

HORIZON

Monthly current awareness from Intelligence and Research

No 40. August 2013

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.

Chris Wilson 020 7840 7830 cwilson@macmillan.org.uk

Important items this month:

An important report from Macmillan that quantifies the number of people experiencing long term consequences of cancer and its' treatment, and an opinion piece by Jane Maher, our Chief Medical Officer.

Throwing light on the consequences of cancer and its treatment

This report is intended for people who are seeking to learn more about the consequences of cancer and its treatment, in order to inform their work in commissioning and providing services that meet the needs of people living with and beyond cancer. It is aimed at health professionals. *This is the full report.*

Cured - but at what cost? Long term consequences of cancer and its treatment

This is a lay summary

Macmillan Cancer Support. 19 July

Face up to the cost of post-cancer treatment

Jane Maher. HSJ. 2 August

This review has been well received for being concise and pertinent. See also Stephen Thorntons views on the political debate that followed.

Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report

Sir Bruce Keogh's review into 14 hospital trusts in England.

Department of Health. 16 July

The Keogh Report: reacting to reactions

Yesterday's high octane ding-dong in the House of Commons over the Keogh report was an example of the unacceptable face of political interference in the delivery of healthcare. Stephen Thornton. Health Foundation. 17 July

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

And finally, the review into the Liverpool Care Pathway and a response from the National Council for Palliative Care. This will have a significant effect on the way end-of-life is managed in England, and possibly the UK.

More care, less pathway: a review of the Liverpool Care Pathway (LCP)

This report sets out recommendations following an independent review chaired by Baroness Julia Neuberger.

Department of Health. 16 July

Guidance for doctors and nurses caring for people in the last days of life

This guidance has been issued as interim guidance following the independent review of the Liverpool Care Pathway (LCP). It aims to settle uncertainties with respect to the immediate care of patients and stresses where the LCP is being used properly, this should not stop abruptly.

National Council for Palliative Care. 18 July

Contents

NHS	4
Policy & politics	4
Commissioning	4
Quality	7
Workforce	8
Primary/community care	10
Public Health	11
Physical Activity	11
Inequalities	11
Older People	11
Social Care	13
Isolation	13
Palliative/end of life care	13
Physical Environment	14
Blogs and Opinion	15
Clinical research	16
Macmillan funded research or researcher	16
Other research	16



Policy & politics

Guidance: Protocol for cross-border healthcare between England and Wales

This sets out principles to guide the thinking of NHS England and the Welsh Assembly government on specific cross-border health issues to support better patient outcomes.

Department of Health. 31 July

Creative thinkers sought to lead innovation in the NHS in England

NHS England has launched a plan to recruit a selection of the world's "leading thinkers and innovators" to help accelerate innovation in the UK health service. Applicants are being invited to apply for the NHS Innovation Fellowship, a new scheme that will appoint around 15 to 20 individuals each year to work with clinicians and leaders in the NHS to help kick-start new projects.

BMJ. 30 July

Summary report of qualitative research into public attitudes to personal data and linking personal data

This report is the result of focus group research which examined public attitudes towards sharing personal data with researchers for public good. The focus groups had a generally positive attitude to the potential benefits of sharing data, for patients themselves and for society. And their doubts were more sophisticated than merely worrying about information falling into malicious hands, or supposedly anonymous information being linked back to identifiable individuals. Some of the worries expressed by the focus groups linked to wider worries about the changing role of the NHS.

Wellcome Trust. 30 July

Helping people live better for longer

This guide provides an overview of the Department of Health's new role from April 2013. It includes information on operations, values, organisation and governance. It also looks at relationships with partner organisations and their roles in the new health and care system.

