What’s New? is a current awareness bulletin for staff working within clinical and non-clinical environments, it brings together the latest guidelines/standards/appraisals, reports and reviews to keep staff up to date.

It is available online at https://www.midyorks.nhs.uk/whats-new

For more information and/or to provide feedback please contact Helen Rotherforth Librarian

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NEW LIBRARY RESOURCES

Here are some of the latest print books added to library stock. You can see the full list of new books at midyorks.nhs.uk/keeping-up-to-date or you can search the library catalogue at http://midyorks.nhslibraries.com/.

Disclaimer

While we make every possible effort to ensure that the information in this publication is accurate and up to date at the time of publishing, we do not accept any responsibility for errors or omissions. Nor do we accept any responsibility for loss or damage resulting from making use of this information. Hypertext links to third party websites are provided for the convenience of users and we in no way endorse the contents, views or information held on such sites.
NICE GUIDELINES

Developmental follow-up of children and young people born preterm [NG72]

This guideline covers:

- the developmental follow-up of babies, children and young people under 18 years who were born preterm (before 37+0 weeks of pregnancy) AND
- explains the risk of different developmental problems and disorders, AND
- specifies what extra assessments and support children born preterm might need during their growth and development.

This guideline includes recommendations on:

- information and support for parents and carers
- risk and prevalence of developmental problems and disorders
- how to conduct enhanced developmental support and surveillance, who should have it, and who should provide it
- neonatal audit

LINK TO GUIDANCE

CLINICAL GUIDELINES

Fever in under 5s: assessment and initial management [CG160 UPDATED]

This guideline covers:

- the assessment and early management of fever with no obvious cause in children aged under 5 AND aims to:
  - improve clinical assessment and help healthcare professionals diagnose serious illness among young children who present with fever in primary and secondary care.

Recommendations were added to cross-refer to the NICE guideline on sepsis: recognition, diagnosis and early management. Recommendation 1.4.3.3 was added to highlight that clinicians should not use a response to antipyretic therapy alone as a means to differentiate between serious and non-serious infection.

Footnotes were added at 1.2.2.10 and Table 1 to highlight that some vaccinations have been found to induce fever in children younger than 3 months.

This guideline includes recommendations on:

- thermometers and the detection of fever
- clinical assessment of children with fever
- management by remote assessment
- management by non-paediatric practitioners
- management by paediatric specialists
- antipyretic interventions
- advice for home care

LINK TO GUIDELINE
Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition [CG32 UPDATED]

This guideline covers:

- identifying and caring for adults who are malnourished or at risk of malnutrition in hospital or in their own home or a care home
- advice on how oral, enteral tube feeding and parenteral nutrition support should be started, administered and stopped
- support for healthcare professionals in identifying malnourished people and helps them to choose the most appropriate form of support

Recommendations 1.3.4 and 1.8.15 were updated, Recommendation 1.7.17 was also updated and links added to National Patient Safety Agency documents

This guideline includes recommendations on:

- screening for malnutrition and the risk of malnutrition
- indications for nutrition support
- what nutrition support to give
- monitoring of nutrition support
- oral nutrition support
- enteral tube feeding
- parenteral nutrition

Advanced breast cancer: diagnosis and treatment [CG81 UPDATED]

This guideline covers:

- care and support for people with advanced (stage 4) breast cancer
- helping them and their healthcare professionals make shared decisions about tests and treatments to improve outcomes and quality of life

The evidence for assessing oestrogen receptor (ER) and human epidermal growth factor receptor 2 (HER2) status on disease recurrence was reviewed and the recommendations in section 1.1 were changed.

This guideline includes recommendations on:

- diagnosis and assessment
- providing information and support for decision making
- systemic disease-modifying therapy
- supportive care
- managing complications
Antenatal and postnatal mental health: clinical management and service guidance [CG192 UPDATED]

This guideline covers recognising, assessing and treating mental health problems in women who are planning to have a baby, are pregnant, or have had a baby or been pregnant in the past year.

It covers depression, anxiety disorders, eating disorders, drug- and alcohol-use disorders and severe mental illness (such as psychosis, bipolar disorder and schizophrenia). It promotes early detection and good management of mental health problems to improve women’s quality of life during pregnancy and in the year after giving birth.

Updates added to recommendations 1.2.3, 1.4.27, 1.4.28 and 1.4.29 with a link to the MHRA toolkit on the risks of valproate medicines in female patients. Recommendation 1.8.23 now links to the NICE guideline on violence and aggression. Footnotes were also added to recommendations 1.4.17 and 1.9.9 advising people that the UK Drugs in Lactation Advisory is available as an additional resource when seeking advice about specific drugs. LINK TO GUIDELINE

HIGHLY SPECIALISED TECHNOLOGIES GUIDANCE

Highly specialised technology (HST) evaluations are recommendations on the use of new and existing highly specialised medicines and treatments within the NHS in England.

Asfotase alfa for treating paediatric-onset hypophosphatasia

LINK TO GUIDANCE

TECHNOLOGY APPRAISALS

Technology appraisals are recommendations on the use of new and existing medicines and treatments within the NHS.

