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

Cochrane Library  http://www.thecochranelibrary.com/
Health Technology Assessment (HTA) Database  http://www.journalslibrary.nihr.ac.uk/hta
https://discover.dc.nihr.ac.uk/portal/home
Department of Health  http://www.gov.uk/dh
King’s Fund  http://www.kingsfund.org.uk/
Nice Guidance  https://www.nice.org.uk/guidance/published
Social Care Institute for Excellence  https://www.scie.org.uk/news/
SIGN  http://www.sign.ac.uk/our-guidelines.html
Primary Care Commissioning  www.pcc-cic.org.uk
Chartered Society of Physiotherapy  www.csp.org.uk
Queen’s Nursing Institute:  http://www.qni.org.uk/
NMC  https://www.nmc.org.uk/news/
RCN  https://www.rcn.org.uk/professional-development/publications
Campbell Collaboration  http://www.campbellcollaboration.org/
Local patient and public information groups
https://bmcmusculoskeletdisord.biomedcentral.com/
https://archivesphysiotherapy.biomedcentral.com/
Meridian  https://meridian.wmahsn.org/subdomain/meridian/end/home

Contents in this issue:

Commissioning..................................................................................................................3
Public Health and Lifestyle Services..................................................................................4
General Practice..................................................................................................................6
Rehabilitation and Occupational Health.............................................................................8
Physiotherapy....................................................................................................................11
Health Visiting and Nursing .............................................................................................12
Social Care........................................................................................................................13
Mental Health......................................................................................................................13
Older Adults........................................................................................................................14
Speech and Language Therapy.........................................................................................15
Pharmacy............................................................................................................................16
A year of integrated care systems: reviewing the journey so far

King’s Fund

Overview

- Integrated care systems (ICSs) have been proposed as the future model for the health and care system in England. Their development represents a fundamental and far-reaching change in how the NHS works across different services and with external partners.

- ICSs’ development has been locally led and there is no national blueprint. We carried out interviews in eight of the ‘first wave’ ICSs to understand how they are developing and to identify lessons for local systems and national policy-makers.

- The systems vary widely in their size and complexity. Larger ICSs are working to improve health and care through neighbourhoods and places as well as across whole systems, emphasising the principle of subsidiarity.

- Most ICSs are making progress in developing their capabilities to work as systems, and organisations are working more collaboratively to manage finances and performance in a way that was not happening previously.

- There are some early signs of progress in delivering service changes, particularly in relation to strengthening primary care, developing integrated care teams and reviewing how specialist services are delivered. It is early days, and more time is needed to embed these changes and determine their impact.

- The challenge now is to build on the foundations that have been laid by removing barriers and providing time and support to ICS leaders to take their work to the next stage of development. As this happens, the understandable desire to see change happen quickly needs to be married with realism about the scale and complexity of what is being attempted.

Preventing suicide in community and custodial settings

NICE Guidance

This guideline covers ways to reduce suicide and help people bereaved or affected by suicides. It aims to:

- help local services work more effectively together to prevent suicide
- identify and help people at risk
- prevent suicide in places where it is currently more likely.

It does not cover national strategies, general mental wellbeing, or areas covered by other NICE guidance such as self-harm or mental health conditions
Childhood obesity plan for action chapter 2: equality assessment

This paper examines the effects of the policy intentions set out by the government in Childhood obesity: a plan for action, chapter 2 on people with protected characteristics.

Strengths-based social care for children, young people and their families

SCIE, Leeds City Council and Shared Lives Plus
A strengths-based approach (SBA) to social care focuses on identifying the strengths, or assets, as well as the needs and difficulties of children, young people and families.
This briefing describes how SBAs work and assesses their effectiveness. The values and principles that inform this approach are not new, but there has been a rapidly growing interest over the last five years in such approaches. These approaches are also about co-production – people providing care working in equal partnership with those who need it to design and deliver services.