Department of Health. 22 July

Throwing light on the consequences of cancer and its treatment

This report is intended for people who are seeking to learn more about the consequences of cancer and its treatment, in order to inform their work in commissioning and providing services that meet the needs of people living with and beyond cancer. It is aimed at health professionals. Many people with cancer experience short-term physical side effects during

cancer treatment and usually these will resolve naturally within a few months. However, some will experience longterm or late-onset 'consequences of treatment' – the wide range of physical and psychosocial changes that reduce quality of life after cancer and its treatment, however long ago that treatment might have been given. *This is the full report. A lay summary "Cured – but at what cost?" appears below.*

Macmillan Cancer Support. 19 July

Cured - but at what cost? Long term consequences of cancer and its treatment

This is a lay summary of the "Throwing Light..." report above. It warns that the NHS is woefully unprepared to help the rapidly growing number of cancer survivors. It looks at the long-term consequences of cancer and its treatment and shows that cancer survivors have an increased risk of other serious conditions. It makes recommendations for support for cancer survivors which are aimed at commissioners and health professionals.

Macmillan Cancer Support. 19 July

The Francis report (report of the Mid-Staffordshire NHS foundation trust public inquiry) and the government's response

This briefing sets out the main issues arising from the public inquiry led by Robert Francis QC, and other preceding reports, into serious failings in care at Mid-Staffordshire NHS Foundation Trust. It also provides some information on the Government's response to the Francis report, which was published on 6th February 2013.

House of Commons library. 18 July

The NHS belongs to the people: a call to action

A new publication sets out these challenges facing the NHS in England, including more people living longer with more complex conditions, increasing costs whilst funding remains flat and rising expectation of the quality of care. The document says clearly that the NHS must change to meet these demands and make the most of new medicines and technology and that it will not contemplate reducing or charging for core services.

Department of Health. 11 July

More than medicine

This report argues that ring-fencing budgets may not be enough to help the NHS deliver the support required by an ageing population, as unhealthy lifestyles and the number of patients suffering from multiple long-term conditions continue to take their toll on the UK's healthcare services. It calls for a complete overhaul of the healthcare operating model is needed if the NHS is to deliver better patient outcomes and care at lower costs. Key to this transformation, as pressure also increases to deliver higher quality care for less, will be the life sciences sector aligning its interests by partnering to share costs, data and risk to improve the value and effectiveness of the therapies offered to patients.

KPMG. 9 July

NHS@75: towards a healthy state

This report sets out a challenging vision for the health service in 2023 and outlines the deliberate and courageous action needed to deliver this aspiration. The future vision outlined by this report is based around two key characteristics: the extent to which people take responsibility for their own health and care; and the degree to which the system adapts to the drivers of change and needs of the public.

PwC. 8 July

Major DNA mapping scheme will start with cancer

The government's major drive to introduce high-tech DNA mapping for patients will start with cancer, rare diseases and infectious diseases. The personal DNA code of up to 100,000 patients or infections in patients will be sequenced over the next 5 years. This will improve understanding, leading to better and earlier diagnosis and personalised care. Based on expert scientific advice, the Department of Health (DH) has initially prioritised sequencing of lung and paediatric cancer, rare diseases and infectious diseases.

Department of Health. 5 July

How is the new NHS structured?

This collection of work aims to explain how the NHS in England is now structured, including how providers are regulated, who can influence the commissioning of services and how the money flows.

[Slideset](#)

[The new NHS - animation](#)

[A guide to the new NHS - Pinterest board](#)

[The King's Fund - publications](#)

Kings Fund. 4 July

The wisdom of the crowd: 65 views of the NHS at 65

As the NHS reaches 65, this collection of essays asks 65 health and political leaders what they believe the state of the NHS to be; what they think the NHS will look like in ten years' time; what health and political leaders need to do to ensure it remains viable and fit for purpose; and whether they think the NHS can remain largely free at the point of use.

The Nuffield Trust. 4 July

Working together to deliver the Mandate: strengthening partnerships between the NHS and the voluntary sector

This report pulls together a wide range of innovative partnerships and projects between health trusts and voluntary sector providers across the country to consider how the barriers to effective partnership working can be overcome. It draws on these innovations as well as discussions at a roundtable event to present recommendations for different parts of the health and care system to work together more effectively to deliver the Mandate.

The King's Fund. 3 July

Commissioning

Policy paper: Improving procurement in the NHS

This document sets out details of the NHS Procurement Development Programme, which aims to help the NHS save £1.5 billion by 2015 to 2016.

