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Urgent & Emergency care

Which features of primary care affect unscheduled secondary care use? A systematic review

Alyson Huntley, Daniel Lasserson, Lesley Wye et al.

BMJ Open 2014;4:e004746 doi:10.1136/bmjopen-2013-004746

Objectives To conduct a [systematic review](#) to identify studies that describe factors and interventions at primary care practice level that impact on levels of utilisation of unscheduled secondary care. Setting Observational studies at primary care practice level.

Primary and secondary outcome measures The primary outcome measure was unscheduled secondary care as measured by emergency department attendance and emergency hospital admissions.

Results 48 papers were identified describing potential influencing features on emergency department visits (n=24 studies) and emergency admissions (n=22 studies). Patient factors associated with both outcomes were increased age, reduced socioeconomic status, lower educational attainment, chronic disease and multimorbidity. Features of primary care affecting unscheduled secondary care were more complex. Being able to see the same healthcare professional reduced unscheduled secondary care. Generally, better access was associated with reduced unscheduled care in the USA. Proximity to healthcare provision influenced patterns of use. Evidence relating to quality of care was limited and mixed.

Conclusions The majority of research was from different healthcare systems and limited in the extent to which it can inform policy. However, there is evidence that continuity of care is associated with reduced emergency department attendance and emergency hospital admissions.

Healthcare Management

Reforming the NHS from within

The King's Fund has published [Reforming the NHS from within: Beyond hierarchy, inspection and markets](#). This paper reviews the impact of three approaches to NHS reform in England since the late 1990s: targets and performance management, inspection and regulation, and competition and choice. It argues for a fundamental shift in how the NHS is reformed, learning from what has worked (and what has not) in England and elsewhere. This is the final publication in the programme of work, 'Time to Think Differently' which was set up to stimulate debate about the changes needed for the NHS and social care to meet the challenges of the future.

New service models of health care

The Reform Research Trust has published [Going with change: Allowing new models of healthcare to be provided for NHS patients](#). The report argues that within a decade new service models from within the public or the independent sector will make major changes to the way nearly 75 per cent of NHS hospitals and GP practices operate. The authors of the report argue that the NHS should adopt the same thinking that has cut costs and improved quality in grocery retail, high street retail and car manufacturing. They warn that the "protectionism and political conservatism" of the NHS is itself a barrier to good patient care. The authors predict that new models of healthcare provided by both public and independent organisations will replace nearly three-quarters of NHS care by 2024.

Seven day service tool

NHS Improving Quality has launched a Seven Day Service Self-Assessment Tool to help organisations assess their current level of service provision, using nationally agreed definitions.

The [tool](#) helps organisations get a better understanding of local needs and requirements to deliver extended services, identify barriers and drivers around areas such as workforce and finance, as well as self-assess against the national clinical standards for seven day services.

Commissioning

Commissioning for quality

The Good Governance Institute, in partnership with the NHS South London Commissioning Support Unit, has published a series of documents on commissioning for quality:

- [Commissioning for Quality](#) - provides a briefing of the overall programme initiatives around the joined-up use of audit and quality scheme resources in commissioning. It includes information on a range of quality schemes active throughout the healthcare landscape.
- [Commissioning for Quality: quality scheme mapping](#) - explores the practical application of the consolidated use of quality scheme resources by both commissioners and providers, and includes a mapping of quality schemes active in a number of NHS providers in London.
- [Board Assurance Prompt: using audit for better commissioner assurance](#) - This resource for governing bodies and boards focuses on the ways in which provider audit activity, both internal and clinical, can contribute to a framework of better quality assurance by healthcare commissioners.
- [Board Assurance Prompt: quality schemes in healthcare providers for better commissioning](#) - This resource for governing bodies and boards focuses on the ways in which quality review schemes can contribute to a framework of greater quality assurance in healthcare commissioning.

Innovation and improvement tools and techniques

There is always a better way...

NHS Partners Network has published a briefing highlighting the top five entries from a competition to find the best examples of innovation from the independent sector. [There is always a better way](#) demonstrates the benefit of believing there is a better way – and having both the freedom and the support to explore ways of finding it. The five services are: recovery at home service; musculoskeletal services; post-operative support for patients at home; referral service; and clinical management solution

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Patient Safety

Taking a proactive and strategic approach to improving safety

We all understand the need for a [proactive approach to improving safety](#) – one which changes culture and builds staff knowledge about improvement – but it can be hard to know where to start. This month we look at work that is driving the safety agenda forward, from award winning local projects to national approaches helping organisations develop their safety strategy.

