

## Research Dissemination Bulletin November 2016

Norfolk and Suffolk Primary and Community Care Research Office has received final reports and/or publications from research studies listed below where Norfolk and Suffolk primary care and/or community care trusts were involved. Further details can viewed via our website <http://nspccro.nihr.ac.uk/research-study-results>. Other latest research findings that may be of interest to you are also listed below.

The **NIHR 'Signals'** published on [NIHR Dissemination Centre Discover Portal](#) provide an easily readable high level summaries of the latest and most important research evidence.

The **School for Primary Care Research (SPCR)** has highlighted some latest research findings from studies in Primary Care in their [Summer newsletter](#). You can subscribe to SPCR news [here](#).

### CANCER:

**High hospital research participation and improved colorectal cancer survival outcomes: a population-based study**, supported by the National Institute for Health Research (NIHR) Clinical Research Network (CRN), has found that bowel cancer patients are more likely to survive in research-active hospitals. The study, published in [Gut](#), looked at data from 209,968 patients diagnosed with bowel cancer in England between 2001 and 2008. For patients treated in hospitals where research participation was high for least half of the eight years studied, the mortality rate in the first 30 days after major surgery was 5 per cent; and 44.8 per cent of patients were still alive five years after their initial diagnosis. By comparison, in hospitals which did not achieve high participation in any of the years studied, the rate of mortality after major surgery was 6.5 per cent, and only 41 per cent of patients survived five years or more. [Read more](#).

### CARDIOVASCULAR DISEASE:

**High-dose statins may help CVD patients to live longer.** A new study in the U.S. compared a high-intensity dosage of statins with moderate-intensity treatment in a cohort of 509,766 patients aged 21-84 with atherosclerotic cardiovascular disease (ASCVD). The findings, just published in [JAMA Cardiology](#), show an inverse graded association between intensity of statin therapy and mortality, which suggest an opportunity for improvement in the secondary prevention of ASCVD through optimization of intensity of statin therapy. Read more [here](#).

### DEMENTIA & AGING:

**CLAHRC EoE study of population screening for dementia.** Findings of this systematic review suggest that population screening for dementia may not be acceptable to either the general public or health care professionals, and highlights where focused efforts are needed to gain insights into specific screening issues. Researchers recommend that policy makers be cautious about the adoption of population screening for dementia without evidence and careful evaluation of benefits and risks. More information about this research with access to publications can be found [here](#).

### FAMILY & CHILD HEALTH:

The **Pathways to Harm, Pathways to Protection: A Triennial Analysis of Serious Case Reviews 2011-2014**, the fifth-consecutive analysis of serious case reviews in England, undertaken by researchers from the universities of East Anglia and Warwick, revealed an increase in adolescents who died or were seriously injured in which abuse or neglect is thought to be involved. The research, commissioned by the Department for Education, was based on an analysis of 293 serious case reviews (SCRs). Read more [here](#).

### GENERIC:

**Case management that is initiated in hospital and led by specialist nurses may reduce unplanned hospital re-admissions and length of hospital stay for adults with heart failure**, say research findings from NIHR National School of Primary Health Care funded research recently selected as a [NIHR 'Signal'](#).



**Can a practice based approach using Significant Event Audit (SEA) identify key factors that might reduce avoidable non-elective hospital admissions?** This feasibility study aimed to determine whether SEA could be useful to GP staff in examining patients' unplanned hospital admissions. The SEA is a type of detailed review of individual case notes of patients by their practice team, used widely in general practice, but not routinely for analysing emergency admissions. 132 SEAs were completed across 20 practices. In 13% of admissions discussed there was something that could have been done differently, but only half (6.5%) were considered avoidable. SEA alone was found not a suitable intervention to reduce admissions in a future randomised trial, however, it is was found a suitable tool for analysing emergency admissions for avoidable factors. A copy of NIHR RfPB Final Report can be found on our [here](#).

#### MENTAL HEALTH:

##### **PsyMaptic — A Population Prediction Tool for Commissioners and Providers of Early Intervention Services.**

Originating under CLAHRC Cambridge and Peterborough, the research looked at the epidemiology and the heterogeneity in the incidence of psychotic disorders. The findings, translated into an online tool called **PsyMaptic**, have been included in new guidelines from the National Institute for Health and Care Excellence (NICE). PsyMaptic is a freely available population prediction tool to guide commissioning early intervention services (EIS) in the NHS for people suffering with a first episode of psychotic illnesses. More information about this research can be found [here](#).

#### MUSCULOSKELETAL DISORDERS

**Physical activity does not improve after hip replacement.** A new systematic review carried out by researchers from University of East Anglia has just been published in [Clinical Rehabilitation](#). No clear evidence of a change in patients' physical activity levels before and up to one year post surgery were found. Researchers suggest that patients may need to be encouraged by health professionals to be more physically active post operatively. [Read more](#).

**Improving sensory function after carpal tunnel surgery (IMPACTS) study.** Researchers from the University of East Anglia investigated whether a simple treatment called sensory relearning, which can be taught and practised at home, can improve the ability to feel and use the hand in everyday activities after surgery for carpal tunnel syndrome. Carpal tunnel syndrome can cause hand disability which even after surgical decompression can persist. The statistical analyses showed that giving sensory relearning exercises did not significantly improve the feeling of the hand compared to those who did not receive any treatment (control group). The paper published in the Journal of Hand Surgery can be accessed [here](#).

#### PUBLIC HEALTH:

**Can electronic cigarettes help people stop smoking, and are they safe to use for this purpose?** A recently published updated [NIHR Cochrane Review](#) provides an independent assessment of the best available evidence to date about electronic cigarettes for quitting smoking.

**An investigation into how the wider public health role is perceived and undertaken by Health Visitors within a Community NHS trust in the East of England.** The research showed that all the Health Visitors interviewed had a common understanding of wider public health activities, but not a clear definition, and that their ability to undertake such activities was influenced by the pressure placed upon them to deliver Key Performance Indicators. Further work is needed to help Health Visitors understand how the overall healthcare system now works within the United Kingdom and recommendations have been offered for further clarity relating to evaluating Building Community Capacity Initiatives. The study Final Report can be accessed via our website [here](#)

#### RENAL AND UROGENITAL:

**Non-disclosure of chronic kidney disease (CKD) in primary care and the limits of instrumental rationality in chronic illness self-management,** a winner of [RCGP Research Paper of the Year Award 2015](#) published in [Social Science & Medicine](#) was recognised as an 'exceptional piece of research relating to general practice and primary care'. Researchers explore how patients learn about and react to a diagnosis of early stage CKD (some GPs routinely register patients as early stage CKD but do not always fully disclose the diagnosis to their patient). The partial or non-disclosure of diagnosis by GPs is at the heart of the paper. It raises questions over the purpose of CKD as diagnosis to support patient self-management. The rationale for incentivizing GP practices to maintain a CKD register requires clarity for both clinicians and patients.

