Clinical Effectiveness Bulletin for NHS Primary Care in North Staffordshire

Issue No: 121 July 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

- Health Technology Assessment (HTA) Database [http://www.journalslibrary.nihr.ac.uk/hta](http://www.journalslibrary.nihr.ac.uk/hta)
- [https://discover.dc.nihr.ac.uk/portal/home](https://discover.dc.nihr.ac.uk/portal/home)
- Department of Health [http://www.gov.uk/dh](http://www.gov.uk/dh)
- Nice Guidance [http://www.nice.org.uk](http://www.nice.org.uk)
- SIGN [http://www.sign.ac.uk/](http://www.sign.ac.uk/)
- Primary Care Commissioning [www.pcc-cic.org.uk](http://www.pcc-cic.org.uk)
- Chartered Society of Physiotherapy [www.csp.org.uk](http://www.csp.org.uk)
- Health Social Care Information Centre [www.hscic.gov.uk](http://www.hscic.gov.uk)
- Queen's Nursing Institute: [http://www.qni.org.uk/](http://www.qni.org.uk/)
- NMC [www.nmc.org.uk](http://www.nmc.org.uk)
- RCN [https://www.rcn.org.uk/](https://www.rcn.org.uk/)
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Commissioning

Social care, the NHS and other services
King’s Fund

The King’s Fund video visually displays the interactions between health, social care and other services which can help to keep people well.

Early supported discharge services for people with acute stroke
Cochrane Library
Appropriately resourced ESD services with co-ordinated multidisciplinary team input provided for a selected group of stroke patients can reduce long-term dependency and admission to institutional care as well as reducing the length of hospital stay. Results are inconclusive for services without co-ordinated multidisciplinary team input. We observed no adverse impact on the mood or subjective health status of patients or carers, nor on readmission to hospital.

Parkinson’s disease in adults
NICE guideline [NG71]
This guideline covers diagnosing and managing Parkinson’s disease in people aged 18 and over. It aims to improve care from the time of diagnosis, including monitoring and managing symptoms, providing information and support, and palliative care.

Antimicrobial Resistance (AMR)
DH
Information and resources on the government’s plans to slow the growth of antimicrobial resistance.
Quality improvement in mental health
King’s Fund
Quality improvement approaches – increasingly well-established in NHS acute hospitals – could play a key role in improving the quality of mental health care.

Tackling variations in clinical care. Assessing the Getting It Right First Time (GIRFT) programme.
King’s Fund
The Getting It Right First Time (GIRFT) programme aims to bring about higher-quality care in hospitals, at lower cost, by reducing unwanted variations in services and practices.

Public Health and Lifestyle Services

UHNM Consultant gets online world talking
UHNM
Dr Amit Arora has ignited debate and discussion online among healthcare professionals, with an innovative way of filling in a patient prescription form. Instead of the usual method whereby a doctor would prescribe a patient medication, Dr Amit Arora has been a pioneer in suggesting that proportional physical activity can be a huge factor in an elderly patient’s recovery. Dr Arora’s Tweet reached far and wide, with the debate between clinicians online ensuring increased exposure for the campaign and how it is being rolled out across UHNM.

Dr Arora, explained the potential impacts of being bed bound, and the importance of retaining mobility whilst in hospital. “Prolonged hospital stay, bed rest and associated risks may lead to loss of muscle power, strength and abilities. This is something we need to avoid and it should help achieve a shorter length of stay, better outcomes for patients and better ability at discharge. It's fantastic that the Tweet got people talking and helped raise awareness about the work we are doing at UHNM to help combat 'Deconditioning Syndrome'.

"Older people, whether in hospitals, care homes or at their own homes, who do not get enough opportunity to mobilise, can have an increased risk of reduced bone mass and muscle strength, reduced mobility, increased dependence, confusion and demotivation. "Of course, preventing Deconditioning Syndrome requires a broader strategic approach than just prescribing physical activity, but it's a start. To effectively prevent deconditioning, a broad strategy is required that includes physical therapy, maintenance of nutrition, medical management, and psychological support including addressing loneliness."

