



27/02/15 Innovation and Improvement Bulletin

This bulletin includes research which focuses on improving and developing services to improve the patient journey and make services more effective and efficient. It also includes information on service evaluations and future challenges for services that need to be considered in planning.

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Urgent and Emergency care

Having pharmacy technicians in A&E does not reduce errors

Bottom line: Having pharmacy technicians check medication histories in the emergency department prior to admission does not reduce medication errors or improve patient safety.

Method: Non-randomised comparison (quasi trial)

Findings: Having a complete, verified medication history is important for patient safety. This study compared involving pharmacy technicians in verifying patient medication histories in the emergency department versus verification by the admitting medical team. In one group, medication reconciliation was undertaken by pharmacy technicians in the emergency department before admission. In another group, pharmacy technicians conducted history taking later, after admission. Data were available for almost 200 people. There was no difference between groups in unjustified changes to medications or medical errors. The authors concluded that medication reconciliation by pharmacy technicians did not reduce unjustified medication discrepancies.

Reference: Cater SW, Luzum M, Serra AE, Arasaratnam MH, Travers D, Martin IB, et al. A prospective cohort study of medication reconciliation using pharmacy technicians in the emergency department to reduce medication errors among admitted patients. *Journal of Emergency Medicine*. 2015 Feb;48(2):230-238.

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General Practice

The future of GP out of hours care

This [report](#) examines out of hours services contracting and argues that the regulations for awarding contracts should be clarified, and legislative changes made if necessary, to enable practices or groups of practices to take back their out of hours service without having to go through a competitive tender. It also raises concerns that, despite efforts by GPs, patients have a low level of awareness about the availability of their local GP out of hours service

GP-led and nurse-led phone triage cost the same as usual care

[Researchers](#) from England compared usual care for people requesting same-day primary care consultations versus GP-led telephone triage versus nurse-led computer-supported telephone triage. They found that telephone triage by GPs or practice nurses is safe, redistributes workload and does not increase costs compared with usual care for people wanting same-day appointments. However, neither did triage approaches reduce costs.

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Innovation and improvement policy

Rationing in the NHS

The Nuffield Trust has published [Rationing in the NHS](#), the second in a series of briefings published in the run up to the general election. This briefing provides an overview of the current difficulties in making decisions about rationing healthcare in England, and setting out some of the challenges faced by policy makers in the future. It warns policymakers and commissioners not to overestimate the ability of rationing approaches to reduce NHS expenditure. The briefing argues that despite the lack of public support for rationing decisions, there is room to improve the level of transparency in the system. It suggests a greater use of public consultation and better communication about local commissioning decisions.

Innovation and improvement tools and techniques

New 'buddy scheme' launched

NHS Improving Quality is launching a ['buddy scheme'](#) to support some NHS trusts in England to improve cancer patients' experience of care. The scheme will see trusts that were most highly rated in the Cancer Patient Experience Survey provide support to trusts where patient feedback identified room for improvement. The aim of the scheme is to spread and accelerate innovative practice via peer to peer support and learning. It is hoped this will lead to a reduction in national variation in cancer patients' experiences of care. All the trusts involved have volunteered to take part in the improvement programme.

Population health systems: going beyond integrated care

Integrated care has become a key focus of health service reform in England in recent years, as a response to fragmentation within the NHS and social care system. Yet efforts to integrate care services have rarely extended into a concern for the broader health of local populations and the impact of the wider determinants of health. This is a missed opportunity. This [paper](#) aims to challenge those involved in integrated care and public health to 'join up the dots', seeing integrated care as part of a broader shift away from fragmentation towards an approach focused on improving population health.

How five NHS trusts improved quality

A [report](#) from the Health Foundation looks at how five UK trusts built quality improvement capability at scale in their organisations.

The report provides an insight into how and why the trusts embarked on their improvement journeys, the impact they achieved and the challenges they encountered.

Enterprising projects scoop £650,000 in NHS Innovation Challenge Prizes Awards

Thirteen enterprising projects to improve patient care have scooped an award and a share of £650,000 in the [NHS Innovation Challenge Prizes](#). Winners, who got up to £100,000 each, included an SMS helpline for self-harm, a 'microbiologist in a smartphone', lessons on diabetes in the classroom and multi-lingual nurses in clinics.

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Clinical commissioning

CCG Bulletin: 24 February 2015

NHS England has published the latest news and resources for CCGs.

This [issue](#) covers lay member training for managing conflicts of interest in co-commissioning and guidance on new mental health standards.

