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, UHNMM, 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.

Issue No: 124 October 2017

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www.keele.ac.uk/healthlibrary

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Cochrane Library  http://www.thecochranelibrary.com/
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https://discover.dc.nihr.ac.uk/portal/home
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Nice Guidance http://www.guidance.nice.org.uk/Date
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

**Equal North: Communities and Neighbourhoods’ event**
**Fuse: The Centre for Translational Research in Public Health**
Monday 20th November 2017, 10.30 – 15.30, Sheffield, S2 4QZ
Confirmed speakers and contributors:
Jane South, Professor of Healthy Communities working in the field of volunteering, active citizenship and community health; Leeds Beckett University Ade Adebajo, NIHR INVOLVE Inclusion Advisory Group
Clare Bambra, Professor of Public Health, Newcastle University
Julia Burrows, Director of Public Health, Barnsley Metropolitan Borough Council Frances Cunning, Deputy Director Health and Well-Being, Public Health England Yorkshire & Humber Greg Fell, Director of Public Health, Sheffield City Council Liddy Goyder, Professor of Public Health, University of Sheffield
Sarah Salway, Professor of Public Health, University of Sheffield
Workshop sessions – choose from:
1. How can housing providers help tackle health inequalities?
2. What is the relationship between community empowerment and health inequalities?
3. How can we ensure good health and wellbeing in diverse communities?

**Health and Care Statistics Landscape for England**
**ONS**
The decentralised nature of health and care system in England means that a number of organisations are involved in the collection of data that underpin official statistics and the publication of a range of outputs. The English Health Statistics Steering Group have developed a health and social care statistics landscape which provides links to all key official health and social care statistics in a central place. The landscape is intended to help all users find relevant statistics and associated information on specific health topics and cross-cutting themes.

**Making the case for quality improvement: lessons for NHS boards and leaders**
**King’s Fund**
Key messages
- The NHS is facing significant financial and operational pressures, with services struggling to maintain standards of care. Now, more than ever, local and national NHS leaders need to focus on improving quality and delivering better-value care. All NHS organisations should be focused on continually improving quality of care for people using their services. This includes improving the safety, effectiveness and experience of care.
- Quality improvement – the use of methods and tools to continuously improve quality of care and outcomes for patients – should be at the heart of local plans for redesigning NHS services. NHS leaders have a vital role to play in making this happen – leadership and management practices have a significant impact on quality. Studies have shown that board commitment to quality improvement is linked to higher-quality care, underlining the leadership role of boards in this area.
- Improving quality and reducing costs are sometimes seen as conflicting aims when they are in fact often two sides of the same coin. There are many opportunities in the NHS to deliver better outcomes at lower cost (improving value), for example by reducing unwarranted variations in care and addressing overuse, misuse and underuse of treatment. There are many
examples across the NHS showing that even relatively small-scale quality improvement initiatives can lead to significant benefits for patients and staff, while also delivering better value.

- The potential benefit is even greater if quality improvement techniques are applied consistently and systematically across organisations and systems. However, this is not currently the case. To deliver the changes that are needed to sustain and improve care, the NHS needs to move from pockets of innovation and isolated examples of good practice to system-wide improvement.

In this briefing, we outline 10 lessons for NHS leaders. These provide a starting point for leaders seeking to embed quality improvement in their work.

**When cost-effective interventions are unaffordable: Integrating cost-effectiveness and budget impact in priority setting for global health programs**

*PLOS Medicine; Bilinski et al*

The post-2015 Sustainable Development Goals call for governments to combat infectious disease, reduce maternal and infant mortality, and ensure that quality healthcare is accessible and affordable to all [1]. To meet these objectives, about half of all countries are in the midst of efforts to introduce or extend universal health coverage (UHC) [2]. This process requires governments to define essential service packages guaranteed to all citizens. Because of resource limitations, these packages cannot include all health services. As a result, both researchers and policymakers have recommended prioritizing cost-effective interventions [3±5]. However, cost-effective interventions are not always affordable. In some cases, adopting cost-effective interventions would necessitate eliminating other, more beneficial expenditures. In a highly publicized example, new medications for chronic hepatitis C were found to be cost-effective in many settings, even at high prices [6±8], but provision of these medications to all potential beneficiaries has been unaffordable, even with discounts [9,10]. Affordability challenges have also arisen with numerous other interventions, including vaccines for human papillomavirus (HPV) and pneumococcal infections [11,12] and GeneXpert tuberculosis diagnostics [13,14]. This disconnect between cost-effectiveness and affordability can complicate efforts to identify and adopt high-value programs. This paper first assesses the current use of budget impact analysis (BIA) and cost-effectiveness analysis (CEA) in health economic assessments conducted for low- and middle-income countries (LMICs) (Table 1). We then recommend steps researchers and policymakers can take to better incorporate affordability information into health economic evaluations, alongside CEA.

**Antibacterial Agents in Clinical Development . An analysis of the antibacterial clinical development pipeline, including tuberculosis**

*WHO*

As part of implementation of the Global Action Plan on Antimicrobial Resistance, WHO drew up a list of priority antibiotic-resistant pathogens (priority pathogens list; PPL) to guide research into and the discovery and development of new antibiotics. As a further step, WHO reviewed the publically available information on the current clinical development pipeline of antibacterial agents to assess the extent to which the drug candidates act against these priority pathogens, Mycobacterium tuberculosis, and Clostridium difficile. The review shows that the current clinical pipeline is still insufficient to mitigate the threat of antimicrobial resistance.
Towards new recommendations to reduce the burden of alcohol-induced hypertension in the European Union

BMC Medicine

Background: Hazardous and harmful alcohol use and high blood pressure are central risk factors related to premature non-communicable disease (NCD) mortality worldwide. A reduction in the prevalence of both risk factors has been suggested as a route to reach the global NCD targets. This study aims to highlight that screening and interventions for hypertension and hazardous and harmful alcohol use in primary healthcare can contribute substantially to achieving the NCD targets.

