

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

Issue 10, 2014 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 hone in on their key areas of interest. Email library@moh.govt.nz to subscribe.

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### Mental Health & Addiction

[**Regional Drug Strategies Across the World**](http://www.emcdda.europa.eu/attachements.cfm/att_224386_EN_TDAU14002ENN.pdf)

“This paper offers a comparison of the drug strategies and plans adopted over the last five years by six intergovernmental organisations engaging 148 countries in four continents.” *Source: European Monitoring Centre for Drugs and Drug Addiction*

[**Suicide Reporting**](http://www.lawcom.govt.nz/sites/default/files/publications/2014/04/nzlc_r131_suicide_reporting.pdf)

“The Law Commission was asked to review and report on the law relating to the reporting of suicides by both the traditional media and in social media. It has done so, and its recommendations are set out in this Report.” *Source: New Zealand Law Commission*

[**Managing patients with complex needs: Evaluation of the City and Hackney Primary Care Psychotherapy Consultation Service**](http://www.centreformentalhealth.org.uk/pdfs/Managing_patients_complex_needs.pdf)

“This report reviews an innovative service that helps GPs in the City of London and Hackney to support people who fall through the gaps in existing service provision. The report finds that it improves health at the same time as reducing costs in both primary and secondary care services.” *Source: Centre for Mental Health*

[**Positive and proactive care: reducing the need for restrictive interventions**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf)

“This guidance forms a key part of the Coalition Government’s commitment set out in Closing the Gap: essential priorities for change in mental health to end the use of restrictive interventions across all health and adult social care.” *Source: UK Department of Health*

[**Alcohol-use disorders: preventing harmful drinking**](http://www.evidence.nhs.uk/evidence-update-54)

“A summary of selected new evidence relevant to NICE public health guidance 24 ‘Alcohol-use disorders: preventing harmful drinking’ (2010).” *Source: National Institute for Health and Care Excellence*

[**Worried Sick: Experiences of Poverty and Mental Health Across Scotland**](http://www.samh.org.uk/media/417248/deprived_communities_report.pdf)

“Throughout November and December 2013, SAMH invited service users and external organisations to participate in a series of discussion groups looking at the interaction of poverty and deprivation and mental health. This paper forms part of SAMH’s Know Where to Go campaign – a Scotland-wide campaign to tackle the barriers to accessing information,

help and support for your mental health.” *Source: Scottish Association for Mental Health*

[**Managing patients with complex needs**](http://www.centreformentalhealth.org.uk/pdfs/Managing_patients_complex_needs.pdf)

“This report sets out the findings of an evaluation of the City and Hackney Primary Care Psychotherapy Consultation Service (PCPCS), an innovative outreach service provided by the Tavistock and Portman NHS Foundation Trust which supports GPs throughout the

London boroughs of City and Hackney in the management of patients with complex mental

health and other needs that result in frequent health service use.” *Source: Centre for Mental Health*

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### Nutrition, Physical Activity, & Obesity

[**Obesity and Diabetes – Children and Young People**](http://www.noo.org.uk/gsf.php5?f=312592&fv=19821)

“This paper examines the evidence linking obesity and disability in children and young people. It looks at a range of impairments or health conditions associated with disability and explores the main obesity-related chronic health conditions that can develop during childhood and adolescence.” *Source: Public Health England*

[**Alcohol and junk food advertising and promotion through sport**](http://web.archive.org/web/20140403230916/http%3A/www.vichealth.vic.gov.au/~/media/ResourceCentre/PublicationsandResources/alcohol%20misuse/VH_Alcohol-and-Junk-Food.ashx)

“The purpose of this research was to identify the amount, and classify the nature of, alcohol and junk food advertising and promotion through sport on broadcast television in Victoria.” *Source: Victoria Health*

[**Tackling Physical Inactivity—A Coordinated Approach**](http://parliamentarycommissiononphysicalactivity.files.wordpress.com/2014/04/apcopa-final.pdf)