Current and future state of nation’s health revealed

PHE
PHE has published a new Health Profile for England report giving the most comprehensive picture of the health of England today and into the future.

The Health Profile for England report covers life expectancy; major causes of death; mortality trends; child health; inequality in health; wider determinants of health; and current health protection issues.
Data and evidence contained in Health Profile for England will be used to help shape the forthcoming NHS long term plan.

Public Health and Lifestyle Services

Cancer Insight - Smoking Cessation
Cancer Research UK
This edition of Cancer Insight provides pharmacists and pharmacy staff with need-to-know information on the relative safety of e-cigarettes compared to tobacco and answers some common patient questions.

Labelling tobacco products and e-cigarettes if there’s no Brexit deal
DHSC
Find out about changes to regulation, including picture warnings for tobacco products and the notification process for tobacco products and e-cigarettes if the UK leaves the EU in March 2019 with ‘no deal’.

Health matters: Stopping smoking - what works?
PHE
Smoking quitting routes and the evidence for their effectiveness, including the evidence on e-cigarettes.
Patient-mediated interventions to improve professional practice
Cochrane Library
We found that two types of patient-mediated interventions, patient-reported health information and patient education, probably improve professional practice by increasing healthcare professionals' adherence to recommended clinical practice (moderate-certainty evidence). We consider the effect to be small to moderate. Other patient-mediated interventions, such as patient information may also improve professional practice (low-certainty evidence). Patient decision aids may make little or no difference to the number of healthcare professionals' adhering to recommended clinical practice (low-certainty evidence).
The impact of these interventions on patient health and satisfaction, adverse events and resource use, is more uncertain mostly due to very low certainty evidence or lack of evidence.

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Chronic heart failure in adults: diagnosis and management
NICE Guidance
This guideline covers diagnosing and managing chronic heart failure in people aged 18 and over. It aims to improve diagnosis and treatment to increase the length and quality of life for people with heart failure.
NICE has also produced a guideline on acute heart failure.
Recommendations
This guideline includes new and updated recommendations on:
• role of the specialist heart failure multidisciplinary team
• diagnosing heart failure and giving information to people with heart failure
• managing all types of heart failure
• treating heart failure with reduced ejection fraction, including people who also have chronic kidney disease
• monitoring treatment for all types of heart failure
• interventional procedures
• cardiac rehabilitation and palliative care.
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Calorie labelling for food and drink served outside of the home
DHSC
The government is seeking views on its plans to make places serving food and drink outside of the home display calorie information. This consultation is being held on another website. This consultation closes at 11:59pm on 7 December 2018

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New HIV diagnoses across the UK fell by 17 per cent in 2017
PHE
Data published by Public Health England (PHE) shows that new HIV diagnoses in the UK have fallen for the second year in a row. New diagnoses decreased by 17% in 2017 – from 4,363 new diagnoses reported compared to 5,280 in 2016, which brought new cases down to their lowest level since 2000.

General Practice

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Cochrane Library
We found that two types of patient-mediated interventions, patient-reported health information and patient education, probably improve professional practice by increasing healthcare professionals' adherence to recommended clinical practice (moderate-certainty evidence). We consider the effect to be small to moderate. Other patient-mediated interventions, such as patient information may also improve professional practice (low-certainty evidence). Patient decision aids may make little or no difference to the number of healthcare professionals' adhering to recommended clinical practice (low-certainty evidence).

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**Antibiotics for acute rhinosinusitis in adults**

*Cochrane Library*

The potential benefit of antibiotics to treat acute rhinosinusitis diagnosed either clinically (low risk of bias, high-quality evidence) or confirmed by imaging (low to unclear risk of bias, moderate-quality evidence) is marginal and needs to be seen in the context of the risk of adverse effects. Considering antibiotic resistance, and the very low incidence of serious complications, we conclude there is no place for antibiotics for people with uncomplicated acute rhinosinusitis. We could not draw conclusions about children, people with suppressed immune systems, and those with severe sinusitis, because these populations were not included in the available trials.