Dr Arora has worked extensively to promote the Deconditioning Awareness Campaign at UHNM, with the ideas spreading beyond Staffordshire. Following support from the Emergency Care Improvement Programme (ECIP) and The British Geriatric Society (BGS) the campaign has been replicated in UK and international hospitals. You can find out more about the initiative – including promotional material – by visiting:
http://www.uhnm.nhs.uk/OurServices/Elderlycare/Pages/Deconditioning-Awareness-Campaign.aspx You can also follow Dr Arora on Twitter @betterageing

**Early supported discharge services for people with acute stroke**
*Cochrane Library*

Appropriately resourced ESD services with co-ordinated multidisciplinary team input provided for a selected group of stroke patients can reduce long-term dependency and admission to institutional care as well as reducing the length of hospital stay. Results are inconclusive for services without co-ordinated multidisciplinary team input. We observed no adverse impact on the mood or subjective health status of patients or carers, nor on readmission to hospital

**Later school start times for supporting the education, health, and well-being of high school students**
*Cochrane Library*

This systematic review on later school start times suggests several potential benefits for this intervention and points to the need for higher quality primary studies. However, as a result of the limited evidence base, we could not determine the effects of later school start times with any confidence.
Towards a smoke-free generation: tobacco control plan for England
DH
Outlining plans to reduce smoking in England, with the aim of creating a smoke-free generation.

Interactive dashboard provides new insight into cervical screening coverage
NHS Digital
GPs and health organisations will be able to improve cervical screening rates thanks to an innovative new online data tool.

Prevalence of smoking falls among adults in England
NHS Digital
15 June 2017: The percentage of adults aged 18+ in England who smoke has fallen from 19.9 per cent in 2010 to 15.5 per cent in 2016.

10 Minute Shake Ups
Change 4 Life
Activity ideas and resources to promote physical activity in children and young people, all inspired by a variety of Disney films such as Beauty and the Beast, Moana and Cars.

The antibiotic course has had its day
BMJ
With little evidence that failing to complete a prescribed antibiotic course contributes to antibiotic resistance, it’s time for policy makers, educators, and doctors to drop this message, argue Martin Llewelyn and colleagues.

General Practice

Early supported discharge services for people with acute stroke
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Open retropubic colposuspension for urinary incontinence in women
Cochrane Library
Open retropubic colposuspension is an effective treatment modality for stress urinary incontinence especially in the long term. Within the first year of treatment, the overall continence rate is approximately 85% to 90%. After five years, approximately 70% of women can expect to be dry. Newer minimal access sling procedures look promising in comparison with open colposuspension but their long-term performance is limited and closer monitoring of
their adverse event profile must be carried out. Open colposuspension is associated with a higher risk of pelvic organ prolapse compared to sling operations and anterior colporrhaphy, but with a lower risk of voiding dysfunction compared to traditional sling surgery. Laparoscopic colposuspension should allow speedier recovery but its relative safety and long-term effectiveness is not yet known. A Brief Economic Commentary (BEC) identified five studies suggesting that tension-free vaginal tape (TVT) and laparoscopic colposuspension may be more cost-effective compared with open retropubic colposuspension.

**Parkinson’s disease in adults**

**NICE guideline [NG71]**

This guideline covers diagnosing and managing Parkinson's disease in people aged 18 and over. It aims to improve care from the time of diagnosis, including monitoring and managing symptoms, providing information and support, and palliative care.

**Constipation in children and young people: diagnosis and management**

**NICE Clinical guideline [CG99]**

This guideline covers diagnosing and managing constipation in children and young people up to 18. It provides strategies to support the early identification and timely, effective treatment of constipation which will help improve outcomes for patients. It does not cover constipation caused by a specific condition.

**Adalimumab, etanercept and ustekinumab for treating plaque psoriasis in children and young people**

**NICE Technology appraisal guidance [TA455]**

Evidence-based recommendations on adalimumab (Humira), etanercept (Enbrel) and ustekinumab (Stelara) for plaque psoriasis in children and young people.

**FreeStyle Libre for glucose monitoring**

**NICE Medtech innovation briefing [MIB110]**

NICE has developed a medtech innovation briefing (MIB) on FreeStyle Libre for glucose monitoring.

**Interactive dashboard provides new insight into cervical screening coverage**

NHS Digital

GPs and health organisations will be able to improve cervical screening rates thanks to an innovative new online data tool.

