

## Reshaping Clinical Care in General Practice – 23<sup>rd</sup> June 2017

[Covering [dementia](#), [long term conditions](#), [older people](#), [integrated care](#), [safeguarding](#)]

### Dementia

#### [Assistive technology for memory support in dementia.](#)

*Van der Roest HG. Cochrane Database of Systematic Reviews 2017;(6):CD009627.*

This review highlights the current lack of high-quality evidence to determine whether AT is effective in supporting people with dementia to manage their memory problems.

#### **Description of general practitioners' practices when suspecting cognitive impairment. Recourse to care in dementia (Recaredem) study.**

*Harmand, Magali Gonzalez-Colaço et al, Aging & mental health; Jun 2017:1-10*

This study underlines the importance of GPs' feeling of confidence when managing cognitively impaired patients with dementia, and the need of increasing training in the field of dementia, which could improve the awareness of GPs about diagnosis and available resources.

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#### **Providing support to surrogate decision-makers for people living with dementia: Healthcare professional, organisational and community responsibilities.**

*Shanley, Christopher et al, Health & social care in the community; Jun 2017: 1–8 doi.org/10.1111/hsc.12456*

Many people living with dementia will reach a stage where surrogate decision-makers-mostly family carers-will need to make a range of decisions on their behalf. The aim of this study was to learn from surrogate decision-makers how they can be most effectively supported in this role.

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### Integrated Care

#### **Engaging patients in primary care practice transformation: theory, evidence and practice.**

*Sharma, Anjana E; Grumbach, Kevin, Family practice; Jun 2017; vol. 34 (no. 3); p. 262-267*

While there are persuasive ethical and social justice reasons for empowering patient involvement in practice improvement at the clinic level, research provides suggestive but not yet resounding evidence in support of the instrumental triple aim benefit of practice-level patient engagement.

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#### ['Treated as a number, not treated as a person': a qualitative exploration of the perceived barriers to effective pain management of patients with chronic pain.](#)

*Hadi, Muhammad Abdul et al; BMJ open; Jun 2017; vol. 7 (no. 6);*

Patients expressed a clear desire for the improved provision and quality of chronic pain management services within the NHS to overcome barriers identified in this study. An integrated holistic approach based on a biopsychosocial model is required to effectively manage pain and improve patient satisfaction.

### **General practice views of managing childhood obesity in primary care: a qualitative analysis**

*O'Donnell J.E.; Foskett-Tharby R.; Gill P.S. Source JRSM Open; May 2017; vol. 8 (no. 6)*

General practice staff were unconvinced that they could have a significant role in managing childhood obesity on a large scale. Participants believed schools have more contact with children and should coordinate the identification and management of overweight children. A minor future role may involve opportunistically identifying overweight children /signposting to obesity services.

### **Between "the best way to deliver patient care" and "chaos and low clinical value": General Practitioners' and Practice Managers' views on data sharing**

*Petrova M.; Barclay M.; Barclay S.S.; Barclay S.I.G. International Journal of Medical Informatics; Aug 2017; vol. 104 ; p. 74-83*

Familiarity with and use of data sharing projects was high among GPs and PMs. Both their individual and organisational characteristics were associated with the reported frequency of discussions and patients' responses. Improved awareness of the impact of provider characteristics and attitudes on patients' decisions about data sharing may enhance the equity and autonomy of those decisions.

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## **Long-Term Conditions**

[including Cancer, Diabetes, and general management]

### **Clinical and cost effectiveness of nurse-led self-management interventions for patients with copd in primary care: A systematic review.**

*Baker, Elizabeth; Fatoye, Francis International Journal of Nursing Studies; Jun 2017; vol. 71 ; p. 125-138*

Some nurse-led self-management programmes in this systematic review produced beneficial effects in terms of reducing unscheduled physician visits, lowering patients' anxiety and increasing self-efficacy, but there is insufficient evidence to reach firm conclusions on the clinical or cost-effectiveness of the interventions.

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### **Are community-based nurse-led self-management support interventions effective in chronic patients? Results of a systematic review and meta-analysis.**

*Massimi A. PLoS ONE 2017;12(3)*

Great emphasis has been placed on the role of self-management in the complex process of care of patient with long-term conditions ... This systematic review and meta-analysis aims to assess the efficacy of the nurse-led self-management support versus usual care evaluating patient outcomes in chronic care community programs.

