



## Reshaping Clinical Care in Primary Care – 8<sup>th</sup> May 2020

[Covering [dementia](#), [integrated care \(including Primary Care Networks and emerging roles\)](#), [long term conditions](#), [older people](#), [safeguarding](#), [safety](#)]

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### COVID-19 Research, resources, training

#### [Barriers and facilitators to healthcare workers' adherence with infection prevention and control \(IPC\) guidelines for respiratory infectious diseases: a rapid qualitative evidence synthesis.](#)

*Houghton, Catherine et al. The Cochrane database of systematic reviews; Apr 2020; vol. 4 ; p. CD013582*

Factors influencing Healthcare workers ability and willingness to follow IPC guidelines when managing respiratory infectious diseases, include those tied to the guideline itself and how it is communicated, support from managers, workplace culture, training, physical space, access to and trust in personal protective equipment, and a desire to deliver good patient care. It is important to including all facility staff, including support staff, when implementing IPC guidelines.

#### [Management of coexisting conditions in the context of COVID-19.](#)

*BMJ Best Practice.*

2020.

This summarises important considerations for the care of people with co-existing medical conditions during the COVID-19 pandemic.

#### [What conditions could we prioritise in the primary care setting to reduce non-COVID-related admissions to hospital?](#)

*CEBM Oxford COVID-19 Evidence Service.*

2020.

This rapid review has established that targeted interventions for influenza, COPD, CHF, diabetes, UTI and cellulitis should be identified to support increased management in primary care settings, to keep people well and reduce preventable hospital admissions where possible.

#### [COVID-19 rapid guideline: children and young people who are immunocompromised](#)

*National Institute for Health and Care Excellence (NICE).*

May 2020.

COVID-19 usually causes a mild, self-limiting illness in children and young people, even in those who are immunocompromised. For those with complex care needs, parents and carers should have a plan in place in case they themselves become ill, so that their child can continue to receive care safely.

#### [Supporting older people and people living with dementia during self-isolation](#)

*British Psychological Society*

17<sup>th</sup> April 2020

This guidance includes advice on remaining connected and staying active during the pandemic and a section on the needs of people living with dementia and memory problems — particularly on how to help them understand and follow Covid-19 advice.

## **Dr Julian: Free training for therapists during COVID-19**

*Dr Julian Nesbitt*

*15<sup>th</sup> April 2020*

Dr Julian offers free training sessions to mental health therapists to help them transition to working online during the current COVID-19 crisis. The Dr Julian platform connects patients to therapists giving choices: who they want to see, what time is suitable, video/ audio/ instant message appointments.

## **COVID-19 rapid guideline: severe asthma.**

*National Institute for Health and Care Excellence (NICE).*

*2020.*

The purpose of this guideline is to maximise the safety of adults and children with severe asthma during the COVID-19 pandemic, while protecting staff from infection. It will also enable services to make the best use of NHS resources

## **Managing diabetes during the COVID-19 pandemic.**

*CEBM Oxford COVID-19 Evidence Service.*

*2020.*

Alongside general COVID-19 guidance to reduce risk, people with diabetes have been advised to aim for tighter glucose control where appropriate and feasible.

## **COVID-19 infection in children.**

*Sinha IP.*

*The Lancet Respiratory Medicine 2020*

With rates of hospitalisation and mortality from novel coronavirus disease 2019 (COVID-19) increasing, there is understandable concern across the UK for medical professionals and the general public. This highlights the challenges faced by children and health-care professionals involved in their care, and propose key strategies to address these challenges.

## **Coronavirus (COVID-19): Health advice for people with asthma.**

*Asthma UK.*

*2020.*

See also Asthma UK's YouTube channel with 5 specific Covid-19 and asthma films about medication, staying well, self-isolating.

## **Coronavirus (COVID-19): Advice for people at higher risk.**

*NHS.uk.*

*2020.*

General information for those at higher risk of becoming very ill if they catch Covid-19.

