

Primary Care & Commissioning November - December 2019

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Abbas Bismillah - Head of Library and Knowledge Services

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[Podcast: the curse of meetingitis - 20 December 2019](#)

Dr Farzana Hussain is clinical director of a PCN in Newham, east London. Top of the list of achievements for her network is that she and GP colleagues are still talking. Beyond that, they are providing mutual support in a way that gives Farzana hope that the network will help make general practice stronger, which she believes is the first condition for PCNs to be considered a success. It's not all roses: the curse of "meetingitis" poses almost as great a threat to clinical directors' workload as the prospect of a winter flu epidemic and time, as ever, is the enemy.

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[Enabling primary care commissioning committees to make informed decisions - 20 December 2019](#)

CCG boards need to understand how primary care contracts can help them to achieve – or prevent them from achieving – their strategic aims. Primary care commissioning committees, the decision-making bodies for the exercise of delegated powers, may include individuals with no knowledge or direct experience of contracting. Yet CCGs with full delegated responsibility for primary medical care contracts are responsible for reviewing existing contractual arrangements, including primary care networks, and managing failing and underperforming contracts. PCC runs workshops that encourage CCGs to use local scenarios to bring to life and discuss the potential complexities of contracting and the factors commissioners need to take into account. To find out more, contact enquiries@pcc-cic.org.uk

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[Premises remain a challenge for primary care networks - 20 December 2019](#)

Many primary care premises are not fit for purpose or may be in the wrong places to support the services that patients would like to see delivered by primary care networks. In this week's podcast PCC premises expert Mike Simpson explores some of the issues and warns PCNs not to put too much faith in new regulations – the long-awaited replacement for the existing premises costs directions – to answer all the questions we still have.

[READ MORE](#)

GP Patient Survey fieldwork starting in January

Three months of fieldwork for the 2020 GP Patient Survey begins on January 6 when questionnaire are posted to more than two million people, aged 16 or over, registered with practices in England. It explores the experience of using general practice, while analysis of the data can provide vital new information about particular groups of patients, such as the experiences and views of carers or people from particular age groups or ethnic groups.

Learning about the Diabetes Prevention Programme

GPs and practice staff can learn more about the Diabetes Prevention Programme with a new 30 minute e-module. It sits on the [RCGP learning site](#), is free to complete and worth 0.5 CPD points. The aim is to give GPs and practice staff more information and help them to make more quality referrals into the DPP.

PHE's easy to use data tool supports population health planning

Nursing teams are increasingly involved in planning disease prevention measures across their PCN area as part of the population health planning remit. Data to support this work is available in an [easily accessible format from PHE](#).

The interactive 'fingertips' data tool enables the user to see trends across a selected area in conditions such as CVD, diabetes and kidney disease. It also includes information about the age, gender, ethnicity and social deprivation within specific areas which can support the way prevention services are planned and promoted. Comparisons can be made with other similar areas, and against the regional and national averages, and the information can be downloaded as a spreadsheet or PDF report. A short introductory video is [available here](#).

General practice nurses gain new skills

More than 70 general practice nurses in Lancashire and South Cumbria have taken part in a scheme to learn how to maximise the use of digital technology and social media.

The Digital Champion Action Learning Set (ALS) programme has provided skills for nurses to deliver projects to benefit patients, such as:

- scripting and producing animations for waiting room TV screens and patient consultations. These are available to view on the [CliniTecs website](#)
- establishing video consultations for patients with long term conditions
- setting up new social media channels for health and practice-related information
- using digital photography of skin conditions and wounds to monitor progress and improve quality of referrals to secondary care
- supporting patients to use apps to empower patients to self- manage conditions such as COPD and cardiovascular disease
- encouraging more nursing appointments to be made available online.

Ethical care: A bold reform agenda for adult social care - 26/11/2019

This report identifies the three main drivers of quality in social care, and highlights some examples of innovative and high-quality care across England. It calls all for a package of interventions...

Dementia: comorbidities in patients - data briefing - 05/11/2019

Overall findings from this briefing show that patients with dementia are more likely to have multiple health conditions; 22% with >3 comorbidities and 8% with >4 comorbidities vs 11% and 3%,...

Are guidelines for monitoring chronic disease in primary care evidence based?

Author(s): Elwenspook, Martha M.; Patel, Rita; Whiting, Penny; Watson, Jessica C.

