

# Health Services Transformation Bulletin

7<sup>th</sup> October 2022



## Collaborative working

### **Realising the Benefits of Provider Collaboratives** [NHS Providers]

[Greater collaboration between organisations is enshrined in the Health and Care Act 2022, which placed ICSs on a statutory footing in July 2022. For this report, we have drawn on insights collected through our regular engagement with trust leaders, our member support offer on provider collaboration (which includes a regular webinar series sharing collaboratives' progress and peer learning forums), and ongoing influencing work to shape the development and implementation of national policy.]

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## Digital healthcare

### **Digital competency: a survey of UK allied health professionals** [Tack C. *British Journal of Healthcare Management*]

[Allied health professions have a moderate–high degree of confidence and motivation towards engaging with digital technologies in practice. However, self-perceived competence in some aspects of the domains of the digital competency framework is lacking. Workforce development programmes should consider learning needs related to electronic health records, decision support and use of machine learning or artificial intelligence.]

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### **Digital health care across the UK: where are we now?** [Nuffield Trust]

[As there are significant initiatives underway across the UK, sharing learning across the four countries about what works well will be invaluable. Given what history has shown us, achieving digital transformation in any UK country is unlikely to be plain sailing. Learning the lessons from the past, and working with patients, the public and health care professionals to get the most out of technology will be essential if the four countries are to reap the benefits of digital health care.]

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## Health literacy

### **Improving patient understanding on discharge from the short stay unit: an integrated human factors and quality improvement approach** [Cook JLE. *BMJ Open Quality*]

[We used a systems approach to improve patient understanding on discharge from the adult acute medicine short stay unit (SSU). Patient understanding was assessed across five domains: diagnosis, medication changes, follow-up care, return instructions and knowing who their consultant was. The aim

of this approach was that at least 90% of patients achieved near-complete understanding (score >4) on questionnaire across all five discharge domains.]

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## Improvement

### **Getting going on time: reducing neurophysiology set-up times in order to contribute to improving surgery start and finish times** [Pridgeon M. *BMJ Open Quality*]

[We conducted five Plan-Do-Study-Act cycles over 3 months, reducing the duration of pre-surgery preparation from a mean of 70 min to around 50 min. We saw improvements in surgical start times and session finish times (both earlier by roughly comparable amounts). The ultimate impact is that we saw on-time session finishes improve from around 50% to 100%. Following this project, we have managed to sustain the changes and the improved performance.]

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### **Operating room relay strategy for turnover time improvement: a quality improvement project** [Riveros Perez E. *BMJ Open Quality*]

[Enhancing communication in the operating room (OR) which is the common root problem for delays, might improve efficiency. This study aims to evaluate an OR relay strategy on turnover time (TOT). Methods: In the intervention group, a registered nurse anaesthetist remained outside of the OR, coordinating steps to get the next patient ready, and communicating with the anaesthesia team via Microsoft Teams. The TOT for the control group was recorded from the electronic anaesthesia record system.]

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### **Building an organisational culture of continuous improvement: learning from the evaluation of the NHS partnership with Virginia Mason Institute** [The Health Foundation,]

[The evaluation of the NHS partnership with Virginia Mason Institute, which examined how five NHS trusts in England attempted to build a culture of continuous improvement, provides important lessons about how to plan and implement an organisation-wide approach to improvement. This long read outlines some of the key learning from the evaluation and offers recommendations for national policymakers and local systems leaders.]

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## Integrated care

### **Vertical integration of GP practices with acute hospitals in England and Wales: rapid evaluation** [Sidhu M. *Health Services and Delivery Research*]

[Conclusions: The main impact of vertical integration was to sustain primary medical care delivery to local populations in the face of difficulties with recruiting and retaining staff, and in the context of rising demand for care. This was reported to enable continued patient access to local primary care and associated improvements in the management of patient demand.]

