

HORIZON

Monthly current awareness from Intelligence and Research

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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:

Integrated care is often proposed as a solution to financial problems of the NHS. This review of the evidence is sceptical.

What is the evidence on the economic impacts of integrated care?

The evidence base in this field was not strong enough to thoroughly assess the cost-effectiveness of integrated care and that a readjustment of expectations in terms of its assessment was therefore required.

European Observatory on Health Systems and Policies. 9 June

This report adds to our knowledge of what happens to people after treatment, especially their use of social care

Use of health and social care by people with cancer

This report presents the results of a study into the primary, secondary and social care use of people diagnosed with cancer.

The Nuffield Trust. 3 June

The Macmillan Midhurst palliative care project is an important contribution to service redesign. This research shows it can give better outcomes and save costs.

Can comprehensive specialised end-of-life care be provided at home? Lessons from a study of an innovative consultant-led community service in the UK

Patients and carers reported positive experiences of support, linked to the flexible way the service worked. Seventy-one per cent of patients died at home. This model may have application elsewhere.

European Journal of Cancer Care. 15 April

Questions about living with cancer? Call the Macmillan Support Line free on 0808 808 00 00 or visit macmillan.org.uk

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Policy & politics

Independent report: Payment by results: costing in the NHS

For the past seven years the Payment by Results data assurance framework has provided assurance over the quality of the data that underpin payments in the NHS. 30 trusts identified as being 'at risk' of having poor cost information were selected. 10 'low risk' trusts and 10 trusts were selected at random. Although this briefing is based on the findings from acute trusts, the key messages are relevant to all NHS organisations – mental health, community and ambulance trusts.

Department of Health. 12 June

Reforming the NHS from within: beyond hierarchy, inspection and markets

Politicians' role in running the NHS needs to be better defined to counter interventionist and centralising tendencies that have hampered effective reform to date. A new political settlement is needed that clarifies the strategic role of ministers in determining funding, establishing priorities and providing accountability to Parliament, and leaves local NHS leaders with the space to innovate and lead service change. This settlement should reflect lessons learnt from the experience of the present government's health reforms, which have failed to distance ministers from the operational management of the.

The King's Fund. 11 June

Wales spending more than ever before on cancer care

The figures, released as part of the annual publication of the NHS Expenditure Programme Budgets, show spending on cancer care by the Welsh NHS has reached a record high. The figures for 2012-13 show the total spend has increased from £356.8m in 2011-12 to £360.9m in 2012-13, and the spend per head of the population has increased from £116.44 in 2011-12 to £117.41 in 2012-13. This is £10 more per head than in England – the spend per head on cancer in 2012-13 in England is £107.21.

Welsh Government. 11 June

Cervical screening boost 'would save £10m'

As well as saving lives, the NHS could save £10 million every year if it were to increase the number of women who go for cervical screening. The authors of the report called for the introduction of "on the spot" smear tests so women can be offered a screening during another appointment to overcome the tendency of some women who "put off" their screening. And there should be awareness campaigns targeting specific communities who are less likely to take up their screening invite.

Demos. 9 June

What is the evidence on the economic impacts of integrated care?

This policy summary reviews the existing evidence on the economic impact of integrated care approaches. Whereas it is generally accepted that integrated care models have a positive effect on the quality of care, health outcomes and patient satisfaction, it is less clear how cost effective they are. The authors found that the evidence base in this field was not strong enough to thoroughly assess the cost-effectiveness of integrated care and that a readjustment of expectations in terms of its assessment was therefore required.

European Observatory on Health Systems and Policies. 9 June

Power to the People: The mutual future of our National Health Service

Project Advisory Group included Jenny Ritchie-Campbell

This argues that the key to saving one of our most valued institutions would be to move away from the bureaucratic and fragmented health system we currently have, towards an integrated system of healthcare provision that makes it possible to offer whole-person, holistic care to patients. This report highlights the valuable role mutuals could play in integrating disparate public, private and third sector bodies to both improve patient outcomes and plug the impending funding gap.

ResPublica. 4 June

Seizing the opportunity - ten new perspectives from healthcare leaders

This publication sets out the achievements of the foundation trust model over the last decade, as well as some ideas for its future. It includes contributions from healthcare leaders across the sector.