Titles

- Alendronate, etidronate, risedronate, raloxifene and strontium ranelate for the primary prevention of osteoporotic fragility fractures in postmenopausal women
- Alendronate, etidronate, risedronate, raloxifene, strontium ranelate and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women
- Pemetrexed for the maintenance treatment of non-small-cell lung cancer
- Cabozantinib for previously treated advanced renal cell carcinoma
- Bisphosphonates for treating osteoporosis
- Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma
- Baricitinib for moderate to severe rheumatoid arthritis
- Holoclar for treating limbal stem cell deficiency after eye burns

LINK TO AUGUST 2017 TECHNOLOGY APPRAISALS
MEDTECH INNOVATION BRIEFINGS

Medtech innovation briefings (MIBs) are NICE advice, designed to support NHS and social care commissioners and staff considering using new medical devices and other medical or diagnostic technologies.

Titles

- VEST external stent for coronary artery bypass grafts
- Urethrotech UCD for difficult or failed catheterisation
- Biopatch for venous or arterial catheter sites

ROYAL COLLEGES AND PROFESSIONAL BODIES

Royal College of Emergency Medicine

Frequent Attenders in the Emergency Department [GUIDELINE]

This guideline has been developed for Emergency Department clinicians and managers

SUMMARY

- Patients who attend ED frequently should be treated with the same care and respect as other patients.
- ED’s should have a method of identifying ‘Frequent Attenders’ to their department. This may consist of a data trawl or staff identifying patients who they think need input in the form of a care plan, liaison with specialties or case management.
- Patients may benefit from a bespoke ED care plan. A plan may be used to give consistent care, improve analgesia, manage risk, or reduce unnecessary investigations.
- Patients should be given the opportunity to be involved in the production of their care plans and be given a copy of the plan wherever possible.
- Case management for Frequent Attenders may be helpful to identify unmet needs for patients and get other services involved in a patient’s ongoing care.
- Multidisciplinary case conferences are recommended to improve engagement with community services and they are also helpful to manage risk for patients with risky behaviour

Paediatric Trauma - Stabilisation of the Cervical Spine [position statement]

Position Statement on 2017/18 CQUIN to reduce attendances by Frequent Attenders and Mental Health Attendances
The National Maternity and Perinatal Audit is led by the Royal College of Obstetricians and Gynaecologists (RCOG) in partnership with the Royal College of Midwives (RCM), the Royal College of Paediatrics and Child Health (RCPCH) and the London School of Hygiene and Tropical Medicine (LSHTM).

This report describes the organisation of maternity and neonatal services in England, Scotland and Wales.

**Summary findings**

**Maternity and neonatal care settings**

- Maternity and neonatal service configuration is subject to constant change, with half of NHS trusts and boards reporting planned or anticipated changes in the next 3 years. There has been a steady increase in the number of alongside midwife-led units, which quadrupled during the last decade. Two thirds of British obstetric units are now co-located with an alongside midwife-led unit.

- A fifth of trusts and boards offer the full range of birth settings (home, freestanding midwife-led unit, alongside midwife-led unit and obstetric unit) and three quarters offer homebirth, at least one of the midwife-led unit types, and obstetric units.

**Availability of services and facilities**

- Maternity and neonatal services are organised in many different ways and ‘typical’ maternity units do not appear to exist, which may reflect services responding to local needs. More than four fifths of trusts and boards are involved in a maternity network and two thirds in a perinatal mental health network.

- Nearly all trusts and boards use an electronic maternity information system to record the care of women and babies but half report that this was not fully accessible to community midwives and only a tenth report that women themselves have access to their electronic maternity record.

- Nearly all trusts and boards conduct multiprofessional team training for emergency situations involving mothers and babies.

- The number of planned community postnatal contacts for healthy women and babies ranges from 2 to 6 between different maternity services. Many services are taking measures to put women and their families at the centre of care, but these are not universal.

- Fewer than two thirds of sites with a neonatal unit provide transitional care for babies who need some additional support, either on a postnatal ward or on a dedicated transitional care ward.

**Maternity and neonatal services staffing**

- There is variation in staffing provision, reflecting differences in staffing models and the absence of clear national standards for midwifery and obstetric staffing across the antenatal, intrapartum and postnatal care periods. The level of continuity of carer that maternity services perceive they provide is low, regardless of how midwifery care is organised.
...Conclusion

- The NMPA organisational survey results reveal the extent to which some of the key themes of recent and longstanding national policies have or have not been implemented.
- With a second NMPA organisational survey due in 2019, they serve as a baseline at the start of a period of considerable change and provide an opportunity to identify barriers to the implementation of recommendations, examine organisational factors in association with clinical outcomes and develop additional standards to benefit women and babies. [LINK TO REPORT]

Royal College of Physicians

Positive changes to the format of the MRCP(UK) Part 2 written examination from 2018

MRCP(UK) have announced that the Part 2 written examination will move to a single day format from the beginning of 2018. The examination will consist of two 3-hour papers, each with 100 questions.

The change aims to bring benefits to trainees and the health service, by reducing the cost and time of releasing candidates to sit the examination. [Visit the MRCP(UK) site for more information]

Royal College of Nursing

Termination of Pregnancy An RCN nursing framework

This guidance has been produced to support registered nurses and midwives working within the NHS and independent sectors.

