

Strategy 432444/9

[See full search strategy](#)

#	Database	Search term	Results
9	Medline	((audit* OR "quality improvement*").ti,ab OR exp "CLINICAL AUDIT"/ OR exp "QUALITY IMPROVEMENT"/) AND ((NHS OR england OR UK OR "united kingdom" OR "national health service").ti,ab OR exp "UNITED KINGDOM"/)) [DT 2018-2018] [Since 17-May-2018]	40

Contents 40 of 40 results on Medline - (((audit* OR "quality improvement*").ti,ab OR exp "CLINICAL AUDIT"/ OR exp "QUALITY IMPROVEMENT"/) AND ((NHS OR england OR UK OR "united kingdom" OR "national health service").ti,ab OR exp "UNITED KINGDOM"/)) [DT 2018-2018] [Since 17-May-2018]

1. IPEM topical report 2: the first UK survey of dose indices from radiotherapy treatment planning computed tomography scans for adult patients.....	Page 3
2. Renal in-patient ward nurse experience and job satisfaction: A qualitative study.....	Page 3
3. Clipping aneurysms improves outcomes for patients undergoing coiling.....	Page 4
4. Indications and complications of inpatient parenteral nutrition prescribed to children in a large tertiary referral hospital. ...	Page 4
5. Improved Medical Treatment and Surgical Surveillance of Children and Adolescents with Ulcerative Colitis in the United Kingdom.....	Page 5
6. Alcohol Screening and Brief Intervention in Police Custody Suites: Pilot Cluster Randomised Controlled Trial (AcCePT).	Page 5
7. Information standards for recording alcohol use in electronic health records: findings from a national consultation.	Page 6
8. Addressing the challenges of knowledge co-production in quality improvement: learning from the implementation of the researcher-in-residence model.	Page 7
9. Characterising the research profile of the critical care physiotherapy workforce and engagement with critical care research: a UK national survey.	Page 7
10. A national quality incentive scheme to reduce antibiotic overuse in hospitals: evaluation of perceptions and impact.	Page 7
11. Investigating the relationship between costs and outcomes for English mental health providers: a bi-variate multi-level regression analysis.....	Page 8
12. The evolving nature of clinical care.	Page 8
13. Short- and long-term outcomes of patients with solid tumours following non-surgical intensive care admission.	Page 9
14. Why participants in The United Kingdom Rotator Cuff Tear (UKUFF) trial did not remain in their allocated treatment arm: a qualitative study.....	Page 9
15. A service evaluation and improvement project: a three year systematic audit cycle of the physiotherapy treatment for Lateral Epicondylalgia.	Page 10
16. Interhospital Transport of Critically Ill Children to PICUs in the United Kingdom and Republic of Ireland: Analysis of an International Dataset.	Page 10
17. Optimization of the CT component of SPECT-CT and establishment of local CT diagnostic reference levels for clinical practice.....	Page 11
18. Can Sepsis Be Detected in the Nursing Home Prior to the Need for Hospital Transfer?	Page 11

19. Transforming Improving Access to Psychological Therapies.....	Page 12
20. Local action on outdoor air pollution to improve public health.....	Page 12
21. Exploring Variation in Glycemic Control Across and Within Eight High-Income Countries: A Cross-sectional Analysis of 64,666 Children and Adolescents With Type 1 Diabetes.....	Page 13
22. The timing of liver resection in patients with colorectal cancer and synchronous liver metastases: a population-based study of current practice and survival.....	Page 13
23. A View From the UK: The UK and Ireland Confidential Enquiry into Maternal Deaths and Morbidity.....	Page 14
24. Development and validation of the Parenteral Nutrition Impact Questionnaire (PNIQ), a patient-centric outcome measure for Home Parenteral Nutrition.....	Page 14
25. Temporal Trends in Identification, Management, and Clinical Outcomes After Out-of-Hospital Cardiac Arrest: Insights From the Myocardial Ischaemia National Audit Project Database.....	Page 15
26. Open radical cystectomy in England: the current standard of care - an analysis of the British Association of Urological Surgeons (BAUS) cystectomy audit and Hospital Episodes Statistics (HES) data.....	Page 15
27. The clinical utility of genetic testing of tissues from pregnancy losses.....	Page 16
28. Geographic Region and Profit Status Drive Variation in Hospital Readmission Outcomes Among Inpatient Rehabilitation Facilities in the United States.....	Page 16
29. Children with life-limiting conditions in paediatric intensive care units: a national cohort, data linkage study.....	Page 17
30. Surveys of Current Teaching and Practice for Impressions for Complete Dentures.....	Page 17
31. Two and five year survival for colorectal cancer after resection with curative intent: A retrospective cohort study.....	Page 18
32. The effect of parental drinking on alcohol use in young adults: the mediating role of parental monitoring and peer deviance.....	Page 18
33. Socioeconomic differences in selection for liver resection in metastatic colorectal cancer and the impact on survival.....	Page 19
34. Evaluating the implementation of a quality improvement process in General Practice using a realist evaluation framework.....	Page 19
35. Surgical consent practice in the UK following the Montgomery ruling: A national cross-sectional questionnaire study.....	Page 20
36. Brief coping strategy enhancement for distressing voices: Predictors of engagement and outcome in routine clinical practice.....	Page 20
37. Multidisciplinary care for pregnant women with cardiac disease: A mixed methods evaluation.....	Page 21
38. Management of children and young people (CYP) with asthma: a clinical audit report.....	Page 22
39. Prevalence of active Charcot disease in the East Midlands of England.....	Page 22
40. 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.....	Page 22
Full search strategy.....	Page 24

Results 40 of 40 results on Medline - (((audit* OR "quality improvement*").ti,ab OR exp "CLINICAL AUDIT"/ OR exp "QUALITY IMPROVEMENT"/) AND ((NHS OR england OR UK OR "united kingdom" OR "national health service").ti,ab OR exp "UNITED KINGDOM"/)) [DT 2018-2018] [Since 17-May-2018]

1. IPEM topical report 2: the first UK survey of dose indices from radiotherapy treatment planning computed tomography scans for adult patients.

Authors Davis, Anne T; Earley, James; Edyvean, Sue; Findlay, Una; Lindsay, Rebecca; Nisbet, Andrew; Palmer, Antony L; Plaistow, Rosaleen; Williams, Matthew Geraint Joseph; Wood, Tim J
Source Physics in medicine and biology; Jun 2018
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29900881
Database Medline

Available at [Physics in medicine and biology](#) 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 CT scans are an integral component of modern radiotherapy treatments, enabling the accurate localisation of the treatment target and organs-at-risk, and providing the tissue density information required for dose calculations in the treatment planning system. For these reasons, it is important to ensure exposures are optimised to give the required clinical image quality with doses that are as low as reasonably achievable. However, there is little guidance on dose levels in radiotherapy CT imaging either within the UK or internationally. This IPEM topical report presents the results of the first UK wide survey of dose indices in radiotherapy CT planning scans. Patient dose indices were collected for prostate, gynaecological, breast, 3D-lung, 4D-lung, brain and head/neck scans. Median values per scanner and examination type were calculated and national dose reference levels and 'achievable levels' of CT dose index (CTDIvol), dose-length-product (DLP) and scan length are proposed based on the third quartile and median values of these distributions, respectively. A total of 68 radiotherapy CT scanners were included in this audit. The proposed dose reference levels for CTDIvol and DLP are; prostate 16 mGy and 570 mGy.cm, gynaecological 16 mGy and 610 mGy.cm, breast 10 mGy and 390 mGy.cm, 3D-lung 14 mGy and 550 mGy.cm, 4D-lung 63 mGy and 1750 mGy.cm, brain 50 mGy and 1500 mGy.cm and head/neck 49 mGy and 2150 mGy.cm. Significant variations in dose indices were noted, with head/neck and 4D-lung yielding a factor of eighteen difference between the lowest and highest dose scanners. There was also evidence of some clustering in the data by scanner manufacturer, which may be indicative of a lack of local optimisation of individual systems to the clinical task. It is anticipated that providing this data to the UK and wider radiotherapy community will aid the optimisation of treatment planning CT scan protocols..

2. Renal in-patient ward nurse experience and job satisfaction: A qualitative study.

Authors McKenzie, Aisha Tamika; Addis, Gulen
Source Journal of clinical nursing; Jun 2018
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29896763
Database Medline

Available at [Journal of clinical nursing](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS Available at [Journal of clinical nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at [Journal of clinical 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 AIMS AND OBJECTIVES The aim of this study was to examine the experience of registered nurses working in renal inpatient wards at an acute National Health Service (NHS) hospital Trust. Nurse perceptions of their experience particularly in relation to job satisfaction was analysed. BACKGROUND Increased understanding of workplace organisation and culture can contribute to improved nurse work experience and better patient care. Worldwide many studies conducted on nurse experience and job satisfaction show that job satisfaction level varies across work settings so analysis of job satisfaction at a local level such as in a ward is important for producing useful analysis and recommendations. METHOD Using purposive sampling, semi structured individual interviews were conducted on twelve registered nurses working on renal inpatient wards. RESULT The study identified three themes: safe care, organisational culture and work environment. Although staffing was identified as a key element to providing safe care maintaining adequate staffing levels remained a challenge. Whilst there were opportunities for professional development more support is needed for newly qualified nurses. CONCLUSIONS Findings highlighted that renal patients were complex. It is important to maintain adequate staffing levels. Good clinical leadership is required to support and develop the positive experience of nurses. RELEVANCE TO CLINICAL PRACTICE The high turnover of newly qualified nurses is a particular problem and nurse managers need to develop strategies to retain such nurses. Regular audits on staffing levels as part of improving workforce planning and patient safety need to be conducted. This article is protected by copyright. All rights reserved.

