Strategy 432444/8

<table>
<thead>
<tr>
<th>#</th>
<th>Database</th>
<th>Search term</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Medline</td>
<td>(((audit* OR &quot;quality improvement*&quot;).ti,ab OR exp &quot;CLINICAL AUDIT&quot;/ OR exp &quot;QUALITY IMPROVEMENT&quot;) AND ((NHS OR england OR UK OR &quot;united kingdom&quot; OR &quot;national health service&quot;),ti,lab OR exp &quot;UNITED KINGDOM&quot;)) [Since 27-Jun-2019]</td>
<td>32</td>
</tr>
</tbody>
</table>

Contents 32 of 32 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") [Since 27-Jun-2019]

1. Quality improvement of prescribing safety: a pilot study in primary care using UK electronic health records. .................................................. Page 3
2. Qualitative process evaluation of the Perioperative Quality Improvement Programme (PQIP): study protocol. ............................................................... Page 3
3. Pay for performance for hospitals. ........................................................................................................................................................................ Page 4
5. Diagnostic delay for superficial and deep endometriosis in the United Kingdom. ................................................................. Page 6
6. A 2-Year Pragmatic Trial of Antibiotic Stewardship in 27 Community Nursing Homes. ................................................................. Page 6
7. Validation of the acute cholecystectomy rate as a quality indicator for emergency general surgery using the SWORD database........................................................................................................................................ Page 7
8. Impact of secondary care financial incentives on the quality of physical healthcare for people with psychosis: a longitudinal controlled study. ........................................................................................................................................ Page 8
9. Improving coding and primary care management for patients with chronic kidney disease: an observational controlled study in East London. ........................................................................................................................................ Page 9
10. Seven steps to mapping health service provision: lessons learned from mapping services for adults with Attention-Deficit/Hyperactivity Disorder (ADHD) in the UK................................................................. Page 9
11. Prevalence of congenital sensorineural deafness in a population of client-owned purebred kittens in the United Kingdom........................................................ Page 10
12. Prescribing dronedarone for paroxysmal atrial fibrillation: how is it done across the UK and is it safe? .................................................. Page 10
13. Type A Aortic Dissection in the UK: The Untold Facts. ........................................................................................................................................ Page 11
14. Increasing the incidence of drain-free day-case mastectomies with the use of a fibrin tissue sealant; data from a single surgical center in the United Kingdom. ........................................................................................................................................ Page 11
16. British Association of Dermatologists (BAD) National Audit on Non-Melanoma Skin Cancer Excision 2016 in collaboration with the Royal College of Pathologists. ........................................................................................................................................ Page 12
17. Association of quality of paediatric epilepsy care with mortality and unplanned hospital admissions among children and young people with epilepsy in England: a national longitudinal data linkage study. ........................................................................................................................................ Page 13
18. Inequalities in glycaemic control in childhood onset type 2 diabetes in England and Wales - A national population-based longitudinal study........................................................................................................................................ Page 13
19. Study protocol for the validation of a new patient-reported outcome measure (PROM) of listening effort in cochlear implantation: the Listening Effort Questionnaire—Cochlear Implant (LEQ-CI).

20. Trends in surgical and catheter interventions for isolated congenital shunt lesions in the UK and Ireland.


26. Differences in access to Emergency Paediatric Intensive Care and care during Transport (DEPICT): study protocol for a mixed methods study.

27. Oxygen alert wristbands (OxyBand) and controlled oxygen: a pilot study.

28. Sensitivity of Administrative Coding in Identifying Inpatient Acute Strokes Complicating Procedures or Other Diseases in UK Hospitals.

29. Defining patterns of care in the management of patients with brain metastases in a large oncology centre: A single-centre retrospective audit of 236 cases.

30. Do infants with transposition of the great arteries born outside a specialist centre have different outcomes?

31. An intracerebral hemorrhage care bundle is associated with lower case-fatality.

32. Impact of achieving primary care targets in type 2 diabetes on health outcomes and healthcare costs.
Results 32 of 32 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")/)) [Since 27-Jun-2019]


Authors
Booth, Helen P; Gallagher, Arlene M; Mullett, David; Carty, Lucy; Padmanabhan, Shivani; Myles, Puja R; Welburn, Stephen J; Hoghton, Matthew; Rafi, Imran; Valentine, Janet

Source
The British journal of general practice: the journal of the Royal College of General Practitioners; Jul 2019

Publication Date
Jul 2019

Publication Type(s)
Journal Article

PubMedID
31262845

Database
Medline

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

Abstract
BACKGROUND Quality improvement (QI) is a priority for general practice, and GPs are expected to participate in and provide evidence of QI activity. There is growing interest in harnessing the potential of electronic health records (EHR) to improve patient care by supporting practices to find cases that could benefit from a medicines review. AIM To develop scalable and reproducible prescribing safety reports using patient-level EHR data. DESIGN AND SETTING UK general practices that contribute de-identified patient data to the Clinical Practice Research Datalink (CPRD). METHOD Scoping phase used stakeholder consultations to identify primary care QI needs and potential indicators. QI reports containing real data were sent to 12 pilot practices that used Vision GP software and had expressed interest. The scale-up phase involved automating production and distribution of reports to all contributing practices that used both Vision and EMIS software systems. Benchmarking reports with patient-level case review lists for two prescribing safety indicators were sent to 457 practices in December 2017 following the initial scale-up (Figure 2). RESULT Two indicators were selected from the Royal College of General Practitioners Patient Safety Toolkit following stakeholder consultations for the pilot phase involving 12 GP practices. Pilot phase interviews showed that reports were used to review individual patient care, implement wider QI actions in the practice, and for appraisal and revalidation. CONCLUSION Electronic health record data can be used to provide standardised, reproducible reports that can be delivered at scale with minimal resource requirements. These can be used in a national QI initiative that impacts directly on patient care.

2. Qualitative process evaluation of the Perioperative Quality Improvement Programme (PQIP): study protocol.

Authors
Wagstaff, Duncan; Moonesinghe, S Ramani; Fulop, Naomi J; Vindrola-Padros, Cecilia

Source
BMJ open; Jul 2019; vol. 9 (no. 7); p. e030214

Publication Date
Jul 2019

Publication Type(s)
Journal Article

PubMedID
31296515

Database
Medline

Available at BMJ open from Europe PubMed Central - Open Access
Available at BMJ open from HighWire - Free Full Text
Available at BMJ open from ProQuest (Health Research Premium) - NHS Version
Available at BMJ open from Unpaywall
INTRODUCTION

The Perioperative Quality Improvement Programme (PQIP) is designed to measure complications after major elective surgery and improve these through feedback of data to clinicians. Previous research suggests that despite the significant resources which go into collecting data for national clinical audits, the information they contain is not always used effectively to improve local services.

METHODS AND ANALYSIS

We will conduct a formative process evaluation of PQIP comprising a multisited qualitative study to analyse PQIP’s programme theory, barriers, facilitators and wider contextual factors that influence implementation. The research will be carried out with the PQIP project team and six National Health Service (NHS) Trusts in England, selected according to geographical location, type of hospital, size and level of engagement with PQIP. We will include one Trust which has not expressed interest in the PQIP for comparison and to explore the role of secular trend in any changes in practice. We will use semi-structured interviews (up to 144 in Trusts and 12 with the project team), non-participant observations (up to 150 hours) and documentary analysis. We will track the lifecycle of perioperative data, exploring the transformations it undergoes from creation to use. We will use framework analysis with categories both from our research questions and from themes emerging from the data.

