

Strategy 432444/9

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1. Fiberoptic intubation in airway management: a review article.

Authors Wong, Jolin; Lee, John Song En; Wong, Theodore Gar Ling; Iqbal, Rehana; Wong, Patrick
Source Singapore medical journal; Jul 2018
Publication Date Jul 2018
Publication Type(s) Journal Article
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Available at [Singapore Medical 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 Since the first use of the flexible fiberoptic bronchoscope, a plethora of new airway equipment has become available. It is essential for clinicians to understand the role and limitations of the available equipment to make appropriate choices. The recent 4th National Audit Project conducted in the United Kingdom found that poor judgement with inappropriate choice of equipment was a contributory factor in airway morbidity and mortality. Given the many modern airway adjuncts that are available, we aimed to define the role of flexible fiberoptic intubation in decision-making and management of anticipated and unanticipated difficult airways. We also reviewed the recent literature regarding the role of flexible fiberoptic intubation in specific patient groups who may present with difficult intubation, and concluded that the flexible fibrescope maintains its important role in difficult airway management.

2. Antibiotic resistance and antibiotic prescribing by dentists in England 2007-2016.

Authors Bunce, J T; Hellyer, P
Source British dental journal; Jul 2018; vol. 225 (no. 1); p. 81-84
Publication Date Jul 2018
Publication Type(s) Journal Article
PubMedID 30002521
Database Medline

Available at [BDJ](#) 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 early prescribers of penicillin realised that antibiotics should be used wisely and as an adjunct to traditional surgical provision. They predicted that inappropriate use would increase sensitisation to the drug. National Health Service dentists prescribed almost 10% of antibiotics issued in NHS general practice in 2016 and an audit shows that many of these may have been prescribed inappropriately. One of the causes of antimicrobial resistance is over prescription of the drugs. This paper recalls the recommendations of some early users of penicillin, reports on the current prescription patterns of dentists in England, describes the mechanism of acquisition of anti-microbial resistance and discusses dentists' role in attempting to reduce the problem.

3. Best-practice care pathway for improving management of mastitis and breast abscess.

Authors Patani, N; MacAskill, F; Eshelby, S; Omar, A; Kaura, A; Contractor, K; Thiruchelvam, P; Curtis, S; Main, J; Cunningham, D; Hogben, K; Al-Mufti, R; Hadjiminias, D J; Leff, D R
Source The British journal of surgery; Jul 2018
Publication Date Jul 2018
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Available at [The British journal of surgery](#) 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 [The British journal of surgery](#) 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 Surgical subspecialization has resulted in mastitis and breast abscesses being managed with unnecessary admission to hospital, prolonged inpatient stay, variable antibiotic prescribing, incision and drainage rather than percutaneous aspiration, and loss to specialist follow-up. The objective was to evaluate a best-practice algorithm with the aim of improving management of mastitis and breast abscesses across a multisite NHS Trust. The focus was on uniformity of antibiotic prescribing, ultrasound assessment, admission rates, length of hospital stay, intervention by aspiration or incision and drainage, and specialist follow-up. METHODS Management was initially evaluated in a retrospective cohort (phase I) and subsequently compared with that in two prospective cohorts after introduction of a breast abscess and mastitis pathway. One prospective cohort was analysed immediately after introduction of the pathway (phase II), and the second was used to assess the sustainability of the quality improvements (phase III). The overall impact of the pathway was assessed by comparing data from phase I with combined data from phases II and III; results from phases II and III were compared to judge sustainability. RESULTS Fifty-three patients were included in phase I, 61 in phase II and 80 in phase III. The management pathway and referral pro forma improved compliance with antibiotic guidelines from 34 per cent to 58.2 per cent overall (phases II and III) after implementation ($P = 0.003$). The improvement was maintained between phases II and III (54 and 61 per cent respectively; $P = 0.684$). Ultrasound assessment increased from 38 to 77.3 per cent overall ($P < 0.001$), in a sustained manner (75 and 79 per cent in phases II and III respectively; $P = 0.894$). Reductions in rates of incision and drainage (from 8 to 0.7 per cent overall; $P = 0.007$) were maintained (0 per cent in phase II versus 1 per cent in phase III; $P = 0.381$). Specialist follow-up improved consistently from 43 to 95.7 per cent overall ($P < 0.001$), 92 per cent in phase II and 99 per cent in phase III ($P = 0.120$). Rates of hospital admission and median length of stay were not significantly reduced after implementation of the pathway. CONCLUSION A standardized approach to mastitis and breast abscess reduced undesirable practice variation, with sustained improvements in process and patient outcomes.

4. National BSUG audit of stress urinary incontinence surgery in England.

Authors Jha, Swati; Hillard, Tim; Monga, Ash; Duckett, Jonathan
Source International urogynecology journal; Jul 2018
Publication Date Jul 2018
Publication Type(s) Journal Article
PubMedID 29995163
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Available at [International urogynecology 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 INTRODUCTION AND HYPOTHESIS The aim of the British Society of Urogynaecology (BSUG) 2013 audit for stress urinary incontinence (SUI) surgery was to conduct a national clinical audit looking at the intra- and postoperative complications and provide outcomes for these procedures. This audit was supported by the Healthcare Quality Improvement Partnership (HQIP) and National Health Service (NHS) England. METHODS Data were collected for all continence procedures performed in 2013 through the BSUG database. All clinicians in England performing SUI surgery were invited to submit data to a central database. Outcomes data for the different continence procedures were collected and included intraoperative and postoperative complications and the change in continence scores at postoperative follow-up. Changing trends in stress incontinence surgery were also assessed. RESULTS We recorded 4993 urinary incontinence procedures from 177 consultants at 110 centres in England: 94.6% were midurethral slings; 86.7% (4331) were submitted by BSUG members with the remaining 13.3% submitted by non-BSUG members. Postoperative follow-up data were available for 3983 (80%) patients: 92.3% (3676) were very much better/much better postoperatively, and 4806 (96.3%) proceeded with no reported complications. There were 187 cases (3.7%) in which a perioperative complication was recorded. Pain persisting >30 days was reported in 1.9% of all patients. CONCLUSION Surgery for SUI has good outcomes in the short term. Midurethral synthetic slings have been shown to be safe and effective as a treatment option, with >90% being very much/much better at their postoperative follow-up.

5. Evaluation of the cost-effectiveness of rifaximin-α for the management of patients with hepatic encephalopathy in the United Kingdom.

Authors Berni, Ellen; Murphy, Daniel; Whitehouse, James; Conway, Pete; Di Maggio, Paola; Currie, Craig J; Poole, Chris
Source Current medical research and opinion; Jul 2018 ; p. 1-21
Publication Date Jul 2018
Publication Type(s) Journal Article
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Database Medline

Available at [Current medical research and opinion](#) 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 Rifaximin- α 550 mg twice daily plus lactulose has demonstrated efficacy in reducing recurrence of episodes of overt HE (OHE) and the risk of HE-related hospitalisations compared with lactulose alone. This analysis estimated the cost effectiveness of rifaximin- α 550 mg twice daily plus lactulose versus lactulose alone in UK cirrhotic patients with OHE. METHOD A Markov model was built to estimate the incremental cost effectiveness ratio (ICER). The perspective was that of the UK National Health Service (NHS). Clinical data were sourced from a randomised controlled trial (RCT) and an open-label maintenance (OLM) study in cirrhotic patients in remission from recurrent episodes of OHE. Health-related utility was estimated indirectly from disease-specific quality of life RCT data. Resource use data describing the impact of rifaximin- α on hospital admissions and length of stay for cirrhotic patients with OHE were from four single-centre UK audits. Costs (2012) were derived from published sources; costs and benefits were discounted at 3.5%. The base-case time horizon was five years. RESULTS The average cost per patient was £22,971 in the rifaximin- α plus lactulose arm and £23,545 in the lactulose arm, a saving of £573. The corresponding values for benefit were 2.35 QALYs and 1.83 QALYs per person, a difference of 0.52 QALYs. This translated into a dominant base-case ICER. Key parameters that impacted the ICER included number of hospital admissions and length of stay. CONCLUSION Rifaximin- α 550 mg twice daily in patients with recurrent episodes of overt HE was estimated to generate cost savings and improved clinical outcomes compared to standard care over five years.

6. Anticoagulation therapy in patients with stroke and atrial fibrillation: a registry-based study of acute stroke care in Surrey, UK.