**The antibiotic course has had its day**

**BMJ**

With little evidence that failing to complete a prescribed antibiotic course contributes to antibiotic resistance, it’s time for policy makers, educators, and doctors to drop this message, argue Martin Llewelyn and colleagues.
**Physiotherapy**

**UHN M Consultant gets online world talking**

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**Occupational therapy for adults with problems in activities of daily living after stroke**

Cochrane Library

We found low-quality evidence that occupational therapy targeted towards activities of daily living after stroke can improve performance in activities of daily living and reduce the risk of deterioration in these abilities. Because the included studies had methodological flaws, this research does not provide a reliable indication of the likely effect of occupational therapy for adults with stroke.

**Early supported discharge services for people with acute stroke**

Cochrane Library

Appropriately resourced ESD services with co-ordinated multidisciplinary team input provided for a selected group of stroke patients can reduce long-term dependency and admission to institutional care as well as reducing the length of hospital stay. Results are inconclusive for services without co-ordinated multidisciplinary team input. We observed no adverse impact on the mood or subjective health status of patients or carers, nor on readmission to hospital.

**The influence of physiotherapy on blood pressure in children and adolescents with respiratory tract diseases**

Author(s): Pirogowicz I.; Ornat M.; Jerczak B.; Pacholek K.; Domeredzka P.; Gojny L.
Source: Family Medicine and Primary Care Review; 2017; vol. 19 (no. 1); p. 54-58
Publication Date: 2017
Publication Type(s): Article
Available in full text at Family Medicine and Primary Care Review - from Directory of Open Access Journals

Abstract: Background. Arterial hypertension is an essential, often underestimated medical problem among school youth. Maintaining a low blood pressure (BP) in children should be an important point of pediatric preventive healthcare. Objectives. In our study, we considered the influence of physiotherapy on the blood pressure level in a group of 233 children aged from 8 to 15 years taking part in a rehabilitation camp for children in the Szklarska Poreba mountain resort (95 children in 2014 and 138 children in 2015). Material and methods. The children selected for the study suffered from asthma or recurrent respiratory infections. Measurements
were made before and after physiotherapy. During the camp, the children were examined two times in 2014 and three times in 2015. The database created contained 1,208 scores of systolic and diastolic BP. The control group consisted of 50 children whose BP was measured in the same hours, but during the weekend, which was free of physiotherapy. Moreover, the values of heart rate (HR) during the first measurement were recorded, both in 2014 and 2015.

Results. Systolic BP after physiotherapy was significantly lower than before. This result was achieved in every five measuring sessions. In the control group, BP measured in the afternoon was higher than in the morning. The values of HR were not significantly different. The values of BP before and after physiotherapy between children treated with inhaled glucocorticoids and treated without glucocorticoid were not statistically significant.

Conclusions. Our studies showed that morning exercise can significantly reduce blood pressure in children throughout the day, even in those who were treated with inhaled glucocorticoids. Copyright © Wydawnictwo Continuo.

The effects of a pulmonary rehabilitation program on exercise tolerance, quality of life, sleep quality and emotional status in the patients with Parkinson's disease

Author(s): Gungen B.; Aras Y.; Kotan D.; Aydemir Y.; Gungen A.; Bal S.

Source: Biomedical Research (India); 2017; vol. 28 (no. 2); p. 786-790

Publication Date: 2017
Publication Type(s): Article

Biomedical Research

Abstract: Introduction: We aimed in the present study to investigate the effects of pulmonary rehabilitation on the respiratory parameters and effort capacity, quality of life (QoL), anxiety, depression, and sleepiness in the patients with Parkinson's disease (PD). Methods: The study included 34 mobilized patients with PD. Patients underwent a 12-week pulmonary physiotherapy (PPT). Pulmonary function tests (PFT), six-minute walk test (6mWT), Hoehn and Yahr Scale (HYS), Unified Parkinson's Disease Rating Scale (UPDRS), QoL, Parkinson's Disease Questionnaire (PDQ), Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), and Epworth Sleepiness Scale (ESS) scores were evaluated before and after PPT. Results: PPT improved parameters of PFT significantly, and caused an increase of about 35 m in the 6mWT (p<0.001). HYS (p=0.002), UPDRS, QoL, PDQ, BAI, BDI and ESS scores were found to improve significantly after the PPT (p<0.001 for all). Conclusion: Results of our study indicated that PPT is effective significantly and positively especially on the non-motor complications, by increasing effort capacity and walking distance in the patients with PD. Copyright © 2017, Scientific Publishers of India. All rights reserved.