ETHICS AND DISSEMINATION

Ethical approval has been granted from the University College London Research Ethics Committee (ref 10375/001). Permissions to conduct research at NHS Trusts have been granted by local Research and Development offices in coordination with the Health Research Authority. We will follow guidelines for data security, confidentiality and information governance. Findings will be shared at regular time points with the PQIP project team to inform the implementation of the programme, and with participating NHS Trusts to help them reflect on how they currently use data for improvement of perioperative services.


Authors
Mathes, Tim; Pieper, Dawid; Morche, Johannes; Polus, Stephanie; Jaschinski, Thomas; Eikermann, Michaela

Source
The Cochrane database of systematic reviews; Jul 2019; vol. 7; p. CD011156

Publication Date
Jul 2019

Publication Type(s)
Journal Article Review

PubMedID
31276606

Database
Medline

Available at Cochrane Database of Systematic Reviews from Cochrane Collaboration (Wiley)

Authors
Ibanez-Burron, Maria C; Solebo, Ameenat L; Cumberland, Phillipa M; Rahi, Jugnoo S; Diabetic Eye Disease in Childhood Study (DECS) group

Source
Pediatric diabetes; Jul 2019

Publication Date
Jul 2019

Publication Type(s)
Journal Article

PubMedID
31270908

Database
Medline
5. Diagnostic delay for superficial and deep endometriosis in the United Kingdom.

Authors: Ghal, Vishalli; Jan, Haider; Shakir, Fevzi; Haines, Pat; Kent, Andrew

Abstract

A Cross-sectional study was undertaken at a specialist centre in the United Kingdom investigating duration and causes of delay in the diagnosis of endometriosis. One hundred and one women completed a self-reported questionnaire containing 20 items about their psychosocial, symptoms and experiences. The statistical analysis included a Mann-Whitney U test. A p value of .05 was considered statistically significant. The Spearman's rank correlation was also calculated. Overall, there was a median delay of 8 years (Q1-Q3: 3-14) from the onset of symptoms to a diagnosis of endometriosis. Factors such as menstrual cramps in adolescence, presence of rectovaginal endometriosis, normalisation of pain and attitudes of health professionals contributed to a delayed diagnosis (p values < .05). There was a negative correlation indicating the earlier the onset of symptoms, the greater the delay to diagnosis (Spearman's Rank Correlation Coefficient -0.63, p < .01). The results of this study highlight a considerable diagnostic delay associated with endometriosis and the need for clinician education and public awareness. Impact statement What is already known on this subject? The diagnostic delay of 7-9 years with endometriosis has been reported globally. In an effort to standardise surgical treatment, improve outcomes, and shorten delays specialist endometriosis centres were introduced in 2011. There has been no recent quality improvement assessment since the establishment of such centres. What do the results of this study add? This is the most recent evaluation in the United Kingdom since the introduction of specialist endometriosis centres. There is a considerable diagnostic delay associated endometriosis in the United Kingdom with a median of 8 years. The delays seem not to have improved over the last two decades. We have identified medical and psychosocial factors that may contribute to such delays. These include factors such as menstrual cramps in adolescence, presence of rectovaginal endometriosis, normalisation of pain and attitudes of health professionals contribute to a delayed diagnosis. What are the implications of these findings for clinical practice and/or further research? The results of this study highlight the need for clinician education and public awareness to decrease the long term-morbidity and complications that result from untreated endometriosis.
OBJECTIVES To determine if antibiotic prescribing in community nursing homes (NHs) can be reduced by a multicomponent antibiotic stewardship intervention implemented by medical providers and nursing staff and whether implementation is more effective if performed by a NH chain or a medical provider group.

DESIGN Two-year quality improvement pragmatic implementation trial with two arms (NH chain and medical provider group).

SETTING A total of 27 community NHs in North Carolina that are typical of NHs statewide, conducted before announcement of the US Centers for Medicare and Medicaid Services antibiotic stewardship mandate.

PARTICIPANTS Nursing staff and medical care providers in the participating NHs.

INTERVENTION Standardized antibiotic stewardship quality improvement program, including training modules for nurses and medical providers, posters, algorithms, communication guidelines, quarterly information briefs, an annual quality improvement report, an informational brochure for residents and families, and free continuing education credit.

MEASUREMENTS Antibiotic prescribing rates per 1000 resident days overall and by infection type; rate of urine test ordering; and incidence of Clostridium difficile and methicillin-resistant Staphylococcus aureus (MRSA) infections.

RESULTS Systemic antibiotic prescription rates decreased from baseline by 18% at 12 months (incident rate ratio [IRR] = 0.82; 95% confidence interval [CI] = 0.69-0.98) and 23% at 24 months (IRR = 0.77; 95% CI = 0.65-0.90). A 10% increase in the proportion of residents with the medical director as primary physician was associated with a 4% reduction in prescribing (IRR = 0.96; 95% CI = 0.92-0.99). Incidence of C. difficile and MRSA infections, hospitalizations, and hospital readmissions did not change significantly. No adverse events from antibiotic nonprescription were reported. Estimated 2-year implementation costs per NH, exclusive of medical provider time, ranged from $354 to $3653.

CONCLUSIONS Antibiotic stewardship programs can be successfully disseminated in community NHs through either NH administration or medical provider groups and can achieve significant reductions in antibiotic use for at least 2 years. Medical director involvement is an important element of program success.
Abstract

INTRODUCTION Despite an increasing emphasis on data-driven quality improvement, few validated quality indicators for emergency surgical services have been published. The aims of this study therefore were: 1) to investigate whether the acute cholecystectomy rate is a valid process indicator; and 2) to use this rate to examine variation in the provision of acute cholecystectomy in England. MATERIALS AND METHODS The Surgical Workload and Outcomes Research Database (SWORD), derived from the Hospital Episode Statistics database, was interrogated for the 2012-2017 financial years. All adult patients admitted with acute biliary pancreatitis, cholecystitis or biliary colic to hospitals in England were included and the acute cholecystectomy rate in each one examined. RESULTS A total of 328,789 patients were included, of whom 42,642 (12.9%) underwent an acute cholecystectomy. The acute cholecystectomy rate varied significantly between hospitals, with the overall rate ranging from 1.2% to 36.5%. This variation was consistent across all disease groupings and time periods, and was independent of the annual number of procedures performed by each NHS trust. In 41 (29.9%) trusts, fewer than one in ten patients with acute gallbladder disease underwent cholecystectomy within two weeks. CONCLUSIONS The acute cholecystectomy rate is easily measurable using routine administrative datasets, modifiable by local services and has a strong evidence base linking it to patient outcomes. We therefore advocate that it is an ideal process indicator that should be used in quality monitoring and improvement. Using it, we identified significant variation in the quality of care for acute biliary disease in England.


Authors

Crawford, Mike J; Huddart, Daniel; Craig, Eleanor; Zalewska, Krysia; Quirk, Alan; Shiers, David; Strathdee, Geraldine; Cooper, Stephen J

Source

The British journal of psychiatry : the journal of mental science; Jul 2019 ; p. 1-6

Publication Date

Jul 2019

Publication Type(s)

Journal Article

PubMedID

31272513

Database

Medline

Available at The British journal of psychiatry : the journal of mental science from Glenfield Hospital Library Local Print Collection [location] : Glenfield Library.