It considers the Abortion Act 1967 as amended by the Human Fertilisation and Embryology Act 1990 and is mainly related to the care of women undergoing termination of pregnancy under section 1(1) (a) of the Abortion Act 1967, which allows termination on the following grounds:

- that the pregnancy has not exceeded its twenty fourth week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family
- that the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman
- that the continuance of the pregnancy would involve risk to the life of the pregnant woman, greater than if the pregnancy were terminated
- that there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

This framework aims to:

- provide accurate and current information
- improve the knowledge base about termination of pregnancy care
- promote best practice
- empower nurses and health care professionals to develop their roles within termination of pregnancy care
- protect the public by identifying relevant legislation and standards of care. [LINK TO GUIDANCE]
The Student Money Guide
This Guide provides comprehensive advice for nursing and midwifery students on funding, benefits and housing as well as tips on saving money and budgeting. [LINK TO GUIDE]

An RCN Toolkit for School Nurses [Supporting your practice to deliver services for children and young people in educational settings]
This RCN toolkit provides school nurses with information, examples of good practice, templates and useful websites to support and develop professional practice. [LINK]

Royal College of Ophthalmologists
CVI [certificate of vision impairment] has been updated – important changes for all ophthalmologists
Working in partnership with The Royal College of Ophthalmologists, RNIB and others, The Department of Health (England) has updated the Certificate of Vision Impairment and revised the Explanatory Notes for consultant ophthalmologists and hospital eye clinic staff in England.
Key objectives have been:
- To simplify the form, collecting only essential information
- To make it easier and quicker for ophthalmologists and eye clinic staff to complete
- To have a single CVI form for both adults and children
- To provide better information to patients and their carers’ [Link to updated information]

Royal College of Paediatrics and Child Health
Position Statement: breastfeeding in the UK August 2017 This statement addresses breastfeeding in the UK; messages and recommendations should not be extrapolated to other populations [LINK]

Royal College of Surgeons
Improving older people's oral health
This report raises concerns about the impact that poor oral health is having on older people’s general health and quality of life. The Faculty estimates at least 1.8 million people aged 65 and over have an urgent dental condition. This report makes a number of recommendations to improve oral healthcare for older people. [LINK]
Exploring the use of the Friends and Family Test in General Practice

The Department of Health commissioned the Policy Innovation Research Unit [PIRU] to investigate whether and how the Friends and Family Test (FFT) contributes to the improvement of services in general practice. The two principal aims were to examine:

- how the collection of the FFT is arranged within general practice; and
- how the FFT quantitative and qualitative data are used by local staff for quality improvement, particularly within the wider context of other approaches to improvement that have been promoted within general practice within the past few years. [LINK TO RESULTS]

NHS Funds Held on Trust Guidance on the acceptance, management and transfer of charitable funds for NHS bodies

The purpose of this guidance is to give an introduction to the general principles determining NHS charities’ trustees’ financial responsibilities, outlining how funds held on trust are handled and managed – including the procedures available for transferring such funds between NHS charity trustees and other bodies. [LINK]

Re-employing staff who receive an NHS pension

This guidance is about staff who have taken their NHS pension scheme (NHSPS) benefits and who now wish to return to work for the NHS, sometimes called ‘retire and return’.

The guidance aims to help employers put in place policies and procedures so that decisions to re-employ staff can be justified in terms of service need and value for money. [LINK]

Minimise transmission risk of CJD and vCJD in healthcare settings [UPDATED]

This guidance produced by the Advisory Committee on Dangerous Pathogens’ Transmissible Spongiform Encephalopathy (ACDP TSE) Risk Management Subgroup aims to help minimise the risk of transmission of CJD and vCJD in healthcare and other work settings. [LINK TO UPDATES]

Care Act statutory guidance minor updates to chapter 22: sight registers [LINK TO UPDATES]

Guidance on overseas visitors hospital charging regulations changes to regulations taking effect from 21 August and 23 October 2017. [LINK TO UPDATES]
Health Education England

Targeted GP Training Proposal including Changes to Extensions to Training: Consultation outcome

This document details the outcomes of the consultation on ‘Targeted GP Training’ and ‘Amending Rules for extensions to training’ run by Health Education England [HEE]. Stakeholders consulted included: the Royal College of General Practitioners, General Medical Council, British Medical Association and Committee of Directors (CoGPED) on proposals to:

- Support doctors from other specialties to enter GP training
- Enable the re-entry to training for those who were progressing in training but were unable to pass one part (out of three) of the MRCGP qualification in the time permitted.
- Increase the extension to GP training

In addition the proposal relating to supporting overseas doctors who need additional training to fulfil the GMCs GP Registration requirements is now being taken forward as a separate proposal. These proposals seek to further address differential attainment in training [LINK TO CONSULTATION]

HEE BLOGS [August]

Reflections of a Transformer in Disguise - a midwife’s journey to transformation and leadership by Gemma Boyd recently appointed HEE Transformation and Leadership fellow [LINK TO HEE BLOGS]

Health Foundation

21 teams selected to put innovative ideas into practice

The Health Foundation has selected 21 new projects to be part of the sixth round of its £1.5 million innovation programme, Innovating for Improvement.

