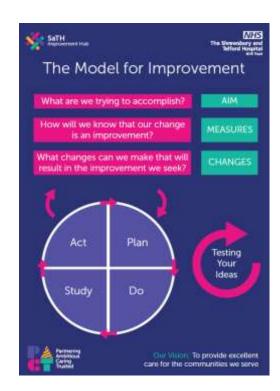# Health Services Transformation Bulletin

13th July 2023

Collaborative working

Towards achieving interorganisational collaboration between health-care providers: a realist evidence synthesis [Millar R. *Health and Social Care Delivery Research*]
[Implementing successful interorganisational collaborations is a difficult, complex task that requires significant time, resource and energy to achieve the collaborative functioning that generates performance improvements. A delicate balance of building trust, instilling faith and maintaining confidence is required for high-performing interorganisational collaborations to flourish.]
Available here

Demand and capacity

The NHS productivity puzzle: Why has hospital activity not increased in line with funding and staffing?
[Institute for Government]
[This report – written jointly by the Institute for Government and Public First, and funded by The Health Foundation – assesses why NHS hospitals are failing to deliver higher activity despite higher spending on the service and higher levels of staffing over the past couple of years. It argues that politicians need to focus on capital investment, staff retention and boosting management capacity, and sets out key questions for policy-makers to address if they want to solve the NHS crisis.]
Available here

Design of care pathways

Impact of altering referral threshold from out-of-hours primary care to hospital on patient safety and further health service use: a cohort study [Svedahl ER. *BMJ Quality & Safety*]
[Out-of-hours patients whose referrals are affected by physician referral threshold contribute substantially to the use of health services. However, the referral seems protective by reducing the risk of death in the first 6 months after the referral. Thus, raising the threshold for referral to lower pressure on overcrowded emergency departments and hospitals should not be encouraged without ensuring the accuracy of the referral decisions, ideally through high-quality evidence.]
Available here [NHS OpenAthens account required]

Earlier screening, risk assessment and health optimisation in perioperative pathways: guide for providers and integrated care boards [National Institute for Health and Care Excellence]
[This guide supports providers and integrated care boards to implement early screening, risk assessment and health optimisation for patients waiting for surgery. It builds on the clinical guideline Preoperative assessment and optimisation, published by a cross-specialty, multidisciplinary working group, including the Royal College of Anaesthetists, Royal College of Surgeons of England, Royal College of General Practitioners and the Centre for Perioperative Care, in June 2021.]
Available here

Clinician-led secondary triage in England's urgent care delivery: a cross-sectional study [Sexton V. *British Journal of General Practice*]
[Clinician-led secondary triage, following primary triage by the NHS 111 phone line, is central to England's urgent care system. However, little is known about how secondary triage influences the urgency attributed to patients' needs. Non-clinician primary triage has significant limitations, highlighting the importance of secondary triage in the English urgent care system.]
Contact the library for a copy of this article
Available here

Observational study of survival outcomes of people referred for 'fast-track' end-of-life care funding in a district general hospital: too little too late? [Morrison J. *BMJ Open Quality*]
[Fast-Track funding applications were deferred for those with very limited life-expectancy, with minimal clinical difference in survival (7 days) compared with those who had applications approved. This is likely to delay discharge to the preferred place of death and reduce quality of end-of-life care. A blanket acceptance of Fast-Track funding applications, with review for those still alive after 60 days, may improve end-of-life care and be more efficient for the healthcare system.]
Available here

SHarED: Supporting high impact users in Emergency Departments [West of England Academic Health Science Network]
[The toolkit is based on the experience of the UH Bristol team in implementing a High Impact User Team in to the Emergency Department. The majority of resources available in this toolkit are made for immediate use; however they may require some adaptation to suit the local implementing site and have been designed accordingly.]
Available here

Digital healthcare

The digital future of nursing: making sense of taxonomies and key concepts [Vasilica C. *British Journal of Nursing*]
[Digital technology is becoming increasingly common in nursing practice. The adoption of digital technologies such as video calling, and other digital communication, has been hastened by the recent COVID-19 pandemic. Use of these technologies has the potential to revolutionise nursing practice, leading to potentially more accurate patient assessment, monitoring processes and improved safety in clinical areas. This article outlines key concepts related to the digitalisation of health care.]
Available here

The digital transformation of surgery. [Editorial] [Marwaha JS. *npj Digital Medicine*]
[In this piece, we highlight work being done to advance surgical care using machine learning, computer vision, wearable devices, remote patient monitoring, and virtual and augmented reality. We describe

ways these technologies can be used to improve the practice of surgery, and discuss opportunities and challenges to their widespread adoption and use in operating rooms and at the bedside.]
Available here

Understanding regulations of AI and digital technology in health and social care [NHS AI and Digital Regulations Service for Health and Social Care]
[A collaboration between NICE, Medicines & Healthcare products Regulatory Agency, Care Quality Commission and NHS Health Research Authority. Learn what regulations to follow and how to evaluate effectiveness, whether you're a 'developer' of AI and digital technology or an 'adopter' who will buy or use them in health and social care.]
Available here

