

# Current Evidence Bulletin for GP Practice Staff Coastal West Sussex CCG January 2020

This bulletin covers some of the most recent references on the key themes listed below from searching Medline. It is not an exhaustive list. The full text of papers can be downloaded where there is a link (blue text). You will need your OpenAthens account to access. Or contact the library.



**If you require a more detailed search of the literature on any of these areas, or in your own subject area, or if you have a question, then please contact me.**

This bulletin has been compiled by Tom Kelly  
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### Key themes:

[General Practice](#)

[Dementia/Elderly/Aged](#)

[Frailty](#)

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[Cardiovascular disease](#)

[COPD](#)

[Diabetes](#)

[Obesity](#)

[Cancer](#)

[Social Prescribing/Mental Health](#)

[NICE](#)

### General Practice:

**Diagnostic knowing in general practice: interpretative action and reflexivity.**

**Author(s):** Malterud, Kirsti; Reventlow, Susanne; Guassora, Ann Dorrit

**Source:** Scandinavian journal of primary health care; Dec 2019; vol. 37 (no. 4); p. 393-401

Available at [Scandinavian journal of primary health care](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

**Abstract:** Background: Getting the right diagnosis is supposed to provide an explanation of a patient's health problem and inform health care decisions. As a core element of clinical reasoning, diagnosis deserves systematic and transparent analysis. Conceptual tools can make doctors become aware of and explore diagnostic knowing.

**Implications:** Analysis demonstrated systematic, transparent approaches to diagnostic knowing, relevant for clinical teaching. We argue that an interpretative understanding of diagnosis can change clinical practice, complementing hypothetico-deductive strategies by recognising additional substantial diagnostic modes and giving access to scholarly reflection. Key Points Diagnosis is a core element of clinical reasoning, deserving systematic and transparent analysis beyond hypothetico-deductive reasoning or pattern recognition Diagnostic knowing in general practice is a special instance of all human knowing with subjectivity, interpretation and reflexivity as essential elements Lonergan's theory for knowing based on experiencing, understanding, and judging allowed us to map, decode and recognise advanced acts of clinical reasoning We share our experiences of how these concepts gave us a tool for systematic analysis of the complexities taking place in the GP's office on an ordinary day.

**Database:** Medline

### Never Events in UK General Practice: A Survey of the Views of General Practitioners on Their Frequency and Acceptability as a Safety Improvement Approach.

**Author(s):** Stocks, Susan J; Alam, Rahul; Bowie, Paul; Campbell, Stephen; de Wet, Carl; Esmail, Aneez; Cheraghi-Sohi, Sudeh

**Source:** Journal of patient safety; Dec 2019; vol. 15 (no. 4); p. 334-342

Available at [Journal of patient safety](#) - from Unpaywall

**Abstract:** BACKGROUND Never events (NEs) are serious preventable patient safety incidents and are a component of formal quality and safety improvement (Q&SI) policies in the United Kingdom and elsewhere. A preliminary list of NEs for UK general practice has been developed, but the frequency of these events, or their acceptability to general

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practitioner (GPs) as a Q&SI approach, is currently unknown. The study aims to estimate (1) the frequency of 10 NEs occurring within GPs' own practices and (2) the extent to which the NE approach is perceived as acceptable for use. **CONCLUSIONS** The NE approach may have Q&SI potential for general practice, but further work to adapt the concept and content is required.

**Database:** Medline

**The future of CPD for general practitioners, registered pharmacy staff and general practice nurses in Scotland - qualitative responses from a national survey.**

**Author(s):** Cunningham, David E; Luty, Sarah; Alexander, Anna; Waqa, Vicki; Zlotos, Leon

**Source:** Education for primary care : an official publication of the Association of Course Organisers, National Association of GP Tutors, World Organisation of Family Doctors; Nov 2019 ; p. 1-8

Available at [Education for primary care : an official publication of the Association of Course Organisers, National Association of GP Tutors, World Organisation of Family Doctors](#) - from Taylor and Francis Online - Medical Library

**Abstract:** In the United Kingdom, undertaking continuing professional development (CPD) is required for revalidation with regulatory authorities for general practitioners, general practice nurses and registered pharmacy staff - pharmacists and pharmacy technicians. A survey of CPD preferences and activities of these four professions has been published and this paper focuses on one qualitative question in the survey: 'Please describe any changes that you anticipate in the way in which you will undertake CPD over the next 12 months.' Responses were analysed using content analysis, then codes and themes were developed into a coding framework. 1,159 respondents provided comments to the question and five themes were identified: options for learning, time, appraisal and revalidation, people in transition and use of technology. There was a desire for face-to-face courses, for interactive learning and for variety of learning methods. Respondents valued learning with others and Practice-Based Small Group Learning was considered to be flexible and promoted inter-professional learning and socialisation. Lack of time for learning was seen as a barrier for respondents. Respondents considered that CPD was needed to support them as their roles developed in primary healthcare.

**Database:** Medline

**"Integration of nurses in general practice: A thematic synthesis of the perspectives of general practitioners, practice nurses and patients living with chronic illness".**

**Author(s):** Aerts, N; Van Bogaert, P; Bastiaens, H; Peremans, L

**Source:** Journal of clinical nursing; Nov 2019

Available at [Journal of clinical nursing](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** AIMS AND OBJECTIVES The aim of this study was to explore the views of general practitioners, practice nurses and patients on interprofessional collaboration in general practice, and to understand to what extent the nurse - doctor relationship meets their needs and expectations. BACKGROUND In order to address future challenges of primary health care, there is a need for integrated interprofessional collaboration care systems with a patient-centered focus. Worldwide, there is an integration of nurses in general practice. However, in a transitioning Belgian context little is known about the perspectives of three key stakeholder groups. DESIGN The results of four qualitative descriptive primary studies were triangulated and a secondary analysis resulted in a thematic synthesis within a pragmatic research paradigm. **CONCLUSIONS** The key for patient-centered care in a well-organized practice is a clear vision and mission and well-defined task description for interprofessional collaboration. General practice is urging for systematic guidance for the sustainable integration of a practice nurse. **RELEVANCE TO CLINICAL PRACTICE** Our study

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highlights opportunities and challenges to nurse integration in general practice from key stakeholders' perspectives, which can inform other transitioning contexts.

**Database:** Medline

**The Year of Care approach: developing a model and delivery programme for care and support planning in long term conditions within general practice.**

**Author(s):** Roberts, Sue; Eaton, Simon; Finch, Tracy; Lewis-Barned, Nick; Lhussier, Monique; Oliver, Lindsay; Rapley, Tim; Temple-Scott, Dawn

**Source:** BMC family practice; Nov 2019; vol. 20 (no. 1); p. 153

Available at [BMC family practice](#) - from BioMed Central

**Abstract:** BACKGROUND People with long term conditions (LTCs) make most of the daily decisions and carry out the activities which affect their health and quality of life. Only a fraction of each contact with a health care professional (HCP) is spent supporting this. This paper describes how care and support planning (CSP) and an implementation framework to redesign services, were developed to address this in UK general practice. Focussed on what is important to each individual, CSP brings together traditional clinical issues and the person's lived experience in a solution focussed, forward looking conversation with an emphasis on 'people not diseases'. **CONCLUSIONS** Tested in multiple settings, CSP is a reproducible and practical model of planned care applicable to all LTCs, with the capacity to be transformative for people with LTCs and health care professionals. It recaptures relational dimensions of care with transactional elements in the background. Options for applying this model and implementation framework at scale now need to be explored.

**Database:** Medline

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

**Author(s):** Gabel, Frank; Chambers, Ruth; Cox, Tracey; Listl, Stefan; Maskrey, Neal

**Source:** Family practice; Oct 2019; vol. 36 (no. 5); p. 607-613

Available at [Family practice](#) - from Unpaywall

**Abstract:** BACKGROUND The evidence that large pay-for-performance schemes improve the health of populations is mixed-evidence regarding locally implemented schemes is limited. OBJECTIVE This study evaluates the effects in Stoke-on-Trent of a local, multifaceted Quality Improvement Framework including pay for performance in general practice introduced in 2009 in the context of the national Quality and Outcomes Framework that operated from 2004. **CONCLUSION** 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. Such schemes, whether national or local, require periodic review to evaluate the balance of their benefits and risks.

**Database:** Medline

**Job strain and retirement decisions in UK general practice.**

**Author(s):** Napier, J; Clinch, M

**Source:** Occupational medicine (Oxford, England); Jun 2019

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**Abstract:** BACKGROUND Falling retention in UK general practice is a well-described problem but there has been little previous research into its underlying causes. Poor psychosocial work conditions may help explain falling workforce morale and early retirement from the profession. AIMS To explore the impact upon morale and retirement decisions of changes in psychosocial aspects of UK general practice over the course of a career. **CONCLUSIONS** The combination of increasing demands with reduced autonomy puts practitioners under intense strain, diminishing the satisfaction they derive from their work and affecting retirement decisions. The Job Demands-Control-Support (JDCS) model is an empirically tested model that could be used to inform improved work design in general practice.

**Database:** Medline

### **Development and cohort study of an audit approach to evaluate patient management in family practice in the UK: the 7S tool.**

**Author(s):** Fisher, Stacey J; Margerison, Lawrence N; Jonker, Leon

**Source:** Family practice; Sep 2019

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**Abstract:** BACKGROUND In the UK, there is increased pressure on general practitioners' time due to an increase in (elderly) population and a shortage of general practitioners. This means that time has to be used efficiently, whilst optimizing adherence to consistent, appropriate and timely provision of care. OBJECTIVE(S) Create an audit tool that assists general practitioners and family practice staff to evaluate if patients are managed as effectively as possible, and to test the usefulness of this tool in a family practice. **CONCLUSIONS** Inefficiencies in the management of patients in family practice can be identified with the 7S audit tool, thereby producing evidence for staff education and service reconfiguration.

**Database:** Medline

## **Dementia/Elderly/Aged**

### **The experience of transitions in care in very old age: implications for general practice.**

**Author(s):** Scheibl, Fiona; Fleming, Jane; Buck, Jackie; Barclay, Stephen; Brayne, Carol; Farquhar, Morag

**Source:** Family practice; Nov 2019; vol. 36 (no. 6); p. 778-784

Available at [Family practice](#) - from Unpaywall

**Abstract:** BACKGROUND It can be challenging for general practitioners to support their oldest old patients through the complex process of relocation. OBJECTIVE To provide a typology of the experiences of moving in very old age that is clinically useful for practitioners navigating very old people's relocation. **CONCLUSIONS** Most of the sample moved into residential care. This study highlights the importance of connections to locality, people and place along with good family relationships as the key facilitators of a healthy transition into care for the oldest old. The proposed checklist may have clinical utility.

