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
National institute of Health Research  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
BMC  https://bmcmusculoskeletdisord.biomedcentral.com/
BMC  https://archivesphysiotherapy.biomedcentral.com/
Meridian  https://meridian.wmahsn.org/subdomain/meridian/end/home

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Commissioning

**Tools for GPs can help reduce unnecessary antibiotic prescribing**

NIHR Signal
Interventions to reduce inappropriate antibiotic prescribing for upper respiratory tract infections are most effective when they provide a negotiation tool to support patient interaction. These interventions are more likely to be rejected if they are perceived as interfering with individual clinical judgment or damaging patient relationships.

Upper respiratory tract infections often resolve themselves within a few days, without the need for antibiotics, yet antibiotics are often prescribed. This systematic review of qualitative studies explored what primary care professionals who prescribe thought about interventions designed to reduce antibiotic prescribing for acute respiratory infections.

**The proportion of patients not transported to emergency departments after an ambulance is called varies across the country**

NIHR Signal
Nationally, around half of people making urgent calls for ambulance services are not then taken to hospital. This is called the non-conveyancing rate. But this rate varies two-fold from region to region. There are differences too in what happens to patients not going to hospital. Some places discharge more patients at the scene, offer telephone advice or send to other non-emergency health services like walk-in centres.

This NIHR mixed methods study used observation and analysis of routine ambulance quality data between 2013 and 2014 to find out reasons for this variation. Some factors are to do with the patients and their needs and were beyond the control of the ambulance services. But some differences could be explained by the different ways services recorded call outcomes and calculated indicators, especially for telephone advice.

**Closing five emergency departments not linked with increased hospital admissions, though ambulance call-outs increased**

NIHR signal
Closure of five small emergency departments in England was not associated with change in the number of hospital admissions, urgent care attendances or deaths among the local populations. However, ambulance call-outs increased by 14% relative to comparison areas, with a four-minute increase in the time to reach a hospital with an emergency department.

Emergency departments continue to be under high pressure, while staff shortages increase patient safety concerns. One option is to close smaller sites and divert care to larger specialist centres that can provide the full scope of emergency and trauma care. However, local service reconfigurations can be concerning for communities.
Patient-centred care for multimorbidity improves patient experience, but quality of life is unchanged
NIHR Signal
A patient-centred intervention in general practice for people with multiple chronic conditions, based on recommended best practice, had no effect on patient quality of life or burden of illness and treatment. Patients were, however, more likely to report being satisfied with their care.

An increasing number of people in the UK are living with multimorbidity, defined as two or more long-term health conditions. NICE recommends a comprehensive approach to care, tailored to the patient’s needs. This NIHR-funded trial conducted in 33 general practices in England and Scotland, is the largest to assess these care principles for multimorbidity.

Practices were assigned to perform patient reviews by a nurse, GP and pharmacist every six months, assessing health, depression and medications, or continue with usual care. Health and treatment outcomes were no different at 15 months.

However, patients valued having personalised care plans and the opportunity to discuss their concerns, and there may be long-term benefits. A cost analysis is awaited, which could inform whether these alone are sufficient benefits.

Keyhole surgery is more effective than physiotherapy for hip impingement
NIHR Signal
Keyhole surgery to reshape the joint surfaces in people with hip impingement improves hip-related quality of life more than physiotherapy.

In hip impingement, there is a painful restriction of the smooth movement of the ball of the femur inside the cup (acetabulum) of the pelvis. It mainly affects younger, active people. Observational studies have supported the use of keyhole surgery (arthroscopy), but there was a lack of high-quality evidence. This NIHR-funded study is the first trial to compare arthroscopy with optimal conservative care.

Both arthroscopy and physiotherapy led to improvements on a 100-point hip score by 12 months. However, arthroscopy caused an additional 6.8 points improvement, which is a clinically meaningful difference.

Further follow-up is needed to show that the effect is sustained. Nevertheless, this is the first good evidence for the effectiveness of arthroscopy, although it was more costly than physiotherapy.

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**Approaches to better value: improving quality and cost**

**Kings Fund**

- The NHS is increasingly focusing on how it can improve the value of its services, to deliver the highest quality health outcomes for patients at the lowest possible cost.
- This report shares learning and insight from three NHS hospital trusts that have developed organisation-wide strategies for value improvement. It draws on interviews, roundtables and site visits with senior leaders in the NHS who are committed to developing better value services.
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- While there are differences in how organisations are approaching value improvement, there are also several common conditions for success. These include fidelity to a clearly defined strategy that brings the various strands of value improvement work together; recognition that value improvement is a long-term commitment that will require considerable staff time and resources; and a new leadership approach that requires continuous engagement with frontline clinicians and managers.

