



Yonder: a diverse selection of primary care relevant research stories from beyond the mainstream biomedical literature

### REFERENCES

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### Welfare advice, pelvic floor training, telephone consultations, and the surprise question

**Welfare advice.** Although dealing with apparently ‘non-health’ social problems is part of what makes general practice a truly holistic and effective discipline, it is increasingly challenging in times of austerity. One approach to tackle the wider determinants of patient health in the UK has been to co-locate welfare advice services in GP surgeries. Such an approach was trialled in a London borough in 2016 and evaluated by a research team from UCL, who interviewed both GP and welfare advice staff in participating centres.<sup>1</sup> They found that individual responses and actions influencing service awareness were key facilitators to each of the practice outcomes, including regular reminders and feedback between advice staff and practice managers. Key barriers included pre-existing sociocultural and organisational rules largely outside of the control of service implementers, which maintained perceptions of the GP as the ‘go-to location’.

The authors conclude that co-location of welfare advice services alone is unlikely to enable positive outcomes for practices and they outline several factors that could enhance the potential for co-location to meet desired objectives.

**Pelvic floor training.** When we think of the health impact of an ageing population, we might typically think about cardiovascular diseases and cancers. There are, though, a plethora of seemingly less serious health problems that are also commoner in older people. One such example is pelvic organ prolapse, which can affect daily activities, sexual function, and quality of life in older women. A Dutch primary care RCT recently compared pelvic floor muscle training (PFMT) and watchful waiting in women over 55 with mild, symptomatic prolapse.<sup>2</sup> They found that PFMT resulted in greater pelvic floor symptom improvement compared with watchful waiting, although the difference of 12.2 symptom scale points was below the presumed level of clinical relevance (15). In light of the fact that a post-hoc subgroup analysis demonstrated that PFMT was more

effective in women experiencing higher pelvic floor symptom distress at baseline, the authors suggest it could be targeted specifically at women in this category.

**Telephone consultations.** Telephone communication is recognised as a means of delivering health care, improving access to care, and allowing patients to obtain health information. It is especially important for patients with chronic diseases, who may need to consult clinicians on a frequent basis. A research team from New Zealand completed a systematic literature review to identify the range and scope of telephone use between practice nurses working in primary care and older people with long-term conditions.<sup>3</sup> Five studies met their inclusion criteria, each of which focused on a specific long-term condition.

Although the studies’ samples included older patients, there was little focus on the patient perspective or on multimorbidity. Given the increasing importance of teleconsulting in overstretched primary care systems, more research on this topic is most definitely required.

**The surprise question.** The question ‘Would you be surprised if this patient were to die in the next 6–12 months?’ [a.k.a. the surprise question] is widely mentioned in palliative care guidelines, although little is known about how useful it is in the primary care setting. A London research team interviewed GPs, asking each of them to reflect on two of their patients aged >80 years who they thought might be in the last year of their life.<sup>4</sup> GPs did not appear to include the surprise question within their usual practice and expressed concerns regarding its use to facilitate discussion of advance care plans.

The authors reflect on the difficulty that GPs face when assessing prognosis and suggest that GPs should focus primarily on meeting the supportive and palliative care needs of older people nearing the end of life.

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