

# HORIZON

Monthly current awareness from Intelligence and Research

No 46. February 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:

*Two reports from the Kings Fund which address the widely held ambition of integrated care*  
**Service transformation: lessons from mental health**

Mental health services have undergone radical transformation from hospital to community - a long-standing policy objective for physical health care. The paper explores the context and factors that enabled change to happen in mental health.

The King's Fund. 04 February

**Providing integrated care for older people with complex needs: lessons from seven international case studies**

This report synthesises evidence from seven case studies. It considers similarities and differences of programmes that are successfully delivering integrated care, and identifies lessons for policy-makers and service providers to help them address the challenges ahead.

The King's Fund. 30 January

*Some detailed guidance which will inform how CCGs develop their strategies*

**'Any town' toolkit**

This toolkit uses high level health system modelling and allows CCGs to map how interventions could improve local health services and close the financial gap. It is an additional guide to help commissioners with their five-year strategic plans, showing how a typical CCG could achieve financial balance over the strategic period up to 2018/19. 'Any town' uses detailed data including population size and disease prevalence, to predict what a typical health system's quality and financial baseline may look like in 2018/19.

NHS England. 28 January

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)

# Contents

NHS	3
Policy & politics	3
Commissioning	5
Quality	6
Workforce	7
Public Health	7
Physical Activity	8
Inequalities	8
Older People	9
Isolation	9
Palliative/end of life care	10
Blogs and Opinion	10
Clinical research	12
Macmillan funded research or researcher	12
Other research	13



## Policy & politics

### **Macmillan's vision for building and strengthening a common culture of care**

Macmillan has launched a new report which highlights a range of successful, practical solutions and innovative policy calls that the NHS must adopt. Unhappy staff mean unhappy patients, as cancer patients are up to 18 times more likely to receive poor care where staff have suffered high levels of discrimination or poor leadership. NHS leaders also must recognise that high quality patient and staff experience go hand in glove with good clinical outcomes. They are as important as each other.

Macmillan Cancer Support. 6 February.

### **Service transformation: lessons from mental health**

Mental health services have undergone radical transformation in the past 30 years. A community-based care model has largely replaced the acute and long-term care provided in large institutions. Similar change – from hospital to community-based alternatives – is a long-standing policy objective for physical health care in the United Kingdom. How far the two can be compared has been remarkably under-explored. This paper seeks to correct this by examining the transformation of mental health services in England and the relevance to current policy. The paper explores the context and factors that enabled change to happen in mental health. It includes 10 lessons for service transformation based on these experiences.

The King's Fund. 04 February

### **The views of public health teams working in local authorities**

This report is based on a survey of public health professionals working in local authorities and it found the majority believe health decisions are being made based on politics rather than evidence. It also found that they perceive that budgets which are meant to be reserved for public health initiatives are not being ring fenced in practice. Nearly three quarters of respondents also suggested that financial restrictions are impacting upon their team's ability to deliver health improvement initiatives.

Royal Society for Public Health. 3 February

### **Your hospital's path to the second curve: integration and transformation**

This report outlines strategies, organisational capabilities to master and 10 strategic questions that organisations should consider before beginning a transformational journey. It includes guiding questions which will help hospitals and care systems reflect and gain new perspectives on the benefits and value of integration.

American Hospital Association. 3 February

## **Cancer patients diagnosed more quickly**

The time taken to diagnose some of the more common cancers – from the point when a patient first reports a possible symptom to their general practitioner (GP) – fell in adults by an average of five days in just under a decade. Researchers based found that the average time it took to be diagnosed for a range of common cancers combined fell from 125 days in 2001-2002 to 120 days in 2007-2008. And for kidney, head and neck, and bladder cancers, more than two weeks were shaved off the time between first reporting a possible symptom and receiving a diagnosis.

British Journal of Cancer. 5 February

## **European Cancer Patient's Bill of Rights unveiled**

A bill of rights has been unveiled that aims to address the differences in care received by cancer patients across Europe. The European Cancer Patient's Bill of Rights was produced through a collaboration of over a 1,000 medical organisations and cancer patient groups from 17 European countries to ensure patients get access to the services and information they need. The European Cancer Concord (ECC) led the initiative and members of the European Parliament against Cancer (MAC) were also involved in the development of the bill, which has been launched at the European Parliament in Strasbourg to coincide with World Cancer Day.

European Cancer Concord. 4 February

## **Worldwide cancer cases to rise 70 per cent over the next 20 years**

The number of people diagnosed with cancer across the globe will rise from 14 million to 24 million a year, an increase of 70 per cent, during the next two decades, the World Health Organisation (WHO) has predicted. The World Cancer Report 2014 warned that countries are not equipped to “treat their way out of the cancer problem.”