Authors Han, Thang S; Fry, Christopher Henry; Fluck, David; Affley, Brendan; Gulli, Giosue; Barrett, Christopher; Kakar, Puneet; Patel, Tasmin; Sharma, Sapna; Sharma, Pankaj

Source BMJ open; Jul 2018; vol. 8 (no. 7); p. e022558

Publication Date Jul 2018

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Abstract INTRODUCTION Because of their high risk of stroke, anticoagulation therapy is recommended for most patients with atrial fibrillation (AF). The present study evaluated the use of anticoagulants in the community and in a hospital setting for patients with AF and its associations with stroke. METHODSPatients admitted with stroke to four major hospitals in County of Surrey, England were surveyed in the 2014-2016 Sentinel Stroke National Audit Programme. Descriptive statistics was used to summarise subject characteristics and χ^2 test to assess differences between categorical variables. RESULTS A total of 3309 patients, 1656 men (mean age: 73.1 years \pm SD 13.2) and 1653 women (79.3 years \pm 13.0) were admitted with stroke (83.3% with ischaemic, 15.7% haemorrhagic stroke and 1% unspecified). AF occurred more frequently ($\chi^2=62.4$; $p<0.001$) among patients admitted with recurrent (30.2%) rather than with first stroke (17.1%). There were 666 (20.1%) patients admitted with a history of AF, among whom 304 (45.3%) were anticoagulated, 279 (41.9%) were untreated and 85 (12.8%) deemed unsuitable for anticoagulation. Of the 453 patients with history of AF admitted with a first ischaemic stroke, 138 (37.2%) were on anticoagulation and 41 (49.6%) were not ($\chi^2 = 6.3$; $p<0.043$) and thrombolysis was given more frequently for those without prior anticoagulation treatment (16.1%) or unsuitable for anticoagulation (23.6%) compared with those already on anticoagulation treatment (8.3%; $\chi^2=10.0$; $p=0.007$). Of 2643 patients without a previous history of AF, 171 (6.5%) were identified with AF during hospitalisation. Of patients with AF who presented with ischaemic stroke who were not anticoagulated or deemed unsuitable for anticoagulation prior to admission, 91.8% and 75.0%, respectively, were anticoagulated on discharge. CONCLUSION The study highlights an existing burden for patients with stroke and reflects inadequate treatment of AF which results in an increased stroke burden. There is significant scope to improve the rates of anticoagulation.

7. Scale up of a multi-strategic intervention to increase implementation of a school healthy canteen policy: findings of an intervention trial.

Authors Reilly, Kathryn L; Nathan, Nicole; Wiggers, John; Yoong, Sze Lin; Wolfenden, Luke

Source BMC public health; Jul 2018; vol. 18 (no. 1); p. 860

Publication Date Jul 2018

Publication Type(s) Journal Article

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Available at [BMC public health](#) from BioMed Central

Available at [BMC public health](#) from Europe PubMed Central - Open Access

Available at [BMC public health](#) from EBSCO (MEDLINE with Full Text)

Abstract Available at [BMC public health](#) from ProQuest (Hospital Premium Collection) - NHS Version
BACKGROUND Implementation interventions delivered in schools to improve food provision have been found to improve student diet and reduce child obesity risk. If the health benefits of food availability policies are to be realised, interventions that are effective need to be implemented at scale, across an entire population of schools. This study aims to assess the potential effectiveness of an intervention in increasing the implementation, at scale, of a healthy canteen policy by Australian primary schools.
METHODS A non-controlled before and after study was conducted in primary schools located in the Hunter New England region of New South Wales, Australia. Schools received a multi-component intervention adapted from a previous efficacious and cost-effective randomised control trial. The primary trial outcome was the proportion of canteen menus compliant with the state healthy canteen policy, assessed via menu audit at baseline and follow-up by dietitians. Secondary outcomes included policy reach and adoption and maintenance policy implementation.
RESULTS Of the 173 schools eligible for inclusion in the trial, 168 provided menus at baseline and 157 menus were collected at follow-up. At follow-up, multiple imputation analysis found 35% (55/157) of schools compared to 17% (29/168) at baseline (OR = 2.8 (1.6-4.7), $p < 0.001$) had menus compliant with the state healthy canteen policy. As an assessment of the impact of the intervention on policy reach, canteen manager and principal knowledge of the policy increased from 64% (n = 76) and 38% (n = 44) respectively at baseline to 69% (n = 89) and 60% (n = 70) at follow-up ($p = 0.393$, $p = 0.026$). Adoption of the policy increased from 80% (n = 93) at baseline to 90% (n = 104) at follow-up ($p = 0.005$) for principals, and from 86% (n = 105) to 96% (n = 124) ($p = 0.0001$) for canteen managers. Multiple imputation analysis showed intervention effects were maintained six-months post intervention (33% of menus compliant OR = 2.6 (1.5-4.5), $p < 0.001$ compared to baseline).
CONCLUSIONS This study found school canteen compliance with a healthy food policy increased in association with a multi-strategy intervention delivered at scale. The study provides evidence for public health policy makers and practitioners regarding strategies and modes of support required to support improvement in nutrition policy implementation across entire populations of schools.

8. Enhance quality care performance: Determination of the variables for establishing a common database in French paediatric critical care units.

Authors Recher, Morgan; Bertrac, Caroline; Guillot, Camille; Baudelet, Jean Benoit; Karaca-Altintas, Yasemin; Hubert, Hervé; Leclerc, Francis; Leteurtre, Stéphane; French Group for Pediatric Intensive Care and Emergencies (GFRUP)

Source Journal of evaluation in clinical practice; Jul 2018

Publication Date Jul 2018

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Abstract Selected variables for the French Paediatric Intensive Care registry.
RATIONALE, AIMS, AND OBJECTIVES Providing quality care requires follow-up in regard to clinical and economic activities. Over the past decade, medical databases and patient registries have expanded considerably, particularly in paediatric critical care medicine (eg, the Paediatric Intensive Care Audit Network (PICANet) in the UK, the Australian and New Zealand Paediatric Intensive Care (ANZPIC) Registry in Australia and New Zealand, and the Virtual Paediatric Intensive Care Unit Performance System (VPS) in the USA). Such a registry is not yet available in France. The aim of this study was to determine variables that ought to be included in a French paediatric critical care registry.
METHODS Variables, items, and subitems from 3 foreign registries and 2 French local databases were used. Items described each variable, and subitems described items. The Delphi method was used to evaluate and rate 65 variables, 90 items, and 17 subitems taking into account importance or relevance based on input from 28 French physicians affiliated with the French Paediatric Critical Care Group. Two ratings were used between January and May 2013.
RESULTS Fifteen files from 10 paediatric intensive care units were included. Out of 65 potential variables, 48 (74%) were considered to be indispensable, 16 (25%) were considered to be optional, and 1 (2%) was considered to be irrelevant. Out of 90 potential items, 62 (69%) were considered to be relevant, 23 (26%) were considered to be of little relevance, and 5 (6%) were considered to be irrelevant. Out of 17 potential subitems, 9 (53%) were considered to be relevant, 6 (35%) were considered to be of little relevance, and 2 (12%) were considered to be irrelevant.
CONCLUSIONS The necessary variables that ought to be included in a French paediatric critical care registry were identified. The challenge now is to develop the French registry for paediatric intensive care units.

9. 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 and infection; Jul 2018; p. 1-2

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 Available at [Epidemiology and 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.

10. 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 (Edinburgh, Scotland); Jul 2018
Publication Date Jul 2018
Publication Type(s) Journal Article
PubMedID 30005902
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 Available at [Clinical nutrition \(Edinburgh, Scotland\)](#) 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 & AIMSThe 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).METHODSPatients 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 hypomagnesemia) and initial clinical assessment. Statistical analysis was conducted using t-tests and Mann-Whitney U tests.RESULTSSixty 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).CONCLUSIONA 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.

11. Causes of renal allograft failure in the UK: trends in UK Renal Registry and National Health Service Blood and Transplant data from 2000 to 2013.

Authors Burton, Hannah; Iyamu Perisanidou, Lydia; Steenkamp, Retha; Evans, Rebecca; Mumford, Lisa; Evans, Katharine M; Caskey, Fergus J; Hilton, Rachel
Source Nephrology, dialysis, transplantation : official publication of the European Dialysis and Transplant Association - European Renal Association; Jul 2018
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 Available at [Nephrology Dialysis Transplantation](#) 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 BackgroundImprovement in long-term renal allograft survival is impeded by incomplete or erroneous coding of causes of allograft loss. This study reports 13-year trends in causes of graft failure across the UK.MethodsNational Health Service Blood and Transplant (NHSBT) and UK Renal Registry data were linked to describe UK kidney patients transplanted in 2000-13. NHSBT graft failure categories were used, with 'other' recoded when free text was available. Adjusted analyses examined the influence of age, ethnicity and donor type on causes of graft failure.ResultsIn 22 730 recipients, 5389 (23.7%) grafts failed within a median follow-up of 5 years. The two most frequent causes were death with a functioning graft (40.8%) and alloimmune pathology (25.0%). Graft survival was higher in recipients who were younger (mean 47.3 versus 50.7 years), received a pre-emptive transplant (20.2% versus 10.4%), spent less time on dialysis (median 1.6 versus 2.4 years) and received a living donor transplant (36.3% versus 22.2%), with no differences by sex, ethnicity or human leucocyte antigen mismatch. Allograft failure within 2 years of transplantation fell from 12.5% (2000-4) to 9.8% (2009-13). Surgical- and alloimmune-related failures decreased over time while death with a functioning graft became more common. Age, ethnicity and donor type were factors in recurrent primary disease and alloimmune pathology.ConclusionsSince 2000 there have been reductions in surgical and alloimmune graft failures in the UK. However, graft failure codes need to be revised if they are to remain useful and effective in epidemiological and quality improvement trials.