**Database:** Medline

### **Commonly used screening instruments to identify frailty among community-dwelling older people in a general practice (primary care) setting: a study of diagnostic test accuracy.**

**Author(s):** Ambagtsheer, Rachel C; et al

**Source:** The journals of gerontology. Series A, Biological sciences and medical sciences; Nov 2019

Available at [The journals of gerontology. Series A, Biological sciences and medical sciences](#) - from Unpaywall

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**Abstract:** BACKGROUND Rapid frailty screening remains problematic in primary care. The diagnostic test accuracy (DTA) of several screening instruments has not been sufficiently established. We evaluated the DTA of several screening instruments against two reference standards: Fried's Frailty Phenotype [FP] and the Adelaide Frailty Index [AFI]), a self-reported questionnaire. **CONCLUSIONS** Two screening instruments - the KC and REFS, show the most promise for wider implementation within general practice, enabling a personalised approach to care for older people with frailty.

**Database:** Medline

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

**Author(s):** Pentzek, Michael; et al

**Source:** The British journal of general practice : the journal of the Royal College of General Practitioners; Nov 2019; vol. 69 (no. 688); p. e786

Contact us for full text

**Abstract:** BACKGROUND Clinical judgement is intrinsic to diagnostic strategies in general practice; however, empirical evidence for its validity is sparse. AIM To ascertain whether a GP's global clinical judgement of future cognitive status has an added value for predicting a patient's likelihood of experiencing dementia. DESIGN AND SETTING Multicentre prospective cohort study among patients in German general practice that took place from January 2003 to October 2016. **CONCLUSION** 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. Results underline the importance of the GP-patient relationship.

**Database:** Medline

### **A cross-sectional study assessing agreement between self-reported and general practice-recorded health conditions among community dwelling older adults.**

**Author(s):** Hale, Matthew D; Santorelli, Gillian; Brundle, Caroline; Clegg, Andrew

**Source:** Age and ageing; Oct 2019

Available at [Age and ageing](#) - from Oxford Journals A - Z

**Abstract:** BACKGROUND self-reported data regarding health conditions are utilised in both clinical practice and research, but their agreement with general practice records is variable. The extent of this variability is poorly studied amongst older adults, particularly amongst those with multiple health conditions, cognitive impairment or frailty. This study investigates the agreement between self-reported and general practice-recorded data amongst such patients and the impact of participant factors on this agreement. **CONCLUSIONS** significant variability exists for agreement between self-reported and general practice-recorded comorbidities. This is further affected by an individual's health conditions. This study is the first to assess frailty as a factor modifying agreement and highlights the importance of utilising the general practice records as the gold standard for data collection from older adults.

**Database:** Medline

### **The Multidimensional Prognostic Index in general practice: One-year follow-up study.**

**Author(s):** Meyer, Anna Maria; Siri, Giacomo; Becker, Ingrid; Betz, Thomas; Bödecker, August W; Robertz, Jörg W; Krause, Olaf; Benzing, Thomas; Pilotto, Alberto; Polidori, Maria Cristina

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**Source:** International journal of clinical practice; Aug 2019 ; p. e13403

Available at [International journal of clinical practice](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** BACKGROUND Older patients' health problems in general practice (GP) can often not be assigned to a specific disease, requiring a paradigm shift to goal-oriented, personalised care for clinical decision making. PURPOSE To investigate the predictive value of the comprehensive geriatric assessment (CGA)-based Multidimensional Prognostic Index (MPI) in a GP setting with respect to the main healthcare indicators during the 12 months following initial evaluation. **CONCLUSION** The MPI is strongly associated with adverse outcomes in older GP patients and strongly predicts the number of GPC up to one year after initial evaluation. Considering the feasibility and the strong clinimetric properties of the MPI, its collection should be encouraged as early as possible to disclose risk conditions, implement tailored preventive strategies and improve cost-effectiveness of healthcare resources use.

**Database:** Medline

### **Community pharmacists at the heart of public health: A longitudinal evaluation of the community pharmacy influenza vaccination service.**

**Author(s):** Deslandes, Rhian; Evans, Andrew; Baker, Sam; Hodson, Karen; Mantzourani, Efi; Price, Keera; Way, Cheryl; Hughes, Louise

**Source:** Research in social & administrative pharmacy : RSAP; Jun 2019

Contact us for full text

**Abstract:** BACKGROUND Influenza ("flu") is a contagious viral infection causing approximately 600 deaths/year in the United Kingdom. Annual vaccination is the most effective prevention strategy with a target of 75% uptake in 'at-risk' patient groups. Before 2012, immunisation was conducted in General Practice (GP), but uptake was below target. NHS Wales therefore introduced a programme allowing community pharmacists to administer the vaccine to certain patient groups. OBJECTIVES: This study aimed to evaluate the community pharmacy (CP) flu Vaccination Programme in Wales. **CONCLUSIONS** Community pharmacists are providing increasing numbers of flu vaccinations in Wales, benefitting patients in all at-risk groups and reinforcing the valuable role of pharmacists at the heart of their communities, in terms of public choice and accessibility.

**Database:** Medline

## **Frailty**

### **External validation of the electronic Frailty Index using the population of Wales within the Secure Anonymised Information Linkage Databank.**

**Author(s):** Hollinghurst, Joe; Fry, Richard; Akbari, Ashley; Clegg, Andy; Lyons, Ronan A; Watkins, Alan; Rodgers, Sarah E

**Source:** Age and ageing; Nov 2019; vol. 48 (no. 6); p. 922-926

Available at [Age and ageing](#) - from Oxford Journals A - Z

**Abstract:** BACKGROUND frailty has major implications for health and social care services internationally. The development, validation and national implementation of the electronic Frailty Index (eFI) using routine primary care data has enabled change in the care of older people living with frailty in England. AIMS to externally validate the eFI in Wales and assess new frailty-related outcomes. **RESULTS** HR trends for the validation outcomes in SAIL followed the original results from ResearchOne and THIN databases. Relative to the fit category, adjusted HRs in SAIL (95% CI) for 1-year mortality following hospitalisation were 1.05 (95% CI 1.03-1.08) for mild frailty, 1.24 (95% CI 1.21-1.28) for moderate frailty and 1.51 (95% CI 1.45-1.57) for severe frailty. The median time (lower and upper quartile) between

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frailty categories was 2,165 days (lower and upper quartiles: 1,510 and 2,831) from fit to mild, 1,155 days (lower and upper quartiles: 756 and 1,610) from mild to moderate and 898 days (lower and upper quartiles: 584 and 1,275) from moderate to severe. **CONCLUSIONS** further validation of the eFI showed robust predictive validity and utility for new outcomes.

**Database:** Medline

### **The impact of frailty on healthcare resource use: a longitudinal analysis using the Clinical Practice Research Datalink in England.**

**Author(s):** Han, Lu; Clegg, Andrew; Doran, Tim; Fraser, Lorna

**Source:** Age and ageing; Jul 2019

Available at [Age and Ageing](#) - from Oxford Journals A - Z

**Abstract:** BACKGROUND routine frailty identification and management is national policy in England, but there remains a lack of evidence on the impact of frailty on healthcare resource use. We evaluated the impact of frailty on the use and costs of general practice and hospital care. **CONCLUSIONS** increasing frailty is associated with substantial increases in healthcare costs, driven by increased hospital admissions, longer inpatient stay, and increased general practice consultations.

**Database:** Medline

## **Stroke**

### **Improving the quality of care for patients with or at risk of atrial fibrillation: an improvement initiative in UK general practices.**

**Author(s):** Adeleke, Yewande; Matthew, Dionne; Porter, Bradley; Woodcock, Thomas; Yap, Jayne; Hashmy, Sophia; Mathew, Ammu; Grant, Ron; Kaba, Agnes; Unger-Graeber, Brigitte; Khan, Sadia; Bell, Derek; Cowie, Martin R

**Source:** Open heart; 2019; vol. 6 (no. 2); p. e001086

Available at [Open heart](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:** Objective Atrial fibrillation (AF) is a growing problem internationally and a recognised cause of cardiovascular morbidity and mortality. The London borough of Hounslow has a lower than expected prevalence of AF, suggesting poor detection and associated undertreatment. To improve AF diagnosis and management, a quality improvement (QI) initiative was set up in 48 general practices in Hounslow. We aimed to study whether there was evidence of a change in AF diagnosis and management in Hounslow following implementation of interventions in this QI initiative. Methods Using the general practice information system (SystemOne), data were retrospectively collected for 415 626 patients, who were actively registered at a Hounslow practice between 1 January 2011 and 31 August 2018. Process, outcome and balancing measures were analysed using statistical process control and interrupted time series regression methods. The baseline period was from 1 January 2011 to 30 September 2014 and the intervention period was from 1 October 2014 to 31 August 2018. Results When comparing the baseline to the intervention period, (1) the rate of new AF diagnoses increased by 27% (relative risk 1.27; 95% CI 1.05 to 1.52;  $p < 0.01$ ); (2) ECG tests done for patients aged 60 and above increased; (3) CHA2DS2-VASc and HAS-BLED risk assessments within 30 days of AF diagnosis increased from 1.7% to 19% and 0.2% to 8.1%, respectively; (4) among those at higher risk of stroke, anticoagulation prescription within 30 days of AF diagnosis increased from 31% to 63% while prescription of antiplatelet monotherapy within the same time period decreased from 17% to 7.1%; and (5) average CHA2DS2-VASc and HAS-BLED risk scores did not change. **Conclusion** Implementation of interventions in the Hounslow QI initiative coincided with improved AF diagnosis and management. Areas with perceived underdetection of AF should consider similar interventions and methodology.

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**Database:** Medline

**Medium and long-term risks of specific cardiovascular diseases in survivors of 20 adult cancers: a population-based cohort study using multiple linked UK electronic health records databases.**

**Author(s):** Strongman, Helen; Gadd, Sarah; Matthews, Anthony; Mansfield, Kathryn E; Stanway, Susannah; Lyon, Alexander R; Dos-Santos-Silva, Isabel; Smeeth, Liam; Bhaskaran, Krishnan

**Source:** Lancet (London, England); Sep 2019; vol. 394 (no. 10203); p. 1041-1054

Available at [Lancet \(London, England\)](#) - from ClinicalKey

**Abstract:** BACKGROUND The past few decades have seen substantial improvements in cancer survival, but concerns exist about long-term cardiovascular disease risk in survivors. Evidence is scarce on the risks of specific cardiovascular diseases in survivors of a wide range of cancers to inform prevention and management. In this study, we used large-scale electronic health records data from multiple linked UK databases to address these evidence gaps. **INTERPRETATION** Survivors of most site-specific cancers had increased medium-term to long-term risk for one or more cardiovascular diseases compared with that for the general population, with substantial variations between cancer sites. **FUNDING** Wellcome Trust and Royal Society.

