

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

Issue 15, 2014 October

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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### Quality & Safety

[**Transforming the safety and quality of health care**](http://www.safetyandquality.gov.au/wp-content/uploads/2014/10/NSQHSS-in-2013-Transforming-the-safety-and-quality-of-health-care.pdf)

“The implementation of the National Safety and Quality Health Service (NSQHS) Standards, together with the introduction of the Australian Health Service Safety and Quality Accreditation Scheme, is an unprecedented, transformational effort to improve health care across the country.” *Source: National Safety and Quality Health Service*

[**Focus on: Allied health professionals Can we measure quality of care?**](http://www.qualitywatch.org.uk/sites/files/qualitywatch/field/field_document/Focus%20On%20Allied%20Health%20Professionals.pdf)

“In this report, [the authors] explore the quality of care and services delivered by allied health professionals (AHPs).” *Source: Quality Watch*

[**Who Watches the Watchmen? The Role of the Self-Regulator**](http://www.cdhowe.org/pdf/Commentary_416.pdf)

“Provincial governments should take steps to improve consumer protection in the rules and powers of self-regulating organizations (SRO), according to a new C.D. Howe Institute report. In “Who Watches the Watchmen? The Role of the Self-Regulator,” author Robert Mysicka finds that, for certain self-governing professions, the public interest is not being adequately protected.” *Source: C.D. Howe Institute*

[**An Exploration of the Implementation of Open Disclosure of Adverse Events in the UK: A scoping review and qualitative exploration**](http://www.york.ac.uk/inst/spru/pubs/pdf/openDis.pdf)

“There are several clear strategies that the NHS could learn from to implement and sustain a policy of openness. Literature reviews and stakeholder accounts both identified the potential benefits of a culture that was generally more open (not just retrospectively open about serious harm).” *Source: National Institute for Health Research*

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### Systems, Costs, & Reforms

[**Staying Power – Success stories in global healthcare**](http://www.kpmg.com/Global/en/IssuesAndInsights/ArticlesPublications/what-works/creating-new-value-with-patients/Documents/staying-power-success-stories.pdf)

“The report "Staying Power, success stories in global healthcare" presents the key insights from KPMG’s global healthcare conference of 65 healthcare leaders from 30 countries engaged in peer-to-peer discussions on effective strategies for successful healthcare transformation.” *Source: KPMG*

[**Specialists in out-of-hospital settings: Findings from six case studies**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/specialists-in-out-of-hospital-settings-kingsfund-oct14.pdf)

“To investigate the different ways in which consultants are working beyond their traditional boundaries, The King’s Fund visited six different services in which consultants were delivering or facilitating the delivery of care outside hospital. Through document review and interviews with staff involved in the design and delivery of the services, we sought to identify the key characteristics of this new way of working, explore the challenges in establishing services of this type and understand what benefit they could bring for patients and the NHS.” *Source: King’s Fund*

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

“There is an evidence base from controlled trials and well-designed observational studies on the effectiveness of a wide range of health promotion and disease prevention interventions that address risk factors to health. These include measures to reduce the risk of smoking and alcohol consumption, increase physical activity and promote more healthy diets, protect psychological and emotional well-being, reduce environmental harms and make road environments safer.” *Source: European Observatory on Health System and Policies*

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

“In recent years, public discourse on the performance of the Canadian health system has shifted from increasing the available resources to making better use of those resources. 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*

[**Bending Canada’s Healthcare Cost Curve: Watch Not What Governments Say, But What They Do**](http://www.cdhowe.org/pdf/e-brief_185.pdf)

“Author William B.P. Robson finds that reports of slower growth in healthcare spending have been repeatedly wrong-footed by chronic budget overshoots. So recent estimates that healthcare spending is no longer growing faster than the economy may also prove optimistic.” *Source: C.D. Howe Institute*

[**Economic crisis, health systems and health in Europe: impact and implications for policy**](http://www.euro.who.int/__data/assets/pdf_file/0008/257579/Economic-crisis%2C-health-systems-and-health-in-Europe-impact-and-implications-for-policy.pdf)

“This report summarises the findings of a joint study by WHO Europe and the European Observatory on Health Systems and Policies analysing the impact of health policy responses to the crisis in Europe from 2008 to 2013.” *Source: WHO*

[**NHS hospitals under pressure: trends in acute activity up to 2022**](http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/ft_hospitals_analysis.pdf)

“In this analysis we look at trends in admissions and bed use over the last few years, and use population projections to explore the likely pressures on hospitals in the future.” *Source: Nuffield Trust*

[**Financial failure in the NHS: What causes it and how best to manage it**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/financial-failure-in-the-nhs-kingsfund-oct14.pdf)

