Clinical Effectiveness Bulletin for NHS Primary Care in North Staffordshire

Issue No: 119 May 2017

About this Bulletin:

It is produced for NHS staff and partners of the Health Library and aims to draw attention to some of the key documents and reviews on clinical effectiveness that have been published in the previous month.

Where possible, links to the full text documents are included. Staff from SSOTP, North Staffs Combined Healthcare, UHN, Stoke on Trent Public Health and CCG and practice staff in North Staffordshire can have help in finding full text from our Outreach Service.

Just get in touch via the contact details below.

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Sources for Clinical Effectiveness Bulletin

Please suggest further sites that should be monitored in the production of this bulletin

Websites

Cochrane Library  http://www.thecochranelibrary.com/
Health Technology Assessment (HTA) Database  http://www.journalslibrary.nihr.ac.uk/hta
 https://discover.dc.nihr.ac.uk/portal/home
Department of Health  http://www.gov.uk/dh
King's Fund  http://www.kingsfund.org.uk/
Nice Guidance  http://www.nice.org.uk
Social Care Institute for Excellence  http://www.scie.org.uk/
NICE  http://www.nice.org.uk/
SIGN  http://www.sign.ac.uk/new.html
Primary Care Commissioning  www.pcc-cic.org.uk
Chartered Society of Physiotherapy  www.csp.org.uk
Health Social Care Information Centre  www.hscic.gov.uk
Queen’s Nursing Institute:  http://www.qni.org.uk/
NMC  www.nmc.org.uk
RCN  https://www.rcn.org.uk/
Campbell Collaboration  http://www.campbellcollaboration.org/
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Commissioning

**Learning Disability Services Monthly Statistics - England Commissioner Census (Assuring Transformation) - April 2017, Provisional Statistics**

NHS Digital

This statistical release published by NHS Digital makes available the most recent data relating to patients with learning disabilities and/or autistic spectrum disorder receiving inpatient care commissioned by the NHS in England.

**Improving Access to Psychological Therapies Report, February 2017 Final, March 2017**

*Primary and most recent quarterly data (Quarter 3 2016/17)*

NHS Digital

This statistical release makes available the most recent Improving Access to Psychological Therapies (IAPT) monthly and quarterly data, including activity, waiting times, and outcomes such as recovery. IAPT is run by the NHS in England and offers NICE-approved therapies for treating people with depression or anxiety.

**Provisional Quarterly Patient Reported Outcome Measures (PROMs) in England – April 2016 to December 2016**

NHS Digital

Patients undergoing elective inpatient surgery for four common elective procedures (hip and knee replacement, varicose vein surgery and groin hernia surgery) funded by the English NHS are asked to complete questionnaires before and after their operations to assess improvement in health as perceived by the patients themselves.

**Bite-sized social care: Social care, the NHS and other services**

King’s Fund

Adult social care is part of a complex system of services and support – including the NHS. How well the various components of a person’s care are integrated can impact on their personal experience of care. This video explains the importance of different services working together to provide care. Other videos include: *What is social care? Who provides social care? How is social care paid for?*

**Vitamin D: increasing supplement use in at-risk groups**

NICE Public health guideline [PH56] Published date: November 2014  Last updated: May 2017

This guideline covers vitamin D supplement use. It aims to prevent vitamin D deficiency among at-risk groups including infants and children aged under 4, pregnant and breastfeeding women, particularly teenagers and young women, people over 65, people who have low or no exposure to the sun and people with darker skin.
In May 2017, the introduction, recommendations 1 and 6, the context section and the glossary were updated after publication of The SACN vitamin D and health report 2016. We have amended at-risk age ranges, updated links to the new report and updated reference nutrient intake details.

