TRFT Library & Knowledge Service

A library & knowledge service for all NHS staff in Rotherham

The Rotherham NHS
NHS Foundation Trust

Library & Knowledge Service

21/02/14: Evidence Update for NHS England Clinical Directorates

Contents

Urgent & Emergency care

Distance from home to emergency care
The Nuffield Trust QualityWatch programme in association with the Health Foundation has published [Focus On: Distance from home to emergency care](#). The report examines changes over the last decade in the distance travelled from home to receive emergency care. The study finds that despite the total number of emergency admissions rising by over a third in ten years, the average distance from home to hospital has only increased by 0.2 miles. In most cases these distances are not large: in 70 per cent of cases, emergency admissions happened within 6.2 miles (10km) of a patient's home, and only 3 per cent of people were admitted to a hospital more than 18.6 miles (30km) from home.

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Primary & Community Care

Commissioning and funding general practice: making the case for family care networks
As England's population both expands and ages, so the demands on primary care will grow. Within the current commissioning and funding system innovative models of primary care provision are already being used. This [report](#) describes examples of these through four case studies in different areas of England. It also highlights how the existing system is imperfectly understood, particularly regarding contracts. Building on ideas articulated in previous work, the report argues for a new approach that brings together funding

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for general practice with funding for many other services. It would entail new forms of commissioning, with GPs innovating in how care is delivered. Over time, the report foresees 'family care networks' emerging that provide forms of care well beyond what is currently available in general practices.

Community services: how they can transform care
This paper looks at the changes needed to realise the full potential of community services for transforming care. It finds that while the emphasis on moving care closer to home has resulted in some reductions in length of hospital stay, it is now time to focus on the bigger issue of how services need to change to fundamentally transform care.

Discussion document following Monitor's call for evidence on GP services
This document summarises the issues that have been raised following a call for evidence on general practice services sector in England. Feedback from respondents fell broadly into three themes: variations on access and quality; the ability of new or existing providers of GP services to develop the scope of their offer to the NHS; and providers' ability and incentives to work together to benefit patients. Monitor are still welcoming comments on this strand of work and you can contact them at gpservices@monitor.gov.uk

The future shape of primary care
Martin Roland andEllen Nolte
Br J Gen Pract February 2014 64:63-64; doi:10.3399
There is no shortage of international policy documents outlining the importance of primary care. But does the reality match up to the rhetoric? This is answered in part in a study by Kringos *et al*.1 They describe primary care in 31 European countries in terms of investment in primary care, governance, workforce development, access, services delivered, continuity, coordination, comprehensiveness, and GPs' income.

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Integrated Care

Delivering integrated care and support
This report argues that the achievement of personal outcomes for individuals should be the focus of integrated care and support. It highlights six dimensions which are key to successfully delivering integrated care: vision; leadership; culture; local context; integrated teams; and time.

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Patient Experience

Patient experience in adult NHS services
Evidence updates highlight new evidence relating to published accredited guidance. In particular, they highlight key points from the new evidence and provide a commentary describing its strengths and weaknesses. This evidence update contains a summary of selected new evidence relevant to the NICE clinical guideline: 'Patient experience in adult NHS services: improving the experience of care for people using adult NHS services'.

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Healthcare Leadership

Think integration, think workforce: three steps to workforce integration
This [paper](#) identifies three steps for workforce leaders to promote integration from a workforce perspective and outlines the benefits of an integrated workforce.

Patient Safety

NHS Safety Thermometer Report - January 2013 to January 2014
Health and Social Care Information Centre
The [NHS Safety Thermometer](#) is the measurement tool for a programme of work to support patient safety improvement. It records the presence or absence of four harms: pressure ulcers, falls, urinary tract infections in patients with a catheter and new venous thromboembolisms.

It's not you, it's me: time to narrow the gap in weekend care
BMJ Quality and Safety
BMJ Qual Saf 2014;**23**:180-182 doi:10.1136
Numerous studies[1–6] have now described the 'weekend effect' and its negative impact on timeliness of inpatient care and mortality. Patients presenting with numerous medical and surgical problems experience better outcomes if they happen to arrive in hospital on a workday versus a weekend day. Researchers have highlighted the problem as reflecting reduced staffing and decreased access to specialised services at the weekend. Remarkably, the weekend effect was recently found to extend even to elective admissions and surgeries, raising major questions about resource planning around elective care that occurs near the end of the week.[7,8] Perez Concha *et al*[9] analysed administrative data from Australian hospitals between 2000 and 2007. They compared 7-day mortality after hospital admission in patients admitted during the weekend versus a weekday, stratifying their analysis by diagnostic group. They defined the weekend as occurring between midnight on Friday and midnight on Sunday. Their analysis included ORs for death after weekend versus weekday admission, as well as survival curves and HRs. In all, 16 of 430 diagnostic groups showed evidence of a weekend effect for 7-day patient mortality. No conditions demonstrated an 'inverse weekend effect', or decreased mortality over the weekend relative to the work week. In addition to risk ratios, the [authors](#) present the absolute number of excess deaths for each condition. All together, these conditions account for 21 excess deaths per 1000 patient admissions. Adjustment for differences in case mix between weekend and weekday groups surprisingly increased the magnitude of the observed weekend …

