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

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Brain tumours (primary) and brain metastases in adults. This guideline covers diagnosing, monitoring and managing any type of primary brain tumour or brain metastases in people aged 16 or over. It aims to improve diagnosis and care, including standardising the care people have, how information and support are provided, and palliative care.

Early and locally advanced breast cancer: diagnosis and management. This guideline covers diagnosing and managing early and locally advanced breast cancer. It aims to help healthcare professionals offer the right treatments to people, taking into account the person’s individual preferences. NICE has also produced guidelines on advanced breast cancer, familial breast cancer and suspected cancer recognition and referral.

Rheumatoid arthritis in adults: management. This guideline covers diagnosing and managing rheumatoid arthritis. It aims to improve quality of life by ensuring that people with rheumatoid arthritis have the right treatment to slow the progression of their condition and control their symptoms. People should also have rapid access to specialist care if their condition suddenly worsens.

Rheumatoid arthritis in over 16s [UPDATED JULY 2018]. This quality standard covers the diagnosis and management of rheumatoid arthritis in adults (aged 16 and older). It describes high-quality care in priority areas for improvement. In July 2018, this quality standard was updated to reflect changes to the updated NICE guideline.

Medicines management for people receiving social care in the community. This quality standard covers: assessing if people need help with their medicines and deciding what medicines support is needed to enable people to manage their medicines. It also includes communication between health and social care staff, to ensure people have the medicines support they need. It describes high-quality care in priority areas for improvement.

The quality standard assumes that the responsibilities for providing medicines support have been agreed between the relevant NHS and local authority commissioners.
Before any medicines support is provided by a social care provider, commissioning and contractual arrangements need to be discussed, agreed and recorded as part of the local care planning process. This is to ensure that it is clear who is responsible and accountable for the decisions being made, and which providers will deliver each aspect of medicines support.

TECHNOLOGY APPRAISALS [JULY 2018]

Atezolizumab for untreated PD-L1-positive locally advanced or metastatic urothelial cancer when cisplatin is unsuitable

Cenegermin for treating neurotrophic keratitis

Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer

Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer

Nivolumab for treating locally advanced unresectable or metastatic urothelial cancer after platinum-containing chemotherapy

Ocrelizumab for treating relapsing–remitting multiple sclerosis

Pembrolizumab for untreated PD-L1-positive locally advanced or metastatic urothelial cancer when cisplatin is unsuitable

Pembrolizumab for untreated PD-L1-positive metastatic non-small-cell lung cancer

DIAGNOSTICS GUIDANCE

Biomarker tests to help diagnose preterm labour in women with intact membranes

INTERVENTIONAL PROCEDURES GUIDANCE

Superior capsular augmentation for massive rotator cuff tears

Transaxial interbody lumbosacral fusion for severe chronic low back pain

MEDTECH INNOVATION BRIEFINGS

Airglove air warming system for venous access

Remote ECG interpretation consultancy services for cardiovascular disease

Mechanical thrombectomy devices for acute ischaemic stroke
**Doctors’ notes - a podcast by the BMA**

Doctors’ notes are about the voices, views and experiences of UK doctors. Each month, doctors share their stories and experiences on different themes - In episode 8, Doctors with disabilities, two doctors with Ehlers Danlos Syndrome, find a unique opportunity to connect with their patients and a doctor with bipolar disorder and addiction issues, who decided to pursue her dreams and specialise in doctors' wellbeing.

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**ACADEMY OF MEDICAL AND ROYAL COLLEGES**

Supporting information for appraisal and revalidation: Academy framework document. The GMC has updated its Guidance on supporting information for appraisal and revalidation (April 2018). This document provides detail on updated Academy recommendations to enable doctors to fulfil the GMC requirements while protecting their time for patient care. The document has been designed as a framework for Colleges and Faculties to adapt for their own specialties.

Disclosure of Payments to Healthcare Professionals. The Academy of Medical Royal Colleges continues to recommend that all doctors voluntarily comply with the Association of British Pharmaceutical Industry’s (ABPI) 'Disclosure UK' which lists payments or benefits in kind made to them by drugs manufacturers.

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**ROYAL COLLEGE OF EMERGENCY MEDICINE**

Absconding (safety alert) and The Patient who Absconds

**Emergency departments should prioritise the clinical assessment of patients at high risk of absconding**

- A key action to be performed as soon as risk of absconding has been identified is to undertake a capacity assessment.
- Emergency departments should have written guidance detailing specific measures which may be activated to prevent absconding.
- Emergency departments should have a specific form for detailing a patient’s physical features, if at high risk of absconding.
- Emergency departments should have written guidance on when it is appropriate to contact hospital security and the Police Service for patients who abscond.
- Any children who abscond with or without an accompanying adult should trigger local safeguarding procedures.
Key achievements

- Implementation of new standards for pharmacy professionals
- Introducing revalidation for pharmacy professionals
- Developing new standards for education and training
- Development of the regulation of registered pharmacies to provide assurance and encourage improvement
- Improving working practices
- Integrating equality, diversity and inclusion into working practice

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ROYAL COLLEGE OF NURSING

**RCN Competencies: Caring for Infants, Children and Young People requiring Palliative Care** This document is a revision of the first RCN competence framework produced for nurses and health care support workers in the UK involved in the care of infants, children and young people requiring palliative care. This newly revised competence framework builds on a number of best practice guidance documents and resources.

**Guidance to RCN Complaints** This publication explains the RCN complaints procedure, including how to complain, who can complain and the processes and timescales involved.

**Advanced Level Nursing Practice: Introduction** This provides an introduction to the RCN Standards for advanced level nursing practice, advanced nurse practitioners, RCN accreditation and RCN credentialing. See also:

- Advanced Level Nursing Practice Section 1: The registered nurse working at an advanced level of practice
- Advanced Level Nursing Practice Section 2: Advanced level nursing practice competencies
- Advanced Level Nursing Practice Section 3: RCN accreditation and credentialing

**RCN Standards for Advanced Level Nursing Practice** This publication highlights the standards for nurses working as advanced nursing practitioners.

**Every Nurse an E-nurse: Insights from a consultation on the digital future of nursing** This publication presents the detailed findings of a consultation, led by the RCN, into the digital future of nursing. The consultation explored:

- Ideas for a shared vision of a digitally enabled health and social care service
• The barriers and enablers to the vision becoming a reality and
• Examples of how data, information, knowledge and technology are already bringing that vision to life.

NURSING AND MIDWIFERY COUNCIL

Changes to sub-part 2 of the nursing register (second level nurses). Following changes to legislation, the NMC are no longer accepting applications to join sub-part 2 of the nursing register.

Landmark moment as NMC becomes regulator for nursing associates. The Nursing and Midwifery Council (NMC) has become the regulator in law for nursing associates - the new health and care role designed to bridge the gap between unregulated health care assistants and registered nurses.