Foundation Trust Network. 29 May

Diagnosing Bowel Cancer Early: Right Test, Right Time

Lives could be saved by relaxing the rules governing who GPs can refer for urgent bowel cancer tests. There are also problems with waiting times, and with the quality of tests carried out when doctors have significant worries about bowel cancer. The report found a third of patients sent for an endoscopy had seen a GP more than three times before being sent to a specialist.

Bowel Cancer UK. 28 May

Culture and leadership in the NHS - The King's Fund 2014 survey

In February and March 2014 The King's Fund conducted a survey of NHS managers and clinicians about leadership, culture and compassionate care in the NHS. It revealed a mixed picture of leadership, culture and the working environment across the NHS. It found a consistent discrepancy between the views of executive directors and those of other NHS staff, especially nurses and doctors. Executive directors tended to be much more positive about the working environment and culture within their organisations than other staff,

The King's Fund. 21 May

Developing collective leadership for health care

This paper argues that collective leadership – as opposed to command-and-control structures – provides the optimum basis for caring cultures. Collective leadership entails distributing and allocating leadership power to wherever expertise, capability and motivation sit within organisations. This paper explains the interaction between collective leadership and cultures that value compassionate care, by drawing on wider literature and case studies of good organisational practice. It outlines the main characteristics of a collective leadership strategy and the process for developing this.

The King's Fund. 21 May

Socio-technical allocation of resources (STAR) casebooks

These two casebooks describe a new approach to priority setting called STAR which combines money analysis with stakeholder engagement. It allows those who plan services to determine how services can effectively be invested whilst stakeholder engagement ensures that decisions are understood and supported by those affected. The first casebook describes the principles of the approach, whilst the second examines the implementation of STAR in an eating disorder service in Sheffield.

NHS Right Care. 20 May

New report launched: 'Patient empowerment: for better quality, more sustainable health services globally'

The result of a partnership by six All Party Parliamentary Groups, this report takes a global perspective on how to empower patients to play a more active role in their care. Drawing lessons from over 100 innovative case studies submitted to the review, it outlines how much the UK has to learn from high, middle and low income countries – and how these lessons should be applied. At the same time, the report also highlights the UK's strengths, its important role historically in supporting the global patient empowerment agenda, and how it can continue to play a leading role internationally.

All Party Parliamentary Group on Global Health. 15th May

Commissioning

Use of health and social care by people with cancer

This report presents the results of a study into the primary, secondary and social care use of people diagnosed with cancer. Improved survival rates, earlier detection and an ageing population have led to cancer incidence increasing, but it is now seen as a chronic condition rather than necessarily a fatal illness. This shift has led to a growing focus on survivorship, and on the long-term needs of those living with and after cancer. To find out how this impacts on the use of health and social care services, the study used data linkage methods to track the patterns of service use across health and social care in the year after people were diagnosed with cancer. It shows clear evidence of a social services response to a person being diagnosed with cancer.

The Nuffield Trust. 3 June

Environmental sustainability in hospitals: the value of efficiency

This guide aims to help hospital and care system leaders navigate the world of sustainability and build upon their organizations' existing efforts.

Hospitals in Pursuit of Excellence. 29 May

Ethical procurement for GPs and CCGs

This guidance aims to help GPs champion fair and ethical standards in NHS commissioning. It suggests ways in which GPs can use their influence on CCGs to make sustainability principles a key part of purchasing choices. It aims to encourage GPs involved in commissioning to consider the impact of procurement decisions beyond their immediate population to foster improvements in the working conditions of those in the UK and the wider world.

British Medical Association. 28 May

Quality

Guidance for taking responsibility: accountable clinicians and informed patients

Following recommendations in the Francis Inquiry report that there is a need for a named accountable clinician for a patient's care whilst in hospital, AoMRC was asked by the Secretary of State to see how this could be taken forward. This guidance was developed following discussion and consultation with medical royal colleges, regulatory bodies and professional bodies

Academy of Medical Royal Colleges. 13 June

Doctors with iPads could transform hospital care

Modern medicine creates mountains of data – a suite of iPad apps called Medopad aims to integrate it all and place it in the palm of a doctor's hand. The idea is to link up every data-making system and machine in a hospital to a central service which can deliver a patient's collated records – from historical medical files to X-ray and MRI scans – at the touch of a doctor's iPad. A number of bespoke Medopad apps help doctors manipulate and utilise this data.