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- monitoring treatment for all types of heart failure
- interventional procedures
- cardiac rehabilitation and palliative care.

**Cardiac arrhythmias in coronary heart disease**

*SIGN*

Coronary heart disease is associated with many cardiac arrhythmias, with wide-ranging clinical consequences. Arrhythmias are common during acute coronary syndrome (ACS), with ventricular tachyarrhythmias being an important cause of cardiac arrest and sudden cardiac deaths (SCD) in this context. Patients with chronic CHD, particularly those with left ventricular dysfunction and heart failure are also at risk of ventricular arrhythmia and SCD in the longer term. An increasing number of
patients with CHD are also affected by atrial fibrillation (AF) which is associated with significant morbidity as well as an increased risk of stroke and death, particularly in patients with other comorbid conditions such as heart failure.

**New guidance helps GPs diagnose bowel conditions**

NHS BSA

A new national care pathway to help GPs simply and accurately distinguish between patients with Irritable Bowel Syndrome (IBS) and patients with Inflammatory Bowel Disease (IBD) has been developed.

The new pathway encourages primary care clinicians to use faecal calprotectin testing as a decision diagnostic, helping to reduce uncertainty for patients as well as the number of unnecessary hospital referrals for further invasive and unpleasant testing.

**New guidance to help you with reflection**

GMC

New guidance has been published to support you in being reflective practitioners.

It has been developed in partnership with the Academy of Medical Royal Colleges (AoMRC), the Conference of Postgraduate Medical Deans (COPMED), the General Medical Council (GMC) and the Medical Schools Council (MSC).

A range of stakeholders from all four countries of the UK have been involved in shaping the guidance, including doctors in training, medical students, appraisers, educators and trainers.

The AoMRC and COPMed have also published a reflective practice toolkit. It includes a number of templates and examples for use alongside this guidance.

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**Rehabilitation and Occupational Health**

**Standing frames for children with cerebral palsy: a mixed-methods feasibility study**

NIHR

Background

Standing frames are recommended as part of postural management for young people with cerebral palsy (CP) Gross Motor Function Classification System (GMFCS) level IV or V. They may have a variety of benefits, including improving bone mineral density, gastrointestinal function and social participation. The NHS needs to know if these benefits are real, given the cost implications of use and
the reported negative effects (e.g. pain). The lack of evidence for the clinical effectiveness of standing frames demonstrates the need for evaluative research.

Objective(s)
The aim of the study was to explore the acceptability of a future trial to determine the clinical effectiveness of standing frames.

Design
A sequential mixed-methods design was used. The findings of each stage informed the next stage. We conducted surveys, focus groups and in-depth interviews.

Participants
Professionals who work with young people who use standing frames and parents who have a child who uses a standing frame took part in a survey of current standing frame practice (n = 551), a series of focus groups (seven focus groups, 49 participants in total) and a survey of research trial acceptability and feasibility (n = 585). Twelve young people who use a standing frame were interviewed.

Results
Standing frames were widely used as part of postural management for young people with CP both in school and at home but more frequently in school, and particularly by young people in primary school. Achieving the prescribed use was not always possible owing to resources, environment and family factors. Participation and activity engagement were important to young people. The majority of participants believed that standing frames research is necessary. Some reported concern that stopping standing frame use for a trial would cause irreversible damage. The maximum amount of time most health professionals and parents would agree to suspend standing frame use would be 12 weeks.

Limitations
Owing to the nature of recruitment, we could not calculate response rates or determine non-response bias. Therefore, participants may not be representative of all standing frame users.

Conclusions
Although parents and professionals who engaged in the qualitative aspect of this research and stakeholders who took part in the design workshops appreciated the lack of clinical evidence, our surveys, qualitative information and PPI demonstrated that most people had strong beliefs regarding the clinical effectiveness of standing frames. However, with key stakeholder engagement and careful planning, a trial would be acceptable.