**Amending the 2012 Act: can it be done? by Nicholas Timmins**

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The Prime Minister has once again opened the door to changes to the Health and Social Care Act 2012. The Act is widely seen as dysfunctional, getting in the way of the more integrated care that it in fact seeks to achieve.

The Act, however, is not easy to unpick, and the parliamentary arithmetic is such that the chances of fresh legislation look slim. This short piece identifies some of the main complaints about how the current law operates; outlines some of the implications should attempts be made to amend it; and asks how far progress could be made within the existing legislation.

**Sustainability and transformation partnerships in London: An independent review**

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This work follows a previous independent report published by The King’s Fund and Nuffield Trust in September 2017 (also commissioned by the Mayor of London), which analysed the content of London’s sustainability and transformation plans and the financial and activity assumptions underpinning them [Ham al et 2017b](#). It also builds on The King’s Fund’s wider work on STPs in England [Ham et al 2017; Alderwick et al 2016](#) and the development of integrated care systems (ICSs) in some areas of the country [Charles et al 2018; Ham 2018](#).

**National framework for NHS continuing healthcare and NHS-funded nursing care**

**Department of Health -update**

The 2018 version of the national framework document and the associated tools took effect on 1 October 2018. They supersede the 2012 versions, however the 2012 tool documents should still be used where appropriate.
**Child death review: statutory and operational guidance (England)**
Department of Health
Statutory and operational guidance for clinical commissioning groups and local authorities as child death review partners.

**Stronger protection from violence for NHS staff**
Department of Health and Social Care
Secretary of State for Health and Social Care Matt Hancock is announcing the first ever NHS violence reduction strategy.

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**Self-monitoring of blood glucose provides no important benefit for most people with type 2 diabetes**
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Patients with type 2 diabetes who monitor their blood glucose themselves may see small, short-term improvements in blood sugar control. This is not enough to be clinically important or outweigh the costs and personal inconvenience of long-term self-testing.

Self-monitoring is a well-established strategy for type 1 diabetes and for people with type 2 who need insulin. The benefit for all people with type 2 is debatable. This review pooled 24 randomised controlled trials comparing self-monitoring with any control strategy for people not taking insulin.

**A football programme for overweight men achieves sustained weight loss**
NIHR Signal
A 12-week weight management programme for men, centred on football, achieved 4.9kg weight loss at 12 months. Modest weight loss of 2.9kg was maintained at 3.5 years.
Rates of overweight and obesity are higher for men than women in the UK, and there is little evidence that interventions are effective in the longer term. This NIHR-funded study followed 488 of 747 men (65%), average age 47 years, originally allocated to a programme of behavioural advice and football training with a professional coach or to a waiting list control. In this follow-on study, the control group also received the intervention after 12 months.

Improvements in self-reported physical activity and diet were also maintained. The programme was estimated to be an effective use of NHS resources. It indicates that tailored programmes can work beyond the trial setting.

Evidence for what components of this programme were linked to its success could help design other interventions that don’t involve football.

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**Investigating the growing trend of non-drinking among young people; analysis of repeated cross-sectional surveys in England 2005–2015**

*BMC Public Health*

Non-drinking among young people has increased over the past decade in England, yet the underlying factor driving this change is unknown. Traditionally non-drinking has been found to be associated with lower socio-economic status and poorer health. This study explores among which sub-groups non-drinking has increased, and how this correlates with changes in drinking patterns, to identify whether behaviours are becoming more polarised, or reduction is widespread among young people.

**On the road to recovery from drug and alcohol addiction: How employment and relationships are key to success**

*BMC Series blog*

Substance use disorders result in significant economic and healthcare burdens. Therapeutic communities are treatments used to aid in successful recovery. A recent study published in *BMC Psychiatry* suggests that the road to recovery is more than merely abstinence.

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**General Practice**

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**Urinary tract infection (recurrent): antimicrobial prescribing**

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**GP partnership review: interim report**

*Department of Health*

The report identifies areas where the review will look for solutions to reinvigorate the partnership model and support the transformation of general practice.

It invites GPs and others with an interest to continue to get involved with the review by sharing their experiences and ideas.