Available at The British journal of psychiatry : the journal of mental science from Available to NHS staff on request from UHL Libraries & Information Services (from non-NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at The British journal of psychiatry : the journal of mental science from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Abstract

BACKGROUND Concerns have repeatedly been expressed about the quality of physical healthcare for people with psychosis receive. Aims To examine whether the introduction of a financial incentive for secondary care services led to improvements in the quality of physical healthcare for people with psychosis. METHODS Longitudinal data were collected over an 8-year period on the quality of physical healthcare that people with psychosis received from 56 trusts in England before and after the introduction of the financial incentive. Control data were also collected from six health boards in Wales where a financial incentive was not introduced. We calculated the proportion of patients whose clinical records indicated that they had been screened for seven key aspects of physical health and whether they were offered interventions for problems identified during screening. RESULTS Data from 17,947 people collected prior to (2011 and 2013) and following (2017) the introduction of the financial incentive in 2014 showed that the proportion of patients who received high-quality physical healthcare in England rose from 12.85% to 31.65% (difference 18.8%, CI 17.37-20.21). The proportion of patients who received high-quality physical healthcare in Wales during this period rose from 8.40% to 13.96% (difference 5.56, 95% CI 1.33-10.10). CONCLUSIONS The results of this study suggest that financial incentives for secondary care mental health services are associated with marked improvements in the quality of care that patients receive. Further research is needed to examine their impact on aspects of care that are not incentivised. Declaration of interest D.S. is an expert advisor to the National Institute for Health and Care Excellence (NICE) centre for guidelines and a member of the current NICE guideline development group for rehabilitation in adults with complex psychosis and related severe mental health conditions; a board member of the National Collaborating Centre for Mental Health (NCCMH); views are personal and not those of NICE or NCCMH. G.S. was the National Clinical Director for Mental Health at NHS England and played a lead role in setting up the physical health CQUIN (Commissioning for Quality and Innovation framework) for people with psychosis. M.J.C. is Director of the College Centre for Quality Improvement which was commissioned by NHS England to collect data for the CQUIN and commissioned by HQIP to conduct the National Clinical Audit of Psychosis. S.J.C. is Clinical Lead for the National Clinical Audit of Psychosis. E.C., K.Z. and A.Q. are employed by the Royal College of Psychiatrists which was commissioned by NHS England to collect data for the CQUIN and commissioned by HQIP to conduct the National Clinical Audit of Psychosis.

**Authors**
Hull, Sally A; Rajabzadeh, Vian; Thomas, Nicola; Hoong, Sec; Dreyer, Gavin; Rainey, Helen; Ashman, Neil

**Source**
The British journal of general practice : the journal of the Royal College of General Practitioners; Jul 2019; vol. 69 (no. 684); p. e454

**Publication Date**
Jul 2019

**Publication Type(s)**
Journal Article

**PubMedID**
31160369

**Database**
Available at The British journal of general practice : the journal of the Royal College of General Practitioners from EBSCO (MEDLINE Complete)

**Abstract**
BACKGROUND The UK national chronic kidney disease (CKD) audit in primary care shows diagnostic coding in the electronic health record for CKD averages 70%, with wide practice variation. Coding is associated with improvements to risk factor management; CKD cases coded in primary care have lower rates of unplanned hospital admission.

AIM To increase diagnostic coding of CKD (stages 3-5) and primary care management, including blood pressure to target and prescription of statins to reduce cardiovascular disease risk.

DESIGN AND SETTING Controlled, cross-sectional study in four East London clinical commissioning groups (CCGs).

METHOD Interventions to improve coding formed part of a larger system change to the delivery of renal services in both primary and secondary care in East London. Quarterly anonymised data on CKD coding, blood pressure values, and statin prescriptions were extracted from practice computer systems for 1-year pre- and post-initiation of the intervention.

RESULT Three intervention CCGs showed significant coding improvement over a 1 year period following the intervention (regression for post-intervention trend P<0.001). The CCG with highest coding rates increased from 76-90% of CKD cases coded; the lowest coding CCG increased from 52-81%. The comparison CCG showed no change in coding rates. Combined data from all practices in the intervention CCGs showed a significant increase in the proportion of cases with blood pressure achieving target levels (difference in proportion P<0.001) over the 2-year study period. Differences in statin prescribing were not significant.

CONCLUSION Clinically important improvements to coding and management of CKD in primary care can be achieved by quality improvement interventions that use shared data to track and monitor change supported by practice-based facilitation. Alignment of clinical and CCG priorities and the provision of clinical targets, financial incentives, and educational resources were additional important elements of the intervention.

10. Seven steps to mapping health service provision: lessons learned from mapping services for adults with Attention-Deficit/Hyperactivity Disorder (ADHD) in the UK.

**Authors**
Price, Anna; Janssens, Astrid; Dunn-Morua, Susan; Eke, Helen; Asherson, Philip; Lloyd, Tony; Ford, Tamsin

**Source**
BMC health services research; Jul 2019; vol. 19 (no. 1); p. 468

**Publication Date**
Jul 2019

**Publication Type(s)**
Journal Article

**PubMedID**
31288805

**Database**
Available at BMC health services research from BioMed Central

**Export**

**Search Strategy**
MEDLINE - AUDIT

**Page 9 of 21**
BACKGROUND ADHD affects some individuals throughout their lifespan, yet service provision for adults in the United Kingdom (UK) is patchy. Current methods for mapping health service provision are resource intensive, do not map specialist ADHD teams separately from generic mental health services, and often fail to triangulate government data with accounts from service users and clinicians. Without a national audit that maps adult ADHD provision, it is difficult to quantify current gaps in provision and make the case for change. This paper describes the development of a seven step approach to map adult ADHD service provision in the UK.

METHODS A mapping method was piloted in 2016 and run definitively in 2018. A seven step method was developed: 1. Defining the target service 2. Identifying key informants 3. Designing the survey 4. Data collection 5. Data analysis 6. Communicating findings 7. Hosting/updating the service map. Patients and members of the public (including clinicians and commissioners) were involved with design, data collection and dissemination of findings.

RESULTS Using a broad definition of adult ADHD services resulted in an inclusive list of identified services, and allowed the definition to be narrowed to National Health Service (NHS) funded specialist ADHD services at data analysis, with confidence that few relevant services would be missed. Key informants included patients, carers, a range of health workers, and commissioners. A brief online survey, written using lay terms, appeared acceptable to informants. Emails sent using national organisations’ mailing lists were the most effective way to access informants on a large scale. Adaptations to the methodology in 2018 were associated with 64% more responses (2371 vs 1446) collected in 83% less time (5 vs 30 weeks) than the pilot. The 2016 map of adult ADHD services was viewed 13,688 times in 17 weeks, indicating effective communication of findings.

CONCLUSION This seven step pragmatic method was effective for collating and communicating national service data about UK adult ADHD service provision. Patient and public involvement and engagement from partner organisations was crucial throughout. Lessons learned may be transferable to mapping service provision for other health conditions and in other locations.
Abstract
Dronedarone, a useful treatment for paroxysmal atrial fibrillation, is often only prescribed in secondary care. To support a protocol shared between primary and secondary care, dronedarone use was audited in our centre and prescribing practices across UK secondary care centres were reviewed. From 2010 to 2015, a total of 181 patients were started on dronedarone. There were no deaths or serious adverse events. Median cessation time due to adverse effects was 52 days and 88% stopped dronedarone within 6 months. Of 17 local prescribing protocols across the UK, 12 involved shared care and 5 purely secondary care follow-up. In our review, dronedarone was safe and well tolerated. The use of shared care protocols is well established in other UK centres. The development of a local shared care protocol between primary and secondary care is feasible with existing systems in place to support its introduction.

