

**Strategy** 432447/9

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**1. Participation with alcohol marketing and user-created promotion on social media, and the association with higher-risk alcohol consumption and brand identification among adolescents in the UK.**

**Authors** Critchlow, Nathan; MacKintosh, Anne Marie; Hooper, Lucie; Thomas, Christopher; Vohra, Jyotsna  
**Source** Addiction Research & Theory; Dec 2019; vol. 27 (no. 6); p. 515-526  
**Publication Date** Dec 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [Addiction Research & Theory](#) from Unpaywall  
**Abstract** Aim: To explore participation with alcohol marketing (i.e. commenting on brand statuses) and user-created promotion on social media (i.e. photos of peers drinking) by young people in the United Kingdom (UK), and what association this has with higher-risk consumption and brand identification. Method: Online cross-sectional survey with 11-19-year olds in the UK (n = 3,399) (average age: 15 years old). Past-month participation was measured for five forms of alcohol marketing on social media and one form of user-created promotion (all Yes/ No). Past-month awareness of nine wider alcohol marketing activities, social media apps used at least weekly, and ownership of branded merchandise were included as covariates. Outcomes included higher-risk consumption in current drinkers ( $\geq 5$  AUDIT-C) and brand identification in all respondents (8 pictures with brand names removed). Results: Over one-in-ten respondents (13.2%) had participated with at least one form of marketing on social media or participated with user-created promotion (12.2%). For both, participation was greater in current drinkers and those of legal purchasing age. A logistic regression found that participation with two or more forms of marketing on social media (AOR = 1.96,  $p < .01$ ) and participation with user-created promotion (AOR = 3.46,  $p < .001$ ) were associated with higher-risk drinking. Respondents, on average, identified 2.58 (SD = 2.12) alcohol brands. A linear regression found participation with marketing on social media was not associated with brand identification ( $\beta = 0.01$ ,  $p = .42$ ) but participation with user-created promotion was ( $\beta = 0.05$ ,  $p < .001$ ). Conclusion: Social media provides opportunities for adolescents to participate with commercial marketing and user-created promotion and this is associated with higher-risk consumption and brand identification.

**2. The development and evaluation of a picture tongue assessment tool for tongue-tie in breastfed babies (TABBY).**

**Authors** Ingram, Jenny; Copeland, Marion; Johnson, Debbie; Emond, Alan  
**Source** International Breastfeeding Journal; Jul 2019; vol. 14 (no. 1)  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [International Breastfeeding Journal](#) from BioMed Central  
Available at [International Breastfeeding Journal](#) from Europe PubMed Central - Open Access  
Available at [International Breastfeeding Journal](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.  
Available at [International Breastfeeding Journal](#) from Unpaywall

**Abstract** Background: The presence of a tongue-tie (ankyloglossia) in an infant may lead to breastfeeding difficulties, but debate continues about which babies should be treated with frenotomy. The Bristol Tongue Assessment Tool (BTAT), a clear and simple evaluation of the severity of tongue-tie, is being used worldwide and translated into different languages. We aimed to produce a simple picture version of the BTAT to aid and enhance consistent assessment of infants with tongue-tie. Methods: The Tongue-tie and Breastfed Babies (TABBY) assessment tool was developed from the BTAT by a graphic designer, with iterative discussion with four practicing NHS midwives. The TABBY tool consists of 12 images demonstrating appearance of the infant tongue, its attachment to the gum and the limits of tongue mobility. The TABBY tool is scored from 0 to a maximum of 8. Two initial audits of the TABBY were undertaken at a large maternity unit in a secondary care NHS Trust, in Bristol UK from 2017 to 2019. TABBY was evaluated by five midwives on 262 babies with tongue-ties and experiencing breastfeeding difficulties who were referred for assessment to a tongue-tie assessment clinic using both BTAT and TABBY. Each pair of scores was recorded by one midwife at a time. A further training audit with 37 babies involved different assessors using BTAT and TABBY on each baby. Results: All midwives found the TABBY easy to use, and both audits showed 97.7% agreement between the scores. We suggest that a score of 8 indicates normal tongue function; 6 or 7 is considered as borderline and 5 or below suggests an impairment of tongue function. Selection of infants for frenotomy required an additional breastfeeding assessment, but all infants with a score of 4 or less in the audits had a frenotomy, following parental consent. Conclusions: The TABBY Assessment Tool is a simple addition to the assessment of tongue-tie in infants and can provide an objective score of tongue-tie severity. Together with a structured breastfeeding assessment it can inform selection of infants for frenotomy. It can be used by clinical staff following a short training and will facilitate translation into other languages.

### 3. Testing the temperature of patient safety in the NHS.

**Authors** Tingle, John  
**Source** British Journal of Nursing; Jul 2019; vol. 28 (no. 13); p. 888-889  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [British Journal of Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location]: UHL Libraries On Request (Free).  
Available at [British Journal of Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

**Abstract** John Tingle, Global Patient Safety Specialist, ECRI Institute, discusses several recent NHS reports which show the current state of patient safety in the NHS

### 4. Untitled...British Geriatrics Society Spring Meeting. 10-12 April 2019, Cardiff, Wales.

**Source** Age & Ageing; Jul 2019; vol. 48; p. 1-1  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Age & Ageing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location]: UHL Libraries On Request (Free).  
Available at [Age & Ageing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

### 5. 21IMPACT OF GERIATRIC MEDICINE LIAISON SERVICE ON NATIONAL EMERGENCY LAPAROTOMY AUDIT STANDARDS AND OUTCOMES...British Geriatrics Society Spring Meeting. 10-12 April 2019, Cardiff, Wales.

