

the way they deal with emotions. These findings provide a sharp contrast to the ways in which depression has come to be understood in biomedicine. Biomedical understandings would aim to offer treatment of depression using either antidepressants or psychological exploration and support. These older Gujarati women saw such treatment as perpetuating rather than alleviating their distress.

024

Tailored interventions to overcome identified barriers to change: effects on professional practice and health care outcomes

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Introduction

Strategies to implement change in health professional performance have variable impact. A potential explanation is that the barriers to implementation are different in different settings and at different times. Change may be more likely if the strategies were specifically chosen to address the identified barriers.

Methods

A Cochrane review was undertaken to assess the effectiveness of planning and delivering interventions tailored to address specific, prospectively identified barriers to change in professional practice and health care outcomes. Two different methods were used to estimate the summary effect of the included studies: a classical meta-regression and a Bayesian approach.

Results

We included 15 studies. For Comparison 1 (an intervention tailored to address identified barriers to change compared to no intervention or an intervention(s) not tailored to the barriers), there was no consistency in the results and the effect sizes varied both across and within studies.

A meta-regression of a subset of the included studies, using a classical approach estimated a combined OR of 2.18 (95% CI: 1.09, 4.34), $p=0.026$ in favour of tailored interventions. However, when a Bayesian approach was taken,

meta-regression gave a combined OR of 2.27 (95% Credible Interval: 0.92, 4.75), which was not statistically significant.

Conclusions

Interventions tailored to prospectively identified barriers may improve care and patient outcomes. However, from the studies included in this review, we were unable to determine whether the barriers were valid, which were the most important barriers, whether all barriers were identified and if they had been addressed by the intervention chosen. Based on the evidence presented in this review, the effectiveness of tailored interventions remains uncertain and more rigorous trials (including process evaluations) are needed. Further research needs to address explicitly the questions of identifying and addressing barriers.

025

Interventions to reduce violence and promote the physical and psychosocial well-being of women who experience partner abuse: a systematic review

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Introduction

Health professionals and policy makers need to know how best to respond to women who disclose intimate partner abuse. We conducted a systematic review of controlled intervention studies aiming to improve health outcomes for women who are or have been abused by a male or female intimate partner.

Methods

The search strategy included: (1) searching of biomedical, psychosocial and legal electronic databases, (2) hand-searching of selected journals, and (3) approaching key experts and organisations about relevant studies. We included studies that directly measured the impact of interventions on the reoccurrence of physical, emotional or sexual violence, or that impacted on the physical or psychological health of abused women. We also considered interventions to improve the response of professionals coming into contact with abused

women if they reported health outcomes or proxy measures such as referral rates. Settings for interventions were not restricted to healthcare but results had to be transferable to healthcare settings. Two reviewers independently extracted data from relevant studies and assessed methodological quality. Discrepancies were resolved by a third reviewer.

Results

Thirty-five studies fulfilled the inclusion criteria, comprising nine interventions for advocacy, one support group intervention, ten interventions for therapy and counselling, and fifteen system-centred interventions. Evidence of effectiveness was clearest for advocacy for women who have already sought help from within non-healthcare settings, and for system-centred interventions that involve healthcare staff training.

Conclusions

We believe our review is a benchmark for the current state of research in this area and can be used to guide policy and inform health professionals on how to respond safely and effectively to women once abuse has been disclosed. However, the overall body of the evidence is not particularly robust. Most of the primary studies used weak research designs for answering questions about effectiveness of interventions and the quality of execution was often poor. The difficulties of carrying out research in this field, and in particular in primary care settings, are discussed.

026

Continuity in primary care: a stated preference discrete choice experiment

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Introduction

Stated preference discrete choice experiments (SPDCE) can be used to investigate whether attributes of care are valued as well as the relative importance of different attributes. Continuity is a valued attribute of primary care, but access and type of health professional consulted are also valued attributes. In undertaking a multi-method study of the views

and choices of patients for continuity, we undertook a SPDCE to identify the relative values associated aspects of continuity.

Methods

The four attributes included in the study were relational (seeing someone known and trusted) and informational (the person consulted has the full medical history) continuity, type of health professional (GP or nurse), and access (how many days wait for a consultation). The choices between these attributes were framed as eight hypothetical scenarios, and presented as pairs. Respondents were asked to indicate their choice for each pair of scenarios, in three different situations – having a minor acute illness, a new worrying illness, or a routine check up. The questionnaire also sought information on health status and socio-demographic variables, and was postally administered to random samples of patients of nine practices in Leicestershire and London. Econometric models were estimated to investigate the values attached to the different attributes.

Results

The total sample size was 666 (47% response rate). In the case of a minor acute illness, respondents would wait an extra 0.98 days to see a GP rather than a nurse, 0.9 days for relational continuity, and 1.63 days for informational continuity. In the case of a new, worrying illness, they would wait an extra 3.54 days to see a GP rather than a nurse, 2.38 days for relational continuity, and 3.92 days for informational continuity. For a routine check up, they would wait 3.5 days to see a GP, 4.2 days for relational continuity and 7.8 days for informational continuity.

Conclusions

Patients place greater weight on relational and informational continuity, and seeing a GP rather than a nurse, when they have worrying problems or are attending for routine care.

027

A cross sectional survey to identify patient and service factors that influence continuity in primary care.

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Introduction

It is well established that many patients tend to prefer continuity in primary care. However, less is known about when and why continuity is more or less important, and the factors that influence choices for continuity in particular circumstances.