“This is the first of two reports from the All-Party Parliamentary Commission on Physical Activity, which was set up in 2013. Here [they] set out the scale and scope of the problem, mapping out the specific areas in which we need to work for change.” *Source: All-Party Commission on Physical Activity*

[**Obesity and inequities. Guidance for addressing inequities in overweight and obesity**](http://www.euro.who.int/__data/assets/pdf_file/0003/247638/obesity-150414-2.pdf?ua=1)

“This policy brief on obesity is one of a series that describe practical actions to address health inequities in relation to one of the priority public health challenges facing Europe, the others being tobacco, alcohol and injury. Completing the series is a guide on how to take a comprehensive approach to addressing inequities in health.” *Source: WHO*

[**Overweight and obesity among Indigenous children: individual and social determinants**](http://ahha.asn.au/sites/default/files/publication/18843/deeble_issue_brief_no_3_overweight_and_obesity_among_indigenous_children.pdf)

“If programs are to change the health behaviours and health outcomes of Indigenous children successfully, they must address social and economic factors—the context in which individual choices are made. Factors influencing obesity are not confined to the health portfolio; policy development should occur across portfolios including housing, education, employment, social welfare and community development.” *Source: Deeble Institute*

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### Inequalities

[**Inequality in OECD countries: the facts and policies to curb it**](http://insights.unimelb.edu.au/vol15/pdf/Martin.pdf)

“The gap between rich and poor in OECD countries has reached its highest level in 30 years. Rising income inequality creates economic, social and political challenges and risks leaving more people behind in an ever-changing world economy.” *Source: University of Melbourne, Corden Lecture*

[**Cancer's unequal burden**](http://www.macmillan.org.uk/Documents/CancersUnequalBurden_2014.pdf)

“This report finds that there is a large variation in survival and the long-term impact on survivors’ health for breast, prostate, lung and brain cancers. It urges NHS leaders and GPs to adopt the solutions in the report and use the research to better plan cancer services.” *Source: MacMillan Cancer Support*

[**How can rural health be improved through community participation?**](http://ahha.asn.au/sites/default/files/publication/18841/deeble_issue_brief_no_2_improving_rural_health_through_community_particpation_.pdf)

“The purpose of this issue brief is to provide evidence on how the health of rural Australians can be improved through community participation initiatives, which are currently being funded and delivered by health services and networks.” *Source: Deeble Institute*

[**Race equality and health inequalities: towards more integrated policy and practice**](http://www.better-health.org.uk/sites/default/files/briefings/downloads/Health%20Briefing%2032_0.pdf)

“This paper argues that within the English health system the ‘Equality and Diversity’ (E&D) and ‘Health Inequalities’ (HI) agendas remain poorly integrated at both national and local level. In particular, the HI agenda has largely failed to pay explicit attention to axes of inequality other than the socioeconomic gradient.” *Source: Race Equality Foundation*

[**Inquiry into the determinants of wellbeing for tamariki Māori**](http://www.parliament.nz/resource/0002082460)

“We agreed to hold this inquiry into the wellbeing of tamariki Māori because we believe he

taonga te tamaiti – every child is a treasure. When tamariki Māori have a solid base on

which to build their lives, they are resilient and successful. Aotearoa New Zealand can do

more to assure every child that their wellbeing and opportunities in life are critical to the

success of our country.” *Source: Māori Affairs Committee*

[**Kaupapa Māori wellbeing framework: The basis for whānau violence prevention and intervention**](http://www.nzfvc.org.nz/sites/nzfvc.org.nz/files/issues-paper-6-2014_0.pdf)

“Māori are over-represented in family violence statistics as both victims and perpetrators. The causes of whānau violence are acknowledged as complex and as sourced from both historical and contemporary factors. The impact of colonisation needs to be considered in order to respond effectively to whānau violence.” *Source: New Zealand Family Violence Clearinghouse*

[**The equity action spectrum: taking a comprehensive approach**](http://www.euro.who.int/__data/assets/pdf_file/0005/247631/equity-action-150414.pdf)