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Workforce innovation and improvement

Safe nursing staffing guidance

NICE has published new guidance [Safe midwifery staffing for maternity settings](#) (NG4). This guideline makes recommendations on safe midwifery staffing requirements for maternity settings. The guideline focuses on the pre-conception, antenatal, intrapartum and postnatal care provided by midwives in all maternity settings, including: at home, in the community, in day assessment units, in obstetric units, and in midwifery-led units (both alongside hospitals and free-standing). The guideline identifies organisational and managerial factors that are required to support safe midwifery staffing, and makes recommendations for monitoring and taking action if there are not enough midwives available to meet the midwifery needs of needs of women and babies in the service.

Leadership and leadership development in health care

The Kings Fund, Faculty of Medical Leadership and Management and Center for Creative Leadership have published [Leadership and leadership development in health care: the evidence base](#). This document summarises the evidence emerging from a review of the evidence-base around approaches to developing leadership. The summary describes key messages from the review in relation to leadership at different levels of analysis. It includes a description of the leadership task and the most effective leadership behaviours at individual, team, board and national levels.

Staff engagement

The Kings Fund has published [Staff engagement: six building blocks for harnessing the creativity and enthusiasm of NHS staff](#). This report focuses on the evidence to show that engaged staff deliver better health care. Trusts with more engaged staff tend to have lower levels of patient mortality, make better use of resources, and have stronger financial performance and higher patient satisfaction, with more patients reporting that they were treated with dignity and respect. This paper encourages boards and other leaders to focus on staff engagement and suggests a number of questions boards can ask to assess their organisation's level of staff engagement.

Primary care workforce planning

The NHS Confederation and National Association of Primary Care have made a [joint submission to the Health Education England Primary Care Workforce Commission](#) which is looking to identify and highlight innovative models of primary care that will meet the future needs of patients and the NHS. The submission suggests that a patient-centred and population-based approach to medium-to long-term planning for the primary care workforce is required. It also looks to support more integrated working between primary care and other services and overcome the barriers currently inhibiting the implementation of new models.

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Health informatics

Health Mapper app maps long term conditions

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This [new mobile app](#) developed by a team of NHS doctors and patients has been launched to make it easier for people with long-term conditions to log their symptoms and medications. The app comes with 30 pre-set health conditions and is freely available on Apple™ devices.

Mobile task tracking improves staff efficiency in hospital

Bottom line: A mobile task management system improved the working efficiency of junior clinical staff in hospital and allowed data to be captured about patient flow that was not previously available.

Method: Observational study (assorted methods)

Origin: New Zealand

Findings: This study assessed the impact of a mobile task management tool on clinical workflow in an acute general surgical service in New Zealand. The tool captured information about patient flow and provided real-time data for clinical decision-making among junior clinical staff. Data from the system about 449 patients were analysed and a usability survey was conducted. Professionals said that the tool sped up decision-making, reduced duplication and improved team communication. It was estimated that the tool saved five to nine minutes per work hour. By the end of the testing period, two thirds of professionals discarded their other methods of tracking tasks in favour of the tool.

Reference: Foo E, McDonald R, Savage E, Floyd R, Butler A, Rumball-Smith A, et al. Mobile task management tool that improves workflow of an acute general surgical service. *Australian and New Zealand Journal of Surgery*. 2015 Feb

Handover lists from electronic health records improve efficiency

Bottom line: Using electronic health records to create lists to assist with daily handovers, ward rounds and patient management helped to improve accuracy and efficiency but did not impact on patient safety.

Method: Before and after study

Findings: This study assessed the impact of an electronic health record-generated handover and ward round list focused on children undergoing surgery. The number of errors was compared before and after implementation and team members were surveyed about how long it took to use the list. The list eliminated clerical errors and improved efficiency by automatically providing data such as vital signs. Professionals reported saving an average of 43 minutes per week per team member, translating to 372 work hours of time saved annually for a single service. Professionals said they were satisfied with the process and thought it improved efficiency, accuracy and safety. There was no change in the rate of serious safety events.

Reference: Raval MV, Rust L, Thakkar RK, Kurtovic KJ, Nwomeh BC, Besner GE, et al. Development and implementation of an electronic health record generated surgical handoff and rounding tool. *Journal of Medical Systems*. 2015 Feb;39(2):202-202.

IT systems can result in patient harm

Bottom line: Using IT in healthcare can create hazardous circumstances and lead to patient harm, so there need to be proper checks in place to ensure safety.

Method: Data analysis

Findings: This study analysed patient safety events associated with England's national programme for IT. Data about all 850 safety events managed by a dedicated IT safety team over a six year period were analysed retrospectively. Two thirds of events (68%) involved potentially hazardous circumstances, 24% had an observable impact on care delivery, 4% involved a near miss, 3% were associated with patient harm and 1% did not have a noticeable consequence. Most contributing problems (92%) involved technical rather than human factors. However, problems involving human factors were more likely to result in patient harm than technical problems (25% versus 8%).

