

HORIZON

Monthly current awareness from Intelligence and Research

No 38. June 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.

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Important items this month:

Integrated care is widely seen as a solution to problems facing the NHS. The evidence however is not so clear. Neither Nuffield nor RAND found a benefit to emergency admissions.

Evaluation of the first year of the Inner North West London Integrated Care Pilot

The foundations for change had been laid, with the pilot making good progress in designing and implementing a complex intervention. Progress was underpinned by a new set of governance arrangements and financial incentives.

Nuffield Trust. 17 May

Does integrated care deliver the benefits expected?: findings from 16 integrated care pilot initiatives in England

It concludes that local decision-makers should not underestimate the challenges involved in coordinating care across boundaries, nor lose sight of the needs and preferences of service users.

RAND Europe. 14 May

Would we know it if we saw it?

The results so far: high commitment by professionals; greater collaborative working across teams and with social services; better care planning which improved patients experience; and, for the first three months of the pilot, no impact on emergency admissions.

Jennifer Dixon. Nuffield Trust. 30 May

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

The way social care interacts with health care may be significant for some cancer patients. A number of items address the Care Bill currently going through Parliament.

Paying for social care: beyond Dilnot

This report argues that the government reforms alone will not solve the challenge of funding adult social care. It also raises concerns that unmet need, and its impact on carers, will place further pressure on an NHS already under significant strain, arguing that it is time to look beyond the Dilnot report at how to secure enough resources to meet current and future needs.

King's Fund. 21 May

Care Bill: second reading, House of Lords

Explanation and analysis of the Bill and the policies it will enable the government to implement.

The Nuffield Trust. 21 May

Care Bill library note

This briefing note summarises the main developments in government policy since 2010 and sets out the provisions brought forward in the Care Bill.

House of Lords library. 20 May

The Care Bill: factsheets

These factsheets have been produced to accompany the Care Bill.

Department of Health. 13 May

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Policy & politics

Patient-centred leadership: rediscovering our purpose

This report is based on a survey of NHS professionals and took place after the publication of the report of the Francis Inquiry. It found that 73% of respondents do not think that quality of care in the NHS is given enough priority and 40% think that the quality of leadership throughout the NHS as a whole was poor or very poor. The report concludes that nothing less than a transformation of systems, leadership and culture is needed throughout the NHS if the lessons of the Francis Inquiry are to be learnt and acted on.

The King's Fund. 23 May

U.S. Health in International Perspective: Shorter Lives, Poorer Health

The report describes multiple, plausible explanations for the U.S. health disadvantage, from deficiencies in the health system to high rates of unhealthy behaviours and from adverse social conditions to unhealthy environments. The panel painstakingly reviews the quality and limitations of evidence about all of the factors that may contribute to poor U.S. health outcomes. In this, and in earlier work the panel cites, many remediable shortcomings have been identified. Thus, the report advances an agenda for both research and action.

National Academy of Sciences. 22 May

Providing value: the economic value generated by the foundation trust model

This report examines the economic benefits generated by NHS foundation trusts and finds that they deliver £30 billion in economic value annually. The analysis looked at foundation trusts broader contributions to communities, arguing that trusts deliver social value in a variety of ways through trust governance arrangements, sourcing local goods, environmental reduction schemes, and employee and patient health promotion initiatives and through international work.

Foundation Trust Network. 21 May

Paying for social care: beyond Dilnot

This report argues that the government reforms alone will not solve the challenge of funding adult social care. It argues that whilst the social care funding cap will provide welcome protection for those who will require long stays in residential care, more should be done to meet mounting financial pressures. It calls for a stronger focus on the challenge of eligibility - ensuring that more people are able to access the right level of support. It also raises concerns that unmet need, and its impact on carers, will place further pressure on an NHS already under significant strain, arguing that it is time to look beyond the Dilnot report at how to secure enough resources to meet current and future needs.

King's Fund. 21 May

Policy paper: Regulation of NHS hospitals

This joint policy statement provides further information on the changes to the regulation and oversight of NHS trusts and NHS foundation trusts proposed in the government's initial response to the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis report) and related clauses in Part 2 of the Care Bill. It is produced by the Department of Health, the Care Quality Commission, Monitor, NHS England and the NHS Trust Development Authority.