Methods: A consensus conference based on systematic reviews, meta-analyses, clinical guidelines, experimental studies, and statistical modelling which had been presented and discussed in five preparatory meetings, was undertaken. Specifically, we modelled changes in blood pressure distributions and potential lives saved for the five largest European countries if screening and appropriate intervention rates in primary healthcare settings were increased. Recommendations to handle alcohol-induced hypertension in primary healthcare settings were derived at the conference, and their degree of evidence was graded.

Results: Screening and appropriate interventions for hazardous alcohol use and use disorders could lower blood pressure levels, but there is a lack in implementing these measures in European primary healthcare. Recommendations included (1) an increase in screening for hypertension (evidence grade: high), (2) an increase in screening and brief advice on hazardous and harmful drinking for people with newly detected hypertension by physicians, nurses, and other healthcare professionals (evidence grade: high), (3) the conduct of clinical management of less severe alcohol use disorders for incident people with hypertension in primary healthcare (evidence grade: moderate), and (4) screening for alcohol use in hypertension that is not well controlled (evidence grade: moderate). The first three measures were estimated to result in a decreased hypertension prevalence and hundreds of saved lives annually in the examined countries.

Conclusions: The implementation of the outlined recommendations could contribute to reducing the burden associated with hypertension and hazardous and harmful alcohol use and thus to achievement of the NCD targets. Implementation should be conducted in controlled settings with evaluation, including, but not limited to, economic evaluation.

RightCare: wrong answers

The Journal of Public Health

Background: NHS RightCare is an NHS England programme describing itself as ‘a proven approach that delivers better patient outcomes’. It identifies opportunities for savings and quality improvements, comparing each Clinical Commissioning Group (CCG) with the ‘Best 5’ of a fixed set of ‘Similar 10’ CCGs chosen using equally weighted demographic and deprivation indicators. This article tests whether these indicators are sufficient and equal weighting is appropriate, and evaluates significance.

Methods: Robust public data on lung, colorectal, and breast cancer mortality is modelled using the indicators and incidence. Peers chosen using the preferred models are compared with the Similar 10. Confidence intervals are obtained for comparator group averages. RightCare significance is simulated.

Results: Preferred models have unequally weighted covariates. Incidence is the strongest predictor of lung cancer mortality. The ‘Similar 10’ are inappropriate comparators. RightCare significance ignores variability of comparator outcomes, causing 12% Type I errors. Whilst RightCare shows 1842 annual
avoidable lung cancer deaths in 80 CCGs, only 168 deaths in 8 CCGs appear exceptional using appropriate peers and CIs. Conclusion CCGs cannot expect to match the average performance of the RightCare ‘Best 5’. Until the methodology is examined with data of known quality, claims that RightCare is a ‘proven approach’ are unsubstantiated.

**Humanitarian Evidence Week**

**Evidence Aid**

HEW2017 is an initiative led by Evidence Aid, in collaboration with the Centre for Evidence-Based Medicine to promote a more evidence-based approach together with over twenty organisations. During the HEW these organisations will provide webinars, blogs and participate in debates to highlight topics related to generation, use and dissemination of evidence in the humanitarian sector.

**‘Nothing can be done until everything is done’: the use of complexity arguments by food, beverage, alcohol and gambling industries**

*Journal of Epidemiology & Community Health*

**Background** Corporations use a range of strategies to dispute their role in causing public health harms and to limit the scope of effective public health interventions. This is well documented in relation to the activities of the tobacco industry, but research on other industries is less well developed. We therefore analysed public statements and documents from four unhealthy commodity industries to investigate whether and how they used arguments about complexity in this way.

**Methods** We analysed alcohol, food, soda and gambling industry documents and websites and minutes of reports of relevant health select committees, using standard document analysis methods.

**Results** Two main framings were identified: (i) these industries argue that aetiology is complex, so individual products cannot be blamed; and (ii) they argue that population health measures are ‘too simple’ to address complex public health problems. However, in this second framing, there are inherent contradictions in how industry used ‘complexity’, as their alternative solutions are generally not, in themselves, complex.

**Conclusion** The concept of complexity, as commonly used in public health, is also widely employed by unhealthy commodity industries to influence how the public and policymakers understand health issues. It is frequently used in response to policy announcements and in response to new scientific evidence (particularly evidence on obesity and alcohol harms). The arguments and language may reflect the existence of a cross-industry ‘playbook’, whose use results in the undermining of effective public health policies – in particular the undermining of effective regulation of profitable industry activities that are harmful to the public’s health.

**Cardiovascular disease data and analysis: a guide for health professionals**

*DH*

Explains how commissioners and health professionals can use data and analysis for decisions about cardiovascular services and interventions.

**Contents:**

- CVD primary care intelligence packs
- Summary profiles of cardiovascular data
- Estimates of CVD prevalence
- Spending on care versus patient outcomes
Diabetes footcare profile by area
PHE
The area selection tool above provides diabetes foot care profiles for each CCG in England. They are based on data taken from Hospital Episode Statistics, the National Diabetes Audit and the Quality and Outcomes Framework. An accompanying technical document and England summary are also available.

Cardiovascular disease primary care intelligence pack
PHE
Data and analysis of cardiovascular disease (CVD) prevalence, variation, treatment and outcomes in clinical commissioning groups (CCG) areas.

Contents
North of England Commissioning Region
Midlands and East of England Commissioning Region
London Commissioning Region
South of England Commissioning Region

Explore NHS Health Check Data. Size of the Prize: reducing heart attacks and strokes
NHS Health Check
New PHE analysis suggests that there is now an opportunity to prevent more than 9,000 heart attacks and at least 14,000 strokes over the next three years with better detection and management of high blood pressure, high cholesterol and atrial fibrillation.
Sir Bruce Keogh, the National Medical Director of NHS England, said that closer working between NHS organisations and local authorities will "create new opportunities to get serious about prevention and bear down on two of the biggest killers, between them responsible for one in four premature deaths". Speaking at the NHS Expo conference in Manchester, Sir Bruce urged the new sustainability and transformation partnerships (STPs) to take coordinated action to improve prevention, diagnosis and treatment of these life-threatening conditions. The new analysis has been undertaken by PHE.