“This guidance aims to support European policy-makers to improve the design and implementation of policies to reduce inequities in health. It brings together current evidence on how to develop comprehensive policy action plans to identify and address social determinants of health inequities.” *Source: WHO*

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### Health Systems, Reforms, & Costs

[**The four health systems of the UK: How do they compare?**](http://www.nuffieldtrust.org.uk/sites/files/nuffield/140411_four_countries_health_systems_full_report.pdf)

“This report is the fourth in a series dating back to 1999 which looks at how the publicly financed health care systems in the four countries of the UK have fared before and after devolution.” *Source: Nuffield Trust*

[**Opportunity for Regional Improvement: Three Case Studies of Local Health System Performance**](http://www.commonwealthfund.org/Publications/Case-Studies/2014/Apr/Opportunity-for-Regional-Improvement-Three-Case-Studies-of-Local-Health-System-Performance.aspx)

“Case studies of three U.S. regions that ranked relatively high on the Commonwealth Fund’s Scorecard on Local Health System Performance, 2012, despite greater poverty compared with peers, revealed several common themes.” *Source: Commonwealth Fund*

[**Improving Health While Reducing Cost Growth: What is Possible?**](http://www.brookings.edu/~/media/events/2014/04/11%20health%20care%20spending/improving_health_reducing_cost_growth_mcclellan_rivlin.pdf)

“This paper addresses two questions: What policies could reduce the projected growth of health spending while enhancing population health and the quality of health care? How much difference might these policies make if successfully executed?” *Source: Engelberg Center for Health Care Reform*

[**Building a leadership team for the health care organization of the future**](http://www.hpoe.org/Reports-HPOE/leadership-team-future-2014.pdf)

“A survey of senior hospital and care system executives and additional interviews with more than two dozen leaders in the field reveal the ways health care organizations are responding to changes within the field and building the teams needed to achieve their strategic priorities.” *Source: Health Research & Educational Trust*

[**Measuring, Mapping and Making Sense of Irish Health System Performance in the Recession**](http://www.medicine.tcd.ie/resilience4health/assets/pdf/pubs/Resilience-working-paper-March-2014.pdf)

“The authors assess how well the system has coped with a downsizing of resources by an analysis of a range of performance indicators. These show a system that managed ‘to do more with less’ from 2008 to 2012. They also demonstrate a system that was ‘doing more with less’ by transferring the cost of care onto people and by significant resource cuts.” *Source: Centre for Health Policy and Management*

[**A new settlement for health and social care - Interim report**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/commission-interim-new-settlement-health-social-care-apr2014.pdf)

“The NHS faces a short-term funding crisis. At the same time, social care, arguably

underfunded for many years, is set to come under increasing strain – publicly funded

social care is available only for those with relatively high needs. The border between

the two is widely recognised to be very imperfect, leading to confusion and frustration

for patients and their carers, and wasting resources on administration. Life expectancy,

family structures, medical treatments and technologies are all quite different from when

Beveridge and Bevan devised the 1948 settlement for health and social care. It is time to

think afresh – and establish a new settlement fit for today’s circumstances.” *Source: King’s Fund*

[**Solving the NHS care and cash crisis: Routes to health and care renewal**](http://reform.co.uk/resources/0000/1247/Solving_the_NHS_care_and_cash_crisis.pdf)

“The NHS faces a combined care and cash crisis that threatens to debilitate the wider public sector and economy. The health challenge is to narrow a widening gulf between people’s potential for longer, healthier lives and the disappointing reality of what too many achieve. But any solution must also be affordable and sustainable.” *Source: Reform*

[**Health Spending Continues to Stagnate in Many OECD Countries**](http://www.oecd-ilibrary.org/social-issues-migration-health/health-spending-continues-to-stagnate-in-many-oecd-countries_5jz5sq5qnwf5-en)

“The global economic crisis which began in 2008 has had a dramatic effect on health spending across OECD countries. Estimates of expenditure on health released back in 2012 showed that, for the first time, health spending had slowed markedly or fallen across many OECD countries after years of continuous growth. As a result, close to zero growth in health expenditure was recorded on average in 2010. Preliminary estimates suggested that the low or negative growth in health spending was set to continue in many OECD countries in following years.” *Source: OECD*

