Clinical Effectiveness Bulletin for NHS Primary Care in North Staffordshire

Issue No: 120 June 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.

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Websites

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SIGN  http://www.sign.ac.uk/new.html
Primary Care Commissioning  www.pcc-cic.org.uk
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Queen’s Nursing Institute:  http://www.qni.org.uk/
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RCN  https://www.rcn.org.uk/
Campbell Collaboration  http://www.campbellcollaboration.org/
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Commissioning

**Multimorbidity**

**NICE Quality standard**
This quality standard covers clinical assessment, prioritising and managing healthcare for adults aged 18 years and over with 2 or more long-term health conditions (multimorbidity). At least 1 of these conditions must be a physical health condition. It describes high-quality care in priority areas for improvement.

**Pre-admission antibiotics for suspected cases of meningococcal disease**

**Cochrane Review**
We found no reliable evidence to support the use pre-admission antibiotics for suspected cases of non-severe meningococcal disease. Moderate-quality evidence from one RCT indicated that single intramuscular injections of ceftriaxone and long-acting chloramphenicol were equally effective, safe, and economical in reducing serious outcomes. The choice between these antibiotics should be based on affordability, availability, and patterns of antibiotic resistance. Further RCTs comparing different pre-admission antibiotics, accompanied by intensive supportive measures, are ethically justified in people with less severe illness, and are needed to provide reliable evidence in different clinical settings.

**Early discharge hospital at home**

**Cochrane Review**
Early discharge hospital at home is a service that provides active treatment by healthcare professionals in the patient's home for a condition that otherwise would require acute hospital inpatient care. This is an update of a Cochrane review. Despite increasing interest in the potential of early discharge hospital at home services as a less expensive alternative to inpatient care, this review provides insufficient evidence of economic benefit (through a reduction in hospital length of stay) or improved health outcomes.

**Home-based versus centre-based cardiac rehabilitation**

**Cochrane Review**
This update supports previous conclusions that home- and centre-based forms of cardiac rehabilitation seem to be similarly effective in improving clinical and health-related quality of life outcomes in patients after myocardial infarction or revascularisation, or with heart failure. This finding supports the continued expansion of evidence-based, home-based cardiac rehabilitation programmes. The choice of participating in a more traditional and supervised centre-based programme or a home-based programme may reflect local availability and consider the preference of the individual patient. Further data are needed to determine whether the effects of home- and centre-based cardiac rehabilitation reported in the included short-term trials can be confirmed in the longer term and need to consider adequately powered non-inferiority or equivalence study designs.
Patient education in the management of coronary heart disease
Cochrane Review
We found no reduction in total mortality, in people who received education delivered as part of cardiac rehabilitation, compared to people in control groups (moderate quality evidence). There were no improvements in fatal or non-fatal MI, total revascularisations or hospitalisations, with education. There was some evidence of a reduction in fatal and/or non-fatal cardiovascular events with education, but this was based on only two studies. There was also some evidence to suggest that education-based interventions may improve HRQoL. Our findings are supportive of current national and international clinical guidelines that cardiac rehabilitation for people with CHD should be comprehensive and include educational interventions together with exercise and psychological therapy. Further definitive research into education interventions for people with CHD is needed.

Public Health and Lifestyle Services

Obesity: working with local communities
Public health guideline
This guideline covers how local communities, with support from local organisations and networks, can help prevent people from becoming overweight or obese or help them lose weight. It aims to support sustainable and community-wide action to achieve this.

Air pollution: outdoor air quality and health
NICE guideline
This guideline covers road-traffic-related air pollution and its links to ill health. It aims to improve air quality and so prevent a range of health conditions and deaths.

