TRFT Library & Knowledge Service

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

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Urgent & Emergency care

Emergency admissions to hospital
This report examines the increasing levels of demand on A&E services when budgets are coming under increasing pressure. It identifies the lack of specialist A&E consultants; the slow progress in introducing out of hours consultant cover; and a lack of performance quality data as key factors in hampering the development and improvement of A&E services.

Ripping off the sticking plaster: Whole-system solutions for urgent and emergency care

NHS Confederation

This report acts as a roadmap to the fundamental changes required to create a sustainable and high-quality urgent and emergency care system that can meet the needs of patients now and in the future.

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Primary & Community Care

Commissioning primary care: transforming healthcare in the community
This publication explores the challenges to local reforms in primary care commissioning as well as offering clear and practical solutions. It also looks at examples of good, working partnerships and explains why integrated services must always start with a 'whole system' strategy if they are to bring the best care to patients and local communities.

GP locum chambers: a modern solution for tomorrows GP workforce
This report follows a review of the sustainability of GP leadership for commissioning which identified that GPs are under pressure due to increasing complexity of patient demand, changes in the GP workforce to more part-time and sessional roles, new commissioning responsibilities, poor access to GP locums and difficulties in recruitment with

many GPs nearing retirement. This paper outlines how the model of GP locum chambers can help address these challenges, options for development and how to get started.

GP boundary pilot fails to attract patients

A pilot exercise allowing patients to register with GPs outside of their areas has failed to allay BMA concerns. Around a quarter of surgeries in the choice of GP practice scheme did not receive any patient registrations during the 12-month government pilot. The BMA GPs committee said the results showed there was very low patient interest in the scheme and failed to ease fears that the move could fragment patient care.

A total of 43 practices took part in the pilot with more than half in Westminster, London, and the remainder in Salford, Manchester and Nottingham City. Of these practices, 11 surgeries recruited no patients during the pilot period.

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Healthcare Management

NHS payment reform: lessons from the past and directions for the future

The Nuffield Trust has published two reports reviewing the evidence from evaluations of NHS payment systems. It examines how far payment levers can help meet the considerable challenges faced by the NHS; and makes recommendations to Monitor and NHS England for future reform.

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Patient Safety

Medical Protection Society highlights prescribing as one of top risks in general practice

Clinical Risk Self Assessments conducted by the Medical Protection Society at more than 150 practices across the UK and Ireland in 2013 found that prescribing continues to be one of the top five risks in general practice.

A national survey of inpatient medication systems in English NHS hospitals

This postal survey of English NHS hospitals found inter and intra-hospital variations in medication systems and processes. Future research should focus on the potential effects on nurses' workflow and medication administration errors, and NHS-wide interventions to reduce MAEs.

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Long Term Conditions

Individualisation of drug treatments for patients with long-term conditions: a review of concepts
S Denford et al.

BMJ Open 2014;**4**:e004172 doi:10.1136/bmjopen-2013-004172

http://bmjopen.bmj.com/content/4/3/e004172?cpetoc

Objectives Patients and policy makers advocate that drug treatments should be individualised. However, the term is used in a variety of ways. We set out to identify the range of related terminology and concepts in the general field of individualisation, map out the relationships between these concepts and explore how patients' perspectives are considered.

Design We consulted members of an established patient and public involvement group about their experience of medicine taking for long-term conditions and their ideas about individualisation. We then conducted a scoping review of the literature to explore how terms surrounding individualisation of drug treatment are used and defined in the literature, and to explore the extent to which patients' perspectives are represented, with a view to informing future recommendations as to how individualisation can be operationalised.

Methods We identified relevant literature using a range of search strategies. Two researchers independently extracted definitions of terms using a template. Inductive and deductive methods were used to explore the data.
Results Definitions were categorised according to the following themes: medical management; pharmacogenetics, the patient's perspective; interactions between the healthcare provider and patient and management of long-term conditions.
Conclusions Within the literature reviewed, the involvement of patients in the ongoing management of drug treatment was largely absent. We propose the use of a new term 'mutually agreed tailoring' (MAT). This describes the ongoing pharmacological management of conditions that incorporates patients' specific needs, experiences and existing strategies for using their medications, and the professionals' clinical judgement. This usually includes patients monitoring their symptoms and, with the support of the professional, making appropriate product, dose or timing adjustments as necessary. Our previous work suggests that many patients and doctors are successfully practising MAT, so we suggest that a formal description may facilitate wider utilisation of strategies that will improve patient outcomes.

