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#	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 18-Sep-2018]	42

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Results 42 of 42 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 18-Sep-2018]

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

Authors Evans, D Gareth; Wallace, Andrew J; Hartley, Claire; Freeman, Simon R; Lloyd, Simon K; Thomas, Owen; Axon, Patrick; Hammerbeck-Ward, Charlotte L; Pathmanaban, Omar; Rutherford, Scott A; Kellett, Mark; Laitt, Roger; King, Andrew T; Bischetsrieder, Jemma; Blakeley, Jaishri; Smith, Miriam J
Source The Laryngoscope; Oct 2018
Publication Date Oct 2018
Publication Type(s) Journal Article
PubMedID 30325044
Database Medline
Available at The Laryngoscope from Wiley Online Library Medicine and Nursing Collection 2018 - NHS
Available at The Laryngoscope from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at The Laryngoscope 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/HYPOTHESISUnilateral vestibular schwannoma (VS) occurs with a lifetime risk of around 1 in 1,000 and is due to inactivation of the NF2 gene, either somatically or from a constitutional mutation. It has been postulated that familial occurrence of unilateral VS occurs more frequently than by chance, but no causal mechanism has been confirmed.STUDY DESIGNRetrospective database analysis.METHODSThe likelihood of chance occurrence of unilateral VS, or occurring in the context of neurofibromatosis type 2 (NF2), was assessed using national UK audit data and data from the national NF2 database. Families with familial unilateral VS (occurrence in first- and second-degree relatives) were assessed for constitutional NF2 and LZTR1 genetic variants, and where possible the tumor was also analyzed.RESULTSApproximately 1,000 cases of unilateral VS occurred annually in the United Kingdom between 2013 and 2016. Of these, 2.5 may be expected to have a first-degree relative who had previously developed a unilateral VS. The likelihood of this occurring in NF2 was considered to be as low as 0.05 annually. None of 28 families with familial unilateral VS had a constitutional NF2 intragenic variant, and in nine cases where the VS was analyzed, both mutational events in NF2 were identified and excluded from the germline. Only three variants of uncertain significance were found in LZTR1.CONCLUSIONSFamilial occurrence of unilateral VS is very unlikely to be due to a constitutional NF2 or definitely pathogenic LZTR1 variant. The occurrence of unilateral VS in two or more first-degree relatives is likely due to chance. This phenomenon may well increase in clinical practice with increasing use of cranial magnetic resonance imaging in older patients.LEVEL OF EVIDENCE2b Laryngoscope, 2018.

2. Giant cell arteritis in patients of Indian Subcontinental descent in the UK.

Authors Tan, N; Acheson, J; Ali, N
Source Eye (London, England); Oct 2018
Publication Date Oct 2018
Publication Type(s) Journal Article
PubMedID 30315264
Database Medline
Available at Eye (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 Eye (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 BACKGROUNDGCA in the Indian Subcontinent (ISC) is rare. Our centre in London, UK, serves an ethnically diverse population, including a significant population of patients of ISC descent. We hypothesise that patients of ISC descent are no less likely than others to present with symptoms suggestive of GCA and therefore to undergo temporal artery biopsy (TAB).METHODA retrospective audit of all TABs performed at our institution over an 8 year period, to identify ethnicity (white, black, ISC, other, unknown) and biopsy result. We compared the proportion of all patients of ISC descent attending the ED to the proportion of ISC patients undergoing TAB. We compared the proportion of positive TABs among ISC patients with positive TABs among white patients. We also compared the proportion of TAB in ISC patients with all non-ISC ethnicities combined.RESULTSThe proportion of patients undergoing TAB who were of ISC descent (16.3% of 92) was comparable to the proportion of A&E attendances made up by ISC patients [p = 0.1339]. 3.8% (1/26) of positive biopsies were among patients of ISC descent. White patients were significantly more likely to have a positive biopsy than patients of ISC ethnicity (33% of 61 white patients vs. 7% of 15 ISC [p = 0.0456]), as were patients of non-ISC ethnicity (32.5% of 77 non-ISC patients vs. 7% of 15 ISC patients [p = 0.0464]).DISCUSSIONAt our centre, biopsy proven GCA occurs in patients of ISC descent, but rarely. Full investigation for GCA continues to be appropriate where it is suspected, regardless of ethnicity.

3. Exploring the feasibility of general health promotion in UK dental primary care: ENGAGE in Scotland.

Authors Bonetti, D; Young, L; Hempleman, L; Deas, J; Shepherd, S; Clarkson, J
Source British dental journal; Oct 2018; vol. 225 (no. 7); p. 645-656
Publication Date Oct 2018
Publication Type(s) Journal Article
PubMedID 30310225
Database Medline
Available at British dental journal from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Introduction Despite UK dental guidance recommending opportunistic health promotion, it's rare for GDPs to discuss more than oral hygiene with their patients. The ENGAGE intervention incorporates UK guidance and evidence-based behaviour change techniques to motivate patients to make lifestyle changes (reduce smoking, alcohol consumption and/or improve diet). It was designed to take less than five minutes and be delivered during a routine dental check-up, and includes a take-home patient handout signposting to free NHS lifestyle counselling helpline services.Aims To determine the feasibility (patient and GDP acceptance) of implementing ENGAGE in Scottish dental primary care. The overall aim is to examine feasibility UK-wide before testing its effectiveness for influencing patient outcomes in a multi-centre UK trial.Methods Study 1: patient survey: N = 1000 adults from all health boards in Scotland were randomly selected from an NHS data base of medical patients and emailed the study invitation and link to an online questionnaire. Study 2: GDP workshop, audit, survey: N = 50 GDPs across Scotland were invited to participate in the training workshop (limited to the first 20 applicants), implement the intervention with their next 20 adult patients in for a check-up, audit their experience, then complete an online questionnaire.Results Study 1: 200 people completed the survey (52% male; 37% were 55 years or younger; 90% had visited their dentist in the previous 12 months). Less than (<) 15% were asked about their smoking, alcohol intake and/or diet when they last visited their dentist for a check-up; <10% would be embarrassed/offended if their dentist or dental hygienist asked them lifestyle questions during a dental check-up; more than (>) 70% would be reassured by the professionalism of their dentist or dental hygienist if they were asked; <4% would be embarrassed/offended if given a leaflet with NHS helpline information by their dentist. Study 2: N = 18 GDPs from nine out of 14 NHS regional health boards in Scotland delivered the ENGAGE intervention to 335 patients (averaging 18 patients each). N = 17/18 participants agreed that this intervention could be delivered during a check-up, was an improvement on what they currently did and thought that it may make a difference to what their patients thought, felt, and/or did about reducing health risk.Conclusion The ENGAGE intervention is feasible to implement in Scottish dental primary care. Comments from patient and GDP participants will inform its development and further feasibility studies set in other UK regions.

4. Quality improvement programme of ultrasound based fetal anatomy screening using large scale clinical audit.

Authors Yaqub, M; Kelly, B; Stobart, H; Napolitano, R; Noble, J A; Papageorghiou, A T
Source Ultrasound in obstetrics & gynecology : the official journal of the International Society of Ultrasound in Obstetrics and Gynecology; Oct 2018
Publication Date Oct 2018
Publication Type(s) Journal Article
PubMedID 30302849
Database Medline
Available at Ultrasound in obstetrics & gynecology : the official journal of the International Society of Ultrasound in Obstetrics and Gynecology from Wiley

Available at Ultrasound in obstetrics & gynecology : the official journal of the International Society of Ultrasound in 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 Ultrasound in obstetrics & gynecology : the official journal of the International Society of Ultrasound in 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 OBJECTIVELarge scale audit and peer review of ultrasound images is advantageous, but is rarely performed consistently as it is time-consuming and expensive. Here we investigate the effect of large scale audit of routine fetal anatomy scans to assess if a full clinical audit cycle could improve clinical image acquisition standards.METHODSA large scale, clinical, retrospective audit was conducted of ultrasound images from all routine anomaly scans undertaken in a UK hospital (from 18 weeks + 0 days to 22 weeks + 6 days) for one calendar year, to build a baseline understanding of the performance of sonographers. Targeted actions were undertaken in response to the findings with the aim of improving departmental performance. A second full year audit was then performed. An independent pool of sonographers used an online tool to assess all scans in two ways: scan completeness (i.e. were all images archived?) and image quality using objective scoring (i.e. were images of high quality?). Both were assessed at departmental level and at individual sonographer level. A 10% random sample of scans was used to assess inter-observer reproducibility.RESULTSImages (n=103,501) from 6,257 anomaly scan examinations undertaken by 22 sonographers were assessed in cycle 1 of the audit; in cycle 2, 153,557 images from 6,406 scans undertaken by 25 sonographers were evaluated. The analysis was performed on the 20 sonographers participating in both cycles. Departmental median scan completeness improved from 72% in the first year to 78% at the second assessment (p<0.001); median image quality score across all fetal views improved from 0.83 to 0.86 (p<0.001). The improvement was greatest for those sonographers who were performing poorest on the first audit: the 14% of poorest performing sonographers showed more than 30% improvement in scan completeness; and 11% showed more than 10% improvement in image quality. Inter-observer repeatability of scan completeness and image quality scores across different fetal views were similar to the published literature.CONCLUSIONClinical audit and a set of targeted actions helped improve sonographer scan acquisition completeness and scan quality. Such adherence to recommended clinical acquisition standards may increase the likelihood of correct measurement and thereby fetal growth assessment; and should allow better detection of abnormalities. As such large-scale audit is time consuming, further advantages would be achieved if this process could be automated. This article is protected by copyright. All rights reserved.

5. The impact of Nursing Homes staff education on end-of-life care in residents with advanced dementia: a quality improvement study.

