The Clinical Effectiveness Bulletin aims to highlight some key pieces of evidence, published in the previous month.

Where possible, links to the full text documents are included. If you are employed by SSOTP, NSCHT, UHN, Stoke on Trent Public Health or you are CCG or practice staff in North Staffordshire, get in touch to find out more about your NHS library service.
Current Sources:

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

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**Commissioning**

**Clinician-targeted interventions to influence antibiotic prescribing behaviour for acute respiratory infections in primary care: an overview of systematic reviews**

*Cochrane*

We found evidence that CRP testing, shared decision making, and procalcitonin-guided management reduce antibiotic prescribing for patients with ARIs in primary care. These interventions may therefore reduce overall antibiotic consumption and consequently antibiotic resistance. There do not appear to be negative effects of these interventions on the outcomes of patient satisfaction and reconsultation, although there was limited measurement of these outcomes in the trials. This should be rectified in future trials.

We could gather no information about the costs of management, and this along with the paucity of measurements meant that it was difficult to weigh the benefits and costs of implementing these interventions in practice.

Most of this research was undertaken in high-income countries, and it may not generalise to other settings. The quality of evidence for the interventions of educational materials and tools for patients and clinicians was either low or very low, which prevented us from drawing any conclusions. High-quality trials are needed to further investigate these interventions.

**NHS hospital bed numbers: past, present, future**

*King’s Fund*

- The total number of NHS hospital beds in England, including general and acute, mental illness, learning disability, maternity and day-only beds, has more than halved over the past 30 years, from around 299,000 to 142,000, while the number of patients treated has increased significantly.
- Most other advanced health care systems have also reduced bed numbers in recent years. However, the UK currently has fewer acute beds relative to its population than almost any other comparable health system.
- Since 1987/8, the largest percentage reductions in bed numbers have occurred in mental illness and learning disability beds as a result of long-term policies to move these patients out of hospital and provide care in the community.
- The number of general and acute beds has fallen by 43 per cent since 1987/8, the bulk of this fall due to closures of beds for the long-term care of older people. Medical innovation, including an increase in day-case surgery, has also had an impact by reducing the time that many patients spend in hospital.
- While the rate of decrease in bed numbers has slowed in recent years, there are opportunities to make better use of existing bed stock by preventing avoidable admissions, reducing variations in length of stay and improving the discharge of patients. Efforts to make better use of the existing stock should focus on the relatively small number of mainly older patients who stay in hospital a long time.
- There are promising signs that some initiatives are succeeding in this. Emerging evidence from vanguard sites suggests progress in slowing rates of increase in emergency admission.
- However, research shows that initiatives to moderate demand for hospital care often struggle to succeed. Progress depends on having sufficient capacity to provide appropriate care outside hospital, yet evidence suggests that intermediate care capacity is currently only enough to
meet around half of demand and cuts in funding have led to significant reductions in publicly funded social care.

- Today there are signs of a growing shortage of beds. In 2016/17, overnight general and acute bed occupancy averaged 90.3 per cent, and regularly exceeded 95 per cent in winter, well above the level many consider safe. In this context, proposals put forward in some sustainability and transformation plans to deliver significant reductions in the number of beds are unrealistic.
- In some areas, it may be possible to reduce the number of beds. However, at a national level, with hospitals under real strain from rising demand and a prolonged slowdown in funding, further significant reductions are both unachievable and undesirable.
- How hospital beds are used depends on the availability of other services, yet national data does not provide a full picture of NHS bed capacity. It is essential that the national audit currently being undertaken by NHS England provides a transparent, accurate and comprehensive picture of bed capacity.

**What is commissioning and how is it changing?**
**King’s Fund**
This reviews the main aspects of how care is commissioned, as well as some of the key changes to this process since it began, for example co-commissioning or integrated commissioning.