13. Type A Aortic Dissection in the UK: The Untold Facts.

Authors
Bashir, Mohamad; Harky, Amer; Howard, Callum; Bartram, Thomas

Source
Seminars in thoracic and cardiovascular surgery; Jul 2019

Publication Date
Jul 2019

Publication Type(s)
Editorial

PubMedID
31283988

Database
Medline

Available at Seminars in thoracic and cardiovascular surgery 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.

Abstract
BACKGROUND There is a lack of evidence on multitude level for appropriate recognition, management and outcome results in Type A Aortic Dissection management in the UK. A huge amount of retrospective data exists in the literature which provides non meaningful prospect to a service that meets the current era.

METHODS Electronic searches were performed on PubMed and Cochrane databases with no limits placed on dates. Search terms were charted to MeSH terms and combined using Boolean operations, and also used as key words. Papers were selected on the basis of title and abstract. The reference lists of selected papers were reviewed to identify any relevant papers that might be suitable for inclusion in the study. Papers were selected based on providing primary end points of death, rupture, or dissection and/or information regarding aortic aneurysm growth. Papers were not excluded based on patient population age.

RESULTS We demonstrated the lack of evidence for quality outcomes in Type A aortic dissection in the UK. This highlighted the unwarranted variation seen in this entity and the caveats needed to improve structuring of Type A aortic dissection from early identification in emergency departments to arrival at destination site for optimum intervention.

CONCLUSION Emergency services should be restructured to meet the immediate affirmation of diagnosis with gold standard imaging modality available. Management of this dire disease should be instituted at local hospitals prior to transportation and results should be audited regularly to improve quality outcomes. Attempts should be made to create local area networks to improve the efficiencies and outcomes of the service and transfer to centres with concentration of expertise. Recognition of regional networks by the UK Government Care Quality Commission, should in part based on cumulative evidence sought after from virtual MDTs. Unwarranted variation is an avenue that requires to be addressed to rise with service provision that meets our patients aspiration and be of current evidence in 21st era.

14. Increasing the incidence of drain-free day-case mastectomies with the use of a fibrin tissue sealant; data from a single surgical center in the United Kingdom.

Authors
Harrison, Conrad; Remoundos, Dionysios D; Harvey, Kate L; Stoker, Gill V; MacLean, Gael; Adwani, Asha; Roy, Pankaj G

Source
The breast journal; Jul 2019

Publication Date
Jul 2019

Publication Type(s)
Journal Article

PubMedID
31338929

Database
Medline

Available at The breast journal from Wiley Online Library Medicine and Nursing Collection 2019 - NHS Available at The breast 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

Day-case mastectomy surgery provides benefits to both patients and hospitals. Key barriers are the use of a drain and the risk of postoperative seroma formation. We introduced the use of a tissue sealant (Artiss) into the surgical site (post-mastectomy without immediate reconstruction and postaxillary clearance) and evaluated its effect on our practice, particularly day-case rates. A prospective audit of 177 patients who underwent a simple mastectomy with or without axillary surgery, or axillary node clearance with or without breast-conserving surgery was conducted at a single surgical center in the UK between November 2015 and November 2016. Artiss was used in all operations and, where appropriate, the drain was omitted to facilitate day-case surgery. The clinical outcomes were compared between patients undergoing different operations and duration of hospital stay. There was no statistically significant difference between day-case patients and inpatients in seroma aspiration rates (24.5% and 21.7%, respectively; \( P = 0.381 \)) or other complications (22.4% and 16.1%, respectively; \( P = 0.106 \)). The day-case mastectomy rate increased from 3.9% in the first quarter to 45.5% in the final quarter, which was a significant increase reaching well beyond the national target. The use of Artiss enabled us to increase the drain-free day-case surgery rates over a 1-year period, exceeding the 30% target recommended by the British Association of Day Surgery. We did not observe any increase in patient morbidity, and the change was cost-effective. We have now implemented the routine use of Artiss in women undergoing simple mastectomy with or without axillary surgery and stand-alone axillary node clearances as part of enhanced recovery clinical pathways.


Abstract

In many countries, specialist cancer services are centralised to improve outcomes. We explored how centralisation affects the radical treatment of high-risk and locally advanced prostate cancer in the English NHS. 79,085 patients diagnosed with high-risk and locally advanced prostate cancer in England (April 2014 to March 2016) were identified in the National Prostate Cancer Audit database. Poisson models were used to estimate risk ratios (RR) for undergoing radical treatment by whether men were diagnosed at a regional coordinating centre (‘hub’), for having surgery by the presence of surgical services on-site, and for receiving high dose-rate brachytherapy (HDR-BT) in addition to external beam radiotherapy by its regional availability. Men were equally likely to receive radical treatment, irrespective of whether they were diagnosed in a hub (RR 0.99, 95% CI 0.91-1.08). Men were more likely to have surgery if they were diagnosed at a hospital with surgical services on site (RR 1.24, 1.10-1.40), and more likely to receive additional HDR-BT if they were diagnosed at a hospital with direct regional access to this service (RR 6.16, 2.94-12.92). Centralisation of specialist cancer services does not affect whether men receive radical treatment, but it does affect treatment modality. Centralisation may have a negative impact on access to specific treatment modalities.

16. British Association of Dermatologists (BAD) National Audit on Non-Melanoma Skin Cancer Excision 2016 in collaboration with the Royal College of Pathologists.

Abstract

In many countries, specialist cancer services are centralised to improve outcomes. We explored how centralisation affects the radical treatment of high-risk and locally advanced prostate cancer in the English NHS. 79,085 patients diagnosed with high-risk and locally advanced prostate cancer in England (April 2014 to March 2016) were identified in the National Prostate Cancer Audit database. Poisson models were used to estimate risk ratios (RR) for undergoing radical treatment by whether men were diagnosed at a regional coordinating centre (‘hub’), for having surgery by the presence of surgical services on-site, and for receiving high dose-rate brachytherapy (HDR-BT) in addition to external beam radiotherapy by its regional availability. Men were equally likely to receive radical treatment, irrespective of whether they were diagnosed in a hub (RR 0.99, 95% CI 0.91-1.08). Men were more likely to have surgery if they were diagnosed at a hospital with surgical services on site (RR 1.24, 1.10-1.40), and more likely to receive additional HDR-BT if they were diagnosed at a hospital with direct regional access to this service (RR 6.16, 2.94-12.92). Centralisation of specialist cancer services does not affect whether men receive radical treatment, but it does affect treatment modality. Centralisation may have a negative impact on access to specific treatment modalities.

**Authors**
Hargreaves, Dougal S; Arora, Sandeepa; Viveiro, Carolina; Hale, Daniel R; Ward, Joseph L; Sherlaw-Johnson, Christopher; Viner, Russell M; Dunkley, Colin; Cross, J Helen

**Source**
The Lancet. Child & adolescent health; Jul 2019

**Publication Date**
Jul 2019

**Publication Type(s)**
Journal Article

**PubMed ID**
31281027

**Database**
Medline

**Abstract**
BACKGROUND Concerns have been raised about variation in care quality and outcomes among children and young people with epilepsies in England. We aimed to investigate the association between quality of paediatric care, hospital admissions, and all-cause deaths among epilepsy patients. METHODS UK dermatologists collected data on 10 consecutive non-micrographic excisions for basal cell carcinoma and 5 for squamous cell carcinoma. Data was collected on site, pre-operative diagnosis, histological diagnosis, proximity to previous scars, histological deep and peripheral margins.

