

HORIZON

Monthly current awareness from Intelligence and Research

No 49. May 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:

This is a major report from Macmillan detailing where the nation is in meeting our 9 outcomes.

Cancer in the UK 2014 - state of the nation report

This report examines issues that matter most to cancer patients and reveals that tens of thousands of UK cancer patients are diagnosed too late, shown a lack of compassion, or denied a 'good' death.

Macmillan Cancer Support. 2 May

A lot of discussion around health policy is predicated on the NHS being able to increase outputs within its' current budget. This won't happen.

Financial crisis is inevitable in the NHS by 2015-16

A significant increase in NHS funding is needed to halt a looming financial crisis that will lead to "damaging consequences" for patient care. A new report argues that a financial crisis was "now inevitable by 2015-16 and could arrive sooner," with more than a quarter of NHS trusts already in deficit.

King's Fund. 1 May

However the news is not all bad. The big picture is overall improvement in outcomes

Half of all cancer patients now survive at least 10 years

Fifty per cent of people diagnosed with cancer today will survive their disease for at least 10 years. In the early 1970s just a quarter of people diagnosed with cancer survived 10 years.

Cancer Research UK. 29 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

A councillor's guide to the health system in England

This briefing provides an overview to the health system since the reforms which were introduced in the Health and Care Social Act 2012. It describes the different parts of the health system, how they work together and the wider role for local authorities in health and social care.

Local Government Association. 16 May

Supporting people to manage their health: an introduction to patient activation

With 60 to 70 per cent of premature deaths caused by detrimental health behaviours, it is vital that people engage more with improving their own health. This paper introduces a way of conceptualising and measuring that engagement known as 'patient activation'. Patient activation can be used to reduce health inequalities and deliver improved outcomes, better quality care and lower costs. Drawing on US and UK-based evidence, the paper describes the robust patient-reported measure used to gauge patient activation.

The King's Fund. 16 May

Power to the people: the mutual future of our National Health Service

This report argues that moving towards an integrated system of healthcare provision would make it possible to offer whole-person, holistic care to patients. It highlights the role mutuals could play in integrating public, private and third sector bodies to both improve patient outcomes and plug any funding gaps

ResPublica. 8 May

New cancer waiting times piloted

A pilot project to test new ways of measuring cancer waiting times in Wales are underway, the Welsh Government announced today

Welsh Government. 7 May

2015 Challenge Declaration

The NHS is rightly heralded as one of our national treasures. It now faces the most challenging set of circumstances since it began. We must act now to meet the challenges it faces if we are to secure a sustainable NHS, transformed to meet the needs of people in the 21st Century. This document is our coalition's analysis of the challenges that must be faced at the 2015 general election and beyond. It is a statement we hope the political

parties will acknowledge and use as a framework against which they finalise manifesto and subsequent policy proposals.

NHS Confederation. 6 May

Cancer in the UK 2014 - state of the nation report

This report examines issues that matter most to cancer patients and reveals that tens of thousands of UK cancer patients are diagnosed too late, shown a lack of compassion, or denied a 'good' death.

Macmillan Cancer Support. 2 May

UK spending on healthcare lowest of G7 countries

The United Kingdom is spending less on healthcare as a share of its gross domestic product than all other G7 countries apart from Italy, which spends the same, new figures have shown. The figures from the Office for National Statistics (ONS) show that the UK's total expenditure on healthcare in 2012 was £144.5bn 9.2% of GDP.¹ The largest portion of this (£121.3bn or 7.7% of GDP) came from the public purse. As a proportion of GDP, healthcare spending was 17.7% in the United States, 11.6% in France, 11.3% in Germany, 11.2% in Canada, 9.6% in Japan, and around 9.2% in Italy.

Office for National Statistics. 2 May

Financial crisis is inevitable in the NHS by 2015-16

A significant increase in NHS funding is needed to halt a looming financial crisis that will lead to "damaging consequences" for patient care. A new report argues that a financial crisis was "now inevitable by 2015-16 and could arrive sooner," with more than a quarter of NHS trusts already in deficit.

