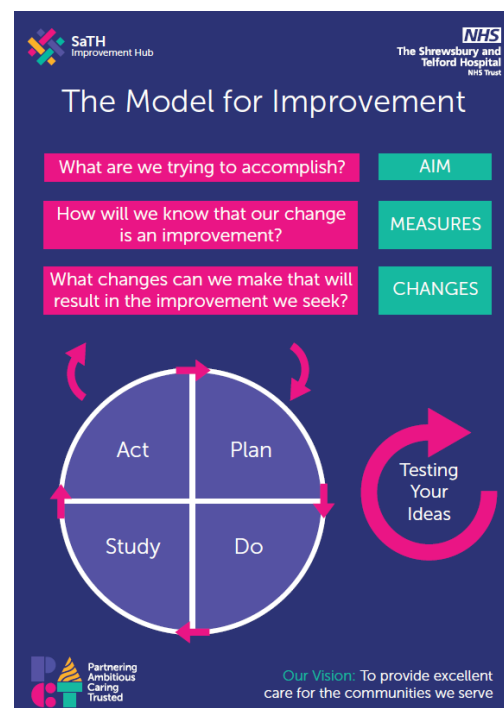


Health Services Transformation Bulletin

5th April 2023



Admission avoidance

Fixing the foundations: why it's time to rethink how we support older people with health problems to stay well at home [Age UK]

[This report provides a first-hand account of older people's difficulties in getting the good, joined-up health and social care they need to manage at home, leaving them at risk of crisis that often results in being admitted to hospital. Yet the evidence is clear that with the right care at the right time many of these admissions could have been avoided.]

Available [here](#)

Artificial intelligence

Artificial Intelligence (AI) and Digital Healthcare Technologies Capability framework [Health Education England]

[A clear need for our healthcare workforce is to continually adapt to meet the needs of the society it serves. Health Education England (HEE) commissioned the University of Manchester to perform a learning needs analysis and develop a framework outlining the skills and capabilities to ensure our health and care professionals can work in a digitally enhanced environment.]

Available [here](#)

UK unveils world leading approach to innovation in first artificial intelligence white paper to turbocharge growth [GOV.UK]

[Government launches AI white paper to guide the use of artificial intelligence in the UK, to drive responsible innovation and maintain public trust in this revolutionary technology.]

Available [here](#)

A Physician's Visual Guide To Artificial Intelligence [Medical Futurist]

[Artificial intelligence (AI) is on course to usher the real era of The Art of Medicine. By automating administrative tasks and aiding in decision-making, these smart algorithms promise to free up physicians' valuable time; time that can be dedicated where the human touch is essential in healthcare.]

Available [here](#)

Demand and capacity

Mortality before and after reconfiguration of the Danish hospital-based emergency healthcare system: a nationwide interrupted time series analysis [Flojstrup M. *BMJ Quality & Safety*]

[The Danish emergency care reconfiguration programme was not associated with an improvement in overall in-hospital mortality trends and was associated with a slight slowing of prior improvements in 30-day mortality trends.]

Available [here](#)

Reconfiguring emergency and acute services: time to pause and reflect. [Editorial] [Vaughan L. *BMJ Quality & Safety*]

[Commentary on Flojstrup M , Bogh SBB , Bech M , et al . Mortality before and after reconfiguration of the danish hospital-based emergency healthcare system: a nationwide interrupted time series analysis. *BMJ Qual Saf* 2023;32:202–13. Concludes "it is time to hit the pause button on the reconfiguration agenda and consider reversing it in some instances" and suggests "policymakers should instead focus on the main challenge we currently face in acute and emergency care: capacity".]

Available [here](#)

Design of care pathways

Making high-quality radiology services accessible to all [Ahmed N. *British Journal of Healthcare Management*]

[Imaging is at the centre of the majority of care pathways for a wide variety of medical conditions. The provision of imaging and reporting services is constrained in the NHS, predominantly because of workforce and equipment limitations. These challenges are likely to remain for the foreseeable future. However, as discussed, there are a number of supportive steps that radiology leaders across the NHS are exploring to ensure that high-quality imaging and timely reporting is accessible to all.]

