

Health Services Transformation Bulletin

19th May 2023



Collaborative working

Being an Anchor Institution: Partnership Approaches to Improving Population Health [NHS Providers]
[Tucked away on the last page of NHS Long Term Plan, is a paragraph on the role of the NHS as an anchor institution. The Health Foundation's 2019 report Building healthier communities: the role of the NHS as an anchor institution was published around the same time. Since then, we've seen anchor strategies, networks, action, and commitments growing exponentially in the NHS. This report provides a set of case studies that illustrate how anchor theory has been translated into action.]

Available [here](#)

Design of care pathways

Implementing criteria-led discharge for acute admissions to facilitate the elective recovery from COVID-19: an example in acute tonsillitis [Findlay C. *BMJ Open Quality*]

[Criteria-led discharge (CLD) is safe and effective at reducing length of stay in patients requiring acute hospital admission for acute tonsillitis. CLD should be used and evaluated in further novel patient pathways across different areas of medicine to optimise care and build capacity for provision of elective healthcare services. Further research is required to investigate safe and optimal criteria which indicate patients are fit for discharge.]

Available [here](#)

Implementation of nursing-led follow-up service for patients newly discharged from paediatric intensive care units: quality improvement initiative [AlZaher RA. *BMJ Open Quality*]

[Implementing nursing-led service has been shown to be safe, efficient and provides patients with timely visits post-PICU discharge.]

Available [here](#)

There are limited amenities on the sailboat we put older persons on for their post emergency department journey [Atzema CL. *Evidence-Based Nursing*]

[Research is needed to assess the effectiveness and cost-benefit of work-flow friendly interventions that address the abrupt discharge process, which leaves older emergency department (ED) patients feeling

ill-equipped to manage their own post-ED care. Integrated managed healthcare organisations should lead the way in scheduling follow-up testing and care prior to ED departure, to automate the navigation component of the older patient's follow-up care journey.]

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

Doctors Improving Referrals project: a referrals toolkit for junior doctors [Thorley EV. *BMJ Open Quality*]

[The Doctors Improving Referrals (DIRE) project designed and implemented a referrals toolkit for junior doctors, including a referrals information guide and a referrals cheat sheet, to improve confidence when making referrals and the time to interspecialty advice, and consequently to improve patient care. It is hoped that through continued publicity, the cheat sheet and referrals information guide will be adopted by more centres worldwide.]

Available [here](#)

Digital healthcare

Effectively Embedding Digital in your Trust [NHS Providers]

[Since March 2020, the Digital Boards programme has engaged over 2,000 trust leaders across over 40 events and almost 100 bespoke board development sessions. We've published numerous resources for trust leaders, including six leadership guides on the fundamentals of digital transformation for NHS boards. These publications include examples of good practice and advice from across the sector. This final guide distils the key messages and learning that have underpinned our programme.]

Available [here](#)

Technology-Enabled Lives: Delivering Outcomes for People and Providers [TEC Action Alliance]

[This challenge paper highlights the lack of widespread adoption of digital social care services despite the public's desire for technology to better support those who draw on social care and health services. The paper reveals that only a handful of councils, housing and care organisations are delivering digital care in people's homes at scale. This is despite evidence that using technology in social care keeps people safe, healthy and happy at home.]

Available [here](#)

Guiding principles for the responsible development of artificial intelligence tools for healthcare [Badal K. *Communications Medicine*]

[We propose that AI should be designed to alleviate health disparities, report clinically meaningful outcomes, reduce overdiagnosis and overtreatment, have high healthcare value, consider biographical drivers of health, be easily tailored to the local population, promote a learning healthcare system, and facilitate shared decision-making. These principles are illustrated by examples from breast cancer research.]

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](#)

Improvement

Co-production resource toolkit [NHS England]

[In 2018, the Care Quality Commission published a report into 'Quality improvement in hospital trusts'. It highlighted that active and meaningful consultation with and involvement from patients would be a key factor in QI in future; this is 'co-production'. The toolkit published here introduces, discusses and outlines resources to be used in the process of co-production.]

