

**Strategy** 432447/9

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**1. The expansion of National Healthcare Safety Network enrollment and reporting in nursing homes: Lessons learned from a national qualitative study.**

**Authors** Stone, Patricia W.; Chastain, Ashley M.; Dorritie, Richard; Tark, Aluem; Dick, Andrew W.; Bell, Jeneita M.; Stone, Nimalie D.; Quigley, Denise D.; Sorbero, Melony E.

**Source** American Journal of Infection Control; Jun 2019; vol. 47 (no. 6); p. 615-622

**Publication Date** Jun 2019

**Publication Type(s)** Academic Journal

**Database** CINAHL

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**Abstract** • National Healthcare Safety Network (NHSN) participation is perceived as beneficial. • Early enrollees felt the NHSN enrollment process was burdensome. • Newly enrolled nursing homes felt well supported throughout the enrollment process. • Additional support and educational initiatives are needed to increase NHSN adoption. This study explored nursing home (NH) personnel perceptions of the National Healthcare Safety Network (NHSN). NHs were purposively sampled based on NHSN enrollment and reporting status, and other facility characteristics. We recruited NH personnel knowledgeable about the facility's decision-making processes and infection prevention program. Interviews were conducted over-the-phone and audio-recorded; transcripts were analyzed using conventional content analysis. We enrolled 14 NHs across the United States and interviewed 42 personnel. Six themes emerged: Benefits of NHSN, External Support and Motivation, Need for a Champion, Barriers, Risk Adjustment, and Data Integrity. We did not find substantive differences in perceptions of NHSN value related to participants' professional roles or enrollment category. Some participants from newly enrolled NHs felt well supported through the NHSN enrollment process, while participants from earlier enrolled NHs perceived the process to be burdensome. Among participants from non-enrolled NHs, as well as some from enrolled NHs, there was a lack of knowledge of NHSN. This qualitative study helps fill a gap in our understanding of barriers and facilitators to NHSN enrollment and reporting in NHs. Improved understanding of factors influencing decision-making processes to enroll in and maintain reporting to NHSN is an important first step towards strengthening infection surveillance in NHs.

**2. Refeeding syndrome in adults receiving total parenteral nutrition: An audit of practice at a tertiary UK centre.**

**Authors** Pantoja, Felipe; Fragkos, Konstantinos C.; Patel, Pinal S.; Keane, Niamh; Samaan, Mark A.; Barnova, Ivana; Di Caro, Simona; Mehta, Shameer J.; Rahman, Farooq

**Source** Clinical Nutrition; Jun 2019; vol. 38 (no. 3); p. 1457-1463

**Publication Date** Jun 2019

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**Abstract** The key to preventing refeeding syndrome (RS) is identifying and appropriately managing patients at risk. We evaluated our clinical management of RS risk in patients starting total parenteral nutrition (TPN). Patients commencing TPN at University College London Hospital between January and July 2015 were prospectively followed-up for 7-days. Eighty patients were risk assessed for RS and categorized into risk groups. High and low risk RS groups were compared focussing on the onset of biochemical features of RS (hypophosphatemia, hypokalaemia and hypomagnesaemia) and initial clinical assessment. Statistical analysis was conducted using t-tests and Mann-Whitney U tests. Sixty patients (75%) were identified as high-risk for RS and received lower initial calories (12.8 kcal/kg/day,  $p < 0.05$ ). All high-risk patients received a high potency vitamin preparation compared to 35% in the low risk group ( $p < 0.05$ ). Daily phosphate, magnesium and potassium plasma levels were monitored for seven days in 25%, 30% and 53.8% of patients, respectively. Hypophosphatemia developed in 30% and hypomagnesaemia and hypokalaemia in 27.5% of all patients. Approximately 84% of patients had one or more electrolyte abnormalities, which occurred more frequently in high-risk RS patients ( $p < 0.05$ ). Low risk patients developed mild hypophosphatemia at a much lower percentage than high-risk RS (20% vs 33.3%, respectively). A significant proportion of patients commencing TPN developed biochemical features of RS (but no more serious complications) despite nutritional assessment, treatment, and follow up in accordance with national recommendations. High vs low risk RS patients were more likely to have electrolyte abnormalities after receiving TPN regardless of preventative measures. Additional research is required to further optimise the initial nutritional approach to prevent RS in high-risk patients. • The key to preventing refeeding syndrome is identifying and appropriately managing patients at risk. • 75% were identified as high-risk for refeeding syndrome before starting total parenteral nutrition. • Phosphate, magnesium and potassium levels were monitored for seven days in 25%, 30% and 53.8% of patients, respectively. • Hypophosphatemia developed in 30% and hypomagnesaemia and hypokalaemia in 27.5% of all patients. • High vs low risk refeeding syndrome patients were more likely to have electrolyte abnormalities regardless of prevention.

**3. Exploring organizational support for the provision of structured self-management education for people with Type 2 diabetes: findings from a qualitative study.**

**Authors** Carey, M. E.; Agarwal, S.; Horne, R.; Davies, M.; Slevin, M.; Coates, V.  
**Source** Diabetic Medicine; Jun 2019; vol. 36 (no. 6); p. 761-770  
**Publication Date** Jun 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract** Aim: To explore the organizational context in which Type 2 diabetes structured group education is provided. Methods: Four Clinical Commissioning Groups in England providing Type 2 diabetes structured self-management education participated in a qualitative study exploring the context for provision of that education. Using UK National Diabetes Audit returns, two Clinical Commissioning Groups were selected that had non-attendance rates of  $\leq 25\%$ , and two that had non-attendance rates of  $\geq 50\%$ . Between May 2016 and August 2017, 20 interviews were conducted with Clinical Commissioning Group staff including: commissioners, healthcare professionals, managers, general practitioners and diabetes educators. Data gathering was prolonged as it proved challenging to engage with healthcare staff as a result of frequent local restructuring and service disruption. Results: Local audits revealed discrepancies in basic data such as referral and attendance numbers compared with national audit data. There was a commonality in the themes identified from interviews: diabetes education was rarely embedded in service structure; where education uptake was poor, a lack of central support to delivery teams was noticeable; and where education uptake was positive, delivery teams were actively engaged, sometimes relying on enthusiastic individuals. Both situations put the local sustainability of diabetes education at risk. Conclusions: There appears to be a link between attendance rates and organizational issues, therefore, when considering how to increase attendance rates, the state of the diabetes education infrastructure should be reviewed. Good uptake of diabetes education can be too reliant on the enthusiastic commitment of small teams or individuals delivering the education. What's new?: Research into lack of uptake of diabetes structured self-management education (DSSME) has not previously considered how organizations affect attendance. Absence of communication between the teams providing DSSME and their senior management structure can impede the effectiveness of delivery teams. Clinical teams delivering DSSME are frequently expected to provide administration, marketing and promotional support without proper resources or guidance. Successful implementation of DSSME frequently relies on a few dedicated staff, leaving even the most exemplary delivery of education vulnerable to changes in staffing.

