

Cardiovascular

Heartwatch GP-Delivered Secondary Prevention of the Coronary Heart Disease Programme – Early Highlighters of the Likelihood of Patient Non-Adherences

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Aim

The aim of this study was to determine how routinely recorded data could predict early the likelihood of patient non-adherence to a primary care-delivered secondary prevention programme for established coronary heart disease (CHD), with patients with CHD (10,851) invited to attend four times per year.

Method

Non-adherence was defined as attending no more than three GP visits. The study sample was selected to allow a possible two-year follow-up period for all patients recorded on the database in which patients could take up quarterly invitations. Administrative recordings of visit dates and intervals between visits, baseline results of key parameters and early changes were examined in relation to non-adherence.

Results

A longer interval between early visits, no family history of CHD, smoking and being outside target for exercise at baseline remained significantly associated with non-adherence after backward stepwise logistic regression.

Conclusion

The early identification by GP practices of those who fail to attend on time or who defer appointments, in addition to the persistence of lifestyle factors unchanged by a prior serious cardiac event should serve as a warning sign that targeted interventions to maintain adherence are necessary.

Cardiovascular

An Audit of the Management of Hypertension in an Irish General Practice

Authors

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Greystones Harbour Family Practice

Background

Hypertension is the most common medical condition in Ireland. It is the most prevalent health issue among adults presenting to primary care facilities. Achieving optimal blood pressure (BP) control is a major challenge for general practitioners.

Aim

To investigate the management of hypertension at Greystones Harbour Family Practice.

Method

Of 216 patients requesting repeat prescriptions during the month of January 2011, 91 were on antihypertensive medications. These patients were included in the audit.

Results

A total of 61.5% of the studied sample had their BP recorded during the preceding year. Of those, 62.5% had controlled hypertension. 20.9% of the total patient cohort had their smoking status recorded, 34.1% had been given lifestyle advice and 72.5% had had some form of screening done to investigate the complications of hypertension.

Conclusion

Women and younger patients were more likely to have had their BP recorded and for it to be controlled. Of those in whom BP had been recorded, smoking status, lifestyle advice and complications of hypertension were all more likely to have been documented than in someone who hadn't had their BP noted. Similar results were seen in patients partaking in the nationwide Heartwatch programme. Although the monitoring of hypertensive patients in the practice appeared, from this audit, to be suboptimal compared with NICE guidelines, figures were comparable with previous published audits¹. Patient education and improved documentation of BP recordings may improve results and ultimately the patient outcome.

Cardiovascular

The Role of Ambulatory Blood Pressure Monitors in an Irish General Practice

Authors

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Background

Hypertension is an important global risk factor for cardiovascular morbidity and mortality. Although ambulatory blood pressure monitoring is not recommended for routine use in general practice, according to current guidelines, it is becoming increasingly used in the assessment of hypertensive patients.

Aim

To review the role of ambulatory blood pressure measurement (ABPM) in the diagnosis and management of hypertension in an urban primary care practice.

Method

Patients who had their first ABPM performed over the preceding five-year period were included. Data was collected and analysed from patient records. The principle categories examined included patient demographics, indications, the pre- and post-ABPM clinic BP measurement, the ABPM results and management before and after ABPM.

Results

Of the patients included in the audit (n=47), 81% were female. The mean age was 67 years (SD=10.7) and 38% (n=18) were GMS patients. Suspected white-coat hypertension was the most frequent indication for ABPM measurement at 38% (n=18). Thirty-four per cent of patients who had abnormal pre-test clinical blood pressure readings were normotensive on ABPM. The management was changed as a result of ABPM readings in 55% of cases (n=21) with 36% (n=17) started on a new medication. Of the patients with normal ABPM results (38%, n=18), none were started on anti-hypertensive medications. Over half the patients assessed with ABPM had their blood pressure under control one year later in accordance with current guidelines.²

Conclusion

The diagnosis of hypertension has important health, life and financial implications. Improvement in diagnostic methods is essential. This audit shows that ABPM readings may have an impact on the decisions of general practitioners in the management of hypertensive patients in primary care.

Cardiovascular

Documentation in Warfarin Prescribing

Author

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Abstract

Warfarin is a commonly prescribed oral anticoagulant with potential to cause harm because of its narrow therapeutic window. The strict monitoring of Warfarin is essential and is increasingly being done in the community. Clear and accurate documentation is therefore of great importance. Using the ICGP document Warfarin in General Practice as the gold standard, an audit was carried out in a Co. Cork GP practice.

Aims

- To assess the standard of documentation with regard to patients on Warfarin, looking specifically at the following parameters: the clinical indication, duration of treatment, target INR, new dose and interval for repetition
- To calculate the percentage of INR readings within the target range and frequency of checks
- To carry out an intervention to bring the practice up to ICGP standards
- To re-audit.

Methods

The GP Dynamic system was used to search for patients prescribed Warfarin between January and November 2010. Charts were individually analysed. A practice protocol for patients on Warfarin was drawn up and outlined to the partners in the practice at a meeting. Charts were updated and a re-audit was carried out in February 2011.

Results

The results of first phase showed that clinical indication was documented in 67% of cases. This improved to 100% when the re-audit was carried out. Target INR was documented in 7% of cases initially and in 100% of cases at the time of the re-audit.

The documentation of the duration of treatment improved from 0% to 91%. With INR visits, the INR result was documented 99% of the time (100% when re-auditing), a new dose was documented 99% of the time (100% when re-auditing) and the interval for INR repetition was recorded 99% of the time (96% when re-auditing). Out of a total of 335 readings in the first phase, 203 were within target range (61%). This improved to 66% (53/80) when re-auditing.

Conclusion

This audit highlights that closer adherence to guidelines and better documentation can enhance patient care.

Cardiovascular

An Audit of Statin Prescribing to Low Risk Patients – Are We Meeting Guidelines?

Authors

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Background

In estimating the total risk of fatal cardiovascular disease in 10 years, European Society of Cardiology guidelines suggest that individual risk factors are weighted differently¹. EuroAspire data suggest there is potential for the overuse of drugs in the context of low risk patients².

Aim

To establish the level of adherence to these guidelines in the prescribing of statins in our practice.

Methods

A register of patients prescribed a statin was compiled including the documentation of smoking status and blood pressure (BP). A 10-year risk of fatal CVD was calculated using HeartScore³.

High-risk groups were excluded¹:

- Known CVD
- Type II diabetes, type I diabetes with microalbuminuria
- Cholesterol >8mmol/l
- Systolic BP > 180mmHg.

A HeartScore was calculated for those remaining. A recommendation was made to stop prescribing statins where the risk was <5% based on pre-statin cholesterol levels.

Results

In Cycle 1, 9% of patients smoked, 9% did not meet BP targets and pre-statin cholesterol levels were documented for 77%. In Cycle 2, none smoked, all met BP targets and all pre-statin cholesterol levels were documented.

Seventy-one per cent of Cycle 1 patients whose pre-statin cholesterol level was documented had a HeartScore of <5% prior to commencing a statin while 75% did in Cycle 2.

Fifty-seven per cent of Cycle 1 patients, for whom both pre- and post-statin cholesterol levels were known, showed no reduction in percentage risk following a prescription of a statin. In Cycle 2, 25% showed no reduction.

Conclusions

The documentation of BP and smoking status, and the use of risk calculation improved. Inappropriate statin prescribing was reduced. Smoking cessation and BP control were the priority where multiple risk factors existed.

Cardiovascular

Heart Disease Risk Awareness Among Females

Authors

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Background

Heart disease is the main cause of the death of women in developed countries. It has been suggested that women identify other illnesses, such as breast cancer, as contributing more to female mortality. As a result, the American Heart Association initiated a national campaign aimed at increasing awareness of heart disease and strokes among women in 1997. This has resulted in the 'Go Red for Women' campaign which celebrates Red Day on 5 February.

Aims

- To examine women's awareness of heart disease as the number one cause of death of women in Ireland
- To examine their awareness of target levels of individual risk factors
- To examine their ability to identify risk factors for heart disease
- To look at their risk-taking behavior.

Methods

A postal questionnaire was distributed to a random sample of female patients of a rural general practice. Participants were aged between 18 and 85 years.

Results

Sixty per cent of women incorrectly identified breast cancer as the main cause of death while only 13% of women correctly identified heart disease. Most women were familiar with target values for blood pressure, cholesterol and BMI.

The majority of women failed to identify diabetes mellitus and a daily alcohol intake of six units as risk factors. Most women recognised hypertension as a risk factor. One quarter of respondents were smokers, 50% of whom are less than 30 years of age. Most women do not engage in an adequate amount of exercise.

Conclusions

The level of awareness of heart disease as the leading cause of death among women in this population is concerning. By comparison, the most recent survey conducted by the American Heart Association revealed an awareness of 46% in 2003. In 2004, the Irish Heart Foundation discovered that women fear breast cancer more despite their risk of heart disease being greater. As health care professionals, it is important that we address this apparent knowledge deficit.

Cardiovascular

CHaMP – The First Report on a Novel Community-Based Heart Failure Management Programme in Galway

Authors

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Background

The Community Heart Failure Management Programme (CHaMP) is an innovative heart failure service that has been established in Galway. CHaMP provides general practice with direct access to diagnostics including BNP testing and a mobile echocardiography service in the community. This is the first report on the delivery of such a service in Ireland.

Methods

Turloughmore Medical Centre has 6.5 full-time equivalent general practitioners. A search of the entire practice population for patients with the ICPC coded diagnosis of heart failure was performed over one month. Patients were excluded from the study if they were already on maximal beta blocker and ACE-inhibitor therapy and had undergone ventricular function assessment, either by echocardiography or coronary angiography within the previous two years. Patients were also excluded if they were deemed too infirm to participate. The remaining patients were invited to undergo assessment.

Results

A search for the ICPC coded diagnosis of heart failure identified 39 patients. Twenty-two patients were excluded and there were six non-respondents. Eleven patients underwent assessment. The diagnosis of heart failure was confirmed in eight patients. Of these

diagnoses, four were diastolic dysfunction and four were impaired systolic function. The diagnosis of heart failure was rejected in three patients. A change in medical treatment was recommended in six patients. However, the recommended change was not implemented in three of these patients. An appointment at the rapid access cardiology clinic was arranged for one patient. In the three cases where the diagnosis of heart failure was rejected, one patient had their medications discontinued.

Conclusions

This study has demonstrated that the CHaMP programme has the resources and capability to provide echocardiography and near-patient testing for BNP services to patients in a community setting. For the patient, the assessment allowed for the confirmation or rejection of the diagnosis. The subsequent implementation of the programme's evidence-based guidelines led to medication changes in approximately one quarter of cases.

Cardiovascular

Understanding the Barriers to Lifestyle Change in the SPHERE Study

Authors

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Background

The SPHERE (Secondary Prevention of Heart Disease in General Practice) Study, which began in 2003 among 32 practices in the Republic of Ireland and 16 in Northern Ireland, involved a trial of an intervention which aimed to reduce the rates of illness and premature death in patients with coronary heart disease (CHD) and to improve their management in general practice.

Aim

The study aims to explore, using qualitative methods, why the SPHERE Study intervention, which was tailored to individuals and aimed to address barriers to change towards a healthier lifestyle, failed to help them to make their planned lifestyle change.

Methods

Patients who took part in the original SPHERE Study have been selected for invitation to participate in interviews. We have identified those with baseline GODIN scores less than 24 – indicating sedentary lifestyles – who chose physical activity as a target for lifestyle change but did not improve their GODIN scores at 18 months. Interview questions will primarily relate to their experience of the intervention, their views of the patient-centred consultation and the value of the booklet/patient care plan. Individuals from the control group whose physical activity levels did not improve will also be selected for interview to determine if similar barriers to change were identified in both groups. Individuals in both groups whose levels of activity increased significantly will be interviewed in order to determine if similar barriers were encountered and how these were addressed.

Based on change in diet fibre scores assessed by the DINE questionnaire, we have also selected patients for interview with varying levels of diet change. Interviews will be analysed using a thematic framework, facilitated by a computer software programme.

Conclusions

Based on our findings, we aim to design a discrete choice questionnaire to facilitate professionals' approach to providing effective lifestyle advice to patients with CHD.

Diabetes

An Evaluation of a Community-Based Diabetic Retinopathy Screening Initiative

Authors

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Background

Despite international emphasis on retinopathy screening over the last two decades, there is no such programme available to people with diabetes in Ireland at present. In 2008, the development of retinopathy screening was prioritised by the Expert Advisory Group (EAG) for Diabetes. In anticipation of a national programme, a community-based screening initiative was established in the south of Ireland which utilised existing services. The aim of this study was to evaluate the community-based model of diabetic retinopathy screening.

Methods

A sample of practices and patients involved in a local primary care diabetes initiative were recruited. A total of 32 practices were invited to participate. An invitation letter to attend a free eye examination for diabetic retinopathy screening was issued by each practice to eligible patients. A total of 3,447 adult patients with diabetes were invited to attend for screening. An evaluation of the structure, processes and outcomes of the screening programme is underway. The results will be benchmarked against the standards outlined in the National Diabetic Retinopathy Framework to assure the quality of the service.

Results

Overall, 30 practices took part in the screening initiative (94%). By the end of June 2011, 45% of patients (n=1552) had participated and screening is ongoing. Preliminary analysis suggests <1% (n=11) of patients required urgent referral (within 2 weeks) and <3% (n=53) of patients required a 13-week referral. Fifty-three per cent of those screened reported no previous screening prior to taking part in the initiative (n=827).

Conclusions

This study demonstrates the feasibility of a community-based model of retinopathy screening using existing resources. Results will inform the imminent national retinopathy screening programme in Ireland.

Diabetes

Does Nutrition Knowledge Correlate with BMI and Diabetic Control in Type 2 Diabetic Patients in Primary Care?

Authors

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Scatter plots suggested that there was a weak relationship between BMI and nutrition knowledge ($R^2=0.0075$). They also suggested that there was a weak relationship between HbA1c levels and nutrition knowledge ($R^2=0.0285$).

Background

Optimal BMI and HbA1c levels play a major role in preventing complications in type 2 diabetics. However, poor weight and diabetic control still remain a problem in this group. A correlation would mean that nutritional knowledge could be used as a target to improve weight and diabetic control in this population, and thereby improve patient care.

Methods

A nutrition knowledge questionnaire was adapted from an existing validated general nutrition knowledge questionnaire for adults and given to diabetic type 2 patients aged 18 years and over attending the general practice over a four-week period in November 2010. BMI and HbA1c levels were measured for each participant.

Results

The questionnaire was completed by 52 type 2 diabetic patients.

- 59.6% were male and 40.4% were female with a mean age of 61.37 (SD 10.72)
- 9.6% had an optimal BMI (18.25-25kg/m²), 21.2% were overweight (26-29/ m²) and 69.2% were above 30kg/m²
- 26% had an optimal HbA1c level (<6.5%) and 74% had an abnormal level (>6.5%).

Conclusions

This research shows that type 2 diabetics with optimal BMI and HbA1c levels have comparable levels of knowledge with obese type 2 diabetics and those with abnormal HbA1c levels. Therefore, a deficit in nutrition knowledge does not fully explain the variation in BMI and HbA1c levels in this sample. This research highlights the importance of discovering what factors contribute to obesity and poor diabetic control in type 2 diabetics.

Diabetes

The Difficulties Type 2 Diabetic Patients Encounter in the Care of Their Disease – The Patient's Perspective

Authors

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Background

Diabetes is a disease which requires interactions between the providers of care and the patients. Sometimes, the providers of care are oblivious to the patients' difficulties and often leave their agendas to run parallel to the agendas of patients.

Aims

- To establish the impact of the disease on the lives of patients
- To establish the difficulties they encountered in the care of their disease
- To find out what improvements they considered should be made to help them in the care of the disease.

Methods

The study employed a three-round Delphi survey among a cross-section of type 2 diabetic patients in an Irish urban general practice that has access to a specialist endocrinologist service. Eighteen patients consented to take part in all rounds. Three open-ended questions were asked in the first round, and through a series of controlled feedback analysis of the various themes generated, the members of the panel arrived at a consensus.

Results

The major themes that emerged from the survey included the isolating effect that a diagnosis of diabetes had on the family life and lifestyles of the patients, the poor access to services especially the dietetic and chiropody services, and the insufficient availability of information as their disease progressed. The patients also perceived their care to be better as a result of having another chronic disease cared for. Other themes included the psychological and physical effects of the disease, and the financial difficulties the patients encountered in their care.