Regulating quality and safety of health and social care: international experiences
Taking a range of six countries, this [report](#) reviews the regulatory mechanisms that have been implemented to ensure that essential standards of care are applied and are being adhered to, and considers the range of policy instruments used to encourage and ensure continuous quality improvement. It looks at Australia, England, Finland, Germany, the Netherlands and the USA. It is intended to inform policy thinking for the Department of Health and others in developing the regulation of safety and quality of health and social care in England. It was prepared as part of the project 'An "On-call" Facility for International Healthcare Comparisons' funded by the Department of Health in England through its Policy Research Programme.

Palliative Care

Narrative for person-centred coordinated care
Following the creation of the Narrative for coordinated care, National Voices and the National Council for Palliative Care are seeking comments on a new branch of the narrative which focuses on palliative care and end of life care. The narrative aims to express the perspective of people nearing the end of life. Comments will be accepted until 19th February 2014.

Long Term Conditions

The routine collection of patient-reported outcome measures (PROMs) for long-term conditions in primary care: a cohort survey
Objectives To evaluate the feasibility of using patient-reported outcome measures (PROMs) for long-term conditions (LTCs) in primary care.
Design A cohort postal survey conducted from September 2010 to April 2012.
Setting Primary care practices (n=33) in London and the North-West of England.
Participants 4484 patients with a diagnosis of asthma, chronic obstructive pulmonary disease, diabetes, epilepsy, heart failure or stroke were sent a survey at baseline.
Main outcome The main outcome was to evaluate the feasibility of and the recruitment strategies for collecting PROMs data in LTCs by assessing the response rates for the baseline and follow-up surveys. Secondary outcomes were the evaluation of change scores of the EQ-5D index and visual analogue scale (VAS) between baseline and follow-up surveys.
Results The baseline survey achieved a response rate of 38.4% (n=1721/4485) and at follow-up 71.5% (n=1136/1589). Response rates varied by LTC. Little change was found in health-related quality of life for the total sample (−0.001 for the EQ-5D index score and 0.12 for the EQ-5D VAS) between patients responding to both the baseline and follow-up surveys.
Conclusions The response rate to the baseline survey was similar to that of other general practice surveys. Current UK policy aims to assess health service performance in LTCs by means of using PROMs. It thus would be desirable to improve response rates by making the invitation to self-reports of health-related quality of life more engaging for patients. Results on the EQ-5D score raise questions about optimal indicators for LTCs and appropriate timelines for assessment.

Obesity and Diabetes

Improving outcomes for patients with type 2 diabetes using general practice networks: a quality improvement project in east London
This report describes the improvements in completed diabetes care plans, attendance for digital retinal screen and achieving diabetic targets following implementation of a diabetes care package with financial incentives within one London PCT.

Combating the dual burden: therapeutic targeting of common pathways in obesity and type 2 diabetes
This [review](#) explores the overlapping pathophysiology and how various treatments can, alone or in combination, combat the dual burden of obesity and type 2 diabetes.

Cardiovascular System Disorders

NICE draft guidance on lipid modification for the primary and secondary prevention of cardiovascular disease
National Institute for Health and Care Excellence
[NICE](#) is consulting on a draft update of its 2008 guideline on lipid modification. The guidance recommends that people with a 10% risk of developing cardiovascular disease within 10 years should be offered statin therapy.

Effectiveness of Combination Therapy With Statin and Another Lipid-Modifying Agent Compared With Intensified Statin Monotherapy: A Systematic Review
Annals of Internal Medicine
This [review](#) (36 trials) assesses possibility of using lower-intensity statin combined with bile acid sequestrant/ezetimibe in high-risk patients intolerant of/unresponsive to statins; however, caution required given lack of evidence on long-term clinical benefits and harms.

Guidelines for the Prevention of Stroke in Women: A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association
This [statement](#) summarises data on stroke risk factors that are unique to (reproductive factors) and more common (migraine with aura, obesity, metabolic syndrome, and AF) in women than men, and expands on data provided in prior guidelines for women.

Combination pharmacotherapy to prevent cardiovascular disease: present status and challenges
This [review](#) summarises the current research, potential benefits, barriers, and challenges of combination-pill development and use in CVD prevention.

Statins for the primary prevention of cardiovascular disease
British Medical Journal
Using a [case example](#), this therapeutics article on statins discusses their efficacy, safety, how they are taken, monitoring, precautions, drug interactions, cost-effectiveness, and how they compare with other drugs and interventions.

