

# Health Services Transformation Bulletin

18<sup>th</sup> November 2022



## Demand and capacity

### **Why do diagnostics matter? Maximising the potential of diagnostics services** [The King's Fund]

[This briefing explores the role that diagnostics play in underpinning much of the activity that takes place in the health and care system, the policy focus to date and where attention is needed to ensure diagnostic capacity and capability are fit for the future.]

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## Artificial intelligence

### **Developing healthcare workers' confidence in AI** [Health Education England]

[This report is a collaboration between the NHS AI Lab and Health Education England, and is the second of two reports in relation to this research. The first report argued that confidence in AI used in health care can be increased by establishing its trustworthiness through the governance and robust implementation of these technologies. This second report determines educational and training requirements, and presents pathways for education and training offerings.]

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### **AI in the NHS: a framework for adoption** [Chada BV. *Future Healthcare Journal* 2022;9(3):1–4]

[Working with colleagues across the NHS Transformation Directorate, as well as the wider AI community, the authors have been developing a framework to evaluate AI-enabled solutions in the health and care policy context. The framework encompasses eight key considerations that policymakers are encouraged to discuss.]

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## Collaborative working

### **Guidance on good governance and collaboration** [NHS England]

[New guidance on good governance and collaboration that sets out expectations on how trusts should collaborate and links effective collaboration to a governance licence condition under the provider licence.]

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## Design of care pathways

### **Are community diagnostic centres (CDCs) really moving care closer to home?** [The King's Fund]

[The vision is for CDCs to be 'one-stop shops for checks, scans and tests', designed to achieve early diagnoses for patients and timely treatment and intervention. But are they delivering on this vision, removing barriers to access and moving care closer to home?]

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### **The elective care backlog and ethnicity** [Nuffield Trust]

[It is well known that the halt in planned hospital care during the pandemic accelerated growing waiting lists, and that waits for routine care now stand at record-breaking levels. But how did the fallout from the pandemic affect people across different ethnic groups, and was the impact of those cancelled procedures spread evenly? This new Nuffield Trust analysis, supported by the NHS Race and Health Observatory, seeks to answer these questions.]

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## Digital healthcare

### **Challenges and recommendations for wearable devices in digital health: Data quality, interoperability, health equity, fairness** [Canali S. *PLOS Digital Health*]

[This article provides an epistemic (knowledge-related) overview of the main functions of wearable technology for health: monitoring, screening, detection, and prediction. The authors identify 4 areas of concern in the application of wearables for these functions: data quality, balanced estimations, health equity, and fairness. They present recommendations for the 4 areas: local standards of quality, interoperability, access, and representativity.]

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### **Development, implementation and evaluation of high-quality virtual preoperative anaesthetic assessment during COVID-19 and beyond: a quality improvement report** [Popivanov P. *BMJ Open Quality*]

[Based on the successful implementation of telemedicine (TM) in other medical specialties and its feasibility in the preoperative context, this study aimed to develop, implement and evaluate a high-quality virtual preoperative anaesthetic assessment process. CONCLUSION: This is one of the first implementational studies to comprehensively outline the feasibility of TM in preoperative anaesthetic assessment during

COVID-19.]

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## Improvement

### **Exploring variation in quality of care and clinical outcomes between neonatal units: a novel use for the UK National Neonatal Audit Programme (NNAP)** [Ismail AT. *BMJ Open Quality*]

[Neonatology is a relatively new specialty, in which much of the practice remains non-evidence based. Variation in care delivered is recognised but measuring quality is challenging. A possible indicator is variation in practice. The National Neonatal Audit Project describes practice variation between neonatal units in relation to annually reviewed audit measures. It is based on evidence-based national standards or developed by consensus and have become de facto measures of good quality care.]

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### **Developing learning health systems in the UK: priorities for action** [The Health Foundation]

[Learning health systems are able to learn from the routine care they deliver and improve it as a result. In this report, we explore in detail what makes a learning health system, and look at how they can be developed. We explore four important areas especially relevant to LHSs: learning from data, harnessing technology, nurturing learning communities and implementing improvements to services.]

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### **The role of total quality management in improving patient experiences and outcomes** [Haroun A. *British Journal of Healthcare Management*]

[This study explores the impact of total quality management on patient experiences and outcomes, considering the different dimensions of total quality management: customer focus, total employee involvement, integrated systems, continual improvement, fact-based decision making and communication. Overall, total quality management was found to have a positive impact, although further evaluation is needed on how total quality management may improve patient outcomes and experiences.]

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### **Development of a respiratory quality improvement faculty in an acute hospital using QI methodology**

[Boast LA. *BMJ Open Quality*]

[A team was created to foster continuous improvement and provide an infrastructure to progress QI projects (QIPs) using the LifeQI platform. We aimed to increase the number of QIPs in the respiratory department from 1 to 10 projects within a specified timeframe. A QI framework was used to identify primary improvement drivers using Plan-Do-Study-Act cycles. Improvements were seen as the faculty's membership expanded, and the aim of increasing the number of QIPs was achieved.]

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### **Improving efficiency in the NHS** [The Health Foundation]

[The NHS is already an efficient health care system, in terms of what is achieved with the funding available. However, with constant pressure to do more with less, finding ways to improve efficiency is always high on the agenda.]

