



## 31/01/15 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

#### Funding to get people home from hospital and prevent admissions

The Department for Communities and Local Government, and the Department of Health have announced new funds will be made available for [councils to get people home from hospital more quickly and stop people from being admitted in the first place](#). The new funding is from Department for Communities and Local Government underspends in 2014 to 2015 and will be allocated to 87 councils through ring-fenced grants for social services immediately, weighted towards areas with significant demand for home care packages who have not previously received additional funding this winter.

#### Hospital admissions from care homes

The Health Foundation has published [Focus on: Hospital admissions from care homes](#). This report explores whether routinely collected information on hospitalisations from care homes could be used to enhance the understanding of hospital use by care home residents, and thus target areas for shared learning, improvements or regulatory activity

#### Fact or Fiction? Social care cuts are to blame for the 'crisis' in hospital emergency departments Ruth Thorlby

[Rising demand for urgent and emergency care is not a new challenge](#). But in recent months, there's been a scramble to find explanations for the overheating hospital sector. These include (in descending order of credibility) the predictable effect of an ageing population, more chronic illness generally across all age groups, poor access to out of hours GP services, a lack of non-acute alternatives for care, changes to the way hospitals diagnose and treat

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patients, ignorance or confusion on the part of patients about how to access urgent care, a lack of stoicism, a dislike of waiting for anything anymore and the impact of uncontrolled immigration. The list often includes the cuts to social care for older adults, but it is very difficult to know where to place this on the credibility spectrum.

### **New pilots to improve speed ambulance calls**

The NHS has announced two new pilots that aim to reduce wasted ambulance journeys and improve the quality of care for all patients contacting 999. The [proposal](#) has been recommended by doctors and the ambulance service and agreed following expert advice from senior clinical experts at NHS England. This clinical advice has been published. For the most serious calls, where every second counts, ambulances will continue to be dispatched immediately.

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## **General Practice**

### **The changing role of CCGs in general practice**

The Kings Fund and the Nuffield Trust have jointly published [Risk or reward? The changing role of CCGs in general practice](#). The report finds that CCG's risk becoming unsustainable without changes to the way they attract leaders and adequate funding to help them expand their remit. It aims to understand the development of CCGs and to support them by spreading good practice and learning. The report considers two research questions: how CCGs are functioning as membership organisations and how they are supporting the development of primary care in their local area. The study outlines a number of key recommendations to CCG leaders and NHS England to assist CCGs in making the transition to co-commissioning and ensure the sustainability of CCGs.

### **Investment boost to expand general practice workforce**

NHS England has announced plans to provide a [ten million investment](#) to kick start a new plan to expand the general practice workforce. The money will be used to recruit new GPs, retain those that are thinking of leaving the profession and encourage doctors to return to general practice to better meet the needs of patients now and for the future. NHS England funding will be used to develop a range of initiatives in collaboration with Health Education England, the Royal College of General Practitioners and the British Medical Association to increase the number of GPs and develop the role of other primary care staff such as nurses and pharmacists.

### **What the £1bn premises fund could mean for service transformation**

Following the announcement of £1bn in funding for the development of primary care premises, PCC premises expert Bill May writes about the impact of the initiative. He [advises](#) that commissioners strike a balance between urgent remedial work and the longer term planning for premises able to support the new ways of working identified in the Five Year Forward View.

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## **Community Services**

### **Commissioning better community services**

Monitor has published [Commissioning better community services for NHS patients](#). This report looks at what clinical commissioning groups are doing about community services as many of the community services contracts put in place three to five years ago are expiring. It identifies a number of ways that commissioners are already improving community care provision which include involving patients in selecting community services providers, working in partnership with local government to co-ordinate services and using patient outcomes to incentivise improvements in care.

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## Clinical commissioning

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## Workforce innovation and improvement

### Standards for medical education and training

The General Medical Council has launched a consultation [Standards for medical education and training](#). The new standards will, for the first time, create a single set of standards for organisations delivering medical education and training across the UK. The standards aim to bring together the medical education and training received by all doctors and are designed to make sure that fairness and patients' safety, experience and quality of care lie at the core of teaching and training. The consultation period closes on the 24 March 2015.

### NHS boards may benefit from quality training

In the [Journal of Health Services Research and Policy](#), Mannion and others reported on two surveys about boards in NHS acute and specialist hospital trusts in England. There was limited clinical representation on boards, with six out of ten trusts having three or fewer members with clinical backgrounds (62%). The researchers suggested that there is scope for improvement regarding formal training for board members about quality, routine morbidity reporting and interpersonal dynamics within boards.

### Improvement training can enhance clinical outcomes

In [BMJ Quality and Safety](#), Jones and others from the US reviewed 39 studies about quality improvement training for doctors in clinical settings. Three quarters of studies reported clinical improvements as a result of training (72%). It was important to pay attention to the interface between educational and clinical systems.