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Patient Experience

Patient and Family-Centred Care toolkit

The King's Fund and the Health Foundation have published the [Patient and Family-Centred Care toolkit](#). Patient and Family-Centred Care is a simple, step-by-step method for understanding what a care experience is like, what needs to change, and which small improvements can make a big difference to patients, families and staff alike. This method offers a way for health care organisations to show their commitment to patients' experience of the care they receive while also attending to the wellbeing of the staff who deliver that care.

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Obesity and Diabetes

NICE guidance - overweight and obese adults

NICE has issued Public Health Guidance on [Managing overweight and obesity in adults – lifestyle weight management services](#) (PH53). This guideline makes recommendations on the provision of effective multi-component lifestyle weight management services for adults who are overweight or obese (aged 18 and over). It covers weight management programmes, courses, clubs or groups that aim to change someone's behaviour to reduce their energy intake and encourage them to be physically active.

Systematic reviews of and integrated report on the quantitative, qualitative and economic evidence base for the management of obesity in men

Robertson C, Archibald D, Avenell A, et al. Health Technology Assessment, 2014, Vol. 18, Issue: 35

Fewer men join weight loss programmes but are more likely than women to stick with them, according to analysis of international obesity studies funded by the NIHR. Men also prefer the use of simple 'business-like' language, welcome humour used sensitively, and benefit from the moral support of other men in strategies to tackle obesity.

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These are some of the findings of scientists prompting them to suggest if weight loss programmes were specifically designed for men these might be more effective at helping them lose weight.

Researchers from the Universities of Aberdeen, Bournemouth and Stirling analysed evidence from around the world, gathered from weight loss trials and studies that have also taken men's views. The team particularly investigated what would make services more appealing for men. From their [systematic review](#) of the evidence on obesity management published by the National Institute for Health Research Health Technology Assessment (HTA) Programme, researchers also found:

- Cutting calories together with exercise and following advice on changing behaviour are the best way for obese men to shed pounds. This can also help reduce the risk of health problems such as type 2 diabetes.
- Obese men who eat less lose more weight than those who take more exercise but don't eat less.
- In the long term, one calorie-reducing diet has not yet been found to be better than another for weight loss for men.
- Middle-aged men are motivated to lose weight once they perceive they have a health problem they want to tackle.
- A desire to improve personal appearance without looking too thin is also a motivator for weight loss in men.
- Men are likely to prefer weight-loss programmes delivered by the NHS rather than those run commercially.
- Group-based weight management programmes run only for men provide moral support.
- Obesity interventions in sports clubs, such as football clubs, have been very effective, with low dropout rates and very positive responses from men.

Pharmacotherapy for weight loss

British Medical Journal *BMJ* 2014;348:g3526

This ['Practice' article](#) discusses the currently available drug treatments for obesity, illustrated with a case example. It summarises the evidence to support their use, safety issues and precautions, administration and monitoring, and cost-effectiveness.

One in three adults in England at risk of developing diabetes

Research published in the British Medical Journal indicates more than a third of adults are on the edge of developing type-2 diabetes. The article, [Prevalence of prediabetes in England from 2003 to 2011: population-based, cross-sectional study](#), highlights a rapid rise in pre-diabetes since 2003. The authors predict a surge in type-2 diabetes in the coming years, with consequences for life expectancy and disability. The report concludes that the socioeconomically deprived are at substantial risk.

Prevalence of prediabetes in England from 2003 to 2011: population-based, cross-sectional study

BMJ Open

This [analysis](#) of Health Survey for England (HSE) data found that there has been a marked increase in the prevalence of prediabetes (HbA1c between 5.7% and 6.4%) in adults in England - from 11.6% in 2003 to 35.3% in 2011. Modelling, evaluating and implementing cost effective services to reduce the impact of stroke.

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Cardiovascular Disorders

Cholesterol: a forgotten public health issue?

This [report](#) assesses health and wellbeing strategies in London on their prioritisation of cholesterol. It found that, while a number of health and wellbeing boards are considering cardiovascular disease (CVD) and cholesterol in their

joint strategic needs assessments, this is often not the case in joint health and wellbeing strategies. Cholesterol is often overlooked and remains a 'Cinderella' risk factor for CVD in these important public health initiatives. It makes a total of 11 recommendations to health and wellbeing boards and policy makers to help address this.

Modelling, evaluating and implementing cost effective services to reduce the impact of stroke

Wolfe C, Rudd A, McKeivitt C. *Programme Grants Appl Res* 2014;2(2)

The team aimed to provide a breadth of information to underpin the implementation of national recommendations for stroke care including an estimation of the risk of stroke, its underlying causes and trends, long term needs and outcomes, risk of recurrence of stroke, user perspectives, and more. The [programme](#) demonstrated that stroke is a very long term condition with persisting consequences for the patient and produced information that led to the development of programmes aiming to improve stroke services nationally. It has provided a sustainable platform for health services research, the maintenance of a unique long-term condition register and opportunities for capacity building in health services research for healthcare professionals and scientists.

