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:

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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.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
https://bmcmusculoskeletaldisord.biomedcentral.com/
https://archivesphysiotherapy.biomedcentral.com/

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Reimagining community services: making the most of our assets

King’s Fund

- Growing financial and workforce pressures are having an impact on the ability of community service providers to meet the needs of the population and to make a reality of the vision set out in the NHS five year forward view. Community services are often fragmented and poorly co-ordinated, and are frequently not well integrated with other services in the community. This results in duplication as well as gaps between teams delivering care.

- There is a great deal of innovative work going on across the NHS and beyond to improve community-based care. This is mainly happening through innovative projects rather than system-wide transformations in care delivery. A radical transformation of community services is needed, making use of all the assets in each local community wherever these are to be found, breaking down silos between services and reducing fragmentation in service delivery.

- The most promising possibilities in the short term are through sustainability and transformation partnerships (STPs) and accountable care systems (ACSs), where plans have already been developed to strengthen community services and improve population health. More work is needed to ensure that all STPs offer a credible basis for improving care for their populations and strengthening services in the community, drawing on the design principles set out in this report.

Accountable care explained

King’s Fund
Accountable care is the latest health policy buzz phrase. But where did it come from and what does it really mean?

Delayed transfers of care: a quick guide

King’s Fund
Why do delayed transfers of care occur? And what is the impact on the wider health system? We answer some key questions.

Health in all policies: a manual for local government

LGA
Health in All Policies (HiAP) is an approach to policies that systematically and explicitly takes into account the health implications of the decisions we make; targets the key social determinants of health; looks for synergies between health and other core objectives and the work we do with partners; and tries to avoid causing harm with the aim of improving the health of the population and reducing inequity.

It is now over three years since councils took on responsibility for public health and health and wellbeing boards (HWBs) took on their statutory role. Councils have welcomed their new role. Having secured a safe transition, they are now moving into a phase of transformational change. Success will depend on getting healthy policies embedded in all aspects of what a council and its partners do or, put simply, the extent to which councils become genuine public health councils.
HWBs will play a crucial role in building constructive relationships between departments, the NHS, local government and partners, including the voluntary sector, communities and other bodies.

**Vaccines for preventing influenza in healthy children**

*Cochrane Library*

In children aged between 3 and 16 years, live influenza vaccines probably reduce influenza (moderate-certainty evidence) and may reduce ILL (low-certainty evidence) over a single influenza season. In this population inactivated vaccines also reduce influenza (high-certainty evidence) and may reduce ILL (low-certainty evidence). For both vaccine types, the absolute reduction in influenza and ILL varied considerably across the study populations, making it difficult to predict how these findings translate to different settings. We found very few randomised controlled trials in children under two years of age. Adverse event data were not well described in the available studies. Standardised approaches to the definition, ascertainment, and reporting of adverse events are needed. Identification of all global cases of potential harms is beyond the scope of this review.

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Healthy adults who receive inactivated parenteral influenza vaccine rather than no vaccine probably experience less influenza, from just over 2% to just under 1% (moderate-certainty evidence). They also probably experience less ILL following vaccination, but the degree of benefit when expressed in absolute terms varied across different settings. Variation in protection against ILL may be due in part to inconsistent symptom classification. Certainty of evidence for the small reductions in hospitalisations and time off work is low. Protection against influenza and ILL in mothers and newborns was smaller than the effects seen in other populations considered in this review.

Vaccines increase the risk of a number of adverse events, including a small increase in fever, but rates of nausea and vomiting are uncertain. The protective effect of vaccination in pregnant women and newborns is also very modest. We did not find any evidence of an association between influenza vaccination and serious adverse events in the comparative studies considered in this review. Fifteen included RCTs were industry funded (29%)

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*Cochrane Library*

Older adults receiving the influenza vaccine may have a lower risk of influenza (from 6% to 2.4%), and probably have a lower risk of ILL compared with those who do not receive a vaccination over the course of a single influenza season (from 6% to 3.5%). We are uncertain how big a difference these vaccines will make across different seasons. Very few deaths occurred, and no data on hospitalisation were reported. No cases of pneumonia occurred in one study that reported this outcome. We do not have enough information to assess harms relating to fever and nausea in this population.