“This report describes the current financial state of the NHS and the reasons for the deterioration in financial performance and ultimately financial failure. These include weak leadership, legacy costs, PbR, and the impact of the wider health economy.” *Source: King’s Fund*

[**BC’s Clinical Care Management Initiative: A Case Study for Health System Transformation**](http://bcpsqc.ca/documents/2014/09/A-Case-Study-of-BCs-Clinical-Care-Management-Initiative.pdf)

“The BC Ministry of Health’s Clinical Care Management (CCM) initiative provides a case study for how to achieve large-scale change within the complexity of BC’s health system. A study by the InSource Research Group used a systems perspective to look at factors that help or hinder province-wide implementation of clinical guidelines in varying contexts, with a broader goal of understanding how to better manage large system change.” *Source: BC Patient Safety & Quality Council*

[**Integrating Research and Practice: Health System Leaders Working Toward High-Value Care**](http://www.nap.edu/catalog.php?record_id=18945&utm_medium=etmail&utm_source=The%20National%20Academies%20Press&utm_campaign=NAP+mail+new+2014.09.30&utm_content=web%20updates&utm_term=)

“Health care has been called one of the most complex sectors of the U.S. economy. Driven largely by robust innovation in treatments and interventions, this complexity has created an increased need for evidence about what works best for whom in order to inform decisions that lead to safe, efficient, effective, and affordable care. As health care becomes more digital, clinical datasets are becoming larger and more numerous. By realizing the potential of knowledge generation that is more closely integrated with the practice of care, it should be possible not only to produce more usable evidence to inform decisions, but also to increase the efficiency and decrease the costs of doing clinical research.” *Source: Institute of Medicine*

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[**Paying for Performance in Health Care: Implications for Health System Performance and Accountability**](http://www.oecd-ilibrary.org/employment/paying-for-performance-in-health-care_9789264224568-en)

"The detailed analysis of these 10 case studies together with the rest of the analytical text highlights the realities of P4P programs and their potential impact on the performance of health systems in a diversity of settings. This book provides critical insights into the experience to date with P4P and how this tool may be better leveraged to improve health system performance and accountability." *Source: OECD*

*\*You may need to secure a loan through your local library*

[**Initiatives to Optimize the Utilization of Laboratory Tests**](http://www.cadth.ca/media/pdf/ES0287_LabOptimizingEfforts_e.pdf)

“There is a desire across many jurisdictions to ensure laboratory tests are utilized optimally for patient health and to promote more efficient use of increasingly limited health care resources. There are examples of initiatives and strategies aimed at optimizing laboratory utilization across Canada and around the world; however, few mechanisms are in place to promote awareness of such initiatives. This report will help inform health care decision-makers who operate within hospitals, health regions, and/or ministries of health on initiatives underway in Canada and internationally.” *Source: CADTH*

[**Exploring the costs of unsafe care in the NHS**](http://www.frontier-economics.com/documents/2014/10/exploring-the-costs-of-unsafe-care-in-the-nhs-frontier-report-2-2-2-2.pdf)

“Frontier Economics has been asked by the Department of Health to provide a rapid review of evidence about the financial benefits of safer care.” *Source: Frontier Economics*

[**The NHS Five Year Forward View**](http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf)

“The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how we can achieve it. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery.” *Source: NHS England*

[**Successful implementation of policy initiatives: better practice guide**](http://apo.org.au/files/Resource/anao_successfulimplementationofpolicyinitiativesbetterpracticeguide_oct_2014.pdf)

“This guide offers advice to public sector senior leaders on the successful implementation of policies so that unintended consequences, which deny the community the full benefits of a new policy or waste public resources, can be avoided.” *Source: Australian National Audit Office*

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### Child & Youth Health

[**Therapies for Children With Autism Spectrum Disorder: Behavioral Interventions Update**](http://www.effectivehealthcare.ahrq.gov/ehc/products/544/1945/autism-update-report-140929.pdf)

The authors “updated a prior systematic review of interventions for children (0–12 years) with autism spectrum disorder (ASD), focusing on recent studies of behavioral interventions.” *Source: Agency for Healthcare Research and Quality*

[**Children Vulnerable in Areas of Early Development: A Determinant of Child Health**](https://secure.cihi.ca/free_products/Children_Vulnerable_in_Areas_of_Early_Development_EN.pdf)

“Children who are exposed to optimal environments early in life have the best opportunities to grow up healthy and happy. Understanding how children are developing allows policy-makers to make informed decisions about investments in programs and policies that support children and families.