RESULTS We received 222 responses from 135 centres of 3290 excisions. Excisions from the head and neck accounted for 56.7% of cases. The mean tumour diameter was 11.4 mm (SD 7.1 mm, maximum 100 mm) and 97% of cases were primary excisions. BCCs accounted for 65.7% of total cases and SCCs 26.8%. Of the suspected BCCs, 95.8% were confirmed histologically and for suspected SCCs 80.4%. All margins for any tumour were clear in 97.0%. Complication rate in the audit was <1%. Of the 2864 histology reports evaluated only 706 (24.6%) contained all core data items. 95% of these were synoptic reports. Commonly omitted items were level of invasion, risk and T stage, absent in 35.7%, 64.2% and 44.1% of reports respectively.

CONCLUSIONS Diagnostic accuracy and complete excision rates remain high.Complication rates may be under-reported due to lack of follow up. Histopathology reporting has a greater chance of being complete if reports are generated on a field based platform (synoptic reporting). This article is protected by copyright. All rights reserved.


**Authors**
Khanolkar, Amal R; Amin, Rakesh; Taylor-Robinson, David; Viner, Russell M; Warner, Justin; Stephens, Terence

**Source**
Pediatric diabetes; Jul 2019
Abstract

INTRODUCTION

Listening effort may be defined as the cognitive resources needed to understand an auditory message. A sustained requirement for listening effort is known to have a negative impact on individuals’ sense of social connectedness, well-being and quality of life. A number of hearing-specific patient-reported outcome measures (PROMs) exist currently; however, none adequately assess listening effort as it is experienced in the listening situations of everyday life. The Listening Effort Questionnaire-Cochlear Implant (LEQ-CI) is a new, hearing-specific PROM designed to assess perceived listening effort as experienced by adult CI patients. It is the aim of this study to conduct the first psychometric evaluation of the LEQ-CI’s measurement properties.

METHODS AND ANALYSIS

This study is a phased, prospective, multi-site validation study in a UK population of adults with severe-profound sensorineural hearing loss who meet local candidacy criteria for CI. In phase 1, 250 CI patients from four National Health Service CI centres will self-complete a paper version of the LEQ-CI. Factor analysis will establish unidimensionality and Rasch analysis will evaluate item fit, differential item functioning, response scale ordering, targeting of persons and items, and reliability. Classical test theory methods will assess acceptability/data completeness, scaling assumptions, targeting and internal consistency reliability. Phase 1 results will inform refinements to the LEQ-CI. In phase 2, a new sample of adult CI patients (n=100) will self-complete the refined LEQ-CI, the Speech, Spatial and Qualities of Hearing Scale, the Nijmegen Cochlear Implant Questionnaire and the Fatigue Assessment Scale to assess construct validity.

ETHICS AND DISSEMINATION

This study was approved by the Abertawe Bro Morgannwg University Health Board/Swansea University Joint Study Review Committee and the Newcastle and North Tyneside 2 Research Ethics Committee. Dissemination will be in high-quality journals, conference presentations and SEH’s doctoral dissertation.
20. Trends in surgical and catheter interventions for isolated congenital shunt lesions in the UK and Ireland.

**Authors**
Farooqi, Mehreen; Stickley, John; Dhillon, Rami; Barron, David J; Stumper, Oliver; Jones, Timothy J; Clift, Paul F; Brawn, William J; Drury, Nigel E

**Source**
Heart (British Cardiac Society); Jul 2019; vol. 105 (no. 14); p. 1103-1108

**Publication Date**
Jul 2019

**Publication Type(s)**
Journal Article

**PubMedID**
30772822

**Database**
Medline

Available at Heart from BMJ Journals - NHS
Available at Heart 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 Heart 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 Heart from Unpaywall

**Abstract**
OBJECTIVETo evaluate time trends in the use of catheter and surgical procedures, and associated survival in isolated congenital shunt lesions. METHODS Nationwide, retrospective observational study of the UK National Congenital Heart Disease Audit database from 2000 to 2016. Patients undergoing surgical or catheter procedures for atrial septal defect (including sinus venosus defect), patent foramen ovale, ventricular septal defect and patent arterial duct were included. Temporal changes in the frequency of procedures, and survival at 30 days and 1 year were determined. RESULTS 40911 procedures were performed, 16604 surgical operations and 24307 catheter-based interventions. Transcatheter procedures increased over time, overtaking surgical repair in 2003-2004, while the number of operations remained stable. Trends in interventions differed according to defect type and patient age. Catheter closure of atrial septal defects is now more common in children and adults, although surgical interventions have also increased. Patent foramen ovale closure in adults peaked in 2009-2010 before falling significantly since. Surgery remains the mainstay for ventricular septal defect in infants and children. Duct ligation is most common in neonates and infants, while transcatheter intervention is predominant in older children. Excluding duct ligation, survival following surgery was 99.4% and =98.7%, and following catheter interventions was 99.7% and =99.2%, at 30 days and 1 year, respectively. CONCLUSION Trends in catheter and surgical techniques for isolated congenital shunt lesions plot the evolution of the specialty over the last 16 years, reflecting changes in clinical guidelines, technology, expertise and reimbursement, with distinct patterns according to lesion and patient age.


**Authors**
Cross-Sudworth, Fiona; Knight, Marian; Goodwin, Laura; Kenyon, Sara

**Source**
BMJ open; Jun 2019; vol. 9 (no. 6); p. e029552

**Publication Date**
Jun 2019

**Publication Type(s)**
Journal Article

**PubMedID**
31256038

**Database**
Medline

Available at BMJ Open from Europe PubMed Central - Open Access
Available at BMJ Open from HighWire - Free Full Text
Available at BMJ Open from ProQuest (Health Research Premium) - NHS Version
Available at BMJ Open from Unpaywall
OBJECTIVES Local reviews of the care of women who die in pregnancy and post-birth should be undertaken. We investigated the quantity and quality of hospital reviews.

DESIGN Anonymised case notes review.

PARTICIPANTS All 233 women in the UK and Ireland who died during or up to 6 weeks after pregnancy from any cause related to or aggravated by pregnancy or its management in 2012-2014.

MAIN OUTCOME MEASURES The number of local reviews undertaken. Quality was assessed by the composition of the review panel, whether root causes were systematically assessed and actions detailed.

RESULTS The care of 177/233 (76%) women who died was reviewed locally. The care of women who died in early pregnancy and after 28 days post-birth was less likely to be reviewed as was the care of women who died outside maternity services and who died from mental health-related causes. 140 local reviews were available for assessment. Multidisciplinary review was undertaken for 65% (91/140). External involvement in review occurred in 12% (17/140) and of the family in 14% (19/140). The root causes of deaths were systematically assessed according to national guidance in 13% (18/140). In 88% (123/140) actions were recommended to improve future care, with a timeline and person responsible identified in 55% (77/140). Audit to monitor implementation of changes was recommended in 14% (19/140).

CONCLUSIONSThis systematic assessment of local reviews of care demonstrated that not all hospitals undertake a review of care of women who die during or after pregnancy and in the majority quality is lacking. The care of these women should be reviewed using a standardised robust process including root cause analysis to maximise learning and undertaken by an appropriate multidisciplinary team who are given training, support and adequate time.


