Clinical Effectiveness Bulletin for NHS Primary Care in North Staffordshire

Issue No: 122 August 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.

Bulletin produced by NHS Outreach Librarians
Tel: 01782 679564 or 0300 123 1535 ext/FeatureNet 8429
E-mail: Sally.Thomas2@ssotp.nhs.uk
or clareh.powell@northstaffs.nhs.uk

North Staffs Health Library
Tel: 01782 679500
Fax: 01782 679582
E-mail: health.library@keele.ac.uk
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)
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)
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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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Developing accountable care systems: lessons from Canterbury, New Zealand

King’s Fund

Health care in Canterbury, New Zealand has undergone a long term process of change. The transformation was undertaken with the engagement of many healthcare professionals who were invited to visit various health care ‘mock ups’ where they could walk through various scenarios and discuss barriers and facilitators to providing best care. The Canterbury health system differs from the UK system in that they do not have the commissioner-provider split, and acute care providers are not paid by procedure. The report claims that various improvements in the GP-acute care relationship have reduced A&E attendances (p10). Other implementations which were key included a complete merging of patient records to provide one seamless and up to date information source.

Primary Care Home: Evaluating a new model of primary care

Nuffield Trust

This is an evaluation report for the Primary Care Home (PCH) model – a way of organising care for groups of 30,000 to 50,000 patients. It was developed by the National Association of Primary Care (NAPC), which commissioned this report.

Established last year, the model seeks to link staff from general practice, community-based services, hospitals, mental health services, social care and voluntary organisations to deliver joined-up care. The model was piloted in 15 rapid test sites, each of which qualified for £40,000 of start-up funding from NHS England. Since then another 170 sites have signed up.

Our formative evaluation was based on reviews in 2016/17 of 13 rapid test sites’ plans and priorities for building the PCH model, and an in-depth look at the progress and early successes in three case study areas.
The report looks at how sites can make early progress with implementing and evaluating their local PCH models, examines what might stand in the way of change and offers a number of broader lessons for the NHS as a whole.

**New Tool Finds Over £100m in New Cost Savings for the NHS**

**EBM Datalab University of Oxford**

Today we are launching something very exciting: a new tool that identifies over £100m in new prescribing cost savings for the NHS. The average practice can save £50,166 a year by using our tool. These are vastly bigger savings than any other current advice such as “always prescribe generically”. You can use the tool right now, online, for free, at our [OpenPrescribing.net](http://OpenPrescribing.net) service: just look for the “experimental measures” link on any CCG or GP practice page.

**Home-based multidimensional survivorship programmes for breast cancer survivors**

**Cochrane Review**

The results of this systematic review and meta-analysis revealed that HBMS programmes in breast cancer survivors appear to have a short-term beneficial effect of improving breast cancer-specific quality of life and global quality of life as measured by FACT-B and EORTC-C30, respectively. In addition, HBMS programmes are associated with a reduction in anxiety, fatigue and insomnia immediately after the intervention. We assessed the quality of evidence across studies as moderate for some outcomes, meaning that we are fairly confident about the results, while we assessed other outcomes as being low-quality, meaning that we are uncertain about the result.

**Cytology versus HPV testing for cervical cancer screening in the general population**

**Cochrane Review**

Whilst HPV tests are less likely to miss cases of CIN 2+ and CIN 3+, these tests do lead to more unnecessary referrals. However, a negative HPV test is more reassuring than a negative cytological test, as the cytological test has a greater chance of being falsely negative, which could lead to delays in receiving the appropriate treatment. Evidence from prospective longitudinal studies is needed to establish the relative clinical implications of these tests.

**Statutory scheme to control cost of branded medicines**

**DH**

The government is consulting on proposals to amend the statutory scheme that controls the prices of branded health service medicines. This builds on a previous consultation run in 2015. The aim is to achieve alignment with the current voluntary pharmaceutical price regulation scheme (PPRS), agreed in 2014. The main proposals in the consultation are:

- the introduction of a payment system similar to that in the 2014 PPRS
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- changes to the information requirements placed on companies
Draft regulations and a draft impact assessment are published alongside this consultation.