Department of Health. 20 May

Enabling people to live well: fresh thinking about collaborative approaches to care for people with long-term conditions

This paper reports the results of a research project which critically analysed the ways that collaborative approaches are currently described; and started to examine what goes on in practice when clinicians and patients work together in ways they appreciate as meaningfully collaborative. It reflects on clinicians' and patients' experiences and draw on ideas from development economics and social justice.

The Health Foundation. 20 May

Evaluation of the first year of the Inner North West London Integrated Care Pilot

This report outlines the findings of our evaluation of the Inner North West London Integrated Care Pilot, which aimed to develop new forms of care for older people and those with diabetes. It found that the foundations for change had been laid, with the pilot making good progress in designing and implementing a complex intervention. Progress was underpinned by a new set of governance arrangements and financial incentives.

Nuffield Trust. 17 May

How can the NHS payment system do more for patients?

This discussion paper sets out possible approaches to designing a comprehensive and sustainable payment system for NHS services for the long term.

Monitor. 16 May

Integrated care: our shared commitment

This framework document on integration, signed by 12 national partners, sets out how local areas can use existing structures such as health and wellbeing boards to bring together local authorities, the NHS, care and support providers, education, housing services, public health and others to make further steps towards integration.

Department of Health. 15 May

A narrative for person-centred coordinated care

This narrative was developed with service users, by National Voices and partners and shows what coordinated care would look like from the perspective of patients, service users, families and carers. It has been developed with the hope that local areas will adopt

this definition and take up the challenge of seeing and redesigning services through their users' eyes.

National Voices. 15 May

Lifetime Distributional Effects of Publicly Financed Health Care in Canada

Public funding of health care has a redistributive effect on the incomes of Canadians, but this is reduced when a life course perspective is considered. The research looks at estimated lifetime per capita health care costs in the public sector—including doctors, hospitals and some drugs—as well as the portion of household taxes that would be required to pay for these services.

Canadian Institute for Health Information. May 14

Does integrated care deliver the benefits expected?: findings from 16 integrated care pilot initiatives in England

This evaluation of 16 varied pilot projects was initiated by the Department of Health as a means to explore new ways of integrating patient care from different local providers. It concludes that local decision-makers should not underestimate the challenges involved in coordinating care across boundaries, nor lose sight of the needs and preferences of service users.

RAND Europe. 14 May

Expenditure on healthcare in the UK: 2011

This release contains updated estimates for total healthcare expenditure in the UK between 1997 and 2011. Estimates are given for current and capital expenditure and public and private expenditure. Healthcare expenditure in the UK as a share of gross domestic product (GDP) is also estimated.

ONS. 8 May

Commissioning

Moving care to the community: an international perspective

Moving care out of hospitals and into the community has been a UK wide priority for over a decade; however despite the government's commitment to invest in the community, there is a mismatch between reality and rhetoric. This report sets out the current policies and initiative in the above-mentioned countries to move care closer to home; outlines the impact of these reforms on the nursing workforce; and offers recommendations for key stakeholders in the UK.

RCN. 23 May

Quality

Quarter of cancers detected early in Scotland

Almost a quarter of people diagnosed with the three most common cancers in Scotland had their disease detected at the earliest stage, new figures show. In 2010 and 2011, 23 per cent of people with either breast, bowel or lung cancer were diagnosed when the disease was at stage one. Almost two in five (38.2 per cent) breast cancer patients were diagnosed at this stage, and around one in six cases of bowel cancer (17.2 per cent) and one in eight cases of lung cancer (13.1 per cent) were found at stage one

Cancer Research UK. 30 May

Cancer patients in Wales will be asked “How are we doing?”

Cancer patients in Wales will be given the chance to tell the NHS and the Welsh Government what they think about the services they have received. When it was published in November 2012, Together For Health – A Cancer Delivery Plan for Wales made the commitment to carry out a national cancer patient experience survey. The aim of this survey is to understand patient experience and use the information to drive service improvement. The Welsh Government and Macmillan Cancer Support have worked in partnership to develop the Cancer Experience Survey, which will be sent through the post to patients in the next month.