**Database:** Medline

**Comorbidity in patients with cardiovascular disease in primary care: a cohort study with routine healthcare data.**

**Author(s):** Buddeke, Josefien; Bots, Michiel L; van Dis, Ineke; Visseren, Frank Lj; Hollander, Monika; Schellevis, François G; Vaartjes, Ilonca

**Source:** The British journal of general practice : the journal of the Royal College of General Practitioners; Jun 2019; vol. 69 (no. 683); p. e398

Contact us for full text

**Abstract:** BACKGROUND Comorbidity is a major public health issue, which challenges health care configured around single diseases. **AIM** To provide an overview of frequent disease combinations of one and two additional chronic diseases and groups among patients with cardiovascular disease (CVD) in general practice. **DESIGN AND SETTING** Medical record data from the Julius General Practitioners' Network of 226 670 patients registered in 2015-2016 in Utrecht, the Netherlands, were collected and examined. **CONCLUSION** Comorbid conditions are very common in patients with CVD, even in younger age groups. To ensure efficient and effective treatment, organisational adaptations may be required in the healthcare system to accommodate comorbid conditions in patients with CVD.

**Database:** Medline

**Does total volume of physical activity matter more than pattern for onset of CVD? A prospective cohort study of older British men.**

**Author(s):** Jefferis, Barbara J; Parsons, Tessa J; Sartini, Claudio; Ash, Sarah; Lennon, Lucy T; Papacosta, Olia; Morris, Richard W; Wannamethee, S Goya; Lee, I-Min; Whincup, Peter H

**Source:** International journal of cardiology; Mar 2019; vol. 278 ; p. 267-272

Available at [International journal of cardiology](#) - from ClinicalKey

**Abstract:** **AIMS** With increasing age, physical inactivity and sedentary behaviour levels increase, as does cardiovascular disease (CVD) incidence. We investigate how device-measured sedentary behaviour and physical activity (PA) are related to CVD onset in men aged 70+; whether the total volume of activity is more important than

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pattern.) **CONCLUSIONS** In older men, high volume of steps or MVPA rather than MVPA bouts was associated with reduced CVD risk.

**Database:** Medline

### **Prevalence and treatment of atrial fibrillation in UK general practice from 2000 to 2016.**

**Author(s):** Adderley, Nicola Jaime; Ryan, Ronan; Nirantharakumar, Krishnarajah; Marshall, Tom

**Source:** Heart (British Cardiac Society); Jan 2019; vol. 105 (no. 1); p. 27-33

Available at [Heart \(British Cardiac Society\)](#) - from BMJ Journals

**Abstract:** OBJECTIVE Atrial fibrillation (AF) is the most common cardiac arrhythmia and an important risk factor for stroke. Treatment with anticoagulants substantially reduces risk of stroke. Current prevalence and treatment rates of AF in the UK as well as changes in recent years are not known. The aim of this analysis was to determine trends in age-sex specific prevalence and treatment of AF in the UK from 2000 to 2016. **CONCLUSIONS** From 2000 to 2016, the prevalence of recorded AF has increased in all age groups and both sexes. Anticoagulant treatment of eligible patients with AF has more than doubled, with marked improvements since 2011, alongside a reduction in the use of anticoagulants in ineligible patients with AF.

**Database:** Medline

## **Cardiovascular disease**

### **Impact of the Pharmacist-Led Intervention on the Control of Medical Cardiovascular Risk Factors for the Primary Prevention of Cardiovascular Disease in General Practice: A Systematic Review and Meta-Analysis of Randomized Controlled Trials.**

**Author(s):** Alshehri, Abdullah A; Jalal, Zahraa; Cheema, Ejaz; Haque, M Sayeed; Jenkins, Duncan; Yahyouche, Asma

**Source:** British journal of clinical pharmacology; Nov 2019

Available at [British journal of clinical pharmacology](#) - from Wiley Online Library

**Abstract:** AIMS To conduct a systematic review and meta-analysis of the effectiveness of general practice based pharmacists' interventions in reducing the medical risk factors for the primary prevention of cardiovascular events.. **CONCLUSIONS** The findings of this review suggest that Pharmacists-led interventions in general practice can significantly reduce the medical risk factors of CVD events. These findings support the involvement of pharmacists as healthcare providers in managing patients with hypertension, diabetes and dyslipidaemia.

**Database:** Medline

### **Lifestyle behaviours in patients with established cardiovascular diseases: a European observational study.**

**Author(s):** Fernández, Diana; Brotons, Carlos; Moral, Irene; Bulc, Mateja; Afonso, Mélanie; Akan, Hülya; Pinto, Susana; Vucak, Jasna; da Silva Martins, Carlos Manuel

**Source:** BMC family practice; Nov 2019; vol. 20 (no. 1); p. 162

Available at [BMC family practice](#) - from BioMed Central

**Abstract:** BACKGROUND Patients who have experienced a cardiovascular clinical event such as a myocardial infarction or stroke qualify for intensive risk factor evaluation and management. The aim of this study is to explore lifestyle changes as well as the achievement of targets for risk factors in patients with established cardiovascular disease. **CONCLUSIONS** Many patients with established cardiovascular disease who attended in general practice still

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fail to achieve the lifestyle, risk factor, and therapeutic targets set by European guidelines. These results are relevant to general practitioners because these patients have a high risk of subsequent cardiovascular events, including MI, stroke, and death.

**Database:** Medline

**Overruling uncertainty about preventative medications: the social organisation of healthcare professionals' knowledge and practices.**

**Author(s):** Cupit, Caroline; Rankin, Janet; Armstrong, Natalie; Martin, Graham P

**Source:** Sociology of health & illness; Nov 2019

Available at [Sociology of health & illness](#) - from Wiley Online Library

**Abstract:** In this article, we draw on an institutional ethnographic (IE) study of cardiovascular disease prevention in general practice, exploring the work of healthcare professionals who introduce a discussion of risk and preventative medications into consultations with patients. Our aim is to explicate, using IE's theoretical ontology and analytical tools, how troubling patient experiences in this clinical context are coordinated institutionally. We focus our attention on the social organisation of healthcare professionals' knowledge and front-line practices, highlighting the textual processes through which they overrule patients' concerns and uncertainties about taking preventative medication, such that some patients feel unable to openly discuss their health needs in preventative consultations. We show how healthcare professionals activate knowledge of 'evidence-based risk reduction' to frame patients' queries as 'barriers' to be overcome. **Our analysis points not to** deficiencies of healthcare professionals who lack the expertise or inclination to adequately 'share decisions' with patients, but to the ways in which their work is institutionally orientated towards performance measures which will demonstrate to local and national policymakers that they are tackling the 'burden of (cardiovascular) disease'.

**Database:** Medline

**Medium and long-term risks of specific cardiovascular diseases in survivors of 20 adult cancers: a population-based cohort study using multiple linked UK electronic health records databases.**

**Author(s):** Strongman, Helen; Gadd, Sarah; Matthews, Anthony; Mansfield, Kathryn E; Stanway, Susannah; Lyon, Alexander R; Dos-Santos-Silva, Isabel; Smeeth, Liam; Bhaskaran, Krishnan

**Source:** Lancet (London, England); Sep 2019; vol. 394 (no. 10203); p. 1041-1054

Available at [Lancet \(London, England\)](#) - from ClinicalKey

**Abstract:** BACKGROUND The past few decades have seen substantial improvements in cancer survival, but concerns exist about long-term cardiovascular disease risk in survivors. Evidence is scarce on the risks of specific cardiovascular diseases in survivors of a wide range of cancers to inform prevention and management. In this study, we used large-scale electronic health records data from multiple linked UK databases to address these evidence gaps. **INTERPRETATION** Survivors of most site-specific cancers had increased medium-term to long-term risk for one or more cardiovascular diseases compared with that for the general population, with substantial variations between cancer sites. FUNDING Wellcome Trust and Royal Society.

**Database:** Medline

**Implementing cardiovascular disease prevention guidelines to translate evidence-based medicine and shared decision making into general practice: theory-based intervention development, qualitative piloting and quantitative feasibility.**

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**Author(s):** Bonner, Carissa; Fajardo, Michael Anthony; Doust, Jenny; McCaffery, Kirsten; Trevena, Lyndal

**Source:** Implementation science : IS; Aug 2019; vol. 14 (no. 1); p. 86

Available at [Implementation science : IS](#) - from BioMed Central

**Abstract:** BACKGROUND The use of cardiovascular disease (CVD) prevention guidelines based on absolute risk assessment is poor around the world, including Australia. Behavioural barriers amongst GPs and patients include capability (e.g. difficulty communicating/understanding risk) and motivation (e.g. attitudes towards guidelines/medication). This paper outlines the theory-based development of a website for GP guidelines, and piloting of a new risk calculator/decision aid. **CONCLUSIONS** Following a theory-based development process and user co-design, the resulting intervention was acceptable to GPs with high intentions for use, improved identification of patient risk categories and more guidelines-based prescribing intentions for high risk but not low risk patients. The effectiveness of linking the intervention to clinical practice more closely to address implementation barriers will be evaluated in future research.

**Database:** Medline

### **Health checks and cardiovascular risk factor values over six years' follow-up: Matched cohort study using electronic health records in England.**

**Author(s):** Alageel, Samah; Gulliford, Martin C

**Source:** PLoS medicine; Jul 2019; vol. 16 (no. 7); p. e1002863

Available at [PLoS medicine](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:** BACKGROUND The National Health Service (NHS) in England introduced a population-wide programme for cardiovascular disease (CVD) prevention in 2009, known as NHS Health Checks. This research aimed to measure the cardiovascular risk management and cardiovascular risk factor outcomes of the health check programme during six years' follow-up.. **CONCLUSIONS** Our results suggest that people who take up a health check generally have lower risk factor values than controls and are more likely to receive risk factor interventions. Risk factor values show net reductions up to six years following a health check in BMI, blood pressure, and smoking, which may be of public health importance.

**Database:** Medline

### **Improving blood pressure control in primary care: The ImPress study.**

**Author(s):** Stephen, Catherine; Halcomb, Elizabeth; McInnes, Susan; Batterham, Marijka; Zwar, Nick

**Source:** International journal of nursing studies; Jul 2019; vol. 95 ; p. 28-33

Available at [International journal of nursing studies](#) - from ScienceDirect

**Abstract:** BACKGROUND Hypertension is a preventable risk factor for cardiovascular disease, the leading cause of death globally. When hypertension is present with tobacco smoking, poor nutrition, physical inactivity or excessive alcohol consumption, risk of cardiovascular disease is increased. Given the prolonged engagement and ongoing relationship with patients, general practice nurses are ideally situated to actively engage with patients about optimal blood pressure control and lifestyle risk reduction. OBJECTIVES This study will test the effectiveness of a nurse-led intervention to reduce blood pressure in adults with hypertension and high cardiovascular risk. **DISCUSSION** ImPress is innovative in its proactive approach of identifying those at greatest risk of cardiovascular disease in combination with the emerging role of the general practice nurse to target care towards improved blood pressure control. If successful, findings from this trial could enhance the nursing role, improve health outcomes, inform health policy and provide an evidence base from which to transform blood pressure management in general practice.