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## **Integrated care**

### **Introducing integrated care systems: joining up local services to improve health outcomes** [National Audit Office]

[This report examines the setup of integrated care systems by the Department of Health and Social Care, NHS England, and partners and the risks they must manage. The report is not an assessment of whether the programme has secured good value for money to date because ICSs have only recently taken statutory form. Instead, it is an assessment of where they are starting from and the challenges and opportunities ahead. It makes recommendations intended to help manage risks and realise opportunities.]

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### **Interoperability is more than technology: the role of culture and leadership in joined-up care** [The King's Fund]

[Digital technologies can enable better collaboration between health and care partners, but what's needed to progress interoperability in an integrated care system? This King's Fund report looks at the role of relationships and technology, and considers the wider enablers needed to truly join up services.]

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### **Place-based partnerships explained** [The King's Fund]

[Place-based partnerships are collaborative arrangements between organisations responsible for arranging and delivering health and care services and others with a role in improving health and wellbeing. They are a key building block of the integrated care systems (ICSs) recently established across England and play an important role in co-ordinating local services and driving improvements in population health.]

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### **Integrated workforce thinking across systems: practical solutions to support integrated care systems (ICSs)** [NHS Employers]

[This guide has been written to support employers in integrated workforce thinking, in line with delivering the ICS strategy.]

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## **Patient flow**

### **Why have ambulance waiting times been getting worse?** [The Health Foundation]

[This data analysis looks at ambulance service performance and explores the contributing factors and priorities for improvement.]

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### **Hospitals at capacity: understanding delays in patient discharge** [Quality Watch]

[This QualityWatch analysis looks at the rising number of patients who face delays when ready to leave hospital, and explores the reasons why. They estimate that in April this year, one in six patients were in hospital due to delayed discharge, which is when a patient no longer requires hospital care but isn't able to leave.]

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### **Should emergency departments move patients to other wards even when there's no bed space available?** [Nuffield Trust]

[With emergency departments beyond capacity throughout the country, some hospitals have been trialling an approach of moving a set number of patients into inpatient wards each hour, regardless of bed availability. Is this a viable solution to the problems faced throughout the system? Dr Louella Vaughan assesses the evidence and argues for further caution before rolling out such a model.]

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## **Virtual wards and hospital at home**

### **What is known about the development, use and effectiveness of virtual wards during the COVID-19 pandemic?** [Beneficial Changes Network]

[This summary collates selected items published from 2020-2022. Remote home monitoring may be able to be used in lieu of traditional face-to-face models. However, the views of staff and patients in non-pandemic contexts need to be considered as these findings may have reflected the need for minimised face-to-face contact during Covid-19.]

Available [here](#) [FutureNHS registration required]

## Workforce

### **Preparing students to deal with the consequences of the workforce shortage among health professionals: a qualitative approach** [Golz C. *BMC Medical Education*]

[Healthcare is facing a shortage of qualified healthcare professionals. The pandemic has brought to light the fragile balance that affects all healthcare systems. Governments have realized that these systems and the professionals working in them need support at different levels to strengthen the retention of the workforce. Health professionals' education can play an important role in ensuring that new generations of workers have sound competencies to face the challenges of professional practice.]

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### **The four-day week: Employer perspectives** [Chartered Institute of Personnel and Development]

[The movement towards a shorter working week has gathered momentum due to a number of companies taking part in four-day week trials in the UK and abroad. This report addresses the knowledge gap in employer perspectives with a view to inform organisations and policy-makers of the challenges and opportunities that come with adopting a shorter working week. The report also draws on data from the Labour Force Survey to understand the current pattern of working hours of people in the UK.]

Available [here](#)

### **Combatting racial discrimination against minority ethnic nurses, midwives and nursing associates**

[Nuffield Trust]

[This document provides practical examples of how nursing and midwifery professionals can recognise and challenge racial discrimination, harassment, and abuse. It also highlights other useful resources and training materials that will support professionals to care with confidence.]

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### **Sexual orientation and gender identity in the medical profession** [BMA]

[The first part of the report looks at individual experiences of phobia and discrimination and their impact on professional and personal wellbeing. It also looks at the extent to which people are reporting phobia and discrimination they experience or witness, and the consequences they face for doing so. The second part of the report looks at broader systemic factors that contribute to supportive and inclusive environments and how inclusive of diverse sexual orientations and gender identities people perceive their work and study environments to be. The third part of the report sets out areas where respondents feel that further action is needed to ensure an inclusive medical profession free from discrimination on the basis of sexual orientation or gender identity.]

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### **The NHS workforce in numbers: facts on staffing and staff shortages in England** [Nuffield Trust]

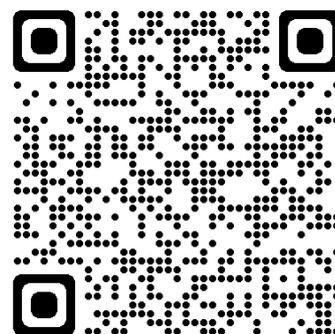
[Despite the huge scale of its labour force, it is increasingly apparent that the NHS doesn't have enough staff to meet demand. In this updated explainer the Nuffield Trust lay out the facts – in so far as the existing data allows – on size and structure of the current NHS workforce. It highlights the extent of current shortages and their effect, and outlines some of the workforce pressures that lie ahead.]

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