Health Services Transformation Bulletin

28ᵗʰ March 2022

General

Delivery plan for tackling the COVID-19 backlog of elective care [NHS England and NHS Improvement]
[A blueprint to address backlogs built up during the COVID pandemic and tackle long waits for care with a massive expansion in capacity for tests, checks and treatments.]
Available here

Design of care pathways

Establishing and evaluating a quality improvement collaborative to address hospital to home transitions for older people [Laver K. *BMJ Open Quality*]
[Hospital use increases with age. As part of a larger project, we established and evaluated a quality improvement collaborative to address hospital to home transitions for older people. Conclusions: Establishing a quality improvement collaborative was a positive activity in terms of building a network across organisations and progressing quality improvement projects which aimed to achieve the same overall goal.]
Available here

Primary and community care musculoskeletal (MSK) recovery and transformation guidance toolkit
[FutureNHS]
[This toolkit provides best practice clinical guidance and evidenced based resources which support musculoskeletal (MSK) recovery and transformation opportunities across the MSK pathway for patients with hip and knee osteoarthritis, spinal pain and sciatica and shoulder pain in primary and community care.]
Available here. Free registration required

Pre-op care to support NHS patients ahead of surgery [NHS England and NHS Improvement]
[The upcoming Elective Care Recovery Plan, the NHS will roll out specialist teams made up of nurses, care co-ordinators and doctors, who will screen patients and work with them to develop personalised plans ahead of their surgical procedure. The initiative will boost people's chances of recovering quickly from treatment as well as cutting the number of operations that are cancelled on the day.]
Available here

Digital Medicine

Addressing racial and ethnic inequities in data-driven health technologies [Imperial College London]
[Data-driven technologies like artificial intelligence (AI) are powerful tools demonstrating potential in the diagnosis and treatment of diseases such as skin cancer. Yet these could inadvertently worsen the health inequalities experienced by minority ethnic groups if current challenges such as biased algorithms, poor data collection and a lack of diversity in research and development are not urgently addressed.]
Available here

Future of machine learning in paediatrics [Clarke S. *Archives of Disease in Childhood*]
[Review examining the potential of machine learning (ML) which is a branch of artificial intelligence (AI). ML enables computers to learn without being explicitly programmed, through a combination of statistics and computer science. The potential application of ML techniques to streamline workload and aid clinical decision-making will allow doctors to focus on more patient-oriented tasks and allow more effective use of clinical time.]
Available here. An NHS OpenAthens account is required

Real-world evaluation of rapid and laboratory-free COVID-19 triage for emergency care: external validation and pilot deployment of artificial intelligence driven screening [Soltan AAS. *The Lancet Digital Health*]
[Our findings show the generalisability, performance, and real-world operational benefits of artificial intelligence-driven screening for COVID-19 over standard-of-care in emergency departments. CURIAL-Rapide provided rapid, laboratory-free screening when used with near-patient FBC analysis, and was able to reduce the number of patients who tested negative for COVID-19 but were triaged to COVID-19-suspected areas.]
Available here. An NHS OpenAthens account is required

Patient feedback on the benefits of artificial intelligence guided clinical coaching [Yorkshire and Humber Academic Health Science Network]
[This study was conducted by Graham Prestwich, Public and Patient Engagement Lead at Yorkshire & Humber Academic Health Science Network (AHSN). His report investigates patients and public perception of novel, predictive and preventive care model -AI-Guided Clinical Coaching-
that uses data and algorithm (AI/Machine Learning techniques) identification of patient at highest risk of unplanned care (often referred to as High Intensity Users, HIUs)]
Available here

Two NHS ICSs pilot new digital Elective Care Toolkit [Med-Tech News]
[Two NHS Integrated Care Systems – Our Dorset and the Lancashire and South Cumbria Health and Care Partnership – are piloting a new digital health Elective Care Toolkit designed to support overstretched NHS staff. The Elective Care Toolkit has been curated by ORCHA. It is being offered free of charge to all ORCHA customers and focusses on digital solutions which match the main NHS backlog priorities: ophthalmology, musculoskeletal conditions (MSK), cardiology and dermatology.]
Available here

