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, UHNH, Stoke on Trent Public Health or you are CCG or practice staff in North Staffordshire, get in touch to find out more about your NHS library service.
Current Sources:

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

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Commissioning

Using digital technology to improve the public’s health. A guide for local authorities
LGA
In an era of constrained budgets, it is clear making the most of digital technology is essential. It can drive efficiency and deliver value for money in a multitude of ways as well as benefiting the health and wellbeing of individuals. For example, in Hertfordshire wearable sensors worn during an exercise class have allowed for a quick and accurate assessment of an individual’s fall risk instead of a half hour assessment taking place. Meanwhile, in London a pilot where pharmacies used a handheld mobile device to test for irregular heartbeats has reduced the time from testing to treatment from 12 weeks to under three. Both of these examples are included in the case studies which feature later in this report. New technologies are also vital to engaging the public on prevention and putting them at the heart of what we do. An evaluation of the Change for Life sugar smart app following a six-week advertising campaign in early 2016 showed it led to 2 million downloads. A third of parents surveyed reported it had led to reductions in their child’s sugar intake. In fact, PHE has highlighted digital technology as one of the drivers for change in its report From Evidence into Action: Opportunities to Promote and Protect the Nation’s Health.

People’s experience in adult social care services: improving the experience of care and support for people using adult social care services
NICE
This guideline covers the care and support of adults receiving social care in their own homes, residential care and community settings. It aims to help people understand what care they can expect and to improve their experience by supporting them to make decisions about their care.

Approaches to social care funding
King’s Fund
It is widely accepted that the system for funding social care is in urgent need of reform. Faced with shrinking budgets, local authorities are struggling to meet the growing demand for care, linked to increasing complexity in need and an ageing population. As a result, the number of older people receiving publicly funded social care has declined. While in practice, much of this shortfall has been met by private spending and informal care; it is also likely that many people’s care needs are going unmet.

There is little sign of a long-term solution on the horizon. For those who have watched the progress of the social care system over the years, this is a familiar disappointment. Since 1998, there have been 12 green papers, white papers and other consultations, as well as five independent commissions, all attempting to grapple with the problem of securing a sustainable social care system. It has been called ‘one of the greatest unresolved public policy issues of our time’.
Tackling loneliness and social isolation: the role of commissioners
SCIE
With one million people aged 65 and over in the UK reporting they are often or always lonely, few would refute the need to tackle this issue. (1)
However, loneliness and social isolation are conditions that are difficult to identify, complex to address and hard to resolve. The evidence base for interventions to address the problems of loneliness and social isolation is emerging but inconclusive at this stage.

Vision screening for correctable visual acuity deficits in school-age children and adolescents
Cochrane Library
Vision screening plus provision of free spectacles improves the number of children who have and wear the spectacles they need compared with providing a prescription only. This may lead to better educational outcomes. Health education interventions, as currently devised and tested, do not appear to improve spectacle wearing in children. In lower-income settings, ready-made spectacles may provide a useful alternative to expensive custom-made spectacles.

Computer Bugs in Hospitals: A New Killer
Professor Martyn Thomas, Professor Harold Thimbleby, Gresham College Lecture
Computer bugs, reported in heart pacemaker software and many other devices, are but one example of the risks that IT systems can create for patients. The extent of the problem of software bugs in the medical arena, and elsewhere, suggest an increasing number of avoidable deaths and injuries in UK hospitals. Find the lecture transcript on the website.

Community screening for visual impairment in older people
Cochrane Library
The evidence from RCTs undertaken to date does not support vision screening for older people living independently in a community setting, whether in isolation or as part of a multi-component screening package. This is true for screening programmes involving questions about visual problems, or direct measurements of visual acuity.

The most likely reason for this negative review is that the populations within the trials often did not take up the offered intervention as a result of the vision screening and large proportions of those who did not have vision screening appeared to seek their own intervention. Also, trials that use questions about vision have a lower sensitivity and specificity than formal visual acuity testing. Given the importance of visual impairment among older people, further research into strategies to improve vision of older people is needed. The effectiveness of an optimised primary care-based screening intervention that overcomes possible factors contributing to the observed lack of benefit in trials to date warrants assessment; trials should consider including more dependent participants, rather than those living independently in the community.
**Consumption of ultra-processed foods and cancer risk: results from NutriNet-Santé prospective cohort**

**BMJ**

**Abstract**

**Objective:** To assess the prospective associations between consumption of ultra-processed food and risk of cancer.

**Design:** Population based cohort study.

**Setting and participants:** 104,980 participants aged at least 18 years (median age 42.8 years) from the French NutriNet-Santé cohort (2009-17). Dietary intakes were collected using repeated 24 hour dietary records, designed to register participants’ usual consumption for 3300 different food items. These were categorised according to their degree of processing by the NOVA classification.