12. Measuring Outcomes of Clinical Care: Victorian Emergency Laparotomy Audit Using Quality Investigator.

Authors Stevens, Claire L; Brown, Christopher; Watters, David A K
Source World journal of surgery; Jul 2018; vol. 42 (no. 7); p. 1981-1987
Publication Date Jul 2018
Publication Type(s) Journal Article
PubMedID 29282514
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 Available at [World Journal of Surgery](#) 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 BACKGROUNDThe Australian and New Zealand Audit of Surgical Mortality (ANZASM) National Report 2015 found that within the cohort of audited deaths, 85% were emergencies with acute life-threatening conditions, and by far, the most common procedures were laparotomy and colorectal procedures. Emergency laparotomy outcomes have shown improvement through audit and reporting in the UK. The purpose of this study was to determine the outcome of emergency laparotomy in the state of Victoria, Australia.METHODThe Dr Foster Quality Investigator (DFQI) database was interrogated for a set of Australian Classification of Health Intervention (ACHI) codes defined by the authors as representing an emergency laparotomy. The dataset included patients who underwent emergency laparotomy from July 2007 to July 2016 in all Victorian hospitals.RESULTSThere were 23,115 emergency laparotomies conducted over 9 years in 66 hospitals. Inpatient mortality was 2036/23,115 (8.8%). Mortality in the adult population increased with age and reached 18.1% in those patients that were 80 years or older. 51.3% were females, and there was no significant difference in survival between genders. Patients with no recorded comorbidities had a mortality of 4.3%, whereas those with > 5 comorbidities had 19.3% mortality.CONCLUSIONAdministrative data accessed via a tool such as DFQI can provide useful population data to guide further evidence-based improvement strategies. The mortality for emergency laparotomy within Victorian hospitals is comparable, if not better than that seen in overseas studies. There is a need to continue routine audit of mortality rates and implement systems improvement where necessary.

13. Toward Systematic Screening for Persistent Hepatitis E Virus Infections in Transplant Patients.

Authors Ankcorn, Michael J; Ijaz, Samreen; Poh, John; Elsharkawy, Ahmed M; Smit, Erasmus; Cramb, Robert; Ravi, Swathi; Martin, Kate; Tedder, Richard; Neuberger, James
Source Transplantation; Jul 2018; vol. 102 (no. 7); p. 1139-1147
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Available at [Transplantation](#) 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 Persistent hepatitis E virus genotype 3 (HEV G3) infections affect solid organ transplant (SOT) recipients and hematopoietic stem cell transplant (HSCT) recipients, but the burden in these cohorts in the United Kingdom is unknown. We established an audit to determine the point prevalence of HEV viremia in SOT and HSCT patients in the United Kingdom and compare different testing approaches to inform screening strategies. **METHODS** Between January 5, 2016, and September 21, 2016, 3044 patients undergoing therapeutic drug monitoring at a single transplant center were screened for HEV ribonucleic acid (RNA) in minipools. A total of 2822 patients who could be characterized included 2419 SOT patients, 144 HSCT patients and 259 patients with no available transplant history. HEV RNA-positive samples were characterized by serology and genomic phylogeny. HEV antigen (HEV-Ag) testing was performed on RNA-positive samples, 420 RNA-negative samples and 176 RNA-negative blood donor samples. **RESULTS** Nineteen of 2822 patients were viremic with G3 HEV giving a prevalence of 0.67%. The median alanine aminotransferase was significantly higher in the HEV viremic patients ($P < 0.0001$); however, 2 viremic patients had an alanine aminotransferase value within the normal range at the time of screening. The HEV-Ag assay identified 18/19 viremic patients and all those patients with proven viremia longer than 4 weeks. **CONCLUSION** Transplant recipients in the United Kingdom are at a low but significant risk of HEV infection. HEV-Ag detection could be an alternative to RNA detection where the goal is to identify established persistent HEV infection, particularly where expertise, facilities, or cost prohibit RNA testing.

14. Variation in laparoscopic anti-reflux surgery across England: a 5-year review.

Authors Palsler, Thomas R; Ceney, Adam; Navarro, Alex; Swift, Simon; Bowrey, David J; Beckingham, Ian J

Source Surgical endoscopy; Jul 2018; vol. 32 (no. 7); p. 3208-3214

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Abstract

BACKGROUND Laparoscopic anti-reflux surgery (LARS) remains central to the management of gastro-oesophageal reflux disease but the scale and variation in provision in England is unknown. The aims of this study were firstly to examine the processes and outcomes of anti-reflux surgery in England and compare them to national guidelines and secondly to explore potential variations in practice nationally and establish peer benchmarks. **METHODS** All adult patients who underwent LARS in England during the Financial years FY 2011/2012-FY 2016/2017 were identified in the Surgeon's Workload Outcomes and Research Database (SWORD), which is based on the Hospital Episode Statistics (HES) data warehouse. Outcomes included activity volume, day-case rate, short-stay rate, 2- and 30-day readmission rates and 30-day re-operation rates. Funnel plots were used to identify national variation in practice. **RESULTS** In total, 12,086 patients underwent LARS in England during the study period. The operation rate decreased slightly over the study period from 5.2 to 4.6 per 100,000 people. Most outcomes were in line with national guidelines including the conversion rate (0.76%), 30-day re-operation rate (1.43%) and 2- and 30-day readmission rates (1.65 and 8.54%, respectively). The day-case rate was low but increased from 7.4 to 15.1% during the 5-year period. Significant variation was found, particularly in terms of hospital volume, and day-case, short-stay and conversion rates. **CONCLUSION** Although overall outcomes are comparable to studies from other countries, there is significant variation in anti-reflux surgery activity and outcomes in England. We recommend that units use these data to drive local quality improvement efforts.

15. Measuring Perceptions of Classroom Listening in Typically Developing Children and Children with Auditory Difficulties Using the LIFE-UK Questionnaire.

Authors Purdy, Suzanne C; Sharma, Mridula; Morgan, Amanda

Source Journal of the American Academy of Audiology; ; vol. 29 (no. 7); p. 656-667

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Abstract BACKGROUNDClassrooms can be noisy and are challenging listening environments for children with auditory processing disorder (APD). This research was undertaken to determine if the Listening Inventory for Education-UK version (LIFE-UK) can differentiate children with listening difficulties and APD from their typically developing peers.PURPOSETo investigate reliability and validity of the student and teacher versions LIFE-UK questionnaire for assessing classroom listening difficulties.RESEARCH DESIGNCross-sectional quantitative study comparing children with listening difficulties with typically developing children.STUDY SAMPLEIn total, 143 children (7-12 yr) participated; 45 were diagnosed with APD. Fifteen participants with reported listening difficulties who passed the APD test battery were assigned to a "listening difficulty" (LiD) group. Eighty three children from nine classrooms formed a Control group.DATA COLLECTION AND ANALYSISChildren and teachers completed the LIFE-UK questionnaire student and teacher versions. Factor analysis was undertaken, and item reliability was assessed using Cronbach's alpha. Teacher and student ratings were compared using Spearman correlations. Correlations between LIFE-UK ratings and APD test results were also investigated.RESULTSFactor analysis revealed three factors accounting for 60% of the variance in the Control group LIFE-UK ratings. After removing six items with low factor loadings, a shortened seven-item version with three factors accounted for 71.8% of the variance for the student questionnaire; Cronbach's alpha indicated good internal reliability for this seven-item version of the student questionnaire. Factors were also derived for the teacher questionnaire. Teacher and student ratings were correlated when participant groups were combined. LIFE-UK ratings correlated weakly with some APD measures, providing some support for the questionnaire validity.CONCLUSIONSThe results support the use of either the 13- or 7-item student and the teacher versions of the LIFE-UK to evaluate classroom listening and functional consequences of APD. Factor analysis resulted in groupings of items reflecting differences in listening demands in quiet versus noise for the student questionnaire and attentional versus class participation demands for the teacher questionnaire. Further research is needed to confirm the robustness of these factors in other populations.