Recommendations

This guideline includes recommendations on how to:
• increase access to vitamin D supplements including those provided as part of the Healthy Start supplements scheme
• increase local availability of vitamin D supplements for at-risk groups
• ensure health professionals recommend vitamin D supplements
• raise awareness of the importance of vitamin D supplements among the local population
• ensure a consistent multiagency approach
• monitor and evaluate the provision and uptake of vitamin D supplements

Type 2 diabetes in adults: management
NICE guideline [NG28] Published date: December 2015 Last updated: May 2017
This guideline covers the care and management of type 2 diabetes in adults (aged 18 and over). It focuses on patient education, dietary advice, managing cardiovascular risk, managing blood glucose levels, and identifying and managing long-term complications.

In May 2017 we added text on sodium–glucose cotransporter 2 (SGLT-2) inhibitors to the section on initial drug treatment. We also updated the algorithm for blood glucose lowering therapy in adults with type 2 diabetes to revise footnote b with links to relevant NICE guidance on SGLT-2 inhibitors, and added new information on SGLT-2 inhibitors to the box on action to take if metformin is contraindicated or not tolerated.

Recommendations

This updated guideline includes new recommendations on:
• individualised care
• managing blood glucose levels:
  - HbA1c measurement and targets
  - self-monitoring of blood glucose
  - drug treatment
• antiplatelet therapy
• managing complications

Hip fracture in adults
NICE Quality standard [QS16] Published date: March 2012 Last updated: May 2017
This quality standard covers diagnosing and managing hip fracture in adults (aged 18 and over). It describes high-quality care in priority areas for improvement.
Hip fracture: management
NICE Clinical guideline [CG124]  Published date: June 2011   Last updated: May 2017
This guideline covers managing hip fracture in adults. It aims to improve care from the time people aged 18 and over are admitted to hospital through to when they return to the community. Recommendations emphasise the importance of early surgery and coordinating care through a multidisciplinary hip fracture programme to help people recover faster and regain their mobility.

Public Health and Lifestyle Services

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Cochrane Review
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Measuring ability to assess claims about treatment effects: the development of the ‘Claim Evaluation Tools’
BMJ Open
The Claim Evaluation Tools database is a flexible resource from which researchers, teachers and others can design measurement instruments to meet their own requirements. These evaluation tools are being managed and made freely available for non-commercial use (on request) through Testing Treatments interactive (testingtreatments.org).

General Practice

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Idiopathic pulmonary fibrosis in adults: diagnosis and management
Clinical guideline [CG163] Published date: June 2013 Last updated: May 2017
This guideline covers diagnosing and managing idiopathic pulmonary fibrosis in people aged 18 and over. It aims to improve the quality of life for people with idiopathic pulmonary fibrosis by helping healthcare professionals to diagnose the condition and provide effective symptom management.

Eating disorders: recognition and treatment
NICE guideline [NG69] Published date: May 2017
This guideline covers assessment, treatment, monitoring and inpatient care for children, young people and adults with eating disorders. It aims to improve the care people receive by detailing the most effective treatments for anorexia nervosa, binge eating disorder and bulimia nervosa.

Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs
NICE Technology appraisal guidance [TA445] Published date: 24 May 2017
Evidence-based recommendations on certolizumab pegol (Cimzia) and secukinumab (Cosentyx) for treating active psoriatic arthritis in adults.

Mrs Oliver
Rehabilitation and Occupational Health

**Bindex for people with suspected osteoporosis**
**NICE Medtech innovation briefing [MIB106] Published date: May 2017**
NICE has developed a Medtech innovation briefing (MIB) on Bindex for people with suspected osteoporosis. NICE summarise evidence, key uncertainties and regulatory information on the use of Bindex, a portable pulse-echo ultrasound device used to help make decisions on the investigation and treatment of osteoporosis.

**Electromechanical-assisted training for walking after stroke**
**Cochrane Review**
People who receive electromechanical-assisted gait training in combination with physiotherapy after stroke are more likely to achieve independent walking than people who receive gait training without these devices. We concluded that seven patients need to be treated to prevent one dependency in walking. Specifically, people in the first three months after stroke and those who are not able to walk seem to benefit most from this type of intervention. The role of the type of device is still not clear. Further research should consist of large definitive pragmatic phase III trials undertaken to address specific questions about the most effective frequency and duration of electromechanical-assisted gait training as well as how long any benefit may last.