King's Fund. 1 May

Healthcare and the economy 2: going with the flow

This paper identifies some of the themes of the current debate regarding the future of the NHS and urges government to produce a National Financial Plan and work towards a 'National Service Guarantee' to end the postcode lottery of treatment.

2020health. 1 May

Policy paper: Health Education England mandate: April 2014 to March 2015

The HEE mandate for financial year 2014 to 2015 reflects updated strategic objectives around: workforce planning; health education; training and development. It sets out HEE's role in the government response to the Francis report and requirements to support NHS and public health service priorities, such as to improve health outcomes.

Department of Health. 1 May.

Half of all cancer patients now survive at least 10 years

Fifty per cent of people diagnosed with cancer today will survive their disease for at least 10 years. In the early 1970s just a quarter of people diagnosed with cancer survived 10 years.

Cancer Research UK. 29 April

How much does high quality care cost?

This briefing outlines the results of an FTN members' survey and reveals the full scale of extra investment that NHS foundation trusts and trusts are making to improve patient care following the Francis and Keogh reviews and the introduction of the new CQC inspection regime. It calls for a new approach to funding service developments and improved financial risk sharing.

Foundation Trust Network. 29 April

Living well for longer: national support for local action to reduce premature avoidable mortality

This document sets out how the health and care system aims to become amongst the best in Europe at reducing levels of avoidable mortality. Focusing on cancer, stroke, heart, liver and lung diseases, it sets out examples of good practice and help for local commissioning and service delivery.

Department of Health. 28 April

Policy paper: Helping people live well for longer

This document will help people understand how the national system as a whole is supporting local action to help people live well for longer. It includes actions already taken in prevention, early diagnosis and treatment. It focuses on the 5 big killers: cancer stroke heart disease lung disease liver diseases. It includes examples of good practice and help for local commissioning and service delivery.

Department of Health. 28 April

Corporate report: Department of Health survey of external stakeholders: 2013

The DH stakeholder perceptions survey report provides: an overall impression of perceptions of the Department its performance in managing relationships with stakeholders ways to improve how we work with our partners. This independent survey was undertaken in July 2013, shortly after major changes to the health service in England came into effect. Stakeholders recognised that the survey was undertaken during a time of transition, when the Department of Health and the wider health and care system were taking on new roles and responsibilities. The findings of the survey, shows that we are improving relationships with our partners and becoming more effective in how we work with external stakeholders generally. While the overall findings are positive, there is more that we can do to build on what we have achieved.

Department of Health. 24 April

Two sides of the same coin: balancing quality and finance to deliver greater value

This briefing brings together the views of NHS leaders and highlights the key messages arising from a roundtable held at the end of last year on the issue of how the health service can balance the imperative to provide better care with the need to reduce costs overall.

NHS Confederation. 16 April

Commissioning

Delivering the Better Care Fund in counties

This publication features research, analysis, case studies and contributions from national voices on the future of care, including Norman Lamb MP and Richard Humphries, the Assistant Director of Policy at The King's Fund.

County Councils Network. 12 May

Guidance: Better care for people with 2 or more long term conditions

This document sets out the current challenges faced in the health and social care system in treating people with 2 or more long term health conditions. It proposes changes to the system to improve care.

Department of Health. 29 April

The Environment and Health Atlas for England and Wales

A collection of maps illustrating geographical distributions of disease risk and environmental agents. The atlas provides interactive maps of geographical variations for a range of health conditions and environmental agents at a neighbourhood (small-area) scale in England and Wales. These maps have been developed as a resource for the public, researchers and anyone working in public health and policy to better understand the geographic distribution of environmental agents and health conditions in England and Wales. The health condition maps show the relative risk so there must always be some wards above average and some wards below average.

Small Area Health Statistics Unit. 28 April

Independent report: Transplantation of organs from donors with a history of cancer

A review of evidence including the outcomes of transplants in the UK of organs from donors who had cancer or a history of cancer. It draws up a series of recommendations, and categorised a number of cancers according to their risk of transmission to the recipient of an organ transplant. SaBTO's findings and recommendations will help transplant surgeons to decide whether transplanting a particular organ would be in their patient's best interests. It could enable surgeons and patients to use with confidence some organs they might otherwise hesitate to accept.