## **COVID-19 rapid guideline: delivery of systemic anticancer treatments.**

*National Institute for Health and Care Excellence (NICE).*

*2020.*

Updated on 9 April 2020 with a table of the NHS England interim treatment regimens as an option for delivering systemic anticancer treatments. NICE also added recommendations on how to follow them.

## **Supporting older people and people living with dementia during self-isolation.**

*British Psychological Society (BPS).*

*2020.*

This guidance for older people includes advice on remaining connected and staying active during the pandemic and a section on the needs of people living with dementia and memory problems — particularly on how to help them understand and follow Covid-19 advice.

## **What conditions could we prioritise in the primary care setting to reduce non-COVID-related admissions to hospital?**

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2020.

This rapid review has established that targeted interventions for influenza, COPD, CHF, diabetes, UTI and cellulitis should be identified to support increased management in primary care settings. This could result in keeping people well and reducing preventable hospital admissions where possible.

## **COVID-19: providing unpaid care to adults with learning disabilities and autistic adults.**

### **COVID-19: supporting adults with learning disabilities and autistic adults.**

*Department of Health and Social Care (DHSC).*

2020.

Guidance for care staff and people who are providing unpaid care to adults with learning disabilities and autistic adults during the coronavirus (COVID-19) outbreak.

## **Evidence to guide telehealth physiotherapy.**

*PEDro.*

2020.

With many physiotherapists moving to delivery of online services because of the Coronavirus Disease 2019 (COVID-19) pandemic, this includes a list of systematic reviews published in the last 5 years that evaluate the effects of tele-physiotherapy.

## **Remote consultations guidance under COVID-19 restrictions.**

*Royal College of Nursing (RCN).*

2020.

This guidance has been developed to support nursing staff, including health visitors, midwives and nursing support workers, where they are being asked to see and/or treat patients via a telephone or video or other remote consultation process

## **Dementia**

### **The role of the treating practice in persistence among dementia patients in Germany and the UK?**

*Steininger, Gilles et al. International J of Clinical Pharmacology and Therapeutics; May 2020, 58(5):247-253*

Physicians play an important role with respect to the persistence of the dementia patients they treat.

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## **Dementia 7. When dementia is diagnosed, supporting the person and family caregivers.**

*Nazarko L.*

*British Journal of Healthcare Assistants 2020;14(4):178-184.*

The diagnosis of dementia can be devastating to the older person and his or her family; although dementia is not curable and treatment options are limited, assessment enables clinicians to work with the person and enhance their quality of life; It can take time for the individual and his or her family to come to terms with a dementia diagnosis and kindness and compassion can be of great help.

*Available with an NHS OpenAthens password for eligible users*

### [Dementia profile.](#)

*Public Health England (PHE).*

2020.

Publicly available data on dementia, broken down by geographical area. Updated statistics on dementia prevalence, care and mortality, at the national and subnational geographical areas in England.

## **Integrated Care (including Primary Care Networks and emerging roles)**

### [Under the radar: General practitioners' experiences of directly employed care workers for older people.](#)

*Wilcock, Jane et al. Health & Social Care in the Community; May 2020; vol. 28 (no. 3); p. 1099-1108*

DECWs are well placed to monitor older people's health, provide continuity of care and undertake certain healthcare tasks. GPs envisaged such workers as potentially valuable assets in community-based care, requiring skills training for this workforce and the protocols for delegation of health tasks and safeguarding of vulnerable older people. Older people employing care workers and those advising or supporting them should address communications with health providers in employment contracts and job descriptions

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### [Using safety culture results to guide the merger of four general practices in the UK.](#)

*Lockwood AM.*

*BMJ Open Quality 2020;9(1)*

Using this tool and prioritising patient safety, enables rapid and effective positive change to the culture and shape of expanding practices. It affirms that new models of working at scale in GP can be positively embraced with improvements in safety culture.