**4. Change in Prescribing for Secondary Prevention of Stroke and Coronary Heart Disease in Finnish Nursing Homes and Assisted Living Facilities.**

**Authors** Jokanovic, Natali; Kautiainen, Hannu; Bell, J. Simon; Tan, Edwin C. K.; Pitkälä, Kaisu H.  
**Source** Drugs & Aging; Jun 2019; vol. 36 (no. 6); p. 571-579  
**Publication Date** Jun 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [Drugs & Aging](#) 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: One quarter of residents in long-term care facilities (LTCFs) have a diagnosis of CHD or stroke and over half use at least one preventative cardiovascular medication. There have been no studies that have investigated the longitudinal change in secondary preventative cardiovascular medication use in residents in LTCFs over time. Objective: The aim of this study was to investigate the change in cardiovascular medication use among residents with coronary heart disease (CHD) and prior stroke in nursing homes (NHs) and assisted living facilities (ALFs) in Finland over time, and whether this change differs according to dementia status. Methods: Three comparable cross-sectional audits of cardiovascular medication use among residents aged 65 years and over with CHD or prior stroke in NHs in 2003 and 2011 and ALFs in 2007 and 2011 were compared. Logistic regression analyses adjusted for gender, age, mobility, cancer and length of stay were performed to examine the effect of study year, dementia and their interaction on medication use. Results: Cardiovascular medication use among residents with CHD (NHs: 89% vs 70%; ALFs: 89% vs 84%) and antithrombotic medication use among residents with stroke (NHs: 72% vs 63%; ALFs: 78% vs 69%) declined between 2003 and 2011 in NHs and 2007 and 2011 in ALFs. Decline in the use of diuretics, nitrates and digoxin were found in both groups and settings. Cardiovascular medication use among residents with CHD and dementia declined in NHs (88% [95% CI 85–91] in 2003 vs 70% [95% CI 64–75] in 2011) whereas there was no change among people without dementia. There was no change in cardiovascular medication use among residents with CHD in ALFs with or without dementia over time. Antithrombotic use was lower in residents with dementia compared with residents without dementia in NHs ( $p < 0.001$ ) and ALFs ( $p = 0.026$ ); however, the interaction between dementia diagnosis and time was non-significant. Conclusions: The decline in cardiovascular medication use in residents with CHD and dementia suggests Finnish physicians are adopting a more conservative approach to the management of cardiovascular disease in the NH population.

**5. Patterns of practice in palliative radiotherapy for bone metastases in UK centres.**

**Authors** Khan, Nida; Green, David  
**Source** Journal of Radiotherapy in Practice; Jun 2019; vol. 18 (no. 2); p. 116-122  
**Publication Date** Jun 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract** Background: There is abundant evidence of the comparative efficacy of single-fraction (SF) radiotherapy and multi-fraction (MF) radiotherapy when treating patients with bone metastases. Despite this, previous surveys have shown SF schedules to be underutilised. Aim: To determine current patterns of practice in patients with bone metastasis and to investigate the factors that influence practice. Method: An electronic audit was performed amongst 46 physicians, within 7 hospital trusts in the UK. The audit comprised of four hypothetical cases in which consultants and registrars chose which dose and fractionation they would recommend and their reasons for this recommendation. Results: SF radiotherapy was the most common radiotherapy schedule in hypothetical cases 1, 3 and 4. SF radiotherapy was recommended by 65% of respondents in case 1, 47% in case 2, 89% in case 3 and 46% in case 4. For case 2, 50% proposed MF radiotherapy. For case 4, 22% of respondents recommended Stereotactic Body Radiotherapy (SABR). The following deciding factors were cited as influencing choice of an SF schedule: prognosis, published evidence, performance status and spinal cord compression. Conclusion: The most common radiotherapy schedule selected was SF. However, there were inter-institution differences regarding the use of SF radiotherapy. Furthermore, the survey had shown that a third of respondents recommended an MF regime, despite evidence supporting the efficacy of an SF schedule.

**6. A nurse-led rheumatology telephone advice line: service redesign to improve efficiency and patient experience.**

**Authors** Tomlinson, Pamela; Heaton, Helen; Medcalf, Patricia; Campbell, Jackie; Whiteside, Debbie  
**Source** British Journal of Nursing; May 2019; vol. 28 (no. 10); p. 619-627  
**Publication Date** May 2019

**Publication Type(s)** Academic Journal  
**Database** CINAHL  
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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** Background: nurse-led telephone advice line (TAL) services have been endorsed by the Royal College of Nursing (RCN) and provide patients and their carers with expert advice and self-management strategies. Identified helpline shortfalls in one rheumatology TAL included a high number of inappropriate calls, calls not recorded in patients' records, and no formal process for assigning calls to nurses. Using RCN guidelines, the service was redesigned by specialist rheumatology nurses to address these issues. Method: troubleshooting sessions were used to identify solutions to shortcomings in the helpline processes. Following service redesign, nurse/user feedback was collated, and efficiency savings achieved from reducing face-to-face appointments were calculated. Results: the new TAL received fewer inappropriate calls, was received positively by staff and patients, and saved approximately £354 890 a year for the local clinical commissioning group. Conclusion: rheumatology nurses successfully improved a TAL using RCN guidance. The approach could be used by other trusts to improve patient helplines and contribute to the NHS drive for efficiency.

#### 7. Have CQC hospital inspections resulted in better quality care?

**Authors** Glasper, Alan  
**Source** British Journal of Nursing; May 2019; vol. 28 (no. 10); p. 654-655  
**Publication Date** May 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
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**Abstract** Emeritus Professor Alan Glasper, University of Southampton, discusses the impact and success of Care Quality Commission hospital inspections since publication of the report into Mid Staffordshire NHS Trust

#### 8. Global Nursing Now.

**Authors** Peate, Ian  
**Source** British Journal of Nursing; May 2019; vol. 28 (no. 9); p. 545-545  
**Publication Date** May 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
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**Abstract** An editorial is presented that discusses the Nursing Now campaign in Great Britain, sponsored by the Burdett Trust for Nursing, which is trying to raise the status of nursing. The possible membership of the Royal College of Nursing (RCN) in the International Council of Nurses (ICN) is addressed. The role of the campaign in showing the importance of nurses within multidisciplinary medical teams is noted.

#### 9. Continuous improvement.

**Authors** Evans, Navina  
**Source** British Journal of Nursing; May 2019; vol. 28 (no. 9); p. 546-546  
**Publication Date** May 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
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**Abstract** The article discusses the notions of improvement and innovation in the British National Health Service (NHS). Topics include the expertise and character attributes of nurses, the use of online communication between the East London NHS Foundation Trust (ELFT) and nurses, and the role of nurses in improving quality of life.

#### 10. Improving asthma care for children and young people through reflection.

**Authors** Stock, Sandra-Jane  
**Source** Nursing Children & Young People; May 2019; vol. 31 (no. 3); p. 21-25  
**Publication Date** May 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract** Asthma is a common condition, but there is evidence that it is not always managed well in the UK and deaths from asthma still occur. Locally non-medical prescribers are expected to reflect on prescribing decisions and submit them for peer review. This article arose from a local peer review, when the reviewers -- who were all non-medical prescribers -- suggested the learning should be more widely shared. Change in children's care can take a long time as can be seen from the age of some of the references, but this reflection shows that some of these older recommendations are still not yet embedded in practice widely.

#### 11. Where are we now in perioperative medicine? Results from a repeated UK survey of geriatric medicine delivered services for older people.

**Authors** Joughin, Andrea L; Partridge, Judith S L; O'Halloran, Tessa; Dhesi, Jugdeep K  
**Source** Age & Ageing; May 2019; vol. 48 (no. 3); p. 458-462  
**Publication Date** May 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract** Introduction national reports highlight deficiencies in the care of older patients undergoing surgery. A 2013 survey showed less than a third of NHS trusts had geriatrician-led perioperative medicine services for older surgical patients. Barriers to establishing services included funding, workforce and limited interspecialty collaboration. Since then, national initiatives have supported the expansion of geriatrician-led services for older surgical patients. This repeat survey describes geriatrician-led perioperative medicine services in comparison with 2013, exploring remaining barriers to developing perioperative medicine services for older patients. Methods an electronic survey was sent to clinical leads for geriatric medicine at 152 acute NHS healthcare trusts in the UK. Reminders were sent on four occasions over an 8-week period. The survey examined the nature of the services provided, extent of collaborative working and barriers to service development. Responses were analysed descriptively. Results eighty-one (53.3%) respondents provide geriatric medicine services for older surgical patients, compared to 38 (29.2%) in 2013. Services exist across surgical specialties, especially in orthopaedics and general surgery. Fourteen geriatrician-led preoperative clinics now exist. Perceived barriers to service development remain workforce issues and funding. Interspecialty collaboration has increased, evidenced by joint audit meetings (33% from 20.8%) and collaborative guideline development (31% from 17%). Conclusion since 2013, an increase in whole-pathway geriatric medicine involvement is observed across surgical specialties. However, considerable variation persists across the UK with scope for wider adoption of services facilitated through a national network.

#### 12. Nurses' perceptions of feedback from cardiac rehabilitation registries: a qualitative study across the UK and Denmark.

