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# Grey Matter: A Collection of Recent NGO, Think Tank, and International Government Reports

Issue 33, 2016, May

Welcome to Grey Matter, the Ministry of Health Library's Grey Literature Bulletin. In each issue, we provide access to a selection of the most recent NGO, Think Tank, and International Government reports that are relevant to the health context. The goal of this newsletter is to facilitate access to material that may be more difficult to locate (in contrast to journal articles and the news media). Information is arranged by topic, allowing readers to quickly focus in on their key areas of interest. Email [library@moh.govt.nz](mailto:library@moh.govt.nz) to subscribe.

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## Health Systems, Costs and Reform

### [Putting the consumer first: Creating a consumer-centred health system for a 21st century Australia](#)

“A roundtable of over 35 health experts hosted by The George Institute for Global Health and the Consumers Health Forum of Australia (CHF) has called for a range of changes, including the development of a National Vision for Australia's Health 2025 to set out the principles of consumer-centred health care.” *Source: The George Institute*

### **Disruptive Innovation - Considerations for health and health care in Europe**

“Disruptive innovation is a concept that has been developed for analysing ways to improve health outcomes and reduce costs in the US health care system. The Expert Panel on Effective ways of Investing in Health (EXPH) was requested to focus on the implications of disruptive innovation for health and health care in Europe. The Expert Panel understands “disruptive innovation” in health care as a type of innovation that creates new networks and new organisational cultures involving new players, and that has the potential to improve health outcomes and the value of health care. This innovation displaces older systems and ways of doing things.” *Source: European Commission*

### **Place-based approaches to joint planning, resourcing and delivery – An overview of current practice**

Place-based approaches to joint planning, resourcing and delivery – An overview of current practice in Scotland captures current place-based activities within 27 local authority areas and includes a synthesis of published materials on the subject. Whilst there is evidence of a wide variety of approaches being undertaken, the research also highlights a range of common principles that feature across most areas. The report includes a practical checklist that summarises key issues that partnerships may wish to consider, either when embarking upon a new place-based initiative or when reviewing existing activities. *Source: Improvement Service*

### **Charting a New Path**

“Developed in partnership with the west Northumberland community, PATH (Partners Advancing Transitions in Healthcare) was a made-in-Ontario patient engagement project that aimed to create an environment conducive for patient engagement at every level of the local health care system. Charting a New PATH is a three-part report that describes what TCF has learned as participants in, and funder of, the PATH project. The reports describe the process of developing the PATH proposal and overall project, and the overall lessons learned working with patients, family caregivers, and providers throughout the project.” *Source: The Change Foundation*

### **The Health of the Nation: Averting the Demise of Universal Healthcare**

“This collection of essays by a cross-section of leading commentators explores the background to the present crisis and, more importantly, gets to grips with some of the ideas that need to be considered for reform. Contributors with a wide variety of political perspectives range from a former Health Secretary to working NHS doctors to academics and journalists. Each makes a unique input into the debate about how we must evolve our thinking if universal healthcare is to function effectively in the years ahead.” *Source: Civitas*

### **Assessing the Impact of Health Care Expenditures on Mortality Using Cross-Country Data**

“A significant body of literature has examined the impact of public health expenditure on mortality, using a global cross-section or panel of country-level data. However, while a number of studies do confirm such a relationship, the magnitude of the impact varies considerably between studies, and several studies show statistically insignificant effects. In this paper [the authors] re-examine the literature that identifies this effect using cross-country data.” *Source: Centre for Health Economics*

### [How much countries spend on health: Health expenditure fact sheets for the Western Pacific Region \(2003-2013\)](#)

"Each of the country HA fact sheets outlines key health financing and health outcome indicators and features six figures on trends over time (2003–2013) for the country's total health expenditure (THE) and its components, the government health budget, per capita health expenditures, out-of-pocket health expenditures and external funding." *Source: World Health Organization*

