

# Quality Improvement News

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## May 1<sup>st</sup> – 14<sup>th</sup> 2023

### [Removing barriers to shared decision-making](#) – uploaded 2<sup>nd</sup> May 2023

Patient Information Forum (PIF) – April 2023

PIF and the Patients Association worked with NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) to look at ways of making it easier for patients to take part in shared decision-making. They delivered a co-production programme with the My Life Choices panel of local people and the NHS Nottingham and Nottinghamshire personalised care team and developed and implemented patient information to support people with hip, knee and joint pain to make treatment decisions. This report, developed with input from My Life Choices, outlines the key findings and recommendations. It also shares the co-produced resources developed throughout the project.

Read the Report – [Removing barriers to shared decision-making](#)

### [Care data matters: a roadmap for better data for adult social care](#) – Posted 4<sup>th</sup> May 2023

[Department of Health and Social Care](#) – 2023

This draft document sets out the government's roadmap for transforming adult social care data in England and seeks views on the data needed to commission, deliver and oversee care and support.

[Care data matters: a roadmap for better data for adult social care](#)

### [Professional Standards Authority: strategic plan 2023 to 2026](#) – Posted 4<sup>th</sup> May 2023

[Professional Standards Authority for Health and Social Care](#) – April 2023

The strategic plan of the Professional Standards Authority (PSA) for Health and Social Care for the period 1 April 2023 to 31 March 2026.

[Professional Standards Authority strategic plan 2023 to 2026 \(web accessible\)](#)

### **eHealth Use on Acute Inpatient Mental Health Units: Implementation Processes, Common Practices, and Barriers to Use – Posted 4<sup>th</sup> May 2023**

Adm Policy Ment Health / <https://doi.org/10.1007/s10488-023-01262-1>

...Information technology to promote health (eHealth) is an important and growing area of mental healthcare, yet little is known about the use of patient-facing eHealth in psychiatric inpatient settings. This quality improvement project examined the current practices, barriers, implementation processes, and contextual factors affecting eHealth use across multiple Veteran Health Administration (VHA) acute mental health inpatient units. Staff from units serving both voluntary and involuntary patients (n = 49 from 37 unique sites) completed surveys regarding current, desired, and barriers to use of Veteran-facing eHealth technologies. Two subsets of respondents were then interviewed (high success sites in eHealth use, n = 6; low success sites, n = 4) to better understand the context of their eHealth use. Survey responses indicated that 20% or less of Veterans were using any type of eHealth technology while inpatient. Tablets and video chat were the most desired overall and most successfully used eHealth technologies. However, many sites noted difficulty implementing these technologies (e.g., limited Wi-Fi access). Qualitative analysis of interviews revealed differences in risk/benefit analysis and implementation support between high and low success eHealth sites. Despite desired use, patient-facing eHealth technology is not regularly implemented on inpatient units due to multiple barriers (e.g., limited staffing, infrastructure needs). Successful implementation of patient-facing eHealth may require an internal champion, guidance from external supports with experience in successful eHealth use, workload balance for staff, and an overall perspective shift in the benefits to eHealth technology versus the risks...

Full-text: [eHealth Use on Acute Inpatient Mental Health Units: Implementation Processes, Common Practices, and Barriers to Use](#)

### **Exploring perceptions of green social prescribing among clinicians and the public – Posted 4<sup>th</sup> May 2023**

Department of Health and Social Care / 30th March 2023

...Social prescribing is an intervention in which clinicians refer patients to non-medical support in their local community, to improve their health and wellbeing. Green social prescribing (GSP) involves referrals into nature-based interventions and activities that link people to natural environments.

Currently, social prescribing is one of a range of interventions which clinicians may refer patients to (often via a link worker or 'social prescriber'...to support their mental health. However, it is unclear whether the general public and clinicians view this as a viable option for supporting patients' mental health. A [recent evidence review commissioned by](#)

[Defra](#) found evidence that at least some patients and clinicians were sceptical of the value of social prescribing, and GSP.

In this context, the Department of Health and Social Care (DHSC) commissioned IFF Research to gather evidence on perceptions and behaviours related to GSP, in particular relating to its use supporting mental ill health. The research investigated factors affecting the scalability of GSP in England and the role that nature-based interventions can play in improving the nation's mental health by determining what barriers and enablers there are to expansion. It also identifies areas where further work is necessary to encourage the use and uptake of nature-based interventions. This involved speaking to both clinicians and members of the public, including those with mental ill health...