**Authors** Coary, R; Jenkins, K; Mitchell, E; Pullyblank, A; Shipway, D  
**Source** Age & Ageing; Jul 2019; vol. 48  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Age & Ageing](#) from Ovid (Journals @ Ovid) - Remote Access  
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**6. 23 OPPORTUNISTIC SCREENING FOR OSTEOPOROSIS (OSO) OR FRAGILITY FRACTURE (FF) RISKS IN GERIATRIC MEDICINE (GRM) - A QUALITY IMPROVEMENT ACTIVITY (QIA)...British Geriatrics Society Spring Meeting. 10-12 April 2019, Cardiff, Wales.**

**Authors** Varman, S D; Hnin, S Yu; Balsubramanian, D; Gani, L Utami  
**Source** Age & Ageing; Jul 2019; vol. 48  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
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**7. 29 QUALITY IMPROVEMENT PROJECT: GERIATRIC LIAISON SERVICE IN OLDER PATIENTS ADMITTED UNDER EMERGENCY GENERAL SURGERY...British Geriatrics Society Spring Meeting. 10-12 April 2019, Cardiff, Wales.**

**Authors** Malcolm, F; Tay, H S  
**Source** Age & Ageing; Jul 2019; vol. 48  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
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**8. 31 QUALITY IMPROVEMENT PROJECT TO STANDARDISE THE IMMEDIATE ASSESSMENT OF INPATIENTS WHO FALL WITHIN THE ROYAL GWENT HOSPITAL...British Geriatrics Society Spring Meeting. 10-12 April 2019, Cardiff, Wales.**

**Authors** Ali, M; Marsh, R; Beasant, E  
**Source** Age & Ageing; Jul 2019; vol. 48  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Age & Ageing](#) from Ovid (Journals @ Ovid) - Remote Access  
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**9. 33 REDUCING MEDICATION-RELATED HARM FROM GABAPENTINOIDS IN PRIMARY CARE: A QUALITY IMPROVEMENT PROJECT WITH A COMPLETED PDSA CYCLE...British Geriatrics Society Spring Meeting. 10-12 April 2019, Cardiff, Wales.**

**Authors** Collinson, M J  
**Source** Age & Ageing; Jul 2019; vol. 48  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
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**10. 35IS YOUR PATIENT MORE CONFUSED THAN NORMAL? A COMPLETE AUDIT CYCLE ON THE DIAGNOSIS AND MANAGEMENT OF DELIRIUM AT WATFORD GENERAL HOSPITAL...British Geriatrics Society Spring Meeting. 10-12 April 2019, Cardiff, Wales.**

**Authors** Lewis, G; Melo, T; Mercer, M; Kaur, H; Kings, R  
**Source** Age & Ageing; Jul 2019; vol. 48  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
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**11. 36IMPLEMENTATION OF AN ELECTRONIC HANDOVER TOOL WITHIN DEPARTMENT OF COMPLEX NEEDS: A QUALITY IMPROVEMENT PROJECT...British Geriatrics Society Spring Meeting. 10-12 April 2019, Cardiff, Wales.**

**Authors** Pugh, L; Kessler, M; Foreman, M; Mathew, P; Tan, S; Vemuri, S  
**Source** Age & Ageing; Jul 2019; vol. 48  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
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**12. 54DEVELOPING A CROSS-SPECIALITY CURRICULUM FOR TRAINEES INVOLVED IN THE FALLS AND FRAGILITY FRACTURE AUDIT PROGRAMME...British Geriatrics Society Spring Meeting. 10-12 April 2019, Cardiff, Wales.**

**Authors** Burn, E; Youde, J; Snell, L  
**Source** Age & Ageing; Jul 2019; vol. 48  
**Publication Date** Jul 2019  
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**13. 61A JUNIOR DOCTOR INTERVENTION TO IMPROVE PATIENT EXPERIENCE ON GERIATRIC WARDS...British Geriatrics Society Spring Meeting. 10-12 April 2019, Cardiff, Wales.**

**Authors** Jones, S; Zakrzewski, E; Oates, R; Adenwala, Y  
**Source** Age & Ageing; Jul 2019; vol. 48  
**Publication Date** Jul 2019  
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**14. 70PERI-OPERATIVE ENHANCED RECOVERY HIP FRACTURE CARE OF PATIENTS WITH DEMENTIA (PERFECTED): CLUSTER RANDOMISED CONTROL TRIAL...British Geriatrics Society Spring Meeting. 10-12 April 2019, Cardiff, Wales.**

**Authors** Fox, C; Cross, J; Penhale, B; Hammond, S; Backhouse, T; Poland, F; Shepstone, L; Smith, T; Sahota, O; MacLulich, A  
**Source** Age & Ageing; Jul 2019; vol. 48  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
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**15. 76GETTING AHEAD: AN AUDIT TO STANDARDISE MANAGEMENT OF TRAUMATIC BRAIN INJURY IN OLDER ADULTS...British Geriatrics Society Spring Meeting. 10-12 April 2019, Cardiff, Wales.**

**Authors** Mainwaring, C R; Braude, P  
**Source** Age & Ageing; Jul 2019; vol. 48  
**Publication Date** Jul 2019  
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**Database** CINAHL  
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**16. Quality Improvement Project: Understanding and improving health outcomes for unaccompanied asylum seeking children (UASC) in Harrow.**

**Authors** Chauhan, Bina  
**Source** Adoption & Fostering; Jul 2019; vol. 43 (no. 2); p. 225-230  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Adoption & Fostering](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
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**Abstract** The article offers information on Unaccompanied asylum seeking children (UASC) which are a specific group of looked after children in the Great Britain who have increased and specific health need. It presents study to identify the health needs and improve the health outcomes for the UASC population; and concluded that between two time periods there was an overall improvement in Tuberculosis screening and immunisations.