Conclusions

Diabetic patients are worried about the various effects the diagnosis of diabetes has on their lives. The diabetic diet is also a huge issue. The major difficulty expressed by the patients was the lack of access to ancillary services. Fee-paying patients perceived their care would be much improved if the services were free.

Diabetes

An Audit of Structured Diabetes Care in a General Practice Setting

Authors

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Background

The long-term risks of diabetes are well documented¹. Given these risks, the increasing prevalence of diabetes and the inability for acute models of care to manage this growing burden² exemplifies the need for chronic illness management programmes. The RHFP has been operating a structured diabetes care programme for over 15 years.

Aims

The aim of this audit is to examine our diabetic population with a view to establishing baseline criteria for future research and to allow juxtaposition to current peer reviewed audits already published in the setting of Irish general practice, namely the Cork diabetes interest group and the midland structured care programme.

Methods

A total of 181 OGT-confirmed diabetics were audited with 42 variables extracted for each patient using patient electronic records (CompleteGP®).

Results

The findings from this audit show that the RHFP is delivering diabetes care broadly in keeping with recommended national ICGP standards, and is indeed, excelling in many areas. While the documentation of processes of care is highly satisfactory measured against our peers^{3,4,5}, areas such as the measurement of ACR and increasing access to retinopathy screening and vaccination uptake need optimisation to be in line with current standards. Men, especially those under 40, appear to be under diagnosed for T2DM. Also, a further reduction of risk factors coupled with the optimisation of treatment targets is warranted, with particular emphasis on BMI targets and systolic hypertension.

Conclusions

This audit has established a structured and searchable baseline from which future audits can be launched and allow for a comparison of the efficacy of future interventions. A pilot project involving the provision of local retinopathy screening has already been instigated on the back of these shortcomings.

Diabetes

Diabetes Services Across Primary and Secondary Care Settings

Authors

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Aim

To describe the current level of diabetes care among primary and secondary care providers in Ireland.

Methods

A postal survey of a random sample of 600 general practitioners (GPs) and a telephone survey of all 36 public hospitals providing outpatient diabetes care were conducted.

Results

A 44% response rate was achieved in the GP survey with a 58% response rate for nine key questions. The response rate among hospitals was 97%. Sixty per cent of GPs reported managing newly diagnosed type 2 diabetes (T2DM) patients in the practice until additional care was required. Newly diagnosed T2DM patients were seen within three months by 41% of hospitals. Most GPs always referred T2DM patients requiring transition to insulin to the local hospital-based team (81%). Fifty-nine per cent of hospitals reported seeing patients requiring transition to insulin within one month. The majority of hospitals recalled stable type 2 patients with 53% recalling patients every 10 to 12 months. Half of the GPs surveyed had a recall system in place for reviewing patients (50%). Of these GPs, 89% recalled patients every one to six months. Ancillary services were deficient in both settings as 43% of GPs did not have direct access to chiropody services and 35% of hospitals had no dedicated podiatrist time for their outpatient diabetes service. Twenty-six per cent of hospitals had no dedicated dietician time for their outpatient service and 37% of GPs reported having no direct access to a dietician. Nine per cent of hospitals reported formal integrated care schemes with general practice while most GPs (89%) did not have a formal shared protocol with the local hospital diabetes team.

Conclusions

There is a significant variation both within and between settings in terms of the provision of diabetes care. A lack of formal co-ordination and integration between primary and secondary care settings may lead to a duplication of services or gaps in care.

Geriatrics

A Comparative Study of Interventions to Help General Practitioners Answer Clinical Questions on Geriatric Medicine

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Background

During their practice, GPs generate many clinical questions. Previous research has demonstrated that many of these go unanswered and the time spent searching for the answer is generally less than two minutes. A review of search practices in 2006 found that GPs first consult their colleagues and paper sources despite the improving availability of electronic resources.

GPs provide the majority of care for older people. This area can be very challenging as presentations are often atypical and there are multiple co-existing problems. Teaching that is focused on a specific subject area such as this is undoubtedly helpful. However, the information may become out-of-date, or the student may simply forget the content. It is important for doctors to be able to locate relevant information easily during their clinical practice. It is postulated that improving information-seeking skills can empower GPs to find the correct, up-to-date information they need, and better assess its quality, currency and relevance.

Aim

To compare the feasibility and effectiveness of the traditional method of subject specific teaching with a new intervention to teach information seeking skills.

Methods

This is a comparative trial of two educational interventions, using a cohort analytic methodology with a pre- and post-intervention measurement. Interested general practitioners are invited to participate as part of this pilot study. They will be invited to enroll on a web-based training system run by the University of Limerick where they can access educational modules designed by clinicians and academic specialists.

One module will be a specific short course on aspects of elderly care; the other will be on improving search skills.

Conclusions

Results will examine pre- and post-MCQ test results and user satisfaction.

Geriatrics

Elder Abuse in Ireland: The Role of the General Practitioner

Authors

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Conclusions

The vast majority of general practitioners agree that elder abuse is an important issue for them to address.

Background

Elder abuse is estimated to affect 2%-10% of those over 65. It robs the older adult of any quality of remaining life. The majority of care provided to older adults in the community is by their general practitioners.

Methods

In 2010, approximately 1/3 of general practitioners (800) in Ireland were surveyed regarding their experiences with elder abuse and neglect.

Results

A response rate of 24% was achieved. Overall, 64.5% of general practitioners had encountered a case of elder abuse with 35.5% doing so within the past year. The most common forms of abuse encountered were psychological abuse in 70% of instances, followed by self-neglect, financial abuse and neglect, exploitation, physical abuse and sexual abuse. The most common method of detection was by the general practitioner followed by a report by a family member or neighbour. In 75.9% of cases, detection most frequently occurred during a home visit (75.9%). Of those who had encountered elder abuse, 13.3% had been threatened by the suspected perpetrator or family member. Barriers to identification included concealment by the victim (61.4%) and the perpetrator (51%). Only 1/3 of general practitioners were aware of the existence of senior case workers. Over 70% of physicians felt that following detection, the situation for the victim had improved.

Health Promotion

Towards an Irish Family Health Guide: A Pilot Study Examining the Feasibility of a Physician-Led Resource for Health Promotion Information in Ireland

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Background

From a patient's perspective, GPs are a very important source for the dissemination of health promotion information. Currently, aside from the individual verbal advice provided in a consultation, this happens largely in the form of topic-based pamphlets. In over 80% of Irish general practices, pamphlets are placed in surgeries free of charge by a commercial company which is paid by each organisation producing the pamphlets. These organisations range from government bodies to charities to private companies. Their content reflects purely the priorities of those who have paid for the service, and not a particular medical agenda as dictated by any medical or governing body. Equally, while the pamphlets are in many cases written with a varying degree of medical information, they are not exclusively written by or endorsed by Irish doctors.

Many other countries including the UK, the US and Canada have produced comprehensive family health guides which are written, reviewed and endorsed by physicians. They are generally produced by medical associations (British Medical Association Complete Family Health Guide), medical schools (Harvard Medical School Family Health Guide) and hospitals (Mayo Clinic Family Health Book). These guides reflect the priorities of physicians and have particular emphasis on the context of health care as it is delivered in their respective countries. No equivalent is available in Ireland. The ICGP is well placed to be at the forefront of any efforts to create such a guide in Ireland.

Aim

The aim of this pilot project is to examine the feasibility of a physician-led comprehensive resource for health promotion information and to develop a prototype. This aim will be achieved by exploring, via a consultative process, the health information priorities of both general practitioners and Irish citizens, as well as the health information priorities and resources available by main stakeholders in Irish health promotion.

Health Promotion

Internet Use for Health Information by Patients in General Practice

Author

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Aims

- To quantify internet use for health information by patients in general practice and analyse use according to demographic variables
- To obtain information on how patients search for health information online and their perception of the accuracy and usefulness of this information
- To examine whether the use of the internet for health information influences health care utilisation in terms of GP visits
- To ascertain whether patients discuss information they find on the internet with their GP and whether they have or would like to be given advice on useful websites by their GP.

Methods

The questionnaire study was conducted in a large urban general practice in the southeast of Ireland in August 2010. A total of 200 questionnaires were handed out to patients over the age of 18 as they presented for appointments with their GP.

Results

A total of 188 questionnaires were returned and were suitable for analysis. The results show that 78.7% of the sample use the internet for any purpose. From the group of patients who use the internet for any purpose, 81.8% use it for health information. A total of 95.1% use a search engine; 9.8% use specific websites to obtain health information online; and 95.8% stated that the information they find on the internet is useful. In terms of health care utilisation, 81.5% state that internet use for health information has made no difference to the frequency of GP visits. A total of 75.6% do not discuss information they have obtained with their GP. Only 7% of patients have ever been advised by their GP of useful health-related websites. Eighty per cent of patients would like to be provided with information on useful websites.

Conclusions

The use of the internet for health information is very common in the general practice setting. The main recommendation of this study would be that GPs consider providing patients with advice on useful, trustworthy websites.

Health Promotion

Do Irish GPs Take Opportunities to Communicate with Patients About Behaviours that Promote Health and Preventative Examinations?

Authors

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Irish College of General Practitioners

Background

As the first point of contact for patients in primary care, GPs and practice nurses (PNs) are ideally placed to offer health promotion advice and preventative examinations and investigations to patients¹. Health promotion is identified as a key aspect of the role of a GP². However, research shows that such activities are often overlooked in general practice³.

The study reported here is part of an overall project being conducted at European level, led by the European Network for Prevention and Health Promotion in Barcelona (EUOPREV). The study aims to determine the reported level of health promotion and prevention activities being offered to patients of Irish general practice, focusing on a number of behaviours known to affect health and on key examinations, and to determine patient attitudes to different supports available to assist them in improving their health.

Methods

The self-administered Europrev questionnaire was completed by 299 patients in nine practices as per the European-wide EUOPREV protocol developed by an international team of researchers. In line with the requirements set by EUOPREV, participants were aged between 30 and 70 years (166 [55.5%] patients aged 30 to 49 years, and 133 [44.5%] patients aged 50 to 70 years).

The questionnaire was designed by EUOPREV, although some minor changes and additions were agreed for the version used in Ireland.

Results

Patients were asked whether their GP/PN had ever initiated a discussion about a range of behaviours known to affect health or relevant health checks and examinations. Excluding gender specific issues (cervical smear, mammogram and prostate exam), participants were most likely to have discussed their blood pressure, blood cholesterol and blood sugar levels with their GP. Alcohol use was the topic least likely to have been discussed during consultations with a moderate increase found for heavy drinkers. An important factor was patient preference with patients preferring information leaflets for all behaviours, followed by individual counselling.

Conclusions

GPs and PNs have access to a large proportion of the national population and have the opportunity to speak to individuals who are already concerned about their health. They are also generally perceived to be the most reliable and credible sources of information and advice on health⁴. Despite the apparent advantages of promoting positive health in general practice, the transition from its traditional predominant focus on curative care has been slow.

Lifestyle Factors

The Effect of an Acute Bout of Aerobic Exercise on Fine Motor and Cognitive Function

Authors

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Background

This study assessed the effects of an acute bout of short duration aerobic exercise on cognitive and fine motor function in a young male population.

Methods

Exercising participants (n=20) and resting controls (n=23) completed a series of neuro-cognitive tests, including the symbol digit modalities test, trail making test, Stroop test and grooved pegboard test. These tests were initially conducted at rest. The same tests were then conducted following exercise in the study group and at rest on a second occasion in the control group. The pegboard test was assessed following a 3.2km sub-maximal run. The remaining tests were conducted following a 20m shuttle-run test to volitional exhaustion. Statistical analysis was then conducted using two factor ANOVA.

Results

Exercise was observed to mediate significant beneficial effects on performance which were not seen in the control group. The mean score in part three of the Stroop test improved from 51.3 ± 3.2 at rest to 57.2 ± 3.0 following exercise ($P < 0.05$). The time taken to complete trail two of the trail making test improved from 42.5 ± 5.4 s at rest to 31.9 ± 3.0 s in the exercised state ($P < 0.05$). For other parameters, the control group demonstrated significant improvements not observed in the exercising group. Time to complete the pegboard test improved from 80.6 ± 3.0 s to 71.3 ± 2.1 s ($P < 0.001$). Error commission during the pegboard test improved from 1.6 ± 0.3 to 1.6 ± 0.3 errors ($P < 0.01$). SDMT performance improved between the first (52.3 ± 2.0) and second (60.9 ± 2.5) testing points ($P < 0.001$).

Conclusions

Exercise had variable effects on neuro-cognitive performance. Improvements in part three of the Stroop test and part two of the trail making test were observed following exercise. However, exercise induced a relative detrimental effect on pegboard and symbol digit modalities test performance. These findings may be relevant in the primary care setting in terms of promoting the role of exercise in maximising everyday cognitive and academic performance.

Lifestyle Factors

The Use of Sleeping Medication in an Irish General Practice

Authors

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Aims

To increase awareness of current prescribing policy in general practice and to improve patient awareness by incorporating an 'alternative sleep management' leaflet in the practice computer system and to distribute it to appropriate patients.

Objectives

To document the use of sleeping medication in a single general practice, and the single and repeat prescription of hypnotics, and to explore the use of alternative non-hypnotic sleeping aids.

Methods

Retrospective data collection from patient records in the general practice for indication, medication, single or repeat prescription over one year (01/01/10 to 01/01/11).

Results

A total of 265 patients generated 1,172 prescriptions for hypnotics in the year. Fifty-seven per cent of these patients (n=153) generated 92% (n=1078) of the prescriptions. Benzodiazepines were prescribed to 16% (n=43) and non-benzodiazepines to 84% (n=222). Patients on benzodiazepines were more likely to be receiving repeat prescriptions (81%) than patients on non-benzodiazepines (53%).

However, non-benzodiazepine users made up 77% (n=118) of patients who were receiving repeat prescriptions. The average number of repeats for each group was similar (6.5 per year for users of benzodiazepine and 7.2 prescriptions per year for non-users).

Sixteen per cent of all prescriptions (n=1,172) in the practice were for hypnotics.

Conclusions

Most repeat prescriptions for hypnotics are for non-benzodiazepines. However, patients taking benzodiazepines are more likely to be receiving repeat prescriptions than patients taking non-benzodiazepine hypnotics. Alternative sleep management strategies should be taught and encouraged in the general practice.

An alternative sleep management strategy leaflet has been introduced to this general practice to be given to patients who are suffering from insomnia.

Lifestyle Factors

Weight Care Project: Health Professionals' Attitudes and Assessment of Body Weight Status on the Island of Ireland

Authors

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Background

Health professionals working in primary care and public health on the island of Ireland have opportunities to address body weight issues with clients through face-to-face contact.

Aim

To assess the attitudes, current practices/behaviours and knowledge of key health professional groups in assessing body weight status, and also to assess their ability to identify body weight categories in both adults and children on an all-Ireland basis. The health professionals groups are:

- Public health nurses (community; postnatal home/ clinic visits and developmental checks)
- Public health nurses (schools)
- GPs and practice nurses (primary care)
- Occupational health nurses (workplace).

Methods

This all-Ireland multi-disciplinary project will consist of four components:

1. Literature review – to explore the role of health professionals in tackling obesity through spontaneous intervention in a variety of health promotion settings.
2. Telephone interviews and focus groups – to gain insight into the views of health professionals in assessing body weight status. Focus groups will take place in centres convenient to participants.
3. Survey (online and paper-based) – to determine the attitudes, current practices and knowledge of health professionals in assessing body weight status.
4. Online study – an online programme will be developed to assess the ability of health professionals to identify the body weight category of adults and children.

Results

Results will be disseminated in peer-reviewed publications, conference presentations and workshops for health professionals, which will aim to inform service development.

Conclusions

This project will assess and report the attitudes, current practices, knowledge and ability of key health professional groups to identify body weight status in both adults and children on the island of Ireland. This project will provide recommendations for clinical practice in tackling obesity, which may contribute to policy guidelines.

Mental Health

A Questionnaire Survey on GP Experiences of the HSE/ICGP National Guideline for Managing Depression and Anxiety in Primary Care

Authors

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Background

Research evidence suggests that clinical guidelines can reduce inconsistencies in management, improve patient outcomes, and may have a particular benefit in treating depression and anxiety in primary care. Yet GPs do not seem to use guidelines despite being in favour of them. In 2006, a clinical guideline on managing depression and anxiety in primary care was distributed to all GPs in Ireland. This is the first study to evaluate the awareness and perceived usefulness of these guidelines.