[**Measuring the Level and Determinants of Health System Efficiency in Canada**](https://secure.cihi.ca/free_products/HSE_TechnicalReport_EN_web.pdf)

“The goal of this study is to measure health system efficiency in Canada and to examine the factors that help explain variations in estimates of efficiency across the health regions.” *Source: Canadian Institute for Health Information*

[**Patient, Family Advisory Councils in Ontario – At Work in Play**](http://www.changefoundation.ca/library/patientfamily-advisory-councils-ontario-hospitals-work-play/)

“This report investigates the evolving function and best practices of Ontario’s hospital-based Patient/Family Advisory Councils (PFACs): one mechanism some hospitals are using – among other approaches – to advance patient/family engagement and patient-centred care.” *Source: Change Foundation*

[**From innovation to adoption**](http://www.rcseng.ac.uk/publications/docs/from-innovation-to-adoption)

“In this report we present a detailed analysis of five surgical case studies and explore the barriers and the drivers that helped to shape patterns of adoption in the NHS.” *Source: Royal College of Surgeons of England*

[**Can the US Afford to Ignore Cost-effectiveness Evidence in Health Care?**](http://www.ohe.org/publications/article/can-the-us-afford-to-ignore-cost-effectiveness-evidence-141.cfm)

“Cost-effectiveness analysis plays a limited role in US health care compared to many other countries. In this Seminar Briefing, Dr James Chambers, Center for the Evaluation of Value and Risk in Health at Tufts Medical Center, considers the current use of cost-effectiveness analysis in the US and explores the potential value of including it in decisions about coverage for medical technology by Medicare.” *Source: Office of Health Economics*

[**Healthcare in Focus 2013: How does NSW measure up?**](http://www.bhi.nsw.gov.au/publications/annual_performance_report_series/healthcare_in_focus_2013)

“This report takes a wide ranging look at the NSW health system - comparing NSW with the health systems of Australia and 10 other countries. Healthcare in Focus 2013 draws on a range of international data and survey responses taking a look at the NSW health system in an international context using more than 135 indicators.” *Source: Bureau of Health Information*

[**Comorbidities: A framework of principles for system-wide action**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307143/Comorbidities_framework.pdf)

“This framework sets out the challenges for the wider health and care system in addressing comorbidities and proposes a set of interconnected principles to consider in the design of systems and services to prevent and treat comorbidities.” *Source: UK Department of Health*

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### Health of Older People

[**The generation strain: Collective solutions to care in an ageing society**](http://www.ippr.org/assets/media/publications/pdf/generation-strain_Apr2014.pdf)

“The report presents four major recommendations, to be addressed as part of a five-year funding settlement across health and social care.” *Source: Institute for Public Policy Research*

[**Is the Incidence of Dementia Declining?**](http://www.fightdementia.org.au/common/files/NAT/Paper_39_Is_the_incidence_of_dementia_declining.pdf)

“The assumption that the incidence of dementia will remain stable is now being put into question. There is emerging evidence to suggest that the incidence of dementia in older individuals may be declining.” *Source: Alzheimer’s Australia*

[**Defusing a Ticking Time Bomb: Improving the quality and delivery of home care in Australia**](http://www.palliativecare.org.au/Portals/46/News/Home%20Care%20Ticking%20Time%20Bomb%20White%20Paper.pdf)

“Caring for our ageing population will become one of the greatest challenges of this century

unless system-wide reform in the provision of home care to a growing number of Australians is recognised and adopted as a priority by governments, policy makers, healthcare professionals and the community.” *Source: Palliative Care Australia*

[**Delivering A Better Life for older people with high support needs in Scotland**](http://www.iriss.org.uk/sites/default/files/2014-03-13-iriss-jrf-delivering-a-better-life.pdf)