The Advisory Committee on the Safety of Blood, Tissues and Organs. 22 April

Quality

The NHS productivity challenge: experience from the front line

This report describes how six trusts have been dealing with the productivity challenge. It also suggests ways to prevent the NHS and social care from overspending, decreasing quality of care, or both. It puts forward the idea of running overlapping services – ‘double running’ – until new services and delivery arrangements take root, while acknowledging that payback (in terms of better quality services and improved productivity) may not be realised for some time. Finally, it finds that there needs to be a renewed effort to encourage clinicians to identify and lead change.

The King's Fund. 1 May

Workforce

NHS qualified nurse supply and demand survey - findings

This survey is part of a larger piece of work being undertaken by NHS Employers and Health Education England which aims to look at improving the recruitment and retention of the nursing workforce. The results of this survey will be used to inform and shape the co-ordinated recruitment and retention solutions being

NHS Employers. 16 May

Safe nurse staffing of adult wards in acute hospitals

This draft guidance provides recommendations on safe staffing for nursing in adult inpatient wards in acute hospitals. The guidance was developed following the Francis and Berwick reports and aims to provide evidence-based guidance on safe staffing levels in hospitals. It also calls for hospital boards and senior management to take greater responsibility and includes step-by-step guidance on how to determine the number of nursing staff that should be funded. Feedback on the draft guidance is being sought from registered stakeholders until 10th June 2014.

National Institute of Health and Care Excellence. 12 May

Pay, conditions and care quality in residential, nursing and domiciliary services

This briefing examines the relationship between pay and conditions for workers in residential, nursing and domiciliary care services and the quality of care experienced by people using the service.

Joseph Rowntree Foundation. 16 April

Physical Activity

Evidence Update: physical activity and the environment

This Evidence Update relates to the public health guidance on physical activity relating to environment.

Inequalities



Independent report: Access to primary care among vulnerable groups: review of evidence

This report reviews the impact of efforts to provide good access to primary care services. It reviews levels of hospitalisation for the four vulnerable groups identified in the Inclusion Health programme: vulnerable migrants; Gypsies and Travellers; people who are homeless; sex workers.

National Inclusion Board. 30 April

Independent report: Good practice in improving care for vulnerable groups

The report includes examples of good primary care that improves registration and access to care. It says what makes good practice and explains why the chosen approaches are successful in improving access to primary care

National Inclusion Board. 30 April

The equity action spectrum: taking a comprehensive approach Guidance for addressing inequities in health

While population health indicators have improved across Europe overall, that improvement has not been experienced equally everywhere, or by all. This is one of a series of policy briefs that describe practical actions to address health inequities, especially in relation to tobacco, alcohol, obesity and injury, the priority public health challenges facing Europe. It offers policy-makers and public health professionals the tools and guidance to implement the Health 2020 vision – the new health policy framework for Europe developed by WHO/Europe - and the recommendations of the review of social determinants of health and the health divide led by Sir Michael Marmot and his team. This policy brief provides a framework that policy-makers at national, regional and local levels can apply to their own unique context, to help them consider the processes by which inequities occur and suggest policy interventions to address them.

World Health Organisation. 28 April

Social exclusion of people in the sex industry: review of evidence

This report is structured around 3 themes: the factors that cause vulnerability, social exclusion and involvement in sex work; how social exclusion affects the lives of sex workers and the different levels of social exclusion experienced by certain groups of sex workers; and the barriers that prevent greater social inclusion of sex workers' lives. Many of these barriers relate to broader issues of social exclusion beyond sex work itself.

Department of Health. 23 April

Older People

Looking forward to later life: taking an early action approach to ageing in our society

This report calls for a early action approach to preventative action and argues that this would result in a 'triple dividend' of improved lives, costing less, contributing more

Community Links. 15 May

Social Care



NHS England's commitment to carers

This document sets out a series of commitments that NHS England will do to support carers, reflecting what NHS England has heard from carers during a number of engagement events.

