



*NHS information support for evidence-based practice*

## Alert 125

*Selected resources published in March/ April 2024*

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### Medical Associate Professionals: What is their role?



As the **GMC** [prepare to regulate physician associates \(PAs\) and anaesthesia associates \(AAs\)](#), a clearer understanding of the scope of these roles is crucial for the public and wider workforce. **NHS Employers** have set out an [FAQ](#) outlining their scope of practice to support this. It emphasizes that these posts operate to support doctors and anaesthetists and do so under direct supervision.

While PA's and AA's have existed within the NHS since 2002 and 2004 respectively, there is a drive to expand these staff groups significantly to support the [NHS Long Term Workforce Plan](#), alongside the projected increase of doctors-in-training.

Concerns have been raised around the capacity of doctors and anaesthetists to safely supervise increasingly larger numbers of staff. Proponents have argued that the remit of PA's and AA's could be expanded to practice more autonomously, leading to further concerns around professional boundaries, quality of care, and healthcare system dynamics.

The **British Medical Association** have responded by issuing [recommendations for safe practice](#), which it encourages NHS employers to adopt immediately, with further guidance on issues such as supervision to follow shortly.

Meanwhile, the **Royal College of Anaesthetists** have a [scope of practice](#) in place for AA's, and are currently in the process of expanding this to encompass issues of registration, governance, continuing professional development and fitness to practise.

The **GMC** currently have a [consultation underway](#) on the proposed rules, standards and guidance that will eventually underpin regulation.

**Read here:** [FAQs for physician and anaesthesia associate roles in the NHS](#)

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## Patient Experience and Safety

### Review

#### **Calculating the cost of medication errors: A systematic review of approaches and cost variables.**

[\[Abstract\]](#)

Ranasinghe S. *BMJ Open Quality* 2024;13(2):e002570.

[Check for full-text availability](#)

[Variables used to calculate the cost of medication errors were not uniform across studies. Almost a decade after systematic reviews previously reporting on this area, a validated methodology to calculate the cost of medication errors has still not been reported to date and highlights the still pending necessity of a standard method to be established.]

#### **What and when to debrief: a scoping review examining interprofessional clinical debriefing.** [\[Abstract\]](#)

Paxino J. *BMJ Quality & Safety* 2024;33(5):314-327.

[Check for full-text availability](#)

[The proposed categories offer a practical way to examine and discuss CD which may inform decisions about implementation. By differentiating CD according to relevant contextual factors, these categories may reduce confusion which currently hinders discourse and implementation. The findings from this review promote context-specific language and a shift away from conceptions of CD that embody a one-size-fits-all approach.]

### Evidence-Based Summary

#### **The challenges facing the NHS in implementing Martha's Rule.** [\[Abstract\]](#)

Tingle J. *British Journal of Nursing* 2024;33(6):306-307.

[Check for full-text availability](#)

[NHS England (2024a) has recently provided details on how Martha's Rule will be implemented in the NHS. The first phase will start in April 2024. There will be a phased introduction, beginning with at least, the report states, 100 adult and paediatric acute provider sites. These will already offer a 24/7 critical outreach capability. NHS England will shortly be asking for expressions of interests from Trusts.]

### Report

#### **Expert panel: evaluation of the government's progress on meeting patient safety recommendations.**

House of Commons Health and Social Care Committee; 2024.

<https://committees.parliament.uk/publications/44002/documents/217961/default/>

[This report finds government action to improve patient safety 'requires improvement'. The overall 'requires improvement' rating applies to five recommendations made by independent inquiries and reviews into major patient safety issues going back to 2013, which the government has pledged to act upon. It covers recommendations to improve maternity care and leadership, staff training, and safety culture/whistleblowing.]

#### **Public and Patient Experience of the NHS App.**

The Patient Coalition for AI, Data and Digital Tech in Health; 2024.

<https://www.patients-association.org.uk/Listing/Category/the-digital-coalition>

[This report aims to understand the public's engagement with and use of the NHS app. It finds that although the majority of users value the app and find it easy to use, more than a third of respondents had problems accessing information.]

#### **What patients want: a vision for the NHS in 2030.**

Healthwatch England; 2024.

[Access PDF](#)

[Using experiences of care from more than 10 million people collected over the past 10 years, Healthwatch sets out where they think the NHS should be in six years and how it can get there.]

#### **Long waits and excess deaths.**

Royal College of Emergency Medicine (RCEM); 2024.

[https://rcem.ac.uk/wp-content/uploads/2024/03/RCEM\\_Explains\\_long\\_waits\\_and\\_excess\\_mortality\\_2024\\_v1.pdf](https://rcem.ac.uk/wp-content/uploads/2024/03/RCEM_Explains_long_waits_and_excess_mortality_2024_v1.pdf)

[The idea that emergency care services experience seasonal spikes in demand – so-called 'winter pressures' – is fast becoming a thing of the past. Instead, long waits have become the new norm year-round, and staff are caring for patients in unsafe conditions on a daily basis. This report looks at things a year on from the UK government's Delivery Plan for recovering urgent and emergency care services.]

# Managing and Leading People

## Guideline / Policy

### **Flexible working: Guidance for people professionals on planning and managing.**

Chartered Institute of Personnel and Development (CIPD); 2024.

<https://www.cipd.org/en/knowledge/guides/flexible-working>

[This guide has been developed for people professionals who want to maximise the benefits of flexible working within their organisations, incorporating flexibility into people plans, strategy, and their employee value proposition. Updated March 2024 to reflect the new legislative provisions shortly coming into force in the UK.]

### **Building disability inclusive workplaces.**

NHS Staff Council; 2024.

<https://www.nhsemployers.org/publications/building-disability-inclusive-workplaces>

[This updated guidance from the NHS Staff Council Equality, Diversity and Inclusion Group (EDIG) outlines how staff, line managers, trade union representatives and staff networks can support disabled people in the workplace.]

### **FAQs for physician and anaesthesia associate roles in the NHS.**

NHS Employers; 2024.

<https://www.nhsemployers.org/articles/faqs-physician-and-anaesthesia-associate-roles-nhs>

[As the General Medical Council (GMC) gets ready to commence regulation of physician associates (PAs) and anaesthesia associates (AAs) at the end of 2024, employers can use these FAQs to help support with questions around the roles and their role in the workforce.]

## Review

### **Causes and solutions to workplace psychological ill-health for nurses, midwives and paramedics: the Care Under Pressure 2 realist review.**

Maben J. *Health and Social Care Delivery Research* 2024;12(9):TWDU4109.

[Our realist synthesis strongly suggests the need to improve systemic working conditions and working lives to improve psychological well-being. Individual, one-off psychological interventions are unlikely to succeed alone. Psychological ill-health is highly prevalent in these staff groups (and can be chronic and cumulative as well as acute) and should be anticipated and prepared for, indeed normalised and expected.]

## Report

### **Assessing the well-led key question for NHS trusts.**

Care Quality Commission (CQC); 2024.

<https://www.cqc.org.uk/guidance-regulation-nhs-key-question-well-led>

[This guidance outlines how the Care Quality Commission will assess the well-led key question to support NHS trusts to understand what good leadership looks like.]

### **Being fair 2: Promoting a person-centred workplace that is compassionate, safe and fair.**

NHS Resolution; 2024.