Aim

To investigate the level of awareness and perceived usefulness of the HSE and the ICGP guidelines for the management of depression and anxiety among GPs and GP trainees.

Methods

In 2009, a questionnaire was mailed to GPs in the northeast region of the Republic of Ireland and handed out to GP trainees during their teaching programme. The questionnaire requested GPs' demographic information and explored their perception of the HSE/ICGP guidelines and their attitudes towards guidelines in general.

Results

A total of 174 questionnaires were mailed to GPs in the northeast region of Ireland and 30 presented to GP trainees during their teaching programme. The response rate was 76% among GPs and 100% among GP trainees. Fifty-six per cent of the GPs did not recall receiving the guidelines and 18% reported having used the guidelines. Among the trainees, 67% had never heard of the guidelines.

Conclusions

This study indicates that the impact of these national guidelines was low among Irish GP trainees and GPs. The authors suggest that effective dissemination and reinforcement of the clinical guidelines were lacking and that improvements could be made in the planning of such initiatives in the future. A fuller understanding on GP perceptions of guidelines, using focus group interviews, would be desirable in the planning of future initiatives and could be considered as a follow-up to the present study.

Mental Health

Collaboration between General Practice and the Community Psychiatric Service - Consultation-Liaison Model Evaluation

Authors

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Background

More than two thirds of cases of mental illness are cared for in the community. Only 5% of recognised psychiatric problems are believed to be referred onto specialist services. Therefore, it has been recommended in the policy document Vision for Change that the level of communication between primary and secondary healthcare be improved. The advantages of an improvement would include reduced stigma, rapid access to services, and a reduced rate of admissions and bed usage. Recent studies have highlighted the increasing co-operation between psychiatrists and general practitioners. Four methods of improving communication and working with primary healthcare services have been documented in published data:

1. Attaching mental health professionals to primary care
2. Shifted outpatient clinics
3. Triage
4. A consultation-liaison model.

All of these models have been tested in various forms and combinations in different countries. In Ireland, these models are still in the early stages of experimentation in some parts. We devised a pilot project of a consultation liaison model in Kilrush, Co. Clare.

Methods

There are 11 general practitioners working in the catchment area. All of them were given information and five agreed to participate. Based on random allocation, two general practitioners were placed in an experimental group. Three other general practitioners were allocated to a control group. All patients from these surgeries were enrolled in the study.

In the experimental group, face-to-face meetings between psychiatrists and general practitioners were arranged before and after patients were seen at clinics. The purpose of the meetings was to give feedback and exchange information, and they were arranged on a monthly basis for six months starting in December 2009. In the control group, communication and referrals were conducted through the usual method of writing letters.

Results

On average, participants in the experimental group had fewer admissions, more compliance with appointments, and a higher chance of being discharged back to primary care. However, these findings were not statistically significant.

Conclusions

Despite limited quantitative benefits, this model is still considered successful due to its valuable impact on the quality of services provided.

Mental Health

Agomelatine: Early Clinical Experience and a Safety Audit of a Novel Antidepressant

Authors

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Background

Agomelatine is an agonist at melatonin receptors, which are involved in the maintenance of circadian rhythms. Clinical trials show it to have beneficial effects on sleep and mood. In these trials, increases in serum transaminases in patients taking Agomelatine were also observed. In 2009, the EMA licensed Agomelatine for use in a major depressive disorder, recommending that liver function tests (LFTs) be performed at baseline 6, 12 and 24 weeks after the commencement of treatment.

Aim

To review clinical experience with a novel antidepressant – Agomelatine – and audit physician compliance with associated European Medicines Agency (EMA) recommendations.

Methods

The study involved patients attending general adult psychiatry services in Carlow and Kilkenny (catchment population: 120,000). An electronic search of patient records identified those prescribed Agomelatine between January and December 2010.

Results

Overall, 62 patients prescribed Agomelatine were identified. The majority were female (77%). The median age was 42 years (range: 18–70 years). The most common diagnoses were depression (52%), mixed anxiety/depression (23%) and bipolar affective disorder (13%).

At the time of starting Agomelatine, patients were on a median number of two psychotropic medications (range: 0–6). Agomelatine was used as adjunctive treatment to another antidepressant in 45 cases (73%). Twenty-eight patients (45%) were on anti-psychotics, 16 (25%) were on benzodiazepines and six (10%) were on lithium.

LFTs were recorded before the commencement of taking Agomelatine in 97% of cases. Of those still on the medication, 53% (30/57) had repeat LFTs checked at six weeks, 36% (18/50) at 12 weeks, and 46% (19/41) at 24 weeks. No significant elevations in transaminases were observed.

Conclusions

This audit of Agomelatine use in a general adult psychiatry setting shows that the screening of baseline LFTs was high (97%). Approximately half of all patients did not have further LFTs as recommended. To improve adherence to EMA recommendations, specific management systems need to be introduced that will govern the performance and monitoring of these tests.

Mental Health

Drugs or Dialogue? An Audit of the Management of Sub-Threshold, Mild and Moderate Depression in an Urban General Practice

Authors

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Background

Depression is common in Ireland and there is limited information on its management in general practice. Although it is recognised that psychological therapies are effective, there is an overreliance on medication for treatment.

Aim

This audit examines the management of sub-threshold, mild and moderate depression (as defined by NICE) in a general practice in Waterford City and compares it to the NICE guidelines on the management of depression.

Methods

The database Socrates was used to generate a list of patients treated for depression in the preceding year. Excluded were: patients attending consultant psychiatrists, patients with chronic physical illness, patients with co-morbid psychiatric disease and those for whom the severity of depression could not be determined. This produced a cohort of 82.

The NICE guidelines recommend psychological therapy as first-line for sub-threshold and mild depression, with anti-depressant use indicated if:

- symptoms persist despite psychological therapy
- symptoms are present >2 years at initial presentation
- there is a past history of moderate-severe depression.

Data was analysed using SPSS.

Results

Overall, 52.1% of mild and sub-threshold patients were given an anti-depressant despite not having an indication for it. For moderate depression, NICE suggests the use of psychological therapy with an anti-depressant (59.1% of patients with moderate depression were given an anti-depressant only). Overall, 65.5% of patients had no referral for psychological therapy. The majority of the patients were therefore not treated in accordance with the NICE guidelines.

Conclusions

It is important to note the limited availability of psychological therapy in Ireland, particularly for medical card holders. This audit highlights the importance of psychological therapies in the management of depression as well as underlining the need for improved mental health services in order to allow for the appropriate management of depression.

Mental Health

Psychological Morbidity Among Young People Attending General Practice: A Pilot Cross-Sectional Study

Authors

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2. Child and Adolescent Mental Health Services, Lucena Clinic
3. Dublin East Treatment and Early Care Team
4. St John of God and Cluain Mhuire Adult Mental Health Services
5. Department of Public Health and Primary Care, TCD
6. Rialto Medical Centre
7. Mountjoy Medical Centre
8. HSE Dublin Mid-Leinster Specialist Training Programme in General Practice
9. Sundrive Medical Centre

Background

While primary and community care are important agencies in addressing youth mental health, little data is available on the role of general practice.

Aim

To determine consultation rates and the prevalence of youth psychological morbidity in three general practices in southwest Dublin City.

Methods

Each practice's electronic practice management system was searched to identify 'registered patients' aged 15-25 (n=3120). 'Active' patients (n=1800) were identified by reviewing each of these clinical records to see who had attended during the time period 1/7/07–30/6/09. A random 10% sample of 'active' patients (n=180) was selected. Demographic, morbidity, primary/secondary care service utilisation and prescribing data for this sample were extracted, verified and analysed using the Statistical Package for the Social Sciences 14.0. Data was collected by two researchers. This maximised accuracy and allowed for a study instrument with minimal inter-observer variation to be developed.

Results

During the two-year study period, mean consultation rates with the GP and practice nurse and for repeat prescriptions were 3.9, 1.2 and 0.5 times respectively. The clinical records of 63 (35%) patients included the documentation of patients with one or more psychosocial issues. Sixteen of these patients consulted their GP more than once regarding these psychosocial issues.

Conclusions

This pilot study highlights high rates of health service utilisation and high levels of psychological morbidity among young people attending primary care. We have outlined a feasible methodology which could be employed in further research. Such research may allow for exploration on this issue in a more representative sample which will inform of priorities for service planning and education.

Mental Health

Barriers and Enablers to the Earlier Detection of Mental Health Problems Among Young People: A Cross-Sectional Survey of GPs

Authors

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Background

Mental disorders are a major burden on the health of young people. Most young people see their GP once a year. However, work to address youth mental health in Ireland has not examined the GP role.

Aim

To establish the attitudes of GPs to the treatment of youth mental health, including available services, barriers to treatment, and the services or interventions needed.

Methods

We sent a four-page questionnaire to 124 GPs affiliated with the UCD Medical School. We sought information on the prevalence of psychosocial problems and the level of secondary care services available to GMS/private patients, as well as demographic data on responding GPs. We also presented GPs with four case vignettes and asked them to indicate their preferred clinical response, the barriers to treatment and the interventions needed in each case.

Results

We received 48 responses (38.7%). GPs reported that 6-20% of 15-25 year-old patients suffer from a psychosocial problem, but less than 5% attend secondary care. A mental health difficulty is the third most frequent presenting complaint among young people. However, many GPs cited their own lack of expertise as a barrier to treatment, and only three responding GPs had a postgraduate qualification in mental health. A large number of services is available to GPs for GMS and private patients, but they frequently do not correspond to needs, e.g. because of waiting lists or overburdened service-providers.

Conclusions

GP training in mental health and mental health service provision issues warrant attention to improve youth mental health care in Ireland.

Mental Health

An Audit of Screening for Post-Natal Depression at the Six-Week Check

Authors

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TCD/HSE Specialist Training Programme in General Practice

Results

In Cycle 1, 35% of mothers who attended the surgery for the six-week check were found to have been asked about symptoms of PND. This increased to 100% of mothers in Cycle 2.

Background

Post-natal depression (PND) is a common and under-diagnosed condition affecting approximately 13% of mothers. Symptoms peak at 12 weeks post-partum but are almost always present at week six. Current recommendations are that all mothers are screened for depression 4-6 weeks and 3-4 months postnatally.

Conclusions

The introduction of a simple prompt resulted in a nearly 300% increase in the documentation of PND screening. The proportion of women screened who were found to have symptoms of depression did not fall; in fact, it increased slightly, suggesting that positive cases were being missed prior to universal screening being introduced.

Aim

To assess the level of screening we carry out for symptoms of PND in our suburban practice and to improve this by including mood as a prompted question at the six-week maternal check.

Methods

For Cycle 1, records from the Combined Antenatal Care scheme were reviewed to identify all mothers who delivered during the specified period of 01/05/08 - 30/04/09, and to assess whether their mood was documented when they presented for the six-week check. 'Mood' was then included as a field in the six-week check template on HealthOne, and the audit was repeated after four months.

Nutrition and Related Areas

An Audit of the Management of Adult Coeliac Disease at Farranfore Medical Centre

Authors

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Background

Coeliac disease is an autoimmune condition which is triggered in genetically predisposed individuals by the consumption of gluten. The prevalence of coeliac disease is 0.5 – 1%. It has the potential to lead to complications such as reduced bone mineral density, malignancy and splenic atrophy. With strict adherence to a gluten-free diet, these complications can be avoided and so these patients require regular follow-ups.

Methods

Forty-four patients identified on the Health One database were invited to attend for a review. A standardised template was created based on the UK Primary Care Society for Gastroenterology Guidelines on the Management of Coeliac Disease and the Northern Ireland CREST Guidelines for the Diagnosis and Management of Coeliac Disease in Adults.

Results

Prior to the audit, none of the patients had an annual review. Fifty per cent had their bloods checked but not all parameters had been checked. Patients had not been assessed for the complications of coeliac disease such as bone mineral loss and splenic atrophy. At the time of the re-audit cycle, 20/44 patients had a full review. Few patients reported any symptoms and there was no correlation between GI symptoms and the presence of anti-endomysial antibodies on blood testing. Patients were assessed for the complications of coeliac disease. A total of 3/20 patients had Howell Jolly bodies present on blood film, indicating splenic atrophy. Patients were referred for a DEXA scan to assess bone health. At the time of re-auditing, four patients had completed DEXA scans which showed varying degrees of bone density loss.

Conclusions

Patients with coeliac disease should have an annual chronic disease management follow-up. There is now a system in place for annual follow-ups of these patients which could easily be put into practice in other general practices.

Nutrition and Related Areas

Taking the Medicine: Evaluating Vitamin D Supplementation in Infants in a Suburban Dublin Practice

Author

McMenamin S
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General Practice

Background

Among concerns that vitamin D deficiency and rickets are re-emerging as a clinical entity in developed countries, we sought to establish whether infants in our practice are receiving vitamin D supplementation as recommended by the Food Safety Authority of Ireland.

Methods

In November and December 2008, the parents of infants presenting for six-week checks and those of any infants under six-months old were directly questioned regarding breastfeeding and vitamin D supplementation.

Results

Only 5 % of infants (3) identified were receiving vitamin D supplementation. The figures for breastfeeding in our practice were 45% at six-week checks. This is equivalent to the national figures recorded at discharge from maternity hospitals. It is higher than previous figures identified in the primary care setting and may be due to different patient demographics.

Conclusions

The level of vitamin D supplementation is unacceptably low in infants presenting to our practice. A national policy is being formulated, and the HSE should take an active role in promoting vitamin D supplementation as well as promoting breastfeeding.

Obstetrics & Gynaecology

Termination of Pregnancy: Attitudes and Clinical Experiences of Irish GPs

Author

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Sligo Specialist Training Programme in General Practice

Background

Having a ToP (Termination of Pregnancy) is currently illegal in Ireland. Thousands of women in Ireland travel to the UK and Europe each year for a ToP.

Aim

To assess the attitudes and clinical experiences of Irish general practitioners (GPs) and GPs-in-training (GPRs) towards ToPs.

Methods

A postal survey was sent to a random selection of 500 GPs in the Republic of Ireland. An internet-based survey was sent to all 244 GPRs. An analysis was performed using Microsoft Access and Stata; qualitative data underwent thematic analysis.

Results

There was a 44% response rate. One half of GPs feel that ToPs should be available to women in Ireland if they choose to have it performed and 67% of this group feel that ToPs should be permitted only within 16 weeks of gestation. Approximately one quarter of GPs and GPRs feel that ToPs should not be available to women but should be allowed in certain specific situations. Overall, 46% of GPs have had a consultation specifically dealing with a ToP within the past six months. A total of 10% of GPs and 14% of GPRs have knowledge of a patient(s) who has taken an illegal medical abortifacient. Forty-two per cent of GPs and 44% of GPRs feel that a woman's healthcare suffers as a result of the requirement to travel for a ToP.

Conclusions

The terms 'pro-life' and 'pro-choice' do not aptly describe the majority of GPs that were surveyed. A spectrum of opinion, rather than a polarity of opinion, is present instead. At a minimum, 75% of surveyed GPs feel that ToPs could take place in Ireland in certain situations. This study highlights many clinical situations in which women's health may be adversely affected on account of the requirement to travel for a ToP.

Obstetrics & Gynaecology

A Qualitative Study in an Irish General Practice of the Knowledge and Attitudes of Pregnant Women Regarding Weight and Nutrition in Pregnancy (of an ongoing study)

Author

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North Eastern Regional Training Programme in General Practice

Background

Weight is an ever increasing issue among the developed world's population. The obesity pandemic is a major health concern. Thirty-three per cent of the Irish population is obese (SLAN 2007). Women of childbearing age are gaining excessive amounts of weight in pregnancy and this pattern is increasing.

We understand the risks of excessive weight gain on maternal and fetal health, and well-being both in pregnancy and afterwards. However, there is a paucity of information on what determines gestational weight gain and motivates women at this critical time. Primary care is where most antenatal care occurs and where behavior modification may be possible. However, to do this, the concerns, beliefs and attitudes of this group of women concerning gestational weight and nutrition need to be determined.

Aim

- To identify the beliefs and attitudes regarding weight and nutrition in pregnant women
- To identify the perceived barriers among this group to appropriate weight and nutrition in pregnancy
- To establish the patient's current strategies and possible future strategies for the management of weight and nutrition in pregnancy in general practice.

Methods

This was a qualitative study using in-depth interviews with 12 patients in a semi-rural GP practice in Monaghan Town.