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**Culture of care barometer**

NHS England

The Culture of Care Barometer (CCB) is a survey tool designed to help organisations gauge the culture of care they provide. It supports organisations to understand the culture within organisations, multidisciplinary teams and groups by encouraging discussion and reflection.

The Barometer is a quick and easy to complete paper based questionnaire or online survey that creates the opportunity for staff to engage in discussions about the culture of the organisation, area or team. By encouraging reflection and stimulating conversation, the Barometer helps to break down barriers to highlight troubled areas.

The CCB was developed from the early discussions of a group of professionals, carers and managers, who were so concerned by the failings at Mid Staffordshire Hospital that they were determined to explore what could be done to improve the quality of care for patients. As a result, the first early blueprint of a tool to measure the culture in care organisations was developed. In April 2014, NHS England, under the leadership of Chief Nurse Jane Cummings, and through Caroline Alexander, NHS England (London) Chief Nurse, commissioned the further development of this blueprint along with a detailed report and literature. In March 2015 the first edition of the Culture of Care Barometer report was published.

**Public health interventions may offer society a return on investment of £14 for each £1 spent**

National Institute for Health Research

Each £1 invested in public health interventions could offer an average return on investment to the wider health and social care economy of £14.

This systematic review looked at 52 studies where the return on each £1 ranged from -£21.3 to £221. Legislative interventions such as sugar taxes, and health protection interventions such as vaccination programmes, gave the highest returns on investment. Interventions such as anti-stigma campaigns, blood pressure monitoring and early education programmes, provided smaller (but still favourable) returns. National campaigns offered greater returns than local campaigns. Falls prevention provided the quickest return, within 18 months.

These findings apply to high-income countries. There are some limitations to the data, as a variety of calculation techniques were used and the quality of the included studies varied. However, these are unlikely to alter the direction or approximate size of these effects. The study shows how cost-effective public health interventions can be and should inspire future research into how to better implement what is already known.
Updated versions of two SIGN guidelines on cardiovascular disease (CVD) have just been published. SIGN guideline 149: Risk estimation and the prevention of cardiovascular disease and SIGN guideline 150: Cardiac rehabilitation are part of a set of six coronary heart disease guidelines being updated by SIGN over the course of 2016–2018. SIGN guideline 149 provides recommendations on how to estimate and manage cardiovascular risk in people with and without established CVD. SIGN guideline 150 includes recommendations on assessment, health behaviour change techniques, lifestyle risk factor management, psychosocial health, vocational rehabilitation and medical risk management. The guideline reflects the most recent evidence and aligns with the British Association for Cardiovascular Prevention and Rehabilitation (BACPR) Standards and Core Components and the Scottish Government’s 2020 Vision for cardiac rehabilitation.

10 minutes brisk walking each day in mid-life for health benefits and towards achieving physical activity recommendations. Evidence summary.

PHE
International evidence and the UK Chief Medical Officers’ (CMOs) guidelines highlight the frequency and type of physical activity required to achieve general health benefits, particularly the benefit of 150 minutes physical activity of at least moderate intensity each week. The 150 minutes or more per week recommendation in guidance provides the level at which health benefits are achieved across a wide range of conditions for an achievable amount of
time over a week. However a reduced level of benefits may be achieved through activity at less than the optimum 150 minutes, with some benefits shown even at levels of 10 minutes or more of at least moderate intensity activity.

‘Brisk’ walking (at least 3 mph) is a moderate intensity physical activity and evidence-based intervention for promoting physical activity. It is already prevalent, has no skill, facility or equipment requirement and is more accessible and acceptable than other forms of physical activity. This report, based on a rapid review of the evidence, summarises the potential benefits of 10 minute blocks of brisk walking as part of a contribution to the CMO recommended levels of activity.