Full-text: [Exploring perceptions of green social prescribing among clinicians and the public](#)

### **The national medical examiner system – Posted 5<sup>th</sup> May 2023**

NHS England – May 2023

A new medical examiner system is being rolled out across England and Wales to provide independent scrutiny of deaths, and to give bereaved people a voice

Further information – [The national medical examiner system](#)

### **Time to act: a roadmap to reform care and support in England - Posted 5<sup>th</sup> May 2023**

Association of Directors of Adult Social Services – April 2023

This roadmap proposes how care and support could be transformed in England, focusing on ten key areas for change: from improving housing options for those who are older or disabled, tackling social care staffing issues including pay and conditions, to supporting carers and making care more affordable. It suggests what needs to be done in the next two years, what changes are needed in two to five years and longer term over the next ten years to ensure that everyone who needs care and support can access it, wherever they are and wherever they live in England. It also includes examples already happening that are improving care and support for people.

Read the Report – [Time to act: a roadmap to reform care and support in England](#)

### **Snowballs and eels: a rapid review of national funding for cross-sector partnership building in health and care in England from 2019 to 2022 - Posted 5<sup>th</sup> May 2023**

National Association for Voluntary and Community Action – May 2023

This report considers the results of a rapid review of the national funding available for cross-sector partnership building in health and care over the past three years. Considering the longer term, it finds that since the launch of the 42 sustainability and transformation partnerships in 2016, through to the placing of integrated care systems (ICSs) onto a statutory footing in July 2022, much progress has been made. It concludes that external

funding and support for the voluntary and community sector (VCS) continues to have a part in supporting local partnerships to develop and thrive and play a full role in ICSs.

[Snowballs and eels: a rapid review of national funding for cross-sector partnership building in health and care in England from 2019 to 2022](#)

### **Building a resilient social care system in England: What can be learnt from the first wave of Covid-19? - Posted 5<sup>th</sup> May 2023**

Nuffield Trust – 5th May 2023

Social care in England entered the pandemic in a fragile state. With much already written about the government's response to the Covid-19 pandemic in the social care sector, our new report in collaboration with the Care Policy and Evaluation Centre analyses the structural and systemic factors that influenced that initial national response. Covid had far-reaching impacts on social care and exacerbated many longstanding issues. This work seeks to highlight progress and identify where action is needed to create a more resilient system.

Read the Report – [Building a resilient social care system in England: What can be learnt from the first wave of Covid-19?](#)

### **Waiting for NHS hospital care: the role of the independent sector in delivering orthopaedic and ophthalmic care - Posted 5<sup>th</sup> May 2023**

Health Foundation – 30th April 2023

Key points

The waiting list for planned hospital care – which stood at 7.21 million in January 2023 – has grown by 58% since just before the start of the pandemic. To help expand capacity and address this backlog the NHS has been looking to independent sector providers (ISPs) to treat more NHS patients.

The number of elective care treatments delivered each month has been increasing but has only just recovered to pre-pandemic levels. Small overall increases in the share of NHS-funded elective care delivered by ISPs (up from an average of 7.7% pre-pandemic to 8.7% more recently) hides significant variation across settings (inpatient vs outpatient) and specialties.

In this piece we examine the role of ISPs in delivering elective care, focusing on two areas where the ISP share of care has grown significantly: ophthalmology and orthopaedics.

The independent sector has rapidly scaled up its delivery of NHS-funded inpatient ophthalmic care, with 4 in 10 (38.6%) procedures conducted by ISPs in February 2022. This has helped overall activity return to pre-pandemic levels.

The overall volume of NHS-funded inpatient orthopaedic care has not reached pre-pandemic levels, but the independent sector has recovered its activity levels. ISPs delivered 31.2% of NHS-funded orthopaedic care in February 2022, which represents a growth in their share of care.

Much of the growth in ISP-delivered inpatient ophthalmic care comes from cataract procedures, which account for around 60–70% of all inpatient ophthalmic care. ISPs have consistently conducted more than 50% of cataract procedures since January 2022. This suggests the delivery of cataract procedures is both highly amenable to scaling, and attractive to ISPs – which isn't true of other procedures we've explored through this analysis.

There is evidence of inequality in receipt of ISP-delivered care related to patient characteristics (ethnicity, deprivation, age and region). White patients are more likely to be treated by the independent sector than any other ethnicity, as are patients living in more affluent areas.

The NHS faces a significant challenge to deliver the scale of growth required to bring the waiting list down. The independent sector is showing it can contribute to addressing the elective care backlog in some areas of treatment, but it is likely to play a limited role in fully recovering services and won't be a substitute for addressing the major problems facing the NHS.

[Waiting for NHS hospital care: the role of the independent sector in delivering orthopaedic and ophthalmic care](#)

### **General practice and secondary care: Working better together - Posted 9<sup>th</sup> May 2023**

Academy of Medical Royal Colleges – March 2023

Much has been written about the challenges that occur at the general practice and secondary care interface. Some feel the problem almost pre-dates the NHS itself, while others point to the internal market and the purchaser provider split of the 1990s, others to the Lansley reforms of 2012. 'Perverse incentives' was also a frequent theme we heard in making this report, as too were the ways general practice and secondary care receive payment for the work they do.