New Scientist. 12 June

The open data era in health and social care

This report contains a blueprint for the NHS in England to develop a research and learning programme for the open data era in health and social care. It suggests ways to enable a conversation about how the health and care system can maximize the impact of sharing open data through establishing priorities and clear ways of measuring benefits.

The GovLab and NHS England. 4 June

Patient and Family-Centred Care toolkit

This toolkit is a step-by-step guide to improving processes of care and staff–patient interactions, using a technique called Patient and Family-Centred Care. It aims to offer a simple way for health care organisations to show their commitment to patients' experience of the care they receive while also attending to the wellbeing of the staff who deliver that care. The toolkit evolved from the Patient and Family-Centred Care programme. This initiative was run jointly by the Health Foundation and The King's Fund to develop a small number of exemplary hospitals and a team of professional staff and managers who could demonstrate their achievements to others and bring sustainable improvement in patients' experience and outcomes.

The King's Fund. 4 June

Networked innovation in the health sector

The aim of this report was to provide an independent and theory-based evaluation of CLAHRCs as a new form of networked innovation in the health sector. This evaluation is based on an intensive research study involving three CLAHRCs in the UK and three international organisations (one in the USA and two in Canada). This study was carried out over two overlapping time phases so as to capture changes in the CLAHRCs over

National Institute for Health Research. 28 May

The role of informal networks in creating knowledge among healthcare managers: a prospective case study

This study focuses on how health and well-being managers collectively create knowledge. The objective was to develop a better understanding of the way that knowledge is created within and between healthcare organisations, across different managerial levels, and of the role played by informal networks in those processes.

National Institute for Health Research. 28 May

Workforce

Turbo charging volunteering: co-production and public service reform

This report sets out ways that 'co-production' of services can be applied more widely in health, housing, social care and other contexts and finds that there are clear social benefits from producing services in this way. It argues that service users, their friends and families, are able to build a much broader range of activities and gain the respect that goes with being "equal partners". In addition, the report finds that there are significant savings to be realised through co-production. For example, research has identified that it could cut NHS costs by at least 7% (£4.4 billion) a year and potentially up to a fifth.

Centre Forum. 21 May

Primary/community care

General practice in England

This briefing note provides general background information on NHS primary medical services provided by GPs in England. It has been updated to include sections on specific elements of the new GP contract including the introduction of named GPs for over 75s and increased choice of GP practice, as well as background to extended opening hours, out-of-hours services and waiting times for appointments

House of Commons library. 9 June

Public Health

Who we are and what we do: our business plan for 2014 to 2015

This business plan for 2014 and 2015 sets out the PHE's core functions, outlines the key steps and actions it will be taking over the next year to protect and improve the public's health and reduce inequalities, and highlights some of its achievements in its first year. The accompanying letter from Jane Ellison MP confirms the role the government expects PHE to play in the health and care system in 2014 to 2015

Public Health England. 12 June

Inequalities



Waiting to Benefit

Thousands of cancer patients wait for six months or more for disability benefits. At least 4,500 cancer patients (29%) have waited six months or more to find out whether they will even be awarded their disability benefit Personal Independence Payment (PIP) after claiming. A quarter (25%) of those who have started their claim are currently stuck in the system as they wait at least six months for the initial assessment. These delays are in addition to the lengthy three-month wait cancer patients are forced to endure before they are even eligible to apply for PIP2. Under the previous system the average time taken to receive a decision about the Disability Living Allowance (DLA) took just 11 weeks. Now the process is taking far longer with cancer patients waiting an average of 19 weeks without receiving any decision.

Macmillan Cancer Support. 16 June

Poorer people more likely to get and die from cancer

The poorer you are, the more likely you are to get and die from cancer, with more than 19,000 cancer deaths every year linked to lower levels of income. There are more than

15,000 people diagnosed with cancer every year partly as a result of their economic deprivation. The new report also reveals there has been virtually no improvement in narrowing the gap in the number of cases between the most and the least deprived people during the last 15 years. In men the gap between cancer cases among the most and least affluent closed in just two types of cancer over 15 years – stomach cancer, and those cancers found somewhere in the body but where the original cancer cannot be found.