NHS England. 8 May

The generation strain: collective solutions to care in an ageing society

The number of older people in need of care is expected to outstrip the number of family members able to provide informal care for the first time in 2017. By 2030, an estimated 230,000 older people in England who need care of more than twenty hours a week could be left without family to help. The number of people aged 65 and over without children to care for them will almost double before the end of the next decade and that by 2030, there will be more than 2 million people in England without a child to care for them if needed.

Institute for Public Policy Research. 24 April

Isolation



Ageing alone: loneliness and the oldest old

Loneliness causes misery and poor quality of life for too many people, but it is the oldest old – the over 85s – who are most badly affected. Nearly half of this age group experience loneliness some or most of the time. Understanding loneliness in this age group is becoming increasingly important as what was once a small group of exceptional individuals rapidly grows into a whole new generation.

CentreForum. 29 April

Palliative/end of life care



National care of the dying audit of hospitals

This report has found significant variations in care across hospitals in England. The audit shows that major improvements need to be made to ensure better care for dying people, and better support for their families, carers, friends and those important to them. While previous audits had been based on the goals of care within the Liverpool Care Pathway for the Dying Patient (LCP), the new audit sampled the care of dying people in hospital, regardless of whether they were supported by the LCP or other care pathways or frameworks, and included more hospitals than the previous audits

Royal College of Physicians. 15 May

Blogs and Opinion



Freacking out about Levitt and Dubner's hog-whimperingly silly health policy proposals

I bought, read and enjoyed the book 'Freakonomics' by Steven Levitt and Stephen Dubner. Pithily-written, fun and with some interesting analysis, it made a good read. Their latest oeuvre, 'Think Like A Freak', reveals how they tried to lecture PM David Cameron on the shortcomings of the NHS. ...The evidence shows that we feel that there are certain things that markets provide less well, and that healthcare is one of them. In a time when the high priests of market ideology in the financial industries have had to be baled out by massive state intervention, a more thoughtful discourse on the limitations of markets as well as those of governments and states would be welcome.

Andy Cowper. Health Policy Insight. 19 May

Competition and duty

Competition is like medicine: it can kill or cure you. Thus (like medical treatment) if competition policy is poorly designed and regulated, you can be sure that the punters will be screwed! ...The central questions for all this competitive effort is this: where is the measurement of effectiveness, and which of this bombardment of evidence-free optimistic wheezes is the most cost-effective? Don't be silly says Comrade Nicholson and his team of merry ignoramuses: "we know they all work". Such bullshit is unacceptable in a world of austerity. We need to identify and invest in those interventions that give the biggest bang for the buck; not just to spray scarce resources around randomly!

Alan Maynard. Health Policy Insight. May

The Better Care Fund: a disaster in waiting?

It's far too late for the Better Care Fund to be halted. Budgets have been planned, the enabling legislation is through parliament, ministers have nailed their colours to the mast. And the underlying principle, though almost certainly unattainable, is not actually wrong. Better coordination of primary, acute, and community care is needed. And if not in this way, how? In retrospect, an opportunity was missed when primary care trusts were ordered to get rid of their provider arms, the community care organisations, in 2008.

Nigel Hawkes. BMJ. 14 May

The Better Care Fund: do the sums add up?

Yesterday's Guardian reports that the Government's plans for the Better Care Fund have been put on hold as the Cabinet Office demand that the Department of Health do more to explain how the savings needed to pay for it will be secured. Government sources have been quick to dampen speculation that this signals trouble for the plans. I would be surprised if the Fund didn't go ahead despite the obvious risks. Too much has been invested in it politically. Ministers use the existence of the fund to argue that pooling budgets between health and social care will result in major savings, so easing if not removing entirely the financial squeeze on the service. Opposition front bench spokesmen take a similar view.

Andy McKeon Nuffield Trust. 8 May

The NHS was not a major issue during the 2010 election, so what should we expect in 2015?

The government's record on the NHS will be at the heart of the election debate. The good news for the coalition is that the unprecedented slowdown in NHS funding since 2010 has not yet had a serious, adverse impact on patient care. ...Sadly, the prospect of a serious and informed discussion about these issues seems unlikely when the leaders of all the main political parties seem focused on a narrow agenda centred on the economy and public finances. The unwillingness of politicians to engage in a fundamental debate about the future of health and social care is a sign of the failure of a political process in which argument and dispute are the oxygen of life. Collective denial in the political class not only risks undermining the NHS, ...but also misses an opportunity to attract support in what promises to be a closely fought campaign.

