



## Reshaping Clinical Care in Primary Care – 8<sup>th</sup> November 2019

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

**Supporting the CPD Zone - the 'Go To' place for CPD in General Practice across Thames Valley and Wessex** <http://www.oxfordhealth.nhs.uk/library/cpd-zone/>

### Dementia

#### **The value of the GP's clinical judgement in predicting dementia: a multicentre prospective cohort study among patients in general practice.**

*Pentzek, Michael et al, The British journal of general practice Nov 2019; 69 (688): e786*

In this sample of patients in familiar doctor-patient relationships, the GP's clinical judgement holds additional value for predicting dementia, complementing test performance and patients' self-reports. Existing and emerging primary care-based dementia risk models should consider the GP's judgement as one predictor.

[Contact the library for a copy of this article](#)

#### **Polypharmacy patterns in the last year of life in patients with dementia**

*Denholm, Rachel; Morris, Richard; Payne, Rupert, European Journal of Clinical Pharmacology; Nov 2019;75 (11):1583-1591*

Dementia patients are prescribed high levels of medication, many potentially inappropriate, during their last year of life, with reductions occurring relatively late. Improvements to medication optimisation guidelines are needed to inform decision-making around deprescribing.

#### **Dementia: comorbidities in patients**

*PHE*

*1 November 2019*

This provides analysis of primary care data relating to other health conditions that patients with dementia live with in England.

#### **Can non-pharmacological interventions reduce hospital admissions in people with dementia? A systematic review**

*Packer R, Ben Shlomo Y, Whiting P.*

*PloS one; 2019; 14 (10): e0223717*

Current evidence from randomised trials suggests no clear benefit or harm associated with any of interventions on risks of hospitalisation, duration of hospitalisation or death.

#### **Partner Bereavement and Detection of Dementia: A UK-Based Cohort Study Using Routine Health Data**

*Forbes H.J. et al.*

*Journal of Alzheimer's disease. Oct 2019*

Partner bereavement appears to lead to a short-term increased risk of the surviving partner receiving a diagnosis of dementia, suggesting that bereavement unmasks existing undiagnosed dementia. Over the longer term, however, bereaved individuals are less likely to have a diagnosis of dementia in their health records than non-bereaved individuals.

[Contact the library for a copy of this article](#)

## **Comparative Efficacy of Interventions for Aggressive and Agitated Behaviors in Dementia: A Systematic Review and Network Meta-analysis.**

Watt JA.

*Annals of Internal Medicine* 2019.

Analysis of interventions targeting aggression and agitation (148 studies [21 686 patients]) showed that multidisciplinary care, massage and touch therapy, and music combined with massage and touch therapy were clinically more efficacious than usual care. Recreation therapy was statistically but not clinically more efficacious than usual care.

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

#### **Medicines associated with dependence or withdrawal: a mixed-methods public health review and national database study in England**

Marsden J. et al

*The Lancet Psychiatry*; Oct 2019

In 1 year over a quarter of the adult population in England had a prescription dispensed for antidepressants, opioids (for non-cancer pain), gabapentinoids, benzodiazepines, or Z-drugs. Long-term (>12 months) prescribing is common, despite being either not recommended by clinical guidelines or of doubtful efficacy in many cases. Enhanced national and local monitoring, better guidance for personalised care, and better doctor-patient decision making are needed.

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

#### **An international perspective on NHS primary care reform**

Martin Hefford

*King's Fund*. 24 October 2019

New Zealand and the United Kingdom have 'both committed to shifting investment from hospital care to primary and community care, and both have struggled to achieve that shift.' Martin Hefford shares his insights on primary care reform as Chief Executive of a New Zealand primary health organisation.

#### **Occupational therapy in primary care: exploring the role of occupational therapy from a primary care perspective**

Emily Chamberlain et al.

*Br J Gen Pract* October 2019 69:575-576

Occupational therapy students via the University of Southampton OT Programme were able to explore new work settings, and this exposure to primary care offered an insight into potential career pathways, promoting primary care as a career option. Given the positive outcomes from these placements, further work is recommended to consider the value that qualified occupational therapists could offer primary care on a longer-term basis as part of an integrated multidisciplinary workforce.