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**Database:** Medline

**Comorbidity in patients with cardiovascular disease in primary care: a cohort study with routine healthcare data.**

**Author(s):** Buddeke, Josefien; Bots, Michiel L; van Dis, Ineke; Visseren, Frank Lj; Hollander, Monika; Schellevis, François G; Vaartjes, Ilonca

**Source:** The British journal of general practice : the journal of the Royal College of General Practitioners; Jun 2019; vol. 69 (no. 683); p. e398

Contact us for full text

**Abstract:** BACKGROUND Comorbidity is a major public health issue, which challenges health care configured around single diseases. AIM To provide an overview of frequent disease combinations of one and two additional chronic diseases and groups among patients with cardiovascular disease (CVD) in general practice. **RESULTS** Low vision, diabetes mellitus, back/neck problems, osteoarthritis, chronic obstructive pulmonary disease (COPD), and cancer were the most prevalent non-cardiovascular conditions and ranked in the top five of non-cardiovascular comorbid conditions in the different CVDs studied, irrespective of patient age and sex. Of these, diabetes, COPD, and low vision were statistically significantly more prevalent in all four cardiovascular conditions when compared with patients without the respective disease. Over the life span, the majority of the comorbid conditions were most prevalent in patients with heart failure, directly followed by those with PAD; they were less prevalent in patients with CHD and stroke. **CONCLUSION** Comorbid conditions are very common in patients with CVD, even in younger age groups. To ensure efficient and effective treatment, organisational adaptations may be required in the healthcare system to accommodate comorbid conditions in patients with CVD.

**Database:** Medline

**Does total volume of physical activity matter more than pattern for onset of CVD? A prospective cohort study of older British men.**

**Author(s):** Jefferis, Barbara J; Parsons, Tessa J; Sartini, Claudio; Ash, Sarah; Lennon, Lucy T; Papacosta, Olia; Morris, Richard W; Wannamethee, S Goya; Lee, I-Min; Whincup, Peter H

**Source:** International journal of cardiology; Mar 2019; vol. 278 ; p. 267-272

Available at [International journal of cardiology](#) - from ClinicalKey

**Abstract:** AIMS With increasing age, physical inactivity and sedentary behaviour levels increase, as does cardiovascular disease (CVD) incidence. We investigate how device-measured sedentary behaviour and physical activity (PA) are related to CVD onset in men aged 70+; whether the total volume of activity is more important than pattern. **CONCLUSIONS** In older men, high volume of steps or MVPA rather than MVPA bouts was associated with reduced CVD risk.

**Database:** Medline

**Heart failure in primary care: prevalence related to age and comorbidity.**

**Author(s):** Bosch, Lieke; Assmann, Patricia; de Grauw, Wim J C; Schalk, Bianca W M; Biernans, Marion C J

**Source:** Primary health care research & development; Jul 2019; vol. 20 ; p. e79

Available at [Primary health care research & development](#) - from Unpaywall

**Abstract:** BACKGROUND Diagnosing heart failure (HF) in primary care can be challenging, especially in elderly patients with comorbidities. Insight in the prevalence, age, comorbidity and routine practice of diagnosing HF in

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general practice may improve the process of diagnosing HF. AIM To examine the prevalence of HF in relation to ageing and comorbidities, and routine practice of diagnosing HF in general practice. **CONCLUSIONS** HF is highly associated with ageing and comorbidities. Diagnostic use of NT-proBNP in routine primary care seems underutilized. Instruction of GPs to determine NT-proBNP in patients suspected of HF is recommended, especially In elderly patients with comorbidities.

**Database:** Medline

## COPD

**COPD patients prescribed inhaled corticosteroid in general practice: Based on disease characteristics according to guidelines?**

**Author(s):** Savran, Osman; Godtfredsen, Nina; Sørensen, Torben; Jensen, Christian; Ulrik, Charlotte Suppli

**Source:** Chronic respiratory disease; 2019; vol. 16 ; p. 1479973119867949

Available at [Chronic respiratory disease](#) - from SAGE Premier Health Sciences - 2019

**Abstract:** In a primary care setting, our aim was to investigate characteristics of patients classified as having chronic obstructive pulmonary disease (COPD) and currently being prescribed inhaled corticosteroids (ICSs). The electronic patient record system in each participating general practice was searched for patients coded as COPD (ICPC, Second Edition code R95) and treated with ICS (ACT code R03AK and R03BA, that is, ICS in combination with a long-acting  $\beta$ 2-agonist) or ICS as monotherapy. Data, if available, on demographics, smoking habits, spirometry, COPD medication, symptom score, blood eosinophils, co-morbidity and exacerbation history were retrieved from the medical records for all identified cases. Although only one-third of the COPD patients were prescribed ICSs, **our findings** from this study of a large cohort of patients prescribed ICSs for COPD in general practice suggest that more detailed assessment of diagnosis and disease characteristics is likely to improve the risk-benefit ratio of maintenance therapy with ICSs in COPD patients managed in primary care.

**Database:** Medline

**C reactive protein testing in general practice safely reduces antibiotic use for flare-ups of COPD.**

**Author(s):** Cook, Rob; Lyon-Maris, Johnny; White, Alicia; NIHR Dissemination Centre

**Source:** BMJ (Clinical research ed.); Dec 2019; vol. 367 ; p. l5991

Available at [BMJ \(Clinical research ed.\)](#) - from BMJ Journals

**Abstract:** The study Butler CC, Gillespie D, White P, et al. C-reactive protein testing to guide antibiotic prescribing for COPD exacerbations. N Engl J Med 2019;381:111-20. This research was funded by the NIHR Technology Assessment Programme (project number 12/33/12). The testing machines used in the study were loaned to researchers by the manufacturer, who also provided training on their use. The manufacturer had no other role in any part of the trial. To read the full NIHR Signal, go to <https://discover.dc.nihr.ac.uk/content/signal-000820/crp-testing-safely-reduces-antibiotic-use-for-copd-flare-ups>.

**Database:** Medline

**Applying a whole systems lens to the general practice crisis: cross-sectional survey looking at usage of community pharmacy services in England by patients with long-term respiratory conditions.**

**Author(s):** Hindi, Ali Mawfek Khaled; Schafheutle, Ellen Ingrid; Jacobs, Sally

**Source:** BMJ open; Nov 2019; vol. 9 (no. 11); p. e032310

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**Abstract:** OBJECTIVE UK policy initiatives aiming to extend community pharmacy services to moderate patient demands and to reduce general practitioners' (GPs) workload have had limited success. This study used marketing theory to identify factors that could influence patients to make better use of community pharmacies within the primary care pathway.) **CONCLUSIONS** Using the 7Ps marketing mix highlighted that community pharmacies having staff with strong interpersonal skills, good quality consultation rooms and integrated information systems could positively influence patients to use community pharmacies for management of long-term conditions. There are opportunities for community pharmacies to alleviate GP workload, but a whole system approach will be necessary.

**Database:** Medline

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

**Author(s):** Bloom, C I; Walker, S; Quint, J K

**Source:** The Journal of asthma : official journal of the Association for the Care of Asthma; Oct 2019 ; p. 1-7

Contact us for full text

**Abstract:** Objective: To improve asthma morbidity and mortality in the UK, national asthma guidelines recommend referral to \ specialist care for the following high-risk groups, after a hospital admission for asthma,  $\geq 3$  courses of oral corticosteroids (OCS) in 12 months, an incident high-dose inhaled corticosteroid (ICS) prescription or addition of a fourth asthma drug to a patient's maintenance regimen. We sought to assess the prevalence and temporal change of referrals to identify unmet needs. **Conclusions:** The majority of high-risk asthma patients were not referred for specialist care, as recommended by national guidelines. Compared to other risk factors, those admitted to hospital were most likely to receive a referral.

**Database:** Medline

### **Evaluation of a health service adopting proactive approach to reduce high risk of lung cancer: The Liverpool Healthy Lung Programme.**

**Author(s):** Ghimire, Bhagabati; et al

**Source:** Lung cancer (Amsterdam, Netherlands); Aug 2019; vol. 134 ; p. 66-71

Available at [Lung cancer \(Amsterdam, Netherlands\)](#) - from ClinicalKey

**Abstract:** OBJECTIVES This Liverpool Healthy Lung Programme is a response to high rates of lung cancer and respiratory diseases locally and aims to diagnose lung cancer at an earlier stage by proactive approach to those at high risk of lung cancer. The objective of this study is to evaluate the programme in terms of its likely effect on mortality from lung cancer and its delivery to deprived populations. **CONCLUSIONS** Community based proactive approaches to early diagnosis of lung cancer in health deprived regions are likely to be effective in early detection of lung cancer.

**Database:** Medline

### **Associations between degrees of task delegation and adherence to COPD guidelines on spirometry testing in general practice - a national cross-sectional study.**

**Author(s):** Riisgaard, Helle; Le, Jette V; Søndergaard, Jens; Munch, Maria; Ledderer, Loni; Pedersen, Line B

**Source:** BMC health services research; Jul 2019; vol. 19 (no. 1); p. 464

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**Abstract:** BACKGROUND The healthcare systems in the western world have in recent years faced major challenges caused by demographic changes and altered patterns of diseases as well as political decisions influencing the organisation of healthcare provisions. General practitioners are encouraged to delegate more clinical tasks to their staff in order to respond to the changing circumstances. Nevertheless, the degree of task delegation varies substantially between general practices, and how these different degrees affect the quality of care for the patients is currently not known. Using chronic obstructive pulmonary disease (COPD) as our case scenario, the aim of the study was to investigate associations between degrees of task delegation in general practice and spirometry testing as a measure of quality of care. **CONCLUSION** Delegating more complex tasks to practice staff implies that COPD-patients are more likely to be treated according to evidence-based recommendations on spirometry testing.

