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This bulletin will cover journal articles and publications on health and social care issues relating to cancer treatment and support. 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:

A further report of the cost of cancer, produced in association with Macmillan.  
**Paying the price**
A third of those diagnosed experience drop in income, while 1 in 4 cannot afford to adequately heat their own home. Demos calls for greater accessibility to flexible working. Demos. 27 November

To understand the UK health system, it may help to compare it with other national systems.  
**International profiles of health care systems 2013**
Each overview covers financing, health system organization and governance, quality and coordination, disparities, efficiency and integration, use of information technology and evidence-based practice, cost containment, and recent reforms and innovations. The Commonwealth Fund. 14 November

Another look at the key question of how longer life may affect health  
**Population ageing: the timebomb that isn’t?**
When measured using remaining life expectancy, old age dependency turns out to have fallen substantially in the UK and elsewhere over recent decades and is likely to stabilise in the UK close to its current level. British Medical Journal. 12 November

A summary of where in the country services are better, or worse.  
**The NHS atlas of variation in diagnostic services**
This publication features 69 different maps of England and identifies local variations for a wide range of diagnostic services covering imaging, endoscopy, physiological diagnostics, pathology, and genetics. NHS Right Care. 27 November

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

**Euro health consumer index 2013**

This is the seventh study made on European healthcare systems, aiming to highlight weak and strong aspects of healthcare. The results indicate that actual treatment results in European healthcare keep improving in the face of financial crises and austerity measures, as do patient rights and information to patients. The area, where effects of money saving are most obvious, is on the introduction and deployment rate of novel pharmaceuticals.

Health Consumer Powerhouse. 28 November

**Paying the price**

*This report is based on data from Macmillan.*

This report urges action to ease the financial burden of cancer which is found to be £7,000 a year. A third of those diagnosed experience drop in income, while 1 in 4 cannot afford to adequately heat their own home. Demos calls for greater accessibility to flexible working for sufferers and survivors as part of a culture shift towards ‘cancer-friendly’ employers.

Demos. 27 November

**The UK strategy for rare diseases**

This strategy contains over 50 commitments to ensure people living with a rare disease have access to the best evidence-based care and treatment that health and social services, working with charities, researchers and industry, can provide.

Department of Health. 22 November

**The global use of medicines: outlook through 2017**

This report finds that greater access to medicines by the world’s rapidly expanding middle class, together with stronger economic prospects in developed nations, will bring total spending on medicines to the $1 trillion threshold in 2014 and to $1.2 trillion by 2017.

IMS Institute for Healthcare Informatics. 21 November

**Access, affordability, and insurance complexity are often worse in the United States compared to 10 other countries**

A 2013 survey conducted in 11 countries finds that U.S. adults are significantly more likely than their counterparts to forgo health care because of the cost, to have difficulty paying for care even when they have insurance, and to deal with time-consuming insurance issues.

The Commonwealth Fund. 14 November
International profiles of health care systems 2013

This publication presents overviews of the health care systems of Australia, Canada, Denmark, England, France, Germany, Japan, Italy, the Netherlands, New Zealand, Norway, Sweden, Switzerland, and the United States. It covers health insurance, public and private financing, health system organization and governance, health care quality and coordination, disparities, efficiency and integration, use of information technology and evidence-based practice, cost containment, and recent reforms and innovations.

The Commonwealth Fund. 14 November

Transforming urgent and emergency care services in England: urgent and emergency care review - end of phase 1 report

This report proposes a new blueprint for local services across the country that aims to make care more responsive and personal for patients, as well as deliver even better clinical outcomes and enhanced safety. It highlights opportunities to shift care closer to home, finding that 40 per cent of A&E patients are discharged requiring no treatment; up to one million emergency admissions were avoidable last year; and up to 50 per cent of 999 calls could be managed at the scene.

NHS England. 13 November

Population ageing: the timebomb that isn’t?

The extent, speed, and effect of population ageing have been exaggerated because the standard indicator—the old age dependency ratio—does not take account of falling mortality. When measured using remaining life expectancy, old age dependency turns out to have fallen substantially in the UK and elsewhere over recent decades and is likely to stabilise in the UK close to its current level. The capacity of healthcare systems to cope will depend on the changing relationship between morbidity and remaining life expectancy and the effect of education.