Barriers to and facilitators of smoking cessation in pregnancy and following childbirth: literature review and qualitative study
NIHR
Background: Although many women stop smoking in pregnancy, others continue, causing harm to maternal and child health. Smoking behaviour is influenced by many factors, including the role of women’s significant others (SOs) and support from health-care professionals (HPs).
Objectives: To enhance understanding of the barriers to, and facilitators of, smoking cessation and the feasibility and acceptability of interventions to reach and support pregnant women to stop smoking.
Design: Four parts: (1) a description of interventions in the UK for smoking cessation in pregnancy; (2) three systematic reviews (syntheses) of qualitative research of women’s, SOs’ and HPs’ views of smoking in pregnancy using meta-ethnography (interpretative approach for combining findings); (3) semistructured interviews with pregnant women, SOs and HPs, guided by the social–ecological framework (conceptualises behaviour as an outcome of
individuals’ interactions with environment); and (4) identification of new/improved interventions for future testing.

Setting: Studies in reviews conducted in high-income countries. Qualitative research was conducted from October 2013 to December 2014 in two mixed urban/rural study sites: area A (Scotland) and area B (England).

Participants: Thirty-eight studies (1100 pregnant women) in 42 papers, nine studies (150 partners) in 14 papers and eight studies described in nine papers (190 HPs) included in reviews. Forty-one interviews with pregnant women, 32 interviews with pregnant women’s SOs and 28 individual/group interviews with 48 HPs were conducted.

Main outcome measures: The perceived barriers to, and facilitators of, smoking cessation in pregnancy and the identification of potential new/modified interventions.

Results: Syntheses identified smoking-related perceptions and experiences for pregnant women and SOs that were fluid and context dependent with the capacity to help or hinder smoking cessation. Themes were analysed in accordance with the social–ecological framework levels. From the analysis of the interviews, the themes that were central to cessation in pregnancy at an individual level, and that reflected the findings from the reviews, were perception of risk to baby, self-efficacy, influence of close relationships and smoking as a way of coping with stress. Overall, pregnant smokers were faced with more barriers than facilitators. At an interpersonal level, partners’ emotional and practical support, willingness to change smoking behaviour and role of smoking within relationships were important. Across the review and interviews of HPs, education to enhance knowledge and confidence in delivering information about smoking in pregnancy and the centrality of the client relationship, protection of which could be a factor in downplaying risks, were important. HPs acknowledged that they could best assist by providing support and understanding, and access to effective interventions, including an opt-out referral pathway to Stop Smoking Services, routine carbon monoxide screening, behavioural support and access to pharmacotherapy. Additional themes at community, organisational and societal levels were also identified.

Limitations: Limitations include a design grounded in qualitative studies, difficulties recruiting SOs, and local service configurations and recruitment processes that potentially skewed the sample.

Conclusions: Perceptions and experiences of barriers to and facilitators of smoking cessation in pregnancy are fluid and context dependent. Effective interventions for smoking cessation in pregnancy should take account of the interplay between the individual, interpersonal and environmental aspects of women’s lives.

Pre-admission antibiotics for suspected cases of meningococcal disease

Cochrane Review

We found no reliable evidence to support the use pre-admission antibiotics for suspected cases of non-severe meningococcal disease. Moderate-quality evidence from one RCT indicated that single intramuscular injections of ceftriaxone and long-acting chloramphenicol were equally effective, safe, and economical in reducing serious outcomes. The choice between these antibiotics should be based on affordability, availability, and patterns of antibiotic resistance.

Further RCTs comparing different pre-admission antibiotics, accompanied by intensive supportive measures, are ethically justified in people with less severe illness, and are needed to provide reliable evidence in different clinical settings.
Haemophilus influenzae oral vaccination for preventing acute exacerbations of chronic bronchitis and chronic obstructive pulmonary disease
Cochrane Review
Analyses demonstrate that NTHi oral vaccination of people with recurrent exacerbations of chronic bronchitis or COPD does not yield a significant reduction in the number and severity of exacerbations. Evidence was mixed, and the individual trials that showed a significant benefit of the vaccine are too small to advocate widespread oral vaccination of people with COPD

Welfare conditionality: Sanctions, Support and Behaviour Change
Welfare Conditionality; Department of Social Policy & Social Work, University of York
This studies conditional welfare in the UK - where people’s access to welfare is restricted or stopped, for example, by benefit sanctions or rules. Or secondly, equally important, welfare support – for example, through family intervention projects or help to find work. This project is looking into all the effects of these mechanisms on people’s lives.