Department of Health. 5 August

Clinical commissioning group outcomes indicator set

These fifteen proposed indicators aim to support better quality healthcare being commissioned by CCGs. They underpin health improvement such as enhancing quality of life for people with long-term conditions and preventing people from dying prematurely. This menu of indicators will now be considered by NHS England for inclusion in the indicator set for 2014/15.

National Institute for Health and Care Excellence (NICE). 1 August

Making public service markets work: professionalising government's approach to commissioning and market stewardship

This report explores government's design and oversight of public service markets in employment services; secondary education; care for older people; and probation services. It examines the underlying reasons for varying levels of effectiveness, identifies opportunities for improvement and provides recommendations for how the government can professionalise its approach to commissioning and overseeing public service markets.

Institute for Government. 19 July

Accountable care organization program cuts costs and improves care

A pilot program of 32 "pioneer" accountable care organizations in the US generated substantial savings while improving the quality of care. These are a group or network of providers who, in exchange for bonuses, agree to meet specific quality benchmarks that promote prevention and chronic disease management. The hope is that such incentives will result in healthier patients, and, in the long run, lower healthcare costs.

US Centers for Medicare and Medicaid Services (CMS). 19 July

Urgent and emergency care: a prescription for the future

This report sets out ten priorities for action to address the challenges faced by urgent and emergency care services. The challenges discussed in this report include: rising demand; ageing population; complex discharge issues; handover and flow; and recruitment into urgent and emergency care services.

Royal College of Physicians. 18 July

Higher drug prices will boost development of personalised medicine, says new report

Raising prices of drugs when they are used for certain indications or in particular groups of patients should be encouraged so that new personalised drugs can be developed, a new report has concluded. Current pricing and reimbursement systems do not provide adequate incentives for the development of personalised medicines. A new system of pricing needs to be developed that enables prices to be adjusted over time to reflect the increases in value.

Academy of Medical Sciences. 16 July

Radiotherapy cures more patients than cancer drugs

Last year was a breakthrough year for radiotherapy. In September 2012, the Government launched the Radiotherapy Innovation Fund – initially £15 million but later boosted to £23 million – to help NHS Trusts in England provide more patients with access to advanced radiotherapy. This report evaluates its' impact.

Cancer Research UK. 11 July

Does quality affect patients' choice of doctor? Evidence from the UK

This study investigated the effect of practice quality on patients' choice amongst practices, allowing for other factors such as distance to the practice and gender and age of practice GPs. It found that patients are more likely to choose practices which earned more quality points under the quality and outcomes framework pay for performance scheme.

Centre for Health Economics. 9 July

Fulfilling potential: working together to empower disabled people

This report emphasises the need for innovative cross sector partnerships with disabled people and their organisations, and the promotion of new ways of working to deliver meaningful outcomes. It is supplemented by an action plan and framework, which provides a basis for the government to measure progress. Indicators within the framework cover six themes; education; employment; income; health and wellbeing; choice and control; and inclusive communities.

Office for Disability Issues. 5 July

NHS productivity from 2004/5 to 2010/11

This report follows year-on-year changes in productivity from 2004/5 to 2010/11 in order to examine improvements; a key element in meeting the Nicholson Challenge.

Centre for Health Economics. 4 July

Quality

Don't call low risk lesions cancer, experts say

Calling low risk lesions something other than cancer would be one element of a new approach to cancer screening proposed by a working group convened by the US National Cancer Institute to look into the problem of cancer overdiagnosis and overtreatment.

JAMA. 5 August

Study shows wide variation in head and neck cancer care

Just three in every hundred head and neck cancer patients in England receive the ideal standard of care, according to a new study. The National Head and Neck Cancer Audit found wide variations in care, with just 3.1 per cent of patients receiving every element of care deemed important by experts. But the figures also show there has been an improvement in survival rates among head and neck cancer patients over the last two years, despite variations in care.

National Head and Neck Cancer Audit. 26 July

Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report

Sir Bruce Keogh's review into 14 hospital trusts in England is the result of a series of 'deep-dive' reviews into other hospitals with mortality rates which have been consistently high for two years or more. It found that all 14 trusts will have to undertake strict improvement plans and 11 will be placed into special measures to ensure that Sir Bruce's recommendations are fully implemented and patient care improves.