### [Untapped potential: bringing the voluntary sector's strengths to health and care transformation](#)

"The project emerged from a belief that the charity sector has evidence of its effectiveness in improving outcomes, but that this evidence is fragmented and poorly understood. If the evidence about the charity sector's contribution could be better understood by potential partners in the health and care system, it would facilitate a greater involvement of the charity sector in developing and delivering better health and care services." *Source: New Philanthropy Capital*

### [Catalyst or distraction? The evolution of devolution in the English NHS](#)

"Focusing primarily on devolution in the NHS, the report considers the potential implications for health and care outcomes in England and how policy could best evolve. It draws on analysis of the Devolution Deals agreed to date, relevant literature, and international experience with a focus on four European decentralised health systems." *Source: Health Foundation*

### [The National Emergency Access Target: aiming for the target but what about the goal?](#)

Reform using a single, incentivised, process-based mechanism is unlikely to achieve broad changes to the effectiveness, safety, quality and equity of care provision, and risks producing unintended consequences. It is for these reasons that the National Emergency Access Target policy at present cannot be considered a complete success. *Source: Deeble Institute*

### [Pharmaceutical expenditure and policies: past trends and future challenges](#)

"This paper looks at recent trends in pharmaceutical spending across OECD countries. It examines the drivers of recent spending trends, highlighting differences across therapeutic classes. The paper then looks at emerging challenges for policy makers in the management of pharmaceutical spending." *Source: OECD*

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## **Health Research, Information and Technology**

### [The adoption and use of digital health and care record systems: International success factors](#)

"This publication sets out the findings of a collaborative work program undertaken between the US Department of Health and Human Services, NHS England and the Health and Social Care Information Centre; to investigate 'what good looks like' in terms of the successful adoption and optimization of digital care records for patients. While technology is evolving,

particularly in terms of usability, this report focuses on the steps providers can take to ensure successful adoption and maximize technology utility. It is hoped that this report and its supplemental materials may be used by providers of care services to accelerate the adoption process, educate the workforce, and enable provider replication of best practices in order to mitigate common challenges.” *Source: NHS England & US Department of Health and Human Services*

### **[Evidence check: behaviour change techniques for telephone-delivered and supported health coaching interventions](#)**

“This Evidence Check review examined the effectiveness of specific behaviour change techniques (BCTs) delivered by telephone in two areas: promoting healthy weight; and supporting parents. The review found that telephone-delivered interventions to promote healthy weight can be effectively used to change physical activity levels and improve diet. Interventions designed to support parents have been shown to improve both children’s behaviour and parents’ wellbeing. None of the included studies identified specific tools to determine which BCTs should be employed and when. The authors recommend the systematic use of theory to identify behavioural determinants and select the most effective BCT.” *Source: Sax Institute*

### **[A review of NICE methods across Health Technology Assessment \(HTA\) programmes: differences, justifications and implications](#)**

“This research involved a systematic comparison of five of NICE’s HTA programmes: Technology Appraisal Programme, Medical Technologies Guidance, Diagnostic Assessment Programme, Highly Specialised Technologies Programme, and Clinical Guidelines. The aim was to establish how differences in methods and processes between the programmes may impact on allocative efficiency within the NHS. Key differences between programmes were found in the methods of evaluation, specifically the provision of a reference case, the requirement for and type of economic analysis, and the decision making criteria used for appraisal.” *Source: Office for Health Economics*

### **[National Guidelines for On-Screen Display of Clinical Medicines Information](#)**

“The Commission worked with the National eHealth Transition Authority (NEHTA) and the Australian Government Department of Health to develop national guidelines for standardised presentation of on-screen medicines information to ensure benefit from investments in e-health initiatives and to maximise patient safety. The guidelines provide an evidence-based approach to on-screen presentation of medicines information, incorporate Australia’s National Tall Man Lettering, and build on Australia’s Recommendations for terminology, abbreviations and symbols used in the prescribing and administration of medicines.” *Source: Australian Commission on Safety and Quality in Health Care*