Authors Di Giulio, Paola; Finetti, Silvia; Giunco, Fabrizio; Basso, Ines; Rosa, Debora; Pettenati, Francesca; Bussotti, Alessandro; Villani, Daniele; Gentile, Simona; Boncinelli, Lorenzo; Monti, Massimo; Spinsanti, Sandro; Piazza, Massimo; Charrier, Lorena; Toscani, Franco
Source Journal of pain and symptom management; Oct 2018
Publication Date Oct 2018
Publication Type(s) Journal Article
PubMedID 30315916
Database Medline
Available at Journal of pain and symptom management from ScienceDirect Please click on 'Sign in' and then on 'OpenAthens' for the site to recognise your Athens account and provide access to the full range of issues.
Available at Journal of pain and symptom management from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Abstract CONTEXTEnd-of-life care in nursing homes (NH) needs improvement. We carried out a study in 29 NHs in the Lombardy Region (Italy).OBJECTIVESTo compare End-of-Life care in NH residents with advanced dementia before and after an educational intervention aimed to improving palliative care.METHODSThe intervention consisted of a 7-hour lecture, followed by two 3-hour meetings consisting of case discussions. The intervention was held in each NH and well attended by NH staff. This multicenter, comparative, observational study included up to 20 residents with advanced dementia from each NH: the last 10 who died before the intervention (pre-intervention group, 245 residents) and the first 10 who died at least 3 months after the intervention, (post-intervention group, 237 residents). Data for these residents were collected from records for 60 days and 7 days death.RESULTSThe use of "comfort hydration" (<1000 ml/day subcutaneously) tended to increase from 16.9 to 26.8% in the post-intervention group. The number of residents receiving a palliative approach for nutrition and hydration increased, though not significantly, from 24% pre- to 31.5% post-intervention. On the other hand, the proportion of tube-fed residents and residents receiving intravenous hydration decreased from 15.5% to 10.5%, and from 52% to 42% respectively. Cardiopulmonary resuscitations decreased also from 52/245 (21%) to 18/237 (7.6%) cases (p=0.002).CONCLUSIONThe short educational intervention modified some practices relevant to the quality of End-of-Life care of advanced dementia patients in NHs, possibly raising and reinforcing beliefs and attitudes already largely present.

6. Preventing Future Deaths from Medicines: Responses to Coroners' Concerns in England and Wales.

Authors Ferner, Robin E; Ahmad, Tohfa; Babatunde, Zainab; Cox, Anthony R
Source Drug safety; Oct 2018
Publication Date Oct 2018
Publication Type(s) Journal Article
PubMedID 30298309
Database Medline
Available at Drug safety 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 INTRODUCTIONCoroners inquire into sudden, unexpected, or unnatural deaths. We have previously established 99 cases (100 deaths) in England and Wales in which medicines or part of the medication process or both were mentioned in coroners' 'Regulation 28 Reports to Prevent Future Deaths' (coroners' reports).OBJECTIVEWe wished to see what responses were made by National Health Service (NHS) organizations and others to these 99 coroners' reports.METHODSWhere possible, we identified the party or parties to whom these reports were addressed (names were occasionally redacted). We then sought responses, either from the UK judiciary website or by making requests to the addressee directly or, for NHS and government entities, under the Freedom of Information Act 2000. Responses were analysed by theme to indicate the steps taken to prevent future deaths.RESULTSWe were able to analyse one or more responses to 69/99 cases from 106 organizations. We analysed 201 separate actions proposed or taken to address the 160 concerns expressed by coroners. Staff education or training was the most common form of action taken (44/201). Some organisations made changes in process (24/201) or policy (17/201), and some felt existing policies were sufficient to address some concerns (22/201).CONCLUSIONSCoroners' concerns are often of national importance but are not currently shared nationally. Only a minority of responses to coroners' reports concerning medicines are in the public domain. Processes for auditing responses and assessing their effectiveness are opaque. Few of the responses appear to provide robust and generally applicable ways to prevent future deaths.

7. Audit of COPD exacerbations in secondary care.

Source Drug and therapeutics bulletin; Oct 2018
Publication Date Oct 2018
Publication Type(s) Journal Article
PubMedID 30297447
Database Medline
Available at Drug and therapeutics bulletin 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 Drug and therapeutics bulletin 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 Review of: Review of: Stone RA et al COPD: working together. National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme: clinical audit of COPD exacerbations admitted to acute hospitals in England and Wales. 2017 National Clinical Audit Report. London. RCP, April 2018.

8. National hospital mortality surveillance system: a descriptive analysis.

Authors Cecil, Elizabeth; Wilkinson, Samantha; Bottle, Alex; Esmail, Aneez; Vincent, Charles; Aylin, Paul P

Source BMJ quality & safety; Oct 2018
Publication Date Oct 2018
Publication Type(s) Journal Article
PubMedID 30297377
Database Medline
Available at BMJ quality & safety from BMJ Journals - NHS
Abstract OBJECTIVETo provide a description of the Imperial College Mortality Surveillance System and subsequent investigations by the Care Quality Commission (CQC) in National Health Service (NHS) hospitals receiving mortality alerts.BACKGROUNDThe mortality surveillance system has generated monthly mortality alerts since 2007, on 122 individual diagnosis and surgical procedure groups, using routinely collected hospital administrative data for all English acute NHS hospital trusts. The CQC, the English national regulator, is notified of each alert. This study describes the findings of CQC investigations of alerting trusts.METHODSWe carried out (1) a descriptive analysis of alerts (2007-2016) and (2) an audit of CQC investigations in a subset of alerts (2011-2013).RESULTSBetween April 2007 and October 2016, 860 alerts were generated and 76% (654 alerts) were sent to trusts. Alert volumes varied over time (range: 40-101). Septicaemia (except in labour) was the most commonly alerting group (11.5% alerts sent). We reviewed CQC communications in a subset of 204 alerts from 96 trusts. The CQC investigated 75% (154/204) of alerts. In 90% of these pursued alerts, trusts returned evidence of local case note reviews (140/154). These reviews found areas of care that could be improved in 69% (106/154) of alerts. In 25% (38/154) trusts considered that identified failings in care could have impacted on patient outcomes. The CQC investigations resulted in full trust action plans in 77% (118/154) of all pursued alerts.CONCLUSIONThe mortality surveillance system has generated a large number of alerts since 2007. Quality of care problems were found in 69% of alerts with CQC investigations, and one in four trusts reported that failings in care may have an impact on patient outcomes. Identifying whether mortality alerts are the most efficient means to highlight areas of substandard care will require further investigation.

9. An audit of completion of diaries for rehabilitation in an intensive care unit.

Authors Ascough, Lisa; Morrell-Scott, Nicola
Source British journal of nursing (Mark Allen Publishing); Oct 2018; vol. 27 (no. 18); p. 1054-1058
Publication Date Oct 2018
Publication Type(s) Journal Article
PubMedID 30281341
Database Medline
Available at British journal of nursing (Mark Allen Publishing) from EBSCO (CINAHL Plus with Full Text)
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Available at British journal of nursing (Mark Allen Publishing) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at British journal of nursing (Mark Allen Publishing) 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 Intensive care unit (ICU) diaries are increasingly being used in UK hospitals as a therapeutic means to address the psychological effects of an ICU stay on patients. The National Institute for Health and Care Excellence recommends that services are developed to meet the psychological needs of patients following critical illness. This article discusses ICU diaries as a service to meet these needs. There is a greater demand for evidence-based research to support the positive effects of the diaries. Equally, there is a need to highlight the negative impact they may have on patients who would not wish to have a diary because of the traumatic experience of critical illness. To gain an insight into the use of patient diaries, an audit was conducted at one ICU, which found compliance with completing them was poor. This article gives an overview of the available literature. Recommendations are made to improve the use of ICU diaries for clinical practice in the future.

10. The effectiveness of high-intensity CBT and counselling alone and following low-intensity CBT: a reanalysis of the 2nd UK National Audit of Psychological Therapies data.

Authors Barkham, Michael; Saxon, David
Source BMC psychiatry; Oct 2018; vol. 18 (no. 1); p. 321
Publication Date Oct 2018
Publication Type(s) Letter
PubMedID 30285674
Database Medline
Available at BMC psychiatry from ProQuest (Hospital Premium Collection) - NHS Version
Available at BMC psychiatry from BioMed Central
Available at BMC psychiatry from Europe PubMed Central - Open Access

Available at BMC psychiatry from EBSCO (MEDLINE with Full Text)

Abstract BACKGROUNDA previously published article in this journal reported the service effects from 103 services within the UK Improving Access to Psychological Therapies (IAPT) initiative and the comparative effectiveness of CBT and Counselling provision. All patients received High-intensity CBT or High-intensity Counselling, but some also received Low-intensity CBT before being stepped-up to High intensity treatments. The report did not distinguish between patients who received low-intensity CBT before being stepped-up. This article clarifies the basis for collapsing low- and high-intensity interventions by analysing the four treatment conditions separately.METHODData from 33,243 patients included in the second round of the National Audit of Psychological Therapies (NAPT) were re-analysed as four separate conditions: High-intensity CBT only (n = 5975); High-intensity Counselling only (n = 3003); Low-intensity CBT plus High-intensity CBT (n = 17,620); and Low-intensity CBT plus High-intensity Counselling (n = 6645). Analyses considered levels of pre-post therapy effect sizes (ESs), reliable improvement (RI) and reliable and clinically significant improvement (RCSI). Multilevel modelling was used to model predictors of outcome, namely patient pre-post change on PHQ-9 scores at last therapy session.RESULTSSignificant differences obtained on various outcome indices but were so small they carried no clinical significance. Including the four treatment groups in a multilevel model comprising patient intake severity, patient ethnicity and number of sessions attended showed no significant differences between the four treatment groups. Comparisons between the two high-intensity interventions only (N = 8978) indicated Counselling showed more improvement than CBT by 0.3 of a point on PHQ-9 for the mean number of sessions attended. However, this result was moderated by the number of sessions and for 12 or more sessions, the advantage went to CBT.CONCLUSIONSThis re-analysis showed no evidence of clinically meaningful differences between the four treatment conditions using standard indices of patient outcomes. However, a differential advantage to high-intensity Counselling for fewer than average sessions attended and high-intensity CBT for more than average sessions attended has important service implications. The finding of equivalent outcomes between high-intensity CBT and Counselling for more severe patients also has important policy implications. Empirically-informed procedures (e.g., predictive modelling) for assigning patients to interventions need to be considered to improve patient outcomes.