**Main outcome measures:** Associations between ultra-processed food intake and risk of overall, breast, prostate, and colorectal cancer assessed by multivariable Cox proportional hazard models adjusted for known risk factors.

**Results:** Ultra-processed food intake was associated with higher overall cancer risk (n=2228 cases; hazard ratio for a 10% increment in the proportion of ultra-processed food in the diet 1.12 (95% confidence interval 1.06 to 1.18); P for trend<0.001) and breast cancer risk (n=739 cases; hazard ratio 1.11 (1.02 to 1.22); P for trend=0.02). These results remained statistically significant after adjustment for several markers of the nutritional quality of the diet (lipid, sodium, and carbohydrate intakes and/or a Western pattern derived by principal component analysis).

**Conclusions:** In this large prospective study, a 10% increase in the proportion of ultra-processed foods in the diet was associated with a significant increase of greater than 10% in risks of overall and breast cancer. Further studies are needed to better understand the relative effect of the various dimensions of processing (nutritional composition, food additives, contact materials, and neoformed contaminants) in these associations.

**Effectiveness of brief alcohol interventions in primary care populations**

**Cochrane Library**

We found moderate-quality evidence that brief interventions can reduce alcohol consumption in hazardous and harmful drinkers compared to minimal or no intervention. Longer counselling duration probably has little additional effect. Future studies should focus on identifying the components of interventions which are most closely associated with effectiveness.

**Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption**

**Cochrane Library**

Findings from a small body of low-quality evidence suggest that nutritional labelling comprising energy information on menus may reduce energy purchased in restaurants. The evidence assessing the impact on consumption of energy information on menus or on a range of food options in
laboratory settings suggests a similar effect to that observed for purchasing, although the evidence is less definite and also of low quality.

Accordingly, and in the absence of observed harms, we tentatively suggest that nutritional labelling on menus in restaurants could be used as part of a wider set of measures to tackle obesity. Additional high-quality research in real-world settings is needed to enable more certain conclusions.

Further high-quality research is also needed to address the dearth of evidence from grocery stores and vending machines and to assess potential moderators of the intervention effect, including socioeconomic status.

**Vision screening for correctable visual acuity deficits in school-age children and adolescents**

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Vision screening plus provision of free spectacles improves the number of children who have and wear the spectacles they need compared with providing a prescription only. This may lead to better educational outcomes. Health education interventions, as currently devised and tested, do not appear to improve spectacle wearing in children. In lower-income settings, ready-made spectacles may provide a useful alternative to expensive custom-made spectacles.

**Keep Stoke Smiling campaign**

*UHN News*

The Orthodontic team at Royal Stoke University Hospital have taken to Instagram to launch a #keepstokesmiling campaign. The team, who are internationally famous for producing nice smiles, want to make sure the smiles match the good nature of the people of Stoke. The five-strong consultant-led team have treated thousands of children and adults from across the North Midlands, transforming both their teeth and their lives.

Karen Juggins, the Consultant Orthodontist who is leading the initiative, said: "Social Media is a fantastic way to educate our patients and promote orthodontics and good dental health. Instagram offers us an opportunity to share reliable information with patients about their orthodontic treatment and oral health in general. Instagram is a place where you see so many people smiling so it's the perfect place to talk about #keepstokesmiling.

**Tackling multiple unhealthy risk factors: emerging lessons from practice**

*King’s Fund*

- Previous research by The King’s Fund has shown that unhealthy behaviours cluster in the population. Around seven in ten adults do not follow guidelines on tobacco use, alcohol consumption, healthy diet or physical activity, yet most behaviour change services address these behaviours separately, not reflecting the reality of people’s lives.

- This report shares learning and insight from services that are using innovative ways to address the problem of multiple unhealthy risk factors in their populations. It draws on interviews and information from eight case studies in local authorities and the NHS and updates the evidence
base on tackling multiple unhealthy risk factors.

- Most services included in the report are local authority led and are integrated health and wellbeing services. These provide behavioural advice and support to people across a range of different behaviours, including smoking, weight management and physical activity.

