TRFT Library & Knowledge Service

A library & knowledge service for all NHS staff in Rotherham

25/04/14: Evidence Update for NHS England Clinical Directorates

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Urgent & Emergency care

An alternative guide to the urgent and emergency care system in England
A&E is often seen as a service in crisis and is the focus of much media and political interest. But A&E is just the tip of the iceberg – the whole urgent and emergency care system is complex, and surrounded by myth and confusion. Our brand new animation gives a whistle-stop tour of how the system fits together and busts some myths about what's really going on – explaining that the underlying causes go much deeper than just A&E and demand a joined-up response across all services.

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Healthcare Management

Making sense of evidence in management decisions: the role of research-based knowledge on innovation adoption and implementation in health care
Authors: Kyratsis Y, Ahmad R, Hatzaras K, Iwami M, Holmes A.
Journal: Health Services and Delivery Research Volume: 2 Issue: 6; Publication date: March 2014
Although innovation can improve patient care, implementing new ideas is often challenging. Previous research found that professional attitudes, shaped in part by health policies and organisational cultures, contribute to differing perceptions of innovation 'evidence'. However, we still know little about how evidence is empirically accessed and used by organisational decision-makers when innovations are introduced. We aimed to investigate the use of different sources and types of evidence in innovation decisions to answer the following questions: how do managers make sense of evidence? What role does evidence play in management decision-making when adopting and implementing innovations in health care? How do wider contextual conditions and intraorganisational capacity influence research use and application by health-care managers?
An evidence-based management approach that inflexibly applies the principles of evidence-based medicine, our findings suggest, neglects how evidence is actioned in practice and how codified research knowledge inter-relates with other 'evidence' also valued by decision-makers. Local processes and professional and microsystem

considerations played a significant role in adoption and implementation. This has substantial implications for the effectiveness of large-scale projects and systems-wide policy.

Clinical commissioning groups – one year on
The King's Fund and the Nuffield Trust have published an audio slide-show and a document containing headline results from a survey of GPs in six clinical commissioning groups. The survey explored member engagement and primary care development one year after CCGs were introduced. The survey is part of a three year project, looking to understand how the clinical commissioning groups are at the heart of the NHS reforms and how they are developing.

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Patient Safety

NHS Safety Thermometer Data - March 2013 to March 2014
Health and Social Care Information Centre
The monthly NHS Safety Thermometer report, a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care, is now available for the period March 2013 to March 2014.

Reducing harm to patients
The Health Foundation has published a briefing entitled Reducing harm to patients. The briefing follows a March 2014 speech by the Secretary of State for Health at Virginia Mason Medical Centre in Seattle. In recent years, the centre has had considerable success in delivering safe care and financial sustainability. This briefing outlines the factors that have contributed to their success, and how a similar approach has been used in the UK. It aims to help those working to improve patient safety in the NHS.

BMJ Quality & Safety: a collection of key articles
BMJ Qual Saf 2014;23:196-205 doi:10.1136/bmjqs-2013-001812
BMJ Quality & Safety: a collection of key articles contains a selection of articles featured in the journal BMJ Quality & Safety during 2013. The journal aims to encourage innovation and creative thinking to improve the quality of health care and the science of improvement. The articles featured in this collection are:

- Identification of doctors at risk of recurrent complaints
- The global burden of unsafe medical care
- Systematic review of the application of the plan–do–study–act method to improve quality in healthcare
- Assessing adverse events among home care clients in three Canadian provinces using chart review
- 'Care left undone' during nursing shifts
- Allocating scarce resources in real-time to reduce heart failure admissions
- Culture and behaviour in the English National Health Service

Human factors and ergonomics as a patient safety practice
BMJ Qual Saf 2014;**23**:196-205
Background Human factors and ergonomics (HFE) approaches to patient safety have addressed five different domains: usability of technology; human error and its role in patient safety; the role of healthcare worker performance in patient safety; system resilience; and HFE systems approaches to patient safety.
Methods A review of various HFE approaches to patient safety and studies on HFE interventions was conducted.
Results This paper describes specific examples of HFE-based interventions for patient safety. Studies show that HFE can be used in a variety of domains.
Conclusions HFE is a core element of patient safety improvement. Therefore, every effort should be made to support HFE applications in patient safety.