<https://resolution.nhs.uk/resources/being-fair-2/>

[This new report aims to promote the value of a person-centred workplace that is compassionate, safe and fair when care in the NHS goes wrong. It follows on from the original Being fair report published in 2019. With workforce issues like incivility, bullying and harassment still prevalent across the NHS system, the report sets out the benefits of adopting a more reflective and fair approach to support staff to learn from incidents of harm.]

### **Identifying groups of migrating doctors research.**

General Medical Council (GMC); 2024.

[https://www.gmc-uk.org/-/media/documents/identifying-groups-of-migrating-doctors-research-report\\_pdf-105936062.pdf](https://www.gmc-uk.org/-/media/documents/identifying-groups-of-migrating-doctors-research-report_pdf-105936062.pdf)

[The GMC commissioned independent research into the reasons why doctors may be considering, or have already made, a move abroad. The report also makes recommendations for interventions that may persuade more of them to stay.]

### **Neuroinclusion at work report 2024.**

Chartered Institute of Personnel and Development (CIPD); 2024.

<https://www.cipd.org/en/knowledge/reports/neuroinclusion-at-work/>

[A report from employer and employee surveys examining the importance of neuroinclusive workplaces, looking at what employers are doing as well as the working experiences of neurodivergent and neurotypical employees.]

**NHS England's modelling for the Long Term Workforce Plan.**

National Audit Office (NAO); 2024.

<https://www.nao.org.uk/reports/nhs-englands-modelling-for-the-long-term-workforce-plan/>

[NHSE has rapidly, and for the first time, produced modelling that brings together its planning of future NHS health services with its longer-term assessment of the workforce it thinks will be required to deliver them. This is a significant achievement, which provides a foundation to build on. However, this first version of the modelling pipeline as a whole has significant weaknesses, including the lack of integration between different parts.]

**NHS England's leadership competency framework for board members.**

NHS Providers; 2024.

<https://nhsproviders.org/media/698253/board-lcf-nextdaybriefing.pdf>

[NHS England recently launched its leadership competency framework (LCF) for board members. This was accompanied by a revised chair appraisal framework. Our briefing sets out the key elements of the documents and how they are intended to be used.]

**The psychological contract.**

Chartered Institute of Personnel and Development (CIPD); 2024.

<https://www.cipd.org/en/knowledge/factsheets/psychological-factsheet/>

[How is the modern employment relationship evolving? This factsheet explores the psychological contract in the context of the employment relationship, how managers can support it, and its impact on broader organisational strategy.]

**University Hospitals Birmingham - listening to retain.**

NHS Employers; 2024.

<https://www.nhsemployers.org/case-studies/university-hospitals-birmingham-listening-retain>

[This case study shares learning which highlights how UHB trust adopted a new approach to organisational culture and staff engagement which has had a positive impact on staff retention. Effective use of data is a key element and has played a key role in making progress. The trust still faces challenges but has improved retention and is moving in right direction.]

**Finding Quality Health Information**

Attend this session if you need to search literature for a research project.

<b>RSCH Library</b>	Monday 3 June	10.00am - 12.00pm
	Wednesday 19 June	10.00am - 12.00pm
<b>PRH Library</b>	Friday 31 May	10.00am - 12.00pm
	Wednesday 26 June	10.00am - 12.00pm
<b>Online</b>	Tuesday 11 June	10.00am - 12.00pm
	Wednesday 12 June	2.00pm - 4.00pm

**Further sessions:** [Finding quality health information - University Hospitals Sussex NHS Foundation Trust](#)

## *Education and Professional Practice*

### Guideline / Policy

**Joint comment on the scope of practice for anaesthesia associates.**

Royal College of Anaesthetists (RCOA); 2024.

<https://rcoa.ac.uk/news/joint-comment-scope-practice-anaesthesia-associates>

[Royal College of Anaesthetists and Association of Anaesthesia Associates joint comment on the scope of practice for anaesthesia associates.]

**Safe scope of practice for Medical Associate Professionals (MAPs).**

British Medical Association (BMA); 2024.

<https://www.bma.org.uk/the-doctor-will-see-you-now>

[This document sets out a safe scope of practice for MAPs, which NHS employing organisations should adopt to help doctors and other staff to provide safe, high-quality care. These safe practice parameters reflect the BMA's view that MAP qualifications are appropriate for working in an assistant role under the direct supervision of a doctor – they should not make independent treatment decisions and must not see undifferentiated patients.]

### **Responding to NHSE Long Term Workforce Plan: a guide for education providers.**

Health and Care Professions Council (HCPC); 2024.

<https://www.hcpc-uk.org/resources/information/responding-to-nhse-long-term-workforce-plan-a-guide-for-education-providers/>

[As the UK regulator for 15 health and care professions, HCPC have a role to play in facilitating delivery of the Plan, to ensure the public is protected in keeping with their statutory obligations. This information helps education providers and others understand how to engage with, and where required, seek approval from HCPC. This document focuses on the scenarios that education providers may find themselves in and presented what is important to inform alignment with regulatory standards.]

### **Supply and administration of medicines by staff group.**

Specialist Pharmacy Service; 2024.

<https://www.sps.nhs.uk/articles/supply-and-administration-of-medicines-by-staff-group-a-to-g/>

[Different staff groups have different permissions with respect to medicines supply and administration and it is important to ensure legislation is followed.]

### **NHS England prescribing and support assurance framework.**

Health and Care Professions Council (HCPC); 2024.

<https://www.hcpc-uk.org/resources/policy/prescribing-and-support-assurance-framework/>

[NHS England, in collaboration with stakeholders across the UK including HCPC, has developed a framework to demonstrate the resources, governance measures, considerations and responsibilities in place to ensure and assure safe prescribing. The framework is structured in sections covering professional regulators, professional bodies, employers and individual prescribers.]

## Review

### **Interdisciplinary simulation-based teaching and learning for healthcare professionals: a systematic review and meta-analysis of randomized controlled trials.**

Saragih I. *Nurse Education in Practice* 2024;76:103920.

[Interdisciplinary simulation-based teaching and learning have been employed to prepare learners to collaborate in clinical settings. This strategy could help healthcare professionals to better understand each other, develop interdisciplinary shared values and promote mutual respect, while reducing errors and adverse events in hospital. A meta-analysis was performed to investigate the effects of interdisciplinary simulation-based teaching and learning on healthcare professionals.]

### **Unveiling the hidden struggle of healthcare students as second victims through a systematic review.**

[Abstract]

Mira JJ. *BMC Medical Education* 2024;24(1):378.

[Check for full-text availability](#)

[When healthcare students witness, engage in, or are involved in an adverse event, it often leads to a second victim experience, impacting their mental well-being and influencing their future professional practice. This study aimed to describe the efforts, methods, and outcomes of interventions to help students in healthcare disciplines cope with the emotional experience of being involved in or witnessing a mistake causing harm to a patient during their clerkships or training.]

### **Artificial intelligence and machine learning for clinical pharmacology.** [Abstract]

Ryan DK. *British Journal of Clinical Pharmacology* 2024;90(3):629-639.

[Check for full-text availability](#)

[Artificial intelligence (AI) will impact many aspects of clinical pharmacology, including drug discovery and development, clinical trials, personalized medicine, pharmacogenomics, pharmacovigilance and clinical toxicology. This review serves as an introduction to AI, highlighting current applications, aspects of model development and issues of evaluation and deployment. The aim of this article is to empower clinical pharmacologists to embrace and lead on the safe and effective use of AI.]

### **Comparison of the impact of team-based learning and lecture-based learning on nursing students' core competencies: a systematic review and meta-analysis.**

Gao X. *Nurse Education in Practice* 2024;76:103945.