11. Disparities in the management of paediatric splenic injury.

Authors Warwick, A M; Jenks, T; Fisher, R; Garrett-Cox, R; Lecky, F; Yates, D
Source The British journal of surgery; Oct 2018
Publication Date Oct 2018
Publication Type(s) Journal Article
PubMedID 30277259
Database Medline
Available at The British journal of surgery from Wiley Online Library Medicine and Nursing Collection 2018 - NHS
Available at The British journal of surgery from Ovid (Journals @ Ovid) - Remote Access
Available at The British journal of surgery from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at The British journal of surgery from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract BACKGROUNDThe non-operative management of splenic injury in children is recommended widely, and is possible in over 95 per cent of episodes. Practice appears to vary between centres.METHODSThe Trauma Audit and Research Network (TARN) database was interrogated to determine the management of isolated paediatric splenic injuries in hospitals in England and Wales. Rates of non-operative management, duration of hospital stay, readmission and mortality were recorded. Management in paediatric surgical hospitals was compared with that in adult hospitals.RESULTSBetween January 2000 and December 2015 there were 574 episodes. Children treated in a paediatric surgical hospital had a 95·7 per cent rate of non-operative management, compared with 75·5 per cent in an adult hospital (P < 0·001). Splenectomy was done in 2·3 per cent of children in hospitals with a paediatric surgeon and in 17·2 per cent of those treated in an adult hospital (P < 0·001). There was a significant difference in the rate of non-operative management in children of all ages. There was some improvement in non-operative management in adult hospitals in the later part of the study, but significant ongoing differences remained.CONCLUSIONThe management of children with isolated splenic injury is different depending on where they are treated. The rate of non-operative management is lower in hospitals without a paediatric surgeon present.

12. Trauma radiology in the UK: an overview.

Authors Chance, Tom; Haines, Isabel; Graham, Richard
Source British journal of hospital medicine (London, England : 2005); Oct 2018; vol. 79 (no. 10); p. 567-570
Publication Date Oct 2018
Publication Type(s) Journal Article

PubMedID 30290753
Database Medline
Available at British journal of hospital medicine (London, England : 2005) from MAG Online Library Please log in before trying to access articles. Click on 'SIGN IN' and then on 'SIGN in via OPENATHENS'. You probably won't need to put your Athens details in again.
Available at British journal of hospital medicine (London, England : 2005) 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 NHS Choices defines 'major trauma' as multiple, serious injuries that could result in disability or death. Worldwide, trauma is the leading cause of death and disability in people under 40 years of age. The National Audit Office estimates that there are at least 20 000 major trauma cases in England every year, resulting in 5400 deaths and leaving many others with serious permanent disability. Because the incidence of trauma is particularly high in younger patients, an average of 36 life years is lost for every trauma death (Chaira and Cimbanassi, 2003). The landscape in major trauma imaging has evolved over the last 30 years, and this review chronicles these changes and the reasons for them, and looks at how the current guidelines have been formulated.

13. Can the completeness of radiological cancer staging reports be improved using proforma reporting? A prospective multicentre non-blinded interventional study across 21 centres in the UK.

Authors Patel, Anisha; Rockall, Andrea; Guthrie, Ashley; Gleeson, Fergus; Worthy, Sylvia; Grubnic, Sisa; Burling, David; Allen, Clare; Padhani, Anwar; Carey, Brendan; Cavanagh, Peter; Peake, Michael D; Brown, Gina
Source BMJ open; Oct 2018; vol. 8 (no. 10); p. e018499
Publication Date Oct 2018
Publication Type(s) Journal Article
PubMedID 30282676
Database Medline
Available at BMJ open from Europe PubMed Central - Open Access
Available at BMJ open from HighWire - Free Full Text
Abstract OBJECTIVESFollowing a diagnosis of cancer, the detailed assessment of prognostic stage by radiology is a crucial determinant of initial therapeutic strategy offered to patients. Pretherapeutic stage by imaging is known to be inconsistently documented. We tested whether the completeness of cancer staging radiology reports could be improved through a nationally introduced pilot of proforma-based reporting for a selection of six common cancers.DESIGNProspective interventional study comparing the completeness of radiology cancer staging reports before and after the introduction of proforma reporting.SETTINGTwenty-one UK National Health Service hospitals.PARTICIPANTS1283 cancer staging radiology reports were submitted.MAIN OUTCOME MEASURESRadiology staging reports across the six cancers types were evaluated before and after the implementation of proforma-based reporting. Report completeness was assessed using scoring forms listing the presence or absence of predetermined key staging data. Qualitative data regarding proforma implementation and usefulness were collected from questionnaires provided to radiologists and end-users.RESULTSElectronic proforma-based reporting was successfully implemented in 15 of the 21 centres during the evaluation period. A total of 787 preproforma and 496 postproforma staging reports were evaluated. In the preproforma group, only 48.7% (5586/11 470) of key staging items were present compared with 87.3% (6043/6920) in the postproforma group. Thus, the introduction of proforma reporting produced a 78% improvement in staging completeness . This increase was seen across all cancer types and centres. The majority of participants found proforma reporting improved cancer reporting quality for their clinical practice .CONCLUSIONThe implementation of proforma reporting results in a significant improvement in the completeness of cancer staging reports. Proforma-based assessment of cancer stage enables objective comparisons of patient outcomes across centres. It should therefore become an auditable quality standard for cancer care.

14. The Provision of Primary and Revision Elbow Replacement Surgery in the NHS.

Authors Hay, Stuart; Kulkarni, Rohit; Watts, Adam; Stanley, David; Trail, Ian; Van Rensburg, Lee; Little, Christopher; Samdanis, Vas; Jenkins, Paul; Eames, Michael; Phadnis, Joideep; Ali, Amjid; Rangan, Amar; Drew, Steve; Amirfeyz, Rouin; Conboy, Veronica; Clark, David; Brownson, Peter; Connor, Clare; Jones, Val; Tennent, Duncan; Falworth, Mark; Thomas, Michael; Rees, Jonathan
Source Shoulder & elbow; Oct 2018; vol. 10 (no. 2)
Publication Date Oct 2018
Publication Type(s) Journal Article
PubMedID 30147752
Database Medline
Available at Shoulder & elbow from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection

Abstract BESS Surgical Procedure Guidelines (SPGs). Optimising Surgical Outcomes for Shoulder and Elbow patients. The British Elbow and Shoulder Society (BESS) SPGs are a series of evidence and consensus Best Practice Recommendations developed by BESS surgeons and physiotherapists to help drive quality improvement and achieve the best possible surgical outcomes for UK patients. This SPG on primary and revision elbow replacement surgery is supported and endorsed by both the British Orthopaedic Association (BOA) and the Getting It Right First Time (GIRFT) Programme.

15. Application of process mapping to understand integration of high risk medicine care bundles within community pharmacy practice.

Authors Weir, Natalie M; Newham, Rosemary; Corcoran, Emma D; Ali Atallah Al-Gethami, Ashwag; Mohammed Abd Alridha, Ali; Bowie, Paul; Watson, Anne; Bennie, Marion
Source Research in social & administrative pharmacy : RSAP; Oct 2018; vol. 14 (no. 10); p. 944-950
Publication Date Oct 2018
Publication Type(s) Journal Article
PubMedID 29198732
Database Medline
Available at Research in Social and Administrative Pharmacy 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 Scottish Patient Safety Programme - Pharmacy in Primary Care collaborative is a quality improvement initiative adopting the Institute of Healthcare Improvement Breakthrough Series collaborative approach. The programme developed and piloted High Risk Medicine (HRM) Care Bundles (CB), focused on warfarin and non-steroidal anti-inflammatories (NSAIDs), within 27 community pharmacies over 4 NHS Regions. Each CB involves clinical assessment and patient education, although the CB content varies between regions. To support national implementation, this study aims to understand how the pilot pharmacies integrated the HRM CBs into routine practice to inform the development of a generic HRM CB process map.METHODSRegional process maps were developed in 4 pharmacies through simulation of the CB process, staff interviews and documentation of resources. Commonalities were collated to develop a process map for each HRM, which were used to explore variation at a national event. A single, generic process map was developed which underwent validation by case study testing.RESULTSThe findings allowed development of a generic process map applicable to warfarin and NSAID CB implementation. Five steps were identified as required for successful CB delivery: patient identification; clinical assessment; pharmacy CB prompt; CB delivery; and documentation. The generic HRM CB process map encompasses the staff and patients' journey and the CB's integration into routine community pharmacy practice. Pharmacist involvement was required only for clinical assessment, indicating suitability for whole-team involvement.CONCLUSIONSUnderstanding CB integration into routine practice has positive implications for successful implementation. The generic process map can be used to develop targeted resources, and/or be disseminated to facilitate CB delivery and foster whole team involvement. Similar methods could be utilised within other settings, to allow those developing novel services to distil the key processes and consider their integration within routine workflows to effect maximal, efficient implementation and benefit to patient care.