AI Roadmap: Methodology and findings report [Health Education England]
[Health Education England (HEE) have commissioned Unity Insights to develop a roadmap of AI-driven technologies and interactive dashboard, exploring the use and impact of AI in the NHS. The report examines the effects on workforce groups, clinical pathways, point of care, and their respective transitioning requirements.]
Available here

Bridging the chasm between AI and clinical implementation [Aristidou A. *The Lancet*]
[Many advances in artificial intelligence (AI) for health care using deep neural networks have been commercialised. But few AI tools have been implemented in health systems. Why has this chasm occurred?]
Available here

Smartphone videos to predict the severity of obstructive sleep apnoea [Thomas R. *Archives of Disease in Childhood*]
[Research into whether smartphone videos can be used in the diagnosis of obstructive sleep apnoea (OSA) which is usually made on overnight polysomnography (PSG). Children aged 1–16 years undergoing PSG for suspected OSA were included and parents were asked to take 1–2min videos on smartphones of the breathing they were concerned about. Abnormalities in breathing seen on short video recordings made on a smartphone could be assessed: a low score on this tool ruled out moderate to severe OSA.]
Available here. NHS OpenAthens account required

Advancing health care AI through ethics, evidence and equity [American Medical Association]
[The AMA has created a framework for development and use of AI, building on AMA policy for augmented intelligence and the latest research and viewed through the lenses of ethics, evidence and equity]
Available here

Discharge planning

Inpatient pharmacists using a readmission risk model in supporting discharge medication reconciliation to reduce unplanned hospital readmissions: a quality improvement intervention
[Gallagher D. *BMJ Open Quality*]
[This quality improvement study showed that having clinical pharmacists intervene in the discharge medication reconciliation process in patients identified as high risk for readmission is associated with lower unplanned readmission rates at 7 days. The interventions by pharmacists were significant and well received by ordering providers. This study highlights the important role of a clinical pharmacist in the discharge medication reconciliation process.]
Available here

What's happening to hospital discharges? Nuffield Trust chart [Nuffield Trust]
[A delayed discharge is when a patient no longer requires hospital care but isn't able to leave. Earlier this winter, hospital trusts in England were asked to work with local partners to cut delayed discharges by half by the end of January. Natasha Curry and Liz Fisher show how the situation has actually got worse since, and discuss the possible reasons why.]
Available here

Health records and data

Implementing electronic health records in the NHS: key considerations [Chada BV. *British Journal of Healthcare Management*]
[Transitioning from predominantly paper-based records to electronic health records has been a major goal of the NHS for several years, and is necessary for a truly data-driven health system. This article discusses key implementation considerations, as well as benefits and challenges, associated with electronic health records.]
Request a copy

How better use of data can help address key challenges facing the NHS [The Health Foundation]
[In this long read, the authors first consider the contribution that routine health data can make to addressing some of the challenges faced. They then move on to examine the longstanding barriers to widespread use of data and data science, and what approaches might help to overcome these. Finally, they explore whether the data strategy will provide much-needed coherence to this area.]
Available here

Integrated Care

Clinical commissioning groups: transferring the legacy into learning [NHS Confederation]
[As the health and care bill, which is expected to become the Health and Care Act (2022), is set to abolish clinical commissioning groups (CCGs) and establish statutory integrated care systems (ICSs) that will take over CCG commissioning functions, NHS Clinical Commissioners has worked with our members to consider the legacy of CCGs and offer reflections for the benefit of ICSs.]
Available here

Governing the health and care system in England: creating the conditions for success [NHS Confederation]
[This report outlines the changes needed to create the conditions in which ICSs can improve outcomes for patients and the public, and outlines rules to guide those leading the reform programme.]
Available here

Integrated care system finance and governance guidance map [HMFA]
[The HMFA has produced an ICS finance and governance guidance map. The map brings together the key guidance and useful resources to help navigate the information that has been published to support the change to statutory ICSs.]
Available here

