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## Urgent & Emergency care

### Accident and Emergency attendances

The Nuffield QualityWatch programme, in partnership with the Health Foundation has published [Focus on: A&E attendances why are patients waiting longer](#). The report looks at patterns of A&E activity, the nature of the increased demand and what has driven waiting times upwards. The findings raise questions about whether A&E has reached maximum capacity and what options the NHS has to address the situation.

### Delayed hospital discharges research

The Centre for Health Economics has published a research paper [Testing the bed-blocking hypothesis: does higher supply of nursing and care homes reduce delayed hospital discharges?](#) The paper investigates the extent to which higher supply of nursing home beds or lower prices can reduce hospital bed blocking. Using new Local Authority level administrative data from England on hospital delayed discharges in 2010-13, the results suggest that delayed discharges do respond to the availability of care-home beds but the effect is modest: an increase in care-homes bed by 10% (250 additional beds per Local Authority) would reduce delayed discharges by about 4%-7%. The paper also finds strong evidence of spillover effects across Local Authorities: higher availability of care-homes or fewer patients aged over 65 in nearby Local Authorities are associated with fewer delayed discharges.

### Reducing emergency department attendance

The University of Bristol has published [Primary care factors and unscheduled secondary care: a series of systematic reviews](#). The report has been compiled by researchers from the university's Centre for Academic Primary Care who looked at evidence from studies around the world. It highlights that attendances at emergency departments could be reduced by enabling patients to see the same GP every time they visit their doctor's surgery. The report also focuses other factors that affected admission and attendances at emergency departments these include: how easy it is for patients to access GP surgeries and primary care providers; the distance the patients live away from the emergency department; and the number of confusing options patients had for accessing emergency care. The research, published in the open access journal BMJ Open, was carried out in collaboration with the Universities of Manchester, Oxford and UCL.

## **Improving discharge processes can have a significant impact on readmission rates.**

A 30 bed unit in a rural hospital in the US used a [standardised quality improvement toolkit](#) to improve discharge planning. This involved better discharge documentation and care transitions. Data from 336 patients discharged over a four-month period were analysed. Readmissions reduced by 27% from baseline. Patients and families had a positive perception of the discharge process.

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## **Healthcare Management**

### **Urgent and emergency care workforce briefing**

The NHS Confederation has published a briefing which brings together the learning from two workshops which explored how to develop a more flexible, integrated workforce to deliver urgent and emergency care. [A workforce fit for the future: working together to improve the delivery of urgent and emergency care](#) is intended as a reference document, providing an overview of existing programmes designed to deliver workforce changes at system level and practical examples of their implementation. It also offers some useful recommendations to national bodies involved in workforce design, planning and training on how to accelerate and better align their initiatives.

### **Collaboratives in health care**

The Health Foundation has published [Improvement collaboratives in health care](#). Collaboratives have been used as an improvement approach in health care for the past 20 years or so, but with mixed results. In the NHS, collaboratives have been proposed as a potential vehicle for change so it is important to ensure that the design of these initiatives makes the best use of evidence about what works to enable a successful collaborative approach. This latest evidence scan report addresses the questions:

- are collaboratives effective for improving the quality of health care?
- what factors may be associated with success?

### **Freedom to speak up: whistleblowing review**

An independent review into whistleblowing has been launched by Sir Robert Francis, QC. The review, [Freedom to speak up](#), is to look at creating an open and honest reporting culture in the NHS. Staff are asked to contribute their experiences, both good and bad, of raising concerns in the NHS. In particular the review would like to hear from: NHS workers who have successfully raised concerns at work as well as those who have felt deterred from doing so; people who have supported colleagues who have raised concerns; those who say they have suffered detriment as a result of raising legitimate concerns, or supporting others who have raised concerns; employers, trade unions, professional and system regulators and professional representative bodies; and organisations who support those who raise concerns. Views should be submitted by 16 September 2014 and the final report will be published by the end of November.

The General Medical Council has also launched a [review of how it deals with doctors who raise concerns in the public interest](#). It will look at how doctors who raise concerns are currently treated by the GMC and how best they might be supported in future.

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## **Cardiovascular Disorders**

### **Cardiovascular disease profiles**

Public Health England's National Cardiovascular Intelligence Network (NCVIN) has published its first cardiovascular disease profile for each of the 211 CCGs in England.

The [profiles](#) highlight important facts about these conditions and include information on the leading risk factors such as smoking and obesity.

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Following the recommendations of the cardiovascular disease outcomes strategy to treat coronary heart disease, diabetes, kidney disease and stroke as a single family of conditions, the profiles bring together information about each of these.

### **Blood pressure-lowering treatment based on cardiovascular risk: a meta-analysis of individual patient**

The Lancet

[Meta-analysis](#) (11 trials; n=51,917) found that blood pressure-lowering drugs provide a similar relative benefit across different strata of predicted cardiovascular risk with progressively greater absolute risk reductions as baseline risk increases.