[Request a copy from the library](#)

Community diagnostic centres: what, where and why? [Clough I. *British Journal of Healthcare Management*]

[CDCs are an opportunity to drastically change patients' experiences of elective care, providing an accessible, high-quality service at the very beginning of their care journey. However, there are several key considerations and challenges to overcome to ensure that CDCs can provide a truly effective service, making optimal use of the resources available. If done well, CDCs could be a vital asset for integrated care systems and the communities they serve.]

[Request a copy from the library](#)

Evaluating emergency department transfers from urgent care centres: insights for paramedic integration with subacute healthcare [Strum RP. *BMJ Open Quality*]

[Readily available patient characteristics were independently associated with interfacility transfers between urgent care centres and the ED. This study can support paramedic redirection protocol development, highlighting which patients may not be best suited for ED redirection.]

Available [here](#)

Clinician and caregiver determinations of acuity for children transported by Emergency Medical Services: a prospective observational study [Ward CE. *Annals of Emergency Medicine*]

[All 4 groups (EMS clinician, patient caregiver, ED nurse, and ED provider) studied had a limited ability to identify which children transported by EMS would have no emergency resource needs, and support for alternative disposition was limited. For children to be included in alternative disposition processes, novel triage tools, training, and oversight will be required to prevent undertriage.]

[Request a copy from the library](#)

Medication review in hospitalised patients to reduce morbidity and mortality [Bülow C. *Cochrane Database of Systematic Reviews*]

[Medication reviews in hospitalised adult patients likely reduce hospital readmissions and may reduce emergency department contacts. The evidence suggests that medication reviews may have little to no effect on mortality, while the effect on health-related quality of life is very uncertain. Almost all trials included elderly polypharmacy patients, which limits the generalisability of the results beyond this population.]

Available [here](#)

Interventions to reduce repetitive ordering of low-value inpatient laboratory tests: a systematic review

[Yeshoua B. *BMJ Open Quality*]

[Our analysis identified five categories of interventions targeting daily laboratory testing. All categories were effective in most studies, with EMR change being most frequently highly effective.]

Available [here](#)

Digital healthcare

Digital adaptability competency for healthcare professionals: a modified explorative e-Delphi study

[Bleijenbergh R. *Nurse Education in Practice*]

[This study aimed to establish items of the digital adaptability competency for healthcare professionals. While the application and deployment of eHealth has continued at a rapid pace, healthcare professionals are expected to keep up and join the digital evolution. The implementation of eHealth requires a change in the healthcare professionals' competencies of which the ability to adapt to technological change is fundamental.]

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

Digital health and technologies [While A. *British Journal of Community Nursing*]

[Digital health was given impetus by the pandemic and demonstrated its potential for the delivery of safe care in the community. Remote monitoring and virtual wards are becoming normal. Artificial intelligence (AI) software has the potential to transform healthcare delivery but trustworthiness is a challenge. Positive staff attitudes towards digital health and new ways of working require education and engagement. Attention is required the needs of those without access to digital technology.]

Available [here](#)

Cyber security strategy for health and social care: 2023 to 2030 [Department of Health and Social Care]

[How the government will work with health and adult social care organisations and the supply chain to achieve cyber resilience across the sector no later than 2030.]

Available [here](#)

Digital health laws and regulations: emerging trends in the global regulation of digital health 2023

[Global Legal Group]

[Technological advancements in the health care industry can create opportunity to transform and improve health care access and delivery, reduce costs and advance public health as a whole. Chapter discusses key legal constructs that digital health companies and investors must consider, in the US, the UK and the EU.]

Available [here](#)

Evaluation of the impact of technical physicians on improving individual patient care with technology

[BMC Medical Education]

[The rapid introduction of technical innovations in healthcare requires that professionals are adequately prepared for correct clinical use of medical technology. In response to the technological transformation of healthcare, a new type of professional, the Technical Physician (TP), was created and is trained to improve individual patient care using technology tailored to the needs of individual patients. This study investigates the TPs' impact on patient care in terms of innovation, effectiveness, efficiency, and patient safety.]