International Agency for Research on Cancer. 4 February

## **Providing integrated care for older people with complex needs: lessons from seven international case studies**

This report synthesises evidence from seven case studies covering Australia, Canada, the Netherlands, New Zealand, Sweden, the United Kingdom and the United States. It considers similarities and differences of programmes that are successfully delivering integrated care, and identifies lessons for policy-makers and service providers to help them address the challenges ahead.

The King's Fund. 30 January

## **A reorganisation you can see from space: The architecture of power in the new NHS**

This analysis argues that this Government's NHS reform has created great uncertainty surrounding who makes health policy. It finds that the reformed Department of Health has diminished authority and capacity to steer the health system, but this has not resulted in a less political NHS. Meanwhile, a power struggle has developed between the two most significant non-majoritarian bodies charged with regulating the NHS. These developments

raise important questions about who can or should decide the future of healthcare in England.

Centre for Health and the Public Interest. 27th January

### **Productivity of the English National Health Service from 2004/5: updated to 2011/12**

Productivity growth in 2010/11 – 2011/12 was around 2.13% to 2.38% depending on the choice of mixed or indirect input index used. Over the whole time series we find that quality adjusted output has increased by 40%. Inputs have increased by 28% using the mixed input measure and by 26% using the indirect measure, leading to a total factor productivity growth over the entire period of 10% and 11% respectively.

Centre for Health Economics. 17 January

### **Delivering integrated care and support**

A review of the evidence base on the factors that underpin best health and social care integrated practice. The original document presented the evidence for considering factors beyond those of structural change when planning to improve integrated outcomes for individuals. This paper further adds to the knowledge base by focusing on the key dimensions for effective implementation of change.

Institute for Research and Innovation in Social Services. 14 January

### **Making best use of the Better Care Fund**

This publication offers an evidence-based guide to aid the discussions between clinical commissioning groups, local authorities and health and wellbeing boards. It presents evidence from The King's Fund and others in a number of different areas – for example, primary prevention; self-care; case management – and emphasises that this evidence must be interpreted and used with a sound understanding of the key local challenges and the underlying issues that need to be addressed.

Kings Fund. 15th January

## **Commissioning**

### **'Any town' toolkit**

This toolkit uses high level health system modelling and allows CCGs to map how interventions could improve local health services and close the financial gap. It is an additional guide to help commissioners with their five-year strategic plans, showing how a typical CCG could achieve financial balance over the strategic period up to 2018/19. 'Any town' uses detailed data including population size and disease prevalence, to predict what a typical health system's quality and financial baseline may look like in 2018/19.

NHS England. 28 January

### **The segment tool: segmenting life expectancy gaps by cause of death**

This tool aims to help local authorities identify causes of death that contribute most to their life expectancy gaps and, therefore, enable them to target interventions appropriately. It

provides charts and tables which segment the life expectancy gap from January 2009 to December 2011 by the major causes of death. A summary report is also available for each upper tier local authority.

Public Health England. 27 January

### **Taking the lead: how clinical commissioning groups are changing the face of the NHS**

This publication brings together a collection of CCG success stories and describes how a number of CCGs from across the country are unleashing the power of clinical leaders, working with local government, the voluntary sector, and others to improve services and change lives.

NHS Clinical Commissioners. 20 January

## **Quality**

### **Leading the information revolution in cancer intelligence: why the National Lung Cancer Audit is the key to transforming lung cancer outcomes**

This report analyses the importance of the National Lung Cancer Audit, which was launched in 1994 and captures up to date information on almost every lung cancer case in the UK. It compares clinical practice at hospitals across the country, helping to identify problem areas and drive up standards of care for the disease, which kills 35,000 people every year. This report credits the audit with increasing the number of patients who receive radiotherapy, increasing the number of patients who have surgery, increasing the number of patients who have chemotherapy and increasing the number of patients who see a nurse specialist

Roy Castle Lung Cancer Foundation. 29 January

### **Cancer patient experience in Wales**

*Joint publication with Macmillan*

Together with the Welsh Government, we've developed the first national cancer patient experience survey to be conducted in Wales. The survey, available in both Welsh and English, was carried out in the summer of 2013 and more than two thirds of cancer patients who were sent the survey completed it.

Welsh Government. 27 January.

### **Finding a better way? Improving the quality of life for people affected by brain tumours: report of a survey of people affected by brain tumours and their carers**

This report highlights major limitations in the quality of care and information being given to people living with brain tumours and their carers, which has a direct impact on their quality of life. It sets out three ways healthcare professionals can improve the quality of life for those living with the disease.