Source: BMJ; 2019; vol. 365 (no. 8204); p. 454-456

Publication Date: 2019

Available at [BMJ](#) - from BMJ Publishing Group

Abstract: Primary care clinicians rely on guidelines for common chronic diseases such as type 2 diabetes, chronic kidney disease, and hypertension to inform them which tests they should recommend to their patients and how frequently these should be done. With rates of pathology tests rising-at an estimated annual cost of 1.8bn to primary care in the UK-and the potential for harm from over-testing, it is important to consider the evidence base for these recommendations. [Introduction]

Database: HMIC

Effects and costs of implementing predictive risk stratification in primary care : a randomised stepped wedge trial.

Author(s): Snooks, Helen; Bailey-Jones, Kerry; Russell, Ian; Williams, Victoria; Whieman, Shirley; Watkins, Alan; Warm, Daniel; Sewell, Bernadette; Porter, Alison; Phillips, Ceri; Lewis, Leo; Kingston, Mark; John, Gareth; Hutchings, Hayley; Howson, Helen; Heaven, Martin; Fitzsimmons, Deborah; Farr, Angela; Evans, Bridie Angela; Davies, Jan; Dale, Jeremy; Burge-Jones, Deborah

Source: BMJ Quality and Safety; 2019; vol. 28 (no. 9); p. 697-705

Publication Date: 2019

Abstract: AIM: We evaluated the introduction of a predictive risk stratification model (PRISM) into primary care. Contemporaneously National Health Service (NHS) Wales introduced Quality and Outcomes Framework payments to general practices to focus care on those at highest risk of emergency admission to hospital. The aim of this study was to evaluate the costs and effects of introducing PRISM into primary care.

Database: HMIC

If you would like to request full text of this article email library.blackburn@elht.nhs.uk

Substitution of outpatient hospital care with specialist care in the primary care setting : a systematic review on quality of care, health and costs.

Author(s): van Hoof, Sofie J. M.; Quanjel, Tessa C. C.; Kroese, Marië E. A. L.; Spreeuwenberg, Marieke D.; Ruwaard, Dirk

Source: PLOS One; 2019; vol. 14 (no. 8)

Publication Date: 2019

Available at [PLOS ONE](#) - from EBSCO (MEDLINE Complete)

Abstract: RATIONALE, AIMS AND OBJECTIVES: Substituting outpatient hospital care with primary care is seen as a solution to decrease unnecessary referrals to outpatient hospital care and decrease rising healthcare costs. This systematic review aimed to evaluate the effects on quality of care, health and costs outcomes of substituting outpatient hospital care with primary care-based interventions, which are performed by medical specialists in face-to-face consultations in a primary care setting. METHOD: The systematic review was performed using the PICO framework. Original papers in which the premise of the

intervention was to substitute outpatient hospital care with primary care through the involvement of a medical specialist in a primary care setting were eligible. RESULTS: A total of 14 papers were included. A substitution intervention in general practitioner (GP) practices was described in 11 papers, three described a joint consultation intervention in which GPs see patients together with a medical specialist. This study showed that substitution initiatives result mostly in favourable outcomes compared to outpatient hospital care. The initiatives resulted mostly in shorter waiting lists, shorter clinic waiting times and higher patient satisfaction. Costs for treating one extra patient seemed to be higher in the intervention settings. This was mainly caused by inefficient planning of consultation hours and lower patient numbers. CONCLUSIONS: Despite the fact that internationally a lot has been written about the importance of performing substitution interventions in which preventing unnecessary referrals to outpatient hospital care was the aim, only 14 papers were included. Future systematic reviews should focus on the effects on the Triple Aim of substitution initiatives in which other healthcare professions than medical specialists are involved along with new technologies, such as e-consults. Additionally, to gain more insight into the effects of substitution initiatives operating in a dynamic healthcare context, it is important to keep evaluating the interventions in a longitudinal study design. [Abstract]

Database: HMIC

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Implementing a national diabetes prevention programme in England: lessons learned.