Welsh Government. 29 May

Health equity

This series of summaries outlines how recommendations made as part of evidence based research could be applied to a range of European Union legislation, policies and programmes. They aim to improve international, national and local policies and practices within and beyond health systems, in order to promote better health and wellbeing.

- [Chronic diseases and health equity](#)
- [Youth and health equity](#)
- [Sustainable lifestyles and health equity](#)

European Union, [Equity Channel](#). 16 May

Learning from the LINKs: resources for Healthwatch

These resources aim to preserve examples of good practice from the work of Local Involvement Networks (LINKs) and are also intended to help volunteers and staff feel supported in the transition to local Healthwatch. Resources are grouped around four themes: leadership and governance; representation; engagement; and influencing.

Regional Voices. 16 May

Service redesign case study: redesigning maternity services in Sandwell and West Birmingham

This case study is part of a series designed to share good practice and lessons learned by local NHS organisations involved in major reviews of local health services. It features a review of maternity services in Sandwell and West Birmingham that led to a radical change in the maternity care model, improving the quality of care and facilities available.

NHS Confederation. 13 May

The non-executive directors' guide to hospital data part one: Activity, pathways and datasets

Understanding your organisation's data is an essential part of providing effective oversight. But data may not always give you the complete picture. This Briefing will help non-executive directors (NEDs) better understand NHS data and how it can be used to determine what is going on in their hospital. It looks at elective hospital admissions, waiting times and patient experience.

NHS Confederation. 13 May

The difference a day makes: interim report from NHS Change Day

This report shares some examples of the differences made by NHS Change Day and tells the story behind the origins of NHS Change Day.

NHS Change Model. 9 May

Keogh mortality review data

Detailed data about the first four of the fourteen hospitals involved in the review has been published. The review is reviewing data from hospitals with higher than expected mortality rates for more than two years.

NHS England. 9 May

The R&D Cost of a New Medicine

This publication reviews research published over the last three decades, which shows an increase in costs from £125 million per new medicine in the 1970s to £1.2 billion in the 2000s (both in 2011 prices). An OHE costs analysis based on new data for 1998-2002 agrees with comparable analyses for the same time period. The study explores four major factors that are producing higher R&D costs: out-of-pocket expenses, success/failure rates, R&D times and the cost of capital. It also discusses measures companies are taking now to improve efficiency and offers a glimpse into the promise and challenges presented by the new, gene-based sciences.

Office of Health Economics. 1 Dec

Workforce

Insights into Developing Caring Cultures: a review of the experience of The Foundation of Nursing Studies

This report outlines insights from the Caring Cultures programme of work, which aimed to help nurse-led teams to create healthcare workplaces that are conducive to the delivery of high quality care, and provide a supportive place for staff to work.

FoNS. 29 May

Delivering high quality, effective, compassionate care: developing the right people with the right skills and the right values

This mandate to HEE includes a comprehensive and wide-ranging series of measures and is intended as a blueprint for NHS staff training. It emphasises the importance of training for support staff providing community care, and preventing patients with long term conditions for example needing to go into hospital.

Health Education England. 29 May

Social media and employee voice: the current landscape

This report looks at the nature of employee voice and the impact of social media. It also considers some of the barriers to using social media to improving employee voice within organisations.

NHS Employers. 13 May

Primary/community care

Public Health

Towards a healthy democracy: an NLGN essay collection

This collection of essays from politicians around England reflects on how they plan to approach their new duties as responsibility for public health has been transferred back to local government. It offers a variety of perspectives on approaches to public.

NLGN. 23 May

Making the case for information

Macmillan funded research

The evidence shows that providing high quality health information is beneficial. It has a positive impact on service utilisation and health costs, patients' experience of healthcare and patients' health behaviour and status. Providing access to quality health information and support is crucial to unlocking what has been termed the 'blockbuster drug' of patient engagement. Patient engagement is vital to help people manage their health, make

informed decisions about their healthcare, and mitigate financial pressure on the health service.