ROYAL COLLEGE OF PATHOLOGY

Five ways to become a better supervisor. Dr Chris Tiplady, Director of Education at Northumbria Healthcare NHS Foundation Trust, explains why being a great supervisor doesn’t end with being a great doctor.

The pathology of cancer: from stained slides to artificial intelligence. Senior Pathologist and Head of WHO Classification of Tumours Ian Cree charts the past, present and future of cancer diagnosis.

ROYAL COLLEGE OF OBSTETRICS AND GYNAECOLOGY

Themed report on anaesthetic care, including lessons identified from Each Baby Counts babies born 2015 to 2017. All reviews in which critical anaesthetic contributory factors had been identified by Each Baby Counts reviewers or which had been referred for review by an Each Baby Counts anaesthetic assessor were included in this analysis.

This led to inclusion of 21 babies born in 2015, 20 babies born in 2016 and eight babies born in 2017 (note that not all hospitals have yet provided complete data for 2016 and 2017). This report is thus based on the reviews of the care of 49 babies.

An internal anaesthetic reviewer was involved in the hospital review team for only 20 (41%) of the 49 babies who were felt to have critical anaesthetic contributory factors to their care.

Early medical abortion: best practice now lawful in Scotland and Wales but not available to women in England. Women in England should be allowed to take misoprostol - the second drug used to effect an early medical abortion - just like their peers in Scotland and Wales, argue healthcare leaders.
Equality, diversity and inclusion strategy 2018–20

The GMC objectives are in:

- Delivering equality, diversity and inclusion through their corporate strategy
- Carrying out regulatory activities fairly
- Providing leadership and to use their influence to identify, understand and address inequalities for doctors and patients in the wider healthcare system
- Becoming an inclusive organisation

Training Pathways 2: Why do doctors take breaks from their training?

This is the second in a series of reports looking at how doctors progress through their training.

Based on qualitative data, this report explores the reasons, motivations and experiences of doctors taking a break in training.

It focuses on those who take a break on completion of their foundation training (F2 doctors) and includes doctors from all four UK countries.

The report also sought views on the benefits and outcomes of a training break, the factors affecting the return to training and experiences of the current training pathway for trainees.

National Training Surveys 2017-18: initial findings report

In 2018 over 70,000 trainees and trainers took part in the national training surveys, giving their views on training posts, programmes and environments in England, Northern Ireland, Scotland and Wales.

The data generated by the surveys are a powerful quality assurance tool, providing information to identify good practice and pinpoint the places where training doesn’t meet standards.

The findings also show local and country trends, which drive policy developments and interventions designed to tackle problems and improve the training experience.

The results are stark.

- Long and intense working hours, heavy workloads and the challenges of frontline medical practice are affecting doctors’ training experience and their personal wellbeing.
- Nearly a quarter of doctors in training and just over a fifth of trainers told us they’re burnt out because of their work.
- Almost a third of trainees said that they are often or always exhausted at the thought of another shift. And well over a half of trainees, and just under a half of trainers, reported that they often or always feel worn out at the end of their working day.
- A fifth of doctors in training and trainers told us they feel short of sleep when at work.
Two in five trainees and two thirds of trainers rated the intensity of their work as very heavy or heavy; and nearly half of trainees reported that they work beyond their rostered hours on a daily or weekly basis.

And around a third of doctors in training and trainers said that training opportunities are lost to rota gaps.

**Health and disability review [consultation]** This review looks at how disabled students and doctors are supported throughout medical education to improve access to the profession. The remit of the review is to help education providers by giving more practical advice. **Give your views** and make sure the new version meets your needs. The consultation is open until 20 September 2018.

**ROYAL COLLEGE OF PHYSICIANS**

**Complex regional pain syndrome in adults (2nd edition)** The RCP's new report has stated that patients with complex regional pain syndrome (CRPS) need better diagnosis, treatment and management of their condition from a wide variety of healthcare professionals.

Published in partnership with 28 other medical organisations, the guideline provides information on diagnosis, treatment, management and support for patients in a wide variety of clinical settings:

- GP practice, physiotherapy/occupational therapy practice, surgical practice, rheumatology, neurology and neurosurgery, sport and exercise medicine (SEM), dermatology, pain medicine, rehabilitation medicine, emergency medicine and long-term care.
- The report underlines the need for multidisciplinary support to manage CRPS and outlines the ‘four pillars of care’ that underpin management:
  - Education
  - Pain relief
  - Physical rehabilitation
  - Psychological intervention

**National Asthma and COPD Audit Programme (NACAP): pulmonary rehabilitation workstream** The National Asthma and COPD Audit Programme (NACAP) invites comment on the draft clinical dataset for the pulmonary rehabilitation audit, which is due to launch in March 2019.

This dataset has been designed for continuous audit and therefore, once launched, will be used to collect data on all adults with a diagnosis of COPD who have attended an initial assessment for pulmonary rehabilitation in England, Wales and Scotland.
The dataset has been through a rigorous refining process in order to ensure it is suitable for continuous audit and comprises only items that are known to improve patient care.

The consultation is open to:

- all healthcare professionals, managers and commissioners
- patients, their families, carers and friends
- any member of the general public with an interest in the condition and its treatment.

New Physicians CPD APP The new CPD app gives physicians the flexibility to record and reflect on their educational activities. The app complements the much-valued online CPD diary to help support a powerful culture shift in the learning experience for consultants, SAS grades and physician associates.

Key features and benefits:

- add educational activities anywhere with the app’s offline capability
- access over 5,000 approved activities which have been reviewed by our network of consultant physicians
- voice transcribe development needs and reflections instantly
- keep track of your CPD via the main summary screen and monitor your progress to achieving your annual credit requirements.

Guidance on Safe Staffing The RCP’s Guidance on safe medical staffing working party report aims to help those planning and organising core hospital medical services to answer the question: ‘How many doctors or their alternatives, with what capabilities, do we need to provide safe, timely and effective care for patients with medical problems?’

Key points

- Out-of-hours workload of the medical registrar on-call is onerous, with implications for patient safety.
- The practice of a single medical registrar leading the medical intake and providing on-call medical cover for the hospital is unlikely to be successful and contributes to the heavy out-of-hours workload
- It is essential that as much patient care as possible is delivered during the normal working day, rather than out of hours. This is key to patient safety, and the daytime staffing of wards should be such as to minimise ‘legacy’ work.
Service must support training; concerns are that the significant increase in consultant-delivered care limits opportunities for trainees to acquire experience in decision making. Trusts should recognise trainees’ educational needs when implementing consultant-delivered services.

Allow sufficient time to speak with patients, their families and carers to ensure that all the relevant issues are known to the medical team caring for that patient. Crucial when a patient is unable to represent themselves.

ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH

Raising awareness for Group B Strep Infection in babies: awareness of Group B Strep saves lives

ROYAL COLLEGE OF RADIOLOGY

The RCR has welcomed the launch of a new cross-party manifesto to improve radiotherapy provision in the UK. The manifesto was launched yesterday, the document outlines the effectiveness of radiotherapy, the disparity between funding for radiotherapy compared to cancer drugs and the need for modern radiotherapy machines across the UK. All Party Parliamentary Group for Radiotherapy Manifesto for Radiotherapy

The CQC’s Radiology Review

This report sets out the findings for NHS radiology services in England. It calls for action to address reporting delays and keep people safe from harm. Radiology services are under pressure as the demand on health services increases year on year. Radiology has an essential role in diagnosis and monitoring, and its use has grown over 16% in five years. 2016 and 2017 inspections uncovered concerns over radiology reporting in three NHS trusts. This prompted the need for a more in-depth look to find out if the same issues exist in other trusts in England. RCR response to the CQC review into radiology services

Setting up a regional or national radiology digital teaching archive. This document provides expert guidance on the technical requirements for individual radiologists and the picture archiving and communication systems (PACS) industry to facilitate and improve the connectivity and simplify submission of anonymised annotated cases between PACS and a digital archive whether local, regional or national, for teaching or research purposes.
Currently, if a radiologist wants to contribute teaching cases to any national/regional teaching archive, the process is laborious at a time when radiologist resource is scarce. Breaking down the technological barriers to contributing imaging studies directly from a PACS viewer to a teaching archive or a research database would make teaching and research in the NHS much more efficient.

ROYAL COLLEGE OF SURGEONS

**Blogging about #NHS70**

**Surgeon Professor Harold Ellis, who joined the NHS in its first month, reflects on 70 years of the NHS**

Supporting NHS 70: Professor Harold Ellis CBE FRCS, who began working as a surgeon 70 years ago, looks back at how the NHS has evolved since its creation.

**Beyond 70: a technological NHS** Supporting NHS 70: Nadine Hachach-Haram is a plastic and reconstructive surgeon at St Thomas’ Hospital, London, and co-founder of Proximie, an award-winning augmented reality technology company providing solutions to improve healthcare systems.

FACULTY OF MEDICAL LEADERSHIP AND MANAGEMENT

**Junior doctor engagement: views from the frontline** This report arises from a survey and listening exercise led by the London Clinical Senate and the Faculty of Medical Leadership and Management.

DEPARTMENT OF HEALTH

**Master Indemnity Agreement** [Updated Guidance] The Master Indemnity Agreement (MIA) register holds information on all approved suppliers to NHS organisations

**Agenda for change pay deal: funding for 2018 to 2019** [Updated Guidance] The government has made an additional £800 million available to meet the costs of the AfC pay deal in 2018 to 2019. This document explains how the Department of Health and Social Care is allocating the additional £800 million between:

- NHS providers
- non-statutory non-NHS organisations
- NHS England, Clinical Commissioning Groups and Commissioning Support Units
- other arm’s length bodies

Non-statutory non-NHS organisations can check their eligibility for additional funding by completing the ‘Eligibility test’ form.
Think Autism strategy: governance refresh 2018 [updated]

The 19 objectives have been grouped under the following headings:

- Measuring, understanding and reporting needs of autistic people
- Workforce development
- Health, care and wellbeing
- Specific support
- Participation in local community

Review Body on Doctors’ and Dentists’ Remuneration 46th Report: 2018 [Independent report]

This report makes recommendations for doctors’ and dentists’ pay and associated issues in England, Wales, Scotland and Northern Ireland.

Abortion: clarification of time limit

Letter from the Chief Medical Officer, to all doctors performing termination of pregnancy. The letter clarifies the Department of Health and Social Care’s interpretation of the legal time limit for termination of pregnancy performed under Grounds C or D of the Abortion Act 1967.

Kark Review: terms of reference

The Kark Review of the Fit and Proper Persons Requirement will examine the standards set for the redeployment and re-employment of senior managers in the health and adult social care sectors.

DHSC annual report and accounts: 2017 to 2018 The report and accounts show how the department has funded its activities and used its resources

GP partnership review: key lines of enquiry, call for evidence

The independent review will examine the challenges facing the partnership model, and look for solutions to reinvigorate the model to support the transformation of general practice.

This call for evidence sets out the current lines of thinking and describes 4 emerging themes:

- workload issues
- workforce issues
- the role of general practice in the local healthcare system
- the business model of general practice

It invites GPs and others with an interest to get involved by sharing their experiences and ideas.

Meningococcal Working Group report

This report sets out 12 recommendations aimed at organisations and bodies that have a role to play in improving awareness and early diagnosis of sepsis and meningococcal disease. The report has been sent to these organisations and they have been asked to set out how they plan to respond by the end of September 2018.

DEPARTMENT OF EDUCATION REPORT

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children

This guidance covers:

- The legislative requirements placed on individual services

- A framework for the three local safeguarding partners (the local authority; a clinical commissioning group for an area, any part of which falls within the local authority; and the chief officer of police for a police area, any part of which falls within the local authority area) to make arrangements to work together to safeguard and promote the welfare of local children including identifying and responding to their needs

- The framework for the two child death review partners (the local authority and any clinical commissioning group for an area, any part of which falls within the local authority) to make arrangements to review all deaths of children normally resident in the local area, and if they consider it appropriate, for those not normally resident in the area

CARE QUALITY COMMISSION

Radiology review

This review of NHS radiology services in England calls for action to address: reporting delays and keeping people safe from harm. Radiology services are under pressure as the demand on health services increases. Radiology has an essential role in diagnosis and monitoring, and its use has grown over 16% in five years.

In 2016 and 2017, our inspections uncovered concerns over radiology reporting in three NHS trusts. This prompted a more in-depth look to find out if the same issues exist in other trusts in England.
Findings

- Timescales for reporting on radiology examinations, and arrangements for monitoring and managing backlogs, vary widely between trusts.
- There are few national standards that trusts can benchmark themselves against. This means they are not always clear what good looks like.
- Even trusts that were monitoring their performance did not always report on time.
- Issues with staffing, including an average vacancy rate of 14% across trusts that responded, supporting existing evidence about the national difficulties in recruiting and retaining radiologists.

These issues call for local and national action, and public bodies will have to work together to address them.

Driving improvement – individuals who have made a difference This collection of 70 case studies highlights the work that individuals - from volunteers, to front line staff to senior leaders - have done to deliver great services in hospitals, care homes, GP practices and elsewhere.

Annual Report and Accounts This document looks at CQC achievements during 2017/18, and at improvements and progress made, whilst acknowledging work still to be done.

Joint statement on emerging concerns protocol Eight health and social care regulators and other bodies have signed a new agreement to share concerns with each other more effectively. The ‘Emerging Concerns Protocol’ seeks to provide a clearly defined mechanism to share information and intelligence that may indicate risks to users of services, their carers, families or professionals.

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**NHS ENGLAND**

**NHS England Annual Report 2017/18**

This report describes the work carried out 2017/18 and outlines some significant achievements and challenges. The report is available as a full version and relevant sections are available as separate documents.