Database: EMBASE

Can Lokomat therapy with children and adolescents be improved? An adaptive clinical pilot trial comparing Guidance force, Path control, and FreeD

Author(s): Aurich-Schuler T.; Grob F.; Van Hedel H.J.A.; Labruyere R.

Source: Journal of NeuroEngineering and Rehabilitation; Jul 2017; vol. 14 (no. 1)

Publication Date: Jul 2017
Publication Type(s): Article

Available in full text at Journal of NeuroEngineering and Rehabilitation - from National Library of Medicine

Abstract: Background: Robot-assisted gait therapy is increasingly being used in pediatric neurorehabilitation to complement conventional physical therapy. The robotic device applied in this study, the Lokomat (Hocoma AG, Switzerland), uses a position control mode (Guidance Force), where exact positions of the knee and hip joints throughout the gait cycle...
are stipulated. Such a mode has two disadvantages: Movement variability is restricted, and patients tend to walk passively. Kinematic variability and active participation, however, are crucial for motor learning. Recently, two new control modes were introduced. The Path Control mode allows the patient to walk within a virtual tunnel surrounding the ideal movement trajectory. The FreeD was developed to support weight shifting through mediolaterally moveable pelvis and leg cuffs. The aims of this study were twofold: 1) To present an overview of the currently available control modes of the Lokomat. 2) To evaluate if an increase in kinematic variability as provided by the new control modes influenced leg muscle activation patterns and intensity, as well as heart rate while walking in the Lokomat. Methods: In 15 adolescents with neurological gait disorders who walked in the Lokomat, 3 conditions were compared: Guidance Force, Path Control, and FreeD. We analyzed surface electromyographic (sEMG) activity from 5 leg muscles of the more affected leg and heart rate. Muscle activation patterns were compared with norm curves. Results: Several muscles, as well as heart rate, demonstrated tendencies towards a higher activation during conditions with more kinematic freedom. sEMG activation patterns of the M.rectus femoris and M.vastus medialis showed the highest similarity to over-ground walking under Path Control, whereas walking under FreeD led to unphysiological muscle activation in the tested sample. Conclusions: Results indicate that especially Path Control seems promising for adolescent patients undergoing neurorehabilitation, as it increases proximal leg muscle activity while facilitating a physiological muscle activation. Therefore, this may be a solution to increase kinematic variability and patients’ active participation in robot-assisted gait training.

Selecting relevant and feasible measurement instruments for the revised Dutch clinical practice guideline for physical therapy in patients after stroke.

Author(s): Otterman, Nicoline; Veerbeek, Janne; Schiemanck, Sven; van der Wees, Philip; Nollet, Frans; Kwakkel, Gert
Source: Disability & Rehabilitation; Jul 2017; vol. 39 (no. 14); p. 1449-1457
Publication Date: Jul 2017
Publication Type(s): Academic Journal
Disability & Rehabilitation
Abstract: Purpose: To select relevant and feasible instruments for the revision of the Dutch clinical practice guideline for physical therapy in patients with stroke. Methods: In this implementation study a comprehensive proposal for ICF categories and matching instruments was developed, based on reliability and validity. Relevant instruments were then selected in a consensus round by 11 knowledge brokers who were responsible for the implementation of the selected instruments. The feasibility of the selected instruments was tested by 36 physical therapists at different work settings within stroke services. Finally, instruments that were deemed relevant and feasible were included in the revised guideline. Results: A total of 28 instruments were recommended for inclusion in the revised guideline. Nineteen instruments were retained from the previous guideline. Ten new instruments were tested in clinical practice, seven of which were found feasible. Two more instruments were added after critical appraisal of the set of the measurement instruments. Conclusions: The revised guideline contains 28 relevant and feasible instrument selected and tested in clinical practice by physical therapists. Further education and implementation is needed to integrate instruments in clinical practice. Further research is proposed for developing and implementing a core set of measurement instruments to be used at fixed time points to establish data registries that allow for continuous improvement of rehabilitation for stroke patients. Implications for Rehabilitation. The revised Dutch Stroke Physical Therapy Guideline recommends a total of
28 instruments, that are relevant and feasible for clinical practice of physical therapist in the different settings of stroke rehabilitation. The selection of instrument in daily practice should be part of the clinical reasoning process of PTs and be tailored to individual patients’ needs and the degree of priority of the affected ICF category. Suggested education strategies for further integration of instruments in of the daily practice of PTs in Stroke Rehabilitation are: ‘Training on the job’ and ‘peer assessment in clinical situations’.