Future work
We recommend a carefully planned trial that includes a pilot phase. The trial should evaluate the following question: ‘does using a standing frame in school improve patient-reported outcomes of participation (primary outcome), quality of life, subjective well-being, body function and body structure (secondary outcomes) in young children (aged 4–11 years) with CP GMFCS III–V?’.
**Interventions for preventing falls in older people in care facilities and hospitals**

Cochrane Library

We found evidence of effectiveness for some fall-prevention interventions in care facilities and hospitals, although for many the quality of the evidence was considered low or very low. For all interventions, we are uncertain of their effects on fractures and on adverse events as the quality of the evidence for both outcomes was assessed as very low. For each setting, the summary is structured by the main categories of interventions evaluated in at least one setting in the review: exercise, medication (medication review; vitamin D supplementation); psychological interventions, environment/assistive technology, social environment, interventions to increase knowledge, other interventions, multiple interventions and multifactorial interventions. There was a lack of evidence on surgery, management of urinary incontinence, or fluid or nutrition therapy in both settings. See full text link for full breakdown of results by intervention or area.

**Vitamin D for the management of multiple sclerosis**

Cochrane Library

Review question

Does vitamin D supplementation reduce disease activity in people with multiple sclerosis (MS)?

What is the issue?

Several epidemiological, immunological, and genetic studies have reported an association between low vitamin D, measured as low blood 25-hydroxyvitamin D levels, and MS before and after the disease is triggered. Hence people with MS are screened for vitamin D deficiency, and vitamin D preparations are given along with immunomodulatory therapy. Whether vitamin D supplementation improves relevant clinical outcomes (recurrence of relapse, worsening of disability) or decreases the number of lesions observed by magnetic resonance imaging (MRI) is not clear.

What did we do?

We evaluated the benefits and harms of vitamin D in people with MS. We included randomised controlled trials (RCTs) and quasi-RCTs that compared the effects of vitamin D supplementation versus placebo, routine care, or low doses of vitamin D.

What did we find?

Our systematic search identified 12 studies enrolling 933 people with MS. Research shows that vitamin D has no effect on recurrence of relapse, worsening of disability measured by the Expanded Disability Status Scale (EDSS), or new MRI gadolinium-enhancing T1 lesions. Its effects on health-related quality of life and fatigue are unclear. Our confidence in these results is very low because vitamin D has been evaluated in only a few small trials that we judged as having high risk of bias. Vitamin D supplementation appears to be safe for people with MS included in our review, but available data are limited.

Conclusions

For people with MS, vitamin D supplementation appears to have no effect on relevant clinical outcomes or new MRI lesions. Vitamin D supplementation at the doses and treatment durations used in the included trials appears to be safe, although available data are limited. Seven trials are ongoing; they will likely provide further evidence for a future update of this review.
**Physiotherapy**

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**Holistic Care: mental health is everyone’s business**

CSP

This article features clinical and academic physiotherapist Brendon Stubbs, head of physiotherapy at one of the UK’s largest NHS mental health trusts, South London and the Maudsley. He describes the links between mental and physical health, and how more integrated working can benefit patients.

**Ultrasound measures of muscle thickness may be superior to strength testing in adults with knee osteoarthritis: a cross-sectional study**

BMC Musculoskeletal Disorders

**Background**

Evaluation of muscle strength as performed routinely with a dynamometer may be limited by important factors such as pain during muscle contraction. Few studies have compared formal strength testing with ultrasound to measure muscle bulk in adults with knee osteoarthritis (OA).