**Mandating calorie labelling in the out-of-home** - Consultation

*Department of Health*

The government is seeking views on its plans to make places serving food and drink outside of the home display calorie information.

This consultation closes at **11:59pm on 7 December 2018**

**Stronger protection from violence for NHS staff**

*Department of Health and Social Care*

Secretary of State for Health and Social Care Matt Hancock is announcing the first ever NHS violence reduction strategy.

The new, zero-tolerance approach aims to protect the NHS workforce against deliberate violence and aggression from patients, their families and the public, and to ensure offenders are punished quickly and effectively.

**Improving the conversation between doctors and patients about antibiotic benefits and harms for coughs and colds**

*BMC series blog*

Antibiotic resistance is one of the biggest health threats our society faces and a major driving force behind this is over prescription. A recent *study published in BMC Family Practice* explores what conversations doctors and patients are having about antibiotics in consultations. Improving these could help reduce unnecessary antibiotic prescribing.

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Rehabilitation and Occupational Health

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Health Visiting and Nursing

Adding emollient bath additives to standard eczema management for children with eczema: the BATHE RCT
Health Technology Assessment (HTA) Database
Childhood eczema is very common. Treatment often includes emollient bath additives, despite there being little evidence of their effectiveness.

No benefit from monitoring antiepileptic drug levels in pregnancy
NIHR Signal
Regular monitoring of antiepileptic drug levels in pregnant women with epilepsy does not improve seizure control compared with clinical features-based monitoring. This NIHR-funded study was conducted across 50 UK hospitals and is the largest randomised trial in pregnant women with epilepsy.

Just over 260 pregnant women with unstable antiepileptic drug levels were assigned to ongoing monthly blood checks or clinical features monitoring. There were no differences in seizures or other pregnancy outcomes between the two strategies. But umbilical cord blood showed that babies whose mothers received blood checks were exposed to higher levels of antiepileptic drugs.

The study provides important information about the utility of monitoring blood levels of antiepileptic drugs, which previously was standard clinical practice. NICE guidelines advised against routine monitoring in 2012 and this trial gives support to this recommendation.

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Violence and aggression in the NHS: Estimating the size and the impact of the problem – an interim report
Royal College of Nursing
This interim report pulls together various data sources on physical and verbal abuse against NHS Staff. It identifies the main themes and patterns emerging from feedback from RCN members who describe their experiences of work related violence.

Brexit: RCN priorities overview
Royal College of Nursing
Shortly after the 2016 referendum on membership of the EU the RCN highlighted the five key priorities to ensure that Brexit worked for nursing and did not negatively impact on health services in the UK. This overview outlines the issues.

Back to topics
Social Care

Decision-making and mental capacity
NICE guidance
This guideline covers decision-making in people 16 years and over who may lack capacity now or in the future. It aims to help health and social care practitioners support people to make their own decisions where they have the capacity to do so. It also helps practitioners to keep people who lack capacity at the centre of the decision-making process.

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**Ordinary residence: anonymised determinations 2018**
**Department of health**
How the department resolves disputes in the health and social care sector when 2 or more local authorities cannot agree responsibility for meeting a person's eligible needs.

**The importance of effective medicines recording as part of a home care service**
**SCIE**
Within my work with home care providers, I have often been asked to identify those activities which present the greatest risk to people using services. Although this does depend on the service provided by individual providers, the safe recording of medicines is probably the one activity that many services fail to consistently get right.

**Supporting children and young people after abuse and neglect**
**SCIE**
A new quick guide for practitioners and managers who work with children, young people and families.

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**Mental Health**

**Virtual reality therapy reduces fear of heights**
**NIHR Signal**
Virtual reality therapy directed by a virtual therapist substantially reduced fear of heights compared to patients’ own usual care, which was mainly no treatment.

One hundred participants had moderate fear of heights or worse. After roughly six sessions of virtual reality treatment, participants’ fear of heights was lessened, and some said that it had improved how they coped with heights in their daily lives.

These results show that this intervention is effective and suggests potential for virtual reality therapy for other similar disorders or phobias. There is a national programme to improve access to
psychological therapy by adopting digital therapy programmes with proven effects. The virtual reality programme to treat fear of heights may fit criteria for further testing or widespread use.

**Patient-centred care for multimorbidity improves patient experience, but quality of life is unchanged**

NIHR Signal
A patient-centred intervention in general practice for people with multiple chronic conditions, based on recommended best practice, had no effect on patient quality of life or burden of illness and treatment. Patients were, however, more likely to report being satisfied with their care.