[Team-based learning is widely used as a learning and teaching method in the world. Not only the necessary knowledge, skills and attitudes, but also the core competence is necessary to cope with various clinical situations for nursing students. However, the effect of this new teaching method on core competence of nursing students is not consistent. This study aims to evaluate the effect of team-based learning on the core competence of nursing students compared with traditional teaching methods.]

**Development and applications of the Anaesthetists' Non-Technical Skills behavioural marker system: a systematic review.** [\[Abstract\]](#)

Kang J. *BMJ Open* 2024;14(3):e075019.

[Check for full-text availability](#)

[Our results suggest that the ANTS system has been used in a wide range of studies. It is an effective tool for assessing non-technical skills. Investigating the methods by which the ANTS system can be evaluated and implemented for training within clinical environments is anticipated to significantly enhance ongoing enhancements in staff performance and patient safety.]

**Large language models for generating medical examinations: systematic review.** [\[Abstract\]](#)

Artsi Y. *BMC Medical Education* 2024;24(1):354.

[Check for full-text availability](#)

[Writing multiple choice questions (MCQs) for the purpose of medical exams is challenging. It requires extensive medical knowledge, time and effort from medical educators. This systematic review focuses on the application of large language models (LLMs) in generating medical MCQs. The authors searched for studies published up to November 2023. Search terms focused on LLMs generated MCQs for medical examinations.]

**Medical, dental, and nursing students' attitudes and knowledge towards artificial intelligence: a systematic review and meta-analysis.** [\[Abstract\]](#)

Amiri H. *BMC Medical Education* 2024;24(1):412.

[Check for full-text availability](#)

[Artificial intelligence (AI) is one of the most popular topics that can be integrated into healthcare activities. AI is used in specialized fields such as radiology, pathology, and ophthalmology. Despite the advantages, the fear of human labor being replaced by this technology makes some students reluctant to choose specific fields. This meta-analysis aims to investigate the knowledge and attitude of medical, dental, and nursing students and experts in this field about AI and its application.]

**Outcomes of jigsaw technique in nurse education: a systematic review and meta-analysis.**

Ozkan S. *Nurse Education in Practice* 2024;75:103902.

[This review aimed to determine the effect of Jigsaw technique in nursing education by meta-analysis method. Innovative methods actively engage students in the learning process, contrasting with the traditional memorization-based methods. Jigsaw technique, as one of these approaches, allows students to collaborate in small groups with the aim of accomplishing a shared learning objective.]

**Interventions, methods and outcome measures used in teaching evidence-based practice to healthcare students: an overview of systematic reviews.** [\[Abstract\]](#)

Nielsen LD. *BMC Medical Education* 2024;24(1):306.

[Check for full-text availability](#)

[To fully implement the internationally acknowledged requirements for teaching in evidence-based practice, and support the student's development of core competencies in evidence-based practice, educators at professional bachelor degree programs in healthcare need a systematic overview of evidence-based teaching and learning interventions. The purpose of this overview of systematic reviews was to summarize and synthesize the current evidence from systematic reviews on educational interventions.]

**Opportunities, challenges, and future directions of large language models, including ChatGPT in medical education**

Xu X. *Journal of Educational Evaluation for Health Professions* 2024;21(6):doi:10.3352/jeehp.2024.21.6.

[ChatGPT exhibits various potential applications in medical education. The paper emphasizes certain recommendations for using ChatGPT, including the establishment of guidelines. Based on the review, 3 key research areas were proposed: cultivating the ability of medical students to use ChatGPT correctly, integrating ChatGPT into teaching activities and processes, and proposing standards for the use of AI by medical students.]

## Evidence-Based Summary

**[The international impact of the National Institute for Health and Care Excellence and implications for the NHS](#)** [\[Editorial\]](#).

Bojakowski S. *British Journal of Healthcare Management* 2024;30(4):1-3.

[Discusses the impact of the National Institute for Health and Care Excellence and how this may change following new European Union regulations on health technology assessment.]

**Understanding the Evidence**

Sessions showing you how to critically appraise quantitative research and interpret medical statistics.

<b>Identifying Study designs</b>	Thursday 20 June	10.00am - 11.00am	Online
<b>Recognising bias</b>	Monday 3 June Thursday 13 June	2.00pm - 2.45pm 10.00am - 11.00am	RSCH Online
<b>Interpreting statistics</b>	Monday 3 June Thursday 13 June	3.00pm - 4.15pm 11.15am - 12.30pm	RSCH Online

**Further sessions:** [Understanding the evidence - University Hospitals Sussex NHS Foundation Trust](#)

## Finance and Procurement

### Guideline / Policy

**Accelerating Reform Fund 2023 to 2024: grant determination.**

Department of Health and Social Care (DHSC); 2024.

<https://www.gov.uk/government/publications/accelerating-reform-fund-2023-to-2024-grant-determination>

[This is the grant determination for the Adult Social Care Accelerating Reform Fund for 2023 to 2024. It includes funding allocations for local authorities working in integrated care system consortia. The Accelerating Reform Fund will provide a total of £42.6 million over 2023 to 2024 and 2024 to 2025 to support innovation and scaling in adult social care and kick-start a change in services to support unpaid carers.]

**Carbon reduction plan and net zero commitment requirements for the procurement of NHS goods, services and works.**

NHS England; 2023.

<https://www.england.nhs.uk/long-read/carbon-reduction-plan-requirements-for-the-procurement-of-nhs-goods-services-and-works/>

[The NHS net zero supplier roadmap sets out the steps suppliers must take to align with the NHS net zero ambition through to 2030. The purpose of this guidance is to provide further details on the implementation of the following milestones in the roadmap. Version 2, last updated 21 December 2023.]

**Managing research finance in the NHS.**

NHS England; 2024.

<https://www.england.nhs.uk/publication/managing-research-finance-in-the-nhs/>

[This guidance sets out good practice and other information to support NHS organisations in England maintain or develop their research finance management policies and processes.]

**NHS injury costs recovery scheme.**

Department of Health and Social Care (DHSC); 2024.

<https://www.gov.uk/government/publications/nhs-injury-cost-recovery-scheme>

[Guidance for NHS trusts on the application of the NHS injury costs recovery (ICR) scheme for 2024 to 2025.]

### Report

**Exploring levels of preventive investment in local government in England - an invitation to participate.**

Chartered Institute of Public Finance and Accountancy (CIPFA); 2024.

<https://www.cipfa.org/cipfa-thinks/insight>

[CIPFA has partnered with the Health Foundation to explore the extent to which local authorities' spending on prevention beyond health and care can be quantified. They aim to conduct exploratory work to build consensus on a scope and definition of prevention from both a health and financial perspective. Building on this, they will then work with local authorities in co-producing approaches to mapping preventive activity against this scope and definition and identify associated spending.]

**The state of local government finance in England 2024.**

Local Government Information Unit; 2024.

<https://lgiu.org/wp-content/uploads/2024/02/State-of-Local-Government-Finance-in-England-2024.pdf>

[This annual survey finds that the local government sector in England is increasingly in a state of financial crisis. Over half of respondents to the survey said they were likely to declare effective bankruptcy in the next five years. Respondents from councils with responsibility for social care say that children's social care is by far the most urgent short-term pressure, and adults' and children's social care together make up the most serious long-term pressure.]

### **Sustainability reporting in the NHS 2023/24 and beyond.**

Healthcare Financial Management Association (HFMA); 2024.