### **Behavioral Counseling to Promote a Healthy Lifestyle in Persons With Cardiovascular Risk Factors: A Systematic Review for the U.S. Preventive Services Task Force**

Annals of Internal Medicine

This [analysis](#) found intensive lifestyle counselling in persons with cardiovascular risk factors reduced total cholesterol (by an average of 0.12 mmol/L), LDL-C (0.09 mmol/L), systolic BP (2.03 mmHg), diastolic BP (1.38 mmHg), fasting glucose (0.12 mmol/L) and diabetes incidence.

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## **Obesity and Diabetes**

### **Social networks can support self-management**

The influence of social networks on self-management support: a metasynthesis.

Vassilev I, Rogers A, Kennedy A, Koetsenruijter J.

BMC Public Health. 2014 Jul;14(1):719.

Reviewers from England examined how social networks can be used to support [diabetes management](#). Three bibliographic databases were searched for qualitative studies published between 2002 and November 2013. Twenty-five studies were included. Social networks could support diabetes management by sharing knowledge and experiences and helping people access resources. To use social networks effectively to support self-management it was important to identify and connect with relevant resources in a network; examine relationships, roles, expectations and communication between network members; and develop capacity to self-manage through shared effort, beliefs, influence, perseverance and objectives.

### **Bariatric surgery for obesity and metabolic conditions in adults**

British Medical Journal

This [review](#) summarises recent evidence related to the safety, efficacy, and metabolic outcomes of bariatric surgery to guide clinical decision making.

### **London's diabetes care pathway: commissioning recommendations for psychological support**

NHS London Strategic Clinical Networks

This [document](#) provides guidance on emotional and psychological support on the London diabetes care pathway. It uses information gathered from discussions with professionals and patients, and from surveys about local provision.

### **Adult obesity and diabetes**

Public Health England has published [Adult Obesity and type 2 diabetes](#). The paper provides an overview of obesity and type 2 diabetes among adults, describing the epidemiology of each disorder, how the 2 conditions are linked and why they present a major public health challenge. Latest available data and evidence illustrate prevalence trends in both obesity and diabetes at a national and local level as well as the potential implications in terms of health consequences, inequalities and cost.

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## Older People

### Mobile phone apps support self-management in older people

Williams V, Price J, Hardinge M, Tarassenko L, Farmer A.

Using a mobile health application to support self-management in COPD: a qualitative study.

British Journal of General Practice. 2014 Jul;64(624):e392-e400

Older people are able to use mobile telephone apps to help them interpret clinical data and support self-management. Researchers from England explored how older people with chronic obstructive pulmonary disease used a mobile telehealth application to support self-management. Nineteen people aged between 50 and 85 years were interviewed before using the app and again after six months. Participants did not have any difficulty using the app. They thought it helped to increase their awareness of the variability of their symptoms and provided reassurance through continuity of monitoring.

### Electronic health records support medication safety in older people.

Personal health records: a randomized trial of effects on elder medication safety.

Chrischilles EA, Hourcade JP, Doucette W, Eichmann D, Gryzlak B, Lorentzen R, et al

Journal of the American Medical Informatics Association. 2014 Jul; 21(4):679-686.

This study examined the impact of an online personal health record on medication safety among older people. More than 1,000 people aged 65 and over were randomly assigned to have access to their health records electronically or to receive no intervention. Older adults were interested in tracking their medication information. Half logged on to see their electronic records, but only 16% used the records frequently. After six months, the group with access to their records were less likely to use multiple non-steroidal anti-inflammatory drugs. This was the most common warning generated by the system. Those who used the system more often were more likely to report changes in medication use.

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## Mental health

### Report reveals the future cost of dementia

Public Health England

A [report](#) from the Centre for Economics and Business Research estimates that dementia caring obligations will cost businesses more than £3 billion by 2030, as the number of those living with the condition is set to rise to 1.09 million.

### Manifesto for better mental health

Six mental health organisation have produced a manifesto laying out what the next Government must to improve the lives of people with mental health problems. Rethink Mental Illness, Centre for Mental Health, Mental Health Foundation, Mental Health Network, Mind and the Royal College of Psychiatrists have published [A manifesto for better mental health](#) which sets out straightforward, practical changes that a future Government could make in order to ensure mental and physical health are valued equally. The five key priorities for action are: fair funding for mental health; give children a good start in life' improve physical health care for people with mental health problems; improve the lives of people with mental health problems; and better access to mental health services.

### Programme to improve the safety of patients

NHS Improving Quality is to coordinate a [new national programme](#) aimed at improving the safety of patients, and to ensure continual patient safety learning sits at the heart of healthcare in England. The programme will see 15 Patient Safety Collaboratives created, led by Academic Health Sciences Networks to tackle the leading causes of avoidable harm to patients. The collaboratives will empower local patients and healthcare staff to work together to identify

safety priorities and develop solutions. These will then be implemented and tested within local healthcare organisations.

### **Smartphone apps may help reduce health service costs**

Cano Martín JA, Martinez-Perez B, de la Torre-Diez I, Lopez-Coronado M.

Economic impact assessment from the use of a mobile app for the self-management of heart diseases by patients with heart failure in a Spanish region.

Journal of Medical Systems 2014 Jul; 38(9).

Researchers from Spain examined the cost-effectiveness of a [smartphone app](#) to support self-management among people with heart failure. Analysis of health service use costs found that introducing the app as a standard part of care may reduce costs by 33%.

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