Purposeful sampling identified the participants to be interviewed. Data was examined, making use of the qualitative research method of qualitative description.

Results

In progress.

Obstetrics & Gynaecology

Cervical Screening, HPV Infection and HPV Vaccination: Background and Methods of Athens - A Trial of HPV Education and Support in Primary Care

Authors

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Background

The much-awaited human papillomavirus (HPV) vaccine programme has now been rolled out in Irish schools. Meanwhile, the national cancer screening service, CervicalCheck, is entering its third year. In addition, there is considerable debate about the future role of HPV testing in clinical practice and cervical screening. GPs and practice nurses have a key role in this area. As well as providing smear tests as part of CervicalCheck, they advise women about HPV infection, testing and vaccination. Thus, their knowledge and clinical practices in these areas are likely to be important determinants of the quality of the information and care that women receive.

Aim

- To develop resource(s) to support GPs and practice nurses in the area of cervical screening, HPV infection, vaccination and testing
- To test the efficacy of these resources in improving knowledge and influencing clinical practice.

Methods

The resource(s) will be developed through primary research and based on theories of behavioural change. In-depth semi-structured telephone interviews and a quantitative survey will be conducted among GPs and practice nurses. This will identify:

- The key clinical behaviours/practices that the resources will seek to influence
- The frequency and distribution of key practices
- The modifiable factors which predict key practices.

This process will shape the content and mode of delivery of the resource(s). A randomised controlled trial will then be undertaken to test the efficacy of the resource(s). Strategic and logistic input is being provided by key stakeholders and user groups including the National Cancer Screening Service, National Immunisation Office, Irish Cancer Society and the National Group for the Professional Development of Practice Nurses.

Conclusions

As well as supporting GPs and practice nurses, ATHENS will help ensure women receive up-to-date information and appropriate advice and care regarding cervical cancer prevention.

Paediatrics

An Audit of Vitamin D Prescription for Six-Week Old Infants

Author

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Background

Recent HSE Guidelines (2010) indicate that vitamin D supplements of 200 IU (5ug) should be given to all infants in Ireland for their first year. I undertook an audit of Vitamin D prescription and advice given in three GP practices in a primary health care centre. I also surveyed GPs, practice nurses (PN) and public health nurses (PHN) about their knowledge of supplementation guidelines and their clinical practice in this area.

Methods

A total of 133 records of infant six-week checks for all infants born after 31 May 2010 in the three general practices of a primary healthcare centre were audited. Charts were examined for evidence of records in each of the following areas:

- Feeding type at 6 weeks
- Ethnicity, birth order
- Vitamin D, supplementation
- Quantity of vitamin D
- Recorded vitamin D advice.

Thirty supplemental questionnaires were provided to PNs and GPs who see parents at infant six-week checks and to public health nurses (PHN) to gauge their knowledge of vitamin D guidelines. Expedited ethical approval was granted from the CREC of Cork Teaching Hospitals. PASW-18 was used for chart construction and crosstab analysis.

Results

No infant chart recorded vitamin D supplementation or advice given to parents. No relationship existed between infant ethnicity, birth order or the type of feeding and the prescription of vitamin D or advice given to parents about it. Eighty per cent of healthcare workers said they sometimes or always advised that vitamin D be given to infants <12 months. Seventy per cent were aware of the Vitamin D Infant Supplementation Guidelines but within practices, awareness of the guidelines varied from 50%-100% of healthcare professionals.

Conclusions

There is no recorded clinical evidence that vitamin D supplementation is occurring according to HSE guidelines. Not all GPs are aware of these guidelines but this varied widely within practices, thus, parents are potentially receiving conflicting advice on this matter.

Paediatrics

Paediatric Presentations to Primary Care: Time for a New Look

Authors

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Background

Most guidance on acute paediatric presentations originates from studies based in secondary care¹. By contrast, evidence from primary care stresses the importance of holistic assessment and doctor and parent intuition².

Aim

To document the presentation, process and outcome of children's acute illness presentations to a general practice in winter 2009/10.

Methods

The data is based on all paediatric presentations in a three-month period to a GP training practice in Wicklow with four GP principals and one specialist registrar. An open-access urgent kid's clinic (UKC) is run at the beginning of each weekday. Data was recorded on the doctor seen, time of presentation, presenting complaint, diagnosis, and management for all paediatric illness presentations.

Results

See the table on the next page.

Twenty-five per cent of visits were to the UKC and 4.5% were to an out-of-hours service. Ninety-five per cent of all acute presentations were dealt with in the GP setting.

Conclusions

Most paediatric illness episodes are treated in the community and serious illness is rare. However, doctor variability is significant. Some determinants of variability are identified. Most (hospital) training emphasises critical illness and risk aversion. Ways to support doctors in dealing with less differentiated, non-specific presentations are discussed. The evidence-base for guidelines on a clinical approach needs to be grounded in the health care environment in which the physician works. These data suggest that in a general practice, a focus on symptom interpretation is essential.

Paediatrics

Paediatric Presentations to Primary Care: Time for a New Look

(n=867 consultations)

Presentation variables	Percent of total	(Range for doctors)
Cough (n=291)	33.5%	(28%-38%)
Fever as primary presentation (n=77)	9%	(4%-21%)
Fever as part of presentation (n=174)	22%	
Other presentations:	ENT = 13%; Skin = 15% Gastro-intestinal = 6% Irritable child = 5%	
Outcome variables		
Advice and education(n=261)	30%	(8%-47%)
Antibiotics (n=288)	33%	(17 %- 61%)
Referred to ED (n=29)	3.3%	(0%-7.9%)
Referred to OPD (n=14)	1.6%	(0%-3%)
Admitted to hospital (n=4)	0.5%	
Specific directed treatment (n=223)	26%	(18%-32%)

Paediatrics

A Clinical Audit of Centile Measurement in Children Presenting to General Practice

Authors

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Background

Childhood obesity has become a major problem in Ireland. The number of children significantly overweight trebled between 1995 and 2005. Figures extrapolated from UK data estimate that over 300,000 children in Ireland are now significantly overweight or obese, with the numbers growing by 10,000 per year¹.

Aims

To evaluate the extent of height, weight and BMI centile measurement in children up to five years of age presenting to a general practice.

Methods

A randomised sample of 10% of children under the age of five years was selected for inclusion in the audit (n=42). Patient records were examined and all documented instances of height, weight and BMI centile measurement and plotting were recorded. The results were compared to the relevant NICE guideline.

Results

Practice policy was to record weight at two and six weeks of age; no further measurements were routinely recorded or plotted. The practice had records of multiple weight measurements in 23 cases (54.76%), a single weight measurement in seven cases (16.66%) and no weight measurements in 12 cases (28.57%). A single height/length measurement was recorded in 11 cases (26.19%), multiple height/length measurements in one case (2.38%) and no height/length measurement in 30 cases (71.42%). The BMI was not calculated in any case. No measurements were plotted on centile charts.

Conclusions

Practice policy was in line with NICE recommendations. The policy was not followed in all cases. Resources were inadequate to fully implement guidelines in all cases. This audit recommends upgrading practice resources, closer adherence to stated policy and a closer liaison with public health, where possible.

Palliative Care

An Audit of the Palliative Care Services in the Community in the Midland HSE Area

Author

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Background

The majority of palliative patients wish to die at home, but only a minority succeeds in doing so. The Gold Standard Framework (GSF) was developed by the NHS to improve the community palliative care services so these patients had a better chance of fulfilling this wish. To date, no significant work has been carried out on this issue in Ireland.

Aim

Based on the English GSF, this study aimed to assess the current provision of community palliative services in the Midlands, and to make recommendations which may help improve it.

Methods

A total of 232 questionnaires were sent to general practitioners (GPs), palliative care team nurses (PCTNs), and public health nurses (PHNs) working in the Midland area.

Results

The response rate was 32%. Results were categorised into four areas:

- Communication: Eighty-two per cent of respondents felt home care notes would be a useful means of communication. Eighty-eight per cent were in favour of using end-of-life protocols. There is a very limited amount of information being handed over to the on-call services.
- Patient support: The community service areas which appear to require prioritisation include the increased availability of hospice beds, night nurses, home help, PHNs, PCTNs and bereavement counsellors.
- Medical support and advice: Most GPs and PHNs expressed a need for more palliative care training. Seventy-five per cent of locum GPs said they would like more advice out-of-hours from a specialist palliative care team.
- Drugs and Equipment: 79% of PCTs said they sometimes have problems accessing drugs during normal working hours.

Conclusions

Recommendations from the study include the introduction of home care notes, end-of-life protocols and patient handover forms, arranging the further training of GPs and PHNs, and the provision of a named palliative care advisory service for doctors on call.

Palliative Care

Palliative Care in Primary Care - Enhancing the Experience

Authors

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4. National Cancer Control Programme

Summary

Palliative care is still strongly associated with cancer and imminent death. Initiatives (information transfer, guidance and education) are planned to support primary care staff in enhancing their palliative care approach to those living in the community with life limiting disease - some of these require the support of specialist palliative care.

Background

Ninety per cent of care of patients in their last year of life is delivered by a GP and primary care team. Every year, 48% of people die in a community setting. The initial phase of the HSE/ICGP/IHF National Primary Care Palliative Care Programme is to identify initiatives that will support the delivery of palliative care in primary care settings. The second phase will be the implementation of prioritised initiatives.

Methods

The programme sought to establish what the key issues were that presented for primary care staff when they cared for people in their last year of life, and this was achieved via five consultation meetings and the circulation of 685 questionnaires to a total of 10 HSE LHO regions. The analysis of information has surfaced the human experience of primary care staff as they care for people dying in the community, and indicates the unmet palliative care needs of those people with life limiting diseases in community settings. GPs represented 22% of the responses to the questionnaire. Support for pain and symptom management, an awareness of palliative care needs of patients with non-malignant disease, and the enhancement of access to palliative advice out-of-hours were consistent themes.

Conclusions

Initiatives have been identified to support and enhance the quality and co-ordination of palliative care delivered in community settings, including an information transfer system for out-of-hours care, identifying patients who are in need of palliative care, mapping the availability of specialist palliative care advice and information, and a wide range education proposals.

Practice Management

The Practice of Economics – The Economics of Practice What Influences GP Registrar Attitudes to Practice Management During their Training – A Study of Fourth Year GP Registrars in Ireland

Author

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South East Training Programme for General Practice

Background

The fourth year of general practice registrar training has been shown to help registrars gain confidence in entering independent practice and in the development of their clinical skills. However, existing research suggests that general practice registrars feel under-prepared for management issues. With the changing tides of general practice within the Irish health care system, it is imperative for future general practitioners to have the skills to provide an integrated, high-quality business model combined with their advanced clinical skills in providing patient care.

Methods

In this quantitative research, information was assimilated by means of web-based questionnaires and sent to consenting fourth year registrars on ICGP affiliated schemes. There are currently 137 fourth year registrars in training. Ethical approval was sought and granted in December 2010. Questionnaires focused on five main areas: personal demographics, personal financial details, practice management, knowledge of specific areas and qualitative research.

Results

A response rate of 31% was achieved, which was predominantly female (73%). Equal numbers of single and married/cohabiting couples responded.

Seventy-seven per cent of registrars knew how much they earned in the month preceding the questionnaire, while only 22% knew how much they earned the previous year. A majority (69%) did not know how much tax they paid last year. In the area of personal financial details, private health insurance (54%), regular savings (59%) and mortgage repayments (54%) appeared to be priorities for registrars. There was little correlation between the degree of control of personal finances and registrar comprehension of the business aspects of general practice. Forty-three per cent of registrars felt they had received inadequate exposure to practice management issues during their training, while all registrars felt that these skills should be an integral part of their training. Fifty-two per cent felt they did not have enough confidence in dealing with contract negotiations. There was a relatively equal sex distribution amongst those hoping to go into practice partnership in the next five years (59%).

The area of STCs was the only area in which any registrars reported a strong understanding but this was still low at 9%. Employment law and taxation were pitfalls for a significant proportion of registrars. Ideally, it was felt that the practice manager is the ideal resource from which to attain management skills (33%), followed closely by the general practice trainer (28%).

Conclusions

Practice management issues have been inadequately structured to date in general practice training. The preferable setting for such education should be practice-based. A set curriculum should be put in place for future registrars to stimulate interest and to maximise knowledge.

Practice Management

The Documentation of House Calls: There is Room for Improvement

Author

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Abstract

House calls are a well established part of general practice and date back long before the establishment of the ICGP. House calls have both positive and negative aspects to them. I am currently working as a GP registrar and I complete a variable number of house calls on a daily basis.

Aim

The aim is to establish the percentage of house calls documented in the patient's electronic notes and to see if this percentage could be improved upon. Standards published by the ICGP regarding documentation were the standards I wished to aspire to.

Methods

In my audit, I retrospectively looked at a 12-week period of house calls in 2009 and used Dynamic GP Software to establish if an electronic note had been created.

Results

Out of 165 calls completed, only 17% had been documented on Dynamic GP Software.

Barriers to the documentation of house calls were explored with my GP co-workers and the importance of documentation was reinforced to all. Subsequently, a new system for the documentation of completed house calls was created. This involved the creation of a patient summary sheet for making clinical notes on house calls which were then scanned or transferred into the patient's electronic records.

A similar 12-week re-audit period in 2010 was undertaken following the implementation of this documentation protocol, leading to a rise in the documentation of house calls to 67%. During the re-audit, 144 period house calls were completed.

Conclusions

These findings were relayed back to the GPs I practice with. A strategy to ensure continued and sustained improvement is now in place. Also, some interesting patterns relating to our practice's house calls were noted in this audit. It is hoped that my simple new means of documenting house calls will continue to be a success in practice.

Practice Management

Are House Calls Really Necessary?

Authors

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Background

Data on home visits is lacking in Ireland but declines in home visits by GPs have been reported in many countries^{1,2}.

Aim

We decided to assess our house call trends and demographics, and to examine if the house calls we were doing were considered medically or socially warranted in our opinion.

Methods

We performed a survey of 100 house calls at our practice in 2009 and analysed their indications. We also used our practice software to assess trends and demographics for house calls between 2006 and 2010.

Results

There were an average of 35 house calls done per calendar month in 2010 and 2009, and 32 per month in 2008. This compares to an average of 51 house calls per calendar month in 2007. Eighty-seven per cent of patients visited had multimorbidities, and 68% were female and 75% were aged 65 or over. In 88% of the house calls undertaken, the visiting GPs considered that there was a valid medical or social indication for the home visit. The visiting GPs deemed that 21% of house calls were performed for social indications only.

Conclusions

House call rates at our practice have declined over recent years and are lower than the figures quoted in the only comparable survey conducted in Ireland in 1993 by Groenewegen et al¹. While we believe we are doing more house calls than our peers in the city, the vast majority (88%) have sound medical or social indications.

Practice Management

An Observational Study on Patterns of Usage in an Out-of-Hours Cooperative in Ireland

Authors

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2. ShannonDoc

Background

An in-depth analysis of the usage of out-of-hours cooperatives can help optimise the provision of such services.

Aim

- To analyse any pre-existing patterns in the demographics of service users
- To identify key groups of service users in order to optimise the ShannonDoc provision of services.

Methods

ShannonDoc provide an out-of-hours cooperative service for an estimated 275,000 people in the Mid-West. A retrospective analysis of routinely collected demographic data from the ShannonDoc (Excel) database was performed for the time period 01/01/2009 to 31/12/2010. Data was then imported and analysed with SPSS 16.0. Age, gender, and actions taken on each contact were analysed for pattern usage and associations. The exclusion criteria used were calls with incomplete demographic data, calls to the H1N1 influenza helpline and calls from Gardaí related to road traffic incidents.

Results

There were 99,470 out-of-hour contacts made in 2009. ShannonDoc had an out-of-hours contact rate of 361 calls/1,000 patients/year. The mean patient age was 30.9 years (SD 27.0). Females (55.2%) used the service more than men in all age groups except in the under-six age group (female 46%) which was significantly different from the observed proportions in the local population ($p < 0.001$). A third of contacts were dealt with by telephone, 59% of contacts were treated by a doctor in the treatment centre, and approximately 10% of contacts had home visits. The over 65 years group used the home visit service more than any other service and more than other age groups. The highest number of contacts was recorded in December, and the lowest number in July. Weekends were the busiest days and Wednesday was the least busy day.

Conclusions

Contact rates in this study were higher than those previously found in Ireland or the UK. With the exception of the under-six age group, females outnumbered males despite an even proportion seen in the population.