<https://www.hfma.org.uk/system/files/2024-04/sustainability-reporting-in-the-nhs-2023-24-and-beyond--7200.pdf>

[This briefing sets out the NHS environmental sustainability commitments and reporting requirements across the United Kingdom, what NHS organisations must report in 2023/24, along with good practice in sustainability reporting for NHS organisations in 2023/24 and beyond. It also looks ahead at future developments and the role of the finance function.]

### **Unlocking reform and financial sustainability: NHS payment mechanisms for the integrated care age.**

NHS Confederation; 2024.

<https://www.nhsconfed.org/system/Unlocking-reform-and-financial-sustainability-NHS-payment-mechanisms.pdf>

[Following the Hewitt review recommendation to consider alternative payment mechanisms within the health system, this discussion paper explores examples of international and domestic payment mechanisms. The paper is intended to support further discussion and debate and to inform future policy-making to support integration.]

### **Going concern considerations for NHS charities.**

Healthcare Financial Management Association (HFMA); 2024.

<https://www.hfma.org.uk/system/files/2024-04/going-concern-considerations-for-nhs-charities-7267.pdf>

[Charity trustees need to assess the charity's ability to continue as a going concern. This briefing sets out the issues that could be included in that assessment for NHS charities.]

## *Managing Data, Knowledge and Information*

### Guideline / Policy

#### **Transparency in health and social care.**

Information Commissioner's Office; 2024.

<https://ico.org.uk/for-organisations/data-protection-principles/transparency-in-health-and-social-care/>

[New guidance from the Information Commissioner's Office (ICO) to support health and social care organisations to ensure they are being transparent with people about how their personal information is being used.]

### Review

#### **Randomised trials conducted using cohorts: a scoping review. [\[Abstract\]](#)**

Nickolls BJ. *BMJ Open* 2024;14(3):e075601.

[Check for full-text availability](#)

[This review outlines the development of cohorts to conduct RCTs including the range of use and innovative changes and adaptations. Inconsistencies in the use of terminology and concepts are highlighted. Guidance now needs to be developed to support the design and reporting of RCTs conducted using cohorts.]

#### **Exploring the diverse definitions of 'evidence': a scoping review**

Yu X. *BMJ Evidence-Based Medicine* 2024;29(1):37-43.

[The definition of 'evidence' has gradually attracted the attention of many scholars and decision-makers in health and social sciences. Nevertheless, there is no widely recognised and accepted definition in scientific research. Given the wide use of the term, we need to think about whether, or under what circumstances, a standardised, clear, meaningful and widely applicable definition of 'evidence' might be helpful.]

### Report

#### **Decision architecture randomisation: extremely efficient clinical trials that preserve clinician and patient choice? [\[Abstract\]](#)**

Flory J. *BMJ Evidence-Based Medicine* 2024;29(2):71-74.

[Check for full-text availability](#)

[DART uses unobtrusive nudges to produce randomisation and compare standard-of-care treatments without compromising provider-patient decision-making, thus respecting their relationship and the patient's interests. DART may have ethical and practical advantages over traditional trial designs, but the first obligation of researchers is to make sure randomisation of decision architecture is acceptable to patients and providers.]



## Service Design and Commissioning

### Guideline / Policy

#### **Priorities and operational planning guidance 2024/25.**

NHS England; 2024.

<https://www.england.nhs.uk/publication/priorities-and-operational-planning-guidance-2024-25/>

[The 2024/25 priorities and operational planning guidance focuses on the recovery of our core services through continuous improvement in access, quality, and productivity, whilst transforming the way we deliver care and create stronger foundations for delivery in the future.]

#### **Adult critical care clinical network specification.**

NHS England; 2024.

<https://www.england.nhs.uk/publication/specialised-services-clinical-network-specifications/>

[Clinical networks are clinically led groups of professionals, service users and organisations working together across professional, organisational and geographical boundaries. Clinical networks play a vital role in co-ordinating pathways of care, supporting equitable access to health care, and assuring and improving quality. NHS England sets out the scope of work for specialised services clinical networks in the network specifications.]

#### **NHS Community Health Services Data Plan 2024/25 to 2026/27.**

NHS England; 2024.

<https://www.england.nhs.uk/publication/nhs-community-health-services-data-plan-2024-25-to-2026-27/>

[This Community Health Services Data Plan for the next three years, 2024/25 – 2026/27, sets out how the NHS aims to improve the quality, relevance and timeliness of data to improve patient care and patient experience in community health services.]

#### **How to embed action on health inequalities into integrated care systems: A practical guide to inform spending on health inequalities.**

NHS Confederation; 2024.

<https://www.nhsconfed.org/toolkits/how-embed-action-health-inequalities-integrated-care-systems>

[This is a practical guide for system leaders that will help to inform future spending on health inequalities (HI) and support implementation of high-impact changes within integrated care boards (ICBs) to address HI. It aims to build system leaders' confidence in their ability to tackle inequalities in their organisations and is accompanied by a research report that looks at the approaches systems took to spending health inequalities money.]

### Review

#### **Admission avoidance hospital at home. [\[Abstract\]](#)**

Edgar K. *Cochrane Database of Systematic Reviews* 2024;3:CD007491.

[Check for full-text availability](#)

[Admission avoidance hospital at home provides active treatment by healthcare professionals in the patient's home for a condition that would otherwise require acute hospital inpatient care, and always for a limited time period. This is the fourth update of this review.]

#### **Factors for the integration of prevention in primary care: an overview of reviews.**

Clet E. *BJGP Open* 2024;;BJGPO.2023.0141.

[The factors influencing the integration of prevention in PC are multiple and act at different levels (individual, organisational and health system level). Organisation factors play a major role and seem to be a means of overcoming the difficulties encountered by healthcare professionals in developing preventive practices.]

#### **Multicomponent processes to identify and prioritise low-value care in hospital settings: a scoping review.**

[\[Abstract\]](#)

Tyack Z. *BMJ Open* 2024;14(4):e078761.

[Check for full-text availability](#)

[Gaps identified included applying systematic efforts to contextualise the identification of low-value care, involving people with lived experience of hospital care and initiatives in resource poor contexts. Insights were obtained regarding the theories, models and frameworks used to guide initiatives and ways in which the concept 'low-value care' had been used and reported.]

#### **Factors influencing the implementation of early discharge hospital at home and admission avoidance hospital at home: a qualitative evidence synthesis. [\[Abstract\]](#)**

Wallis JA G. *Cochrane Database of Systematic Reviews* 2024;3:CD014765.

[Check for full-text availability](#)

[Worldwide there is an increasing demand for Hospital at Home as an alternative to hospital admission. Although

there is a growing evidence base on the effectiveness and cost-effectiveness of Hospital at Home, health service managers, health professionals and policy makers require evidence on how to implement and sustain these services on a wider scale.]

**Models for delivery and co-ordination of primary or secondary health care (or both) to older adults living in aged care facilities.** [Abstract]

Putrik P. *Cochrane Database of Systematic Reviews* 2024;3:CD013880.

[Check for full-text availability](#)

[The number of older people is increasing worldwide and public expenditure on residential aged care facilities (ACFs) is expected to at least double, and possibly triple, by 2050. Co-ordinated and timely care in residential ACFs that reduces unnecessary hospital transfers may improve residents' health outcomes and increase satisfaction with care among ACF residents, their families and staff.]

## Report

**2024/25 NHS priorities and operational planning guidance: what you need to know.**

NHS Confederation; 2024.