Author(s): Stokes, Jonathan; Gellatly, Judith; Bower, Peter; Meacock, Rachel; Cotterill, Sarah; Sutton, Matt; Wilson, Paul

Source: BMC Health Services Research; Dec 2019; vol. 19 (no. 1); p. 1-12

Publication Date: Dec 2019

Publication Type(s): Academic Journal

Available at [BMC health services research](#) - from EBSCO (MEDLINE Complete)

Abstract: Background: Type 2 diabetes mellitus is preventable through lifestyle intervention. Diabetes prevention programmes (DPPs) aim to deliver prevention-based behaviour change interventions to reduce incidence. Such programmes vary from usual primary care in terms of where, how, and by whom they are delivered. Implementation is therefore likely to face new commissioning, incentive and delivery challenges. We report on the implementation of a national DPP in NHS England, and identify lessons learned in addressing the implementation challenges.

Database: CINAHL

Deprivation and primary care funding in Greater Manchester after devolution: a cross-sectional analysis.

Author(s): Lee, Jessica A; Meacock, Rachel; Kontopantelis, Evangelos; Matheson, James; Gittins, Matthew

Source: British Journal of General Practice; Nov 2019; vol. 69 (no. 688)

Publication Date: Nov 2019

Publication Type(s): Academic Journal

Available at [The British journal of general practice : the journal of the Royal College of General Practitioners](#) - from EBSCO (MEDLINE Complete)

Abstract: Background: In April 2016 Greater Manchester gained control of its health and social care budget, a devolution that aimed to reduce health inequities both within Greater Manchester and between Greater Manchester and the rest of the country.

Database: CINAHL

Pay for performance for specialised care in England: Strengths and weaknesses.

Author(s): Feng, Yan; Kristensen, Søren Rud; Lorgelly, Paula; Meacock, Rachel; Sanchez, Marina Rodes; Siciliani, Luigi; Sutton, Matt

Source: Health Policy; Nov 2019; vol. 123 (no. 11); p. 1036-1041

Publication Date: Nov 2019

Publication Type(s): Academic Journal

Available at [Health policy \(Amsterdam, Netherlands\)](#) - from Unpaywall

Abstract: Pay-for-Performance (P4P) schemes have become increasingly common internationally, yet evidence of their effectiveness remains ambiguous. P4P has been widely used in England for over a decade both in primary and secondary care. A prominent P4P programme in secondary care is the Commissioning for Quality and Innovation (CQUIN) framework. The most recent addition to this framework is Prescribed Specialised Services (PSS) CQUIN, introduced into the NHS in England in 2013. This study offers a review and critique of the PSS CQUIN scheme for specialised care. A key feature of PSS CQUIN is that whilst it is centrally developed, performance targets are agreed locally. This means that there is variation across providers in the schemes selected from the national menu, the achievement level needed to earn payment, and the proportion of the overall payment attached to each scheme. Specific schemes vary in terms of what is incentivised - structure, process and/or outcome - and how they are incentivised. Centralised versus decentralised decision making, the nature of the performance measures, the tiered payment structure and the dynamic nature of the schemes have created a sophisticated but complex P4P programme which requires evaluation to understand the effect of such incentives on specialised care.

Database: CINAHL



[Community pharmacy interventions for health promotion: effects on professional practice and health outcomes](#)

Liz Steed, Ratna Sohanpal, Adam Todd, Vichithranie W Madurasinghe, Carol Rivas, Elizabeth A Edwards, Carolyn D Summerbell, Stephanie JC Taylor, RT Walton

[Follow-up strategies following completion of primary cancer treatment in adult cancer survivors](#)

Beverley L Høeg, Pernille E Bidstrup, Randi V Karlsen, Anne Sofie Friberg, Vanna Albieri, Susanne O Dalton, Lena Saltbæk, Klaus Kaae Andersen, Trine Allerslev Horsboel, Christoffer Johansen

