

Health Services Transformation Bulletin

18th September 2023



Artificial intelligence

Preparing your organisation for AI use [Chartered Institute of Personnel and Development]

[Guidance on how to prepare a user policy on generative AI for your workplace and how this technology can be used to support HR functions.]

Available [here](#)

Exploring the experiences and views of doctors working with Artificial Intelligence in English healthcare; a qualitative study [Ganapathi S. *PLoS ONE*]

[This study involved eleven semi-structured, one-to-one interviews conducted with doctors working with AI in English healthcare. For the NHS to leverage the benefits of AI, it must educate and empower current and future doctors. This can be achieved through; informative education within the medical undergraduate curriculum, protecting time for current doctors to develop understanding and providing flexible opportunities for NHS doctors to explore this field.]

Available [here](#)

Clinicians and AI use: where is the professional guidance? [Smith H. *Journal of Medical Ethics*]

[With the introduction of artificial intelligence (AI) to healthcare, there is also a need for professional guidance to support its use. This paper argues that clinical, professional and reputational safety will be risked if this deficit of professional guidance for clinical users of AI-CDDSs is not redressed. It is argued that it is not enough to develop training for clinical users without first establishing professional guidance regarding the rights and expectations of clinical users.]

Available [here](#)

Demand and capacity

Delays to NHS care: Understanding the impact [Healthwatch]

[Healthwatch England commissioned a survey of 1,084 people who have seen their NHS care either cancelled or postponed this year to understand the extent of disruption to care amid rising waiting lists, workforce issues and industrial action, and other pressures on the NHS. The research highlights that

these pressures have serious consequences on people's lives and widen health inequalities.]

Available [here](#)

Elective recovery taskforce: implementation plan [Department of Health and Social Care]

[A plan to turbocharge recovery of the COVID-19 backlog in elective care by leveraging the capacity across the whole system and empowering patients to choose where they are treated.]

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Design of care pathways

Diagnostic imaging reporting turnaround times [NHS England]

[New national turnaround time (TAT) guidance in England for imaging reporting TATs across clinical pathways, including the maximum timeframe within which all imaging must be reported. Turnaround time in imaging is the interval between an imaging examination and a verified report being made available to the referring clinician. Keeping TATs as short as possible is essential for the timely diagnosis and treatment of patients.]

Available [here](#)

Reducing time taken to organise outpatient appointments at Edenbridge Hospital [NHS Fab Stuff]

[Report of a quality improvement (QI) project aimed to reduce the time taken to organise outpatient appointments at Edenbridge Hospital.]

Available [here](#)

Identifying models of care to improve outcomes for older people with urgent care needs: a mixed methods approach to develop a system dynamics model [Conroy S. *Health and Social Care Delivery Research*]

[We have reaffirmed the poor outcomes frequently experienced by many older people living with urgent care needs. We have identified interventions that could improve patient and service outcomes, as well as implementation tools and strategies to help including clinicians, service managers and commissioners improve emergency care for older people.]

Available [here](#)

Patient, hospital and environmental costs of unnecessary bloodwork: capturing the triple bottom line of inappropriate care in general surgery patients [Spoyalo K. *BMJ Open Quality*]

[We found considerable overuse of laboratory investigations among general surgery patients admitted with uncomplicated acute surgical conditions resulting in unnecessary burden to patients, hospitals and the environment. This study identifies an opportunity for resource stewardship and exemplifies a comprehensive approach to quality improvement.]

Available [here](#)

Transfer of care discovery report [Professional Record Standards Body]

[The eDischarge Information Record Standard was first published in 2015. Despite significant investment in programme initiatives, the widespread implementation of the standards has been slow. This report identifies the challenges that have inhibited the adoption of the standard, makes recommendations for improvements and sets out the anticipated benefits that this will bring.]

Available [here](#)

Digital healthcare

Upcoming technology trends in healthcare [Watson D. *British Journal of Healthcare Assistants*]

[Article discussing the learnings that have been made in relation to the benefits of technology within the

healthcare space, such as the workforce transitioning to digital, the importance of the growth of consumer engagement and digitisation in action.]