Department of Health. 16 July

How do they manage? A qualitative study of the realities of middle and front-line management work in health care

This project addressed three questions. First, how are middle management roles in acute care settings changing, and what are the implications of these developments? Second, how are changes managed following serious incidents, when recommendations from investigations are not always acted on? Third, how are clinical and organisational outcomes influenced by management practice, and what properties should an 'enabling environment' possess to support those contributions? Recommendations for future research concern the assessment of management capacity, the advantages and drawbacks of service-line organisation structures, the incidence and implications of extreme managerial jobs, evaluating alternative serious incident investigation methods, and the applicability of high-reliability organisation perspectives in acute care settings.

National Institute for Health Research (NIHR). 16 July

Emergency bowel cancer hospital admissions 'remain high'

The number of bowel cancer patients admitted to hospital as an emergency is "stubbornly" high, a national audit has found. Around one in five patients with the disease go to hospital as an emergency case. People who are admitted this way are likely to have a more advanced stage of cancer, which is often harder to treat. The authors said that emergency admission rates are a "substantial challenge".

National Bowel Cancer Audit. 3 July

Workforce

NHS and social care workforce: meeting our needs now and in the future?

This latest paper from the Time to Think Differently programme explores the challenges of ensuring that the workforce of today is prepared for the health and social care needs of the future. It outlines examples of these challenges, including training and development needs; the mismatch between the location of the current workforce and where care is needed; and the demand for multi-skilled staff to work across boundaries. It offers practical suggestions to address each of these issues

The King's Fund. 22 July

Survey on female leaders in healthcare

This survey, conducted in conjunction with the HSJ, suggests that women are still facing barriers to becoming senior leaders in the NHS. Just under half of the respondents thought having children put their career at a disadvantage, and two thirds felt a greater pressure to prove themselves than their male counterparts. Other respondents said that they struggled with a culture of an old boys' network and attitudes to women leaders. Over a third said they had encountered sexual discrimination and over half said they had been bullied in the workplace.

The King's Fund. 18 July

NHS staff: social indicators

This briefing note provides overview statistical information on the NHS workforce in England.

House of Commons library. 17 July

NHS working longer review

The NHS Working Longer Review group commissioned Bath University to undertake an audit of existing research into the impact of working beyond aged 60. This was to provide the review group with an understanding of what evidence is already available in relation to the impact of people working beyond 60 on a number of key areas. The final report addresses NHS capacity and performance; workforce demographics; 50+ employment migration; push and pull variables; and staff retention.

NHS Employers. 16 July

Primary/community care

Public Health

Cutting down can help quitting but doesn't cut death rates on its own

Smokers who cut down - but do not give up - are unlikely to reduce their chances of dying prematurely, a Scottish study has confirmed. But experts stressed that cutting down can be a crucial step towards giving up altogether, which does cut the chances of premature death.

American Journal of Epidemiology. 8 July

Local health

This online tool that presents data on populations in England has been updated with new indicators and an improved interface. It enables users to see how the indicators vary across England at the level of upper or lower tier local authorities, as well as by wards using maps, summary charts and more detailed reports to show how local results compare with the national average for each indicator.

Public Health England. 8 July

Physical Activity

Physical activity promotion in socially disadvantaged groups: principles for action

Scientific evidence shows that physical inactivity is a leading risk factor for ill health, and that these groups tend to have low levels of activity. This policy summary and full report on promoting physical activity in socially disadvantaged groups aims to provide principles for targeted intervention.

World Health Organization (WHO). 16 July

Inequalities



Health inequalities through the lens of health capital theory: issues, solutions and future directions

This paper explores what health-capital theory has to offer in terms of informing and directing research into health inequality. It argues that economic theory can help in identifying mechanisms through which specific socioeconomic indicators and health interact.

RAND. 1 August

Health and homelessness: understanding the costs and role of primary care services for homeless people

This report argues that better knowledge about how homeless people use primary healthcare services is needed to ensure they receive the best treatment possible and valuable NHS resources are used to best effect. It calls for more research into how homeless people use GPs and other community health services and urges NHS England to play a key role in ensuring this happens

St Mungo's. 30 July

Older People

Understanding the oldest old

This new analysis, published as part of the Economic and Social Research Council's Secondary Data Analysis Initiative (ESRC SDAI) is part of a major project exploring the financial dimensions of wellbeing and wider quality of life measures in older age. It uses new data from UK's largest ever social survey, Understanding Society, to uncover preliminary findings about the 'oldest old' (aged over 85) and their levels of participation, wellbeing and health.