3. Clipping aneurysms improves outcomes for patients undergoing coiling.

Authors Anderson, Ian A; Kailaya-Vasan, Ahilan; Nelson, Richard J; Toliás, Christos M
Source Journal of neurosurgery; Jun 2018 ; p. 1-7
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29882697
Database Medline

Available at [Journal of neurosurgery](#) 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 Most intracranial aneurysms are now treated by endovascular rather than by microsurgical procedures. There is evidence to demonstrate superior outcomes for patients with aneurysmal subarachnoid hemorrhage (aSAH) treated by endovascular techniques. However, some cases continue to require microsurgery. The authors have examined the relationship between the number of aneurysms treated by microsurgery and outcome for patients undergoing treatment for aSAH at neurosurgical centers in England. METHODS The Neurosurgical National Audit Programme (NNAP) database was used to identify aSAH cases and to provide associated 30-day mortality rates for each of the 24 neurosurgical centers in England. Data were compared for association by regression analysis using the Pearson product-moment correlation coefficient and any associations were tested for statistical significance using the one-way ANOVA test. The NNAP data were validated utilizing a second, independent registry: the British Neurovascular Group's (BNVG) National Subarachnoid Haemorrhage Database. RESULTS Increasing numbers of microsurgical cases in a center are associated with lower 30-day mortality rates for all patients treated for aSAH, irrespective of treatment modality (Pearson $r = 0.42$, $p = 0.04$), and for patients treated for aSAH by endovascular procedures (Pearson $r = 0.42$, $p = 0.04$). The correlations are stronger if all (elective and acute) microsurgical cases are compared with outcome. The BNVG data validated the NNAP data set for patients with aSAH. CONCLUSIONS There is a statistically significant association between local microsurgical activity and center outcomes for patients with aSAH, even for patients treated endovascularly. The authors postulate that the number of microsurgical cases performed may be a surrogate indicator of closer neurosurgical involvement in the overall management of neurovascular patients and of optimal case selection.

4. Indications and complications of inpatient parenteral nutrition prescribed to children in a large tertiary referral hospital.

Authors Mantegazza, C; Landy, N; Zuccotti, G V; Köglmeier, J
Source Italian journal of pediatrics; Jun 2018; vol. 44 (no. 1); p. 66
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29880053
Database Medline
Available at [Italian journal of pediatrics](#) from BioMed Central
Available at [Italian journal of pediatrics](#) from Europe PubMed Central - Open Access

Abstract BACKGROUND Parenteral Nutrition (PN) is prescribed to children with intestinal failure. Although life saving, complications are common. Recommendations for indications and constituents of PN are made in the 2005 guidelines by the European Society of Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN). The aim of this study was to establish if the indications for prescribing PN in a tertiary children's hospital were appropriate, and to identify complications encountered. Data were compared to those published by the National Confidential Enquiry into patient outcome and death (NCEPOD) carried out in the United Kingdom in 2010. METHODS Children and newborns receiving inpatient PN over a 6 months period were entered into the study and data was collected prospectively. The appropriate indications for the use of PN were based on the ESPGHAN guidelines. Recorded complications were divided into metabolic, central venous catheter (CVC) related, hepatobiliary and nutritional. RESULTS A total of 303 children (67 newborns) were entered into the study. The main indications for the start of PN were critical illness (66/303), surgery (63/303) and bone marrow transplantation (28/303). The ESPGHAN recommendations were followed in 91.7% (278/303) of cases (95.5% of newborns, 90.7% of children). PN was considered inappropriate in 12/303 patients and equivocal in 13. The mean PN duration was 18 days (1-160) and the incidence of complications correlated to the length of PN prescribed. Metabolic, hepatobiliary and CVC related complications affected 74.6, 24.4, 16.4% of newborns and 76.7, 37.7 and 24.6% of children respectively. In relation to the appropriate indications for the start of PN our results mirrored those reported by the NCEPOD audit (92.4% of newborns and 88.6% children). However, the incidence of metabolic disturbances was higher in our cohort (74.6% vs 30.4% in children, 76.7% vs 14.3% in newborns) but CVC related complications lower amongst our newborns (16.4% vs 25%). CONCLUSIONS Although the indications for inpatient PN in children is mostly justified, there is still a proportion who is receiving PN unnecessarily. PN related complications remain common. There is a need for better education amongst health professionals prescribing PN and access to nutritional support teams to reduce unwanted side effects.

5. Improved Medical Treatment and Surgical Surveillance of Children and Adolescents with Ulcerative Colitis in the United Kingdom.

Authors Auth, Marcus Karl-Keinz; Bunn, Su K; Protheroe, Aimee Leanne; Williams, Linda Jane; Fell, John M; Muhammed, Rafeeq; Croft, Nicholas Michael; Beattie, R Mark; Willmott, Anne; Spray, Christine; Vadamalayan, Babu; Rodrigues, Astor; Puntis, John; Pigott, Anna Jane; Wilson, David C; Mitton, Sally; Furman, Mark; Charlton, Charlie; Chong, Sonny K F; BSPGHAN IBD working group; BSPGHAN IBD site leads; Russell, Richard K

Source Inflammatory bowel diseases; Jun 2018; vol. 24 (no. 7); p. 1520-1530

Publication Date Jun 2018

Publication Type(s) Journal Article

PubMedID 29668982

Database Medline

Available at [Inflammatory bowel diseases](#) 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 [Inflammatory bowel diseases](#) 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 Pediatric ulcerative colitis (UC) presents at an earlier age and increasing prevalence. Our aim was to examine morbidity, steroid sparing strategies, and surgical outcome in children with active UC. Methods A national prospective audit was conducted for the inpatient period of all children with UC for medical or surgical treatment in the United Kingdom (UK) over 1 year. Thirty-two participating centers recruited 224 children in 298 admissions, comparisons over 6 years were made with previous audits. Results Over 6 years, recording of Paediatric Ulcerative Colitis Activity Index (PUCAI) score (median 65) (23% to 55%, $P < 0.001$), guidelines for acute severe colitis (43% to 77%, $P < 0.04$), and ileal pouch surgery registration (4% to 56%, $P < 0.001$) have increased. Corticosteroids were given in 183/298 episodes (61%) with 61/183 (33%) not responding and requiring second line therapy or surgery. Of those treated with anti-TNFalpha (16/61, 26%), 3/16 (18.8%) failed to respond and required colectomy. Prescription of rescue therapy (26% to 49%, $P = 0.04$) and proportion of anti-TNFalpha (20% to 53%, $P = 0.03$) had increased, colectomy rate (23.7% to 15%) was not significantly reduced ($P = 0.5$). Subtotal colectomy was the most common surgery performed ($n = 40$), and surgical complications from all procedures occurred in 33%. In 215/224 (96%) iron deficiency anemia was detected and in 51% treated, orally (50.2%) or intravenously (49.8%). Conclusions A third of children were not responsive to steroids, and a quarter of these were treated with anti-TNFalpha. Colectomy was required in 41/298 (13.7%) of all admissions. Our national audit program indicates effectiveness of actions taken to reduce steroid dependency, surgery, and iron deficiency. 10.1093/ibd/izy042_video1izy042_video15769503407001.

6. Alcohol Screening and Brief Intervention in Police Custody Suites: Pilot Cluster Randomised Controlled Trial (AcCePT).

Authors Addison, Michelle; MCGovern, Ruth; Angus, Colin; Becker, Frauke; Brennan, Alan; Brown, Heather; Coulton, Simon; Crowe, Lisa; Gilvarry, Eilish; Hickman, Matthew; Howel, Denise; Mccoll, Elaine; Muirhead, Colin; Newbury-Birch, Dorothy; Waqas, Muhammad; Kaner, Eileen

Source Alcohol and alcoholism (Oxford, Oxfordshire); Jun 2018
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29889245
Database Medline
 Available at [Alcohol and alcoholism \(Oxford, Oxfordshire\)](#) 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 There is a clear association between alcohol use and offending behaviour and significant police time is spent on alcohol-related incidents. This study aimed to test the feasibility of a trial of screening and brief intervention in police custody suites to reduce heavy drinking and re-offending behaviour. Short summary We achieved target recruitment and high brief intervention delivery if this occurred immediately after screening. Low rates of return for counselling and retention at follow-up were challenges for a definitive trial. Conversely, high consent rates for access to police data suggested at least some outcomes could be measured remotely. Methods A three-armed pilot Cluster Randomised Controlled Trial with an embedded qualitative interview-based process evaluation to explore acceptability issues in six police custody suites (north east and south west of the UK). Interventions included: 1. Screening only (Controls), 2. 10 min Brief Advice 3. Brief Advice plus 20 min of brief Counselling. Results Of 3330 arrestees approached: 2228 were eligible for screening (67%) and 720 consented (32%); 386 (54%) scored 8+ on AUDIT; and 205 (53%) were enrolled (79 controls, 65 brief advice and 61 brief counselling). Follow-up rates at 6 and 12 months were 29% and 26%, respectively. However, routinely collected re-offending data were obtained for 193 (94%) participants. Indices of deprivation data were calculated for 184 (90%) participants; 37.6% of these resided in the 20% most deprived areas of UK. Qualitative data showed that all arrestees reported awareness that participation was voluntary, that the trial was separate from police work, and the majority said trial procedures were acceptable. Conclusion Despite hitting target recruitment and same-day brief intervention delivery, a future trial of alcohol screening and brief intervention in a police custody setting would only be feasible if routinely collected re-offending and health data were used for outcome measurement. Trial registration ISRCTN number: 89291046.