Chris Ham. Kings Fund. 7 May

Care home inspections are futile

The horrific standards of elderly care exposed by the BBC's Panorama on Wednesday must have put paid to any idea that it is possible to inspect quality into a service – a concept that has anyway been made redundant by companies and service industries since management guru W Edwards Deming denounced the idea in the mid-1960s. The folly of relying on inspection as either a marker or maker of quality has since been confirmed by a distinguished chain of management academics. The Panorama programme highlighted the futility of inspection in care homes, yet the NHS has persisted with a quality regulator for 14 years: the Care Quality Commission has been exposed as little more than a spectator in the delivery of safe care.

Roy Lilley. theguardian.com. 1 May

Piercing the illusion

A few years ago the Health Foundation funded a study which analysed the perceptions of boards of hospitals in the US and the UK. What did they think the quality of care was like in their hospitals? This was compared with some accepted measures of quality. The result? The boards of poorly performing hospitals had almost the same perceptions of those in the best performing – that quality was good. Sure, the quality of care can't be reduced to a few simple metrics. But they can help show up variation and lack of progress that are at best inconvenient. Which is why using data and measurement is central to improving quality – from the 'national' health system level to the local, to the personal.

Jennifer Dixon. Health Foundation. 30 April

Withdraw Saatchi's quackery bill

The only difference between medicine and pseudomedical nonsense is the use of—and ability to learn from—fair tests of treatments. This bill, therefore, is an open door to quackery. There are many expensive clinics already peddling false hope in the form of unproved or disproved interventions for cancer and other serious illnesses. They would legally be allowed to continue or expand, protected by this bill, allowing evidence-free opinion to masquerade as “responsible innovation.”

Margaret McCartney. BMJ. 29 April

Clinical research



Macmillan funded research or researcher

Measuring quality of Life in head and neck cancer patients -update of the EORTC QLQ-H&N module, phase III.

The objective of this study was to pilot test an updated version of the European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire Head and Neck Module (EORTC QLQ-H&N60). Methods Head and neck (H&N) cancer patients were asked to complete a list of 60 head and neck cancer specific items comprising the updated EORTC head and neck module and the core questionnaire EORTC QLQ-C30. Debriefing interviews were conducted to identify any irrelevant items and confusing or upsetting wording. Results Interviews were performed with 330 patients from 17 countries, representing different H&N cancer sites and treatments. 41 out of the 60 items were retained according to the pre-defined EORTC criteria for module development, for another 2 items the wording was refined, and 17 items were removed. Conclusions The preliminary EORTC QLQ-H&N43 can now be used in academic research. Psychometrics will be tested in a larger field study.

Head and Neck. 17 May

Scottish adolescents' sun-related behaviours, tanning attitudes and associations with skin cancer awareness: a cross-sectional study.

Scottish adolescents had poor sun protection practice and low skin cancer awareness. Girls adopted riskier sun-related behaviour despite greater awareness of skin cancer-related risk. Urgent action is required to promote positive sun-related behaviour and increase skin cancer awareness among Scottish adolescents. However, further research is needed to inform the development of effective sun-safe interventions.

BMJ Open. 6 May

The real-world problem of care coordination: a longitudinal qualitative study with patients living with advanced progressive illness and their unpaid caregivers.

The objective was to develop a model of care coordination for patients living with advanced progressive illness and their unpaid caregivers, and to understand their perspective regarding care coordination. Within the midst of advanced progressive illness, coordination is a shared and complex intervention involving relational, structural and information components. Our study is one of the first to extensively examine patients' and caregivers' views about coordination, thus aiding conceptual fidelity. These findings can be used to help avoid oversimplifying a real-world problem, such as care coordination. Avoiding oversimplification can help with the development, evaluation and implementation of real-world coordination interventions for patients and their unpaid caregivers in the future.