#### **Improving access out of hours: Evaluation of extended-hours primary care access hubs**

Nuffield Trust

20.05.2019

Could schemes aiming to increase the availability of primary care health care access out of hours improve the overall quality of services and patient experience in outer east London? The Nuffield Trust was commissioned by Barking, Havering and Redbridge CCGs to evaluate the impact of access programmes in these boroughs.

## [A descriptive analysis of health care use by high cost, high need patients in England.](#)

*The Health Foundation; 2019.*

This paper explores for the first time the distribution of both primary and secondary health care costs in England, including GP-prescribed drug cost. Identifying high-cost, high-need patients and examining the way in which they use health care services might help to design initiatives to reduce costs or to improve efficiency.

### **Long-Term Conditions**

## [General practice referral of 'at risk' populations to community leisure services: applying the RE-AIM framework to evaluate the impact of a community-based physical activity programme for inactive adults with long-term conditions.](#)

*Bird, E L; Biddle, M S Y; Powell, J E et al. BMC public health; Oct 2019; vol. 19 (no. 1); p. 1308*

Findings highlight strategies to be explored in future development and implementation of GP referral to community based physical activity programmes targeting inactive adults living with (or at risk of) long-term conditions.

## **An evaluation of a multifaceted, local Quality Improvement Framework for long-term conditions in UK primary care.**

*Gabel, Frank et al Family practice; Oct 2019; vol. 36 (no. 5); p. 607-613*

There are concerns about the unintended consequences of large pay-for-performance schemes in health care, but in a population with a high prevalence of disease, they may at least initially be beneficial. This study also provides evidence that a local, additional scheme may further improve the health of populations.

[Contact the library for a copy of this article](#)

## **Sleep problems and psychological symptoms as predictors of musculoskeletal conditions in children and adolescents**

*Andreucci A. et al. European journal of pain (London, England); Oct 2019*

Children and adolescents who visit primary care for sleep problems or psychological symptoms have increased risk of future musculoskeletal consultations. Further work is needed to understand the causal mechanisms before designing interventions strategies within primary care settings.

[Contact the library for a copy of this article](#)

## **Influence of prior antibiotic use on risk of rheumatoid arthritis: case control study in general practice**

*Armstrong D. et al. Rheumatology (Oxford, England); Oct 2019*

Exposure to antibiotics prior to the diagnosis was a significant risk factor for RA. This could reflect an immunological response to a compromised microbiome. Alternatively, patients with pre-symptomatic or early undiagnosed RA may have been more likely to present to their general practitioner with infections due to an unrecognized effect of RA.

[Contact the library for a copy of this article](#)

## **Structured programme to withdraw antipsychotics among adults with intellectual disabilities: The Cornwall experience.**

*Shankar, Rohit. et al. Journal of Applied Research in Intellectual Disabilities Nov 2019; vol. 32 (no. 6) p.1389-1400*

The authors managed to withdraw antipsychotics totally among 46.5% (33/71) and reduced over 50% of dosage in another 11.3% (8/71) of adults with intellectual disabilities. At three months follow-up no one required hospital admission or change in placement. It is possible to withdraw/reduce antipsychotics in a high proportion of adults with intellectual disabilities if a concerted effort is made involving all stakeholders from the outset

[Contact the library for a copy of this article](#)

## **Prevalence of unmet needs for spasticity management in care home residents in the East Midlands, United Kingdom: a cross sectional observational study.**

*Edwards, Laura et al.*

*Clinical Rehabilitation; Nov 2019; vol. 33 (no. 11); p. 1819-1830*

Care home residents in this study had high levels of unmet need for spasticity management.

[Contact the library for a copy of this article](#)

## **Challenges to concordance: theories that explain variations in patient responses.**

*Green, Julie; Jester, Rebecca British Journal of Community Nursing; Oct 2019; vol. 24 (no. 10); p. 466-473*

This article presents a range of psychological theories that could explain the everyday challenges faced in care delivery. Awareness of these theories may help HPs target their approach to care delivery more effectively, to understand patient responses and optimise the provision of person-centred care.

[Contact the library for a copy of this article](#)

## **Setting up a nurse-led bowel 'two week wait' service**

*Bromley R.; Cock K.*

*British journal of nursing; Sep 2019; vol. 28 (no. 16); p. 1063-1068*

The development of the national guideline is discussed and the rationale for a nurse-led service is provided, along with the processes followed to ensure patient safety. The inclusion of a telephone side to service provision is also examined and the challenges faced by the team are discussed.