### [Contribution of primary care organisation and specialist care provider to variation in GP referrals for suspected cancer: ecological analysis of national data.](#)

*Burton, Christopher et al.*

*BMJ Quality & Safety; Apr 2020; vol. 29 (no. 4); p. 296-303*

A substantial proportion of the variation between general practitioner practices in referrals is attributable to their local healthcare systems. Efforts to reduce variation need to focus not on individual practices and on local diagnostic service provision and culture at the interface of primary and secondary care.

### [Barriers and enablers to collaborative working between GPs and pharmacists : a qualitative interview study.](#)

*Ducan, P et al.*

*British Journal of General Practice. 2020 vol 70, no 692, pp 155-163.*

A good working relationship between the GP and pharmacist, where each profession understood the other's skills and expertise, was key. The importance of face-to-face meetings and feedback should be considered in future studies of interdisciplinary interventions, and by GP practices that employ pharmacists and other allied health professionals.

### **Group consultations for cancer care reviews in general practice.**

Hodgson, Emma.

*Practice Nursing*; Apr 2020; vol. 31 (no. 4); p. 170-172

Group consultations can be used for cancer care reviews to improve the health of people living with cancer. The impact on patient's wellbeing was significant and feedback suggested patients felt the group consultation worked well for ongoing follow up and assessment.

*Available with an NHS OpenAthens log in for eligible users*

### **Integrated care systems explained: making sense of systems, places and neighbourhoods.**

The King's Fund

2020.

Integrated care services represent a fundamental shift in the way the health and care system is organised. This explainer looks at how these bodies are structured and progress made before the Covid-19 outbreak took hold.

### **Interventions to Improve Hospital Admission and Discharge Management: an Umbrella Review of Systematic Reviews**

Strasner C. et al.

*Quality management in health care*; Apr 2020; vol. 29 (no. 2); p. 67-75

Overall, interventions focusing on elderly patients and high-intensity interventions seemed to be most effective. An overview of classifications of care transition strategies is provided. Future research should focus on hospital admission management programs.

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### **Innovative Integrated Health and Social Care Programs in Eleven High-Income Countries**

Bhattacharyya O. et al.

*Health affairs (Project Hope)*; Apr 2020; vol. 39 (no. 4); p. 689-696

We used a structured survey to characterize the strategies and activities used by these programs. We found that there were some common features in the implementation of these innovations across the eleven countries and some variation related to local context or the clients served by these programs.

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### **Partnering with patients to improve access to primary care**

Davie S.; Kiran T.

*BMJ open quality*; Apr 2020; vol. 9 (no. 2)

In this Canadian study, following PDSA cycles, the team saw a 26%, 23% and 17% increase in awareness of weekday evening clinics, weekend clinics and after-hours phone services, respectively, and a 16% increase in the proportion of patients reporting that it was very or somewhat easy to get care during the evening, on the weekend or on a holiday from their care team. Measures continued to improve and improvements have been sustained 3 years later.

### **Medicines reconciliation in primary care: a study evaluating the quality of medication-related information provided on discharge from secondary care.**

*Shah, Chetan; Hough, Jane; Jani, Yogini. European Journal of Hospital Pharmacy: Science & Practice; May 2020; vol. 27 (no. 3); p. 129-134*

Our evaluation revealed overall good compliance with discharge medication documentation standards, but a number of changes to medicines during hospitalisation were not fully communicated or documented on the discharge summary or actioned in the general practice after discharge.

### **Optimising management of UTIs in primary care: a qualitative study of patient and GP perspectives to inform the development of an evidence-based, shared decision-making resource**

*Donna M Lecky et al. British Journal of General Practice 2020; 70 (694): e330-e338.*

Consultation time pressures combined with late symptom presentation are a challenge for even the most experienced of GPs: however enhanced patient–clinician shared decision making is urgently required when it comes to UTIs. This communication should incorporate the provision of self-care, safety netting, and preventive advice to help guide patients when to consult. A shared decision-making information leaflet was iteratively co-produced with patients, clinicians, and researchers at Public Health England using study data.