National Cancer Intelligence Network 29 May

Older People

Place and Cause of Death in Centenarians: A Population-Based Observational Study in England, 2001 to 2010

This study examines trends in place of death and associations for centenarians in England over 10 years to consider policy implications of extreme longevity. Centenarians are more likely to have causes of death certified as pneumonia and frailty and less likely to have causes of death of cancer or ischemic heart disease, compared with younger elderly patients. To reduce reliance on hospital care at the end of life requires recognition of centenarians' increased likelihood to "acute" decline, notably from pneumonia, and wider provision of anticipatory care to enable people to remain in their usual residence, and increasing care home bed capacity.

PloS Medicine. 3 June

Social Care



Municipal futures: how we might begin to think differently about local government

This collection of essays discusses the future of local government. Amongst the issues discussed, it looks at the social responsibility and role of local authorities in relation to health and social care

Local Government Information Unit. 2 June

Use of health and social care by people with cancer

This report presents the results of our study into the primary, secondary and social care use of people diagnosed with cancer. There has been a growing focus on survivorship, and on the long-term needs of those living with and after cancer. To find out how this impacts on the use of health and social care services, data linkage methods were used to track the patterns of service use across health and social care in the year after people were diagnosed with cancer. They studied the primary, secondary and social care use of 8,072 people with a first diagnosis of cancer from two areas of England, for a year before diagnosis and up to 18 months after, excluding activity that occurred around the time of death.

Nuffield Trust. 2 June

Palliative/end of life care



National survey of patient activity data for specialist palliative care services, minimum data set for 2012 to 2013 (MDS)

Specialist palliative care services in the community are continuing to lead to more people being able to die at home. Continued progress has also been made in opening up specialist palliative care services to non-cancer patients, although continuing improvement in this area is still needed.

Public Health England. 3 June

Volunteering: vital to our future

Hospice and palliative sector organisations should help more volunteers to work in care-related roles. With appropriate training and supervision, the role of volunteers can be extended to include, for example, community-based 'hospice neighbours' and volunteer support for health care assistants.

Together for Short Lives. 2 June

Blogs and Opinion



Delivering innovations in the care of older people: an opportunity to brag, steal, learn and deliver?

Older people, especially those who are frail or live with dementia or complex chronic conditions, are becoming the 'core business' of health and social care. This trend will only increase: by 2030, one in five people in England will be over 65, and those over 80 are the fastest growing demographic. Living longer is a cause for celebration, but it can present challenges for the health and social care system.

David Oliver. Kings Fund. 13 June

The future of the hospital: some useful lessons

NHS England Chief Executive Simon Stevens issued his challenge to rethink the role of the hospital in more imaginative ways after this week's Nuffield Trust's conference on the future of the hospital was already in the diary. There were some clear lessons from our audience of hospital leaders – many on the theme that simple answers of hot-cold splits (separating emergency from elective care), centralisation, mergers etc are not working. I took away a number of lessons.

Nigel Edwards. Nuffield Trust. 13 June

NHS reform: the next shift-change

The government's NHS reforms were meant to devolve power away from Whitehall. In practice the health service remains one of the most centralised in the world. Bottom-up change is urgently needed. A decisive break away from over reliance on external pressures is needed in the next stage of reform. This needs to learn from the experience of high performing health care organisations in England and further afield which achieve great results by investing in the development of their leaders and supporting all staff to improve the quality of care. Salford Royal NHS Foundation Trust in England and the Virginia Mason Medical Centre in the United States are two well-known organisations that have gone down this path.

Chris Ham. Public Finance. 11 June.

Deprivation, Wikipedia, pancreatic cancer and immunotherapy

Hello and welcome, I'm Dr Kat Arney. In the news this month, we heard the shocking statistic that the poorer you are, the more likely you are to get and die from cancer, with more than 19,000 cancer deaths every year linked to lower levels of income. And there are more than 15,000 people diagnosed with cancer every year partly as a result of their economic deprivation. The figures come from a new report from Cancer Research UK and Public Health England's National Cancer Intelligence Network, and also reveal that there has been virtually no improvement in narrowing the gap in the number of cases between the most and the least poor people during the last 15 years.