Children Vulnerable in Areas of Early Development: A Determinant of Child Health looks at how Canada measures the health and well-being of 5-year-olds. An overview of provincial and territorial initiatives to improve early child development is also included.” *Source: Canadian Institute for Health Information*

[**Children of the Recession: The impact of the economic crisis on child well-being in rich countries**](http://www.unicef-irc.org/publications/pdf/rc12-eng-web.pdf)

“As the data in this new edition of the Innocenti Report Card series show, in the past five years, rising numbers of children and their families have experienced difficulty in satisfying their most basic material and educational needs.” *Source: Unicef*

[**Can Early Intervention Policies Improve Well-being? Evidence from a randomized controlled trial**](http://www.ucd.ie/t4cms/WP14_15.pdf)

“The impact of early intervention on the life-long development of children is an increasingly important focus of modern policymakers. One potential externality of such intervention is welfare improvements for parents, particularly for policies that target parenting and coping skills.” *Source: UCD Centre for Economic Research*

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### Pharmaceutical Policy

[**Characterizing and Communicating Uncertainty in the Assessment of Benefits and Risks of Pharmaceutical Products**](http://www.nap.edu/catalog.php?record_id=18870&utm_medium=etmail&utm_source=The%20National%20Academies%20Press&utm_campaign=NAP+mail+new+2014.09.30&utm_content=web%20updates&utm_term=)

“Despite the extensive body of evidence that informs regulatory decisions on pharmaceutical products, significant uncertainties persist, including the underlying variability in human biology, factors associated with the chemistry of a drug, and limitations in the research and clinical trial process itself that might limit the generalizability of results. As a result, regulatory reviewers are consistently required to draw conclusions about a drug's safety and efficacy from imperfect data. Efforts are underway within the drug development community to enhance the evaluation and communication of the benefits and risks associated with pharmaceutical products, aimed at increasing the predictability, transparency, and efficiency of pharmaceutical regulatory decision making. Effectively communicating regulatory decisions necessarily includes explanation of the impact of uncertainty on decision making.” *Source: Institute of Medicine*

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[**English surveillance programme antimicrobial utilisation and resistance (ESPAUR) report**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/362374/ESPAUR_Report_2014__3_.pdf)

“The English surveillance programme for antimicrobial utilisation and resistance (ESPAUR) report presents antimicrobial use and antimicrobial resistance trends in primary and secondary care (2010 to 2013) to NHS Area Team level in one place for the first time, and allows organisations to benchmark themselves against regional and national results.” *Source: Public Health England*

[**Antimicrobial Resistance: A Problem Without Borders**](http://www.nap.edu/catalog.php?record_id=18958&utm_source=NAP+Newsletter&utm_campaign=15d23f11ca-NAP_mail_new_2014_10_21&utm_medium=email&utm_term=0_96101de015-15d23f11ca-102579513&mc_cid=15d23f11ca&mc_eid=887bc22fe0)

“This volume summarizes remarks by and an engaging discussion with Dr. Rima Khabbaz, Dr. Stuart Levy, Dr. Margaret (Peg) Riley, and Dr. Brad Spellberg on Antimicrobial Resistance: A Problem Without Borders." *Source: Institute of Medicine*

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[**Antimicrobial Resistance and Use in Canada: A Federal Framework for Action**](http://healthycanadians.gc.ca/alt/pdf/drugs-products-medicaments-produits/antibiotic-resistance-antibiotique/antimicrobial-framework-cadre-antimicrobiens-eng.pdf)

“This Framework maps out a coordinated, collaborative federal approach to responding to the threat of antimicrobial resistance. It also lays a foundation for action from all sectors, underscoring the need to work together more than ever before, on a local, national and global scale. And it outlines the Government's key focus areas and plans for action.” *Source: Government of Canada*

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### Public & Patient Engagement

**[Shared Decision-Making Strategies for Best Care](http://www.iom.edu/~/media/Files/Perspectives-Files/2014/Discussion-Papers/SDMforBestCare.pdf)**

“This discussion paper seeks to stimulate action toward embedding SDM [Shared Decision Making] —which has been called the “pinnacle” of patient-centered care—into clinical practice. As such, the authors focus particular attention on the need to ensure the quality, integrity, and availability of patient decision aids, though we recognize that SDM requires not just the use of a tool—it will also require the deployment of skill sets, attitudes, infrastructure, policies, and systems that fully support the meaningful patient-clinician conversations necessary to arrive at truly shared decisions.” *Source: Institute of Medicine*

[**Assessing and Promoting Adoption of the Community-Centered Health Home Model**](http://preventioninstitute.org/component/jlibrary/article/id-357/127.html)