Patient Information Forum. 3 May

Physical Activity

Cancer survivors need more support to exercise

Cancer survivors are no more likely to stop smoking, cut down on alcohol, or exercise more often than the general population. The study is the first large-scale study in the UK to track smoking, alcohol and physical activity, which have all been shown to increase chances of survival, from before to after a cancer diagnosis. The researchers found that cancer survivors were less active overall and led a more sedentary lifestyle.

British Journal of Cancer. 22 May

No time for physical activity? The answers on your doorstep

Walking and cycling should become the norm for short journeys and should be encouraged throughout local communities says, in new guidance. Local authorities, schools and workplaces should introduce ways to enable their communities to be more physically active and change their behaviours.

NICE. 9 May

Inequalities



Guidance on human rights for commissioners of home care

This guide aims to help local authority elected members and staff who are involved in the commissioning and procurement of home care better understand their obligations under the Human Rights Act 1998. It is also relevant to others who have an interest in home care, including care providers, regulators, service users, and their friends and families.

EHRC. 29 May

The lesbian, gay, bisexual and trans (LGB&T) public health outcomes framework companion document

This document aims to be a resource for all those commissioning and delivering healthcare services in order to support the delivery of an equitable public health system. It has been developed by a group of volunteer experts from across the LGB&T community working with the Department of Health, to increase understanding of LGB&T health and make sure that the public health system tackles inequality related to sexual orientation and gender identity and promotes equality for everybody.

The Lesbian & Gay Foundation. 20 May

Older People

Older people with high support needs in housing with care

Housing with care (HWC) offers a promising model for improving the quality of life of older people with high support needs, but also poses challenges. This publication covers key messages and practice examples from JRF studies into three aspects of HWC: promoting supportive and positive relationships; boundaries of roles and responsibilities; and affordability, choices and quality of life.

JRF. 23 May

'One in ten' malnourished

Malnutrition is a "very big problem" in the UK, experts have warned. The guide sets out and defines the principles of best practice, the moral, legal, quality and financial case for changes in tackling malnutrition in people in later life in the UK. The guide goes a step further and presents real practical advice and support for health care, social care and care provided by voluntary organisations to deliver the changes needed to combat the current levels of malnutrition in the UK.

The British Dietetic Association and the Malnutrition Task Force. 9 May

Social Care



The quality of life of female informal caregivers: from Scandinavia to the Mediterranean Sea

This research paper finds that the provision of caregiving to close relatives in Europe impacts on the providers' quality of life in a way that depends on their geographical location (and therefore on the specific cultural/social norms of the area). The authors argue that these results show the importance of ensuring that policies match the needs of individual carers in their own geographical areas and cultural contexts.

Centre for Health Economics. 30 May

Care Bill: second reading, House of Lords

Ahead of the second reading debate of this bill, this briefing provides explanation and analysis of the Bill and the policies it will enable the government to implement.

The Nuffield Trust. 21 May

Care Bill library note

This briefing note summarises the main developments in government policy since 2010 and sets out the provisions brought forward in the Care Bill. It then highlights two key additions

to the bill since its publication in draft: the Government's response to the funding scheme proposed by the Dilnot Commission and its legislative response to the Francis report. It concludes with reaction to the Bill in the House of Commons during the debate on the Queen's Speech and captures some of the reaction and comment from a selection of organisations and charities.

House of Lords library. 20 May

Adult social care: choice framework

This framework sets out the different choices people are able to make in relation to their care and support, including: the right for people, including carers, to control the services they use; the right to choose residential care accommodation that suits them; and the right to access and receive information to inform choice. It also sets out where people can access further information, and how to complain if they are not offered choice.

Department of Health. 17 May

The Care Bill: factsheets

These factsheets have been produced to accompany the Care Bill.

Department of Health. 13 May

Isolation



Report reveals impact on young carers

Census data published today reveals the number of five to seven year old young carers in England has increased by around 80 percent over the last decade to 9,371. And a staggering 166,363 children in England are caring for their parents, siblings and family members. This is up by a fifth from when the last Census was conducted in 2001. Nearly 15,000 children up to the age of 17 are providing more than 50 hours of care every week.

