

# HORIZON

Monthly current awareness from Intelligence and Research

No 47. March 2014

This bulletin will cover externally published information on health and social care issues relating to people affected by cancer. Follow the links in the headlines to see the underlying content.

It is complementary to the [Daily News Digest](#), and the [Monitor](#) available to Macmillan staff on the green rooms.

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## Important items this month:

*Labour may form the next UK government. Two items provide an insight into their thinking. The first is the result of policy development on healthcare, and the second is from IPPR who are very influential on current Labour thinking*

### **One person, one team, one system**

Recommendations about health and care services within existing resources being integrated, without another reorganisation.

Independent Commission on Whole Person Care. 5 March

### **Many to many: how the relational state will transform public services**

This report sets out a new 'relational state' agenda for public service reform that would address complex problems holistically.

Institute for Public Policy Research. 12 February

*There has been a lot of debate about the implications of care.data. Three blogs discuss the issue.*

### **The NHS plan to share our medical data can save lives – but must be done right**

Care.data, is not inherently evil but its execution has been badly bungled.

Ben Goldacre. Guardian. 21 February

### **NHS junk data**

It would be unethical, and even dangerous, to deprive patients of this.

Ciaran Devane. Daily Telegraph. 20 February

### **Care.data—your bits in their hands**

as not only a contributor of my own medical information, but also as a research user of such data, I will not take up the option to opt out.

John Appleby. BMJ. 13 February

Questions about living with cancer? Call the Macmillan Support Line free on 0808 808 00 00 or visit [macmillan.org.uk](http://macmillan.org.uk)

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## Policy & politics

### **Ripping off the sticking plaster: Whole-system solutions for urgent and emergency care**

The task ahead for the NHS is to move beyond the headlines and handwringing and find practical whole-system solutions to address current pressures and avert future crises. Failure to find such solutions, and to act on them quickly, could have dire consequences for patients, and for the NHS as a whole. This report acts as a roadmap to the fundamental changes required to create a sustainable and high-quality urgent and emergency care system that can meet the needs of patients now and in the future.

NHS Confederation. 10 March

### **One person, one team, one system**

In April 2013, Labour invited Sir John Oldham to form the Independent Commission on Whole-Person Care to make recommendations about health and care services within existing resources can be integrated, and without another reorganisation. The final report aims to set out a blueprint for making this happen.

Independent Commission on Whole Person Care. 5 March

### **Eurohealth**

This issue of *Eurohealth* focuses on the development of resilient and innovative health systems. It discusses advancing the public health in Europe and USA; improving chronic care in Europe; m-health; and the challenges of mental health care.

London School of Economics. 25 February

### **The NHS payment system: evolving policy and emerging evidence**

This research report reviews different approaches to payment for health services in the English NHS. It explores the evidence on whether recent payment initiatives have met their goals.

Nuffield Trust. 20 February

### **Minister shares 'real evidence' of improvements in cancer care**

The Health Minister has written to Assembly Members to present to them the 'real evidence' of improvements seen in cancer care in Wales.

Welsh Government. 18 February.

## **Many to many: how the relational state will transform public services**

This report sets out a new 'relational state' agenda for public service reform that would address complex problems holistically, provide more intensive and personalised engagement at the frontline of service delivery, and empower and engage citizens.

Institute for Public Policy Research. 12 February

## **Regulating quality and safety of health and social care: international experiences**

This report is concerned with standards of quality and safety within health and social care systems. Care standards are intended to support efforts in maintaining and improving the quality of care; they have been developed across countries, although the ways in which they are implemented and applied differs between nations. Taking a range of six countries, it reviews the regulatory mechanisms that have been implemented to ensure that essential standards of care are applied and are being adhered to, and consider the range of policy instruments used to encourage and ensure continuous quality improvement.

RAND Corporation. 10 February

## **Commissioning**

### **Measuring success in health care value-based purchasing programs**

Value-based purchasing (VBP) refers to a broad set of performance-based payment strategies that link financial incentives to health care providers' performance on a set of defined measures in an effort to achieve better value. This report summarises the current state of knowledge about VBP based on a review of the published literature, a review of publicly available documentation from VBP programs, and discussions with an expert panel composed of VBP program sponsors, health care providers and health systems, and academic researchers with VBP evaluation expertise.

RAND Corporation. 5 March

### **Helping measure person-centred care: a review of evidence about commonly used approaches and tools to measure person-centred care**

Person-centred, individualised, personalised, patient-centred, family-centred, patient-centric and many other terms have been used to signal a change in how health services engage with people. This rapid review summarises research about measuring the extent to which care is person-centred. The review signposts to research about commonly used approaches and tools to help measure person-centred care. It aims to showcase the many tools available. A spreadsheet listing 160 of the most commonly researched measurement tools accompanies the review.