**Early rehabilitation after lumbar disc surgery is not effective or cost-effective compared to no referral: a randomised trial and economic evaluation.**

**Author(s):** Oosterhuis, Teddy; Ostelo, Raymond W; Van Dongen, Johanna M; Peul, Wilco C; De Boer, Michiel R; Bosmans, Judith E; Vleggeert-Lankamp, Carmen L; Arts, Mark P; Van Tulder, Maurits W

**Source:** Journal of Physiotherapy (Elsevier); Jul 2017; vol. 63 (no. 3); p. 144-153

**Publication Date:** Jul 2017

**Publication Type(s):** Academic Journal

Available in full text at [Journal of Physiotherapy](https://www.journaloffysiotherapy.com) - from Directory of Open Access Journals

**Abstract:** Question Is referral for early rehabilitation after lumbar disc surgery effective and cost-effective compared to no referral? Design Multicentre, randomised, controlled trial, and economic evaluation with concealed allocation and intention-to-treat-analysis. Participants Adults who underwent discectomy for a herniated lumbar disc, confirmed by magnetic resonance imaging, and signs of nerve root compression corresponding to the herniation level. Intervention Early rehabilitation (exercise therapy) for 6 to 8 weeks, versus no referral, immediately after discharge. Outcome measures In line with the recommended core outcome set, the co-primary outcomes were: functional status (Oswestry Disability Index); leg and back pain (numerical rating scale 0 to 10); global perceived recovery (7-point Likert scale); and general physical and mental health (SF12), assessed 3, 6, 9, 12 and 26 weeks after surgery. The outcomes for the economic evaluation were quality of life and costs, measured at 6, 12 and 26 weeks after surgery. Results There were no clinically relevant or statistically significant overall mean differences between rehabilitation and control for any outcome adjusted for baseline characteristics: global perceived recovery (OR 1.0, 95% CI 0.6 to 1.7), functional status (MD 1.5, 95% CI –3.6 to 6.7), leg pain (MD 0.1, 95% CI –0.7 to 0.8), back pain (MD 0.3, 95% CI –0.3 to 0.9), physical health (MD –3.5, 95% CI –11.3 to 4.3), and mental health (MD –4.1, 95% CI –9.4 to 1.3). After 26 weeks, there were no significant differences in quality-adjusted life years (MD 0.01, 95% CI –0.02 to 0.04 points) and societal costs (MD –€527, 95% CI –2846 to 1506). The maximum probability for the intervention to be cost-effective was 0.75 at a willingness-to-pay of €32 000/quality-adjusted life year. Conclusion Early rehabilitation after lumbar disc surgery was neither more effective nor more cost-effective than no referral. Trial registration Netherlands Trial Register NTR3156. [Oosterhuis T, Ostelo RW, van Dongen JM, Peul WC, de Boer MR, Bosmans JE, Vleggeert-Lankamp CL, Arts MP, van Tulder MW (2017) Early rehabilitation after lumbar disc surgery is not effective or cost-effective compared to no referral: a randomised trial and economic evaluation. Journal of Physiotherapy 63: 144–153]
Measuring individual hierarchy of anxiety invoking sports related activities:
Development and validation of the Photographic Series of Sports Activities for Anterior Cruciate Ligament Reconstruction (PHOSA-ACLR)

Author(s): Van Lankveld W.; Roelofsen E.; Staal J.B.; Van Melick N.; Van Cingel R.; Habets B.
Source: BMC Musculoskeletal Disorders; Jul 2017; vol. 18 (no. 1)
Publication Date: Jul 2017
Publication Type(s): Article
Available in full text at BMC Musculoskeletal Disorders - from National Library of Medicine