This report, some may say thankfully, does not seek to address any of those issues.

Instead, what is set out here is a compendium of practical and workable solutions designed by local systems to reduce the friction that inevitably occurs across this divide. Many are astonishingly simple and help improve patient experience and reduce the burden on clinicians and other NHS staff. We are grateful to all those who told us how they had implemented change and what it meant locally. There are numerous formats we could have used to present these findings, but for ease we have put the examples into three broad themes: Culture, Communication and Clinical process. At the back of the report there is also an index which groups the examples by operational themes.

Read the Report – [General practice and secondary care](#)

### **Delivery plan for recovering access to primary care - Posted 9<sup>th</sup> May 2023**

NHS England – 9th May 2023

This plan has two central ambitions:

To tackle the 8am rush and reduce the number of people struggling to contact their practice. Patients should no longer be asked to call back another day to book an appointment, and we will invest in general practice to enable this.

For patients to know on the day they contact their practice how their request will be managed.

- a. If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.
- b. If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.
- c. Where appropriate, patients will be signposted to self-care or other local services (eg community pharmacy or self-referral services).

[Delivery plan for recovering access to primary care](#)

### **Looking outward international lessons for health system reform - Posted 9<sup>th</sup> May 2023**

Reform – April 2023

Reform's new programme, Reimagining the State, will put forward a bold new vision for the role and shape of the State. One that can create the conditions for strong, confident communities, dynamic, innovative markets, and transformative, sustainable public services. Reimagining Health is one of the major work streams within this programme.

This report examines what policymakers in Britain can learn from abroad to help address various challenges and transform our NHS, drawing on insights from health systems in both high income, and low- and middle-income countries.

Read the Report – [Looking outward international lessons for health system reform](#)

### **Clinical decision making: diagnosis of pulmonary embolism in emergency departments - Posted 10<sup>th</sup> May 2023**

HSIB – March 2023

This investigation looks at the timely recognition and treatment of suspected pulmonary embolism (PE).

A person suffering from a PE (a clot in the lung) requires urgent treatment to reduce the chance of significant harm or death.

PE can form when clots from the deep veins of the body, mostly originating in the legs, travel through the venous system and become lodged in the lungs.

The diagnostic tool most commonly used to detect PE is a computerised tomography pulmonary angiogram (CTPA). The most common treatment is giving of anticoagulants which can breakdown existing clots and prevent further clots from forming.

Any delay in recognising the symptoms of PE and treatment of the suspicion of PE increases risk that a patient may suffer harm.

Read the Report – [Clinical decision making: diagnosis of pulmonary embolism in emergency departments](#)

### **Too many people with diabetes still not receiving vital care, our new report shows - Posted 10<sup>th</sup> May 2023**

Diabetes UK – May 2023

Missed checks, disrupted care and health inequalities have been revealed in our new report looking at the state of diabetes care in England.

The report also highlights that:

there were [7,000 more deaths than normal](#) involving people with diabetes last year – 13% up on pre-pandemic figures

only 47% of people with diabetes in England received all eight of their required checks in 2021-22, down from 57% before the pandemic

in some areas, only 10% had received routine checks and these areas were likely to be the most deprived

one in 10 people surveyed in the poorest areas said they had had no contact with their healthcare team in more than a year

Diabetes UK is calling for the government to draw up plans to tackle the backlog in diabetes care, reduce health inequalities and provide more support to help prevent people developing type 2 diabetes.

Read the Report – [Diabetes care: Is it fair enough?](#)

### **Integrating Care in the Cloud: Opportunities and challenges in harnessing cloud services in the integration of health and social care - Posted 11<sup>th</sup> May 2023**

UKAuthority – April 2023

UKAuthority and SCC briefing paper explores the opportunities and challenges in harnessing cloud services in the integration of health and social care

Read the Report – [Integrating Care in the Cloud](#)

### **The shared ethical framework to allocate scarce medical resources: a lesson from COVID-19 - Posted 11<sup>th</sup> May 2023**