### **Holistic review of people with diabetes and chronic kidney disease reveals important multimorbidity and unmet clinical need: The ENHIDE diabetes renal telehealth pilot study**

*Winocour P.H.et al. Clinical Medicine; April 2020; vol. 20 (no. 2); p. 133-138*

The East and North Herts Institute of Diabetes and Endocrinology (ENHIDE) renal diabetes telehealth project examined the feasibility of data extraction from primary care records for virtual consultant review as a prelude to a telehealth case-based discussion with primary care teams. The service was well received by primary care as a workable means of delivering patient care; significant unmet clinical needs were identified with opportunities to empower patient self management of acute metabolic and foot issues, and better coordination of care between specialist diabetes and renal teams.

## **Long-Term Conditions**

### **myCOPD for self-management of chronic obstructive pulmonary disease.**

*National Institute for Health and Care Excellence (NICE). 2020.*

NICE has developed a medtech innovation briefing (MIB) on myCOPD for self-management of chronic obstructive pulmonary disease. Main benefits were improvements in self-management and education, and support for pulmonary rehabilitation. The technology offers training on inhaler technique and breathing control, helping people to manage their symptoms themselves

## **An observational cohort study of numbers and causes of preventable general hospital admissions in people with and without intellectual disabilities in England.**

Glover, G.; Williams, R.; Oyinlola, J. *Journal of Intellectual Disability Research*; May 2020; vol. 64 (no. 5); p331-344  
Rates of hospital admissions for ACS conditions provide an important indicator of health literacy, basic self-care (or support by carers) and the accessibility of primary care. High rates are seen for some conditions specifically associated with premature death in people with ID. Local monitoring of these figures could indicate effectiveness of local primary health services in supporting people with ID.

## **Prognostic value of first-recorded breathlessness for future chronic respiratory and heart disease: a cohort study using a UK national primary care database.**

Chen, Ying et al.

*British Journal of General Practice*; Apr 2020; vol. 70 (no. 693)

Breathlessness can be an indicator of developing COPD, asthma, and IHD, and is associated with early mortality. With careful assessment, appropriate intervention, and proactive follow-up and monitoring, there is the potential to improve identification at first presentation in primary care in those at high risk of future disease who present with this symptom.

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## **How primary care can help survivors of transient ischaemic attack and stroke return to work: focus groups with stakeholders from a UK community.**

Balasoorya-Smeekens, Chantal et al. *British Journal of General Practice*; Apr 2020; vol. 70 (no. 693)

Improving the role for primary care in helping survivors of TIA/stroke return to work is challenging. However, primary care could play a central role in initiating/coordinating vocational rehabilitation. Through focus group discussions with stakeholders from a local community, patients, carers, and clinical commissioners were able to put forward concrete proposals to address the barriers identified.

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## **Referral of patients with chronic obstructive pulmonary disease to pulmonary rehabilitation: A qualitative study of barriers and enablers for primary healthcare practitioners**

Watson J.S. et al.

*British Journal of General Practice*; 2020; vol. 70 (no. 693)

There were more barriers to PR referral than enablers. Providers must engage better with PHCPs, patients with COPD, and carers, and actively promote PR. Increasing PHCPs' awareness of the benefits of PR, financial incentives, and alternative referral pathways should be considered.

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## **Improving Patient Care and Reducing Readmissions Using a Standardized Transition of Care Plan.**

Rains, Melissa

*Heart & Lung*; Mar 2020; vol. 49 (no. 2); p. 214-214

Various strategies such as post-discharge phone calls or coaching, the use of a standardized plan utilizing consistent education by a dedicated Nurse Navigator, Pharmacist discharge counseling, scheduling of follow-up appointments, and a post-discharge call or follow-up were evaluated. Using a standardized plan for care transitions in the hospitalized heart failure patient proved to be a success.

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### **Prescribing and dosing exercise in primary care**

Orchard J.W.