For currently inactive individuals, evidence shows the following health benefits could be achieved from 10 minutes of brisk walking per day for 7 days:

• increased physical fitness
• greater ease of performance of everyday physical activities
• improved mood
• improved quality of life
• increased body leanness and healthier weight
• 15% reduction in risk of early death

Individuals with an existing health condition would likely achieve greater health benefits due to improvements in management of their condition and reduced risk of developing comorbidities. However further work is needed to explore the equivalent opportunity for some people living with disabilities, especially those with lower limb mobility impairments, which inhibit walking. An additional 10 minutes brisk walking per day is likely to be seen as achievable by the one in four adults in England who are currently classified as 'inactive' by virtue of doing less than 30 minutes physical activity per week. In addition walking interventions in people active but not achieving CMO’s guidelines (low activity) have consistently achieved an additional 30 minutes of walking per week, lifting people out of the ‘inactive’ category at which the greatest risks to health persist.

The accessibility and acceptability of walking has particular potential for a cohort of the population with particular need for increased physical activity and who are currently inactive or doing less than the UK CMO’s guidelines, particularly those in mid-life (aged 40-60 years) in lower socioeconomic groups22. If one in 10 of the seven million people within this cohort of the English population started to do 10 minutes of walking per day, it is estimated it would prevent 251 deaths per year and achieve an economic saving of £310 million per year.

**Better mental health: JSNA toolkit**

PHE

Links mental health data, policy and knowledge to help planners understand needs within the local population and assess local services.

**Suicide prevention: response to Health Select Committee**

DH

The government’s response to the Health Select Committee’s inquiry into suicide prevention responds to the committee’s recommendations for improving delivery of the cross-government suicide prevention strategy.
Whole grain cereals for the primary or secondary prevention of cardiovascular disease
Cochrane Review
There is insufficient evidence from RCTs of an effect of whole grain diets on cardiovascular outcomes or on major CVD risk factors such as blood lipids and blood pressure. Trials were at unclear or high risk of bias with small sample sizes and relatively short-term interventions, and the overall quality of the evidence was low. There is a need for well-designed, adequately powered RCTs with longer durations assessing cardiovascular events as well as cardiovascular risk factors.

Culture-specific programs for children and adults from minority groups who have asthma
Cochrane Review
The available evidence showed that culture-specific education programmes for adults and children from minority groups are likely effective in improving asthma-related outcomes. This review was limited by few studies and evidence of very low to low quality. Not all asthma-related outcomes improved with culture-specific programs for both adults and children. Nevertheless, while modified culture-specific education programs are usually more time intensive, the findings of this review suggest using culture-specific asthma education programmes for children and adults from minority groups. However, more robust RCTs are needed to further strengthen the quality of evidence and determine the cost-effectiveness of culture-specific programs.

Welfare-to-work interventions and their effects on the mental and physical health of lone parents and their children
Cochrane Review
The effects of WtW on health are largely of a magnitude that is unlikely to have tangible impacts. Since income and employment are hypothesised to mediate effects on health, it is possible that these negligible health impacts result from the small effects on economic outcomes. Even where employment and income were higher for the lone parents in WtW, poverty was still high for the majority of the lone parents in many of the studies. Perhaps because of this, depression also remained very high for lone parents whether they were in WtW or not. There is a lack of robust evidence on the health effects of WtW for lone parents outside North America.
Cytology versus HPV testing for cervical cancer screening in the general population
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Whilst HPV tests are less likely to miss cases of CIN 2+ and CIN 3+, these tests do lead to more unnecessary referrals. However, a negative HPV test is more reassuring than a negative cytological test, as the cytological test has a greater chance of being falsely negative, which could lead to delays in receiving the appropriate treatment. Evidence from prospective longitudinal studies is needed to establish the relative clinical implications of these tests.

Pharmacotherapy for hypertension in adults aged 18 to 59 years
Cochrane Review
Antihypertensive drugs used to treat predominantly healthy adults aged 18 to 59 years with mild to moderate primary hypertension have a small absolute effect to reduce cardiovascular mortality and morbidity primarily due to reduction in cerebrovascular mortality and morbidity. All-cause mortality and coronary heart disease were not reduced. There is lack of good evidence on withdrawal due to adverse events. Future trials in this age group should be at least 10 years in duration and should compare different first-line drug classes and strategies.