Available [here](#)

Effectiveness of quality improvement collaboratives in UK surgical settings and barriers and facilitators influencing their implementation: a systematic review and evidence synthesis [Atkins E. *BMJ Open Quality*]

[Studies have reported QICs to be effective in increasingly complex contexts, but their results must be treated with caution. The evaluations often used weak study designs and the quality of reports was variable. Evaluation with strong study design should be integral to future QICs.]

Available [here](#)

NHS delivery and continuous improvement review: findings and recommendations [NHS England]

[This report contains the findings and recommendations of the delivery and continuous improvement review conducted by Anne Eden. It looked at how improvement-led delivery can enhance the quality of outcomes for our patients, communities and our health and care workforce. It recommends establishing a national improvement board to agree a small number of shared national priorities on which NHS England, with providers and systems, will focus improvement-led delivery work.]

Available [here](#)

Five principles for implementing the NHS Impact approach to improvement in England [The Health Foundation]

[This long read describes five guiding principles that should inform implementing the NHS Impact approach to improvement at provider, integrated care systems (ICSs) and national level to maximise the chances of success in the current climate. It also sets out recommendations for provider organisation, system and national leaders on the steps needed to translate these principles into sustained improvements across ICSs.]

Available [here](#)

What's important when building a strong learning community to drive improvement? [The Health Foundation]

[Our research has shown that involving stakeholders through learning communities is an important element of a successful learning health system. We look at what this means, with insights from two of our Common Ambition projects in Bristol and Sheffield.]

Available [here](#)

Integrated care

Specialised Services and System Working: Risks and Opportunities [NHS Providers]

[NHS England (NHSE) is progressing plans to change how specialised services – a portfolio of around 150 services accessed by people often with rare or complex health needs – are commissioned. From April 2023, NHSE plans to give local systems a bigger role in planning and shaping many specialised services. This will be enabled through two routes – either by NHSE working with ICBs to jointly commission services or by NHSE delegating responsibility and budgets to ICBs for those services.]

Available [here](#)

Hewitt Review: an independent review of integrated care systems [Department of Health and Social Care]

[The review set out to consider the oversight and governance of integrated care systems (ICSs). Each ICS has an integrated care board (ICB), a statutory organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. ICBs include representatives from local authorities, primary care and NHS trusts and foundation trusts.]

Available [here](#)

Actions to support partnership: addressing barriers to working with the VCSE sector in integrated care systems [The King's Fund]

[This report (commissioned by the NHS England Voluntary Partnerships Team) provides an overview of the key actions required to tackle barriers and challenges to better partnership working between integrated care systems (ICS) and the voluntary, community and social enterprise (VCSE) sector.]

Available [here](#)

Knowledge management

Roles and effectiveness of knowledge brokers for translating clinical practice guidelines in health-related settings: a systematic review [Cross AJ. *BMJ Quality & Safety*]

[Knowledge manager and capacity builder roles were more frequently studied than linkage agent roles. KBs had mixed impact on translating CPGs into practice. Further RCTs, including those in non-hospital settings, are required.]

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

Patient experience

Patients' experience of robotic-assisted surgery: a qualitative study [Moloney R. *British Journal of Nursing*]

[The use of robotic-assisted surgery (RAS) has increased considerably since its introduction in 2001, with RAS now being widely accepted as a surgical modality. Current literature surrounding RAS focuses on the surgical team's experience rather than the patient's perspective, with limited qualitative research on post-RAS patient experience. This study aimed to explore patient-reported experience following RAS.]

Available [here](#)

Patient flow

Introducing a structured daily multidisciplinary board round to safely enhance surgical ward patient flow in the bed shortage era: a quality improvement research report [Valente R. *BMJ Open Quality*]

[We describe the introduction of a flow-enhancing framework (SAFER surgery R2G) designed for any in-patient surgical specialty, with the potential to significantly and safely shorten hospital stays, reduce cancellations and more efficiently use intensive care/high-dependency unit beds.]

Available [here](#)

Why are delayed discharges from hospital increasing? Seeing the bigger picture [The Health Foundation]

[This report finds that in December 2022, more than 13,000 of a total of around 100,000 hospital beds in England were occupied by patients who were medically fit for discharge an increase of 57 per cent over the past two years. This reduces the availability of hospital beds for new patients, contributing to longer waiting times. Delays can also have an impact on patients: longer hospital stays increase risk of hospital-acquired infections and patients may lose mobility and cognitive function.]