The Brain Tumour Charity. 13 January

## **Emergency diagnosis more common for cancers of 'unknown origin'**

More than half of newly diagnosed cases of Cancer of Unknown Primary - around 25,000 in England between 2006 and 2010 - presented as an emergency compared to 23% for all cancers. The 1-year survival rates for all CUP patients included in the Routes to Diagnosis study is 16%, which is low compared to most other cancer types. CUP tumours presenting as an emergency - including from A&E or emergency referral from a GP - have the lowest survival of all the routes to diagnosis, whereas CUPs presented through managed routes, for example the Two Week Wait, have significantly better survival. The age of patients presenting with CUP also impacts survival; nearly 40% of the 44,100 cases of CUP diagnosed in England during the same period were aged 80 years and over.

NCIN. 23 January

## **GP-led urgent care centre cuts A&E admissions 'by half'**

NHS England medical director Sir Bruce Keogh told the House of Commons Health Committee that Corby Urgent Care Centre in Northamptonshire was seeing patients within 15 minutes and reducing overnight stays at Kettering General Hospital - eight miles away - by between 30 and 50%.

Pulse. 23 January

## **Workforce**

### **NHS safe staffing: not just a number**

This analysis highlights the risks to patient care when hospital ward staffing falls short of the roster. Despite developments in electronic rostering hospitals have resisted using automated systems to track their staff. Recent unannounced hospital inspections have found serious staff shortfalls against rosters. This report highlights the potential benefits of implementing robust systems to track the deployment of hospital staff in real time, to patients, to the workforce, and to hospital management.

Policy Analysis Centre. 21 January

## **Public Health**

### **Sustainable, resilient, healthy people & places - a sustainable development strategy for the NHS, public health and social care system**

This strategy aims to show how the health and care system can join forces to adapt for a more sustainable future while potentially saving millions of pounds. It features reducing carbon emissions, protecting natural resources, preparing communities for severe weather events and promoting healthy lifestyles and environments. Organisations are being encouraged to develop a local strategy, measure their success with regular reporting, and evaluate their progress as well as joining up with local Health and Wellbeing Boards.

Public Health England. 29 January

## **Multi-disciplinary teams in public health**

This joint statement from Public Health England, the Faculty of Public Health (FPH), the Association of Directors of Public Health and the Local Government Association sets out how good practice guidance will be developed on the skill mix which councils may want to consider in a local public health team.

Faculty of Public Health. 14 January

## **Physical Activity**

### **Turning the tide of inactivity**

This report contains borough by borough analysis of increasing levels of physical inactivity across England, and the steps being taken to combat it. It looks at the causes of inactivity and the interventions which are being effective. It also reveals that English local authorities spent on average just two per cent of public health budgets on physical activity promotion and investment in 2012.

UK Active. 31 January

# Inequalities



### **Equality counts: equality information for CQC in 2013**

This report sets out how the CQC have promoted equality and tackled inequality both for people who use health and social care services and for its staff.

Care Quality Commission. 30 January

### **Older cancer patients 'should not be written off'**

With the right treatment, over 65s can survive for many years after cancer – yet UK survival rates in older people are among worst in Europe. More than 130,000 people in the UK have survived for at least 10 years after being diagnosed with cancer at 65 or over. This figure shows that, with the right care and treatment, over-65s in the UK can live for many years after cancer. However, if UK survival rates in this age group were not so poor this number would be even higher. Macmillan believes too many older patients in the UK are being assessed on their age alone and not their overall fitness.

Macmillan Cancer Support. 24 January

### **Preventing chronic conditions among ethnic minorities and improving access to services**

This briefing recommends lowering BMI thresholds as a trigger for intervening to prevent ill health among adults from minority ethnicities. Further examples of recommendations include developing an integrated regional and local plan, and promoting early intervention.

It also suggests that by reconfiguring services to meet the health needs of their local populations, local authorities can reduce health inequalities and address the costs associated with ill health.

National Institute for Health and Care Excellence. 22 January

### **"If you could do one thing...": nine local actions to reduce health inequalities**

This paper presents a collection of opinion pieces from leading social scientists on health inequalities. Each has written an article, drawing on the evidence base for their area, identifying one policy intervention that they think local authorities could introduce to improve the health of the local population and reduce health inequalities.