**17. Oxygen alert wristbands (OxyBand) and controlled oxygen: a pilot study.**

**Authors** Rickards, Emma; Wat, Dennis; Kelly, Carol Ann; Sibley, Sarah  
**Source** British Journal of Community Nursing; Jul 2019; vol. 24 (no. 7); p. 310-314  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [British journal of community nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
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**Abstract** Despite the introduction of Oxygen Alert Cards, guidelines and audits, oxygen therapy remains overused in NHS practice, and this may lead to iatrogenic mortality. This pilot study aimed to examine the use of Oxygen Alert Wristbands (OxyBand) designed to alert health professionals who are delivering oxygen to patients to ensure that the oxygen is administered and titrated safely to the appropriate target saturations. Patients at risk of hypercapnic acidosis were asked to wear OxyBands while presenting to paramedics and health professionals in hospitals. Inappropriate prescription of oxygen reduced significantly after the OxyBands were used. A questionnaire-based assessment showed that the clinicians involved had a good understanding of the risks of uncontrolled oxygen. Forty-two patients found the wrist band comfortable to wear, and only two did not. OxyBands may have the potential to improve patient safety over Oxygen Alert Cards.

**18. NHS drive for diversity in key roles is not 'going backwards'.**

**Authors** Coghill, Yvonne; Naqvi, Habib  
**Source** British Journal of Healthcare Assistants; Jul 2019; vol. 13 (no. 7); p. 356-359  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [British Journal of Healthcare Assistants](#) from MAG Online Library  
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**Abstract** The article presents information on the efforts by the British National Health Service (NHS) to improve diversity. It mentions the results of a report regarding the problem of racial diversity in the NHS, investment in a Workforce Race Equality Standard to improve employment opportunities for blacks and minorities, and efforts for continuous improvement.

**19. Is quality a strategy or an operation?**

**Authors** Toussaint, John Stephen; Mead, Elaine  
**Source** British Journal of Healthcare Management; Jul 2019; vol. 25 (no. 7); p. 214-217  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [British Journal of Healthcare Management](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
 Available at [British Journal of Healthcare Management](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** Traditional healthcare management needs an overhaul. Medical errors have become a norm and costs continue to escalate. A new management philosophy is emerging at a few NHS Trusts. Recent research has shown that operational excellence, the management approach described in this article, leads to improved patient cost and quality outcomes. However, it requires healthcare leaders to behave and act differently. The approach is anchored by a standardised set of management practices that all managers and leaders need to follow. The authors will describe changes leaders have made and what impact these changes have on staff, patient, and organisational outcomes.

**20. Defining patterns of care in the management of patients with brain metastases in a large oncology centre: A single-centre retrospective audit of 236 cases.**

**Authors** Bentley, Rebecca; O'Cathail, Micheal; Aznar-Garcia, Luis; Crosby, Vincent; Wilcock, Andrew; Christian, Judith  
**Source** European Journal of Cancer Care; Jul 2019; vol. 28 (no. 4)  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [European journal of cancer care](#) from Wiley Online Library Medicine and Nursing Collection 2019 - NHS  
 Available at [European journal of cancer care](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
 Available at [European journal of cancer care](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** Aims: The role of selected treatments for brain metastases (BM) is well documented; however, the prevalence of these is not. We report on the patterns of care in the management of BM in a large oncology centre. Materials and methods: We retrospectively audited 236 cases of newly diagnosed BM from January 2016 to December 2017 by looking at 2 years of radiology reports and gathered data on primary site, survival, treatment received, palliative care input and brain metastases-related admissions. Results: Eighty-two per cent of cases were related to lung, breast and melanoma primaries. Half of patients received a form of treatment with the other half receiving best supportive care. Of these, whole-brain radiotherapy (39%) and stereotactic radiosurgery (40%) were the most common treatment modalities. Most common reasons for admissions were headaches, seizures, weakness and confusion. Conclusion: This is the first study in the UK that gives an in-depth overview of the real-world management of brain metastases. We have demonstrated the prevalence of treatment across the spectrum of brain metastases patients. Radiotherapy is the mainstay of treatment in nearly 80% of cases; however, care needs to be taken in ensuring that SRS is offered to those who are suitable.

### 21. Taking the lead.

**Authors** ten Hove, Ruth  
**Source** Frontline (20454910); Jul 2019; vol. 25 (no. 10); p. 40-41  
**Publication Date** Jul 2019  
**Publication Type(s)** Periodical  
**Database** CINAHL

### 22. Psychological wellbeing and use of alcohol and recreational drugs: results of the British HIV Association (BHIVA) national audit 2017.

**Authors** Parry, S; Curtis, H; Chadwick, D  
**Source** HIV Medicine; Jul 2019; vol. 20 (no. 6); p. 424-427  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [HIV medicine](#) from Wiley Online Library  
Available at [HIV medicine](#) from IngentaConnect  
Available at [HIV medicine](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** Objectives: The aim of this national audit was to assess adherence of services providing HIV care in the UK to national standards and guidelines regarding psychological support and the assessment of alcohol and recreational drug use (including chemsex drugs) in people living with HIV (PLWH). Methods: Participating sites completed a survey of their services' care pathways relating to psychological support and substance use. They performed a case-note review of up to 40 adult PLWH per service, reviewing sociodemographic and clinical information and assessment of psychological wellbeing, drug use and alcohol use. The surveys and case notes were assessed against relevant British HIV Association (BHIVA) guidelines and standards. Results: The survey was completed by 112 services. Of these, 73%, 82% and 73% had formal annual processes for assessing the psychological wellbeing, alcohol use and drug use, respectively, of PLWH. Case-note data were provided for 4486 PLWH from 119 sites. Audited rates of assessment of PLWH were 66.0% for psychological wellbeing, 68.0% for alcohol use, 58.4% for recreational drug use and 16.8% for chemsex drug use. Variation between clinical services was wide, with ranges from < 10% to 100% routinely assessing PLWH for each of these domains. Services using assessment tools performed better. Conclusions: Assessment of PLWH for psychological wellbeing and alcohol and recreational drug use is variable in UK clinics, with a significant minority of services not documenting that they assessed these factors routinely. Wider adoption of assessment tools or proformas to assess PLWH in these areas is likely to improve surveillance for psychological morbidity and problematic alcohol or drug use.