**Intermediate care including reablement**
**NICE**
This guideline was updated in September 2017. This guideline covers referral and assessment for intermediate care and how to deliver the service. Intermediate care is a multidisciplinary service that helps people to be as independent as possible. It provides support and rehabilitation to people at risk of hospital admission or who have been in hospital. It aims to ensure people transfer from hospital to the community in a timely way and to prevent unnecessary admissions to hospitals and residential care.

**Fertility problems: assessment and treatment**
**Clinical guideline [CG156] Last updated: September 2017**
This guideline covers diagnosing and treating fertility problems. It aims to reduce variation in practice and improve the way fertility problems are investigated and managed.

**Moving between hospital and home, including care homes**
**A quick guide for registered managers of care homes and home care**
**SCIE**
Registered managers and their teams play an important role in supporting people when they are transferring in and out of hospital. This quick guide provides a brief overview of how managers can work with hospitals to ensure a good experience of transition for the people in their care.

The guide includes:
- What you can do to ensure successful transitions
- What you can expect from your local hospital team
- What you should expect after discharge
•Further information

Quick guides, developed jointly by NICE and SCIE, are based on NICE guidelines and quality standards. They cover key points on social care topics that are relevant to specific audiences. This new format has been developed in response to feedback from the social care sector who report that they prefer information about improving services to be easily accessible, concise and visually appealing. The guides are available online and also as PDFs.

Public Health and Lifestyle Services

What happens when you call the Stoke-on-Trent Stop Smoking Service
Stoke on Trent City Council
Making that initial call to 0800 085 0928 for stop smoking support can seem daunting. Jill from our public health team explains what happens and what they will discuss with you, to put your mind at ease.

Personalised digital interventions for reducing hazardous and harmful alcohol consumption in community-dwelling populations
Cochrane
There is moderate-quality evidence that digital interventions may lower alcohol consumption, with an average reduction of up to three (UK) standard drinks per week compared to control participants. Substantial heterogeneity and risk of performance and publication bias may mean the reduction was lower. Low-quality evidence from fewer studies suggested there may be little or no difference in impact on alcohol consumption between digital and face-to-face interventions.

The BCTs of behaviour substitution, problem solving and credible source were associated with the effectiveness of digital interventions to reduce alcohol consumption and warrant further investigation in an experimental context.

Reporting of theory use was very limited and often unclear when present. Over half of the interventions made no reference to any theories. Limited reporting of theory use was unrelated to heterogeneity in intervention effectiveness

Type 2 diabetes: prevention in people at high risk
Public health guideline [PH38] Last updated: September 2017
This guideline covers how to identify adults at high risk of type 2 diabetes. It aims to remind practitioners that age is no barrier to being at high risk of, or developing, the condition. It also aims to help them provide those at high risk with an effective and appropriate intensive lifestyle-change programme to prevent or delay the onset of type 2 diabetes. The recommendations in this guideline can be used alongside the NHS Health Check programme.
**Immunisations: reducing differences in uptake in under 19s**

Public health guideline [PH21]  Last updated: September 2017

This guideline covers increasing immunisation uptake among children and young people aged under 19 years in groups and settings where immunisation coverage is low. It aims to improve access to immunisation services and increase timely immunisation of children and young people. It also aims to ensure babies born to mothers infected with hepatitis B are immunised.

**My Signals-Public Health**

NIHR

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 out more about NIHR Signals or read the latest on the Discover Portal.

In this collection, Dr Rupert Suckling (@rupertsuckling), Director of Public Health at Doncaster Council, explains the role of research evidence in public health, and highlights NIHR Signals of particular interest to people working to improve public health.

**Internet-based interventions for smoking cessation**

Cochrane

The evidence from trials in adults suggests that interactive and tailored Internet-based interventions with or without additional behavioural support are moderately more effective than non-active controls at six months or longer, but there was no evidence that these interventions were better than other active smoking treatments. However some of the studies were at high risk of bias, and there was evidence of substantial statistical heterogeneity. Treatment effectiveness in younger people is unknown.