[Available with an NHS OpenAthens log in for eligible users](#)

## **Cancer as a chronic illness: support needs and experiences**

*Boele F.*

*BMJ supportive & palliative care; Sep 2019*

Psychological burden remains high in the chronic phase of cancer, and patients experience ongoing difficulties in accessing support and services. Younger patients who have been ill for longer and those who have less social support may be particularly vulnerable.

[Available with an NHS OpenAthens log in for eligible users](#)

## **Diabetic foot problems: prevention and management.**

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

2019.

This guideline covers aims to reduce variation in practice, including antibiotic prescribing for diabetic foot infections.

## **Improving identification of people with a learning disability: guidance for general practice.**

NHS England.

2019.

This guidance sets out what practices need to do in 19/20 and 20/21 onwards to maximise the number of patients receiving a learning disability annual health check and being protected with influenza vaccination.

## **Rehabilitation of patients after transient ischaemic attack or minor stroke: Pilot feasibility randomised trial of a home-based prevention programme**

Heron N. et al.

*British Journal of General Practice; 2019; vol. 69 (no. 687)*

Findings indicate that implementation of this novel cardiac rehabilitation programme is feasible, with potential for important benefits and improved secondary prevention after TIA or 'minor' stroke.

[Contact the library for a copy of this article](#)

## **Opportunities to reduce antibiotic prescribing for patients with COPD in primary care: a cohort study using electronic health records from the Clinical Practice Research Datalink (CPRD).**

Rockenschaub, Patrick et al.

*The Journal of antimicrobial chemotherapy; Oct 2019*

Patients with severe COPD have the highest rates of antibiotic prescribing but most antibiotics are prescribed for patients with mild to moderate COPD. Antibiotic stewardship should focus on the dual goals of safely reducing the volume of prescribing in patients with mild to moderate COPD and optimizing prescribing in patients with severe disease who are at significant risk of drug resistance.

## **Older people**

### **[Should aspirin be used for primary prevention in the healthy elderly?](#)**

Thompson D. *Evidence-Based Nursing 2019;22(4):115.*

Low-dose aspirin as a primary prevention measure in older adults results in a significantly higher risk of major haemorrhage and does not result in a significantly lower risk of cardiovascular disease (CVD) than placebo.

### **Supporting frail older people with depression and anxiety: A qualitative study**

Frost, Rachael et al.

*Ageing & Mental Health; Oct 2019*

Mental health support for frail older people needs to address anxieties as well as depression, account for physical health issues, align with older people's need for independence and facilitate coping skills.

[Contact the library for a copy of this article](#)

### **[Delivering the NHS Long-Term Plan's ambition of ageing well: Old age psychiatry as a vital resource](#)**

Royal College of Psychiatrists

21 October 2019

Guidance to help local areas plan and deliver specialist services, led by old age psychiatrists, to meet the needs of older people.

### **[A consensus on healthy ageing](#)**

Public Health England

18<sup>th</sup> October 2019

This statement by Public Health England and the Centre for Ageing Better sets out a shared vision for making England the best place in the world to grow old.

### **To support and not to cure: general practitioner management of loneliness**

Jovicic A.; McPherson S.

*Health & social care in the community; Oct 2019*

It is suggested that it might be useful for training and support for GPs to address management of social problems jointly rather than training specific to loneliness which GPs tend to see as peripheral to their core remit.

[Contact the library for a copy of this article](#)

## [Designing digital skills interventions for older people](#)

*Dr Laurence Piercy*

*Good Things Foundation October 2019*

Older people with long-term conditions or who are going through life transitions (such as bereavement, the onset of illness or impairment, increased caring responsibilities) may benefit from easier access to online health and care support. The internet and digital technologies can play a valuable role in enabling older and disabled people to get more out of life, keep in touch with friends and family, and make life easier.

## **Safeguarding, Safety**

### [Restrictive physical interventions and the clinical holding of children and young people: Guidance for nursing staff.](#)

*Royal College of Nursing (RCN).*

*2019.*

This updated guidance sets out children's and young people's rights concerning restrictive physical intervention and clinical holding in health care settings within a legal, moral and ethical framework.