16. The Impact of Accreditation for 10 Years on Inpatient Units for Adults of Working Age in the United Kingdom.

Authors Chaplin, Robert; Raphael, Hannah; Beavon, Mark
Source Psychiatric services (Washington, D.C.); Oct 2018; vol. 69 (no. 10); p. 1053-1055
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Available at Psychiatric services (Washington, D.C.) 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 Psychiatric inpatient units in the United Kingdom have been criticized for having falling bed numbers, staff shortages, and brief compulsory admissions. This column describes the impact over 10 years of a voluntary U.K. quality improvement program to provide accreditation for inpatient wards. Performance on evidence-based standards was assessed during peer review visits, and 92 of the 140 wards participating are currently accredited. Improvement was found in patient contact, access to therapies, safety, crisis planning, ability among staff to take breaks, and doctor availability. Availability of activities outside working hours needs improvement. Further work is needed to incorporate clinical outcomes in the accreditation program.

17. Mis-use of antibiotics in acute pancreatitis: Insights from the United Kingdom's National Confidential Enquiry into patient outcome and death (NCEPOD) survey of acute pancreatitis.

Authors Barrie, Jenifer; Jamdar, Saurabh; Smith, Neil; McPherson, Simon J; Siriwardena, Ajith K; O'Reilly, Derek A

Source Pancreatology : official journal of the International Association of Pancreatology (IAP) ... [et al.]; Oct 2018; vol. 18 (no. 7); p. 721-726
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Available at Pancreatology 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 BACKGROUNDInternational guidelines for the management of acute pancreatitis state that antibiotics should only be used to treat infectious complications. Antibiotic prophylaxis is not recommended. The aim of this study was to analyse antibiotic use, and its appropriateness, from a national review of acute pancreatitis.METHODSData were collected from The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study into the management of acute pancreatitis. Adult patients admitted to hospitals in England and Wales between January and June 2014 with a coded diagnosis of acute pancreatitis were included. Clinical and organisational questionnaires were used to collect data and these submissions subjected to peer review. Antibiotic use, including indication and duration were analysed.RESULTS439/712 (62%) patients received antibiotics, with 891 separate prescriptions and 23 clinical indications. A maximum of three courses of antibiotics were prescribed, with 41% (290/712) of patients receiving a second course and 24% (174/712) a third course. For the first antibiotic prescription, the most common indication was "unspecified" (85/439). The most common indication for the second course was sepsis (54/290), "unspecified" was the most common indication for the third course (50/174). In 72/374 (19.38%) the indication was deemed inappropriate by the clinicians and in 72/393 (18.3%) by case reviewers.CONCLUSIONSInappropriate use of antibiotics in acute pancreatitis is common. Healthcare providers should ensure that antimicrobial policies are in place as part of an antimicrobial stewardship process. This should include specific guidance on their use and these policies must be accessible, adherence audited and frequently reviewed.

18. National survey of gastric emptying studies in the UK.

Authors Notghi, Alp; Hansrod, Shazmeen
Source Nuclear medicine communications; Oct 2018; vol. 39 (no. 10); p. 881-886
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Publication Type(s) Journal Article
PubMedID 30044332
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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 AIMThis study was undertaken to investigate the extent of variation in meals, radiopharmaceuticals and methodology used for gastric emptying studies in the UK.MATERIALS AND METHODSOverall, 178 nuclear medicine departments across the UK were contacted by telephone and the gastric emptying protocol was requested. In all, 128 (72%) performed routine gastric emptying studies; 83 protocols were received.RESULTSLiquid meal gastric emptying: 15 departments performed liquid gastric emptying either as a dual isotope technique (27%) or as a separate test using Tc-diethylenetriamine pentacetic acid (53%) or Tc-colloid (20%). The radiopharmaceutical was administered in a variety of liquid mediums including water, orange juice/squash or milk. Although dynamic acquisition was most often used for liquid gastric emptying (60%), significant number of departments used static images (40%). Solid meal gastric emptying: Tc was the radioisotope most predominantly used for solid meals (98%). Tc-colloid was the most commonly used radiopharmaceutical (38%), followed by macroaggregated albumin (25%) and diethylenetriamine pentacetic acid (23%). Egg-based meals are most popular (59%) followed by porridge (27%) that was also used as an alternative to egg in some departments. Alternative meals (cooked meals, ready meals, All-Bran, Weetabix, etc.) were used in 22% of the surveyed departments. Patient preparation and positioning: There was a wide range in patient preparation and methodology used. Patients fasted between 2 and 12 h for the test. Overall, 55% departments acquire images with patient sitting or standing. Although 45% of the departments acquired images supine, most allowed patients to stand or walk in between the images, and only 22% performed the entire test with patient supine. Acquisition parameters: 58% of departments used intermittent static images with intervals ranging from 5 to 15 min, followed by hourly static images of up to 4 h. Twenty-five per cent of departments used dynamic acquisition images. Seventeen per cent of departments used a combination with early dynamic study followed by static images. Normal ranges: There was a wide variation in the normal ranges used for reporting. Most departments used 50% emptying time to assess gastric function. The maximum normal range values for solid gastric emptying ranged from 60 to 120 min, with four departments relying on the percentage of activity remaining at 4 h (normal<10%). Liquid gastric emptying also had a wide range of values for the normal range. The most commonly used range for liquid gastric emptying was 40-60 min.CONCLUSIONThere is a wide variation in radiopharmaceuticals, meals and the methodology used for gastric emptying studies. Solid meal gastric emptying is performed universally by all the departments, while relatively few performed liquid meal gastric emptying. Our survey shows that egg-based meals are most prevalent, followed by a porridge meal. Intermittent static imaging is also the most popular method of imaging. In view of this audit, it would be prudent to establish a protocol for solid meal gastric emptying on the basis of the most commonly used meals and methods that may then be universally acceptable. We propose to undertake a study to establish normal ranges for these meals (egg meal and porridge), using the most accepted imaging methodology in an attempt to establish a standardized normal range and acquisition method for solid gastric emptying studies in the UK.

19. Use of Infliximab Biosimilar Versus Originator in a Pediatric United Kingdom Inflammatory Bowel Disease Induction Cohort.

Authors Chanchlani, Neil; Mortier, Kajal; Williams, Linda J; Muhammed, Rafeeq; Auth, Marcus K H; Cosgrove, Mike; Fagbemi, Andrew; Fell, John; Chong, Sonny; Zamvar, Veena; Hyer, Warren; Bisset, W Michael; Morris, Mary-Anne; Rodrigues, Astor; Mitton, Sally G; Bunn, Su; Beattie, R Mark; Willmott, Anne; Wilson, David C; Russell, Richard K

Source Journal of pediatric gastroenterology and nutrition; Oct 2018; vol. 67 (no. 4); p. 513-519

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Abstract OBJECTIVESThe aim of the study was to summarize short-term effectiveness, safety, and cost of using infliximab biosimilar (IFX-B) drugs, (Inflectra [Hospira] and Remsima [NAAP]) compared to originator infliximab (IFX-O) (Remicade [MSD]) in biologic naive pediatric inflammatory bowel disease in the United Kingdom.METHODSProspective audit of patients starting anti-tumour necrosis factor (TNF) therapy. Disease severity, response to treatment, and remission rate was measured by Pediatric Crohn's Disease Activity Index (PCDAI) and/or Physician Global Assessment.RESULTSBetween March 2015 and February 2016, 278 patients (175 IFX-O, 82 IFX-B, and 21 Adalimumab) were started on anti-TNF therapy. This was compared with collected data on 398 patients started on IFX-O from 2011 to 2015. At initiation, median PCDAI was 36 (20,48) (n = 42) in the IFX-O group and 28 (20,40) (n = 29) in the IFX-B group, (P = 0.08). Immunosuppression rates were similar: 150/175 (86%) for IFX-O and 65/82 (79%) for IFX-B (P > 0.05). Post induction, median PCDAI score was 5 (0,11) (n = 19) and 0 (0,8) (n = 15) in the IFX-O and IFX-B groups, respectively (P = 0.35). There was no difference in response to treatment using Physician Global Assessment 85% (n = 28) in IFX-O group and 86% (n = 19) in IFX-B group (P > 0.05). Adverse events at initiation and post induction were not different between both groups (P > 0.05). Using conservative calculations, £875,000 would have been saved for a 1-year period with universal adoption of biosimilars in patients who were instead treated with IFX-O.CONCLUSIONSIFX-B is likely as effective as IFX-O in treating IBD in comparable pediatric populations. Sites should adopt infliximab biosimilar for new starts due to cost reduction with no difference in other parameters.

20. Intimate partner violence and clinical coding: issues with the use of the International Classification of Disease (ICD-10) in England.

Authors Olive, Philippa
Source Journal of health services research & policy; Oct 2018; vol. 23 (no. 4); p. 212-221
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Available at Journal of health services research & policy from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Objectives To investigate the availability of intimate partner violence-related population health information in England and the possibility of identifying intimate partner violence-exposed population sample frames from administrative health data systems in England employing the International Classification of Disease. Methods Research design was an exploratory mixed method approach that involved trend analysis of numbers of applications of International Classification of Disease intimate partner violence classifications for admissions to NHS hospitals in England over a five-year period and semi-structured focus group interviews with clinical coders at an NHS Hospital. Results Use of International Classification of Disease intimate partner violence classifications was generally low across NHS Trusts in England. There was notable variation in the numbers of applications across NHS providers which demographic differences or rates of violence perpetration would not account for. The interview findings revealed conceptual ambiguity regarding intimate partner violence classifications which presented challenges for clinical coding and raised questions about the reliability and validity of International Classification of Disease's intimate partner violence classifications. Conclusion It would not be possible to extract robust data about populations exposed to intimate partner violence for the purposes of audit, governance or research from health information systems using current International Classification of Disease-10 classifications. Development of these International Classification of Disease codes is essential for violence and abuse to be captured more accurately in health information systems and afforded greater prioritization and funding proportionate to the health burden and service demands that intimate partner violence is responsible for.