**Peripheral nerve blocks for hip fractures**
**Cochrane Review**
High-quality evidence shows that regional blockade reduces pain on movement within 30 minutes after block placement. Moderate-quality evidence shows reduced risk for pneumonia, decreased time to first mobilization and cost reduction of the analgesic regimen (single shot blocks).

**Biologics or tofacitinib for people with rheumatoid arthritis naive to methotrexate: a systematic review and network meta-analysis**
**Cochrane Review**
In MTX-naive RA participants, there was moderate-quality evidence that, compared with MTX alone, biologics with MTX was associated with absolute and relative clinically meaningful benefits in three of the efficacy outcomes (ACR50, HAQ scores, and RA remission rates). A benefit regarding less radiographic progression with biologics with MTX was not evident (low-quality evidence). We found moderate- to low-quality evidence that biologic therapy with MTX...
was not associated with any higher risk of serious adverse events compared with MTX, but results were inconclusive for withdrawals due to adverse events and cancer to 24 months. TNF biologic monotherapy did not differ statistically significantly or clinically meaningfully from MTX for any of the outcomes (moderate-quality evidence), and no data were available for non-TNF biologic monotherapy. We conclude that biologic with MTX use in MTX-naive populations is beneficial and that there is little/inconclusive evidence of harms. More data are needed for tofacitinib, radiographic progression and harms in this patient population to fully assess comparative efficacy and safety.

Mrs Oliver
NS CCG
A you tube video in which Mrs Oliver shares a patient’s view of the Discharge to Assess programme. It focuses on what was put in place to help Mrs Oliver manage her health and care needs after returning home from hospital.

Physiotherapy

Using Xbox kinect motion capture technology to improve clinical rehabilitation outcomes for balance and cardiovascular health in an individual with chronic TBI

Archives of Physiotherapy

Background: Motion capture virtual reality-based rehabilitation has become more common. However, therapists face challenges to the implementation of virtual reality (VR) in clinical settings. Use of motion capture technology such as the Xbox Kinect may provide a useful rehabilitation tool for the treatment of postural instability and cardiovascular deconditioning in individuals with chronic severe traumatic brain injury (TBI). The primary purpose of this study was to evaluate the effects of a Kinect-based VR intervention using commercially available motion capture games on balance outcomes for an individual with chronic TBI. The secondary purpose was to assess the feasibility of this intervention for eliciting cardiovascular adaptations.

Methods: A single system experimental design (n = 1) was utilized, which included baseline, intervention, and retention phases. Repeated measures were used to evaluate the effects of an 8-week supervised exercise intervention using two Xbox One Kinect games. Balance was characterized using the dynamic gait index (DGI), functional reach test (FRT), and Limits of Stability (LOS) test on the NeuroCom Balance Master. The LOS assesses end-point excursion (EPE), maximal excursion (MXE), and directional control (DCL) during weight-shifting tasks. Cardiovascular and activity measures were characterized by heart rate at the end of exercise (HRe), total gameplay time (TAT), and time spent in a therapeutic heart rate (TTR) during the Kinect intervention. Chi-square and ANOVA testing were used to analyze the data.

Results: Dynamic balance, characterized by the DGI, increased during the intervention phase χ² (1, N = 12) = 12, p = .001. Static balance, characterized by the FRT showed no significant changes. The EPE increased during the intervention phase in the backward direction χ² (1, N = 12) = 5.6, p = .02, and notable improvements of DCL were demonstrated in all directions. HRe (F (2,174) = 29.65, p = < .001) and time in a TTR (F (2, 12) = 4.19, p = .04) decreased over the course of the intervention phase.
Conclusions: Use of a supervised Kinect-based program that incorporated commercial games improved dynamic balance for an individual post severe TBI. Additionally, moderate cardiovascular activity was achieved through motion capture gaming. Further studies appear warranted to determine the potential therapeutic utility of commercial VR games in this patient population.

