Primary care quality digest

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J A Muir Gray (Director of the NHS National Knowledge Service)1

The aim of the primary care quality digest is to bring to your attention a selection of recently published papers related to issues of quality in primary care.

Features of e-prescribing systems supporting quality and safety

The authors note that research into the effects of electronic prescribing in primary care has reported both benefit and harm. This study aimed to identify electronic prescribing software features which contributed to the quality and safety of care in Australian general practice. The authors identified 114 software features from which they defined those features expected to support safety and quality. The authors suggest this work could support the development of software standards.


Nurse staffing and quality of care

This study used data from nearly 7500 UK general practices to identify any association between the level of nurse staffing and the quality of care, as measured using the Quality and Outcomes Framework. The findings showed that practices employing more nurses performed better in a number of clinical domains, including better intermediate clinical outcomes. The authors suggest patient benefit may be associated with using nurses to deliver care.


Organisational commitment among general practitioners

This Finnish questionnaire study aimed to discover whether general practitioners had lower commitment levels to their organisations than physicians in other health sectors, examining the impact of psychosocial factors relating to demands of the job, and the control GPs felt they had over their jobs. The results from nearly 3000 physicians showed lower commitment from the GPs. The authors suggest that policies to reduce factors relating to job demands and job control, and enabling GPs to make more decisions in these areas, might improve commitment and consequently the quality of care.


Patient safety in primary care

This study used interviews with the aim of clarifying the concept of patient safety in primary care from the
viewpoint of practitioners. A broad range of aspects of patient safety, mostly linked to organisational factors, were identified through the interviews, with medication safety mentioned most frequently. The authors discuss the implications for measuring and improving patient safety in primary care.


Primary care research agenda in Europe

At the WONCA (World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians) Europe conference in 2009 the background paper and reference manual Research Agenda for General Practice/Family Medicine and Primary Health Care in Europe was presented. The paper summarised evidence relating to the core competencies and characteristics of the WONCA Europe definition of general practice, and the implications for practitioners, research and policy. The European Journal of General Practice is publishing a series of articles based on the Research Agenda.


Reinventing primary care

The May 2010 issue of the US journal Health Affairs was dedicated to reinventing primary care. A selection of the papers published is described below:

Evidence on quality and costs in primary care

The emerging consensus in the USA is that strengthening primary care will both improve health outcomes and restrain spending growth. This paper identifies three definitions of primary care from policy discussions – a specialty of providers; a set of functions with a usual source of care; an orientation of health systems – and reviews the evidence which links each definition to quality, outcomes and cost.


Lessons from Canada

The authors here discuss factors in the Canadian primary healthcare system which have produced better health care at lower costs when compared with the USA.


Lessons from UK improvement initiatives

The quality improvement initiatives introduced into the UK primary care system to address issues of GP morale and quality of care are discussed here. The authors examine the success in raising morale and quality standards, and also the consequent challenges to medical professionalism and the unknown long-term effects on outcomes.


Measuring patient experience to improve primary care

This paper examines the capture and use of patient experience data and information and discusses how this can be used to transform practice in primary care.


Nurse practitioners’ role in reinventing primary care

The authors here review the evidence for the contributions of advanced practice nurses to improving
quality and reducing costs in the delivery of primary care in the USA.

**Transforming primary care**

This paper discusses the need for primary care physicians to increase their patient capacity as demand grows, without sacrificing quality or increasing the workload burden.

**Why primary care matters for US health reforms**

This paper draws upon historical perspectives of care in the USA and overseas to offer a definition of primary care. The authors discuss the evidence for the functions of primary care, and from international experience examine how the USA has deviated from the definition of primary care they set out.

**Review of the gold standards framework for primary palliative care**

This review of the Gold Standards Framework, which aims to optimise primary end-of-life care, assesses its impact since its introduction in 2001. The authors report that the evidence demonstrates an improvement in the processes, co-working and quality of palliative care in the general practice setting, but find that implementation of the framework is inconsistent and the impact on patients and carers unknown.

**Should the Quality and Outcomes Framework be abolished?**

The ‘Head to Head’ feature in the *British Medical Journal* invites two authors to debate opposing viewpoints on a particular issue. In debating whether the UK Quality and Outcomes Framework should be abolished, Niroshan Siriwardena, Foundation Professor in Primary Care with the University of Lincoln, argues that modification and improvement is required based on an analysis of the intended, and unintended, effects which the framework has had, whilst Steve Gillam, general practitioner with the Lea Vale Medical Group in Luton, argues that the scheme does not provide good value for money and should be abolished.

**Secondary prevention of ischaemic heart disease in primary care**

This systematic review assesses the types of organisational interventions in primary care and community settings which are most associated with clinician and patient adherence to recommendations for the secondary prevention of ischaemic heart disease. The reviewers found the evidence for interventions such as planned recall of appointments and structured monitoring of risk factors to be weak, while patient education could be effective in the area of cholesterol control and blood pressure targets. More research is called for, along with increased standardisation of outcomes.
Buckley BS, Byrne MC and Smith SM. Service organisation for the secondary prevention of ischaemic heart disease in primary care. *Cochrane Database of Systematic Reviews* 2010:3(CD006772).

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