7. Information standards for recording alcohol use in electronic health records: findings from a national consultation.

Authors Haroon, Shamil; Wooldridge, Darren; Hoogewerf, Jan; Nirantharakumar, Krishnarajah; Williams, John; Martino, Lina; Bhala, Neeraj
Source BMC medical informatics and decision making; Jun 2018; vol. 18 (no. 1); p. 36
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29879953
Database Medline
 Available at [BMC medical informatics and decision making](#) from BioMed Central
 Available at [BMC medical informatics and decision making](#) from Europe PubMed Central - Open Access
 Available at [BMC medical informatics and decision making](#) from EBSCO (MEDLINE with Full Text)

Abstract BACKGROUND Alcohol misuse is an important cause of premature disability and death. While clinicians are recommended to ask patients about alcohol use and provide brief interventions and specialist referral, this is poorly implemented in routine practice. We undertook a national consultation to ascertain the appropriateness of proposed standards for recording information about alcohol use in electronic health records (EHRs) in the UK and to identify potential barriers and facilitators to their implementation in practice. METHODS A wide range of stakeholders in the UK were consulted about the appropriateness of proposed information standards for recording alcohol use in EHRs via a multi-disciplinary stakeholder workshop and online survey. Responses to the survey were thematically analysed using the Consolidated Framework for Implementation Research. RESULT Thirty-one stakeholders participated in the workshop and 100 in the online survey. This included patients and carers, healthcare professionals, researchers, public health specialists, informaticians, and clinical information system suppliers. There was broad consensus that the Alcohol Use Disorders Identification Test (AUDIT) and AUDIT-Consumption (AUDIT-C) questionnaires were appropriate standards for recording alcohol use in EHRs but that the standards should also address interventions for alcohol misuse. Stakeholders reported a number of factors that might influence implementation of the standards, including having clear care pathways and an implementation guide, sharing information about alcohol use between health service providers, adequately resourcing the implementation process, integrating alcohol screening with existing clinical pathways, having good clinical information systems and IT infrastructure, providing financial incentives, having sufficient training for healthcare workers, and clinical leadership and engagement. Implementation of the standards would need to ensure patients are not stigmatised and that patient confidentiality is robustly maintained. CONCLUSION A wide range of stakeholders agreed that use of AUDIT-C and AUDIT are appropriate standards for recording alcohol use in EHRs in addition to recording interventions for alcohol misuse. The findings of this consultation will be used to develop an appropriate information model and implementation guide. Further research is needed to pilot the standards in primary and secondary care.

8. Addressing the challenges of knowledge co-production in quality improvement: learning from the implementation of the researcher-in-residence model.

Authors Vindrola-Padros, Cecilia; Eyre, Laura; Baxter, Helen; Cramer, Helen; George, Bethan; Wye, Lesley; Fulop, Naomi J; Utley, Martin; Phillips, Natasha; Brindle, Peter; Marshall, Martin
Source BMJ quality & safety; Jun 2018
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29866766
Database Medline
 Available at [BMJ quality & safety](#) from BMJ Journals - NHS

Abstract The concept of knowledge co-production is used in health services research to describe partnerships (which can involve researchers, practitioners, managers, commissioners or service users) with the purpose of creating, sharing and negotiating different knowledge types used to make improvements in health services. Several knowledge co-production models have been proposed to date, some involving intermediary roles. This paper explores one such model, researchers-in-residence (also known as 'embedded researchers'). In this model, researchers work inside healthcare organisations, operating as staff members while also maintaining an affiliation with academic institutions. As part of the local team, researchers negotiate the meaning and use of research-based knowledge to co-produce knowledge, which is sensitive to the local context. Even though this model is spreading and appears to have potential for using co-produced knowledge to make changes in practice, a number of challenges with its use are emerging. These include challenges experienced by the researchers in embedding themselves within the practice environment, preserving a clear focus within their host organisations and maintaining academic professional identity. In this paper, we provide an exploration of these challenges by examining three independent case studies implemented in the UK, each of which attempted to co-produce relevant research projects to improve the quality of care. We explore how these played out in practice and the strategies used by the researchers-in-residence to address them. In describing and analysing these strategies, we hope that participatory approaches to knowledge co-production can be used more effectively in the future.

9. Characterising the research profile of the critical care physiotherapy workforce and engagement with critical care research: a UK national survey.

Authors Connolly, Bronwen; Allum, Laura; Shaw, Michelle; Pattison, Natalie; Dark, Paul
Source BMJ open; Jun 2018; vol. 8 (no. 6); p. e020350
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29866725
Database Medline

Available at [BMJ Open](#) from HighWire - Free Full Text
 Available at [BMJ Open](#) from Europe PubMed Central - Open Access
 Available at [BMJ Open](#) from PubMed Central

Abstract OBJECTIVE To characterise the research profile of UK critical care physiotherapists including experience, training needs, and barriers and enablers to engagement in critical care research. 'Research' was defined broadly to encompass activities related to quantitative and qualitative studies, service evaluations, clinical audit and quality improvements. DESIGN Closed-question online survey, with optional free-text responses. SETTING UK critical care community. PARTICIPANTS UK critical care physiotherapists, regardless of clinical grade or existing research experience. RESULTS 268 eligible survey responses were received during the 12-week study period (21 incomplete, 7.8%). Respondents were based in university-affiliated (n=133, 49.6%) and district general (n=111, 41.4%) hospitals, and generally of senior clinical grade. Nearly two-thirds had postgraduate qualifications at master's level or above (n=163, 60.8%). Seven had a doctoral-level qualification. Respondents reported a range of research experience, predominantly data acquisition (n=144, 53.7%) and protocol development (n=119, 44.4%). Perceived research training needs were prevalent, including topics of research methods, critical literature appraisal, protocol development and statistical analysis (each reported by ≥50% respondents). Multiple formats for delivery of future research training were identified. Major barriers to research engagement included lack of protected time (n=220, 82.1%), funding (n=177, 66.0%) and perceived experience (n=151, 56.3%). Barriers were conceptually categorised into capability, opportunity and motivation themes. Key enabling strategies centred on greater information provision about clinical research opportunities, access to research training, secondment roles and professional networks. CONCLUSIONS UK critical care physiotherapists are skilled, experienced and motivated to participate in research, including pursuing defined academic research pathways. Nonetheless wide-ranging training needs and notable barriers preclude further involvement. Strategies to harness the unique skills of this profession to enhance the quality, quantity and scope of critical care research, benefiting from a multiprofessional National Clinical Research Network, are required.

10. A national quality incentive scheme to reduce antibiotic overuse in hospitals: evaluation of perceptions and impact.

Authors Islam, J; Ashiru-Oredope, D; Budd, E; Howard, P; Walker, A S; Hopkins, S; Llewelyn, M J

Source The Journal of antimicrobial chemotherapy; Jun 2018; vol. 73 (no. 6); p. 1708-1713
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29506043
Database Medline
 Available at [The Journal of antimicrobial chemotherapy](#) 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 In 2016/2017, a financially linked antibiotic prescribing quality improvement initiative Commissioning for Quality and Innovation (AMR-CQUIN) was introduced across acute hospitals in England. This aimed for >1% reductions in DDDs/1000 admissions of total antibiotics, piperacillin/tazobactam and carbapenems compared with 2013/2014 and improved review of empirical antibiotic prescriptions. Objectives To assess perceptions of staff leading antimicrobial stewardship activity regarding the AMR-CQUIN, the investments made by hospitals to achieve it and how these related to achieving reductions in antibiotic use. Methods We invited antimicrobial stewardship leads at acute hospitals across England to complete a web-based survey. Antibiotic prescribing data were downloaded from the PHE Antimicrobial Resistance Local Indicators resource. Results Responses were received from 116/155 (75%) acute hospitals. Owing to yearly increases in antibiotic use, most trusts needed to make >5% reductions in antibiotic consumption to achieve the AMR-CQUIN goal of 1% reduction. Additional funding was made available at 23/113 (20%) trusts and, in 18 (78%), this was <10% of the AMR-CQUIN value. Nationally, the annual trend for increased antibiotic use reversed in 2016/2017. In 2014/2015, year-on-year changes were +3.7% (IQR -0.8%, +8.4%), +9.4% (+0.2%, +19.5%) and +5.8% (-6.2%, +18.2%) for total antibiotics, piperacillin/tazobactam and carbapenems, respectively, and +0.1% (-5.4%, +4.0%), -4.8% (-16.9%, +3.2%) and -8.0% (-20.2%, +4.0%) in 2016/2017. Hospitals where staff believed they could reduce antibiotic use were more likely to do so (P < 0.001). Conclusions Introducing the AMR-CQUIN was associated with a reduction in antibiotic use. For individual hospitals, achieving the AMR-CQUIN was associated with favourable perceptions of staff and not availability of funding.

11. Investigating the relationship between costs and outcomes for English mental health providers: a bi-variate multi-level regression analysis.

Authors Moran, Valerie; Jacobs, Rowena
Source The European journal of health economics : HEPAC : health economics in prevention and care; Jun 2018; vol. 19 (no. 5); p. 709-718
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 28647862
Database Medline
 Available at [The European Journal of Health Economics](#) 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 European Journal of Health Economics](#) 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 Provider payment systems for mental health care that incentivize cost control and quality improvement have been a policy focus in a number of countries. In England, a new prospective provider payment system is being introduced to mental health that should encourage providers to control costs and improve outcomes. The aim of this research is to investigate the relationship between costs and outcomes to ascertain whether there is a trade-off between controlling costs and improving outcomes. The main data source is the Mental Health Minimum Data Set (MHMDS) for the years 2011/12 and 2012/13. Costs are calculated using NHS reference cost data while outcomes are measured using the Health of the Nation Outcome Scales (HoNOS). We estimate a bivariate multi-level model with costs and outcomes simultaneously. We calculate the correlation and plot the pairwise relationship between residual costs and outcomes at the provider level. After controlling for a range of demographic, need, social, and treatment variables, residual variation in costs and outcomes remains at the provider level. The correlation between residual costs and outcomes is negative, but very small, suggesting that cost-containment efforts by providers should not undermine outcome-improving efforts under the new payment system.

