

Specialist outreach clinics in primary care and rural hospital settings (Cochrane Review)



Gruen RL, Weeramanthri TS, Knight SE, Bailie RS. Specialist outreach clinics in primary care and rural hospital settings. *The Cochrane Database of Systematic Reviews* 2003, Issue 4. Art. No.: CD003798.pub2. DOI: 10.1002/14651858.CD003798.pub2.

Background: Specialist medical practitioners have conducted clinics in primary care and rural hospital settings for a variety of reasons in many different countries. Such clinics have been regarded as an important policy option for increasing the accessibility and effectiveness of specialist services and their integration with primary care services.

Objectives: To undertake a descriptive overview of studies of specialist outreach clinics and to assess the effectiveness of specialist outreach clinics on access, quality, health outcomes, patient satisfaction, use of services, and costs.

Search strategy: We searched the Cochrane Effective Practice and Organisation of Care (EPOC) specialised register (March 2002), the Cochrane Controlled Trials Register (CCTR) (Cochrane Library Issue 1, 2002), MEDLINE (including HealthStar) (1966 to

May 2002), EMBASE (1988 to March 2002), CINAHL (1982 to March 2002), the Primary-Secondary Care Database previously maintained by the Centre for Primary Care Research in the Department of General Practice at the University of Manchester, a collection of studies from the UK collated in *Specialist Outreach Clinics in General Practice* (Roland 1998), and the reference lists of all retrieved articles.

Selection criteria: Randomised trials, controlled before and after studies and interrupted time series analyses of visiting specialist outreach clinics in primary care or rural hospital settings, either providing simple consultations or as part of complex multifaceted interventions. The participants were patients, specialists, and primary care providers. The outcomes included objective measures of access, quality, health outcomes, satisfaction, service use, and cost.

Data collection and analysis: Four reviewers working in pairs independently extracted data and assessed study quality.

Main results: 73 outreach interventions were identified covering many specialties,

countries and settings. Nine studies met the inclusion criteria. Most comparative studies came from urban non-disadvantaged populations in developed countries. Simple 'shifted outpatients' styles of specialist outreach were shown to improve access, but there was no evidence of impact on health outcomes. Specialist outreach as part of more complex multifaceted interventions involving collaboration with primary care, education or other services was associated with improved health outcomes, more efficient and guideline-consistent care, and less use of inpatient services. The additional costs of outreach may be balanced by improved health outcomes.

Authors' conclusions: This review supports the hypothesis that specialist outreach can improve access, outcomes and service use, especially when delivered as part of a multifaceted intervention. The benefits of simple outreach models in urban non-disadvantaged settings seem small. There is a need for good comparative studies of outreach in rural and disadvantaged settings where outreach may confer most benefit to access and health outcomes.

EXCHANGE

Assistance in developing a custom-made prosthetic eye service

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The acceptance level of patients fitted with stock reform, or average-shaped, scleral shells over blind unsightly phthisical eyes, is very low and is often associated with discomfort leading to eye and socket infection and, in some cases, Giant Papillary Conjunctivitis (GPC). When associated with ocular prosthetics, GPC is a disorder that is caused by the conjunctiva lining of the eye socket being subjected to persistent trauma from surface abrasions or ill-fitting ocular prostheses. A small percentage of patients will not tolerate the fitting of a scleral shell prosthesis, due to underlying symptoms causing the phthisical eye to be sensitive and painful. However,

this sensitivity can be caused from mechanical entropion, the eyelids being unsupported by the reduction of eye volume and the eyelashes rotating inwards.

In this situation, a custom-made prosthetic scleral shell will restore the volume deficiency and elevate the lashes, resolving the symptoms and improving appearance. To construct a custom-made scleral shell, the shape and volume of the eye socket is recorded by using an alginate impression supported by a thin tray. From the subsequent impression, a trial scleral shell is constructed in clear acrylic resin; this is highly polished and worn by the patient who increases the wearing schedule by an hour per day. This gradually desensitises the underlying phthisical eye and increases the tolerance level. The clear shell is ultimately converted into the

custom-made scleral shell, at which time every endeavour is made to reproduce an exact copy of the patient's other eye.

The stigma and effects of losing an eye, especially in developing countries, can be tragic to the individual and their family, often hampering the prospects of social and professional development. To overcome this great divide in the provision of custom-made eye prostheses, **International Ocular Prosthetic Services** provide voluntary assistance overseas and training of local staff in the construction of custom-made indwelling eye prosthesis techniques. This charitable service is provided free to patients or requesting hospitals in most situations.

For information and advice on custom-made indwelling eye prostheses contact IOPS email: iops@hotmail.co.uk

NOTICES

Community Eye Health Journal article competition winners

Thank you to all those who submitted articles to the article competition. The shortlist of 12 articles was judged by a panel at the Editorial Planning Meeting on 27th April, 2006. We are happy to announce the following four winners, **in no particular order**. The four winning articles will now go through the usual editorial processes and will be published in a special supplement to the September 2006 issue.

Author	Title
Michael Gyasi	Setting the pace in VISION 2020 in Ghana: the case of the Bawku Eye Care Programme
Pradeep Krishnatray, Shailendra S Bisht, G V Rao, Kamalesh Guha	Social construction of paediatric cataract
A K Sivakumar	Managing eye care
Khadija Nowaira Abdullah & Muhammad Tanweer Abdullah	Primary eye care and social inclusion: a strategy for indigenous educational system in Pakistan