Health Canada considers sweeping ban on junk food ads aimed at children and teens
CBC News
Health Canada is considering a widespread ban on the marketing of unhealthy food to kids under the age of 17. It could cover everything from TV, online and print advertising to product labelling, in-store displays and even end some sponsorships for sports teams. Health Canada is consulting on the idea now.

Niacin for primary and secondary prevention of cardiovascular events
Cochrane Review
Moderate- to high-quality evidence suggests that niacin does not reduce mortality, cardiovascular mortality, non-cardiovascular mortality, the number of fatal or non-fatal myocardial infarctions, nor the number of fatal or non-fatal strokes but is associated with side effects. Benefits from niacin therapy in the prevention of cardiovascular disease events are unlikely

Diet, physical activity and behavioural interventions for the treatment of overweight or obese adolescents aged 12 to 17 years
Cochrane Review
We found low quality evidence that multidisciplinary interventions involving a combination of diet, physical activity and behavioural components reduce measures of BMI and moderate quality evidence that they reduce weight in overweight or obese adolescents, mainly when compared with no treatment or waiting list controls. Inconsistent results, risk of bias or indirectness of outcome measures used mean that the evidence should be interpreted with caution. We have identified a large number of ongoing trials (50) which we will include in future updates of this review
Diet, physical activity and behavioural interventions for the treatment of overweight or obese children from the age of 6 to 11 years

Cochrane Review

Multi-component behaviour-changing interventions that incorporate diet, physical activity and behaviour change may be beneficial in achieving small, short-term reductions in BMI, BMI z-score and weight in children aged 6 to 11 years. The evidence suggests a very low occurrence of adverse events. The quality of the evidence was low or very low. The heterogeneity observed across all outcomes was not explained by subgrouping. Further research is required of behaviour-changing interventions in lower income countries and in children from different ethnic groups; also on the impact of behaviour-changing interventions on health-related quality of life and comorbidities. The sustainability of reduction in BMI/BMI z-score and weight is a key consideration and there is a need for longer-term follow-up and further research on the most appropriate forms of post-intervention maintenance in order to ensure intervention benefits are sustained over the longer term.

Patient education in the management of coronary heart disease

Cochrane Review

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General Practice

Multimorbidity

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Obese, overweight with risk factors: liraglutide (Saxenda)

NICE Evidence Summary

Regulatory status: New medicine. Liraglutide is a glucagon-like peptide-1 (GLP-1) receptor antagonist. Liraglutide (Saxenda) received a European marketing authorisation in March 2015 and was launched in the UK in January 2017. It is licensed as an adjunct to a reduced-calorie diet and increased physical activity for weight management in adult patients with an initial BMI of:
30 kg/m² or more (obese), or

from 27 kg/m² to less than 30 kg/m² (overweight) in the presence of at least one weight-related comorbidity such as dysglycaemia (prediabetes or type 2 diabetes mellitus), hypertension, dyslipidaemia or obstructive sleep apnoea

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Analyses demonstrate that NTHi oral vaccination of people with recurrent exacerbations of chronic bronchitis or COPD does not yield a significant reduction in the number and severity of exacerbations. Evidence was mixed, and the individual trials that showed a significant benefit of the vaccine are too small to advocate widespread oral vaccination of people with COPD.