Our health in the cloud: Exploring the evolving role of cloud technology in healthcare [Health Policy Partnership]
[This policy report from HPP and the European Institute for Innovation through Health Data positions the cloud within the context of current health policy priorities, including investment in innovation, health system sustainability, efficiency and resilience, health equity and person-centred care. It advances a collaborative model, with patients at the centre, to ensure cloud technology can fulfil its potential as an enabler of data-driven health systems.]
Available here

Education and training

The current status of digital technology and skills in health and care education [Health Education England]
[This review looks at the current status of digital technology and skills in undergraduate and preregistration health and care education. The evidence collected from this review suggests variations in practice, with some positive experiences and benefits and others less so.]
Available here

Improvement

Patient involvement in quality improvement: a survey comparing naturalistic and reflective approaches [Elg M. *BMJ Open Quality*]
[Moving beyond restrictive patient involvement is important to meet new patient needs and improve patient flows. This can be done either by increasing the use of a reflective approach or by increasing the use of both reflective and naturalistic approaches. A blended approach with high levels of both is likely to produce better results in addressing new patient needs and improving patient flows.]
Available here

Learning as a way of achieving quality improvement in long-term care: a qualitative evaluation of The Story as a Quality Instrument [Scheffelaar A. *Nurse Education in Practice*]
[This study aimed to evaluate the use of the narrative quality instrument 'The Story as a Quality Instrument' (or SQI) for learning as a way of achieving quality improvement. Learning is a widespread aim in long-term care. If professionals share detailed information about their views on the quality of care, they can see it from each other's perspective and create a new joint perspective. One useful source for learning and improvement is the narratives of older adults.]
Available here

Factors of a physician quality improvement leadership coalition that influence physician behaviour: a mixed methods study [Mathura P. *BMJ Open Quality*]
[To enable physician confidence to lead and participate, we used a simply designed QI initiative, partnership with a physician leader and/or member; credibility and mentorship; support personnel; QI education and hands-on training; minimal physician effort; and no clinical workflow disruption. Implementing person-focused and system-focused intervention components, and communication from a trusted local physician were factors influencing appropriate test ordering.]
Available here

Building capacity and capability for quality improvement: developing an organisational approach
[Frasquilho F. *British Journal of Healthcare Management*]
[Building capacity and capability in quality improvement is a key part of an organisation's infrastructure for improvement. Knowing who needs to be trained and at what level (dosing) should form the basis of an organisational approach to building capacity and capability in quality improvement. Standardising an approach to quality improvement learning programmes can help organisations to scale their approaches, learn what works and does not, and demonstrate impact over time.]
Available here

Integrated care

Medical Evolution: Measures to improve the interface between primary and secondary care [Policy Exchange]
[New analysis from think tank Policy Exchange finds the equivalent of 15 million GP appointments per year are spent dealing with issues in care management between GP practices and hospitals, creating frustration and patient safety issues. This report sets out twenty recommendations which seek to ensure that the interface is proactively managed in the future.]
Available here

Patient experience

Improving patient experience by implementing an organisational culture model [Almohaisen NA. *BMJ Open Quality*]
[King Abdul-Aziz Armed Forces Hospital (KAAB-AFH) defined PX improvement through effective change by adopting a plan with two main drivers: (1) to define hospital priorities based on the Hospital Consumer Assessment of Healthcare Providers and Systems survey findings and (2) to implement evidence-based changes to improve the culture of care. The Improvement project focused primarily on transforming the PX culture and launching activities focused on points identified as priority areas.]
Available here

Patient flow

Prospective external validation of a commercial model predicting the likelihood of inpatient admission from the emergency department [Dadabhoy FZ. *Annals of Emergency Medicine*]
[The Epic ED Likelihood to Occupy an Inpatient Bed model may improve hospital bed planning work-flows. Further study is needed to determine its operational effect.]
Request a copy from the library

Reduction of hospital bed cost for inpatient overstay through optimisation of patient flow [Alharbi S. *BMJ Open Quality*]
[Early discharge planning and facilitating the patient discharge process significantly improves the average length of inpatient stay and patient outcomes and decreases hospital costs.]
Available here

Remote and telehealth service provision

Telemental health in emergency care settings: a qualitative analysis of considerations for sustainability and spread [Roddy MK. *Academic Emergency Medicine*]
[Interviewees expressed support for continuing TMH-V locally and spread to other sites. Ensuring adequate infrastructure (e.g., EHR integration and technology support) and workforce capacity are key for successful spread. Given the shortage of mental health (MH) clinicians in rural settings, TMH-V represents a promising intervention to increase the access to high-quality emergency MH care.]
Available here