Self-management interventions including action plans for exacerbations versus usual care in patients with chronic obstructive pulmonary disease
Cochrane Review
Self-management interventions that include a COPD exacerbation action plan are associated with improvements in HRQoL, as measured with the SGRQ, and lower probability of respiratory-related hospital admissions. No excess all-cause mortality risk was observed, but exploratory analysis showed a small, but significantly higher respiratory-related mortality rate for self-management compared to usual care.
For future studies, we would like to urge only using action plans together with self-management interventions that meet the requirements of the most recent COPD self-management intervention definition. To increase transparency, future study authors should provide more detailed information regarding interventions provided. This would help inform further subgroup analyses and increase the ability to provide stronger recommendations regarding effective self-management interventions that include action plans for AECOPD. For safety reasons, COPD self-management action plans should take into account comorbidities when used in the wider population of people with COPD who have comorbidities. Although we were unable to evaluate this strategy in this review, it can be expected to further increase the safety of self-management interventions. We also advise to involve Data and Safety Monitoring Boards for future COPD self-management studies.

Business Case, Official Development Assistance Project: Strengthening tobacco control in low and middle income countries
DH
The government is investing in the Framework Convention on Tobacco Control 2030 project, through Official Development Assistance (ODA) funding, from 2016 to 2021. This project supports the implementation of tobacco control measures in low and middle income countries. The business case sets out the reasons for this investment.
The BNF & BNFC on iOS and Android
RCPCH Publications Ltd
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Antenatal and postnatal mental health: clinical management and service guidance
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This guideline covers recognising, assessing and treating mental health problems in women who are planning to have a baby, are pregnant, or have had a baby or been pregnant in the past year. It covers depression, anxiety disorders, eating disorders, drug- and alcohol-use disorders and severe mental illness (such as psychosis, bipolar disorder and schizophrenia). It promotes early detection and good management of mental health problems to improve women’s quality of life during pregnancy and in the year after giving birth.

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Antenatal and intrapartum interventions for preventing cerebral palsy: an overview of Cochrane systematic reviews
This review found that there was a reduction in cerebral palsy in children born to women at risk of preterm birth who received magnesium sulphate for neuroprotection of the fetus compared with placebo (risk ratio (RR) 0.68, 95% confidence interval (CI) 0.54 to 0.87; five RCTs; 6145 children). It also deals with other interventions which have less evidence to support their use, such as prophylactic antibiotics and antenatal corticosteroids.
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Tailored interventions based on sputum eosinophils versus clinical symptoms for asthma in children and adults
Cochrane Review
In this updated review, tailoring asthma interventions based on sputum eosinophils is beneficial in reducing the frequency of asthma exacerbations in adults with asthma. Adults with frequent exacerbations and severe asthma may derive the greatest benefit from this additional monitoring test, although we were unable to confirm this through subgroup analysis. There is insufficient data available to assess tailoring asthma medications based on sputum eosinophilia in children. Further robust RCTs need to be undertaken and these should include participants with different underlying asthma severities and endotypes.

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**Fever in under 5s: assessment and initial management**  
NICE  
This guideline covers the assessment and early management of fever with no obvious cause in children aged under 5. It aims to improve clinical assessment and help healthcare professionals diagnose serious illness among young children who present with fever in primary and secondary care.
Effectiveness of three modes of kinetic-chain exercises on quadriceps muscle strength and thigh girth among individuals with knee osteoarthritis

Archives of Physiotherapy

Background: The study was designed to evaluate and compare the effectiveness of 12-week open, closed and combined kinetic-chain exercises (OKCE, CKCE and CCE) on quadriceps muscle strength and thigh girth of patients with knee osteoarthritis (OA).

Method: The randomized clinical trial involved ninety-six consecutive patients with knee OA who were randomly assigned to one of OKCE, CKCE or CCE groups. Participants’ static quadriceps muscle strength (SQS), dynamic quadriceps muscle strength (DQS) and thigh girth (TG) were assessed using cable tensiometer, one repetition method and inelastic tape measure respectively at baseline and at the end of weeks 4, 8 and 12 of study.