International Longevity Centre (ILC). 22 July

Age is just a number: the report of the parliamentary enquiry into older age and breast cancer

This is a report of an inquiry which aimed to examine the variations and barriers preventing all patients diagnosed with breast cancer having access to the services, treatments and care that will benefit them most, regardless of their age. It lays out a series of key recommendations on ways to improve diagnosis, treatment and care, representing the culmination of the findings of the inquiry.

All Party Parliamentary Group on Breast Cancer (APPG on Breast Cancer). 18 July

Commissioning care and support for older people with high support needs

This paper provides practical guidance for commissioners of older people's services on the range of models and approaches available for supporting older people with high support needs. It identifies describes the options that are available, what makes them successful and beneficial, and suggests five priorities for commissioners.

Joseph Rowntree Foundation. 18 July

Social Care



Rewiring public services: adult social care and health

This publication makes the argument that the next phase of development in social care and health services must be towards integration. It states that integrated services are much more likely to improve people's health and wellbeing in ways which treat them with dignity and respect, and that it also makes financial sense to get rid of duplication and waste.

Local Government Association. 3 July

Isolation



Who Will Love Me, When I'm 64? The importance of relationships in later life

The UK is experiencing a huge demographic shift. The number of people over 65 is set to double in the next 20 years to over 16 million people, as a generation of 'baby boomers' move into retirement. This will result in the rising cost of social care, long-term health conditions, pensions and benefits, placing unprecedented demands on the rest of society.

New Philanthropy Capital. 1 July

Palliative/end of life care



Divided in dying

This report highlights the need for better advance care planning at the end of life and the urgent need to put in place workable guidance to replace the Liverpool Care Pathway as soon as possible. The report found that almost half of those who have lost someone close to them through a short or long illness, feel their loved one died badly (45%). In cases where the dying person had recorded their end of life wishes, relatives and friends are more likely to report that they had a good death (58%).

Compassion in Dying. 1 August

Guidance for doctors and nurses caring for people in the last days of life

This guidance has been issued as interim guidance following the independent review of the Liverpool Care Pathway (LCP). It aims to settle uncertainties with respect to the immediate

care of patients and stresses where the LCP is being used properly, this should not stop abruptly.

National Council for Palliative Care. 18 July

More care, less pathway: a review of the Liverpool Care Pathway (LCP)

This report sets out recommendations regarding the LCP and end of life care following an independent review chaired by Baroness Julia Neuberger. The recommendations include phasing out the LCP and replacing it with an individual end of life care plan; an end to incentive payments for use of the LCP and other similar approaches; and a new system-wide approach to improving the quality of care for the dying.

Department of Health. 16 July

National Bereavement Survey (VOICES), 2012

The National Bereavement Survey (VOICES) is conducted by the Office for National Statistics on behalf of the Department of Health. The aims of the survey are to assess the quality of care delivered in the last three months of life for adults who died in England and to assess variations in the quality of care delivered in different parts of the country and to different groups of patients.

ONS. 12 July

A time and place: what people want at the end of life

This report investigates the elements of care that are important to individuals at the end of their life. It argues that for too long the focus has been where people want to die rather than how. It delves deeper into the components of care that people feel are important, and explores more fully what each of these means.

Sue Ryder. 9 July

Physical Environment



Dementia friendly environments funding: successful bids

This list details the 116 hospitals and care homes that have been awarded a share of a £50 million fund. The money will be used to launch care environment pilot projects designed for the needs of people with dementia.

Department of Health. 22 July

Blogs and Opinion



Face up to the cost of post-cancer treatment

The NHS must improve its understanding of, and provision for, the long term consequences of cancer if it is to cope with a rising number of patients. Although most patients affected by these issues will be using a range of NHS resources, they often do not report the full scale of their problems and their needs are often not fully met. This can result in a range of quality of life issues such as a reduced ability to work, socialise and generally take part in the world outside the home. And, as you would expect, patients who have poor health after the end of their initial cancer treatment are on average more costly to treat than those who do not.