Podcast (transcript). Cancer Research UK. 9 June

Breast Cancer Screening. The debate between advocates and opponents

Screening has been seen by some as an instance of the increasing intrusion of medicine into the lives of healthy people; one early critic, Petr Skrabanek, described it as a technique of 'coercive healthism', a demonstration of the power of the state over individuals. Others are suspicious of profit-hungry corporations and the vested interests of doctors and breast cancer charities. But the principal debate turns on two questions. First, is screening effective in saving lives? Since screening programmes were introduced, deaths from breast cancer have fallen. However, since new treatments such as tamoxifen became available at around the same time as screening took off, it isn't easy to tell what the effect of screening has been.

Paul Taylor. London Review of Books. 5 June

Local leaders unleashed? What to expect from Simon Stevens' reign

The response to NHS England Chief Executive Simon Stevens' first interview says as much about the challenges facing the NHS as the content of the interviews themselves. Mr Stevens' message – to be pragmatic, to decide what's right locally, to be bold, and to look beyond current bricks-and-mortar configurations – quickly transmuted under the media spotlight into one of harking back to a bygone age of cottage hospitals. So what is different this time? Mr Stevens' message that managers should look beyond regulatory and policy-based barriers to change is a significant cultural shift. In his first interview with HSJ, Mr Stevens said commissioners and providers should not be hidebound by current regulatory or policy designs.

Helen Crump. 4 June

General practice needs more than money

So is primary care on the edge? The short answer is yes: the struggle to meet rising demand with falling funding is very real. But that does not mean that the solution is to hand over more money for general practice to keep doing more of the same. Instead, leaders and professional groups in the sector need to be bold in articulating how services will be organised and delivered for the coming 10-20 years. This must include how GPs and their colleagues will manage the care of frail people with complex needs, as well as offering 24/7 access to advice and diagnosis.

Dr Judith Smith. Nuffield Trust. 3 June

What should we die from?

“If we don’t die of cancer, what are we going to die of?”

“Our objective is to make sure that fewer people die of cancer.”

This was an exchange between the presenter Evan Davis and Harpal Kumar, the chief executive of Cancer Research UK, on Radio 4’s Today programme. This desire to ascribe the cause of death to something else—is it of any benefit? Would it signify success if no more deaths were caused by cancer? Maybe; some cancers are particularly nasty, causing pain and disability, fracturing life, and causing early death. But other cancers barely cause a blip on our existence. And what should we die from instead? It’s worth asking, because the cause may well affect the kind of death we have—and we should rightly be concerned about that.

Margaret McCartney. BMJ. 27 May

Collective leadership: fundamental to creating the cultures we need in the NHS

Positivity, compassion, respect, dignity, engagement and high-quality care are key to creating the cultures we need in the NHS. And, just as importantly, we must deal decisively, consistently and quickly with behaviours inconsistent with these values, regardless of the seniority of people exhibiting them. Yet in our most recent survey of NHS staff, two-fifths of those surveyed felt that negative behaviours – typically incivility, aggression, discrimination, carelessness, brusqueness and poor performance – were not being dealt with in a timely or effective fashion in their organisation. How then can we ensure that positive NHS cultures, with a focus on patient care, are encouraged, and inappropriate behaviours and performance are reduced?

Michael West. Kings Fund. 21 May

Five things the NHS must learn about empowering patients

Despite the huge changes to the NHS, there has been little progress in terms of patient empowerment. Half of all patients in hospital say they aren’t as involved in their care as much as they would like. This figure hasn’t improved in a decade. Despite all the structural overhauls to the NHS there has been very little change in the areas that matter most: how involved people feel in the big decisions about their care, and whether patients’ voices are heard when things go wrong, or are ignored as we have seen in several high profile scandals.