Evaluation of the implementation of the Saving Babies’ Lives Care Bundle in early adopter NHS Trusts in England [REPORT]

The detailed report shows that stillbirths fell by a fifth at the maternity units where national guidance, known as the **Saving Babies Lives Care Bundle**, had been implemented.
The best practice guidance is now being introduced across the country and has the potential if these findings were replicated, to prevent an estimated 600 stillbirths.

**CCG Annual Assessment 2017/18**

This document lists the overall rating for each of the 207 CCGs as part of their annual assessment under the CCG Improvement and Assessment Framework (CCG IAF).

**Learning from deaths: Guidance for NHS trusts on working with bereaved families and carers**

This guidance has been developed to help trusts work with bereaved families and carers. Over 70 families and carers worked with NHS England on the guidance in order to advise hospitals, mental health and community trusts on how to involve families following the death of a loved one.

**COMMISSIONING**

**Thousands of patients to benefit from innovative new treatments on the NHS**

The move is the result of NHS England’s latest specialised commissioning prioritisation process. All the proposed new treatments were independently assessed for their clinical benefit and cost by the Clinical Priorities Advisory Group (CPAG) made up of doctors, health experts and patient representatives.

**Excellence in Continence Care**

This document gives practical guidance for commissioners, providers, health and social care staff to help ensure people receive excellent continence care consideration.

- Clinical commissioning policy: Hyperbaric oxygen therapy for soft tissue radiation damage in patients with a history of pelvic irradiation for malignant disease (all ages)
- Clinical Commissioning Policy: Hyperbaric Oxygen Therapy for necrotising soft tissue infections (adults)
- Clinical commissioning policy: Hyperbaric oxygen therapy for malignant otitis externa (all ages)
- Clinical commissioning policy: Hyperbaric oxygen therapy for decompression illness/gas embolism (all ages)
- Clinical commissioning policy: Hyperbaric oxygen therapy for carbon monoxide poisoning (all ages)
- Proton Beam Therapy NHS Service (All ages)
- Patent Foramen Ovale (PFO) Closure Commissioning through Evaluation Report
- Left Atrial Appendage Occlusion Commissioning through Evaluation Report
This agreement sets out the shared strategic intentions, joint corporate commitments and agreed developmental priorities of NHS England, the Home Office Immigration Enforcement (HOIE) and Public Health England (PHE).

CASE STUDIES/BEST PRACTICE

**Improving patient experience through introducing flexible visiting hours hospital-wide**

Nursing staff as a part of a multi-disciplinary team at Aintree University Hospital NHS Foundation Trust identified and addressed unwarranted variation in visiting hours offered to patients and visitors, which was having an impact on patient, carer and staff experience. The nurse leaders have introduced new, flexible visiting hours based on several key factors, initially motivated by feedback received from patients and visitors.

**Demonstrating a commitment to carers**

The Carers’ Lead in the patient experience team at the Lister Hospital, East and North Hertfordshire NHS Trust has implemented service improvements to support carers, through an extension of visiting hours across the hospital and other measures. As a result, improvements have been made in communication and partnership working between staff and carers, and carers now feel increasingly empowered.

**A better way to manage repeat prescriptions – Trent Vale Medical Practice, North Midlands** [case study]

A case study showing how Trent Vale Medical Practice in the North Midlands used the Productive General Practice (PGP) Quick Start programme to help manage the huge demand for repeat prescriptions.

**Less pressure, more time for care – Brighton and Hove CCG, South East** [case study] A case study showing how practice teams in Brighton and Hove are using the Productive General Practice (PGP) Quick Start programme to help with increased workload pressures.

**Reducing hidden waits and improving patient flow**

A nurse-led project has successfully achieved improvements in aspects of working processes and culture at the University Hospitals of Leicester NHS Trust (UHL). The result has been an improvement in patient flow and experience – particularly through more timely discharges.

**A new integrated care pathway for faecal incontinence** Nurses in the Faecal INcontinence and Constipation Healthcare (FINCH) team at Sandwell and West Birmingham Hospitals introduced an innovative integrated care pathway (ICP) for their patients. It has had a positive impact on both patient outcomes and experience.
Creating holistic workers across disciplines  Nurses and other care professionals in the Adult Services Urgent Care team at Nottingham CityCare Partnership, worked together to share professional skills, creating a new holistic approach to delivering care to older people with long term conditions, which reduced duplication and improved patient experience.

Increasing neonatal palliative care support  A Children’s Nurse at Rainbows Hospice has created a new service to help and support families across the East Midlands region who experience the death of a baby before, during or shortly after birth – forging links across services and raising the awareness of the end-of-life-care services available from Rainbows.

Introducing a Dementia Support Service  Mental health nurses at Somerset Partnership NHS Foundation Trust set up a new community-based Intensive Dementia Support Service (IDSS). It has had a significant positive impact on patients, carers and colleagues – providing interventions at point of crisis in the person’s usual place of residency, with the aim of reducing admissions to an older person’s mental health ward.

Improving dementia care through care navigation and social prescribing  Practice nurses in Gateshead played a pivotal role in setting up an innovative Primary Care navigator role to help support the needs of patients and carers living with dementia.

Improving vaccination uptake: changing the way pregnant women were offered and accessed services  The midwifery team at James Paget University Hospitals NHS Foundation Trust created a process which increased the number of pregnant women being vaccinated against influenza and pertussis (whooping cough), providing vaccinations at services they were already accessing.

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**NHS CONFEDERATION**

Ten Steps Towards a new plan for the NHS in England  The NHS Confederation is calling for a national conversation about what we want and can expect from the health service in England over the next ten years. Crucially this needs to involve those who use and those who work for the service. We propose ten actions which would underpin specific priorities for a new plan. The plan itself would set clear outcomes for patients and for the NHS over the next decade.

Working together since 1948: celebrating 70 years of partnership between the NHS and independent sector  This document showcases numerous examples of how the independent sector has worked in collaboration with the NHS over the past 70 years to deliver innovative and accessible health services to
the public – spanning elective, diagnostics, MSK (musculoskeletal), clinical home healthcare and children and young people’s services. And this dynamic domestic healthcare market has helped the NHS to increase overall provider capacity, reduce waiting times, invest capital as well as offering a greater choice of providers to patients.

Ten priorities for the new Secretary of State for Health and Social Care

NHS DIGITAL

NHS70 - Seven facts for seven decades

The figures demonstrate how the NHS has evolved since it sprang into being on July 5, 1948, and the changing health and lifestyles of the population

The NHS Digital annual report and accounts for 2017-18

The report covers the organisation’s achievements over the past financial year, including improving the reliability, resilience and performance of core national IT and data services and significant progress in creating the new digital and data services.

Included in the report are five case studies that explore how this work is making a real difference for the public and health and care professionals.