Jane Maher. HSJ. 2 August

Caring for my stroke victim husband Andrew Marr changed my life

The author discusses her experience as a carer, including the transition at end of care, and her need for support. "The inflexibility of the system is staggering. I've been contacted by many, many stroke victims and the general view is that hospital care is excellent, but there's very little support after that. Daily, intensive physio and occupational therapy in the hospital are suddenly replaced with a visit once a week, if you are lucky, from the community services. Given that so many stroke victims, and others who have suffered neurological injuries, would be able to get back to work and look after themselves with better rehabilitation after leaving hospital, this is surely a false economy."

Jackie Ashley. The Guardian. 1 August

The Keogh Report: reacting to reactions

Yesterday's high octane ding-dong in the House of Commons over the Keogh report was an example of the unacceptable face of political interference in the delivery of healthcare. It was nothing, however, compared with what apparently went on behind the scenes in the days leading up to publication of the report.

Stephen Thornton. Health Foundation. 17 July

Design should start with the people we serve

If healthcare organisations intend to service people more effectively, efficiently and safely, then they need to begin by looking at design. Including patients and citizens in service design and delivery is increasingly seen as desirable for a number of reasons, primarily because by reducing waste and ensuring better use of resources it will lead to improved quality and a better patient experience. Patients are often the best placed to identify things that are not working, and will often have clear and direct ideas on how to improve them.

Alan Willson. Health Foundation. 10 July

Managers as brains, workers as bodies

Leaders have plausible but wrong headed beliefs. They believe that motivation is extrinsic, that's why they created the contract. Pay more money and this will deliver the other belief, that people will become more productive. But it, evidentially, doesn't work - from well researched studies into human motivation. Staff do a good job because they have a good job to do. They are happier because they are solving people's problems. Patients are happier because their problems are being solved. Costs come down because people are not pushed around the system and productivity goes up because staff now have more capability. And because method has been liberated, staff then begin to innovate.

Mark Cannon. VanguardInHealth. 2 July

Clinical research



Macmillan funded research or researcher

Educational interventions for primary healthcare professionals to promote the early diagnosis of cancer: a systematic review

Primary healthcare professionals seem to lack knowledge and skills in the area of diagnosing cancer which may lead to more advanced stage at diagnosis, poorer cancer survival figures and increased morbidity. The aim of this study was to examine the evidence of effectiveness of educational interventions for primary healthcare professionals to promote the early diagnosis of cancer. Certain educational interventions delivered at a clinician as well as at a practice level may promote the early diagnosis of cancer in primary care. There is currently limited evidence for their long-term sustainability and effectiveness.

Education for Primary Care. 3 August

What is a virtual multidisciplinary team (vMDT)?

Multidisciplinary team meetings (MDTs), also known as tumour boards or multidisciplinary case conferences, are an integral component of contemporary cancer care. There are logistical problems with setting up and maintaining participation in these meetings. An ill-defined concept, the virtual MDT (vMDT), has arisen in response to these difficulties. We have, in order to provide clarity and to generate discussion, attempted to define the concept of the vMDT, outline its advantages and disadvantages, and consider some of the practical aspects involved in setting up a virtual MDT. The vMDT may be useful for discussions concerning rare or unusual tumours, or for helping guide the assessment and management of patients with uncommon complications related to treatment. However, the vMDT is a niche concept and is currently unlikely to replace the more traditional face-to-face MDT in the management of common tumours at specific sites.

