

# Health Services Transformation Bulletin

19<sup>th</sup> December 2022



## Artificial intelligence

### **Exploration of exposure to artificial intelligence in undergraduate medical education: a Canadian cross-sectional mixed-methods study** [Pucchio A. *BMC Medical Education*]

[Emerging artificial intelligence (AI) technologies have diverse applications in medicine. As AI tools advance towards clinical implementation, skills in how to use and interpret AI in a healthcare setting could become integral for physicians. This study examines undergraduate medical students' perceptions of AI, educational opportunities about of AI in medicine, and the desired medium for AI curriculum delivery.]

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### **Algorithmic impact assessment in healthcare** [Ada Lovelace Institute]

[While data-driven technologies have the potential to bring enormous benefits to healthcare, they also come with serious risk of harm to the people, the environment and society, including perpetuating algorithmic bias, impeding transparency and public scrutiny and creating risks to individual privacy. There is therefore a pressing need to understand and mitigate the potential impacts of AI and data-driven systems in healthcare before they are developed and deployed.]

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### **Artificial intelligence in healthcare: applications, risks, and ethical and societal impacts** [European Parliamentary Research Service]

[The goal of this report is to explain the areas in which AI can contribute to the medical and healthcare field, pinpoint the most significant risks relating to its application in this high-stakes and quickly-changing field, and present policy options to counteract these risks, in order to optimise the use of biomedical AI.]

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## Collaborative working

### **Digitally enabled collaborative work needs organisational capacity to succeed** [The King's Fund]

[Working collaboratively with technology means making time and space to connect with colleagues. In this blog, Toby Lindsay and Pritesh Mistry make the case for slowing down to think and talk through change.]

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## Demand and capacity

### **Birmingham and District use virtual waiting room to maintain patient safety** [Digital Health]

[When a cyber attack led to a UK-wide outage of the main IT platform used by most NHS 111, OOH and urgent care providers, Birmingham and District GP Emergency Room was able to expand the scope of its virtual waiting room pilot in order to safeguard patient safety. Birmingham and District had been piloting Ummanu's Virtual Waiting Room (VWR) alongside its existing patient management system. The aim was to improve patient flow through the out-of-hours and urgent care service.]

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### **Managing NHS backlogs and waiting times in England** [National Audit Office]

[This is the second report from the National Audit Office on backlogs for elective and cancer care. This report examines; the design of NHSE's recovery plan, how the NHS has been implementing the plan and the early results, and the ongoing risks NHSE has to manage. This report does not examine the roles of primary care or adult social care in supporting the recovery of elective and cancer care.]

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## Design of care pathways

### **Should patient pathways be considered in evaluations of care quality?** [Kwok C S. *British Journal of Healthcare Management*]

[Patient pathways aim to define what happens to patients, which can then be used to identify good and poor clinical practices. These pathways consider what happens in real-world settings and should be considered when patient care and safety is evaluated. Knowledge of patient pathways can also be used to design interventions to improve the safety and quality of healthcare.]

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### **Perceived discharge quality and associations with hospital readmissions and emergency department use: a prospective cohort study** [Perera T. *BMJ Open Quality*]

[At hospital discharge, care is handed over from providers to patients. Discharge encounters must prepare patients to self-manage their health but have been found to be suboptimal. Our study objectives were to describe and determine the correlates of perceived discharge quality and to explore the association between perceived discharge quality and post-discharge outcomes.]

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### **Experience of hospital-initiated medication changes in older people with multimorbidity: a multicentre mixed-methods study embedded in the OPTimising thERapy to prevent Avoidable hospital admissions in Multimorbid older people (OPERAM) trial** [Thevelin S. *BMJ Quality & Safety*]

[To meet patients' needs, future medicines optimisation interventions should enhance information exchange, better prepare patients and clinicians for partnership in care and foster collaborative medication reviews across care settings.]

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### **Understanding patient perspectives on improving GP referrals to secondary care through the use of specialist advice and guidance** [Patients Association]

[The Patients Association has been working with NHS England to look at how to improve GP referrals of patients to hospital. The goal was to look at ways specialists could support GPs so they could reduce the number of outpatient appointments patients have to attend, without compromising care.]