Meg Hillier. Guardian Healthcare Professionals Network. 20 May

Turn big data into clinical intelligence

We are on the brink of a data revolution in the NHS, and many of the most promising initiatives are taking place within cancer care in England. Used in the right way, and with sufficient data protection in place, big data initiatives have huge potential to provide those commissioning cancer services with data and evidence to support service development (particularly within the outcomes based commissioning model) and to monitor change in outcomes over time.

Mike Hobday and Julie Flynn. HSJ. 16 May

Clinical research



Macmillan funded research or researcher

Can comprehensive specialised end-of-life care be provided at home? Lessons from a study of an innovative consultant-led community service in the UK

The Midhurst Macmillan Specialist Palliative Care Service (MMSPCS) is a UK, medical consultant-led, multidisciplinary team aiming to provide round-the-clock advice and care, including specialist interventions, in the home, community hospitals and care homes. The mean cost is about 3000 GBP (3461 EUR) per patient with mean cost of interventions for cancer patients in the last year of life 1900 GBP (2192 EUR). Post-referral, overall costs to the system are similar for MMSPCS and hospice-led models; however, earlier referral avoided around 20% of total costs in the last year of life. Patients and carers reported positive experiences of support, linked to the flexible way the service worked. Seventy-one per cent of patients died at home. This model may have application elsewhere.

European Journal of Cancer Care. 15 April

Other research

Immune cells found near tumours boost breast cancer survival

WOMEN with breast cancer are 10 per cent more likely to survive for five years or more if they have certain immune cells near their tumour. This research highlights the great strides we are making in understanding the complex interplay between cancer and the body's immune system. The researchers looked for an immune cell called a killer T cell which specialises in destroying rogue cells in the body, such as cancer cells. The study found that when these immune cells were present, survival improved for women with ER-negative and ER-positive HER2-positive breast cancer. However, survival didn't change for women with ER-positive HER2-negative breast cancer.

Annals of Oncology. 10 June

Costs of Autism Spectrum Disorders in the United Kingdom and the United States

Autism costs the US and UK economies \$175bn (£104bn) and £32bn a year respectively, more than any other medical condition and greater than the cost of cancer, strokes and heart disease combined, according to an economic analysis of the condition's impact. The comparatively high figures – mainly made up by costs for residential accommodation, medical care and productivity losses – is because it is a life-long condition.

JAMA Pediatrics. 9 June

Anal cancer rates quadruple among UK women in past 40 years

The rate of anal cancer in women has risen steeply since the mid-1970s. The rise is believed to be linked to the increasing prevalence of the human papillomavirus (HPV). An estimated 90% of anal cancer cases in the UK are linked to HPV infection. The introduction of the HPV vaccine for girls is expected to help reduce the rates of HPV related cancers in the UK in the future.

Cancer Research UK. 5 June

Immune system 'friendly fire' triggers HPV-linked cancer

Genes that usually help the body fight off viral infections could actually be involved in the development of certain cancers. A collection of genes called the 'APOBEC family' normally slow the spread of viruses by attacking their DNA, preventing them from replicating. They do this by causing changes to the virus's DNA which occur in recognisable patterns. But new research shows that these patterns can also be seen in the DNA of certain cancer cells, especially those triggered by infection with human papillomavirus (HPV). These include cervical cancer, anal cancer, and various forms of head and neck cancer.

Cell Reports. 5 June

'Liquid' lung cancer biopsies will speed up drug resistance research

Analysing cancer cells from a lung cancer patient's blood sample could help monitor and predict their response to treatment, according to a new study from scientists in Manchester. "This latest research should accelerate progress by helping us understand why certain patients stop responding to drugs" - Professor Charlie Swanton, Cancer Research UK The finding will speed up research into new therapies, and improve the understanding of how tumours become resistant to drugs, experts said.

Nature Medicine. 4 June

Cancer gene variation 'doubles lung cancer risk' in smokers

Smokers who carry a gene variant found in about 2 per cent of the population have an even higher risk of lung cancer. The variation occurs in the BRCA2 gene, which has long been linked to breast and ovarian cancers. A specific change in the gene almost doubles the overall risk of lung cancer. Smokers generally have a 13 per cent life-time risk of lung cancer, meaning that thirteen out of every hundred smokers tend to develop the disease. But this risk rose to 25 per cent if they carried the gene variant.

Nature Genetics. 2 June