

GEMS OF NEW ZEALAND

Primary Health Care Research

A multi-stakeholder model of effectiveness for community pharmacy practice and research

International health policy reform calls for community pharmacy to engage as an effective provider within the primary care sector. Likewise, professional pharmacy bodies would like to see increased role extension and integration with other members of the wider primary care team. Despite this, there are few models which describe what an effective community pharmacy might look like under current policy reform. This paper reports the outcome of a multi-stakeholder concept-mapping exercise and outlines a preliminary model of effectiveness which will be able to inform performance indicator development for practice and research activities in the future.

Scahill SL, Harrison J, Carswell P. What constitutes an effective community pharmacy? Development of a preliminary model of organizational effectiveness through concept mapping with multiple stakeholders. *Int J Qual Health Care*. 2010;22(4):324–32. DOI: 10.1093/intqhc/mzq033. **Corresponding author:** Shane Scahill; email: s.scahill@auckland.ac.nz

Clinical medication review by community pharmacists

This New Zealand six-month randomised controlled trial indicated significant improvement in medication appropriateness for people over 65 years

old and on five or more medicines, if they received a clinical medication review by an accredited community pharmacist. Fifty-seven of 63 general practitioners who agreed to participate were exposed to the intervention of a community pharmacist undertaking a clinical medication review for one or more of their patients. A notable finding was the pharmacist withdrawal rate. Of 44 community pharmacists who agreed to participate, only 26 started the study, with only 17 (39%) completing the study and providing usable data. This highlights potential difficulties to providing clinical pharmacist services from a community pharmacy environment.

Bryant LJ, Coster G, Gamble GD, McCormick RN. The General Practitioner–Pharmacist Collaboration (GPPC) study: a randomised controlled trial of clinical medication reviews in community pharmacy. *Int J Pharm Pract*. 2011 Apr;19(2):94–105. DOI: 10.1111/j.2042-7174.2010.00079.x **Corresponding author:** Linda Bryant; email: l.bryant@auckland.ac.nz

Rural hospital doctor workforce issues

In 2009 the Medical Council approved a new vocational scope of practice in Rural Hospital Medicine (RHM). This study was designed to establish the current composition of the rural hospital medical workforce. It identified 28 rural hospitals and 107 medical practitioners providing clinical services. The work-

force was older (median age 47), predominantly male (75%), principally trained overseas (68%) with 54% vocationally registered (53% were general practitioners). We identified that 35% of hospitals had no recognised clinical leader nor an active process of credentialing. The findings quantify the shortage of medical practitioners and the governance issues facing small rural hospitals.

Lawrenson R, Nixon G, Steed R. The Rural Hospital Doctors Workforce in New Zealand. *Rural Remote Health*. 2011 Apr-Jun;11(2):1588. **Corresponding author:** Ross Lawrenson; email: Ross.Lawrenson@waikatodhb.health.nz

COPD self-management in New Zealand: patient attitudes and behaviours

Self-management of chronic obstructive pulmonary disease is central to decreasing exacerbations, preventing hospitalisation and improving health-related quality of life. Self-management is often complex and requires significant effort and commitment from patients. Many patients accept their condition with a sense of helplessness; this may undermine their motivation to engage in complex therapies. This New Zealand study interviewed 29 patients with moderate to severe COPD about helplessness and its consequences for self-management. They confirmed the presence of helplessness and poor self-management, but also



GEMS are short précis of original papers published by NZ researchers. **FOR A COPY** of a full paper please email the corresponding author. Researchers, **TO HAVE YOUR WORK INCLUDED** please send a 100 word summary of your paper and the full reference details to: editor@rnzcgp.org.nz

found self-blame and limited social support amongst European patients, whereas faith and family were strongly expressed amongst Pacific patients.

Sheridan N, Kinealy T, Salmon E, Rea H, Raphael D, Schmidt-Busby J. Helplessness, self blame and faith may impact on self management in COPD: a qualitative study. *Prim Care Respir J*. 2011; 20(3):307–314.