“A Better Life was a major five year programme of work developed by the Joseph Rowntree Foundation which explored how to achieve a good quality of life for older people with high support needs. This briefing has been produced by IRISS to ensure that the messages and challenges of A Better Life are understood in the context of the current policy drivers in Scotland and are translated into practice across the country.” *Source: Institute for Research and Innovation in Social Services*

[**Learning for Care Homes from Alternative Residential Settings**](http://www.jrf.org.uk/sites/files/jrf/residential-care-learning-full.pdf)

“What can providers of residential care for older people learn from other sectors about improving quality of care? This review explores the learning from delivery of care in residential services for children and young people, residential services and supported housing for people with learning disabilities and hospice care, and considers how this can be applied in care homes for older people.” *Source: Joseph Rowntree Foundation*

[**Focus on: Social Care for Older People**](http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/140326_qualitywatch_focus_on_social_care_older_people_0.pdf)

“This report describes the scale and nature of reductions in publicly funded social care for older adults in England that have occurred in part as a result of the Coalition Government’s efforts to reduce public sector spending following the financial crisis of 2008.” *Source: Nuffield Trust*

[**Ageing alone: Loneliness and the ‘Oldest Old’**](https://cminteractive.net/ci/centreforum/tomfrostick/ageingalone.pdf)

“It is intended that this report will help politicians and policy makers in both central and

local government; leaders and innovators in the voluntary and community sector; and wider society as a whole, pay attention to the services and support that help older people avoid ageing in loneliness and isolation.” *Source: Centre Forum*

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### Public Health

[**Transport for Health: The Global Burden of Disease**](http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2014/03/28/000333037_20140328141207/Rendered/PDF/863040WP0Trans00Box385168B00PUBLIC0.pdf)

“This report summarizes the findings of a long and meticulous journey of data gathering and analysis to quantify the health losses from road deaths and injuries worldwide, as part of the path-finding Global Burden of Disease (GBD) study.” *Source: World Bank*

[**From Amsterdam to Paris and beyond: the Transport, Health and Environment Pan-European Programme (THE PEP) 2009-2020**](http://www.euro.who.int/__data/assets/pdf_file/0009/247185/From-Amsterdam-to-Paris-and-beyond-Eng.pdf)

“This report encapsulates the past 12 years of progress made under the Transport, Health and Environment Pan-European Programme (THE PEP) since its launch in 2002. Administered jointly by the United Nations Economic Commission for Europe and the WHO Regional Office for Europe, THE PEP encourages transport policy-makers and urban spatial planners to consider the environmental and health impacts of transport and mobility.” *Source: WHO*

[**Developing national action plans on transport, health and environment**](http://www.euro.who.int/__data/assets/pdf_file/0010/247168/Developing-national-action-plans-on-transport%2C-health-and-environment.pdf)

“When general policies on sustainable and healthy transport have been established in

a country, implementation is most effectively achieved by developing a national transport,

health and environment action plan (NTHEAP).” *Source: WHO*

[**Action Plan for the Prevention, Care, & Treatment of Viral Hepatitis**](http://aids.gov/pdf/viral-hepatitis-action-plan.pdf)

“Envisioning active involvement of and innovation by a broad mix of nonfederal stakeholders from various sectors, both public and private, the plan provides a framework and focus around which all key stakeholders can engage to strengthen the nation’s response to viral hepatitis and seeks to leverage opportunities to improve the coordination of viral hepatitis activities across all sectors.” *Source: AIDS.gov*

[**Standardised packaging of tobacco - report of the independent review undertaken by Sir Cyril Chantler**](http://www.kcl.ac.uk/health/10035-TSO-2901853-Chantler-Review-ACCESSIBLE.PDF)

“This report concludes that standardised packaging of tobacco is likely to contribute to a reduction in smoking, including reducing the rate of children taking up smoking.” *Source: King’s College London*

[**Health Care & Climate Change**](http://noharm-uscanada.org/sites/default/files/documents-files/2704/Health%20Care%20Climate%20Change%20-%20Opportunity%20Transformative%20Leadership_0.pdf)