Patient safety and general practice: traversing the tightrope

BJGP April 1, 2014 vol. 64 no. 621 164-165

INTRODUCING PATIENT SAFETY

The emerging field of patient safety already has some very apt metaphors. Reason's 'Swiss Cheese' model suggests patients suffer preventable harm when a number of holes (system weaknesses) temporarily align; high profile media reports of serious patient safety incidents (PSIs) are the 'tip of the iceberg'; while the Indian fable of the blind men interacting with different parts of an elephant illustrates how perceptions of safe care varies between patients, clinicians, researchers, and policymakers. We can add another parallel: delivering safe care in general practice is like balancing on tightropes. Increasing numbers of patients scamper willingly into our wheelbarrows every day, with the full expectation that we will deliver them safely (and quickly) to the other side. And for the most part we do, even if it increasingly requires running back and forth or hanging on precariously by one arm from the rope.

Unfortunately, slips and accidents do happen on tightropes, as they do in health care. While patient harm in general practice is yet to be reliably quantified, there is compelling evidence that it does occur, and not infrequently.

Identification of an updated set of prescribing-safety indicators for GPs

BJGP April 1, 2014 vol. 64 no. 621 e181-e190

Medication error is an important contributor to patient morbidity and mortality and is associated with inadequate patient safety measures. However, prescribing-safety tools specifically designed for use in general practice are lacking.

Aim To identify and update a set of prescribing-safety indicators for assessing the safety of prescribing in general practice, and to estimate the risk of harm to patients associated with each indicator.

Design and setting RAND/UCLA consensus development of indicators in UK general practice.

Method Prescribing indicators were identified from a systematic review and previous consensus exercise. The RAND Appropriateness Method was used to further identify and develop the indicators with an electronic-Delphi method used to rate the risk associated with them. Twelve GPs from all the countries of the UK participated in the RAND exercise, with 11 GPs rating risk using the electronic-Delphi approach.

Results Fifty-six prescribing-safety indicators were considered appropriate for inclusion (overall panel median rating of 7–9, with agreement). These indicators cover hazardous prescribing across a range of therapeutic indications, hazardous drug–drug combinations and inadequate laboratory test monitoring. Twenty-three (41%) of these indicators were considered high risk or extreme risk by 80% or more of the participants.

Conclusion This study identified a set of 56 indicators that were considered, by a panel of GPs, to be appropriate for assessing the safety of GP prescribing. Twenty-three of these indicators were considered to be associated with high or extreme risk to patients and should be the focus of efforts to improve patient safety.

Clinical handover within the emergency care pathway and the potential risks of clinical handover failure (ECHO): primary research

Handover and communication failures are a recognised threat to patient safety. Handover in emergency care is a particularly vulnerable activity owing to the high-risk context and overcrowded conditions. In addition, handover frequently takes place across the boundaries of organisations that have different goals and motivations, and that exhibit different local cultures and behaviours. This study aimed to explore the risks associated with handover failure in the emergency care pathway, and to identify organisational factors that impact on the quality of handover.

The research findings suggest that handover should be understood as a sociotechnical activity embedded in clinical and organisational practice. Capacity, patient flow and national targets, and the quality of handover are intricately related, and should be addressed together. Improvement efforts should focus on providing practitioners with flexibility to make trade-offs in order to resolve tensions inherent in handover. Collaborative holistic system analysis and greater cultural awareness and collaboration across organisations should be pursued.

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Obesity and Diabetes

Bariatric Surgery versus Intensive Medical Therapy for Diabetes — 3-Year Outcomes

New England Journal of Medicine

Among 150 obese patients with uncontrolled type 2 diabetes, 3 years intensive medical therapy plus bariatric surgery resulted in glycaemic control in significantly more patients vs. medical therapy alone [HbA1c ≤6.0% met by 24 to 38% in surgery groups vs. 5% on medical therapy].

Change in cardiovascular risk factors following early diagnosis of type 2 diabetes: a cohort analysis of a cluster-randomised trial

Br J Gen Pract April 2014 64:e208-e216

Background: There is little evidence to inform the targeted treatment of individuals found early in the diabetes disease trajectory.