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## **Mental Health & Addiction**

### **[Integrated care to address the physical health needs of people with severe mental illness: a rapid review](#)**

“Efforts to improve the physical health care of people with Severe Mental Illness should empower people (staff and service users) and help remove everyday barriers to delivering

and accessing integrated care. In particular, there is a need for improved communication between professionals and better information technology to support them, greater clarity about who is responsible and accountable for physical health care and awareness of the effects of stigmatisation on the wider culture and environment in which services are delivered.” *Source: National Institute for Health Research*

### **Youth Mental Health: New Economic Evidence**

“This report examines the economic challenges of youth mental health problems in England. The main focus is on adolescents and young adults. We summarise findings from a review of the international evidence on the economic impact of youth mental health services, an analysis of the economic implications of youth mental health problems – including the failure to recognise or treat them – and an evaluation of two models of youth mental health service provision in England. We make a number of recommendations.” *Source: Personal Social Services Research Unit*

### **Investing in women's mental health: strengthening the foundations for women, families and the Australian economy**

“The AHPC policy paper, Investing in women’s mental health, strengthening the foundations for women, families and the Australian economy, discusses the extensive evidence that women’s mental health needs are significantly different from those of men. Certain mental illnesses are more prevalent in women, they use mental health services more frequently than men, and they want a broader range of treatment options than are currently available.” *Source: Australian Health Policy Collaboration*

### **Key Ingredients for Successful Trauma-Informed Care Implementation**

“This brief was produced as part of Advancing Trauma-Informed Care, a national initiative supported by the Robert Wood Johnson Foundation and led by the Center for Health Care Strategies to better understand how to implement trauma-informed approaches to health care delivery.” *Source: Center for Health Care Strategies*

### **The Stolen Years. The Mental Health and Smoking Action Report**

“The Stolen Years, a report by ASH, endorsed by 27 health and mental health organisations, sets out recommendations for how smoking rates for people with a mental health condition could be dramatically reduced. These include improved training of healthcare staff, better access to stop smoking medication and a move towards smokefree mental health settings.” *Source: Action on Smoking and Health*

### **Assessing gambling-related harm**

The aim of the project was to systematically investigate gambling-related harm in Victoria, and assess the aggregate ‘Burden of Harm’ caused by gambling in Victoria with reference to different levels of problem gambling, and other comparable conditions. This improved understanding of the quality and quantity of harm will help to better target efforts to prevent or reduce the potential negative consequences of problematic gambling. *Source: Victorian Responsible Gambling Foundation*

### **Working-time mismatch and mental health**

“The results suggest that overemployment (working more hours than desired) has adverse consequences for the mental health of workers in both countries, though the magnitude of

such effects are larger in Germany. Underemployment (working fewer hours than desired), however, seems to only be of significance in Australia.” *Source: Melbourne Institute of Applied Economic and Social Research*

### **[Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change](#)**

The report “explores stigma and discrimination faced by individuals with mental or substance use disorders and recommends effective strategies for reducing stigma and encouraging people to seek treatment and other supportive services. It offers a set of conclusions and recommendations about successful stigma change strategies and the research needed to inform and evaluate these efforts in the United States.” *Source: National Academies Press*

### **[Measuring Specific Mental Illness Diagnoses with Functional Impairment: Workshop Summary](#)**

“The workshop summarized in this report was organized as part of a study sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of the Assistant Secretary for Planning and Evaluation of the U.S. Department of Health and Human Services, with the goal of assisting SAMHSA in its responsibilities of expanding the collection of behavioral health data in several areas. The workshop brought together experts in mental health, psychiatric epidemiology and survey methods to facilitate discussion of the most suitable measures and mechanisms for producing estimates of specific mental illness diagnoses with functional impairment. The report discusses existing measures and data on mental disorders and functional impairment, challenges associated with collecting these data in large-scale population-based studies, as well as study design and estimation options.” *Source: National Academies Press*

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## **Nutrition, Physical Activity and Obesity**