**Authors** Helmark, Charlotte; Egholm, Cecilie Lindstrom; Kousgaard, Marius Brostrom; Zwisler, Ann-Dorthe; Doherty, Patrick  
**Source** British Journal of Cardiac Nursing; May 2019; vol. 14 (no. 5); p. 1-13  
**Publication Date** May 2019



**Publication Type(s)** Academic Journal  
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 Available at [British Journal of Cardiac 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** Background/Aims: Feedback on performance is a widely used strategy aiming to improve quality of care; however, limited research exists regarding nurses' perceptions of feedback. This article explores cardiac rehabilitation nurse leads' perceptions of the feedback provided through two national registries. Method: This was a qualitative study which used semi-structured interviews. Cardiac rehabilitation nurses (n=12) were strategically recruited across the UK and Denmark. The transcribed interviews were analysed using content analysis, and differences and similarities were identified. Results: Overall, five themes emerged; accessibility, reliability, usefulness, relevance and attitudes towards public reporting. In the UK, the nurses perceived that data regarding feedback were accessible, trustworthy, useful and reflected the important elements in cardiac rehabilitation. However, in Denmark, the nurses perceived that feedback data were unavailable, had reliability issues and only partly reflected the important aspects of cardiac rehabilitation. Nurses in both countries were ambivalent towards public reporting. Conclusions: In order to facilitate high quality service delivery and improvement, registries should consider cardiac rehabilitation nurse leads' perceptions when delivering feedback.

### 13. The future of physiotherapy.

**Authors** Knapton, Katie  
**Source** British Journal of Community Nursing; May 2019; vol. 24 (no. 5); p. 236-237  
**Publication Date** May 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
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**Abstract** The article looks at the implications of a new general practice contract on physiotherapy services in Great Britain. Topics mentioned include the number of fall-related hospital admissions in England for people aged 65 years in 2016 and 2017 according to the Royal Society for the Prevention of Accidents, Bounce Back Clinics set up by the Grange and Lakes Integrated Care Community, and the appointment of Matt Hancock as Secretary of State for Health and Social Care.

### 14. BSDHT Publications Survey 2018.

**Authors** Bassi, Leon  
**Source** Dental Health; May 2019; vol. 58 (no. 3); p. 15-16  
**Publication Date** May 2019  
**Publication Type(s)** Periodical  
**Database** CINAHL  
 Available at [Dental 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.

### 15. Clinical academic careers for nurses: a viable career pathway.

**Authors** Jack, Kathryn  
**Source** Gastrointestinal Nursing; May 2019; vol. 17 (no. 4); p. 22-25  
**Publication Date** May 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
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**Abstract** The article explains the history of the development of clinical academic nurses, provides the career development structure made by Health Education England and the National Institute for Health Research, and provides ideas to start to build up academic experience before application.

**16. A Culture Of Openness Is Associated With Lower Mortality Rates Among 137 English National Health Service Acute Trusts.**

**Authors** Toffolutti, Veronica; Stuckler, David  
**Source** Health Affairs; May 2019; vol. 38 (no. 5); p. 844-850  
**Publication Date** May 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [Health Affairs](#) 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 English National Health Service (NHS) started to implement reforms in 2016 to create a culture of openness, transparency, and accountability across the entire hospital system. However, there is a debate among policy makers and researchers about whether and to what extent openness is related to significant improvements in health system performance or lower mortality rates. Drawing on data from 137 English acute trusts (or hospital systems) for the period 2012-14, we used multivariate regression models to test whether mortality rates, taken from the Summary Hospital-level Mortality Indicator, were lower in hospitals that had higher levels of openness among staff members, a measure derived from the NHS National Staff Survey. When we adjusted for hospital operating capacity, our results showed that a one-point increase in the standardized openness score was associated with a 6.48 percent reduction in hospital mortality rates. These findings have important policy implications: They offer empirical evidence to support further efforts to increase openness in the English hospital system, since doing so has improved health care quality.

**17. Airway management in neonatal intensive care units: the PIC-NIC survey.**

**Authors** Foy, Katie E.; Cook, Timothy M.; Marden, Bernie; Kelly, Fiona E.  
**Source** Infant; May 2019; vol. 15 (no. 3); p. 92-94  
**Publication Date** May 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [Infant](#) 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 [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.

**Abstract** Improvements in airway management have occurred in almost all UK adult intensive care units following the publication of the Fourth National Audit Project (NAP4) in 2011. Subsequently the PIC-NIC survey investigated whether the lessons learned from NAP4 had filtered into paediatric practice. This article highlights the relevant findings for neonatal healthcare professionals by discussing the high-risk nature of neonatal airway management and strategies that might be used to improve safety including planning for difficulty, immediate access to emergency airway equipment and the role of continuous waveform capnography and videolaryngoscopy.

**18. Optimising the delivery of parenteral nutrition in newborn care.**

**Authors** Milner, Yasmin; Stagg, William; McElroy, Helen  
**Source** Infant; May 2019; vol. 15 (no. 3); p. 96-99  
**Publication Date** May 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [Infant](#) 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 [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.

**Abstract** Parenteral nutrition (PN) is a key component of newborn care, especially for preterm and growth restricted infants. Inadequate nutrition is associated with growth failure and suboptimal development. The 2016 British Association of Perinatal Medicine (BAPM) Framework for Practice provided the first UK standards for delivering PN. This articles describes a quality improvement initiative in a neonatal intensive care unit that successfully optimised PN feeding regimens resulting in higher protein and lipid intakes over the first five days of feeding, in line with BAPM recommendations.

**19. Reflection from a delegate on BACCN 2018 conference.**

**Source** Nursing in Critical Care; May 2019; vol. 24 (no. 3); p. 179-179  
**Publication Date** May 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Nursing in Critical Care](#) from Wiley Online Library Medicine and Nursing Collection 2019 - NHS  
Available at [Nursing in Critical 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 [Nursing in Critical 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** The article discusses the 2018 British Association of Critical Care Nurses (BACCN) conference. It mentions the views of senior sister in the intensive care unit (ICU), Jane Chittenden that the conference was split up into speakers on a small scale and key note speakers that address a large auditorium; and also mentions that everything is relevant and intriguing in this conference.

**20. HIGH COMPLIANCE SCORES MAY BE HIDING HOSPITALS' DIRTY SECRETS.**

**Authors** Trueland, Jennifer  
**Source** Nursing Standard; May 2019; vol. 34 (no. 5); p. 56-58  
**Publication Date** May 2019  
**Publication Type(s)** Trade Publication  
**Database** CINAHL  
Available at [Nursing Standard](#) from Ovid (Journals @ Ovid) - Remote Access  
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 article discusses the NHS Improvement's national hand hygiene (HH) policy that aims to improve patient safety against infections in healthcare settings in England. Topics mentioned include the different strategies utilized by healthcare providers in performing HH audits including the use of trained auditors, the five moments of HH according to the World Health Organization including the moment before touching a patient, and the misconceptions pertaining to dirty hands and hand washing.

**21. RISING TO THE CHALLENGE.**

**Authors** BILTON, RACHAEL  
**Source** Synergy: Imaging & Therapy Practice; May 2019 ; p. 5-9  
**Publication Date** May 2019  
**Publication Type(s)** Periodical  
**Database** CINAHL  
Available at [Synergy: Imaging & Therapy 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.

