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

Issue 6, 2014 January

Welcome to Grey Matter, the Ministry of Health Library’s monthly Grey Literature Bulletin for staff. 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 hone in on their key areas of interest.

Click on any of the bulleted points below to go to a section of interest.

Key areas of interest in our current issue include:

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### Long-Term Conditions & Communicable Disease

**[The diagnosis difference](http://pewinternet.org/~/media/Files/Reports/2013/PewResearch_DiagnosisDifference.pdf)**

“This paper explores how US adults with chronic health conditions gather, share, and create health information, both online and offline. The paper finds a “diagnosis difference” that is tied to several aspects of health care and technology use.” *Source: Pew Research Centre*

[**Prevention and control of noncommunicable diseases in the European Region: a progress report**](http://www.euro.who.int/__data/assets/pdf_file/0004/235975/Prevention-and-control-of-noncommunicable-diseases-in-the-European-Region-A-progress-report-Eng.pdf)

“This report aims to demonstrate achievements made in the various proposed action areas, reporting the activities already undertaken and future plans.” *Source: World Health Organization*

[**Reflection process: Innovative approaches for chronic diseases in public health and healthcare systems**](http://ec.europa.eu/health/major_chronic_diseases/docs/reflection_process_cd_final_report_en.pdf)

“The EU approach to the challenge of chronic diseases requires an integrated response focusing on risk factors across sectors and policy fields, and on prevention, combined with efforts to strengthen health systems.” *Source: European Union*

[**Screening for type 2 diabetes: a short report for the National Screening Committee**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0003/77277/FullReport-hta17350.pdf)

“The aim of this review was to provide an update for the UK National Screening Committee (NSC) on screening for T2DM.” *Source: National Institute for Health Research*

**[Admissions avoidance and diabetes: guidance for clinical commissioning groups and clinical teams](http://www.diabetes.org.uk/Documents/Position%20statements/admissions-avoidance-diabetes-0114.pdf)**

“This report finds that there are tens of thousands of people with diabetes a year who are not receiving the support they need to manage their condition from primary care or do not have sufficient access to specialist diabetes teams once they get to hospital.” *Source: Diabetes UK*

[**Diabetes decade**](http://www.lloydspharmacy.com/wcsstore/LloydsPharmacy/Attachment/PDFs/Diabetes%20Decade%20November%202013.pdf)

“This report looks at the current landscape and how the projected future of diabetes in the UK can be altered. The report finds that inconsistencies in the treatment and support of those with diabetes are leading to ineffective condition management.” *Source: Lloyd’s Pharmacy*

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### Public Health

[**Health and Care Integration: Making the case from a public health perspective**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/268181/Health_and_care_integration.pdf)

“The aim of this document is to help local areas, in particular health and wellbeing boards, make the case for integration focused on individuals’ health and wellbeing as well as their quality of life if they become sick.” *Source: Public Health England*

[**Mayor Michael Bloomberg, Christopher Hitchens, and the Libertarian Critique of Bloomberg's Public Health Legacy**](http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2362550#.UqfJ_BVU8mA.twitter)

“Taking Hitchins’ critique as a starting point, the paper briefly identifies some assumptions that may help to explain libertarian fears about an emergent ‘nanny state’. It also points to the failure of libertarians to account for changing perceptions about the merits of state intervention at the point when members of the population become sick with preventable illnesses that might have been avoided by state policies.”

[**The Outbreaks: Protecting Americans from Infectious Disease Outbreaks**](http://healthyamericans.org/assets/files/TFAH2013OutbreaksRpt13.pdf)

“The report finds the nation's ability to prevent and control infectious disease outbreaks are hampered by outdated systems and limited resources.” *Source: Trust for America’s Health and the Robert Wood Johnston Foundation*

[**Regulatory Options for Nicotine Containing Products in the EU**](http://www.epha.org/IMG/pdf/EPHA_briefing_on_regulation_of_NCPs-December-2.pdf)