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Improvement

Whole System Quality: A Unified Approach to Building Responsive, Resilient Health Care Systems

[Institute for Healthcare Improvement]

[This IHI White Paper proposes a more holistic approach to quality management — whole system quality — that enables organizations to close the gap between the quality that customers are currently receiving and the quality that they could be receiving by integrating quality planning, quality control, and quality improvement activities across multiple levels of the system.]

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

Scaling innovation within healthcare systems: practical considerations [NHS Confederation]

[This guide comes in response to NHS Confederation member feedback on challenges to innovation in the NHS. It provides practical pointers for innovators and system decision-makers on how to successfully adopt and scale proven innovations. The guide has been endorsed by the AHSN Network.]

Available [here](#)

Repurposing the Ordering of Routine Laboratory Tests in Hospitalised Medical Patients (RePORT): results of a cluster randomised stepped-wedge quality improvement study [Ambasta A. *BMJ Quality & Safety*]

[A multifaceted intervention bundle using education and facilitated multilevel social comparison was associated with a safe and effective reduction in use of routine daily laboratory testing in hospitals. Further research is needed to understand how system-level interventions may increase this effect and which intervention elements are necessary to sustain results.]

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

How can we finally reduce repetitive routine laboratory tests for hospitalised patients? [Editorial]

[Moriates C. *BMJ Quality & Safety*]

[Commentary on Ambasta A , Omodon O , Herring A , et al . Repurposing the ordering of routine laboratory tests in hospitalised medical patients (report): results of a cluster randomised stepped-wedge quality improvement study. *BMJ Qual Saf* 2023;32:517–25.]

Available [here](#)

No waiting lying in a corridor: a quality improvement initiative in an emergency department [Schmutz T. *BMJ Open Quality*]

[The PDSA strategy based on these five measures allowed to remove in-house obstacles to the internal flow of patients and to fight against their installation outside the care area. These measures are easily replicable by other management teams. Quality indicators of EDs are often heterogeneous, but we propose that the absence of patients lying on a stretcher outside a care area could be part of these indicators, and thus contribute to the improvement and safety of care provided to all patients.]

Available [here](#)

Integrated care

System risk management: key considerations for evolving arrangements [Healthcare Financial Management Association]

[Integrated care systems (ICSs) are developing their approach to system risk management following the enactment of the Health and Care Act 2022. This joint briefing from the Good Governance Institute (GGI)

and the HFMA aims to support systems as they work on system risk management. It includes two case studies and sets out the key challenges, opportunities and considerations involved in effective system risk management.]

Available [here](#)

Delivering more joined-up care for local communities [NHS Confederation]

[This briefing from the Community Network, hosted by the NHS Confederation and NHS Providers, highlights how community providers are well placed to provide more integrated care with partners across the health and care system, to deliver more person-centred care in the community.]

Available [here](#)

Patient-centred care

Improving personalised care, through the development of a service evaluation tool to assess, understand and monitor delivery [Johnson L. *BMJ Open Quality*]

[There are currently few comprehensive tools that enable understanding and evaluation of personalised care delivery from multiple perspectives. The WASP Service Evaluation Tool, developed through this project, enables healthcare providers, commissioners and policy-makers to better understand the how and why of personalised care delivery within their system.]

Available [here](#)

Shared decision-making as a method of care [Montori VM. *BMJ Evidence-Based Medicine*]

[The foundation of shared decision making is the view that people should be aware of relevant choices, and that their personal views, priorities and preferences are relevant factors when determining action. The degree to which people wish to engage in decisions will vary. There is increasing interest in SDM, an ethical imperative, and supporting evidence that well-designed tools help people compare options and make more informed choices.]

Available [here](#)

Caring without boundaries: delimiting shared decision-making [Montori V. *BMJ Evidence-Based Medicine*]

[In shared decision-making, patients and clinicians work together to determine the best next steps in health and care. Elwyn et al's (Elwyn G , Price A , Franco J . The limits of shared decision making. *BMJ Evid Based Med* 2023;28:218–21) recent paper makes an important contribution to the literature about the applicability and limits of SDM. Their argument requires adherence to the traditional definition of SDM.]