**22. Poorer Speech Reception Threshold in Noise Is Associated With Lower Brain Volume in Auditory and Cognitive Processing Regions.**

**Authors** Rudner, Mary; Seeto, Mark; Keidser, Gitte; Johnson, Blake; Rönnerberg, Jerker  
**Source** Journal of Speech, Language & Hearing Research; Apr 2019; vol. 62 ; p. 1117-1130  
**Publication Date** Apr 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Journal of speech, language, and hearing research : JSLHR](#) from EBSCO (MEDLINE Complete)  
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Available at [Journal of speech, language, and hearing research : JSLHR](#) from ProQuest (MEDLINE with Full Text) - NHS Version  
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**Abstract** Purpose: Hearing loss is associated with changes in brain volume in regions supporting auditory and cognitive processing. The purpose of this study was to determine whether there is a systematic association between hearing ability and brain volume in cross-sectional data from a large nonclinical cohort of middle-aged adults available from the UK Biobank Resource (<http://www.ukbiobank.ac.uk>). Method: We performed a set of regression analyses to determine the association between speech reception threshold in noise (SRTn) and global brain volume as well as predefined regions of interest (ROIs) based on T1-weighted structural images, controlling for hearing-related comorbidities and cognition as well as demographic factors. In a 2nd set of analyses, we additionally controlled for hearing aid (HA) use. We predicted statistically significant associations globally and in ROIs including auditory and cognitive processing regions, possibly modulated by HA use. Results: Whole-brain gray matter volume was significantly lower for individuals with poorer SRTn. Furthermore, the volume of 9 predicted ROIs including both auditory and cognitive processing regions was lower for individuals with poorer SRTn. The greatest percentage difference (-0.57%) in ROI volume relating to a 1 SD worsening of SRTn was found in the left superior temporal gyrus. HA use did not substantially modulate the pattern of association between brain volume and SRTn. Conclusions: In a large middle-aged nonclinical population, poorer hearing ability is associated with lower brain volume globally as well as in cortical and subcortical regions involved in auditory and cognitive processing, but there was no conclusive evidence that this effect is moderated by HA use. This pattern of results supports the notion that poor hearing leads to reduced volume in brain regions recruited during speech understanding under challenging conditions. These findings should be tested in future longitudinal, experimental studies.

### 23. An Analysis of A Bidirectional School Nurse-Led Text-Messaging Service.

**Authors** Wales, Nicola; Sayer, Lynn  
**Source** British Journal of School Nursing; Apr 2019; vol. 14 (no. 3); p. 121-131  
**Publication Date** Apr 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract** Aim: To analyse a school nurse led bi-directional text messaging service provided to young people aged 11–19 in two inner London boroughs. Background: School nurses play a key role in providing early advice and support to the school-aged population. The ability to access a school nurse has been recognised by young people as something that needs to improve and suggestions of being able to text a school nurse have been made. ChatHealth is a bi-directional text messaging system that allows young people aged 11–19 to ask a school nurse for advice and support via an anonymous short messaging system (SMS). Arguably, ChatHealth offers more opportunities than traditional access methods to reach more young people. However, due to the relatively new concept, there is a limited evidence base regarding its effectiveness. Methods: An audit of documentary data was completed to analyse the uptake and outcomes of ChatHealth in the local area. Content analysis was carried out analysing 26 conversation transcripts and a staff questionnaire was distributed to gain a better understanding of the role of the school nurse delivering ChatHealth. Findings: The ChatHealth service appears to be proactive in offering an efficient response to a variety of physical, emotional, sexual health and appointment queries, additionally, the uptake of the service has supplemented the established face-to-face contacts. In the local area, emotional health is the most common type of query being received from young people and the topic school nurses feel least confident in responding to. School nurses identify the benefits of ChatHealth in improving young people's access and in enhancing the visibility of the school nursing service and did not identify it as an inconvenience to their current workload.

### 24. A Study of Data Continuity in Adult Social Care Services.

**Authors** Chotvijit, Sarunkorn; Thiarai, Malkiat; Jarvis, Stephen A  
**Source** British Journal of Social Work; Apr 2019; vol. 49 (no. 3); p. 762-786  
**Publication Date** Apr 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [British Journal of Social Work](#) 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).

**Abstract** Financial challenges in adult social care services are a considerable concern for UK government. With an ageing population, UK local authorities were reported to have spent £168 million more than budgeted in 2015–16 and had struggled to maintain care quality and manage unprecedented demand. We report on the assessment process employed in adult social care in Birmingham, the UK's second largest city, and use data-analytic methods to examine the flow and continuity of data from referral, through the assessment process, to the resulting service provision. We identify the decision-making points and the data recorded for service users throughout the workflow. Data are derived from the local government social care system in Birmingham and span 2013–16. Findings highlight the complexity of the social care system, the fragmentation of the data and the discontinuity of data flow within the system. This data analysis resulted from a two-year study commissioned by Birmingham City Council as part of the 'case for change' following several poor Ofsted reports. Our commission was to understand what could be ascertained from a data-led investigation, independently of how the data were collected and used. This research establishes the foundation for service improvement and potential resource savings.

## 25. CULTURE CLASH: THE CHALLENGES OF WORKING AS A COUNSELLOR IN IAPT.

**Authors** PROCTOR, GILLIAN; BROWN, MAETA; COHEN, SHLOMO; MCKELVIE, SUE  
**Source** Healthcare Counselling & Psychotherapy Journal; Apr 2019; vol. 19 (no. 2); p. 8-14  
**Publication Date** Apr 2019  
**Publication Type(s)** Periodical  
**Database** CINAHL  
Available at [Healthcare Counselling & Psychotherapy Journal](#) from EBSCO (Psychology and Behavioral Sciences Collection)  
Available at [Healthcare Counselling & Psychotherapy Journal](#) 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 [Healthcare Counselling & Psychotherapy 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.

**Abstract** The article explores how the counselors working in the Improving Access to Psychological Therapies (IAPT), England with ethical conflicts. Topics discussed include information on the explores the costs that counselors may face during training; discussions on the identification of common themes faced by the study participants; and the information on the negotiating the IAPT and client agenda.

## 26. Familial unilateral vestibular schwannoma is rarely caused by inherited variants in the NF2 gene.

**Authors** Evans, D. Gareth; Wallace, Andrew J.; Hartley, Claire; Freeman, Simon R.; Lloyd, Simon K.; Thomas, Owen; Axon, Patrick; Hammerbeck-Ward, Charlotte L.; Pathmanaban, Omar; Rutherford, Scott A.; Kellett, Mark; Laitt, Roger; King, Andrew T.; Bischetsrieder, Jemma; Blakeley, Jaishri; Smith, Miriam J.; Hammerbeck-Ward, Charlotte L  
**Source** Laryngoscope; Apr 2019; vol. 129 (no. 4); p. 967-973  
**Publication Date** Apr 2019  
**Publication Type(s)** Academic Journal  
**PubMedID** 30325044  
**Database** CINAHL  
Available at [Laryngoscope](#) from Wiley Online Library Medicine and Nursing Collection 2019 - NHS  
Available at [Laryngoscope](#) 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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Available at [Laryngoscope](#) from Unpaywall

**Abstract** Objectives/hypothesis: Unilateral vestibular schwannoma (VS) occurs with a lifetime risk of around 1 in 1,000 and is due to inactivation of the NF2 gene, either somatically or from a constitutional mutation. It has been postulated that familial occurrence of unilateral VS occurs more frequently than by chance, but no causal mechanism has been confirmed. Study Design: Retrospective database analysis. Methods: The likelihood of chance occurrence of unilateral VS, or occurring in the context of neurofibromatosis type 2 (NF2), was assessed using national UK audit data and data from the national NF2 database. Families with familial unilateral VS (occurrence in first- and second-degree relatives) were assessed for constitutional NF2 and LZTR1 genetic variants, and where possible the tumor was also analyzed. Results: Approximately 1,000 cases of unilateral VS occurred annually in the United Kingdom between 2013 and 2016. Of these, 2.5 may be expected to have a first-degree relative who had previously developed a unilateral VS. The likelihood of this occurring in NF2 was considered to be as low as 0.05 annually. None of 28 families with familial unilateral VS had a constitutional NF2 intragenic variant, and in nine cases where the VS was analyzed, both mutational events in NF2 were identified and excluded from the germline. Only three variants of uncertain significance were found in LZTR1. Conclusions: Familial occurrence of unilateral VS is very unlikely to be due to a constitutional NF2 or definitely pathogenic LZTR1 variant. The occurrence of unilateral VS in two or more first-degree relatives is likely due to chance. This phenomenon may well increase in clinical practice with increasing use of cranial magnetic resonance imaging in older patients. Level Of Evidence: 2b Laryngoscope, 129:967-973, 2019.