Health and social care integration: joining up care for people, places and populations [Department of Health and Social Care]
[This white paper sets out measures to make integrated health and social care a universal reality for everyone across England regardless of their condition and of where they live.]
Available here

Developing and leading ICSs [Good Governance Institute]
[This short briefing paper summarises the key discussion points that arose from a panel discussion hosted by GGI and Coventry University on 17 November 2021. The event focused on the leadership and workforce challenges associated with the development of integrated care systems, with three speakers framing the conversation for a live audience.]
Available here

Knowledge Management

CCG closedown: maintaining corporate memory [Healthcare Financial Management Association]
[The aim of this briefing is to ensure that legacy issues from demising CCGs, as well as organisational memory, are captured and managed during and after the transition to ICBs.]
Available here

How to Collaborate Successfully: Sharing Knowledge and Expertise to Drive Innovation [Mind Tools]
[When you collaborate, you work together with people from different teams who have different skills and perspectives, in order to accomplish goals that benefit the wider organization. So, in this article and video, we'll discuss how collaboration can benefit you and explore a five-step approach that can help you to use it successfully.]
Available here

Organisational Development

Promoting organizational vision integration among hospital employees [Slåtten, T. *BMC health services research*]
[Conclusion: To promote hospital employees' organization vision integration (OVI) effectively, hospital managers should focus particularly on their employees' organizational commitment (OC). Specifically, they should strengthen their employees' OC through building a strong employee-focused organizational culture and ensuring that leaders practice leadership autonomy support. This contributes to promoting hospital employees' OVI.]
Available here

Building health literacy system capacity: a framework for health literate systems [Sørensen, L. *Health Promotion International*]
[This article builds the case for enhancing health literacy system capacity and presents a framework with eight action areas to accommodate the structural transformation needed at micro, meso and macro levels, including a health literate workforce, health literate organization, health literacy data governance, people-centred services and environments based on user engagement, health literacy leadership, health literacy investments and financial resources, health literacy-informed technology and innovation, and partnerships and inter-sectoral collaboration. Investment in the health literacy system capacity ensures an imperative and systemic effort and transformation which can be multiplied and sustained over time and is resilient towards external trends and events, rather than relying on organizational and individual behavioural change alone.]
Available here

Patient-centred care

People's preferences for self-management support [Urrutia CPI. *Health Services Research*]
[Recent work found that self-management support can have a positive impact on people's clinical symptoms, attitudes, quality of life, and patterns of health care resource use. This research used mixed methods to study the preferences of a large UK sample of individuals with long-term conditions to identify several factors that could be used to inform a more nuanced self-management support service design and provision that take into account the recipient's characteristics and preferences.]
Available here

Self-management support for older adults with chronic illness: implications for nursing practice [Byrne G. *British Journal of Nursing*]
[Self-management is a key skill that older adults with multiple comorbidities require. Self-management interventions include medication management, self-monitoring and self-awareness and self-management often requires the older adult to manage the emotional consequences of having multiple comorbidities.]
Available here. NHS OpenAthens account required

Patient flow

Bed downtime: the novel use of a quality metric allows inpatient providers to improve patient flow from the emergency department [Bodnar B. *Emergency Medicine Journal*]
[Conclusion: Use of the bed downtime metric as a QI target was associated with marked improvements in process time during our project. The use of this metric may enhance the ability of inpatient providers to participate in QI efforts to improve patient flow from the ED. Further study is needed to determine if use of the metric may be effective at reducing boarding time without requiring alterations to LOS or discharge patterns.]
Available here. NHS OpenAthens account required

Relationship between emergency department and inpatient occupancy and the likelihood of an emergency admission: a retrospective hospital database study [Wyatt S. *Emergency Medicine Journal*]
[Conclusions: Admission thresholds are modestly associated with ED and inpatient occupancy when these reach extreme levels. Admission thresholds are higher when the number of emergency inpatients is particularly high. This may indicate that riskier discharge decisions are taken when beds are full. Admission thresholds are also high when pressures within the hospital are particularly low, suggesting the potential to safely reduce avoidable admissions.]
Available here. NHS OpenAthens account required