The Health Foundation. 4 March

### **The importance of multimorbidity in explaining utilisation and costs across health and social care settings: evidence from South Somerset's Symphony project**

This report examines patterns of health and social care utilisation and costs for the local population to identify which groups of people would most benefit from better integrated

care. It tries to identify groups of people according to the frequency of occurrence of underlying conditions; the cost of care; and utilisation of services across diverse settings.

Centre for Health Economics. 28 February

### **UK Strategy for rare diseases**

This sets out a shared vision for improving the lives of all those with rare diseases in the UK by 2020. It makes 51 commitments in a number of different areas. Each UK country will take action and develop plans to implement the strategy that best meet their own health and care systems, but will work together where it makes sense to do so.

Department of Health. 28 February

### **Commissioning case study videos**

These four videos outline case studies which examine aspects of commissioning: integrating hub/prime vendor model; commissioning for value deep dives; value based guidance for elective surgery; and use of data tools.

NHS Right Care. 25 February

### **Community services: how they can transform care**

Changes are needed to realise the full potential of community services for transforming care. It finds that while the emphasis on moving care closer to home has resulted in some reductions in length of hospital stay, it is now time to focus on the bigger issue of how services need to change to fundamentally transform care.

The King's Fund. 13 February

### **Public expenditure on health and social care: seventh report of session 2013-14**

The health and care system needs fundamental change so that services are joined up and focussed on the needs of patients. The current level of real terms funding for social care should be ring-fenced. It also recommends that the role of Health and Wellbeing Boards should be developed to allow them to become effective commissioners.

House of Commons Health Select Committee. 12 February

## **Quality**

### **Effective networks for improvement: developing and managing effective networks to support quality improvement in healthcare**

This learning report presents the lessons from an evidence review and case study work. The review drew on the literature and empirical evidence about effective networks to describe the component parts of a successful improvement network. While the review found no 'one size fits all' formula for successful network design, it did identify five core features of effective networks.

The Health Foundation. 4 March

## **Sentinel Stroke National Audit Programme (SSNAP) clinical audit, July - September 2013 public report**

This report finds that huge improvements have been made in the quality of stroke care and services over the past years as measured by previous national stroke audits and it is anticipated that similar improvements will be demonstrated through future SSNAP quarterly reports

Royal College of Physicians. 24 February

## **Workforce**

### **Social work education review**

This report looks at social work education including: a generic qualifying course; increased specialisation within the degree; employers supporting education, including placements; improving the ability to provide social workers with the right knowledge, skills and values; fast track entry routes for top graduates into adult services; and value for money.

Department of Health. 27 February

### **Patients 'are safer with better-educated nurses'**

A Europe-wide study suggests that nurse education and patient to nursing staff ratios may impact on patient outcomes. As many European countries tighten their budgets, one obvious opportunity to save costs is to trim nursing staffing levels. Researchers found that an increase in a nurses' workload by one patient was associated with a 7% increase in patient deaths. In addition, a better educated workforce was associated with fewer deaths, with every 10% increase in nurses with degrees associated with a 7% reduction in death rates.

Lancet. 26 February

### **2013 NHS staff survey in England**

This briefing note provides an overview of results from the eleventh annual national survey of NHS staff. The results are primarily intended for use by NHS organisations to help them review and improve staff experience so that staff can provide better patient care. The 2013 survey was structured around four of the pledges in the staff NHS Constitution, with the additional themes "equality and diversity" and "raising concerns".

NHS Staff Surveys. 25 February

### **The delivery of 21st century services: implications for the evolution of the healthcare science workforce**

This paper examines the drivers for change for future healthcare services and looks at the impact on the healthcare science workforce. It does not discuss the reprofiling of the workforce but rather looks at the need for cultural change in flexible working over care specialisms and settings; support for service reconfiguration; dissemination of use of innovative technologies; and advocacy and leadership for healthcare science.

Health Education England. 10 February

## Primary/community care

### **Commissioning primary care: transforming healthcare in the community**

This publication explores the challenges to local reforms in primary care commissioning as well as offering clear and practical solutions. It also looks at examples of good, working partnerships and explains why integrated services must always start with a 'whole system' strategy if they are to bring the best care to patients and local communities.