“Community-Centered Health Homes [are] a new paradigm in which healthcare providers collaborate closely with community members, advocates and organizations in an effort to change local conditions and improve health. Today, the best exemplars of this approach are community clinics and health centers around the country that are embedded in their communities.” *Source: Prevention Institute*

[**Civic Engagement and Social Cohesion: Measuring Dimensions of Social Capital to Inform Policy**](http://www.nap.edu/catalog.php?record_id=18831&utm_source=NAP+Newsletter&utm_campaign=a7d6565192-NAP_mail_new_2014_10_14&utm_medium=email&utm_term=0_96101de015-a7d6565192-102579513&mc_cid=a7d6565192&mc_eid=887bc22fe0)

“People's bonds, associations and networks - as well as the civil, political, and institutional characteristics of the society in which they live - can be powerful drivers affecting the quality of life among a community's, a city's, or a nation's inhabitants and their ability to achieve both individual and societal goals. Civic engagement, social cohesion, and other dimensions of social capital affect social, economic and health outcomes for individuals and communities. Can these be measured, and can federal surveys contribute toward this end? Can this information be collected elsewhere, and if so, how should it be collected?” *Source: National Research Council*

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[**Ideas into action: person-centred care in practice**](http://www.health.org.uk/public/cms/75/76/313/5017/Ideas%20into%20action_person-centred%20care%20in%20practice.pdf?realName=RdskJq.pdf)

“This report aims to inform health care professionals, commissioners and providers about what to consider when implementing shared decision making and self-management support as part of their drive to make person-centred care a reality.” *Source: Health Foundation*

[**Person-centred care: from ideas to action**](http://www.health.org.uk/public/cms/75/76/313/5018/Person-centred%20care_from%20ideas%20to%20action.pdf?realName=06z1oQ.pdf)

“This report seeks to bring together the evidence on shared decision making and self-management support, with the aim of providing greater coherence and clarity in debates about person-centred care.” *Source: Health Foundation*

[**Public engagement, not just about the public**](http://www.involve.org.uk/wp-content/uploads/2014/10/Public-engagement-not-just-about-the-public.pdf)

“The design and implementation of public involvement process can help support or undermine broad support for public engagement. This briefing paper synthesises existing research on what motivates each group to engage and provides an overview of the specific elements of the design and implementation of engagement that can shape these motivations in the long term.” *Source: Involve*

[**Suffering in silence: Listening to consumer experiences of the health and social care complaints system**](http://www.healthwatch.co.uk/sites/default/files/hwe-complaints-report.pdf)

“Using the views of the public we identify where and why things are not working and, most importantly, how people want things done differently. It is through this lens that we have examined the current failings of what the public tells us are an overly complex, incredibly frustrating and largely ineffective complaints system in health and social care.” *Source: Healthwatch*

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### Long-Term Conditions

**[Benefits of Credentialled Diabetes Educators to people with diabetes and Australia](http://www.adea.com.au/wp-content/uploads/2014/07/Access-Economics-Report.pdf)**

“Deloitte Access Economics was commissioned by the Australian Diabetes Educators Association (ADEA) to assess the benefits of Credentialled Diabetes Educators (CDEs) to people with diabetes, the Australian health system and society… The team conducted a literature review to inform the cost effectiveness analysis (CEA) which was used to assess the costs and benefits of CDEs.” *Source: Deloitte*

[**Improving the delivery of adult diabetes care through integration**](http://www.diabetes.org.uk/Documents/About%20Us/What%20we%20say/Integrated%20diabetes%20care%20%28PDF%2C%20648KB%29.pdf)

“This report is for commissioners and providers to support the delivery of best practice and to help by sharing lessons learnt from people trying to improve diabetes care through integration.” *Source: Diabetes UK*

**[Arthritis and disability](https://www.sprc.unsw.edu.au/media/SPRCFile/Arthritis_and_Disability_2014.pdf)**

“Arthritis Australia commissioned the Social Policy Research Centre (SPRC) at UNSW Australia to carry out research on the lived experience of people with arthritis related conditions. This report outlines the methods, findings and implications of the research.” *Source: University of New South Wales*

[**Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)**](http://www.wpro.who.int/noncommunicable_diseases/about/NCDRAP_2014-2020_full.pdf?ua=1)

"The Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020) was developed in response to a resolution adopted at the sixty-second session of the WHO Regional Committee for the Western Pacific. The regional plan is fully harmonized with the Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020) while adding the value of actions that build on regional achievements, contexts, opportunities and perspective." *Source: WHO*

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### Inequalities

[**Migrant and ethnic minority health and health care in the context of the current systemic crisis in Europe**](http://www.eupha-migranthealthconference.com/wp-content/uploads/2014/09/D6a.-Technical-Report-Final-Web-Version.pdf)