**Healthcare financing systems for increasing the use of tobacco dependence treatment**

Cochrane

Full financial interventions directed at smokers when compared to no financial interventions increase the proportion of smokers who attempt to quit, use smoking cessation treatments, and succeed in quitting. There was no clear and consistent evidence of an effect on smoking cessation from financial incentives directed at healthcare providers. We are only moderately confident in the effect estimate because there was some risk of bias due to a lack of blinding in participants and researchers, and insufficient information on attrition rates.

**HIV testing: encouraging uptake**

NICE

This guideline was updated in September 2017. This quality standard covers interventions to improve the uptake of HIV testing among people who may have undiagnosed HIV. It focuses on increasing testing to reduce undiagnosed infection in people at increased risk of exposure. It describes high-quality care in priority areas for improvement.

It does not cover HIV testing in antenatal services as a universal antenatal screening programme is currently offered in England.
Cardiac rehab patient booklet
SIGN
This booklet is based on SIGN 150 (Cardiac Rehabilitation) and sets out what to expect in terms of healthcare referrals and appointments as well as how patients can help themselves during the recovery journey.

General Practice

Delayed antibiotic prescriptions for respiratory tract infections
Cochrane
Review question: We investigated the effect of delaying antibiotic prescription compared to immediate prescription or no antibiotics for people with respiratory tract infections including sore throat, middle ear infection, cough (bronchitis), and the common cold. We included all RTIs regardless of whether antibiotics were indicated or not. We also evaluated antibiotic use, patient satisfaction, antibiotic resistance, reconsultation rates, and use of supplemental therapies. This is an update of a review published in 2007, 2010, and 2013.
Background: Prescribing too many antibiotics increases the risk of adverse reactions and results in higher healthcare costs and increased antibacterial resistance.
One strategy to reduce unnecessary antibiotic prescribing is to provide an antibiotic prescription, but with advice to delay filling the prescription. The prescriber assesses that immediate antibiotics are not immediately required, expecting that symptoms will resolve without antibiotics.
Study characteristics: Evidence is current to 25th May 2017. We included 11 trials with a total of 3555 participants evaluating prescribing strategies for people with respiratory tract infections. Ten of these studies compared strategies of delaying antibiotics with immediate antibiotics. Four studies compared delayed antibiotics with no antibiotics. Of the 11 studies, five included only children (1173 participants), two included only adults (594 participants), and four included children and adults (1761 participants). The studies investigated a variety of respiratory tract infections. One study involving 405 participants was new for this update.
Key results: There were no differences between immediate, delayed, and no antibiotics for many symptoms including fever, pain, feeling unwell, cough, and runny nose. The only differences were small and favoured immediate antibiotics for relieving pain, fever, and runny nose for sore throat; and pain and feeling unwell for middle ear infections. Compared to no antibiotics, delayed antibiotics led to a small reduction in how long pain, fever, and cough persisted in people with colds. There was little difference in antibiotic adverse effects, and no significant difference in complications.
Patient satisfaction was similar for people who trialled delayed antibiotics (86% satisfied) compared to immediate antibiotics (91% satisfied), but was greater than no antibiotics (87% versus 82% satisfied). Antibiotic use was greatest in the immediate antibiotic group (93%), followed by delayed antibiotics (31%), and no antibiotics (14%).
In the first month after the initial consultation, two studies indicated that participants were no more likely to come back and see the doctor for delayed or immediate prescribing groups. Excluding the first month, one study found that participants were no more likely to return to see the doctor in the 12 months after the delayed or immediate prescription for another respiratory infection, and another study found that participants were more likely to come back and see the doctor in the next 12 months if they had an immediate prescription compared to a delayed prescription.
Two studies including children with acute otitis media reported on the use of other medicines in delayed and immediate antibiotic groups. There was no difference in the use of ibuprofen, paracetamol, and otic drops in one study. In the other study, fewer spoons of paracetamol were used in the immediate antibiotic group compared with the delayed antibiotic group on the second and third day after the child's initial presentation. No included studies evaluated herbal or other forms of complementary medicine.