### **[Walking as a Practice](#)**

This report outlines four categories that identify how individuals and organizations across the United States of America are engaging in the practice of walking: Personal Health and Connection; Motivational Campaigns and Workplace Wellness; Inward and Outward Journey; and Causes and Social Justice. *Source: America Walks*

### **[2016 Global Food Policy Report](#)**

“IFPRI’s Flagship Report puts into perspective the major food policy issues, developments, and decisions of 2015 and highlights challenges and opportunities for 2016. This year’s report takes a special look at how food systems can best contribute to meeting the UN Sustainable Development Goals. Drawing on rigorous research.” *Source: International Food Policy Research Institute*

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## **Child, Youth and Maternal Health**

### **[Poverty and children's personal and social relationships](#)**

“In the ongoing debate about how to measure and address poverty in the UK, it is crucial to understand how living with low income affects children. While the evidence base is fairly strong in areas like education and health, poverty’s role in shaping relationships is less well understood. This research explored associations between poverty and children’s relationships, using Millennium Cohort Study data.” *Source: National Children’s Bureau*

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## **Inequalities**

### **[Financial incentives and their potential to drive inclusive growth](#)**

“This research aims to add to the evidence base on financial incentives, to consider their potential as an innovative and pioneering approach within the current political context, and the scope for incentives to be used to strengthen the link between economic growth and poverty reduction.” *Source: Joseph Rowntree Foundation*

### **[An evidence-based approach to reducing discharge against medical advice amongst Aboriginal and Torres Strait Islander patients](#)**

“Discharge against medical advice (DAMA), also referred to as self-discharge, occurs when an in-patient leaves a hospital or healthcare setting before discharge is advised by the treating provider. DAMA causes interruption of treatment therapies and is strongly associated with post-operative complications, increased morbidity and mortality, readmission, and increased healthcare expenditure. It is widely known that Aboriginal and Torres Strait Islander peoples suffer from increased rates of chronic disease and have poorer health outcomes than the non-Indigenous population. It is now understood that Aboriginal and Torres Strait Islander peoples are also overrepresented in self-discharge rates, especially in the rural and remote context.” *Source: Deeble Institute*

### **[Income and Health](#)**

“Income and Health shows how income is associated with health risks, health care and health outcomes among people in Ontario. With indicators covering everything from the smoking rate to prescription medication insurance to life expectancy, the report looks at variation between the poorest people in Ontario and the richest, across five income levels. Throughout the report, people from across the province share their personal stories on how their income relates to their health and the health care they receive.” *Source: Health Quality Ontario*

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## **Cancer and End of Life Care**

### **[End of Life Care Audit – Dying in Hospital](#)**

“The aim of this report is to contribute to learning that can help to improve the quality of care and services for patients who have reached the end of their lives, and who are dying in hospitals in England.” *Source: Royal College of Physicians*

### **[Diet, nutrition, physical activity and stomach cancer](#)**

“The World Cancer Research Fund has published a new analysis of worldwide research on stomach cancer. Published in April 2016, the report is the most rigorous, systematic, global

analysis of the scientific research currently available on diet, weight, physical activity and stomach cancer, and which of these factors increase or decrease the risk of developing the disease.” *Source: World Cancer Research Fund*

### **[An investigation of public knowledge of the link between alcohol and cancer](#)**

“Drinking alcohol is linked to an increased risk of seven different cancers - liver, breast, bowel, mouth, throat, oesophageal (food pipe), laryngeal (voice box) - but when people were asked “which, if any, health conditions do you think can result from drinking too much alcohol?” just 13 per cent of adults mentioned cancer.” *Source: Cancer Research UK*