Results: The three groups were comparable regarding their demographic and dependent variables at baseline; there was significant time effect (p < 0.001 each) as all three measures significantly increased over time from baseline to week 12 [mean difference: SQS: 3.30 (95% CI: 2.52–4.08) N; DQS: 0.74 (95% CI: 0.45–1.02) N; TG: 1.32 (95% CI: 0.93–1.71) cm]. The effect of intervention-time interaction was not significant (p > 0.05) for all three measures. Changes in SQS, DQS and TG between baseline and week 12 were also not significantly different (p > 0.05) among the three groups.

Conclusion: All three exercise regimens are effective and demonstrate similar effects on quadriceps muscle strength and muscular trophism.

Treadmill training and body weight support for walking after stroke

Cochrane Review

Overall, people after stroke who receive treadmill training, with or without body weight support, are not more likely to improve their ability to walk independently compared with people after stroke not receiving treadmill training, but walking speed and walking endurance may improve slightly in the short term. Specifically, people with stroke who are able to walk (but not people who are dependent in walking at start of treatment) appear to benefit most from this type of intervention with regard to walking speed and walking endurance. This review did not find, however, that improvements in walking speed and endurance may have persisting beneficial effects. Further research should specifically investigate the effects of different frequencies, durations, or intensities (in terms of speed increments and inclination) of treadmill training, as well as the use of handrails, in ambulatory participants, but not in dependent walkers.

Developing a multidisciplinary rehabilitation package following hip fracture and testing in a randomised feasibility study: Fracture in the Elderly Multidisciplinary Rehabilitation (FEMuR)

National Institute for Health Research

Trial methods were feasible in terms of eligibility, recruitment and retention, although recruitment was challenging. The NEADL scale was more responsive than the BADL index, suggesting that the intervention could enable participants to regain better levels of independence compared with usual care. This should be tested in a definitive Phase III RCT.
There were two main limitations of the study: the feasibility study lacked power to test for differences between the groups and a ceiling effect was observed in the primary measure.

**Mid Yorks NHS Trust adopts physio-designed training to prevent falls**

CSP
Mid Yorkshire Hospitals NHS Trust has launched falls prevention training for staff which recreates real-life situations in allocated sections of actual wards and clinics. See also the CSP’s [falls prevention economic model](#).

**The BNF & BNFC on iOS and Android**

RCPCH Publications Ltd
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**Health Visiting and Nursing**

**AN RCN Toolkit for School Nurses**

RCN

This toolkit provides school nurses with information, examples of good practice, templates and useful websites to support and develop professional practice. It considers varying policy and practice which applies across the UK and the range of settings in which school nurses work.
**Termination of Pregnancy**

**RCN**

This guidance incorporates expert and evidence-based practice. It has been produced to support registered nurses and midwives working within the NHS and independent sector. It considers the Abortion Act 1967 as amended by the Human Fertilisation and Embryology Act 1990 and is mainly related to the care of women undergoing termination of a pregnancy under section 1(1)(a) of the Abortion Act 1967.

**Schedules for home visits in the early postpartum period**

**Cochrane Review**

Increasing the number of postnatal home visits may promote infant health and maternal satisfaction and more individualised care may improve outcomes for women, although overall findings in different studies were not consistent. The frequency, timing, duration and intensity of such postnatal care visits should be based upon local and individual needs. Further well designed RCTs evaluating this complex intervention will be required to formulate the optimal package.

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**Developmental follow-up of children and young people born preterm**

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

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**Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition**

**NICE**
This guideline covers identifying and caring for adults who are malnourished or at risk of malnutrition in hospital or in their own home or a care home. It offers advice on how oral, enteral tube feeding and parenteral nutrition support should be started, administered and stopped. It aims to support healthcare professionals identify malnourished people and help them to choose the most appropriate form of support.

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**Information for nurses and midwives on responding to unexpected incidents or emergencies**

NMC

Following recent terrorist incidents, the Nursing and Midwifery Council (NMC) has provided information for nurses and midwives on responding to unexpected incidents or emergencies.