“The report provides detailed guidelines and case studies to help hospital leaders and facilities’ staff develop comprehensive strategies to reduce their reliance on fossil fuels through the use of “clean technology.” Its overarching conclusion is built on the premise that the health sector has a critical role to play in helping lead the transition to a fossil fuel-free and sustainable economy.” *Source: Health Care Without Harm*

[**Principles and considerations for adding a vaccine to a national immunization programme: From decision to implementation and monitoring**](http://apps.who.int/iris/bitstream/10665/111548/1/9789241506892_eng.pdf?ua=1)

“This essential resource document reviews the principles and issues to be considered when making decisions about, planning, and implementing the introduction of a vaccine into a national immunization programme. Importantly, the document highlights ways to use the opportunity provided by the vaccine introduction to strengthen immunization and health systems.” *Source: WHO*

[**Living well for longer: national support for local action to reduce premature avoidable mortality**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307703/LW4L.pdf)

“[This report] has set out in one place the actions being taken across the national health and wellbeing partnership of Government, Public Health England (PHE) and NHS England to reduce premature avoidable mortality.” *Source: UK Department of Health*

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### Long-Term Conditions

[**Blood Sugar Rush: Diabetes time bomb in London**](http://www.london.gov.uk/sites/default/files/Diabetes%20report.pdf)

“In undertaking this review, the London Assembly Health Committee has sought to tease out what is driving the increase in Type 2 diabetes across London, and how the delivery of diabetes care is managed and where improvements can be made in providing that care.” *Source: London Assembly Health Committee*

[**Time to Move: Arthritis**](http://apo.org.au/research/time-move-arthritis)

“The strategy outlined in this document provides a road map for improving care across Australia for people with arthritis and aims to reduce the costs to society of arthritis related diseases.” *Source: Arthritis Australia*

[**Outcomes assessment for people with long-term neurological conditions**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0005/116573/FullReport-hsdr02090.pdf)

“Integrated care can affect the way outcomes are interpreted, assessed and achieved. There is scope for developing a measure to assess outcomes of integrated care for long-term conditions that reflect service users’ needs.” *Source: National Institute for Health Research*

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### Child, Youth, & Maternal Health

[**Building a better future: The lifetime costs of childhood behavioural problems and the benefits of early intervention**](http://www.centreformentalhealth.org.uk/pdfs/building_a_better_future.pdf)

“Building a better future reviews the large body of evidence on the costs of severe behavioural problems and the economic benefits of parenting programmes, and shows that the programmes are not only proven to work but, when well implemented, are very good value for money.” *Source: Centre for Mental Health*

[**Mapping of children and youth indicator reporting frameworks**](http://apo.org.au/files/Resource/aihw_mappingofchildrenandyouthindicatorreportingframeworks_apr_2014.pdf)

“This report provides an overview of the purpose, scope and reporting status of 6 national frameworks, 4 National Agreements and 5 National Partnership Agreements that are relevant to children and/or youth.” *Source: Australian Institute of Health and Welfare*

[**LivingStandardsNZ: aligning public policy with the way we want to live**](http://www.mcguinnessinstitute.org/includes/download.aspx?ID=133450)

“This paper describes the process and methodology of the LivingStandardsNZ workshop which brought together 28 young people in December 2013 to discuss complex and long-term issues for the future of New Zealand.” *Source: New Zealand Treasury and McGuinness Institute*

[**New Directions in Child Abuse and Neglect Research**](http://www.nap.edu/catalog.php?record_id=18331&utm_medium=etmail&utm_source=The%20National%20Academies%20Press&utm_campaign=NAP+mail+new+2014.04.01&utm_content=web%20updates&utm_term)

“This report calls for a comprehensive, multidisciplinary approach to child abuse and neglect research that examines factors related to both children and adults across physical, mental, and behavioral health domains--including those in child welfare, economic support, criminal justice, education, and health care systems--and assesses the needs of a variety of subpopulations.” *Source: National Research Council*