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Obesity and Diabetes

Smoking cessation in adults with diabetes: a systematic review and meta-analysis of data from randomised controlled trials
Alexander Nagrebetsky et al.
BMJ Open 2014;4:e004107 doi:10.1136/bmjopen-2013-004107
Objectives To evaluate the effects of more intensive smoking cessation interventions compared to less intensive interventions on smoking cessation in people with type 1 or type 2 diabetes.
Design A systematic review and meta-analysis of randomised trials of smoking cessation interventions was conducted. Electronic searches were carried out on the following databases: MEDLINE, EMBASE, CINAHL and PsycINFO to September 2013. Searches were supplemented by review of trial registries and references from identified trials. Citations and full-text articles were screened by two reviewers. A random-effect Mantel-Haenszel model was used to pool data.
Setting Primary, secondary and tertiary care.
Participants Adults with type 1 or type 2 diabetes.
Interventions Smoking cessation interventions or medication (more intensive interventions) compared to usual care, counselling or optional medication (less intensive interventions).
Outcome measures Biochemically verified smoking cessation was the primary outcome. Secondary outcomes were adverse events and effects on glycaemic control. We also carried out a pooled analysis of self-reported smoking cessation outcomes.
Results We screened 1783 citations and reviewed seven articles reporting eight trials in 872 participants. All trials were of 6 months duration. Three trials included pharmacotherapy for smoking cessation. The risk ratio of biochemically verified smoking cessation was 1.32 (95% CI 0.23 to 7.43) for the more intensive interventions compared to less intensive interventions with significant heterogeneity (I2=76%). Only one trial reported measures of glycaemic control.
Conclusions There is an absence of evidence of efficacy for more intensive smoking cessation interventions in people with diabetes. The more intensive strategies tested in trials to date include interventions used in the general population, adding in diabetes-specific education about increased risk. Future research should focus on multicomponent smoking cessation interventions carried out over a period of at least 1 year, and also assess impact on glycaemic control.

Obesity in pregnancy: a retrospective prevalence-based study on health service utilisation and costs on the NHS

Kelly L Morgan et al.

BMJ Open 2014;**4**:e004107 doi:10.1136/bmjopen-2013-004107

Objective [To estimate the direct healthcare cost of being overweight or obese throughout pregnancy to the National Health Service in Wales](#).

Design Retrospective prevalence-based study.

Setting Combined linked anonymised electronic datasets gathered on a cohort of women enrolled on the Growing Up in Wales: Environments for Healthy Living (EHL) study. Women were categorised into two groups: normal body mass index (BMI; n=260) and overweight/obese (BMI>25; n=224).

Participants 484 singleton pregnancies with available health service records and an antenatal BMI.

Primary outcome measure Total health service utilisation (comprising all general practitioner visits and prescribed medications, inpatient admissions and outpatient visits) and direct healthcare costs for providing these services in the year 2011–2012. Costs are calculated as cost of mother (no infant costs are included) and are related to health service usage throughout pregnancy and 2 months following delivery.

Results There was a strong association between healthcare usage cost and BMI (p<0.001). Adjusting for maternal age, parity, ethnicity and comorbidity, mean total costs were 23% higher among overweight women (rate ratios (RR) 1.23, 95% CI 1.230 to 1.233) and 37% higher among obese women (RR 1.39, 95% CI 1.38 to 1.39) compared with women with normal weight. Adjusting for smoking, consumption of alcohol, or the presence of any comorbidities did not materially affect the results. The total mean cost estimates were £3546.3 for normal weight, £4244.4 for overweight and £4717.64 for obese women.

Conclusions Increased health service usage and healthcare costs during pregnancy are associated with increasing maternal BMI; this was apparent across all health services considered within this study. Interventions costing less than £1171.34 per person could be cost-effective if they reduce healthcare usage among obese pregnant women to levels equivalent to that of normal weight women.

Diabetes as a risk factor for stroke in women compared with men: a systematic review and meta-analysis of 64 cohorts, including 775 385 individuals and 12 539 strokes

The Lancet

This analysis of 64 cohort studies found the excess risk of stroke associated with diabetes is significantly higher in women than men [the pooled maximum-adjusted RR of stroke associated with diabetes was 2.28 (95% CI 1.93-2.69) in women and 1.83 (1.60-2.08) in men.

Intensive glucose control versus conventional glucose control for type 1 diabetes mellitus

Cochrane Database of Systematic Reviews

This review concludes tight blood sugar control reduces risk of developing microvascular diabetes complications. The evidence of benefit is mainly from studies in younger patients at early stages of disease. Benefits need to be weighed against risks including severe hypoglycaemia.

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Cardiovascular System Disorders

Antihypertensive Medications and Serious Fall Injuries in a Nationally Representative Sample of Older Adults

JAMA Internal Medicine

Antihypertensives increased the risk of serious falls in elderly patients (n= 4961, HR, 1.4 for moderate and

Patient Care … Professional Development … Commissioning … Evidence-based Practice … Revalidation … Research … Clinical Pathways … Knowledge Management … Books … Journals … Critical Appraisal …Bulletins … Alerts …DynaMed…Map of Medicine … Health Education Resources … Athens … Laptops … Literature Searching … MEDLINE … Referencing …

1.28 for high antihypertensive intensity), particularly in those with previous falls (n=503; HR, 2.17). There were no clear risk differences between antihypertensive drugs

Vitamin, Mineral, and Multivitamin Supplements for the Primary Prevention of Cardiovascular Disease and Cancer: U.S. Preventive Services Task Force Recommendation Statement
Annals of Internal Medicine
Current evidence is insufficient to assess the benefits and harms of multivitamins or single- or paired-nutrient supplements for the prevention of cardiovascular disease or cancer. β-carotene or vitamin E is not recommended for the prevention of cardiovascular disease or cancer.