Practice Management

The Primary Care Team: An Exploration of the Experiences of Team Members

Author

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Background

Various aspects of team working can affect, positively and negatively, primary care team (PCT) working (Refs). There is no evidence to date on the experiences of Irish PCT members' experiences of being part of a PCT. The establishment of PCTs in Ireland provides an ideal opportunity to explore team working in the Irish community health context.

Aim

The aim of this qualitative study was to explore the experiences of team members of working in a PCT. The study explored how members of PCTs understand their own roles and those of other team members, and the experiences of professional boundaries and professional identity. It also described members' experiences of the transition from individual practice to team delivered care.

Methods

Two primary care teams in the Mid-West region participated in the study (one rural-based and one urban-based). Team members were interviewed in depth using a semi-structured interview guide. All interviews were transcribed. Data was analysed using NVivo (version 8). Line by line coding of all transcripts was undertaken initially. Preliminary codes were organised into key themes and sub themes.

Results

Twenty-four team members were interviewed (12 in each team). Key themes were:

- Roles – how roles were established, the tension between team roles and discipline roles, and role overlapping
- New team members' experiences – induction, feeling at sea as a new member, understanding their own roles and those of others
- The PCT model – benefits of PCT working, less isolation, better support from colleagues, improved patient care, the limitations of the PCT, and issues with PCT set-up
- Team leadership – the need for team leadership and lack of definitive team leadership
- Conflict – conflict within the team, conflict resolution, conflict between teams and discipline focus.

Conclusions

This qualitative study gives a unique insight into the experiences of team members. Team members were very positive about PCT working and described numerous benefits from PCT involvement.

Practice Management

The Delivery of Primary Health Care to Irish Soldiers on a Peace Support Mission

Author

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Background

The Irish Defence Forces operated in a peace enforcement role in southeastern Chad from January 2008 to May 2010, charged with the protection of refugees from Darfur under the authority of the United Nations.

Aim

To determine the morbidity associated with operating in this remote and hazardous environment in order to address the challenges faced by military medical personnel.

Methods

A four-month period from September 2009 to January 2010 was examined. All presentations were logged and subsequently reviewed upon completion of the tour of duty. Personnel completed a questionnaire and were interviewed and examined by a medical officer who ascertained the number of presentations, the resulting effect on operational capability and the usage of specific medical services. For each attendance, a diagnosis was recorded. The requirement for primary and tertiary referral on repatriation was also recorded.

Results

The subjects were 395 Irish military personnel aged 19–57. There were 474 presentations by 247 personnel with 360 diagnoses assigned. Personnel were restricted in the performance of their duties for medical reasons for a total of 514 days. Forty-six personnel spent a total of 175 days as in-patients and 30 out-patient referrals were made to a higher level facility during the mission. There were 40 primary care and 15 tertiary care referrals on repatriation to Ireland.

Conclusions

The analysis of the caseload encountered and treatments employed not only leads to a more efficient utilisation of limited supply chains but ultimately focuses the delivery of a more patient-centred approach to this specific cohort. The experiences and outcomes recorded will also serve to enhance preventative health care measures employed in future. These findings are also relevant to civilian medical practitioners who may be considering a period of voluntary service in this region, or who are involved in caring for Irish soldiers following their repatriation to Ireland.

Respiratory

The Implementation of Asthma Guidelines in Primary Care

Authors

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Asthma Society of Ireland

Background

This was a study of barriers to and facilitators of the implementation of evidence-based guidelines in primary care in Ireland. The HARP study found that 60% of patients had uncontrolled asthma. The ASI collaborated with the Dept. of Health, the Health Service Executive (HSE) and healthcare professional (HPC) bodies to develop the Asthma Management Programme. Prior to this initiative, there was no consistent guideline approach to asthma care in Ireland.

Aim

To implement asthma guidelines in primary care to improve patient care, reduce variation in care, help decision making and improve referral processes.

Methods

A total of 25 primary care teams completed guideline-based asthma education and practical training on spirometry, inhaler technique, peak flow monitoring and written asthma plans. Patients were followed on the programme for six months.

Results

A final analysis of HPC attitudes found the following results:

- Guidelines easy to follow (92.7%)
- Helped with decision making (87.9%)
- Improved teamwork (73.1%)
- Improved referral process (70.8%)
- Improved patient care (92.7%)
- Facilitated cost effective care (70.7%)
- Reduced variation in management (77.5 %).

The HSE identified the ASI programme as a core deliverable in a systematic approach to tackling asthma in Ireland. The practical programme including patient and HPC education has been incorporated into the HSE National Asthma Programme.

Conclusions

Strategic collaboration between patient organisations, HPCs and the government can influence policy and facilitate change to improve patient care. Guideline-based asthma management programmes can be implemented successfully in primary care if practices are provided with resources for making diagnoses, management and patient education.

Conflict of Interest and Funding

The Asthma Society of Ireland does not report any conflict of interest.

The project was solely funded by the Asthma Society of Ireland.

Respiratory

An Audit to Assess the Need for a Nurse-Led Respiratory Clinic to Reduce Workload and Patient Morbidity in a Primary Care Setting

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Background

Chronic respiratory disease is prevalent among the general practice population, and significantly contributes to patient morbidity and the workload for GPs.

Aim

To assess the need for a respiratory-specific clinic in an inner city general practice setting.

Methods

In order to assess the need for a nurse-led respiratory clinic, the first stage of an audit was carried out in a general practice. A total of 156 patients were identified as having a chronic respiratory illness according to the practice coding system. Data was available for collection on 126 of these on electronic records using the Socrates clinical software package. Analyses were performed using the statistical package SPSS Version 15.0.

Results

A total of 126 patients with chronic respiratory disease were audited over a period of one year. The following results were found:

- 56% had asthma and 42% had COPD
- 74% of patients with asthma and 47% of patients with COPD had at least one visit to their general practitioner with a respiratory complaint
- 20% of patients with asthma and 25% of patients with COPD had four or more attendances
- 21% of patients with COPD and 7% of patients with asthma had at least one A&E attendance in the year
- 21% of patients with COPD were admitted to hospital for a respiratory-related illness, compared with 4% of patients with asthma
- 70% of patients with asthma were prescribed at least one course of antibiotics for a respiratory tract infection with 23% requiring four or more courses
- 68% of patients with COPD had at least one course of antibiotics with 32% having four or more courses.

Conclusions

The introduction of a regular nurse-led respiratory clinic in this practice setting may lead to improved patient management with a reduction in infective exacerbations, thus reducing the number of physician consultations, A&E attendances and hospital admissions.

Urinary Tract Infection

A Survey of the Management of Urinary Tract Infection in Children in Primary Care and a Comparison with the NICE Guidelines

Authors

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Background

The aim of this study was to establish current practices among general practitioners in the west of Ireland with regard to the investigation, diagnosis and management of urinary tract infection (UTI) in children and to evaluate these practices against recently published guidelines from the National Institute for Health and Clinical Excellence (NICE).

Methods

A postal survey was performed using a questionnaire that included short clinical scenarios. All general practices in a single health region were sent a questionnaire, cover letter and SAE. Systematic postal and telephone contact was made with non-responders. The data was analysed using SPSS version 15.

Results

Sixty-nine general practitioners were included in the study and 50 (72%) responded to the questionnaire. All respondents agreed that it is important to consider a diagnosis of UTI in all children with unexplained fever. Doctors accurately identified relevant risk factors for UTI in the majority (87%) of cases. In collecting urine samples from a one-year-old child, 80% of respondents recommended the use of a urine collection bag and the remaining 20% recommended the collection of a clean catch sample. Respondents differed greatly in their practice with regard to detailed investigations and specialist referrals after a first episode of UTI. Co-amoxiclav was the most frequently used antibiotic for the treatment of cystitis, with most doctors prescribing a five-day course.

Conclusions

In general, this study reveals a high level of clinical knowledge amongst doctors treating children with UTI in primary care in the catchment area of Co. Mayo. However, it also demonstrates a wide variation in practice with regard to detailed investigations and specialist referrals. The common practice of prescribing long courses of antibiotics when treating a lower urinary tract infection is at variance with NICE's recommendation of a three-day course of antibiotics for cystitis in children over three months of age when there are no atypical features.

Vaccination

Monitoring Influenza Vaccine Effectiveness Using the General Practitioner Sentinel Surveillance System in Ireland

Authors

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4. National Virus Reference Laboratory

Background

As influenza viruses constantly evolve, influenza vaccines are reformulated every year. Clinical trials can provide data on vaccine efficacy but cannot be conducted yearly and are usually limited to healthy adults. Therefore observational studies are needed to monitor influenza vaccine effectiveness (IVE) every year at population level.

Research Question

What was the 2010/2011 influenza vaccine effectiveness (IVE) in Ireland to prevent medically-attended laboratory-confirmed influenza?

Methods

We conducted a case-control study between October 2010 and May 2011 using the Irish College of General Practitioners (ICGP) influenza sentinel surveillance system. This study was part of a multicentre study conducted within I-MOVE (Influenza Monitoring Vaccine Effectiveness in Europe). Participating sentinel general practitioners (GPs) collected swabs from patients presenting with influenza-like illness (ILI) along with their vaccination history and possible confounders. Cases were ILI patients with laboratory-confirmed influenza. Controls were ILI patients testing negative for influenza. 'Vaccination' was defined as having received the 2010/2011 vaccine more than 14 days before symptom onset. The IVE was computed as $1 - \text{Odds Ratio}$.

Results

All 60 sentinel GP practices were invited to participate in the study. Twenty-two agreed to participate and 17 (28%) recruited at least one ILI patient. Eighty-five controls and 106 (55.5%) influenza cases were included in the analysis. Seven controls and one influenza B case were vaccinated. The crude IVE was 89.4% (95% CI: 13.8%; 99.8%) against all influenza subtypes; 100% (-8%; 100%) against influenza A (H1N1) 2009; and 77% (-90.0%; 99.5%) against influenza B.

Conclusions

Our results suggest that the 2010/2011 influenza vaccines had a protective effect. However, the sample size was insufficient to obtain precise IVE estimates. The Irish influenza sentinel surveillance network could be used to monitor the IVE in subsequent years but the sample size should be increased to gain precision and perform multivariable and stratified analyses.

Vaccination

An Audit of Seasonal Influenza and Pneumococcal Immunisation in Diabetic Patients

Author

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Background

Streptococcus pneumoniae (pneumococcus) is a leading cause of serious infection in young children, older adults and individuals with chronic conditions, e.g. diabetes, and those who are immunocompromised. It is the most common cause of bacteraemia, sepsis, meningitis, pneumonia, sinusitis and acute bacterial otitis media in children. The National Immunisation Guidelines for Ireland (2008) recommends the influenza and pneumococcal vaccination for those with chronic conditions. Criteria and standards: Patients with diabetes mellitus should have the pneumococcal vaccination (>95%); patients with diabetes mellitus should have the influenza vaccination (>95%).

Results

The rate of vaccine uptake was well below expectation (45% for influenza and 53.7% for PPV). This result was not expected as this practice is very pro-active in encouraging vaccinations.

General practice information leaflets, the website and posters were used to advertise vaccines. Posters and information in the local newsletter and pharmacies were also used. Vaccines were administered opportunistically during regular consultations and specific vaccine clinics were also set up during October and November. The GP and practice nurse contacted all diabetic patients who had not yet been vaccinated. They were given advice regarding vaccinations and invited to make an appointment to receive a vaccination.

Our final audit was conducted in January 2011. We did not reach our target of a 95% vaccination rate but the rate had improved considerably (to 83% for influenza and 87.8% for PPV).

Conclusions

The value of auditing was demonstrated in this study. The rate of vaccine uptake can only be accurately examined through auditing.

Patients responded well to practice nurse and GP contact, stating that they hadn't realised the importance of influenza and pneumococcal vaccinations. A systems approach to vaccinations, which includes the maintenance of a chronic disease register, will help improve the vaccination uptake rate.

A system of call and recall is planned for next season. Text alerts have become a very popular method of contacting people. A plan has been made to introduce a system of text alerts when vaccines become available for patients.

Other

General Practitioners' Perspectives in the North West of Ireland on the Future Organisation of Chronic Disease Management: A Qualitative Study

Author

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Background

A total of 80% of general practice consultations relate to chronic disease¹. Chronic disease is responsible for an increasing proportion of morbidity and mortality worldwide². In Ireland, 38% of the population report having a chronic disease, and chronic diseases are responsible for approximately 60% of deaths³.

One of the most comprehensive and widely implemented models of CDM, the Chronic Care Model (CCM), was developed by Wagner and colleagues¹⁰⁻¹² in order to address the needs of patients, their families and caregivers in relation to chronic disease. The general practitioner (GP) occupies a central position within this change^{13, 16-18}.

Aim

To investigate GPs' perspectives on the future organisation of CDM with a view to informing the debate on the management of chronic disease in the Irish primary care system.

This study used qualitative interviews with 15 GPs to gain a greater understanding of GPs' perspectives on the complex process of CDM.

Results

GPs' willingness to accept and embrace structured CDM in primary care in the current study demonstrates that GPs' attitudes towards CDM are not a barrier to its future implementation in this setting; rather it is the lack of resources to support a reorientation of care which is the major obstacle. This is a very positive finding, considering the potential for GPs to act as either barriers to or facilitators of the implementation of more structured CDM^{13 49}.

Other

Primary Care: Does it Work? A Study Analysing One Outcome Measure by Comparing Acute Hospital Discharges for the Study Practice With That of the Hospital's Catchment Area

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Background

There are many measurements used to quantify the performance and results of health care services, and primary care/general practice can be similarly measured. One measurement of effective care relates to the numbers and specialty types of patients discharged from the local acute general hospital. Within these discharges are included a group of patients who should ideally not have been admitted, particularly if the providers of health and social care are able to maximise their roles and inputs. This group is often referred to as “avoidable admissions”. The primary care study practice decided to look at this particular measurement as a self-audit exercise, and chose the month of November 2009 as the study period. The framework was to benchmark the practice's acute discharges for one month with those of the total figures for the hospital's catchment area.

Methods

An initial scoping study was successfully carried out in February 2009, and several identified difficulties and issues during this pilot period were corrected for the main study. Following an educational meeting with all practice personnel, all acute hospital referrals and discharges from all sources (primarily Longford Westmeath General Hospital in Mullingar) for the practice were collected, collated, and audited for the month of November 2009. The data pertaining to the national and local figures for acute psychiatric discharges for 2009 was obtained from the relevant Health Research Board and local service reports.

The HIPE data relating to the acute general hospital and the data from the practice was then collated and analysed. A difficulty arose with making direct comparisons between the two data sets, in deciding on the exact populations of both the study practice and the local hospital. Therefore, the numbers and/or diagnostic types per 1,000 of the population are taken as best possible measures rather than absolute measures.

The data was analysed in terms of:

Numbers: Discharge rate/1,000 population

Specialty: Medicine, surgery, paediatrics, obstetrics and gynaecology.

Results

The total discharge rate for the practice from all hospitals: 6.6/1,000. The total discharge rate for the practice from LWRH: 3.5/1,000.

Using the estimated maximum possible catchment area population for Longford Westmeath Regional Hospital gives an expected acute discharge rate of 8.8/1,000.

As stated earlier, it is assumed that other practices in the local hospital catchment area would have at least a similar number of outside/tertiary referrals as the study practice.

Conclusions

- Primary care works
- Well-resourced primary care is effective in reducing acute general hospital discharges by approximately 70%
- Well-resourced primary care is effective in reducing acute psychiatric hospital discharges by approximately 95%.

Other

The GP Managerial Role: A Career-Stage Based Analysis

Author

O’Riordan C
Waterford Institute of Technology

Methods

This study is using a mixed methods approach, with data being generated from surveys and semi-structured interviews.

Aims and Objectives

The aim of this research is to examine the nature and impact of the managerial role undertaken by GPs at differing career stages. In order to achieve this, the researcher is identifying the managerial activities of the GP, the supports that exist to help with these activities and whether conflicts exist with other roles.

Background

The GP represents a mix of both a clinician and manager, particularly at the more senior stages of their career. While the role of clinician has been extensively studied, there is a lack of research into the managerial role. This project is seeking to unravel this role as it develops over the GP’s career and to gain an understanding of how the GP manages in practice. In addition, the study is looking at how this managerial role fits with the GP’s other dominant roles – as a clinician and as a person with a life outside of work – and how the GP addresses conflicts between these.

