GEMS OF NEW ZEALAND
Primary Health Care Research

Increase in use of cardiovascular preventive medication

This study measured trends in cardiovascular preventive medication prescribing in New Zealand primary care from 2000 to 2003 using data from the Dunedin RNZCGP Research Unit database of men aged over 44 and women aged over 54 years who consulted a doctor in 2000–2003 in practices supplying electronic clinical notes. Cardiovascular risk as calculated by the Framingham-based risk equation could only be estimated for one-third of the study population due to missing risk factor information. The treatment of all patient groups with a five-year cardiovascular risk of >10% increased by about 4% per year, and by 3% per year in the five to 10% cardiovascular risk bracket.

Selak V, Rafter N, Parag V, Tomlin A, Vander Hoorn S, Dove, S, Rodgers A. Cardiovascular treatment gaps: closing, but slowly. N Z Med Journal. 2009;122(1293). **Corresponding author:** V. Selak. Email: vanessa.selak@waitematadhb.govt.nz

Pharmacists' perceptions of roles and accreditation

The *Ten Year Vision for Pharmacists* outlines the roles pharmacists are expected to provide now and in the future. The aim of this study was to determine pharmacists' views on these roles and the need for accreditation. Findings from a national postal survey suggest the majority of pharmacists believe they should continue to undertake traditional clinical and technical roles. Less than one-third suggested accreditation for these roles. There was a positive but more tempered view regarding the uptake of enhanced or collaborative roles. There was recognition of a need for accreditation suggesting a cautious optimism about adopting new services.

Scahill S, Harrison J, Sheridan J. Pharmacy under the spotlight: New Zealand pharmacists' perceptions of current and future roles and the need for accreditation Int J Pharm Pract. 2010:18;59–62. DOI 10.1211/ijpp/18.01.0010. **Corresponding author:** S. Scahill. Email: s.scahill@auckland.ac.nz

Describing the organisational culture of a selection of community pharmacies

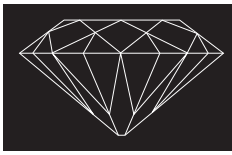
This paper outlines the use of a predominantly interpretative mixed methods technique known as concept mapping to develop a map which pictorially represents dimensions of organisational culture. Concept mapping involves the integration of brainstorming techniques to develop culture statements, along with robust statistical processes. Eight cultural dimensions were identified: leadership and staff management; valuing each other and the team; free thinking, fun and open to challenge; trusted behaviour; customer relations; focus on external integration; providing systematic advice and embracing innovation. These dimensions assist in understanding factors that influence effectiveness within community pharmacy.

Scahill S, Harrison J, Carswell P. Describing the organizational culture of a selection of community pharmacies using a tool borrowed from social science. Pharm World Sci. 2010:32;73–80. DOI 10.1007/s11096-009-9345-5. **Corresponding author:** S. Scahill. Email: s.scahill@auckland.ac.nz

How useful are clinical priority assessment tools?

The original aim of this research was to study the use of clinical priority assessment criteria (CPAC) tools. However, in a sample of 47 videotaped consultations with 15 different surgeons, CPAC tools were never explicitly used. The research therefore shifted to an investigation of interactional factors that might preclude the use of such tools. Our analysis suggested that decision-making about operative thresholds is an interactionally complex matter that does not lend itself to the rigid following of a protocol. It should be acknowledged that diagnosis and planning of care constitute different interactional activities to prioritisation on a waiting list.

Dew K, StubbeM, Macdonald L, Dowell A, Plumridge E. The (non) use of prioritisation protocols by surgeons. Sociology of Health



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& Illness. 2010;32(4):1–18. DOI 10.1111/j.1467-9566.2009.01229. **Corresponding author:** M. Stubbe. Email: maria.stubbe@otago.ac.nz

Pharmacists not ready for increased clinical roles

This paper reports on a 2002 survey of general practitioners and community pharmacists, exploring the perceptions of the role of the community pharmacist. There were significant differences in the perceptions of the role of community pharmacists, with general acceptance of technical roles (dispensing, checking accuracy, counselling on ADRs and monitoring for compliance) but less acceptance of more clinical patient care roles. The barriers to increased clinical roles for community pharmacists included a perceived lack of mandate, legitimacy, adequacy and effectiveness of the roles. There also appeared to be a lack of readiness to change for community pharmacists.