Authors
Bouttell, Janet; Tan, Yun Yi; Creed, David; McGaffin, Gillian; Hawkins, Neil; McLaughlin, Ruth; Smith, Graeme; Westwood, Paul; Williams, Nicola; Graham, Janet

Source
International journal of technology assessment in health care; Jul 2019; p. 1-7

Abstract
OBJECTIVES The cost-effectiveness of molecular pathology testing is highly context dependent. The field is fast-moving, and national health technology assessment may not be relevant or timely for local decision makers. This study illustrates a method of context-specific economic evaluation that can be carried out in a limited timescale without extensive resources.

METHODS We established a multi-disciplinary group including an oncologist, pathologists and a health economist. We set out diagnostic and treatment pathways and costs using registry data, health technology assessments, guidelines, audit data, and estimates from the group. Sensitivity analysis varied input parameters across plausible ranges. The evaluation setting was the West of Scotland and UK NHS perspective was adopted. The evaluation was assessed against the AdHopHTA checklist for hospital-based health technology assessment. The evaluation setting was the West of Scotland and UK NHS perspective was adopted.

RESULTS A context-specific economic evaluation could be carried out on a timely basis using limited resources. The evaluation met all relevant criteria in the AdHopHTA checklist. Health outcomes were expected to be at least equal to the current strategy. Annual cost savings of £637,000 were estimated resulting primarily from a reduction in the proportion of patients receiving intravenous infusional chemotherapy regimens. The result was not sensitive to any parameter. The data driving the main cost saving were the data driving the main cost saving.

CONCLUSIONSThe method could be used to evaluate testing changes elsewhere. The results of the case study may be transferable to other jurisdictions where the organization of cancer services is fragmented.


Authors
Shawihdi, Mustafa; Dodd, Susanna; Kallis, Constantinos; Dixon, Pete; Grainger, Ruth; Bloom, Stuart; Cummings, Fraser; Pearson, Mike; Bodger, Keith

Source
Alimentary pharmacology & therapeutics; Jul 2019; vol. 50 (no. 2); p. 176-192

Abstract
OBJECTIVES Local reviews of the care of women who die in pregnancy and post-birth should be undertaken. We investigated the quantity and quality of hospital reviews.

DESIGN Anonymised case notes review.

PARTICIPANTS All 233 women in the UK and Ireland who died during or up to 6 weeks after pregnancy from any cause related to or aggravated by pregnancy or its management in 2012-2014.

MAIN OUTCOME MEASURES The number of local reviews undertaken. Quality was assessed by the composition of the review panel, whether root causes were systematically assessed and actions detailed.

RESULTS The care of 177/233 (76%) women who died was reviewed locally. The care of women who died in early pregnancy and after 28 days post-birth was less likely to be reviewed as was the care of women who died outside maternity services and who died from mental health-related causes. 140 local reviews were available for assessment. Multidisciplinary review was undertaken for 65% (91/140). External involvement in review occurred in 12% (17/140) and of the family in 14% (19/140). The root causes of deaths were systematically assessed according to national guidance in 13% (18/140). In 88% (123/140) actions were recommended to improve future care, with a timeline and person responsible identified in 55% (77/140). Audit to monitor implementation of changes was recommended in 14% (19/140).

CONCLUSIONSThis systematic assessment of local reviews of care demonstrated that not all hospitals undertake a review of care of women who die during or after pregnancy and in the majority quality is lacking. The care of these women should be reviewed using a standardised robust process including root cause analysis to maximise learning and undertaken by an appropriate multidisciplinary team who are given training, support and adequate time.
Abstract

BACKGROUND The UK IBD Audit Programme reported improved inpatient care processes for ulcerative colitis (UC) between 2005 and 2013. There are no independent data describing national or institutional trends in patient outcomes over this period.

AIM To assess the association between the outcome of emergency admission for UC and year of treatment.

METHODS Retrospective analysis of hospital administrative data, focused on all emergency admissions to English public hospitals with a discharge diagnosis of UC. We extracted case mix factors (age, sex, co-morbidity, emergency bed days in last year, deprivation status), outcomes of index admission (death and first surgery), 30-day emergency readmissions (all-cause, and selected causes) and outcome of readmission.

RESULTS There were 765 deaths and 3837 unplanned first operations in 44,882 emergency admissions, with 5311 emergency readmissions (with a further 171 deaths and 517 first operations). Case mix adjusted odds of death for any given year were 9% lower (OR 0.91, 95% CI: 0.89-0.94), and that for emergency surgery 3% lower (OR 0.97, 95% CI: 0.95-0.98) than the preceding year. Results were robust to sensitivity analysis (admissions lasting ≥4 days). There was no reduction in odds for all-cause readmission, but rates for venous thromboembolism declined significantly. Analysis of institutional-level metrics across 136 providers showed a stepwise reduction in outliers for mortality and unplanned surgery.

CONCLUSIONS Risk of death and unplanned surgery for UC patients admitted as emergencies declined consistently, as did unexplained variation between hospitals. Risk of readmission was unchanged (over 1 in 10). Multiple factors are likely to explain these nationwide trends.


Authors Parry, S; Curtis, H; Chadwick, D; British HIV Association Audit and Standards Sub-Committee

Source HIV medicine; Jul 2019; vol. 20 (no. 6); p. 424-427

Publication Date Jul 2019

Publication Type(s) Journal Article

PubMedID 31006960

Database Medline

Abstract

OBJECTIVES The aim of this national audit was to assess adherence of services providing HIV care in the UK to national standards and guidelines regarding psychological support and the assessment of alcohol and recreational drug use (including chemsex drugs) in people living with HIV (PLWH).

METHODS Participating sites completed a survey of their services' care pathways relating to psychological support and substance use. They performed a case-note review of up to 40 adult PLWH per service, reviewing sociodemographic and clinical information and assessment of psychological wellbeing, drug use and alcohol use. The surveys and case notes were assessed against relevant British HIV Association (BHIVA) guidelines and standards.

RESULTS The survey was completed by 112 services. Of these, 73%, 82% and 73% had formal annual processes for assessing the psychological wellbeing, alcohol use, and drug use, respectively, of PLWH. Case-note data were provided for 4486 PLWH from 119 sites. Audited rates of assessment of PLWH were 66.0% for psychological wellbeing, 68.0% for alcohol use, and 58.4% for recreational drug use and 16.8% for chemsex drug use. Variation between clinical services was wide, with ranges from < 10% to 100% routinely assessing PLWH for each of these domains. Services using assessment tools performed better.

CONCLUSIONS Assessment of PLWH for psychological wellbeing and alcohol and recreational drug use is variable in UK clinics, with a significant minority of services not documenting that they assessed these factors routinely. Wider adoption of assessment tools or proformas to assess PLWH in these areas is likely to improve surveillance for psychological morbidity and problematic alcohol or drug use.


Authors Naqvi, Anie; Raynor, Emma; Freemont, Anthony J

Source Histopathology; Jul 2019; vol. 75 (no. 1); p. 74-80

Publication Date Jul 2019

Publication Type(s) Journal Article

PubMedID 30820979

Database Medline

Abstract

OBJECTIVES The aim of this study was to develop and test a histological algorithm to assess infant fractures, with the potential to help reduce false accusations of non-accidental injury.

METHODS We used a case-control study of 40 pairs of infant deaths and non-deaths to develop and test a histological algorithm. The algorithm was based on the presence and degree of histological ageing features, which were scored on a 4-point scale.

RESULTS The algorithm was shown to be effective in distinguishing accidental from non-accidental fractures with a sensitivity of 90% and specificity of 97%. The algorithm was also shown to be reliable, with inter-rater agreement of 92%.