The evidence for a lower risk of influenza and ILL with vaccination is limited by biases in the design or conduct of the studies. Lack of detail regarding the methods used to confirm the diagnosis of influenza limits the applicability of this result. The available evidence relating to complications is of poor quality, insufficient, or old and provides no clear guidance for public health regarding the safety,
efficacy, or effectiveness of influenza vaccines for people aged 65 years or older. Society should invest in research on a new generation of influenza vaccines for the elderly.

**Funding and staffing of NHS mental health providers: still waiting for parity**

*King’s Fund*

In 2013 the government made a commitment to achieving parity of esteem between physical and mental health. That commitment was followed by a pledge of £1.25 billion for child and adolescent mental health, a national strategy for adult mental health and an investment of £1 billion to support its delivery.

Parity of esteem means equal access to effective care and treatment, equal efforts to improve the quality of care, equal status within health care education and practice, equally high aspirations for service users and equal status in the measurement of health outcomes. Achieving parity requires action at multiple levels. Fundamental to this is ensuring adequate funding and staffing to provide safe and effective care and to deliver the vital improvements outlined in the The five year forward view for mental health [Forward View for Mental Health].

This briefing considers the current situation based on:

- an analysis of the annual financial accounts of NHS mental health, acute and specialist provider trusts
- an analysis of the national workforce data
- a review of the Care Quality Commission (CQC) inspection reports for each of the 54 NHS mental health trusts
- a review of the board papers of eight mental health trusts covering a six-month period from January 2016; the trusts were selected to include the four with the greatest increases in staffing over this time and four with the greatest decreases and to include trusts from each of the NHS England regions.

**Public Health and Lifestyle Services**

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**Selenium for preventing cancer**

*Cochrane Library*

Well-designed and well-conducted RCTs have shown no beneficial effect of selenium supplements in reducing cancer risk (high certainty of evidence). Some RCTs have raised concerns by reporting a higher incidence of high-grade prostate cancer and type 2 diabetes in participants with selenium supplementation. No clear evidence of an influence of baseline participant selenium status on outcomes has emerged in these studies.

Observational longitudinal studies have shown an inverse association between selenium exposure and risk of some cancer types, but null and direct relations have also been reported, and no systematic pattern suggesting dose-response relations has emerged. These studies suffer from limitations inherent to the observational design, including exposure misclassification and unmeasured confounding.

Overall, there is no evidence to suggest that increasing selenium intake through diet or supplementation prevents cancer in humans. However, more research is needed to assess whether selenium may modify the risk of cancer in individuals with a specific genetic background or nutritional status, and to investigate possible differential effects of various forms of selenium.

**Family and carer smoking control programmes for reducing children's exposure to environmental tobacco smoke**

*Cochrane Library*

A minority of interventions have been shown to reduce children's exposure to environmental tobacco smoke and improve children's health, but the features that differentiate the effective interventions from those without clear evidence of effectiveness remain unclear. The evidence was judged to be of low or very low quality, as many of the trials are at a high risk of bias, are small and inadequately powered, with heterogeneous interventions and populations.

**Physical activity, diet and other behavioural interventions for improving cognition and school achievement in children and adolescents with obesity or overweight**

*Cochrane Library*

Despite the large number of childhood and adolescent obesity treatment trials, we were only able to partially assess the impact of obesity treatment interventions on school achievement and cognitive abilities. School and community-based physical activity interventions as part of an obesity prevention or treatment programme can benefit executive functions of children with obesity or overweight specifically. Similarly, school-based dietary interventions may benefit general school achievement in children with obesity. These findings might assist health and education practitioners to make
decisions related to promoting physical activity and healthy eating in schools. Future obesity treatment and prevention studies in clinical, school and community settings should consider assessing academic and cognitive as well as physical outcomes.

**Patient reminder and recall interventions to improve immunization rates**

*Cochrane Library*

Patient reminder and recall systems, in primary care settings, are likely to be effective at improving the proportion of the target population who receive immunizations.

**Interventions to increase attendance for diabetic retinopathy screening**

*Cochrane Library*

The results of this review provide evidence that QI interventions targeting patients, healthcare professionals or the healthcare system are associated with meaningful improvements in DRS attendance compared to usual care. There was no statistically significant difference between interventions specifically aimed at DRS and those which were part of a general QI strategy for improving diabetes care. This is a significant finding, due to the additional benefits of general QI interventions in terms of improving glycaemic control, vascular risk management and screening for other microvascular complications. It is likely that further (but smaller) improvements in DRS attendance can also be achieved by increasing the intensity of a particular QI component or adding further components.