British Academy for the Humanities and Social Sciences. 20 January

## Older People

### **Healthy ageing in the 21st century: the best is yet to come**

This policy commission is exploring how good ageing in a multi-cultural society is defined, in particular at how good health in later life can be promoted. It presents the commission's key findings and sets out recommendations. It makes recommendations towards the creation of a statutory post of Commissioner for Older People; it highlights the importance of human rights within health and social care policy; and emphasises the need for recognising the voice of older people.

University of Birmingham. 3 February

# Isolation



### **Carers struggling with alarming levels of hardship**

A 12-month investigation exposes the stark reality faced by those looking after loved ones who are older, disabled or seriously ill: loss of savings, debt and struggling to afford food and heating. Despite rapid rises in the number of families providing care to loved ones, Government cuts to support leave carers facing a £1 billion cut. Carers also feel victim of increasing public criticism for claiming their social security entitlements.

Carers UK. 4 February

# Palliative/end of life care



## **Global atlas of palliative care**

This report shows that over 20 million people require palliative care at the end of life and the great majority suffers from noncommunicable diseases. It also draws the attention on the huge unmet need and the big inequalities across countries.

World Health Organization. 28 January

## **Raising the profile of preferred priorities at the end of life with patients at St Nicholas' Hospice**

This project set out to conduct an explorative project to establish patients' preferred priorities of care within a hospice setting. The project findings are supported by current literature and highlight that patients want to have the opportunity to explore their end of life wishes but there are many perceived barriers to starting this process.

Foundation of Nursing Studies. 20 January

# Blogs and Opinion



## **Openness should be in the DNA of every hospital**

If, as I hear too often, the only conversation between senior NHS regulators and hospital boards is about finance and crude targets, the increased focus on quality will be forgotten. Reprimanding hospitals when they are honest about what they cannot do will not encourage openness. If regulators are behaving like this they must change; if the perception is wrong they need to change it.

Robert Francis QC. Nuffield Trust. 6 February

## **Brave new world disorders**

Do local government and the health sector have sufficient financial stability to deliver greater integration at the pace and scale desired? Models of delivery and funding have already been identified for the integration of social care and health. But 15 months away from the general election, the context is still one of uncertainty and pressure in the two sectors. To some extent health and social care are ships that pass in the night, communing only around the points of direct contact – hospital discharges into social care, public health and acute pressures.

Rob Whiteman. Public Finance. 3 February

## **Under pressure: hospital organisation in Europe**

Hospitals across Europe are under pressure. They all tend to have business models which rely on growing income and payers that are increasingly trying to contain them. Big questions are being asked about future strategy but there is surprisingly little public debate about this important part of the health system and there is insufficient policy analysis.

Nigel Edwards. Nuffield Trust. 29 January

## **The NHS of the past was a foreign country: we did things differently there**

Not like it was in the old days? When I were a lad ..... Don't believe a word of it, says Stephen Thornton, retiring Chief Executive of the Health Foundation. We may have a way to go yet, and the NHS of today is far from perfect but let's be very careful indeed before we urge any return to the so-called good old days. Let's face the future with methods and approaches that fit the moment, not hark back to a past that never really existed.

Stephen Thornton. NHS Managers.net. 28 January

## **The NHS is more fragmented than ever**

Are ministers prepared to provide the means required to deliver integrated care? Ministers must also be willing to review the role of the OFT in mergers, ensure the Care Quality Commission assesses how organisations work together, and insist that the right incentives are in place to develop integrated care. They must make it clear that competition should be used selectively rather than as an organising principle.

Chris Ham. The Independent. 13 January

## **How much longer can the NHS live within its means?**

It's easy to be despondent about the NHS. The last couple of years have been tough, with a funding freeze in real terms, controversial reforms to implement, and, of course, all the fallout from scandalous lapses in quality of care, in particular from the Mid Staffordshire NHS Foundation Trust. Good care has been protected so far despite budget cuts, but more collaborative policymaking is needed in the long term

Jennifer Dixon. Guardian. 14 January

## **Why A&E departments are fighting for their life**

A&E is the canary in the mine; it tells the story of what is going on elsewhere in the service. Cuts, competition and the fight for survival are at the heart of the story. Over the past 20 years many hospitals and A&E departments have been closed, usually as part of private finance initiative projects: what drove the closures was the high price of PFI, not changing patient needs. Contrary to popular belief, attendances have stayed static since 2003 in what the Department of Health calls type 1 units – the big hospital-based A&E departments.

Allyson Pollock, The Guardian, 14 January

## Is the NHS really over-managed?

This blog examines the evidence on the number of managers in the NHS. UKIP deputy leader Paul Nuttall made a fool of himself on Question Time last week when he said that the NHS had two managers for every nurse. Even if you add together all the managers and administrative staff, that's still only 12 percent of the workforce. And if anyone wants to argue that hospital receptionists are not in frontline roles, I suggest they try being one for a day.