“The future legislation of nicotine containing products (NCPs) including e-cigarettes is part of the ongoing discussion on the revision of Tobacco Products Directive (TPD). In light of the available regulatory options EPHA has identified and presented in a briefing document, EPHA recommends principles of future EU wide NCP legislation, public health requirements of NCPs, and policy options for regulating NCPs.” *Source: European Public Health Alliance*

[**Universal ICU Decolonization: An Enhanced Protocol**](http://www.ahrq.gov/professionals/systems/hospital/universal_icu_decolonization/index.html#Contents)

“The REDUCE MRSA Trial (Randomized Evaluation of Decolonization vs. Universal Clearance to Eliminate Methicillin-Resistant Staphylococcus aureus) found that universal decolonization was the most effective intervention to reduce MRSA infections. This enhanced protocol provides instructions for implementing universal decolonization in adult intensive care units.” *Source: Agency for Healthcare Research and Quality*

[**Report on the state of public health in Canada**](http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2013/assets/pdf/2013-eng.pdf)

“This report presents the various factors that contribute to good health and what Canadians can do, both individually and collectively, to advance public health in Canada.” *Source: Public Health Agency of Canada*

[**Rainbow Health: The Public Health Needs of LGBTTI Communities in Aotearoa New Zealand with Policy Recommendations**](http://www.affinityservices.co.nz/wp-content/uploads/2013/11/Affinity-Services-Rainbow-Health-Report.pdf)

“[This] report outlines local research, demographics and history relating to the health needs of rainbow communities and how sexual and gender minorities interact with the health system.” *Source: Affinity Services*

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### Mental Health & Addiction

[**Scottish Government: Suicide Prevention Strategy 2013 – 2016**](http://www.scotland.gov.uk/Resource/0043/00439429.pdf)

“The Scottish Government’s strategy to reduce suicide focuses on 5 key themes of work in communities and in services with 11 commitments to continue the downward trend in suicides and contribute to the delivery of the National Outcome to enable people to live longer, healthier lives.” *Source: Government of Scotland*

[**Overlooked and forgotten**](http://www.cypmhc.org.uk/resources/download/92)

“This review looks at how well children and young people's mental health is prioritised in the current commissioning landscape and offers support and recommendations to health and wellbeing boards on how they can prioritise and address children and young people’s mental health.” *Source: Children & Young People’s Mental Health Coalition*

[**Tackling methamphetamine: indicators and progress report**](http://www.dpmc.govt.nz/sites/all/files/publications/indicators_and_progress_report_october_2013.pdf)

“This report provides a progress update on the Government's Tackling Methamphetamine: an Action Plan (the Action Plan). It specifically: records changes against the Action Plan's baseline data of 2008 or 2009, and details progress on the Action Plan's activities.” *Source: New Zealand Department of the Prime Minister and Cabinet*

[**Developing client-based analyses for reporting on the alcohol and other drug treatment services**](http://apo.org.au/files/Research/AIHW_DevelopingClientBasedAnalysesForReportingOnTheAlcoholAndOtherDrugTreatmentServices_Dec_2013.pdf)

“This paper outlines intended analysis techniques to estimate the number and rate of clients receiving alcohol and other drug treatment, to explore patterns of drug use and pathways through treatment, and to explore the characteristics of different client groups.” *Source: Australian Institute for Health and Welfare*

[**Women and Alcohol in Aotearoa/New Zealand: Te Waipiro me nga wahine i Aotearoa**](http://www.ahw.org.nz/resources/Briefing%20papers/2013/WomenAndAlcoholBriefingPolicy_final%20Nov%202013.pdf)

“The research, commissioned by the Ministry of Health, reviewed literature on women and alcohol and interviewed key informants who come into contact with the impacts of alcohol in women's lives.” *Source: Alcohol Healthwatch and Women’s Health Action* [*back to top*](#_top)

### Health Systems, Reforms, & Costs

[**The challenge of defining medicare coverage in Canada**](http://www.policyschool.ucalgary.ca/sites/default/files/research/emery-kneebone-medicare.pdf)