### **[Pharmaceutical Pricing: Early Access, The Cancer Drugs Fund and the Role of NICE](#)**

“The real problem that NHS patients face in accessing new medicines and that manufacturers face in getting market access and an early return on their investments has been, and remains, the discrepancy between the prices charged and how much the NHS can afford to pay for the benefits that new medicines offer. An evidenced based and accountable assessment of the additional benefits offered by a new drug is required and the National Institute for Health and Care Excellence (NICE) has done an excellent job over the years in assessing those benefits; not just within the licensing trials but also taking account of other evidence to try to assess the longer run effects on survival and quality of life. NICE also assesses the additional cost to the NHS. Not just the cost of the drug itself but all future NHS costs, including any potential cost savings.” *Source: National Institute for Health and Care Excellence*

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## **Long-Term Conditions**

### **[Global Report on Diabetes](#)**

“There are no simple solutions for addressing diabetes but coordinated, multicomponent intervention can make a significant difference. Everyone can play a role in reducing the impact of all forms of diabetes. Governments, health-care providers, people with diabetes, civil society, food producers and manufacturers and suppliers of medicines and technology are all stakeholders. Collectively, they can make a significant contribution to halt the rise in diabetes and improve the lives of those living with the disease.” *Source: World Health Organization*

### **[Better outcomes for people with chronic and complex health conditions](#)**

“This report details the evidence for change and recommends broad adoption of a new model of care and supporting reforms to better meet the needs of Australians with chronic and complex conditions into the future.” *Source: Primary Healthcare Advisory Group*

### **[Improving health through better governance – Strengthening the governance of diet and nutrition partnerships for the prevention of chronic diseases](#)**

“The meeting aimed to support efforts to address governance gaps on conflict of interest (COI) safeguards for food and nutrition policy and complemented a parallel WHO expert consultation on assessing and managing conflicts of interest in nutrition. The result was a summary of key actions to help move work in this area forward.” *Source: UK Health Forum*

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## Health of Older People

### [Ageing is everyone's business: a report on isolation and loneliness among senior Victorians](#)

“A set of six ‘building blocks’ has been identified as the basis for an integrated approach for action to address social isolation and loneliness among older people from state and local government, funded services, community-based organisations and community members. Consequently, an integrated and coordinated approach is proposed, in partnership with a broad range of key stakeholders including local government, businesses, peak bodies and community organisations. The aim is to enhance the benefits to the state of Victoria associated with our ageing population at the same time as reducing the risks and costs associated with premature decline in individual wellbeing and capacity caused by loneliness and isolation.” *Source: Department of Health and Human Services Victoria*

### [Co-producing improved wellbeing with people living with dementia in East Dunbartonshire](#)

In East Dunbartonshire, the Dementia Network provided people living with dementia with a range of opportunities to engage with others such as the De Cafés but a number of people living with dementia wished to do other things. As a result, East Dunbartonshire Council, the Dementia Network, the Joint Improvement Team and Governance International launched the co-production project PRESENT in August 2013. What makes PRESENT highly innovative is the use of a co-production approach with people living with dementia. *Source: East Dunbartonshire*

### [Young people caring for adults with dementia in England](#)

“The aim [of this report] was to explore the limited available evidence about how caring for someone with dementia impacts on children and young people, and how the needs of this group can best be met.” *Source: National Children’s Bureau*

### [The Cost of Waiting for Care](#)

“Delivering equitable long-term care (LTC) for Toronto’s diverse population is an emerging issue in the GTA with long wait lists across the region. Your ethnicity, your income, and where you live matters when it comes to not just waiting for services, but also quality of care. Those with financial and language barriers wait much longer, in some cases up to eight years, for LTC homes of their choice. In this paper, we look at what is needed for an equitable and high-quality long-term care system in Ontario.” *Source: Wellesley Institute*

### [Housing disrepair & health impact in later life](#)

“This report sets out the national picture with regard to the scale of poor housing conditions amongst older people, the resulting impact on the health and wellbeing of an ageing population, and the concentration of poor housing in the owner occupied sector. It quantifies the scale of action necessary to address housing disrepair amongst older households, identifying the benefits of targeted use of public funds for those in greatest need.” *Source: Care & Repair England*

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## Disability and Social Care

### [The Reality of Caring: Distress among the caregivers of home care patients](#)

“The Reality of Caring report takes a look at caregiver distress in relation to long-stay home care patients in Ontario. It examines the growth of distress, anger, depression and the inability to continue providing care among unpaid caregivers, as well as what has changed in recent years that may help explain this increase. The report also offers an intimate perspective on caregiver distress, as provided by a panel of caregivers with long-term experience looking after ill, elderly or disabled family members, friends or neighbours.”