The 21 projects are:

- Listen, Learn and Improve: Using language analysis of patient feedback for near real-time patient benefit—Imperial College Healthcare NHS Trust
- Nurse-led intervention to minimise adverse drug reactions for older adults in care homes - Aneurin Bevan University Health Board
- Partners in birth: Empowering women to achieve physiological birth and reduce interventions - Barking, Havering and Redbridge University Hospitals NHS Trust
- Reducing emergency department crowding through predictive data analytics – flow | ER - Cambridge University Hospitals NHS Foundation Trust
- Physical health dashboard in the psychosis Integrated Practice Unit - Camden and Islington NHS Foundation Trust
- An evidence-based treatment pathway for insomnia in prison: a feasibility study - CareUK
• Developing and evaluating a renal learning health system across inner east London - Clinical Effectiveness Group, Queen Mary University of London
• Providing clear insight into patients’ clinical and social care needs by using combined hospital datasets - East Kent Hospitals University NHS Foundation Trust
• Using marketing automation techniques to improve information delivery and lifestyle change in patients with diabetes and non-diabetic hyperglycaemia - Hammersmith and Fulham CCG
• A quality registry approach to support patient-centred, outcome-focused, cost-effective care in rheumatology - Healthcare Improvement Scotland
• Addressing non-clinical risk in people with long-term conditions and multi-morbidity to improve health outcomes - Liverpool CCG
• Innovative presentation of data to improve service user safety, reduce suicides and inform clinical caseload management - NAViGO Health and Social Care CIC
• A learning health system approach to avoiding acute occupancy crises - NIHR CLAHRC NW London
• Facilitating heroin smokers’ access to existing community COPD services in Liverpool - Royal Liverpool and Broadgreen University Hospitals NHS Trust
• My contraceptive choice - SH:24
• Preparing for surgery: The community pre-habilitation and wellbeing project (the PREP-WELL Project) - South Tees Hospitals NHS Foundation Trust
• Using live operational data and improvement science to help primary care teams deliver better patient care - Tower Hamlets CCG
• Post-Operative Morbidity reporting using Visual Life Adjusted Displays (POM-VLAD) - University College London Hospitals NHS Foundation Trust
• Optimising the treatment of MRSA through the use of computer models to personalise vancomycin dosing - University Hospitals of Leicester NHS Trust
• Online integrated care plan - University Southampton NHS Foundation Trust
• Person-centred care for children with asthma using non-health care community resources: The SCORE Programme - Alder Hey Children’s Hospital NHS Foundation Trust

LINK TO PROJECT INFORMATION

HEALTH FOUNDATION: BLOGS FOR AUGUST 2017

Community health creation in Cliftonville West
Bromley by Bow: listening to communities and shaping public spaces to improve health
Creating a culture of health through new collaboration
People, power and places – the keys to good health
Spending on health: how does the UK compare internationally?

The value of health  LINK TO HEALTH FOUNDATION BLOGS
Institute of Economic Affairs

Smoking And The Public Purse

This discussion paper provides the first estimate of the net effect of smoking on UK taxpayers per annum. Up until now, estimates have used a methodology that typically includes intangible costs, including costs to smokers themselves, while ignoring tangible savings to the state and tax revenues from tobacco duty.  

LINK TO DISCUSSION PAPER

Kings Fund

Developing accountable care systems: lessons from Canterbury, New Zealand

This report examines how the Canterbury health system in New Zealand has moderated demand for hospital care, particularly among older people, by investing in alternative models of provision and community-based services. The transformation has taken more than a decade and required significant investment; this report considers the lessons that the NHS can learn.  

LINK

THE LONG READ

What are the priorities for health and social care?  

ARTICLES

NHS funding and privatisation: the facts

Is the NHS being privatised?

Does the NHS need more money?

Yet more performance ratings for the NHS: new STP ratings are narrowly focused and centrally driven

LINK to Kings Fund articles

BLOGS

Reducing inequalities in health: towards a brave old world?

Great expectations: the changing nature of the public’s relationship with the NHS

Political consensus needed to ensure the future of health and social care  

READ ALL KINGS FUND BLOGS

Local Government Association

Preventing drug related deaths

Drug-related deaths are rising and are a major concern to councils and health partners. Deaths have increased sharply over the past five years and are now at their highest levels since records began, this document contains key statistics relating to drug related deaths; presents the current policy picture; and includes case studies from across UK councils of schemes that have been introduced with the aim of reducing deaths from drug abuse.

In early 2015, in response to the Office for National Statistics (ONS) annual report on drug-related deaths reporting a rise in deaths (ONS 2014), Public Health England convened a national summit with the Local Government Association and DrugScope. The summit was to explore the complex causes behind the rise in deaths and produce practical messages for key decision makers who can help prevent future drug-related deaths. This publication is the culmination of this work.  

LINK TO PUBLICATION
Partnership approaches to improving health outcomes for young people

The case studies in this report set out different approaches to supporting the health of young people. Each case study provides an opportunity to reflect on what made the initiative a success and how this learning can be adapted to work in other areas. LINK

NHS Improvement

General Surgery: GIRFT Programme National Specialty Report

This report examines key aspects of the way general surgery is delivered in NHS England. Drawing on data from the NHS, together with the learning from visiting many NHS provider trusts, it:

- pinpoints areas of variation in general surgical practice, procurement and patient outcomes
- analyses this variation to underpin a series of recommendations that offer opportunities to enhance patients’ experience of care, improve patient outcomes and reduce post-surgical complications, while delivering tangible savings

Its 20 recommendations are spread across five themes - data and performance measurement; procurement; choice, commissioning and care pathways; surgical performance; and efficiency and emergency provision. LINK TO REPORT

Use of Resources: assessment framework

This framework aims to help patients, providers and regulators understand how effectively trusts are using their resources to provide high quality, efficient and sustainable care in line with the recommendations of Lord Carter’s review of Operational productivity and performance in English NHS acute hospitals.

This will involve assessing how financially sustainable trusts are, how well they are meeting financial controls, and how efficiently they use their finances, workforce, estates and facilities, data and procurement to deliver high quality care for patients.

Initially, the approach will focus on acute non-specialist services, due to the availability and quality of data in this area.