Getting Serious About Cardiovascular Disease Prevention 2018: Reducing Variation and Optimising Care.
NHS Health Check
This is the fifth annual Cardiovascular Disease (CVD) prevention conference hosted by Public Health England. The focus of this year’s conference is on reducing variation and optimising care. The 2018 conference promises to be even better than the one in 2017 which was rated by over 90% of delegates as good or excellent. Despite dramatic recent reductions in mortality rates, cardiovascular disease (CVD) remains the most important cause of premature mortality and morbidity in the UK. Vascular disease also contributes substantially to the burden of ill health from chronic kidney disease, stroke and dementia. For this reason health authorities and governments around the world are committing to strategies to reduce the impact of cardiovascular disease which include primary and secondary prevention.

There is international consensus, supported by evidence reviews from the National Institute for Health and Care Excellence in the UK and by the World Health Organisation internationally, that
population interventions in conjunction with risk assessment and risk management programmes are important components of an effective cardiovascular disease strategy.

In March 2017 NHS England published a commitment, in the Five Year Forward View Next Steps, to support the long-term sustainability of the NHS through CVD initiatives, in particular, the NHS Health Check, Diabetes Prevention Programme and RightCare. This is why the 2018 conference will focus on how the NHS Health Check programme and the wider public health and health care systems can support this commitment by reducing variation and optimising care. The conference will achieve this by:

• sharing new research and evaluation
• disseminating innovative practice
• providing accredited training
• providing opportunities to network within and between stakeholder groups
• facilitating problem solving on ‘wicked’ issues
• hearing from leaders in the public health and NHS system
• connecting commissioners and providers with private and public sector organisations
• encouraging practice that will help to reduce health inequality

Who should attend?
This conference is aimed at those individuals involved with commissioning, providing, evaluating and supporting the NHS Health Check programme and wider public health and health care services which relate to the risk factors it assesses and seeks to change:

• senior officers and elected councillors from local government
• local government public health commissioners
• primary care
• other public sector organisations
• voluntary and community organisations
• private sector providers and partners
• academia

Twitter
#preventCVD2018

Alcohol, drugs and tobacco: commissioning support pack
PHE
Annually updated alcohol, drugs and tobacco commissioning support pack for local authorities.

Models of delivery for stop smoking services. Options and evidence
PHE
This briefing is intended to support directors of public health and local healthcare commissioners in rapidly appraising the evidence, to enable informed decisions around the provision of local stop smoking support. In it we:

• describe interventions to support smokers to stop and evidence of effectiveness (service components)
• set out the different models for delivering these interventions currently being considered by local authorities (service models)
National child measurement programme (NCMP): trends in child BMI
PHE
This report uses NCMP data to examine the changes in children’s body mass index (BMI) between 2006 to 2007 and 2015 to 2016.

The impact of homelessness on health: a guide for local authorities
LGA
The information and ideas in this briefing aim to support local authorities in protecting and improving their population’s health and wellbeing, and reducing health inequalities, by tackling homelessness and its causes.

Antibacterial Agents in Clinical Development . An analysis of the antibacterial clinical development pipeline, including tuberculosis
WHO
As part of implementation of the Global Action Plan on Antimicrobial Resistance, WHO drew up a list of priority antibiotic-resistant pathogens (priority pathogens list; PPL) to guide research into and the discovery and development of new antibiotics. As a further step, WHO reviewed the publically available information on the current clinical development pipeline of antibacterial agents to assess the extent to which the drug candidates act against these priority pathogens, Mycobacterium tuberculosis, and Clostridium difficile. The review shows that the current clinical pipeline is still insufficient to mitigate the threat of antimicrobial resistance.

Influenza vaccines for preventing acute otitis media in infants and children
Cochrane Review
Influenza vaccine results in a small reduction in AOM. The observed reduction in the use of antibiotics needs to be considered in light of current recommended practices aimed at avoiding antibiotic overuse. Safety data from these trials were limited. The benefits may not justify the use of influenza vaccine without taking into account the vaccine efficacy in reducing influenza and safety data. We judged the quality of the evidence to be low to moderate. Additional research is needed.

Blood pressure targets for the treatment of people with hypertension and cardiovascular disease
Cochrane Review
Review question
We assessed whether lower blood pressure goals are better than standard blood pressure goals for people with high blood pressure who also have heart or vascular problems.

Background
Many people with heart or vascular problems also have high blood pressure. Some clinical guidelines recommend a lower blood pressure goal (135/85 mmHg or lower) in people with previous heart or vascular problems compared with those without (≤140 to 160 mmHg systolic and ≤ 90 to 100 mmHg diastolic are standard blood pressure goals). It is unclear if the lower goals lead to overall health benefits.
Search date
We searched for evidence up to February 2017.

Study characteristics
We included six trials with 9795 participants who were followed-up for between a year and 4.7 years. We analyzed data to detect differences between lower and standard blood pressure goals on numbers of deaths and serious adverse events (leading to hospital admission).

Key results
We found no differences in total numbers of deaths, heart or vascular deaths or serious harms between lower and standard blood pressure goal approaches. Based on very little information, we found more dropouts due to drug-related harms in the lower blood pressure target group. The only significant benefit among people in the lower group in the studies analyzed was a slight decrease in total heart or vascular problems, but there was no overall health benefit.

Quality of the evidence
The best available evidence does not support lower blood pressure goals over standard goals in people with elevated blood pressure and heart or vascular problems. More new trials are needed to answer this question. Overall, quality evidence was assessed as low to moderate according to the GRADE assessment.

**Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs**

**Cochrane Review**
OST is associated with a reduction in the risk of HCV acquisition, which is strengthened in studies that assess the combination of OST and NSP. There was greater heterogeneity between studies and weaker evidence for the impact of NSP on HCV acquisition. High NSP coverage was associated with a reduction in the risk of HCV acquisition in studies in Europe.

