

Despite this, Cronbach's alpha for the primary care score was 0.784 suggesting that a good level of internal consistency reliability was achieved.

**Conclusions:** Further changes to the Maltese version of the PCAT are necessary. Changes required reflect cultural differences and not translation problems. Re-pilot testing of the questionnaire will be necessary to confirm that changes are adequate.

### T3

#### **The Prevalence of Group A, Beta-haemolytic Streptococcal Infection in patients presenting with sore throat in the community, in Malta**

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**Aims:** To investigate the prevalence of Group A,  $\beta$ -Haemolytic Streptococcus (GABHS) in patients presenting with sore throat in Malta. The actual proportion of sore throats originating from non-bacterial causes was evaluated, in an attempt to increase the awareness of general practitioners against the abuse of antibiotics, and the ever increasing problem of bacterial resistance. The present local situation regarding the bacterial resistance to antibiotics was investigated. Is GABHS still susceptible to penicillin and erythromycin as recommended by the Centres for Disease Control and Prevention, and the American College of Physicians? To match clinical signs and symptoms commonly encountered in patients presenting with sore throat, with the presence/absence of bacteria.

**Methods:** This was a cross-sectional study where subjects were recruited as they attended the author's clinic with a presenting complaint of sore throat. On qualifying for recruitment, throat swabs were taken. The subject's age, gender and six clinical features were recorded for later data processing together with data regarding the presence/absence of bacteria.

**Results:** Only 19.5% of sore throats were found to be caused by bacteria. The prevalence of GABHS amongst subjects of all ages, suffering from sore throat in Malta was found to be 3.1%, while that of Group C,  $\beta$ -Haemolytic Streptococcus is 9.4%. The only clinical signs that were found to be significantly associated with streptococcal pharyngitis were tonsil enlargement and tonsillar exudate. The resistance of all pathogenic streptococci to erythromycin was found to be 40%.

**Conclusions:** Of the total number of patients presenting with sore throat in the community, 80.5% were found to be due to non-bacterial causes. The prescription of antibiotics to these cases is futile and only helps in increasing the problem of bacterial resistance. On the other hand, the combined presence of tonsillar enlargement and tonsillar exudates points towards bacterial pharyngitis. GPs can more confidently judge when antibiotics should be prescribed or withheld. As sore throat is one of the commonest presentations in general practice, and as a lot of antibiotics are prescribed needlessly for this condition, acute pharyngitis constitutes one of the ideal targets towards which efforts

against the indiscriminate use of antibiotics, should be directed.

### T4

#### **Primary Care in Malta: The Patients's Expectations in 2009**

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**Aims:** Given the strong literature base to support the positioning of Primary Care at the core of a sustainable National Health Service, this study examines what the Maltese general public prefer, and expect, from their family doctor, and explores their preferred systems of care changes.

**Methods:** A stratified random sample of 500 adults were selected from the electoral register with a view to obtaining geographic representation across the Maltese Islands. Subjects were asked to respond to a short structured questionnaire which was designed by a small group of experts, each having specialised clinical, academic and/or research expertise in primary care. Responses were coded and analysed using descriptive statistics and frequency tables, graphs and charts generated with SPSS version 13.

**Results:** Of the 500 people telephoned, 454 accepted to be interviewed (respondents 28% male; 72% female). Sixty percent were unemployed (housewives and pensioners) and more than three quarters were married. Two thirds had no current health problems. Almost 95% reported knowing what a family doctor is, and in almost 80% (95% CI 75.5 to 83.3) of cases, their choice was a private family doctor. Satisfaction with family doctor care was high or very high in over 75% of cases (95% CI 72.2 to 80.0). Over 60% of respondents would prefer a system where they are registered with their family doctor with a gatekeeper role. If a new primary care system were introduced, 45% would prefer a fee for service system, and 36% would prefer to keep the current system.

**Conclusions:** The very low prevalence of Maltese who choose a polyclinic as their first choice of family doctor reflects the current state of poor continuity of care in the health centre system. There is currently excellent satisfaction with the care, fees and accessibility to (mostly private) family doctors in Malta suggesting that there is likely to be resistance to change if any of these factors are potentially affected by primary care reform. The majority of respondents would want to be registered with one family doctor, with most of these also wanting the doctor to have a gatekeeper role for specialist care.