**Umeclidinium bromide versus placebo for people with chronic obstructive pulmonary disease (COPD)**

Cochrane Review

Umeclidinium reduced acute exacerbations requiring steroids, antibiotics, or both, although no evidence suggests that it decreased the risk of hospital admission due to exacerbations. Moreover,umeclidinium demonstrated significant improvement in quality of life, lung function, and symptoms, along with lesser use of rescue medications. Studies reported no differences in adverse events, non-fatal serious adverse events, or mortality between umeclidinium and placebo groups; however, larger studies would yield a more precise estimate for these outcomes.
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**Cochrane Review**

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**Physiotherapy**

**Yoga, Physical Therapy, or Education for Chronic Low Back Pain: A Randomized Noninferiority Trial.**

Available in full text at [Annals of internal medicine](https://linkinghub.elsevier.com/retrieve/pii/S0003490X15012106) from EBSCOhost

Abstract: Background: Yoga is effective for mild to moderate chronic low back pain (cLBP), but its comparative effectiveness with physical therapy (PT) is unknown. Moreover, little is known about yoga’s effectiveness in underserved patients with more severe functional disability and pain. Objective: To determine whether yoga is noninferior to PT for cLBP. Design: 12-week, single-blind, 3-group randomized noninferiority trial and subsequent 40-week maintenance phase. (ClinicalTrials.gov: NCT01343927). Setting: Academic safety-net hospital and 7 affiliated community health centers. Participants: 320 predominantly low-income, racially diverse adults with nonspecific cLBP. Intervention: Participants received 12 weekly yoga classes, 15 PT visits, or an educational book and newsletters. The maintenance
phase compared yoga drop-in classes versus home practice and PT booster sessions versus home practice. Measurements: Primary outcomes were back-related function, measured by the Roland Morris Disability Questionnaire (RMDQ), and pain, measured by an 11-point scale, at 12 weeks. Prespecified noninferiority margins were 1.5 (RMDQ) and 1.0 (pain). Secondary outcomes included pain medication use, global improvement, satisfaction with intervention, and health-related quality of life. Results: One-sided 95% lower confidence limits were 0.83 (RMDQ) and 0.97 (pain), demonstrating noninferiority of yoga to PT. However, yoga was not superior to education for either outcome. Yoga and PT were similar for most secondary outcomes. Yoga and PT participants were 21 and 22 percentage points less likely, respectively, than education participants to use pain medication at 12 weeks. Improvements in yoga and PT groups were maintained at 1 year with no differences between maintenance strategies. Frequency of adverse events, mostly mild self-limited joint and back pain, did not differ between the yoga and PT groups. Limitations: Participants were not blinded to treatment assignment. The PT group had disproportionate loss to follow-up. Conclusion: A manualized yoga program for nonspecific cLBP was noninferior to PT for function and pain. Primary Funding Source: National Center for Complementary and Integrative Health of the National Institutes of Health.

A Volunteer Basketball Clinic for Children with Disabilities. Available in full text at Journal of Allied Health - from ProQuest NHS Athens required
Abstract: The purpose of this study was to assess the change in perceptions of student-athletes, physical therapy students, and parents of children who helped to facilitate an athletic skills camp for children with disabilities. Participants experienced 3 hours of basketball activity yearly. Data were collected for 3 consecutive years from a total of 51 parents, 15 student-athletes, and 22 physical therapy students. Pre- and post-survey data were evaluated by two independent researchers. Common themes were developed for all participant groups and cross-group comparisons were evaluated. Findings indicated a synergistic benefit for student-athletes and physical therapy students derived from their impact and children with disabilities. Perceptual changes in students included a decrease in fear in working with disabled children, an appreciation for the value of having fun, and increased growth in civic identity and desire to volunteer.

Spondyloarthritis in over 16s: diagnosis and management
NICE guideline
This guideline covers diagnosing and managing spondyloarthritis that is suspected or confirmed in adults who are 16 years or older. It aims to raise awareness of the features of spondyloarthritis and provide clear advice on what action to take when people with signs and symptoms first present in healthcare settings. It also provides advice on the range of treatments available.

Multidisciplinary biopsychosocial rehabilitation for subacute low back pain
Cochrane Review
On average, people with subacute LBP who receive MBR will do better than if they receive usual care, but it is not clear whether they do better than people who receive some other type of treatment. However, the available research provides mainly low to very low-quality
evidence, thus additional high-quality trials are needed before we can describe the value of MBP for clinical practice.