21. Responding effectively to adult mental health patient feedback in an online environment: A coproduced framework.

Authors Baines, Rebecca; Donovan, John; Regan de Bere, Sam; Archer, Julian; Jones, Ray
Source Health expectations : an international journal of public participation in health care and health policy; Oct 2018; vol. 21 (no. 5); p. 887-898
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Available at Health Expectations from EBSCO (MEDLINE with Full Text)
Available at Health Expectations from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.
Available at Health Expectations from Unpaywall

Abstract BACKGROUNDResponding to online patient feedback is considered integral to patient safety and quality improvement. However, guidance on how to respond effectively is limited, with limited attention paid to patient perceptions and reactions.OBJECTIVESTo identify factors considered potentially helpful in enhancing response quality; coproduce a best-practice response framework; and quality-appraise existing responses.DESIGNA four-stage mixed methodology: (i) systematic search of stories published on Care Opinion about adult mental health services in the South West of England; (ii) collaborative thematic analysis of responses to identify factors potentially helpful in enhancing response quality; (iii) validation of identified factors by a patient-carer group (n = 12) leading to the coproduction of a best-practice response framework; and (iv) quality appraisal of existing responses.RESULTSA total of 245 stories were identified, with 183 (74.7%) receiving a response. Twenty-four (9.8%) had been heard but not yet responded to. 1.6% (n = 4/245) may lead to a change. Nineteen factors were considered influential in response quality. These centred around seven subject areas: (i) introductions; (ii) explanations; (iii) speed of response; (iv) thanks and apologies; (v) response content; (vi) signposting; and (vii) response sign-off that were developed into a conceptual framework (the Plymouth, Listen, Learn and Respond framework). Quality appraisal of existing responses highlighted areas for further improvement demonstrating the framework's utility.CONCLUSIONThis study advances existing understanding by providing previously unavailable guidance. It has clear practical and theoretical implications for those looking to improve health-care services, patient safety and quality of care. Further validation of the conceptual framework is encouraged.

22. 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; Oct 2018; vol. 44 (no. 10); p. 1588-1594
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Available at European Journal 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 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.

23. Barriers to delivering advanced cancer nursing: A workload analysis of specialist nurse practice linked to the English National Lung Cancer Audit.

Authors Stewart, Iain; Leary, Alison; Tod, Angela; Borthwick, Diana; Khakwani, Aamir; Hubbard, Richard; Beckett, Paul; Tata, Laila J
Source European journal of oncology nursing : the official journal of European Oncology Nursing Society; Oct 2018; vol. 36 ; p. 103-111
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Available at European journal of oncology nursing : the official journal of European Oncology Nursing Society 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 oncology nursing : the official journal of European Oncology Nursing Society 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 PURPOSEHealth services across the world utilise advanced practice in cancer care. In the UK, lung cancer nurse specialists (LCNS) are recognised as key components of quality care in national guidelines, yet access to LCNS contact is unequal and some responsibilities are reportedly left undone. We assess whether any variation in working practices of LCNS is attributable to factors of the lung cancer service at the hospital trust.METHODNationwide workload analysis of LCNS working practices in England, linked at trust level to patient data from the National Lung Cancer Audit. Chi-squared tests were performed to assess whether patient contact, workload, involvement in multidisciplinary teams (MDT), and provision of key interventions were related to 1) the trust's lung cancer service size, 2) LCNS caseload, 3) anti-cancer treatment facilities and 4) lung cancer patient survival.RESULTSUnpaid overtime was substantial for over 60% of nurses and not associated with particular service factors assessed; lack of administrative support was associated with large caseloads and chemotherapy facilities. LCNS at trusts with no specialty were more likely to challenge all MDT members (80%) compared with those at surgical (53%) or chemotherapy (58%) trusts. The most frequent specialist nursing intervention to not be routinely offered was proactive case management.CONCLUSIONWorking practices of LCNS vary according to service factors, most frequently associated with trust anti-cancer treatment facilities. High workload pressures and limited ability to provide key interventions should be addressed across all services to ensure patients have access to recommended standards of care.

24. Safety and feasibility audit of a home-based drug-transitioning approach for patients with pulmonary arterial hypertension: an observational study.

Authors Dawson, A; Reddecliffe, S; Coghlan, C; Schreiber, B E; Coghlan, J G
Source European journal of cardiovascular nursing : journal of the Working Group on Cardiovascular Nursing of the European Society of Cardiology; Oct 2018; vol. 17 (no. 7); p. 612-618
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Available at European Journal of Cardiovascular 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 European Journal of Cardiovascular 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 BACKGROUNDNewer endothelin receptor antagonists (ERAs) used to treat patients with pulmonary arterial hypertension (PAH) are associated with fewer drug-drug interactions than bosentan and require less monitoring. This, combined with a pharmacokinetic basis for improved efficacy, means there may be a clinical rationale for changing therapies. However, this can be challenging and few data on its safety in patients with PAH are available.AIMSAt the Royal Free Hospital in London, UK, home-based medication transitioning has been standard practice since 2009 to avoid unnecessary hospital visits for patients, unless there is a clinical imperative. In this audit of standard practice we evaluated the consequences of adopting such a strategy when transitioning PAH patients between ERA therapies.METHODS AND RESULTSUsing a Clinical Nurse Specialist-led, home-based transitioning strategy, 92 patients with PAH were transitioned from bosentan to macitentan or ambrisentan. Observational data were analysed retrospectively. The majority of patients were female with PAH associated with connective tissue disease and their ERA was changed in the hope of improving efficacy. The process was well tolerated with no adverse events associated with the process. Seventeen patients died during the study (macitentan, n = 5; ambrisentan, n = 12). None of the deaths was considered related to ERA treatment. The majority of patients remained clinically stable, based on WHO functional class and exercise capacity.CONCLUSIONAn established home-based transitioning strategy can be adopted safely for patients with PAH changing ERA therapies. Most patients remained stable and the therapy change was well tolerated.

25. Seasonal variation of Pseudomonas aeruginosa in culture positive otitis externa in South East England.

Authors Villedieu, A; Papesh, E; Weinberg, S E; Teare, L; Radhakrishnan, J; Elamin, W F
Source Epidemiology and infection; Oct 2018; vol. 146 (no. 14); p. 1811-1812
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Available at Epidemiology and infection from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).
Available at Epidemiology and infection from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract Otitis externa is the inflammation of the external auditory canal. The disease is common and shows a seasonal variation with a greater incidence in warmer months. Pseudomonas aeruginosa is a common pathogen in otitis externa and in this retrospective study, we show a corresponding seasonal variation in the proportional incidence of P. aeruginosa isolates from otitis externa in South East England. In total 7770 patients were diagnosed with otitis externa over a period of 9 years from January 2008 to December 2016. P. aeruginosa was isolated from 2802 patients (proportional incidence of 36%). Incidence was higher in the months of August, September and October and in patients between 5 and 15 years of age. We postulate a combination of increased contact with water during warm weather in the holiday season and increased rainfall in the preceding season as a putative mechanism for the seasonal trends.

26. 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; Oct 2018; vol. 35 (no. 10); p. 1371-1374
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Available at Diabetic 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 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.

27. Outcomes following emergency laparotomy in Australian public hospitals.

Authors Burmas, Melinda; Aitken, R James; Broughton, Katherine J
Source ANZ journal of surgery; Oct 2018; vol. 88 (no. 10); p. 998-1002
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Publication Type(s) Journal Article
PubMedID 30159997
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Available at ANZ journal of surgery from Wiley Online Library Medicine and Nursing Collection 2018 - NHS
Available at ANZ 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 BACKGROUNDInternational studies reporting outcomes following emergency laparotomies have consistently demonstrated wide inter-hospital variation and a 30-day mortality in excess of 10%. The UK then prioritized the funding of the National Emergency Laparotomy Audit. In a prospective Western Australian audit there was minimal inter-hospital variation and a 6.6% 30-day mortality. In the absence of any multi-hospital Australian data the aim of the present study was to compare national administrative data with that previously reported.METHODSData on emergency laparotomies performed in Australian public hospitals during 2013/2014 and 2014/2015 were extracted from admitted patient activity and costing data sets collated by the Independent Hospital Pricing Authority. The data sets, containing episode-level data relating to admitted acute and sub-acute care patients, included administrative, demographic and clinical information such as patient age, cost, length of stay, in-hospital mortality, diagnosis and surgical procedure details.RESULTSNinety-nine public hospitals undertaking at least 50 emergency laparotomies performed 20 388 procedures over the 2 years. The overall in-hospital mortality was 5.2%. There was a wide interstate and inter-hospital variation in risk-adjusted in-hospital mortality (4.8-6.6% and 0-9.3%, respectively), length of stay (12.5-16.8 days and 5.8-18.9 days, respectively) and intensive care unit admissions (24.5-40.2% and 0-75.7%, respectively).CONCLUSIONThis data suggest the wide variation in outcomes and care process observed overseas exist in Australia. However, administrative data has considerable limitations and is not a substitute for high quality prospective data. Minimizing variations through prospective quality improvement processes will improve patient outcomes.

28. The use of Bone Conduction Hearing Implants (BCHI) in Paediatric Chronic Otitis Media: An audit of outcomes of 32 devices in 22 patients.