- The NHS is also addressing multiple unhealthy behaviours. We set out learning from two hospitals supporting individuals with multiple risk factors.

- The evidence for these behaviour change services to draw on, in the context of multiple unhealthy risk factors, remains limited. These services are in a position to develop the evidence base on how best to address multiple unhealthy behaviours.

- The report makes recommendations on how services can develop and share evidence, and for how the Department of Health and Social Care and Public Health England can support further innovation in such services.

**Health Matters: Community-centred approaches for health and wellbeing**
Public Health England
Welcome to the latest edition of PHE’s Health Matters, a resource for local authorities and health professionals, which for this edition focuses on community-centred approaches for health and wellbeing.

**Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption**
Cochrane Review
Findings from a small body of low-quality evidence suggest that nutritional labelling comprising energy information on menus may reduce energy purchased in restaurants. The evidence assessing the impact on consumption of energy information on menus or on a range of food options in laboratory settings suggests a similar effect to that observed for purchasing, although the evidence is less definite and also of low quality.

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Further high-quality research is also needed to address the dearth of evidence from grocery stores and vending machines and to assess potential moderators of the intervention effect, including socioeconomic status.

**Health Matters: NHS Health Check - A world leading CVD prevention programme**
Public Health England
Welcome to the latest edition of PHE’s Health Matters, a professional resource, which for this edition focuses on how the NHS Health Check is playing an important role in the prevention and early detection of cardiovascular disease (CVD) in England.
CVD is the number one cause of death globally, with an estimated 17.7 million people having died from CVD conditions in 2015, representing 31% of all global deaths. It is also a leading cause of disability and death in the UK, affecting around 7 million people and being responsible for 1 in 4 premature deaths in the UK, specifically 26% of all deaths in England in 2015

**The Problem with Sex**

Cochrane Library

Introducing Cochrane UK’s special blog series #theproblemwithsex, which aims to lift the lid on sex and chronic health conditions, on the lack of good evidence for treatments, challenges around talking about sex, and on what can be done to change things for the better.

We have a problem with sex. Lots of problems, actually. It’s easy to think that sex is everywhere in the media. Sex sells, right? But I get the impression that there’s very little discussion about the sexual problems (let’s not talk in general terms about ‘dysfunction’ – a terribly clinical word with a whiff of judgement about it) experienced by many, many people, associated with long-term health conditions and treatments.

What do we hear about sex and cancer, diabetes or mental health problems? When does the person attending an appointment to discuss their medication or latest test results get to talk about sex, which might be uppermost on their mind but the thing they feel least able to mention? If they do, will their health professional be ready for that conversation, or even initiate it? Where might that discussion go? Are there evidence-based treatments that could be considered?

**Public health transformation three years on**

LGA

This year’s compilation of case studies shows how local authorities continue to make progress on improving health and wellbeing and tackling health inequalities since public health was formally transferred from the NHS in April 2013. It builds on last year’s compilation, ‘Public health transformation twenty months on: adding value to tackle local needs’.

In all, since the first publication 38 areas have provided case studies. The case studies were chosen because they show a range of ways in which public health in councils is approaching its new roles. They include councils spread across England, covering both rural and urban environments and with varying degrees of deprivation and affluence. The case studies are from:

- Coventry City Council
- Knowsley Council
- Leicestershire County Council
- London Borough of Hackney Council
- Plymouth City Council
- South Tyneside Council
- Tameside Council
- Wakefield Council

The case studies provide lessons and key messages, a description of the main ways they are working in partnership to add value, and plans for the future. A number of themes, challenges and messages
have been identified from the case studies. Because this is a small sample these are indicative of the direction of travel of public health but cannot necessarily be seen as representative. However, there has been considerable consistency of messages from all the case studies covered in this series, both within and across years. As in all previous years, the enthusiasm of directors of public health (DsPH), portfolio holders and chief executives remains undimmed, despite growing concerns about financial challenges.

**Measles outbreaks confirmed in 5 areas across UK**

*Public Health England*

Public Health England (PHE) issues advice for the public to ensure they have had the MMR vaccine after outbreaks of measles are confirmed in 5 areas of England.

**Infographic: Poverty and Health**

*The Health Foundation*

A look at how poverty affects not just access to material things, but impacts on stress, anxiety and stability, all making living healthily a lot harder.