NHS Clinical Commissioners. 24 February

### **Commissioning and funding general practice: making the case for family care networks**

As England's population both expands and ages, so the demands on primary care will grow. Within the current commissioning and funding system innovative models of primary care provision are already being used. This report describes examples of these through four case studies in different areas of England. It also highlights how the existing system is imperfectly understood, particularly regarding contracts. Building on ideas articulated in previous work, the report argues for a new approach that brings together funding for general practice with funding for many other services. It would entail new forms of commissioning, with GPs innovating in how care is delivered. Over time, the report foresees 'family care networks' emerging that provide forms of care well beyond what is currently available in general practices.

The King's Fund. 19 February

### **Discussion document following Monitor's call for evidence on GP services**

This document summarises the issues that have been raised following a call for evidence on general practice services sector in England. Feedback from respondents fell broadly into three themes: variations on access and quality; the ability of new or existing providers of GP services to develop the scope of their offer to the NHS; and providers' ability and incentives to work together to benefit patients.

Monitor. 11 February

## Physical Activity

### **Guidance: Moving More, Living More: Olympic and Paralympic Games legacy**

This document builds on a great deal of work already under way and sets out areas for action by government as a whole and across the sectors to realise this long-term ambition. The main document is accompanied by a series of annexes setting out: the benefits of physical activity; the national framework for delivery; work already in hand; a series of case studies; international best practice.

Department of Health. 13 February

## Time to #choosecycling

This report finds that if people replaced 5 minutes of the 36 minutes they spend each day in the car with cycling, there would be an almost 5% annual reduction in the health burden from inactivity-related illnesses including heart disease, diabetes, stroke and some cancers. It also argues that if 10% of trips in England and Wales were made by bike, the savings to the NHS of the top inactivity related illnesses would be at least £250 million per year.

British Cycling. 10 February

# Inequalities



## Independent report: Effective health care for vulnerable groups prevented by data gaps

This report identifies where to find good data and the gaps in information and data where the burdens of ill health and untimely death are greatest for vulnerable groups (vulnerable migrants, gypsies and travellers, homeless people, and sex workers). The report concludes that it is impossible to obtain a comprehensive picture of the vulnerable groups' health; the health needs of the vulnerable groups sometimes place heavy and unpredictable demands on the health service, which may result in multiple avoidable visits to hospital; the data gaps prevent effective monitoring of health care use and seriously undermine local efforts to understand and prioritise the local needs of the vulnerable groups

The Data and Research Working Group of the National Inclusion Health Board. 7 March

## Socio-economic determinants of health during the economic downturn

These profiles provide an overview of the socio-economic determinants of health in each London borough during the economic downturn. The indicators included in the profiles are grouped into four domains: employment, economic security, housing, and health and wellbeing.

London Health Observatory. 18 February

## Older People

### Making our health and care systems fit for an ageing population

This report sets out a framework and tools to help local service leaders improve the care they provide for older people across nine key components. Within each component of care, the report sets out the goal the system should aim for, presents key evidence about works, gives examples of local innovations, and some pointers to major reviews and relevant guidance. It argues that if the health and care systems can get services right for our older population – those with the highest complexity, activity, spend, variability, and use of multiple services – they should be easier to get it right for other service users.

The King's Fund. 6 March

# Social Care



## Care in crisis: what's next for social care?

This report finds that despite rising demand, spend on social care services for older people has dropped by at least £769m since 2010.

Age UK. 6 March

## Independent report: Social work education review

This report looks at social work education including: a generic qualifying course; increased specialisation within the degree; employers supporting education, including placements; improving the ability to provide social workers with the right knowledge, skills and values; fast track entry routes for top graduates into adult services; value for money. The recommendations will inform talks about the future of social work education.

Department of Health. 27 February

# Isolation



## Preventing loneliness and social isolation in older people

This briefing looks specifically at the prevention of isolation and loneliness amongst older people, with a particular focus on what practitioners in the fields of health and social care should bear in mind when working to tackle this important and growing issue.

The Institute for Research and Innovation in Social Services. 28 February

## Loneliness is a major health risk for older adults

Feeling extreme loneliness can increase an older person's chances of premature death by 14 percent. The impact of loneliness on premature death is nearly as strong as the impact of disadvantaged socioeconomic status, which increases the chances of dying early by 19 percent. The researchers looked at dramatic differences in the rate of decline in physical and mental health as people age.

AAAS. 16 February

# Blogs and Opinion



## **In March 2014 just who is responsible for the Government's NHS reforms?**

Again and again the two Government parties voted for radical change and presumably did so with some kind of vision of what they wanted to achieve. Of course that Secretary of State moved on, but the vision of the cabinet, several hundred peers, and MPs was realised in this enormous piece of legislation. And all of that politics has led to.....silence. A process of change that was essentially political now has no political champion to explain what was being attempted and why any of this happened.

