

HORIZON

Monthly current awareness from Intelligence and Research

No 37. May 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:

Three publications which take an overview of health policy

Something to teach, Something to learn: Global perspectives on healthcare

Aims to provide a snapshot of the thinking and the main implications for those who pay for healthcare, those who provide it and those who consume it.

KPMG International. 30 April

The changing national role in health system governance: a case-based study of 11 European countries and Australia

This study of 12 countries, including England, provides an overview of recent changes in national governments' role in the governance of health systems. The study reviews common trends, based on the country cases, and assesses potential future developments.

World Health Organisation. 19 April

How should we pay for health care in the future?

The public agree with the fundamental principles of the NHS but feel that under certain circumstances there should be charges for some services. Participants were asked for their views on funding issues and challenges faced by the NHS during two day-long events.

Kings Fund. 16 April

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

A significant piece of new research which quantifies the cost to the patient of cancer

Cancer's hidden price tag: revealing the costs behind the illness

Macmillan publication

This research was commissioned in order to calculate the financial impacts of cancer, revealing just how hard the costs are hitting patients. People are not always aware of the financial help available to them, such as free prescriptions.

Macmillan Cancer Support. 19 April

And finally two opinions pieces on the effect of s75 regulations on the NHS

Why I, a Labour peer, am supporting a regulated market for NHS competition

It is a fantasy to believe that we can solve the NHS's problems without the help of many new providers with fresh ideas and better management techniques. Other countries facing the same problems are doing just this. To allow new entrants from the private, voluntary and social enterprise sectors to enter the NHS market a set of fair procurement rules are required and that is what the new regulations do.

Norman Warner. Guardian. 23 April

Procuring controversy: why I don't buy the argument that section 75 leads to privatisation

The s75 regulations reflect the overarching requirements of EU procurement law. Nonetheless, opponents of the regulations are caricaturing them as a watershed moment for the NHS, ushering in its 'privatisation'. This is, for want of a better word, nonsense.

Bill Morgan, MHP Communications. 11 April

Contents

| | |
|---|----|
| NHS | 4 |
| Policy & politics | 4 |
| Commissioning | 7 |
| Quality | 9 |
| Workforce | 11 |
| Primary/community care | 11 |
| Public Health | 11 |
| Physical Activity | 11 |
| Inequalities | 12 |
| Older People | 12 |
| Social Care | 13 |
| Isolation | 14 |
| Palliative/end of life care | 14 |
| Physical Environment | 15 |
| Blogs and Opinion | 15 |
| Clinical research | 17 |
| Macmillan funded research or researcher | 17 |
| Other research | 17 |



Policy & politics

Healthcare groups: an alternative to merger-mania?

The formation of healthcare groups is seen as an alternative to mergers and these targeted alliances aim for the benefits of collaboration without the upheaval or loss of autonomy required by a merger. This briefing summarises key learning from those who have already had involvement in developing healthcare groups and considers what might be done to take the concept further.

NHS Confederation. 3 May

Guidance: Guide to the Healthcare System in England

This guide explains organisations in the healthcare system and how they work together and includes the Statement of NHS Accountability. The Guide to the Healthcare System in England covers: providing care; commissioning care; safeguarding patients; empowering patients and local communities; education and training; supporting providers of care; the role of the Secretary of State for Health.

Department of Health. 3 May

Makers of anticancer drugs are “profiteering,” say 100 specialists from around the world

More than 100 specialists in chronic myeloid leukaemia from around the world, including nine from the United Kingdom, have warned that the high prices that drug companies charge for anticancer drugs are leaving patients without access to treatments that could save their lives. The group said that the drug industry was guilty of “profiteering” and compared its actions to those of unethical speculators who raise the price of grain after a natural disaster.

Blood. 1 May

Something to teach, Something to learn: Global perspectives on healthcare

It aims to provide a snapshot of the thinking and learning that emerged from KPMG’s Global Healthcare summit and looks at some of the main implications of that learning for those who pay for healthcare, those who provide it and those who consume it.

KPMG International. 30 April

Design for public good

This report describes the key benefits of design thinking for governments across the European Union (EU). It aims to promote design-led techniques for use across the EU as a means of staying competitive and creating sustainable and flourishing societies. It includes

case studies which illustrate the benefits of a design-led approach and uses a case of systemic change in reducing violence and aggression in A&E services.