Abstract: Background: Fear of harm (FoH) after Anterior Cruciate Ligament Reconstruction (ACLR) should be addressed in physical therapy as it hampers return to sports. However, there are no instruments assessing FoH specific for ACLR. The objective of this study is to describe the development and measurement properties of the Photograph Series of Sports Activities for ACLR (PHOSA-ACLR) measuring ACL injury related FoH. Methods: Based on literature and opinion of physical therapists with extensive experience in ACLR treatment, photographs depicting FoH inducing situations in ACL injury were considered for inclusion in the instrument. For each photograph the patients is asked to report perceived harmfulness. The set of photographs was completed by two samples of patients with ACLR: 1 cross-sectional sample (n = 55), and 1 test-retest reliability sample (n = 58). Internal consistency and structural validity were assessed in 109 patients. In 58 patients criterion validity was assessed by calculating pearson correlations with the Tampa Scale of Kinesiophobia (TSK). Correlations with self-reported knee function (KOOS and Lysholm score), and Knee Self-efficacy Scale (K-SES) were computed for hypothesis testing. Test-retest reliability was determined in a group of 55 patients, assessed twice with 1 week between assessments.
Results: Twelve photographs depicting sports related movements that are likely to invoke FoH after ACLR were selected. Two items were deleted because of lack of discrimination. The remaining 10 items were included in the PHOSA-ACLR, and the scale showed excellent internal consistency (Cronbach’s Alpha is.95). Items reflected one dimension, and was strongly correlated with TSK (r =.59). A priori formulated hypotheses are confirmed and test-retest correlation was excellent (ICC =.86). Conclusion: The PHOSA-ACLR showed acceptable measurement properties. The PHOSA-ACLR gives specific information about fear invoking sports situations that are not measured by other kinesophobia measures. Therefore, the PHOSA-ACLR might be a valuable additional tool in rehabilitation of ACLR patients.
Additional research is needed to determine responsiveness to change. Copyright © 2017 The Author(s).

Predictors of intensive care unit admission and mortality in patients with ischemic stroke: Investigating the effects of a pulmonary rehabilitation program

Author(s): Gungen B.D.; Tunc A.; Aras Y.G.; Gundogdu A.A.; Gungen A.C.; Bal S.
Source: BMC Neurology; Jul 2017; vol. 17 (no. 1)
Publication Date: Jul 2017
Publication Type(s): Article
Available in full text at BMC Neurology - from BioMed Central

Abstract: Background: The aim of this study was to investigate the predictors of intensive care unit (ICU) admission and mortality among stroke patients and the effects of a pulmonary rehabilitation program on stroke patients. Methods: This prospective study enrolled 181 acute ischemic stroke patients aged between 40 and 90 years. Demographical characteristics, laboratory tests, diffusion-weighed magnetic resonance imaging (DWI-MRI) time, nutritional
status, vascular risk factors, National Institute of Health Stroke Scale (NIHSS) scores and modified Rankin scale (MRS) scores were recorded for all patients. One-hundred patients participated in the pulmonary rehabilitation program, 81 of whom served as a control group. Results: Statistically, one- and three-month mortality was associated with NIHSS and MRS scores at admission and three months (pCopyright © 2017 The Author(s).

Health Visiting and Nursing

Continuous support for women during childbirth
Cochrane Library
Continuous support during labour may improve outcomes for women and infants, including increased spontaneous vaginal birth, shorter duration of labour, and decreased caesarean birth, instrumental vaginal birth, use of any analgesia, use of regional analgesia, low five-minute Apgar score and negative feelings about childbirth experiences. We found no evidence of harms of continuous labour support. Subgroup analyses should be interpreted with caution, and considered as exploratory and hypothesis-generating, but evidence suggests continuous support with certain provider characteristics, in settings where epidural analgesia was not routinely available, in settings where women were not permitted to have companions of their choosing in labour, and in middle-income country settings, may have a favourable impact on outcomes such as caesarean birth. Future research on continuous support during labour could focus on longer-term outcomes (breastfeeding, mother-infant interactions, postpartum depression, self-esteem, difficulty mothering) and include more woman-centred outcomes in low-income settings.

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FreeStyle Libre for glucose monitoring
NICE Medtech innovation briefing [MIB110]
NICE has developed a medtech innovation briefing (MIB) on FreeStyle Libre for glucose monitoring.