“The main objective of the Conference was… to provide a forum for sharing and disseminating current knowledge and practice in migrant and ethnic minority healthcare among policy makers, public health experts and practitioners, researchers, health and social care professionals and civil society representatives, in order to analyse the impact of the economic crisis in the social and health status of these vulnerable population groups, and to develop strategies to ensure their access to quality health care services.” *Source: European Public Health Association*

[**Natural Solutions to Tackling Health Inequalities**](http://www.instituteofhealthequity.org/projects/natural-solutions-to-tackling-health-inequalities/natural-solutions-to-tackling-health-inequalities.pdf)

“‘Natural Solutions to Tackling Health Inequalities’ report highlights the evidence of the benefits of green spaces to health and wellbeing outcomes, and the inequalities in use of, and access to, natural environments across England.” *Source: UCL Institute of Health Equity*

[**Indicators of Inequality for Māori and Pacific People**](http://www.victoria.ac.nz/sacl/centres-and-institutes/cpf/publications/pdfs/2015/WP09_2014_Indicators-of-Inequality.pdf)

“This study investigates a number of inequality indicators in New Zealand. The research examines the current gaps in the indicators between the European population, and Māori and Pacific people. The study also undertakes a comparison of the changes in the gaps over a period approximating 10 years for each of the indicators.” *Source: Victoria Business School*

[**Indigenous Australians and the National Disability Insurance Scheme**](http://press.anu.edu.au/wp-content/uploads/2014/10/whole5.pdf)

“The terms of reference for the project upon which this monograph is based outline two distinct but related pieces of work. Accordingly, the first part of this monograph aims to identify and assess the range of disability service delivery models available in order to overcome the barriers to accessing disability support services experienced by Indigenous Australians. The second part analyses existing quantitative data sets to ascertain the extent and nature of disability in the Indigenous population, and how this varies according to geographic remoteness and key population groups.” *Source: Australian National University Press*

[**Loneliness, social isolation and sight loss**](http://www.pocklington-trust.org.uk/Resources/Thomas%20Pocklington/Documents/PDF/Research%20Publications/Research%20Findings/rf-44-social-isolation-3.pdf)

“The aim of this literature review was to develop a better understanding of links between loneliness, social isolation and sight loss, with a view to indicating possible improvements to policy and practice and areas for further research.” *Source: Thomas Pocklington Trust*

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### Public Health

[**From Evidence Into Action: opportunities to protect and improve the nation’s health**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366852/PHE_Priorities.pdf)

“In this document Public Health England publishes 7 priorities for the next 5 years, having looked closely at the evidence to determine where it can most effectively focus its efforts.” *Source: Public Health England*

[**Identifying and Reducing Environmental Health Risks of Chemicals in Our Society**](http://www.nap.edu/catalog.php?record_id=18710&utm_source=NAP+Newsletter&utm_campaign=af1b3dc0c3-NAP+mail+new+2014-10-07&utm_medium=email&utm_term=0_96101de015-af1b3dc0c3-102579513&mc_cid=af1b3dc0c3&mc_eid=887bc22fe0)

“On November 7-8, 2013, the Institute of Medicine's Roundtable on Environmental Health Sciences, Research, and Medicine held a workshop to discuss approaches related to identifying and reducing potential environmental public health risks to new and existing industrial chemicals present in society. Industrial chemicals include chemicals used in industrial processes or commercial products, not including those found in food, pesticides, or pharmaceuticals.” *Source: Institute of Medicine*

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[**New rules for the marketing of e-cigarettes**](http://www.cap.org.uk/News-reports/Media-Centre/2014/~/media/Files/CAP/Consultations/ecig%20consultation/Regulatory%20Statement.ashx)

“The recent increase in the popularity and availability of e-cigarettes has seen a significant growth in advertising for them. While e-cigarettes have always been allowed to be advertised and have been subject to general rules covering misleading claims, harm, offence and social responsibility, they have not, until now, been subject to product specific rules.” *Source: Committees of Advertising Practice*

[**Infection prevention and control measures for Ebola virus disease: Entry and exit screening measures**](http://ecdc.europa.eu/en/publications/Publications/Ebola-outbreak-technicalreport-exit-entry-screening-13Oct2014.pdf)

“This document reviews the existing evidence on entry and exit screening in order to support decision making by EU public health authorities.” *Source: European Centre for Disease Prevention and Control*

[**Cold weather plan for England 2014**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/365756/CWP_2014.pdf)

“The cold weather plan gives advice on preparing for the effects of winter weather on people’s health.” *Source: Public Health England*