**Database:** Medline

### **Effectiveness of chronic obstructive pulmonary disease self-management interventions in primary care settings: a systematic review.**

**Author(s):** Hosseinzadeh, Hassan; Shnaigat, Mahmoud

**Source:** Australian journal of primary health; Jun 2019

Available at [Australian journal of primary health](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:** Chronic obstructive pulmonary disease (COPD) is one of the more disabling diseases and the third cause of mortality worldwide. Self-management is considered an effective strategy for controlling and managing COPD. This review aims to summarise the available evidence on the effectiveness of COPD self-management in primary care settings. **The findings showed** that COPD self-management trials had positive effects on COPD knowledge and improved self-management behaviours such as adherence to medication, physical activities and smoking cessation in some cases; however, the effect of trials on hospitalisation rate, quality of life and healthcare utilisation were not conclusive. There was also not enough evidence to suggest that the trials were efficient in improving self-efficacy, a major driver of self-management behaviours. Primary care COPD self-management trials are efficient in improving surrogate outcomes such as knowledge of and adherence to self-management behaviours; however, such improvements are less likely to be sustainable in the absence of self-efficacy. Future studies should also focus on improving endpoint self-management outcomes like hospitalisation rate and quality of life to benefit both patient and healthcare system.

**Database:** Medline

### **Predicting fracture risk in patients with chronic obstructive pulmonary disease: a UK-based population-based cohort study.**

**Author(s):** Akyea, Ralph Kwame; McKeever, Tricia M; Gibson, Jack; Scullion, Jane E; Bolton, Charlotte E

**Source:** BMJ open; Apr 2019; vol. 9 (no. 4); p. e024951

Available at [BMJ open](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:** OBJECTIVE To assess the incidence of hip fracture and all major osteoporotic fractures (MOF) in patients with chronic obstructive pulmonary disease (COPD) compared with non-COPD patients and to evaluate the use and performance of fracture risk prediction tools in patients with COPD. To assess the prevalence and incidence of osteoporosis. DESIGN Population-based cohort study. SETTING UK General Practice health records from The Health Improvement Network database. PARTICIPANTS Patients with an incident COPD diagnosis from 2004 to 2015 and non-COPD patients matched by age, sex and general practice were studied. OUTCOMES Incidence of fracture (hip alone and all MOF); accuracy of fracture risk prediction tools in COPD; and prevalence and incidence of coded

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osteoporosis. **CONCLUSION** Patients with COPD are at an increased risk of fractures and osteoporosis. Despite this, there is no systematic assessment of fracture risk in clinical practice. Fracture risk tools identify those at high risk of fracture in patients with COPD.

**Database:** Medline

## Diabetes

**Long-term effects of intensive multifactorial therapy in individuals with screen-detected type 2 diabetes in primary care: 10-year follow-up of the ADDITION-Europe cluster-randomised trial.**

**Author(s):** Griffin, Simon J; et al

**Source:** The lancet. Diabetes & endocrinology; Dec 2019; vol. 7 (no. 12); p. 925-937

Available at [The lancet. Diabetes & endocrinology](#) - from ClinicalKey

**Abstract:** BACKGROUND The multicentre, international ADDITION-Europe study investigated the effect of promoting intensive treatment of multiple risk factors among people with screen-detected type 2 diabetes over 5 years. Here we report the results of a post-hoc 10-year follow-up analysis of ADDITION-Europe to establish whether differences in treatment and cardiovascular risk factors have been maintained and to assess effects on cardiovascular outcomes.

**INTERPRETATION** Sustained reductions in glycaemia and related cardiovascular risk factors over 10 years among people with screen-detected diabetes managed in primary care are achievable. The differences in prescribed treatment and cardiovascular risk factors in the 5 years following diagnosis were not maintained at 10 years, and the difference in cardiovascular events and mortality remained non-significant. **FUNDING** National Health Service Denmark, Danish Council for Strategic Research, Danish Research Foundation for General Practice, Novo Nordisk, Novo Nordisk Foundation, Danish Centre for Evaluation and Health Technology Assessment, Danish National Board of Health, Danish Medical Research Council, Aarhus University Research Foundation, Astra, Pfizer, GlaxoSmithKline, Servier, HemoCue, Wellcome Trust, UK Medical Research Council, UK National Institute for Health Research, UK National Health Service, Merck, Julius Center for Health Sciences and Primary Care, UK Department of Health, and Nuts-OHRA.

**Database:** Medline

**Use of professional-mode flash glucose monitoring, at 3-month intervals, in adults with type 2 diabetes in general practice (GP-OSMOTIC): a pragmatic, open-label, 12-month, randomised controlled trial.**

**Author(s):** Furler, John; et al

**Source:** The lancet. Diabetes & endocrinology; Jan 2020; vol. 8 (no. 1); p. 17-26

Available at [The lancet. Diabetes & endocrinology](#) - from ClinicalKey

**Abstract:** BACKGROUND Continuous glucose monitoring, either real-time (personal) or retrospective (professional mode), can identify day-to-day glucose profiles to guide management decisions for people with type 2 diabetes. We aimed to examine the effects of professional-mode flash glucose monitoring, done at 3-month intervals, in adults with type 2 diabetes in general practice. **INTERPRETATION** Professional-mode flash glucose monitoring in adults with type 2 diabetes in general practice did not improve the primary outcome of HbA1c at 12 months or diabetes-specific distress compared with usual care, but did improve time in target glucose range at 12 months and HbA1c at 6 months. Our findings suggest that professional-mode flash glucose monitoring can be implemented in a pragmatic primary care environment. Although there was no change in HbA1c at 12 months, the improved time in target range might reflect the potential of the technology to support personalised clinical care by providing insights into glycaemic profiles for some people with type 2 diabetes.

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**Database:** Medline

**Effects of the Proactive interdisciplinary self-management (PRISMA) program on self-reported and clinical outcomes in type 2 diabetes: a pragmatic randomized controlled trial.**

**Author(s):** du Pon, Esther; Kleefstra, Nanne; Cleveringa, Frits; van Dooren, Ad; Heerdink, Eibert R; van Dulmen, Sandra

**Source:** BMC endocrine disorders; Dec 2019; vol. 19 (no. 1); p. 139

Available at [BMC endocrine disorders](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:** BACKGROUND Diabetes self-management education can be helpful for patients with type 2 diabetes in managing their condition. We aimed to study the effects of the group-based PROactive Interdisciplinary Self-Management (PRISMA) training program on self-reported and clinical outcomes in patients with type 2 diabetes treated in general practice. RESULTS Of the total sample (n = 193), 60.1% were men. The mean age was 69.9 years (SD = 9.1). No significant differences were found on self-reported outcomes between the groups at 0, 6, and 12 months. The clinical outcomes were not reported due to a large number of missing values. **CONCLUSION** PRISMA did not improve self-reported outcomes in patients with type 2 diabetes treated in primary care. It was not possible to make a statement about the clinical effects. TRIAL REGISTRATION date: 16/07/2014, number: NL4550 (<https://www.trialregister.nl/trial/4550>).

**Database:** Medline

**Long-term effects of intensive multifactorial therapy in individuals with screen-detected type 2 diabetes in primary care: 10-year follow-up of the ADDITION-Europe cluster-randomised trial.**

**Author(s):** Griffin, Simon J; et al

**Source:** The lancet. Diabetes & endocrinology; Dec 2019; vol. 7 (no. 12); p. 925-937

Available at [The lancet. Diabetes & endocrinology](#) - from ClinicalKey

**Abstract:** BACKGROUND The multicentre, international ADDITION-Europe study investigated the effect of promoting intensive treatment of multiple risk factors among people with screen-detected type 2 diabetes over 5 years. Here we report the results of a post-hoc 10-year follow-up analysis of ADDITION-Europe to establish whether differences in treatment and cardiovascular risk factors have been maintained and to assess effects on cardiovascular outcomes. **INTERPRETATION** Sustained reductions in glycaemia and related cardiovascular risk factors over 10 years among people with screen-detected diabetes managed in primary care are achievable. The differences in prescribed treatment and cardiovascular risk factors in the 5 years following diagnosis were not maintained at 10 years, and the difference in cardiovascular events and mortality remained non-significant.

**Database:** Medline

**The Year of Care approach: developing a model and delivery programme for care and support planning in long term conditions within general practice.**

**Author(s):** Roberts, Sue; Eaton, Simon; Finch, Tracy; Lewis-Barned, Nick; Lhussier, Monique; Oliver, Lindsay; Rapley, Tim; Temple-Scott, Dawn

**Source:** BMC family practice; Nov 2019; vol. 20 (no. 1); p. 153

Available at [BMC family practice](#) - from ProQuest (Health Research Premium) - NHS Version

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**Abstract:** BACKGROUND People with long term conditions (LTCs) make most of the daily decisions and carry out the activities which affect their health and quality of life. Only a fraction of each contact with a health care professional (HCP) is spent supporting this. This paper describes how care and support planning (CSP) and an implementation framework to redesign services, were developed to address this in UK general practice. Focussed on what is important to each individual, CSP brings together traditional clinical issues and the person's lived experience in a solution focussed, forward looking conversation with an emphasis on 'people not diseases'. **CONCLUSIONS** Tested in multiple settings, CSP is a reproducible and practical model of planned care applicable to all LTCs, with the capacity to be transformative for people with LTCs and health care professionals. It recaptures relational dimensions of care with transactional elements in the background. Options for applying this model and implementation framework at scale now need to be explored.

**Database:** Medline

**Analysis of English general practice level data linking medication levels, service activity and demography to levels of glycaemic control being achieved in type 2 diabetes to improve clinical practice and patient outcomes.**

**Author(s):** Heald, Adrian; Davies, Mark; Stedman, Mike; Livingston, Mark; Lunt, Mark; Fryer, Anthony; Gadsby, Roger

**Source:** BMJ open; Sep 2019; vol. 9 (no. 9); p. e028278

Available at [BMJ open](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:** OBJECTIVE Evaluate relative clinical effectiveness of treatment options for type 2 diabetes mellitus (T2DM) using a statistical model of real-world evidence within UK general practitioner practices (GPP), to quantify the opportunities for diabetes care performance improvement. **CONCLUSIONS** GPP using more legacy therapies such as sulphonylurea/insulin demonstrate poorer outcomes, while those applying holistic patient management/use of newer molecules demonstrate improved glycaemic outcomes. If all GPP moved service levels/prescribing to those of the top decile, both TGC/HGR could be substantially improved.

**Database:** Medline

**Workload impact of the Quality and Outcomes Framework for patients with diabetes: an interrupted time series in general practice.**

**Author(s):** Gilbert, Claire; Allgar, Victoria; Doran, Tim

**Source:** The British journal of general practice : the journal of the Royal College of General Practitioners; Aug 2019; vol. 69 (no. 685); p. e570

Contact us for full text

**Abstract:** BACKGROUND There are substantial concerns about GP workload. The Quality and Outcomes Framework (QOF) has been perceived by both professionals and patients as bureaucratic, but the full impact of the QOF on GP workload is not well known. AIM To assess the impact of the QOF on GP consultation rates for patients with diabetes mellitus. **CONCLUSION** Introduction of the QOF was associated with a modest increase in clinical GP consultation rates and substantial increase in other encounters for patients with diabetes independent of changes in diabetes prevalence. National prevalence of diabetes increased by 90.7% from 2004/2005 to 2014/2015, which, combined with this study's findings, means GPs would have provided nearly double the number of consultations for patients with diabetes over this timescale.