Reliability and screening ability of the StarT Back screening tool in patients with low back pain in physiotherapy practice, a cohort study

BMC Musculoskeletal Disorders
Background: Low back pain (LBP) is the most common reported musculoskeletal disorder, with large prevalence numbers and high costs. Focus on early identification of patients at risk of developing chronic LBP has increased. The Keele Start Back Tool (SBT) is a questionnaire aiming at screening prognostic indicators in LBP patients, categorizing patients into risk-groups and guide treatment. The aim of this study was to explore the Norwegian version of the SBT with regard to reliability of the SBT-scoring and the screening ability in LBP patients in primary care physiotherapy.

Methods: LBP patients answered a package of questionnaires twice, with 1-3 days in between, containing SBT, Hannover functional ability questionnaire, pain intensity questions and demographics. The relative and absolute reliability of SBT was calculated using intraclass correlation coefficient (ICC) and the smallest detectable change respectively. Independent sample t-tests were used for group comparisons.

Results: Fifty-two patients with LBP. Mean age (SD) was 45 (12) years and 62% were female. The ICC (95% CI) for SBT total score and psychosocial subscore was 0.89 (0.82, 0.94) and 0.82 (0.70, 0.90) respectively. None of the participants were allocated to the high risk group. The medium risk group reported significantly more pain last week and more activity limitations than the low risk group at both test and retest (0.001 ≤ p ≤ 0.003), whereas no significant difference between the groups was found on pain now (0.05 ≤ p ≤ 0.16).

Conclusions: The Norwegian version of the SBT was reliable and the screening ability was good as the subgrouping of patients into risk-groups reflected the severity of their back problems. The SBT may be an applicable and useful tool in physiotherapy practice.

Frequency of Shoulder Corticosteroid Injections for Pain and Stiffness After Shoulder Surgery and Their Potential to Enhance Outcomes with Physiotherapy: A Retrospective Study

Pain and Therapy
Introduction: What is the rate of injecting patients with shoulder corticosteroid injections to alleviate excessive stiffness and pain within 6 months after shoulder surgery?

Methods: Retrospective 10-year review of a shoulder surgeon’s practice. Participants included 754 patients who had 945 non-arthroplasty shoulder surgeries. Outcome measures included the rate of injections, diagnoses, patient characteristics, and efficacy via questionnaire.

Results: Approximately one in five patients received a subacromial and/or glenohumeral corticosteroid injection. Over 95% of patients stated that the injections helped reduce shoulder pain and increased function 6 weeks post-injection. Twenty-two percent of cases (208/945) received glenohumeral and/or subacromial injections. The 208 injected cases had these diagnoses: rotator cuff tear (28% of injected patients), subacromial impingement (20%), glenohumeral instability (16%), subacromial impingement with acromioclavicular osteoarthritis.
(10%), adhesive capsulitis (7%), SLAP lesion (5%), biceps tendinopathy (3%), glenohumeral instability with subacromial impingement (3%), proximal humerus fracture (2%), calcific tendinitis (2%), and less common conditions (4%). Diagnoses among those with the highest rates of injected patients per diagnosis included: SLAP lesions (40%), calcific tendinitis (40%), adhesive capsulitis (29%), subacromial impingement (28%), proximal humerus fracture (24%), rotator cuff tear (19%), and glenohumeral instability (16%). Significant differences (p < 0.03) were found between patients who did and did not receive injections with respect to age (more likely younger patients with cuff tear) and sex (more likely female with subacromial impingement and instability) but not for diabetes or arthroscopic vs. open procedures. Conclusion: This is the first study to establish the rates of postoperative shoulder corticosteroid injections within the first 6 months after various non-arthroplasty shoulder surgeries for patients with high pain/stiffness. These data will be useful for establishing guidelines for using corticosteroid injections along with physiotherapy.