### 23. PReCePT: reducing cerebral palsy through improving uptake of magnesium sulphate in preterm deliveries.

**Authors** Wetz, Ellie  
**Source** Infant; Jul 2019; vol. 15 (no. 4); p. 130-131  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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Available at [Infant](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

#### 24. Patient Preferences of Primary Care Support to Increase Physical Activity.

**Authors** Leavitt, Patricia Thompson; Morozov, Holly; Wright, David  
**Source** Journal for Nurse Practitioners; Jul 2019; vol. 15 (no. 7)  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Journal for Nurse Practitioners](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
Available at [Journal for Nurse Practitioners](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** A free clinic in rural New England recently implemented an exercise prescribing program. As a follow-up, a pilot survey questionnaire was sent by mail to a sample of 206 patients to assess their preferences for support of physical activity efforts. A total of 57 surveys were returned for a response rate of 28%. Patients preferred low-impact, low-cost, and low-intensity physical activity. Survey respondents identified no clear preference for group activity versus individual activity. Key findings included patient preferences for the use of low-fidelity education materials, a fitness advisor, and peer support to encourage physical activity. • Rural free clinic patients preferred low-impact/low-intensity physical activities. • Rural free clinic patients preferred low-tech support for physical activity. • Rural free clinic patients had no preference for group physical activity venues.

#### 25. Inspecting the inspectors – does external review of health services provide value for money?

**Authors** Sheldon, Trevor A.  
**Source** Journal of Health Services Research & Policy; Jul 2019; vol. 24 (no. 3); p. 143-144  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Journal of Health Services Research & Policy](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
Available at [Journal of Health Services Research & Policy](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.  
Available at [Journal of Health Services Research & Policy](#) from Unpaywall

**Abstract** An editorial is presented which discusses article on topic to identify poor performance and/or to improve performance, and in particular to ensure the delivery of good quality services. It discusses that in England, the Care Quality Commission (CQC) is one of the regulators which, among other things, inspects health and social care providers to assess whether they are safe, effective, caring, responsive to people's needs and well-led.

#### 26. The effect of external inspections on safety in acute hospitals in the National Health Service in England: A controlled interrupted time-series analysis.

**Authors** Castro-Avila, Ana; Bloor, Karen; Thompson, Carl  
**Source** Journal of Health Services Research & Policy; Jul 2019; vol. 24 (no. 3); p. 182-190  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Journal of Health Services Research & Policy](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
Available at [Journal of Health Services Research & Policy](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** Objectives: To evaluate the effect of Care Quality Commission external inspections of acute trusts on adverse event rates in the English National Health Service. Methods: Interrupted time-series analysis including all acute NHS trusts in England (n = 155) using two control groups (new versus historical inspection regime and trusts not inspected). Multilevel random-coefficient modelling of (1) rates of falls with harm and (2) pressure ulcers, from April 2012 to June 2016, was undertaken using the new, resource-intensive regime of Care Quality Commission inspections as an intervention. Data used in the model included dates and type of inspection, patient safety indicators, demographic characteristics and financial risk of hospitals. Results: In one year, Care Quality Commission inspected 66 acute trusts (42% of all English trusts) using their new regime and 46 (30%) using their previous one. Prior to inspections being announced, rates of falls with harm and pressure ulcers were improving in both intervention and control hospitals. The announcement of an inspection did not affect either indicator. After inspections, rates of falls with harm improved more slowly, and pressure ulcer rates no longer improved for trusts inspected using both regimes. Conclusions: Neither form of external inspection was associated with positive, clinically significant effects on adverse event rates. Any improvement happening before the announced Care Quality Commission inspections slowed after the inspection.

### 27. Scoping ambulance emissions: recommendations for reducing engine idling time.

**Authors** Sheldon, Amber; Hill, Lawrence  
**Source** Journal of Paramedic Practice; Jul 2019; vol. 11 (no. 7); p. 305-312  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Journal of Paramedic Practice](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location]: UHL Libraries On Request (Free).  
Available at [Journal of Paramedic Practice](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

**Abstract** The NHS is a significant contributor to the UK's greenhouse gases and environmental pollution. The current review seeks to examine the degree to which ambulance services contribute to environmental pollution and provides quality improvement suggestions that may reduce emissions, save money and improve public health. A literature search was conducted to identify the English language literature for the past 7 years related to ambulance service carbon emissions and pertinent strategies for reducing harm. An average of 31.3 kg of carbon dioxide (CO<sub>2</sub>) is produced per ambulance response in the current box-shaped ambulance design. A number of quality improvement suggestions related to cost, emissions and public health emerge. Ambulance services should consider a range of systemlevel and individual-focused interventions in order to reduce emissions, save money and promote public health.

### 28. People Plan pledges sound simple...

**Source** Nursing Standard; Jul 2019; vol. 34 (no. 7); p. 5-5  
**Publication Date** Jul 2019  
**Publication Type(s)** Trade Publication  
**Database** CINAHL  
Available at [Nursing Standard](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location]: UHL Libraries On Request (Free).  
Available at [Nursing Standard](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

**Abstract** The author discusses the People Plan introduced by the British National Health Service (NHS) to address nursing workforce shortages in England.