The Lancet – 9th May 2023

The COVID-19 pandemic has helped to clarify the fair and equitable allocation of scarce medical resources, both within and among countries. The ethical allocation of such resources entails a three-step process: (1) elucidating the fundamental ethical values for

allocation, (2) using these values to delineate priority tiers for scarce resources, and (3) implementing the prioritisation to faithfully realise the fundamental values. Myriad reports and assessments have elucidated five core substantive values for ethical allocation: maximising benefits and minimising harms, mitigating unfair disadvantage, equal moral concern, reciprocity, and instrumental value. These values are universal. None of the values are sufficient alone, and their relative weight and application will vary by context. In addition, there are procedural principles such as transparency, engagement, and evidence-responsiveness. Prioritising instrumental value and minimising harms during the COVID-19 pandemic led to widespread agreement on priority tiers to include health-care workers, first responders, people living in congregate housing, and people with an increased risk of death, such as older adults and individuals with medical conditions. However, the pandemic also revealed problems with the implementation of these values and priority tiers, such as allocation on the basis of population rather than COVID-19 burden, and passive allocation that exacerbated disparities by requiring recipients to spend time booking and travelling to appointments. This ethical framework should be the starting point for the allocation of scarce medical resources in future pandemics and other public health conditions. For instance, allocation of the new malaria vaccine among sub-Saharan African countries should be based not on reciprocity to countries that participated in research, but on maximally reducing serious illness and deaths, especially among infants and children.

Further information – [The shared ethical framework to allocate scarce medical resources: a lesson from COVID-19](#)

### **Health Building Note 16-01:Facilities for mortuaries, including body stores and post-mortem services - Posted 11<sup>th</sup> May 2023**

NHS England – 9th May 2023

Health Building Note (HBN) 16-01 replaces guidance on the design of mortuaries and post-mortem facilities published nearly two decades ago. It builds on the work of the NHS in Scotland and the Scottish Health Planning Note 16-01: ‘Mortuary and Post Mortem Facilities: design and briefing guidance’, by adding specific English requirements and incorporating legislative and policy changes and latest best practice. HBN 16-01 is aimed at both the senior management within NHS organisations and those tasked with designing modern, fit-for-purpose facilities that meet current statutory and social needs. Whilst aimed specifically at the NHS, this guidance has been designed to be of use to all parties responsible for planning and operating mortuaries and body stores, both within ordinary operating parameters and in emergency planning situations. At the heart of this document is a renewed vigour to provide respect and dignity to the deceased and their bereaved relatives and friends. Mortuaries must provide a safe environment for the deceased to be handled with dignity and privacy, and to prevent unauthorised access to bodies. For relatives and friends, many of whom are experiencing times of extreme vulnerability, safety and security comes in the form of providing a space that allows grief to be expressed in an environment that is comforting and supportive, cognisant of each individual’s identity, religious and cultural needs.

Read the document – [Facilities for mortuaries, including body stores and post-mortem services](#)

Background – Sallnow, L., Smith, R., Ahmedzai, S.H. et al (2022). [Report of the Lancet Commission on the Value of Death: bringing death back into life](#). The Lancet [online]



## Government response to the findings of the independent investigation into the death of Elizabeth Dixon – Posted 11th May 2023

Dept of Health and Social Care – 11th May 2023

An investigation into the death of 11-month-old Elizabeth Dixon in 2001 was commissioned in June 2017 by the former Secretary of State for Health and Social Care, the Right Honourable Jeremy Hunt MP, and was led by Dr Bill Kirkup. Its report, published in 2020, looked at a series of failures in Elizabeth's care and the subsequent concealment of facts about her death.

The government response to the Dixon investigation demonstrates our determination to learn from this tragedy. Patient safety remains a top priority for the government, and we continue to place enormous emphasis on making our NHS as safe as possible for patients.

In the last decade, the government has introduced substantial measures to support the NHS in England to reduce patient harm and improve the response to harmed patients, including:

- a statutory duty of candour
- legal protections for whistle-blowers
- legislation to establish the Health Services Safety Investigations Body and medical examiners across the NHS

The Dixon investigation report [The life and death of Elizabeth Dixon: a catalyst for change](#) was published on 26 November 2020. It made 12 recommendations to a number of organisations (see Annex A below). While we have reproduced the recommendations in full as drafted in the original report of the investigation, we have sought to clarify the specific organisation that has taken or will take action in response to each recommendation, according to its remit.

Many of the recommendations are addressed to NHS England and NHS Improvement. Since July 2022, the provisions of the [Health and Care Act 2022](#) saw NHS Improvement become part of NHS England. For this reason, the response only references NHS England.

This report sets out the government's response to the independent investigation's conclusions and recommendations. The response has been informed by discussions with key partners across government and the healthcare and justice systems, including regulators, the NHS and those involved in policing. Where recommendations have been addressed to specific bodies, the response has been agreed with these bodies. Where, for simplicity, the response uses the term 'we', the response has been agreed by the government and the relevant system partners.

Further information – [Government response to the findings of the independent investigation into the death of Elizabeth Dixon](#)

Background information - Dixon investigation report [The life and death of Elizabeth Dixon: a catalyst for change](#)

[Health and Care Act 2022](#)