“It is important for Canadians to understand clearly what services and levels of care this program provides so that they can prepare for, and possibly insure against, outcomes that are not covered. [The authors argue] that it is necessary to establish this line and to draw attention to its position.” *Source: University of Calgary School of Public Policy*

[**Toward New Models for Innovative Governance of Biomedecine and Health Technologies**](http://www.oecd-ilibrary.org/science-and-technology/toward-new-models-for-innovative-governance-of-biomedecine-and-health-technologies_5k3v0hljnnlr-en)

“This report examines examples of new and emerging governance models that aim to support the responsible development of diagnostics and treatments based on the latest advances in biomedicine.” *Source: OECD*

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[**The Influence of Cost-Effectiveness and Other Factors on NICE Decisions**](http://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP93_cost-effectiveness_NICE_decisions.pdf)

“This study aims to investigate the influence of cost-effectiveness and other factors on NICE decisions and to investigate whether NICE’s decision-making has changed through time.” *Source: York Centre for Health Economics*

[**Building Tech-Powered Public Services**](http://www.ippr.org/images/media/files/publication/2013/12/building-tech-powered-services_Dec2013_11600.pdf)

“This report looks at 20 case studies of digital innovation in public services, using these examples to explore the impact of new and disruptive technologies. It considers how tech-powered public services can be delivered, focusing on the area of health and social care in particular.” *Source: Institute for Public Policy Research*

[**Analytical Snapshot: International Generic Price Comparison, Early 2011**](http://www.pmprb-cepmb.gc.ca/CMFiles/NPDUIS/NPDUIS_International_Price_Comparison_Snapshot_2013-08-28_EN.pdf)

“This analytical snapshot compares generic drug prices in Canada with those of other industrialized countries.” *Source: Patented Medicine Prices Review Board*

[**High-Impact Leadership: Improve Care, Improve the Health of Populations, and Reduce Costs**](http://www.ihi.org/knowledge/Pages/IHIWhitePapers/HighImpactLeadership.aspx?utm_campaign=Argyle%2BSocial-2013-12&utm_medium=Argyle%2BSocial&utm_source=twitter&utm_term=2013-12-17-10-15-00)

“Leaders at all levels in care delivery organizations, not just senior executives, are struggling with how to focus their leadership efforts and achieve Triple Aim results — better health, better care, at lower cost — for the populations they serve. High-impact leadership is required.” *Source: Institute for Healthcare Improvement*

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[**Towards whole person care**](http://www.ippr.org/images/media/files/publication/2013/11/whole-person-care_Dec2013_11518.pdf)

“This paper reviews the case for change in the English health and care system and considers how to move towards a ‘whole person care’ approach.” *Source: Institute for Public Policy Research*

[**Capturing Value from Health Technologies in Lean Times**](http://www.cdhowe.org/pdf/Commentary_396.pdf)

“This Commentary focuses on an emerging, evidence-based policy tool called Health Technology Assessment (HTA). HTA helps inform decision making on how to balance demand and supply pressures for new technologies within a health-system budget. The overarching objective is to obtain the greatest health gains within fiscal constraints by grounding decisions in a clear, transparent and coordinated process.” *Source: CD Howe Institute*

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### Workforce

[**What’s really behind Canada’s unemployed specialists? Too many, too few doctors?**](http://www.royalcollege.ca/portal/page/portal/rc/common/documents/policy/employment_report_2013_e.pdf)

“This report presents the findings of our research to date — most notably the state of employment of new specialists and subspecialists certified in 2011 and 2012 and the key drivers and influencers behind their employment challenges.” *Source: Royal College of Physicians and Surgeons of Canada*

[**Think integration, think workforce: three steps to workforce integration**](http://www.cfwi.org.uk/publications/think-integration-think-workforce-three-steps-to-workforce-integration-1/attachment.pdf)

“The paper identifies three steps for workforce leaders to promote integration from a workforce perspective.” *Source: Centre for Workforce Intelligence*

[**Using clinical communities to improve quality**](http://www.health.org.uk/public/cms/75/76/313/4594/Using%20clinical%20communities%20to%20improve%20quality.pdf?realName=prD8ZH.pdf)