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Patient experience

Introducing the Back to the Floor concept at the Royal Wolverhampton and Walsall Healthcare NHS Trusts [Morris M. *British Journal of Nursing*]

[The concept of Back to the Floor (BTTF) has been in existence for many years and the approach is used by nursing and midwifery teams across a wide range of healthcare organisations in the UK. The aim of the approach is to improve patient experience through strengthened, visible, senior clinical leadership. The concept can support the aims and objectives of an organisational nursing, midwifery and allied health professions strategy.]

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Patient flow

Acute assessment services for patient flow assistance in hospital emergency departments [Shaw V. *Cochrane Database of Systematic Reviews*]

[At present there are no randomised controlled trials exploring the effects of acute assessment services on patient flow in hospital-based emergency departments compared to usual, ED-only care.]

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

Interventions to improve consultations in the emergency department: a systematic review [Voaklander B. *Academic Emergency Medicine*]

[The various interventions impacting the consultation process were predominately successful in reducing ED LOS, with evidence suggesting that interventions improving consult responsiveness and improving access to consultants in the ED also improve consult response times. Health care providers looking to implement interventions to improve the ED consultation process should identify key areas in their setting that could be targeted.]

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Research and Innovation

Scaling innovation within healthcare systems: practical considerations [NHS Confederation]

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Available [here](#)

Social prescribing

“Winging It”: An Exploration of the Self-Perceived Professional Identity of Social Prescribing Link Workers [Moore C. *Health & Social Care in the Community*]

[The practice of social prescribing (SP) has been rapidly expanding throughout the UK in recent years. The role of SP link workers (SPLWs) currently has no nationally prescribed requirements in terms of qualifications, background, or experience. This qualitative study of 13 SPLWs using semi-structured interviews is believed to be the first exploration of perceptions of their professional identity and the agency and structure within their roles.]

Available [here](#)

Workforce

Effective people managers: Evidence review [Chartered Institute of Personnel and Development]

[People managers are an indispensable link between an organisation's top management and its employees. However, their impact is affected by several moderating factors, such as leadership style, management skills and organisational support. This evidence review draws together the best available evidence to explore why people managers are important, what a good people manager looks like, and how to develop effective people managers.]

Available [here](#)

Technology use in employee wellbeing [Chartered Institute of Personnel and Development]

[Technology tools such as digital health apps, wearable devices, diagnostics and absence management systems have revolutionised the way organisations protect and support the wellbeing of employees. People professionals can use this guide to navigate this rapidly evolving landscape. It outlines the

benefits and risks to equip you with the knowledge to make the right choices for your context.]

Available [here](#)

NHS long term workforce plan [NHS England]

[This plan sets out how the NHS will address existing vacancies and meet the challenges of a growing and ageing population by recruiting and retaining hundreds of thousands more staff over 15 years and working in new ways. It also sets out long-term workforce projections. It aims to reduce reliance on expensive agency spend that could cut the bill for taxpayers by around £10 billion between 2030/31 and 2036/37. £2.4 billion to fund additional education and training places over five years.]

Available [here](#)

Impact of volunteers in the emergency department [Mehta F. *British Journal of Healthcare Assistants*]

[Aims: To determine whether emergency department volunteers could enhance patient experience through assisting with the psychological aspect of patient care and patients' nutritional needs.

Conclusions: Hospital volunteers made a substantial contribution to providing food and drink to patients in the emergency department. Emotional support from volunteers was limited.]

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How feasible are the NHS Long Term Workforce Plan commitments on training? [The Health Foundation]

[The NHS Long Term Workforce Plan (LTWP) makes important commitments to increase training intakes across several NHS clinical staff groups in England by 2031/32. This short analysis looks at the implications of these commitments for the health care education system and wider workforce planning in England.]

Available [here](#)

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Six Steps Methodology to Integrated Workforce Planning: checklist [Skills for Health]

[This checklist provides a quick reference guide of the key considerations of each of the steps in integrated workforce planning. This document can be used to help with planning, ensuring that leaders reflect on and incorporate the level of detail needed to effectively plan their workforce needs.]

Available [here](#)

Six ways to create a culture for integration [NHS Employers]

[This new resource shares six effective methods to create a culture of integration for a successfully integrated workforce. Developed in collaboration with Skills for Care, the resource is based on real-world experiences of planning and developing an integrated workforce.]

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