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### Workforce

[**Facing the Future Together: A Policy Paper of the British Columbia Pharmacy Association**](http://www.bcpharmacy.ca/uploads/Facing-the-Future-Together.pdf)

“Controlling provincial drug spending is possible, and it does not have to come at the price of reduced quality or limited access to health services. British Columbia’s pharmacists are committed to working collaboratively with physicians, the Ministry of Health, and other stakeholders to find evidence‐based solutions.” *Source: British Columbia Pharmacy Association*

[**Geographic Imbalances in Doctor Supply and Policy Responses**](http://www.oecd-ilibrary.org/social-issues-migration-health/geographic-imbalances-in-doctor-supply-and-policy-responses_5jz5sq5ls1wl-en)

“This working paper first examines the drivers of the location choice of physicians, and second, it examines policy responses in a number of OECD countries.” *Source: OECD*

[**Establishing Transdisciplinary Professionalism for Improving Health Outcomes: Workshop Summary (2014)**](http://www.nap.edu/catalog.php?record_id=18398&utm_medium=etmail&utm_source=The%20National%20Academies%20Press&utm_campaign=NAP+mail+new+2014.04.15&utm_content=web%20updates&utm_term)

“Establishing Transdisciplinary Professionalism for Improving Health Outcomes discusses how shared understanding can be integrated into education and practice, ethical implications of and barriers to transdisciplinary professionalism, and the impact of an evolving professional context on patients, students, and others working within the health care system.” *Source: Institute of Medicine*

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### Primary Care

[**Transforming Primary Care: Safe, proactive, personalised care for those who need it most**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/304139/Transforming_primary_care.pdf)

“Transforming Primary Care is the next step towards safe, personalised, proactive out-of-hospital care for all. [They] are starting with the 800,000 patients with the most complex health and care needs who will be given a personal care and support plan, a named accountable GP, a professional to coordinate their care and same-day telephone consultations if needed.” *Source: Department of Health*

[**Recommendations for Action: Getting the Most out of Interprofessional Primary Health Care Teams**](http://www.conferenceboard.ca/e-library/abstract.aspx?did=5988)

“This final report uses three research approaches to offering recommendations to improve interprofessional primary care in Canada. Nine recommendations for action were developed to help government decision-makers, primary care organization and team leaders, care providers and patients get the most out of health care teams.” *Source: Conference Board of Canada*

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### Health Information & Research

[**Making sense of evidence in management decisions: the role of research-based knowledge on innovation adoption and implementation in health care**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0018/114129/FullReport-hsdr02060.pdf)

“[The authors] found that different professional groups of managers looked for, and used in decisions, different forms of evidence from each other, including research and own experience. For example, nurse managers looked at a wider range of evidence than doctors in management roles.” *Source: National Institute for Health Research*

[**A Robust Health Data Infrastructure**](http://healthit.ahrq.gov/sites/default/files/docs/publication/a-robust-health-data-infrastructure.pdf)

“The promise of improving health care through the ready access and integration of health data has drawn significant national attention and federal investment.” *Source: Agency for Healthcare Research and Quality*

[**Unleashing the Power of Big Data for Alzheimer's Disease and Dementia Research**](http://www.oecd-ilibrary.org/science-and-technology/unleashing-the-power-of-big-data-for-alzheimer-s-disease-and-dementia-research_5jz73kvmvbwb-en)

 “This paper reports on the opportunities offered by the informatics revolution and big data. Creating and using big data to change the future of Alzheimer’s and dementia requires careful planning and multi-stakeholder collaboration. Numerous technical, administrative, regulatory, infrastructure and financial obstacles emerge and will need to be hurdled to make this vision a reality.” *Source: OECD*

[**Predicting wellbeing**](http://www.natcen.ac.uk/media/205352/predictors-of-wellbeing.pdf)

“Subjective wellbeing analysis is sensitive to the measures used. Validated measures of wellbeing have only recently been included in surveys, so the opportunity to carry out longitudinal analysis is just beginning. This report contributes to an emerging evidence

base on what predicts wellbeing.” *Source: NatCen Social Research*

[**The Public Involvement Impact Assessment Framework Guidance**](http://www.piiaf.org.uk/documents/piiaf-guidance-jan14.pdf)