**Database:** Medline

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## **Substantial and Sustained Improvements in Blood Pressure, Weight and Lipid Profiles from a Carbohydrate Restricted Diet: An Observational Study of Insulin Resistant Patients in Primary Care.**

**Author(s):** Unwin, David J; Tobin, Simon D; Murray, Scott W; Delon, Christine; Brady, Adrian J

**Source:** International journal of environmental research and public health; Jul 2019; vol. 16 (no. 15)

Available at [International journal of environmental research and public health](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:** Hypertension is the second biggest known global risk factor for disease after poor diet; perhaps lifestyle interventions are underutilized? In a previous small pilot study, it was found that a low carbohydrate diet was associated with significant improvements in blood pressure, weight, 'deprescribing' of medications and lipid profiles. We were interested to investigate if these results would be replicated in a larger study based in 'real world' GP practice. 154 patients with type 2 diabetes or impaired glucose tolerance were recruited into an observational cohort study in primary care. The effects of a low carbohydrate diet sustained for an average of two years (interquartile range 10-32 months) on cardiovascular risk factors were examined. **Results demonstrate** significant and substantial reductions in blood pressure (mean reduction of systolic BP 10.9 mmHg (interquartile range 0-22 mmHg) ( $p < 0.0001$ ), mean reduction in diastolic BP 6.3 mmHg (interquartile range 0-12.8 mmHg) ( $p < 0.0001$ ) and mean weight reduction of 9.5 Kg (interquartile range 5-13 Kg) ( $p < 0.0001$ ) together with marked improvement in lipid profiles. This occurred despite a 20% reduction in anti-hypertensive medications. This novel and potentially highly effective dietary modification, done very cheaply alongside routine care, offers hope that should be tested in a large prospective trial.

**Database:** Medline

## **Awareness of limited joint mobility in type 2 diabetes in general practice in the Netherlands: an online questionnaire survey.**

**Author(s):** Alabdali, Login Ahmed S; Jaeken, Jasmien; Dinant, Geert-Jan; Ottenheijm, Ramon P G

**Source:** BMC family practice; Jul 2019; vol. 20 (no. 1); p. 98

Available at [BMC family practice](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:** BACKGROUND Next to the well-known micro- and macrovascular complications, type 2 diabetes mellitus (T2DM) is associated with musculoskeletal disorders of the upper extremities referred to as limited joint mobility (LJM), e.g. carpal tunnel syndrome (CTS) and adhesive capsulitis. Unrecognized and untreated LJM can lead to poor quality of life and non-compliance to diabetes treatment which aggravates LJM. Despite its reported higher prevalence in international prevalence studies, examination of the upper extremities is still no part of the regular diabetes mellitus (DM) check-ups. The primary aim of this study was therefore to evaluate the awareness of Dutch GPs and nurse practitioners concerning LJM. Secondary aims were to evaluate the current management of a patient with LJM, and to assess opinions regarding the question of who should screen for LJM if this is done in the near future. **CONCLUSION** The majority of GPs and NPs are not aware of LJM as a T2DM complication. In contrast to NPs, most GPs do not believe that screening for LJM should be performed during the regular diabetes check-up.

**Database:** Medline

## **Prescription of psychotropic medication in patients with type two diabetes mellitus: A multi-practice study from Ireland.**

**Author(s):** Keating, Paul; O'Connor, Ray; O'Doherty, Jane; Hannigan, Ailish; Cullen, Walter; Hickey, Louise; Harnett, Anne; Meagher, David; O'Regan, Andrew

**Source:** The European journal of general practice; Jul 2019; vol. 25 (no. 3); p. 157-163

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Available at [The European journal of general practice](#) - from Unpaywall

**Abstract:** Background: Comorbid anxiety and depression and type two diabetes mellitus (T2DM) are commonly managed by General Practitioners (GPs). Objectives: To investigate the proportion of people with T2DM who are prescribed either antidepressant or benzodiazepine medications in general practice; to compare people with T2DM that have a prescription with those that do not in terms of patient characteristics, glycaemic control and healthcare utilization. **Conclusion:** Over one-fifth of people with T2DM in Irish general practice are prescribed an antidepressant or benzodiazepine medication. Prescription of these is associated with increased healthcare utilization but not poorer glycaemic control.

**Database:** Medline

### **Real-world prevalence of the inclusion criteria for the LEADER trial: Data from a national general practice network.**

**Author(s):** Hinton, William; Feher, Michael; Munro, Neil; Walker, Megan; de Lusignan, Simon

**Source:** Diabetes, obesity & metabolism; Jul 2019; vol. 21 (no. 7); p. 1661-1667

Available at [Diabetes, obesity & metabolism](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** AIMS To explore the prevalence and describe the clinical characteristics of people with type 2 diabetes with a similar cardiovascular (CV) profile to that of the LEADER trial participants in a primary care setting in England. MATERIALS AND METHODS In this cross-sectional analysis, using the Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC) network database, we identified people with type 2 diabetes meeting the LEADER inclusion criteria. **CONCLUSIONS** In a cohort of English general practice patients, one in six people with type 2 diabetes met the LEADER inclusion criteria, and less than one in 10 of these received liraglutide, a drug which has demonstrated CV benefits amongst others. There is scope to improve the outlook in people with type 2 diabetes and high CV risk through evidence-based use of specific GLP-1RAs.

**Database:** Medline

## **Obesity**

### **'Eating to survive': A qualitative analysis of factors influencing food choice and eating behaviour in a food-insecure population.**

**Author(s):** Puddephatt, Jo-Anne; Keenan, Gregory S; Fielden, Amy; Reaves, Danielle L; Halford, Jason C G; Hardman, Charlotte A

**Source:** Appetite; Apr 2020; vol. 147 ; p. 104547

Available at [Appetite](#) - from Unpaywall

**Abstract:** Food insecurity affects approximately 8.4 million people in the UK, one of the worst levels in Europe. Food insecurity is associated with poor diet quality and obesity; however, the drivers of this relationship are unclear. This study used a qualitative approach to explore factors that influence food choice and eating behaviour in a food-insecure population in Liverpool, UK. **In conclusion**, participants' food choices and eating behaviour seemed to be most strongly influenced by their level of income. Our findings provide insight into the range of strategies used by participants to conserve food and also highlight the mental health impact of food insecurity. Initiatives addressing income and the cost of healthy food are required.

**Database:** Medline

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### Using avatars in weight management settings: A systematic review.

**Author(s):** Horne, M; Hill, A; Murells, T; Ugail, H; Irving; Chinnadorai, R; Hardy, M

**Source:** Internet interventions; Mar 2020; vol. 19 ; p. 100295

Available at [Internet interventions](#) - from Unpaywall

**Abstract:** Background Obesity interventions rely predominantly on managing dietary intake and/or increasing physical activity but sustained adherence to behavioural regimens is often poor. Avatar technology is well established within the computer gaming industry and evidence suggests that virtual representations of self may impact real-world behaviour, acting as a catalyst for sustained weight loss behaviour modification. However, the effectiveness of avatar technology in promoting weight loss is unclear. Aims We aimed to assess the quantity and quality of empirical support for the use of avatar technologies in adult weight loss interventions. Method A systematic review of empirical studies was undertaken. The key objectives were to determine if: (i) the inclusion of avatar technology leads to greater weight loss achievement compared to routine intervention; and (ii) whether weight loss achievement is improved by avatar personalisation (avatar visually reflects self). **Results** We identified 6 papers that reported weight loss data. Avatar-based interventions for weight loss management were found to be effective in the short (4-6 weeks) and medium (3-6 months) term and improved weight loss maintenance in the long term (12 months). Only 2 papers included avatar personalisation, but results suggested there may be some added motivational benefit. **Conclusions** The current evidence supports that avatars may positively impact weight loss achievement and improve motivation. However, with only 6 papers identified the evidence base is limited and therefore findings need to be interpreted with caution.

**Database:** Medline

### Parents Can Experience Impairment Because of Their Children's Weight and Problematic Eating Behaviors.

**Author(s):** Lydecker, Janet A; Park, Jiwoo; Grilo, Carlos M

**Source:** The Journal of adolescent health : official publication of the Society for Adolescent Medicine; Feb 2020; vol. 66 (no. 2); p. 189-194

Available at [The Journal of adolescent health : official publication of the Society for Adolescent Medicine](#) - from ClinicalKey

**Abstract:** PURPOSE Pediatric obesity and eating disorders have adverse consequences on children's health and psychosocial functioning. Parents are involved in children's daily lives and their health, but the extent to which children's eating behaviors or weight impact parents' daily functioning is unknown. **RESULTS** Overall, 7.0% of parents reported clinically significant impairment because of child weight, and 6.9% reported clinically significant impairment because of child eating behaviors. Significantly more parents of children categorized as having obesity reported clinically significant parent and child impairment than other weight categories. Parents of children who regularly engaged in secretive eating reported greater child impairment than those without problematic eating. When child weight and problematic eating behaviors were analyzed jointly with parent sex, child sex, and parents' overinvestment in their child's weight, parents' overinvestment in child weight was associated significantly with parent and child impairment, and secretive eating maintained a significant association, but weight status was no longer associated significantly with impairment. **CONCLUSIONS** Understanding and considering individual and family impairment associated with obesity and problematic eating behaviors is critical for family-based prevention and treatment programs.

**Database:** Medline

### Management of overweight and obesity in primary care-A systematic overview of international evidence-based guidelines.

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**Author(s):** Semlitsch, Thomas; Stigler, Florian L; Jeitler, Klaus; Horvath, Karl; Siebenhofer, Andrea

**Source:** Obesity reviews : an official journal of the International Association for the Study of Obesity; Sep 2019; vol. 20 (no. 9); p. 1218-1230

Available at [Obesity reviews : an official journal of the International Association for the Study of Obesity](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** Overweight and obesity are increasing worldwide. In general practice, different approaches exist to treat people with weight problems. To provide the foundation for the development of a structured clinical pathway for overweight and obesity management in primary care, we performed a systematic overview of international evidence-based guidelines. **Most of guidelines concluded** that a multidisciplinary team should treat overweight and obesity as a chronic disease. Body mass index (BMI) should be used as a routine measure for diagnosis, and weight-related complications should be taken into account. A multifactorial, comprehensive lifestyle programme that includes reduced calorie intake, increased physical activity, and measures to support behavioural change for at least 6 to 12 months is recommended. After weight reduction, long-term measures for weight maintenance are necessary. Bariatric surgery can be offered to people with a BMI greater than or equal to 35 kg/m<sup>2</sup> when all non-surgical interventions have failed. In conclusion, there was considerable agreement in international, evidence-based guidelines on how multidisciplinary management of overweight and obesity in primary care should be performed.