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### Mental Health

**[Mental health services: achieving better access by 2020](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf)**

“Sets out national waiting time standards from April 2015 and plans to provide better access to mental health services over the next 5 years.” *Source: UK Department of Health*

[**SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach**](http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf)

“Introduces a concept of trauma and offers a framework for how an organization, system, service sector can become trauma-informed. Includes a definition of trauma (the three "E's"), a definition of a trauma-informed approach (the four "R's"), 6 key principles, and 10 implementation domains.” *Source: Substance Abuse and Mental Health Services Administration*

[**Mental health strategies for the justice system**](http://www.audit.vic.gov.au/publications/20141015-MH-Strategies-Justice/20141015-MH-Strategies-Justice.pdf)

“This audit finds that there is currently no overarching strategy or leadership in Victoria for mental health and the justice system that focuses on improving outcomes for people with a mental illness.” *Source: Victorian Auditor-General's Office*

[**Support in tough times: encouraging young people to seek help for their friends**](http://apo.org.au/sites/all/modules/pubdlcnt/pubdlcnt.php?nid=41967&file=http://www.kids.nsw.gov.au/ArticleDocuments/467/Support%20on%20tough%20times%20website.pdf.aspx)

“This research looked at the barriers and supports to young people seeking adult help for a friend experiencing mental health problems. It focused specifically on the influence that schools might have on young people’s propensity to seek adult help for a friend. The focus on schools makes sense because almost all young people in NSW attend school and are influenced by their school environment and by school practices. Schools also provide a near-universal platform on which to build improvements in the health and wellbeing of young people. For young people without supportive families, schools can sometimes be the first or only place where they can seek and receive the help they need.” *Source: NSW Commission for Children and Young People*

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### Cancer & Palliative Care

[**Key performance indicators for the National Bowel Cancer Screening Program: technical report**](http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548921)

“This report provides provide a summary of the development process and the technical specification for the 11 agreed performance indicators that are part of the National Bowel Cancer Screening Program Performance Indicator Set. This report is a reference tool for anyone who wishes to understand, measure and report the progress of bowel cancer screening in Australia.” *Source: Australian Institute of Health and Welfare*

[**Cancer: Shifting Gears**](http://www.mhpc.com/wp-content/uploads/2014/10/CCG-report-Shifting-gears-bringing-Englands-cancer-outcomes-in-line-with-the-best-in-Europe-FINAL.pdf)

“The 60 members of the Cancer Campaigning Group have an ambition for the Government, the charity and voluntary sector, industry, the NHS, public health and social care systems, and the research and academic community to deliver truly world-class cancer outcomes.” *Source: Cancer Campaigning Group*

[**Transforming Care at the End of Life: Dying Well Matters**](http://www.deloitte.com/assets/Dcom-UnitedKingdom/Local%20Assets/Documents/Industries/Life%20Sciences/uk-ls-transforming-care-at-the-end-of-life.pdf)

“This report finds that at least £4.5 billion is spent each year in England caring for those at the end of their lives. Analysis of national reviews and audits over the past 18 months highlights shortcomings and concerns about the large degree of variation in services across the country.” *Source: Deloitte*

[**Developing a new approach to palliative care funding: A first draft for discussion**](http://www.england.nhs.uk/wp-content/uploads/2014/10/pall-care-fund-new-appr-fin.pdf)

“This document sets out the draft palliative care development currency and provides supporting guidance. It has been published to support NHS England’s engagement with the palliative care sector, including clinicians, commissioners and providers.” *Source: NHS England*

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### Nutrition, Physical Activity, & Obesity

[**Exercise Referral Schemes to Promote Physical Activity**](https://www.nice.org.uk/guidance/ph54/resources/guidance-exercise-referral-schemes-to-promote-physical-activity-pdf)

“This guideline makes recommendations on exercise referral schemes to promote physical activity for people aged 19 and older…It focuses on exercise referral schemes that try to increase physical activity among people who are inactive or sedentary and are otherwise healthy or who have an existing health condition or other risk factors for disease.” *Source: NICE*

[**Everybody active, every day: What works – the evidence**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366113/Evidence_layout_23_Oct.pdf)

“We know from the experience of countries like Finland and the Netherlands that if change is to be real and lasting we need to embed physical activity into the fabric of daily life, and to think long-term. We also need to involve all sectors in driving that change. Building upon what we know works, we can

make being active every day the easy, cost-effective and ‘normal’ choice for every community in England.” *Source: Public Health England*

[**Moving Ahead: The Economic Impact of Reducing Physical Inactivity and Sedentary Behaviour**](http://www.conferenceboard.ca/e-library/abstract.aspx?did=6436)