### 29. Five years on: a national patient and public involvement audit and economic assessment of photo at discharge.

**Authors** ROCHON, MELISSA; MORAIS, CARLOS  
**Source** Wounds UK; Jul 2019; vol. 15 (no. 3); p. 28-34  
**Publication Date** Jul 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Wounds UK](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location]: UHL Libraries On Request (Free).  
Available at [Wounds UK](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

**Abstract** In 2014, our hospital introduced the Photo at Discharge (PaD) for cardiac surgical patients. The aim of this study was two-fold: to examine the impact of PaD based on a economic assessment, and secondly to review findings from a 2019 national patient and public involvement (PPI) online survey for the initiative. Methods: The economic assessment was based on published data from a propensity case (PS) matched analysis of PaD. Underlying assumptions were cross checked with prospective surgical site infection (SSI) surveillance data submitted to Public Health England (PHE, 2018). Secondly, Hospital Episode Statistic (HES) data from NHS Digital was obtained to determine our re-admissions to other centres for post-operative wound infection. The economic assessment used a 'cost-avoidance' model and sensitivity analysis was performed to examine the robustness of underlying assumptions. In order to capture potential categorical benefits (not allocated monetary value), between the 1st and the 29th April 2019, a national survey was conducted to capture PPI needs and preference. Results: Based on PS-matched analysis, using 12 variables of interest in relation to SSI risk, 568 patients who received standard discharge advice were PS matched with 568 patient who received PaD. In relation to the PS study, PaD was associated with £201,672 'cost avoided' for SSI re-admissions, capacity released of on average 246 bed days and in turn, potential for an additional 35 elective surgeries and associated revenue was calculated as £485,485. National feedback suggests strong patient and public support for the scheme: 97% agree that PaD would be beneficial and 95% would like to see the approach incorporated for other surgical categories. Discussion: PaD is associated with a number of advantages including patient and public preference, as well significant 'cost-avoidance', capacity released and in turn, revenue generated from additional elective surgery. Future work could include economic modelling of PaD. A further area of interest arising from national PPI feedback is the introduction of PaD to other surgical categories.

**30. Tackling the information overload in healthcare.**

**Authors** Milne, Jeanette  
**Source** British Journal of Nursing; Jun 2019; vol. 28 (no. 12)  
**Publication Date** Jun 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [British Journal of Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
 Available at [British Journal of Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** An editorial is presented which addresses what the author refers to as information overload in healthcare, and it mentions the European Wound Management Association 2019 Conference featuring a presentation from spinal cord injury patient and anaesthiologist Claes Hultling. Access to information is addressed, along with technological advancements in medicine and an individual's ability to process information. Patient self-management and motivation are assessed.

**31. NHS RightCare and neurology.**

**Authors** Thomas, Sue  
**Source** British Journal of Neuroscience Nursing; Jun 2019; vol. 15 (no. 3); p. 128-129  
**Publication Date** Jun 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [British Journal of Neuroscience Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
 Available at [British Journal of Neuroscience Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** The article reports on the inclusion of neurology as a condition covered by National Health Service (NHS) RightCare's NHS England national platform, as well as the major focus of the RightCare intelligence programme like the creation of data packs, tools and other health resources.

**32. CELEBRATING 10 YEARS OF THE SOUTH EAST OF ENGLAND PHOTOTHERAPY NETWORK.**

**Authors** Mair, Nichola; Garibaldinos, Trish  
**Source** Dermatological Nursing; Jun 2019; vol. 18 (no. 2); p. 52-54  
**Publication Date** Jun 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

**Abstract** Late last year, the South East of England Phototherapy Network celebrated its 10th anniversary. In this article, Nichola Mair and Trish Garibaldinos look back at the network's formation, consider its successes and look to see what they future may hold.

**33. Better together: a day hospital's move towards integrated care.**

**Authors** Board, Michele; Pigott, Lisa; Olive, Heather; Heaslip, Vanessa  
**Source** International Journal of Therapy & Rehabilitation; Jun 2019; vol. 26 (no. 6); p. 1-9  
**Publication Date** Jun 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [International Journal of Therapy & Rehabilitation](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location]: UHL Libraries On Request (Free).

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**Abstract** Background/Aims: This article will present how an interdisciplinary team working within a day hospital in an acute NHS Foundation Trust embraced the opportunities of practice development to work 'better together' to meet the complex needs of individuals using the service. Methods: By working closely with key stakeholders, the team developed an integrated service intersecting both primary and secondary care boundaries. Results: The principles of practice development, including shared vision and focus, ensured changes made to the service were patient centred. These changes included a 360-degree assessment by professional staff with extended skills beyond their own professional role, and a virtual ward round, where individual patients are reviewed by an interdisciplinary team in the community with a focus on avoiding hospital admission, with quicker access to the day hospital. The team worked closely with their local university towards achieving practice development unit status, demonstrating a rigorous approach to the development of services provided by the day hospital. Conclusions: The article highlights both the value of practice development and significantly the value of an interdisciplinary team working within a day hospital setting.

**34. Psychometric properties of the self-efficacy for therapeutic mode use tool in a mixed sample of occupational therapists: a pilot study.**

**Authors** Yazdani, Farzaneh; Bonsaksen, Tore  
**Source** International Journal of Therapy & Rehabilitation; Jun 2019; vol. 26 (no. 6); p. 1-8  
**Publication Date** Jun 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract** Background/A: Skills that enable the maintenance of productive relationships with clients are an essential aspect of therapeutic practice and include the use of therapeutic modes appropriate to clients' needs. The therapist requires a certain level of self-efficacy in order to use therapeutic modes in client-therapist interactions. Recently, a tool was developed to assess therapists' self-efficacy in the use of therapeutic modes. The structure of factors within and internal consistency of the self-efficacy for therapeutic mode use tool was examined. Methods: Occupational therapists (n=51) from the UK and Iran completed the self-efficacy for therapeutic mode use assessment tool and provided sociodemographic information. The structure of factors was examined using principal component analysis and parallel analysis; internal consistency was assessed using Cronbach's  $\alpha$  and inter-item correlation. Results: Parallel analysis suggested that the preferred structure has only one factor, explaining 55.2% of data variance. The items' factor loadings ranged between 0.67 and 0.80, and the scale had a Chronbach  $\alpha$  of 0.83. Conclusions: The sum of the scale scores can be useful in occupational therapy research and audits focusing on self-efficacy in the use of therapeutic modes in practice.