### 27. Progression of hearing loss in neurofibromatosis type 2 according to genetic severity.

**Authors** Emmanouil, Beatrice; Houston, Rory; May, Anne; Ramsden, James D.; Hanemann, C. Oliver; Halliday, Dorothy; Parry, Allyson; Mackeith, Samuel

**Source** Laryngoscope; Apr 2019; vol. 129 (no. 4); p. 974-980

**Publication Date** Apr 2019

**Publication Type(s)** Academic Journal

**PubMedID** 30456886

**Database** CINAHL

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**Abstract** Objectives/hypothesis: This study set out to describe the progression of hearing loss in patients with neurofibromatosis type 2 (NF2), treated in a quaternary multidisciplinary clinic. It also aimed to compare hearing loss across patients grouped according to a known genetic severity score to explore its utility for prognostication. Study Design: Retrospective cohort study. Methods: We conducted a study of 147 patients with confirmed NF2 diagnosis for a mean observational period of 10 years. Pure-tone average (PTA), optimum discriminations scores (ODS), and genotype data were collected. Patients were classified according to hearing class (American Academy of Otolaryngology), their candidacy for auditory implantation (UK National NF2 consensus) and grouped by genetic severity as: 1 = tissue mosaic, 2A = mild classic, 2B = moderate classic, and 3 = severe. Survival analysis investigated the effect of genetic severity on the age of loss of serviceable hearing. Results: Genetic severity was a significant predictor of hearing outcomes such as ODS, hearing classification, and maximum annual PTA deterioration. Although the overall median age of loss of serviceable hearing was 78 years, there was significant variation according to the genetic severity; the median for severe patients was 32 years compared to a median of 80 for tissue mosaic patients. Conclusions: This is the first description of long-term hearing outcomes in a clinical setting across a large heterogeneous cohort of patients with NF2. The results highlight the potential importance and benefit of considering the genetic severity score of patients when undertaking treatment decisions, as well as planning future natural history studies. Level Of Evidence: 2c Laryngoscope, 129:974-980, 2019.

### 28. Similarity to prototypical heavy drinkers and non-drinkers predicts AUDIT-C and risky drinking in young adults: prospective study.

**Authors** Davies, Emma L.

**Source** Psychology & Health; Apr 2019; vol. 34 (no. 4); p. 403-421

**Publication Date** Apr 2019

**Publication Type(s)** Academic Journal

**Database** CINAHL

Available at [Psychology & Health](#) 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).

**Abstract** Objective: The aim of the present study was to explore whether constructs within the Prototype Willingness Model (PWM) predicted risky drinking as measured by AUDIT-C, drinking harms and unplanned drunkenness in a sample of UK young adults. Previous studies exploring the PWM often do not use validated measures of alcohol consumption, and the outcomes of risky drinking are underexplored. Design: An online prospective study design with 4 week follow-up was employed and 385 young adults completed the study (M age = 21.76, SD = 3.39, 69.6% female; 85.2% students). Main outcome measures: Intentions to get drunk, AUDIT-C, drinking harms experienced in the last 4 weeks, and unplanned drunkenness in the last 4 weeks. Results: Heavy and non-drinker prototype similarity predicted AUDIT-C, drinking harms and unplanned drunkenness when controlling for past behaviour and reasoned action pathway constructs. Intentions and willingness both mediated the relationship between prototype perceptions and AUDIT-C. Conclusion: This study supports the use of the PWM in the prediction of AUDIT-C, drinking harms and unplanned drinking in a UK sample. Prototype perceptions influenced behaviour via both reasoned and reactive cognitions. Targeting similarity to heavy and non-drinker prototypes should be the focus of future interventions in this population.

### 29. Ambient noise levels and hearing screening outcomes: where technology meets clinical decision making.

**Authors** Kanji, Amisha  
**Source** Hearing, Balance & Communication; Mar 2019; vol. 17 (no. 1); p. 12-17  
**Publication Date** Mar 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
**Abstract** Purpose: The current study aimed to determine the mean ambient noise levels within a risk-based newborn hearing screening (NHS) programme. It further aimed to investigate the relationship between the ambient noise levels and the screening outcome. A descriptive, longitudinal, repeated measures, within-subjects design was employed. Three hundred and twenty-five neonates from two public sector hospitals were enrolled in an NHS programme. Methods: These neonates underwent an initial hearing screening in the wards, and were thereafter booked for a repeat hearing screening which was conducted in an outpatient clinic within the hospital setting. Screening included transient evoked otoacoustic emissions (TEOAEs), distortion product otoacoustic emissions (DPOAEs) and automated auditory brainstem response (AABR). The maximum ambient noise levels were measured and recorded for each screening session. Data related to mean ambient noise levels were analysed using descriptive statistics. The independent samples t-test and the Wilcoxon rank sum test were used to determine the association between the ambient noise levels and screening outcomes. Results: Results indicated that the ambient sound levels were significantly higher for ears which referred, compared to ears which passed. Conclusion: Findings from the current study highlight the need for monitoring of ambient noise levels across all screening contexts, and consideration of the inclusion of sound level measurements when planning for hearing screening programmes, particularly for contexts where environmental adaptations may not be possible.

### 30. Comparative aspects of the care of familial hypercholesterolemia in the "Ten Countries Study".

**Authors** Pang, Jing; Chan, Dick C.; Hu, Miao; Muir, Lauretta A.; Kwok, See; Charng, Min-Ji; Florkowski, Christopher M.; George, Peter M.; Lin, Jie; Loi, Do Doan; Marais, A. David; Nawawi, Hapizah M.; Gonzalez-Santos, Lourdes E.; Su, Ta-Chen; Truong, Thanh Huong; Santos, Raul D.; Soran, Handrean; Tomlinson, Brian; Yamashita, Shizuya; Ademi, Zanfina  
**Source** Journal of Clinical Lipidology; Mar 2019; vol. 13 (no. 2); p. 287-300  
**Publication Date** Mar 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Journal of Clinical Lipidology](#) 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** There is a lack of information on the health care of familial hypercholesterolemia (FH). The objective of this study was to compare the health care of FH in countries of the Asia-Pacific region and Southern Hemisphere. A series of questionnaires were completed by key opinion leaders from selected specialist centers in 12 countries concerning aspects of the care of FH, including screening, diagnosis, risk assessment, treatment, teaching/training, and research; the United Kingdom (UK) was used as the international benchmark. The estimated percentage of patients diagnosed with the condition was low (overall <3%) in all countries, compared with ~15% in the UK. Underdetection of FH was associated with government expenditure on health care ( $\chi = 0.667$ ,  $P < .05$ ). Opportunistic and systematic screening methods, and the Dutch Lipid Clinic Network criteria were most commonly used to detect FH; genetic testing was infrequently used. Noninvasive imaging of coronary calcium and/or carotid plaques was underutilized in risk assessment. Patients with FH were generally not adequately treated, with <30% of patients achieving guideline recommended low-density lipoprotein cholesterol targets on conventional therapies. Treatment gaps included suboptimal availability and use of lipoprotein apheresis and proprotein convertase subtilisin-kexin type 9 inhibitors. A deficit of FH registries, training programs, and publications were identified in less economically developed countries. The demonstration of cost-effectiveness for cascade screening, genetic testing, and specialized treatments were significantly associated with the availability of subsidies from the health care system ( $\chi = 0.571-0.800$ ,  $P < .05$ ). We identified important gaps across the continuum of care for FH, particularly in less economically developed countries. Wider implementation of primary and pediatric care, telehealth services, patient support groups, education/training programs, research activities, and health technology assessments are needed to improve the care of patients with FH in these countries. • We identified important gaps across the continuum of care for familial hypercholesterolemia (FH) in 12 countries. • Estimated percentage of patients diagnosed with FH was low (overall <3%). • Diagnosis of FH was associated with government expenditure on health care. • Use of lipoprotein apheresis and PCSK9 inhibitors were limited in most countries. • Availability of subsidy from the health care system is important for the care of FH.