**Database:** Medline

### **A chronological map of 308 physical and mental health conditions from 4 million individuals in the English National Health Service.**

**Author(s):** Kuan, Valerie; et al

**Source:** The Lancet. Digital health; Jun 2019; vol. 1 (no. 2); p. e63

Available at [The Lancet. Digital health](#) - from Unpaywall

**Abstract:** Background To effectively prevent, detect, and treat health conditions that affect people during their lifecourse, health-care professionals and researchers need to know which sections of the population are susceptible to which health conditions and at which ages. Hence, we aimed to map the course of human health by identifying the 50 most common health conditions in each decade of life and estimating the median age at first diagnosis.

**Interpretation** We have produced the first chronological map of human health with cumulative-incidence and period-prevalence estimates for multiple morbidities in parallel from birth to advanced age. This can guide clinicians, policy makers, and researchers on how to formulate differential diagnoses, allocate resources, and target research priorities on the basis of the knowledge of who gets which diseases when. We have published our phenotyping algorithms on the CALIBER open-access Portal which will facilitate future research by providing a curated list of reusable case definitions. Funding Wellcome Trust, National Institute for Health Research, Medical Research Council, Arthritis Research UK, British Heart Foundation, Cancer Research UK, Chief Scientist Office of the Scottish Government Health and Social Care Directorates, Department of Health and Social Care (England), Health and Social Care Research and Development Division (Welsh Government), Public Health Agency (Northern Ireland), Economic and Social Research Council, Engineering and Physical Sciences Research Council, National Institute for Social Care and Health Research, and The Alan Turing Institute.

**Database:** Medline

### **Moral discourse in general practitioners' accounts of obesity communication.**

**Author(s):** Blackburn, Maxine; Stathi, Afroditi

**Source:** Social science & medicine (1982); Jun 2019; vol. 230 ; p. 166-173

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**Abstract:** Obesity is not addressed with a large proportion of patients presenting in general practice. An increasing body of evidence suggests that health professionals view body weight as a sensitive topic to include in routine consultations and face barriers in initiating weight loss discussions. This study examined the discursive power relations that shape how general practitioners (GPs) understand and talk about obesity using a novel methodology to elicit responses from GPs about raising the topic of weight. Twenty GPs from the South West of England reflected upon novel trigger films simulating doctor-patient interactions, in which a doctor either acknowledged or ignored their patient's body weight. Underpinned by a discourse analytic approach, our findings suggest that GPs both reproduce and resist moral discourse surrounding body weight. They construct obesity as an individual behavioural problem whilst simultaneously drawing on socio-cultural discourse which positions body weight as central to social identity, situating obesity within a context of stigma and positioning patients as powerless to lose weight. **Our findings highlight** a need for increased reflexivity about competing discursive frameworks at play during medical consultations about obesity, which we suggest, contribute to increased tension and powerlessness for GPs. Trigger films are an innovative method to elicit information and discuss competing discourses.

**Database:** Medline

### **Characteristics of patients with body mass index recorded within the Kent Integrated Dataset (KID).**

**Author(s):** Cuccu, Zara; Abi-Aad, Gerrard; Duggal, Allison

**Source:** BMJ health & care informatics; Jun 2019; vol. 26 (no. 1)

Available at [BMJ health & care informatics](#) - from Unpaywall

**Abstract:** BACKGROUND Obesity is a significant health issue and key public health priority. This study explored body mass index (BMI) recording in general practice within the Kent Integrated Dataset. **CONCLUSIONS** Findings were aligned to previous research using nationally representative samples. Completeness of recording varied by age, sex, deprivation and comorbidity. Recording within general practice was aligned to chronic disease management. From a prevention perspective, earlier assessment and intervention for the management of excess weight within primary care may be an opportunity for avoiding increases in BMI trajectory. There may also be merit in recognising that the external disease agents that influence obesity can be controlled or reduced (obesogenic environment) from a national policy perspective. Such a perspective may also help reduce stigmatisation and the pressure around arguments that centre on personal responsibility for obesity.

**Database:** Medline

## **Cancer**

### **Non-attendance at urgent referral appointments for suspected cancer: a qualitative study to gain understanding from patients and GPs.**

**Author(s):** Jefferson, Laura; Atkin, Karl; Sheridan, Rebecca; Oliver, Steven; Macleod, Una; Hall, Geoff; Forbes, Sarah; Green, Trish; Allgar, Victoria; Knapp, Peter

**Source:** The British journal of general practice : the journal of the Royal College of General Practitioners; Dec 2019; vol. 69 (no. 689); p. e850

Available at [The British journal of general practice : the journal of the Royal College of General Practitioners](#) - from Unpaywall

**Abstract:** BACKGROUND The 2-week-wait urgent referral policy in the UK has sought to improve cancer outcomes by accelerating diagnosis and treatment. However, around 5-7% of symptomatic referred patients cancel or do not attend their hospital appointment. While subsequent cancer diagnosis was less likely in non-attenders, those with a diagnosis had worse early mortality outcomes. AIM To examine how interpersonal, communication, social, and

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organisational factors influence a patient's non-attendance. DESIGN AND SETTING Qualitative study in GP practices in one Northern English city. **CONCLUSION** Failure to be seen within 2 weeks of urgent referral resulted from a number of patient and provider factors. The urgent referral process in general practice and cancer services should accommodate patient perceptions and responses, facilitate referral and attendance, and enable responses to patient non-attendance.

**Database:** Medline

#### **Quality improvements of safety-netting guidelines for cancer in UK primary care: insights from a qualitative interview study of GPs.**

**Author(s):** Tompson, Alice; Nicholson, Brian D; Ziebland, Sue; Evans, Julie; Bankhead, Clare

**Source:** The British journal of general practice : the journal of the Royal College of General Practitioners; Dec 2019; vol. 69 (no. 689); p. e819

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**Abstract:** BACKGROUND Safety netting is a diagnostic strategy that involves monitoring patients with symptoms possibly indicative of serious illness, such as cancer, until they are resolved. Optimising safety-netting practice in primary care has been proposed to improve quality of care and clinical outcomes. Introducing guidelines is a potential means to achieve this. AIM To seek the insight of frontline GPs regarding proposed safety-netting guidelines for suspected cancer in UK primary care. DESIGN AND SETTING A qualitative interview study with 25 GPs practising in Oxfordshire, UK. **CONCLUSION** GPs expressed general support for safety netting, yet were unconvinced that key elements of the guidelines were feasible, especially in the context of pressures on general practice staffing and time.

**Database:** Medline

#### **Associations between general practice characteristics with use of urgent referrals for suspected cancer and endoscopies: a cross-sectional ecological study.**

**Author(s):** Mendonca, Silvia C; et al

**Source:** Family practice; Oct 2019; vol. 36 (no. 5); p. 573-580

Available at [Family practice](#) - from Unpaywall

**Abstract:** BACKGROUND Large variation in measures of diagnostic activity has been described previously between English general practices, but related predictors remain understudied. OBJECTIVE To examine associations between general practice population and characteristics, with the use of urgent referrals for suspected cancer, and use of endoscopy. **CONCLUSION** Most between-practice variation in use of urgent referrals and endoscopies seems to reflect health need. Some practice characteristics, such as the mean age of GPs, are associated with appreciable variation in use of urgent referrals, though these associations do not seem strong enough to justify targeted interventions.

**Database:** Medline

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

**Author(s):** Burton, Christopher; O'Neill, Luke; Oliver, Phillip; Murchie, Peter

**Source:** BMJ quality & safety; Oct 2019

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**Abstract:** OBJECTIVES To examine how much of the variation between general practices in referral rates and cancer detection rates is attributable to local health services rather than the practices or their populations. DESIGN Ecological analysis of national data on fast-track referrals for suspected cancer from general practices. Data were analysed at the levels of general practice, primary care organisation (Clinical Commissioning Group) and secondary care provider (Acute Hospital Trust) level. Analysis of variation in detection rate was by multilevel linear and Poisson regression. **CONCLUSION** This is the first large-scale finding that 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 just on individual practices but on local diagnostic service provision and culture at the interface of primary and secondary care.

**Database:** Medline

### **Cancer diagnoses after emergency GP referral or A&E attendance in England: determinants and time trends in Routes to Diagnosis data, 2006-2015.**

**Author(s):** Herbert, Annie; Abel, Gary A; Winters, Sam; McPhail, Sean; Elliss-Brookes, Lucy; Lyratzopoulos, Georgios

**Source:** The British journal of general practice : the journal of the Royal College of General Practitioners; Oct 2019; vol. 69 (no. 687); p. e724

Available at [The British journal of general practice : the journal of the Royal College of General Practitioners](#) - from Unpaywall

**Abstract:** BACKGROUND Diagnosis of cancer as an emergency is associated with poor outcomes but has a complex aetiology. Examining determinants and time trends in diagnostic routes can help to appreciate the critical role of general practice over time in diagnostic pathways for patients with cancer. AIM To examine sociodemographic, cancer site, and temporal associations with type of presentation among patients with cancer diagnosed as emergencies. DESIGN AND SETTING Analysis of Routes to Diagnosis data, 2006-2015, for patients with cancer in England. **CONCLUSION** Patients presenting as emergencies with cancers characterised by symptoms/signs tolerable by patients but appropriately alarming to doctors (for example, pancreatic cancer manifesting as painless jaundice) are over-represented among cases whose emergency presentation involved GP referral. Reductions in diagnoses of cancer through an emergency presentation likely reflect both the continually increasing use of 2-week-wait GP referrals during the study period and reductions in emergency GP referrals.

**Database:** Medline

### **Medium and long-term risks of specific cardiovascular diseases in survivors of 20 adult cancers: a population-based cohort study using multiple linked UK electronic health records databases.**

**Author(s):** Strongman, Helen; Gadd, Sarah; Matthews, Anthony; Mansfield, Kathryn E; Stanway, Susannah; Lyon, Alexander R; Dos-Santos-Silva, Isabel; Smeeth, Liam; Bhaskaran, Krishnan

**Source:** Lancet (London, England); Sep 2019; vol. 394 (no. 10203); p. 1041-1054

Available at [Lancet \(London, England\)](#) - from ClinicalKey

**Abstract:** BACKGROUND The past few decades have seen substantial improvements in cancer survival, but concerns exist about long-term cardiovascular disease risk in survivors. Evidence is scarce on the risks of specific cardiovascular diseases in survivors of a wide range of cancers to inform prevention and management. In this study, we used large-scale electronic health records data from multiple linked UK databases to address these evidence gaps. **INTERPRETATION** Survivors of most site-specific cancers had increased medium-term to long-term risk for one

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or more cardiovascular diseases compared with that for the general population, with substantial variations between cancer sites. FUNDING Wellcome Trust and Royal Society.