Nonsteroidal Anti-Inflammatory Drugs and the Heart
This evidence based review discusses the mechanisms underlying the cardiovascular effects of traditional NSAIDs and coxibs. http://circ.ahajournals.org/content/129/8/907.full

Blood pressure lowering efficacy of nonselective beta-blockers for primary hypertension
Cochrane Database of Systematic Reviews
This review found that in people with mild-moderate hypertension, nonselective beta-blockers lowered peak BP by mean of -10/-7mmHg and reduced heart rate by 12 beats per minute. Propranolol and penbutolol were the two drugs that contributed to most of these data.

What proportion of symptomatic side effects in patients taking statins are genuinely caused by the drug? Systematic review of randomized placebo-controlled trials to aid individual patient choice
European Journal of Preventive Cardiology
This review of 29 RCTs (n=83,880) found only small minority of symptoms reported on statins are genuinely due to statins: almost all would occur just as frequently on placebo. Higher doses produced detectable effect, but proportion due to statins varies between ADRs.

From volume to value? can a value-based approach help deliver the ambitious aims of the NHS cardiovascular disease outcomes strategy?
Heart
Following publication of 2 papers that set out a health delivery mechanism based around improvement of outcomes for groups of patients with similar needs, this paper explores what an outcomes and value-based system could look like when applied to cardiovascular disease.

Heart failure: a cardiovascular outcome in diabetes that can no longer be ignored
In this personal viewpoint, the authors suggests that heart failure should be systematically evaluated in cardiovascular outcome trials of new glucose-lowering drugs, either as a component of the primary composite outcome or as a prespecified secondary endpoint.

Association of Dietary, Circulating, and Supplement Fatty Acids With Coronary Risk: A Systematic Review and Meta-analysis
Annals of Internal Medicine
This analysis of observational studies (dietary fatty acids [n=530,525]; fatty acid biomarkers [n=25,721]) and RCTs (fatty acid supplements; n=103,052) failed to find clear support for guidelines encouraging high consumption of PUFAs and low consumption of total saturated fats.

Prevention of cardiovascular disease: new guidelines, new tools, but challenges remain

Heart

This editorial discusses the recent prevention of cardiovascular guidance from the UK and US and addresses continuing concerns such as risk factor control, risk calculation and risk calculators, and management of cardiovascular risk.

Unintended effects of statins from observational studies in the general population: systematic review and meta-analysis

BMC Medicine

90 studies of 48 different unintended effects found statins linked to lower risks dementia/cognitive impairment, VTE, fractures, pneumonia. Statins not linked to higher risk depression, eye diseases, renal disorders,arthritis. Increased risk myopathy, raised LFTs, diabetes noted.

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Older people

Overenthusiastic stroke risk factor modification in the over-80s: Are we being disingenuous to ourselves, and to our oldest patients?

The author of this commentaryhttp://ebm.bmj.com/content/early/2014/01/15/eb-2013-101646 provides their opinion on the use of statins for stroke prevention in older patients and suggests that we are over-treating many healthy patients aged 80+ years.

Making our health and care systems fit for an ageing population

King's Fund

This report sets out a framework and tools to help local service leaders improve the care they provide for older people across nine key care components.

2030 vision: The best - and worst - futures for older people in the UK

This report provides a futures perspective on how we make the UK the best country to grow old in. It examines both the best and worst case scenarios and the rising costs associated with an ageing population.

Telehealth and telecare

The UK's elderly population is growing and with it the number of people with long-term health problems. This is putting pressure on the health and social care systems. Increased use of technology such as telehealth and telecare may help to improve quality of care and reduce costs. This note describes current UK telehealth and telecare initiatives and the role they may play in delivering future care.

Social care for older people

The Nuffield Trust in partnership with QualityWatch programme has published Focus on: social care for older people. The report examines the scale and scope of cuts to social services for older people in England from 2009/10 to 2012/13.

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Mental health

The future of mental health

The NHS Confederation has published a discussion paper looking at The future of mental health in ten or twenty years time. Population changes will inevitably mean demand for mental health services will increase significantly over the coming decades. As these demands increase, questions are being asked about where future investment in

mental services might come from. This paper discusses highlights these challenges and what future mental health services may look like.

Managing patients with complex needs

The Centre for Mental Health has published Managing patients with complex needs. This report reviews an innovative service that helps GPs in Hackney support people who fall through the gaps in existing service provision. It finds that it improves health at the same time as reducing costs in both primary and secondary care services.

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The Rotherham Foundation Trust
Oak House
Tel: 01709 302096
knowledge.service@rothgen.nhs.uk