“This report introduces the concept of the clinical community approach which comprises a core team that supports site teams to make change happen locally. It presents 10 key lessons from the programme about when to use a clinical community, how to make it work, and how to avoid potential pitfalls.” *Source: Health Foundation* [*back to top*](#_top)

### Disabilities

[**International Perspectives on Spinal Cord Injury**](http://apps.who.int/iris/bitstream/10665/94190/1/9789241564663_eng.pdf)

“The message of this report is that spinal cord injury is preventable; that spinal cord injury is survivable; and that spinal cord injury need not prevent good quality of life and full contribution to society.” *Source: World Health Organization*

[**Independent living fund**](http://www.parliament.uk/briefing-papers/SN05633.pdf)

The independent living fund (ILF) was originally set up in 1988 as a national resource dedicated to the financial support of disabled people, enabling them to choose to continue living in the community rather than move into residential care. This note provides a short history of the ILF and an update on its current status. *Source: UK House of Commons Library*

[**The case for care leave: families, work and the ageing population**](http://www.carersuk.org/media/k2/attachments/The_Case_for_Care_Leave.pdf)

“This report calls for a legal right to a minimum of five days paid ‘care leave’ and for a debate on rights to longer periods of leave to care for disabled, older seriously or terminally ill loved ones.” *Source: Carers UK*

[**Winterbourne Review: transforming care one year on**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/265752/Winterbourne_View_One_Year_On_Report.pdf)

“This report summarises the changes to improve the quality of care for vulnerable people - specifically, for people with learning disabilities or autism who also have mental health conditions or behavioural problems.” *Source: UK Department of Health* [*back to top*](#_top)

### Research & Evaluation

[**A Performance Measurement Framework for Canadian Hospitals, 2013**](https://secure.cihi.ca/free_products/HSP-Framework-ENweb.pdf)

“This document proposes a hospital performance framework that cascades from CIHI’s national Health System Performance Measurement Framework. This allows priorities at the system level to be aligned with priorities at the hospital level.” *Source: Canadian Institute for Health Information*

[**WHO Evaluation Practice Handbook**](http://apps.who.int/iris/bitstream/10665/96311/1/9789241548687_eng.pdf)

“The purpose of this handbook is to complement WHO’s evaluation policy and to streamline evaluation processes by providing step-by-step practical guidance to evaluation in WHO.” *Source: World Health Organization*

[**Learning from Research: Systematic Reviews for Informing Policy Decisions**](http://www.alliance4usefulevidence.org/assets/Alliance-FUE-reviews-booklet-3.pdf)

“Even though the idea is simple – bringing together all the best available research – the practice is fraught with challenges. This guide will help anybody navigate those challenges.” *Source: NESTA*

[**The Challenges of Evidence: Provocation Paper for the Alliance for Useful Evidence**](http://www.alliance4usefulevidence.org/assets/The-Challenges-of-Evidence1.pdf) “This paper explores some of the challenges of using evidence including contingency, attributing causality, time lag and different interpretations of impact.”

*Source: Alliance for Useful Evidence*

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### Inequalities

[**Health inequalities in the EU**](http://ec.europa.eu/health/social_determinants/docs/healthinequalitiesineu_2013_en.pdf)

“This report provides an outline of new evidence on health inequalities in the European

Union (EU) and the policy response at EU and national level to health inequalities since

2009.” Source*: European Commission*

[**Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0006/94281/FullReport-phr01040.pdf)

“This study aimed to identify community engagement approaches that improve the health of disadvantaged populations or reduce inequalities in health and to describe the populations and circumstances in which the interventions work and the costs associated with their implementation.” *Source: National Institute for Health Research*

[**What works? A review of actions addressing the social and economic determinants of Indigenous health**](http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/2013/ctgc-ip07.pdf)

“In this paper, [the authors] review evidence relating to improving Indigenous outcomes and ‘closing the gap’ across a range of key social and economic determinants of health and wellbeing.” *Source: Australian Institute for Health and Welfare*