**Gabapentin for chronic neuropathic pain in adults**

**Cochrane Review**

Gabapentin at doses of 1800 mg to 3600 mg daily (1200 mg to 3600 mg gabapentin encarbil) can provide good levels of pain relief to some people with postherpetic neuralgia and peripheral diabetic neuropathy. Evidence for other types of neuropathic pain is very limited. The outcome of at least 50% pain intensity reduction is regarded as a useful outcome of treatment by patients, and the achievement of this degree of pain relief is associated with important beneficial effects on sleep interference, fatigue, and depression, as well as quality of life, function, and work. Around 3 or 4 out of 10 participants achieved this degree of pain relief with gabapentin, compared with 1 or 2 out of 10 for placebo. Over half of those treated with gabapentin will not have worthwhile pain relief but may experience adverse events. Conclusions have not changed since the previous update of this review.

**Celecoxib for rheumatoid arthritis**

**Cochrane Review**

Celecoxib may improve clinical symptoms, alleviate pain and contribute to little or no difference in physical function compared with placebo. Celecoxib was associated with fewer numbers of participant withdrawals. Results for incidence of gastroduodenal ulcers (≥ 3 mm) and short-term serious adverse events were uncertain; however, there were few reported events for either. Celecoxib may slightly improve clinical symptoms compared with tNSAIDs. Results for reduced pain and improved physical function were uncertain. Participants taking celecoxib had lower incidence of gastroduodenal ulcers (≥ 3 mm) and there were fewer withdrawals from trials. Results for cardiovascular events and short-term serious adverse events were also uncertain. Uncertainty about the rate of cardiovascular events between celecoxib and tNSAIDs could be due to risk of bias; another factor is that these were small, short-term trials. It has been reported previously that both celecoxib and tNSAIDs increase cardiovascular event rates. Our confidence in results about harms is therefore low. Larger head-to-head clinical trials comparing celecoxib to other tNSAIDs is needed to better inform clinical practice.

**Health Visiting and Nursing**

**Conceptualising a model to guide nursing and midwifery in the community guided by an evidence review**

**BMC Nursing**

Background: Successful models of nursing and midwifery in the community delivering healthcare throughout the lifespan and across a health and illness continuum are limited, yet necessary to guide global health services. Primary and community health services are the typical points of access for most people and the location where most care is delivered. The scope of primary healthcare is complex and multifaceted and therefore requires a practice framework with sound conceptual and theoretical underpinnings.
The aim of this paper is to present a conceptual model informed by a scoping evidence review of the literature.

Methods: A scoping evidence review of the literature was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement. Databases included CINAHL, MEDLINE, PsycINFO and SocINDEX using the EBSCO platform and the Cochrane Library using the keywords: model, nursing, midwifery, community, primary care. Grey literature for selected countries was searched using the Google ‘advanced’ search interface. Data extraction and quality appraisal for both empirical and grey literature were conducted independently by two reviewers. From 127 empirical and 24 non-empirical papers, data extraction parameters, in addition to the usual methodological features, included: the nature of nursing and midwifery; the population group; interventions and main outcomes; components of effective nursing and midwifery outcomes.

Results: The evidence was categorised into six broad areas and subsequently synthesised into four themes. These were not mutually exclusive: (1) Integrated and Collaborative Care; (2) Organisation and Delivery of Nursing and Midwifery Care in the Community; (3) Adjuncts to Nursing Care and (4) Overarching Conceptual Model. It is the latter theme that is the focus of this paper. In essence, the model depicts a person/client on a lifespan and preventative-curative trajectory. The health related needs of the client, commensurate with their point position, relative to both trajectories, determines the nurse or midwife intervention. Consequently, it is this need, that determines the discipline or speciality of the nurse or midwife with the most appropriate competencies.