**General Practice**

**Mini-Cog for the diagnosis of Alzheimer’s disease dementia and other dementias within a primary care setting**

*Cochrane Library*

There is a limited number of studies evaluating the accuracy of the Mini-Cog for the diagnosis of dementia in primary care settings. Given the small number of studies, the wide range in estimates of the accuracy of the Mini-Cog, and methodological limitations identified in most of the studies, at the present time there is insufficient evidence to recommend that the Mini-Cog be used as a screening test for dementia in primary care. Further studies are required to determine the accuracy of Mini-Cog in primary care and whether this tool has sufficient diagnostic test accuracy to be useful as a screening test in this setting.

**Pancreatic cancer in adults: diagnosis and management**

*NICE*

This guideline covers diagnosing and managing pancreatic cancer in adults aged 18 and over. It aims to improve care by ensuring quicker and more accurate diagnosis, and by specifying the most effective treatments for people depending on how advanced their cancer is.

**Supporting people with mental health problems in general practice**

*Mind*

This survey asks about your experience as a GP, specifically in supporting people with mental health problems. It also asks about your training in mental health, as well as your own wellbeing and what support you have in place.
In this survey, ‘mental health’ refers to:

• Psychological and emotional wellbeing. We all have mental health, just as we all have physical health. It exists on a spectrum and people can move up and down from good to poor for any number of reasons.

• Mental health problems encompass things like feelings of anxiety, low mood, workplace stress, eating problems and trouble sleeping, as well as specific diagnoses like depression, bipolar disorder, and schizophrenia.

• This includes the mental health of adults, children and older people

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**The Sepsis Manual**
The Sepsis Trust
We have created a series of short films and documents to help guide you through the processes of understanding, identifying and managing sepsis.

**Life after stroke**
Cochrane Library
A series of blogs sharing resources on life after stroke. Information will be shared on the website as well as via Twitter: #LifeAfterStroke

**Clinical Practice Guidelines for Clostridium difficile Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA)**
Clinical Infectious Diseases
A panel of experts was convened by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA) to update the 2010 clinical practice guideline on Clostridium difficile infection (CDI) in adults. The update, which has incorporated recommendations for children (following the adult recommendations for epidemiology, diagnosis, and treatment), includes significant changes in the management of this infection and reflects the evolving controversy over best methods for diagnosis. Clostridium difficile remains the most important cause of healthcare-associated diarrhea and has become the most commonly identified cause of healthcare-associated infection in adults in the United States. Moreover, C. difficile has established itself as an important community pathogen. Although the prevalence of the epidemic and virulent ribotype 027 strain has declined markedly along with overall CDI rates in parts of Europe, it remains one of the most commonly identified strains in the United States where it causes a sizable minority of CDIs, especially
healthcare-associated CDIs. This guideline updates recommendations regarding epidemiology, diagnosis, treatment, infection prevention, and environmental management.

**Atrial fibrillation**
**NICE**
This quality standard covers identifying and managing atrial fibrillation (including paroxysmal, persistent and permanent atrial fibrillation, and atrial flutter) in adults (aged 18 and over). It describes high-quality care in priority areas for improvement.

**Raloxifene for the primary prevention of osteoporotic fragility fractures in postmenopausal women**
**NICE**
Evidence-based recommendations on raloxifene for the primary prevention of osteoporotic fragility fractures in postmenopausal women.

The title and guidance (section 1) have been updated to reflect the current recommendations. Guidance on strontium ranelate and etidronate have been removed because these drugs are no longer marketed in the UK. NICE has issued up-to-date guidance on bisphosphonates for treating osteoporosis. All other sections are unchanged and refer to all of the drugs originally discussed in 2008.

**Raloxifene and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women**
**NICE**
Evidence-based recommendations on raloxifene and teriparatide for preventing osteoporotic fragility fractures in postmenopausal women who have osteoporosis.

**Rehabilitation and Occupational Health**

**How does virtual reality compare with conventional therapy during stroke rehabilitation?**
**Cochrane Clinical Answers**
For people who have had a stroke (within 3 to 12 months), moderate-quality evidence shows that moderate improvements may be seen in their ability to perform activities of daily living when the rehabilitation program includes virtual reality (most randomized controlled trials used a customized virtual reality program rather than readily available consoles) compared with conventional therapy (including exercise, leisure activities, stretching, manipulative and function skills, visual tracking, or task-specific games).