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Palliative Care

Specialist palliative care services

A new report from the National Council for Palliative Care and Public Health England indicates that palliative care services in the community are enabling more people being able to die at home. The [National Survey of Patient Activity Data for Specialist Palliative Care Services MDS Full Report for the year 2012-2013](#) shows that nearly half the people receiving specialist palliative care in the community (46.2%) died in their own home, the place where most people say they want to die. This compares with just over one in five (21.8%) nationally.

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Cancer

Use of health and social care by people with cancer

The Nuffield Trust has published [Use of health and social care by people with cancer](#) which presents the results of a study into the primary, secondary and social care use of people diagnosed with cancer. There are estimated to be around two million people living with cancer in the UK, which is now seen as a chronic condition rather than necessarily a fatal illness. This shift has led to a growing focus on survivorship, and on the long-term needs of those living with and after cancer. This research set out to determine how this impacts on the use of health and social care services by using data linkage methods to track the patterns of service use across health and social care in the year after people were diagnosed with cancer.

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Learning Disabilities

Learning disability services

The Care Quality Commission and the Challenging Behaviour Foundation have jointly published [3 Lives: What have we learned, what we need to do](#) report. It highlights the stories of how three young people with learning disabilities and their families were let down by the learning disability services that should have been caring for them. The report concludes that the quality of provision of care for people with learning disabilities and their families is too variable across England. Services should be community based and person centred, close to family and local contacts, and

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families should not be excluded from decisions about care. The report outlines actions that Care Quality Commission and others have committed to take in order help people in the same situation. Progress against these actions will be reviewed in the autumn.

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Mental health

The importance of promoting mental health in children and young people from black and minority ethnic communities

This [briefing](#) looks at the policy framework for mental health service provision and provides examples of existing practice which promote mental health for BME children and young people. It also highlights the impact of poor or incomplete data on commissioning and provision of mental health services for BME children and young people. It looks at specific factors that put children and young people from BME communities at risk of developing mental health problems as well as protective factors that can help build resilience.

Lester Tool: cardio and metabolic health assessments for people with mental illness

NHS England has launched a new tool, [The Lester Tool](#), which is intended to help frontline staff make assessments of cardiac and metabolic health, helping to cut mortality for people with mental illnesses. The Lester Tool is a summary poster to guide health workers to assess the cardiometabolic health of people experiencing psychosis and schizophrenia, enabling staff to deliver safe and effective care to improve the physical health of mentally ill people.

Mental Health Dementia and Neurology Intelligence Network

Public Health England has launched a new health intelligence network [Mental Health Dementia and Neurology Intelligence Network](#). The network analyses information and data and turns it into health intelligence for commissioners, policy makers, clinicians and health professionals to improve services, outcomes and reduce the negative impact of mental health, dementia and neurology problems. It consists of four pilot profiling tools covering: common mental health disorders; severe mental illness (including psychosis); community mental health profiles (updated from last year's publication); and neurology (emergency admissions and epilepsy).

Dementia-friendly technology charter / Dementia drugs

NHS England's National Clinical Director for Dementia has welcomed the [Alzheimer's Society launch of its dementia-friendly technology charter](#) helping people with dementia live at home for longer. The charity has created a guide improving access to life-changing technology including products and home modifications. The [Dementia-friendly technology charter](#) provides guidance to health, housing and social care professionals on how to make technology work for people based on their individual needs.

Assessment and treatment of dementia in older adults

A [systematic review](#) finds that brief cognitive assessment tools can adequately detect early dementia, but whether interventions for mild cognitive impairment or early dementia have a clinically significant effect is unclear.

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Other

Public Health England knowledge strategy

Public Health England has published [Knowledge strategy: harnessing the power of information to improve the public's health](#). This strategy provides a framework within which knowledge from data, research and experience can be used to best inform public health decision-making. The strategy addresses the entire knowledge lifecycle from understanding the requirements of those who are using public health knowledge, through to what technologies Public Health England will use to disseminate it. It concentrates on openness, transparency and partnership working to deliver the best available knowledge to the right people at the right time.

Smaller hospitals have a future in the NHS

A new report from Monitor suggests small district general hospitals can thrive but the way services are provided to local patients must change to guarantee quality care. [Facing the future: smaller acute providers](#) found no clear evidence that smaller acute hospitals performed any worse clinically than larger counterparts. The analysis of a variety of clinical measures found no systematic evidence of poorer quality in small hospitals and found only a limited effect of size on financial performance, but this is likely to become more important in the future.

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