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RCPCH Publications Ltd

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**Social Care**

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**Developing trusted assessment schemes: essential elements**

NHS Improvement

Many people wait too long to be discharged from hospital resulting in poor experience of the health and care system and poorer outcomes. Trusted assessment is a key element of best practice in reducing delays to transfers of care of people between hospital and home. By using trusted assessors we can reduce the numbers and waiting times of people awaiting discharge from hospital and help them to move from hospital back home or to another setting speedily, effectively and safely.

This guide describes how hospitals, primary and community care and local councils could work together to deliver trusted assessment as a key part of the High Impact Change Model (HICM). Implementation of the HICM is a national condition for funding through the 2017-19 Integration and Better Care Fund policy framework.

The guide is from a series of resources we’re developing with partners, to help you rapidly meet expectations on urgent and emergency care as set out in the NHS Five Year Forward View Next Steps.

It was developed across NHS England, NHS Improvement, the Local Government Association, the Association of Directors of Adult Social Services, the Care Provider Alliance and the Department of Health to increase the care and health system engagement with this important guidance, and also complements the Rapid improvement guide: trusted assessors.
New Kind of Reality Show Improves Health in Care Homes

Primary Care Commissioning

Holistic assessment is not always associated with fun but that is the approach Wakefield’s enhanced care homes vanguard is taking. The vanguard is supporting staff and residents in care homes and supported living schemes. Addressing a session at the recent HealthplusCare event, the vanguard’s senior project manager, Lesley Carver, said: “We have been following NHS England’s enhanced health and care homes framework but holistic assessment is the USP of our vanguard.” However, the team has been imaginative in developing those assessments – including using video diaries that not only give insights into what residents enjoy and what is important to them but also, according to Carver, “make them feel the star of the show”. “We call the video concept ‘pull up a chair’. It was developed by Age UK and it’s about listening to the residents – finding out what it was like at home and what would make a difference in their lives. We use the LEAF tool to assess quality of life as it’s not just about bingo and bowls.” They have also introduced dementia mapping which involves assessing a group of residents as they undertake daily activities over several hours. “That allows us to identify the challenges that each resident faces, mapping social and physical surroundings affecting the person in a positive or negative way,” Carver explains.

The enhanced care home vanguard sites aim to tackle loneliness and fragmented care, by joining up services for older people in supported living schemes and care homes. As well as identifying health care needs and new ways of meeting them, the Wakefield assessment process has improved general wellbeing by organising more activities in the home and excursions outside it. “We get to know the residents in a truly person-centred way,” Carver says. Recognising that care homes cannot provide everything a person needs to improve their health and wellbeing, the assessment results shape the strong relationships that the vanguard and care homes have built with community anchors. Community anchors are centres offering a variety of clubs, classes, and events aimed at helping older people improve their health and wellbeing. There has been a dramatic impact on demand for health care services from residents of the first 15 care homes involved. The first 12 months saw falls of 13% for emergency admissions, 6% for A&E admissions and 5% for ambulance callouts.

Carver said this was against a background of increased activity across all three measures for the general population. More people who have had holistic assessments are dying in their preferred place of care – a recognised indicator of the quality of end of life care. The vanguard has now grown to cover 27 care homes and six extra-care facilities. Carver says the latter accommodation, while maintaining older people’s independence, brings its own challenges for residents. “We are working with a supported living scheme with 27 one bedroom flats to slow down progression into residential care. Residents do have their own front door but many are socially isolated so we did ‘pull up a chair’ and ‘portrait of a life’. The vanguard is built around a new multi-disciplinary care home support team which includes a general nurse, a mental health nurse and a physiotherapist. The team meets each week to develop personally tailored care plans for the older people they are working with.

It has helped build confidence in care home staff through ad-hoc training sessions and advice. The vanguard has also been working to ensure that each care home is served by a named GP practice by the end of 2017.
Culture of care barometer
NHS England
The Culture of Care Barometer (CCB) is a survey tool designed to help organisations gauge the culture of care they provide. It supports organisations to understand the culture within organisations, multidisciplinary teams and groups by encouraging discussion and reflection. The Barometer is a quick and easy to complete paper based questionnaire or online survey that creates the opportunity for staff to engage in discussions about the culture of the organisation, area or team. By encouraging reflection and stimulating conversation, the Barometer helps to break down barriers to highlight troubled areas.