British Medical Journal. 12 November

The NHS outcomes framework 2014-2015

This document sets out the outcomes and corresponding indicators that will be used to hold NHS England to account for improvements in health outcomes. It contains measures to help the health and care system focus on measuring outcomes. It provides an update on the progress that has been made to develop existing indicators and describes how the NHS Outcomes Framework works in the wider health and care system.

Department of Health. 12 November

Health committee inquiry submission: public expenditure on health and social care

The Health Select Committee is looking into the need for savings in health and social care, and the effect on service providers and patient care. This document is a response to the inquiry, it primarily looks at the impact of the NHS' success in meeting its headline financial targets so far.

The Nuffield Trust. 11 November
Commissioning

National audit of intermediate care 2013

This audit aims to provide an overview of intermediate care commissioning and provision in England. In 2012, the audit focused on health based bed and home intermediate care services. In 2013, the study has been extended to cover crisis response and social care rehabilitation services.

NHS Benchmarking Network. 14 November

Role of the voluntary sector in providing commissioning support

This report explores what support clinical commissioning groups and commissioning support units want and need from the voluntary sector and what the ‘value-add’ is; what commissioning support services the voluntary sector can offer; how a partnership between the voluntary sector and commissioners can uniquely help to resolve challenging scenarios commissioners encounter; and the necessary steps to ensure strong collaboration between commissioners, commissioning partners and the voluntary sector.

Nuffield Trust. 13 November

Review by Monitor of the provision of walk-in centre services in England

This review examined the possible impact of closures of walk-in centres on patients, whether commissioning arrangements for walk-in centres are working well for patients, and whether payment mechanisms related to walk-in centres and GP services are generating benefits for patients.

Monitor. 11 November

Quality

Patient stories 2013: time for change

The aim of this report is to amplify the voices of individual patients to highlight wider trends, with particular reference to the key themes of the Francis Inquiry report.

The Patients Association. 28 November

The NHS atlas of variation in diagnostic services

This publication features 69 different maps of England and identifies local variations for a wide range of diagnostic services covering imaging, endoscopy, physiological diagnostics, pathology, and genetics. It shows that patients in certain areas are hundreds of times less likely to be offered some tests than in other parts of the country.

NHS Right Care. 27 November
The influence of cost-effectiveness and other factors on NICE decisions

This study aims to investigate the influence of cost-effectiveness and other factors on NICE decisions and to investigate whether NICE’s decision-making has changed through time.

Centre for Health Economics (CHE), University of York. 26 November

Survey highlights 'worrying' lung cancer care delays

Nearly half of lung cancer patients say that they have experienced care delays at some point since their diagnosis, a new report suggests. It highlights a 'worrying' divide between the care patients hope to receive and what may actually be delivered. The coalition's poll of more than 400 patients and their carers found that 46 per cent of people with lung cancer had experienced delays at some stage of their care.

UK Lung Cancer coalition. 28 November

The state of health care and adult social care in England 2012/13

This year’s State of Care report looks at the pressures on A&E services due to an increase of admissions for ‘avoidable’ conditions. It also brings together the findings of more than 35,000 inspections to try and give a picture of the quality of health and social care services in 2012/13.

Care Quality Commission. 21 November

Risks to London A&E services this winter

This report found that more than half of the capital’s major A&Es failed to meet Government’s four hour target at least 50% of the time - with the most serious offender missing it every single week. It calls on NHS England to immediately publish proposals for how hospitals will deal with pressures this winter.

London Assembly. 12 November

Workforce

NHS hospitals get £11 in value for every £1 invested in volunteers

Every £1 invested in volunteering in the NHS yields services worth £11 in return. “Volunteering in acute trusts in England: Understanding the scale and impact” is based on the first national survey of volunteering in hospitals. The survey found that there are nearly 500 volunteers in the average acute trust, equating to more than 78,000 volunteers in hospitals across England who contribute more than 13 million hours per year. Based on current NHS pay rates, this translates to a return of £11 for every £1 invested in the training and management of volunteers.

Kings Fund. 21 November
Realising the benefits of employee engagement

This publication examines the link between employee engagement and quality of care. It presents the evidence for supporting employee engagement and discusses the barriers to implementation.

Foundation Trust Network. 12 November

Running the red light

This report features research which shows that nearly 20,000 full-time positions are currently unfilled. It outlines a list of urgent priorities for achieving safe staffing in NHS services today, and long-term planning to secure a workforce fit for the needs of tomorrow.