*Australian journal of general practice*; Apr 2020; vol. 49 (no. 4); p. 182-186

Although referral to an exercise-based practitioner is a useful option, exercise prescription should become embedded as part of primary care medical practice because of its reported effectiveness and minimal side effects when appropriately implemented.

### **Stakeholders' perceptions and experiences of the National Health Service diabetes prevention programme in England: qualitative study with service users, intervention providers and deliverers, commissioners and referrers**

Rodrigues A.M.

*BMC health services research*; Apr 2020; vol. 20 (no. 1); p. 307

The NHS DPP offers an evidence-informed behavioural intervention for T2D prevention. Better risk communication specification could ensure consistency at the referral stage and improve participation in the NHS DPP intervention. Cultural adaptations and outreach strategies could ensure the NHS DPP contributes to reducing health inequalities.

### **Cohort study evaluating management of burns in the community in clinical practice in the UK: Costs and outcomes**

Guest J.F.; Fuller G.W.; Edwards J.

*BMJ Open*; Apr 2020; vol. 10 (no. 4)

NHS cost of wound care in clinical practice over 24 months from initial presentation was an estimated £16 924 per burn. This study indicates the need for education of general practice clinicians on the management and care of burn wounds. Strategies are required to improve documentation in patients' records, integration of care between different providers, wound healing rates and reducing infection.

### **Improving mental health in autistic young adults: a qualitative study exploring help-seeking barriers in UK primary care**

Coleman-Fountain E.; Buckley C.; Beresford B. *The British journal of general practice* Apr 2020

Young autistic adults without learning disabilities, and their families, may hold erroneous beliefs about autism and mental health. This may affect help seeking and contribute to an exacerbation of symptoms. GPs need to be aware that autistic young adults may be experiencing mental health difficulties but may not recognise them as such.

## **Older people**

### **Systolic inter-arm blood pressure difference and risk of cognitive decline in older people: a cohort study**

Christopher E Clark, et al.

*Br J Gen Pract* May 4, 2020

An IAD  $\geq 5$  mmHg is associated with cognitive decline in a representative older population. Given that systolic inter-arm differences in blood pressure are easily measured, confirmation of these findings could inform individualised treatment for the prevention of cognitive decline and dementia.

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## **Effects of physical activity programs on sleep outcomes in older adults: a systematic review.**

Vanderlinden J. *The International Journal of Behavioral Nutrition and Physical Activity* 2020;17(1):11.

Exercise programs positively affect various aspects of sleep in generally healthy older adults. Moderate intensity exercise programs (three times per week and a duration of 12 weeks up to 6 months) showed the highest number of significant improvements in different sleep outcomes in older adults.

## **Safeguarding, Safety**

### **Role of the GP in the management of patients with self-harm behaviour: a systematic review**

Faraz Mughal et al.

*British Journal of General Practice* 2020; 70 (694): e364-e373

GPs recognise self-harm as a serious risk factor for suicide, but some feel unprepared for managing self-harm. The role of the GP is multidimensional and includes frontline assessment and treatment, referral to specialist care, and the provision of ongoing support.

### **Tipping the Scales: Factors Influencing the Decision to Report Child Maltreatment in Primary Care.**

Kuruppu, Jacqueline et al.

*Trauma, violence & abuse*; Apr 2020

Main factors influencing decision to report CM: personal threshold of suspicion of abuse, relationship with family, faith in the child protection system, and education and discussion. Improving the support and training to address these four areas may be beneficial for GPs and PNs in responding to CM.

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### **Understanding the utilisation of a novel interactive electronic medication safety dashboard in general practice: a mixed methods study**

Jeffries M. et al *BMC medical informatics and decision making*; Apr 2020; vol. 20 (no. 1); p. 69

An online medication safety dashboard enabled pharmacists to identify patients at risk of potentially hazardous prescribing. There were marked variations in processes between some practices. Workload diminished over time as it shifted towards resolving new cases of hazardous prescribing.

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