No included studies evaluated antibiotic resistance.

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**Phosphodiesterase 4 inhibitors for chronic obstructive pulmonary disease**

Cochrane

In people with COPD, PDE4 inhibitors offered benefit over placebo in improving lung function and reducing the likelihood of exacerbations; however, they had little impact on quality of life or symptoms. Gastrointestinal adverse effects and weight loss were common, and safety data submitted to the US Food and Drug Administration (FDA) have raised concerns over psychiatric adverse events with roflumilast. The findings of this review give cautious support to the use of PDE4 inhibitors in COPD. They may be best used as add-on therapy in a subgroup of people with persistent symptoms or exacerbations despite optimal COPD management. This is in accordance with the GOLD 2017 guidelines. Longer-term trials are needed to determine whether or not PDE4 inhibitors modify FEV1 decline, hospitalisation or mortality in COPD.

**Faltering growth: recognition and management of faltering growth in children**

NICE

This guideline was updated in September 2017. This guideline covers recognition, assessment and monitoring of faltering growth in infants and children. It includes a definition of growth thresholds for concern and identifying the risk factors for, and possible causes of, faltering growth. It also covers interventions, when to refer, service design, and information and support.
End of life care for infants, children and young people
NICE
This quality standard covers end of life care for infants, children and young people (from birth to 18 years) who have a life-limiting condition. Life-limiting conditions are those that are expected to result in an early death for the person. It also covers support for family members and carers. It describes high-quality care in priority areas for improvement.

Urinary tract infection in children and young people
NICE Quality standard [QS36] Last updated: September 2017
This quality standard covers diagnosing and managing urinary tract infection in infants, children and young people (under 16). It includes new and recurrent infections of the upper or lower urinary tract. It describes high-quality care in priority areas for improvement.

Fertility problems: assessment and treatment
Clinical guideline [CG156] Last updated: September 2017
This guideline covers diagnosing and treating fertility problems. It aims to reduce variation in practice and improve the way fertility problems are investigated and managed.

Assessing, managing and monitoring biologic therapies for inflammatory arthritis
RCN
Updated (2017) guidance for rheumatology specialist practitioners and the wider health care team on assessing, managing and monitoring biologic therapies for inflammatory arthritis

Rehabilitation and Occupational Health

Intermediate care including reablement
NICE
This guideline was updated in September 2017. This guideline covers referral and assessment for intermediate care and how to deliver the service. Intermediate care is a multidisciplinary service that helps people to be as independent as possible. It provides support and rehabilitation to people at risk of hospital admission or who have been in hospital. It aims to ensure people transfer from hospital to the community in a timely way and to prevent unnecessary admissions to hospitals and residential care.

Rehabilitation after critical illness in adults.
NICE
This guideline was updated in September 2017. This quality standard covers adults with rehabilitation needs as a result of critical illness that required level 2 or level 3 critical care. It describes high-quality care in priority areas for improvement. It does not cover conditions for which published quality standards already include specialist rehabilitation after a critical care stay – such as head injury, myocardial infarction and stroke.
Assessing, managing and monitoring biologic therapies for inflammatory arthritis
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Updated (2017) guidance for rheumatology specialist practitioners and the wider health care team on assessing, managing and monitoring biologic therapies for inflammatory arthritis

Physiotherapy

A randomised controlled study of the effectiveness of breathing retraining exercises taught by a physiotherapist either by instructional DVD or in face-to-face sessions in the management of asthma in adults
NIHR
Only 10% of the potentially eligible population responded to the study invitation. However, breathing retraining exercises improved QoL and reduced health-care costs in adults with asthma whose condition remains uncontrolled despite standard pharmacological therapy, were engaged with well by patients and can be delivered effectively as a self-guided intervention. The intervention should now be transferred to an internet-based platform and implementation studies performed. Interventions for younger patients should be developed and trialled.