**31. An organisational participatory research study of the feasibility of the behaviour change wheel to support clinical teams implementing new models of care.**

**Authors** Bull, Eleanor R; Hart, Joanne K; Swift, Juliette; Baxter, Kirstie; McLauchlan, Neil; Joseph, Sophia; Byrne-Davis, Lucie M T  
**Source** BMC Health Services Research; Feb 2019; vol. 19 (no. 1); p. 1-12  
**Publication Date** Feb 2019  
**Publication Type(s)** Academic Journal  
**PubMedID** 30717764  
**Database** CINAHL

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**Abstract** Background: Health and social care organisations globally are moving towards prevention-focussed community-based, integrated care. The success of this depends on professionals changing practice behaviours. This study explored the feasibility of applying a behavioural science approach to help staff teams from health organisations overcome psychological barriers to change and implement new models of care. Methods: An Organisational Participatory Research study was conducted with health organisations from North West England, health psychologists and health workforce education commissioners. The Behaviour Change Wheel (BCW) was applied with teams of professionals seeking help to overcome barriers to practice change. A mixed-methods data collection strategy was planned, including qualitative stakeholder interview and focus groups to explore feasibility factors and quantitative pre-post questionnaires and audits measuring team practice and psychological change barriers. Qualitative data were analysed with thematic analysis; pre-post quantitative data were limited and thus analysed descriptively. Results: Four clinical teams from paediatrics, midwifery, heart failure and older adult mental health specialties in four organisations enrolled, seeking help to move care to the community, deliver preventative healthcare tasks, or become more integrated. Eighty-one managers, medical doctors, nurses, physiotherapists, midwives and other professionals contributed data. Three teams successfully designed a BCW intervention; two implemented and evaluated this. Five feasibility themes emerged from the thematic analysis of qualitative data. Optimising the BCW in an organisational change context meant 1) qualitative over quantitative data collection, 2) making behavioural science attractive, 3) co-development and a behavioural focus, 4) effective ongoing communication and 5) support from engaged leaders. Pre-post quantitative data collected suggested some positive changes in staff practice behaviours and psychological determinants following the intervention. Conclusions: Behavioural science approaches such as the BCW can be optimised to support teams within health and social care organisations implementing complex new models of care. The efficacy of this approach should now be trialled.

**32. Open tibial fractures in major trauma centres: A national prospective cohort study of current practice.**



**Authors** Young, K.; Aquilina, A.; Chesser, T.J.S.; Costa, M.L.; Hettiaratchy, S.; Kelly, M.B.; Moran, C.G.; Pallister, I.; Woodford, M.  
**Source** Injury; Feb 2019; vol. 50 (no. 2); p. 497-502  
**Publication Date** Feb 2019  
**Publication Type(s)** Academic Journal  
**PubMedID** 30401540  
**Database** CINAHL  
Available at [Injury](#) 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 [Injury](#) 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: To assess current national practice in the management of severe open tibial fractures against national standards, using data collected by the Trauma and Audit Research Network. Materials and Methods: Demographic, injury-specific, and outcome data were obtained for all grade IIIB/C fractures admitted to Major Trauma Centres in England from October 2014 to January 2016. Results: Data was available for 646 patients with recorded grade IIIB/C fractures. The male to female ratio was 2.3:1, mean age 47 years. 77% received antibiotics within 3 h of admission, 82% were debrided within 24 h. Soft tissue coverage was achieved within 72 h of admission in 71%. The amputation rate was 8.7%. 4.3% of patients required further theatre visits for infection during the index admission. The timing of antibiotics and surgery could not be correlated with returns to theatre for early infection. There were significant differences in the management and outcomes of patients aged 65 and over, with an increase in mortality and amputation rates. Conclusions: Good outcomes are reported from the management of IIIB/C fractures in Major Trauma Centres in England. Overall compliance with national standards is particularly poor in the elderly. Compliance did not appear to affect rates of returning to theatre or early infection. Appropriately applied patient reported outcome measures are needed to enhance the evidence-base for management of these injuries.

### 33. RT THUMBS UP.

**Authors** DEVITT, REBEKAH  
**Source** Synergy: Imaging & Therapy Practice; Jan 2019 ; p. 13-17  
**Publication Date** Jan 2019  
**Publication Type(s)** Periodical  
**Database** CINAHL  
Available at [Synergy: Imaging & Therapy 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.

### 34. The British Association for Sexual Health and HIV 2016 UK national audit and survey of clinic policies in relation to risk assessment, HIV testing and follow-up.

**Authors** Bhaduri, S.; Curtis, H.; McClean, H.; Sullivan, A. K.  
**Source** International Journal of STD & AIDS; Nov 2018; vol. 29 (no. 11); p. 1142-1145  
**Publication Date** Nov 2018  
**Publication Type(s)** Academic Journal  
**PubMedID** 29749877  
**Database** CINAHL  
Available at [International Journal of STD & AIDS](#) 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 STD & AIDS](#) 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** This national audit of 142 clinics demonstrated that the majority of clinics surveyed had policies and agreed clinical practice for alcohol and recreational drug enquiry, as well as documentation of HIV test refusal, although this was not the case in 24% of clinics as regards alcohol usage, 21% of clinics as regards recreational drugs use and 43% of clinics as regards chemsex usage. Regarding management of HIV test refusal, there was no policy or agreed practice in 13% of clinics with respect to men having sex with men (MSM) attenders, and in 18% of clinics for heterosexual attenders. Seventy percent of clinics had HIV point of care tests (POCT) available. Recommendations include: all clinics should have a policy of routine enquiry about alcohol, recreational drugs and chemsex, all clinics should record reasons for HIV test refusal and all clinics should provide testing alternatives to improve uptake, e.g. point of care testing or home sampling.

### 35. BASHH 2016 UK national audit and survey of HIV testing, risk assessment and follow-up: case note audit.

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**Authors** Bhaduri, Sumit; Curtis, Hilary; McClean, Hugo; Sullivan, Ann K.  
**Source** International Journal of STD & AIDS; Nov 2018; vol. 29 (no. 11); p. 1146-1150  
**Publication Date** Nov 2018  
**Publication Type(s)** Academic Journal  
**PubMedID** 29743005  
**Database** CINAHL

Available at [International Journal of STD & AIDS](#) 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 STD & AIDS](#) 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** This national audit demonstrated discrepancies between actual practice and that indicated by clinic policies following enquiry about alcohol, recreational drugs and chemsex use. Clinics were more likely to enquire about risk behaviour if this was clinic policy or routine practice. Previous testing was the most common reason for refusing HIV testing, although 33% of men who have sex with men had a prior test of more than three months ago. Of the group declining due to recent exposure in the window period, 21/119 cases had an exposure within the four weeks prior to presentation, but had a previous risk not covered by previous testing. Recommendations include provision of risk assessments for alcohol, recreational drug use and chemsex, documenting reasons for HIV test refusal, provision of HIV point-of-care testing, follow-up for cases at higher risk of HIV and advice about community testing or self-sampling/testing.

### 36. Round-up of last month's main workforce and policy news affecting UK nurses.

**Authors** Ford, Steve  
**Source** Nursing Times; Nov 2018; vol. 114 (no. 11); p. 39-39  
**Publication Date** Nov 2018  
**Publication Type(s)** Periodical  
**Database** CINAHL

Available at [Nursing Times](#) 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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### 37. Struggling Shropshire hospital trust placed in 'special measures'.

**Authors** Stephenson, Jo  
**Source** Nursing Times; Nov 2018; vol. 114 (no. 11); p. 64-64  
**Publication Date** Nov 2018  
**Publication Type(s)** Periodical  
**Database** CINAHL

Available at [Nursing Times](#) 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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### 38. NHS safety alert issued over life-threatening kidney dialysis bleeds.

**Source** Nursing Times; Nov 2018; vol. 114 (no. 11); p. 90-90  
**Publication Date** Nov 2018  
**Publication Type(s)** Periodical  
**Database** CINAHL

Available at [Nursing Times](#) 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 Times](#) 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.

### 39. Consultation launched on major maternity shake-up in South West England.

**Authors** Stephenson, Jo  
**Source** Nursing Times; Nov 2018; vol. 114 (no. 11); p. 92-92

**Publication Date** Nov 2018  
**Publication Type(s)** Periodical  
**Database** CINAHL  
Available at [Nursing Times](#) 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 Times](#) 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.