**2018 International Health Congress, Oxford, 28th - 30th June 2018**
This Oxford-based conference series seeks to bring together researchers who aim to promote health and wellbeing through improved health services in Europe and around the world. Submitted papers are welcomed on: General Practice, Cancer and Health Services, Public Health, Community Care, Acute Health, Hospitals, Mental Health, Paediatrics, Older Age, Dentistry, Health Economics, Health Psychology, Medical Statistics, Social Science and Medicine, Health Policy and Systems, Health Management, e-Health, Big Data, Health Informatics, Human Resources, Nursing, Leadership, Medical Decision Making, Research Utilization, Inequalities, Social Determinants and Patient Reported Outcome Measures.
**My Signals - General Practice**

**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 the latest NIHR Signals on the Discover Portal.

We asked three GPs to tell us which NIHR Signals have most interested them and to explain why they feel the findings are worth sharing.

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**The Journal of Public Health**

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- Spending on care versus patient outcomes
- Other resources
Using data to tackle the burden of amputation in diabetes

The Lancet
On Sept 5, 2017, Public Health England (PHE) published 2010–16 data on the incidence of amputation for diabetic foot ulcers in Clinical Commissioning Groups (CCGs) throughout the country, using data adjusted for known non-modifiable risk factors. The differences between localities revealed by these data highlight both the need for continued close surveillance of diabetes-related amputation rates and the opportunity for improvement.

Explore NHS Health Check Data. Size of the Prize: reducing heart attacks and strokes

NHS Health Check
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Twitter #preventCVD2018

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Child abuse and neglect
NICE Guidance
NICE has also produced guidelines on children’s attachment, harmful sexual behaviour and domestic violence and abuse. This guideline covers recognising and responding to abuse and neglect in children and young people aged under 18. It covers physical, sexual and emotional abuse, and neglect. The guideline aims to help anyone whose work brings them into contact with children and young people to spot signs of abuse and neglect and to know how to respond. It also supports practitioners who carry out assessments and provide early help and interventions to children, young people, parents and carers.

Clinical features of abuse and neglect (including physical injury) are covered in NICE’s guideline on child maltreatment. Recommendations relevant to both health and social care practitioners appear in both guidelines.

Recommendations
This guideline includes recommendations on:
• principles for working with children, young people, parents and carers
• factors that increase vulnerability to child abuse and neglect
• recognising child abuse and neglect
• assessing risk and need
• early help for families showing possible signs of child abuse or neglect
• multi-agency response to child abuse and neglect
• therapeutic interventions for children, young people and families after child abuse and neglect
• planning and delivering services

Who is it for?
• All practitioners whose work brings them into contact with children and young people, including those in early years, social care, health (including staff in A&E and health drop-in settings), education (including schools), the police, the voluntary and community sector, youth justice services and adult services (sections 1.1 to 1.3 only)
• Practitioners with specific roles in assessing risk and need, providing early help and interventions to children, young people, parents and carers
• Commissioners and managers of services for children and young people

Sinusitis (acute): antimicrobial prescribing

NICE Guidance
This guideline sets out an antimicrobial prescribing strategy for acute sinusitis. It aims to limit antibiotic use and reduce antimicrobial resistance. Acute sinusitis is usually caused by a virus, lasts for about 2 to 3 weeks, and most people get better without antibiotics. Withholding antibiotics rarely leads to complications

Rehabilitation and Occupational Health

Understanding intermediate care, including reablement

A quick guide for people using intermediate care services

SCIE
Intermediate care services help people to recover from illness or an accident, to regain independence and to remain in their own homes. This guide gives people who use the services and their families and carers an overview of:

The types of service available
The four stages of intermediate care
The professionals involved in providing care

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.
Little conclusive evidence about the effectiveness of workplace disability management programs in promoting return to work

Campbell Collaboration

Workplace disability management programs offer a wide array of policies and practices for injured or ill employees. However, there is very scant evidence to draw any definite conclusion on their effectiveness in promoting return to work.

Cerebral palsy in children and young people

NICE Quality Standard

This quality standard covers diagnosing, assessing and managing cerebral palsy in children and young people under 25. It describes high-quality care in priority areas for improvement.

The four quality statements:

- Quality statement 1: Follow-up for children with major risk factors for cerebral palsy
- Quality statement 2: Referral for children with delayed motor milestones
- Quality statement 3: Information for parents and carers of children and young people with cerebral palsy
- Quality statement 4: Personal folders for children and young people with cerebral palsy

The likelihood of total knee arthroplasty following arthroscopic surgery for osteoarthritis: a systematic review

BMC Musculoskeletal Disorders

Background Arthroscopic surgery is a common treatment for knee osteoarthritis (OA), particularly for symptomatic meniscal tear. Many patients with knee OA who have arthro-scopies go on to have total knee arthroplasty (TKA). Several individual studies have investigated the interval between knee arthroscopy and TKA. Our objective was to summarize published literature on the risk of TKA following knee arthroscopy, the duration between arthroscopy and TKA, and risk factors for TKA following knee arthroscopy.

Methods We searched PubMed, Embase, and Web of Science for English language manuscripts reporting TKA following arthroscopy for knee OA. We identified 511 manuscripts, of which 20 met the inclusion criteria and were used for analysis. We compared the cumulative incidence of TKA following arthroscopy in each study arm, stratifying by type of data source (registry vs. clinical), and whether the study was limited to older patients (≥ 50) or those with more severe radiographic OA. We estimated cumulative incidence of TKA following arthroscopy by dividing the number of TKAs among persons who underwent arthroscopy by the number of persons who underwent arthroscopy. Annual incidence was calculated by dividing cumulative incidence by the mean years of follow-up.