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## Digital healthcare

### **Urgent and Emergency Care: acting on patient and public perspectives** [Eastern AHSN]

[This report sets out to understand the problem of Urgent Emergency Care (UEC) from the perspective of patients who had engaged with that care, including how they might be supported by digital solutions. The intention was to gather and present their personal views, using people's own words to describe how UEC is used. The project built on previous research into the public's experience of UEC, and focused on where people go for urgent care, gathering positive and negative patient experiences, and using engaging methods to explore patients' knowledge of existing digital services.]

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## Hospital design

### **The impact of hospital design on patients and staff. [Comment]** [Inniss R. *British Journal of Nursing*]

[Good hospital design should not be an afterthought, a lovely and surprising bonus, or something only for new spaces that, over time through poor future planning and lack of finances, degrade to meet the poor standards of the NHS estate; it should be a basic requirement. Every day I see staff and patients frustrated by the physical space in which health care is carried out. They are frustrated by a lack of appropriate space, bad artificial lighting and confusing signage.]

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## Improvement

### **Overcoming the 'self-limiting' nature of QI: can we improve the quality of patient care while caring for staff? [Editorial]** [Lawton R. *BMJ Quality & Safety*]

[Argues that the poor application of QI methods has the potential to harm. A more thoughtful approach, considering the lessons learnt both in and out of healthcare, and heeding ten recommendations made in the text may serve to improve the quality of QI.]

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### **Quality improvement as a primary approach to change in healthcare: a precarious, self-limiting choice?** [Mandel KE. *BMJ Quality & Safety*]

[Concludes that quality improvement as a primary approach to change in healthcare is a precarious choice because it is not explicitly designed to optimise performance and participants' emotional experience. Suggests that an interdisciplinary focus on theories of quality management and a renaissance in quality improvement are necessary.]

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## Integrated care

### **Developing integrated care strategies: tips for successful partnership working** [NHS Confederation]

[These top tips are informed by health and care leaders across the country, and colleagues at the Local Government Association, to help leaders embed collaborative ways of working throughout the integrated care partnerships (ICP) and to serve as a useful guide for engaging with partners in developing the integrated care strategy.]

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## Remote and telehealth service provision

### **Asynchronous Telemedicine Is Coming And Here Is Why It's The Future Of Remote Care** [The Medical Futurist]

[Asynchronous telemedicine is one of those terms we will need to get used to in the coming years. Although it may sound alien, chances are you have been using some form of it for a while. With the progress of digital health, especially due to the pandemic's impact, remote care has become a popular approach in the healthcare setting. It can come in two forms: synchronous telemedicine and asynchronous telemedicine.]

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### **Effectiveness of exercise via telehealth for chronic disease: a systematic review and meta-analysis of exercise interventions delivered via videoconferencing** [Brown RCC. *British Journal of Sports Medicine*]

[Conclusion: In patients with chronic disease, videoconferencing exercise interventions appear to be feasible and effective for improving exercise capacity and quality of life. More robust methodology is needed in future studies to improve the certainty of the evidence.]

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## Workforce

### **Using quality improvement to deliver a systematic organisational approach to enjoying work in healthcare** [Aurelio M. *British Journal of Healthcare Management*]

[Staff wellbeing is increasingly linked to good outcomes for service users in healthcare. Therefore, it is important for organisations to find ways to focus on wellbeing and staff experience at work. This article shares learning from 5 years of using the Institute for Healthcare Improvement's joy in work framework, coupled with quality improvement methods to enhance staff experience and wellbeing.]

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### **Harnessing digital technologies for workforce development; education and training: an overview** [HEE]

[A summary report that delves deeper into how the use of digital technologies will help the health and care workforce perform to their full potential and meet the future demand for services]

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### **Optimising surgical hubs for staff: case studies on training, wellbeing and retention** [Briggs T et al. *British Journal of Healthcare Management*]

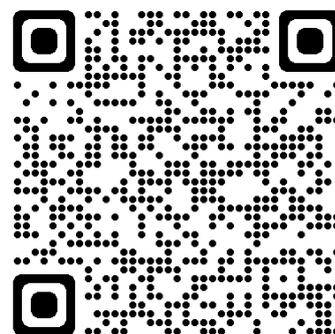
[The importance of a well-trained workforce to staff surgical hubs cannot be overstated. While evidence for the benefits of surgical hubs for patient care continues to come out, this article focuses instead on the potential benefits for staff. Four case studies are examined, looking at the experiences of the people who work in these hubs to explore how they can be harnessed as a tool to improve training, retention and overall staff experience.]

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