#### 40. 'Making Better Births a reality for women with multiple disadvantages'.

**Authors** Delap, Naomi  
**Source** Nursing Times; Nov 2018; vol. 114 (no. 11); p. 94-94  
**Publication Date** Nov 2018  
**Publication Type(s)** Periodical  
**Database** CINAHL  
Available at [Nursing Times](#) 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 Times](#) 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.

#### 41. New standards to improve nurse services in special schools in Wales.

**Authors** Ford, Steve  
**Source** Nursing Times; Nov 2018; vol. 114 (no. 11); p. 106-106  
**Publication Date** Nov 2018  
**Publication Type(s)** Periodical  
**Database** CINAHL  
Available at [Nursing Times](#) 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 Times](#) 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.

#### 42. Support for nurse leaders to integrate volunteers in NHS workforce.

**Authors** Ford, Megan  
**Source** Nursing Times; Nov 2018; vol. 114 (no. 11); p. 109-109  
**Publication Date** Nov 2018  
**Publication Type(s)** Periodical  
**Database** CINAHL  
Available at [Nursing Times](#) 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 Times](#) 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.

#### 43. First ever toolkit designed to improve palliative day services.

**Authors** Ford, Steve  
**Source** Nursing Times; Nov 2018; vol. 114 (no. 11); p. 160-160  
**Publication Date** Nov 2018  
**Publication Type(s)** Periodical  
**Database** CINAHL  
Available at [Nursing Times](#) 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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**44. Nurse specialists 'pivotal' in improving lung cancer care.**

**Authors** Mitchell, Gemma  
**Source** Nursing Times; Nov 2018; vol. 114 (no. 11); p. 166-166  
**Publication Date** Nov 2018  
**Publication Type(s)** Periodical  
**Database** CINAHL  
Available at [Nursing Times](#) 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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**45. Funding for community nurse projects to improve frailty.**

**Authors** Ford, Steve  
**Source** Nursing Times; Nov 2018; vol. 114 (no. 11); p. 178-178  
**Publication Date** Nov 2018  
**Publication Type(s)** Periodical  
**Database** CINAHL  
Available at [Nursing Times](#) 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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**46. Seasonal variation of Pseudomonas aeruginosa in culture positive otitis externa in South East England.**

**Authors** Villedieu, A; Papesh, E; Weinberg, S E; Teare, L; Radhakrishnan, J; Elamin, W F  
**Source** Epidemiology & Infection; Oct 2018; vol. 146 (no. 13); p. 1811-1812  
**Publication Date** Oct 2018  
**Publication Type(s)** Academic Journal  
**PubMedID** 29976272  
**Database** CINAHL  
Available at [Epidemiology & Infection](#) from ProQuest (Health Research Premium) - NHS Version  
Available at [Epidemiology & Infection](#) 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 [Epidemiology & Infection](#) 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** Otitis externa is the inflammation of the external auditory canal. The disease is common and shows a seasonal variation with a greater incidence in warmer months. Pseudomonas aeruginosa is a common pathogen in otitis externa and in this retrospective study, we show a corresponding seasonal variation in the proportional incidence of P. aeruginosa isolates from otitis externa in South East England. In total 7770 patients were diagnosed with otitis externa over a period of 9 years from January 2008 to December 2016. P. aeruginosa was isolated from 2802 patients (proportional incidence of 36%). Incidence was higher in the months of August, September and October and in patients between 5 and 15 years of age. We postulate a combination of increased contact with water during warm weather in the holiday season and increased rainfall in the preceding season as a putative mechanism for the seasonal trends.

**47. New guidance on how to define and measure pressure ulcers.**

**Authors** Fletcher, Jacqui; Hall, Jennie  
**Source** Nursing Times; Oct 2018; vol. 114 (no. 10); p. 5-5  
**Publication Date** Oct 2018  
**Publication Type(s)** Periodical  
**Database** CINAHL  
Available at [Nursing Times](#) 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 Times](#) 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 occurrence of pressure ulcers is an indicator of care quality. In recent years, there has been considerable effort to reduce the number of pressure ulcers and related harm, but this effort has been offset by disparities between trusts in the way they define, measure and report pressure ulcers. As part of the Stop the Pressure programme, new guidance on pressure ulcer definition and measurement in England has been issued by NHS Improvement after a consensus-seeking exercise involving a large range of stakeholders. The guidance will be rolled out nationally from April 2019. This article discusses the guidance, why it was needed and how it was developed.

**48. CQC highlights creative use of nursing roles to meet demand.**

**Authors** Mitchell, Gemma  
**Source** Nursing Times; Oct 2018; vol. 114 (no. 10); p. 79-79  
**Publication Date** Oct 2018  
**Publication Type(s)** Periodical  
**Database** CINAHL  
Available at [Nursing Times](#) 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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**49. Rating of children's community services in Birmingham downgraded by regulator.**

**Authors** Stephenson, Jo  
**Source** Nursing Times; Oct 2018; vol. 114 (no. 10); p. 110-110  
**Publication Date** Oct 2018  
**Publication Type(s)** Periodical  
**Database** CINAHL  
Available at [Nursing Times](#) 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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**50. Nurse shortages among key challenges facing NHS in Scotland.**

**Authors** Stephenson, Jo  
**Source** Nursing Times; Oct 2018; vol. 114 (no. 10); p. 159-159  
**Publication Date** Oct 2018  
**Publication Type(s)** Periodical  
**Database** CINAHL  
Available at [Nursing Times](#) 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 Times](#) 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.

**51. Psychological Interventions in Perinatal Community Mental Health Teams in the United Kingdom.**

**Authors** Davies, Simone; Horne, Rebecca; Moore, Tal  
**Source** Journal of Prenatal & Perinatal Psychology & Health; Sep 2018; vol. 33 (no. 1); p. 27-37  
**Publication Date** Sep 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Journal of Prenatal & Perinatal Psychology & Health](#) from ProQuest (Health Research Premium) - NHS Version

**Abstract** The promotion of perinatal mental health and the provision of effective, evidence-based psychological interventions has become a priority within the UK. Increased awareness of the impact of poor maternal mental health and improved financial investment has led to the rapid expansion of perinatal community mental health services. This evaluation was undertaken to learn more about the psychological provision within UK Perinatal Community Mental Health Teams (PCMHTs) at the end of 2017. All PCMHTs with Royal College of Psychiatrists (RCPsych) Perinatal Centre for Continuous Quality Improvement (CCQI) membership in September 2017 (23 teams) were contacted and asked to complete a six-item online questionnaire developed for the purpose of this investigation about the psychological interventions currently being offered in their service. Seventy-four percent of teams contacted completed the survey. The findings suggest that, while there was considerable variability within the psychological provision in the PCMHTs, there were also important commonalities. The variation in psychological provision in the PCMHTs may reflect differences in service user needs, in local mental health and statutory services provision, in staff skills and training, and in the developmental stage and staffing provision of the team. Commonalities suggest that teams are striving to work within the "perinatal frame of mind" (Tavistock and Portman, 2016), tailoring interventions to their interpretations of the specific needs of this client group.