CONCLUSIONS The algorithm provides a practical tool for assessing infant fractures, which can help reduce false accusations of non-accidental injury.
### 26. Differences in access to Emergency Paediatric Intensive Care and care during Transport (DEPICT): study protocol for a mixed methods study.

<table>
<thead>
<tr>
<th>Authors</th>
<th>Ramnarayan, Padmanabhan; Evans, Ruth; Draper, Elizabeth S; Seaton, Sarah E; Wray, Jo; Morris, Stephen; Pagel, Christina; DEPICT Study Investigators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source</td>
<td>BMJ open; Jul 2019; vol. 9 (no. 7); p. e028000</td>
</tr>
<tr>
<td>Publication Date</td>
<td>Jul 2019</td>
</tr>
<tr>
<td>Publication Type(s)</td>
<td>Journal Article</td>
</tr>
<tr>
<td>PubMedID</td>
<td>31315865</td>
</tr>
<tr>
<td>Database</td>
<td>Medline Available at BMJ Open from Europe PubMed Central - Open Access Available at BMJ Open from HighWire - Free Full Text Available at BMJ Open from ProQuest (Health Research Premium) - NHS Version Available at BMJ Open from Unpaywall</td>
</tr>
</tbody>
</table>

**Abstract**

**INTRODUCTION**
Following centralisation of UK paediatric intensive care, specialist retrieval teams were established who travel to general hospitals to stabilise and transport sick children to regional paediatric intensive care units (PICUs). There is national variation among these PICU retrieval teams (PICRTs) in terms of how quickly they reach the patient's bedside and in the care provided during transport. The impact of these variations on clinical outcomes and the experience of stakeholders (patients, families and healthcare staff) is however unknown. The primary objective of this study is to address this evidence gap.

**METHODS AND ANALYSIS**
This mixed-methods project involves the following: (1) retrospective analysis of linked data from routine clinical audits (2014-2016) to assess the impact of service variations on 30-day mortality and other secondary clinical outcomes; (2) a prospective questionnaire study conducted at 24 PICUs and 9 associated PICRTs in England and Wales over a 12-month period in 2018 to collect experience data from parents of transported children as well as qualitative analysis of in-depth interviews with a purposive sample of patients, parents and staff to assess the impact of service variations on patient/family experience; (3) health economic evaluation analysing transport service costs (and other associated costs) against lives saved and longer term measurements of quality of life at 12 months in transported children and (4) mathematical modelling evaluating the costs and potential impact of different service configurations. A final work stream involves a series of stakeholder workshops to synthesise study findings and generate recommendations.

**ETHICS AND DISSEMINATION**
The study has been reviewed and approved by the Health Research Authority, ref: 2 18 569. Study results will be actively disseminated through peer-reviewed journals, conference presentations, social media, print and broadcast media, the internet and stakeholder workshops.

### 27. Oxygen alert wristbands (OxyBand) and controlled oxygen: a pilot study.

<table>
<thead>
<tr>
<th>Authors</th>
<th>Rickards, Emma; Wat, Dennis; Kelly, Carol Ann; Sibley, Sarah</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source</td>
<td>British journal of community nursing: Jul 2019; vol. 24 (no. 7); p. 310-314</td>
</tr>
<tr>
<td>Publication Date</td>
<td>Jul 2019</td>
</tr>
<tr>
<td>Publication Type(s)</td>
<td>Journal Article</td>
</tr>
<tr>
<td>PubMedID</td>
<td>31265343</td>
</tr>
<tr>
<td>Database</td>
<td>Medline Available at British journal of community nursing from Available to NHS staff on request from UHL Libraries &amp; Information Services (from NULJ library) - click this link for more information Local Print Collection [location]: UHL Libraries On Request (Free)</td>
</tr>
</tbody>
</table>

**Abstract**

**AIMS**
This study is the first to systematically document histological features of fractures of known age in infants (≤ 12 months). It has been used to develop a tabulated database specifically to guide histopathologists to age fractures in children considered to have suffered accidental or non-accidental injury (NAI). Currently in the United Kingdom there are insufficient pathologists with experience in histological ageing of fractures to meet the medicolegal need for this examination. This study provides a practical tool that will allow those skilled paediatric and forensic pathologists currently involved in assessing infants for evidence of accidental or non-accidental injury a basis for extending their assessment into this area of unmet need.

**METHODS AND RESULTS**
One hundred and sixty-nine fractures of known age at death were obtained from 52 anonymised infants over a period of 32 years (1985-2016 inclusive). Sections stained using haematoxylin and eosin (H&E) and Martius scarlet blue (MSB) were used to identify specific histological features and to relate them to fracture age. In 1999 the data were entered into a tabulated database for fractures accumulated between from 1985 to 1998 inclusive. Thereafter cases were added, and at 2-yearly intervals the accumulated data were audited against the previous database and adjustments made.

**CONCLUSION**
This paper describes the final data set from the 2017 audit. The study was terminated at the end of 2016, as there had been no material changes in the data set for three consecutive audits.

**DISCUSSION**
Fractures in children considered to have suffered NAI have been identified as an important area of unmet need with respect to forensic examination. The study provides a database that will allow pathologists with appropriate experience to consistently identify the age at which fractures were sustained.

**REFERENCES**

**ETHICAL APPROVAL**
Ethical approval was obtained from the local ethical committee, ref: 2017/00000.
Despite the introduction of Oxygen Alert Cards, guidelines and audits, oxygen therapy remains overused in NHS practice, and this may lead to iatrogenic mortality. This pilot study aimed to examine the use of Oxygen Alert Wristbands (OxyBand) designed to alert health professionals who are delivering oxygen to patients to ensure that the oxygen is administered and titrated safely to the appropriate target saturations. Patients at risk of hypercapnic acidosis were asked to wear OxyBands while presenting to paramedics and health professionals in hospitals. Inappropriate prescription of oxygen reduced significantly after the OxyBands were used. A questionnaire-based assessment showed that the clinicians involved had a good understanding of the risks of uncontrolled oxygen. Forty-two patients found the wrist band comfortable to wear, and only two did not. OxyBands may have the potential to improve patient safety over Oxygen Alert Cards.

28. Sensitivity of Administrative Coding in Identifying Inpatient Acute Strokes Complicating Procedures or Other Diseases in UK Hospitals.

Authors
Li, Linxin; Binney, Lucy E; Carter, Samantha; Gutnikov, Sergei A; Beebe, Sally; Bowsher-Brown, Karen; Silver, Louise E; Rothwell, Peter M; Oxford Vascular Study

Source
Journal of the American Heart Association; Jul 2019; vol. 8 (no. 14); p. e012995

Abstract
Background Administrative hospital diagnostic coding data are increasingly used in “big data” research and to assess complication rates after surgery or acute medical conditions. Acute stroke is a common complication of several procedures/conditions, such as carotid interventions, but data are lacking on the sensitivity of administrative coding in identifying acute stroke during inpatient stay. Methods and Results Using all acute strokes ascertained in a population-based cohort (2002-2017) as the reference, we determined the sensitivity of hospital administrative diagnostic codes (International Classification of Diseases, Tenth Revision; ICD-10) for identifying acute strokes that occurred during hospital admission for other reasons, stratified by coding strategies, study periods, and stroke severity (National Institutes of Health Stroke Score)

29. Defining patterns of care in the management of patients with brain metastases in a large oncology centre: A single-centre retrospective audit of 236 cases.