British Journal of Cancer. 1 August

Life after stroke - is palliative care relevant?: A better understanding of illness trajectories after stroke may help clinicians identify patients for a palliative approach to care

Only about 50% of people who have a stroke survive to five-years. Clinicians should identify those most at risk of dying, and gradually integrate palliative care. Such holistic and anticipatory care will be of benefit to patients and their family carers; should reduce futile treatments, medications, or unsuccessful resuscitation attempts; and help more people die how and where they choose. Research is exploring how best to provide palliative and end-of-life care in acute stroke units, but how best to improve holistic, ongoing care in the community is poorly understood. The concept of fluctuating illness trajectories might help clinicians meet the multidimensional needs of stroke survivors at different time points. 'Illness trajectory' research in cancer has suggested that social decline mirrors the physical decline, while psychological and existential distress tended to be most acute at diagnosis, returning home after treatment, disease recurrence, and in the last days. Further research is needed to explore how best to provide palliative care at different stages of the 'stroke journey', and the nature of illness trajectories after stroke.

International Journal of Stroke. 26 July

Case management vocational rehabilitation for women with breast cancer after surgery: a feasibility study incorporating a pilot randomised controlled trial

There is a paucity of methodologically robust vocational rehabilitation (VR) intervention trials. This study assessed the feasibility and acceptability of a VR trial of women with breast cancer to inform the development of a larger interventional study. Women were recruited in Scotland and randomised to either a case management VR service or to usual care. Data were collected on eligibility, recruitment and attrition rates to assess trial feasibility, and interviews conducted to determine trial acceptability. Sick leave days (primary outcome) were self-reported via postal questionnaire every 4 weeks during the first 6 months post-surgery and at 12 months. Secondary outcome measures were change in employment pattern, quality of life and fatigue. Conducting a pragmatic trial of effectiveness of a VR intervention among cancer survivors is both feasible and acceptable, but more research about the exact components of a VR intervention and choice of outcomes to measure effectiveness is required. VR to assist breast cancer patients in the return to work process is an important component of cancer survivorship plans.

Trials. 25 July

Proactive cancer care in primary care: a mixed-methods study

Current models of post-treatment cancer care are based on traditional practices and clinician preference rather than evidence of benefit. To assess the feasibility of using a structured template to provide holistic follow-up of patients in primary care from cancer diagnosis onwards. The records of 107 patients from 13 primary care teams were examined and 45 interviews conducted. The document was started in 54% of people with newly diagnosed cancer, and prompted clear documentation of multidimensional needs and understanding. General practitioners found using the document helped to structure consultations and cover psychosocial areas, but they reported it needed to be better integrated in their medical records with computerized prompts in place. Few clinicians discussed the review openly with patients, and the template was often completed afterwards. Anticipatory cancer care from diagnosis to cure or death, in primary care, is feasible in the UK and acceptable to patients, although there are barriers. The process promoted continuity of care and holism. A reliable system for proactive cancer care in

general practice supported by hospital specialists may allow more survivorship care to be delivered in primary care, as in other long-term conditions.

Family Practice. 11 July

Are the UK oncology trainees adequately informed about the needs of older people with cancer?

Outcomes for older people with cancer are poorer in the United Kingdom compared with that in other countries. Despite this, the UK oncology curricula do not have dedicated geriatric oncology learning objectives. This cross-sectional study of UK medical oncology trainees investigates the training, confidence level and attitudes towards treating older people with cancer. Results: The response rate was 93% (64 out of 69). The mean age of the respondents was 32.3 years (range 27-42 years) and 64.1% were female. A total of 66.1% of the respondents reported never receiving training on the particular needs of older people with cancer, 19.4% reported to have received this training only once. Only 27.1% of the trainees were confident in assessing risk to make treatment recommendations for older patients compared with 81.4% being confident to treat younger patients. Even fewer were confident with older patients with dementia (10.2%). This first study of the UK medical oncology trainees highlights the urgent need for change in curricula to address the complex needs of older people with cancer.

British Journal of Cancer. 4 July

Mechanisms can help to use patients' experiences of chronic disease in research and practice: an interpretive synthesis.

The objective was to identify and examine mechanisms through which patients' experiences of chronic disease can be accessed, understood, and used to improve outcomes, health care costs, and quality of life for individual patients. Ten mechanisms were identified, each with differing potential to access and reach patients; involve patients in decisions about what information is important; enable patients to share experiences/expertise and validate their knowledge; allow professionals and patients to deliberate and build understanding; support shared decision-making, continuity/partnership development, and potential to use patients' experiences. The extent to which patients' experiences led to improved outcomes, health care costs, or quality of life related to the aims of individual studies. Patients can contribute to improving the design and delivery of chronic disease health care and research if appropriate mechanisms are in place. There is a need for future research about optimal configurations of mechanisms and links between mechanisms across health care and research.