**Interventions for increasing fruit and vegetable consumption in children aged five years and under**

*Cochrane Review*

Despite identifying 55 eligible trials of various intervention approaches, the evidence for how to increase children's fruit and vegetable consumption remains sparse. There was very low-quality evidence that child-feeding practice interventions are effective in increasing vegetable consumption in children aged five years and younger, however the effect size was very small and long-term follow-up is required. There was very low-quality evidence that parent nutrition education and multicomponent interventions are not effective in increasing fruit and vegetable consumption in children aged five years and younger. All findings should be considered with caution, given most included trials could not be combined in meta-analyses. Given the very low-quality evidence, future research will very likely change estimates and conclusions. Such research should adopt more rigorous methods to advance the field.

This is a living systematic review. Living systematic reviews offer a new approach to review updating, in which the review is continually updated, incorporating relevant new evidence as it becomes available. Please refer to the Cochrane Database of Systematic Reviews for the current status of this review.
**Influenza vaccines in immunosuppressed adults with cancer**

*Cochrane Library*

Observational data suggest lower mortality and infection-related outcomes with influenza vaccination. The strength of evidence is limited by the small number of studies and low grade of evidence. It seems that the evidence, although weak, shows that the benefits outweigh the potential risks when vaccinating adults with cancer against influenza. However, additional placebo or no-treatment controlled RCTs of influenza vaccination among adults with cancer is ethically questionable. There is no conclusive evidence regarding the use of adjuvanted versus non-adjuvanted influenza vaccine in this population.

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**Prophylactic vitamin K for the prevention of vitamin K deficiency bleeding in preterm neonates**

Cochrane Library

Preterm infants have low levels of vitamin K and develop detectable PIVKA proteins during the first week of life. Despite being at risk for VKDB, there are no studies comparing vitamin K versus non-treatment and few studies that address potential dosing strategies for effective treatment. Dosage studies suggest that we are currently giving doses of vitamin K to preterm infants that lead to supraphysiologic levels. Because of current uncertainty, clinicians will have to extrapolate data from term infants to preterm infants. Since there is no available evidence that vitamin K is harmful or ineffective and since vitamin K is an inexpensive drug, it seems prudent to follow the recommendations of expert bodies and give vitamin K to preterm infants. However, further research on appropriate dose and route of administration is warranted.

**Sore throat (acute): antimicrobial prescribing**

NICE

This guideline sets out an antimicrobial prescribing strategy for acute sore throat. It aims to limit antibiotic use and reduce antimicrobial resistance. Acute sore throat is often caused by a virus, lasts for about a week, and most people get better without antibiotics. Withholding antibiotics rarely leads to complications.

**Oesophago-gastric cancer: assessment and management in adults**

NICE

This guideline covers assessing and managing oesophago-gastric cancer in adults, including radical and palliative treatment and nutritional support. It aims to reduce variation in practice through better organisation of care and support, and improve quality of life and survival by giving advice on the most suitable treatments depending on cancer type, stage and location.

**Patient reminder and recall interventions to improve immunization rates**

Cochrane Library

Patient reminder and recall systems, in primary care settings, are likely to be effective at improving the proportion of the target population who receive immunizations.
Antibiotic therapy for preventing infections in people with acute stroke
Cochrane Library
Preventive antibiotics had no effect on functional outcome or mortality, but significantly reduced the risk of 'overall' infections. This reduction was driven mainly by prevention of urinary tract infection; no effect for pneumonia was found.

Rehabilitation and Occupational Health

Efficacy of intensive multidisciplinary rehabilitation in Parkinson’s disease: a randomised controlled study
J Neurology Neurosurgery Psychiatry
Objective To evaluate whether a 4-week multidisciplinary, aerobic, motor-cognitive and intensive rehabilitation treatment (MIRT) improves the quality of life (QoL) of patients with Parkinson’s disease (PD), in the short-term and long-term period.

Methods This is a prospective, parallel-group, single-centre, single-blind, randomised clinical trial (ClinicalTrials.gov NCT02756676). 186 patients with PD, assigned to experimental group, underwent MIRT; conversely, 48 patients, assigned to control group, did not receive rehabilitation. Parkinson’s Disease Questionnaire-39 was assessed 2 (T0), 10 (T1) and 18 (T2, only experimental group) weeks after the enrolment. We compared T1 versus T0 scores within subjects and delta scores (T1–T0) between subjects. To investigate the long-term effects, we compared T2 and T0 scores in the experimental group.