12. The evolving nature of clinical care.

Source The bone & joint journal; Jun 2018; vol. 100
Publication Date Jun 2018
Publication Type(s) Editorial Introductory Journal Article
PubMedID 29855239
Database Medline

Available at [The bone & joint journal](#) from Ovid (Journals @ Ovid) - Remote Access

13. Short- and long-term outcomes of patients with solid tumours following non-surgical intensive care admission.

Authors Murphy, K; Cooksley, T; Haji-Michael, P
Source QJM : monthly journal of the Association of Physicians; Jun 2018; vol. 111 (no. 6); p. 379-383
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29534214
Database Medline

Available at [QJM: An International Journal of 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 Background There has been a significant increase in the number of patients presenting with cancer related emergencies and potentially requiring critical care admission. Aim To analyse the short and long-term outcomes of patients with solid tumours requiring unplanned medical admission to a specialist cancer intensive care unit (ICU). Design An unplanned cohort study. Methods A retrospective analysis of patients admitted to a UK specialist tertiary oncology CCU between September 2009 and September 2015. The primary outcome measures were survival to CCU discharge and 1-year survival. Results 687 patients had an unplanned medical admission. The most frequent primary tumours were lymphoma (22.1%), lung (15.2%) and colorectal (13.0%), and 181 (44.4%) were known to have metastases. The median Acute Physiology and Chronic Health Evaluation (APACHE) II and Intensive Care National Audit and Research Centre (ICNARC) scores were 21 and 17, respectively. ICU mortality was 26.7%, with total hospital mortality of 41.9%. The median survival of the total cohort was 56 days after ICU admission, with 107 patients surviving 365 days. Patients with metastatic disease were almost twice as likely to die within the year following ICU admission compared with their counterparts without metastases. Only pancreatic and lung primaries were shown to have a statistically significant impact on survival at 1 year. Pneumonia carried with it the worst prognosis (cumulative survival 0.11), followed by sepsis (0.25) and non-infective respiratory disease (0.26). Conclusions The stage and type of cancer appear to have minimal impact on short-term ICU outcomes and only confer poorer long-term prognosis related to the disease.

14. Why participants in The United Kingdom Rotator Cuff Tear (UKUFF) trial did not remain in their allocated treatment arm: a qualitative study.

Authors Minns Lowe, Catherine J; Moser, Jane; Barker, Karen L
Source Physiotherapy; Jun 2018; vol. 104 (no. 2); p. 224-231
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29361297
Database Medline

Available at [Physiotherapy](#) 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 [Physiotherapy](#) 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 OBJECTIVEThe UKUFF trial was a three-way parallel group randomised trial comparing surgical and non-surgical treatments for people with rotator cuff tears of their shoulder. High crossover between arms in the UKUFF led to the original trial design being reconfigured; 'Rest then Exercise' was halted. This study explored why participants recruited did not remain within allocated treatment arms and explored crossover and surgical decision making.DESIGNA qualitative phenomenological approach.PARTICIPANTSPurposive sampling (n=18) included participants randomised to 'Rest then Exercise' arm considered least likely to proceed to surgery but who had surgery, plus participants from all arms not having surgery.METHODSIn-depth, semi-structured interviews were recorded and transcribed. Field-notes, memos, member-checking and a reflexive diary were used.DATA ANALYSESIIn accordance with Interpretative Phenomenological Analysis. Peer review, code-recode audits and constant comparison occurred throughout.RESULTS1. Impact of symptoms and diagnosis: these influenced crossover; long durations of severe pain and failed conservative treatment increased eagerness for surgery. 2. Perceptions and expectations of treatment: surgery provided hope for participants, especially when "Rest then Exercise" was perceived as having previously failed. Surgeons were perceived to believe "tears need repairing". 3. Professionals know best: autonomy and communication: patients deciding not to have surgery had to actively leave the surgical waiting list. Increasing age, carer role, self-employment, co-morbidity and improving symptoms were reasons described for declining surgery.CONCLUSIONSMost participants had failed conservative treatment before trial entry and described strong preferences regarding treatment. Trials should demonstrate patient and clinician equipoise but participants' rarely described equipoise. If conservative treatments are usually provided sequentially in clinical practice, it may be inappropriate to include them as comparators in surgical trials. This is a qualitative study and not eligible for trial registration since it was carried out independently of the UKUFF trial (UKUFF ISRCTN97804283 Date assigned 29/06/2007).

15. A service evaluation and improvement project: a three year systematic audit cycle of the physiotherapy treatment for Lateral Epicondylalgia.

Authors Barratt, Paul A; Selfe, James
Source Physiotherapy; Jun 2018; vol. 104 (no. 2); p. 209-216
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29366541
Database Medline

Available at [Physiotherapy](#) 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 [Physiotherapy](#) 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 OBJECTIVESTo improve outcomes of physiotherapy treatment for patients with Lateral Epicondylalgia.DESIGNA systematic audit and quality improvement project over three phases, each of one year duration.SETTINGSalford Royal NHS Foundation Trust Teaching Hospital Musculoskeletal Physiotherapy out-patients department.PARTICIPANTSn=182.INTERVENTIONSPhase one - individual discretion; Phase two - strengthening as a core treatment however individual discretion regarding prescription and implementation; Phase three - standardised protocol using high load isometric exercise, progressing on to slow combined concentric & eccentric strengthening.MAIN OUTCOME MEASURESGlobal Rating of Change Scale, Pain-free grip strength, Patient Rated Tennis Elbow Evaluation, Tampa Scale of Kinesophobia-11.RESULTSPhase three demonstrated a reduction in the average number of treatments by 42% whilst improving the number of responders to treatment by 8% compared to phase one. Complete cessation of non-evidence based treatments was also observed by phase three.CONCLUSIONSStrengthening should be a core treatment for LE. Load setting needs to be sufficient. In phase three of the audit a standardised tendon loading programme using patient specific high load isometric exercises into discomfort/pain demonstrated a higher percentage of responders compared to previous phases.

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

Authors Ramnarayan, Padmanabhan; Dimitriades, Konstantinos; Freeburn, Lynsey; Kashyap, Aravind; Dixon, Michaela; Barry, Peter W; Claydon-Smith, Kathryn; Wardhaugh, Allan; Lamming, Caroline R; Draper, Elizabeth S; United Kingdom Paediatric Intensive Care Society Acute Transport Group
Source Pediatric critical care medicine : a journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies; Jun 2018; vol. 19 (no. 6); p. e300
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29432405
Database Medline

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. SETTINGS 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.

17. Optimization of the CT component of SPECT-CT and establishment of local CT diagnostic reference levels for clinical practice.

Authors Dennis, Jennifer L; Gemmell, Alastair J; Nicol, Alice J
Source Nuclear medicine communications; Jun 2018; vol. 39 (no. 6); p. 493-499
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29608507
Database Medline

Available at [Nuclear Medicine Communications](#) 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 The aim of this study was to perform a process of optimization and establish local diagnostic reference levels (DRLs) for the computed tomography (CT) component of single-photon emission computed tomography (SPECT)-CT imaging, for use in clinical practice. METHODS A multidisciplinary group defined categories for the clinical purpose of the CT component of local SPECT-CT examinations. Each of the examinations were assigned a category, and optimization of acquisition and reconstruction parameters was performed to achieve the required image quality. Dose data were collated for 754 SPECT-CT scans performed on three systems over 10 months. The third quartile values for volume CT dose index and dose length product were calculated and established as local DRLs. RESULTS Four categories of CT examinations were defined: attenuation correction; localization and attenuation correction; localization, characterization and attenuation correction; and diagnostic and attenuation correction. Local DRLs were established for 11 examinations. Reference was made to the proposed national DRLs set by a recent UK survey. CONCLUSION This work describes a process of optimization and the creation of practical and effective local DRLs. These can be used in local audit of practice. In future, improved descriptors and standardization of SPECT-CT use would allow more practicable UK national DRLs to be created.

18. Can Sepsis Be Detected in the Nursing Home Prior to the Need for Hospital Transfer?

Authors Sloane, Philip D; Ward, Kimberly; Weber, David J; Kistler, Christine E; Brown, Benjamin; Davis, Katherine; Zimmerman, Sheryl
Source Journal of the American Medical Directors Association; Jun 2018; vol. 19 (no. 6); p. 492
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29599052
Database Medline

Abstract

Available at [Journal of the American Medical Directors Association](#) 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.

OBJECTIVESTo determine whether and to what extent simple screening tools might identify nursing home (NH) residents who are at high risk of becoming septic.**DESIGN**Retrospective chart audit of all residents who had been hospitalized and returned to participating NHs during the study period.**SETTING AND PARTICIPANTS**A total of 236 NH residents, 59 of whom returned from hospitals with a diagnosis of sepsis and 177 who had nonsepsis discharge diagnoses, from 31 community NHs that are typical of US nursing homes overall.**MEASUREMENTS**NH documentation of vital signs, mental status change, and medical provider visits 0-12 and 13-72 hours prior to the hospitalization. The specificity and sensitivity of 5 screening tools were evaluated for their ability to detect residents with incipient sepsis during 0-12 and 13-72 hours prior to hospitalization: The Systemic Inflammatory Response Syndrome criteria, the quick Sequential Organ Failure Assessment (SOFA), the 100-100-100 Early Detection Tool, and temperature thresholds of 99.0°F and 100.2°F. In addition, to validate the hospital diagnosis of sepsis, hospital discharge records in the NHs were audited to calculate SOFA scores.**RESULTS**Documentation of 1 or more vital signs was absent in 26%-34% of cases. Among persons with complete vital sign documentation, during the 12 hours prior to hospitalization, the most sensitive screening tools were the 100-100-100 Criteria (79%) and an oral temperature >99.0°F (51%); and the most specific tools being a temperature >100.2°F (93%), the quick SOFA (88%), the Systemic Inflammatory Response Syndrome criteria (86%), and a temperature >99.0°F (85%). Many SOFA data points were missing from the record; in spite of this, 65% of cases met criteria for sepsis.**CONCLUSIONS**NHs need better systems to monitor NH residents whose status is changing, and to present that information to medical providers in real time, either through rapid medical response programs or telemetry.