The CCB was developed from the early discussions of a group of professionals, carers and managers, who were so concerned by the failings at Mid Staffordshire Hospital that they were determined to explore what could be done to improve the quality of care for patients. As a result, the first early blueprint of a tool to measure the culture in care organisations was developed. In April 2014, NHS England, under the leadership of Chief Nurse Jane Cummings, and through Caroline Alexander, NHS England (London) Chief Nurse, commissioned the further development of this blueprint along with a detailed report and literature. In March 2015 the first edition of the Culture of Care Barometer report was published.

Findings from six pilot sites report
SCIE/ DH
This report sets out the findings from the six sites which have been part of the Named Social Work programme during the six months from October 2016 to March 2017.

Mental Health and Learning Disability

Better mental health: JSNA toolkit
PHE
Links mental health data, policy and knowledge to help planners understand needs within the local population and assess local services.

Atypical antipsychotics for disruptive behaviour disorders in children and youths
Cochrane Review
There is some evidence that in the short term risperidone may reduce aggression and conduct problems in children and youths with disruptive behaviour disorders. There is also evidence that this intervention is associated with significant weight gain.

For aggression, the difference in scores of 6.49 points on the ABC – Irritability subscale (range 0 to 45) may be clinically significant. It is challenging to interpret the clinical significance of the differential findings on two different ABS subscales as it may be difficult to distinguish between reactive and proactive aggression in clinical practice. For conduct problems, the difference in scores of 8.61 points on the NCBRF-CP (range 0 to 48) is likely to be clinically significant. Weight gain remains a concern.

Caution is required in interpreting the results due to the limitations of current evidence and the small number of high-quality trials. There is a lack of evidence to support the use of
quetiapine, ziprasidone or any other atypical antipsychotic for disruptive behaviour disorders in children and youths and no evidence for children under five years of age. It is uncertain to what degree the efficacy found in clinical trials will translate into real-life clinical practice. Given the effectiveness of parent-training interventions in the management of these disorders, and the somewhat equivocal evidence on the efficacy of medication, it is important not to use medication alone. This is consistent with current clinical guidelines.

Older Adults

Developing a multidisciplinary rehabilitation package following hip fracture and testing in a randomised feasibility study: Fracture in the Elderly Multidisciplinary Rehabilitation (FEMuR)

National Institute for Health Research

Trial methods were feasible in terms of eligibility, recruitment and retention, although recruitment was challenging. The NEADL scale was more responsive than the BADL index, suggesting that the intervention could enable participants to regain better levels of independence compared with usual care. This should be tested in a definitive Phase III RCT. There were two main limitations of the study: the feasibility study lacked power to test for differences between the groups and a ceiling effect was observed in the primary measure.

Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition

NICE

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

Patient Voices

New outpatient letter standards published by Professional Record Standards Body

Patient Information Forum

The Professional Record Standards Body (PRSB) has published new standards for digital outpatient letters which allow clinical information to be recorded, exchanged and accessed consistently across care settings. As more care and a wider range of specialist services are delivered out of hospital, the importance of well-structured outpatient letters is essential to good communications between clinicians and patients. They are the main method of contact and communication between hospital staff and GPs and communicate to the patient a record of the consultation and decisions. They are often the sole record of the consultation held by the outpatient department and hospital. It is hoped these standards will improve continuity of care by helping clinicians to communicate relevant information more quickly, reducing transcription errors by enabling re-
use of key data in the GP system and producing better information for audit and research by carrying information in coded format, where appropriate.
The PRSB is publishing the outpatient letter standards in draft form while it undergoes endorsement by our relevant member organisations. The standard may change in its final form but it is expected any changes will be minor. Providers may begin incorporating the standard into their systems but should be aware there may be minor amendments in due course. The final version will be published on the PRSB as soon as it is available this autumn.