As appropriate metrics are developed for specialist acute, ambulance, mental health and community services, they will be included in the framework before introducing Use of Resources assessments to providers of these services.

The principles that underpin the Use of Resources assessment are that it should:

- lead to a focus on better quality, sustainable care and outcomes for patients
- be proportionate, minimising regulatory burden, and draw on existing data collections where possible
- be clear to trusts what information we will look for and what ‘good’ looks like – all data will be made available to all trusts
- promote good practice to aid continuous innovation and improvement
- help us to identify trusts’ support needs through the Single Oversight Framework

LINK TO FRAMEWORK
NHS England

NHS England Patient and Public Voice Partners Policy
This policy sets out how NHS England supports patient and public voice (PPV) partners. These are people who are willing to share their perspective and experience with NHS England to inform health services in a range of ways. PPV partners include patients, service users, carers, families and other members of the public, all of whom have been involved in developing this policy. LINK

NHS Standard Contract Guidance on the Variations Process
This document contains guidance on the process to effect variations to NHS Standard Contracts (full-length and shorter form). It applies both to variations initiated by a party to the Contract and to variations mandated by NHS England (National Variations). LINK
See also Working with our Patient and Public Voice (PPV) Partners – Reimbursing expenses and paying involvement payments (v2) LINK

This guidance provides support for early accountable care organisations (ACOs) and outlines the new contractual framework for ACOs and how to establish the care model in practice.

The update in brief provides:
- a summary of where we are at with the five year forward review, STP’s, ACS’s and ACO’s
- an overview of New models of care
- information on the new contractual framework and the key changes which have been made
- information on how to establish the care model in practice and
- a discussion about planned changes to regulations to support the development of ACOs

LINK TO GUIDANCE

GP numbers set to receive boost as NHS England acts to expand international recruitment
NHS England is to expand the GP workforce with the acceleration of an international recruitment programme. LINK

Shortlist of nine inspirational nominations for Kate Granger Awards
Nine nominees make up the shortlist for this year's Kate Granger Compassionate Care Awards. The finalists were selected from 117 entrants in three award categories. Now in their third year the awards were set up by Kate Granger, the terminally ill doctor who worked tirelessly to raise awareness around compassion in the NHS. LINK
Commissioning policy: Reimbursement of expenses for living donors
This is a policy designed to inform healthcare professionals and commissioning authorities about the principles and processes that underpin financial reimbursement for living organ donors. [LINK]

Specialised Commissioning – Specialised Services Quality Dashboards [GUIDANCE]
Specialised Services Quality Dashboards (SSQD) are designed to provide assurance on the quality of care by collecting information about outcomes from healthcare providers. They are a key tool in monitoring the quality of services, enabling comparison between service providers and supporting improvements over time in the outcomes of services commissioned by NHS England [LINK]

Delivering high quality end of life care for people who have a learning disability
This guidance provides resources and tips for commissioners, service providers and health and social care staff providing, or delivering care to people with a learning disability at the end of their lives. [LINK]

Integrated Support and Assurance Process
These documents describe the integrated NHS England and NHS Improvement process for supporting commissioners and providers looking to procure and bid for complex contracts. [LINK]

NHS Employers

Improved staff engagement CASE STUDY – Imperial College Healthcare NHS Trust
This study looks at how this NHS Trust has significantly improved staff engagement levels using new and innovative methods. Through engaging with staff to understand more about how they are feeling at work, engagement levels have improved from the 2015 score of 3.71 to 3.8 in 2016 [LINK TO CASE STUDY]

Improving new starter turnover
In this study, this NHS Foundation Trust worked to improve experiences of staff in their first year of employment. The trust improved the overall on-boarding experience including starting induction before day one in the role and introducing an online portal for new starters, along with the benefits and the challenges of doing so. This work has resulted in an improvement in new starter turnover of nearly 20 per cent. [LINK TO CASE STUDY]

Using data to improve nurse turnover
Staff from Buckinghamshire Healthcare NHS Trust used data to reduce nurse turnover by 2 per cent and the costs relating to recruitment of temporary and agency staff. Along with the knowledge that the trust had high nurse turnover, staff reviewed additional data to better understand the needs of the nursing workforce, and how this correlated with nurses’ reasons for leaving. This informed an action plan with key priorities to make improvements. [LINK TO CASE STUDY]

Re-employing staff who receive an NHS pension
This guidance is about staff who have taken their NHS pension scheme (NHSPS) benefits and who now wish to return to work for the NHS. This is sometimes called ‘retire and return’. It aims to help employers put in place policies and procedures so that decisions to re-employ staff can be justified in terms of service need and value for money [LINK TO GUIDANCE]
**NHS Providers**

**The rise of delayed transfers of care**

**Key points**

- Since 2014/15 the number and rate of delayed transfers has been consistently and rapidly rising
- Despite current national and local focus on tackling delayed transfers of care (DTOCs), there are few signs of sustainable improvement this financial year (2017/18)
- Acute providers have the highest number of DTOCs, but the providers with the highest percentage of their beds occupied by DTOCs are in the community sector
- Delays due to social care are rising faster than delays where the NHS is responsible: since April 2014 NHS delays have increased around 25%, whereas social care delays are up by 130%.
- In May 2017 there were over three times as many delayed days due to “patients awaiting a care package in their own home” than in April 2014.
- The NHS has been asked to bring down the DTOC level to 3.5%, but the sector has not achieved this since the first quarter of 2014/15
- Efforts to tackle the problem of DTOCs need to take a whole-system approach. This is in line with the views of frontline leaders in our recent report that there is a lack of capacity across all parts of the system. [LINK TO BRIEFING]

**Provider Voices: Where next for commissioning?**

This is the first publication in a new series which promotes the views of leaders from a range of trusts and other parts of the service, it includes eight interviews addressing the role of sustainability and transformation partnerships (STPs) and accountable care systems (ACSs), the challenge of integrating health and care commissioning, and the future of the purchaser-provider split [LINK TO REPORT]

**Healthwatch**

**Life in a care home, what’s it really like?**

Between January 2016 and April 2017, 197 care homes across 63 different local authority areas were visited to find out what day to day life is really like for many of those living in care homes.