**35. 'HINTS' AT THE FRONT DOOR: AN ACUTE STROKE SERVICE QUALITY IMPROVEMENT PROJECT...38th Scientific Meeting of the Physiotherapy Research Society, April 26, 2019, London South Bank University, London, UK.**

**Authors** Rayner, Rebecca; Hmu, Chit  
**Source** International Journal of Therapy & Rehabilitation; Jun 2019; vol. 26 (no. 6); p. 5-5  
**Publication Date** Jun 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract**

Background/Aims: Differential diagnosis of acute vertigo syndrome is challenging. In the acute medical setting, it is difficult to ascertain whether a person has definite peripheral vestibular pathology or a posterior circulation stroke. Mismanagement of these groups within our service is costly, with regards to correct medical input, MRI scan use and bed use within acute stroke services and the hospital setting. Research has demonstrated that the Head Impulse, Nystagmus, and Test of Skew (HINTS) test is efficacious, specific and sensitive in non-UK countries in determining if acute vertigo patients have dangerous (stroke) or benign (peripheral vestibular) pathology. It is not widely used in the UK. This may be due to well-known themes in implementation evidence such as cultural and clinician factors, as well as the lengthy time it takes to embed research into clinical settings. Methods: We have started exploring, using Plan Do Study Act cycles, if the HINTS test can be successfully used in a large acute stroke service and the quality improvement effects this may have for patients (correct diagnosis, education/management and follow-up), financially to the Trust (efficient use of MRI scanning) and to the Stroke Pathway (effective bed use/acute medical management). Results: Early results in round one of the quality improvement plan show that HINTS is a feasible bedside test to complete with 100% accuracy in the patients it was used on within the acute stroke pathway. This involved one stroke consultant and the patients' diagnosis with HINTS was assessed against routine follow-up MRI as appropriate. HINTS training has now been provided to all the stroke consultant and registrar team, A&E registrars and A&E advanced clinical practitioners, to senior physiotherapists in the acute stroke pathway and to the stroke alert nurses. Data gathering has commenced for round two, focusing further on bed use effects, as well as consideration of staff satisfaction with HINTS, and development of a recommended pathway for acute vertigo syndrome patients.

**36. An Interpretive Phenomenological Analysis Of Physiotherapy In Mental Health: Exploring Barriers And Facilitators To Care...38th Scientific Meeting of the Physiotherapy Research Society, April 26, 2019, London South Bank University, London, England**

**Authors** Hemmings, Laura

**Source** International Journal of Therapy & Rehabilitation; Jun 2019; vol. 26 (no. 6); p. 8-8

**Publication Date** Jun 2019

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**Abstract**

Background/Aims: Current literature identifies decreased life expectancy and increased physical health complaints for service users with mental health diagnosis. However, research also highlights increased challenges for this population when accessing physical health care services. Physiotherapy is one such service shown to be of benefit for those with co-morbid physical and mental health needs. However, research is currently lacking on experiences and access to physiotherapy for this population. This study aimed to explore lived experiences of physiotherapeutic care for those with co-morbid physical and mental health complaint and identify barriers and facilitators for those attempting to access this service. Methods: Semi-structured interviews were carried out with service users (n=8) with long-standing physiotherapeutic and severe and enduring psychiatric complaints. Focus groups were completed with physiotherapists working within the field of mental health care. Verbatim transcripts of the interviews and focus groups were analysed using Interpretive Phenomenological Analysis in order to obtain in depth insight into participant experiences. The study was designed to enhance quality through use of methodological and investigator triangulation, negative case analysis, reflexivity, secondary coding and a clear audit trail. Results: Data was analysed systematically following the structure: individual case analysis, emergence of themes, cross case analysis, validation of themes and ideas. This analysis produced five master themes: (1) Communication with health care provider; (2) holistic care from physiotherapist; (3) perceived benefit of physiotherapy; (4) health care politics and interaction between services; (5) patient activation and motivation to comply with physiotherapy. These factors were seen to be of high importance for patient experience and, when lacking, were identified as barriers to quality physiotherapeutic care. Conclusions: Results were found to be consistent with current literature around physical health care. This study identifies the need for greater integrated care between physical and mental health services and improved awareness of mental health and use of the biopsychosocial model within physiotherapy practice in order to promote holistic care. Results also highlight the need for positive experience of physiotherapy for those with severe mental illness in order to increase patient activation and motivation to attend and comply with services.

**37. Rhythmic Auditory Stimulation In Gait Rehabilitation For Children And Youth Following Acquired Brain Injury...38th Scientific Meeting of the Physiotherapy Research Society, April 26, 2019, London South Bank University, London , UK.**

**Authors** Kelly, Gemma; Pool, Jonathan  
**Source** International Journal of Therapy & Rehabilitation; Jun 2019; vol. 26 (no. 6); p. 12-12  
**Publication Date** Jun 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [International Journal of Therapy & Rehabilitation](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location]: UHL Libraries On Request (Free).  
Available at [International Journal of Therapy & Rehabilitation](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

**Abstract** Background/Aims: Relearning to walk is an important goal for many children and young people after acquired brain injury. Rhythmic auditory stimulation uses rhythm to support gait retraining. Its efficacy has been shown for adults with acquired brain injury and children and young people with cerebral palsy. No studies exist for children and young people with acquired brain injury. The aim of this pilot study was to investigate whether the addition of rhythmic auditory stimulation to standard physiotherapy improves children and young people's gait speed and quality after severe acquired brain injury. Methods: Four children and young people (aged 10–13 years) with severe acquired brain injury accessing residential rehabilitation were recruited to a multiple baseline single case experimental design study, AB design. During baseline (A) phase children and young people accessed standard rehabilitation (10 physiotherapy sessions per week). In the intervention (B) phase, 2 out of the 10 standard physiotherapy sessions were replaced with rhythmic auditory stimulation. Length of baseline was randomised and intervention phases were 4 weeks. The 10 m walk test and Edinburgh Visual Gait Scale were completed pre and post sessions biweekly. Data analysis including visual analysis of level, slope and trend of the data will be presented with the results of a test of statistical significance. Results: Data collection will finish in December 2018. Early results indicate that the quality of walking improved more during the intervention phase than the baseline phase for at least one of the participants, and rhythmic auditory stimulation was equal to normal physiotherapy in the other participants. Statistical testing is required. Conclusions: Early results indicate that rhythmic auditory stimulation is at least as effective as normal physio in improving the walking quality of children and young people with acquired brain injury, but this needs to be confirmed. Recommendations for clinical practice and future studies can be made based on the findings and experience of this study.