Journal of Clinical Epidemiology. 3 July

Other research

Exploring the Concept and Use of Positive Deviance in Nursing

Positive deviance involves an intentional act of breaking the rules in order to serve the greater good. For nurses, the rightness or wrongness of such actions will be judged by other people who are in charge of rules enforcement; but the decision to engage in positive deviance lies solely with the nurse. There is no uniform or consistent definition of positive deviance. Positive deviance is intentional and honourable behaviour that departs or differs from an established norm; contains elements of innovation, creativity, adaptability, or a

combination thereof; and involves risk for the nurse. The concept of positive deviance is useful, offering nurses a basis for decision making when the normal, expected actions collide with the nurse's view of the right thing to do.

American Journal of Nursing. 1 August

Researchers target breast cancer's energy supply

Blocking the energy supply of tumours could provide a new treatment for breast cancer, lab research suggests. Scientists found they could stop the fuel supply to breast cancer cells using molecules called cyclic peptide inhibitors. Because this is an entirely new approach to treatment, the drugs could be effective against breast cancers that have become resistant to current chemotherapies.

Chemical Science. 1 August

Suffocating tumours could lead to new cancer drugs

Scientists have discovered a new molecule that prevents cancer cells from responding and surviving when starved of oxygen and which could be developed into new treatments for the disease. Scientists at the University of Southampton found that this molecule targets the master switch – HIF-1 – that cancer cells use to adapt to low oxygen levels, a common feature in the disease. The researchers uncovered a way to stop cancer cells using this switch through an approach called 'synthetic biology'. By testing 3.2 million potential compounds, made by specially engineered bacteria, they were able to find a molecule that stopped HIF-1 from working.

Journal of the American Chemical Society. 26 July

New biomarker for bowel cancer could help predict if disease will spread

Scientists have identified a protein that could play a crucial role in recognising whether bowel cancer patients need chemotherapy as there is a high risk of their bowel cancer spreading. Scientists at the University of Southampton, part-funded by the Medical Research Council and Cancer Research UK, found that patients with low levels of the protein, known as FOXO32, had an increased risk of their cancer spreading to other parts of the body. By comparing levels of FOXO3 in tissue samples from patients with different stages of bowel cancer the researchers found the protein was a good predictor of how aggressive a tumour is – decreasing levels of the protein were linked to more aggressive cancers.

British Journal of Cancer. 24 July

Eight in 10 now survive skin cancer

More than eight out of 10 people diagnosed with malignant melanoma, the most dangerous form of skin cancer, will now survive the disease, compared to only around five in 10 in the early 70s. Ten year survival has reached 80 per cent in men and 90 per cent in women, compared to 38 per cent in men and 58 per cent in women 40 years ago. The improvements in survival are likely to be down to improvements in treatment, early diagnosis and awareness of the symptoms.

Cancer Research UK. 22 July

HPV linked to a third of throat cancers

Infection with certain types of the HPV virus significantly increases the risk of oropharyngeal cancers – cancers in the back of the throat. The researchers compared blood samples from 938 patients with head and neck, oesophageal (gullet) and oropharyngeal cancers with 1599 people without the disease. They found that more than a third of those who had oropharyngeal cancers also carried antibodies to one of HPV's key cancer-causing proteins – a protein from the HPV16 virus called E6 – and these antibodies could be detected in patient's blood even in samples taken over 10 years before the cancer was diagnosed.

Journal of Clinical Oncology. 20 July

'Magic wand' could spot cancerous tissue during surgery

A team of experts from the UK and Hungary have developed an electronic surgical device that can tell whether a surgeon is removing normal or cancerous tissue. The iKnife takes samples of smoke produced during 'electrosurgery' - used routinely in operating theatres to remove tissue while minimising bleeding - and analyses it for signs of cancer. In a pilot study that will pave the way for large-scale trials, the iKnife correctly identified samples from 91 patients while they underwent cancer surgery.

Science Translational Medicine. 17 July