Paul Corrigan. Health Matters. 3 March

## **Should patient experience be measured locally or nationally?**

While gathering local data and insight is of course crucial, we believe this should be used in conjunction with—not instead of—the findings of the national Cancer Patient Experience Survey. In addition, asking patients and staff to engage in more surveys is not always the best way to gather the insight needed to drive local improvements in patient experience.

Arwenna Davis and Vibha Sharma. British Journal of Nursing. 27 February 2014

## **Invest in commissioners' leadership training now**

My own point is that we are getting greater insight into specific “unit operations” in a health pathway but have neglected the “process” – the pathway itself, the interaction between interventions, the feedback loops and the unintended consequences.

Ciarán Devane. Health Service Journal. 27 February

## **Minding that gap: the NHS funding challenge**

The best estimate to date of the funding gap that the NHS must fill in 2021/22 is from the Nuffield Trust. Main message: £44bn at the very least. The best estimate to date of where efficiencies might come from is in Monitor's Closing the Funding Gap report. Main message: no one place, but within the hospital walls may be the biggest single place to look.

Jennifer Dixon. Health Foundation. 27 February

## **The NHS plan to share our medical data can save lives – but must be done right | Ben Goldacre**

Care.data, the grand project to make the medical records of the UK population available for scientific and commercial use, is not inherently evil – far from it – but its execution has been badly bungled. Here's how the government can regain our trust

Ben Goldacre. Guardian. 21 February

## NHS junk data

As leading patient organisations, we believe that use of information contained in patients' records will be overwhelmingly beneficial: people with serious diseases will be diagnosed earlier and have a better quality of life. It would be unethical, and even dangerous, to deprive patients of this.

Ciaran Devane. Daily Telegraph. 20 February

## John Appleby: Care.data—your bits in their hands

Over the past few months there has been considerable debate and argument about plans by the NHS to collect and centrally collate details of individual patient records from general practice for the first time. Many have expressed worries about the care.data initiative and how potentially sensitive patient information will be used, who will have access to it (and for what reasons), and not least its security. Such fears are perhaps not just hypothetical given past examples of lost patient notes and what appear to be the misuse of sensitive patient information (even for the best of intentions).

John Appleby. BMJ. 13 February

# Clinical research



## Macmillan funded research or researcher

### Place of death and end-of-life transitions experienced by very old people with differing cognitive status: Retrospective analysis of a prospective population-based cohort aged 85 and over

Despite fast-growing 'older old' populations, 'place of care' trajectories for very old people approaching death with or without dementia are poorly described and understood. Most very old community-dwelling individuals, especially the severely cognitively impaired, died away from home. Findings also suggest that long-term care may play a role in avoidance of end-of-life hospital admissions. These results provide important information for planning end-of-life services for older people across the cognitive spectrum, with implications for policies aimed at supporting home deaths.

Palliative Medicine. 6 March

### Developing learning outcomes for medical students and foundation doctors in palliative care: A national consensus-seeking initiative in Scotland

Undergraduate education in palliative care is essential if doctors are to be competent to care for dying patients and their families in a range of specialties and healthcare settings. However, creating space for this within existing undergraduate and foundation year curricula poses significant challenges. We aimed to develop consensus learning outcomes for palliative care teaching in the university medical schools in Scotland. The process and outcomes were presented to the Scottish Teaching Deans, with a view to their inclusion in

undergraduate and foundation year curricula. It is through a strong commitment to achieving these learning outcomes that we will prepare all doctors for providing palliative care to the increasing numbers of patients and families that require it.

Medical Teacher. 4 March

### **A systematic review of barriers to early presentation and diagnosis with breast cancer among black women**

The objective of this article is to explore barriers to early presentation and diagnosis with breast cancer among black women. Strategies to improve early presentation and diagnosis with breast cancer among black women need to address symptom recognition and interpretation of risk, as well as fears of the consequences of cancer. The review is limited by the paucity of studies conducted outside the USA and limited detail reported by published studies preventing comparison between ethnic groups.

BMJ Open. 23 February.

### **CRIB—the use of cardiac rehabilitation services to aid the recovery of patients with bowel cancer: a pilot randomised controlled trial (RCT) with embedded feasibility study**

Patients with colorectal cancer report ongoing physical and psychological impairments and a high proportion of these patients are overweight, insufficiently active and high-risk drinkers, putting them at risk of poor recovery and risk of recurrence and comorbidities. A challenge is implementing sustainable and effective rehabilitation as part of routine care for this group.