Bryant L, Coster G, Gamble G, McCormick R. General practitioners' and pharmacists' perceptions of the role of community pharmacists in delivering clinical services. Res Soc Admin Pharmacy. 2009;5:299–301. **Corresponding author:** L. Bryant. Email: l.bryant@auckland.ac.nz

Investigating prescription interventions conducted by pharmacists

This study investigated the time spent and the types of interventions pharmacists in Dunedin perform when dispensing prescription medications. Interventions related to generic substitution and legal errors and omissions were responsible for 50% of their time spent. This could be reduced significantly by prescribing generically. The remaining 50% of time spent was on clinical interventions, however these occurred at a much lower rate. The time spent on bureaucratic issues may be seen as a significant barrier for pharmacists providing clinical services to patients.

Braund R, Furlan HM, George K, Havell MMA, Murphy JL, West MK. Interventions performed by New Zealand community pharmacists while dispensing prescription medications. Pharm World Sci. 2010;32:22–25. **Corresponding author:** R. Braund. Email: Rhiannon.braund@otago.ac.nz

Women may be missing out on preventive drugs

Among 1089 women (40–79 years) recruited through 17 general practices to a lifestyle study in the Wellington region in 2005–2007, 109 (10%) had a five-year cardiovascular (CVD) risk ≥15%. Of these women, only 36% were taking aspirin, 55% were on blood pressure–lowering medication, 45% were taking lipid-lowering medication and only 17% were taking all three CVD guidelines–recommended medications. Our coverage of CVD preventive medications for high-risk women may be lower than ideal.

Bupha-Intr O, Rose S, Lawton B, Elley C, Moyes S, Dowell A. Are at-risk New Zealand women receiving recommended cardiovascular preventive therapy? N Z Med J. 2010;123:26–36. **Corresponding Author:** B. Lawton. Email: bev.lawton@otago.ac.nz

Including type 2 diabetes in cardiovascular risk equations

A new cardiovascular risk equation was derived from routinely-collected data on 36127 patients with type 2 diabetes assessed through the primary care *Get Checked* programme between 2000 and 2006 in New Zealand. New cardiovascular events or deaths were recorded 2000–2008. Testing the new equation on 12626 patients from a geographically-different area over the same time showed that the new equation was more accurate than the currently used equation for people with diabetes, especially for Maori, Pacific and Indian populations and those with poorly controlled diabetes or renal impairment. The currently used equation often underestimates risk for these groups. The new equation could be incorporated into existing risk assessment tools.

Elley C, Robinson E, Kenealy T, Bramley D, Drury L. Derivation and Validation of a New Cardiovascular Risk Score for People with Type 2 Diabetes, Diabetes Care; 33 (6) Mar 18. [Epub ahead of print]. **Corresponding author:** R. Elley. Email: c.elley@auckland.ac.nz

Asking about help is helpful

The CHAT (Case-finding and Help Assessment Tool) is a short validated and self-administered questionnaire which detects lifestyle (inactivity, tobacco use, alcohol and other drug misuse, problem gambling, abuse, and anger problems) and mental health issues (depression and anxiety) in adult primary health care patients. The question asking whether patients want help (either during this consultation or later) for each item increases specificity without compromising sensitivity and reduces false positives, allows patients with comorbidities to prioritise issues they wish to address, indicate their readiness to change, promote self-determination, and gives the GP an indication of which topics to pursue.

Goodyear-Smith F, Arroll B, Coupe N. Asking for help is helpful: validation of a brief lifestyle and mood assessment tool in primary health care. Annals of Family Medicine. 2009;7:239–244. doi: 10.1370/afm.962i2009. **Corresponding author:** F. Goodyear-Smith. Email: f.goodyear-smith@auckland.ac.nz