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## Health informatics

### Smartphones let surgeons know WhatsApp: an analysis of communication in emergency surgical teams.

Outdated communication technologies in healthcare can place patient safety at risk. This [study](#) aimed to evaluate implementation of the WhatsApp messaging service within emergency surgical teams.

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## Long term conditions

### Personalised care for long term conditions

NHS England has developed [three handbooks to provide practical support for long-term conditions management](#). The handbooks draw on the latest research, best practice and case studies and are entitled:

- **Case finding and risk stratification** - identifying cohorts of people with long term conditions that are most vulnerable and/or will benefit from tailored care and support
- **Personalised care and support planning** - enabling commissioners and health care practitioners to deliver personalised care

Multi-disciplinary team working - **supporting health and care professionals to work across professional and organisational boundaries.**

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## Medicines management

### Reducing unnecessary pharmacy workload

NICE has added [Ensuring appropriate use of monitored dosage systems: reducing unnecessary pharmacy workload](#) to its Quality and productivity collection examples. This initiative aims to reduce the inappropriate use of monitored dosage systems by ensuring they are only issued on a case-by-case basis to address specific practical problems of medicines adherence. The inappropriate use of monitored dosage systems can make patients and carers less familiar with their medicines. The preparation and checking of unnecessary monitored dosage systems creates a significant additional workload for hospital pharmacies, which can be reduced.

### **Harmful prescribing errors are often undetected**

Westbrook and colleagues from Australia compared the number of medication errors identified by audit, direct observation or medication incident reports at two hospitals. In the [International Journal for Quality in Health Care](#), they reported that prescribing errors with the potential to cause harm often go undetected and that reported incidents do not reflect the true rate or type of medication errors that occur in hospitals.

### **Ordering medicines early improves patient flow**

In [Quality Management in Health Care](#), Durvasula and colleagues reported how one large hospital in the US used an interdisciplinary approach to get medication orders ready quickly for people being discharged. Medication reconciliation occurred the night before discharge and discharge medications were ordered prior to 9am. Before the intervention, 8% of discharges occurred before 11am. Afterwards the proportion was 11%. Thirty percent of people who had early medication reconciliation and early medicine orders were discharged prior to 11am.

### **Ensuring appropriate use of monitored dosage systems: reducing unnecessary pharmacy workload**

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## **Patient engagement**

### **Photos help patients get to know their care team**

In the [American Journal of Medicine](#), Appel and colleagues from Canada found that providing a handout with the names and photos of the care team is a simple thing that hospitals can do to help people feel more informed and as though care is centred around them.

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## **Public health**

### **Smoking prevalence in young people**

Public Health England has included [estimate smoking rates among young people](#) to its Local Health resource for the first time. The figures are estimates of youth smoking rates for every local authority, ward and local NHS level, based on factors known to predict smoking in young people. The data aims to help local organisations to respond to high levels of smoking within their areas.

### **Evidence briefing: plain tobacco packaging**

WHO/Europe has published an evidence brief providing evidence of the effectiveness of plain packaging measures in smoking prevention and cessation. [Plain packaging of tobacco products: measure to decrease smoking initiation and increase cessation](#) found evidence that consumers perceive plain packaging as ugly and dull and therefore decreases the attractiveness of the tobacco products and smoking, particularly to young people and women. It also

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showed that, when combined with large pictorial health warnings, plain-packaging measures increase awareness about the risks related to tobacco consumption, encouraging more people to quit and fewer to start.

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## Children and young people

### Improving young people's health and wellbeing

Public Health England has published [Improving young people's health and wellbeing: a framework for public health](#). The Framework has been developed as a resource to enable local areas in the delivery of their public health role for young people. It poses questions for councillors, health and wellbeing boards, commissioners, providers and education and learning settings to help them support young people to be healthy and to improve outcomes for young people.

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## Mental health

### Rules on protecting vulnerable adults added to dementia guidance

Guidance on protecting vulnerable adults in care has been added to a suite of policy documents on dementia care. The [guidance](#) is from the Department of Health.

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## Learning disabilities

### Transforming care for people with learning disabilities next steps

The Department of Health has jointly published with NHS England, the Local Government Association, the Association of Adult Social Services, and the Care Quality Commission [Transforming care for people with learning disabilities: next steps](#). The report sets out a series of ways in these organisations intend to improve the quality of life of those with learning disabilities by substantially reducing the number of people placed in hospital, reducing the length of time those admitted spend there, and enhancing the quality of both hospital and community settings.

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## Palliative Care

### New palliative and end of life care collection launches

The National Institute for Health Research (NIHR) has launched a new library collection in [palliative and end of life care](#). Brought together for quick reference the suite of end of life care projects includes published and future NIHR publications, as well as an archive of service delivery and organisation programme publications.

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