

# Health Services Transformation Bulletin

24<sup>th</sup> May 2022



## Collaborative working

### **Smaller hospitals are urged to increase collaborative working to meet the needs of an ageing population** [NIHR Evidence]

[Collaborative working among staff is likely to be the best way to improve performance in smaller hospitals, a new study concluded. It explored the approaches smaller hospitals take to organising emergency care for people admitted to hospital. There were huge variations, but no single way of working ('model of care') was more effective than others.]

Available [here](#)

### **Reducing paediatric surgery waiting lists in Bath and North East Somerset, Swindon and Wiltshire** [NHS Confederation]

[Faced with long paediatric ENT and oral surgery waiting lists, Salisbury NHS Foundation Trust, Royal United Hospital Bath and Great Western Hospital NHS Foundation Trust worked together to reduce the waiting times children faced for surgery. They ran three all-day weekend surgical lists at one site, reducing all three trusts' waiting lists by pooling resources.]

Available [here](#)

### **Provider collaboratives: explaining their role in system working** [The King's Fund]

[This explainer looks at provider collaboratives in England, the opportunities they provide and the unresolved questions to consider when thinking about their role in the changing health and care landscape.]

Available [here](#)

## Demand and capacity

### **Approaches to projecting future healthcare demand** [Centre for Health Economics]

[To plan services and staff for the NHS, the government needs to know how much demand for services will rise and how much to spend on the NHS in future. These future estimates are known as projections: they indicate how much demand might rise or how much might be spent if certain assumptions hold true. This research paper aims to describe and critically assess alternative statistical methods for projecting future health care demand and expenditure.]

Available [here](#)

## Design of care pathways

### **Saving Limbs and Lives: How podiatry can help tackle the elective care backlog** [Royal College of Podiatry]

[Parliamentary Briefing. Given that routine diabetic foot screening halved in 2021 and that 4.9 million people in the UK have diabetes, tens of thousands of people inevitably will be suffering from delayed diagnoses for diabetic foot conditions with many suffering potentially deadly consequences. If the NHS is to reduce the care backlog and prevent avoidable loss of limbs and lives, then podiatry must be at the heart of its efforts to do so.]

Available [here](#)

### **Elective Recovery Plan** [NHS Providers]

[NHS England and NHS Improvement published their delivery plan for elective care recovery in February, which we summarise in this briefing for trust boards. The plan sets out key targets for how the NHS will recover services and bring down waiting lists over the next three years.]

Available [here](#)

### **The two-week wait skin cancer pathway: innovative approaches to support early diagnosis of skin cancer as part of the NHS COVID-19 recovery plan** [NHS England & NHS Improvement]

[This guidance details new models of service delivery for systems to consider as they seek to optimise suspected two-week wait skin cancer referrals both to tackle the backlog and meet new demand as services are restored.]

Available [here](#)

### **Budget impact analysis of a pilot polypharmacy clinic** [Bennett F. *British Journal of Healthcare Management*]

[This study estimated the budget impact of providing a specialist onward referral service for patients with potentially problematic polypharmacy. Two service models were proposed: an outpatient model, based on the pilot clinic, and an integrated model, a theoretical integrated service collaborating with colleagues in primary care. Annual overall cost savings from the outpatient model and integrated model were estimated at £67 158 and £34 176 respectively.]

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### **2022/23 priorities and operational planning guidance: elective recovery planning supporting guidance**

[NHS England and NHS Improvement]

[We have set out a clear plan for how we will recover elective services in delivery plan for tackling the COVID-19 backlog of elective care (the Delivery Plan). This guidance sets out our key ambitions for the next three years.]

Available [here](#)

## Digital Medicine

### **Digital Boards Two Years On** [NHS Providers]

[The NHS Providers' Digital Boards development programme is delivered in partnership with Public Digital and is designed to support boards in leading the digital transformation agenda. The programme is commissioned by Health Education England as part of their Digital Readiness Education programme and is supported by NHS England and NHS Improvement.]

Available [here](#)

## **How the Digital Pioneer Fellowship is helping to accelerate digital transformation in the NHS and social care** [NHS Employers]

[Case study. Read how the Digital Pioneer Fellowship equips NHS staff with the digital skills to improve the NHS and social care in London.]

Available [here](#)

## **Understanding and interpreting artificial intelligence, machine learning and deep learning in Emergency Medicine** [Ramlakhan S. *Emergency Medicine Journal*]

[This paper should provide the reader with conceptual insight on how AI models are developed and a framework to interpret AI applications as it relates to EM practice and research. There is scope for synergism between AI and EM clinicians to maximise efficiency within EDs by using these methods in workflow, triage processes, automating certain tasks and diagnostic applications. The true benefit of AI is likely in assisting clinicians rather than replacing them.]

Available [here](#). NHS OpenAthens account required

## **myCOPD for managing chronic obstructive pulmonary disease** [NICE]

[myCOPD is a digital tool for people with chronic obstructive pulmonary disease (COPD) and healthcare professionals. It is intended to support people to manage COPD. It can be used by people with any stage of COPD. myCOPD allows health service providers to offer a combination of remote care and face-to-face support. Using myCOPD could potentially minimise health service contacts and help with delivering care remotely.]

Available [here](#)

## **Health records and data**

### **Data and research transformation in the NHS: what must be addressed?** [NHS Confederation]

[NHS leaders share their views on how two upcoming strategies can modernise the health and care sector.]