Predicting inhospital admission at the emergency department: a systematic review [Brink A. *Emergency Medicine Journal*]
[ED crowding has potential detrimental consequences for both patient care and staff. Advancing disposition can reduce crowding. This may be achieved by using prediction models for admission. Conclusion: None of the models are yet implemented in EDs. Further research is needed to assess the applicability and implementation of the best performing models in the ED.]
Available here. NHS OpenAthens account required

Rhythmicity of patient flow in an acute medical unit: relationship to hospital occupancy, 7-day working and the effect of COVID-19 [Dauncey SJ. *QJM: monthly journal of the Association of Physicians*]
[Conclusion: Timing of peak AMU occupancy did not alter with hospital stress. Efforts to increase morning AMU discharges are likely to have little effect on hospital performance. Seven-day consultant presence did not abolish weekly periodicity of discharges-other factors influence weekend discharges.]
Available here

Unprecedented times in the emergency department: are "board rounds" and leadership the missing links to improve patient flow? [Lahiri I. *Leadership in Health Services*]

[Conclusion: NHS EDs are facing unprecedented challenges and require innovative evidence-based solutions combined with leadership at this time. The evidence base for improving patient flow is limited, however, this study provides some initial findings on the positive perception and experience of staff to Board Rounds. Board Rounds combined with leadership has the potential to contribute to the wider strategy to prevent crowding in ED. This paper is the first of its kind to evaluate perceptions of Board Rounds in the ED and to engage clinicians and managers in a self-assessment of their own leadership styles to reflect on optimum leadership styles for use in ED.]

Request a copy

Remote and telehealth service provision

Application of mobile health to support the elderly during the COVID-19 outbreak: a systematic review
[Abbaspur-Behbahani S. *Health Policy Technology*]
[This review aimed to synthesize the capabilities of m-health in providing health services to the elderly during the COVID-19 pandemic, and to identify the factors contributing to the success of these tools.]
Available here

Understanding the opportunities and challenges of remote physiotherapy consultations and rehabilitation during the Covid-19 pandemic [Chartered Society of Physiotherapy]
[Findings from a national evaluation of remote physiotherapy services by the University of Manchester, commissioned by the CSP. The CSP is recommending a mix of in-person and remote consultations are best for future service delivery models.]
Available here

Digital and remote primary care: the inverse care law with a 21st century twist? [Nuffield Trust]
[The pandemic has brought significant changes to how people access primary care services, including the rise of online bookings and remote consultations. Are they changes in the right direction? In this long read, Charlotte Paddison discusses whether the shift towards digital primary care risks making access easier for people with less need and harder for those more likely to be in poorer health – and describes the actions that would help in getting access right.]
Available here

Digital primary care: Improving access for all? Rapid evidence review [Nuffield Trust]
[With so many changes to way patients access care at their GP surgery, including a shift to online booking, 'total triage', and remote consultations - are these changes to primary care a move in the right direction? This evidence review looks at international and UK evidence to draws together key insights for policy-makers and GP practices.]
Available here

Considering autistic patients in the era of telemedicine: the need for an adaptable, equitable, and compassionate approach [Shaw SCK. *BJGP Open*]
[Using a combination of the wider literature and our own experiences, both as clinicians and as patients, we explore the potential strengths and limitations of telemedicine in the context of autistic patients. We also propose some suggestions for increasing its accessibility.]
Available here

Telemedicine: Ensuring Safe, Equitable, Person-Centered Virtual Care [Institute for Healthcare Improvement]
[This white paper describes a framework to guide health care organizations in their efforts to provide safe, equitable, person-centered telemedicine. The framework includes six elements to consider: access, privacy, diagnostic accuracy, communication, psychological and emotional safety, and human factors and system design.]
Available here. Free registration required

Digital Dermatology: Experience From Scotland During Lockdown and Beyond [Muthiah S. *iproc*]
[The COVID-19 pandemic has resulted in a paradigm shift in the way we deliver outpatient care. DDA consultations are now operational in 4 health boards and have been successfully included in the choice of consultation type available for patients, helping to augment service capacity during pandemic recovery. The platform is the first of its kind in Scotland, to be integrated with the hospital booking system and electronic patient record and offering a valuable alternative to F2F, telephone, and video consultations.]
Available here