Reviewers found no apparent differences between groups in upper limb function, hand function, gait speed, balance, quality of life, or adverse events. However, analyses included few participants and were likely to have been too underpowered to detect differences between groups even if present, and the quality of the evidence was low for most outcomes. Furthermore, researchers assessed these
outcomes only in the short term (up to six months’ follow-up) and did not report other important outcomes (global motor function, cognitive function, depression, speech and language function).

**In adults with ankle Osteoarthritis (OA) A is total ankle replacement/fusion/debridement better than no treatment for pain and function, risks and harms and adverse events?**

Musculoskeletal Research Facilitation Group (CAT Group) Keele University

At present, there are no studies that compare surgical intervention with no treatment for the management of patients with ankle OA. Due to the lack of evidence of comparing no treatment with surgical intervention for pain and function, risks and harms and adverse events, then clinical practice should remain unchanged. Within the available evidence, it is apparent that surgical intervention in the form of arthrodesis (fusion) is the standard treatment for ankle OA. Previously, arthroplasty (total ankle replacement) has traditionally revealed disappointing results, but more encouraging results are beginning to be shown with the use of more modern implants. Joint preservation techniques such as debridement could offer some relief in the younger patients with early OA without compromising the use of arthrodesis or arthroplasty in the future.

**Bisphosphonates for treating osteoporosis**

**NICE**

Evidence-based recommendations on the bisphosphonates alendronic acid, ibandronic acid, risedronate sodium and zoledronic acid for treating osteoporosis.

**Life after stroke**

**Cochrane Library**

A series of blogs sharing resources on life after stroke. Information will be shared on the website as well as via Twitter: #LifeAfterStroke

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**Raloxifene and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women**

**NICE**

Evidence-based recommendations on raloxifene and teriparatide for preventing osteoporotic fragility fractures in postmenopausal women who have osteoporosis.
**Recovering after a hip fracture: helping people understand physiotherapy in the NHS**

Royal College of Physicians

Hip fracture is a serious, life-changing injury that can affect older people, and is the commonest reason for them to need emergency anaesthesia and surgery. The Physiotherapy Hip Fracture Sprint Audit (PHFSA) is the biggest ever audit of UK physiotherapy, and has implications for physiotherapists working in many settings.

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**Efficacy of intensive multidisciplinary rehabilitation in Parkinson’s disease: a randomised controlled study**

Journal of 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.

**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.
Life after stroke
Cochrane Library
A series of blogs sharing resources on life after stroke. Information will be shared on the website as well as via Twitter: #LifeAfterStroke

Health Visiting and Nursing

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.

The Sepsis Manual
The Sepsis Trust
We have created a series of short films and documents to help guide you through the processes of understanding, identifying and managing sepsis.

Freeing up senior charge nurses’ time through admin support
Nursing Times
Two senior charge nurses at University Hospital Crosshouse in Scotland, working in the acute stroke unit and on a general medical ward respectively, found that they were overwhelmed by admin tasks impacting on their ability to be visible clinical leaders for patients and staff. An administrative support role was piloted for six months and then made permanent. Each senior charge nurse now has 15 hours of administrative support per week, which allows them to be visible clinical leaders and has brought significant improvements for staff and patients. This article discusses the pilot, its background, implementation and outcomes.

Baby Weaning Guidance and Advice
SSOTP
Guidance and advice about baby weaning from Staffordshire and Stoke on Trent Partnership NHS Trust's Health Visiting team.

Rest, Rehydrate, Refuel: Resource for RCN Members
RCN
Advice for RCN members on taking their breaks at work, including information on the employer's responsibility and why it is important to take breaks.
NMC publish Equality, Diversity and Inclusion Annual Report

NMC

Our sixth annual Equality, Diversity and Inclusion (EDI) Annual Report presents our current diversity data and reviews our performance against our strategic aims during 2016-2017.

Clinical Practice Guidelines for Clostridium difficile Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA)

Clinical Infectious Diseases

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Are the changes in leg ulcer management affecting you?

QNI

Your response to this question may be to ask, ‘What changes in leg ulcer management? What am I missing?’ The dispiriting answer is that for leg ulcer management, unlike for so many other physical conditions, for many years little has changed.

Look at stroke, heart disease, diabetes... In the last 20 years there have been significant improvements in our clinical understanding and technological advances. Not so with leg ulcers. So you are not missing anything new and fancy, despite the rare article in the Daily Mail. This is a very sad state of affairs for a clinical condition that makes up over 40% of district nursing time.