This research identified three clear themes:

- Quality of care varies between homes, but also within the same home
- Good care homes meet all people’s health and care needs, in a joined up way
- The best services recognise they are people’s homes [LINK TO REPORT]

**Institute for Fiscal Studies**

**Divided by choice? Private providers, patient choice and hospital sorting in the English National Health Service**

This study examines the impact of the NHS reforms of the 2000s which enabled privately-owned hospitals to enter the NHS market. It finds that post-reform, poor and ethnic minority patients were much less likely to choose private hospitals; and that the key factors in choice related to the geographic distribution of hospitals and health-based criteria for treatment from private providers. [LINK TO STUDY]
Nuffield Trust

Primary Care Home: Evaluating a new model of primary care

This report evaluates the Primary Care Home model [PCH]

Key points raised by the evaluation included:

- Participating in the primary care home programme had strengthened inter-professional working between GPs and other health professionals, and stimulated new services and ways of working tailored to the needs of different patients

- Policy-makers must accept that these new working relationships will take time to establish, as widespread service change requires support from people at all levels and across organisational boundaries.

- Developing the PCH model needs significant investment in time, money and support to enable change: as well as the £40,000 start-up grant, all of the rapid test sites in the study channelled further money and/or professional time into the PCH. Additional funding for general practice will need to be balanced with investment in the kinds of at-scale multidisciplinary work underway in PCH sites.

- The complex external context in which PCHs are emerging – particularly with the development of Sustainability and Transformation Partnerships – could help or hinder their development. Sites will need local commissioners to buy in to the PCH vision and fund pilots of new services.

Good quality data and the ability to use it are essential for future evaluations of these models. Progress had been made by the rapid test sites to select metrics and identify data but none had yet established a systematic process for tracking progress against a defined set of metrics or costs in the first six months. The lack of joined-up data between different parts of the NHS and social care could further impede progress. LINK

Health Quality Improvement Partnership [HQIP]

National Heart Failure Audit APRIL 2015 - MARCH 2016

The ninth annual report presents findings and recommendations for patients with an unscheduled admission to hospital, who were discharged or died with a primary diagnosis of heart failure between 1 April 2015 and 31 March 2016.

The report covers all NHS Trusts in England and Health Boards in Wales that admit patients with acute heart failure and is aimed at all those interested in improving the standard of heart failure care, including those involved in collecting data for the National Heart Failure Audit, alongside the clinicians involved in delivering that care and the patients receiving it, the hospital chief executives, managers, clinical governance leads and those commissioning heart failure services, patient groups and many others. LINK TO AUDIT

Sentinel Stroke National Audit Programme (SSNAP): Thrombectomy Report for April 2016 - March 2017

The evidence base for using thrombectomy in treating ischaemic stroke has expanded over the past 2 years but the implications for routine clinical practice are still emerging. For this reason SSNAP added questions on thrombectomy provision to the mandatory core dataset on 1 October 2015 LINK TO AUDIT
Public health England

The National Childhood Flu Immunisation Programme 2017/18 Information for healthcare practitioners

In the 2017/18 flu season, flu vaccine should be offered to all children who are aged two to eight years old (but not nine years or older) on 31 August 2017 and to all primary school-aged children in former primary school pilot areas. It should also be offered to children from six months of age in clinical risk groups.

The key changes to the childhood flu programme in the 2017/18 flu season are that:

- Reception Year (children aged 4-5 years) will now be offered flu vaccination in their reception class, rather than through general practice
- Children in School Year 4 (children aged 8-9 years) will be included in the programme this year as part of the phased roll-out of the children’s programme

Results of a national survey of support to adult care homes in England: A specialist palliative care provider perspective

This report is the first study at a national level of specialist palliative care support to care homes. It combines quantitative and qualitative approaches to give insight into the challenges faced by care homes and specialist palliative care services supporting them to provide high quality end of life care. It provides examples of good practice, quotes and vignettes illustrating the strong desire to provide good care at the end of life to people in care homes. Importantly, this report adds evidence to help drive forward the Ambitions for Palliative and End of Life Care: A national framework for local action.

Candida auris: infection control in community care settings

This guidance – for nursing homes and other community care settings – covers infection control precautions, including maintenance of cleaning standards and other special precautions appropriate when service users are, or have been, colonised with C. auris.

Dementia in older age: barriers to primary prevention and factors

This evidence review shows that changing some behaviors’ in midlife can reduce the chances of getting dementia in older age. The Personal Social Services Research Unit (PSSRU) at the London School of Economics and Political Science (2016) review shows the risk of dementia is increased by:

- physical inactivity
- current smoking
- diabetes
- hypertension in mid-life
- obesity in mid-life and depression

It also shows that mental activity can reduce the risk of dementia.