**My Signals – Patients**

**National Institute for Health Research**

In My Signals, health and social care staff and service users tell us what research is important to them and why they feel others need to know about it. Join the conversation on Twitter and tell us which Signals have interested, excited or surprised you, using #MySignals. You can find the latest NIHR Signals on the Discover Portal.

We asked four members of the public who have experience of health research to tell us which NIHR Signals have most interested them, or even prompted them to rethink their care, and explain why they feel the findings are worth sharing.

**Pharmacy**

**The BNF & BNFC on iOS and Android**

RCPCH Publications Ltd

The BNF app is changing, and a new app is available to download now. This will eventually replace the NICE BNF app which you may be using now. Click the link above for more details.

**Interventions for emergency contraception**

**Cochrane Review**

Levonorgestrel and mid-dose mifepristone (25 mg to 50 mg) were more effective than Yuzpe regimen. Both mid-dose (25 mg to 50 mg) and low-dose mifepristone (less than 25 mg) were probably more effective than levonorgestrel (1.5 mg). Mifepristone low dose (less than 25 mg) was less effective than mid-dose mifepristone. UPA was more effective than levonorgestrel.

Levonorgestrel users had fewer side effects than Yuzpe users, and appeared to be more likely to have a menstrual return before the expected date. UPA users were probably more likely to have a menstrual return after the expected date. Menstrual delay was probably the main adverse effect of mifepristone and seemed to be dose-related. Cu-IUD may be associated with higher risks of abdominal pain than ECPs.

**Statutory scheme to control cost of branded medicines**

DH

The government is consulting on proposals to amend the statutory scheme that controls the prices of branded health service medicines. This builds on a previous consultation run in 2015.
The aim is to achieve alignment with the current voluntary pharmaceutical price regulation scheme (PPRS), agreed in 2014. The main proposals in the consultation are:

- the introduction of a payment system similar to that in the 2014 PPRS
- changes to the provisions on maximum prices, including removing the requirement for a 15% price cut
- changes to the information requirements placed on companies

Draft regulations and a draft impact assessment are published alongside this consultation.

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**Palliative Care**

**Which online format is most effective for assisting Baby Boomers to complete advance directives? A randomised controlled trial of email prompting versus online education module?**

**BMC Palliative Care**

Background: Completion of Advance Directives (ADs), being financial and healthcare proxy or instructional documents, is relatively uncommon in Australia. Efforts to increase completion rates include online education and prompting which past literature suggests may be effective. The aim of this randomized controlled trial was to assess computer-based online AD information and email prompting for facilitating completion of ADs by Australian Baby Boomers (b.1946–1965) as well as factors which may impede or assist completion of these documents by this generation when using the online environment.

Methods: Two hundred eighty-two men and women aged 49–68 years at the time of the trial were randomly assigned to one of 3 intervention groups: education module only; email prompt only; email prompt and education module; and a control group with no education module and no email prompt. The randomized controlled trial was undertaken in participants’ location of choice. Randomization and allocation to trial group were carried out by a central computer system. The primary analysis was based on a final total of 189 participants who completed the trial (n = 52 education module only; n = 44 email prompt only; n = 46 email prompt and education module; and n = 47 control). The primary outcome was the number of individuals in any group completing any of the 4 legal ADs in South Australia within 12 months or less from entry into the trial. Frequency analysis was conducted on secondary outcomes such as reasons for non-completion.

Results: Mean follow-up post-intervention at 12 months showed that 7% of overall participants completed one or more of the 4 legal ADs but without significant difference between groups (delta = 1%, p = .48 Prompt/Non-Prompt groups, delta = 5%, p = .44 education/non-education groups). Reasons offered for non-completion were too busy (26%) and/or it wasn’t the right time (21%).

Conclusion: Our results suggest that neither email prompting nor provision of additional educational material online were sufficient to significantly impact AD completion rates for this generational cohort. Research with this cohort over longer periods of time exploring online preferences for engagement with ADs as they age may provide better insight into using this environment for ADs with this group.