Conclusion: Use of a conceptual model of nursing and midwifery to inform decision-making in primary/community based care ensures clinical outcomes are meaningful and more sustainable. Operationalising this model for nursing and midwifery in the community demands strong leadership and effective clinical governance.

Development and evaluation of a modified brief assertiveness training for nurses in the workplace: a single-group feasibility study

BMC Nursing

Background: Effective communication has a great impact on nurses’ job satisfaction, team relationships, as well as patient care/safety. Previous studies have highlighted the various beneficial effects of enhancing communication through assertiveness training programs for nurses. However, most programs take a long time to implement; thus, briefer programs are urgently required for universal on-the-job-training in the workplace. The purpose of this feasibility study was to develop and evaluate a modified brief assertiveness training program (with cognitive techniques) for nurses in the workplace.

Methods: This study was carried out as a single-group, open trial (pre-post comparison without a control group). Registered nurses and assistant nurses, working at two private psychiatric hospitals in Miyazaki Prefecture in Japan, were recruited. After enrolling in the study, participants received a program of two 90-min sessions with a 1-month interval between sessions. The primary outcome was the Rathus Assertiveness Schedule (RAS), with secondary measurements using the Brief Version of the Fear of Negative Evaluation Scale (BFNE) and the Brief Job Stress Questionnaire (BJSQ). Assessments were conducted at baseline and after a 1-month interval (pre- and post-intervention).

Results: A total of 22 participants enrolled in the study and completed the program. The mean total score on the primary outcome (RAS) significantly improved from −12.9 (SD = 17.2) to −8.6 (SD = 18.6) (p = 0.01). The within-group effect size at the post-intervention was Cohen's
d = 0.24; this corresponds to the small effect of the program. Regarding secondary outcomes, there were no statistically significant effects on the BFNE or any of the BJSQ subscales (job-stressors, psychological distress, physical distress, worksite support, and satisfaction).

Conclusions: This single-group feasibility study demonstrated that our modified brief assertiveness training for nurses seems feasible and may achieve a favorable outcome in improving their assertiveness. Further controlled trials with longer follow-up periods are required in order to address the limitations of this study.

Cross-sectional examination of the association between shift length and hospital nurses job satisfaction and nurse reported quality measures

BMC Nursing

Background: Twenty-four hour nursing care involves shift work including 12-h shifts. England is unusual in deploying a mix of shift patterns. International evidence on the effects of such shifts is growing. A secondary analysis of data collected in England exploring outcomes with 12-h shifts examined the association between shift length, job satisfaction, scheduling flexibility, care quality, patient safety, and care left undone.

Methods: Data were collected from a questionnaire survey of nurses in a sample of English hospitals, conducted as part of the RN4CAST study, an EU 7th Framework funded study. The sample comprised 31 NHS acute hospital Trusts from 401 wards, in 46 acute hospital sites. Descriptive analysis included frequencies, percentages and mean scores by shift length, working beyond contracted hours and day or night shift. Multi-level regression models established statistical associations between shift length and nurse self-reported measures.

Results: Seventy-four percent (1898) of nurses worked a day shift and 26% (670) a night shift. Most Trusts had a mixture of shifts lengths. Self-reported quality of care was higher amongst nurses working ≤8 h (15.9%) compared to those working longer hours (20.0 to 21.1%). The odds of poor quality care were 1.64 times higher for nurses working ≥12 h (OR = 1.64, 95% CI 1.18–2.28, p = 0.003).

Mean ‘care left undone’ scores varied by shift length: 3.85 (≤8 h), 3.72 (8.01–10.00 h), 3.80 (10.01–11.99 h) and were highest amongst those working ≥12 h (4.23) (p < 0.001). The rate of care left undone was 1.13 times higher for nurses working ≥12 h (RR = 1.13, 95% CI 1.06–1.20, p < 0.001). Job dissatisfaction was higher the longer the shift length: 42.9% (≥12 h (OR = 1.51, 95% CI 1.17–1.95, p = .001); 35.1% (≤8 h) 45.0% (8.01–10.00 h), 39.5% (10.01–11.99 h).