To promote primary prevention of dementia, it is important to understand both the barriers to primary prevention and factors which facilitate primary prevention.
Everybody active, every day framework [UPDATED AUG 2017]
An evidence-based approach for national and local action to address the physical inactivity epidemic.
Updated to include: Added health benefits of 10 minutes brisk walking evidence summary [LINK]

Sexual health, reproductive health and HIV: commissioning review
These findings from a survey of local authorities, NHS England and CCGs highlight areas of challenge within the commissioning framework. It includes an action plan based on the findings. [LINK]

Mental health services: cost-effective commissioning
This report summarizes the evidence on promoting good mental health and reducing the impact of poor mental health, generated through a rapid evidence review.

The return on investment (ROI) tool and user guide:
• builds on the evidence in the commissioning report - can be adapted to local conditions - presents results showing the economic benefits of each intervention - shows you how to use the ROI tool [LINK]

MISCELLANEOUS REPORTS/REVIEWS

Action for Children [REPORTS] REVOLVING DOOR PART 1: Are vulnerable children being overlooked? This report examined whether children who are vulnerable but don’t meet the criteria for statutory support, were directed to early help services. It highlights that opportunities to intervene early are being missed and that some children are stuck in a cycle of referral and assessment [LINK TO REPORT]

The Medical Technology Group [reports] The North-South NHS Divide: How Where You Are Not What You Need Dictates Your Care This report outlines the findings of an examination of data from 209 CCGs to assess patient access to medical technology. It finds wide variation in access between the north and south of England and argues that CCG performance against access indicators should be made clearer to patients. [LINK TO REPORT]

Alzheimer’s UK NHS Health Check 40-64 Dementia Pilot Research Findings Prepared for Public Health England, the Alzheimer’s Society and Alzheimer’s Research UK, this report assessed the feasibility of extending the NHS Health Check for 40-64 year olds to include a dementia risk reduction component. The study aimed to understand the impact of the NHS Health Check on an individual’s knowledge and awareness of dementia risk reduction and the impact of the intervention on individuals’ intention to change behaviour. [LINK TO RESEARCH]

Rethink Mental Illness Progress through Partnership Involvement of people with lived experience of mental illness in CCG commissioning
This report summarises the extent to which a co-production approach has so far been used or intended to be used by CCGs in mental health commissioning. 15% of CCGs who responded had used a co-production approach at least once in mental health commissioning. The report includes examples of CCGs involving people in the design of services and makes recommendations to both NHS England and CCGs [LINK]
National Institute for health research [NIHR]

Report of the Patient Research Experience Survey 2016/17

This report details the results of a survey of patients asked about their experience of research taking place in 2016/17. The information was collected through local surveys carried out by Local Clinical Research Networks across England. The same or similar core questions were used to make analysis possible.

The survey showed that nearly 90% of patients had a good experience of participating in clinical research, and 86 per cent would be happy to take part in another research study. Feedback from the survey is intended to support a ‘service improvement’ programme based on patient experience of research, both nationally and locally. [LINK TO REPORT]

PUBLISHED RESEARCH [AUGUST 2017]

- Developing a multidisciplinary rehabilitation package following hip fracture and testing in a randomised feasibility study: Fracture in the Elderly Multidisciplinary Rehabilitation (FEMuR) [View final report]
- Systematic review of interventions for treating or preventing antipsychotic-induced tardive dyskinesia [View final report]
- Managing Faecal Incontinence in people with advanced dementia resident in Care Homes (FINCH) study: a realist synthesis of the evidence [View final report]
- Challenge Demcare: Management of challenging behaviour in dementia at home and in care homes [View final report]
- Effects of antenatal diet and physical activity on maternal and fetal outcomes: individual patient data meta-analysis and health economic evaluation [View final report]
- Effectiveness and cost-effectiveness of serum B-type natriuretic peptide testing and monitoring in patients with heart failure in primary and secondary care: an evidence synthesis, cohort study and cost-effectiveness model [View final report]
- Keeping Children Safe: a multicentre programme of research to increase the evidence base for preventing unintentional injuries in the home in the under-fives [View final report]

NIHR Signals [SUMMARIES OF RECENTLY PUBLISHED RESEARCH]

The National Institute for Health Research Signals are summaries of recently published research and intended to provide decision makers in health and social care organisations with evidence they can use.

- Fluoride varnish every six months helps protect children’s permanent teeth from decay
- Online parental training may help to improve behaviour in children
- Mechanical clot removal for stroke reduces disability at two years
- Prescribing regular drugs to prevent febrile convulsions risks more harm than benefit
- Talking therapy given by parents shows promise for childhood anxiety disorders
Dexamethasone before bowel surgery reduces postoperative nausea and vomiting
Treating subclinical thyroid dysfunction in pregnancy probably has no benefit
Stop smoking services can work for people in treatment or recovery from substance misuse disorders
Using mesh does not improve results in vaginal prolapse surgery
Drug reduces deaths from bleeding after childbirth
Silk clothing for children does not reduce objective measures of eczema severity
Carers of stroke survivors voice an unmet need for practical and emotional support
Humidified oxygen linked to increased chest infections
Comprehensive assessment may reduce risk of delirium after hip fracture
Resistance training may prevent obese older people becoming frail when losing weight
Molluscum contagiosum is best left to clear by itself
Teaching sexual health at school improved knowledge but not safe sex practices