16. Impact of Personal Frequency Modulation Systems on Behavioral and Cortical Auditory Evoked Potential Measures of Auditory Processing and Classroom Listening in School-Aged Children with Auditory Processing Disorder.

Authors Smart, Jennifer L; Purdy, Suzanne C; Kelly, Andrea S
Source Journal of the American Academy of Audiology; ; vol. 29 (no. 7); p. 568-586
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Abstract BACKGROUND Personal frequency modulation (FM) systems are often recommended for children diagnosed with auditory processing disorder (APD) to improve their listening environment in the classroom. Further evidence is required to support the continuation of this recommendation. PURPOSE To determine whether personal FM systems enhance auditory processing abilities and classroom listening in school-aged children with APD. RESEARCH DESIGN Two baseline assessments separated by eight weeks were undertaken before a 20-week trial of bilateral personal FM in the classroom. The third assessment was completed immediately after the FM trial. A range of behavioral measures and speech-evoked cortical auditory evoked potentials (CAEPs) in quiet and in noise were used to assess auditory processing and FM outcomes. Perceived listening ability was assessed using the Listening Inventory for Education-United Kingdom version (LIFE-UK) questionnaire student and teacher versions, and a modified version of the LIFE-UK questionnaire for parents. STUDY SAMPLE Twenty-eight children aged 7-12 years were included in this intervention study. Of the 28 children, there were 22 males and six females. DATA COLLECTION AND ANALYSIS APD Tests scores and CAEP peak latencies and amplitudes were analyzed using repeated measures analysis of variance to determine whether results changed over the two baseline assessments and after the FM trial. The LIFE-UK was administered immediately before and after the FM trial. Student responses were analyzed using paired t-tests. Results are described for the (different) pre- and post-trial teacher versions of the LIFE-UK. RESULTS Speech in spatial noise (SSN) scores improved by 13% on average when participants wore the FM system in the laboratory. Noise resulted in increased P1 and N2 latencies and reduced N2 amplitudes. The impact of noise on CAEP latencies and amplitudes was significantly reduced when participants wore the FM. Participants' LIFE-UK responses indicated significant improvements in their perceived listening after the FM trial. Most teachers (74%) reported the trial as successful, based on LIFE-UK ratings. Teachers' and parents' questionnaire ratings indicated good agreement regarding the outcomes of the FM trial. There was no change in compressed and reverberated words, masking level difference, and sustained attention scores across visits. Gaps in noise, dichotic digits test, and SSN (hard words) showed practice effects. Frequency pattern test and SSN easy word scores did not change between baseline visits, and improved significantly after the FM trial. CAEP N2 latencies and amplitudes changed significantly across visits; changes occurred across the baseline and the FM trial period. CONCLUSIONS Personal FM systems produce immediate speech perception benefits and enhancement of speech-evoked cortical responses in noise in the laboratory. The 20-week FM trial produced significant improvements in behavioral measures of auditory processing and participants' perceptions of their listening skills. Teacher and parent questionnaires also indicated positive outcomes.

17. An audit of injuries in six english professional soccer academies.

Authors Read, Paul J; Oliver, Jon L; De Ste Croix, Mark B A; Myer, Gregory D; Lloyd, Rhodri S
Source Journal of sports sciences; Jul 2018; vol. 36 (no. 13); p. 1542-1548
Publication Date Jul 2018
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 Available at [Journal of sports sciences](#) 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 Regulations now state that professional academies in the United Kingdom are required to substantially increase the volume of soccer training. This study assessed the current injury occurrence, providing an update to reports published prior to the introduction of the Elite Player Performance Plan (EPPP). 608 soccer players aged 11-18 years from six professional soccer clubs were prospectively monitored, recording injuries during the 2014-2015 season. An injury rate of 1.32 injuries per player/season was indicated with a mean time loss of 21.9 days per injury. The greatest time loss per injury was in the U14s-U15s, and the highest rate of severe injuries in the U15s. Strains and sprains were the most common injury type, with the knee and ankle the most frequently injured anatomical sites. Seasonal variation indicated two peaks in injury incidence, occurring in September and January. In comparison to a published audit prior to the inception of the EPPP, this study indicates that academy soccer players are three-times more likely to experience an injury. Given that time loss and injury severity also increased during periods that typically follow rapid growth, these players should be considered an important group for training load monitoring and injury prevention strategies.

18. The effect of template-based sequential (TBS) coding on an NHS plastic surgical practice.

Authors Kannan, Ruben Y; Neville, Catriona; Gwynn, Tamsin; Venables, Vanessa; Malhotra, Raman; Nduka, Charles
Source Journal of plastic, reconstructive & aesthetic surgery : JPRAS; Jul 2018; vol. 71 (no. 7); p. 1058-1061
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Abstract

INTRODUCTIONClinical coding is often a mystery to us surgeons, but in actuality, it has a huge bearing on the financial sustainability of our services. Given the rapid innovations in plastic surgical procedures, clinical coders often struggle to decipher the extent of surgery. Meeting midway is the way forward here.METHODSIn a prospective audit over a six-month period, we analysed data from 2586 patients in our practice: a combination of general plastic surgery and specialist facial reanimation services. This involved comparing data from the first three months where coding was performed by clinical coders based on operating notes per se (phase I) and the subsequent three months when the operating surgeon filled in the OPCS 4.7 (version 2014) codes at the time of completing the operating notes; the clinical coders then vetted this information (phase II) as part of a sequential TBS coding system.RESULTSIn terms of outpatient income, there was a 3% increase in facial palsy income and 6% increase in general plastic services, but the most significant improvement was in terms of procedural income per case. General plastic surgery cases saw an increase of 49%, while facial palsy income increased by 58% over the same period. Greater insight into OPCS and HRG codes also allowed for the calculation of the actual tariffs for specific procedures.CONCLUSIONSHaving the operating surgeon as the primary coder, using a template, with subsequent vetting by the clinical coders, improves data capture, and this in turn increases income. Future recommendations include the use of proforma-based operating notes for workhorse procedures.

19. The use of red wristbands for allergy documentation in day case surgery.

Authors Clark, Charles; Sayani, Junaid; Sayani, Irfan; Ge, Xingtao; Ricketts, David; Rogers, Benedict

Source Journal of perioperative practice; 2018; vol. 28 (no. 7-8); p. 199-202

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Available at [Journal of Perioperative 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

In England over six million day case surgical procedures are performed each year. Many of these patients have an allergy and are given a red armband to notify staff of this. This audit compared the use of red armbands to indicate allergy at two institutions undertaking day case surgery. The presence of wristbands, the allergies recorded on them and the correlation to allergies documented in the patient notes were analysed.

20. Two and five year survival for colorectal cancer after resection with curative intent: A retrospective cohort study.

Authors Tarazi, Munir; Guest, Katherine; Cook, Alastair J; Balasubramaniam, Dinesh; Bailey, Charles M H

Source International journal of surgery (London, England); Jul 2018; vol. 55 ; p. 152-155

Publication Date Jul 2018

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Available at [International Journal of Surgery](#) 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 INTRODUCTIONColorectal cancer is a major cause of illness, disability and death in the United Kingdom. The stage of disease at diagnosis has a major impact on survival rates. The aim of this study is to assess whether the survival rates of patients receiving curative treatment in our centre are comparable with national results published by Cancer Research UK, National Bowel Cancer Audit Annual Report 2016, and NCIN Colorectal Cancer Survival by Stage Data Briefing.METHODSThe study involved a retrospective survival analysis of consecutive patients who underwent colorectal cancer resections with curative intent performed by two surgeons between January 2009 and March 2012. Patients were identified from a prospectively collected database. Data was collected via hospital computer systems including patient notes, laboratory, pathology, and radiology systems. Exclusion criteria included all patients with advanced disease who underwent surgery with palliative intent.RESULTSA total of 281 patients were included. The median age at operation was 71. Overall 2-year survival was 82.6% and overall 5-year survival was 69%. 2-year and 5-year survival, respectively, for Dukes A was 93.7% and 92%, Dukes B was 85.6% and 76.7%, Dukes C1 was 81.1% and 57.8%, Dukes C2 was 56.3% and 25%, and Dukes D was 61.9% and 47.6%.CONCLUSIONOur data demonstrates that our survival rates compare favourably with current published national survival rates. Dukes C2 patients had the poorest five year survival, highlighting the significance of a positive apical node. Dukes D patients had a particularly good outcome which indicates good patient selection by the multi-disciplinary meeting (MDT) and high quality oncology and tertiary surgical support.