Cancer Services

Leading the information revolution in cancer intelligence: why the National Lung Cancer Audit is the key to transforming lung cancer outcomes
This [report](#) analyses the importance of the National Lung Cancer Audit, which was launched in 1994 and captures up to date information on almost every lung cancer case in the UK. It compares clinical practice at hospitals across the country, helping to identify problem areas and drive up standards of care for the disease, which kills 35,000 people every year. This report credits the audit with increasing the number of patients who receive radiotherapy, increasing the number of patients who have surgery, increasing the

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number of patients who have chemotherapy and increasing the number of patients who see a nurse specialist.

Why do patients with cancer access out-of-hours primary care? A retrospective study

Rosalind Adam, Patrick Wassell, and Peter Murchie
Br J Gen Pract February 2014 64:e99-e104; doi:10.3399
Identifying why patients with cancer seek out-of-hours (OOH) primary medical care could highlight potential gaps in anticipatory cancer care. This paper aims to explore the reasons for contact and the range and prevalence of presenting symptoms in patients with established cancer who presented to a primary care OOH department.

Older people

Providing integrated care for older people with complex needs: lessons from seven international case studies

This report synthesises evidence from seven case studies covering Australia, Canada, the Netherlands, New Zealand, Sweden, the United Kingdom and the United States. It considers similarities and differences of programmes that are successfully delivering integrated care, and identifies lessons for policy-makers and service providers to help them address the challenges ahead.

Healthy ageing in the 21st century: the best is yet to come

This policy commission is exploring how good ageing in a multi-cultural society is defined. It is looking in particular at how good health in later life can be promoted. This report presents the commission's key findings and sets out recommendations for healthy ageing in a diverse society. It makes recommendations towards the creation of a statutory post of Commissioner for Older People; it highlights the importance of human rights within health and social care policy; and emphasises the need for recognising the voice of older people.

Mental health

Mental Health Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis

This document sets out the principles and good practice that should be followed by health staff, police officers and approved mental health professionals when working together to help people in a mental health crisis.

Change in mental health after smoking cessation: systematic review and meta-analysis

British Medical Journal
This analysis (26 studies) reported that anxiety, depression, mixed anxiety and depression, and stress significantly decreased between baseline and follow-up in quitters compared with continuing smokers. The mean differences were anxiety −0.37, depression −0.25, and stress −0.27.

Preventing suicide in England: one year on first annual report on the cross-government outcomes strategy to save lives

This report summarises the developments on the suicide prevention strategy for England at national level. It identifies key research studies and their findings, and is accompanied by a report of statistical

information on suicides. It sets out the key initiatives that local areas can take to prevent suicides. It also highlights the importance of responsive and high quality care for people who self-harm.

Service transformation: lessons from mental health
Mental health services have undergone radical transformation in the past 30 years. A community-based care model has largely replaced the acute and long-term care provided in large institutions. Similar change – from hospital to community-based alternatives – is a long-standing policy objective for physical health care in the United Kingdom. How far the two can be compared has been remarkably under-explored. This [paper](#) seeks to correct this by examining the transformation of mental health services in England and the relevance to current policy. Drawing on workshops with those involved in the changes and a review of published literature, the paper explores the context and factors that enabled change to happen in mental health. It includes 10 lessons for service transformation based on these experiences.

Learning Disabilities

Narrowing the health inequality gap by annual health checks for patients with intellectual disability
Dominic Slowie and Graham Martin
Br J Gen Pract February 2014 64:101-102; doi:10.3399
This [article](#) addresses how primary care teams may improve maintenance care to reduce the health inequality gap that these patients may experience. Over the past decade, GP practices have taken on increasing responsibilities for the care of people with ID. Two principal reasons are the closure of long-stay ID institutions and relocation of their patients to the community. Many patients are now settled in residential care homes and others in supervised tenancies. Also, with recent medical technological advances more people with intellectual disabilities are living longer. This means the total prevalence for ID in the general population, including those with mild ID is 2.5%, but the prevalence for those likely to have been identified on GP practice registers (those with moderate, severe and profound ID) is now 0.45%. Should this mean a change in the role of the specialist nursing and psychiatric services? Closer working relationships and collaboration could improve communications and reduce duplication of clinical monitoring.

Offender Health

A joint inspection of the treatment of offenders with learning disabilities within the criminal justice system – phase 1 from arrest to sentence
This is a [report](#) of a joint inspection into people with learning disabilities within the criminal justice system. It found that the needs of many people with learning disabilities are going unnoticed when they are arrested by police, go to court and are sentenced. It makes recommendations for greater partnership working between the justice and health system in order to support the assessment and treatment of offenders with learning disabilities.

This bulletin is produced by The Rotherham Foundation Trust Library and Knowledge Service.
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