Social Prescribing

Social prescribing and musculoskeletal conditions: a guide for link workers and social prescribing services [Arthritis and Musculoskeletal Alliance]
[Social prescribing has the potential to support people with MSK conditions and to reduce the chances of future MSK problems. This guide is aimed at social prescribers without a specific MSK service or background in MSK conditions to help them use social prescribing to make a difference to people's lives and become a champion for the importance of good MSK health.]
Available here

Treatment adherence

Improving treatment adherence to reduce pressure on hospitals [Emmanuel A. *British Journal of Healthcare Management*]
[Editorial. Since early 2020, hospitals worldwide have experienced significantly increased pressures. Efforts to increase the level of care delivered at home, rather than in a hospital or inpatient setting, may be able to relieve some of this pressure. However, for this approach to work, it is critical that patients follow their home treatment programmes and prescriptions to the letter.]
Request a copy

Virtual wards and hospital at home

Virtual Wards [Institute of Health and Social Care Management]
[This report discusses virtual wards, an innovation due to be implemented at scale in the NHS as a method of addressing patient waiting lists. With the help of remote treatment options and supported by technology, patients are monitored and cared for in their own homes. The report lists the advantages and disadvantages of this approach.]
Available here

Remote monitoring in primary care [UCLPartners]
[To guide future development of UCLPartners' tools and training resources to support the Proactive Care Frameworks and use of remote monitoring, a short qualitative review was undertaken with several primary care staff. This report presents the findings of this project with some recommendations for training content, structure, and design to support the development of the required resources under NHSE/I's Proactive care @home programme.]
Available here

rpavirtual: Key lessons in healthcare organisational resilience in the time of COVID-19 [Shaw, M. *International Journal of Health Planning and Management*]
[Sydney Local Health District has responded to the COVID-19 crisis, in part, through the pivoting of *rpavirtual*, a newly established virtual health service, to deliver an innovative model of care in a clinically rigorous and safe manner. Through reviewing the rapid evolution of *rpavirtual*'s purpose, implementation challenges and impact, we investigate how it has displayed resilience and derive key lessons for health organisations.]
Available here

Workforce

5 ways to restore depleted health care workers [Harvard Business Review]
[This article offers five strategies that health systems can use to mitigate the physical and emotional depletion that their employees are suffering as a result of the pandemic.]
Available here

The long goodbye? Exploring rates of staff leaving the NHS and social care [Nuffield Trust]
[In this explainer, Billy Palmer and Lucina Rolewicz take stock of what is known and not known about the numbers of staff leaving NHS and social care roles, and the reasons given for moving on.]
Available here

A framework for interprofessional team collaboration in a hospital setting: Advancing team competencies and behaviours [McLaney, E. *Healthcare Management Forum*]
[Healthcare teams that practice collaboratively enhance the delivery of person-centred care and improve patient and systems outcomes. The Sunnybrook framework for interprofessional team collaboration was intentionally created as a set of collective team competencies. The framework was developed using a comprehensive literature search and consensus building by a multi-stakeholder working group and supported by a broad consultation process that included patient representation, organizational development and leadership, and human resources. The six core competencies are actionable and include associated team behaviours that can be easily referenced by teams and widely implemented across the hospital.]
Available here

About this bulletin

The Health Services Transformation Bulletin is prepared by Shrewsbury and Telford Health Libraries. Links to the full-text of items listed is provided where available, but if you need copies of any items where no full-text is available, please request them via the Article Request form. Some items may require an NHS OpenAthens account.

For more information, please contact

Jason Curtis
Site Librarian
Shrewsbury Health Library
Learning Centre
Royal Shrewsbury Hospital
jason.curtis1@nhs.net
01743 492511

Louise Stevens
Site Librarian
Telford Health Library
Education Centre
Princess Royal Hospital
l.stevens@nhs.net
01952 641222 Ext. 4694