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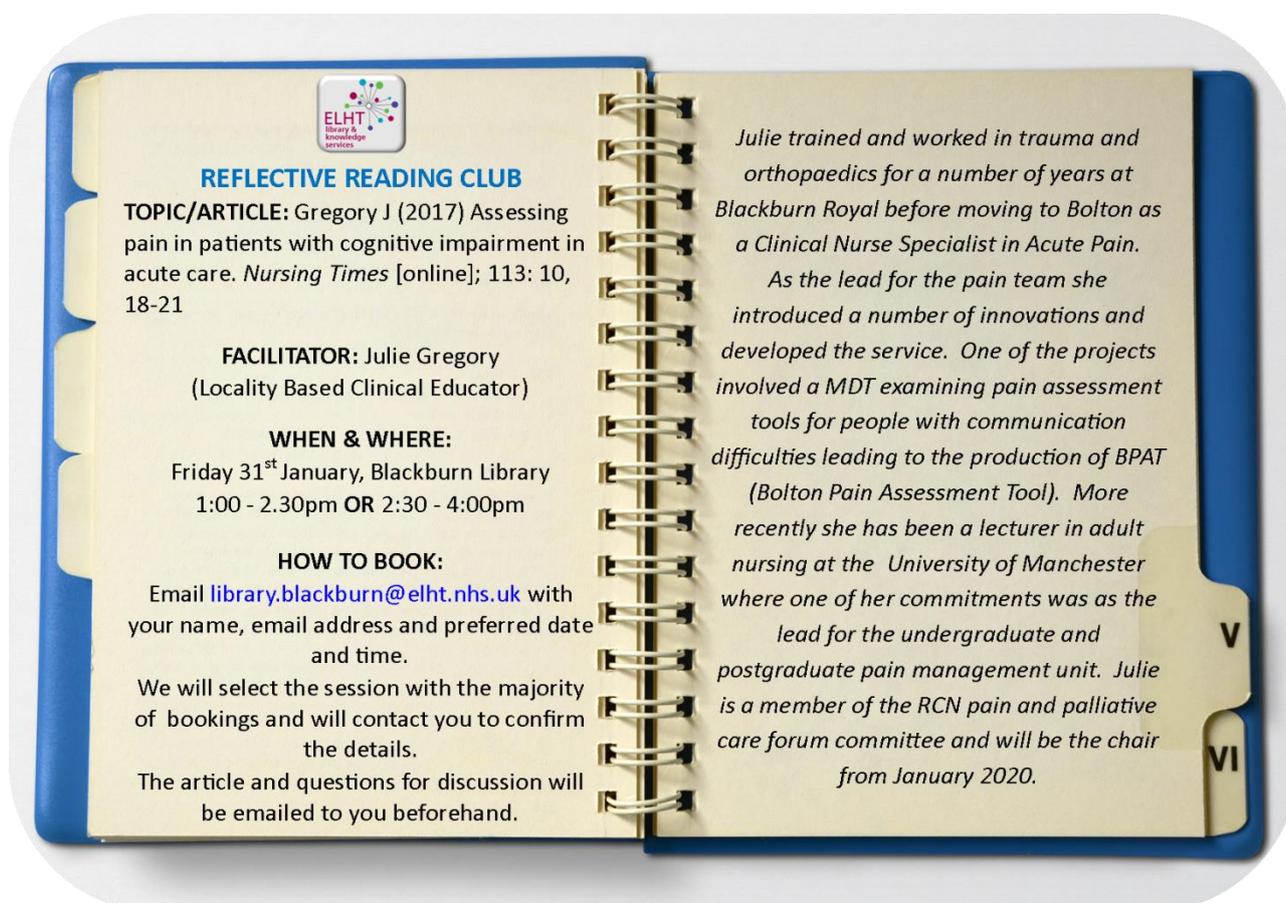
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REFLECTIVE READING CLUB

TOPIC/ARTICLE: Gregory J (2017) Assessing pain in patients with cognitive impairment in acute care. *Nursing Times* [online]; 113: 10, 18-21

FACILITATOR: Julie Gregory
(Locality Based Clinical Educator)

WHEN & WHERE:
Friday 31st January, Blackburn Library
1:00 - 2.30pm OR 2:30 - 4:00pm

HOW TO BOOK:
Email library.blackburn@elht.nhs.uk with your name, email address and preferred date and time.

We will select the session with the majority of bookings and will contact you to confirm the details.

The article and questions for discussion will be emailed to you beforehand.

Julie trained and worked in trauma and orthopaedics for a number of years at Blackburn Royal before moving to Bolton as a Clinical Nurse Specialist in Acute Pain.

As the lead for the pain team she introduced a number of innovations and developed the service. One of the projects involved a MDT examining pain assessment tools for people with communication difficulties leading to the production of BPAT (Bolton Pain Assessment Tool). More recently she has been a lecturer in adult nursing at the University of Manchester where one of her commitments was as the lead for the undergraduate and postgraduate pain management unit. Julie is a member of the RCN pain and palliative care forum committee and will be the chair from January 2020.

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