Flip Chart Fairy Tales. 15 January

# Clinical research



## Macmillan funded research or researcher

### **Coordination of end-of-life care for patients with lung cancer and those with advanced COPD: are there transferable lessons? A longitudinal qualitative study**

Care coordination is defined as good communication between professionals to enable access to services based on need. For patients with lung cancer, the keyworker's role augmented access to various services and enabled care based on their needs. The experiences of patients with COPD highlight the importance of providing a keyworker for this group of patients in both secondary and primary care.

Primary Care Respiratory Journal. 1 February

### **Lessons learnt recruiting to a multi-site UK cohort study to explore recovery of health and well-being after colorectal cancer (CREW study)**

The UK leads the world in recruitment of patients to cancer clinical trials, with a six-fold increase in recruitment during 2001-2010. However, there are large variations across cancer centres. This paper details recruitment to a large multi-centre prospective cohort study and discusses lessons learnt to enhance recruitment. In partnership with the National Cancer Research Network, this successful study prioritised relationship building and education. Key points for effective recruitment: pre-screening and selection of centres; nurses as PIs; attendance at study days; frequent communication and a reduced level of consent to enhance uptake amongst underrepresented groups.

BMC Medical Research Methodology. 23 January.

### **The Effects of Pelvic Radiotherapy on Cancer Survivors: Symptom Profile, Psychological Morbidity and Quality of Life**

As cancer survival rates continue to increase, it is important to maximise the quality of life of cancer survivors. Pelvic radiotherapy is a common cancer treatment. Bladder, bowel and sexual dysfunction are recognised side-effects of treatment, and yet relatively little is known

of the extent to which they remain problems in the longer term when patients are often managed by primary care, nor of the psychological impact of symptoms and effects on quality of life. Therefore, the aims of this study were to estimate the prevalence of bladder, bowel and sexual dysfunction late effects in a sample of cancer survivors; assess the impact of time since treatment on symptom prevalence; and explore the relationship between symptoms, psychological morbidity and quality of life. It is imperative due attention is paid to this issue during the follow-up phase - both in secondary and primary care. Health care professionals providing follow-up care need to be aware of the importance of assessing and monitoring symptoms, and need to be adequately informed on the most appropriate management strategies.

Clinical Oncology. 23 January.

### **End-of-Life Care and Preferences for Place of Death among the Oldest Old: Results of a Population-Based Survey Using VOICES-Short Form**

End-of-life care is a key component in care of older people. However, evidence suggests that the oldest old (>85 years) are less likely to access specialist EOLC. The study's objective was to explore experiences among the oldest old and determine their reported preference for place of death. Age-associated disparity exists in care provided in the last two days and the realization of preferences.

Journal of Palliative Medicine. 17 January

## **Other research**

### **Whole-body 'snapshot' could reduce need for myeloma biopsies**

A specialised scan that takes a whole-body 'snapshot' could offer a less invasive way to monitor patients with the bone marrow cancer myeloma. The MRI scan creates an instantaneous view of exactly which bones myeloma has developed in, and can be used to track how patients respond to treatment. The scan could reduce the need for repeated biopsies, which can be uncomfortable and often fail to show how far disease has spread.

28 January. Radiology

### **Double dose of genes can trigger poor cancer survival**

Accidental DNA doubling in bowel cancer cells could predict which patients have potentially poor survival and help doctors plan their treatment. In a two year study the team grew normal bowel cancer cells with just one set of genes, alongside cancer cells containing exactly the same genetic information – but doubled. The doubling of a cell's entire gene set - the genome - happens for many reasons, for example when a cell fails to divide properly in two after duplicating its DNA.

Cancer Discovery. 22 January

### **Advanced radiotherapy 'improves survival' for head and neck cancer patients**

An advanced type of radiotherapy could improve survival for head and neck cancer patients compared to conventional radiotherapy treatment. Conventional radiotherapy for head and neck cancer can cause side effects such as a dry mouth, difficulty swallowing and

weakened bones. Intensity-modulated radiation therapy (IMRT) is an advanced technique designed to precisely target tumours while sparing normal tissue.

Cancer. 14 January

### **A third of a million people now diagnosed with cancer every year**

The number of people being diagnosed with cancer in the UK each year has hit more than 330,000 for the first time, according to the latest figures. While more people than ever are being diagnosed with cancer, research has led to more people surviving the disease. Survival has doubled in the last 40 years thanks to improvements in the prevention, diagnosis and treatment of cancer.

Cancer Research UK. 14 January