Royal College of Nursing (RCN). 12 November

Primary/community care

Physical Activity

Obesity and the environment briefing: increasing physical activity and active travel

This briefing summarises the importance of action on obesity and a specific focus on active travel, and outlines the regulatory and policy approaches that can be taken.

Public Health England. 13 November

Inequalities

Older People

Caring for an ageing population: points to consider from reform in Japan

This report explores how Japan has tried to meet the needs of its ever-growing older population through a new social care system, looking at points of interest for England.

Nuffield Trust. 27 November
Isolation

Still ignoring the risks? An interim review of health and wellbeing boards

Earlier this year, the Campaign to End Loneliness published *Ignoring the health risks?*, which tracked whether the newly established health and wellbeing boards across England had prioritised the public health issues of loneliness and isolation within their strategies. This review updates the research and finds that more than half of boards have included some reference to loneliness or isolation in their strategies.

Campaign to End Loneliness. 25 November

82 per cent of children now survive childhood cancer

More than eight in 10 children with cancer now survive, compared to just three in 10 in the late 1960s. The number of children surviving cancer for five years or more has risen from 79 per cent to 82 per cent in the last decade. The increase in survival is largely due to tackling the disease by combining a number of different chemotherapy drugs.

Cancer Research. 19 November

Palliative/end of life care

Transitions to palliative care for older people in acute hospitals: a mixed-methods study

This study finds that patients with palliative care needs represent a significant proportion of the hospital inpatient population and that there is a gap between NHS policy regarding palliative and end-of-life care management in acute hospitals in England and current practice.

National Institute for Health Research. 28 November

Blogs and Opinion

Smart sensors and wearable tech: the future for the NHS?

The ‘Internet of Things’ is the phrase being coined to describe the next step change in connectivity. The first age of the internet was essentially connecting people to information
in a largely linear way – emails and websites. The second age was about connecting people to each other through networks and social media. And the third age will be connecting data analytics to the growing number of smart sensors pervading our everyday lives and, in doing so, unleashing data on a scale we haven’t experienced before.

Jo Bibby. Health Foundation. 21 November

The new GP contract is but a small step towards a better future for primary care

These are sensible changes that go some way towards addressing concerns about workload pressures in general practice and the lack of continuity of care for older patients. But it would be wrong to exaggerate their impact. Much more fundamental changes are needed to meet the needs of older people, as well as those who experience difficulty in accessing GPs in ways and at times convenient to them.

Chris Ham. King’s Fund. 15 November

Clinical research

Macmillan funded research or researcher

Nutritional interventions for reducing gastrointestinal toxicity in adults undergoing radical pelvic radiotherapy

Across the developed world, an estimated 150,000 to 300,000 people are treated annually with pelvic radiotherapy and 80% will develop gastrointestinal (GI) symptoms during treatment. Acute GI symptoms are associated with a greater risk of chronic, often debilitating, GI symptoms. Up to one-third of patients are malnourished before pelvic radiotherapy and up to four-fifths of patients lose weight during treatment. Malnutrition is linked to a higher risk of GI toxicity, which can lead to breaks in radiotherapy and early cessation of chemotherapy, thus compromising the efficacy of the primary cancer treatment.

Cochrane Database Systematic Reviews. 29 November

Cancer survivors with self-reported late effects: their health status, care needs and service utilisation

Cancer survivors are at risk of developing late effects associated with the disease and its treatment. This paper compares the health status, care needs and use of health services with and without late effects. The cancer survivors population with late effects comprises a particularly vulnerable group of survivors who have multiple health care problems and needs and who require tailored care plans that take account of late effects and their impact on health-related quality of life.

Psycho-Oncology. 21 November
Assessing the Quality of Care for Dying Patients From the Bereaved Relatives' Perspective: Further Validation of "Evaluating Care and Health Outcomes-for-the Dying"

Evaluating Care and Health Outcomes-for-the Dying (ECHO-D) is a post-bereavement questionnaire that assesses quality of care for the dying and is linked with the Liverpool Care Pathway for the Dying Patient (LCP). These findings support ECHO-D as a valid and reliable instrument to assess quality of care for the dying and assess the effectiveness of interventions such as the LCP.