Results Overall, the annual incidence of TKA after arthroscopic surgery for OA was 2.62% (95% CI 1.73–3.51%). We calculated the annual incidence of TKA following arthroscopy in four separate groups defined by data source (registry vs. clinical cohort) and whether the sample was selected for disease progression (either age or OA severity). In unselected registry studies the annual TKA incidence was 1.99% (95% CI 1.03–2.96%), compared to 3.89% (95% CI 0.69–7.09%) in registry studies of older patients. In unselected clinical cohorts the annual incidence was 2.02% (95% CI 0.67–3.36%), while in clinical cohorts with more severe OA the annual incidence was 4.13% (95% CI 1.81–6.44%). The mean and median duration between arthroscopy and TKA (years) were 3.4 and 2.0 years.
Conclusions  Clinicians and patients considering knee arthroscopy should discuss the likelihood of subsequent TKA as they weigh risks and benefits of surgery. Patients who are older or have more severe OA are at particularly high risk of TKA.

Physiotherapy

Effects of Osteoglycin (OGN) on treating senile osteoporosis by regulating MSCs

BMC Musculoskeletal Disorders

Background  Significant amount of bone mass is lost during the process of aging due to an imbalance between osteoblast-mediated bone formation and osteoclast-mediated bone resorption in bone marrow microenvironment, which leads to net bone loss in the aging population, resulting in the pathogenesis of osteoporosis.

Methods  Firstly, differences in proliferative capacity of adipocyte or adipogenic differentiation in mouse mesenchymal stem cells (MMSCs) and senile mouse model-derived bone marrow mesenchymal stem cells (SMMSCs), as well as mRNA expression of OGN and PPARγ2 were observed. Secondly, osteogenic abilities of MMSCs and SMMSCs treated with rosiglitazone (a PPARγ2 agonist) to induce osteogenic changes were observed, and negative correlation of PPARγ2 with OGN was evaluated. Thirdly, the role of SMMSCs in promoting osteogenesis was examined through enhancing expression of OGN; besides, the related mechanism was investigated by means of expression of related adipocyte and osteoblast specific genes.

Results  Forced OGN expression by OGN-infected lentivirus could increase expression of Wnt5b, RUNX2, OCN, ALP and Colla1, as well as bone formation, while decreases expression of adipogenesis marker PPARγ2. It resulted in expression inhibition of adipocyte genes such as adipocytic differentiation related genes adipocyte binding protein 2 (aP2) and osteoclast differentiation factor Rankl in bone marrow, giving rise to increased bone mass.

Conclusion  OGN may plays a significant role in osteoporosis, which may also provide a potential target for therapeutic intervention of senile osteoporosis characterized by altered differentiation of BMSCs into osteoblasts and adipocytes.

Prevalence and incidence of musculoskeletal extremity complaints in children and adolescents. A systematic review

BMC Musculoskeletal Disorders

Background  It is difficult to gain an overview of musculoskeletal extremity complaints in childhood although this is essential to develop evidence-based prevention and treatment strategies. The objectives of this systematic review were therefore to describe the prevalence and incidence of musculoskeletal extremity complaints in children and adolescents in both general and clinical populations in relation to age, anatomical site and mode of onset.

Methods  MEDLINE and EMBASE were electronically searched; risk of bias was assessed; and data extraction was individually performed by two authors.

Results  In total, 19 general population studies and three clinical population studies were included with children aged 0-19 years. For most of the analyses, a division between younger children aged 0-
12 years, and older children aged 10-19 years was used. Lower extremity complaints were more common than upper extremity complaints regardless of age and type of population, with the most frequent pain site changing from ankle/foot in the youngest to knee in the oldest. There were about twice as many non-traumatic as traumatic complaints in the lower extremities, whereas the opposite relationship was found for the upper extremities in the general population studies. There were relatively more lower extremity complaints in the general population studies than in the clinical population studies. The review showed no pattern of differences in reporting between studies of high and low risk of bias.

Conclusions  This review shows that musculoskeletal complaints are more frequent in the lower extremities than in the upper extremities in childhood, and there are indications of a large amount of non-traumatic low intensity complaints in the population that do not reach threshold for consultation. A meta-analysis, or even a simple overall description of prevalence and incidence of musculoskeletal extremity complaints in children and adolescents was not feasible, due to a large variety in the studies, primarily related to outcome measurements.

Low back pain and causative movements in pregnancy: a prospective cohort study

BMC Musculoskeletal Disorders

Background  Low back pain (LBP) during pregnancy might be strongly related to posture and movements of the body, and its management is a clinically important issue. The purpose of this study was to investigate the activities related to LBP during pregnancy.

Methods  Participants included 275 women before 12 weeks of pregnancy. The women were evaluated at 12, 24, 30, and 36 weeks of pregnancy. The intensity of LBP was assessed using the Numerical Rating Scale (NRS). Movements related to LBP were investigated by free descriptive answers. Descriptive statistics were used to compile the movements that pregnant women thought induced LBP at each evaluation. Subsequently, a linear regression analysis was performed to evaluate the degree of association of certain movements with LBP using the data of participants who had LBP. The intensity of LBP (NRS score) was specified as the dependent variable, the movements that were related to pain were specified as the independent variables at the analysis. A significance threshold was set at 0.05.

Results  The final sample used in the analyses was 254, 249, 258, and 245 women at 12, 24, 30, and 36 weeks of pregnancy, respectively. There were 16 kinds of movements that induced LBP and all of them were daily activities rather than special movements that require extra task or effort. As pregnancy progressed, less number of participants attributed pain to a specific movement. At all evaluations, movements, especially sitting up, standing up from a chair, and tossing and turning were thought to be related to LBP. Furthermore, standing up from a chair and tossing and turning were significantly related to LBP throughout the pregnancy. In contrast, lying down and sitting up were significantly related to LBP but the relationship did not continue till late pregnancy.

Conclusions  Daily routine activity is related to LBP during pregnancy. These results suggest that recommendations for pregnant women about basic physical movements, such as ways of standing up that reduce the load on the body might be useful in the management of LBP.
A qualitative study of patient education needs for hip and knee replacement

BMC Musculoskeletal Disorders

Background  Quality health information is key to patient engagement, self-management and an enhanced healthcare experience. There is strong evidence to support involving patients and their families in the development and evaluation of health-related educational material. These factors were the impetus for our high volume joint replacement centre to undertake a qualitative study to elicit patient experiences to inform the development of effective strategies and education along the care continuum for hip and knee replacement.