19. Transforming Improving Access to Psychological Therapies.

Authors Scott, Michael J
Source Journal of health psychology; Jun 2018 ; p. 1359105318781873
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29895206
Database Medline

Available at [Journal of health psychology](#) 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

The three commentaries on my paper 'IAPT - The Need for Radical Reform' are agreed that Improving Access to Psychological Therapies cannot be regarded as the 'gold standard' for the delivery of psychological therapy services. Furthermore, they agreed that Improving Access to Psychological Therapies should not continue to mark its 'own homework' and should be subjected to rigorous independent evaluation scrutiny. It is a matter for a public enquiry to ascertain why £1 billion has been spent on Improving Access to Psychological Therapies without any such an independent evaluation. What is interesting is that no commentary has been forthcoming from the UK Improving Access to Psychological Therapies service nor have they shared a platform to discuss these issues. It is regrettable that the UK Government's National Audit Office has chosen, to date, not to publish its own investigation into the integrity of Improving Access to Psychological Therapies data. Openness would be an excellent starting point for the necessary transformation of Improving Access to Psychological Therapies.

20. Local action on outdoor air pollution to improve public health.

Authors Vardoulakis, Sotiris; Kettle, Rachel; Cosford, Paul; Lincoln, Paul; Holgate, Stephen; Grigg, Jonathan; Kelly, Frank; Pencheon, David
Source International journal of public health; Jun 2018; vol. 63 (no. 5); p. 557-565
Publication Date Jun 2018
Publication Type(s) Journal Article Review
PubMedID 29679104
Database Medline

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

Abstract OBJECTIVEThe National Institute for Health and Care Excellence, jointly with Public Health England, have developed a guideline on outdoor air pollution and its links to health. The guideline makes recommendations on local interventions that can help improve air quality and prevent a range of adverse health outcomes associated with road-traffic-related air pollution.METHODSThe guideline was based on a rigorous assessment of the scientific evidence by an independent advisory committee, with input from public health professionals and other professional groups. The process included systematics reviews of the literature, expert testimonies and stakeholder consultation.RESULTSThe guideline includes recommendations for local planning, clean air zones, measures to reduce emissions from public sector transport services, smooth driving and speed reduction, active travel, and awareness raising.CONCLUSIONSThe guideline recommends taking a number of actions in combination, because multiple interventions, each producing a small benefit, are likely to act cumulatively to produce significant change. These actions are likely to bring multiple public health benefits, in addition to air quality improvements.

21. Exploring Variation in Glycemic Control Across and Within Eight High-Income Countries: A Cross-sectional Analysis of 64,666 Children and Adolescents With Type 1 Diabetes.

Authors Charalampopoulos, Dimitrios; Hermann, Julia M; Svensson, Jannet; Skrivarhaug, Torild; Maahs, David M; Akesson, Karin; Warner, Justin T; Holl, Reinhard W; Birkebæk, Niels H; Drivvoll, Ann K; Miller, Kellee M; Svensson, Ann-Marie; Stephenson, Terence; Hofer, Sabine E; Fredheim, Siri; Kummernes, Siv J; Foster, Nicole; Hanberger, Lena; Amin, Rakesh; Rami-Merhar, Birgit; Johansen, Anders; Dahl-Jørgensen, Knut; Clements, Mark; Hanas, Ragnar

Source Diabetes care; Jun 2018; vol. 41 (no. 6); p. 1180-1187

Publication Date Jun 2018

Publication Type(s) Journal Article

PubMedID 29650804

Database Medline

Available at [Diabetes 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 OBJECTIVEInternational studies on childhood type 1 diabetes (T1D) have focused on whole-country mean HbA1c levels, thereby concealing potential variations within countries. We aimed to explore the variations in HbA1c across and within eight high-income countries to best inform international benchmarking and policy recommendations.RESEARCH DESIGN AND METHODSData were collected between 2013 and 2014 from 64,666 children with T1D who were <18 years of age across 528 centers in Germany, Austria, England, Wales, U.S., Sweden, Denmark, and Norway. We used fixed- and random-effects models adjusted for age, sex, diabetes duration, and minority status to describe differences between center means and to calculate the proportion of total variation in HbA1c levels that is attributable to between-center differences (intraclass correlation [ICC]). We also explored the association between within-center variation and children's glycemic control.RESULTSSweden had the lowest mean HbA1c (59 mmol/mol [7.6%]) and together with Norway and Denmark showed the lowest between-center variations (ICC ≤4%). Germany and Austria had the next lowest mean HbA1c (61-62 mmol/mol [7.7-7.8%]) but showed the largest center variations (ICC ~15%). Centers in England, Wales, and the U.S. showed low-to-moderate variation around high mean values. In pooled analysis, differences between counties remained significant after adjustment for children characteristics and center effects (P value <0.001). Across all countries, children attending centers with more variable glycemic results had higher HbA1c levels (5.6 mmol/mol [0.5%] per 5 mmol/mol [0.5%] increase in center SD of HbA1c values of all children attending a specific center).CONCLUSIONSAt similar average levels of HbA1c, countries display different levels of center variation. The distribution of glycemic achievement within countries should be considered in developing informed policies that drive quality improvement.

22. The timing of liver resection in patients with colorectal cancer and synchronous liver metastases: a population-based study of current practice and survival.

Authors Vallance, A E; van der Meulen, J; Kuryba, A; Charman, S C; Botterill, I D; Prasad, K R; Hill, J; Jayne, D G; Walker, K

Source Colorectal disease : the official journal of the Association of Coloproctology of Great Britain and Ireland; Jun 2018; vol. 20 (no. 6); p. 486-495

Publication Date Jun 2018

Publication Type(s) Journal Article

PubMedID 29338108

Database Medline

Available at [Colorectal Disease](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS Available at [Colorectal Disease](#) 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 [Colorectal Disease](#) 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 AIMThere is uncertainty regarding the optimal sequence of surgery for patients with colorectal cancer (CRC) and synchronous liver metastases. This study was designed to describe temporal trends and inter-hospital variation in surgical strategy, and to compare long-term survival in a propensity score-matched analysis.METHODThe National Bowel Cancer Audit dataset was used to identify patients diagnosed with primary CRC between 1 January 2010 and 31 December 2015 who underwent CRC resection in the English National Health Service. Hospital Episode Statistics data were used to identify those with synchronous liver-limited metastases who underwent liver resection. Survival outcomes of propensity score-matched groups were compared.RESULTSOf 1830 patients, 270 (14.8%) underwent a liver-first approach, 259 (14.2%) a simultaneous approach and 1301 (71.1%) a bowel-first approach. The proportion of patients undergoing either a liver-first or simultaneous approach increased over the study period from 26.8% in 2010 to 35.6% in 2015 (P < 0.001). There was wide variation in surgical approach according to hospital trust of diagnosis. There was no evidence of a difference in 4-year survival between the propensity score-matched cohorts according to surgical strategy: bowel first vs simultaneous [hazard ratio (HR) 0.92 (95% CI: 0.80-1.06)] or bowel first vs liver first [HR 0.99 (95% CI: 0.82-1.19)].CONCLUSIONThere is evidence of wide variation in surgical strategy in dealing with CRC and synchronous liver metastases. In selected patients, the simultaneous and liver-first strategies have comparable long-term survival to the bowel-first approach.

23. A View From the UK: The UK and Ireland Confidential Enquiry into Maternal Deaths and Morbidity.

Authors Knight, Marian; Tuffnell, Derek
Source Clinical obstetrics and gynecology; Jun 2018; vol. 61 (no. 2); p. 347-358
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29346120
Database Medline

Available at [Clinical Obstetrics and Gynecology](#) from Ovid (Journals @ Ovid) - Remote Access
 Available at [Clinical Obstetrics and Gynecology](#) 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 [Clinical Obstetrics and Gynecology](#) 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 UK Confidential Enquiry into Maternal Deaths has been in operation for more than 60 years, during which time maternal mortality rates have fallen 10-fold. The program includes two aspects, surveillance and confidential case review, providing different information to aid quality improvement in maternity care. The enquiry now also reviews the care of women with specific severe morbidities. Recommendations have very clearly led to improved outcomes for women, most notably shown in the very low mortality rate due to hypertensive and related disorders of pregnancy. Maternal cardiac disease and mental health problems remain the major areas still to be addressed.

24. Development and validation of the Parenteral Nutrition Impact Questionnaire (PNIQ), a patient-centric outcome measure for Home Parenteral Nutrition.

Authors Wilburn, Jeanette; McKenna, Stephen P; Heaney, Alice; Rouse, Matthew; Taylor, Michael; Culkin, Alison; Gabe, Simon; Burden, Sorrel; Lal, Simon
Source Clinical nutrition (Edinburgh, Scotland); Jun 2018; vol. 37 (no. 3); p. 978-983
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 28446383
Database Medline

Available at [Clinical nutrition \(Edinburgh, Scotland\)](#) 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 [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 & AIMSPatients with Type 3 Intestinal Failure (IF) who need Home Parenteral Nutrition (HPN) face several clinical, psychological and social problems. The study was designed to produce and test the first patient-centric measure for HPN ('PNIQ: Parenteral Nutrition Impact Questionnaire'). The new measure focused on the extent to which patients were able to fulfil their human needs.METHODSQuestionnaire content was derived from the analysis of transcripts of interviews conducted with UK HPN patients. Cognitive debriefing interviews (CDIs) were performed to ensure patients found the draft scale clear, relevant and accessible. Finally, a test--retest postal validation survey was conducted to reduce the number of items in the scale and to ensure that; it was unidimensional, reproducible and had construct validity.RESULTSThe 30 interview transcripts were analysed to identify issues related to a wide range of needs. Fifteen CDIs showed that patients found the draft scale easy to complete and highly relevant. The postal survey included 233 patients on HPN recruited through two IF units. Items were rejected if they did not fit the Rasch model, had too similar content to other items or displayed differential item functioning related to age, gender or underlying mechanism of IF. A 20-item unidimensional scale was identified with high internal consistency (0.91) and test-retest reliability (0.92). Scores on PNIQ correlated moderately highly with social isolation, emotional reactions and energy level and were related to perceived interference on life of HPN. The underlying cause of IF did not influence the way the scale worked.CONCLUSIONSThe PNIQ is a scientifically rigorous, unidimensional outcome measure that provides a complete assessment of the effect of HPN on everyday life. It will prove useful for measuring patient value in clinical practice and for determining outcome in clinical trials, audit, economic evaluations and outcomes-based reimbursement.