“It’s not enough to be physically active. Limiting the number of waking hours spent in a sedentary state is also important. This briefing—the first in the research series “Moving Ahead: Healthy Active Living in Canada”—finds that even a modest improvement can yield tangible benefits to individuals, employers, and government.” *Conference Board of Canada*

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**[The State of Obesity: Better Policies for a Healthier America](http://healthyamericans.org/assets/files/TFAH-2014-ObesityReport%20FINAL.pdf)**

“Adult obesity rates remain far too high overall, and racial, ethnic, and socioeconomic disparities persist. Rates among children and teens have stabilized in the past decade, and are beginning to decline in some places and among some age groups. But this progress is still early and fragile, so this report serves as an urgent call to action for our nation to build a strong, vibrant Culture of Health that provides everyone in America with the opportunity to maintain a healthy weight and live a healthy life.” *Source: Robert Wood Johnson Foundation*

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### Integration & Collaboration

[**Inter-organizational networks: A review of the literature to inform practice**](http://www.businessofgovernment.org/sites/default/files/Inter-Organizational%20Networks_0.pdf)

“This report examines the literature on interorganizational networks that has evolved over the past decade, which has been written from the perspective of a wide range of academic disciplines, such as sociology, business management, public administration, and political science.” *Source: IBM Center for the Business of Government*

[**System leadership: Lessons and learning from AQuA's Integrated Care Discovery Communities**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/system-leadership-october-2014.pdf)

“A consensus is emerging in England around the concept of ‘integrated care’ as the best hope for a sustainable NHS. For leaders in the health care system, this represents an immense challenge. Leading across complex interdependent systems of care is a new and different role, undertaken alongside the already difficult task of leading successful institutions.” *Source: King’s Fund*

[**Connectedness and Canterbury: How did government agencies connect in response to the Canterbury earthquakes of 2010 and 2011?**](http://igps.victoria.ac.nz/publications/files/b9ec39994c8.pdf)

“The Canterbury earthquake sequence of 2010 and 2011 presented the Government with unprecedented challenges, not least of which was to ensure consistency and connectedness across each of its agencies who had a role in the response.” *Source: Victoria Business School*

[**Leading local partnerships: How CCGs are driving integration for their patients and local populations**](http://www.nhscc.org/wp-content/uploads/2014/10/Leading-local-partnerships_WEB1.pdf)

“A year and a half after their establishment, CCGs are starting to drive complex change. They are leading a coming together of healthcare professionals of all disciplines including social care, and

of voluntary organisations. The outcome is that the needs and desires of patients are being placed at the very centre of the system.” *Source: NHS Clinical Commissioners*

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### Health of Older People

[**New perspectives and approaches to understanding dementia and stigma**](http://www.ilcuk.org.uk/images/uploads/publication-pdfs/Compendium_Dementia.pdf)

“The range of articles included help to identify the priority areas for future research and some of the main challenges faced. However further ways of raising awareness and tackling dementia must be sought and we need to continue to work to help deliver a brighter future for people living with dementia, and their families.” *Source: International Longevity Centre*

[**Cracks in the Pathway: People’s experiences of dementia care as they move between care homes and hospitals**](http://www.cqc.org.uk/sites/default/files/20141009_cracks_in_the_pathway_final_0.pdf)

“As the report makes clear, there are some examples of excellent care across hospitals and care homes in England. These are services that recognise that a personalised approach is the key to high-quality care for people living with dementia.” *Source: Care Quality Commission*

[**Supporting people with dementia and their families and carers: Victorian dementia action plan 2014–18**](http://docs.health.vic.gov.au/docs/doc/FAF0A42650E6A45CCA257D790080B10E/%24FILE/dementia_plan.pdf)

“The main focus of the Victorian dementia action plan is people with dementia, and their families and carers. Improving their quality of life requires better awareness, knowledge and responses from all service, community and business sectors and the population as a whole.” *Source: Victoria Department of Health*

[**Isolation: the emerging crisis for older men**](http://www.independentage.org/media/828364/isolation-the-emerging-crisis-for-older-men-report.pdf)

“This Executive Summary reports on new research from Independent Age and the International Longevity Centre UK (ILC-UK), which explores the experiences of older men who are socially isolated or lonely. The research has used newly released data from the English Longitudinal Study of Ageing (ELSA), as well as interviews, focus groups and existing evidence.” *Source: International Longevity Centre UK*

[**John Kennedy's care home inquiry**](http://www.jrf.org.uk/sites/files/jrf/Care_home_inquiry_FULL_0.pdf)

“The final report of a personal inquiry into the crisis in UK care homes for older people.” *Source: Joseph Rowntree Foundation*