Conclusions: Our findings add to the growing international body of evidence reporting that ≥12 shifts are associated with poor ratings of quality of care and higher rates of care left undone. Future research should focus on how 12-h shifts can be optimised to minimise potential risks.
Oral health in care homes
NICE Quality standard
This quality standard covers oral health, including dental health and daily mouth care, for adults in care homes (with and without nursing provision). It describes high-quality care in priority areas for improvement.

Mental Health and Learning Disability

Violent and aggressive behaviours in people with mental health problems
NICE Quality standard
This quality standard covers short-term prevention and management of violent and physically threatening behaviour among adults, children and young people with a mental health problem. It applies to settings where mental health, health and social care services are provided. This includes community settings and care received at home. It describes high-quality care in priority areas for improvement.

Autism Friendly Libraries
Staffordshire Public Libraries
Staffordshire public libraries have created floor plans and a social story in order to support people who are on the autistic spectrum.

Older Adults

Dysphagia screening after acute stroke: a quality improvement project using criteria-based clinical audit
BMC Nursing
Background: Dysphagia is common after stroke and represents a major risk factor for developing aspiration pneumonia. Early detection can reduce the risk of pulmonary complications and death. Despite the fact that evidence-based guidelines recommend screening for swallowing deficit using a standardized screening tool, national audits has identified a gap between practice and this recommendation. The aim was to determine the level of adherence to an evidence-based recommendation on swallow assessment and to take actions to improve practice if necessary.
Methods: We carried out a criteria-based clinical audit (CBCA) in a small stroke unit at a Norwegian hospital. Patients with hemorrhagic stroke, ischemic stroke and transient ischemic attack were included. A power calculation informed the number of included patients at baseline (n = 80) and at re-audit (n = 35). We compared the baseline result with the evidence-based criteria and gave feedback to management and staff. A brainstorming session, a root-cause analysis and implementation science were used to inform the quality improvement actions which consisted of workshops, use of local opinion leaders, manual paper reminders
and feedback. We completed a re-audit after implementation. Percentages and median are reported with 95% confidence intervals (CI).

Results: Among 88 cases at baseline, documentation of swallow screening was complete for 6% (95% CI 2–11). In the re-audit (n = 51) 61% (95% CI 45–74) had a complete screening.

Conclusion: A CBCA involving management and staff, and using multiple tailored intervention targeting barriers, led to greater adherence with the recommendation for screening stroke patients for dysphagia.

The use of life stories and its influence on persons with dementia, their relatives and staff – a systematic mixed studies review

BMC Nursing

Background: Dementia is an important predictor of nursing home admissions. Due to progressive dementia symptoms, over time it becomes difficult for persons with dementia to communicate their wishes and participate in decisions concerning their everyday lives. Their well-being, sense of dignity, integrity and personhood are at risk. The persons’ life stories have been highlighted as particularly important in dementia care and are referred to as seeing the person beyond the dementia. The aim of this study was to explore and describe the use of life stories and its influence on persons with dementia living in nursing homes, their relatives and staff.

Methods: A systematic mixed studies review was conducted. The literature searches were performed in the following databases: CINAHL, PubMed and PsycINFO and the Cochrane library, as well as by hand searching references in the studies included. An updated search was performed eight months after the first search. Data was synthesised inspired by integrative analysis.

Results: Three studies using quantitative design and two studies (presented in three papers) using qualitative design representing research from 2006 to 2015 were included in the review. Life stories generally had a positive influence on the persons with dementia, their relatives, and staff. The use of life stories might contribute to ‘Maintenance of the person with dementia as a whole person rather than a demented patient’. On the other hand, enabling persons with dementia to tell their own story could be a challenge. For the staff it could be challenging when sensitive information emerged uninvited. Involving relatives could also be difficult as to whose story were uncovered.