Methods

The study was a component of a multi-method study of the views and choices of patients and carers for continuity. A questionnaire was developed in the light of the findings of qualitative interviews to obtain information on respondent characteristics and the decisions relating to the most recent primary care consultation. Information was also obtained in interviews of practice leads on the structure, appointment system and attitudes towards continuity of the participating practices. The survey was undertaken in 21 practices in Leicestershire and London, the questionnaire being mailed to random samples of adult patients. Multinomial logistic regression was used to investigate the findings.

Results

1437 questionnaires were completed, a response rate of 46.5%. Around 90% did not regard seeing a professional of the same sex or ethnic group as important. In contrast, 90% regarded seeing someone with time to listen and someone with their records as important. Two thirds regarded relational continuity as important, and three quarters regarded being able to choose the type of health professional as important. Variables associated with obtaining relational continuity when this was preferred were living in Leicestershire rather than London, being older, consulting for a routine problem, and being white rather than non-white. Variables associated with consulting someone with time to listen were living in Leicestershire rather than London, increasing age, smaller practice list size, not

being socially isolated, and being white rather than non-white.

Conclusions

Locality, practice and patient characteristics can influence the extent to which patients experience primary care with the attributes they prefer.

Some patient groups are less likely to experience the care they prefer, including the socially isolated and those in non-white ethnic groups.

028

Evaluation of a GPSI service for dermatology: a randomised controlled trial

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Introduction

The NHS Plan promoted GP with Special Interest (GPSI) initiatives to improve access to care. Many PCTs have introduced such schemes, but evidence of benefit is lacking. A Primary Care Dermatology Service (PCDS) has been established in Bristol as a GPSI service. This study examines its effectiveness, cost-effectiveness, accessibility and acceptability.

Methods

Design: Randomised controlled trial. All adult dermatology referrals from 30 practices in one PCT area over 14 months were triaged as potentially suitable for PCDS, and patients invited to participate. Consenting patients were randomised in 2:1 ratio to PCDS or usual outpatient care. Intervention: PCDS is provided by two GPSIs and a specialist nurse. Outcomes: Primary outcomes were disease-related quality of life (DLQI, higher scores reflecting worse quality of life) and improved patient-perceived access (new scale, scored 0-100). Secondary outcomes were waiting times, DNA rates, patient satisfaction (CSQ, scored 0-100) and patient preference. Outcomes assessed 9 months after randomisation. Analysis was by intention-to-treat with an incremental cost-effectiveness analysis for the additional cost of the more effective arm in relation to outcome.

Results

Of 768 patients eligible, 556 (72%) were randomised, 354 to PCDS and 202 to outpatients. After 9 months, 422 (76%) were

followed up. Patient characteristics in trial arms were similar at baseline. There were no marked differences between PCDS and outpatient care in respect of clinical outcome (median DLQI=1 in both arms, ratio of geometric means 0.99 (0.85 to 1.15), $p=0.90$ adjusting for baseline and stratification) The PCDS was more accessible (difference between means on access scale 14 (11 to 19), $p<0.001$) and patients had reduced waiting times by mean of 40 (35 to 46) days ($p<0.001$). Patients expressed slightly greater satisfaction with PCDS consultations (difference in mean CSQ 4% (1% to 7%) $p=0.011$) and were more likely to prefer care at PCDS both at baseline (61%) and after 9 months (61%). Findings from the cost-effectiveness analysis will be presented.

Conclusions

This primary care based dermatology service is more accessible and preferred by patients, achieving similar clinical outcomes. The findings may be relevant with regard to the likely cost-effectiveness, acceptability and accessibility of GPSI services for other conditions.

029

The impact of continuity of antenatal care on outcomes of labour: a study based in primary care.

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Introduction

Of 6,000 women delivering in Sheffield annually approximately 4% are managed through the One-to-One (121) midwifery scheme, a care scheme based at 6 general practices in the west and north of the city. Each midwife has a defined caseload of women, providing continuity of care and carer throughout the antenatal, intrapartum and postnatal periods.

Methods

In order to investigate the effects of primary care-based midwifery care on outcomes of labour and rates of breast-feeding in a non-selective population-based sample a retrospective analysis of patient records data was undertaken. Data were analysed using multiple regression techniques to adjust for confounders. The main outcome variables were mode of

delivery, home birth rate, epidural rate, rate of breast-feeding on discharge.

Results

Between June 2002 and Dec 2004, 619 women had 121 midwifery care in pregnancy and the post-natal period compared to 14,732 controls receiving standard hospital-based midwifery care in Sheffield. There were significantly lower rates of epidural (40.5 % for standard care, 28.6% for 121 care; $P < 0.01$) and a much higher rate of normal delivery (without ventouse or forceps) (62.8% for standard care, 71.1% for 121 care; $P < 0.01$). More women on the 121 scheme gave birth at home (2.0% for standard care, 8.1% for 121 care; $P < 0.001$) and more were breastfeeding on discharge (59.4% for standard care, 72.8% for 121 care; $P < 0.001$). There was no evidence of any difference in the caesarean section rates for either elective caesarean sections (8.9% for standard care, 9.8% for 121 care) or emergency caesarean sections (13.9% for standard care, 11.6% for 121 care).

Conclusions

In an unselected group of women in a large northern industrial city, caseload midwifery provided through primary care is associated with lower epidural rates, higher rates of normal unassisted delivery and significantly higher rates of breast-feeding on discharge. The lack of any evidence of a difference in the caesarean section rates indicates that case-mix was similar for both standard care and 121 care. Thus caseload midwifery care offers real benefits for women during labour, with an increased likelihood of uncomplicated labour for the majority.

030

Underlying causes of preventable drug-related hospital admissions (PDRA) - Prescribing and monitoring problems

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Introduction

Over 4% of medical admissions to hospital are preventable and drug related. In order to avoid future PDRA, a better understanding of the underlying causes is needed.