Children's Society. 15 May

Palliative/end of life care



Dying well at home: the case for integrated working

This guide aims to enable people who want to die at home to do so and improving the quality of care they receive. It argues that whilst a good death at home may not be a

feasible or desirable death for everyone, it could be a reality for many more people if there are services to support it.

SCIE. 21 May

Future needs and preferences for hospice care: challenges and opportunities for hospices

This working paper was written in response to the evidence based report from Cicely Saunders Institute in order to help hospices understand and prepare for the future by providing priorities for them to focus on.

Help the Hospices. 15 May

Physical Environment



Guidance: NHS Premises Assurance Model

The NHS PAM is a management tool that provides NHS organisations with a way of measuring how well they run their estate. It provides a nationally consistent approach to evaluating NHS premises performance against a set of common indicators.

Department of Health. 24 May

Blogs and Opinion



Squeezing social care services

A recent report by the Association of Directors of Adult Social Services estimated that there would be further cuts to social care budgets of £800m. ADASS claimed that this would result in services being rationed and that only those with substantial needs would be able to access social care in the future. The question that concerns me is where then does this leave people affected by cancer or by any other major illness?

Ciarán Devane. Local Government Chronicle. 30 May

Would we know it if we saw it?

A week after the Government's integrated care pioneer programme kicked off, the evaluation of North West London's integrated care pilot was published. The ingredients of the pilot were sensible, for example: investment in IT, risk stratification and targeting of high risk patients, leadership, coordination of multidisciplinary groups, and project management. The results so far: high commitment by professionals; greater collaborative working across

teams and with social services; better care planning which improved patients experience; and, for the first three months of the pilot, no impact on emergency admissions.

Jennifer Dixon. Nuffield Trust. 30 May

We must end ageism and age discrimination in health and social care

Age discrimination can take several forms: the failure to afford older people sufficient respect, choice and control – described in numerous reports, most recently by the Delivering Dignity Commission – or the attitudes towards, language about and labelling of older people, who are often written off as ‘atopic’ or ‘bed blocking’. Some services and system rules are skewed in favour of the young, with far worse access and quality for older people in services like mental health and psychological therapies. And some conditions largely affecting older people (eg, dementia, osteoarthritis, osteoporosis or incontinence) receive systematically worse attention and treatment than those equally common in mid-life.

David Oliver. King's Fund. 29 May

Beyond Dilnot: the need for wider reform

For most public services, austerity is the fiscal equivalent of climate change and in the world of social care the storm clouds are gathering. That's the unequivocal message from the latest annual survey of adult care directors, which reports that councils will be spending 20 per cent less by 2014 than they were three years ago on social care. This is a troubling trend as we contemplate the needs of an ageing population and more working age people with disabilities needing care and support. It spells particular trouble for the NHS, an interdependent system grappling with its own financial and service challenges.

Richard Humphries. Kings Fund. 21 May

Carers let down by complicated and means-tested process

Macmillan Cancer Support welcomes the government's announcement that it will implement plans to improve co-ordination between health and social. People with cancer and their carers are often being let down by the current system, particularly at the end of life. Although the vast majority of people with cancer want to die at home surrounded by their loved ones, most will die in hospital simply because joined-up care services are not available in their local communities.

Gus Baldwin. Guardian letters. 14 May

The harsh reality of NHS reform: time to end the purchaser-provider split

We need radical reform: end two decades of policy failure and let purchasers merge with providers. The Health and Social Care Act 2012 has created a plethora of new bureaucracies, whilst undermining collective memory about past decision-making by retiring and making redundant many effective managers. 211 Clinical Commissioning Groups are modestly staffed with support from 19 commissioning support units. The capacity of these organisations to succeed where primary care trusts failed is uncertain, except in the minds of faith-based reformers.