Conclusions: The use of person’s life story might be of significance, but there is not enough evidence to make any statement about its importance as the research is scarce. Studies, including randomised controlled trials, are needed to measure the impact of life story work on the physiological and psychological aspects of persons with dementia, and also how it influences their relatives and staff.

Oral health in care homes

NICE Quality standard

This quality standard covers oral health, including dental health and daily mouth care, for adults in care homes (with and without nursing provision). It describes high-quality care in priority areas for improvement.
Obese, overweight with risk factors: liraglutide (Saxenda)

NICE Evidence Summary

Regulatory status: New medicine. Liraglutide is a glucagon-like peptide-1 (GLP-1) receptor antagonist. Liraglutide (Saxenda) received a European marketing authorisation in March 2015 and was launched in the UK in January 2017. It is licensed as an adjunct to a reduced-calorie diet and increased physical activity for weight management in adult patients with an initial BMI of:

• 30 kg/m² or more (obese), or

• from 27 kg/m² to less than 30 kg/m² (overweight) in the presence of at least one weight-related comorbidity such as dysglycaemia (prediabetes or type 2 diabetes mellitus), hypertension, dyslipidaemia or obstructive sleep apnoea

Umeclidinium bromide versus placebo for people with chronic obstructive pulmonary disease (COPD)

Cochrane Review

Umeclidinium reduced acute exacerbations requiring steroids, antibiotics, or both, although no evidence suggests that it decreased the risk of hospital admission due to exacerbations. Moreover, umeclidinium demonstrated significant improvement in quality of life, lung function, and symptoms, along with lesser use of rescue medications. Studies reported no differences in adverse events, non-fatal serious adverse events, or mortality between umeclidinium and placebo groups; however, larger studies would yield a more precise estimate for these outcomes.

Patient Information

Trust and Credibility in Web-Based Health Information: A Review and Agenda for Future Research

Journal of Medical Internet Research

Background: Internet sources are becoming increasingly important in seeking health information, such that they may have a significant effect on health care decisions and outcomes. Hence, given the wide range of different sources of Web-based health information (WHI) from different organizations and individuals, it is important to understand how information seekers evaluate and select the sources that they use, and more specifically, how they assess their credibility and trustworthiness.

Objective: The aim of this study was to review empirical studies on trust and credibility in the use of WHI. The article seeks to present a profile of the research conducted on trust and credibility in WHI seeking, to identify the factors that impact judgments of trustworthiness and credibility, and to explore the role of demographic factors affecting trust formation. On this basis, it aimed to identify the gaps in current knowledge and to propose an agenda for future research.
Methods: A systematic literature review was conducted. Searches were conducted using a variety of combinations of the terms WHI, trust, credibility, and their variants in four multi-disciplinary and four health-oriented databases. Articles selected were published in English from 2000 onwards; this process generated 3827 unique records. After the application of the exclusion criteria, 73 were analyzed fully. Results: Interest in this topic has persisted over the last 15 years, with articles being published in medicine, social science, and computer science and originating mostly from the United States and the United Kingdom. Documents in the final dataset fell into 3 categories: (1) those using trust or credibility as a dependent variable, (2) those using trust or credibility as an independent variable, and (3) studies of the demographic factors that influence the role of trust or credibility in WHI seeking. There is a consensus that website design, clear layout, interactive features, and the authority of the owner have a positive effect on trust or credibility, whereas advertising has a negative effect. With regard to content features, authority of the author, ease of use, and content have a positive effect on trust or credibility formation. Demographic factors influencing trust formation are age, gender, and perceived health status. Conclusions: There is considerable scope for further research. This includes increased clarity of the interaction between the variables associated with health information seeking, increased consistency on the measurement of trust and credibility, a greater focus on specific WHI sources, and enhanced understanding of the impact of demographic variables on trust and credibility judgments.

Reading Well for long term conditions
The Reading Agency

Staffordshire Public Libraries will be taking part in this scheme which will include titles from the above poster. Contact the public library for more information on joining.