<https://www.nhsconfed.org/publications/202425-nhs-priorities-and-operational-planning-guidance>

[Summary and analysis of NHS England's operational planning guidance and priorities for the service in 2024/25.]

**Close enough to care: a new structure for the English health and care system.**

Reform; 2024.

<https://reform.uk/wp-content/uploads/2024/04/Close-enough-to-care.pdf>

[This paper argues that an overly centralised health care system is impeding the transition to a more preventive model of care, tailored to local population need. It sets out an alternative vision designed to align incentives in the system to prioritise health creation, reorient health care to focus on primary and community services, improve health care outcomes, and help achieve long-run fiscal sustainability.]

**A vision for the NHS ambulance sector: co-designing urgent and emergency care provision.**

NHS Confederation; 2024.

<https://www.nhsconfed.org/publications/vision-nhs-ambulance-sector-urgent-emergency-care>

[This report, developed by the Association of Ambulance Chief Executives in collaboration with NHS Providers and NHS Confederation, highlights the pivotal role ambulance trusts play in delivering urgent and emergency care and sets out a long-term vision for an enhanced role they could take in co-designing this care. It sets out the case for change and includes several case studies that demonstrate the benefits of ambulance services taking this broader approach.]

**NHS recovery plan: one year on.**

Royal College of Emergency Medicine (RCEM); 2024.

[https://rcem.ac.uk/wp-content/uploads/2024/03/RCEM\\_Progress\\_against\\_Delivery\\_Plan\\_one\\_year\\_on\\_v1.pdf](https://rcem.ac.uk/wp-content/uploads/2024/03/RCEM_Progress_against_Delivery_Plan_one_year_on_v1.pdf)

[The premise of the Delivery plan for recovering urgent and emergency care services was to improve waiting times and patient experience by increasing capacity, growing the workforce, improving discharge, expanding care outside hospitals, and making it easier to access the right care. One year on, this briefing has been prepared to help policy-makers review progress made in recovering emergency care services.]

**Putting money where our mouth is? Exploring health inequalities funding across systems.**

NHS Confederation; 2024.

<https://www.nhsconfed.org/system/files/2024-03/Putting-money-where-mouth-is-health-inequalities-funding.pdf>

[The NHS Confederation undertook a project to understand how integrated care systems are approaching efforts to tackle inequalities. Based on the insights from health inequalities leads across the country, this report puts forward a number of recommendations – nationally and locally – to support further progress. It is accompanied by a practical toolkit, developed for system leaders across England, on how to implement high-impact changes to address health inequalities.]

**Six ways to create a culture for integration: benchmarking tool.**

NHS Employers; 2024.

<https://www.nhsemployers.org/cultureforintegration.pdf>

[In partnership with Skills for Care, NHS Employers has developed a benchmarking tool to help health and care systems audit their organisations when working towards building an integrated culture. The tool encourages organisations to think about their approach across six ways to create a culture for integration, and has been developed to help systems understand how they can create an environment where integrated working can thrive.]

**The challenges and potential of intermediate care.**

The Health Foundation; 2024.

<https://www.health.org.uk/publications/long-reads/the-challenges-and-potential-of-intermediate-care>

[Intermediate care is short-term care aimed at maximising people's independence. It can reduce pressure on acute services by providing a pathway to timely discharge from hospital or by preventing admission altogether. This briefing estimates that around 125,000 people enter intermediate care services each month. It outlines how expanding intermediate care services could prevent hospital admissions and help people in hospital move into more appropriate settings.]

### **A school nurse in every school.**

Queen's Nursing Institute; 2024.

<https://qni.org.uk/wp-content/uploads/2024/03/Round-Table-Report-A-School-Nurse-in-every-School-December-2023.pdf>

[This report calls for action to address the steep decline in the number of school nurses in England. The report is based on a roundtable meeting of nursing leaders, charities and government in December 2023. The report brings together evidence and insights about the decline in school nurse numbers since 2009, summarises the impact on the health and wellbeing of children and young people, and offers a range of solutions.]

### **What do virtual wards look like in England?**

The Health Foundation; 2024.

<https://www.health.org.uk/What-do-virtual-wards-look-like-in-England.pdf>

[This working paper analyses aggregate national data on virtual wards to describe what virtual wards currently look like across England and discuss the effects of virtual wards on patients, staff and hospital capacity, as well as the gaps in the evidence.]

## *Quality Improvement and Innovation*

### Guideline / Policy

#### **Medical technology innovation classification framework.**

Department of Health and Social Care (DHSC); 2024.

<https://www.gov.uk/government/publications/medical-technology-innovation-classification-framework>

[Outlines the aim, scope and definitions of the medical technology innovation classification framework. Under the Medical technology strategy, DHSC set out its intention to create alignment across the system on the language used to describe innovative medical technology. Over the last year, this has led to the development of the medical technology innovation classification framework.]

### Review

#### **A realist synthesis of multicentre comparative audit implementation: exploring what works and in which healthcare contexts. [\[Abstract\]](#)**

McGlacken-Byrne SM. *BMJ Open Quality* 2024;13(1):e002629.

[Check for full-text availability](#)

[This study elucidated contexts, mechanisms and outcomes influential to the implementation processes of multicentre or national comparative audits in healthcare. The relevance of these contextual factors and generative mechanisms were supported by established theories of behaviour and findings from previous empirical research.]

#### **Involvement of Lay Assessors in the Inspection and Regulation of Public Services: A Systematic Review.**

Chinn D. *Health and Social Care in the Community* 2024;:1282674.

[It is heartening to see evidence that service users' voices are becoming more present in the inspection and regulation of public services. However, issues remain around role ambiguity, levels of training, and legitimacy of knowledge. These will not be solved until there is a willingness to open a space for dialogue over what it is that lay assessors bring to the inspection report and regulation.]

#### **Enhancing capability for continuous organisational improvement and learning in healthcare organisations: a systematic review of the literature 2013-2022. [\[Abstract\]](#)**

Löfqvist N. *BMJ Open Quality* 2024;13(2):e002566.

[Check for full-text availability](#)

[This review provides insights into the intervention attributes that are associated with increasing COIL capability in healthcare organisations as well as factors that can have hindering or facilitating effects. Strategic management, external support, structured processes and empowered teams emerged as key elements for enhancing COIL capability.]

**Methodological Frameworks and Dimensions to Be Considered in Digital Health Technology Assessment: Scoping Review and Thematic Analysis.** [\[Abstract\]](#)

Segur-Ferrer J. *Journal of Medical Internet Research* 2024;26:e48694.

[Check for full-text availability](#)

[There is a need to adapt the existing frameworks used for dHTA or create new ones to more comprehensively assess different kinds of dHTs. Through this ScR, we identified 26 studies including 102 methodological frameworks and tools for dHTA. The thematic analysis of those 26 studies led to the definition of 12 domains, 38 dimensions, and 11 subdimensions that should be considered in dHTA.]

**Quality measures of virtual care in ambulatory healthcare environments: a scoping review.** [\[Abstract\]](#)

Petrie S. *BMJ Open* 2024;14(4):e078214.

[Check for full-text availability](#)

[The connections between virtual care modalities and quality domains identified here can inform clinicians, administrators and other decision-makers how to monitor the quality of virtual care and provide insights into gaps in current quality measures. The next steps include the development of a balanced scorecard of virtual care quality indicators for ambulatory settings to inform quality improvement.]

**Design considerations for the migration from paper to screen-based media in current health education for older adults: a scoping review.** [\[Abstract\]](#)

Ferraz LT. *BMJ Open* 2024;14(4):e078647.