Physiotherapy in upper abdominal surgery – what is current practice in Australia?
BMC Physiotherapy

Background
Upper abdominal surgery (UAS) has the potential to cause post-operative pulmonary complications (PPCs). In the absence of high-quality research regarding post-operative physiotherapy management, consensus-based best practice guidelines formulated by Hanekom et al. (2012) are available to clinicians providing recommendations for post-UAS treatment. Such best practice guidelines have recommended that physiotherapists should be using early mobilisation and respiratory intervention to minimise risk of PPCs. However, recent evidence supports the implementation of mobilisation as a standalone treatment in PPC prevention, though the diversity in literature poses questions regarding ideal current practice. This project aimed to document and report the assessment measures and interventions physiotherapists are utilising following UAS, establishing whether current management is reflective of best practice guidelines and recent evidence.

Results
An online survey was completed by 57 experienced Australian physiotherapists working with patients following UAS (35% survey response rate, 63% completion rate). On day one following UAS, when a patient’s condition is not medically limited, most physiotherapists routinely mobilise. Additionally, routine chest treatment continues to be implemented, with only 23% (n = 11/47) of physiotherapists mobilising patients without accompanying specific respiratory intervention. Variability of screening tools used to identify post-operative patients at high risk of PPC development was evident. Patient-dependent factors such as ‘fatigue’ and ‘non-compliance’ were among those identified as barriers to treatment, all influencing the commencement of treatment.
Conclusions
Physiotherapists indicated that early mobilisation away from the bedside was the preferred post-operative treatment within the UAS patient population. Many continue to perform routine respiratory interventions despite recent literature suggesting it may provide no additional benefit to preventing PPCs. Current intervention choice is reflective of guidelines [1], however, recent literature has called this into question and more research needs to be done to establish if these recommendations are the most effective at reducing PPCs. Continued research is necessary to promote translation of knowledge to ensure physiotherapists are mobilising patients day one post-UAS. Likewise, future work should focus on identification of barriers, the strategies used to overcome limitations and the creation of a reliable and validated screening tool to ensure appropriate prioritisation and allocation of physiotherapy resources within the UAS patient population.

ACL Injury Prevention: What Does Research Tell Us
Current Reviews in Musculoskeletal Medicine

Purpose of Review
Mechanisms leading to anterior cruciate ligament (ACL) injury have been identified, yet re-injury or a secondary injury persists in the athletic population. The purpose of this review is to identify risk factors associated with ACL injury and investigate programs to prevent injury.

Recent Findings
Faulty mechanics during dynamic movement that cause excessive valgus force at the knee increases the risk of ACL injury. Faulty mechanics may be a result of lateral displacement of the trunk, unequal limb loading, and lack of control to avoid the valgus knee position. Altered movements that place the ACL at risk are best identified in a fatigued state; however, could be recognized in a standard dynamic assessment. The faulty movement patterns are modifiable and should be addressed in an injury prevention program. Prevention programs include various modes of exercise such as plyometrics, neuromuscular training, and strength training.

Summary
This review concludes that those programs which utilize neuromuscular training and strength training at a young age show the most promise in reducing ACL injuries. An ongoing thorough dynamic examination is necessary for all athletes while adjusting the intervention program in order to decrease the risk of ACL injury.

Current Concepts and Controversies in Rehabilitation After Surgery for Multiple Ligament Knee Injury
Current Reviews in Musculoskeletal Medicine

Purpose of Review
The purpose of this manuscript is twofold: (1) to review the literature related to rehabilitation after surgery for multiple ligament knee injury (MLKI) and after isolated surgery for the posterior cruciate ligament (PCL), posterolateral corner (PLC), and medial side of the knee and (2) to present a hierarchy of anatomic structures needing the most protection to guide rehabilitation.
Recent Findings
MLKIs continue to be a rare but devastating injury. Recent evidence indicates that clinicians may be providing too much protection from early weight bearing and range of motion, but an accelerated approach has not been rigorously tested.