**38. District nurse teams need renewed investment.**

**Authors** Bradby, Matthew  
**Source** Journal of Community Nursing; Jun 2019; vol. 33 (no. 3); p. 12-12  
**Publication Date** Jun 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Journal of Community Nursing](#) from ProQuest (Health Research Premium) - NHS Version  
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**39. Midwives matter: developing a positive staff culture using restorative clinical supervision An evaluation of a professional midwifery advocate quality improvement project.**

**Authors** Sterry, Michelle  
**Source** MIDIRS Midwifery Digest; Jun 2019; vol. 29 (no. 2); p. 162-166  
**Publication Date** Jun 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [MIDIRS Midwifery Digest](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location]: UHL Libraries On Request (Free).  
Available at [MIDIRS Midwifery Digest](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.



**Abstract** The two-year anniversary of the legislative change that heralded the cessation of statutory supervision of midwifery is approaching. The NHS England (2017) Advocating for Education and Quality Improvement (A-EQUIP) model has been developed to provide a framework for ongoing support, and the promotion of the continuous improvement for practising midwives that will ultimately impact on the delivery of safer care and enhance the maternity experience for women (NHS England 2017). The A-EQUIP model is deployed through professional midwifery advocates (PMAs) who are performing a new leadership and advocacy role which is now becoming embedded into NHS organisations across England. Whilst university courses provide excellent preparation for PMAs, there has been no defined pathway guiding integration of their role into the existing maternity services and embedding the A-EQUIP model as mandate into the employing organisation. Trusts across England have developed their own strategies whilst NHS England, universities and regional peer networking have supported some consistency in implementation and promoted sharing of innovative examples of good practice (NHS England 2018).

**40. Hunter and New England Diabetes Alliance: innovative and integrated diabetes care delivery in general practice.**

**Authors** Parsons, Martha; Acharya, Shamasunder; Luu, Judy; Attia, John; Philcox, Annalise N.; Suthers, Belinda; Jones, Mark; Lynch, Margaret

**Source** Australian Journal of Primary Health; May 2019; vol. 25 (no. 3); p. 219-243

**Publication Date** May 2019

**Publication Type(s)** Academic Journal

**Database** CINAHL

Available at [Australian Journal of Primary Health](#) from EBSCO (MEDLINE Complete)

Available at [Australian Journal of Primary Health](#) from ProQuest (Health Research Premium) - NHS Version

Available at [Australian Journal of Primary Health](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection

[location] : British Library via UHL Libraries - please click link to request article.

**Abstract** Evidence-based standardised diabetes care is difficult to achieve in the community due to resource limitations, and lack of equitable access to specialist care leads to poor clinical outcomes. This study reports a quality improvement program in diabetes health care across a large health district challenged with significant rural and remote geography and limited specialist workforce. An integrated diabetes care model was implemented, linking specialist teams with primary care teams through capacity enhancing case-conferencing in general practice supported by comprehensive performance feedback with regular educational sessions. Initially, 20 practices were recruited and 456 patients were seen over 14 months, with significant improvements in clinical parameters. To date 80 practices, 307 general practitioners, 100 practice nurses and 1400 patients have participated in the Diabetes Alliance program and the program envisages enrolling 40 new practices per year, with a view to engage all 314 practices in the health district over time. Diabetes care in general practice appears suboptimal with significant variation in process measures. An integrated care model where specialist teams are engaged collaboratively with primary care teams in providing education, capacity enhancing case-conferences and performance monitoring may achieve improved health outcomes for people with diabetes.

**41. A STEP forward: Delivering structured education from the day of diagnosis of type 1 diabetes.**

**Authors** Kiddell, Carolyn; Ryan, Lynn; Kelly, Chris

**Source** Journal of Diabetes Nursing; May 2019; vol. 23 (no. 3); p. 1-6

**Publication Date** May 2019

**Publication Type(s)** Academic Journal

**Database** CINAHL

Available at [Journal of Diabetes Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] :

UHL Libraries On Request (Free).

Available at [Journal of Diabetes Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection

[location] : British Library via UHL Libraries - please click link to request article.

**Abstract** Structured education is key to achieving early glycaemic control in type 1 diabetes; however, most structured education programmes are designed for people with established diabetes. The Scottish Type 1 Education Programme (STEP) was therefore developed to provide in-depth, structured education for people newly diagnosed with type 1 diabetes, to give them the knowledge and confidence to self-manage their condition, carbohydrate count and independently adjust their insulin doses. This article outlines the development of STEP and presents audit data from the three years since its introduction. Feedback from participants has been extremely positive, and registry data show that the proportion of people with type 1 diabetes achieving target HbA1c levels in the first year from diagnosis has increased.

**42. FreeStyle Libre use in a real-world population: The Southampton City experience.**

**Authors** Kelly, Beth

**Source** Journal of Diabetes Nursing; May 2019; vol. 23 (no. 3); p. 1-6

**Publication Date** May 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [Journal of Diabetes Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at [Journal of Diabetes Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.  
**Abstract** Southampton City Clinical Commissioning Group has been offering the FreeStyle Libre flash glucose monitoring system to appropriate patients with type 1 diabetes since February 2018. Six-month follow-up data are now available in 89 users and are presented in this article. The results in this real-world population reveal widespread improvements in glycaemic control, hypoglycaemia unawareness, diabetes distress and acute admissions, and potential cost savings to the NHS are becoming apparent.