An increasing number of people in the UK are living with multimorbidity, defined as two or more long-term health conditions. NICE recommends a comprehensive approach to care, tailored to the patient’s needs. This NIHR-funded trial conducted in 33 general practices in England and Scotland, is the largest to assess these care principles for multimorbidity.

Practices were assigned to perform patient reviews by a nurse, GP and pharmacist every six months, assessing health, depression and medications, or continue with usual care. Health and treatment outcomes were no different at 15 months.

However, patients valued having personalised care plans and the opportunity to discuss their concerns, and there may be long-term benefits. A cost analysis is awaited, which could inform whether these alone are sufficient benefits.

**Decision-making and mental capacity**

NICE guidance
This guideline covers decision-making in people 16 years and over who may lack capacity now or in the future. It aims to help health and social care practitioners support people to make their own decisions where they have the capacity to do so. It also helps practitioners to keep people who lack capacity at the centre of the decision-making process.

**Stronger protection from violence for NHS staff**

Department of Health and Social Care
Secretary of State for Health and Social Care Matt Hancock is announcing the first ever NHS violence reduction strategy.

The new, zero-tolerance approach aims to protect the NHS workforce against deliberate violence and aggression from patients, their families and the public, and to ensure offenders are punished quickly and effectively.

**Relationships between neurological and psychiatric disorders: Could migraine and ADHD be correlated?**

BMC series Blog
A recent study published in BMC Neurology by Dr. Thomas Hansen and colleagues assessed more than 25,000 people for migraine and ADHD. This is the first time a strong association between ADHD symptoms and migraine has been discovered in an adult population.
On the road to recovery from drug and alcohol addiction: How employment and relationships are key to success

BMC Series blog
Substance use disorders result in significant economic and healthcare burdens. Therapeutic communities are treatments used to aid in successful recovery. A recent study published in BMC Psychiatry suggests that the road to recovery is more than merely abstinence.

Children and Young People

Adding emollient bath additives to standard eczema management for children with eczema: the BATHE RCT
Health Technology Assessment (HTA) Database
Childhood eczema is very common. Treatment often includes emollient bath additives, despite there being little evidence of their effectiveness.

Urinary tract infection in under 16s: diagnosis and management
NICE guidance
In October 2018, we updated or replaced recommendations on acute pyelonephritis and lower urinary tract infection to bring them in line with NICE’s antimicrobial prescribing guidelines on pyelonephritis (acute), urinary tract infection (lower) and urinary tract infection (recurrent).

Supporting children and young people after abuse and neglect
SCIE
A new quick guide for practitioners and managers who work with children, young people and families.

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Older Adults

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**Pharmacy**

**Tools for GPs can help reduce unnecessary antibiotic prescribing**

**NIHR Signal**

Interventions to reduce inappropriate antibiotic prescribing for upper respiratory tract infections are most effective when they provide a negotiation tool to support patient interaction. These interventions are more likely to be rejected if they are perceived as interfering with individual clinical judgment or damaging patient relationships.

Upper respiratory tract infections often resolve themselves within a few days, without the need for antibiotics, yet antibiotics are often prescribed. This systematic review of qualitative studies explored what primary care professionals who prescribe thought about interventions designed to reduce antibiotic prescribing for acute respiratory infections.

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**Urinary tract infection (lower): antimicrobial prescribing**

NICE guidance-update

This guideline sets out an antimicrobial prescribing strategy for lower urinary tract infection (also called cystitis) in children, young people and adults who do not have a catheter. It aims to optimise antibiotic use and reduce antibiotic resistance.

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**Prostatitis (acute): antimicrobial prescribing**

NICE guidance

This guideline sets out an antimicrobial prescribing strategy for acute prostatitis. It aims to optimise antibiotic use and reduce antibiotic resistance.

**Pyelonephritis (acute): antimicrobial prescribing**

NICE guidance

This guideline sets out an antimicrobial prescribing strategy for acute pyelonephritis (upper urinary tract infection) in children, young people and adults who do not have a catheter. It aims to optimise antibiotic use and reduce antibiotic resistance.

**Urinary tract infection (recurrent): antimicrobial prescribing**

NICE guidance

This guideline sets out an antimicrobial prescribing strategy for preventing recurrent urinary tract infections in children, young people and adults who do not have a catheter. It aims to optimise antibiotic use and reduce antibiotic resistance.

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