BMJ Open. 18 February

### **Patient-reported outcomes of cancer survivors in England 1-5 years after diagnosis: a cross-sectional survey**

The objective of this articles is to determine the feasibility of collecting population-based patient-reported outcome measures in assessing quality of life to inform the development of a national PROMs programme for cancer and to begin to describe outcomes in a UK cohort of survivors. Routine collection of national population-based PROMs will enable the identification of, and the support for, the specific needs of survivors while allowing for comparison of outcome by service provider.

BMJ Open. 13 February

### **Qualitative analysis of patients' feedback from a PROMs survey of cancer patients in England**

This study examined how free-text comments from cancer survivors could complement formal patient-reported outcome measures (PROMs), as part of the England PROMs survey programme for cancer. They complement quantitative analysis of PROMs measures by illuminating relationships between factors that impact on quality of life (QoL). The data suggest more systematic preparation and aftercare for individuals to self-manage post-treatment problems might improve QoL outcomes among cancer survivors.

BMJ Open. 13 February

## Other research

### **New kind of scan finds cancer's sleeper cells**

Researchers have developed a new imaging technique that lights up cancer's sleeper cells, warning patients and doctors of a potential. Scientists have developed a non-invasive scan which can detect dormant cancer cells in mice. Since most cancer treatments rely on targeting fast growing cells, these dormant cells can be resistant to therapy and are often responsible for cancers coming back. The ability of cancer cells to escape treatment by entering these dormant states has stymied progress for the treatment of numerous different cancers. This technique has immediate potential in the clinic to assess how well drugs are working for patients, and to warn of potential relapses post-treatment.

Cancer Research. 3 March

### **Simple blood test could improve treatment for deadly childhood cancer**

A simple blood test could pinpoint which children are unlikely to respond to treatment for a particularly aggressive form of neuroblastoma. The researchers hope the test could help identify up to 20 per cent of children with 'ultra high-risk' forms of the disease, whose cancer tends to stop responding to treatment and rarely survive for longer than two years.

Journal of Clinical Oncology. 3 March

### **Kidney cancer rates have soared by 30 per cent since the early 2000s.**

Over the last decade, the rates of people diagnosed have risen from 9 in every 100,000 to 12 people in every 100,000 now. This means that cases hit 10,000 a year for the first time, up from around 6,900 a decade ago. All age groups have seen an increase, with the largest in those 80 and over. And experts believe obesity is one of the main reasons for this sharp increase. Smoking is also a risk factor. But, more cases are also detected through new imaging methods, such as ultrasound and computed tomography (CT), which can pick up cancers before patients have noticed any symptoms.

Cancer Research UK. 27 February

### **Tumour protein predicts response to chemo in oesophageal cancer patients**

Patients with the most common type of oesophageal cancer are less likely to respond to chemotherapy when their tumours are high in a protein called leptin. Researchers studied more than 150 oesophageal cancer patients with adenocarcinomas and found that those tumours with higher amounts of leptin – produced by fat cells – were less likely to be shrunk by chemotherapy. Patients whose tumours had low levels of the leptin protein were more likely to benefit from chemotherapy.

British Journal of Cancer. 25 February

### **Gene test could help spot men at high risk of prostate cancer**

Screening men with a family history of prostate cancer for a range of gene defects could be used to identify those at risk of developing prostate cancer and more aggressive forms of the disease. Researchers tested blood samples from 191 men with prostate cancer and

who had multiple close relatives with the disease. They found 14 faults in genes that could be used to predict the development of prostate cancer.

British Journal of Cancer. 21 February

### **Cancer scan avoids exposing younger patients to radiation**

A new method of scanning young cancer patients for tumours has been developed that avoids exposing them to potentially harmful radiation. A team from the Stanford University School of Medicine has developed a new way of using magnetic resonance imaging (MRI) to look for cancer in children and young people, rather than the usual positron emission tomography/computed tomography (PET/CT) scan. The new MRI-based method uses an iron supplement called ferumoxytol and helps tumours stand out when scanned.

Lancet. 20 February

### **Global cancer death toll 50 per cent higher in men than women**

Global cancer death rates are more than 50 per cent higher in men than women. The statistics reveal that more than 4.6 million men die from the disease every year –equivalent to 126 men in every 100,000, compared to around 3.5 million women – 82 women per 100,000. The total number of global cancer deaths stands at more than eight million each year. The four biggest killers are lung, liver, stomach and bowel cancers, which together are responsible for nearly half of all cancer deaths globally.

Cancer Research UK. 14 February