Some of the key accomplishments are:

- Achieved 99.97% average service availability across all our live services
- Handled about 10 billion messages with 100% reliability on the NHS Spine,
- Delivered 99.998% reliability for 1.2 million smartcard users, allowing authorised professionals to reliably access the secure information they need to do their jobs
- Carried out independent on-site data security assessments in 200 NHS organisations and worked with NHS England, the Department of Health and Social Care, the National Cyber Security Centre to strengthen cyber resilience across health and care
- Recorded 525 million visits to the NHS Choices website in 2017, including 330 million visits from people using mobile phones
- Launched the NHS Apps Library and piloted NHS 111 Online, which provides digital access to NHS 111’s advice and triage services
Published 275 official statistics publications

Developed better data on health and care in England, including the Emergency Care Data Set developed with NHS England and the Royal College of Emergency Medicine, Patient Level Information and Costing Systems (PLICS) with NHS Improvement, and the Mental Health Services Data Set and the Community Data Set with NHS England.

Delivered the National Data Opt-out Service, which puts the public in direct control of their data sharing preferences. The service sends people’s choices directly to NHS Digital, allowing us to make sure we uphold them.

Increased the number of local authorities using Child Protection - Information Sharing (CP-IS), which flags vulnerable young people to health and social care teams, from 31% to 68%.

Improved the usability of core services like the Summary Care Record (for example, better flagging of additional patient information for clinicians) and the e-Referral Service (for example, making it easier for patients to manage their appointments).

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**NHS IMPROVEMENT**

**IMPROVEMENT HUB**

**EMERGENCY CARE**

*Emergency Care Workforce Programme [updated]*

Together with the Royal College of Emergency Medicine (RCEM), NHS England and Health Education England this plan has been developed a plan to ensure we have sustainable staffing in our emergency departments.

*The long-stays dashboard*

This dashboard has been designed to help providers, clinical commissioning groups and local authorities to monitor and manage hospital length of stay in acute hospitals.

**PATIENT CARE**

*Resources to support safer bowel care for patients at risk of autonomic dysreflexia*

A Patient Safety Alert has been issued signposting resources to support safer provision of bowel care for patients at risk of autonomic dysreflexia (AD).
QUALITY IMPROVEMENT

**Demand and capacity core model** This model is designed to enable understanding of the demand and capacity needs of services via the use of a simple pathway.

**Elective care: model access policy** This policy has been produced in response to requests from providers and wider health systems for guidance and support in producing their own elective access policies.

**Delayed transfer of care (DTOC) improvement tool** This tool has been developed to enable trusts, clinical commissioning groups and local authorities to understand where delayed transfers of care are in their area or system.

**Urology report** The urology report from the 'Getting It Right First Time' (GIRFT) programme sets out 18 recommendations to improve the way urology services are organised and delivered in the NHS.

**GIRFT: urology report** The recommendations in this report focus on how resources across this large specialty could be better used — to improve patient experience by reducing waiting times, enabling more care to be provided via outpatient settings and providing more effective pathways to definitive treatments.

WORKFORCE

**Grow your own bank** St Helens and Knowsley Teaching Hospitals NHS Trust shares its experience and process of developing a skilled and experienced temporary workforce.

CANCER SERVICES

**Elective care pathway analyser for referral to treatment** The elective care pathway analyser tool will identify the main reasons for delays in referral to treatment and help operational teams to focus on interventions that will have the biggest impact on reducing waiting times.

NHS EMPLOYERS

**Ordering system for 2018/19 flu fighter resources open** NHS trusts can order free printed materials for their flu fighter campaign.

**EU Settlement Scheme: employer toolkit** The employer toolkit will equip employers with the right tools and information to support EU citizens and their families on the EU Settlement Scheme.


**Mental health in the workplace podcast** Paul Farmer, chief executive of Mind speaks to Helen Bogan, programme lead for health and wellbeing at NHS Employers, about the importance of mental health at
work. They discuss a range of actions that employers can take to improve the mental wellbeing of their staff, and how the new NHS Health and Wellbeing Framework can help organisations to implement or improve their strategies. Paul also shares insight into what his first steps would be as a health and wellbeing lead in an NHS trust.

**Government publishes its strategy on UK's future relationship with the EU**

Below are those areas identified as relevant to employers in the NHS and may affect your EU workforce.

- Free movement will end on 31 December 2020.
- A new framework for mobility will apply from 1 January 2021 and will:
  - set out how individuals from the EU and elsewhere can apply to come and work in the UK
  - use evidence from the Migration Advisory Committee’s report, due in September 2018
  - confirm that the UK will choose to seek reciprocal mobility arrangements with the EU in a defined number of areas, building on current commitments by the World Trade Organisation agreement on trade in services (this includes the facilitation of mobility for students and young people, enabling them to continue to benefit from world-leading universities and the cultural experiences the UK and the EU have to offer).
- The UK has proposed establishing a system for the mutual recognition of professional qualifications (MRPQ) that builds on the current MRPQ directive.
- In line with the Common Travel Area agreements between the UK and Ireland, Irish citizens will continue to have a special status in the UK, underpinned by domestic legislation which is distinct from the status of other EU nationals.
- Existing workers’ rights currently under EU law will continue in UK law after 29 March 2019.
- The UK has proposed that alongside the EU it commits to uphold labour employment standards and international labour organisation commitments.
  - This means no EU based laws such as Transfer of Undertakings (Protection of Employment) and the working time regulations will be repealed following the UK’s withdrawal from the EU.
- A proposal that both the UK and EU continue to participate in exchange of data and information, such as alerts on wanted or missing persons and criminal record checks to sustain the ability to protect citizens across Europe.

**NHS pay deal - funding guidance for 2018/19 published** The Department of Health and Social Care (DHSC) has now published guidance on how it will allocate the additional funding associated with the pay deal for staff on the NHS Terms and Conditions of Service (Agenda for Change).
The guidance covers how an additional £800 million of funding will be allocated in 2018/19 to organisations who employ existing and new staff under the NHS Terms and Conditions of Service (Agenda for Change).

It explains how the money will be divided between NHS provider organisations, non-statutory non-NHS organisations, NHS England, Clinical Commissioning Groups and Commissioning Support Units, and other arms-length bodies.

**How to get value for money from the NHS Pension Scheme**  The guide includes tips on how to engage with staff and NHS Pensions to meet the needs of the wider organisation, as well as how to encourage membership and staff wellbeing.

**NHS Jobs newsletter**  NHS jobs has launched a new newsletter. As a subscriber you will receive: updates to the current system, for example, the improvement to the onboarding service and new communication features, regular reports on the development of the new version of NHS Jobs information on how you can get involved and give feedback.

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**NHS HEALTH EDUCATION ENGLAND**

**2000 trainee doctors asked what it is like to walk in their shoes**

Health Education England (HEE), working with international researchers, have launched a study across the Wessex region, to understand how doctors in training experience their working lives. 2000 doctors training across all medical specialties have been invited to take part in the study, using an internet-based tool called MyDay.

The multidisciplinary research team has engaged in the MyDay study in the hope that resulting data will boost efforts to improve the workday experiences of Wessex doctors in training, and improve retention of this key workforce. **For more information: [https://myday.aut.ac.nz/](https://myday.aut.ac.nz/)**

**Rotating paramedics [pilot]**  This new working model for specialist and advanced paramedics, enables them to rotate through a variety of settings - including primary care and community-based teams as well as within the ambulance service.