Aim: To describe cardiovascular disease (CVD) risk profiles and treatment of individual CVD risk factors by modelled CVD risk at diagnosis; changes in treatment, modelled CVD risk, and CVD risk factors in the 5 years following diagnosis; and how these are patterned by socioeconomic status.

Design and setting: Cohort analysis of a cluster-randomised trial (ADDITION-Europe) in general practices in Denmark, England, and the Netherlands.

Method: A total of 2418 individuals with screen-detected diabetes were divided into quartiles of modelled 10-year CVD risk at diagnosis. Changes in treatment, modelled CVD risk, and CVD risk factors were assessed at 5 years.

Results: The largest reductions in risk factors and modelled CVD risk were seen in participants who were in the highest quartile of modelled risk at baseline, suggesting that treatment was offered appropriately. Participants in the lowest quartile of risk at baseline had very similar levels of modelled CVD risk at 5 years and showed the least variation in change in modelled risk. No association was found between socioeconomic status and changes in CVD risk factors, suggesting that treatment was equitable.

Conclusion: Diabetes management requires setting of individualised attainable targets. This analysis provides a reference point for patients, clinicians, and policymakers when considering goals for changes in risk factors early in the course of the disease that account for the diverse cardiometabolic profile present in individuals who are newly diagnosed with type 2 diabetes.

Incretin treatment and risk of pancreatitis in patients with type 2 diabetes mellitus: systematic review and meta-analysis of randomised and non-randomised studies

BMJ 2014;348:g2366

Current evidence (55 RCTs [n=33 350]; 5 observational studies [n=320 289]) suggests that the incidence of pancreatitis in patients with type 2 diabetes taking incretins is low and that incretins do not increase risk of pancreatitis. However, the current data are not definitive.

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Cardiovascular System Disorders

Comparison of Application of the ACC/AHA Guidelines, Adult Treatment Panel III Guidelines, and European Society of Cardiology Guidelines for Cardiovascular Disease Prevention in a European Cohort

JAMA. 2014;311(14):1416-1423

Dutch cohort study (n=4854,≥55 years) found proportions eligible for statins differed substantially among guidelines: ACC/AHA would recommend statins for nearly all men and two-thirds women- proportions exceeding those with

ATP-III (52% /35.5%) or ESC guidelines (66.1% / 39.1%).

Barriers to accurate diagnosis and effective management of heart failure have not changed in the past 10 years: a qualitative study and national survey
BMJ Open 2014;**4**:e003866
Focus groups (n=56) and online survey (n=514) found that reported differences in way heart failure is diagnosed and managed in England have changed little in past decade. Variable access to diagnostic tests, modes of care delivery and non-uniform management approaches persist.

2014 AHA/ACC/HRS Guideline for the Management of Patients With Atrial Fibrillation: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the Heart Rhythm Society
Circulation
This American document provides guidance for the optimum management of AF. The guideline incorporates new and existing knowledge derived from published clinical trials, basic science, and comprehensive review articles, along with evolving treatment strategies and new drugs.

Eyes on Evidence: Blood pressure control with home telemonitoring and pharmacist management
National Institute for Health and Care Excellence
This commentary discusses a US-based cluster randomised trial that indicates home telemonitoring with pharmacist medication management provides better blood pressure control than usual primary care, even once telemonitoring has finished.

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Older people

Focus on: social care for older people - reductions in adult social services for older people in England
This report examines the scale and scope of cuts to social services for older people in England from 2009/10 to 2012/13. It reveals that most local authorities are tightly rationing social care for the over-65s in response to cuts, resulting in significant drops in the number of people receiving services.

Vitamin D supplementation and falls: a trial sequential meta-analysis
The Lancet Diabetes & Endocrinology
Pooled analyses of 20 RCTs (n=29,535) found vitamin D supplementation +/-calcium does not reduce falls by ≥15%. Future trials are unlikely to alter these conclusions, thus at present there is little justification for prescribing vitamin D supplements to prevent falls.