*Source: Health Quality Ontario*

### [Children and young people in statutory out-of-home care: health needs and health care in the 21st century](#)

“Over the past two decades successive public audits and inquiries concluded that Victorian governments have lost sight of the health picture for children in statutory Out-of-Home Care. How and why did this happen? What became of the work of doctors? What were the implications for some of the state’s most vulnerable children?” *Source: Parliamentary Library & Information Service*

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## **Workforce**

### [Nurses, pharmacists and patient pathways; working together across primary and community care](#)

“This session looks at the work of a new and innovative team and how they have worked collaboratively with care homes with nursing to improve safety, quality of care and wellbeing of the patients. Consideration is also given to how the Nurse-Pharmacist relationship can be nurtured and developed to support these outcomes.” *Source: Royal Pharmaceutical Society*

### [The value and contribution of nursing to public health in the UK: Final report](#)

“During 2015 the Royal College of Nursing (RCN) has undertaken a project to assess the value and contribution that nurses make to public health across the United Kingdom. The project was undertaken in three parts: a compilation of case studies, a web-based survey and in-depth interviews.” *Source: Royal College of Nursing*

### [The community pharmacy offer for improving the public's health: a briefing for local government and health and wellbeing boards](#)

“This briefing for councillors, senior council officers and commissioners describes the increasing role of community pharmacy in public health and explains councils’ role and duties. A number of case studies are included to illustrate a variety of collaborative approaches by community pharmacies working with councils and other community partners.” *Source: Public Health England and the Local Government Association*

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## **Public and Global Health**

### [Global report on urban health: equitable, healthier cities for sustainable development](#)

“The Global report on urban health: equitable, healthier cities for sustainable development, 2016 presents new data on the health of urban residents from nearly 100 countries, updating

the first joint WHO-UN Habitat global report on urban health titled Hidden cities: unmasking and overcoming health inequities in urban settings. The new Global Report deconstructs the complex challenges of health and health inequity in cities everywhere. It presents a special analysis on the impact of persistent urban health inequities on achievement of the Millennium Development Goals.” *Source: WHO*

#### **[Guidance on tuberculosis control in vulnerable and hard-to-reach populations](#)**

“This guidance provides support to those working towards strengthening tuberculosis prevention and control among vulnerable populations. It provides an overview of interventions to improve early diagnosis of tuberculosis and treatment completion in these populations, as well as factors to consider when developing programmes for health communication, awareness and education, and programme monitoring and evaluation.”

*Source: European Centre for Disease Prevention and Control*

#### **[Global Health Impacts of Vector-Borne Diseases: Workshop Summary](#)**

“In September 2014, the Forum organized a workshop to examine trends and patterns in the incidence and prevalence of vector-borne diseases in an increasingly interconnected and ecologically disturbed world, as well as recent developments to meet these dynamic threats. Participants examined the emergence and global movement of vector-borne diseases, research priorities for understanding their biology and ecology, and global preparedness for and progress toward their prevention, control, and mitigation. This report summarizes the presentations and discussions from the workshop.” *Source: National Academies Press*

#### **[Report: Future Directions to Achieve Smokefree 2025?](#)**

“This ASPIRE 2025 research report explores stakeholder perceptions of the smokefree 2025 goal and ‘game-changer’ policies for achieving it. Key informants include politicians and tobacco control leaders, with an emphasis on Māori and Pacific voices.” *Source: ASPIRE 2025*