Authors Dawe, Nicholas; Leese, Denise; Marley, Suzanne; McPherson, Kate; Johnson, Ian Jm
Source Clinical otolaryngology : official journal of ENT-UK ; official journal of Netherlands Society for Oto-Rhino-Laryngology & Cervico-Facial Surgery; Sep 2018
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Available at Clinical otolaryngology : official journal of ENT-UK ; official journal of Netherlands Society for Oto-Rhino-Laryngology & Cervico-Facial Surgery from Wiley Online Library Medicine and Nursing Collection 2018 - NHS
Available at Clinical otolaryngology : official journal of ENT-UK ; official journal of Netherlands Society for Oto-Rhino-Laryngology & Cervico-Facial 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 Clinical otolaryngology : official journal of ENT-UK ; official journal of Netherlands Society for Oto-Rhino-Laryngology & Cervico-Facial 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 Paediatric bone conduction hearing implants are a safe, well-tolerated and reliable method of hearing rehabilitation in chronic otitis media. Paediatric patients would be expected to grow; a higher volume of revision procedures, to address expected soft tissue problems, is expected in this cohort. The rate of traumatically-lost fixtures in our series mirrors data from the literature, with higher rates than in respective adult cohorts: this was especially evident in patients with learning disabilities. Bilateral bone conduction hearing implants were placed in just over half of all cases, reflecting changes the UK clinical commissioning guidelines during the period of review. Pre-operative counselling is essential for patients and parents to appreciate the impact of the relatively higher rate of revision procedures or traumatically-lost implants that are seen in children.

29. A Cross-Sectional Study of Experiences and Attitudes towards Clinical Audit of Farm Animal Veterinary Surgeons in the United Kingdom.

Authors Waine, Katie; Dean, Rachel S; Hudson, Chris; Huxley, Jonathan; Brennan, Marnie L
Source Veterinary sciences; Sep 2018; vol. 5 (no. 4)
Publication Date Sep 2018
Publication Type(s) Journal Article
PubMedID 30274233
Database Medline

Abstract Clinical audit is a quality improvement tool used to assess and improve the clinical services provided to patients. This is the first study to investigate the extent to which clinical audit is understood and utilised in farm animal veterinary practice. A cross-sectional study to collect experiences and attitudes of farm animal veterinary surgeons in the UK towards clinical audit was conducted using an online nationwide survey. The survey revealed that whilst just under three-quarters (n = 237/325; 73%) of responding veterinary surgeons had heard of clinical audit, nearly 50% (n = 148/301) had never been involved in a clinical audit of any species. The participants' knowledge of what a clinical audit was varied substantially, with many respondents reporting not receiving training on clinical audit at the undergraduate or postgraduate level. Respondents that had participated in a clinical audit suggested that protected time away from clinical work was required for the process to be completed successfully. This novel study suggests that clinical audit is undertaken to some extent in farm animal practice and that practitioner perception is that it can bring benefits, but was felt that more resources and support were needed for it to be implemented successfully on a wider scale.

30. National comparative audit of red blood cell transfusion practice in hospices: Recommendations for palliative care practice.

Authors Neoh, Karen; Gray, Ross; Grant-Casey, John; Estcourt, Lise; Malia, Catherine; Boland, Jason W; Bennett, Michael I
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Available at Palliative 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 BACKGROUNDRed blood cell transfusions are commonly used in palliative care to treat anaemia or symptoms caused by anaemia. In patients with advanced disease, there is little evidence of benefit to guide treatment decisions in the face of increased risk of harms.AIMTo determine national transfusion practice in hospices and compare this against National Institute for Health and Care Excellence and British Society of Haematology guidelines to develop recommendations to improve practice.DESIGN AND SETTINGProspective data collection on red blood cell transfusion practice in UK adult hospices over a 3-month census period.RESULTSA total of 121/210 (58%) hospices participated. A total of 465 transfusion episodes occurred in 83 hospices. Patients had a mean age of 71 years, and 96% had cancer. Mean pre-transfusion haemoglobin was 75 g/L (standard deviation = 11.15). Anaemia of chronic disease was the largest cause of anaemia (176; 38%); potentially amenable to alternative treatments. Haematinics were not checked in 70% of patients. Alternative treatments such as B12, folate and iron were rarely used. Despite transfusion-associated circulatory overload risk, 85% of patients were not weighed, and 84% had two or more units transfused. Only 83 (18%) patients had an improvement maintained at 30 days; 142 (31%) had <14 day improvement, and 50 (11%) had no improvement. A total of 150 patients (32%) were dead at 30 days.CONCLUSIONMore rigorous investigation of anaemia, increased use of alternative therapies and more restrictive approach to red cell transfusions are recommended. Clinicians should discuss the limited benefit versus potentially higher risks with patients in hospice services to inform treatment decisions.

31. Epidemiology and aetiology of paediatric traumatic cardiac arrest in England and Wales.

Authors Vassallo, James; Webster, Melanie; Barnard, Edward B G; Lyttle, Mark D; Smith, Jason E; PERUKI (Paediatric Emergency Research in the UK and Ireland)
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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 OBJECTIVETo describe the epidemiology and aetiology of paediatric traumatic cardiac arrest (TCA) in England and Wales.DESIGNPopulation-based analysis of the UK Trauma Audit and Research Network (TARN) database.PATIENTS AND SETTINGAll paediatric and adolescent patients with TCA recorded on the TARN database for a 10-year period (2006-2015).MEASURESPatient demographics, Injury Severity Score (ISS), location of TCA ('prehospital only', 'in-hospital only' or 'both'), interventions performed and outcome.RESULTS21 710 paediatric patients were included in the database; 129 (0.6%) sustained TCA meeting study inclusion criteria. The majority, 103 (79.8%), had a prehospital TCA. 62.8% were male, with a median age of 11.7 (3.4-16.6) years, and a median ISS of 34 (25-45). 110 (85.3%) had blunt injuries, with road-traffic collision the most common mechanism (n=73, 56.6%). 123 (95.3%) had severe haemorrhage and/or traumatic brain injury.Overall 30-day survival was 5.4% ((95% CI 2.6 to 10.8), n=7). 'Pre-hospital only' TCA was associated with significantly higher survival (n=6) than those with TCA in both 'pre-hospital and in-hospital' (n=1)-13.0% (95% CI 6.1% to 25.7%) and 1.2% (95% CI 0.1% to 6.4%), respectively, p<0.05. The greatest survival (n=6, 10.3% (95% CI 4.8% to 20.8%)) was observed in those transported to a paediatric major trauma centre (MTC) (defined as either a paediatric-only MTC or combined adult-paediatric MTC).CONCLUSIONSSurvival is possible from the resuscitation of children in TCA, with overall survival comparable to that reported in adults. The highest survival was observed in those with a pre-hospital only TCA, and those who were transported to an MTC. Early identification and aggressive management of paediatric TCA is advocated.

32. Cervical pessary for short cervix in high risk pregnant women: 5 years experience in a single centre.

Authors Ivandic, Jelena; Care, Angharad; Goodfellow, Laura; Poljak, Borna; Sharp, Andrew; Roberts, Devender; Alfirevic, Zarko
Source The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians; Sep 2018 ; p. 1-7
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Available at The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians 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 PURPOSETo describe single center clinical experience with cervical pessary used for high-risk pregnant women who also had short cervix. We have focused on the techniques to optimize efficacy and minimize the risk of complications and side effects related to pessary insertion, removal, and pregnancy management.METHODSThis is an audit from specialist preterm birth prevention clinic in Liverpool Women's Hospital, United Kingdom for the period between January 2013 and December 2017. We also conducted postal survey in November 2015 to evaluate women's experience with vaginal pessary.RESULTSOut of 235 women who were treated for short cervix, 129 (55%) had cervical pessary as a first line treatment. Overall, 50% of treated women reached term. 17 women (13%) needed additional treatment, 9 women had pessary reinserted (7%), and 53 (41%) had pessary removed before 36 weeks, mainly due to ruptured membranes. Significant vaginal discharge and pelvic discomfort were reported by 14 and 7% women, respectively. 89% of treated women would recommend the pessary treatment to others.CONCLUSIONSWhilst the cervical pessary continues to be evaluated in clinical trials, our experience suggests that pessary is quite easy to insert and remove and is well tolerated by the women.

33. Structured lifestyle education for people with schizophrenia, schizoaffective disorder and first-episode psychosis (STEPWISE): randomised controlled trial.

Authors Holt, Richard I G; Gossage-Worrall, Rebecca; Hind, Daniel; Bradburn, Michael J; McCrone, Paul; Morris, Tiyi; Edwardson, Charlotte; Barnard, Katharine; Carey, Marian E; Davies, Melanie J; Dickens, Chris M; Doherty, Yvonne; Etherington, Angela; French, Paul; Gaughran, Fiona; Greenwood, Kathryn E; Kalidindi, Sridevi; Khunti, Kamlesh; Laugharne, Richard; Pendlebury, John; Rathod, Shanaya; Saxon, David; Shiers, David; Siddiqi, Najma; Swaby, Elizabeth A; Waller, Glenn; Wright, Stephen
Source The British journal of psychiatry : the journal of mental science; Sep 2018 ; p. 1-11
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Available at The British journal of psychiatry : the journal of mental science from Glenfield Hospital Library Local Print Collection [location] : Glenfield Library.