21. Surgical consent practice in the UK following the Montgomery ruling: A national cross-sectional questionnaire study.

Authors McKinnon, Chris; Loughran, Dafydd; Finn, Roisín; Coxwell-Matthewman, Madeline; Jeyaretna, Deva Sanjeeva; Williams, Adam P
Source International journal of surgery (London, England); Jul 2018; vol. 55 ; p. 66-72
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Available at [International Journal of Surgery](#) 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 BACKGROUNDThe Supreme Court case of Montgomery vs Lanarkshire Health Board in 2015 was a landmark case for consent practice in the UK which shifted focus from a traditional paternalistic model of consent towards a more patient-centered approach. Widely recognised as the most significant legal judgment on informed consent in the last 30 years, the case was predicted to have a major impact on the everyday practice of surgeons working in the UK National Health Service (NHS). Two years after the legal definition of informed consent was redefined, we carried out an audit of surgical consent practice across the UK to establish the impact of the Montgomery ruling on clinical practice.MATERIALS & METHODSData was collected by distribution of an electronic questionnaire to NHS doctors working in surgical specialities with a total of 550 respondents.RESULTS81% of surgical doctors were aware of the recent change in consent law, yet only 35% reported a noticeable change in the local consent process. Important barriers to modernisation included limited consent training, a lack of protected time for discussions with patients and minimal uptake of technology to aid decision-making/documentation.CONCLUSIONSON the basis of these findings, we identify a need to develop strategies to improve the consent process across the NHS and limit the predicted rise in litigation claims.

22. Otitis Externa in Secondary Care: A Change in Our Practice Following a Full Cycle Audit.

Authors Liu, Zhaobo; Slim, Mohd Afiq Mohd; Scally, Catherine
Source International archives of otorhinolaryngology; Jul 2018; vol. 22 (no. 3); p. 250-252
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Publication Type(s) Journal Article
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Abstract Introduction Patients presenting with otitis externa are a common thing in otolaryngology units. However, the practice has not been standardized due to a lack of consensus over the management of this condition in secondary care. The National Institute for Health and Care Excellence (NICE) guideline has been published targeting the general practitioners, but it may be relevant in cases of hospital first-time attenders. Objective To conduct an audit of the investigative and prescription practice for hospital first-time attenders in our department against the NICE guideline for otitis externa. Methods The case notes of the patients presenting with otitis externa were reviewed. The data collation included the performance of ear swabs and choice of eardrops. Results An initial audit showed that ear swabs were sent in 14 out of 19 cases, of which 11 grew either *Pseudomonas aeruginosa* or *Staphylococcus aureus* (organisms that are sensitive to empirical treatment). A re-audit showed higher adherence to NICE recommendations, with ear swabs sent in only 3 out of 25 cases. The initial audit also demonstrated Sofradex (Sanofi-Aventis, Paris, France) as the most popular empirical eardrop. Following our recommendation, the re-audit showed that Betnesol-N (GSK, Brentford, UK) was administered in 24 out of 25 cases. Conclusion We recommend Betnesol-N due to its cost-effectiveness. Ear swabs should be reserved for refractory cases only. Posters and email reminders are effective means of disseminating information within the hospital.

23. Taking the measure of the profession: Physician associations in the measurement age.

Authors Levi, Baruch; Zehavi, Amos; Chinitz, David
Source Health policy (Amsterdam, Netherlands); Jul 2018; vol. 122 (no. 7); p. 746-754
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 Available at [Health 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 Systematic measurement of healthcare services enables evaluation of health professionals' quality of work. Whereas policy makers find measurement a useful mechanism for quality improvement, a public choice perspective implies that physicians would resent such an initiative, which undermines their professional autonomy. In this article, we compare two healthcare systems of economically developed countries - Israel and the UK. Both systems share common features such as universal coverage, strong state intervention, and enthusiasm for New Public Management. In both countries, quality measurement was introduced in acute care hospitals at around the same time. However, while the UK succeeded in establishing a framework of surgical outcome measures during the 2000s, a similar initiative in Israel failed completely during the 1990s. We also refer to subsequent quality indicator efforts in Israel, in both community and hospital frameworks, that were more successful, but in a way that reinforces our central thesis. We contend that differences in reform outcomes stem from the medical profession's reaction to government's endeavors. This response, in turn, hinges on the professional organizations' relative institutional position vis-a-vis state authorities. This study constitutes a unique investigation of the medical profession's response to critical quality measurement reforms. Most importantly, it stresses the institutional position of medical associations as the primary factor in explaining cross-case variation in government's success in introducing quality measurement.

24. A population-based audit of surgical practice and outcomes of oncoplastic breast conservations in Scotland - An analysis of 589 patients.

Authors Romics, Laszlo; Macaskill, E Jane; Fernandez, Teresa; Simpson, Louise; Morrow, Elizabeth; Pitsinis, Vassilis; Tovey, Sian; Barber, Matthew; Masannat, Yazan; Stallard, Sheila; Weiler-Mithoff, Eva; Malyon, Andrew; Mansell, James; Campbell, Esther J; Doughty, Julie; Dixon, J Michael
Source European journal of surgical oncology : the journal of the European Society of Surgical Oncology and the British Association of Surgical Oncology; Jul 2018; vol. 44 (no. 7); p. 939-944
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 Available at [European Journal of Surgical Oncology](#) 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 INTRODUCTION Current evidence for oncoplastic breast conservation (OBC) is based on single institutional series. Therefore, we carried out a population-based audit of OBC practice and outcomes in Scotland. METHODS A predefined database of patients treated with OBC was completed retrospectively in all breast units practicing OBC in Scotland. RESULTS 589 patients were included from 11 units. Patients were diagnosed between September 2005 and March 2017. High volume units performed a mean of 19.3 OBCs per year vs. low volume units who did 11.1 (p = 0.012). 23 different surgical techniques were used. High volume units offered a wider range of techniques (8-14) than low volume units (3-6) (p = 0.004). OBC was carried out as a joint operation involving a breast and a plastic surgeon in 389 patients. Immediate contralateral symmetrisation rate was significantly higher when OBC was performed as a joint operation (70.7% vs. not joint operations: 29.8%; p < 0.001). The incomplete excision rate was 10.4% and was significantly higher after surgery for invasive lobular carcinoma (18.9%; p = 0.0292), but was significantly lower after neoadjuvant chemotherapy (3%; p = 0.031). 9.2% of patients developed major complications requiring hospital admission. Overall the complication rate was significantly lower after neoadjuvant chemotherapy (p = 0.035). The 5 year local recurrence rate was 2.7%, which was higher after OBC for DCIS (8.3%) than invasive ductal cancer (1.6%; p = 0.026). 5-year disease-free survival was 91.7%, overall survival was 93.8%, and cancer-specific survival was 96.1%. CONCLUSION This study demonstrated that measured outcomes of OBC in a population-based multi-centre setting can be comparable to the outcomes of large volume single centre series.

25. ENT audit and research in the era of trainee collaboratives.

Authors Smith, Matthew E; Hardman, John; Ellis, Matthew; Williams, Richard J; INTEGRATE, The UK National ENT Trainee Research Network

Source European archives of oto-rhino-laryngology : official journal of the European Federation of Oto-Rhino-Laryngological Societies (EUFOS) : affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery; Jul 2018; vol. 275 (no. 7); p. 1935-1938

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Abstract Large surgical audits and research projects are complex and costly to deliver, but increasingly surgical trainees are delivering these projects within formal collaboratives and research networks. Surgical trainee collaboratives are now recognised as a valuable part of the research infrastructure, with many perceived benefits for both the trainees and the wider surgical speciality. In this article, we describe the activity of ENT trainee research collaboratives within the UK, and summarise how INTEGRATE, the UK National ENT Trainee Research Network, successfully delivered a national audit of epistaxis management. The prospective audit collected high-quality data from 1826 individuals, representing 94% of all cases that met the inclusion criteria at the 113 participating sites over the 30-day audit period. It is hoped that the audit has provided a template for subsequent high-quality and cost-effective national studies, and we discuss the future possibilities for ENT trainee research collaboratives.

26. Sodium-glucose co-transporter-2 inhibitors, the latest residents on the block: Impact on glycaemic control at a general practice level in England.