[Check for full-text availability](#)

[We recommend having improved screen-based media design, continued use of paper-based media and the possible combination of both media through the new augmented paper technology.]

## Evidence-Based Summary

**Effective use of interdisciplinary approaches in healthcare quality: drawing on operations and visual management.** [\[Editorial\]](#). [\[Abstract\]](#)

Bateman N. *BMJ Quality & Safety* 2024;33(4):216-219.

[Check for full-text availability](#)

[Explores the use of methods and findings from operations management and quality management to inform quality improvement initiatives within healthcare, particularly focusing on the use of 'Visual Management' techniques as an example. The value of these fields is exemplified by Woodward in another paper in this issue, Woodward M et al . How to Co-design a prototype of a clinical practice tool: a framework with practical guidance and a case study. *BMJ Qual Saf* 2024;33:258–70]

## Report

**The value of implementing a nursing and midwifery clinical accreditation programme at two NHS trusts.**

[\[Abstract\]](#)

Morris M. *British Journal of Nursing* 2024;33(4):216-219.

[Check for full-text availability](#)

[Unit/ward accreditation programmes have been widely implemented by nursing and midwifery teams across healthcare providers in the UK over the recent years and have many associated benefits. These include promoting quality improvement on a wider scale across the organisation, strengthening oversight and accountability of quality and safety from ward to board and vice versa, promoting shared learning, and providing opportunities for sharing and celebrating excellence.]

**Balancing the risks and benefits of AI in the production of health information.**

Patient Information Forum (PIF); 2024.

<https://pifonline.org.uk/resources/publications/balancing-the-risks-and-benefits-of-ai-in-the-production-of-health-information/>

[Developed in collaboration with the Patient Information Forum's Artificial Intelligence working group, this position statement aims to help members understand the AI landscape and how to manage it. It defines what AI is, outlines risks and benefits of AI, provides a glossary of terms, and makes a case for developing AI use policies.

**Collaborate to innovate: learning from NHS, charity and life sciences industry experience to build a culture of research and innovation in the UK.**

NHS Confederation; 2024.

[https://www.nhsconfed.org/system/files/2024-04/Collaborate-to-innovate\\_0.pdf](https://www.nhsconfed.org/system/files/2024-04/Collaborate-to-innovate_0.pdf)

[In recent years, the UK has fallen behind in research, which means the NHS, health care professionals and the UK population risk reduced access to new treatments, diagnostics and state-of-the-art care. Although signs of recovery are starting to emerge, combining the resources and expertise of NHS, charity and life science industry

partners is essential for changing this trajectory. This report explores practical ways to boost UK research and engender a culture of innovation.]

### **The state of NHS communications.**

NHS Providers; 2024.

<https://nhsproviders.org/resources/reports/the-state-of-nhs-communications>

[Like other parts of the NHS, the communications profession faces opportunities and challenges at a time of constrained budgets, staff vacancies and in what is expected to be an election year. This report explores those issues in detail and is one of the most comprehensive reports into the state of the profession ever undertaken.]

### **Making the future a reality: harnessing the potential of patient-facing tech in healthcare.**

NHS Confederation; 2024.

<https://www.nhsconfed.org/publications/making-future-reality-patient-tech-healthcare>

[Technology is advancing at a fast pace and holds significant promise for the future of healthcare and the NHS. Yet there is a gap in practical guidance for healthcare stakeholders on how best to take this agenda forward, and what key roles are required. Systems are now in a place where people can take a large-scale view and make connections across the system to advance the technology agenda. To support them, the NHS Confederation and Google Health have developed this guide.]

### **The past and future of NHS waiting lists in England.**

Institute for Fiscal Studies (IFS); 2024.

<https://ifs.org.uk/sites/default/files/2024-02/The-past-and-future-of-NHS-waiting-lists-in-England-IFS-report-R302.pdf>

[This report discusses the past and future of NHS waiting lists. It outlines five key facts about past NHS waiting list performance, including pre-pandemic trends, changes during the pandemic and regional variation. It also describes a range of scenarios for what could happen to NHS waiting lists over the next four years under different assumptions.]

## *Climate Change and Sustainability*

### Guideline / Policy

#### **How organisations can help tackle climate change.**

Chartered Institute of Personnel and Development (CIPD); 2024.

<https://www.cipd.org/en/knowledge/guides/sustainability-guide>

[This guide offers practical suggestions to HR professionals working at both strategic and operational levels, to integrate environmental sustainability into their practice. Regardless of organisation size, industry, sector or location, HR practitioners have the potential to play a significant role in implementing environmental sustainability through their policies and procedures, and have a unique opportunity to do so through their engagement with all areas of the organisation.]

### Review

#### **Nurses' perceptions, attitudes, and perspectives in relation to climate change and sustainable healthcare practices: A systematic review**

Yeboah EA. *Journal of Climate Change and Health* 2024;16:100290.

[The review indicates the need to raise awareness regarding climate change and sustainable practices among nurses. It reinforces the importance of clarifying and conscientizing the professions' role in finding solutions to combat climate change. The review makes a case for the use of professional development, in-service training, nursing competencies, and inclusion into curricula to enhance nurses' knowledge of climate change and their role in combating it within professional practice.]

#### **Implementation of sustainable food service systems in hospitals to achieve current sustainability goals.**

Chatzipavlou M. *Clinical Nutrition: official journal of the European Society of Parenteral and Enteral Nutrition* 2024;61:237-252.

[This scoping review suggests that hospital diets contribute to food waste and may have a negative environmental impact. There are several internal and external factors and practices that influence positively or negatively the sustainability of hospital food service systems. Systematic efforts are needed to identify and enhance parameters that could improve the environmental footprint of hospitals in terms of more effective management of food waste.]

#### **The Impact of Climate Change on Respiratory Care: A Scoping Review.**

Lewy JR. *Journal of Climate Change and Health* 2024;:100313.

[Climate change is projected to increase respiratory-related emergency department visits and hospital admissions. Limited research is available on current and projected economic costs, infrastructure effects, and

supply chain impacts. While climate change and extreme weather are increasing strain on respiratory care systems, additional work is needed to develop evidence-based strategies for climate adaptation.]

### **Ecogastroenterology: cultivating sustainable clinical excellence in an environmentally conscious landscape.**

Kassem Sharif. *Lancet Gastroenterology and Hepatology* 2024;:-.

[Gastrointestinal practices, especially endoscopy, have a substantial environmental impact, marked by notable greenhouse gas emissions and waste generation. Through an in-depth analysis, this review presents a path towards sustainable gastrointestinal practices, emphasising integrated strategies that prioritise both patient care and environmental stewardship.]

### **Methods to include environmental impacts in health economic evaluations and health technology assessments: a scoping review.**

Jake T W Williams. *Value in Health : the journal of the International Society for Pharmacoeconomics and Outcomes Research* 2024;:-.

[Methods to include environmental impacts in health economic evaluations and health technology assessments exist but have not been tested for widespread use by health technology assessment agencies. Further research and implementation work is needed to determine which method can best aid decision makers to choose low environmental impact healthcare interventions.]

### **Uncertainties and opportunities in delivering environmentally sustainable surgery: the surgeons' view.**

[[Abstract](#)]

Ledda V. *Anaesthesia* 2024;79(3):293-300.