**52. Interhospital Transport of Critically Ill Children to PICUs in the United Kingdom and Republic of Ireland: Analysis of an International Dataset.**

**Authors** Ramnarayan, Padmanabhan; Dimitriadis, Konstantinos; Freeburn, Lynsey; Kashyap, Aravind; Dixon, Michaela; Barry, Peter W.; Claydon-Smith, Kathryn; Wardhaugh, Allan; Lamming, Caroline R.; Draper, Elizabeth S.; on behalf of the United Kingdom Paediatric Intensive Care Society Acute Transport Group

**Source** Pediatric Critical Care Medicine; Jun 2018; vol. 19 (no. 6)

**Publication Date** Jun 2018

**Publication Type(s)** Academic Journal

**PubMedID** 29432405

**Database** CINAHL

Available at [Pediatric Critical Care Medicine](#) 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 [Pediatric Critical Care 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: International data on characteristics and outcomes of children transported from general hospitals to PICUs are scarce. We aimed to 1) describe the development of a common transport dataset in the United Kingdom and Ireland and 2) analyze transport data from a recent 2-year period. Design: Retrospective analysis of prospectively collected data. Setting: Specialist pediatric critical care transport teams and PICUs in the United Kingdom and Ireland. Patients: Critically ill children less than 16 years old transported by pediatric critical care transport teams to PICUs in the United Kingdom and Ireland. Interventions: None. Measurements and Main Results: A common transport dataset was developed as part of the Paediatric Intensive Care Audit Network, and standardized data were collected from all PICUs and pediatric critical care transport teams from 2012. Anonymized data on transports (and linked PICU admissions) from a 2-year period (2014-2015) were analyzed to describe patient and transport characteristics, and in uni- and multivariate analyses, to study the association between key transport factors and PICU mortality. A total of 8,167 records were analyzed. Transported children were severely ill (median predicted mortality risk 4.4%) with around half being infants (4,226/8,167; 51.7%) and nearly half presenting with respiratory illnesses (3,619/8,167; 44.3%). The majority of transports were led by physicians (78.4%; consultants: 3,059/8,167, fellows: 3,344/8,167). The median time for a pediatric critical care transport team to arrive at the patient's bedside from referral was 85 minutes (interquartile range, 58-135 min). Adverse events occurred in 369 transports (4.5%). There were considerable variations in how transports were organized and delivered across pediatric critical care transport teams. In multivariate analyses, consultant team leader and transport from an intensive care area were associated with PICU mortality (p = 0.006). Conclusions: Variations exist in United Kingdom and Ireland services for critically ill children needing interhospital transport. Future studies should assess the impact of these variations on long-term patient outcomes taking into account treatment provided prior to transport.

**53. General practitioner and nurse prescriber experiences of prescribing antibiotics for respiratory tract infections in UK primary care out-of-hours services (the UNITE study).**

**Authors** Williams, S. J.; Halls, A. V.; Tonkin-Crine, S.; Moore, M. V.; Latter, S. E.; Little, P.; Eyles, C.; Postle, K.; Leydon, G. M.

**Source** Journal of Antimicrobial Chemotherapy (JAC); Mar 2018; vol. 73 (no. 3); p. 795-803

**Publication Date** Mar 2018

**Publication Type(s)** Academic Journal

**PubMedID** 29190384

**Database** CINAHL

Available at [Journal of Antimicrobial Chemotherapy \(JAC\)](#) from HighWire - Free Full Text

Available at [Journal of Antimicrobial Chemotherapy \(JAC\)](#) 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 Antimicrobial Chemotherapy \(JAC\)](#) from Unpaywall

**Abstract**

Background: Interventions are needed to reduce unnecessary antibiotic prescribing for respiratory tract infections (RTIs). Although community antibiotic prescribing appears to be decreasing in the UK, figures for out-of-hours (OOH) prescribing have substantially increased. Understanding the factors influencing prescribing in OOH and any perceived differences between general practitioner (GP) and nurse prescriber (NP) prescribing habits may enable the development of tailored interventions promoting optimal prescribing in this setting. Objectives: To explore UK GP and NP views on and experiences of prescribing antibiotics for RTIs in primary care OOH services. Methods: Thirty semi-structured interviews were conducted with GPs and NPs working in primary care OOH services. Inductive thematic analysis was used to analyse data. Results: The research shows that factors particular to OOH influence antibiotic prescribing, including a lack of patient follow-up, access to patient GP records, consultation time, working contracts and implementation of feedback, audit and supervision. NPs reported perceptions of greater accountability for their prescribing compared with GPs and reported they had longer consultations during which they were able to discuss decisions with patients. Participants agreed that more complex cases should be seen by GPs and highlighted the importance of consistency of decision making, illness explanations to patients as well as a perception that differences in clinical training influence communication with patients and antibiotic prescribing decisions. Conclusions: Environmental and social factors in OOH services and a mixed healthcare workforce provide unique influences on antibiotic prescribing for RTIs, which would need to be considered in tailoring interventions that promote prudent antibiotic prescribing in OOH services.

**54. Identifying MAIS 3+ injury severity collisions in UK police collision records.**

**Authors** Nunn, James; Barnes, Jo; Morris, Andrew; Petherick, Emily; Mackenzie, Roderick; Staton, Matt  
**Source** Traffic Injury Prevention; Feb 2018; vol. 19  
**Publication Date** Feb 2018  
**Publication Type(s)** Academic Journal  
**PubMedID** 30841812  
**Database** CINAHL

Available at [Traffic Injury Prevention](#) 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**

Objective: This study represents the first stage of a project to identify serious injury, at the level of Maximum Abbreviated Injury Scale (MAIS) 3+ (excluding fatal collisions) from within the police collision data. The resulting data will then be used to identify the vehicle drivers concerned and in later studies these will be culpability scored and profiled to allow targeting of interventions. Method: UK police collision data known as STATS19 for the county of Cambridgeshire were linked using Stata with Trauma Audit and Research Network (TARN) hospital trauma patient data for the same geographical area for the period April 2012 to March 2017. Linking was 2-stage: A deterministic process followed by a probabilistic process. Results: The linked records represent an individual trauma patient from TARN data linked to an individual trauma casualty from STATS19 data. Full collision data for the incident resulting in the trauma casualty were extracted. The resulting subset of collisions has the MAIS 3+ injury criteria applied. From the 10,498 recorded collisions, the deterministic linking process was successful in linking 257 MAIS 3+ trauma patients to collision injury subjects from 232 separate collisions with the probabilistic process linking a further 22 MAIS 3+ subjects from 21 collision events. The combined collision data for the 253 collisions involved 434 motor vehicle drivers. Conclusions: We produced viable results from the available data to identify MAIS 3+ collisions from the overall collision data.

**55. A Descriptive Study to Assess Satisfaction With and the Impact of a Midwifery-led Service on Consumers and Providers.**

**Authors** Williamson, Susan  
**Source** Descriptive Study to Assess Satisfaction With & the Impact of a Midwifery-led Service on Consumers & Providers; Jan 2001; p. 1-1  
**Publication Date** Jan 2001  
**Publication Type(s)** Dissertation  
**Database** CINAHL

**Abstract**

A descriptive study to evaluate satisfaction with and the impact of a midwife managed maternity service on consumers and providers is reported. The purpose of the study was to identify the factors that influence satisfaction and dissatisfaction for the midwives who provide maternity care and women who receive it. Although midwives provide maternity care in the UK, obstetricians and general practitioners manage the care. This study also aimed to increase understanding of women's perception of who managed their maternity care, identify principal carers through documented care and thus add to the debate over which professional group is responsible for the provision of maternity care. The study design included two self-reporting questionnaires to obtain women's views of and satisfaction with their maternity care. One questionnaire was designed for pregnant women, the other for postpartum women. The postnatal questionnaires were given to women who received either integrated midwifery care (IMC) or traditional care (TC). Group interviews were conducted with midwives in two stages. The first were exploratory and were used to develop interview and analysis technique and to inform the second stage interviews. An audit of community midwifery work schedules and care records of respondents to the postnatal survey was undertaken to clarify issues raised through data analysis and "hunches". The response to the questionnaires was good with returns of 95% for the antenatal questionnaire and 63% for the postnatal questionnaire. The response rate was equal for the IMC and TC groups. Coding frames were developed for the open response questions and data were collapsed into categories. Only three care records were not examined because of difficulty locating them. The review of care records highlighted the need to split the IMC group because a failed integrated care (FIC) group had been identified. This group had received a combination of integrated midwifery care and traditional care. The community midwifery work schedules were reviewed for the two-year period of data collection for the postnatal survey. Sixteen groups of midwives participated in the exploratory interviews and 12 in the second. The interviews were recorded and analysed concurrently so that emerging themes could be used in further interviews. Although women were generally satisfied with their maternity care, there were aspects of their care that had caused dissatisfaction. The data suggests that continuity of carers, and number of carers has an impact on information, choice and women's satisfaction with maternity care. The midwives in interviews and work schedule review identified barriers to change and obstructions that prevented the change in service from being implemented. The review of care records showed that midwives in the study centre plan and organise the maternity care of women who are having midwifery-led and shared care, not GPs. This report also demonstrates the value of using multiple data sources in descriptive evaluation studies of maternity care. The implications for midwifery practice, research and policy driven practice are discussed.