**Methods**

We investigated the muscle bulk of lower limb muscles in adults with knee OA using quantitative ultrasound. We analyzed the relationship between patient reported function and the muscle bulk of hip adductors, hip abductors, knee extensors and ankle plantarflexors. We further correlated muscle bulk measures with joint torques calculated with a hand held dynamometer. We hypothesized that ultrasound muscle bulk would have high levels of interrater reliability and correlate more strongly with pain and function than strength measured by a dynamometer. 23 subjects with unilateral symptomatic knee OA completed baseline questionnaires including the Western Ontario and McMaster Universities Arthritis Index (WOMAC) and Lower Extremity Activity Scale. Joint torque was measured with a dynamometer and muscle bulk was assessed with ultrasound.

**Results**

Higher ultrasound measured muscle bulk was correlated with less pain in all muscle groups. When comparing muscle bulk and torque measures, ultrasound-measured muscle bulk of the quadriceps
was more strongly correlated with measures of pain and function than quadriceps isometric strength measured with a dynamometer.

Conclusions
Ultrasound is a feasible method to assess muscle bulk of lower limb muscles in adults with knee OA, with high levels of interrater reliability, and correlates negatively with patient reported function. Compared with use of a hand held dynamometer to measure muscle function, ultrasound may be a superior modality.

Health Visiting and Nursing

Nursing Interventions to Improve Men’s Health
QNI
The Queen’s Nursing Institute (QNI) has launched a new report on how community nurses can improve the health of male patients. The report was launched at the QNI’s annual conference on 24 September.

The report is informed by the work of nine nursing teams who were awarded funding by The QNI for year-long projects in 2017. The projects were led by nurses in various specialisms in the community and primary care including sexual health, general practice, homeless health, Health Visiting and integrated services including mental health.

These projects covered a very wide range of physical and mental health issues, including improving men’s uptake of National Health Service (NHS) Health Checks and their wider use of general practice, engaging military veterans with Post-Traumatic Stress Disorder (PTSD) in a new treatment programme and enhancing the health and wellbeing of men taking antipsychotic medication, providing a foot care service to homeless men, increasing the uptake of sexual health screening by university students, supporting men who are transitioning to fatherhood and engaging obese men in the pre-retirement age range in a weight management programme.

The objectives, rationale, methodology and outcomes of each of the nine projects are described in the report. The report also lists a range of resources about men’s health and headline guidance about working with male patients.

New Standards for Community Children’s Nurses Launched
QNI
The Queen’s Nursing Institute (QNI) and Queen’s Nursing Institute Scotland (QNIS) have published new Standards for Community Children’s Nurse Education and Practice.

The new voluntary Standards were launched at the QNI Conference in London on 25th September.

The QNI and QNIS worked together with leading experts to develop the new voluntary standards, to support Community Children’s Nurse (CCN) education and practice in all four countries of the UK. The standards make explicit the practice expectations of Community Children’s Nurses on completing a Specialist Practice Qualification (SPQ).
The Community Children’s Nurse (CCN) role is highly complex and requires skills in negotiating, coaching, teaching and supporting the families and carers of babies, children and young people whilst collaborating with a range of other agencies and services. Working in partnership, they enable children and young people with health needs to remain safely in the community and transition to adult services in due course.

**Childhood obesity plan for action chapter 2: equality assessment**
DHSC
This paper examines the effects of the policy intentions set out by the government in *Childhood obesity: a plan for action, chapter 2* on people with protected characteristics. This is in accordance with our duties under the Equality Act 2010.

**International workforce in the UK after Brexit: nursing issues**
RCN
Given the continuing global nursing shortage and rising demand for health and care services the UK needs to be able to attract nursing staff with the right skills and attitudes to work and remain in the sector.

**Social Care**

**Strengths-based social care for children, young people and their families**
SCIE, Leeds City Council and Shared Lives Plus
A strengths-based approach (SBA) to social care focuses on identifying the strengths, or assets, as well as the needs and difficulties of children, young people and families. This briefing describes how SBAs work and assesses their effectiveness. The values and principles that inform this approach are not new, but there has been a rapidly growing interest over the last five years in such approaches. These approaches are also about co-production – people providing care working in equal partnership with those who need it to design and deliver services.