The pilot is expected to improve patient care and support workload for each organisation involved.
NHS PROVIDERS

The NHS funding settlement: Recovering lost ground

Following the recent announcement of funding for the NHS, this report is intended to open a debate on how the new money could be divided between recovery, transformation, keeping up with rising costs and improving outcomes for patients, by focusing on the costs of recovering the NHS position on performance and finance which is the first step.

Special Measures: Five years on

This briefing explore the improvements that the special measures regime has delivered and whether there is a need to move to a system based approach as health and care seek to work more closely together.

NHS RESOLUTION [NHS LITIGATION]

Annual report and accounts 2017-18  This report explores NHS litigation activity over the past financial year. The performance report involves both a summary and analysis. This is followed by an accountability report and financial statement.

PUBLIC HEALTH ENGLAND

Muscle and bone strengthening and balance activities for general health benefits in adults and older adults

Summary of a rapid evidence review for the UK Chief Medical Officers’ update of the physical activity guidelines

Preconception care: making the case  This resource sets out new thinking on preconception care, to support commissioners and providers in aligning work in their local area towards a focus on preconception. It aims to help local areas embed preconception care into existing services, and raise awareness of preconception care across the health system.

PHE annual report and accounts: 2017 to 2018

SCREENING, VACCINATIONS AND INFECTIOUS DISEASE

Patient confidentiality in NHS population screening programmes

NHS population screening: research and data requests terms of reference
The health and social care interface

This report presents and discusses 16 challenges to improved joint working. It highlights the work being done nationally and locally to overcome these challenges and the progress that has been made. It examines the risks presented by differences between the health and social care systems and how national and local bodies are managing these.
Adult social care at a glance

This publication looks at adult social care in England. This report adds to the National Audit Office’s (NAO’s) work on adult social care. It provides up-to-date analysis of key trends in adult social care and highlights pressures on the system and the latest developments.

NHS financial sustainability [a call for evidence]

This study in progress aims to examine the progress made by the Department of Health & Social Care and its arm’s-length bodies towards achieving a financially sustainable NHS. It will provide a summary of the financial position of local NHS bodies as well as NHS England in 2017-18. It will examine the financial flows and funding mechanisms in the NHS, and the actions being taken to make sustainability and transformation partnerships (STPs) and integrated care systems (ICSs) a success.

If you would like to provide evidence for this study please email the study team on enquiries@nao.org.uk, putting the study title in the subject line.

THE HEALTH FOUNDATION

Increasing continuity of care in general practice

This is a new funding programme to help improve patient care and outcomes by exploring how to increase continuity of care within general practice. The Health Foundation are offering 3-4 large scale GP practices and federations grants of up to £250,000 over 12-24 months to carry out targeted quality improvement work to increase continuity in their practices.

Identifying options for funding the NHS and social care in the UK: international evidence

As part of a larger project to identify a range of feasible options for the future funding of health and social care in the four countries of the UK, this working paper explores how 16 other high-income countries have thought about and implemented changes to their funding systems for health and social care to better meet the challenges ahead.

NHS at 70: Public perceptions

This publication is the result of a poll conducted in partnership with The Kings Fund, Nuffield Trust and the Institute of Fiscal Studies to mark the 70th anniversary of the NHS.

UK public support recruitment of EU nurses post-Brexit, including ‘leave’ voters

This Ipsos MORI poll showed that the majority of people (79%) don’t think the NHS has enough staff to provide current services. Only 14% think the UK should reduce the number of non-UK nurses working in
the UK, whatever country they come from. And a further 10% believe we should reduce the number of EU nurses working in the UK, replacing them with nurses from non-EU countries. The latest figures from the Nursing and Midwifery Council (NMC) have shown that the number of new nurses coming from the EU to work in the UK has dropped by 87% from 6,382 in 2016/17 to 805 in 2017/18.

HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION [HFMA]

NHS financial temperature check

The check provides a national picture of finance directors’ views of the financial outlook and the challenges NHS finance staff are facing. The briefing draws on the responses of 60 finance directors of trusts and foundation trusts and chief finance officers of 39 clinical commissioning groups.

HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP

National Clinical Audit of Psychosis: Core Audit Report 2018

This report presents the findings from the core audit of the National Clinical Audit of Psychosis (NCAP). The audit has focused on four issues relating to the quality of care provided for people with psychotic disorders: management of physical health, prescribing practice, access to psychological therapies and outcomes. Twelve audit standards and two outcome measures were developed to address these issues.

National Paediatric Diabetes Audit 2018

This report provides an analysis of data submitted by healthcare professionals caring for infants, children and young people with diabetes in England and Wales over 2016/17. It includes details of the prevalence of diabetes, compliance with healthcare checks and clinical outcomes recommended by NICE, and recommendations for improvements in care for the growing number of children with Type 1 or 2 diabetes.

Clinical Outcomes Publication (COP, formerly Consultant Outcomes Publication) programme briefing 2016-2020 [18/19 Update]

This briefing describes the achievements of the COP programme in 2017/18 including the addition of 5 new specialities and the launch of an appraisal and revalidation resource aimed at encouraging the use of NCA data as part of medical appraisal and revalidation. The COP programme now publishes more than 250
indicators from 24 clinical specialities. The Programme Brief also describes plans for 2018/19 which includes adding a further four specialities.

THE KING’S FUND

How is the NHS performing?

This survey of NHS finance directors takes stock of what has happened in the NHS over the last three months, including the recently announced funding offer. It shows services remain under pressure.

The NHS 10-year plan: how should the extra funding be spent? [LONG READ]

The government has announced increases in NHS funding over five years, beginning in 2019/20, and has asked the NHS to come up with a 10-year plan for how this funding will be used.

After eight years of austerity, growing financial and service pressures within the NHS and the damaging and distracting changes brought about by the Health and Social Care Act 2012, there is now an opportunity to tackle the issues that matter most to patients and communities and to improve health and care.

Leadership in today’s NHS: Delivering the impossible [REPORT]

The King’s Fund worked with NHS Providers to review the current level of vacancies and tenure of executive directors in NHS provider trusts. This work draws on NHS Providers’ annual quantitative survey of leadership vacancies and on qualitative interviews and a roundtable The King’s Fund conducted with NHS trust directors and national stakeholders. The purpose of the research was to better understand the pressures on NHS trust leaders and identify ways to address these pressures.

THE NUFFIELD TRUST

Improving care for people with MS: the potential of data and technology An MS Society-commissioned report mapping out what technology is already available for people with MS, what more could be done with what is available and how data and technology could be better exploited in future to improve MS health care.