Available [here](#)

Understanding delays in hospital discharge [Nuffield Trust]

[Delayed discharges, where a patient is medically fit to leave hospital but is not discharged, are bad for patients and also impact on wider health services. This QualityWatch blog takes a closer look at why patients are delayed, and reveals that a growing proportion of delays are being faced by long-stay patients.]

Available [here](#)

Urgent and emergency care improvement guide same day emergency care pathways [NHS England]

[This guide has been designed for providers and systems to consider embedding as good practice to reduce ambulance handover delays. The contents have been drawn from the Winter Improvement Collaborative which was set up to identify solutions to the problems facing the system over the winter period. Members of the collaborative were asked to co-design a series of plans and potential improvement measures, to be adapted and trialled at local level.]

Available [here](#)

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Available [here](#)

Urgent and emergency care improvement guide to direct access [NHS England]

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Available [here](#)

Urgent and emergency care improvement guide to contact hubs for primary, ambulance and clinical calls [NHS England]

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Available [here](#)

Urgent and emergency care improvement guide specialty support to the urgent and emergency care pathway/internal professional standards [NHS England]

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Available [here](#)

Person-centred care

Case study: how people's lived experience is improving health and care services in the North East and North Cumbria [NHS England]

[People are sharing their experiences to shape health and care services in the North East and North Cumbria, as part of new plans by the integrated care system to work in partnership with people and communities. 'Lived experience' recognises the personal knowledge and impact of people who access health and care services such as those living with a long-term condition, disabled people or family carers.]

Available [here](#)

Research and Innovation

Maximising the benefits of research: guidance for integrated care systems [NHS England]

[This guidance sets out what good research practice looks like. It supports integrated care systems (ICSs) to maximise the value of their duties around research for the benefit of their population's health and care and, through co-ordination across ICSs, for national and international impact. It supports integrated care boards, integrated care partnerships and their partners to develop a research strategy that aligns to or can be incorporated into their integrated care strategy.]

Available [here](#)

Social prescribing

Exploring perceptions of green social prescribing among clinicians and the public [Department of Health and Social Care]

[Evidence on perceptions and behaviours related to green social prescribing (GSP) to gain insight into how it could be scaled up as an intervention. Overall, the appetite for (green) social prescribing is high among both clinicians and the public.]

Available [here](#)

National green social prescribing delivery capacity assessment: final report [Department of Health and Social Care]

[The aim of this national green social prescribing (GSP) delivery capacity assessment is to quickly improve our understanding of the existing provision of green and nature-based activities across the country and help determine whether the current level of provision is sufficient to support social prescribing referrals equitably to these activities if rolled out nationally.]

Available [here](#)

Workforce

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

[Groenier M. *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.]

Available [here](#)

What employers need to know before the updated standards of proficiency come into effect [Health and Care Professions Council]

[The HCPC standards of proficiency set the threshold (entry level) requirements for the safe and effective practice of each profession. Our registrants are required to meet these standards when they join the Register, and continue to meet them while registered insofar as they are relevant to their scope of practice. There are 15 sets of profession-specific standards (one for each of our 15 professions) and standards that apply to all professions. They come into effect on 1 September 2023.]

Available [here](#)

How can we champion diversity, equity and inclusion within Lean Six Sigma? Practical suggestions for quality improvement [Kumar B. *BMJ Quality & Safety*]

[Diversity, equity and inclusion are enduring and essential values in healthcare. Incorporating these values is essential if Lean Six Sigma (LSS) methodologies are to remain relevant. Fortunately, many of these modifications can be readily incorporated and can improve the quality of projects that use LSS. Others will require greater effort and questioning some basic assumptions regarding the aims of QI.]

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Introduction of the professional nurse advocate role using a quality implementation framework

[Smythe A. *British Journal of Nursing*]

[Implementation of the professional nurse advocate (PNA) role and the Advocating and Educating for QQuality ImProvement model (A-EQUIP) in nursing is relatively new. The model aims to build personal and professional resilience, enhance the quality of care and support preparedness for appraisal and professional revalidation. AIM: To describe the implementation of the PNA role in a combined acute and community trust in England.]

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