Results

As the research is ongoing, full results are not yet available. However, partial analysis of the initial phase of interviews (O’Riordan and McDermott, 2010*) suggests that role overload and inter-role conflict are salient features of owner-manager GPs’ working lives and are a source of stress. Underlying causes of this stress revolve around conflicts between their clinical and managerial roles, and between their work and family roles. Various coping strategies are adopted by owner-manager GPs in an attempt to resolve these conflicts.

Other

The Pain Disability Prevention Study: A Trial of an Early Intervention Rehabilitation Programme for Patients with Non-Malignant Back Pain

Authors

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3. Irish Centre for Social Gerontology, NUI Galway

Background

Among patients who have back pain for over a year, few return to normal activities. The associated healthcare costs among those who develop chronic back pain make it a significant healthcare burden.

Aim

This presentation will discuss the trial of a new psychology-led rehabilitation programme specifically designed for patients in primary care with non-malignant back pain. The programme aims to target patients at the early stages of injury in order to prevent the development of chronic pain and disability.

Intervention

The Pain Disability Prevention Programme, based on the NICE guidelines for the early management of back pain, involves graded activity involvement supported by a cognitive behavioural approach. Patients may be referred from primary care and offered 10-week one-to-one sessions with a HSE psychologist trained in pain management. The CBT-based programme encourages an active approach to rehabilitation and specifically targets those patients who show 'yellow flags' or risk factors for long-term disability. The recruitment of patients began earlier this year and the trial is currently running in selected HSE areas.

This RCT will assess the effectiveness of the programme in potentially reducing long-term disability due to pain and will also include parallel economic analysis. This presentation will discuss the development of this intervention, as well as its progress to date and potential within the Irish healthcare system.

Other

Monitoring Quality Standards in Primary Care

Author

Buckley E
CervicalCheck, National Cervical Screening Programme

Background

CervicalCheck, Ireland's first national cervical screening programme, became available to over 1.1 million eligible women aged 25-60 on 1 September 2008. To achieve maximum benefit from the cervical screening programme, every aspect of the service delivered to women must be fully quality assured.

The CervicalCheck Quality Assurance Committee was established to review international standards, recommend best practice, monitor and evaluate the achievement of the recommended standard, and monitor and support adherence by service providers. Quality is assured through the CervicalCheck QA committee.

The Guidelines for Quality Assurance in Cervical Screening were launched in January 2010. They provide a framework of quality standards for every step of the screening process – programme administration, primary care, cytopathology, colposcopy and histopathology.

SmearTaker Coordination supports and facilitates registered smear takers in the provision of quality assured smear taking services to eligible women. Smear taker activity and performance are monitored against the Guidelines for Quality Assurance in Cervical Screening.

CervicalCheck has a quality management system in place which deals with complaints and non-conformances (non-compliance) against service providers (smear takers), external feedback from stakeholders (both positive and negative) and a continuous improvement process.

This poster will outline a sample of primary care standards and how they are monitored. Standards are monitored using a number of reports generated from information stored on the programme register: smear taker inadequacy rates and sample submission. Any significant findings which are outside the minimum standards set by the programme are escalated through the quality management system.

Complaints, non-conformances and feedback received for 2010 will also be presented.

Other

Through The Eye Of The Needle – A Closer Look At Needlestick Injuries in General Practice

Author

O'Keeffe E
Western Training Programme in General Practice

Background

Healthcare workers in Ireland suffer approximately 6,000 needlestick injuries (NSI) every year. Three per cent of healthcare workers are exposed to potentially fatal NSI. However, figures show that only 30% of NSI are reported.

In general practice, due to an atmosphere of familiarity with our patients, we often abandon the procedures we would adhere to in a hospital setting.

Aim

- To examine the incidence and level of reporting of NSI in general practice
- To identify risk taking behaviours with regard to NSI in general practice
- To examine safety statements including information regarding NSI within general practice
- To ascertain GPs' awareness of existing ICGP guidelines.

Methods

The study was a cross-sectional survey. A postal questionnaire was distributed to a cohort of GPs throughout Galway, Mayo and Roscommon.

Results

- 73 questionnaires were returned which represented a 59% response rate
- Two thirds of GPs had a history of NSI and only one third of these reported the incident
- 60% of GPs reported that they had a safety statement in the practice
- 30% of GPs had a sharps container at floor level in the practice
- 86% of GPs had re-sheathed a needle
- 47% of GPs were aware of the ICGP guidelines on NSI.

Conclusions

The results demonstrate a disparity between recognised best practice guidelines set out by the ICGP and every day clinical practice. It is clear that GPs are putting both themselves and their patients at risk of the physical and psychological hazards of NSIs. This study highlights the need for increased awareness of these risks and strategies that can be applied to ensure positive outcomes.

Other

Opportunistic Sexual History Taking: How are we doing?

Author

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Western Training Programme in General Practice

Background

There is a significant rise in rates of syphilis and HIV in Ireland, primarily among homosexual men. GPs are in a unique setting to identify patients at high risk of sexually transmitted infections and to encourage risk reduction. International primary care guidelines are available for GPs on sexual history taking. This study looked at whether GPs are identifying patients at high risk of sexually transmitted infections through opportunistic sexual history taking. GP clinical practices surrounding sexual history taking, including specific questioning for MSM, were surveyed.

Methods

A postal questionnaire was sent to 114 GPs in the city and county of Galway. Questions were taken from the BASHH (British Association of Sexual Health and HIV) guidelines in Consultations Requiring Sexual History Taking which was published in 2006. Ethical approval was obtained from the Galway University Hospitals Research and Ethics Committee.

Results

The questionnaire was returned by 80.7% of GPs. Less than 20% reported familiarity with the BASHH guidelines. Zero per cent of GPs reported always routinely taking a sexual history among patients aged 16–55 years. GPs were four times more likely to routinely take a sexual history from female patients. Almost 20% of GPs reported that no MSM attended their practice, while almost 10% stated that more than 10 MSM attended their practice. Nearly 50% of GPs routinely perform HIV and hepatitis B tests among homosexual male patients. However, less than 20% of GPs routinely vaccinate MSM patients against hepatitis B.

Conclusions

With Ireland currently witnessing a syphilis epidemic and STDs on the rise, there is a necessity that GPs address this issue. We cannot solely rely on STD clinics for patient screening. Knowledge of STDs and sexual history taking should be addressed on both undergraduate and postgraduate medical education programmes. The development of guidelines and further education may prevent the rise of STDs in Ireland.

Other

Establishing a General Practitioner-Led Minor Injury Service – Mixed Methods Evaluation of Aspects of the Service

Authors

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Background

K Doc (Kildare and West Wicklow Doctors on Call), a 110 GP co-operative, established a GP-led Minor Injury Service (MIS) in 2010. The objective was to reduce unnecessary attendances at local AE departments. Following an invitation to participate, 24 GPs expressed an interest. The approach was to provide an alternative option for patients sustaining lacerations and minor trauma, and to augment normal out-of-hours case handling with additional skills, and resources (direct access to radiology, and enhanced suturing and plastering capabilities). The service was established in January 2010. The aim of this mixed methods study was to evaluate aspects of the service. It includes a patient feedback study, a qualitative enquiry into the experience of the MI GPs, and an analysis of the use of radiology at 10 months.

Methods

Patients (n= 264) who were serially presenting and had been x-rayed were included. Data collected included the noted clinical diagnosis, and a comparison with the radiological diagnosis. Patients were invited to participate in a post-consultation postal survey. A qualitative enquiry (focus group, with 13/24 of MI GPs) was carried out. Consent was obtained, identities were anonymised, and a semi-structured discussion was recorded and transcribed. A qualitative content analysis was utilised to derive themes.

Results

The response to the patient's satisfaction survey was 74%. A total of 80% surveyed were seen in 30 minutes or less. Seventy-five per cent felt the quality of the service was excellent/very good, with a comparable percentage

reporting high satisfaction with the ease of access. Forty-five per cent of respondents felt the x-ray service was expensive, 82% would be happy to use the service again. A total of 28.4% required further treatment or a referral, of which 56.5% were unhappy with the process by which this was done.

Overall, 264 patients were x-rayed on the MIS (1 January-31 October 2010); 57.95% were male. Younger patients were over-represented (41.67% aged 20 or less). A majority (73.48%) of patients were self-financing. Trauma was evident in 44.31% of cases, while twisted ankles/feet (9.85%) and falls (35.61%) were included in the remainder. A total of 271 x-rays were taken – 50.55% upper limb, 35.06% lower limb and 6.64% CXR. There was an 85.98% concordance between GP/radiologist findings. There was a high false positive ratio with GPs, (77 GP fractures vs. 66 by radiology). There was a 2.19% difference between upper limb fractures diagnosed, 4.21% between lower limb fractures, and a 16.67% difference on CXR. Issues of concern to MI GPs from the focus group included secondary care/hospital interaction, the patients' experience, the logistics of the service, professional fulfillment, experience and competence concerns, finances, educational resources, commercial concerns and an audit/service review. There was no personal reporting of adverse clinical outcomes by the GPs, and a uniform desire to continue the service by the MI GPs was apparent at 10 months.

Conclusions

This study demonstrates a positive experience by patients, and a conservative evaluation of x-rays by GPs. Minor injury GPs reported positively on their experience, while expressing some concern regarding competence, and a desire for further experience. This concern was not reflected in the high satisfaction reported by patients.

Other

Psychological Health of GP Trainees

Author

Wilson K
Western Training Programme in General Practice

Finally, most trainees felt that family and friends helped sustain them psychologically. They also felt that fewer hours and better supervision would help to overcome stress at work.

Background

Life as a doctor can be incredibly rewarding but it can also be very challenging. I performed this research to look at the consequences of working as a doctor on the health and quality of life of GP trainees. I also wanted to see whether trainees would feel comfortable asking for help for psychological problems and if they would know where to seek it.

Conclusions

GP trainees experience substantial stress at work with 38% suffering a serious side effect. We need to de-stigmatise psychological problems so trainees will feel comfortable seeking help when they need it. Stress management training should be introduced. Every trainee should be encouraged to have their own GP who can deal with both physical and psychological problems thus protecting both the doctor themselves and their patients.

Method

The study was carried out using a self-devised, web-based questionnaire. Ethical approval was obtained.

Results

A total of 137 GP trainees participated (26% response rate). The majority often enjoyed their work and only sometimes felt stressed. Workload was the major factor cited as causing stress. Additional factors included responsibility and long working hours. Work satisfaction, sleep and quality of life were mainly affected.

Most trainees used time with family and friends to combat stress but 32% used alcohol and 6% smoked. Twenty-five per cent felt that they had suffered from anxiety secondary to work pressures, 15% from depression and 1.4% from suicidal ideation. Seventy-four per cent of trainees have felt burnt out and 46% have considered changing career. Forty-four per cent would not feel comfortable asking for help if they had a psychological issue mainly due to embarrassment or confidentiality issues. Eighty-nine per cent of trainees have self-prescribed.

Other

Attitudes to the Provision of Care to GPs' Own Children Aged 12 Years or Less

Author

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Aims

- To determine if GPs treat their own children
- To identify those conditions most often treated
- To determine referral patterns to other specialists
- To determine the reasons that influence GPs to treat their children
- To reflect on how they have managed their children's health in the past.

Methods

A structured questionnaire was mailed to 102 Cork GPs in December 2010.

Results

A total of 79% of GPs responded, with 79% of the respondents having 12-year-old and younger children. Eighty-three per cent of GPs have attended another GP with their child, with only 13% of these always attending a GP if medical attention is required. Twenty-five per cent of GPs have attended out-of-hours co-ops with their child. Sixty-nine per cent of GPs have referred their child to a consultant in the past.

Minor illness, febrile illness and respiratory disorders were the conditions most often treated. One third of GPs provided immunisations for their child and one fifth of GPs have sutured their child. Eighty-one per cent have prescribed medications in the last year; antibiotics were prescribed by 79% of GPs. Convenience, time saving and feeling confident to manage their child's health were the reasons given for treating their child.

Forty-eight per cent of GPs felt they have under-managed a condition in their child, which resulted in admission to hospital for a small number of children due to a delayed diagnosis. One fifth of GPs admitted to over-managing a condition in their child.

Finally, 72% of GPs do not think it is a good idea to treat their own child, with 64% of GPs finding it difficult to be objective when treating their child.

Conclusions

Most GPs treat, prescribe, and self-refer their children to specialists mainly for the sake of convenience despite Medical Council guidelines, which may lead to a poorer standard of health care for their children.

Other

Preliminary Study on Deprivation in Inner City Dublin

Authors

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Background

Deprivation is associated with poor health. In the late 1990s, researchers looked at the potential impact of hospital closures in the inner city of Dublin¹. Standardised mortality ratios were listed at the level of the district electoral division for the south inner city.

Aims

The objective of this report is to provide a comparison with this work over a decade later by developing a map showing updated mortality data for the inner city electoral divisions.

Methods

Data was sourced from publicly available information published by the Central Statistics Office and www.pobal.ie. This data was merged and formatted to allow it to be input in a geographic information system (ArcGIS) to facilitate the drawing of maps.

Results

Maps showing the deprivation quintile, standardised mortality rates and life expectancy for males and females were drawn for the district electoral divisions (DEDs) in the greater Dublin area.

Conclusions

Using ArcGIS to represent data provides a powerful way to analyse health and deprivation measures in a qualitative manner. Areas of inner city Dublin remain deprived and have associated higher mortality rates and lower life expectancies. A direct comparison with the work done in 1996 is not possible due to a lack of published and open access data.

Other

How Do Irish Doctors Feel About Treating Their Own Family Members?

Author

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South East Training Programme for General Practice

Background

Doctors often face professional and ethical dilemmas when called upon to provide medical care for their family members.

A large body of international literature has explored the pressures to treat, the medical care most often requested, and the association between doctors' self-care and their decision to treat their own family members.

To date, no research has been published in Ireland regarding Irish doctors' treatment of their family members.

Aim

To determine how Irish doctors responded to requests for medical care from their relatives, if their behaviour was concordant with ethical guidelines and if the behaviour of consultants differed from that of their established GP colleagues.

Methods

A randomised anonymous semi-structured questionnaire was posted to 200 established GPs and consultants.

The aim of the study was to collect data on doctor self-care, the care of relatives, the awareness of ethical guidelines and the degree of clinical concordance with same.

Results

The survey found high levels of self-care and high levels of the provision of primary medical care and chronic care for relatives. It showed that 37% of GPs were happy to act as primary care providers to relatives on an ongoing basis compared with 5% of consultants.

GPs were happier with managing chronic and minor illnesses and emergencies than their consultant colleagues. Both GPs and consultants were happy to act as patient advocates for their relatives. Vignettes showed that the doctors' clinical choices were concordant with their previous statements. Consultants were shown to contact consultant colleagues directly when presented with a serious condition in an informal setting. Although there was a high level of note-keeping on relatives, there was a startling lack of awareness of ethical guidelines. Only 19% of doctors were aware of the ethical guidelines issued by the Irish Medical Council regarding the treatment of relatives.

Conclusions

Clearly there is a need to educate both doctors and their families with regard to the relevant ethical guidelines and to highlight the conflicts which can occur in the doctor-patient relative relationship.

Other

An Assessment of the Quality of Communication between Primary and Secondary Care

Authors

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South West Specialist Training Programme in General Practice

Background

Plans to reconfigure the healthcare system include a shift towards community-based care. Therefore, effective communication between primary and secondary care services is essential to ensure optimum patient care. Recently, deficiencies in communication between services have been highlighted in the media. This study aims to examine current communication between primary and secondary care services.

Methods

Over a four-week period, all written communication between primary and secondary care services was collected in six GP training practices in southwest Ireland. They were analysed according to current published guidelines.

Results

Overall, 9,439 consultations were analysed. A total of 391 referral letters and 1,472 discharge letters were collected over the four-week period. Primary care referral letters adhered more closely to the guidelines than secondary care letters ($p < .009$). The most marked deficit was clinical details. Primary care letters contained more clinical information than secondary care letters ($p=0.000$). Secondary care letters contained more doctor details ($p=0.015$). There was poor documentation of urgency (25%) and allergies (29%) in referral letters. There was no statistical difference between public and private referral letters.

Conclusions

Primary care letters adhere more closely to the guidelines than secondary care letters. However, there are deficits in communication on both sides. The largest deficit is the documentation of clinical details which has the biggest economic impact and effect on patient care. Findings from this study should be highlighted to doctors within both the primary and secondary care systems in order to improve communication between both sides and enhance overall patient care in our changing health system.

