



Contents

[Urgent & Emergency care](#)

[Palliative Care](#)

[Healthcare Management](#)

[Older people](#)

[Commissioning](#)

[Mental health](#)

[Obesity & Diabetes](#)

[Other](#)

Urgent & Emergency care

Out-of-hours GP services in England

The National Audit Office has published [Out-of-hours GP services in England](#). It finds that although some parts of the NHS in England are achieving value for money for their spending on out-of-hours GP services, this is not the case across the board. The report highlights that the number of cases handled by out-of-hours GP services has fallen significantly, from an estimated 8.6 million in 2007-08 to 5.8 million in 2013-14. This is partly because of the introduction of the NHS 111 telephone service. The National Audit Office estimates that out-of-hours GP services also cost less now, in real terms, than they did in 2005-06, but NHS 111 makes cost comparisons difficult.

The future for acute and emergency care

[Acute and emergency care: prescribing the remedy](#) is a new report co-authored jointly by the College of Emergency Medicine, Royal College of Paediatrics and Child Health, Royal College of Physicians and Royal College of Surgeons. The report sets out a way forward for improving the delivery and funding of urgent and emergency care. It sets out 13 recommendations for Government, national bodies, commissioners, providers, professional bodies and clinicians, to take forward at local and national levels. The Colleges believe implementing these measures will help build an urgent and emergency care system that is sustainable and resilient to cope with future service demands.

GoodSAM app: improving patient survival rates

A smartphone app has been developed that aims to help doctors improve patient survival rates during medical emergencies. The [GoodSAM app](#) intends to alert those with medical training to nearby emergencies so that potentially life-saving interventions can be given before the arrival of emergency services. The service works in a similar way to the Hailo taxi service app. Once an alert has been raised, registered responders located to within a few hundred metres of the incident are alerted and asked if they can attend.

Experiences of 'Hear and Treat' services

The Care Quality Commission has released details of a survey in which almost 3,000 people gave their views of ['Hear and Treat' services](#), a '999' service in which trained call handlers give medical advice over the telephone to avoid ambulances and paramedics being sent out when they are not needed. The survey asked people, amongst other

things, whether they felt reassured by staff, whether they were treated with dignity and respect, whether they understood the advice given to them and whether they received an explanation if an ambulance was not sent out.

Access to general practice and visits to A&E survey

An Imperial College London study, published in the British Journal of General Practice, has concluded that a large number of A&E attendances are likely to be preceded by unsuccessful attempts to obtain convenient general practice appointments in England each year. The authors of [Access to general practice and visits to accident and emergency departments in England: cross-sectional analysis of a national patient survey](#) suggest more research is needed to understand the issue and that "a solution may not be as 'automatic' as improving access to general practice".

[Back to top](#)

Healthcare Management

Dalton Review consultation

The Head of the Dalton Review is asking for contributions to the [Dalton Review into new options for providers of NHS care](#). This independent review will examine the potential benefits that different forms of organisation can offer the NHS as well as the barriers to introducing them. A Dalton review website has been established and is open for comments until 31 August. In order to generate the evidence and recommendations for the review, they are seeking information and insight about organisational forms for providers of NHS care: what works best, and what changes are needed to improve the delivery of services.

Making integration happen

The NHS Confederation and the Local Government Association (LGA) has published [All together now: making integration happen](#). This report sets out the case for change, a shared vision for integration and the action Government needs to take to make real and sustainable progress. It also identifies what the NHS Confederation and the LGA will do in partnership to support local system leaders to drive forward local plans for integration.

Safe nursing staffing guidance

NICE has published new guidance [Safe staffing for nursing in adult inpatient wards in acute hospitals](#) (SG1). This guideline covers safe staffing for nursing in adult inpatient wards in acute hospitals. It recommends a systematic approach at ward level to ensure that patients receive the nursing care they need, regardless of the ward to which they are allocated, the time of the day, or the day of the week. The guideline identifies organisational and managerial factors that are required to support safe staffing for nursing, and makes recommendations for monitoring and taking action if there are not enough nursing staff available to meet the nursing needs of patients on the ward.

Improving NHS care by engaging staff and devolving decision-making

The King's Fund has published [Improving NHS care by engaging staff and devolving decision-making](#). This report details the conclusions of the Review of Staff Engagement and Empowerment in the NHS, commissioned by the Minister for Care and Support in November 2013. The review found compelling evidence that NHS organisations with high levels of staff engagement – where staff are strongly committed to their work and involved in decision-making – deliver better quality care. These organisations report: lower mortality rates; better patient experience; and lower rates of sickness absence and staff turnover.

Medical engagement

The Kings Fund has published [Medical engagement: a journey not an event](#). This report builds on earlier work from The King's Fund on medical leadership and asks what is good medical engagement; and where it does exist, how has good medical engagement been created and sustained? It is based on case studies of four NHS trusts with

acknowledged high levels of medical engagement. It aims to help other organisations that are seeking to create cultures in which doctors want to engage more in the management, leadership and improvement of services.