Authors
Bentley, Rebecca; O’Cathail, Micheal; Aznar-Garcia, Luis; Crosby, Vincent; Wilcock, Andrew; Christian, Judith

Source
European journal of cancer care; Jul 2019; vol. 28 (no. 4); p. e13059

Abstract
AIMSThe role of selected treatments for brain metastases (BM) is well documented; however, the prevalence of these is not. We report on the patterns of care in the management of BM in a large oncology centre.

MATERIALS AND METHODS
We retrospectively audited 236 cases of newly diagnosed BM from January 2016 to December 2017 by looking at 2 years of radiology reports and gathered data on primary site, survival, treatment received, palliative care input and brain metastases-related admissions. RESULTSeighty-two per cent of cases were related to lung, breast and melanoma primaries. Half of patients received a form of treatment with the other half receiving best supportive care. Of these, whole-brain radiotherapy (39%) and stereotactic radiosurgery (40%) were the most common treatment modalities. Most common reasons for admissions were headaches, seizures, weakness and confusion. CONCLUSION This is the first study in the UK that gives an in-depth overview of the real-world management of brain metastases. We have demonstrated the prevalence of treatment across the spectrum of brain metastases patients. Radiotherapy is the mainstay of treatment in nearly 80% of cases; however, care needs to be taken in ensuring that SRS is offered to those who are suitable.
30. Do infants with transposition of the great arteries born outside a specialist centre have different outcomes?

**Authors** Veal, Colin; Hunt, Richard; Tume, Lyvonne N

**Source** Cardiology in the young; Jul 2019; p. 1-6

**Publication Date** Jul 2019

**Publication Type(s)** Journal Article

**PubMedID** 31272514

**Database** Medline

Available at Cardiology in the young 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 Cardiology in the young from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract**

BACKGROUND Infants born with undiagnosed transposition of the great arteries continue to be born in district general hospitals despite the improvements made in antenatal scanning. Evidence indicates improved outcomes with early definitive treatment after birth, hence the recommendation of delivery in a tertiary centre. The role of specialist paediatric and neonatal transport teams, to advise, stabilise, and transport the infants to a tertiary centre in a timely manner, is critical for those infants born in a district general hospital. This pilot study aims to compare outcomes between infants born in district general hospitals and those who were born in a tertiary maternity unit in South West England and South Wales.

**METHODS** This was a secondary data analysis of data collected from the local Paediatric Intensive Care Audit Network and the local transport database. Infants born with a confirmed diagnosis of transposition of the great arteries, that required an arterial switch operation as the definitive procedure between April, 2012 and March 2018 were included.

**RESULTS** Forty-five infants with a confirmed diagnosis of transposition of the great arteries were included. Statistical analysis demonstrated there were no significant differences in the time to balloon atrial septostomy (p = 0.095), time to arterial switch operation (p = 0.461), length of paediatric ICU stay (p = 0.353), and hospital stay (p = 0.095) or mortality between the two groups.

**CONCLUSIONS** We found no significant differences in outcomes between infants delivered outside the specialist centre, who were transferred in by a specialist team.

31. An intracerebral hemorrhage care bundle is associated with lower case-fatality.

**Authors** Parry-Jones, Adrian R; Sammut-Powell, Camilla; Paroutoglou, Kyriaki; Birleson, Emily; Rowland, Joshua; Lee, Stephanie; Cecchini, Luca; Massyn, Mark; Emsley, Richard; Bray, Benjamin; Patel, Hiren

**Source** Annals of neurology; Jul 2019

**Publication Date** Jul 2019

**Publication Type(s)** Journal Article

**PubMedID** 31291031

**Database** Medline

Available at Annals of neurology from Wiley Online Library Medicine and Nursing Collection 2019 - NHS Available at Annals of neurology 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 Annals of neurology 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 Anticoagulation reversal, intensive blood pressure lowering, neurosurgery and access to critical care might all be beneficial in acute intracerebral hemorrhage (ICH). We combined and implemented these as the ‘ABC’ hyperacute care bundle and sought to determine whether the implementation was associated with lower case fatality.

**METHODS** The ABC bundle was implemented from 1 June 2015 to 31 May 2016. Key process targets were set and a registry captured consecutive patients. We compared 30-day case fatality before, during and after bundle implementation with multivariable logistic regression and used mediation analysis to determine which care process measures mediated any association. Difference-in-difference analysis compared 30-day case fatality with 32,295 patients with ICH from 214 other hospitals in England and Wales.

**RESULTS**

973 ICH patients were admitted in the study period. Compared to before implementation, the adjusted odds of death by 30 days were lower in the implementation period (odds ratio [OR] 0.62; 95% confidence interval [CI] 0.38 to 0.97; p = 0.03) and this was sustained after implementation (OR 0.40; 95% CI: 0.24 to 0.61; p = 0.001). Implementation of the bundle was associated with a 10.8 pp (95%CI -17.9 to -3.7; p = 0.003) reduction in 30-day case fatality in difference-in-difference analysis. The total effect of the care bundle was mediated by a reduction in do-not-resuscitate orders within 24 h (52.8%) and increased admission to critical care (11.1%).

**INTERPRETATION** Implementation of the ABC care bundle was significantly associated with lower 30-day case fatality after ICH. This article is protected by copyright. All rights reserved.
32. Impact of achieving primary care targets in type 2 diabetes on health outcomes and healthcare costs.

Authors: Keng, Mi Jun; Tsiachristas, Apostolos; Leal, Jose; Gray, Alastair; Mihaylova, Borislava

Source: Diabetes, obesity & metabolism; Jul 2019

Publication Date: Jul 2019

Publication Type(s): Journal Article

PubMedID: 31264761

Database: Medline

Available at Diabetes, obesity & metabolism from Wiley Online Library Medicine and Nursing Collection 2019 - NHS
Available at Diabetes, obesity & metabolism from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection
Available at Diabetes, obesity & metabolism from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection
[location] : British Library via UHL Libraries - please click link to request article.

Abstract

AIMS: In England and Wales, the National Diabetes Audit (NDA) assesses the quality of management of type 2 diabetes (T2D) in primary care using treatment targets for HbA1c ≤58 mmol/mol, total cholesterol <5 mmol/L and blood pressure ≤140/80 mm Hg. We quantified the impact of variation in achieving these targets on health outcomes and healthcare costs across general practitioners' (GP) practices.

METHODS: Summary of characteristics of T2D patients from the 2015-2016 NDA were used to generate representative populations of T2D patients. The UKPDS Outcomes Model 2 was used to estimate long-term health outcomes and healthcare costs. The effects of achieving treatment targets on these outcomes were evaluated using regression models.

RESULTS: Achieving more of the HbA1c, cholesterol and blood pressure targets led to a lower incidence of diabetes-related complications. Approximately 0.5 (95% CI, 0.4-0.6) quality-adjusted life years (QALYs) and 0.6 (95% CI, 0.4-0.7) years of life (LYs) were gained by T2D patients over a lifetime for each additional target met. The projected healthcare cost savings arising from fewer diabetes-related complications as the result of achieving one, two or three targets compared to none were £859 (95% CI, £553-£1165), £940 (95% CI, £485-£1395) and £1037 (95% CI, £414-£1660) over a patient's lifetime. A typical GP practice in the lowest performing decile (average, 371 T2D patients per practice, with 27% achieving all targets) is projected to gain 201 (95% CI, 123-279) QALYs and 231 (95% CI, 133-329) LYs, if all T2D patients achieved all three targets.

CONCLUSIONS: Substantial gains in health outcomes and reductions in healthcare costs could be achieved with further improvements in attainment of HbA1c, cholesterol and blood pressure targets for T2D patients.