**Effects of exercise on brain activity during walking in older adults: a randomized controlled trial**

*Journal of NeuroEngineering and Rehabilitation*

Background: Physical activity may preserve neuronal plasticity, increase synapse formation, and cause the release of hormonal factors that promote neurogenesis and neuronal function. Previous studies have reported enhanced neurocognitive function following exercise training. However, the specific cortical regions activated during exercise training remain largely undefined. In this study, we quantitatively and objectively evaluated the effects of exercise on brain activity during walking in healthy older adults.

Methods: A total of 24 elderly women (75–83 years old) were randomly allocated to either an intervention group or a control group. Those in the intervention group attended 3 months of biweekly 90-min sessions focused on aerobic exercise, strength training, and physical therapy. We monitored changes in regional cerebral glucose metabolism during walking in both groups using positron emission tomography (PET) and [18F]fluorodeoxyglucose (FDG).

Results: All subjects completed the 3-month experiment and the adherence to the exercise program was 100%. Compared with the control group, the intervention group showed a significantly greater step length in the right foot after 3 months of physical activity. The FDG-PET assessment revealed a significant post-intervention increase in regional glucose metabolism in the left posterior entorhinal cortex, left superior temporal gyrus, and right superior temporopolar area in the intervention group. Interestingly, the control group showed a relative increase in regional glucose metabolism in the left premotor and supplemental motor areas, left and right somatosensory association cortex, and right primary visual cortex after the 3-month period. We found no significant differences in FDG uptake between the intervention and control groups before vs. after the intervention.

Conclusion: Exercise training increased activity in specific brain regions, such as the precuneus and entorhinal cortices, which play an important role in episodic and spatial memory. Further investigation is required to confirm whether alterations in glucose metabolism within these regions during walking directly promote physical and cognitive performance.
Guidance for Mentors of Nursing and Midwifery Students
RCN
The importance of the role of mentors and the quality of the mentorship offered in the practice environment, wherever that may be, cannot be over-emphasised. This guidance outlines the responsibilities of a mentor alongside those of students, higher education institutions (HEIs) and practice-based learning providers.

Help for nurses to spot trafficking victims
RCN
The RCN has launched a new guide to help nurses to spot victims of trafficking.

NMC and CNOs launch professionalism guide
NMC
Chief Nursing Officers (CNOs), supported by the NMC, come together to set out what professionalism means for nurses and midwives.

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A you tube video in which Mrs Oliver shares a patient’s view of the Discharge to Assess programme. It focuses on what was put in place to help Mrs Oliver manage her health and care needs after returning home from hospital.

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Mental Health

**Music-based therapeutic interventions for people with dementia**
Cochrane Review
Providing people with dementia with at least five sessions of a music-based therapeutic intervention probably reduces depressive symptoms but has little or no effect on agitation or aggression. There may also be little or no effect on emotional well-being or quality of life, overall behavioural problems and cognition. We are uncertain about effects on anxiety or social behaviour, and about any long-term effects. Future studies should employ larger sample sizes, and include all important outcomes, in particular ‘positive’ outcomes such as emotional well-being and social outcomes. Future studies should also examine the duration of effects in relation to the overall duration of treatment and the number of sessions.

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**Provisional Quarterly Patient Reported Outcome Measures (PROMs) in England – April 2016 to December 2016**  
*NHS Digital*  
Patients undergoing elective inpatient surgery for four common elective procedures (hip and knee replacement, varicose vein surgery and groin hernia surgery) funded by the English NHS are asked to complete questionnaires before and after their operations to assess improvement in health as perceived by the patients themselves.

**Patient Information**

**Consultation on the Draft SIGN Patient Booklet: Cardiac Rehabilitation: A Booklet for Patients, Their Families and Carers.**  
*SIGN*  
We are looking for feedback on our patient version of cardiac rehabilitation. The booklet is for patients, carers and family members of people who have been diagnosed with heart disease. It explains the recommendations in the clinical guideline on cardiac rehabilitation. Feedback is open to all, providing an opportunity for the public, health care professionals, patients, parents, carers, patient organisations and other interested groups to comment.

In order for your input to be taken forward it is essential that you fully complete the declaration of interests form below. No comments can be considered without this process being undertaken. [scroll down to bottom of webpage]