25. Temporal Trends in Identification, Management, and Clinical Outcomes After Out-of-Hospital Cardiac Arrest: Insights From the Myocardial Ischaemia National Audit Project Database.

Authors Patterson, Tiffany; Perkins, Gavin D; Hassan, Yahma; Moschonas, Konstantinos; Gray, Huon; Curzen, Nick; de Belder, Mark; Nolan, Jerry P; Ludman, Peter; Redwood, Simon R
Source Circulation. Cardiovascular interventions; Jun 2018; vol. 11 (no. 6); p. e005346
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29871939
Database Medline

Available at [Circulation. Cardiovascular interventions](#) 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 BACKGROUNDThere is wide variation in survival rates from out-of-hospital cardiac arrest (OHCA) and overall survival remains poor. There is an expert consensus that early reperfusion therapy in ST-elevation reduces mortality. The management of patients without ST-elevation, however, is controversial.METHODS AND RESULTSThe Myocardial Ischaemia National Audit Project database is a national registry of all hospital admissions in England and Wales treated as an acute coronary syndrome (ACS). We examined temporal trends, over a 5-year period, of OHCA identified by Myocardial Ischaemia National Audit Project, admitted to hospital and treated as ACS, the interventional management of these patients and clinical outcomes. Four hundred ten thousand four hundred sixty-two patients were admitted to hospital in England and Wales with ACS. Of these, 9421 presented with OHCA (2.30%). There was an increase in OHCA cases as a proportion of ACS between 2009 and 2013 (1.79% in 2009 versus 2.74% in 2013; P<0.001). The rate of coronary angiography+percutaneous coronary intervention increased in ACS patients presenting with OHCA (54.9% in 2009 [876/1595] versus 66.3% in 2013 [884/1334]; P<0.001). Cox proportional hazards model with time-varying exposure to coronary angiography demonstrated a significant reduction in mortality in both the ST-elevation (hazard ratio, 0.30; 95% confidence interval, 0.28-0.32; P<0.05) and non-ST-elevation cohort (hazard ratio, 0.44; 95% confidence interval, 0.42-0.46; P<0.001). Predictors of favorable outcome were synonymous with the selection criteria for patients undergoing coronary angiography±percutaneous coronary intervention.CONCLUSIONSThis observational study showed that selection for coronary angiography±percutaneous coronary intervention was associated with reduced mortality in OHCA patients diagnosed with ACS. These data support the need for a randomized controlled trial.

26. Open radical cystectomy in England: the current standard of care - an analysis of the British Association of Urological Surgeons (BAUS) cystectomy audit and Hospital Episodes Statistics (HES) data.

Authors Jefferies, Edward R; Cresswell, Joanne; McGrath, John S; Miller, Catherine; Hounscome, Luke; Fowler, Sarah; Rowe, Edward W; BAUS Section on Oncology
Source BJU international; Jun 2018; vol. 121 (no. 6); p. 880-885
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29359882
Database Medline

Available at [BJU International](#) from Wiley Online Library Free Content - NHS
 Available at [BJU International](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

Available at [BJU International](#) from Leicester General Hospital Library Local Print Collection [location] : Leicester General Library. [title_notes] : Issues before 2000 held in Archive.

Available at [BJU International](#) 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 [BJU International](#) 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

OBJECTIVETo establish the current standard for open radical cystectomy (ORC) in England, as data entry by surgeons performing RC to the British Association of Urological Surgeons (BAUS) database was mandated in 2013 and combining this with Hospital Episodes Statistics (HES) data has allowed comprehensive outcome analysis for the first time.
PATIENTS AND METHODSAll patients were included in this analysis if they were uploaded to the BAUS data registry and reported to have been performed in the 2 years between 1 January 2014 and 31 December 2015 in England (from mandate onwards) and had been documented as being performed in an open fashion (not laparoscopic, robot assisted or the technique field left blank). The HES data were accessed via the HES website. Office of Population Censuses and Surveys Classification of Surgical Operations and Procedures version 4 (OPCS-4) Code M34 was searched during the same 2-year time frame (not including M34.4 for simple cystectomy or with additional minimal access codes Y75.1-9 documenting a laparoscopic or robotic approach was used) to assess data capture.
RESULTSA total of 2 537 ORCs were recorded in the BAUS registry and 3 043 in the HES data. This indicates a capture rate of 83.4% of all cases. The median operative time was 5 h, harvesting a median of 11-20 lymph nodes, with a median blood loss of 500-1 000 mL, and a transfusion rate of 21.8%. The median length of stay was 11 days, with a 30-day mortality rate of 1.58%.
CONCLUSIONThis is the largest, contemporary cohort of ORCs in England, encompassing >80% of all performed operations. We now know the current standard for ORC in England. This provides the basis for individual surgeons and units to compare their outcomes and a standard with which future techniques and modifications can be compared.

27. The clinical utility of genetic testing of tissues from pregnancy losses.

Authors Waterman, C A; Batstone, P; Bown, N; Cresswell, L; Delmege, C; English, C J; Fews, G; Grimsley, L; Imrie, S; Kulkarni, A; Mann, K; Johnson, R; Morgan, S M; Roberts, P; Simonic, I; Trueman, S; Wall, M; McMullan, D
Source BJOG : an international journal of obstetrics and gynaecology; Jun 2018; vol. 125 (no. 7); p. 867-873

Publication Date Jun 2018

Publication Type(s) Journal Article

PubMedID 27594580

Database Medline

Available at [BJOG: An International Journal of Obstetrics & Gynaecology](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

Available at [BJOG: An International Journal of Obstetrics & Gynaecology](#) 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 [BJOG: An International Journal of Obstetrics & Gynaecology](#) 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

OBJECTIVETo map the current testing being undertaken following pregnancy loss across the UK and to examine the clinical utility in terms of identifying a cause for the loss and in identifying couples at risk of an unbalanced liveborn child.
DESIGNRetrospective audit.
SETTINGUK, for the year 2014.
POPULATIONAn audit of 6465 referrals for genetic testing of tissue samples following pregnancy loss.
METHODSData were obtained by questionnaire from 15 UK regional genetics laboratories.
MAIN OUTCOME MEASURESData were analysed with respect to gestational age, the presence of identified fetal anomalies, methodologies used, abnormality rates and the presence of a parental balanced rearrangement.
RESULTSOf 6465 referrals a genetic cause was identified in 22% of cases (before 12 weeks' gestation, in 47%; at 12-24 weeks, in 14%; after 24 weeks, in 6%). In 0.4% of cases a balanced parental rearrangement was identified where there was a risk of an affected liveborn child in a future pregnancy. Eighty percent of genetic imbalances identified were aneuploidy or triploidy and could be identified by quantitative fluorescence polymerase chain reaction alone. There was significant variation across the UK in acceptance criteria, testing strategies and thus level of resolution of testing.
CONCLUSIONSGenetic testing of tissues following pregnancy loss identifies a probable cause of fetal demise in 22% of cases, but it is of low clinical utility in identifying couples at risk of a future unbalanced liveborn child. A comprehensive multidisciplinary review is needed to develop proposals for an affordable and equitable service.
TWEETABLE ABSTRACTUK audit of genetic testing of fetal loss shows variation in access to and resolution of analysis.

28. Geographic Region and Profit Status Drive Variation in Hospital Readmission Outcomes Among Inpatient Rehabilitation Facilities in the United States.

Authors Daras, Laura Coots; Ingber, Melvin J; Deutsch, Anne; Hefele, Jennifer Gaudet; Perloff, Jennifer
Source Archives of physical medicine and rehabilitation; Jun 2018; vol. 99 (no. 6); p. 1060-1066
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 29274725
Database Medline
 Available at [Archives of physical medicine and rehabilitation](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location]: UHL Libraries On Request (Free).
 Available at [Archives of physical medicine and rehabilitation](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

Abstract OBJECTIVE To examine whether there are differences in inpatient rehabilitation facilities' (IRFs') all-cause 30-day postdischarge hospital readmission rates vary by organizational characteristics and geographic regions. DESIGN Observational study. SETTING IRFs. PARTICIPANTS Medicare fee-for-service beneficiaries discharged from all IRFs nationally in 2013 and 2014 (N = 1166 IRFs). INTERVENTIONS Not applicable. MAIN OUTCOME MEASURES We applied specifications for an existing quality measure adopted by Centers for Medicare & Medicaid Services for public reporting that assesses all-cause unplanned hospital readmission measure for 30 days postdischarge from inpatient rehabilitation. We estimated facility-level observed and risk-standardized readmission rates and then examined variation by several organizational characteristics (facility type, profit status, teaching status, proportion of low-income patients, size) and geographic factors (rural/urban, census division, state). RESULTS IRFs' mean risk-standardized hospital readmission rate was 13.00%±0.77%. After controlling for organizational characteristics and practice patterns, we found substantial variation in IRFs' readmission rates: for-profit IRFs had significantly higher readmission rates than did not-for-profit IRFs (P<.001). We also found geographic variation: IRFs in the South Atlantic and South Central census regions had the highest hospital readmission rates than did IRFs in New England that had the lowest rates. CONCLUSIONS Our findings point to variation in quality of care as measured by risk-standardized hospital readmission rates after IRF discharge. Thus, monitoring of readmission outcomes is important to encourage quality improvement in discharge care planning, care transitions, and follow-up.