“Over the past decade there has been increasing interest in involving members of the public in decisions about which research should be done, how it is done and how the results are disseminated… Today the public are involved in many research fields, from health care to local history, and in many different ways.” *Source: PiiAF Study Group*

[**Observational Evidence and Strength of Evidence Domains: Case Examples**](http://effectivehealthcare.ahrq.gov/ehc/products/583/1898/evidence-examples-140421.pdf)

“The cases highlighted in this paper demonstrate how observational studies may provide moderate- to (rarely) high-strength evidence in systematic reviews.” *Source: Agency for Health Care Research and Quality*

[**Exploring the relationships between evidence and innovation in the context of Scotland’s social services**](http://www.iriss.org.uk/sites/default/files/iriss-evidence-innovation-dec2013.pdf)

“This report uses theoretical, empirical and practice literatures and case studies to reflect on the links between evidence and innovation in the context of Scotland’s social services.” *Source: Institute for Research and Innovation in Social Services*

[**Learning communities and the skills needed to improve care: an evaluative service development**](http://www.health.org.uk/publications/skilled-for-improvement/?dm_i=4Y2,2EO6N,AZTPZN,8QUU9,1)

“This report tells the story of the Learning Communities Initiative, in which an experienced research team used an action approach (combining action research and action learning) to study four improvement projects across two sites, while working with participants to facilitate the flow of knowledge and learning.” *Source: Health Foundation*

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### Planning

[**Guide to Implementation Planning**](http://www.dpmc.gov.au/implementation/docs/implementation_toolkit/guide-to-implementation-planning1.pdf)

“This guide is designed to help departments and agencies formulate robust implementation plans that clearly articulate how new policies, programs, and services will be delivered on time, on budget and to expectations.” *Source: Government of Australia*

[**Centre for Workforce Intelligence Technical Series**](http://www.cfwi.org.uk/our-work/research-development/cfwi-technical-paper-series)

“The R&D team shares its knowledge of best practice through an ongoing series of technical papers which focus on a variety of areas of workforce planning. This series of papers is also used to share new approaches that the R&D team has developed and may potentially include papers commissioned from external organisations and experts on topics of particular interest in the future.” *Source: Centre for Workforce Intelligence*

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### Disability

[**Evaluation of outcomes for people nominated to the Integrated Services Program**](https://www.sprc.unsw.edu.au/media/SPRCFile/ISP_Evaluation_Plan.pdf)

“This report describes the methodology for evaluating the Integrated Services Program, which establishes cross-agency responses for adult clients who have multiple and complex needs such as mental illness, intellectual disability and acquired brain injury and who exhibit behaviours that might cause significant harm.” *Source: Social Policy Research Centre*

[**Think autism: fulfilling and rewarding lives, the strategy for adults with autism in England: an update**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf)

“This document aims to set out a clear programme that the Department of Health and other government departments will be taking to improve the lives of people with autism, primarily through taking actions that will support local authorities, the NHS, other public services and their partners with their local implementation work.” *Source: UK Department of Health*

[**Positive and proactive care: reducing the need for restrictive interventions**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf)

“This document provides a framework for adult health and social care services to develop a culture where restrictive interventions are only ever used as a last resort.” *Source: UK Department of Health*

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### Health Quality & Safety

[**Two sides of the same coin: Balancing quality and finance to deliver greater value**](http://www.nhsconfed.org/Publications/Documents/two_sides_same_coin150413.pdf)

“This briefing brings together the views of NHS leaders and highlights the key messages arising from a roundtable held at the end of last year.” *Source: NHS Confederation*

[**Placing Diagnosis Errors on the Policy Agenda**](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf412685)

“This report explores the challenges of measuring diagnosis errors and why it is difficult to estimate the extent of the problem. The report presents reasons why certain types of errors are common, and offers suggestions for placing the issues on the public policy agenda.” *Source: Robert Wood Johnson Foundation*

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