

String of PEARLS

Practical Evidence About Real Life Situations

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners—developed by Prof. Brian McAvoy for the Cochrane Primary Care Field (www.cochraneprietarycare.org), New Zealand Branch of the Australasian Cochrane Centre at the Department of General Practice and Primary Health Care, University of Auckland (www.auckland.ac.nz/uoa), funded by the New Zealand Guidelines Group (www.nzgg.org.nz) and published in *NZ Doctor* (www.nzdoctor.co.nz).

Antibiotics are of limited use for most people with sore throats

Antibiotics are not indicated for acute laryngitis in adults

Antibiotics have a small treatment effect in acute sinusitis

Antibiotics have a limited role post-tonsillectomy

Antihistamines are not recommended for prolonged nonspecific cough

There is no good evidence for the effectiveness of over-the-counter medications for acute cough

Nasal saline irrigations are effective for chronic rhinosinusitis symptoms

DISCLAIMER: PEARLS are for educational use only and are not meant to guide clinical activity, nor are they a clinical guideline.



A recommendation from suspected cancer in primary care:

Guidance for referral and reducing disparities from the NZ Guidelines Group

Jim Vause, NZ Guidelines Group and Te Akoranga a Maui, RNZCGP

'Service providers should consider disparity in developing policies on access to care, continuity of care and cultural competency'

How this can translate into practice:

Understanding and implementing guideline recommendations on service provision can be challenging, but GPs and practices that genuinely believe in patient-centred medicine will be able to implement a number of innovative ways to reduce the significant disparities that exist for Maori, Pacific Island and other non-Pakeha patients who present with symptoms and signs suggestive of cancer.

Cost of accessing medical care is a very significant barrier. However, costs arising both directly (for example, seeing the doctor) or indirectly (such as time off work and travel) can be addressed simply by applying a little thought and by engaging the whole practice team in planning.

Examples:

- Obtaining extra funding for high needs patients by accessing funding not only from health (e.g. PHOs and DHBs) but also from social and community services. For clinicians to affect this may be inefficient; however practice managers and nurses involved in the community can be very useful in developing plans to this end.
- Improving internal practice financial systems to allow patients 'insurance' or 'banking' type regular payments (automatic payments, for example, when aligned with disability benefits) are also an effective mechanism.
- Night and weekend clinics can improve access for working men and women, especially those who travel a significant time and distance to work.



Pounamu

'Ahakoa he iti, he pounamu'
(Although it is small, it is valuable)

MAORI PRIMARY HEALTH CARE TREASURES

Pounamu (greenstone) is the most precious of stone to Maori.