[**Home Medicine Reviews: Recent changes and potential implications**](http://www.phcris.org.au/phplib/filedownload.php?file=/elib/lib/downloaded_files/publications/pdfs/phcris_pub_8437.pdf)

“This RESEARCH ROUNDup provides a brief overview of the current evidence of the benefits and limitations of HMRs [Home Medicine Reviews] and discusses cohorts of patients who might be targeted to maximise HMR benefits.” *Source: Primary Health Care Research & Information Service*

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### Health Promotion

[**Evidence for a healthy city: informing healthy municipal policy**](http://www.stmichaelshospital.com/crich/wp-content/uploads/FINALsept25evidenceforahealthcity.pdf)

The authors “share evidence with relevance to policy and programs intended to improve health and wellbeing in Toronto.” *Source: Centre for Research on Inner City Health*

[**Making every contact count – taking every opportunity to improve health and wellbeing**](http://www.local.gov.uk/documents/10180/5854661/Making%2Bevery%2Bcontact%2Bcount%2B-%2Btaking%2Bevery%2Bopportunity%2Bto%2Bimprove%2Bhealth%2Band%2Bwellbeing/c23149f0-e2d9-4967-b45c-fc69c86b5424)

“How do we make the most of each and every opportunity to help people improve their health and wellbeing? Making every contact count (MECC) is an approach to improving health and reducing health inequalities developed by the NHS and local government.” *Source: Local Government Association*

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### Health Information & Technology

[**An AIHW framework for assessing data sources for population health monitoring: working paper**](http://apo.org.au/files/Resource/aihw_anaihwframeworkforassessingdatasourcesforpopulationhealthmonitoringworkingpaper_oct_2014.pdf)

“This paper outlines the Australian Institute of Health and Welfare’s (AIHW) assessment framework for determining the suitability of specific data sources for population health monitoring.” *Source: Australian Institute of Health and Welfare*

[**Taking digital health to the next level: promoting technologies that empower consumers and drive health system transformation**](http://www.commonwealthfund.org/~/media/files/publications/fund-report/2014/oct/1777_hostetter_taking_digital_hlt_next_level_v2.pdf)

“There has been an influx of venture capital to support the development of tools, such as data-mining applications, that can be used by accountable care organizations and others working to improve the efficiency and effectiveness of their operations. Still, there are significant barriers to the development and adoption of effective digital health technologies. This report outlines these challenges and makes recommendations for overcoming them, with the explicit goal of encouraging clinicians, developers, and entrepreneurs to focus on the needs of patients with complex and costly medical and behavioral health conditions.” *Source: Commonwealth Fund*

[**A Vision for Using Digital Health Technologies to Empower Consumers and Transform the U.S. Health Care System**](http://www.commonwealthfund.org/~/media/files/publications/fund-report/2014/oct/1776_klein_vision_using_digital_hlt_tech_v2.pdf?la=en)

“This report describes early efforts to use digital technologies—ranging from remote monitoring devices and teleconferencing devices for virtual office visits to data mining tools—to redesign care models around the common needs of discrete patient populations.” *Source: Commonwealth Fund*

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### Primary Care

[**Telehealth in primary health care settings within Australia and internationally**](http://www.phcris.org.au/phplib/filedownload.php?file=/elib/lib/downloaded_files/publications/pdfs/phcris_pub_8403.pdf)

“This review examined the evidence on telehealth models in Australia and elsewhere, with a specific focus on synchronous, real-time video consultations, where patients and health care providers were present simultaneously.” *Source: Primary Health Care Research and Information Service*

[**Think Big, Act Now: Creating a Community of Care**](http://www.nhsalliance.org/wp-content/uploads/2014/10/THINK-BIGACT-NOW-FINAL-1.pdf)

“Think Big, Act Now: Creating A Community Of Care sets out NHS Alliance’s position with regard to the future of general practice and primary care. It aims to provide a starting point for a practical guidance system and orchestrated campaign to champion and re-energise a tired and demoralised primary care workforce, especially within general practice; to help make general practice ‘special’ again; and to encourage the general public to see it as such; and to inspire a new generation of doctors, nurses and other health professionals to be part of a primary care that is a shining beacon for health in our communities.” *Source: NHS Alliance*

[**Community pharmacy management of minor illness**](http://www.pharmacyresearchuk.org/waterway/wp-content/uploads/2014/01/MINA-Study-Final-Report.pdf)

“The overall purpose of this programme was to derive evidence to inform recommendations regarding the future delivery of community pharmacy-based minor ailments schemes (PMAS) in the UK.” *Source: Royal Pharmaceutical Society*

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