[**Child Poverty Monitor 2013: Technical Report**](http://www.nzchildren.co.nz/document_downloads/2013%20Child%20Poverty%20Monitor%20Technical%20Report%20MASTER.pdf)

“This Report provides data and technical information on child poverty measures, economic

indicators, and child health measures.” *Source: Child Poverty Monitor*

[**Hospital Admissions and Mortality with a Social Gradient**](http://www.nzchildren.co.nz/document_downloads/J.%202013%20CSHM%20Hospital%20Admissions%20and%20Mortality%20with%20a%20Social%20Gradient.pdf)

This report notes that “many hospital admissions in children are for conditions that have a social gradient. That is, they are known to be sensitive to socioeconomic conditions, with much higher rates, or worse outcomes being seen in children from the most socioeconomically deprived areas.” *Source: Child Poverty Monitor*

[**Indigenous health report card 2012-13, the healthy early years - getting the right start in life**](https://ama.com.au/system/files/ama_irp_2013_final_0.pdf)

“The 2012-13 report card collates the most up-to-date research and evidence on the factors in the early life of Aboriginal and Torres Strait Islander children that determine health outcomes later in life.” *Source: Australia Medical Association*

[**Governance for health equity in the WHO European region**](http://www.euro.who.int/__data/assets/pdf_file/0020/235712/e96954.pdf)

“This report analyses why policies and interventions to address the social determinants of health and health inequities succeed or fail. It also discusses important features of governance and systems for service delivery that increase the likelihood of success in reducing inequities.” *Source: WHO*

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### Health of Older People

[**A Better Life: Valuing Our Later Years**](http://www.jrf.org.uk/sites/files/jrf/older-people-support-full.pdf)

“This research rounds-up JRF’s A Better Life programme of work and presents a vision of what life can, and should, be like for all of us as we get older.” *Source: Joseph Rowntree Foundation*

[**Policy Brief for Heads of Government - The Global Impact of Dementia 2013–2050**](http://www.alz.co.uk/research/GlobalImpactDementia2013.pdf)

This report notes that “although high income countries, including the G8, have borne the brunt of the dementia epidemic, this is a global phenomenon. Most people with dementia live in low and middle income countries, and most of the dramatic increases in numbers affected,

through to 2050, will occur in those regions.”

[**2013 Rural Ageing Research Summary Report of Findings**](http://www.ilcuk.org.uk/images/uploads/publication-pdfs/11690_DEFRARuralAgeingReport.pdf)

“ILC-UK in conjunction with TNS-BRMB were commissioned by DEFRA to conduct a study on how local service design and delivery needs to respond to an ageing rural population.” *Source: International Longevity Centre UK*

[**Mental Wellbeing of Older People in Care Homes**](http://publications.nice.org.uk/mental-wellbeing-of-older-people-in-care-homes-qs50)

“This quality standard covers the mental wellbeing of older people (65 years and over) receiving care in all care home settings, including residential and nursing accommodation, day care and respite care.” *Source: NICE*

[**Addressing Dementia: The OECD Response**](http://www.oecd.org/sti/addressing-dementia-the-oecd-response.pdf)

“Dementia is a devastating condition for the people affected, their family and friends, and for health systems. OECD has been working to address this challenge. [They] work on how health systems need to be adapted to address the dementia challenge; [they] look at ways to harness information technologies and big data to improve the prevention and treatment of the disease; and [they] examine the innovation model to mobilise the research and technology needed to address dementia.” *Source: OECD*

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### Cancer & Palliative Care

[**Cancer mortality trends for top four cancers: 1992–2020**](http://www.macmillan.org.uk/Documents/AboutUs/Research/Researchsummaries/Mortalityratesexecutivesummary.pdf)

“Here [the authors] estimate how cancer mortality trends for the top four most common cancers will have changed by 2020 compared with 1992.” *Source: Macmillan Cancer Support*

[**Palliative Care in Long-Term Care Settings for Older People**](http://www.lancaster.ac.uk/shm/research/ioelc/projects/eapc-taskforce-ltc/FinalReportLong-TermCareSettings_Jan22_2013.pdf)