Authors Heald, Adrian H; Fryer, Anthony A; Anderson, Simon G; Livingston, Mark; Lunt, Mark; Davies, Mark; Moreno, Gabriela Y C; Gadsby, Roger; Young, Robert J; Stedman, Mike

Source Diabetes, obesity & metabolism; Jul 2018; vol. 20 (no. 7); p. 1659-1669

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Abstract AIMSTo determine, using published general practice-level data, how differences in Type 2 diabetes mellitus (T2DM) prescribing patterns relate to glycaemic target achievement levels.METHODSMultiple linear regression modelling was used to link practice characteristics and defined daily dose (DDD) of different classes of medication in 2015/2016 and changes between that year and the year 2014/2015 in medication to proportion of patients achieving target glycaemic control (glycated haemoglobin A1c [HbA1c] \leq 58 mmol/mol [7.5%]) and proportion of patients at high glycaemic risk (HbA1c $>$ 86 mmol/mol [10.0%]) for practices in the National Diabetes Audit with $>$ 100 people with T2DM on their register.RESULTSOverall, HbA1c outcomes were not different between the years studied. Although, in percentage terms, most practices increased their use of sodium-glucose co-transporter-2 (SGLT2) inhibitors (96%), dipeptidyl peptidase-4 (DPP-4) inhibitors (76%) and glucagon-like peptide 1 (GLP-1) analogues (53%), there was wide variation in the use of older and newer therapies. For example, 12% of practices used $>$ 200% of the national average for some newer agents. In cross-sectional analysis, greater prescribing of metformin and analogue insulin were associated with a higher proportion of patients achieving HbA1c \leq 58 mmol/mol; the use of SGLT2 inhibitors and metformin was associated with a reduced proportion of patients with HbA1c $>$ 86 mol/mol; otherwise associations for sulphonylureas, GLP-1 analogues, SGLT2 inhibitors and DPP-4 inhibitors were neutral or negative. In year-on-year analysis there was ongoing deterioration in glycaemic control, which was offset to some extent by increased use of SGLT2 inhibitors and GLP-1 analogues, which were associated with a greater proportion of patients achieving HbA1c levels \leq 58 mmol/mol and a smaller proportion of patients with HbA1c levels $>$ 86 mmol/mol. SGLT2 inhibitor prescribing was associated with significantly greater improvements than those found for GLP-1 analogues.CONCLUSIONGreater use of newer agents was associated with improvement in glycaemic outcomes but was not sufficient to compensate for the prevailing decline. This may reflect wide variability in the prescribing of newer agents. We found that SGLT inhibitors may be superior to other oral agents in relation to HbA1c outcome. Serious consideration should be given to their use.

27. The Feasibility and Clinical Utility of Conducting a Confidential Inquiry Into Suicide in Southwestern Ontario.

Authors Eynan, Rahel; Shah, Ravi; Heisel, Marnin J; Eden, David; Jhirad, Reuven; Links, Paul S
Source Crisis; Jul 2018; vol. 39 (no. 4); p. 283-293
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 Available at [Crisis](#) 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 BACKGROUND AND AIMSGiven the effectiveness of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCI) in the UK, the present study evaluated this approach in Southwestern Ontario. A systematic confidential examination of suicides in Ontario was developed to guide quality improvement of services and suicide prevention.METHODA 3-year case series of consecutive suicides in Southwestern Ontario identified by the Office of the Chief Coroner was compiled. Clinicians who provided care to suicide decedents completed an online confidential suicide questionnaire offered through a secured portal.RESULTSA total of 476 suicide cases were analyzed. In all, 270 invitations to clinicians were sent, 237 (87.8%) responded to the invitation and 187 (69.3%) completed the online questionnaire. The majority of the suicide decedents (54.6%, n = 260), were between the ages of 40 and 64 ($x = 47.2$, $SD = 17.1$), White (91.4%, n = 416), single (34.2%, n = 439), and male (74.4%, n = 476). Of the 86 cases of self-poisoning, prescription medications were used in 66.3%. Almost two thirds of decedents visited the clinician in the month prior to their death.LIMITATIONSThe results of the survey were drawn from suicides in Southwestern Ontario and generalizing these findings should be done with caution.CONCLUSIONThis study highlights (a) the value of the clinicians' survey to identify gaps in clinical services and (b) the necessity of improvements in suicide risk assessment/management and restriction of prescription medications.

28. Current management of small bowel obstruction in the UK: results from the National Audit of Small Bowel Obstruction clinical practice survey.

Authors Lee, M J; Sayers, A E; Wilson, T R; Acheson, A G; Anderson, I D; Fearnhead, N S; NASBO Steering Group
Source Colorectal disease : the official journal of the Association of Coloproctology of Great Britain and Ireland; Jul 2018; vol. 20 (no. 7); p. 623-630
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Abstract

AIMS Small bowel obstruction (SBO) is associated with high rates of morbidity and mortality. The National Audit of Small Bowel Obstruction (NASBO) is a collaboration between trainees and specialty associations to improve the care of patients with SBO through national clinical audit. The aim of this study was to define current consultant practice preferences in the management of SBO in the UK. METHOD A survey was designed to assess practice preferences of consultant surgeons. The anonymous survey captured demographics, indications for surgery or conservative management, use of investigations including water-soluble contrast agents (WSCA), use of laparoscopy and nutritional support strategies. The questionnaire underwent two pilot rounds prior to dissemination via the NASBO network. RESULTS A total of 384 responses were received from 131 NASBO participating units (overall response rate 29.2%). Abdominal CT and serum urea and electrolytes were considered essential initial investigations by more than 80% of consultants. Consensus was demonstrated on indications for early surgery and conservative management. Three hundred and thirty-eight (88%) respondents would consider use of WSCA; of these, 328 (97.1%) would use it in adhesive SBO. Two hundred (52.1%) consultants considered a laparoscopic approach when operating for SBO. Oral nutritional supplements were favoured in operatively managed patients by 259 (67.4%) respondents compared with conservatively managed patients (186 respondents, 48.4%). CONCLUSION This survey demonstrates consensus on imaging requirements and indications for early surgery in the management of SBO. Significant variation exists around awareness of the need for nutritional support in patients with SBO, and on strategies to achieve this support.

29. Specialist perioperative allergy clinic services in the UK 2018: Results from the Royal College of Anaesthetists Sixth National Audit Project (NAP6) investigation of perioperative anaphylaxis.

Authors Egner, W; Cook, T M; Garcez, T; Marinho, S; Kemp, H; Lucas, D N; Floss, K; Farooque, S; Torevell, H; Thomas, M; Ferguson, K; Nasser, S; Karanam, S; Kong, K-L; McGuire, N; Bellamy, M; Warner, A; Hitchman, J; Farmer, L; Harper, N J N

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Abstract

BACKGROUND The Royal College of Anaesthetists 6th National Audit Project examined Grade 3-5 perioperative anaphylaxis for 1 year in the UK. OBJECTIVE To describe the causes and investigation of anaphylaxis in the NAP6 cohort, in relation to published guidance and previous baseline survey results. METHODS We used a secure registry to gather details of Grade 3-5 perioperative anaphylaxis. Anonymous reports were aggregated for analysis and reviewed in detail. Panel consensus diagnosis, reaction grade, review of investigations and clinic assessment are reported and compared to the prior NAP6 baseline clinic survey. RESULTS A total of 266 cases met inclusion criteria between November 2015 and 2016, detailing reactions and investigations. One hundred and ninety-two of 266 (72%) had anaphylaxis with a trigger identified, of which 140/192 (75%) met NAP6 criteria for IgE-mediated allergic anaphylaxis, 13% lacking evidence of positive IgE tests were labelled "non-allergic anaphylaxis". 3% were non-IgE-mediated anaphylaxis. Adherence to guidance was similar to the baseline survey for waiting time for clinic assessment. However, lack of testing for chlorhexidine and latex, non-harmonized testing practices and poor coverage of all possible culprits was confirmed. Challenge testing may be underused and many have unacceptably delayed assessments, even in urgent cases. Communication or information provision for patients was insufficient, especially for avoidance advice and communication of test results. Insufficient detail regarding skin test methods was available to draw conclusions regarding techniques. CONCLUSION AND CLINICAL RELEVANCE Current clinical assessment in the UK is effective but harmonization of approach to testing, access to services and MHRA reporting is needed. Expert anaesthetist involvement should increase to optimize diagnostic yield and advice for future anaesthesia. Dynamic tryptase evaluation improves detection of tryptase release where peak tryptase is < 14 µg/L and should be adopted. Standardized clinic reports containing appropriate details of tests, conclusions, avoidance, cross-reactivity and suitable alternatives are required to ensure effective, safe future management options.

30. Reducing potentially inappropriate drug prescribing in nursing home residents: effectiveness of a geriatric intervention.