Trusted measures: analytical resources for integrated care [TOOLKIT] This guide contains resources and examples relevant to evaluators of the impact of integrated services. It pulls the most relevant resources from research into one place – making it easier to find out what has been tried and known to be useful. Resources are grouped under four headings and can be linked together for greater impact.
The toolkit for a sustainable health workforce in the WHO European Region (2018)

The toolkit is aimed at policy-makers, human resources for health (HRH) planners and professionals, and other stakeholders, such as education institutions and those implementing policy.

It is framed around four strategic domains mirroring the themes of the global strategy – education and performance, planning and investment, capacity-building, and analysis and monitoring – and proposes policy options and implementation modalities.

The toolkit is formulated to provide Member States with information and signpost to practical materials, such as HRH assessment, policy and planning tools, analytical approaches and case studies, to support their efforts to strengthen HRH in a sustainable way, including through investment in capital and recurrent expenditure. It is not intended to be an exhaustive list or compendium.

Promising practices for health and wellbeing at work: A review of the evidence landscape

This research, commissioned by Public Health England, examines workplace wellbeing interventions and the extent and quality of evidence being collected. It is intended to support organisations in developing their workplace wellbeing offer and aid understanding of whether interventions are having a positive health outcome and how to capture and gauge the evidence.

National Cancer Patient Experience Survey

The survey has revealed the best results in its history with almost 70,000 patients rating their overall care nine out of 10. Overall ratings continue to improve, with year on year increases in reported positive experience. Patients also reported more positively on areas including involvement in decisions about care and treatment, and being treated with dignity and respect.

The survey points to areas for improvement including follow up community and social care after treatment. Work is underway to improve in these areas, to ensure patients receive personalised care to live with and beyond cancer.
**SACN report on Feeding in the First Year of Life**

This report covers infant feeding from birth up to 12 months of age. The report considers evidence on the impact of infant feeding on short and longer term health outcomes for infants and mothers. It also considers factors that influence eating behaviour and diversification of the diet and makes recommendations on feeding in the first year of life.

SACN’s conclusions are largely consistent with existing advice on infant feeding, the introduction of solid foods and diversification of the infant diet.

In particular, SACN concludes that breastfeeding makes an important contribution to infant and maternal health. SACN recommends retaining existing advice for women to exclusively breastfeed for around the first 6 months and to continue breastfeeding for at least the first year of life once solid foods have been introduced. SACN recommends that infants are not introduced to solid foods until around 6 months of age.

SACN recommends that a wide variety of solids foods, including iron-containing foods should be introduced in an age appropriate form from around 6 months of age. The types of food, flavours and textures offered should become increasingly diverse throughout the complementary feeding period. SACN noted that new foods may need to be presented to infants on many occasions before they are accepted, particularly as infants get older.

SACN recommends that advice on complementary feeding should state that foods containing peanut and hen’s egg can be introduced from around 6 months of age and need not be differentiated from other solid foods. The deliberate exclusion of peanut or hen’s egg beyond 6 to 12 months of age may increase the risk of allergy to the same foods.

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**The Determinants of Health Care Expenditure Growth**

This paper considers the detailed breakdown of hospital inpatient expenditures across the period 2007/08 to 2014/15. Decomposition techniques are used to unpick the observed rise in expenditure into a component due to a change in the distribution of characteristics, for example, greater prevalence of morbidity, and a component due to structural changes in the impact of such characteristics on expenditures (coefficient effects, for example, due to technological change).
The NHS explained in eight charts

Eight simple graphs that explain the state of the NHS today

Covering:

Rising proportion of GDP
UK public healthcare spending as % of GDP
How the NHS compares internationally
Health expenditure as a % of GDP (2016 or nearest year)
Where is the money spent?
Proportion of government healthcare expenditure (2015)
Rapidly rising cost of medicines
Prescribing costs (England)

Demographic change

Life expectancy by census year
Life expectancy, England 2013 to 2015
Average number of cigarettes smoked per day (UK)
Number of deaths from top five leading causes (2016)

CHILDREN’S COMMISSIONER

Vulnerability Report [2018] This year’s 2018 vulnerability report tells of the numbers of children who are growing up in England with vulnerability and risks that could affect their lives, wellbeing and life chances. Findings are that there are over 2 million children in England living in families with substantial complex needs, and that of these 1.6 million children have no established, recognised form of additional support. In addition there are multiple other forms of vulnerability, risk and need.

THE HOUSE OF COMMONS LIBRARY

Series of briefing papers

Debate Pack briefing Perinatal Mental Illness
Tobacco Control Plan
Mental Capacity (Amendment) Bill [HL]: Briefing for lords stages
Dementia: policy, services and statistics overview
Deprivation of Liberty Safeguards
Learning disability – policies and issues
Delivering integrated care: the role of the multidisciplinary team

The report gives a snapshot of the practice of multi-disciplinary teams in delivering integrated care.

Therapeutic interventions after abuse and neglect

This quick guide gives an overview of evidence-based interventions that may be effective when working with children and young people who have experienced physical abuse, emotional abuse or neglect.

It includes information about the types of therapy that are appropriate for different age groups and describes the aims of each therapy. The guide also covers the principles that children and young people identified as being most important for people who work with them following abuse and neglect.

Named Social Worker: programme evaluation

The Department of Health and Social Care initiated the Named Social Worker programme to build an understanding of how having a named social worker can contribute to people with learning disabilities, autism or mental health needs achieving better outcomes.

The project looked specifically at how they and their family can be in control of decisions about their own future, and are supported to live with dignity and independence. This programme piloted new ideas and generated early and indicative evidence about their impact. This report is a final evaluation of the programme

Hidden Half: bringing postnatal mental illness out of hiding

This report, commissioned by the NCT as part of their Hidden Half campaign, explores the implications of extending the current six-week health check for babies to include a consultation about the wellbeing of the mother.

Diversity: The New Prescription for the NHS

The purpose of this report is to reframe the debate about diversity in the NHS, for boards and executives of trusts, in terms of the dividends it can deliver for patient health and staff success.

Risk and reward: Incentivising buddying arrangements

GGI and East Lancashire Hospitals NHS Trust briefing paper exploring the benefits and challenges to developing ways in which NHS organisations can work together to drive quality improvement
Culture: A barrier to partnership working?

GGI and East Lancashire Hospitals NHS Trust briefing paper exploring the benefits and challenges to developing ways in which NHS organisations can work together to drive quality improvement.

A sustainable NHS: Partnership working in the future

GGI and East Lancashire Hospitals NHS Trust briefing paper exploring the benefits and challenges to developing ways in which NHS organisations can work together to drive quality improvement.

MENTAL HEALTH FOUNDATION

Evaluation of Re:Connect and Time and Space Peer Mentoring Projects

This report is an evaluation of mental health carers peer mentoring project and outlines the main findings drawn from interviews and surveys conducted with mentees, mentors, volunteers, staff members, and referral agencies. It outlines the successes and challenges experienced since its inception and assesses the merits of peer mentoring as a form of support.