Collective solutions to care in an ageing society
The Institute for Public Policy Research has published The generation strain: collective solutions to care in an ageing society. This report asks why previous attempts to recognise the importance of individuals and their families in providing care have not been more effective or more widely felt, and how best to prepare for the full impact of our ageing society in the 2020s. The central message is that we need to build and adapt: to build new community institutions capable of sustaining us through the changes ahead and to adapt the social structures which already exist, including family, public services, workplaces and neighbourhoods.

Learning for care homes from alternative residential care settings
The Joseph Rowntree Foundation has published a review which explores the learning from delivery of care in residential services for children and young people, residential services and supported housing for people with learning disabilities and hospice care, and considers how this can be applied in care homes for older people. Learning for care homes from alternative residential care settings finds that there are promising ideas that could improve the

culture of care homes, experiences of care and support for staff; presents evidence of how residential care homes in other sectors have created positive organisational cultures; and looks at how greater involvement of people who use services and their families can improve experiences of care.

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Mental health

Mental health provision in women's community services

The British Association for Counselling and Physiotherapy in collaboration with the Centre for Mental Health and Women's Breakout has published Mental Health Provision in Women's Community Services: Findings from a survey conducted in England and Wales. The report highlights the breadth and depth in the mental health interventions available at women's community centres in the UK. It demonstrates that women's community centres have established good working partnerships with other organisations such as local authorities, NHS trusts and probation services in order to meet the mental health needs of their clients. The findings back up existing evidence suggesting that in many cases referral to women's community centres is a more effective cost-effective solution than imposing a custodial sentence.

Investing in recovery in mental health

A new report has been published by Rethink Mental Health and the London School for Economics which makes the business case for investment in 15 different types of care for people with schizophrenia and psychosis including peer support, family therapy and cognitive behavioural therapy. Investing in Recovery shows how investing in proven services such as early intervention, can generate significant cost-savings for the NHS because it reduces the need for hospital beds. The analysis found that £15 is saved for every £1 spent on early intervention

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Learning Disabilities

The barriers to and enablers of providing reasonably adjusted health services to people with intellectual disabilities in acute hospitals: evidence from a mixed-methods study

BMJ Open 2014;4:e004606

To identify the factors that promote and compromise the implementation of reasonably adjusted healthcare services for patients with intellectual disabilities in acute National Health Service (NHS) hospitals.

Design: A mixed-methods study involving interviews, questionnaires and participant observation (July 2011–March 2013). Setting: Six acute NHS hospital trusts in England.

Methods: Reasonable adjustments for people with intellectual disabilities were identified through the literature. Data were collected on implementation and staff understanding of these adjustments.

Results: Data collected included staff questionnaires (n=990), staff interviews (n=68), interviews with adults with intellectual disabilities (n=33), questionnaires (n=88) and interviews (n=37) with carers of patients with intellectual disabilities, and expert panel discussions (n=42). Hospital strategies that supported implementation of reasonable adjustments did not reliably translate into consistent provision of such adjustments. Good practice often depended on the knowledge, understanding and flexibility of individual staff and teams, leading to the delivery of reasonable adjustments being haphazard throughout the organisation. Major barriers included: lack of effective systems for identifying and flagging patients with intellectual disabilities, lack of staff understanding of the reasonable adjustments that may be needed, lack of clear lines of responsibility and accountability for implementing reasonable adjustments, and lack of allocation of additional funding and resources. Key enablers were the Intellectual Disability Liaison Nurse and the ward manager.

Conclusions: The evidence suggests that ward culture, staff attitudes and staff knowledge are crucial in ensuring that hospital services are accessible to vulnerable patients. The authors suggest that flagging the need for specific reasonable adjustments, rather than the vulnerable condition itself, may address some of the barriers. Further

research is recommended that describes and quantifies the most frequently needed reasonable adjustments within the hospital pathways of vulnerable patient groups, and the most effective organisational infrastructure required to guarantee their use, together with resource implications.

Progress on improving nursing for people with learning disabilities
The Department of Health has published Strengthening the Commitment: One year on - Progress report on the UK Modernising Learning Disabilities Nursing Review. This report sets out the progress made in England during the past year against the 17 recommendations set out in 'Strengthening the Commitment: the report of the UK Modernising Learning Disability Nursing Review (2012)'. It shows how the recommendations have been turned into good practice to achieve better health and wellbeing for people with learning disabilities.

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