Available [here](#)

## **Integrated Care**

### **Integration and innovation in action: provider collaboration** [NHS Confederation]

[An in-depth look at how collaborations between providers at neighbourhood, place and system level are making a positive impact on patient care.]

Available [here](#)

### **Collaboration between primary care and community services to support care for older people** [NHS Confederation]

[A collaborative approach between primary care and community services in North Yorkshire has placed dietitians from primary care to help care home staff to recognise malnutrition and make early interventions before a resident deteriorates. Through the partnership, the dietician role has offered significant improvements in care for older people at risk of malnutrition, as well as reducing prescribing costs by decreasing the reliance on nutritional supplements and improving co-ordination of care.]

Available [here](#)

### **Special Report: Integrated Care** [Digital Health]

[Integrated care systems (ICSs) are likely to acquire statutory footing at some point in 2022. Maja Dragovic looks at how big a role digital will play in establishing connected care with ICSs.]

Available [here](#)

## Patient flow

**Improving flow: addressing the complexities of Emergency Department overcrowding** [Institute for Healthcare Improvement]

[To reduce crowding in the emergency department, teams need to consider hospital- and community-wide improvements to patient flow.]

Available [here](#)

## Remote and telehealth service provision

**Implementation of an emergency department virtual follow-up care process in a community-based hospital: a quality improvement initiative** [El-Zammar D. *BMJ Open Quality*]

[Conclusions: The emergency department virtual care (EVC) project has been permanently integrated into the Chilliwack General Hospital ER workflow and continues to be well received by patients and physicians through the ongoing phases of the global pandemic. Next steps being considered are the creation of an attachment mechanism for unattached patients to a primary care provider in the community.]

Available [here](#)

## Self-care

**The public's experience of monitoring their blood pressure at home** [Healthwatch]

[People with high blood pressure are increasingly being asked to monitor their condition at home. The NHS programme 'Blood Pressure @Home' (BP@Home) enables people with high blood pressure to measure and share their blood pressure readings with their GP from home. This report evaluates that programme to see how it is working for patients and how GPs use their readings, and suggests steps the NHS can take to improve support and outcomes for people who monitor their blood pressure from home.]

Available [here](#)

**Effectiveness of smartphone apps for the self-management of low back pain in adults: a systematic review** [Didyk C. *Disability and Rehabilitation*]

[PURPOSE: To explore the effectiveness of smartphone apps for the self-management of low back pain in adults. CONCLUSIONS: Inconclusive evidence exists for the use of smartphone applications for the self-management of low back pain. Further research is needed.]

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## Social Prescribing

**New information sharing standard to support social prescribing** [Professional Record Standards Body]

[The Professional Record Standards Body has published a new information sharing standard for social prescribing.]

Available [here](#)

## Virtual wards and hospital at home

**Enablers for success: virtual wards including hospital at home** [NHS England and NHS Improvement]  
[NHS England and NHS Improvement are asking all integrated care systems (ICSs) to extend or introduce the virtual ward model. This guidance supports ICSs with their strategic and financial decisions on virtual ward planning and implementation. Designed for ICS leadership teams, but it will also be helpful for provider organisations as they plan together to implement this model.]

Available [here](#)

**Case study: providing rapid care to people in their own home rather than going to hospital, through a frailty virtual ward in Leeds** [NHS England]

[How have you found working on the virtual ward? Staff said it's been a positive experience. Their team meetings have enabled them to consider people's care and are well attended by relevant professionals. They value multi-disciplinary working and the wards' culture of learning and collaboration. The virtual ward has supported patient flow and improved collaboration between acute, community and third sector services.]

Available [here](#)

**Case study: virtual wards empower the people we care for in east Kent** [NHS England]

[A relative of the patient said: "We were over the moon when we realised we could have treatment at home rather than going to hospital. The service the team provided was second to none and he was so much better when he was discharged". We've found that benefits to the patient include: the option of hospital-level care provided in their own home, which patients like they can be closer to family support networks, which can help their recovery. Feedback has been hugely positive.]

Available [here](#)

**Virtual wards and Covid-19: An explainer** [Nuffield Trust]

['Virtual wards' have existed for a number of years, but Covid-19 has led to further research and pilot schemes exploring their use. How have they been used during the pandemic and what does the future hold? This explainer by Holly Walton and Naomi Fulop provides some answers.]

Available [here](#)

**Special Report: Virtual Care** [Digital Health]

[In this Digital Health Special Report, Andrea Downey, explores what impact Covid-19 has had on the development of virtual care.]

Available [here](#)

## Workforce

**Workforce planning survey 2022** [NHS Providers]

[This briefing summarises the findings from our March 2022 workforce planning survey. This survey was sent out to a range of executive directors including chairs, chief executives, medical directors, nursing directors, directors of operations, HR directors and directors of strategy.]

Available [here](#)

**An update on flexible and hybrid working practices** [Chartered Institute of Personnel and Development]

[This report and the accompanying case studies consider the implications, challenges and benefits of hybrid and flexible working for organisations and their employees.]

Available [here](#)

## Trialling a volunteer workforce to provide psychosocial care to hospital inpatients: a plan-do-study-act project [McKeown D. *British Journal of Healthcare Management*]

[A plan-do-study-act approach was used to introduce a team of volunteers to an NHS hospital and assess the impact. The results showed that introducing a voluntary workforce led to savings of £705 000 in 1 year from reduced reliance on bank staff. The number of patients requiring level three observation and the frequency of falls also declined.]

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