Alan Maynard. Health Policy Insight. May

Clinical research



Macmillan funded research or researcher

Meeting the needs of patients with learning

The Confidential Inquiry into Premature Deaths of People with Learning Disabilities reviewed the deaths of 247 people with learning disabilities over a two year period, as well as 58 comparator cases of adults without learning disabilities. It found that men with learning disabilities died on average 13 years earlier than men in the general population, and that this figure was 20 years for women. Overall, 22% of people with learning disabilities were under the age of 50 when they died, compared with 9% of the general population. Premature deaths in the comparator group were largely due to lifestyle factors, whereas those for people with learning disabilities were mostly due to delays or problems with investigating, diagnosing, and treating illnesses and with receiving appropriate care.

BMJ. 29 May

Living and dying: responsibility for end-of-life care in care homes without on-site nursing provision - a prospective study

The aim of the study was to describe the expectations and experiences of end-of-life care of older people resident in care homes, and how care home staff and the healthcare practitioners who visited the care home interpreted their role. The findings suggest that to support this population, there is a need for a pattern of working between health and care staff that can encourage review and discussion between multiple participants over sustained periods of time

Health and Social Care in the Community. 29 May

Health care policy and cancer survivorship

The United States and the European Union (EU) vary widely in approaches to ensuring affordable health care coverage for our respective populations. Such variations stem from differences in the political systems and beliefs regarding social welfare. These variations are also reflected in past and future initiatives to provide high quality cancer survivorship care. The United States spends considerably more on health care compared to most European countries, often with no proven benefit. In the United States, individuals with chronic illnesses, such as cancer survivors, often experience difficulties affording insurance and maintaining coverage, a problem unknown to EU countries with national health insurance. This article reviews health policy development over time for the United States and EU and the impact for cancer survivors. For the United States, the impact of the Affordable Care Act on improving access to affordable care for cancer survivors is highlighted. For the EU, the importance of multiple-morbidity disease management, cancer plan development, and pan-European data collection for monitoring cancer outcomes is addressed.

Cancer. 25 May

'Busyness' and the preclusion of quality palliative district nursing care

Ethical care is beginning to be recognised as care that accounts for the views of those at the receiving end of care. However, in the context of palliative and supportive district nursing care, the patients' and their carers' views are seldom heard. This qualitative research study explores these views. Data were collected through semi-structured interviews with 26 patients with palliative and supportive care needs receiving district nursing care, and 13 of their carers. Participants were recruited via community nurses and hospices between September 2010 and October 2011. Post-structural discourse analysis is used to examine how discourses operate on a moral level. One discourse, 'busyness', is argued to preclude a moral form of nursing care. The discourse of friendship is presented to contrast this. Discussion explores Gallagher's 'slow ethics' and challenges the currently accepted ways of measuring to improve quality of care concluding that quality cannot be measured.

Nursing Ethics. 25 May

Lifestyle Factors Correlate with the Risk of Late Pelvic Symptoms after Prostatic Radiotherapy

Although technological improvements are reducing the risks of late side-effects of radiotherapy for prostate cancer, the influence of lifestyle has been less well examined. The aim of this study was to correlate the effects of exercise, body mass index and smoking on the incidence and severity of late pelvic symptoms after radical radiotherapy for prostate cancer. The data show lower late pelvic symptoms after radiotherapy among non-smokers and physically active individuals with a body mass index <25. Although these results would ideally require confirmation in a prospective study, we now include advice on lifestyle in our pre-radiotherapy information pack. The high percentage of obesity and inactivity among this cohort of prostate cancer survivors revealed in this study has prompted the development of an exercise/weight reduction programme in our unit.

Clinical Oncology. 23 May

How are Treatment Decisions Made about Artificial Nutrition for Individuals at Risk of Lacking Capacity? A Systematic Literature Review

Worldwide, the number of individuals lacking the mental capacity to participate in decisions about their own healthcare is increasing. Due to the ageing global population and advancing medical treatments, there are now many more people living longer with neurological disorders, such as dementia, acquired brain injuries, and intellectual disabilities. Many of these individuals have feeding difficulties and may require artificial nutrition. However, little is known about the decision-making process; the evidence base is uncertain and often ethically complex. Using the exemplar of artificial nutrition, the objective of this review is to examine how treatment decisions are made when patients are at risk of lacking capacity. When individuals lack mental capacity, decisions must be made on their behalf. Dynamic interactive factors, such as protecting right to life, not unnecessarily prolonging suffering, and individual preferences, need to be addressed and balanced. These findings provide an outline to aid clinical practice and develop decision-making guidelines.