Results At T0, no between-group differences in the Global Index Score (GBI) were observed (experimental group: 43.6±21.4, controls: 41.6±22.9, P=0.50). At T1, we did not find significant changes in controls (delta score: 1.2±9.9, P=0.23), and we found an improvement in GBI in the experimental group (delta score: −8.3±18.0, P<0.0001), significant also between subjects (P<0.0001). Comparing T2 versus T0 in the experimental group, the GBI maintained a significant improvement (delta score: −4.8±17.5, P<0.0001).

Conclusions A rehabilitation treatment such as MIRT could improve QoL in patients with PD in the short-term and long-term period. Even though the single-blind design and the possible role of the placebo effect on the conclusive results must be considered as limitations of this study, the improvement in outcome measure, also maintained after a 3-month follow-up period, suggests the effectiveness of MIRT on the QoL.

Physiotherapy

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Evaluating the impact of a falls prevention community of practice in a residential aged care setting: a realist approach

BMC Health Services Research

Background

Falls are a major socio-economic problem among residential aged care (RAC) populations resulting in high rates of injury including hip fracture. Guidelines recommend that multifactorial prevention strategies are implemented but these require translation into clinical practice. A community of practice (CoP) was selected as a suitable model to support translation of the best available evidence into practice, as it could bring together like-minded people with falls expertise and local clinical knowledge providing a social learning opportunity in the pursuit of a common goal; falls prevention. The aims of this study were to evaluate the impact of a falls prevention CoP on its membership; actions at facility level; and actions at organisation level in translating falls prevention evidence into practice.

Methods

A convergent, parallel mixed methods evaluation design based on a realist approach using surveys, audits, observations and semi-structured interviews. Participants were 20 interdisciplinary staff nominating as CoP members between Nov 2013-Nov 2015 representing 13 facilities (approximately 780 beds) of a RAC organisation. The impact of the CoP was evaluated at three levels to identify how the CoP influenced the observed outcomes in the varying contexts of its membership (level i.), the RAC facility (level ii.) and RAC organisation (level iii.).

Results
Staff participating as CoP members gained knowledge and awareness in falls prevention \( (p < 0.001) \) through connecting and sharing. Strategies prioritised and addressed at RAC facility level culminated in an increase in the proportion of residents supplemented with vitamin D \( (p = 0.002) \) and development of falls prevention education. At organisation level a falls policy reflecting preventative evidence-based guidelines and a new falls risk assessment procedure with aligned management plans were written, modified and implemented. A key disenabling mechanism identified by CoP members was limited time to engage in translation of evidence into practice whilst enabling mechanisms included proactive behaviours by staff and management.

Conclusions
Interdisciplinary staff participating in a falls prevention CoP gained connectivity and knowledge and were able to facilitate the translation of falls prevention evidence into practice in the context of their RAC facility and RAC organisation. Support from RAC organisational and facility management to make the necessary investment in staff time to enable change in falls prevention practice is essential for success.

**Training programmes to improve evidence uptake and utilisation by physiotherapists: a systematic scoping review**

**BMC Medical Education**

**Background**
Research training programmes are a knowledge translation (KT) intervention which aim to improve research evidence uptake by clinicians. Whilst KT training programmes have been reported to significantly improve evidence uptake by physiotherapists, it is unclear which aspects of training optimally assist KT into physiotherapy practice. The purpose of the review was to establish the body of evidence regarding KT training programmes to improve physiotherapists’ use of evidence-based practice (EBP) and clinical practice guidelines (CPG).

**Methods**
A systematic scoping review was undertaken in line with the adapted Arksey and O’Malley framework. Nine electronic databases (CINAHL, BIOMED CENTRAL, Cochrane, Web of Science, PROQUEST, PUBMED, OTseeker, Scopus, ERIC) were searched. Targeted keywords identified primary research articles of any hierarchy, that described the nature and impact of KT training programmes for physiotherapists. Where systematic reviews were identified, the component primary studies were considered individually for relevance. Critical appraisal was not undertaken due to the nature of a scoping review, and data was reported descriptively.