Abstract BACKGROUNDObesity is a major challenge for people with schizophrenia.AimsWe assessed whether STEPWISE, a theory-based, group structured lifestyle education programme could support weight reduction in people with schizophrenia.METHODIn this randomised controlled trial (study registration: ISRCTN19447796), we recruited adults with schizophrenia, schizoaffective disorder or first-episode psychosis from ten mental health organisations in England. Participants were randomly allocated to the STEPWISE intervention or treatment as usual. The 12-month intervention comprised four 2.5 h weekly group sessions, followed by 2-weekly maintenance contact and group sessions at 4, 7 and 10 months. The primary outcome was weight change after 12 months. Key secondary outcomes included diet, physical activity, biomedical measures and patient-related outcome measures. Cost-effectiveness was assessed and a mixed-methods process evaluation was included.RESULTSBetween 10 March 2015 and 31 March 2016, we recruited 414 people (intervention 208, usual care 206) with 341 (84.4%) participants completing the trial. At 12 months, weight reduction did not differ between groups (mean difference 0.0 kg, 95% CI -1.6 to 1.7, P = 0.963); physical activity, dietary intake and biochemical measures were unchanged. STEPWISE was well-received by participants and facilitators. The healthcare perspective incremental cost-effectiveness ratio was £246 921 per quality-adjusted life-year gained.CONCLUSIONSParticipants were successfully recruited and retained, indicating a strong interest in weight interventions; however, the STEPWISE intervention was neither clinically nor cost-effective. Further research is needed to determine how to manage overweight and obesity in people with schizophrenia.Declaration of interestR.I.G.H. received fees for lecturing, consultancy work and attendance at conferences from the following: Boehringer Ingelheim, Eli Lilly, Janssen, Lundbeck, Novo Nordisk, Novartis, Otsuka, Sanofi, Sunovion, Takeda, MSD. M.J.D. reports personal fees from Novo Nordisk, Sanofi-Aventis, Lilly, Merck Sharp & Dohme, Boehringer Ingelheim, AstraZeneca, Janssen, Servier, Mitsubishi Tanabe Pharma Corporation, Takeda Pharmaceuticals International Inc.; and, grants from Novo Nordisk, Sanofi-Aventis, Lilly, Boehringer Ingelheim, Janssen. K.K. has received fees for consultancy and speaker for Novartis, Novo Nordisk, Sanofi-Aventis, Lilly, Servier and Merck Sharp & Dohme. He has received grants in support of investigator and investigator-initiated trials from Novartis, Novo Nordisk, Sanofi-Aventis, Lilly, Pfizer, Boehringer Ingelheim and Merck Sharp & Dohme. K.K. has received funds for research, honoraria for speaking at meetings and has served on advisory boards for Lilly, Sanofi-Aventis, Merck Sharp & Dohme and Novo Nordisk. D.Sh. is expert advisor to the NICE Centre for guidelines; board member of the National Collaborating Centre for Mental Health (NCCMH); clinical advisor (paid consultancy basis) to National Clinical Audit of Psychosis (NCAP); views are personal and not those of NICE, NCCMH or NCAP. J.P. received personal fees for involvement in the study from a National Institute for Health Research (NIHR) grant. M.E.C. and Y.D. report grants from NIHR Health Technology Assessment, during the conduct of the study; and The Leicester Diabetes Centre, an organisation (employer) jointly hosted by an NHS Hospital Trust and the University of Leicester and who is holder (through the University of Leicester) of the copyright of the STEPWISE programme and of the DESMOND suite of programmes, training and intervention fidelity framework that were used in this study. S.R. has received honorarium from Lundbeck for lecturing. F.G. reports personal fees from Otsuka and Lundbeck, personal fees and non-financial support from Sunovion, outside the submitted work; and has a family member with professional links to Lilly and GSK, including shares. F.G. is in part funded by the National Institute for Health Research Collaboration for Leadership in Applied Health Research & Care Funding scheme, by the Maudsley Charity and by the Stanley Medical Research Institute and is supported by the by the Biomedical Research Centre at South London and Maudsley NHS Foundation Trust and King's College London.

34. A multispecialty study of determining the possibility of pregnancy and the documentation of pregnancy status in surgical patients: a cause for concern?

Authors Ibrahim, Ibrahim; Ibrahim, Bilal; Yong, Guo Liang; Coats, Maria; Vujovic, Zorica; Wilson, Michael Sj
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Abstract Background Determining the possibility of pregnancy and the documentation of pregnancy status are important considerations in the assessment of females of reproductive age when admitted to hospital. Objectives Our aim was to determine the adequacy of the documentation of pregnancy status and possibility of pregnancy across multiple surgical specialties. Materials and methods A prospective audit of surgical specialties (general, orthopaedics, urology, vascular, maxillofacial, ENT, gynaecology and neurosurgery) within NHS Tayside, in May 2015. Results A total of 129 females of reproductive age were admitted; 69 (53.5%) elective and 60 (46.5%) emergencies. Eighty-four patients (65%) were asked 'Is there any possibility of pregnancy?' Pregnancy status was documented in 74% of patients. Eleven (8.5%) patients were not asked about possibility of pregnancy and did not have a documented pregnancy status. Documentation of the use of contraception, sexual activity and date of last menstrual period was noted in 53 (41.1%), 31 (24.0%) and 66 (51.2%) patients, respectively. Conclusions There is a wide variation in the documentation of pregnancy status and possibility of pregnancy amongst surgical specialties. This was not an issue in gynaecology but is an issue in ENT, maxillofacial, neurosurgery, vascular and general surgery. The reasons are unclear. Documentation of pregnancy status using ßhCG assays should be the gold standard, and national guidelines are required.

35. A quality improvement study for medical devices usage in an acute healthcare setting.

Authors Michael, Shona; Mapunde, Tapiwa Marvin; Elgar, Nick; Brown, Joel
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Available at Journal of medical engineering & technology 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 objectives of this study were, for a large NHS Trust, to (1) Implement a medical devices training information system which connects the medical equipment inventory to the electronic staff record. (2) Monitor the changes in safety-related practice in the Trust after implementation (3) Examine the association between training compliance and Trust-wide adverse incident data for high risk medical devices. (4) Identify possible gaps in training course content from adverse incident data. A new system was made available, showing medical devices training records for staff in each location. Relevant staff members were trained on how to set up courses, record training, adjust training requirements and view reports. Training practice, compliance and adverse incidents for high-risk equipment were monitored over 30 months after implementation. Trends and changes in training practice were analysed. The Trust now has monitoring information on medical devices training available that had previously been absent. Training compliance increased from 23% to 59%. The frequency and severity of adverse incidents remained relatively constant throughout and was not associated with the increased uptake of training Trust-wide. Training gaps were identified. A Trust-wide system for recording medical devices training has provided training assurance. After implementation changes in practice with training have been identified. It was not possible to show a direct association between increased training compliance and reduced medical device-related incidents Trust-wide. There were specific training courses where changes in content could increase the safe use of medical devices.

36. Impact of a diagnostics-driven antifungal stewardship programme in a UK tertiary referral teaching hospital.

Authors Rautemaa-Richardson, R; Rautemaa, V; Al-Wathiqi, F; Moore, C B; Craig, L; Felton, T W; Muldoon, E G
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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 ObjectivesA concise invasive candidosis guideline (based on the ESCMID candidaemia guideline) utilizing an informative biomarker [serum β-1-3-d-glucan (BDG)] was developed in 2013 by an antifungal stewardship (AFS) team and implemented with the help of an AFS champion in 2014. The main aims of the AFS programme were to reduce inappropriate use of antifungals and improve patient outcomes. The aim of this project was to evaluate the compliance of the ICU teams with the invasive candidosis guideline and the impact of the AFS programme on mortality and antifungal consumption on the ICUs (total of 71 beds).MethodsAll patients who were prescribed micafungin for suspected or proven invasive candidosis during 4 month audit periods in 2014 and 2016 were included. Prescriptions and patient records were reviewed against the guideline. Antifungal consumption and mortality data were analysed.ResultsThe number of patients treated for invasive candidosis decreased from 39 in 2014 to 29 in 2016. This was mainly due to the reduction in patients initiated on antifungal therapy inappropriately: 18 in 2014 and 2 in 2016. Antifungal therapy was stopped following negative biomarker results in 12 patients in 2014 and 10 patients in 2016. Crude mortality due to proven or probable invasive candidosis decreased to 19% from 45% over the period 2003-07. Antifungal consumption reduced by 49% from 2014 to 2016.ConclusionsThe AFS programme was successful in reducing the number of inappropriate initiations of antifungals by 90%. Concurrently, mortality due to invasive candidosis was reduced by 58%. BDG testing can guide safe cessation of antifungals in ICU patients at risk of invasive candidosis.

37. Audit of Endometrial Cancer Pathology for a Regional Gynaecological Oncology Multidisciplinary Meeting.

Authors Spoor, Emma; Cross, Paul
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Available at International journal of gynecological pathology : official journal of the International Society of Gynecological Pathologists 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 Endometrial cancer is a common disease, and in England all cancer cases are discussed at a central multidisciplinary meeting (MDT) with pathology review. We reviewed cases discussed/reviewed at a regional Gynecology MDT comparing (i) original referral histology with review histology and (ii) final review histology with the final hysterectomy histology. Cases identified as potentially eligible for the study (n=884) were found over a 4-yr period. This was reduced to 630 due to data and other issues for the primary biopsy review, and to 488 for both biopsy and hysterectomy sample. Cases were classed by agreement by grade/type and compared by clinical management (low grade vs. high grade). Of the original biopsies, central review agreed exactly with 67% and disagreed with 33%. A total of 11.6% of low-grade cancers were upgraded to high grade on review, and 6.1% of high-grade cancers were downgraded. For the biopsy/hysterectomy comparison, this was 72.5% agreement and 27.5% disagreement, with 3.5% upgraded to high from low grade, and 7.5% downgraded from high to low grade. The main areas of significant change was the identification of high-grade serous carcinoma from low-grade endometrial cancers, as well some other high grade types (clear cell and carcinosarcoma) and the confident diagnosis of cancer as opposed to an atypical hyperplasia. Central pathology review for MDT discussion does highlight significant areas of pathologic disagreement that would affect clinical management. The audit highlights that a significant disagreement rate in reporting such material between pathologists may be inescapable, but can be reduced by review.