Improving Digital Literacy
HEE and RCN
Health Education England and the Royal College of Nursing have worked together to produce this document. It aims to improve the adoption of digital ways of working in health and social care, and to make every nurse an ‘e-nurse’.
Social Care

Social care, the NHS and other services
King’s Fund

The King’s Fund video visually displays the interactions between health, social care and other services which can help to keep people well.

Strengths-based social work practice with adults
Policy paper, Department of Health
This report is for social workers, senior leaders of adult social care, and people who use the services. It looks at what ‘strengths-based social work’ with adults, individuals, families and communities means for practitioners and people using the services.

Parkinson’s disease in adults
NICE guideline [NG71]
This guideline covers diagnosing and managing Parkinson’s disease in people aged 18 and over. It aims to improve care from the time of diagnosis, including monitoring and managing symptoms, providing information and support, and palliative care.

Social work bursary information packs
DH
Information for higher education institutions (HEIs) and students on social work bursary arrangements.
Personalisation in care homes for older people
SCIE

A suite of resources on personalisation including videos and an action planning tool.

Mental Health and Learning Disability

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CQC reports on the quality of specialist mental health care in England
CQC
On the 20th July the CQC published a new report detailing the findings from comprehensive inspections of specialist mental health services over the last three years.

Quality improvement in mental health
King’s Fund
Quality improvement approaches – increasingly well-established in NHS acute hospitals – could play a key role in improving the quality of mental health care.

Recorded Dementia Diagnoses - England, 2016-17 [PAS]
NHS Digital
NHS Digital collect and publish data about people with dementia so that the NHS (GPs and commissioners) can make informed choices about how to plan their services around their patient’s needs. This summary of recorded dementia diagnoses data for 2016-17 includes recorded prevalence and how this compares with research based studies at different ages. It also presents rates of hospital admissions for dementia per 1,000 patients with a dementia
diagnosis on their GP record and data on how prevalence differs with learning disability co-morbidities.

Older Adults

**UHNM Consultant gets online world talking**

Dr Amit Arora has ignited debate and discussion online among healthcare professionals, with an innovative way of filling in a patient prescription form. Instead of the usual method whereby a doctor would prescribe a patient medication, Dr Amit Arora has been a pioneer in suggesting that proportional physical activity can be a huge factor in an elderly patient’s recovery. Dr Arora’s Tweet reached far and wide, with the debate between clinicians online ensuring increased exposure for the campaign and how it is being rolled out across UHNM.

Dr Arora, explained the potential impacts of being bed bound, and the importance of retaining mobility whilst in hospital. “Prolonged hospital stay, bed rest and associated risks may lead to loss of muscle power, strength and abilities. This is something we need to avoid and it should help achieve a shorter length of stay, better outcomes for patients and better ability at
It's fantastic that the Tweet got people talking and helped raise awareness about the work we are doing at UHN M to help combat 'Deconditioning Syndrome'. "Older people, whether in hospitals, care homes or at their own homes, who do not get enough opportunity to mobilise, can have an increased risk of reduced bone mass and muscle strength, reduced mobility, increased dependence, confusion and demotivation. "Of course, preventing Deconditioning Syndrome requires a broader strategic approach than just prescribing physical activity, but it's a start. To effectively prevent deconditioning, a broad strategy is required that includes physical therapy, maintenance of nutrition, medical management, and psychological support including addressing loneliness."

Dr Arora has worked extensively to promote the Deconditioning Awareness Campaign at UHN M, with the ideas spreading beyond Staffordshire. Following support from the Emergency Care Improvement Programme (ECIP) and The British Geriatric Society (BGS) the campaign has been replicated in UK and international hospitals. You can find out more about the initiative – including promotional material – by visiting: http://www.uhn m.nhs.uk/OurServices/Elderlycare/Pages/Deconditioning-Awareness-Campaign.aspx You can also follow Dr Arora on Twitter @betterageing

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Dos and don'ts on designing for accessibility
Government Digital Service
The dos and don'ts of designing for accessibility are general guidelines, best design practices for making services accessible in government. Currently, there are six different posters in the series that cater to users from these areas: low vision, D/deaf and hard of hearing, dyslexia, motor disabilities, users on the autistic spectrum and users of screen readers.

Improving Digital Literacy
HEE and RCN
Health Education England and the Royal College of Nursing have worked together to produce this document. It aims to improve the adoption of digital ways of working in health and social care, and to make every nurse an ‘e-nurse’.