Closing the Gap through Changing Relationships

The Health Foundation has published [Closing the Gap through Changing Relationships: evaluation an independent evaluation of the programme](#). The closing the gap through changing relationships programme was launched in 2010. The programme funded seven projects, which aimed to change one or more of three types of relationships: between the individual using a service and those who work in healthcare provision, between people using services and the wider healthcare system and between communities and the wider healthcare system. This is the report of the programme evaluation carried out by the Office for Public Management. The evaluation found that changing relationships is about fundamental change and requires an explicit and sustained focus. It is not something that can simply be articulated or aspired to and then left to happen on its own.

Improved access to primary care

The Nuffield Trust has published [Meeting need or fuelling demand? Improved access to primary care and supply-induced demand](#). This briefing looks at clinical practice in direct access primary care that stimulates additional use of other services. It considers the role that service providers can play in modifying supply-induced demand, and whether it is possible to alter patient's behaviour and demand for different forms of primary care services.

[Back to top](#)

Commissioning

GP contract variation kicks off co-commissioning

National and local commissioners of primary care in Oxfordshire are uniting to [co-commission services](#) with the aim of reducing unplanned hospital admissions and improving case management planning. Oxfordshire Clinical Commissioning Group and NHS England are investing more than £4.1m in a local improvement scheme that will involve a variation to the national GP contract. The package is intended to help practices achieve the unplanned admissions directly enhanced service and address local priorities.

Using social media in NHS commissioning

The NHS Employers organisation has published [Using social media in NHS commissioning](#). This briefing explores three ways in which NHS commissioners can use social media in their day-to-day roles.

[Back to top](#)

Obesity and Diabetes

Statins and the Risk of Diabetes: Evidence From a Large Population-Based Cohort Study

[Diabetes Care](#). 2014 Jun 26

This Italian [study](#) (n=115,709 newly treated with statins) found that in a real-world setting, the risk of new-onset diabetes rises as adherence with statin therapy increases, but the benefits of statins in reducing cardiovascular events clearly overwhelm the diabetes risk.

[Back to top](#)

Palliative Care

End of life care review

A [review of choice in end of life care](#) has been launched to make sure adults at the end of life, their carers and family have more choice. The review will be undertaken by an independently-led programme board chaired by the Chief Executive of the National Council for Palliative Care. It is part of the government's commitment to increasing choice in end of life care and will look at a variety of different aspects including what people want, the support they need and the services required to make choice a reality.

[Back to top](#)

Older People

Commissioning home care for older people

The Social Care Institute for Excellence has published [SCIE guide 54: Commissioning home care for older people](#). This guide captures the latest research findings on this important and emerging area of social care. It also provides some practice examples of good work in this area. The guide is aimed at health and social care commissioners of home care services for older people with complex needs. Providers of these care services may also find it useful.

[Back to top](#)

Mental health

Mental health atlas of variation

CentreForum has published [The CentreForum atlas of variation: identifying unwarranted variation across mental health and wellbeing indicators in England](#). This report which highlights unwarranted or preventable variations in the mental health and wellbeing of England's population. It focuses on differences in people's circumstances and access to services.

One in three cases of Alzheimer's potentially preventable

Research published in The Lancet Neurology has found that a third of Alzheimer's disease cases worldwide can be attributed to risk factors that can be potentially modified, such as lack of education and physical inactivity. [Potential for primary prevention of Alzheimer's disease: an analysis of population-based data](#) found that incidence might be reduced through improved access to education and use of effective methods targeted at reducing the prevalence of vascular risk factors (eg, physical inactivity, smoking, midlife hypertension, midlife obesity, and diabetes) and depression.

Gaps in UK maternal mental health services

Maps highlighting the gaps in specialist perinatal mental health services provision have been published by the Maternal Mental Health Alliance to mark the launch of its [Everyone's business campaign](#). Pregnant women and new mothers across almost half of the UK do not have access to such services potentially leaving them and their babies at risk. The Alliance of professional bodies, patient organisations and charities, is warning that women who develop a perinatal mental illness are missing out on essential and potentially lifesaving care.

Commissioning primary care mental health services

NHS London Strategic Clinical Networks has published [A commissioner's guide to primary care mental health - Strengthening mental health commissioning in primary care: Learning from experience](#). This report aims to support clinical commissioners to champion effective primary care mental health services. It contains case studies which are designed to be a useful resource to assist and enable readers to make positive changes in primary care mental health, benefiting their local population mental health care needs.

Making mental health count

The Centre for Health Economics has published [Making mental health count: the social and economic costs of neglecting mental health care](#). This book addresses the high cost of mental illness, weaknesses and innovative developments in the organisation of care, changes and future directions for the mental health workforce, the need to develop better indicators for mental health care and quality, and tools for better governance of the mental health system.

Young people's wellbeing in primary care

The Mental Health Foundation has published [How to promote young people's wellbeing in primary care](#). This guide has been designed to help GPs and other primary care practitioners develop practice that is young person friendly, and better identify and address the mental health needs of the young people who come to see them.

Approach to loneliness evaluation report

The Joseph Rowntree Foundation has published [Can a neighbourhood approach to loneliness contribute to people's well-being?](#) The Neighbourhood approaches to loneliness programme looked at reducing loneliness in four differing areas in York and Bradford over 3 years. This evaluation report highlights the impact of loneliness on individuals and communities, and lessons for similar programmes. It aimed to help people talk about loneliness in themselves and in their communities, what caused this, and what solutions they might identify and implement.

[Back to top](#)

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