38. Consensus generation of a minimum set of outcome measures for auditing glaucoma surgery outcomes-a Delphi exercise.

Authors Somner, J E A; Ismail, R; Froud, R; Azuara-Blanco, A; King, A J
Source Graefe's archive for clinical and experimental ophthalmology = Albrecht von Graefes Archiv fur klinische und experimentelle Ophthalmologie; Sep 2018
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Available at Graefe's archive for clinical and experimental ophthalmology = Albrecht von Graefes Archiv fur klinische und experimentelle Ophthalmologie 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 PURPOSETo identify the key set of glaucoma surgery outcome measures considered most important and practical to collect by glaucoma specialists.METHODSOne hundred two glaucoma specialists (57 members of the UK and Eire Glaucoma Society (UKEGS) and 45 members of the European Glaucoma society (EGS)) took part in an Online Delphi exercise. The RAND/UCLA appropriateness method was used analyse data from each round and generate a disagreement index.RESULTSParticipants agreed on 13 baseline data points and 12 outcomes that were considered important and practical to collect. For intraocular pressure (IOP) percentage reduction in IOP from baseline (last three IOP readings pre-op) and reduction below a specified target were considered important. For visual fields, change in a global visual field index, e.g. MD, and development of progression as assessed by linear regression were considered important. From a safety perspective, any visual loss resulting in a doubling of the minimal angle of resolution, loss of 5 dB or more of visual field or development of advanced field loss (Hodapp Parrish Anderson Stage 4) was considered important. The importance of routinely using patient reported outcome measures (PROMs) was highlighted. Consensus suggested that outcomes of glaucoma treatments should be reported at 1, 5 and 10 years.CONCLUSIONSThere was broad consensus on a minimum dataset for reporting the outcomes of glaucoma surgery and outcome measurement intervals.

39. Early screening and treatment of gestational diabetes in high-risk women improves maternal and neonatal outcomes: A retrospective clinical audit.

Authors Ryan, David K; Haddow, Laura; Ramaesh, Aksha; Kelly, Rod; Johns, Emma C; Denison, Fiona C; Dover, Anna R; Reynolds, Rebecca M
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Available at Diabetes research and 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 AIMSEvidence suggests that screening for gestational diabetes (GDM) occurs too late in pregnancy, when changes in glucose metabolism and fetal growth rates can already be detected. In August 2016 NHS Lothian began screening women with risk factors for GDM during early pregnancy (11-13 weeks). We hypothesised that an earlier identification and treatment of dysglycaemia would improve pregnancy outcomes compared to previous standard care.METHODSWe compared management and outcomes for singleton pregnancies with GDM delivering at Royal Infirmary Edinburgh, UK, diagnosed through routine or early screening from 01/01/2015-31/10/2017 (routine screening n = 335, early screening n = 241).RESULTSEarly screening increased the proportion of women diagnosed before 24 weeks' gestation (n = 59/335, 17.6% vs n = 103/241, 42.7%, p < 0.001) but did not change the average monthly rate of diagnosis. Early screening increased the median duration of GDM during pregnancy (71 vs 93 days of gestation, p < 0.001) with no significant changes in the pharmacological management. Early screening improved the primary composite outcome (emergency caesarean section, neonatal hypoglycaemia and macrosomia; n = 138/335, 41.2% vs n = 73/241, 30.3%, adjusted Odds Ratio [95% confidence interval] 0.62 [0.43-0.91].CONCLUSIONSThere is a role for early screening and management of GDM however it is unclear whether this represents a cost-effective intervention.

40. Study protocol: healthy urban living and ageing in place (HULAP): an international, mixed methods study examining the associations between physical activity, built and social environments for older adults the UK and Brazil.

Authors Ellis, Geraint; Hunter, Ruth F; Hino, Adriano Akira F; Cleland, Claire L; Ferguson, Sara; Murtagh, Brendan; Anez, Ciro Romelio Rodriguez; Melo, Sara; Tully, Mark; Kee, Frank; Sengupta, Urmi; Reis, Rodrigo
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Abstract BACKGROUNDThe ability to 'age in place' is dependent on a range of inter-personal, social and built environment attributes, with the latter being a key area for potential intervention. There is an emerging body of evidence that indicates the type of built environment features that may best support age friendly communities, but there is a need to expand and consolidate this, while generating a better understanding of how on how research findings can be most effectively be translated in to policy and practice.METHODSThe study is based on two case study cities, Curtiba (Brazil) and Belfast (UK), which have highly contrasting physical, social and policy environments. The study deploys a mix methods approach, mirrored in each city. This includes the recruitment of 300 participants in each city to wear GPS and accelerometers, a survey capturing physical functioning and other personal attributes, as well as their perception of their local environment using NEWS-A. The study will also measure the built environments of the cities using GIS and develop a tool for auditing the routes used by participants around their neighbourhoods. The study seeks to comparatively map the policy actors and resources involved in healthy ageing in the two cities through interviews, focus groups and discourse analysis. Finally, the study has a significant knowledge exchange component, including the development of a tool to assess the capacities of both researchers and research users to maximise the impact of the research findings.DISCUSSIONThe HULAP study has been designed and implemented by a multi-disciplinary team and integrates differing methodologies to purposefully impact on policy and practice on healthy ageing in high and low-middle income countries. It has particular strengths in its combination of objective and self-reported measures using validated tools and the integration of GPS, accelerometer and GIS data to provide a robust assessment of 'spatial energetics'. The strong knowledge exchange strand means that the study is expected to also contribute to our understanding of how to maximise research impact in this field and create effective evidence for linking older adult's physical activity with the social, built and policy environments.

41. An evaluation of a safety improvement intervention in care homes in England: a participatory qualitative study.

Authors Marshall, Martin; Pfeifer, Nadine; de Silva, Debi; Wei, Li; Anderson, James; Cruickshank, Lesley; Attreed-James, Kieran; Shand, Jenny
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Available at Journal of the Royal Society of Medicine from Leicester General Hospital Library Local Print Collection [location] : Leicester General Library. [title_notes] : Issues before 2000 held in Archive.
Available at Journal of the Royal Society 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 Objective A growing proportion of older people live in care homes and are at high risk of preventable harm. This study describes a participatory qualitative evaluation of a complex safety improvement intervention, comprising training, performance measurement and culture-change elements, on the safety of care provided for residents. Design A participatory qualitative study. Setting Ninety care homes in one geographical locality in southern England. Participants A purposeful sample of care home managers, front-line staff, residents, quality improvement facilitators and trainers, local government and health service commissioners, and an embedded researcher. Main outcome measures Changes in care home culture and work processes, assessed using documentary analysis, interviews, observations and surveys and analysed using a framework-based thematic approach. Results Participation in the programme appears to have led to changes in the value that staff place on resident safety and to changes in their working practices, in particular in relation to their desire to proactively manage resident risk and their willingness to use data to examine established practice. The results suggest that there is a high level of commitment among care home staff to address the problem of preventable harm. Mobilisation of this commitment appears to benefit from external facilitation and the introduction of new methods and tools. Conclusions An evidence-based approach to reducing preventable harm in care homes, comprising an intervention with both technical and social components, can lead to changes in staff priorities and practices which have the potential to improve outcomes for people who live in care homes.

42. A Comparison of Mortality From Sepsis in Brazil and England: The Impact of Heterogeneity in General and Sepsis-Specific Patient Characteristics.

Authors Ranzani, Otavio T; Shankar-Hari, Manu; Harrison, David A; Rabello, Lígia S; Salluh, Jorge I F; Rowan, Kathryn M; Soares, Marcio
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Abstract

OBJECTIVESTo test whether differences in both general and sepsis-specific patient characteristics explain the observed differences in sepsis mortality between countries, using two national critical care (ICU) databases.DESIGNCohort study.SETTINGWe analyzed 62 and 164 ICUs in Brazil and England, respectively.PATIENTSTwenty-two-thousand four-hundred twenty-six adult ICU admissions from January 2013 to December 2013.INTERVENTIONSNone.MEASUREMENTS AND MAIN RESULTSAfter harmonizing relevant variables, we merged the first ICU episode of adult medical admissions from Brazil (ORganizational CHaractEeriSTics in cRitical cAre study) and England (Intensive Care National Audit & Research Centre Case Mix Programme). Sepsis-3 definition was used, and the primary outcome was hospital mortality. We used multilevel logistic regression models to evaluate the impact of country (Brazil vs England) on mortality, after adjustment for general (age, sex, comorbidities, functional status, admission source, time to admission) and sepsis-specific (site of infection, organ dysfunction type and number) patient characteristics. Of medical ICU admissions, 13.2% (4,505/34,150) in Brazil and 30.7% (17,921/58,316) in England met the sepsis definition. The Brazil cohort was older, had greater prevalence of severe comorbidities and dependency compared with England. Respiratory was the most common infection site in both countries. The most common organ dysfunction was cardiovascular in Brazil (41.2%) and respiratory in England (85.8%). Crude hospital mortality was similar (Brazil 41.4% vs England 39.3%; odds ratio, 1.12 [0.98-1.30]). After adjusting for general patient characteristics, there was an important change in the point-estimate of the odds ratio (0.88 [0.75-1.02]). However, after adjusting for sepsis-specific patient characteristics, the direction of effect reversed again with Brazil having higher risk-adjusted mortality (odds ratio, 1.22 [1.05-1.43]).CONCLUSIONSPatients with sepsis admitted to ICUs in Brazil and England have important differences in general and sepsis-specific characteristics, from source of admission to organ dysfunctions. We show that comparing crude mortality from sepsis patients admitted to the ICU between countries, as currently performed, is not reliable and that the adjustment for both general and sepsis-specific patient characteristics is essential for valid international comparisons of mortality amongst sepsis patients admitted to critical care units.

Strategy 432444

#	Database	Search term	Results
1	Medline	(audit* OR "quality improvement*").ti,ab	155028
2	Medline	(NHS OR england OR UK OR "united kingdom" OR "national health service").ti,ab	178464
3	Medline	exp "UNITED KINGDOM"/	343705
4	Medline	exp "CLINICAL AUDIT"/	21128
5	Medline	exp "QUALITY IMPROVEMENT"/	17473
6	Medline	(1 OR 4 OR 5)	175028
7	Medline	(2 OR 3)	432701
8	Medline	(6 AND 7)	13082
9	Medline	8 [DT 2018-2018] [Since 18-Sep-2018]	42