[Check for full-text availability](#)

[Surgeons need to rapidly upskill their generic knowledge base, identify which measures they can implement locally and take part in national research programmes. Surgical teams in the NHS have the chance to create a world-leading programme that can bring change to hospitals around the world. This article provides an overview of how surgeons see the surgical team being involved in environmentally sustainable surgery.]

### **Supporting Decarbonization of Health Systems-A Review of International Policy and Practice on Health Care and Climate Change**

Emily Hough. *Current Environmental Health Reports* 2024;:-.

[Whilst some countries such as Norway, Columbia, and Australia are working to understand current emissions and develop plans to reduce them, few have published delivery plans for meeting national targets. Broader policies and reports published to date provide a clear set of actions that healthcare can take to reduce emissions. However, more research, innovation, and service redesign will be needed to close the gap to net zero healthcare.]

### **Sustainability in healthcare: patient and public perspectives.** [[Abstract](#)]

Knagg R. *Anaesthesia* 2024;79(3):278-283.

[Check for full-text availability](#)

[The sustainable healthcare agenda has become increasingly prominent in recent years. But what does this mean for patients? In this article, we draw on our personal views and experiences as patients, carers and patient advocates, and consider the effects that efforts to improve the sustainability of healthcare may have on care quality and patient experience. We also review the small amount of existing research and policy in this area,.]

### **Exploring Quantitative Methodologies for Assessing the Environmental, Social, and Economic Impacts of Telemedicine: A Literature Review.**

Savoldelli A. *Sustainability* 2024;16:2438.

[Primary findings highlighted that studies on telemedicine impacts predominantly focus on transport-related aspects, emphasizing direct emissions and associated costs that are avoided and time savings. Televisit emerged as the most investigated remote care activity. Database and conversion factors were mainly employed for analysis, while other methodologies were sporadically mentioned.]

## **Evidence-Based Summary**

### **Essential steps towards an environmentally sustainable intensive care unit.**

Heather Baid. *Intensive & Critical Care Nursing* 2024;81:103621.

[As the largest workforce providing round-the-clock care, nurses are well-placed to be actively engaged in these essential steps by leading, implementing and/or evaluating actions that enable ICUs to become environmentally sustainable.]

### **Promoting sustainability in nursing and midwifery clinical laboratories: Strategies for resource reduction, reuse, and recycling.**

Tracy Levett-Jones. *Nurse Education Today* 2024;134:-.

[To help increase nursing and midwifery educators' and students' capacity to support planetary-health related interventions, the overarching purpose of this paper is to provide a series of exemplars that illustrate sustainability initiatives used in four university-based clinical skills laboratories. These initiatives each demonstrate a commitment to the United Nation's Sustainable Development Goals and can be used to help embed the importance of planetary health in student learning.]

### **Environmental sustainability and the paradox of prevention.**

Cristina Richie. *Journal of Medical Ethics* 2023;;10.1136/jme-2023-109437.

[The carbon emissions of global healthcare activities make up 4%-5% of total world emissions, with the majority coming from industrialised countries. The solution to healthcare carbon reduction in these countries, ostensibly, would be preventive healthcare, which is less resource intensive [Abstract continues]]

## Report

### **Quantifying the Impact of Climate Change on Human Health**

World Economic Forum; 2024.

[https://www3.weforum.org/docs/WEF\\_Quantifying\\_the\\_Impact\\_of\\_Climate\\_Change\\_on\\_Human\\_Health\\_2024.pdf](https://www3.weforum.org/docs/WEF_Quantifying_the_Impact_of_Climate_Change_on_Human_Health_2024.pdf)

[This report written by the World Economic Forum provides an in-depth economic analysis of how climate change will reshape health landscapes over the next two decades. It highlights increased risks from new pathogens, pollution and extreme weather events and shows how these will exacerbate current health inequities, disproportionately impacting the most vulnerable populations.]

## Toolkit

### **Communicating on climate change and health: Toolkit for health professionals.**

World Health Organization (WHO); 2024.

<https://www.who.int/publications/i/item/9789240090224>

[While climate change is a big threat to health, implementing solutions to address climate change presents a huge opportunity to promote better health and protect people from climate-sensitive diseases. Communicating the health risks of climate change and the health benefits of climate solutions is both necessary and helpful. This toolkit aims to help health professionals effectively communicate about climate change and health.]

### **Decarbonizing Care Delivery Organizational Readiness Assessment.**

Institute for Healthcare Improvement (IHI); 2024.

<https://www.ihl.org/resources/tools/decarbonizing-care-delivery-organizational-readiness-assessment>

[This tool assists hospital leaders with evaluating current organizational capabilities and areas of opportunity in lowering carbon emissions from care delivery, or decarbonizing care.]

## Public Health

## Guideline / Policy

### **Homelessness code of guidance for local authorities.**

Department for Levelling Up, Housing and Communities; 2024.

<https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities>

[Guidance on how local authorities should exercise their homelessness functions in accordance with the Homelessness Reduction Act 2017 from 3 April 2018. Local housing and social services authorities must have regard to this guidance when exercising their functions relating to people who are homeless or at risk of homelessness.]

### **Reshaping consumer regulation: Our new approach.**

Regulator of Social Housing; 2024.

<https://www.gov.uk/government/publications/reshaping-consumer-regulation-our-new-approach>

[Routine inspections and gradings will hold large social housing providers to account and ensure landlords are delivering for residents.]

### **Partnerships for People and Place: Guidance and advice for officials working on place-based policymaking.**

Department for Levelling Up, Housing and Communities; 2024.

<https://www.gov.uk/government/publications/partnerships-for-people-and-place-guidance-and-advice-for-officials-working-on-place-based-policymaking>

[This guidance provides practical tips for officials to improve approaches to place-based ways of working. The practical tips structured around 5 key barriers: structure, priorities, funding, data-sharing, and culture. The

guidance includes brief case studies and points to a growing evidence base to support place-based working as a tool to improve the lives of communities and the outcomes achieved in a place.]

## Review

### [Green and blue space exposure and non-communicable disease related hospitalizations: A systematic review.](#)

L Luque-García. *Environmental Research* 2024;245:118059.

[The present review suggests that a clear link between blue space exposure and NCD hospital admissions is not evident. However, exposure to green spaces appears to predominantly have a protective effect, although the direction of the association varies across different outcome domains. The heterogeneity among the outcome domains together with the limited number of studies, emphasizes the need for more robust evidence.]

### [Healthcare Practitioners' Perceptions of the Barriers to Prescribing or Promoting Exercise in the Treatment of People with Mental Illness: A Scoping Review.](#)

Kelly K. *Health and Social Care in the Community* 2024;:8894586.

[Contemporary healthcare for those experiencing mental illness requires healthcare practitioners (HCPs) to effectively incorporate the prescription of exercise in their treatment, in accordance with clinical guidelines. Four key themes were identified, including a lack of knowledge and confidence of HCPs in prescribing exercise; role and responsibility; HCPs' misconceptions of client barriers; and systemic issues impacting exercise prescription practices.]

### [Ultra-processed food exposure and adverse health outcomes: umbrella review of epidemiological meta-analyses.](#)

Lane MM. *The BMJ* 2024;(March):1-16.

[Greater exposure to ultra-processed food was associated with a higher risk of adverse health outcomes, especially cardiometabolic, common mental disorder, and mortality outcomes. These findings provide a rationale to develop and evaluate the effectiveness of using population based and public health measures to target and reduce dietary exposure to ultra-processed foods for improved human health. They also inform and provide support for urgent mechanistic research.]