Authors Cool, Charlene; Cestac, Philippe; McCambridge, Cécile; Rouch, Laure; de Souto Barreto, Philippe; Rolland, Yves; Lapeyre-Mestre, Maryse

Source British journal of clinical pharmacology; Jul 2018; vol. 84 (no. 7); p. 1598-1610

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Abstract AIMSPotentially inappropriate drug prescribing (PIDP) is frequent in nursing home (NH) residents. We aimed to investigate whether a geriatric intervention on quality of care reduced PIDP.METHODSWe performed an ancillary study within a multicentric individually-tailored controlled trial (IQUARE trial). All NH received a baseline and 18-month audit regarding drug prescriptions and other quality of care indicators. After the initial audit, NHs of the intervention group benefited of an in-site intervention (geriatric education for NH staff) provided by a geriatrician from the closest hospital. The analysis included 629 residents of 159 NHs. The main outcome was PIDP, defined as the presence of at least one of the following criteria: (i) drug with an unfavourable benefit-to-risk ratio; (ii) with questionable efficacy; (iii) absolute contraindication; (iv) significant drug-drug interaction. Multivariable multilevel logistic regression models were performed including residents and NH factors as confounders.RESULTSPIDP was 65.2% (-3.6% from baseline) in the intervention group (n = 339) and 69.9% (-2.3%) in the control group (n = 290). The intervention significantly decreased PIDP [odds ratio (OR) = 0.63; 95% confidence interval 0.40-0.99], as a special care unit in NH (OR = 0.60; (0.42 to 0.85)), and a fall in the last 12 months (OR = 0.63; 0.44-0.90). Charlson Comorbidity Index [ORCCI = 1 vs. 0 = 1.38; 0.87-2.19, ORCCI ≥ 2 vs. 0 = 2.01; (1.31-3.08)] and psychiatric advice and/or hospitalization in a psychiatric unit (OR = 1.53; 1.07-2.18) increased the likelihood of PIDP.CONCLUSIONThis intervention based on a global geriatric education resulted in a significant reduction of PIDP at patient level.

31. Anaesthesia, surgery, and life-threatening allergic reactions: management and outcomes in the 6th National Audit Project (NAP6).

Authors Harper, N J N; Cook, T M; Garcez, T; Lucas, D N; Thomas, M; Kemp, H; Kong, K-L; Marinho, S; Karanam, S; Ferguson, K; Hitchman, J; Torevell, H; Warner, A; Egner, W; Nasser, S; McGuire, N; Bellamy, M; Floss, K; Farmer, L; Farooque, S

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Abstract BACKGROUND Anaphylaxis during anaesthesia is a serious complication for patients and anaesthetists. There is little published information on management and outcomes of perioperative anaphylaxis in the UK. **METHODS** The 6th National Audit Project of the Royal College of Anaesthetists (NAP6) collected and reviewed 266 reports of Grade 3-5 anaphylaxis from all UK NHS hospitals over 1 yr. Quality of management was assessed against published guidelines. **RESULTS** Appropriately senior anaesthetists resuscitated all patients. Immediate management was 'good' in 46% and 'poor' in 15%. Recognition and treatment of anaphylaxis were prompt in 97% and 83% of cases, respectively. Epinephrine was administered i.v. in 76%, i.m. in 14%, both in 6%, and not at all in 11% of cases. A catecholamine infusion was administered in half of cases. Cardiac arrests (40 cases; 15%) were promptly treated but cardiac compressions were omitted in half of patients with unrecordable BP. The surgical procedure was abandoned in most cases, including 10% where surgery was urgent. Of 54% admitted to critical care, 70% were level 3, with most requiring catecholamine infusions. Ten (3.8%) patients (mostly elderly with cardiovascular disease) died from anaphylaxis. Corticosteroids and antihistamines were generally administered early. We found no clear evidence of harm or benefit from chlorphenamine. Two patients received vasopressin and one glucagon. Fluid administration was inadequate in 19% of cases. Treatment included sugammadex in 19 cases, including one when rocuronium had not been administered. Adverse sequelae (psychological, cognitive, or physical) were reported in one-third of cases. **CONCLUSIONS** Management of perioperative anaphylaxis could be improved, especially with respect to administration of epinephrine, cardiac compressions, and i.v. fluid. Sequelae were common.

32. Anaesthesia, surgery, and life-threatening allergic reactions: epidemiology and clinical features of perioperative anaphylaxis in the 6th National Audit Project (NAP6).

Authors Harper, N J N; Cook, T M; Garcez, T; Farmer, L; Floss, K; Marinho, S; Torevell, H; Warner, A; Ferguson, K; Hitchman, J; Egner, W; Kemp, H; Thomas, M; Lucas, D N; Nasser, S; Karanam, S; Kong, K-L; Farooque, S; Bellamy, M; McGuire, N

Source British journal of anaesthesia; Jul 2018; vol. 121 (no. 1); p. 159-171

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Available at [British Journal of Anaesthesia](#) 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 Anaphylaxis during anaesthesia is a serious complication for patients and anaesthetists. **METHODS** The 6th National Audit Project (NAP6) on perioperative anaphylaxis collected and reviewed 266 reports of Grades 3-5 anaphylaxis over 1 yr from all NHS hospitals in the UK. **RESULTS** The estimated incidence was $\approx 1:10\,000$ anaesthetics. Case exclusion because of reporting delays or incomplete data means true incidence might be $\approx 70\%$ higher. The distribution of 199 identified culprit agents included antibiotics (94), neuromuscular blocking agents (65), chlorhexidine (18), and Patent Blue dye (9). Teicoplanin comprised 12% of antibiotic exposures, but caused 38% of antibiotic-induced anaphylaxis. Eighteen patients reacted to an antibiotic test dose. Succinylcholine-induced anaphylaxis, mainly presenting with bronchospasm, was two-fold more likely than other neuromuscular blocking agents. Atracurium-induced anaphylaxis mainly presented with hypotension. Non-depolarising neuromuscular blocking agents had similar incidences to each other. There were no reports of local anaesthetic or latex-induced anaphylaxis. The commonest presenting features were hypotension (46%), bronchospasm (18%), tachycardia (9.8%), oxygen desaturation (4.7%), bradycardia (3%), and reduced/absent capnography trace (2.3%). All patients were hypotensive during the episode. Onset was rapid for neuromuscular blocking agents and antibiotics, but delayed with chlorhexidine and Patent Blue dye. There were 10 deaths and 40 cardiac arrests. Pulseless electrical activity was the usual type of cardiac arrest, often with bradycardia. Poor outcomes were associated with increased ASA, obesity, beta blocker, and angiotensin-converting enzyme inhibitor medication. Seventy per cent of cases were reported to the hospital incident reporting system, and only 24% to Medicines and Healthcare products Regulatory Agency via the Yellow Card Scheme. **CONCLUSIONS** The overall incidence of perioperative anaphylaxis was estimated to be 1 in 10 000 anaesthetics.

33. Cross-sectional study of perioperative drug and allergen exposure in UK practice in 2016: the 6th National Audit Project (NAP6) Allergen Survey.

Authors Marinho, S; Kemp, H; Cook, T M; Farmer, L; Farooque, S; Lucas, D N; Garcez, T; Floss, K; Torevell, H; Thomas, M; Warner, A; Hitchman, J; Ferguson, K; Egner, W; Nasser, S; Karanam, S; Kong, K-L; McGuire, N; Bellamy, M; Harper, N J N

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Abstract BACKGROUNDDetails of the current UK drug and allergen exposure were needed for interpretation of reports of perioperative anaphylaxis to the 6th National Audit Project (NAP6).METHODSWe performed a cross-sectional survey of 356 NHS hospitals determining anaesthetic drug usage in October 2016. All cases cared for by an anaesthetist were included.RESULTSResponses were received from 342 (96%) hospitals. Within-hospital return rates were 96%. We collected 15 942 forms, equating to an annual caseload of 3.1 million, including 2.4 million general anaesthetics. Propofol was used in 74% of all cases and 90% of general anaesthetics. Maintenance included a volatile agent in 95% and propofol in 8.7%. Neuromuscular blocking agents were used in 47% of general anaesthetics. Analgesics were used in 88% of cases: opioids, 82%; paracetamol, 56%; and non-steroidal anti-inflammatory drugs, 28%. Antibiotics were administered in 57% of cases, including 2.5 million annual perioperative administrations; gentamicin, co-amoxiclav, and cefuroxime were most commonly used. Local anaesthetics were used in 74% cases and 70% of general anaesthetics. Anti-emetics were used in 73% of cases: during general anaesthesia, ondansetron in 78% and dexamethasone in 60%. Blood products were used in ≈3% of cases, gelatin <2%, starch very rarely, and tranexamic acid in ≈6%. Chlorhexidine and povidone-iodine exposures were 74% and 40% of cases, and 21% reported a latex-free environment. Exposures to bone cement, blue dyes, and radiographic contrast dye were each reported in 2-3% of cases.CONCLUSIONSThis survey provides insights into allergen exposures in perioperative care, which is important as denominator data for the NAP6 registry.

34. An observational national study of anaesthetic workload and seniority across the working week and weekend in the UK in 2016: the 6th National Audit Project (NAP6) Activity Survey.