### **Association of GP wellbeing and burnout with patient safety in UK primary care: A cross-sectional survey**

*Hall L.H. et al.*

*British Journal of General Practice; 2019; vol. 69 (no. 684)*

GPs have particularly high levels of burnout and poor wellbeing. To improve patient safety within general practice changes could be made at both practice and individual levels to promote a healthier work environment for staff and patients.

*Contact the library for a copy of this article*

### **Work strain and burnout risk in postgraduate trainees in general practice: an overview.**

*Bugaj, T J et al.*

*Postgraduate medicine; Oct 2019; p. 1-10*

Interventions to promote physical and mental health of GP trainees are necessary to ensure passionate GPs in the future and should be integrated into the postgraduate training curriculum in general practice.

*Contact the library for a copy of this article*

### [Identifying 'avoidable harm' in family practice: a RAND/UCLA Appropriateness Method consensus study.](#)

*Carson-Stevens, Andrew et al.*

*BMC Family Practice; Oct 2019; vol. 20 (no. 1)*

This definition of avoidable harm has potential for researchers and practitioners to apply across primary care settings, and bolster international efforts to design interventions to target avoidable patient safety incidents that cause the most significant harm to patients.

### **Inadequate specialist care referrals for high-risk asthma patients in the UK: an adult population-based cohort 2006-2017.**

*Bloom, C I; Walker, S; Quint, J K*

*The Journal of asthma Oct 2019; p. 1-7*

The majority of high-risk asthma patients were not referred for specialist care, as recommended by national guidelines. Those admitted to hospital were most likely to receive a referral.



## Using chronic kidney disease trigger tools for safety and learning: A qualitative evaluation in East London primary care

Thomas N.; Rajabzadeh V.; Hull S.

*British Journal of General Practice*; 2019; vol. 69 (no. 687)

Building electronic trigger tools from the EHR can identify patients with a falling eGFR, prompting review of the eGFR trajectory and management plan. Interview and reflective data illustrated that practice use of the tool supports the patient safety agenda and encourages learning about CKD management.

[Contact the library for a copy of this article](#)

## Role of primary care in supporting older adults who self-harm: a qualitative study in England.

Troya, M Isabela et al.

*The British journal of General Practice*. Oct 2019

Despite older adults' frequent contact with GPs, barriers to primary care existed, which included stigma, previous negative experiences, and practical barriers such as mobility restrictions. Older adults' help-seeking behaviour was facilitated by previous positive experiences. Primary care is a potential avenue for delivering effective self-harm support, management, and suicide prevention in older adults. There is a need for primary care to work with other sectors to provide comprehensive support to older adults who self-harm.

[Contact the library for a copy of this article](#)

## Impact of the introduction and withdrawal of financial incentives on the delivery of alcohol screening and brief advice in English primary health care: an interrupted time-series analysis.

O'Donnell, Amy et al

*Addiction (Abingdon, England)*; Oct 2019

Removing a financial incentive for alcohol prevention in English primary care was associated with an immediate and sustained reduction in the rate of screening for alcohol use and brief advice provision. This contrasts with no, or limited, increase in screening and brief advice delivery rates following the introduction of the scheme.

[Contact the library for a copy of this article](#)

All content and links are provided for information only and we do not sponsor, endorse or otherwise approve of any mentioned website or the contents of the news items. Please refer to the terms and conditions of the relevant website should you wish to reproduce any of the information.

**[Oxford Health Libraries](#) publish a range of targeted News Bulletins. Sign up [here](#).**

**GPs and Practice staff in [Oxfordshire](#) benefit from our comprehensive knowledge service.**

**Other NHS staff can access similar knowledge services from their local NHS libraries listed in:**

<https://www.hlisd.org/>

**To find out more, or to obtain journal articles, contact us via [Library.enquiries@oxfordhealth.nhs.uk](mailto:Library.enquiries@oxfordhealth.nhs.uk)**

**If you wish to unsubscribe from this current awareness alert, please email**

**[library.enquiries@oxfordhealth.nhs.uk](mailto:library.enquiries@oxfordhealth.nhs.uk) and we will remove your details from the mailing list.**