Summary
Consideration of the nature and quality of surgical procedures (repair and reconstruction) can help clinicians determine the structures needing the most protection during the rehabilitation period. The biomechanical literature and prior clinical experience can aid clinicians to better structure rehabilitation after surgery for MLKI and improve clinical outcome for patients.

**Preoperative Education for Hip and Knee Replacement: Never Stop Learning**
*Current Reviews in Musculoskeletal Medicine*

Purpose of review
Participation in alternative payment models has focused efforts to improve outcomes and patient satisfaction while also lowering cost for elective hip and knee replacement. The purpose of this review is to determine if preoperative education classes for elective hip and knee replacement achieve these goals.

Recent findings
Recent literature demonstrates that patients who attend education classes prior to surgery have decreased anxiety, better post-operative pain control, more realistic expectations of surgery, and a better understanding of their surgery. As a result, comprehensive clinical pathways incorporating a preoperative education program for elective hip and knee replacement lead to lower hospital length of stay, higher home discharge, lower readmission, and improved cost.

Summary
In summary, we report convincing evidence that preoperative education classes are an essential element to successful participation in alternative payment models such as the Bundle Payment Care Initiative.

**The Perioperative Surgical Home: Improving the Value and Quality of Care in Total Joint Replacement**
*Current Reviews in Musculoskeletal Medicine*

Purpose of Review
The perioperative surgical home (PSH) is a patient-centered, physician-led, multidisciplinary care pathway developed to deliver value-based care based on shared decision-making. Physician and hospital reimbursement will be tied to providing quality care at lower cost, and the PSH model has been used in providing care to patients undergoing lower extremity arthroplasty. The purpose of this review is to discuss the rationale, definition, development, current state, and future direction of the PSH.
Recent Findings
The PSH model guides the patient throughout the pre and perioperative process and into the postoperative phase. It has been shown in multiple studies to decrease length of stay, improve functional outcomes, allow more home discharges, and lower costs. There is no increase in complications or readmission rates.

Summary
The PSH pathway is a safe and effective method of providing value-based care to patients undergoing hip and knee arthroplasty.

Ready for goal setting? Process evaluation of a patient-specific goal-setting method in physiotherapy
BMC Physiotherapy

Background
Patient participation and goal setting appear to be difficult in daily physiotherapy practice, and practical methods are lacking. An existing patient-specific instrument, Patient-Specific Complaints (PSC), was therefore optimized into a new Patient Specific Goal-setting method (PSG). The aims of this study were to examine the feasibility of the PSG in daily physiotherapy practice, and to explore the potential impact of the new method.

Methods
We conducted a process evaluation within a non-controlled intervention study. Community-based physiotherapists were instructed on how to work with the PSG in three group training sessions. The PSG is a six-step method embedded across the physiotherapy process, in which patients are stimulated to participate in the goal-setting process by: identifying problematic activities, prioritizing them, scoring their abilities, setting goals, planning and evaluating. Quantitative and qualitative data were collected among patients and physiotherapists by recording consultations and assessing patient files, questionnaires and written reflection reports.

Results
Data were collected from 51 physiotherapists and 218 patients, and 38 recordings and 219 patient files were analysed. The PSG steps were performed as intended, but the ‘setting goals’ and ‘planning treatment’ steps were not performed in detail. The patients and physiotherapists were positive about the method, and the physiotherapists perceived increased patient participation. They became aware of the importance of engaging patients in a dialogue, instead of focusing on gathering information. The lack of integration in the electronic patient system was a major barrier for optimal use in practice. Although the self-reported actual use of the PSG, i.e. informing and involving patients, and client-centred competences had improved, this was not completely confirmed by the objectively observed behaviour.

Conclusion
The PSG is a feasible method and tends to have impact on increasing patient participation in the goal-setting process. However, its full potential for shared goal setting has not been utilized yet. More
implementation effort is needed to achieve the required behaviour change and a truly client-centred attitude, to make physiotherapists totally ready for shared goal setting.