LINK TO ALL NIHR SIGNALS

Cochrane Systematic Reviews August 2017

Cardiovascular System. Cardiology

- Drug-eluting stents versus bare-metal stents for acute coronary syndrome
- Pharmacotherapy for hypertension in adults aged 18 to 59 years
- Blood pressure targets for hypertension in older adults
- Low molecular weight heparin for prevention of venous thromboembolism in patients with lower-limb immobilization
- Whole grain cereals for the primary or secondary prevention of cardiovascular disease
- Effect of testing for cancer on cancer- and venous thromboembolism (VTE)-related mortality and morbidity in people with unprovoked VTE
- Homocysteine-lowering interventions for preventing cardiovascular events

Communicable Disease—Viral infections

- Heated, humidified air for the common cold

Dentistry, Oral surgery

- Open versus closed surgical exposure of canine teeth that are displaced in the roof of the mouth
Digestive System, Gastroenterology, Liver and Biliary Tract

- Chemotherapy for advanced gastric cancer
- Chemoradiotherapy versus chemoradiotherapy plus surgery for oesophageal cancer
- Flumazenil versus placebo or no intervention for people with cirrhosis and hepatic encephalopathy
- Palliative drug treatments for breathlessness in cystic fibrosis
- Interventions for preventing and managing advanced liver disease in cystic fibrosis
- Vitamin K supplementation for cystic fibrosis

ENT

- Coblation versus other surgical techniques for tonsillectomy

Eyes, Ophthalmology

- Interventions for the management of CMV-associated anterior segment inflammation

Gynaecology. Women’s health

- Cytology versus HPV testing for cervical cancer screening in the general population
- Interventions for emergency contraception
- Home-based multidimensional survivorship programmes for breast cancer survivors

Haemic and lymphatic systems. Haematology

- Deferasirox for managing iron overload in people with thalassaemia

Mental Health

- Welfare-to-work interventions and their effects on the mental and physical health of lone parents and their children
- Atypical antipsychotics for disruptive behaviour disorders in children and youths

Musculoskeletal system. Orthopaedics

- Low-level laser therapy for carpal tunnel syndrome
- Back Schools for chronic non-specific low back pain

Neurology

- Treadmill training and body weight support for walking after stroke
- Zonisamide for essential tremor
Neonatology
- Fluid supplementation for neonatal unconjugated hyperbilirubinaemia
- Sildenafil for pulmonary hypertension in neonates
- Slow advancement of enteral feed volumes to prevent necrotising enterocolitis in very low birth weight infants
- Late (≥ 7 days) inhalation corticosteroids to reduce bronchopulmonary dysplasia in preterm infants

Obstetrics. Midwifery
- Different strategies for diagnosing gestational diabetes to improve maternal and infant health
- Preconception care for diabetic women for improving maternal and infant health
- Antibiotic prophylaxis for operative vaginal delivery
- Techniques for preventing hypotension during spinal anaesthesia for caesarean section
- Maternal and foetal outcomes following natural vaginal versus caesarean section (c-section) delivery in women with bleeding disorders and carriers
- Screening for gestational diabetes mellitus based on different risk profiles and settings for improving maternal and infant health
- Schedules for home visits in the early postpartum period
- Antenatal and intrapartum interventions for preventing cerebral palsy: an overview of Cochrane systematic reviews
- Interconception care for women with a history of gestational diabetes for improving maternal and infant outcomes

Occupational Health
- Computer-based versus in-person interventions for preventing and reducing stress in workers

Oncology/Pathology
- Retinoic acid postconsolidation therapy for high-risk neuroblastoma patients treated with autologous haematopoietic stem cell transplantation
- Oxycodone for cancer-related pain

Paediatrics.
- Antidepressants for chronic non-cancer pain in children and adolescents
- Antiepileptic drugs for chronic non-cancer pain in children and adolescents
- Antibiotics for persistent cough or wheeze following acute bronchiolitis in children
- Paracetamol (acetaminophen) for chronic non-cancer pain in children and adolescents
- Non-steroidal anti-inflammatory drugs (NSAIDs) for chronic non-cancer pain in children and adolescents
- Prophylactic levosimendan for the prevention of low cardiac output syndrome and mortality in paediatric patients undergoing surgery for congenital heart disease
- Isoniazid for preventing tuberculosis in HIV-infected children
Pain therapy

- Interventions for treating persistent pain in survivors of torture

Pharmacology

- Harms of off-label erythropoiesis-stimulating agents for critically ill people
- Systemic antibiotics for treating malignant wounds

Respiratory system. Respiratory medicine

- Culture-specific programs for children and adults from minority groups who have asthma
- Self-management interventions including action plans for exacerbations versus usual care in patients with chronic obstructive pulmonary disease
- Tailored interventions based on sputum eosinophils versus clinical symptoms for asthma in children and adults

Substance Misuse

- Baclofen for alcohol withdrawal

Surgery. Anaesthesia. Post-operative pain

- Efficacy and safety of sugammadex versus neostigmine in reversing neuromuscular blockade in adults
- Techniques for preventing hypotension during spinal anaesthesia for caesarean section

Urogenital system. Urology, Kidney, Nephrology

- Continuous erythropoiesis receptor activator (CERA) for the anaemia of chronic kidney disease

FEEDBACK

We are constantly trying to improve our service provision, any thoughts, ideas or suggestions for improvement regarding this current awareness bulletin would be greatly appreciated and if possible will be acted upon

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