Social Care

Approaches to social care funding

King’s Fund

It is widely accepted that the system for funding social care is in urgent need of reform. Faced with shrinking budgets, local authorities are struggling to meet the growing demand for care, linked to increasing complexity in need and an ageing population. As a result, the number of older people receiving publicly funded social care has declined. While in practice, much of this shortfall has been met by private spending and informal care; it is also likely that many people’s care needs are going unmet.
There is little sign of a long-term solution on the horizon. For those who have watched the progress of the social care system over the years, this is a familiar disappointment. Since 1998, there have been 12 green papers, white papers and other consultations, as well as five independent commissions, all attempting to grapple with the problem of securing a sustainable social care system. It has been called ‘one of the greatest unresolved public policy issues of our time’.

People's experience in adult social care services: improving the experience of care and support for people using adult social care services
NICE
This guideline covers the care and support of adults receiving social care in their own homes, residential care and community settings. It aims to help people understand what care they can expect and to improve their experience by supporting them to make decisions about their care.

Tackling loneliness and social isolation: the role of commissioners
SCIE
With one million people aged 65 and over in the UK reporting they are often or always lonely, few would refute the need to tackle this issue. (1) However, loneliness and social isolation are conditions that are difficult to identify, complex to address and hard to resolve. The evidence base for interventions to address the problems of loneliness and social isolation is emerging but inconclusive at this stage.

Health Matters: Community-centred approaches for health and wellbeing
Public Health England
Welcome to the latest edition of PHE’s Health Matters, a resource for local authorities and health professionals, which for this edition focuses on community-centred approaches for health and wellbeing.

Life after stroke
Cochrane Library
A series of blogs sharing resources on life after stroke. Information will be shared on the website as well as via Twitter: #LifeAfterStroke

Welfare-to-work interventions and their effects on the mental and physical health of lone parents and their children
Cochrane Library
The effects of WtW on health are largely of a magnitude that is unlikely to have tangible impacts. Since income and employment are hypothesised to mediate effects on health, it is possible that these negligible health impacts result from the small effects on economic outcomes. Even where employment and income were higher for the lone parents in WtW, poverty was still high for the majority of the lone parents in many of the studies. Perhaps because of this, depression also remained very high for lone parents whether they were in WtW or not. There is a lack of robust evidence on the health effects of WtW for lone parents outside North America.
Mental health of adults in contact with the criminal justice system

NICE
This quality standard covers recognising, assessing and managing mental health problems in adults (aged 18 and over) who are in contact with the criminal justice system (this includes police contact, court and prison custody, street triage, liaison and diversion services, and probation services). It describes high-quality care in priority areas for improvement.

Learning Disability

Advanced glycation endproducts, dityrosine and arginine transporter dysfunction in autism - a source of biomarkers for clinical diagnosis
Molecular Autism
This study looked at how a diagnostic test could be developed for Autism. The paper received much media attention and comment. Read the article here, and some reaction here.

Mental Health

Supporting people with mental health problems in general practice
Mind
This survey asks about your experience as a GP, specifically in supporting people with mental health problems. It also asks about your training in mental health, as well as your own wellbeing and what support you have in place.

In this survey, ‘mental health’ refers to:

• Psychological and emotional wellbeing. We all have mental health, just as we all have physical health. It exists on a spectrum and people can move up and down from good to poor for any number of reasons.

• Mental health problems encompass things like feelings of anxiety, low mood, workplace stress, eating problems and trouble sleeping, as well as specific diagnoses like depression, bipolar disorder, and schizophrenia.

• This includes the mental health of adults, children and older people

Mini-Cog for the diagnosis of Alzheimer’s disease dementia and other dementias within a primary care setting
Cochrane Library
There is a limited number of studies evaluating the accuracy of the Mini-Cog for the diagnosis of dementia in primary care settings. Given the small number of studies, the wide range in estimates of the accuracy of the Mini-Cog, and methodological limitations identified in most of the studies, at the present time there is insufficient evidence to recommend that the Mini-Cog be used as a screening test for dementia in primary care. Further studies are required to determine the accuracy of Mini-Cog
in primary care and whether this tool has sufficient diagnostic test accuracy to be useful as a screening test in this setting.

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**Parkinson’s disease**  
*NICE*  
This quality standard covers the management of Parkinson’s disease in adults. It does not include treatment of parkinsonism not caused by Parkinson’s disease. It describes high-quality care in priority areas for improvement.