### [Understanding domestic abuse interventions for women experiencing multiple disadvantage: a rapid evidence assessment.](#)

Department for Levelling Up, Housing and Communities; 2024.

<https://www.gov.uk/government/publications/evaluation-of-the-changing-futures-programme>

[This is a rapid review of evidence on effective interventions that help women experiencing multiple disadvantage to get support that addresses the risks and effects of domestic abuse. This review focusses specifically on women's access to domestic abuse services rather than services more generally.]

## Evidence-Based Summary

### [How can we help older people experiencing memory problems and homelessness?](#)

National Institute for Health & Care Research (NIHR); 2024.

<https://evidence.nihr.ac.uk/alert/how-help-older-people-experiencing-memory-problems-homelessness/>

[The population of people experiencing homelessness is getting older. People who are homeless often have many additional challenges such as physical and mental health problems, drug and alcohol issues and a history of head injury. This means that they are more likely to have memory loss and problems with their thinking and functioning than those who have not experienced homelessness, especially as they age.]

### [On the path to ending smoking: Using new funding.](#)

Action on Smoking and Health (ASH); 2024.

<https://ash.org.uk/uploads/On-the-path-to-ending-smoking-DPH-briefing.pdf>

[With a major opportunity to reset our local strategies and make rapid progress towards ending smoking for all populations this paper has been developed by ASH in partnership with DsPH and Humber and North Yorkshire's Centre for Tobacco Control Excellence to support local decision making in spending new funding to address smoking. It has been reviewed and endorsed by the Association of Directors of Public Health.]

## Report

### [Brighton & Hove Health and Adult Social Care annual report 2022 to 2023.](#)

Brighton and Hove City Council (BHCC); 2024.

<https://www.brighton-hove.gov.uk/adult-social-care/health-and-adult-social-care-annual-report-2022-2023>

[This report is designed around the themes which the people we support have told us matter to them. It highlights the key achievements from Health & Adult Social Care during the period April 2022 to March 2023, and summarises some key plans for the future.]



### **Children and Young People's Health Equity Collaborative: Framework for the Drivers of Health Inequalities.**

Barnardo's; 2024.

[https://www.barnardos.org.uk/Framework for the Drivers of Health.pdf](https://www.barnardos.org.uk/Framework%20for%20the%20Drivers%20of%20Health.pdf)

[The Children and Young People's Health Equity Collaborative (CHEC) sees action on the social determinants of health as essential in improving health outcomes among children and young people and reducing inequalities in health. The framework's main purpose is to underpin action for achieving greater equity in children and young people's health and wellbeing. It will be used to support the development of pilot interventions in the three partner ICS areas.]

### **Getting under the bonnet: Implementing the NHS Health Check.**

Local Government Association (LGA); 2024.

<https://www.local.gov.uk/publications/getting-under-bonnet-implementing-nhs-health-check>

[The NHS Health Check is a national programme commissioned by local councils that measures a range of risk factors. These case studies highlight how councils are working with the NHS to deliver health checks for their communities.]

### **Health inequalities in 2040: current and projected patterns of illness by deprivation in England.**

The Health Foundation; 2024.

<https://www.health.org.uk/publications/health-inequalities-in-2040>

[On current trends, inequalities in health will persist over the next two decades: people in the 10% most deprived areas can expect to be diagnosed with major illness a decade earlier than people in the 10% least deprived areas. Action focused on risk factors linked to major illness is essential but insufficient on its own. It will also require long-term effort across government to address the underlying causes of health inequality, such as poor housing, low income and insecure employment.]

### **Local authority Direct Provision of Housing: Fourth Research Report.**

UCL; 2024.

[https://www.ucl.ac.uk/bartlett/planning/sites/bartlett\\_planning/files/local\\_authority\\_direct\\_provision\\_of\\_housing\\_iv\\_report.pdf](https://www.ucl.ac.uk/bartlett/planning/sites/bartlett_planning/files/local_authority_direct_provision_of_housing_iv_report.pdf)

[This report uses methodological approaches of desk research, direct questionnaire survey to local government officers, roundtable discussions and case study interviews to interrogate the current picture around the direct delivery of housing by local authorities across England.]

### **Paving the way: How England can learn from other nations about supporting older private renters.**

Independent Age; 2024.

[https://www.independentage.org/sites/default/files/2024-03/Paving\\_the\\_way\\_report.pdf](https://www.independentage.org/sites/default/files/2024-03/Paving_the_way_report.pdf)

[Older private renters in England are a rapidly growing group, but they are often overlooked and not well served by the current rental market. Many are on a low income, with almost two in five (37%) of UK older private renters in relative poverty after housing costs. This briefing examines the private rental sector policy in other countries and discusses whether their ideas would benefit older renters in England.]

### **The Cass review: independent review of gender identity services for children and young people.**

The Cass Review; 2024.

<https://cass.independent-review.uk/home/publications/final-report/>

[This independent review was commissioned by NHS England to make recommendations on how to improve NHS gender identity services and ensure that children and young people who are questioning their gender identity or experiencing gender dysphoria receive a high standard of care that meets their needs.]

### **We've only just begun: Action to improve young people's mental health, education and employment.**

Resolution Foundation; 2024.

<https://www.resolutionfoundation.org/publications/weve-only-just-begun/>

[This publication – the final report of a three-year research programme funded by the Health Foundation – explores the relationship between young people's mental health and work outcomes, and how policy-makers should respond.]

### **When I'm 64: A strategy to tackle poverty before state pension age: summary report.**

Fabian Society; 2024.

<https://fabians.org.uk/wp-content/uploads/2024/04/Fabian-Society-When-Im-64-WEB-3-2.pdf>

[The UK is facing a hidden poverty crisis among 60 to 65-year-olds. Since 2010, no significant measures to ameliorate the impact of the rising pension age have been introduced. This report looks at the roots of the problem and presents a strategy for solving it.]



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### What can I do with KnowledgeShare?

- **Receive personalised updates.** To receive email current awareness updates once logged in to KnowledgeShare, click on your name in the top right of the screen and click Your Profile. Then click on Edit in the top right of the Professional Interests box. Enter your interests in the text box or use the categories below.

The screenshot shows the user profile page for Mr Mulberry Hawk. The 'Professional Interests' section is highlighted with a blue box, and an 'Edit' button is also highlighted. The profile details include:

- Phone: 01273 523303
- Email: elaine.watson13@nhs.net
- Address: Royal Sussex County Hospital, Eastern Road, BRIGHTON, East Sussex, BN2 5BE
- OpenAthens username: nhselainewatson001
- Job title: Consultant
- Department: Accident & Emergency
- Organisation: Brighton and Sussex University Hospitals NHS Trust

- **Book on to skills session** Once logged in to KnowledgeShare, scroll down the page to see a selection of skills sessions. Click on the desired session and then click the Book Place button.

The screenshot shows the 'Forthcoming Skills Sessions' page. The 'Forthcoming Skills Sessions' section is highlighted with a blue box. The sessions listed are:

- Jan 9: Finding Quality Health Information (The Library, Princess Royal Hospital)
- Jan 10: Finding Quality Health Information (The Library, Audrey Emerton Building)

- **Request an evidence search** Once logged in to KnowledgeShare, click on Evidence on the grey tool bar and then click on Request an Evidence Search. Fill in the form with details of the search.

The screenshot shows the 'Request an Evidence Search' page. The 'Request an Evidence Search' button is highlighted with a blue box. The page title is 'Evidence Search Request List' and it says 'Welcome to KnowledgeShare'.