PloS One. 3 May

The barriers to and enablers of providing reasonably adjusted health services to people with intellectual disabilities in acute hospitals: evidence from a mixed-methods study.

The objective was to identify the factors that promote and compromise the implementation of reasonably adjusted healthcare services for patients with intellectual disabilities in acute National Health Service (NHS) hospitals. The evidence suggests that ward culture, staff attitudes and staff knowledge are crucial in ensuring that hospital services are accessible to vulnerable patients. The authors suggest that flagging the need for specific reasonable adjustments, rather than the vulnerable condition itself, may address some of the barriers. Further research is recommended that describes and quantifies the most frequently needed reasonable adjustments within the hospital pathways of vulnerable patient groups, and the most effective organisational infrastructure required to guarantee their use, together with resource implications.

BMJ Open. 18 April

Psychosocial impact of cancer cachexia

Cancer cachexia has impact on patients and their family members. Patients experience loss of weight often accompanied by anorexia and other debilitating symptoms that have clinical impact and impact everyday life. The importance of understanding this impact lies in the alleviation of cachexia-related suffering and its implications for treating cachexia. Models of the psychosocial effects of cancer cachexia have been developed, leading to, as yet unproven, propositions of how negative patient and family impacts can be addressed. This literature overlooks the potential importance of psychosocial intervention to emerging multimodal treatments for the multicausal syndrome. Psychosocial intervention in cachexia should be tested for potential to help people affected by cancer cachexia feel better but also

for potential to make people better by aiding uptake and compliance with multimodal therapy

Journal of Cachexia, Sarcopenia and Muscle. 17 April

Cardiovascular sequelae in long-term survivors of young peoples' cancer: a linked cohort study

The authors aim to define the incidence and risk of cardiovascular late effects (LEs) identified from inpatient hospital episode statistics (HES) among long-term survivors of cancer in young people by age at diagnosis (0-14 and 15-29 years). Survivors of childhood and young adult cancer remain at increased risk of cardiovascular LEs compared with the general population

British Journal of Cancer. 17 April

Other research

Eczema may offer clues to skin cancer prevention

The way the immune system reacts to eczema could offer protection against skin cancer, new research suggests. Scientists at King's College London found the immune response triggered by the skin condition reduced the number of tumours in mice by causing cancerous cells to be shed from the skin, rather than developing into tumours.

Elife. 6 May

Pancreatic cancer bucks downward trend in EU cancer death rates

Death rates from pancreatic cancer and lung cancer in women are predicted to rise while death rates from all others will continue to fall, according to new European statistics. The study, carried out by Italian and Swiss researchers, looked at overall cancer rates across each of the 27 member states that make up the European Union (EU), also focussing on a number of specific cancer types in the six largest countries – France, Germany, Italy, Poland, Spain and the UK. Their findings predict that the rate of deaths from all types of cancer combined will fall across Europe in 2014.

Annals of Oncology. 24 April

Skin cancer rates five times higher than in 70s

The rates of people diagnosed with malignant melanoma, the most serious form of skin cancer, are now five times higher than 40 years ago. More than 13,000 people are now developing the disease every year compared with around 1,800 in 1975. The latest incidence rates show around 17 people in every 100,000 are diagnosed with malignant melanoma in Great Britain every year. This is compared to just over 3 per 100,000 in the mid 70s. The dramatic rise is partly down to an explosion in package holidays to Europe dating from the late 60s and the increasing popularity of the “must-have” tan often achieved only after damaging sunburn. The boom in sunbed use has also helped to fuel the increase in skin cancer.

Cancer Research UK. 21 April

Study paves way for tailored bowel cancer prevention with aspirin

US researchers are a step closer to identifying who may benefit most from taking aspirin to prevent bowel cancer. Previous studies have shown that taking aspirin daily could help prevent the disease, but the drug's side effects have caused concern over prescribing it widely, as has uncertainty over the optimum dose. Now a team of researchers have found a molecule in the bowel lining whose levels could identify those people who may benefit. The results also suggest the mechanism by which the drug exerts its protective effect - something that has remained elusive despite years of research.

Science Translational Medicine. 23 April