**Older Adults**

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**Community screening for visual impairment in older people**  
*Cochrane Library*  
The evidence from RCTs undertaken to date does not support vision screening for older people living independently in a community setting, whether in isolation or as part of a multi-component screening package. This is true for screening programmes involving questions about visual problems, or direct measurements of visual acuity.

The most likely reason for this negative review is that the populations within the trials often did not take up the offered intervention as a result of the vision screening and large proportions of those who did not have vision screening appeared to seek their own intervention. Also, trials that use questions about vision have a lower sensitivity and specificity than formal visual acuity testing. Given the importance of visual impairment among older people, further research into strategies to improve vision of older people is needed. The effectiveness of an optimised primary care-based screening intervention that overcomes possible factors contributing to the observed lack of benefit in trials to date warrants assessment; trials should consider including more dependent participants, rather than those living independently in the community.
Allied Health Professional

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Pharmacy

**Antibiotics for treating gonorrhoea in pregnancy**

Cochrane Library

This Cochrane Review found high levels of cure of gonococcal infections in pregnancy with the given antibiotic regimens. However, the evidence in this review is inconclusive as it does not support one particular regimen over another. This conclusion was based on very low-quality evidence (downgraded for poor trial design, imprecision) from two trials (involving 514 women), which we assessed to be at a high risk of bias for a number of domains. The harm profiles of the antibiotic regimes featured in this review remain unknown.

High-quality RCTs are needed, with sufficient power to assess the clinical effectiveness and potential harms of antibiotics in pregnant women with gonorrhoea. These should be planned according to Standard Protocol Items: Recommendations for Interventional Trials (SPIRIT), conducted following CONSORT recommendations, and based on Patient-Centered Outcomes Research Institute (PCORI) outcomes.

**Raloxifene for the primary prevention of osteoporotic fragility fractures in postmenopausal women**

NICE

Evidence-based recommendations on raloxifene for the primary prevention of osteoporotic fragility fractures in postmenopausal women.

The title and guidance (section 1) have been updated to reflect the current recommendations. Guidance on strontium ranelate and etidronate have been removed because these drugs are no longer marketed in the UK. NICE has issued up-to-date guidance on bisphosphonates for treating...
osteoporosis. All other sections are unchanged and refer to all of the drugs originally discussed in 2008.

**Raloxifene and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women**

*NICE*

Evidence-based recommendations on raloxifene and teriparatide for preventing osteoporotic fragility fractures in postmenopausal women who have osteoporosis.

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**Sex and Relationship Health**

**The Problem with Sex**

*Cochrane Library*

Introducing Cochrane UK’s special blog series #theproblemwithsex, which aims to lift the lid on sex and chronic health conditions, on the lack of good evidence for treatments, challenges around talking about sex, and on what can be done to change things for the better.

We have a problem with sex. Lots of problems, actually. It’s easy to think that sex is everywhere in the media. Sex sells, right? But I get the impression that there’s very little discussion about the sexual problems (let’s not talk in general terms about ‘dysfunction’ – a terribly clinical word with a whiff of judgement about it) experienced by many, many people, associated with long-term health conditions and treatments.

What do we hear about sex and cancer, diabetes or mental health problems? When does the person attending an appointment to discuss their medication or latest test results get to talk about sex, which might be uppermost on their mind but the thing they feel least able to mention? If they do, will their health professional be ready for that conversation, or even initiate it? Where might that discussion go? Are there evidence-based treatments that could be considered?

**International technical guidance on sexuality education**

*UNAIDS*

The International technical guidance on sexuality education (the Guidance) was developed to assist education, health and other relevant authorities in the development and implementation of school-based and out-of-school comprehensive sexuality education programmes and materials. It is immediately relevant for government education ministers and their professional staff, including curriculum developers, school principals and teachers. Non-governmental organizations (NGOs), youth workers and young people can also use the document as an advocacy or accountability tool, for example by sharing it with decision-makers as a guide to best practices and/or for its integration within broader agendas, such as the SDGs. The Guidance is also useful for anyone involved in the design, delivery and evaluation of sexuality education programmes both in and out of school, including stakeholders working on quality education, sexual and reproductive health (SRH), adolescent health and/or gender equality, among other issues.
**My Body Back**
This project supports those who have experienced rape or sexual assault, and has begun offering services such as STI screening, coil fitting or smear tests to those who have previously found these types of appointment too difficult, because of their previous experiences.

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