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Research papers this month

A pharmaceutical needs assessment in a primary care setting

In this study, Williams *et al* carried out a four-stage pharmaceutical needs assessment method, created around a selection of techniques, to prioritise and assist the planning of pharmaceutical care provision within Ardach Health Centre so that maximum gain could be achieved from limited resources. As a result the authors developed a pragmatic, systematic method of identifying the prevalence of the unmet pharmaceutical needs of a community; balancing what should be done with what could be done and what could be afforded.

GPs views on prescribing cost issues

Avery *et al* note that, in a previous study, they found a minority of GPs had different views than health authority advisers on a number of prescribing cost issues. In this study, they aimed to assess differences in views on prescribing costs issues between subgroups of GPs working in practices with either high or low prescribing costs. The results show that GPs working in practices with either high or low prescribing costs had different views on a number of statements concerning substitution with comparable but cheaper drugs. Therefore, a different approach may be needed for doctors in high-cost practices when encouraging them to control their prescribing expenditure.

Patients with cancer holding their own records

Drury *et al* observe that the burden of cancer care in general practice is increasing, but that patient-held records may facilitate effective, coordinated care. In this randomised controlled trial, the authors aimed to evaluate the use of a supplementary patient-held record in cancer care. The results showed that patients in both groups — those receiving normal care and those holding a supplementary record — expressed a high level of satisfaction with communication and participation in their care. The authors therefore conclude that a supplementary patient-held record for radiotherapy outpatients appears to have no effect on satisfaction.

Changes in receptionists' attitudes towards their involvement in research

Lock *et al* recognise that primary health care receptionists are increasingly expected to be involved in general practice research. This study aimed to examine changes in receptionists' attitudes, with different levels of training and support, towards their involvement in a general practice-based trial of screening and brief alcohol intervention. From the results, the authors conclude that the receptionists developed more negative views about involvement in research and health programmes over the three-month study period, regardless of the training and support they were given.

The process of outpatient referral and care

The UK primary care system, involving the GP as gatekeeper to further services, has helped to keep health care costs down. In this questionnaire survey of outpatients, hospital specialists, and GPs in randomly sampled district health authorities, Bowling and Redfern aimed to analyse the patterns and process of care for the referral of outpatients, together with the views of the patients, their specialists, and GPs. The results show that a large amount of work is carried out in general practice, and that GPs have direct access to some technologies and services that can act to reduce the burden on hospitals. The discrepancy between GPs' and specialists' perceptions about the potential for further investigative work prior to patient referral merits further investigation.

Are specialist mental health services being targeted on the most needy patients?

Kendrick *et al* note that around 25% of patients with psychoses lose contact with specialist psychiatric services. To identify patient and practice factors associated with continuing contact and loss of contact with specialist services, the authors made a cross-sectional comparison through detailed interviews of patients in and out of specialist contact. From the results, the authors conclude that secondary mental health services are being targeted towards the more needy patients. They also suggest that the provision of special services in practices can shift care further away from secondary care while still meeting patients' needs.

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