Authors Kemp, H; Marinho, S; Cook, T M; Farmer, L; Bellamy, M; Egner, W; Farooque, S; Ferguson, K; Floss, K; Garcez, T; Karanam, S; Hitchman, J; Kong, K-L; McGuire, N; Nasser, S; Lucas, D N; Thomas, M; Torevell, H; Warner, A; Harper, N J N

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Abstract BACKGROUND UK national anaesthetic activity was studied in 2013 but weekend working was not examined. Understanding changes since 2013 in workload and manpower distribution, including weekends, would be of value in workforce planning. **METHODS** We performed an observational survey of NHS hospitals' anaesthetic practice in October 2016 as part of the 6th National Audit Project of the Royal College of Anaesthetists (NAP6). All cases cared for by an anaesthetist during the study period were included. Patient characteristics and details of anaesthetic conduct were collected by local anaesthetists. **RESULTS** Responses were received from 342/356 (96%) hospitals. In total, 15 942 cases were reported, equating to an annual anaesthetic workload of ≈3.13 million cases. Approximately 95% (9888/10 452) of elective and 72% (3184/4392) of emergency work was performed on weekdays and 89% (14 145/15 942) of activity was led by senior (consultant or career grade) anaesthetists and 1.1% (180/15942) by those with <2 yr anaesthetic experience. During weekends case urgency increased, the proportion of healthy patients reduced and case mix changed. Cases led by senior anaesthetists fell to 80% (947/1177) on Saturday and 66% (342/791) on Sunday. Senior involvement in obstetric anaesthetic activity was 69% (628/911) during the week and 45% (182/402) at weekends, compared with 93% (791/847) in emergency orthopaedic procedures during the week and 89% (285/321) at weekends. Since 2013, the proportion of obese patients, elective weekend working, and depth of anaesthesia monitoring has increased [12% (1464/12 213) vs 2.8%], but neuromuscular monitoring has not [37% (2032/5532) vs 38% of paralysed cases]. **CONCLUSIONS** Senior clinicians deliver most UK anaesthesia care, including at weekends. Our findings are important for any planned workforce reorganisation to rationalise 7-day working.

35. Anaesthesia, surgery, and life-threatening allergic reactions: protocol and methods of the 6th National Audit Project (NAP6) of the Royal College of Anaesthetists.

Authors Cook, T M; Harper, N J N; Farmer, L; Garcez, T; Floss, K; Marinho, S; Torevell, H; Warner, A; McGuire, N; Ferguson, K; Hitchman, J; Egner, W; Kemp, H; Thomas, M; Lucas, D N; Nasser, S; Karanam, S; Kong, K-L; Farooque, S; Bellamy, M; McGlennan, A; Moonesinghe, S R
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Abstract BACKGROUND Anaphylaxis during anaesthesia is a serious complication for patients and anaesthetists. **METHODS** The Sixth National Audit Project (NAP6) of the Royal College of Anaesthetists examined the incidence, predisposing factors, management, and impact of life-threatening perioperative anaphylaxis in the UK. NAP6 included: a national survey of anaesthetists' experiences and perceptions; a national survey of allergy clinics; a registry collecting detailed reports of all Grade 3-5 perioperative anaphylaxis cases for 1 yr; and a national survey of anaesthetic workload and perioperative allergen exposure. NHS and independent sector (IS) hospitals were approached to participate. Cases were reviewed by a multi-disciplinary expert panel (anaesthetists, intensivists, allergists, immunologists, patient representatives, and stakeholders) using a structured process designed to minimise bias. Clinical management and investigation were compared with published guidelines. This paper describes detailed study methods and reports on project engagement by NHS and IS hospitals. The methodology includes a new classification of perioperative anaphylaxis and a new structured method for classifying suspected anaphylactic events including the degree of certainty with which a causal trigger agent can be attributed. **RESULTS** NHS engagement was complete (100% of hospitals). Independent sector engagement was limited (13% of approached hospitals). We received >500 reports of Grade 3-5 perioperative anaphylaxis, with 266 suitable for analysis. We identified 199 definite or probable culprit agents in 192 cases. **CONCLUSIONS** The methods of NAP6 were robust in identifying causative agents of anaphylaxis, and support the accompanying analytical papers.

36. Self-Reported Knowledge, Correct Knowledge and use of UK Drinking Guidelines Among a Representative Sample of the English Population.

Authors Buykx, Penny; Li, Jessica; Gavens, Lucy; Hooper, Lucie; Gomes de Matos, Elena; Holmes, John
Source Alcohol and alcoholism (Oxford, Oxfordshire); Jul 2018; vol. 53 (no. 4); p. 453-460
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Available at [Alcohol and Alcoholism](#) 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 Promotion of lower risk drinking guidelines is a commonly used public health intervention with various purposes, including communicating alcohol consumption risks, informing drinkers' decision-making and, potentially, changing behaviour. UK drinking guidelines were revised in 2016. To inform potential promotion of the new guidelines, we aimed to examine public knowledge and use of the previous drinking guidelines, including by population subgroup. Methods A demographically representative, cross-sectional online survey of 2100 adults living in England in July 2015 (i.e. two decades after adoption of previous guidelines and prior to introduction of new guidelines). Univariate and multivariate logistic regressions examined associations between demographic variables, alcohol consumption (AUDIT-C), smoking, and knowledge of health conditions and self-reported knowledge and use of drinking guidelines. Multinomial logistic regression examined the same set of variables in relation to accurate knowledge of drinking guidelines (underestimation, accurate-estimation, overestimation). Results In total, 37.8% of drinkers self-reported knowing their own-gender drinking guideline, of whom 66.2% gave an accurate estimate. Compared to accurate estimation, underestimation was associated with male gender, lower education and AUDIT-C score, while overestimation was associated with smoking. Few (20.8%) reported using guidelines to monitor drinking at least sometimes. Drinking guideline use was associated with higher education, overestimating guidelines and lower AUDIT-C. Correctly endorsing a greater number of health conditions as alcohol-related was associated with self-reported knowledge of guidelines, but was not consistently associated with accurate estimation or use to monitor drinking. Conclusions Two decades after their introduction, previous UK drinking guidelines were not well known or used by current drinkers. Those who reported using them tended to overestimate recommended daily limits. SHORT SUMMARY We examined public knowledge and use of UK drinking guidelines just before new guidelines were released (2016). Despite previous guidelines being in place for two decades, only one in four drinkers accurately estimated these, with even fewer using guidelines to monitor drinking. Approximately 8% of drinkers overestimated maximum daily limits.

37. Newborn and infant physical examination standards in a dedicated clinic for developmental dysplasia of the hip.

Authors Humphry, S; Thompson, D; Evans, R; Price, N; Williams, P
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Abstract Introduction In 2014 our centre started a dedicated clinic for developmental dysplasia of the hip (DDH). The aim of the clinic was to streamline DDH referrals, enabling timely review, imaging and multidisciplinary treatment. Ongoing audit has been carried out based on the UK National Screening Committee newborn and infant physical examination (NIPE) guidelines, first published in 2008. Methods A three-year prospective audit was undertaken between 2014 and 2016 assessing compliance with NIPE standards (ST2b and ST2d) relating to timeliness of expert consultation following positive ultrasonography findings of DDH with positive examination or risk factors. Results A total of 257 babies born between January 2014 and December 2016 were seen in our dedicated DDH clinic, with 106 with abnormalities on ultrasonography and 54 requiring treatment. Compliance with 'expert consultation within 4 weeks of age for babies with an abnormality detected on clinical examination and positive ultrasonography' improved from 50% in 2014 to 53% in 2015 and 71% in 2016. Compliance with 'expert consultation within 8 weeks of age for babies with positive risk factors, negative examination and positive ultrasonography' improved from 65% in 2014 to 93% in 2015 and 100% in 2016. Conclusions This prospective audit assessing timeliness of expert consultation has demonstrated ongoing improvements between 2014 and 2016. A greater proportion of babies with ultrasonography evidence of DDH have been seen at the appropriate time. In the majority of cases, this has enabled timely non-invasive treatment with a Pavlik harness rather than surgery.

Strategy 432444

#	Database	Search term	Results
1	Medline	(audit* OR "quality improvement*").ti,ab	155028
2	Medline	(NHS OR england OR UK OR "united kingdom" OR "national health service").ti,ab	178464
3	Medline	exp "UNITED KINGDOM"/	343705
4	Medline	exp "CLINICAL AUDIT"/	21128
5	Medline	exp "QUALITY IMPROVEMENT"/	17473
6	Medline	(1 OR 4 OR 5)	175028
7	Medline	(2 OR 3)	432701
8	Medline	(6 AND 7)	13082
9	Medline	8 [DT 2018-2018] [Since 18-Jun-2018]	37