Methods  Purposively selected patients from postoperative follow-up clinics were recruited to participate in a focus group or telephone interview. We developed a semi-structured interview guide that addressed four specific aspects of the patient’s experience with educational material: pre-surgery, hospital stay, recovery period and future recommendations. The focus groups and interviews continued to the point of saturation and were audio-recorded and transcribed verbatim. Interview transcripts were coded and then inductively organized into larger categories using thematic analysis.

Results  Six focus groups and seven telephone interviews were conducted, totalling 32 participants. One of the key themes that emerged was a need for more education concerning pain management post-operatively; specifically, patients wanted more information on expected levels of pain, pain medication usage, management of side effects and guidelines for weaning off the medication. There was surprising variability in patients’ descriptions of their pre-surgery, surgery and recovery experiences. These corresponded to an equally diverse range of preferences for educational content, delivery and timing. Many patients reported using the web while others preferred traditional formats for information delivery. There was some interest in receiving education using mobile technology.

Conclusions  Our findings validate the importance of multi-modal patient education tailored to individual preferences and experiences, which may differ according to such characteristics as gender and age. The gap in pain management information is a critical finding for healthcare providers working with patients undergoing joint replacement. Developing pain management education in different formats that addresses frequently asked questions will enhance patient engagement and, their overall experience and recovery.

Cerebral palsy in children and young people

NICE Quality Standard

This quality standard covers diagnosing, assessing and managing cerebral palsy in children and young people under 25. It describes high-quality care in priority areas for improvement

The four quality statements:
Quality statement 1: Follow-up for children with major risk factors for cerebral palsy
Quality statement 2: Referral for children with delayed motor milestones
Quality statement 3: Information for parents and carers of children and young people with cerebral palsy
Quality statement 4: Personal folders for children and young people with cerebral palsy
**Musculoskeletal conditions: return on investment tool**

PHE

A tool to help local commissioners provide cost-effective interventions for the prevention and treatment of musculoskeletal conditions.

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**Health Visiting and Nursing**

**Foam dressings for treating pressure ulcers**

**Cochrane Review**

What is the aim of this review?
The aim of this review was to find out whether foam dressings (designed to absorb fluid from wounds whilst keeping them moist) have any advantages or disadvantages in healing pressure ulcers compared with other dressings (such as silicone foam dressings, hydrocolloid, hydrogel or basic wound dressings). Researchers from Cochrane collected and analysed all relevant studies (randomised controlled trials) to answer this question and found nine relevant studies.

Key messages
There is no clear evidence from any of the studies included in this review that foam dressings are more effective at healing pressure ulcers than other types of dressings; or that foam dressings are more cost effective than other dressings. This is due in part to the low quality of the studies, many of which had small numbers of participants and did not provide accurate details of their methods.

What was studied in the review?
Pressure ulcers (pressure injuries or bed sores) are wounds that develop on bony parts of the body such as the heels, hips and lower back. Sitting or lying in the same position for long periods can cause damage to the skin and underlying tissue. People at risk of developing pressure ulcers include those with limited physical mobility such as people with spinal cord injuries, older people, or those ill in hospital.

Pressure ulcer treatment is a significant burden to patients, their carer(s) and healthcare systems worldwide. Treatments for pressure ulcers include dressings, antibiotics and antiseptics, and pressure-relieving mattresses or cushions. There are many wound dressings available to treat pressure ulcers, which vary in cost and may have differing degrees of effectiveness.

Foam dressings are designed to absorb fluid (exudate) that comes from some pressure ulcer wounds, and to maintain a moist environment. We wanted to find out how foam dressings affected pressure ulcer healing and recurrence rates. We also wanted to find out whether foam dressings had an impact on participants’ quality of life and satisfaction with treatment, and whether there were any side effects such as infection or pain. We also evaluated the cost of foam dressings compared to other treatments.

What are the main results of the review?
We found nine studies published between 1994 and 2016 involving a total of 483 participants with pressure ulcers at Category/Stage II or above (open wounds). Seven of the nine trials had more female participants than male. On average people in these studies were 59 years or older. The studies
compared foam dressings with other types of dressings, however, there was no clear evidence to indicate foam dressings were more effective at healing pressure ulcers than other types of dressings, or more cost effective. Evidence regarding reduction in ulcer size, patient satisfaction and pain is very uncertain. None of the studies reported on participants’ quality of life or pressure ulcer recurrence. The majority of studies found the dressings evaluated were no better or worse than others on the market. So, while foam dressings can be safely used for the treatment for pressure ulcers, their effect on wound healing is not supported by scientific evidence.

Generally, the studies we found did not have many participants and the results were often inconclusive. Overall the evidence that exists is of very low quality.

**NMC to amend English language requirements for applicants trained outside the UK**

NMC
The Nursing and Midwifery Council (NMC) is making alternative options available for nurses and midwives, trained outside the UK, to demonstrate their English language capability

**Professionalism animations to support nurses and midwives**

NMC
Three animations demonstrate how nurses and midwives could use the Enabling professionalism framework to reflect on practice and challenge poor behaviour

**Drop in nurse numbers ‘deeply worrying’**

RCN
A new Health Foundation report says national policy and planning for the NHS workforce in England is not fit for purpose.

**Healthy Workplace Toolkit for an Agency Workforce**

RCN
This essential RCN toolkit provides a clear framework for employment agencies and host organisations, both in the NHS and the independent sector, to address the issues identified by the agency nursing workforce and provide a healthy and safe working environment for staff and the patients they care for. The toolkit also supports individual nursing staff carrying out agency work to meet their responsibilities to practise safely.