PLoS One. 23 May

Outcomes of a nurse-delivered psychosocial intervention for weight- and eating-related distress in family carers of patients with advanced cancer

International expert consensus is that psychosocial intervention is likely to help advanced cancer patients and their family carers affected by weight loss and poor appetite. The purpose of the research was to investigate the potential for a psychosocial intervention, the Macmillan Approach to Weight and Eating (MAWE), to mitigate weight- and eating-related distress in carers of patients with advanced cancer. This preliminary study of MAWE suggests that it provides benefits as a supportive intervention. Further testing is warranted using a more robust experimental design.

International Journal of Palliative Medicine. 17 May

A systematic review of interventions for eating and drinking problems following treatment for head and neck cancer suggests a need to look beyond swallowing and trismus

The incidence of head and neck cancer (HNC) is increasing, and treatment advances have contributed to improvements in survival. However, a growing number of HNC survivors now live with the long-term consequences of cancer treatment, in particular, problems with eating. The combined effects of HNC cancer, intensive chemotherapy, radiotherapy and surgery have a profound impact on functional, psychological, social and physical aspects of eating. Evidence is needed to underpin new rehabilitation approaches to address these complex problems. This review aimed to identify and summarise the evidence for rehabilitation interventions aimed at alleviating eating problems after HNC treatment. This review highlights that, whilst there is some evidence to support interventions aimed at improving swallowing and jaw mobility following treatment for HNC, studies are limited by their size and scope. Larger, high quality studies, which include patient-reported outcome measures, are required to underpin the development of patient-centred rehabilitation programmes. There is also a particular need to develop and evaluate interventions, which address the psychological and/or social aspects of eating.

Oral Oncology. 16 May

Adolescents' awareness of cancer risk factors and associations with health-related behaviours.

Increasing adolescents' awareness of the contribution of modifiable lifestyle factors to cancer risk may influence life-long patterns of healthy behaviour. However, little is known about adolescents' awareness of cancer risk factors and the effectiveness of awareness-raising interventions. This study assessed adolescents' cancer awareness and the effectiveness of an existing cancer-specific school-based intervention delivered by Teenage Cancer Trust.

Health Education Research. 8 May

Other research

Beta-blockers may boost chemo effect in childhood cancer

BETA-BLOCKERS, normally used for high blood pressure, could enhance the effectiveness of chemotherapies in treating neuroblastoma, a type of children's cancer, according to a new study. Researchers found that three beta-blockers (carvedilol, nebivolol and

propranolol) were able to slow the growth of neuroblastoma cancer cells grown in the lab, and when combined with chemotherapy these anti-cancer effects were increased. When the chemotherapy drug vincristine was added together with beta-blockers, survival was greatly improved in mice.

British Journal of Cancer. 22 May

US scientists devise strategy to block key cancer molecule

Researchers in the US may have discovered a way to switch off the cancer-causing effects of a molecule called NF-kappaB. Unlike previous attempts, the new method appears to leave its normal role in cell growth, immunity and inflammation unaffected. The discovery, made in labs at the University of Illinois, could ultimately help towards new approaches to treat a range of cancers.

Oncogene. 21 May

New scheme to routinely test patients for inherited cancer genes

A new research programme will lay the foundations for routine testing for inherited cancer genes in patients with the disease. Changes in certain genes, known as cancer predisposition genes, greatly increase the chances of a person developing cancer. Knowing whether a patient carries such a gene can affect decisions as to how treat them. There are almost 100 known cancer predisposition genes, but at present testing for them in the UK is done on an ad hoc basis, with patients referred to a genetics service if they are suspected of having an 'inherited' cancer. Under the new Mainstreaming Cancer Genetics programme, initially involving patients with breast or ovarian cancer patients at the Royal Marsden in London, screening for cancer predisposition genes will be done routinely.

Wellcome Trust. 21 May