Available [here](#)

Can digital health apps provide patients with support to promote structured diabetes education and ongoing self-management? A real-world evaluation of myDiabetes usage

[Digital Health]

[Digital health is rapidly evolving in its role of supporting patients to self-manage. Since COVID-19 the benefits of digital technology have become increasingly recognised. There is potential for increasing diabetes education rates by offering patients a digital option in combination with traditional service delivery which should be substantiated through future research.]

Available [here](#)

Moving from exclusion to inclusion in digital health and care

[King's Fund]

[Digital technologies can change how care is delivered, making health and care services more accessible, flexible, person centred, and a better experience for patients and staff while also improving efficiency. However, there is no guarantee of these positive effects until digitally enabled services are inclusive and meet the expectations of staff and the public.]

Available [here](#)

Health literacy

One size doesn't fit all: reimagining medicines information for patients

[Kent Surrey Sussex Academic Health Science Network]

[This report investigates the current medicines product information paradigm and whether it can be enhanced to more positively influence both patient experience of and adherence with prescription medication. The report also explores if an opportunity exists to improve how this information might be provided in the future, using digital solutions with the aim of increasing its value to patients and health care professionals (HCPs).]

Available [here](#)

Innovation

Case studies to support ICSs to adopt and spread innovation [NHS England]

[The Accelerated Access Collaborative (AAC) has co-developed a series of case studies with AAC partners on the implementation approaches taken in local integrated care systems (ICS) to promote the adoption and spread of proven innovation. ICSs have a statutory duty to support innovation adoption and spread. As illustrated in the collective case studies, there is no single way to meet this commitment.]

Available [here](#)

Knowledge management

Building an ICS intelligence function [NHS England]

[Co-developed with local teams, this guidance shares good practice principles, top tips and case studies aimed at improving the adoption of data and analytically driven decision making across all tiers of a system. A supporting toolkit is available on Future NHS.]

Available [here](#)

Patient experience

The relationship competencies guiding tool: a development, content validation and implementation study [Choperena A. *Nurse Education in Practice*]

[From a person-centered care approach, the fostering of authentic relationships with patients is key to achieving therapeutic benefits. Therefore, it is essential to help nurses establish meaningful relationships with patients and help them acquire these abilities. Clinical narratives can be used as a way to promote reflective practice and professional competency development among nurses.]

Available [here](#)

Patient flow

Does a discharge to assess programme introduced in England meet the quadruple aim of service improvement? [Jeffery S. *Journal of Integrated Care*]

[This paper intends to examine and evaluate the implementation and delivery of a discharge to assess pathway based on the UK Department of Health and Social Care Hospital Discharge Policy in relation to the quadruple aim of healthcare improvement: improving patient experience, reducing costs, benefiting the wider population and improving the work life of staff. The revised discharge to assess pathway in England has been in place since 2020 and no other assessments of the pathway were found that related the changes to the quadruple aim framework.]

[Request a copy](#)

A systematic review to identify the challenges to achieving effective patient flow in public hospitals.

[Manning L. *International Journal of Health Planning & Management*]

[This systematic review aims to uncover the challenges related to patient flow from a whole public hospital perspective and identify strategies to overcome these challenges. The themes generated included Teamwork, Collaboration and Communication; Public Hospitals as complex systems; Timely discharge; Policy, Process and Decision-making; and Resources-capacity and demand. The key finding is that a whole system approach is required to improve patient flow in public hospitals. When effective patient flow is achieved, demand and capacity are matched, increasing patient access to the health service and enabling the resources required to provide high quality patient care. The findings will create a better understanding of improving patient flow in public hospitals.]

Available [here](#)

Remote and telehealth service provision

Guidelines for virtual home assessment tools [NIHR Evidence]

[Virtual home assessments could reduce the need for in-person visits. New guidelines could help people develop and use the tools they need to carry out these assessments. Researchers worked with service users and local allied healthcare professionals to evaluate the pros and cons of virtual home assessments. Service users and staff gave feedback on virtual assessments in general, and also on a new video conferencing tool. It provided insights into how assessments and the tool could be improved.]

Available [here](#)

Factors that influence the provision of home-based rehabilitation services for people needing rehabilitation: a qualitative evidence synthesis [Velez M. *Cochrane Database of Systematic Reviews*]

[This synthesis identified several factors that can influence the successful implementation of in-person home-based rehabilitation and telerehabilitation services. These included factors that facilitate implementation, but also factors that can challenge this process. Healthcare providers, program planners and policymakers might benefit from considering these factors when designing and implementing programmes.]

