The Clinical Effectiveness Bulletin aims to highlight some key pieces of evidence, published in the previous month.

Where possible, links to the full text documents are included. If you are employed by SSOTP, NSCHT, UHN, Stoke on Trent Public Health or you are CCG or practice staff in North Staffordshire, get in touch to find out more about your NHS library service.
Current Sources:

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

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**Commissioning**

**NHS Health Check**

PHE

Find out how your local area is doing in delivering the #NHSHealthCheck prevention programme

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**Winter health watch: weekly summaries 2017 to 2018**

PHE

Weekly summaries of the winter health watch indicators for the 2017 to 2018 season.

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**Effects of health and social care spending constraints on mortality in England: a time trend analysis**

BMJ

**Abstract**

Objective Since 2010, England has experienced relative constraints in public expenditure on healthcare (PEH) and social care (PES). We sought to determine whether these constraints have affected mortality rates.

Methods We collected data on health and social care resources and finances for England from 2001 to 2014. Time trend analyses were conducted to compare the actual mortality rates in 2011–2014 with the counterfactual rates expected based on trends before spending constraints. Fixed-effects regression analyses were conducted using annual data on PES and PEH with mortality as the outcome, with further adjustments for macroeconomic factors and resources. Analyses were stratified by age group, place of death and lower-tier local authority (n=325). Mortality rates to 2020 were projected based on recent trends.

Results Spending constraints between 2010 and 2014 were associated with an estimated 45 368 (95% CI 34 530 to 56 206) higher than expected number of deaths compared with pre-2010 trends. Deaths in those aged ≥60 and in care homes accounted for the majority. PES was more strongly linked with care home and home mortality than PEH, with each £10 per capita decline in real PES associated with an increase of 5.10 (3.65–6.54) (p<0.001) care home deaths per 100 000. These associations persisted in lag analyses and after adjustment for macroeconomic factors. Furthermore, we found that changes in real PES per capita may be linked to mortality mostly via changes in nurse numbers. Projections to 2020 based on 2009-2014 trend was cumulatively linked to an estimated 152 141 (95% CI 134 597 and 169 685) additional deaths.

Conclusions Spending constraints, especially PES, are associated with a substantial mortality gap. We suggest that spending should be targeted on improving care delivered in care homes and at home; and maintaining or increasing nurse numbers.

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**Public Health and Lifestyle Services**
**Health economics: a guide for public health teams**

PHE

Resources to help local commissioners achieve value for money by estimating the return on investment (ROI) and cost-effectiveness of public health programmes.

**Directors of public health as ‘a protected species’: qualitative study of the changing role of public health professionals in England following the 2013 reforms**

*Journal of Public Health*

**Background**

The Health and Social Care Act 2012 gave councils in England responsibility for improving the health of their populations. Public health teams were transferred from the National Health Service (NHS), accompanied by a ring-fenced public health grant. This study examines the changing role of these teams within local government.

**Methods**

In-depth case study research was conducted within 10 heterogeneous councils. Initial interviews (n = 90) were carried out between October 2015 and March 2016, with follow-up interviews (n = 21) 12 months later. Interviewees included elected members, directors of public health (DsPH) and other local authority officers, plus representatives from NHS commissioners, the voluntary sector and Healthwatch.

**Results**

Councils welcomed the contribution of public health professionals, but this was balanced against competing demands for financial resources and democratic leverage. DsPH—seen by some as a ‘protected species’—were relying increasingly on negotiating and networking skills to fulfil their role. Both the development of the existing specialist public health workforce and recruitment to, and development of, the future workforce were uncertain. This poses both threats and opportunities.

**Conclusions**

Currently the need for staff to retain specialist skills and maintain UKPH registration is respected. However, action is needed to address how future public health professionals operating within local government will be recruited and developed.

**NHS Health Check**

PHE

Find out how your local area is doing in delivering the #NHSHealthCheck prevention programme.
100 Years of Public Health Marketing
PHE
An exhibition by Public Health England celebrating over a century of public health marketing campaigns. Messages that date back to the First World War show our changing attitudes to weight, diet, contraception and smoking.

European hepatitis testing week: paving the way towards elimination
PHE
European HIV/hepatitis testing week was 17 - 24 November, and PHE have created a range of awareness raising materials to support their campaign.

Interplay of Socioeconomic Status and Supermarket Distance Is Associated with Excess Obesity Risk: A UK Cross-Sectional Study
U.S. policy initiatives have sought to improve health through attracting neighborhood supermarket investment. Little evidence exists to suggest that these policies will be effective, in particular where there are socioeconomic barriers to healthy eating. We measured the independent associations and combined interplay of supermarket access and socioeconomic status with obesity. Using data on 9702 UK adults, we employed adjusted regression analyses to estimate measured BMI (kg/m2), overweight (25 ≥ BMI < 30) and obesity (≥30), across participants’ highest educational attainment (three groups) and tertiles of street network distance (km) from home location to nearest supermarket. Jointly-classified models estimated combined associations of education and supermarket distance, and relative excess risk due to interaction (RERI). Participants farthest away from their nearest supermarket had higher odds of obesity (OR 1.33, 95% CI: 1.11, 1.58), relative to those living closest. Lower education was also associated with higher odds of obesity. Those least-educated and living farthest away had 3.39 (2.46–4.65) times the odds of being obese, compared to those highest-educated and living closest, with an excess obesity risk (RERI = 0.09); results were similar for overweight. Our results suggest that public health can be improved through planning better access to supermarkets, in combination with interventions to address socioeconomic barriers.

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**General Practice**

**Rehabilitation and Occupational Health**

**Early oral feeding after stomach surgery is safe and reduces time spent in hospital**

**NIHR Signals**

After upper gastrointestinal surgery, returning a patient to oral feeding on the day of the surgery, or the day after, is as safe as waiting for a few days. It also reduces the time the patient spends in hospital by about two days, potentially saving money.

This systematic review and meta-analysis found no difference in adverse outcomes – such as leakage at the surgical site, need for re-insertion of a feeding tube, reoperations, readmissions or mortality – when adults were fed early compared with later after upper gastrointestinal surgery.

Future research is needed on patient satisfaction and to see if patients undergoing surgery at different sites, such as the stomach, oesophagus or liver, respond differently to the return of oral feeding. Nevertheless, the results suggest that early post-surgical oral feeding is generally safe. These results support NICE guidance.

**Occupational Therapy hits centre stage**

**UHNM**

As part of Occupational Therapy Week, the OT team have been highlighting the importance of therapies in the recovery of patients and also in maintaining the overall performance and patient flow at UHNM as a whole.

**Physiotherapy**

**Health Visiting and Nursing**

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**Social Care**

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**Learning Disability**

**Mental Health**

**Children and Young People**
Can You Help Change Contraceptive Conversations

SH:24
The team at SH:24 are conducting research into how people choose and use contraception methods, and what influences their decision to not use contraception and contraceptive services. SH:24 is a community interest company that delivers sexual health services via online platforms.

World AIDS Day
Friday the 1st December is World AIDS Day, visit the website for information on how to get involved, as well as free teaching materials and up to date facts and figures about HIV/AIDS transmission, diagnosis and prognosis.

Place hold