**43. Induction: First do no harm.**

**Authors** Hickey, Katie  
**Source** AIMS Journal; Apr 2019; vol. 31 (no. 1); p. 1-13  
**Publication Date** Apr 2019  
**Publication Type(s)** Periodical  
**Database** CINAHL

**44. The contribution of ethnography to the evaluation of quality improvement in hospital settings: reflections on observing co-design in intensive care units and lung cancer pathways in the UK.**

**Authors** Vougioukalou, Sofia; Boaz, Annette; Gager, Melanie; Locock, Louise  
**Source** Anthropology & Medicine; Apr 2019; vol. 26 (no. 1); p. 18-32  
**Publication Date** Apr 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [Anthropology and Medicine](#) from Unpaywall  
**Abstract** Ethnography is increasingly being used in the evaluation of quality improvement and change initiatives in healthcare settings, particularly in the form of 'focused' and 'rapid' ethnographies. This new ethnographic genre is tailored to suit narrower enquiries within clinical pathways. However, the application of ethnography to the evaluation of quality improvement is not straightforward or free from reductionist bias, particularly in hospital settings where interventions take place during a limited period of time and instigate change in busy and sensitive settings. This paper discusses problems and emergent solutions involved in conducting an ethnographic process evaluation of co-design projects in lung cancer and intensive care unit services in two hospitals in England. The mixed-methods ethnographic evaluation consisted of observations of the co-design process and triangulation of findings with interviews, questionnaires, participant reflective diaries and service improvement logs. Limitations of observational time and distance from 'the field' were overcome by making most of the pre- and post-event observational periods, situating quality improvement within the wider context of clinical practice, achieving attunement with local clinical cultures and engaging participants in collaboratively guiding observational and interview design. This approach led to a focused ethnographic evaluation that accommodated ethnographic principles to obtain rich insights into quality improvement processes despite the limitations of short-timeframes and the hospital setting.

**45. Care, not custody.**

**Authors** Allen, Daniel  
**Source** Emergency Nurse; Mar 2019; vol. 27 (no. 2); p. 8-9  
**Publication Date** Mar 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [Emergency Nurse](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**46. The ambulance service bringing care closer to home: The North West Ambulance Service is trying to reduce avoidable hospital admissions after a national review.**

**Authors** Kendall-Raynor, Petra  
**Source** Emergency Nurse; Jan 2019; vol. 27 (no. 1); p. 8-9  
**Publication Date** Jan 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [Emergency Nurse](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

**Abstract** The article offers information on the initiatives of the North West Ambulance Service NHS Trust (NWS) aimed to achieve its goal of becoming the best ambulance service in Great Britain within five years. It includes ensuring patients receive the right care closer to home, initiatives to reduce avoidable hospital attendances and admissions, and the implementation of the Transforming Patient Care program which aims to identify ways to increase the number of patients it can see and treat.

#### 47. Six areas for improving treatment of trauma.

**Authors** Dean, Erin  
**Source** Emergency Nurse; Jul 2018; vol. 26 (no. 2); p. 8-8  
**Publication Date** Jul 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [Emergency Nurse](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

**Abstract** The article reports on the areas of trauma assessment and management that must be improved, according to the National Institute for Health and Care Excellence (NICE) in England in 2018.

#### 48. NHS Providers report shows just one in 20 trusts expect to meet four-hour ED target.

**Source** Emergency Nurse; May 2018; vol. 26 (no. 1); p. 7-7  
**Publication Date** May 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [Emergency Nurse](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

**Abstract** The article focuses on a NHS Providers' report which shows that only one in 20 National Health Service (NHS) trusts are confident they can meet the four hour emergency department (ED) waiting list target, despite a government edict to do so by March 2019.

#### 49. Prudent healthcare in emergency departments: a case study in Wales.

**Authors** Condon, Louise; Burford, Sharon; Ghosal, Robin; Denning, Brett; Rees, Gail  
**Source** Emergency Nurse; Mar 2018; vol. 25 (no. 10); p. 20-23  
**Publication Date** Mar 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [Emergency Nurse](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

Available at [Emergency Nurse](#) from Unpaywall

**Abstract** To deliver a patient-centred service, emergency departments (EDs) must be efficient, effective and meet the needs of the local population. This article describes a service redesign of unscheduled care in a hospital in Wales, which followed the principles of prudent healthcare to improve patient experiences. Extending the roles of nurse specialist practitioners was a major component of the redesign. Six working groups were established to guide the process, one of which was responsible for working cooperatively with the local community, which was concerned about perceived 'downgrading' of the ED. The service redesign was completed in 2016 and evaluation shows the target for patients being seen in under four hours improved from 88% to 96%, significantly more acute medical admission patients were discharged in less than 24 hours, and patient satisfaction increased overall.

#### 50. Hospitals do too little to prevent falls, audit finds.

**Source** Emergency Nurse; Dec 2017; vol. 25 (no. 8); p. 7-7  
**Publication Date** Dec 2017  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [Emergency Nurse](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

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**51. noticeboard.**

**Source** Emergency Nurse; Nov 2017; vol. 25 (no. 7); p. 10-10  
**Publication Date** Nov 2017  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Emergency Nurse](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

**52. Emergency nurse spearheads huge improvement at Kent trust: Cliff Evans' team have produced a 50% reduction in mortality and a 70% reduction in harm to patients.**

**Authors** Cole, Elaine  
**Source** Emergency Nurse; Nov 2017; vol. 25 (no. 7); p. 18-20  
**Publication Date** Nov 2017  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Emergency Nurse](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

**Abstract** The article discusses efforts by emergency department (ED) nurse consultant Cliff Evans to address the high mortality rate at the ED of Medway Maritime Hospital. Topics discussed include issues faced by Medway that led to 26% mortality rate such as shortage of nurses with emergency care qualifications, and patients not being prioritized for immediate care. Also mentioned is the assessment tool developed by Evans' team to ensure that patients are referred promptly to specialties or admission. INSET: Cliff Evans' improvement strategy.