NATIONAL INSTITUTE FOR HEALTH RESEARCH

REVIEWS

Moving Forward - Physiotherapy for Musculoskeletal Health and Wellbeing

This review highlights evidence from the NIHR and others on why research in this area matters, assessment and matching patients to treatment, restoring musculoskeletal health and maintaining musculoskeletal wellbeing. It features:

- 37 published studies
- 25 ongoing research projects
- Questions to ask your physiotherapy musculoskeletal services

CARDIOLOGY

Factors associated with hospital emergency readmission and mortality rates in patients with heart failure or chronic obstructive pulmonary disease: a national observational study
**DENTISTRY**

Improving the Quality of Dentistry (IQuaD): A cluster factorial randomised controlled trial comparing the effectiveness and cost-benefit of oral hygiene advice and/or periodontal instrumentation with routine care for the prevention and management of periodontal disease in dentate adults attending dental primary care

**ELDERLY CARE**

Optimal primary care management of clinical osteoarthritis and joint pain in older people: a mixed-methods programme of systematic reviews, observational and qualitative studies, and randomised controlled trials

**HEALTH SERVICES [DELIVERY]**

The international knowledge base for new care models relevant to primary care-led integrated models: a realist synthesis

Closing five Emergency Departments in England between 2009 and 2011: the closED controlled interrupted time-series analysis

Quality and safety between ward and board: a biography of artefacts study
From programme theory to logic models for multispecialty community providers: a realist evidence synthesis

**MENTAL HEALTH**

The Person, Interactions and Environment Programme to improve care of people with dementia in hospital: a multisite study

**OBSTETRICS AND GYNAECOLOGY**

MRI versus laparoscopy to diagnose the main causes of chronic pelvic pain in women: a test-accuracy study and economic evaluation

**PATHOLOGY**

Methods for the evaluation of biomarkers in patients with kidney and liver diseases: multicentre research programme including ELUCIDATE RCT
PUBLIC HEALTH

Long-term weight loss following a randomised controlled trial of a weight management programme for men delivered through professional football clubs: the Football Fans in Training follow-up study

Health impact, and economic value, of meeting housing quality standards: a retrospective longitudinal data linkage study

A pedometer-based walking intervention in 45- to 75-year-olds, with and without practice nurse support: the PACE-UP three-arm cluster RCT

TRAUMA. INJURIES

Pressure garment to prevent abnormal scarring after burn injury in adults and children: the PEGASUS feasibility RCT and mixed-methods study

UROGENITAL SYSTEM. UROLOGY

Multiparametric MRI to improve detection of prostate cancer compared with transrectal ultrasound-guided prostate biopsy alone: the PROMIS study

COCHRANE SYSTEMATIC REVIEWS

ANAESTHESIA

Injectable local anaesthetic agents for dental anaesthesia

CANCER/ONCOLOGY

Interventions for the treatment of brain radio necrosis after radiotherapy or radiosurgery

Communication skills training for healthcare professionals working with people who have cancer

Pembrolizumab monotherapy versus chemotherapy for treatment of advanced urothelial carcinoma with disease progression during or following platinum-containing chemotherapy. A Cochrane Rapid Review

CARDIOVASCULAR/CARDIOLOGY

Omega-3 fatty acids for the primary and secondary prevention of cardiovascular disease

Omega-6 fats for the primary and secondary prevention of cardiovascular disease
Polyunsaturated fatty acids for the primary and secondary prevention of cardiovascular disease

Calcium channel blockers for preventing cardiomyopathy due to iron overload in people with transfusion-dependent beta thalassaemia

Blood pressure targets for the treatment of people with hypertension and cardiovascular disease

COMMUNICABLE DISEASES

Treatment for HIV-associated cryptococcal meningitis

Early versus delayed antiretroviral treatment in HIV-positive people with cryptococcal meningitis

DIGESTIVE SYSTEM/GASTROENTEROLOGY

Treatment for chronic methicillin-sensitive *Staphylococcus aureus* pulmonary infection in people with cystic fibrosis

Interventions for the eradication of meticillin-resistant *Staphylococcus aureus* (MRSA) in people with cystic fibrosis

ELDERLY

Multifactorial and multiple component interventions for preventing falls in older people living in the community

ENT

Ear drops for the removal of ear wax

HAEMATOLOGY

Heparin versus 0.9% sodium chloride locking for prevention of occlusion in central venous catheters in adults

Antiplatelet and anticoagulant agents for primary prevention of thrombosis in individuals with antiphospholipid antibodies

Antifibrinolytic therapy for preventing oral bleeding in people on anticoagulants undergoing minor oral surgery or dental extractions

Antiplatelet and anticoagulant agents for primary prevention of thrombosis in individuals with antiphospholipid antibodies

Nivolumab for adults with Hodgkin's lymphoma (a rapid review using the software RobotReviewer)
Anticoagulation for perioperative thromboprophylaxis in people with cancer

MENTAL HEALTH

Psychological therapies for the treatment of mental disorders in low- and middle-income countries affected by humanitarian crises

Parent training interventions for parents with intellectual disability

De-escalation techniques for managing non-psychosis induced aggression in adults

MENTAL HEALTH/DEMENTIA

Environmental and behavioural modifications for improving food and fluid intake in people with dementia

Music-based therapeutic interventions for people with dementia

NEUROLOGY

Clobazam monotherapy for focal or generalized seizures

Mirror therapy for improving motor function after stroke

Remote ischaemic conditioning for preventing and treating ischaemic stroke

Activity monitors for increasing physical activity in adult stroke survivors

Blood pressure-lowering treatment for preventing recurrent stroke, major vascular events, and dementia in patients with a history of stroke or transient ischaemic attack

NUTRITION

Effects of total fat intake on bodyweight in children

OBSTETRICS AND GYNAECOLOGY

Metformin for women who are overweight or obese during pregnancy for improving maternal and infant outcomes

Vaginal preparation with antiseptic solution before cesarean section for preventing postoperative infections

Acute tocolysis for uterine tachysystole or suspected fetal distress
OPHTHALMOLOGY/EYE HEALTH

Interventions for recurrent corneal erosions

PAEDIATRICS

Antibiotics for prolonged wet cough in children

Parent-mediated communication interventions for improving the communication skills of preschool children with non-progressive motor disorders

Different infusion durations for preventing platinum-induced hearing loss in children with cancer

Ketorolac for postoperative pain in children

Vitamin D as an adjunct to antibiotics for the treatment of acute childhood pneumonia

PATIENTS/PRIMARY CARE

Nurses as substitutes for doctors in primary care

Interventions for increasing the use of shared decision making by healthcare professionals

RHEUMATOLOGY

Exercise for rheumatoid arthritis of the hand

SURGERY

Prosthetic mesh placement for the prevention of parastomal herniation

Continuation versus discontinuation of antiplatelet therapy for bleeding and ischaemic events in adults undergoing non-cardiac surgery

Intraoperative use of low volume ventilation to decrease postoperative mortality, mechanical ventilation, lengths of stay and lung injury in adults without acute lung injury

TRAUMA/INJURIES

Negative pressure wound therapy for open traumatic wounds
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