Reference:

Magrabi F, Baker M, Sinha I, Ong MS, Harrison S, Kidd MR, et al. Clinical safety of England's national programme for IT: A retrospective analysis of all reported safety events 2005 to 2011. *International Journal of Medical Informatics*. 2015 Feb;84(3):198-206.

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Long term conditions

Posted self-management toolkit reduced service use

Small group and online self-management education programmes have been found to engage and motivate people, but not everyone wants or is able to take part in this type of education. In the US, a box of self-management educational resources was posted to people with long-term conditions. The [toolkit](#) reportedly helped people develop relationships with professionals, improved health and reduced use of health services. This may be a relatively simple and inexpensive way to help people self-manage their conditions.

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Patient Safety

Educating professionals may engage patients in safety

A [review](#) of 28 studies found that leaflets and videos may encourage patients to remind professionals about hand hygiene. Educating professionals to better engage with patients may be particularly effective at increasing patients' confidence to raise concerns. If patients are to be actively involved in supporting patient safety, professionals need to buy-in and facilitate this.

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Medicines management

Call for a further expansion of healthy living pharmacies

The Royal Society for Public Health (RSPH) has published [Reducing Premature Mortality: the role of community pharmacies](#), one of its four main actions points, is the further expansion of healthy living pharmacies (HLPs). This aim is supported by RSPH research that demonstrates widespread public support for public health programmes and services delivered by community pharmacy teams. Recent research involving over 2,100 adults surveyed across the country has shown that the public are comfortable receiving a wide range of services and advice from their local community pharmacy team. Over three quarters (78%) of those surveyed are comfortable receiving a routine health check including having their blood pressure, cholesterol and blood glucose level measured in a community pharmacy. The same percentage of people also felt comfortable receiving information on other healthcare services including where they can be accessed. The RSPH is therefore calling on commissioners in local authorities to invest in the expansion of the HLP model to a greater number of pharmacies across the UK.

Allied Health Professionals prescribing plans

Proposals allowing certain health professions to [prescribe or supply and administer medicines](#) for patients have been published by NHS England. The proposals would apply across the United Kingdom, and would enable four groups of registered allied health professions (AHPs) radiographers, paramedics, dietitians and orthoptists to prescribe or supply and administer medicines, giving patients responsive access to treatment. For many patients an AHP is their lead clinician, yet they often do not have access to the appropriate prescribing or supply and administration of medicines mechanisms. This means the patient may have to make an additional appointment with their GP or doctor to get the medicines they need.

Antibiotic prescribing and behaviour change in healthcare settings

Public Health England

This evidence based [report](#), which supports antibiotic stewardship, proposes new and enhanced interventions that have the potential to reduce the risk of antibiotic resistance.

Public health

Exercise - the miracle cure and the doctors role in prescribing it

The Academy of Medical Royal Colleges has published its latest report [Exercise - the miracle cure and the doctor's role in prescribing it](#). It focuses on the full extent exercise could have in preventing disease and treating many conditions. While savings to the NHS are incalculable, it highlights that many billions of pounds are being spent on treating diseases like type two diabetes which could be prevented if people were to undertake just thirty minutes of physical activity five times a week. The report argues that physical activity need not mean joining an expensive gym or hiring a personal trainer. Instead it calls on doctors to encourage their patients to make a start with regular activities that are free and easy to do.

Population health systems

The King's Fund is challenging those involved in integrated care and public health to 'join up the dots', seeing integrated care as part of a broader shift away from fragmentation towards an approach focused on improving population health. A [briefing](#) uses examples from other countries that are making this shift and argues that improving population health is not just the responsibility of health and social care services or of public health professionals – it requires co-ordinated efforts.

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Other

Public attitudes to the NHS

The Health Foundation has published [Public attitudes to the NHS](#). This report analyses the results of a series of questions about the NHS that were included in the 2014 British Social Attitudes Survey, undertaken by NatCen Social Research. The survey took place in late summer/early autumn 2014 and 2,878 adults from across Great Britain were surveyed. The results highlight the strong support for the principles of the NHS across all sections of British society. Of those surveyed, 89% agree that the government should support a national health system that is tax funded, free at the point of use and provides comprehensive care for all citizens

Hospital collaboration in the NHS – exposing the myths

KPMG International

This [report](#) from KPMG explores the current state of collaboration between hospitals in the NHS, based on the results of a survey of NHS Trusts and Foundation trusts, and perspectives from experts and individuals involved in collaboration.

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