The aim of this report is “to identify and map the different ways of developing palliative care in long-term care settings across Europe.” *Source: Lancaster University*

[**Transitions to palliative care for older people in acute hospitals: a mixed-methods study**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0003/93630/FullReport-hsdr01110.pdf)

“This study finds that patients with palliative care needs represent a significant proportion of the hospital inpatient population and that there is a significant gap between NHS policy regarding palliative and end-of-life care management in acute hospitals in England and current practice.” *Source: National Institute for Health Research* [*back to top*](#_top)

### Health Promotion

[**Promoting health, preventing disease: is there an economic case?**](http://www.euro.who.int/__data/assets/pdf_file/0004/235966/e96956.pdf)

“This policy summary provides an overview of what is known about the economic

case for investing in a number of different areas of health promotion and

non-communicable disease prevention.” *Source: WHO*

[**Supporting healthy communities through sports and recreation programs**](http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/2013/ctgc-rs26.pdf)

“The purpose of this paper is to review the available evidence of a range of

sports and recreation programs in relation to their effects on supporting and building healthy communities.” *Source: Australian Government*

[**Improving the public's health - A resource for local authorities**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf)

“While detailed guidance is yet to be developed, this report fills the gap by providing information and resources in nine key areas to help council leaders answer these questions. It brings together a wide range of evidence-based interventions about 'what works' in improving public health and reducing health inequalities.” *Source: King’s Fund*

[**Strategic Action to Combat the Obesity Epidemic**](http://d2qq2w1ozyf295.cloudfront.net/app/media/383)

“This framework emphasizes policies and environmental changes to improve the ability of individuals to achieve or maintain health-promoting dietary and physical activity patterns.” *Source: World Innovation Summit for Health*

[**The Role of Fiscal Policies in Health Promotion**](http://www.oecd-ilibrary.org/social-issues-migration-health/the-role-of-fiscal-policies-in-health-promotion_5k3twr94kvzx-en)

"Existing evidence of effects on consumption and health outcomes points to the conclusion that taxes on health related commodities can be a powerful tool for health promotion, although the variety and complexity of the effects they generate require careful consideration by policy makers who intend to adopt new taxes or reform existing ones." *Source: OECD*

[**Built Environment & Physical Activity**](http://www.fph.org.uk/uploads/briefing%20statement%20-%20built%20environment%20and%20physical%20activity.pdf)

“This briefing describes the association between the built environment and physical activity. It is not intended to be an exhaustive resource but a signpost to key issues. The statement outlines evidence-based interventions and recommendations, as well as suggesting key publications and organisations as a ‘next step’ to understanding and tackling this complex problem.” *Source: UK Faculty of Public Health*

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### Acute Care & Emergency Medicine

[**Reducing violence and aggression in A&E: Through a better experience**](http://www.designcouncil.org.uk/Documents/Documents/Publications/Health/AE_FE_evaluation_report.pdf)

“The two-pronged solution called ‘A Better A&E’ incorporates a ‘Guidance Solution’ - signage to guide and reassure patients, and a ‘People Solution’ - a programme to support staff in their interactions with frustrated, aggressive and sometimes violent patients through communications training and reflective practices.” *Source: Design Council*

[**A question of behaviours: why delivering care integration and managing acute demand depends as much on changing behaviour as new systems and structures**](http://www.impower.co.uk/public/upload/impower%20QOB%20report%20final.pdf)

“This report addresses two connected challenges: the increasing dependency on acute settings and urgent care, particularly for the elderly and the positive agenda to integrate care in home and community settings.” *Source:iMPower*

[**Emergency medicine - background to HEE proposals to address workforce shortages**](http://hee.nhs.uk/wp-content/blogs.dir/321/files/2013/12/EM-publication-Nov131.pdf)

“This report contains proposals and recommendations for improvements in the future workforce of emergency departments to ensure that patients receive consistent, high quality, safe and effective care.” *Source: Health Education England*

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