Health Visiting and Nursing

Latest Trends in District Nurse Student Numbers Announced
QNI
The Queen’s Nursing Institute launched the 2015-16 Report on District Nurse Education at its annual conference on Monday.
The report indicates that the increase in District Nurse student numbers seen in recent years has slowed down. Given the numbers who retire from the service annually, the QNI is concerned that this will represent a major challenge to current and future recruitment efforts to District Nursing teams

New Standards for General Practice Nurses Launched
QNI
The QNI and QNI Scotland launched new Voluntary Standards for senior General Practice Nurses (GPNs) at the QNI conference in London on Tuesday.
The new standards aim to identify the key aspects of the senior GPN role and reflect the breadth of competence required to manage and deliver high quality, person centred care as the leader of a nursing team.

Safe and Effective Staffing: Nursing Against the Odds
RCN
Following on from the publication of Safe and Effective Staffing: the Real Picture in May 2017, the RCN launched a survey of nursing and midwifery staff in the UK. The survey asked people about their last shift or day worked in health or social care. Over 30,000 responses were received in just two weeks, providing insight into staff experiences and staffing levels across the UK. The findings provide a strong voice from nursing staff, clearly describing the impact that poor staffing has on both patient care and their own wellbeing. Some of the experiences and stories shared via the survey have been included throughout the report

The RCN Money Guide for HCAs, HCSWs, APs, Trainee Nursing Associates and Nursing Apprentices
RCN
This Guide provides helpful tips for HCAs, HCSWs, APs, trainee nursing associates and nursing apprentices on how to stay on top of their finances. It provides advice on topics such as budgeting, work and benefits, childcare, dealing with a change in income, and affordable housing options. Below is the shortened version of the Guide available to non-members. Members can access the full version for RCN members by logging in to MyRCN from this page.

Assessing, managing and monitoring biologic therapies for inflammatory arthritis
RCN
Updated (2017) guidance for rheumatology specialist practitioners and the wider health care team on assessing, managing and monitoring biologic therapies for inflammatory arthritis
**Accountability and Delegation**
RCN
Guidance on accountability and delegation for the nursing team.

**Social Care**

**In Sickness and in Social Care**
BBC Radio 4
Today there is a growing number of older people with many medical and social needs. We are in a sense victims of our own success: life expectancy increased by thirty years over the course of the last century. As a result today we have a growing population of older people with increasingly complex needs. Dr Kevin Fong, who worked in elderly care as a junior doctor, looks at pilot projects that are trying to integrate hospital, social and community care. He visits the Integrated Independence Team at the Homerton Hospital in East London and finds out about a telemedicine project in East Lancashire that links care homes with nurses to prevent their residents making unnecessary visits to hospital.

Kevin discusses the question of whether these projects could save money with Nigel Edwards, chief executive of the Nuffield Trust health charity. And he hears from Gerald Wistow, Visiting Professor of Social Policy at the LSE that attempts to integrate health and social care go back to the beginning of the NHS.

**Moving between hospital and home, including care homes**

**A quick guide for registered managers of care homes and home care**
SCIE
Registered managers and their teams play an important role in supporting people when they are transferring in and out of hospital. This quick guide provides a brief overview of how managers can work with hospitals to ensure a good experience of transition for the people in their care.

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Strengths based social care in Leeds City Council
Leeds City Council
This report deals with the way in which social care staff changed their way of working and focused on enabling communities and harnessing their strengths.

Using creative arts in care homes to improve residents' lives
SCIE
Creative arts can delight and inspire residents who live in care homes. A new useful online resource, published today, offers practical guidance on how to engage residents in creative arts, such as dance, puppetry and digital arts. The resource offers care teams, including activity providers, many practical ideas on how to get started.

Technology supporting people living with dementia and their carers
SCIE
Technology has so much to offer people living with dementia and their carers: access to information, advice and entertainment as well as reassurance for a carer who does not live near a loved one. Used sensitively and thoughtfully, technology enhances rather than replaces human relationships and interactions.