Corresponding author: Nicolette Sheridan; email: n.sheridan@auckland.ac.nz

A qualitative exploration of the views of community pharmacists on providing alcohol health promotion interventions

With the recent developments in community pharmacy's public health role, pharmacies have been suggested as a promising site for screening and brief intervention activities to reduce alcohol consumption and harmful drinking patterns. But how do community pharmacists feel about these proposals? This paper explores the views of 40 pharmacists from England and New Zealand, with a focus on potential barriers and facilitators of service provision. The findings indicate potential for future development in this area, despite the identification of some less predictable barriers.

Horsfield E, Sheridan J, Anderson C. What do community pharmacists think about undertaking screening and brief interventions with problem drinkers? Results of a qualitative study in New Zealand and England. *Int J Pharm Pract*. 2011;19(3):192–200. **Corresponding author:** Emma Horsfield; email: eh011@aucklanduni.ac.nz

Maori patients more likely to have anti-streptokinase antibodies

Anti-streptokinase antibodies were measured in acute coronary syndrome patients in three different NZ rural communities—Central Otago, Thames and the Hokianga. Patients in the

Hokianga were 2.5 times more likely to have a high antibody titre (38.2% vs 12.7% $p=0.0018$). This is not surprising given the high incidence of Group A streptococcal infection in rural NZ communities that are predominantly Maori. These antibodies may be neutralising and render the drug ineffective. This study provides support for the recent move away from streptokinase in favour of the new non-immunogenic fibrinolytic drugs. Issues remain for the Pacific Islands where streptokinase is still commonly used.

Nixon G, Blattner K, Dawson J, Dovey S, Black M, Wilkins G, Dunn A, McLellan A. Streptokinase antibodies in patients presenting with acute coronary syndrome in three rural New Zealand populations. *J Clin Pathol*. 2011;64:426–429. **Corresponding author:** Garry Nixon; email: garry.nixon@otago.ac.nz

New Zealand general practice nurses' roles in mental health care

To explore potential for primary mental health delivery, for those with mild to moderate mental health conditions, the Ministry of Health provided funds to Primary Health Organisations to organise models of care. The paper reports the various roles that nurses in general practice settings undertook. Depending on the model of care, the roles fell into two main groups: specialist nurses in newly created roles or practice nurses working within their generalist skill set. To enable the latter group to work to full capacity, structural, attitudinal and professional development barriers need to be addressed to offer an increased workforce.

McKinlay E, Garrett S, McBain L, Dowell T, Collings S, Stanley J. New Zealand general practice nurses' roles in mental health care. *Int Nurs Rev*. 2011;58(2):225–233. **Corresponding author:** Eileen McKinlay; email: Eileen.mckinlay@otago.ac.nz

How patients can tell if we care

By listening to the stories of people close to the end of life, these authors identified what patients thought care in a medical context is. By interviewing 13 patients and their family caregiver they were able to identify what those people thought was important for doctors to know about care. Connecting with the patient through rapport and touch, listening to both patient and carer and getting to know them all contributed. It may seem obvious but there are some lessons to be learned here. Uncaring behaviours were also identified.

Janssen A, MacLeod RD. What does care mean? Perceptions of people near the end of life. *Palliat Support Care*. 2010;8:433–440.

Corresponding author: Anna Janssen; email: anna.janssen@kcl.ac.uk

Does it matter to which hospital you go if you are dying?

Although this study is from Canada (with a NZ co-author), it may well have implications for practitioners and patients in other countries. Using hospital charts in two hospitals in one Canadian city, the researchers identified that only 29% of patients dying in a hospital without a palliative care (PC) team were referred to PC services. Surprisingly, in the other hospital (with a PC team) still only 68% were referred. Referral to PC at least in part depended on what hospital the patient was in. Patients who were older or who had non-cancer diagnoses had less access to services.

Cohen J, Wilson D, Thurston A, MacLeod R, Deliens L. Access to palliative care services in hospital: a matter of being in the right hospital. Hospital charts study in a Canadian city. *Palliat Med*. 2011. DOI: 10.1177/02692163 11 408992.

Corresponding author: Joachim Cohen; email: jcohen@vub.ac.be