Available [here](#)

Remote technologies help occupational therapists get patients home quicker [Sheffield University]

[Using remote consultation technology to assess a patient's home environment allowed for quicker hospital discharge and freed up staff time for other care.]

Available [here](#)

Social prescribing

Social prescribing for unpaid carers: information for carers centres [Carers Trust]

[This short guide is for anyone working at a local carer support organisation and explains what social prescribing is, how it can help unpaid carers, and how you can get involved in social prescribing projects. The document has been co-designed by Carers Trust and Carers UK, local carer support organisations, the Department of Health and Social Care (DHSC) and NHS England.]

Available [here](#)

Telehealth

Telehealth development of virtual environmental home visits to facilitate stroke patients discharges from Hospital [conference abstract] [Findlay, N. *International Journal of Stroke*]

[In response to the Covid-19 pandemic to ensure safe discharge and reduced direct face-to-face contact virtual environmental home visits (VEHV) on a stroke ward was developed. Microsoft Teams was the technology platform used to facilitate VEHV. Visits were arranged with families and caregivers who had access to the technology and were able to understand the technology. Therapists directed the patient's home environment and asked the individuals completing the VEHV for appropriate dimensions and measurements and an environmental home visit document was completed. VEHV were completed by both qualified occupational therapists and therapy assistants were then trained to be able to implement VEHV. The VEHV were found to be time efficient, improved patient flow, enabled a number of VEHV to be completed in a day and reduced direct face-to-face contact during Covid-19 while still maintaining communication with patient families and care givers.]

Virtual wards

NHS virtual wards treat 100,000 patients in a year [Assistive Technology]

[More than 100,000 patients have been treated in NHS virtual wards in the last year, according to recent figures from NHS England. Virtual wards allow patients to get hospital-level care at home safely and in familiar surroundings, helping speed up their recovery while freeing up hospital beds for patients that need them most. There are now more than 340 virtual ward programmes across England, including a total of 7,653 virtual beds.]

Available [here](#)

Workforce

Listening well guidance – a blueprint for organisations to develop a local listening strategy [NHS England]

[This document details the current landscape for listening to our people in the NHS, and how each vehicle for listening provides a complementary view of employee experience. It also proposes several ways that NHS trusts could expand on their approach to listening from local and national surveys through to staff networks and expert forums, using good practice from the NHS and private sector.]

Available [here](#)

Patterns of employment amongst Nursing Associates: Evidence from the Electronic Staff Record [NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London]

[This report draws upon the electronic staff record (ESR), the monthly payroll of all staff directly employed by NHS trusts, to describe the personal and employment characteristics of all trainee nursing associates (TNAs) and nursing associates (NAs) employed by NHS trusts in England over time and how they compare with other staff groups.]

Available [here](#)

How did we get here? Explaining the persistent barriers NHS clinical support workers can face in England [Griffin R. *British Journal of Healthcare Assistants* 2023;17(1):012–019]

[NHS clinical support workers have long experienced a range of barriers to their effective deployment and development. These include a lack of standardised entry requirements, inconsistent task deployment and truncated career progression pathways. This article suggests that a deeper reason is the existence of a segmented labour market in the NHS, with support workers existing in a secondary market. Recent NHS support workforce strategies present an opportunity to finally address these issues.]

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

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

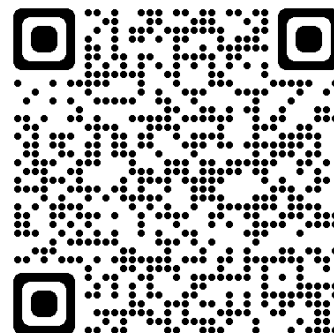
[Sets out the principles and best practice benchmarks health and social care employers and recruitment agencies must follow to ensure effective, ethical international recruitment.]

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 previous editions, or to access this bulletin online with full-text links, visit www.library.sath.nhs.uk/health-services-transformation or scan the QR code.



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



Our Vision To provide excellent care
for the communities we serve