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### **What is a population health approach?** [The King's Fund]

[Everybody in NHS policy seems to be talking about population health. But what does it really mean and how can we improve it? Delivering an effective population health approach will take concerted, systemic and coherent efforts over the course of many years. New structures within the health and care system provide a strong foundation to deliver this, though change will be driven by local and regional teams.]

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**Guidance on the preparation of integrated care strategies** [Department of Health and Social Care]  
[This guidance is aimed at Integrated Care Partnerships. This document contains an introduction, 2 sections of strategy guidance on the preparation of the integrated care strategy including involvement and content and a section of non-statutory guidance relating to the publication and review of the integrated care strategy.]

Available [here](#)

## Patient-centred care

**Patient-initiated follow-up: will it free up capacity in outpatient care?** [Nuffield Trust]

[This NIHR rapid service evaluation team (RSET) briefing explains what we know from the available evidence and earlier evaluations of patient-initiated follow-up (PIFU) about how personalising follow-up impacts service use and patient experience and outcomes. We also discuss key implementation considerations for the NHS as it seeks to mainstream this approach.]

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**PEOPLE FIRST: a response from health and care leaders to the urgent and emergency care system crisis** [CQC]

[PEOPLE FIRST is a practical resource designed to help system leaders and service providers; embed the principles of person-centred, urgent and emergency care within (and between) integrated care systems, and encourage innovation and share examples of good practice.]

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**Patient-initiated follow-up: does it work, why it matters, and can it help the NHS recover?** [Nuffield Trust]

[The NHS's elective recovery strategy includes a target of moving 5% of outpatient attendances to patient-initiated follow-up (PIFU) pathways by March next year. But what exactly is PIFU? As the NHS prepares to scale it up nationally, Sarah Reed and Nadia Crellin explain more about what it is, the problems it could solve, and what is known so far about how well it works.]

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## Virtual wards and hospital at home

**Optimum models of hospice at home services for end-of-life care in England: a realist-informed mixed-methods evaluation** [Butler C et al. *Health and Social Care Delivery Research*]

[Hospice at home services delivered high-quality care and a 'good death', with the majority of patients dying in their stated preferred place. Hospice at home providers can improve their impact by focusing on the features that deliver best patient outcomes. Commissioners can facilitate patient preference and reduce the number of hospital deaths by working with hospice at home services to secure their sustainability and increase the numbers and range of patients admitted.]

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## Workforce

**Code of practice for the international recruitment of health and social care personnel** [Department of Health and Social Care]

[Sets out the principles and best practice benchmarks health and social care employers and recruitment agencies must follow to ensure effective, ethical international recruitment (updated)]

Available [here](#)

### **NHS staffing crisis: what can employers learn?** [People Management]

[Following a damning report into critical worker shortages in the health service, this article explores what workforce planning lessons HR can take from the problem.]

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### **Retaining Nurses in the Profession: What matters?** [Royal College of Nursing]

[Many organisations have difficulty retaining their nursing staff, but some have had success in reducing the problem. Through a set of case studies, this report examines what successful approaches have in common and argues for a national nurse retention strategy for NHS Wales.]

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### **Seven suggestions for sustaining engagement in tough times** [NHS Employers]

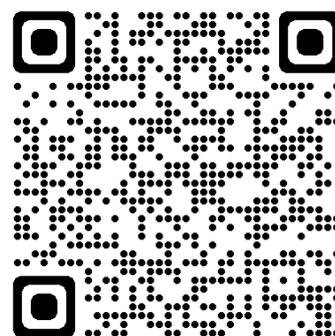
[Since the publication of the NHS Staff Survey for 2021, NHS Employers has been in discussion with organisations that maintained or increased their staff engagement scores. These organisations have shared some lessons from their experience, which have been incorporated into these seven suggestions. Two of these organisations, Solent NHS Trust, and the Royal Orthopaedic Hospital NHS Foundation Trust, have provided us with further information about their journeys in audio clips.]

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