#### **[A systematic review of the health risks from passive exposure to electronic cigarette vapour](#)**

“The aim of this paper is to summarise and review all studies that have examined potential adverse health effects of passive exposure from inhaling e-cigarette vapour. Research objectives were to describe 1) the absolute impact of passive exposure from inhaling vapour when compared with background, and 2) the relative impact of passive exposure from inhaling vapour when compared with passive exposure from inhaling conventional cigarette smoke.” *Source: Sax Institute*

#### **[The impact of the EU Tobacco Products Directive on e-cigarette regulation in the UK](#)**

“In May 2016 the EU’s revised Tobacco Products Directive (TPD) will come into force. This revision included many updates to regulations on tobacco products but also sets out new regulations covering e-cigarettes. The UK Government has made clear that it will not be seeking to ‘gold plate’ the rules coming from the EU and will implement them to create a minimum burden on business. Many e-cigarette companies and current vapers have had concerns about these new regulations and a great deal has been written about what they will mean for the market and the products available. This document explains the regulatory framework put in place by the EU TPD and answers some of the key concerns which have

been raised about the impact of TPD implementation.” *Source: Action on Smoking and Health*

### **[Examination of the health outcomes of intimate partner violence against women: state of knowledge paper](#)**

“This paper systematically reviews evidence on the health outcomes for women in Australia experiencing intimate partner violence (IPV), noting that causal pathways are complex and subject to a rapidly growing body of knowledge. It also describes current data sources on the prevalence of IPV and possible ways to address the gap in exposure data for Aboriginal and Torres Strait Islander women.” *Source: Australia’s National Research Organisation for Women’s Safety*

### **[Preventing multiple forms of violence : a strategic vision for connecting the dots](#)**

“The different forms of violence—child abuse and neglect, youth violence, intimate partner violence, sexual violence, elder abuse, and suicidal behavior—are strongly connected to each other in many important ways. Understanding and addressing the interconnections among these forms of violence is the central tenet of this 5-year vision to prevent violence developed by the Division of Violence Prevention (DVP). This document describes this vision—articulating why a cross-cutting approach is important to achieving measurable reductions in violence; the areas where we will strategically focus our attention; and priorities for advancing practice, effectively reaching intended audiences, generating new knowledge, and monitoring and evaluating our progress.” *Source: National Center for Injury Prevention and Control*

### **[COMEAP: long-term exposure to air pollution and chronic bronchitis](#)**

This report presents an assessment of the evidence on long-term exposure to ambient air pollutants and chronic bronchitis and respiratory symptoms. The work was undertaken by COMEAP’s subgroup on the Quantification of Air Pollution Risks (QUARK), and the full report has been endorsed by the Committee. *Source: Public Health England*

### **[Evidence check: evidence review for NSW Sexually Transmissible Infections \(STI\) Strategy](#)**

“This Evidence Check review reports on the effectiveness of interventions which aim to reduce the transmission of three Sexually Transmissible Infections (STIs): chlamydia, gonorrhoea and syphilis. Interventions of interest included testing, treatment, partner notification and prevention of re-infection. Substantial evidence for the effectiveness of a broad range of interventions is identified. There are wide variations in the level of resources which are required, with the more expensive interventions not always shown to be the most effective. *Source: Sax Institute*

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## **Primary Care**

### **[Digital requirements for new primary care models](#)**

“This briefing examines how technology can underpin a series of changes enabling primary care to meet these challenges. We look towards a possible future in which general practice

operates at scale; functions as one with other organisations; and delivers care through a diverse range of professionals.” *Source: Nuffield Trust*

### **Review of after-hours service models: Learnings for regional, rural and remote communities**

“This Issues Brief evaluates the current delivery models of after-hours primary health care nationally and internationally. In particular, it describes the varied approaches to service delivery. This variation is attributable to a range of factors including funding sources, workforce availability, consumer awareness, distance and remoteness, population structure and local economies.” *Source: Deeble Institute*