**Results**
Ten systematic reviews were identified (yielding four relevant primary studies). Five additional primary studies were identified (two randomised controlled trials, two non-randomised controlled trials and one pre-post study) which were not included in the original systematic reviews. This provided nine eligible primary research studies for review. The KT strategies were all multi-faceted. Interactive sessions, didactic sessions, printed material and discussion and feedback were consistently associated with effective outcomes. When KT strategies addressed local barriers to EBP utilisation, there were better success rates for EBP and CPG uptake, irrespective of the outcome measures used. There were no consistent ways of measuring outcome.
Conclusion
Multi-faceted KT strategies designed to address local barriers to knowledge translation were most effective in improving EBP/ CPG uptake among physiotherapists.

Health Visiting and Nursing

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EpiFix for chronic wounds
NICE
NICE has developed a medtech innovation briefing (MIB) on EpiFix for chronic wounds. EpiFix is an amniotic membrane allograft comprised of dehydrated human amniotic membrane. This briefing focuses on its use in treating chronic wounds such as diabetic foot ulcers and venous leg ulcers.

Transition to Care Home Nursing Resource
QNI
The new resource, written by Queen’s Nurse Sharon Aldridge-Bent with input from an external review group of nurses and professionals who work in or have responsibilities for residents in the care home setting, is structured into ten chapters. There are specific chapters on subjects such as the fundamentals of nursing care, safe working and regulation, adults at risk, dementia care, building relationships with family, and career development.
You can purchase a complete hard copy of the resource in The QNI shop, priced at £10 plus £1.50 P&P

Meeting Health Needs in Educations and other Community Settings
RCN
A guide for members who have a responsibility to plan for, or are required to safely meet the health needs for children and young people (CYP) in various settings.
Mental Health

Antidepressants for depression in adults with HIV infection
Cochrane Library
This review demonstrates that antidepressant therapy may be more beneficial than placebo for the treatment of depression in PLWH. The low quality of the evidence contributing to this assessment and the lack of studies representing PLWH from generalized epidemics in low- to middle-income countries make the relevance of these findings in today's context limited. Future studies that evaluate the effectiveness of antidepressant therapy should be designed and conducted rigorously. Such studies should incorporate evaluation of stepped care models and health system strengthening interventions in the study design. In addition, outcomes related to HIV care and antiretroviral therapy should be reported.

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King's Fund
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Social Care

Key messages and recommendations for growing innovative models of health, care and support for adults
SCIE
Innovation is needed more than ever as our challenges grow. Innovation does not only mean technological breakthroughs or large restructures. New and better ways of delivering relationship-based care are needed, and already exist, but are inconsistently implemented or poorly scaled.

**Transition to Care Home Nursing Resource**

QNI

The new resource, written by Queen’s Nurse Sharon Aldridge-Bent with input from an external review group of nurses and professionals who work in or have responsibilities for residents in the care home setting, is structured into ten chapters. There are specific chapters on subjects such as the fundamentals of nursing care, safe working and regulation, adults at risk, dementia care, building relationships with family, and career development.

You can purchase a complete hard copy of the resource in The QNI shop, priced at £10 plus £1.50 P&P

**Health in all policies: a manual for local government**

LGA

Health in All Policies (HiAP) is an approach to policies that systematically and explicitly takes into account the health implications of the decisions we make; targets the key social determinants of health; looks for synergies between health and other core objectives and the work we do with partners; and tries to avoid causing harm with the aim of improving the health of the population and reducing inequity.

It is now over three years since councils took on responsibility for public health and health and wellbeing boards (HWBs) took on their statutory role. Councils have welcomed their new role. Having secured a safe transition, they are now moving into a phase of transformational change. Success will depend on getting healthy policies embedded in all aspects of what a council and its partners do or, put simply, the extent to which councils become genuine public health councils.

HWBs will play a crucial role in building constructive relationships between departments, the NHS, local government and partners, including the voluntary sector, communities and other bodies

**Sexual Health**

**Antidepressants for depression in adults with HIV infection**

Cochrane Library

This review demonstrates that antidepressant therapy may be more beneficial than placebo for the treatment of depression in PLWH. The low quality of the evidence contributing to this assessment and the lack of studies representing PLWH from generalized epidemics in low- to middle-income countries make the relevance of these finding in today's context limited. Future studies that evaluate the effectiveness of antidepressant therapy should be designed and conducted rigorously. Such studies should incorporate evaluation of stepped care models and health system strengthening interventions in the study design. In addition, outcomes related to HIV care and antiretroviral therapy should be reported.