**Child abuse and neglect**

NICE Guidance
NICE has also produced guidelines on children’s attachment, harmful sexual behaviour and domestic violence and abuse. This guideline covers recognising and responding to abuse and neglect in children and young people aged under 18. It covers physical, sexual and emotional abuse, and neglect. The guideline aims to help anyone whose work brings them into contact with children and young people to spot signs of abuse.
and neglect and to know how to respond. It also supports practitioners who carry out assessments and provide early help and interventions to children, young people, parents and carers.

Clinical features of abuse and neglect (including physical injury) are covered in NICE’s guideline on child maltreatment. Recommendations relevant to both health and social care practitioners appear in both guidelines.

**Recommendations**
This guideline includes recommendations on:
- principles for working with children, young people, parents and carers
- factors that increase vulnerability to child abuse and neglect
- recognising child abuse and neglect
- assessing risk and need
- early help for families showing possible signs of child abuse or neglect
- multi-agency response to child abuse and neglect
- therapeutic interventions for children, young people and families after child abuse and neglect
- planning and delivering services

**Who is it for?**
- All practitioners whose work brings them into contact with children and young people, including those in early years, social care, health (including staff in A&E and health drop-in settings), education (including schools), the police, the voluntary and community sector, youth justice services and adult services (sections 1.1 to 1.3 only)
- Practitioners with specific roles in assessing risk and need, providing early help and interventions to children, young people, parents and carers
- Commissioners and managers of services for children and young people

**Cerebral palsy in children and young people**
**NICE Quality Standard**
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**Learning Disability**

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**Mental Health**

**Pharmacotherapy for social anxiety disorder (SAnD)**

**Cochrane Collaboration**

**Medication for social anxiety disorder (SAnD): a review of the evidence**

**Why is this review important?**

Individuals with SAnD often experience intense fear, avoidance, and distress in unfamiliar social situations. There is evidence that medications are useful in minimising these symptoms.

**Who will be interested in this review?**

- People with SAnD.
- Families and friends of people who suffer from anxiety disorders.
- General practitioners, psychiatrists, psychologists, and pharmacists.

**What questions does this review aim to answer?**

- Is pharmacotherapy an effective form of treatment for SAnD in adults?
- Is medication effective and tolerable for people in terms of side effects?
- Which factors (methodological or clinical) predict response to pharmacotherapy?

**Which studies were included in the review?**

We included studies comparing medication with placebo for the treatment of SAnD in adults. We included 66 trials in the review, with a total of 11,597 participants.

**What does the evidence from the review tell us?**

There was evidence of benefit that selective serotonin reuptake inhibitors (SSRIs) were more effective than placebo, although the evidence was of very low quality. There was also evidence of benefit for monoamine oxidase inhibitors (MAOIs), reversible inhibitors of monoamine oxidase A (RIMAs), and benzodiazepines, even though the evidence was low in quality. The anticonvulsants gabapentin and pregabalin also showed moderate-quality evidence of a clinical response. We did not observe this effect for the remaining medication classes. The SSRIs were the only medication proving effective in reducing relapse based on moderate-quality evidence. There was low-quality evidence that more people taking SSRIs and SNRIs dropped out due to side effects than those taking placebo, but absolute withdrawal rates were low.

For the outcome of SAnD symptom severity, there was evidence of benefit for SSRIs, the serotonin and norepinephrine reuptake inhibitor (SNRI) venlafaxine, MAOIs, RIMAs, benzodiazepines, the
antipsychotic olanzapine, and the noradrenergic and specific serotonergic antidepressant (NaSSA) atomoxetine, but most of the evidence was of very low quality. SSRIs and RIMAs reduced depression symptoms, and SSRIs reduced functional disability across all domains. We also observed response to long-term treatment with SSRIs (based on low-quality evidence), MAOIs (based on very low-quality evidence), and RIMAs (based on moderate-quality evidence).

**What should happen next?**

Most evidence for treatment efficacy is related to SSRIs. Nevertheless, SSRI trials were associated with very low-quality evidence and high risk of publication bias. It would be useful for future studies to evaluate the treatment of SanD in people with comorbid disorders, including substance use disorders. Trials that provide adequate information on randomisation and allocation concealment are needed.

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**Group-based parent training programmes improve the short-term psychosocial wellbeing of parents but impact is not sustained**

*Campbell Collaboration*

Parenting programmes have been shown to have an impact on the emotional and behavioural adjustment of children. This review addresses the impact of parenting programmes on the psychosocial wellbeing of parents. The evidence shows positive effects on short-term psychosocial wellbeing, but the impact is not sustained. More research is needed to examine the effectiveness of different programmes to ensure that improvements in parental psychosocial health are maintained over time.

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**Children and Young People**

**Child abuse and neglect**

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**Recommendations**

This guideline includes recommendations on:

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- factors that increase vulnerability to child abuse and neglect
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- early help for families showing possible signs of child abuse or neglect
- multi-agency response to child abuse and neglect
• therapeutic interventions for children, young people and families after child abuse and neglect
• planning and delivering services

Who is it for?
• All practitioners whose work brings them into contact with children and young people, including those in early years, social care, health (including staff in A&E and health drop-in settings), education (including schools), the police, the voluntary and community sector, youth justice services and adult services (sections 1.1 to 1.3 only)
• Practitioners with specific roles in assessing risk and need, providing early help and interventions to children, young people, parents and carers
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The Tools of the Mind curriculum for improving self-regulation in early childhood

Campbell Collaboration

Tools of the Mind (Tools) is an early childhood education curriculum that aims to simultaneously promote children’s self-regulation and academic skills. Given the increasing focus on self-regulation and other social-emotional skills in educational contexts, Tools has become increasingly implemented in classrooms around the United States, Canada, and Chile. Despite its growing popularity, Tools’ evidence base remains mixed.

Objectives: The aim of this review is to synthesize the evidence on the effectiveness of the Tools program in promoting children’s self-regulation and academic skills.

Search methods: The systematic search was conducted from 21 October through 3 December 2016. The search yielded 176 titles and abstracts, 25 of them deemed potentially relevant. After full-text screening, 14 reports from six studies were eligible for inclusion.