[Freely available online](#)

### **GPs' perspectives on prescribing for older people in primary care: a qualitative study**

*Riordan D.O et al British Journal of Clinical Pharmacology; Jul 2017; vol. 83 (no. 7); p. 1521-1531*

Highlights the complexities of behavioural determinants of prescribing for older people in primary care and the need for additional supports to optimize prescribing for this growing cohort of patients. Interventions that incorporate, but are not limited to interprofessional collaboration with pharmacists and information technology systems, were identified by GPs as being potentially useful for improving prescribing behaviour, and therefore require further exploration.

## **Optimizing Medical Management in Patients with Sight-Threatening Diabetic Retinopathy.**

*Mamtora, Sunil et al. Ophthalmology and therapy; Jun 2017; vol. 6 (no. 1); p. 105-114*

The majority of patients with STDR were receiving suboptimal medical management. Collaboration between GPs, diabetes specialists, and ophthalmologists can lead to optimized medical management. All eye departments should develop protocols specifying when patients with diabetic retinopathy should be referred for to a diabetes specialist for input.

## **Older people**

### **Delivering person-centred holistic care for older people**

*Beech, Roger et al, Quality in Ageing and Older Adults; 2017; 18(2):157-167*

This paper is an evaluated case study of the Wellbeing Coordinator (WBC) service in Cheshire, UK. WBCs are non-clinical members of the GP surgery or hospital team who offer advice and support to help people with long-term conditions and unmet social needs remain independent at home.

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## **Towards affordable healthcare: Why effective innovation is key**

*6<sup>th</sup> June 2017*

*International Longevity Centre-UK*

Explores the potential for innovation application and diffusion in health care within the UK and critically how the 'right type' of innovation could make health care better and cheaper, essentially doing 'more with less'.

## **Outcomes of Treated Hypertension at Age 80 and Older: Cohort Analysis of 79,376 Individuals**

*Delgado J., et al*

*Journal of the American Geriatrics Society; May 2017; 65 (5): 995-1003*

Study aimed to estimate outcomes according to attained blood pressure (BP) in the oldest adults treated for hypertension in routine family practice.

## **Drug prescribing during the last year of life in very old people with diabetes**

*Hamada S.; Gulliford M.C, Age and Ageing; 2017; 46(1):147-151*

Study evaluated primary care drug utilisation during the last year of life, focusing on antidiabetic and cardiovascular drugs, in patients of advanced age with diabetes.

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## **Safeguarding**

### **Preventing Violence, Promoting Peace A Policy Toolkit for Preventing Interpersonal, Collective and Extremist Violence**

*Bellis, M.A.; et al.*

*The Commonwealth, May 2017*

Toolkit collates evidence on the prevention of all types of violence including interpersonal violence, collective violence, and violent extremism. It focuses largely on how to prevent individuals and groups from developing violent behaviours rather than the costly process of dealing with violence and its consequences.

## **Patients' evaluations of patient safety in English general practices: a cross-sectional study.**

*Ricci-Cabello, Ignacio et al*

*British Journal of General Practice Jun 2017*

Study in 45 general practices across five regions in the north, centre, and south of England.

It concluded that priority areas for patient safety improvement in general practices in England include appointments, diagnosis, communication, coordination, and patient activation.

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## **Juggling confidentiality and safety: a qualitative study of how general practice clinicians document domestic violence in families with children.**

*Drinkwater, Jessica et al. The British Journal of General Practice Jun 2017; vol.67 (no. 659); p. e437*

Managing DVA in families with children is complex and challenging for general practice clinicians.

National integrated guidance is urgently needed regarding how clinicians should manage the competing roles of the EPR, while maintaining safety of the whole family, especially in the context of online EPRs and patient access.

## **General practitioners' clinical expertise in managing suicidal young people: implications for continued education.**

*Michail, Maria; Tait, Lynda; Churchill, Dick Primary health care research & development; May 2017 ; p. 1-10*

The study has important implications for providing specialist training for GPs in assessing and managing youth suicide risk and facilitating attitudinal change. GP education should promote a holistic understanding and assessment of risk and its influences in line with clinical recommendations to facilitate therapeutic engagement and communication with young people.

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## **Medication prescribing safety incidents in primary care**

Muhammad K.W. et al. *Pharmacoepidemiology and Drug Safety*; May 2017; vol. 26 ; p. 13

Results indicate that significant harm from prescribing incidents was mostly caused by wrong dose or strength of medication being prescribed, often due to lack of knowledge or inadequate skill and failure to follow prescribing protocols. There is a need for further training when prescribing opioid analgesics, warfarin, antibiotics and NSAIDs and better sharing of information from secondary to primary care.

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