Other

Are Family and Friends Acceptable as Interpreters in Cross-Cultural General Practice Consultations? An Analysis Using Participatory Learning and Action Research Methods

Authors

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4. Barna General Practice, Galway

A series of inter-related PLA techniques elicited data on 36 strategies currently employed to support communication in cross-cultural consultations and explored their usefulness, problematic elements, overall acceptability and potential as 'ideal supports' for communication in cross-cultural consultations. Content and thematic data analysis was conducted in consultation with stakeholder groups.

Background

Despite evidence to support the use of formal trained interpreters to support communication in cross-cultural general practice consultations, the use of informal interpreters (including children) and other informal strategies (e.g. miming and gesturing) is common. Research is needed to explore the full range of strategies in use and to ascertain which ones are most acceptable to migrant service users and other stakeholders.

Methods

This participatory learning and action (PLA) research project has used qualitative methods with a significant peer researcher element. Purposeful sampling was employed to create five 'information rich' stakeholder groups. Recruitment was conducted through existing professional networks. Seven migrant community representatives, trained in PLA methods, generated data in their own languages within their own migrant communities (n=51). University researchers generated data with general practice staff (n=5), interpreters (n=5), cultural mediators (n=2) and service planners (n=2).

Results

The 36 strategies identified relate to formal interpreting, formal cultural mediation, bi-lingual practice staff interpreters, family and friends as informal interpreters, technologies and visual aids, body-language and gestures. Eight were considered ideal for supporting communication in cross-cultural consultations. The majority of these pertain to the use of professional, trained, accredited interpreters or cultural mediators who would be monitored and evaluated in practice. The use of family members and friends had low acceptability across stakeholder groups and was not considered an ideal support for communication.

Conclusions

The results indicate a clear preference for the use of formal interpreters and cultural mediators over family members and friends, and will be used to inform Irish intercultural health policy.

Other

A Qualitative Study of Day Release on Irish General Practice Training Programmes

Author

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Background

There are 14 general practice training programmes in Ireland. A total of 157 GP trainees commenced their vocational GP training in July 2010. General practice registrars are obliged to attend day release one full day per week. A stated aim of day release from the ICGP Post Graduate Training Committee¹ is: 'the learning needs and interests of individual trainee/registrars and groups will be established early on and at regular intervals throughout the course. The content of the course will reflect these needs and interests.' Day release provides opportunities to reflect upon and discuss all matters relating to general practice. As this day brings GP trainees together in a small group setting, under the guidance of programme directors of the training schemes, it is an opportunity for learning and professional development.

No published research on day release in Ireland could be located. There are several studies in the UK. Two of these in particular demonstrate the educational value of day release²⁻³, however, this is based in the UK. I hope that my research will produce valuable data from an Irish context.

Aim

My aim is to gather, from GP trainees and GPs who have recently completed their training, qualitative data on the perceived educational benefits and limitations of day release on Irish general practice training programmes.

More specifically, my objectives are:

- To explore the perceived educational benefits of day release
- To discover which aspects of day release are perceived as failing to work
- To explore why components of day release do not fulfill their educational potential
- To gather opinions on improving day release.

Methods

There are two components to this research:

- A questionnaire will be posted to recently-qualified Irish trained general practitioners. I plan to include all GPs qualified through an Irish GP training programme last year. This will total approximately 100 GPs. The questionnaire contains open ended questions designed to elicit as much qualitative information as possible.
- The second component involves performing focus groups with GP registrars, currently in the 3rd and 4th years of their GP training schemes. I plan to perform six focus groups. This will be designed to elicit the qualitative data, as stated in my aims and objectives.

Expected Outcomes

I hope that valuable and detailed information concerning the educational value of day release on Irish general practice training programmes will be produced. I hope to gather data on both the beneficial aspects and the weaknesses of day release, and to uncover opinions from GPs and GP trainees on how day release may be improved, which will be of benefit to the future planning of day release.

Other

Frequent Attenders: What Effect Do They Have on General Practice Workload? Can a Generic Intervention Strategy Reduce Frequent Attendance?

Author

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Background

General practitioners spend a disproportionate amount of time on consultations with frequent attenders¹. The top 3% of attenders generate 17% of GP workload².

Aim

- To establish who the frequent attenders are in our practice and determine the possible reasons for frequent attendance
- To assess the workload associated with frequent attenders
- To implement a practice-based protocol for intervention and to ascertain if intervention strategies can result in a sustainable reduction in frequent attendance in general practice.

Methods

We established the total number of attendances over a one-year period, the number of patients who made up this attendance and the average GP attendance rate for all patients.

Each frequent attender was assessed by their main GP as to why they were attending so frequently. GPs within the practice were surveyed with regard to their attitudes to frequent attendance, average consultation length, consulting style, postgraduate qualifications and the perceived effect of frequent attendance on their workload.

A list of possible intervention strategies to tackle the issue of frequent attendance was drawn up and distributed.

Results

Reasons for frequent attendance:

- Biomedical reasons – 48%
- Psychosocial problems – 35%
- Dysfunctional doctor-patient relations – 2%
- Remainder – a combination of biomedical and psychosocial reasons along with doctor-patient dissonance.

A total of 68.9% (84) of our frequent attender cohort attended between 15 to 20 times in the one year period. In our assessment of workload, patients within this subset had on average 13.62 other contacts with the practice separate to GP visits. Consultation rates by frequent attenders were reduced by 20% (541 visits) as a result of interventions imposed following this study.

Conclusions

We determined who our most frequent attenders were and why they were consulting with such high frequency, and that a change in behaviour of the top 2% of frequent attenders would allow us to continue to provide the same quality of care without increasing our workload.

We developed simple intervention strategies to tackle the issue and significantly reduce consultation rates. We found doctors' behaviour may both cause and perpetuate frequent attendance.

Other

Trust me; I'm a doctor – Views of Some Irish Patients Towards Their GP

Authors

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Irish College of General Practitioners

Conclusions

The findings indicate a vote of confidence in the local general practitioner and in the wider medical institution of general practice from this small sample of patients based in the Republic of Ireland.

Background

The strength of the relationship a patient holds with their general practitioner (GP) is a crucial determining factor in terms of patient recovery. In a time when uncertainty in the institutions that sustain Irish society is ubiquitous, the importance of trust cannot be underestimated.

Methods

As part of a qualitative study, incorporating rural and urban settings in the Republic of Ireland, we sought to query the strength of trust relationships between patients and their general practitioners, and the factors influencing these relationships. Data was collected using a focus group and semi-structured interviews, and a thematic analysis was undertaken.

Results

Participants in this small sample reported high, unwavering levels of trust in their GPs. This sentiment of trust extended to all aspects of the general practice experience ranging from an expressed comfort in discussing health problems with their GP, to feeling enabled to actively participate in the treatment process, to being absolutely confident as to the high level of skill and competence held by their physician.

Other

Developing and Validating Quality Indicators for Irish General Practice

Authors

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Background

Quality indicators are specifically defined measurable aspects of practice that can be used to assess and improve the quality of care. In 2007, the Irish College of General Practitioners (ICGP) initiated a study aiming to develop a comprehensive set of indicators for use in Irish general practice. Following recommendations regarding indicator development^{1,2}, this study aimed to develop indicators relating to the structures and processes of care within the control of the practice. Using the Irish definition of general practice as a guiding principle, the areas of care for indicator development pertained to organisational processes and infrastructures that support the delivery of clinical care. Indicators for such areas are typically developed using a consensus method called the Delphi technique³. This technique aggregates the opinions of a panel of individuals using a series of structured, anonymous questionnaires. A secondary aim of this study was to involve relevant stakeholders in the development of the indicators. The Delphi panel was composed of GPs, practice nurses, practice managers, health policy representatives and patient representatives.

Methods

A total of 16 sub-domains of care subsumed under three broad domains (Practice Infrastructure, Practice Processes and Procedures and Practice Staff) were populated with relevant indicators from developed indicator sets. In all, 171 indicators were identified. In terms of participation, 82 of 120 nominated individuals agreed to take part in the Delphi process. Nominees represented all stakeholder groups and received nominations from primary care leaders for active participation in improving healthcare quality. A further 250 GPs were randomly selected from the ICGP database to participate. The GPs were over-sampled as the study aimed to give GPs a majority on the Delphi panel.

Two Delphi questionnaire rounds were posted or emailed to panelists from June to September 2008. In Round 1, panelists rated indicators for importance to quality care and clarity. In Round 2, ratings were made again for importance and also for measurability. All ratings were made on 9-point Likert. Panelists could also suggest new indicators in Round 1.

Results

The overall response rate to the Delphi questionnaires was 24%. Nominated panelists were better respondents than the randomly selected GPs in Round 1 (79% versus 26%) but the response rate was more similar in Round 2 (72% versus 57%). The majority of indicators received high ratings for both importance and clarity in Round 1. In all, 12 indicators were excluded from Round 2 based on low importance ratings and/or negative comments. Stakeholder groups showed a similarity in their ratings with GPs and patient representatives most likely to give low ratings. A total of six indicators were added in Round 2 following panelist suggestions. In Round 2, all indicators were rated as important by the overall group and the majority were rated highly for measurability. GPs were most likely to rate indicators low on importance and five indicators were excluded from the final indicator set based on GP ratings. After further discussion with an expert group, a number of indicators were deleted or re-worded, leaving a final indicator set of 147 across 15 sub-domains of care.

Conclusions

The developed indicator set is reflective of what is important to quality care in general practice from the perspective of relevant stakeholder groups. The overall response rate to the Delphi questionnaires corresponds to similar Delphi studies in general practice^{4,5}. It is recommended that indicators are trialed to ensure their acceptance by users². The indicators are currently being 'road tested' by a representative sample of practices.

Other

GP Experience of Coding Morbidity Data

Authors

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Background

Aside from small scale efforts to introduce diagnostic coding in the south of the country during the 1990s¹, the entire concept of classification in general practice, is in its infancy in Ireland. In 2007, the GPMED Study – a feasibility study regarding the establishment of a national morbidity and epidemiological database in Ireland – commenced. It involved 25 practices coding their consultations using the International Classification of Primary Care (ICPC-2) coding system.

Methods

An online survey was conducted in October 2009. Its aim was to establish the experience of the participating general practitioners (GPs) with regard to practice coding, data extraction and reporting, and the working of the GPMED study. Respondents were given the opportunity to elaborate on the answers selected. Seventeen responses to this survey were received over a two-month period.

Results

Most (n=13) respondents explicitly recognised that coding was a vital tool in order to achieve a better knowledge of the day-to-day problems being dealt with in their practice: “[It enables me] to gather lists of patients for statistics, communication, audit, etc...”

Finding time and choosing the correct code are the most reported challenges facing clinicians. Coding each consultation took <60 seconds to complete according to 71.4% with only one participant noting it took >2 minutes.

Respondents commented that the ICPC-2 codes are “too vague” and “very cumbersome”, and that “the codes do not always match up” to what is being seen in the consultation. However, many noted the ease of use that came over time and that coding can become very “quick if [a] familiar condition presents”; 78.6% rated themselves as “moderately” or “very” competent in the use of ICPC-2.

No practice reported that coding a diagnosis using ICPC-2 had a negative impact on their use of their practice management software (PMS). Just under 80% of respondents expressed the view that the feasibility of the study would improve if their PMS had specific fields to accommodate the specified study variables while almost 60% felt that feasibility would be improved if the software offered better support for ICPC-2 coding.

Over half (57%) of the respondents have made an attempt to extract coded data from their PMS. Extraction was totally successful for only 12.5%. Seventy-nine percent of respondents reported that they retrieve data at regular intervals with 28.6% doing so at least weekly. Over half of these did not encounter any substantial difficulties in producing the information they sought in these retrievals.

The majority felt that GPMED had positively impacted by providing a “more rigorous approach to”, and uncovering “the power of coding”, while also providing a thought provoking introduction to research in primary care, and acknowledged the potential to develop this aspect within general practice: “a lot can be achieved through studies like this [by] opening one’s mind”.

Conclusions

In spite of almost three quarters of respondents detailing that the coding of each consultation required less than one minute, finding time to code either during a patient consultation, or overall during a busy working day, was the most reported challenge. Concern also exists about

Other

GP Experience of Coding Morbidity Data

the possibility of interference between the GP and the patient with the “inevitable trade-off between the time devoted to the computer... at the expense of giving time and attention to the patient”².

Probing suggests that the PMS being used may be partly to blame with one third of respondents describing the recording of a diagnosis and symptom as “difficult”.

Crucially, this study has found an overwhelming acceptance of the legitimacy of coding as an accepted way forward in data management for general practice, and an understanding of the vast potential value that lies within it.

Projects Approved for Funding Under the ICGP Research and Education Foundation Grant Scheme 2010-2011

<i>Applicant Name(s)</i>	<i>Study Title</i>
Buckley C	A mixed method study of primary care patients with persistently poorly controlled type 2 diabetes mellitus
Ojedokun J, Keane S	Does adding information on lung age to smoking cessation advice in a GP setting increase quit rate? – Know2quit randomised control trial
O'Brien JG	Elder abuse: experience, attitudes and insights of Irish GPs
Quann N	Frequent attenders: What effect do they have on general practice workload? Can the implementation of a generic intervention strategy reduce frequent attendance?
Lane G	General practice career intentions among students on a graduate entry programme
Rowe M	Generative space in the Irish primary healthcare setting - embracing change
Maguire S	GPs perspective on the future organisation of chronic disease management in Ireland: a qualitative study
Walsh D	Screening for gestational diabetes mellitus (GDM) - an Irish primary care prospective study
Kennedy N	The primary care team: a qualitative exploration of the experiences of team members
O'Carroll A	To consult or not to consult! An ethnographic exploration conducted in Dublin, of the factors that affect homeless people health seeking behaviour.
Harkin K	Towards an Irish family health guide: a pilot study examining the feasibility of a physician led resource for health promotion information in Ireland

Projects Approved to Access the ICGP Membership Database 2010-2011

<i>Applicant Name(s)</i>	<i>Study Title</i>
Barry A	Analysis by newly qualified GPs of day release in Irish general practice training programmes
Leahy M	Are GPs using ICGP clinical guidelines?
Murphy M	Attitudes and experiences of GPs regarding termination of pregnancy in the Republic of Ireland
McCarthy C	A study of attitudes among GPs and patients towards they use by doctors of the internet and other extrinsic resources as part of the consultation
Gallagher J	Heart failure care in Ireland: a survey of general practitioners in Ireland
Soden C	Inter-GP referral for Levonorgestrel Intra-Uterine System (LNG-IUS) (Mirena ©) insertion in a south county Dublin general practice. A survey of GP attitudes in south county Dublin.
Llyod L	National survey of general practitioners' experiences of the NTPF
Kelly M	Survey on involuntary admissions, under the Mental Health Act, 2001
Hannon L	The attitudes of patients to lesbian, gay and bisexual (LGB) general practitioners in Ireland

Projects Approved to Access the ICGP Membership Database 2010-2011 (Continued)

<i>Applicant Name(s)</i>	<i>Study Title</i>
O’Riordan C	The managerial roles of the GP: their evolution throughout their careers and the ensuing conflicts that arise
Foley M	‘The sick note’: an exploratory study of general practitioners working in the Republic of Ireland
Herron I	To access the need for KPIs in primary care and propose a framework for use within GP software systems
Cogan A	To assess the scale and scope of CAM in Ireland and to look at patient and GP attitudes towards it
McKenna S	What are the perceived barriers to minor surgery in general practice in the Republic of Ireland?

ICGP Research Ethics Approved Projects 2010 and 2011

<i>Applicant Name(s)</i>	<i>Study Title</i>
O’Hanlon S	A comparative study of interventions to help general practitioners answer clinical questions on geriatric medicine
Barry E	A comparison of laboratory based INR testing with near patient testing in a rural practice
Smith S	A feasibility study of a chronic disease self-management intervention designed to improve occupational performance and outcomes for people with multi-morbidity in primary care
McAuliffe A	A grounded theory study of palliative care experiences of serious chronically ill patients and their families
O’Mahony M	Analysis of primary care referral patterns and outcomes
Sludds S	A national questionnaire survey on usual practice for assessment of fitness to drive in >70 y/o in primary care in Ireland
McNicholas M	An audit of PSA testing in men age 50 – 70 in a single handed GP practice – looking for retrospective approval
Larkan F	An ethnographic study of North Dublin City GP training programme
Begley C	An evaluation of the Clinical Nurse Specialists (CNS)/Clinical Midwife Specialist (CMS) and Advanced Nurse Practitioner (ANP)/Advanced Midwife Practitioner (AMP) roles in Ireland. Known as SCAPE (Specialist Clinical and Advanced Practitioner Evaluation).
Ellis S	An examination of methods of selection used in postgraduate general practice training in Ireland
Carroll M	An observational study of the storage of controlled drugs in the general practice setting
Barry A	A qualitative analysis of day release in Irish general practice training programmes
Hannon M	A qualitative exploration of GMS patients’ views on medication change with a view to cost containment, and how this may be achieved
Quigley S	A question of sex: do patients care what gender their doctor is?
Faherty A	Are delayed prescriptions an effective prescribing strategy?