Selection criteria: In order to be included, a study must have had one or more quantitative effect sizes regarding Tools’ effectiveness in the self-regulatory or academic domains. Moreover, the study must have employed statistical mechanisms to control for potential confounds. Studies that compared Tools with a business-as-usual or another intervention were eligible for inclusion, whereas studies that did not pertain to the Tools curriculum were excluded. The reports, whether published or unpublished, could come from any national context, language, student population, or time period as long as the conditions outlined above were met.

Data collection and analysis: All included studies classified as randomized controlled trials, though, again, quasi-experimental studies had been eligible for inclusion. Each included study yielded effect sizes in the form of standardized mean differences. The outcomes of interest included assessor-reported self-regulation skills (e.g., teachers or parents rating children’s self-regulation), task-based self-regulation skills (e.g., children performing a self-regulation task on a computer and receiving a score), literacy skills, and math skills. All effect sizes were interpreted as Tools’ effect relative to other business-as-usual programs or other interventions.

Results: The evidence indicated statistically significant benefits for Tools children on the math pooled effect size. The other pooled effect sizes for self-regulation and literacy favored Tools but did not reach statistical significance.
Authors’ conclusions: The results indicate positive yet small effects for the Tools program. Three of the four pooled effect sizes did not reach statistical significance, but all four pooled effect sizes favored Tools. The small number of included studies reduced power, which could explain the lack of statistical significance across three of the four outcome measures. By contrast, it is also possible that Tools either does not substantially influence children’s self-regulation or that the influence is too small to be detected with the current evidence base.

**Cyber abuse interventions increase knowledge on internet safety but do not decrease risky online behaviour**
**Campbell Collaboration**
The prevalence of cyber abuse is a growing problem. Cyber abuse interventions are intended to develop knowledge and awareness among children, youths and their parents to reduce risky behaviour online. Participation in cyber abuse prevention increases knowledge about internet safety yet does not decrease risky online behaviour.

**Pharmacy**

**Pharmacotherapy for social anxiety disorder (SAnD)**
**Cochrane Collaboration**

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people taking SSRIs and SNRIs dropped out due to side effects than those taking placebo, but absolute withdrawal rates were low.
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**What should happen next?**
Most evidence for treatment efficacy is related to SSRIs. Nevertheless, SSRI trials were associated with very low-quality evidence and high risk of publication bias. It would be useful for future studies to evaluate the treatment of SAnD in people with comorbid disorders, including substance use disorders. Trials that provide adequate information on randomisation and allocation concealment are needed.

**Sinusitis (acute): antimicrobial prescribing**
*NICE Guidance*
This guideline sets out an antimicrobial prescribing strategy for acute sinusitis. It aims to limit antibiotic use and reduce antimicrobial resistance. Acute sinusitis is usually caused by a virus, lasts for about 2 to 3 weeks, and most people get better without antibiotics. Withholding antibiotics rarely leads to complications.

**Podiatry**

**Using data to tackle the burden of amputation in diabetes**
*The Lancet*
On Sept 5, 2017, Public Health England (PHE) published 2010–16 data on the incidence of amputation for diabetic foot ulcers in Clinical Commissioning Groups (CCGs) throughout the country, using data adjusted for known non-modifiable risk factors. The differences between localities revealed by these data highlight both the need for continued close surveillance of diabetes-related amputation rates and the opportunity for improvement.

**Diabetes footcare profile by area**
*PHE*
The area selection tool above provides diabetes foot care profiles for each CCG in England. They are based on data taken from Hospital Episode Statistics, the National Diabetes Audit and the Quality and Outcomes Framework. An accompanying *technical document* and *England summary* are also available.

**Patient Information**

**Podcast: Efforts to improve the readability of medication labels**
*Patient Information Forum*
This podcast by Dr Joanne Schwartzberg, highlighted in Health Literacy Out Loud, explains how Dr Schwartzberg is working with others to improve the readability of medication labels. In the podcast she talks about why this is needed, what is being done, and how podcast listeners can help

A qualitative study of patient education needs for hip and knee replacement
BMC Musculoskeletal Disorders

Background  Quality health information is key to patient engagement, self-management and an enhanced healthcare experience. There is strong evidence to support involving patients and their families in the development and evaluation of health-related educational material. These factors were the impetus for our high volume joint replacement centre to undertake a qualitative study to elicit patient experiences to inform the development of effective strategies and education along the care continuum for hip and knee replacement.

Methods  Purposively selected patients from postoperative follow-up clinics were recruited to participate in a focus group or telephone interview. We developed a semi-structured interview guide that addressed four specific aspects of the patient’s experience with educational material: pre-surgery, hospital stay, recovery period and future recommendations. The focus groups and interviews continued to the point of saturation and were audio-recorded and transcribed verbatim. Interview transcripts were coded and then inductively organized into larger categories using thematic analysis.

Results  Six focus groups and seven telephone interviews were conducted, totalling 32 participants. One of the key themes that emerged was a need for more education concerning pain management post-operatively; specifically, patients wanted more information on expected levels of pain, pain medication usage, management of side effects and guidelines for weaning off the medication. There was surprising variability in patients’ descriptions of their pre-surgery, surgery and recovery experiences. These corresponded to an equally diverse range of preferences for educational content, delivery and timing. Many patients reported using the web while others preferred traditional formats for information delivery. There was some interest in receiving education using mobile technology.

Conclusions  Our findings validate the importance of multi-modal patient education tailored to individual preferences and experiences, which may differ according to such characteristics as gender and age. The gap in pain management information is a critical finding for healthcare providers working with patients undergoing joint replacement. Developing pain management education in different formats that addresses frequently asked questions will enhance patient engagement and, their overall experience and recovery.

Palliative Care

The state of hospice services in England 2014 to 2017
CQC

The state of hospice services in England 2014 to 2017 presents findings from our programme of comprehensive inspections.
In England there are just over 200 rated services caring for people in hospices and the community with terminal and life-limiting conditions, and their families. They also offer bereavement support.