How and why are video consultations used in urgent primary care settings in the UK? A focus group study [Payne RE. *BJGP*]
[Video consulting is useful in the urgent care setting as an adjunct to telephone consulting. It is particularly helpful in the initial triage of patients. One-to-one training is needed for effective implementation.]
Available here

Research and Innovation

Surgical implementation gap: an interrupted time series analysis with interviews examining the impact of surgical trials on surgical practice in England [Schmidtke KA. *BMJ Quality & Safety*]
[While practice does not always change in the direction indicated by clinical trials, our results suggest that individuals, official committees and professional societies do assimilate trial evidence. Decision-makers seem to respond to the totality of evidence such that there are often plausible reasons for not adopting the evidence of any one trial in isolation.]
Available here

The use of artificial intelligence for automating or semi-automating biomedical literature analyses: A scoping review [Santos ÁOD. *Journal of Biomedical Informatics*]
[Our review shows that, despite significant progress in the automation of biomedical literature surveys and analyses in recent years, intense research is needed to fill knowledge gaps on more difficult aspects of ML, deep learning and natural language processing, and to consolidate the use of automation by end-users (biomedical researchers and healthcare professionals).]
Request a copy from the library

Self-care and informal care

Caring in a complex world: perspectives from unpaid carers and the organisations that support them
[The King's Fund]
[Unpaid carers – anyone who provides care, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction and cannot cope without their support – play a key role in the health and care system. Caring can be a big commitment and carers themselves also need support with their own health and wellbeing. Yet, it's also clear that carers are not always able to access the support they need.]
Available here

Informal carers [House of Commons Library]
[This briefing looks at informal carers in the UK and the issues they face. It includes information on their rights, benefit entitlement, the support available and an overview of Government policy.]
Available here

YOURmeds for medication support in long-term conditions [National Institute of Health and Care Excellence]
[The technology described in this briefing is YOURmeds. It is used to manage medications for people with long-term conditions. The innovative aspects are that it is the first digital medication dosage system that allows real-time monitoring of medication adherence. The intended place in therapy would be as an alternative to administered medication support (when people are given their medicines rather than taking their medicines themselves) in people with long-term conditions.]
Available here

Workforce

Supporting international recruits [Foster S. *British Journal of Nursing*]
[Having recently joined the Nursing and Midwifery Council (NMC) in my new role, I am confident that all the discussions that are central to our professional agenda are happening at the Council table. The NMC is not responsible for recruitment of professionals to the register – the Department of Health and Social Care (DHSC) has a code of practice for international recruitment to make sure employers recruit ethically]
Available here

The NHS workforce in England [House of Commons Library]
[This briefing discusses the NHS workforce in England, focusing on the clinical professions, including doctors and nurses. It gives an overview of workforce demographics and discusses progress against current targets. It also looks at turnover and vacancy rates, the use of temporary staffing and how safe staffing levels are decided.]
Available here

Flexible and hybrid working practices in 2023 [Chartered Institute of Personnel and Development]
[CIPD research explores employer and employee perspectives of flexible and hybrid working practices and asks whether organisations are doing enough to meet employee demand.]
Available here

NHS equality, diversity and inclusion (EDI) improvement plan [NHS England]
[This improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. It has been co-produced through engagement with staff networks and senior leaders.]
Available here

Retaining doctors in late stage career guidance [NHS England]
[This guidance, and a supporting infographic, supports the retention of doctors in late stage career in collaboration with the Academy of Medical Royal Colleges. It provides ten recommendations for systems and employers to consider when supporting doctors in late career, working in secondary care settings, to stay and stay well in the NHS. The recommendations are aligned to the NHS people promise and include holding retirement conversations, supporting flexible working and health and wellbeing.]
Available here

Increasing joy in work in UK healthcare teams: a national quality improvement collaborative [Shah A. *British Journal of Healthcare Management*]
[At a time when healthcare staff are experiencing high levels of exhaustion, and recruiting new staff has been increasingly difficult, a programme that enables teams to discover their autonomy to improve the factors that contribute to joy and wellbeing could have enormous value to the healthcare system. When organisations place importance on joy in work in line with other organisational priorities, it sends an important message to staff about the culture and values that the organisation holds.]
Available here

Shift work characteristics and burnout among nurses: cross-sectional survey [Dall'Ora C. *Occupational Medicine*]
[Cross-sectional online survey of nursing staff working in the UK and Ireland. The relationship between long shifts and increased burnout reported previously might have arisen from a lack of choice for those staff working long shifts. Whether limited choice for staff is intrinsically linked to long shifts is unclear.]
Freely available online
Available here

Technology use in recruitment and workforce planning [Chartered Institute of Personnel and Development]
[This guide examines how technology is used across the different stages of recruitment and workforce planning, and introduces you to the benefits and risks of using technology to equip you with new knowledge to advocate for ethical and sustainable practices.]
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

Partnering Ambitious Caring Trusted

Our Vision To provide excellent care for the communities we serve

NHS The Shrewsbury and Telford Hospital NHS Trust