29. Children with life-limiting conditions in paediatric intensive care units: a national cohort, data linkage study.

Authors Fraser, Lorna K; Parslow, Roger
Source Archives of disease in childhood; Jun 2018; vol. 103 (no. 6); p. 540-547
Publication Date Jun 2018
Publication Type(s) Journal Article
PubMedID 28705790
Database Medline
 Available at [Archives of Disease in Childhood](#) from BMJ Journals - NHS
 Available at [Archives of Disease in Childhood](#) from ProQuest (Hospital Premium Collection) - NHS Version
 Available at [Archives of Disease in Childhood](#) from PubMed Central
 Available at [Archives of Disease in Childhood](#) 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 [Archives of Disease in Childhood](#) 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 To determine how many children are admitted to paediatric intensive care unit (PICU) with life-limiting conditions (LLCs) and their outcomes. DESIGN National cohort, data-linkage study. SETTING PICUs in England. PATIENTS Children admitted to a UK PICU (1 January 2004 and 31 March 2015) were identified in the Paediatric Intensive Care Audit Network dataset. Linkage to hospital episodes statistics enabled identification of children with a LLC using an International Classification of Diseases (ICD10) code list. MAIN OUTCOME MEASURES Random-effects logistic regression was undertaken to assess risk of death in PICU. Flexible parametric survival modelling was used to assess survival in the year after discharge. RESULTS Overall, 57.6% (n=89 127) of PICU admissions and 72.90% (n=4821) of deaths in PICU were for an individual with a LLC. The crude mortality rate in PICU was 5.4% for those with a LLC and 2.7% of those without a LLC. In the fully adjusted model, children with a LLC were 75% more likely than those without a LLC to die in PICU (OR 1.75 (95% CI 1.64 to 1.87)). Although overall survival to 1 year postdischarge was 96%, children with a LLC were 2.5 times more likely to die in that year than children without a LLC (OR 2.59 (95% CI 2.47 to 2.71)). CONCLUSIONS Children with a LLC accounted for a large proportion of the PICU population. There is an opportunity to integrate specialist paediatric palliative care services with paediatric critical care to enable choice around place of care for these children and families.

30. Surveys of Current Teaching and Practice for Impressions for Complete Dentures.

Authors Hussain, N; Jabbar, H; Hayati, M; Wu, J; Hyde, T P
Source The European journal of prosthodontics and restorative dentistry; May 2018; vol. 26 (no. 2); p. 86-93
Publication Date May 2018
Publication Type(s) Journal Article
PubMedID 29517876
Database Medline

Available at [The European journal of prosthodontics and restorative dentistry](#) 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 OBJECTIVEThe 3 objectives are to assess current preferences for impressions for complete dentures, audit practice and compare practice to current UK teaching.METHODSThree surveys were undertaken; a survey of GDPs preferences, an audit of practice and a survey of teaching in UK dental schools.RESULTSUK Universities advocate border moulded custom trays. In stated preferences, 99% of practitioners used custom trays for private practice; 67% for NHS work. In actual use, the audit found 91% practitioners in private practice used custom trays; in NHS practice 78% did so. The most widely taught materials were silicone (43%), alginate (29%), & zinc oxide eugenol paste (19%). In practitioners stated preferences, 97% of NHS and 53% of private dentists listed alginate as an option; however the audit showed only 74% (NHS) and 52% (private) actually used alginate, with 20% (NHS) and 48% (private) using silicone.CONCLUSIONSDefinitive impressions in custom trays are used by GDPs for both private and NHS work; they are universally taught at UK dental schools. Alginate is popular in NHS practice; however, silicone is more widely taught in UK Universities. The use of silicone materials for definitive impressions has increased since 1999. In UK private practice silicone usage is aligned in popularity with alginate.

31. 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); May 2018; vol. 55 ; p. 152-155
Publication Date May 2018
Publication Type(s) Journal Article
PubMedID 29857054
Database Medline

Available at [International 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 [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.

32. The effect of parental drinking on alcohol use in young adults: the mediating role of parental monitoring and peer deviance.

Authors Mahedy, Liam; MacArthur, Georgina J; Hammerton, Gemma; Edwards, Alexis C; Kendler, Kenneth S; Macleod, John; Hickman, Matthew; Moore, Simon C; Heron, Jon
Source Addiction (Abingdon, England); May 2018
Publication Date May 2018
Publication Type(s) Journal Article
PubMedID 29806869
Database Medline

Available at [Addiction \(Abingdon, England\)](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

Available at [Addiction \(Abingdon, England\)](#) 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/AIMEvidence demonstrating an association between parental alcohol use and offspring alcohol use from robust prospective studies is lacking. We tested the direct and indirect associations between parental and young adult alcohol use via early alcohol initiation, parental monitoring and associating with deviant peers.
DESIGNProspective birth cohort study. Path analysis was used to assess the possible association between parental alcohol use (assessed at 12 years) and alcohol use in young adults (assessed at 18 years) via potential mediators (assessed at 14 and 15.5 years, respectively).
SETTINGSSW England.
PARTICIPANTSData were available on 3,785 adolescents and their parents from the Avon Longitudinal Study of Parents and Children.
MEASUREMENTSThe continuous AUDIT score was used as the primary outcome measure. Maternal alcohol use was defined as light (<4 units on any day), moderate (≥4 units on 1-3 days), and high-risk (≥4 units on ≥4 days in one-week). Partner alcohol use was also defined as light, moderate and high-risk. Socioeconomic variables were included as covariates.
FINDINGSThere was strong evidence of a total effect from maternal alcohol use to young adult alcohol use (moderate: b=1.07, 95% CI=.64, 1.49, p<.001; high-risk: b=1.71, 95% CI=1.07, 2.35, p<.001). The majority of this association was explained through early alcohol initiation (moderate: b=0.14, 95% CI=.04, .25, p=.01; high-risk: b=0.24, 95% CI=.07, .40, p<.01), and early alcohol initiation/associating with deviant peers (moderate: b=0.06, 95% CI=.02, .10, p<.01; high-risk: b=0.10, 95% CI=.03, .16, p<.01). There was strong evidence of a remaining direct effect (moderate: b=0.81, 95% CI=.39, 1.22, p<.001; high-risk: b=1.28, 95% CI=.65, 1.91, p<.001). A similar pattern of results was evident for partner alcohol use.
CONCLUSIONSYoung adults whose parents have moderate or high risk alcohol consumption are more likely to consume alcohol than those with parents with lower alcohol consumption. This association appears to be partly accounted for by earlier alcohol use initiation and higher prevalence of association with deviant peers.

33. Socioeconomic differences in selection for liver resection in metastatic colorectal cancer and the impact on survival.

Authors Vallance, A E; van der Meulen, J; Kuryba, A; Braun, M; Jayne, D G; Hill, J; Cameron, I C; Walker, K
Source European journal of surgical oncology : the journal of the European Society of Surgical Oncology and the British Association of Surgical Oncology; May 2018
Publication Date May 2018
Publication Type(s) Journal Article
PubMedID 29895508
Database Medline

Available at [European journal of surgical oncology : the journal of the European Society of Surgical Oncology and the British Association of Surgical Oncology](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at [European journal of surgical oncology : the journal of the European Society of Surgical Oncology and the British Association 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

BACKGROUNDSocioeconomic inequalities in colorectal cancer (CRC) survival are well recognised. The aim of this study was to describe the impact of socioeconomic deprivation on survival in patients with synchronous CRC liver-limited metastases, and to investigate if any survival inequalities are explained by differences in liver resection rates.
METHODSPatients in the National Bowel Cancer Audit diagnosed with CRC between 2010 and 2016 in the English National Health Service were included. Linked Hospital Episode Statistics data were used to identify the presence of liver metastases and whether a liver resection had been performed. Multivariable random-effects logistic regression was used to estimate the odds ratio (OR) of liver resection by Index of Multiple Deprivation (IMD) quintile. Cox-proportional hazards model was used to compare 3-year survival.
RESULTS13,656 patients were included, of whom 2213 (16.2%) underwent liver resection. Patients in the least deprived IMD quintile were more likely to undergo liver resection than those in the most deprived quintile (adjusted OR 1.42, 95% confidence interval (CI) 1.18-1.70). Patients in the least deprived quintile had better 3-year survival (least deprived vs. most deprived quintile, 22.3% vs. 17.4%; adjusted hazard ratio (HR) 1.20, 1.11-1.30). Adjusting for liver resection attenuated, but did not remove, this effect. There was no difference in survival between IMD quintile when restricted to patients who underwent liver resection (adjusted HR 0.97, 0.76-1.23).
CONCLUSIONSDeprived CRC patients with synchronous liver-limited metastases have worse survival than more affluent patients. Lower rates of liver resection in more deprived patients is a contributory factor.

34. Evaluating the implementation of a quality improvement process in General Practice using a realist evaluation framework.

Authors Moule, Pam; Clompus, Susan; Fieldhouse, Jon; Ellis-Jones, Julie; Barker, Jacqueline
Source Journal of evaluation in clinical practice; May 2018

Publication Date May 2018
Publication Type(s) Journal Article
PubMedID 29799153
Database Medline
 Available at [Journal of evaluation in clinical practice](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS
 Available at [Journal of evaluation in clinical 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 RATIONALE, AIMS, AND OBJECTIVES Underuse of anticoagulants in atrial fibrillation is known to increase the risk of stroke and is an international problem. The National Institute for Health Care and Excellence guidance CG180 seeks to reduce atrial fibrillation related strokes through prescriptions of Non-vitamin K antagonist Oral Anticoagulants. A quality improvement programme was established by the West of England Academic Health Science Network (West of England AHSN) to implement this guidance into General Practice. A realist evaluation identified whether the quality improvement programme worked, determining how and in what circumstances. METHOD Six General Practices in 1 region, became the case study sites. Quality improvement team, doctor, and pharmacist meetings within each of the General Practices were recorded at 3 stages: initial planning, review, and final. Additionally, 15 interviews conducted with the practice leads explored experiences of the quality improvement process. Observation and interview data were analysed and compared against the initial programme theory. RESULT The quality improvement resources available were used variably, with the training being valued by all. The initial programme theories were refined. In particular, local workload pressures and individual General Practitioner experiences and pre-conceived ideas were acknowledged. Where key motivators were in place, such as prior experience, the programme achieved optimal outcomes and secured a lasting quality improvement legacy. CONCLUSION The employment of a quality improvement programme can deliver practice change and improvement legacy outcomes when particular mechanisms are employed and in contexts where there is a commitment to improve service.