### **Who cares? The future of general practice**

“General practice is one part of a patient’s journey and cannot be viewed in isolation from the rest of the system. General practice should, however, play a much expanded role in a new healthcare model. This report presents a radical blueprint for change. Designing a system that acts as one, with an increased amount of care delivered within general practice, will improve outcomes for patients at a lower cost to the taxpayer.” *Source: Reform*

### **Patient care: a unified approach**

“This report highlights case studies that exemplify how integration between GPs and physicians can be achieved. The case studies span a wide range of services in England and Wales, and cover a variety of learning points involving different specialties, different population groups and different ways of addressing complex issues. This report has been compiled to share learning from successful examples of integration, and to encourage GPs and physicians to reflect on their own practice.” *Source: Royal College of Physicians and Royal College of General Practitioners*

### **General Practice Forward View**

“GPs and practice teams provide vital services for patients. They are at the heart of our communities, the foundation of the NHS and internationally renowned. But services are now under unprecedented pressure and, as set out in the NHS Five Year Forward View, it has become clear that action is needed so we have a responsive NHS, fit for the future. The General Practice Forward View, published in April 2016, sets out a plan, backed by a multi-billion pound investment, to stabilise and transform general practice.” *Source: NHS England*

### **Family Doctor Incentives: Getting Closer to the Sweet Spot**

“This briefing addresses the question: What is the best way to pay family doctors to get the best patient outcomes? It offers a number of guiding principles that should help policy-makers move closer to achieving the right incentive blend that will improve the quality of health care.” *Source: Conference Board of Canada* \*sign up for free account to download

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## **Surgery**

### **Emergency general surgery: challenges and opportunities**

“The Nuffield Trust was commissioned by The Royal College of Surgeons of England to explore the challenges facing emergency general surgery (EGS) and identify opportunities to

overcome them. This peer-reviewed report brings together the findings and makes a number of practical recommendations aimed at both local providers and national policy-makers.”

*Source: Nuffield Trust*

### [Routine preoperative tests for elective surgery](#)

“This guideline covers routine preoperative tests for people aged over 16 who are having elective surgery. It aims to reduce unnecessary testing by advising which tests to offer people before minor, intermediate and major or complex surgery, taking into account specific comorbidities (cardiovascular, renal and respiratory conditions and diabetes and obesity). It does not cover pregnant women or people having cardiothoracic procedures or neurosurgery.” *Source: National Institute for Health and Care Excellence*

### [Learning from the Saskatchewan Surgical Initiative to Improve Wait Times in Canada](#)

“The Saskatchewan Surgical Initiative was successful within a specific context. It only improved wait times for elective surgery; long waits remain in other areas. It also involved increasing capacity, which meant pouring more money into an already expensive health-care system. Finally, it did not tackle the structural problems of Medicare that foster long wait times. The SSI treated the symptom—the waiting lists—rather than the root problem: Medicare’s structure and funding. But, it was not designed to fix Medicare. Its goal was to relieve the suffering of patients who were waiting far too long for surgery. In that it succeeded. *Source: Fraser Institute*

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## **Drug and Alcohol Use**

### [Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Scotland](#)

“This report was commissioned in 2015 by the Scottish Government in order to appraise the potential impact of different minimum unit prices for alcohol and increases in alcohol taxation on levels of alcohol consumption, spending on alcohol, Exchequer and retailer revenue and alcohol-related health outcomes in Scotland among population subgroups defined baseline level of drinking and income.” *Source: University of Sheffield*

### [Cannabis Regulation and the UN Drug Treaties: Strategies for Reform](#)

“As jurisdictions enact reforms creating legal access to cannabis for purposes other than exclusively “medical and scientific,” tensions surrounding the existing UN drug treaties and evolving law and practice in Member States continue to grow. How might governments and the UN system address these growing tensions in ways that acknowledge the policy shifts underway and help to modernize the drug treaty regime itself, and thereby reinforce the UN pillars of human rights, development, peace and security, and the rule of law?” *Source: Transnational Institute*

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