Mental Health

Interventions for obtaining and maintaining employment in adults with severe mental illness, a network meta-analysis
Cochrane
Supported employment and augmented supported employment were the most effective interventions for people with severe mental illness in terms of obtaining and maintaining employment, based on both the direct comparison analysis and the network meta-analysis, without increasing the risk of adverse events. These results are based on moderate- to low-quality evidence, meaning that future studies with lower risk of bias could change these results. Augmented supported employment may be slightly more effective compared to supported employment alone. However, this difference was small, based on the direct comparison analysis, and further decreased with the network meta-analysis meaning that this difference should be interpreted cautiously. More studies on
maintaining competitive employment are needed to get a better understanding of whether the costs and efforts are worthwhile in the long term for both the individual and society.

**Cognitive-behaviour therapy for health anxiety in medical patients (CHAMP): a randomised controlled trial with outcomes to 5 years**

CBT-HA is a highly effective treatment for pathological health anxiety with lasting benefit over 5 years. It also improves generalised anxiety and depressive symptoms more than standard care. The presence of personality abnormality is not a bar to successful outcome. CBT-HA may also be cost-effective, but the high costs of concurrent medical illnesses obscure potential savings. This treatment deserves further research in medical settings.

**Transition between inpatient mental health settings and community or care home settings**

NICE

This quality standard was published in September 2017. This quality standard covers transitions for children, young people and adults between mental health hospitals and their own homes, care homes or other community settings. It includes the period before, during and after a person is admitted to, and discharged from, a mental health hospital. It describes high-quality care in priority areas for improvement.

**Depression in children and young people: identification and management**

Clinical guideline [CG28]  Last updated: September 2017

This guideline covers identifying and managing depression in children and young people aged between 5 and 18 years. Based on the stepped care model, it aims to improve recognition and assessment and promote effective treatments for mild, moderate and severe depression.

**Children and Young People**

**End of life care for infants, children and young people**

NICE

This quality standard covers end of life care for infants, children and young people (from birth to 18 years) who have a life-limiting condition. Life-limiting conditions are those that are expected to result in an early death for the person. It also covers support for family members and carers. It describes high-quality care in priority areas for improvement.

**Urinary tract infection in children and young people**

NICE Quality standard [QS36]  Last updated: September 2017

This quality standard covers diagnosing and managing urinary tract infection in infants, children and young people (under 16). It includes new and recurrent infections of the upper or lower urinary tract. It describes high-quality care in priority areas for improvement.

**Depression in children and young people: identification and management**

Clinical guideline [CG28]  Last updated: September 2017
This guideline covers identifying and managing depression in children and young people aged between 5 and 18 years. Based on the stepped care model, it aims to improve recognition and assessment and promote effective treatments for mild, moderate and severe depression.

**Older Adults**

**Comprehensive geriatric assessment for older adults admitted to hospital**

*Cochrane*

Older patients are more likely to be alive and in their own homes at follow-up if they received CGA on admission to hospital. We are uncertain whether data show a difference in effect between wards and teams, as this analysis was underpowered. CGA may lead to a small increase in costs, and evidence for cost-effectiveness is of low-certainty due to imprecision and inconsistency among studies. Further research that reports cost estimates that are setting-specific across different sectors of care are required.

**Technology supporting people living with dementia and their carers**

*SCIE*

Technology has so much to offer people living with dementia and their carers: access to information, advice and entertainment as well as reassurance for a carer who does not live near a loved one. Used sensitively and thoughtfully, technology enhances rather than replaces human relationships and interactions.

**Patient Information**

**Cardiac rehab patient booklet**

*SIGN*

This booklet is based on SIGN 150 (Cardiac Rehabilitation) and sets out what to expect in terms of healthcare referrals and appointments as well as how patients can help themselves during the recovery journey.

**What happens when you call the Stoke-on-Trent Stop Smoking Service**

*Stoke on Trent City Council*

Making that initial call to 0800 085 0928 for stop smoking support can seem daunting. Jill from our public health team explains what happens and what they will discuss with you, to put your mind at ease.