35. 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); May 2018; vol. 55 ; p. 66-72
Publication Date May 2018
Publication Type(s) Journal Article
PubMedID 29775736
Database Medline
 Available at [International journal of surgery \(London, England\)](#) 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 surgery \(London, England\)](#) 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 The 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 & METHODS Data was collected by distribution of an electronic questionnaire to NHS doctors working in surgical specialities with a total of 550 respondents. RESULTS 81% 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. CONCLUSIONS On 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.

36. Brief coping strategy enhancement for distressing voices: Predictors of engagement and outcome in routine clinical practice.

Authors Paulik, Georgie; Jones, Anna-Marie; Hayward, Mark
Source Clinical psychology & psychotherapy; May 2018
Publication Date May 2018
Publication Type(s) Journal Article
PubMedID 29797746
Database Medline

Available at [Clinical psychology & psychotherapy](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

Available at [Clinical psychology & psychotherapy](#) 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

Cognitive behaviour therapy is recommended internationally as a treatment for psychosis (targeting symptoms such as auditory hallucinations, or "voices"). Yet mental health services are commonly unable to offer such resource-intensive psychological interventions. Brief, symptom-specific and less resource-intensive therapies are being developed as one initiative to increase access. However, as access increases, so might the risk of offering therapy to clients who are not optimally disposed to engage with and benefit from therapy. Thus, it is important to identify who is most/least likely to engage with and benefit from therapy, and when. In the current study, 225 clients were assessed for suitability for a brief, 4-session, manualized, cognitive behaviour therapy-based intervention for voices (named coping strategy enhancement therapy) and 144 commenced therapy, at a transdiagnostic voices clinic based in Sussex, UK. This article reports on the value of depression, anxiety, stress, insight into the origin of voices, length of voice hearing, and demographics in the prediction of engagement and outcomes. The study found that higher levels of baseline depression, anxiety, and stress were significantly associated with poorer outcomes, especially if clients also had high levels of voice-related distress. The engagement analyses showed that levels of voice-related distress at baseline predicted dropout. These findings highlight the importance of assessing negative affect and voice-related distress prior to commencing therapy for distressing voices, to help determine if the client is suitable or ready for brief-coping strategy enhancement.

37. Multidisciplinary care for pregnant women with cardiac disease: A mixed methods evaluation.

Authors Mayer, Felicity; Bick, Debra; Taylor, Cath
Source International journal of nursing studies; May 2018; vol. 85 ; p. 96-105
Publication Date May 2018
Publication Type(s) Journal Article
PubMedID 29879624
Database Medline

Available at [International Journal of Nursing Studies](#) 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 Nursing Studies](#) 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 Cardiac disease is associated with adverse outcomes in pregnancy and is the leading cause of indirect maternal death in the United Kingdom (UK) and internationally. National and international guidelines recommend women should receive care from multidisciplinary teams; however evidence is lacking to inform how they should be operationalised. **OBJECTIVES** To describe the composition and processes of multidisciplinary care between maternity and cardiac services before, during and after pregnancy for women with cardiac disease, and explore clinicians' (cardiologists, obstetricians, nurses, midwives) and women's experiences of delivering/receiving care within these models. **DESIGN** Mixed-methods comprising case-note audit, interviews and observation. **SETTING** Two inner-city National Health Service (NHS) maternity units in the south of England serving similar obstetric populations, selected to represent different models of multidisciplinary team care. **PARTICIPANTS** Women with significant cardiac disease (either arrhythmic or structural, e.g. tetralogy of fallot) who gave birth between June 1st 2014 and 31st May 2015 (audit/interviews), or attended an multidisciplinary team clinic (obstetric/cardiac) during April 2016 (observation). **METHODS** A two-phase sequential explanatory design was undertaken. A retrospective case-note audit of maternity and medical records (n=42 women) followed by interviews with a sub-sample (n=7 women). Interviews were conducted with clinicians (n=7) and observation of a multidisciplinary team clinic in one site (n=8 women, n=4 clinicians). **RESULTS** The interests and expertise of individual clinicians employed by the hospital trusts influenced the degree of integration between cardiac and maternity care. Integration between cardiac and maternity services varied from an ad-hoc 'collaborative' model at Site B to an 'interdisciplinary' approach at Site A. In both sites there was limited documented evidence of individualised postnatal care plans in line with national guidance. Unlike pathways for risk assessment, referral and joined care in pregnancy for women with congenital cardiac disease, pathways for women with acquired conditions lacked clarity. Midwives at both sites were often responsible for performing the initial maternal cardiac risk assessment despite minimal training in this. Clinicians and women's perceptions of 'normality' in pregnancy/birth, and its relationship to 'safe' maternity care were at odds. **CONCLUSION** The limited evidence and guidance to support multidisciplinary team working for pregnancy in women with cardiac disease - particularly those with acquired conditions - has resulted in variable models and pathways of care. Evidence-based guidance regarding the operationalisation of integrated care between maternity and cardiac services - including pathways between local and specialist centres - for all women with cardiac disease in pregnancy is urgently required.

38. Management of children and young people (CYP) with asthma: a clinical audit report.

Authors Levy, Mark L; Ward, Angela; Nelson, Sara
Source NPJ primary care respiratory medicine; May 2018; vol. 28 (no. 1); p. 16
Publication Date May 2018
Publication Type(s) Journal Article
PubMedID 29785053
Database Medline
 Available at [npj Primary Care Respiratory Medicine](#) from Nature Publishing Group - Open Access
 Available at [npj Primary Care Respiratory Medicine](#) from Europe PubMed Central - Open Access
 Available at [npj Primary Care Respiratory Medicine](#) from EBSCO (MEDLINE with Full Text)
 Available at [npj Primary Care Respiratory Medicine](#) from PubMed Central

Abstract An asthma attack or exacerbation signals treatment failure. Most attacks are preventable and failure to recognize risk of asthma attacks are well recognized as risk factors for future attacks and even death. Of the 19 recommendations made by the United Kingdom National Review of Asthma Deaths (NRAD) (1) only one has been partially implemented-a National Asthma Audit; however, this hasn't reported yet. The Harrow Clinical Commissioning Group (CCG) in London implemented a clinical asthma audit on 291 children and young people aged under 19 years (CYP) who had been treated for asthma attacks in 2016. This was funded as a Local Incentive Scheme (LIS) aimed at improving quality health care delivery. Two years after the publication of the NRAD report it is surprising that risks for future attacks were not recognized, that few patients were assessed objectively during attacks and only 10% of attacks were followed up within 2 days. However, it is encouraging that CYP hospital admissions following the audit were reduced by 16%, with clear benefit for patients, their families and the local health economy. This audit has provided an example of how clinicians can focus learning on patients who have had asthma attacks and utilize these events as a catalyst for active reflection in particular on modifiable risk factors. Through identification of these risks and active optimization of management, preventable asthma attacks could become 'never events'.

39. Prevalence of active Charcot disease in the East Midlands of England.

Authors Metcalf, L; Musgrove, M; Bentley, J; Berrington, R; Bunting, D; Mousley, M; Thompson, J; Sprengel, M; Turtle-Savage, V; Game, F; Jeffcoate, W
Source Diabetic medicine : a journal of the British Diabetic Association; May 2018
Publication Date May 2018
Publication Type(s) Journal Article
PubMedID 29782669
Database Medline
 Available at [Diabetic medicine : a journal of the British Diabetic Association](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS
 Available at [Diabetic medicine : a journal of the British Diabetic Association](#) 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 [Diabetic medicine : a journal of the British Diabetic Association](#) 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 AIMSto undertake a prospective point prevalence study of the prevalence of active Charcot neuro-inflammatory osteoarthropathy (Charcot disease) in a circumscribed part of England and to audit the time elapsing between disease onset and first diagnosis.METHODSThe prevalence of active Charcot disease of the foot during a single month was assessed by specialist foot care teams at seven secondary care services in the East Midlands region of England.RESULTSA total of 90 cases were identified, representing 4.3 per 10 000 of the 205 033 total diabetes population of the region. The time elapsed from first presentation to any healthcare professional until diagnosis was also assessed. While the diagnosis was suspected or confirmed in one-third of patients within 2 weeks, it was not made for 2 months or more in 23 patients (24%).CONCLUSIONSNon-specialist professionals should have greater awareness of the existence of this uncommon complication of diabetes in the hope that earlier diagnosis will lead to lesser degrees of deformity.

40. 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
Source Clinical and experimental allergy : journal of the British Society for Allergy and Clinical Immunology; May 2018
Publication Date May 2018
Publication Type(s) Journal Article
PubMedID 29779231
Database Medline

Available at [Clinical and experimental allergy : journal of the British Society for Allergy and Clinical Immunology](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

Available at [Clinical and experimental allergy : journal of the British Society for Allergy and Clinical Immunology](#) 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 Royal College of Anaesthetists 6th National Audit Project examined Grade 3-5 perioperative anaphylaxis for one 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**266 cases met inclusion criteria between November 2015 and 2016, detailing reactions and investigations. 192/266 (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-harmonised testing practices and poor coverage of all possible culprits was confirmed. Challenge testing may be under-used 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 & CLINICAL RELEVANCE**Current clinical assessment in the UK is effective but harmonisation of approach to testing, access to services and MHRA reporting is needed. Expert anaesthetist involvement should increase to optimise diagnostic yield and advice for future anaesthesia. Dynamic tryptase evaluation improves detection of tryptase release where peak tryptase is <14mcg/L and should be adopted. Standardised clinic reports containing appropriate details of tests, conclusions, avoidance, cross-reactivity and suitable alternatives are required to ensure effective, safe future management options. This article is protected by copyright. All rights reserved.

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 17-May-2018]	40