**Database:** Medline

### **Statin use and reduced risk of biliary tract cancers in the UK Clinical Practice Research Datalink.**

**Author(s):** Liu, Zhiwei; Alsaggaf, Rotana; McGlynn, Katherine A; Anderson, Lesley A; Tsai, Huei-Ting; Zhu, Bin; Zhu, Yue; Mbulaiteye, Sam M; Gadalla, Shahinaz M; Koshiol, Jill

**Source:** Gut; Aug 2019; vol. 68 (no. 8); p. 1458-1464

Available at [Gut](#) - from BMJ Journals

**Abstract:** OBJECTIVE To evaluate the association between statin use and risk of biliary tract cancers (BTC).

**CONCLUSION** Compared with non-use of statins, current statin use is associated with 12% lower risk of BTCs; no association found with former statin use. If replicated, particularly in countries with a high incidence of BTCs, our findings could pave the way for evaluating the value of statins for BTC chemoprevention.

**Database:** Medline

## **Social Prescribing/Mental Health**

**The impact of the Luton social prescribing programme on mental well-being: a quantitative before-and-after study.**

**Author(s):** Pescheny, Julia V; Gunn, Laura H; Pappas, Yannis; Randhawa, Gurch

**Source:** Journal of public health (Oxford, England); Dec 2019

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**Abstract:** BACKGROUND Social prescribing programmes expand the range of options available to primary care health professionals to address patients' psychosocial needs, impacting on their health and well-being. The objective of this study was to assess the change in the mental well-being of service users after participation in the Luton social prescribing programme. **CONCLUSION** Findings of this study indicate that social prescribing may have the potential to improve the mental well-being of service users. The study findings contribute to the sparse evidence base on social prescribing outcomes by socio-demographic characteristics of participants and highlight the importance of considering subgroup analysis in future research.

**Database:** Medline

### **Social Prescribing Programmes to Prevent or Delay Frailty in Community-Dwelling Older Adults.**

**Author(s):** Smith, Toby O; Jimoh, Oluseyi F; Cross, Jane; Allan, Louise; Corbett, Anne; Sadler, Euan; Khondoker, Mizanur; Whitty, Jennifer; Valderas, Jose M; Fox, Christopher

**Source:** Geriatrics (Basel, Switzerland); Nov 2019; vol. 4 (no. 4)

Available at [Geriatrics \(Basel, Switzerland\)](#) - from Unpaywall

**Abstract:** The increasing incidence of frailty is a health and social care challenge. Social prescription is advocated as an important approach to allow health professionals to link patients with sources of support in the community. This study aimed to determine the current evidence on the effectiveness of social prescribing programmes, to delay or reduce frailty in frail older adults living in the community. There is a paucity of evidence reporting the effectiveness of social prescribing programmes for frail older adults living in the community. Given that frailty is a clinical priority

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and social prescribing is considered a key future direction in the provision of community care, this is a major limitation.

**Database:** Medline

**Steps to benefit from social prescription: a qualitative interview study.**

**Author(s):** Payne, Kirsty; Walton, Elizabeth; Burton, Christopher

**Source:** The British journal of general practice : the journal of the Royal College of General Practitioners; Nov 2019

Contact us for full text

**Abstract:** BACKGROUND The popularity of social prescribing has grown in recent years following a series of high-profile recommendations in scientific reviews, political reports, and media coverage. Social prescribing has the potential to address multiple health and social problems, but few studies have examined how it works. AIM To explore the ways by which social prescribing may be beneficial to individuals undertaking socially prescribed activity (SPA). **RESULTS** The study identified five themes, which together formed a journey of engagement and participation. While not always present for any one individual, the themes occurred in a consistent order: receiving professional support for social problems; engaging with others through participation in SPA; learning different ways to relate to other people and developing new skills; changing perceptions by realising personal assets and becoming open to the possibility of new futures; and developing a positive outlook on the present while moving forwards in pursuit of future goals and better health. **CONCLUSION** SPA appears to benefit individuals by a process that begins with personalised professional help to address social problems and moves through engagement with activities and others, to the recognition of personal and social assets and opportunities.

**Database:** Medline

**The social cure of social prescribing: a mixed-methods study on the benefits of social connectedness on quality and effectiveness of care provision.**

**Author(s):** Kellezi, Blerina; Wakefield, Juliet Ruth Helen; Stevenson, Clifford; McNamara, Niamh; Mair, Elizabeth; Bowe, Mhairi; Wilson, Iain; Halder, Moon Moon

**Source:** BMJ open; Nov 2019; vol. 9 (no. 11); p. e033137

Available at [BMJ open](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:** OBJECTIVES This study aimed to assess the degree to which the 'social cure' model of psychosocial health captures the understandings and experiences of healthcare staff and patients in a social prescribing (SP) pathway and the degree to which these psychosocial processes predict the effect of the pathway on healthcare usage. **CONCLUSIONS** Methodological triangulation offers robust conclusions that 'social cure' processes explain the efficacy of SP, which can reduce primary care usage through increasing social connectedness (group membership and community belonging) and reducing loneliness. Recommendations for integrating social cure processes into SP initiatives are discussed.

**Database:** Medline

**'Light in dark places': exploring qualitative data from a longitudinal study using creative arts as a form of social prescribing.**

**Author(s):** Redmond, Mark; Sumner, Rachel C; Crone, Diane M; Hughes, Samantha

**Source:** Arts & health; Oct 2019; vol. 11 (no. 3); p. 232-245

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**Abstract:** Background: This paper draws on a longitudinal study exploring the outcomes of an arts referral programme in General Practice in the South West of England since 2009. It focuses on the qualitative responses of the patient cohort Methods: Using qualitative methods and thematic analysis, this paper explores and considers the responses from n = 1297 participants who provided feedback from an open-ended questionnaire on self-reported benefits of the arts referral programme. Results: Participant reactions demonstrate that the programme provided a range of personal and social benefits rarely considered or explored in comparative studies. **The analysis suggests** participants were able to self-manage aspects of their health-related conditions, and were able to make progress towards a better physical and/or mental health. Conclusions: The evidence suggests that arts-based referral programmes, have a range of benefits for participants that may not have been fully appreciated. The consequences on self-management requires further investigation.

**Database:** Medline

### **Exploring how patients respond to GP recommendations for mental health treatment: an analysis of communication in primary care consultations.**

**Author(s):** Ford, Joseph; Thomas, Felicity; Byng, Richard; McCabe, Rose

**Source:** BJGP open; Oct 2019

Available at [BJGP open](#) - from Unpaywall

**Abstract:** BACKGROUND Patient take-up and adherence to antidepressants and talking therapy is low. However, little is known about how GPs recommend these treatments and whether patients accept them .AIM To examine how GPs recommend antidepressants and talking therapy, and how patients respond. DESIGN & SETTING A total of 52 recorded primary care consultations for depression, anxiety, and stress were analysed. **CONCLUSION** Initially, GPs treat patients as the decision-maker. However, although patients resist, most end up with treatment. This may impact negatively on treatment uptake and success. Social prescribing may fill a treatment gap for some patients.

**Database:** Medline

### **Does a social prescribing 'holistic' link-worker for older people with complex, multimorbidity improve well-being and frailty and reduce health and social care use and costs? A 12-month before-and-after evaluation.**

**Author(s):** Elston, Julian; Gradinger, Felix; Asthana, Sheena; Lilley-Woolnough, Caroline; Wroe, Sue; Harman, Helen; Byng, Richard

**Source:** Primary health care research & development; Sep 2019; vol. 20 ; p. e135

Available at [Primary health care research & development](#) - from Unpaywall

**Abstract:** AIM To evaluate the impact of 'holistic' link-workers on service users' well-being, activation and frailty, and their use of health and social care services and the associated costs. BACKGROUND UK policy is encouraging social prescribing (SP) as a means to improve well-being, self-care and reduce demand on the NHS and social services. However, the evidence to support this policy is generally weak and poorly conceptualised, particularly in relation to frail, older people and patient activation. Torbay and South Devon NHS Foundation Trust, an integrated care organisation, commissioned a Well-being Co-ordinator service to support older adults (≥50 years) with complex health needs (≥2 long-term conditions), as part of its service redesign. **FINDINGS** Most of the 86 participants achieved their goals (85%). On average health and well-being, patient activation and frailty showed a statistically significant improvement in mean score. Mean activity increased for all services (some changes were statistically significant). Forty-four per cent of participants saw a decrease in service use or no change. Thirteen high-cost users (>£5000 change in costs) accounted for 59% of the overall cost increase. This was largely due to significant, rapid escalation in morbidity and frailty. Co-ordinators played a valuable key-worker role, improving the continuity of care,

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reducing isolation and supporting carers. No entry-level participant characteristic was associated with change in well-being or service use. Larger, better conceptualised, controlled studies are needed to strengthen claims of causality and develop national policy in this area.

**Database:** Medline

### **The impact of social prescribing services on service users: a systematic review of the evidence.**

**Author(s):** Pescheny, Julia V; Randhawa, Gurch; Pappas, Yannis

**Source:** European journal of public health; Jun 2019

Contact us for full text

**Abstract:** BACKGROUND Social prescribing initiatives are widely implemented in the UK National Health Service to integrate health and social care. Social prescribing is a service in primary care that links patients with non-medical needs to sources of support provided by the community and voluntary sector to help improve their health and wellbeing. Such programmes usually include navigators, who work with referred patients and issue onward referrals to sources of non-medical support. This systematic review aimed to assess the evidence of service user outcomes of social prescribing programmes based on primary care and involving navigators. **CONCLUSION** In order to assess the success of social prescribing services, more high quality and comparable evaluations need to be conducted in the future. International Prospective Register of Systematic Reviews number: CRD42017079664.

**Database:** Medline

### **Music and dance in chronic lung disease.**

**Author(s):** Philip, Keir; Lewis, Adam; Hopkinson, Nicholas S

**Source:** Breathe (Sheffield, England); Jun 2019; vol. 15 (no. 2); p. 116-120

Available at [Breathe \(Sheffield, England\)](#) - from Europe PubMed Central - Open Access

**Abstract:** Arts in Health interventions show potential to improve the quality of life of people with chronic lung disease. Listening to music, making music, and dance have accepted and established roles in the lives of people without chronic disease. However, their potential utility in chronic disease management is infrequently considered by medical professionals. The aim of this review is to examine the use of music and dance in the treatment and self-management of chronic lung disease. Although the evidence base is currently limited, existing research suggests a range of biopsychosocial benefits. As personalised medicine and social prescribing become more prominent, further research is required to establish the role of arts interventions in chronic lung disease.

**Database:** Medline

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