ICGP Research Ethics Approved Projects 2010 and 2011 (Continued)

<i>Applicant Name(s)</i>	<i>Study Title</i>
McMahon, O'Neill & Henderson	Are general practices in HSE South adequately prepared to deal with cardiac arrest and are there any practice factors which influence the level of preparedness?
Kerin E	Are general practitioners; resourced, equipped and confident in the area of dementia
Mulroe J	Are patients really taking their antibiotics?
McLoughlin O	A review of emergency contraception prescribed by K DOC in 2009
Thompson S	A review of patient adherence in relation to repeat prescriptions, on a mixed rural/urban GP surgery
Sharp L	Assessing costs and cost-effectiveness of PSA testing in the secondary prevention of prostate cancer: towards evidence-based policy and practice
Moloney R	Assessment of counseling services mid-West region
McDonnell E	Assessment of physical activity in general practice: the doctor and patient perspective
Daly E	A study assessing the educational needs of GPs regarding medical professional competence criteria
McCarthy C	A study of attitudes among GPs and patients towards the use by doctors of the internet and other extrinsic resources as part of the consultation
Malone L	A study of knowledge, skills and attitudes of GP trainees towards continuous professional development
Boylan A	A study of the formulation and wording of death certificates completed by Irish general practitioners
Joyce C	A study of the levels of knowledge and attitudes of patients and GPs regarding enduring power of attorney
O'Connell A	A study to determine if barriers exist to accessing treatment for sexually transmitted infections in primary care
McSherry L	ATHenS: a trial of HPV education and support – National Cancer Registry
Cogan A	Attitudes to and use of complementary and alternative medicine, from two perspectives, the patient and the GP
Dunne B	Attitudes towards termination of pregnancy in female patients attending general practice
Moorehead A	A survey of health professionals' attitudes towards body weight status
Keenan C	A survey of occupational health lifestyles of urban and rural GPs in Ireland 2010
Collins C	Audit of community acquired pneumonia among Irish general practice
Houlihan N	Barriers to attaining credits for CPD in general practice
Alani A	Bystander attitude and awareness of CPR and AED use in the community
O'Rourke N	Cancer referral patterns: factors influencing GP referrals
O'Gorman M	Can we effectively run a successful open access STI clinic as general practitioners?

ICGP Research Ethics Approved Projects 2010 and 2011 (Continued)

<i>Applicant Name(s)</i>	<i>Study Title</i>
Punch S	Can written instructions improve medication adherence in patients aged 65 and older currently taking five or more medications?
Daly J	CHANGE Pain Patient Survey
Byrne N	Chronic condition self-management in Irish practice - assessing implementation and change management in practice studies
Hayes M	Delayed prescriptions: attitudes and experiences of general practitioners in the midwest
O'Connor E	Deregulation of post-coital contraception, a comparison questionnaire responses between pharmacists and doctors
O'Siorain L	Developing a framework for palliative interventions in advanced respiratory services in Ireland
Rochford A	Development of a curriculum on patient safety and quality of care for general practice registrars
Ojedokun J, Keane S	Does adding information on lung age to smoking cessation advice in a GP setting increase quit rate? Know2quit randomised control trial
Crotty C	Do GPs use complaints procedures in practice?
Hamilton A	Economics of practice – the practice of economics: what influences GP trainee attitudes to practice management during their training
Collins C	Educational needs assessment on suicide and deliberate self harm course targeted at primary care
Fenlon N	E-learning – how fit for purpose is it for the continuous education of general practitioners?
Murphy G	Emergency contraception, a study of usage and knowledge in a rural practice
Brennan D	Evaluation of 4th year of training in the mid Leinster specialist training programme in general practice
Collins C	Evaluation of the Health in Practice programme from the user's perspective
Kearns E	Exercise prescription in type 2 diabetic patients
Meany N	Experience and attitudes of GPs in the midwest to provision of care to their own children aged 16 year and less
Bradley C, Buckley C	Extremity amputations in diabetic patients; trends and determinants diabetes mellitus
Murphy S	Feasibility of using a screening questionnaire for obstructive sleep apnoea in people with hypertension in a primary care setting in Ireland
Moloney R	General practitioners experience of violence out of hours midwest region
Scarmuzzi N	General practitioner's knowledge of acquired brain injury services in Ireland
Crowley C	General practitioners knowledge of speech and language therapist's role and to evaluate if the knowledge of a GP trainee is more enhanced than a GP due to clinical experience
MacLoughlin-Row M	GP house-calls – a practice issue
Costelloe E	GPs experience and attitude towards non accidental injury in children

ICGP Research Ethics Approved Projects 2010 and 2011 (Continued)

<i>Applicant Name(s)</i>	<i>Study Title</i>
Byrne D	GP survey of cardiovascular disease (CVD) prevention guidelines
Crosse AM, Sheerin J	Green prescription physical activity study
Spillane E	Help-seeking behaviour and attitudes towards personal healthcare amongst a cohort of Irish men and women aged between 40 and 65 years
Mathews H (Bayer Healthcare)	International, prospective, double-blind, 3-arm comparative, randomised, placebo-controlled phase IV study on the effect of counseling and either tranexamic acid or mefenamic acid or placebo, on the management of bleeding/spotting in women using the levonorgestrel-releasing intrauterine system (MIRENA) for contraception
Daly	Intrauterine contraceptive device and contraceptive implant; audit of insertions and follow up in general practice
MacFadden J	Investigating the expanding role of Irish practice nurses – a nationwide questionnaire survey
O Riordan N	Issues for GPs when encountering hospital prescriptions
Freeman L	“Looking after bodies as well as minds: who’s minding the physical health of our mental health service users?”
Finnegan R	Obesity – the patients perspective
Joyce L	Patient compliance to calcium and vitamin D supplements
Curran C	Putting your best foot forward – an attitude of GPs to diabetic foot screening in Co Galway
Buckley D	Management of melanoma in primary care
McElroy AM	Management of vitamin B12 deficiency by general practitioners in Donegal
O’Connell L	Monitoring cardiovascular risk factors in hypertensive adults in a county Dublin primary setting.
Burke E	Patient experience of a structured heart failure programme in a primary care setting
Martin C	Patient Journey Record: PaJR, an IT system for self-monitoring to enable more timely intervention to avoid a preventable emergency medical admission
Martin C (Phase 1 rev Nov 2009)	Patient Journey Record: PaJR, an IT system for self-monitoring to enable more timely intervention to avoid a preventable unplanned health service use Phase 2
Martin C (Phase 2 amendments to protocol)	Patient Journey Record: PaJR - an IT system for self monitoring to enable more timely intervention to avoid a preventable emergency medical admission
Glynn L	Patient perspectives on health, health needs, and health care services in a rural Irish community: a qualitative study
Christiansen E	Patients attitudes to GP registrars
Colreavy C	Perception of own health status by people who are unemployed. A qualitative study.
Duggan S	Pre-conception health care – a missed opportunity

ICGP Research Ethics Approved Projects 2010 and 2011 (Continued)

<i>Applicant Name(s)</i>	<i>Study Title</i>
Ryan S	Pre hospital trauma management and the general practitioner: confidence in skills associated factors
O'Doherty N	Problems gambling do GPs feel comfortable to intervene? Do patients affected by their own or another's gambling seek help from their GP?
Hawkins S	Proposal for benzodiazepine reduction and cessation in south inner city, Dublin: a collaborative pilot study
Wilson K	Psychological health in GP trainees
Collins C	QUALICOPC, quality and cost of primary care in Europe Irish national study
Alani J	Quality of care in general practice, how can we improve our service in the current climate
Murphy J	Recommendations for the dentist: a survey of general medical practitioners
Lee T	(Re) inventing the wheel
O'Callaghan E	Research project on the prescribing of selective serotonin reuptake inhibitors with aspirin
MacFarlane A	RESTORE REsearch into implementation STRategies to support patients of different ORigins and language background in a variety of European primary care settings
Mannion M	Roles, attitudes and concerns of practice nurses in the management of patients with type 2 diabetes in primary care in the HSE Midland area
Walsh D	Screening for gestational diabetes mellitus (GDM) - an Irish primary care prospective study
O'Shea B	Self reported practices and beliefs of GPs in the management of overweight and obesity in children; self administered GP questionnaire study
Owens M	Small group CME in Ireland: group members assessment
McNeill M	Spirometry outreach clinics for the midlands: A study to determine the feasibility of Spirometry testing being provided in primary care centres by respiratory scientists
Roche C	The acceptability and perceived benefit of the consultation liaison model among GPs
Coffey L	The adoption of a low fat diet in primary care patient sample: A randomised control trial of a theory-based intervention
Dunne O	The attitudes of Irish general practitioners to identifying and managing substance misuse in adolescents
Flynn AM	The attitudes of parents and general practitioners to management of childhood and adolescent obesity
McEvoy R	The national strategy for service user involvement in the Irish health service
Kenny E	The management of childhood constipation in primary care
McGowan A	The management of COPD in general practice in HSE West
O'Donoghue S	The otolaryngology, head and neck training and curriculum appraisal questionnaire, a national general practice perspective

ICGP Research Ethics Approved Projects 2010 and 2011 (Continued)

<i>Applicant Name(s)</i>	<i>Study Title</i>
Cullen W	The role of primary care in youth mental health in Ireland's midwest region: an explanatory study
McCormack J	The training of GPs. Fit for purpose? What purpose? Whose purpose?
Collins C	The WoManPower project
O'Carroll A	To consult or not to consult! An ethnographic exploration conducted in Dublin, of the factors that affect homeless people health seeking behaviour
Cullen W	Towards early intervention for youth mental health in primary care: a mixed methods study from two perspectives
Cole J	Understanding the barriers to lifestyle change in the SPHERE study
Roche K	Unused/unwanted medication study
Carew N	Use of the internet by patients in general practice for health information
MacFarlane A	User involvement in primary healthcare: toward a framework for implementation
Murphy S	What are the barriers providing care to Haemochromatosis patient at practice level?
Curtin M	Women's experience of GP follow up care after miscarriage

ICGP Research and Audit Conference Oral Presentations 2010 & 2011

<i>Applicant Name(s)</i>	<i>Study Title</i>
Sinnott C	Agomelatine: early clinical experience and safety audit of a novel antidepressant
Molony S	An audit into the standard of warfarin monitoring
Cox AM	An audit of statin prescribing to low risk patients – are we meeting guidelines?
O'Hara P	An audit of structured diabetes care in a general practice setting
O'Sullivan C	An audit of travel medicine visits in general practice
O'Reilly-de Brún M	Are family and friends acceptable as interpreters in cross-cultural general practice consultations? An analysis using participatory learning and action research methods
Crowley B, Russell A	Assessment of the quality of communication between primary and secondary care
Russell A	Audit of the management of adult coeliac disease
Beirne M	Blood pressure in rural practice
McHugh S	Diabetes services across primary and secondary care settings
Crowley S	Documentation in warfarin prescribing

ICGP Research and Audit Conference Oral Presentations 2010 & 2011 (Continued)

<i>Applicant Name(s)</i>	<i>Study Title</i>
Coleman A	Documentation of house calls: there is room for improvement
Hussain I	Evaluation of consultation liaison model between general practice and community psychiatric service
Cornally N	General practitioners' perspective on the role and professional development of practice nurses
O'Mahony A	H1N1 (Swine Flu) vaccine. Much ado about nothing?
Doyle H	How do Irish doctors feel about treating their own family members?
O'Fionnain P	Measuring patient acceptability of generic substitution
Breen N, O'Connell A	Paediatric presentations to primary care: time for a new look
O'Hora A	Pandemic (H1N1) 2009 Influenza vaccine effectiveness study in Ireland
Rochfort A	Personal and occupational health behaviours and attitudes in Irish general practitioners: changes and trends 2001-2011
Maguire N	Spleen screen
Achakpokri J	The difficulties type 2 diabetic patients encounter in the care of their disease: the patients' perspective
Fitzpatrick P	The Heartwatch GP - delivered secondary prevention of coronary heart disease programme; early highlighters of likelihood of patient non-adherence
Rafferty M	The Pain Disability Prevention Study: trial of an early intervention rehabilitation programme for patients with non-malignant back pain

ICGP Research and Audit Conference Poster Presentations 2010 & 2011

<i>Applicant Name(s)</i>	<i>Study Title</i>
Wilkinson C	A comparison of urinary protein/creatinine ration and urinary albumin/creatinine ratio with the 24 hour urine protein collection to diagnose significant proteinuria in a pregnant population with suspected preeclampsia
Hill F	A computer based, analysis of process and outcomes of diabetic care in 23 GP practices in Ireland
Ni Leidhin C	An audit of the management of hypertension in an Irish general practice
Crealy M	A qualitative study in an Irish general practice of the knowledge and attitudes of pregnant women regarding weight and nutrition in pregnancy
Cunney A	Are house calls really necessary?
Freeman L	A retrospective audit on the successful completion of the Mental Health Act forms, focusing on Form 1 and Form 5
Knight D	A survey of patients within a general practice who failed to attend hospital clinics
Gaynor J	Attitudes to provision of care to GPs own children aged twelve years or less
O'Mahony M	Audit of a foot care education programme in an Irish primary care diabetic population

ICGP Research and Audit Conference Poster Presentations 2010 & 2011 (Continued)

<i>Applicant Name(s)</i>	<i>Study Title</i>
Hurley S	Audit of cardiovascular risk management in general practice
Whyte V	Audit of empirical antimicrobial prescribing for urinary tract infection in rural west of Ireland general practice
Manton D	Audit of health and safety policies in GP training practices
Donnelly C	Audit of the palliative care services in the community, in the Midland HSE area
Cronin J	Audit of vitamin D prescription for 6 week old infants
Malomo K	Audit on the use of antithrombotic therapy on management of atrial fibrillation in an Irish general practice
Duggan C	Cervical cancer screening – Irish women voice their opinions
Hurley N	Clinical audit of centile measurement in children presenting to general practice
Murphy M	Does cash payment influence a GP's decision to prescribe antibiotics?
Keenan R	Does nutrition knowledge correlate with BMI and diabetic control in type 2 diabetic patients in primary care?
Redmond P	Establishing a general practitioner led minor injury service; mixed methods evaluation of aspects of the service
Martin J	Evaluation of measles outbreak communication campaign
Quann N	Frequent attenders and the effect on general practice workload
Fitzpatrick P	Heartwatch: the effect of a primary-care-delivered secondary prevention programme for cardiovascular disease on medication use and risk factor profiles
Buckley E	Monitoring quality standards in primary care CervicalCheck - the National Cancer Screening Programme, Rep of Ireland
Moloney M	Monitoring renal function in patients on ACE-inhibitors in general practice
Sweeney M	Observational study on patterns of usage in an out-of-hours cooperative in Ireland
Quirke G	Opportunistic sexual history taking: how are we doing?
Gregan P	Palliative care in primary care - enhancing the experience
O'Brien R	Preliminary study on deprivation in inner city Dublin
Pugh J	Prevalence of Chlamydia infection in a rural general practice setting and patient knowledge and attitude to STI screening
Wallace E	Provision of primary care services to young people in an accessible and effective manner
Wilson K	Psychological health in GP trainees
Carey O	Role of palliative care in chronic disease management

ICGP Research and Audit Conference Poster Presentations 2010 & 2011 (Continued)

<i>Applicant Name(s)</i>	<i>Study Title</i>
Hickey JP	The delivery of primary health care to Irish soldiers in a peace support mission
Hickey JP	The effect of an acute bout of aerobic exercise on fine motor and cognitive function
Hamilton A	The practice of economics - the economics of practice
Barnes J	The role of ambulatory blood pressure monitors in an Irish general practice
Sweeney L	The use of sleeping medication in an Irish general practice
O'Keeffe E	Through the eye of the needle - a closer look at needle stick injuries in general practice



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