Journal of Pain and Symptom Management. 12 November

Pitfalls in the diagnosis of anaplastic large cell lymphoma with a small cell pattern

Anaplastic large cell lymphoma with a small cell pattern is a rare T-cell lymphoma. This condition is more frequently seen in younger patients and should be considered when patients present with leucocytosis and constitutional symptoms. In this report, we describe our diagnostic work-up for one such case using blood, lymph node, and bone marrow aspirate samples, highlighting the variability of antigen expression seen in different sample types and methodologies. This case shows the importance of having a high index of suspicion and assessing CD30 and anaplastic lymphoma kinase expression in all suspected T-cell neoplasms even though this rare condition is not necessarily expected.

Case Reports in Hematology. 14 November

Other research

Urine test could help detect aggressive bladder cancer

A simple urine test could distinguish between aggressive and less aggressive bladder cancers. The test could quickly detect patients with the most advanced and aggressive forms of bladder cancer, helping to tailor and speed up their treatment. The researchers measured the levels of a protein shed by the bladder tumour in 600 patients. They found that higher levels of a protein, known as EpCAM, in the urine were linked to more aggressive cancers.

British Journal of Cancer. 29 November

Ageing cells could be ticking cancer time bomb

Cancers that occur in later life could be down to the way our cells age. Some cancers may not be wholly down to genetic damage but could be caused by older cells bypassing the switch that tells them to stop growing. Cells nearing the end of their lifecycle start to have less control over the process of chemically tagging DNA, known as methylation. They also saw similar patterns of this chemical tagging in cancer cells.

Nature Cell Biology. 24 November

'Undruggable' cancer molecule blocked by new approach

An important cancer molecule previously thought 'undruggable' could be blocked by a new targeted approach, according to US researchers. The work could be a crucial early step towards a drug that acts against several different types of cancer. The scientists focused
on a molecule called Ras, which is faulty in around three out of 10 cancers. They developed compounds that stick to a small pocket in one of several cancer-causing forms of the molecule, without binding to the normal form. This offers a newly discovered ‘Achilles heel’ as the compounds attach irreversibly and could stop other cancer-linked molecules from receiving signals from Ras.

Nature. 21 November

**Gut bacteria 'control response to cancer treatments'**

Bacteria in our intestines may help some cancer drugs work more effectively. Gut bacteria in mice controlled parts of the immune system response triggered by certain treatments. Some immune-boosting treatments and certain chemotherapy drugs were less effective in mice with bacteria-free guts and mice that had been treated with germ-killing antibiotics. The bacteria are needed to activate parts of the immune response against tumours. Without them, the mice responded poorly to drug therapy for their tumours.

Science. 21 November

**Scientists finally discover which prostate cancers are life-threatening**

The presence of a specific protein can distinguish between prostate cancers that are aggressive and need further treatment from those that may never seriously harm the patient. The study found much higher levels of the protein, NAALADL2, in prostate cancer tissue compared with healthy tissue. The difference was especially marked in aggressive prostate cancer tumours and cancer cells that had already spread around the body.

Oncogene. 18 November

**Body's natural defence carries early warning system for recurring cancers**

The immune system’s behaviour can act as an early warning alarm that detects cancer recurrence, and this could offer a chance for pre-emptive treatment before the disease takes hold for the second time. When cancers go into remission, small groups of cells sometimes hide away, lying dormant until they reawaken and grow once more. Scientists found this reawakening of the cancer after treatment happens because the disease has evolved to evade the immune system which - until that point - had kept it under control.

Nature Medicine. 17 November

**Blocking 'lock and key' site of lung cancer proteins could lead to new treatments**

Stopping two essential lung cancer proteins from joining together at their ‘lock and key’ site could lead to new treatments for the disease. Looking at lung cancer in mice who have faults in their RAS protein – a fault responsible for around 20 per cent of lung cancers – the scientists found they could put the disease to ‘sleep’ by blocking the ‘lock and key’ site at which another protein called PI3-kinase joins with RAS.

Cancer Cell. 11 November
World's biggest cancer database to aid new treatment development

A major new database will use artificial intelligence to help scientists discover new cancer treatments. The CanSAR system will make 1.7 billion experimental results available to researchers, pooling knowledge and data in one freely-accessible resource. Information stored in the database will be analysed by technology similar to that used to predict weather and will allow researchers to predict potential targets for anti-cancer drugs in the future.

Cancer Research UK. 11 November