**Social care and support guide**
NHS Choices
This is a new guide for patients and carers, which aims to give information about what will happen if they or a relative needs social care.

**Mental Health**

**Eating disorders**
NICE Quality Standard
This quality standard covers assessment, treatment, monitoring and care for children, young people and adults with an eating disorder. It describes high-quality care in priority areas for improvement. It covers early assessment and treatment, psychological treatment options, treatment for binge eating and bulimia nervosa, as well as issues around continuity of care.
Severe mental illness (SMI): physical health inequalities
PHE
Comparing physical health conditions between people with SMI and the general population by age, sex and deprivation using primary care data.

Older Adults

Modifying the consistency of food and fluids for swallowing difficulties in dementia
Cochrane Library
Background
Individuals with dementia often present with swallowing difficulties (dysphagia). The consequences can include choking, dehydration, malnutrition, weight loss, pneumonia and death. Modification of food and liquid is a popular management strategy. It is believed that increasing the viscosity of liquids or altering the consistency of food allows individuals a better opportunity to swallow, with a reduced risk of choking or liquids entering the airway. However, there is growing evidence suggesting that this strategy can lead to dehydration, malnutrition, negative psychological/social consequences, and can affect quality of life for the person with dementia.

Review question
We wished to find out if changing the viscosity or consistency of food or fluids, or both, makes swallowing safer and has positive outcomes for people with dementia in terms of respiratory status, nutritional status and quality of life. We wanted to examine if modifying food or fluids, or both, also had any adverse effects for the person with dementia.

Study characteristics
We found two studies, which were both part of the same multicentre trial and included people with dementia and people with or without dementia and Parkinson’s disease. We included data on people with dementia only. The first of the two studies looked at the immediate effects of two viscosities of liquids compared to regular thin liquids on aspiration (entry of food or fluid into the lungs) in 351 people with dementia. This study also compared drinking regular thin liquids using a chin down head posture as well as drinking regular thin liquids without any changes to head position; the main outcome was fluid entering the lungs. Using a subgroup of 260 people with dementia from the first study, the second study compared the effect of the same liquid viscosities with a chin down head posture. The effectiveness of these interventions on the incidence of pneumonia and adverse effects of these interventions was examined over a three-month period.

Study results
Honey thick viscosity liquids, which clinically are similar to descriptions of ‘very thick liquids’, had a more positive immediate impact on preventing fluid entering the lungs when examined during videofluoroscopy (specialised swallow x-ray) examination. However, during the three-month follow-up period there were a greater number of incidents of pneumonia in the group of people with dementia receiving these honey thick liquids, than those receiving nectar thick liquids and those receiving regular thin liquids with a chin down posture. There were no deaths classified as ‘definitely related’ to the type of liquids that the person with dementia was receiving.
Conclusion
There were a number of methodological flaws in both studies in this review and these were acknowledged by the authors. While thickening fluids may have an immediate positive effect on swallow function, clinicians should consider the effects of this intervention on the person with dementia in the longer-term. People with dementia on thickened fluids require long-term follow-up. The overall risk of bias of included studies is high. The quality of evidence is low. Further well-designed research is needed.

Speech and Language Therapy

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Pharmacy

Interventions to improve the appropriate use of polypharmacy for older people
Cochrane Library

It is unclear whether interventions to improve appropriate polypharmacy, such as reviews of patients’ prescriptions, resulted in clinically significant improvement; however, they may be slightly beneficial in terms of reducing potential prescribing omissions (PPOs); but this effect estimate is based on only two studies, which had serious limitations in terms of risk bias.

Cancer Insight - Smoking Cessation
Cancer Research UK

This edition of Cancer Insight provides pharmacists and pharmacy staff with need-to-know information on the relative safety of e-cigarettes compared to tobacco and answers some common patient questions.