Design Council. 30 April

Caldicott review: information governance in the health and care system

Over recent years, there has been a growing perception that information governance was being cited as an impediment to sharing information, even when sharing would have been in the patient's best interests. In January 2012 the *NHS Future Forum* work stream on information identified this as an issue and recommended a review. The Government accepted this recommendation and asked Dame Fiona to lead the work, which became known as the Caldicott2 review.

Department of Health. 26 April

Resources to support voluntary and community sector (VCS) involvement in Healthwatch

These resources aim to support the development of Healthwatch as well as to promote involvement with the voluntary and community sector, and the communities it works with. They include an overview of Healthwatch for the VCS, a good practice guide, and recommendations on how the VCS can act as a key partner in local Healthwatch.

Regional Voices. 24 April

Health and wellbeing board survey

The King's Fund is carrying out an online survey of all 152 boards to see what progress has been made during their shadow year and what the key priorities and issues are for 2013. This will add to our knowledge and understanding of how the boards are doing and capture learning and evidence.

The King's Fund. 22 April

The changing national role in health system governance: a case-based study of 11 European countries and Australia

This study of 12 countries, including England, provides an overview of recent changes in national governments' role in the governance of health systems, focusing on efforts to reconfigure responsibilities for health policy, regulation and management; the resultant policy priorities; and the initial impact. The shift in responsibilities shows little uniform direction.

World Health Organisation. 19 April

NHS in numbers

This project aims to produce interactive charts which illustrate available NHS data in a clear and simple format. It aims to provide key facts and figures on the performance and funding of the NHS in England, and the other UK nations where comparable data is available.

The Nuffield Trust. 17 April

Health expenditure

This briefing note on healthcare expenditure in England has been updated to reflect changes in NHS finances.

House of Commons Library. 17 April

How should we pay for health care in the future?

The findings of this report show that the public agree with the fundamental principles of the NHS but feel that under certain circumstances there should be charges for some services. Participants were asked for their views on funding issues and challenges faced by the NHS during two day-long events.

Kings Fund. 16 April

Personal budgets and health: a review of the evidence

This review collates evidence on various programmes in order to examine the case for investing further in personal health budgets. It incorporates the findings of the recently published final report of the evaluation of the personal health budget pilot in England.

PRUComm. 16 April

Healthcare for London: Reflections on leadership, lessons and legacy

In 2007 Lord Darzi laid out an ambitious plan for transforming healthcare in London. This report details the story of this vision from its inception in 2007 through to 2013, through the voices of those closely involved in its development or implementation. The report reflects on the story of Healthcare for London over the past six years capturing the experience of those closely involved. A review of the successes and challenges encountered provides a sound evidence-base for future recommendations.

Imperial College. 12 April

Breaking boundaries: a manifesto for primary care by the NHS Alliance

This manifesto calls for a fundamental shift in healthcare from an acute to a primary setting, and calls for the NHS Commissioning Board (now NHS England) to commit to specific measures to implement this, including: appointing a GP or other primary care professional to work at the same level as the Chief Medical Officer or Commissioning Board Medical Director; allowing data to be shared across boundaries in different services and settings; and advocating that primary care should take a new role in orchestrating community movements which improve health and wellbeing.

NHS Alliance. 12 April

Public sector leaders: views on public services and economy

This omnibus survey of chief executives, directors and senior managers in the public sector shows that funding and budget cuts are still the top concern for leaders across the public sector. 84% of leaders were shown to believe that their organisation has been affected a great deal or fair amount by cuts in public spending. Savings implemented include: working

in partnership with different organisations to reduce costs; cut backs on pay increases; and a reduction in spending on managerial functions as well as back office functions.

Ipsos MORI. 11 April

Paying the price: prescription charges and people with long-term conditions

This report examines the impact of prescription charges on people with long-term conditions in England. It found that people with conditions such as asthma, heart disease, arthritis and HIV are having to choose between food, clothing, bills or prescription costs. It argues that prescription charging is short-sighted as it makes it more difficult for people to manage their conditions effectively, leading to more severe health problems and extra costs to the NHS and society overall.

Prescription Charges Coalition. 11 April

Improving the allocation of health resources in England: how to decide who gets what

This paper explores how the health resource allocation process and the formula on which it is based have changed over time, and how it will work from April 2013. It suggests practical improvements to the current system, and explores the ways in which different models of resource allocation can be used to support alternative visions of the NHS including: more clinically led; driven by outcomes; more integrated and provider led; or more integrated with other services through a 'single budget'.

The King's Fund. 11 April

Commissioning

Supporting structures: a soft intelligence report on commissioning support units (CSUs)

This report gathers together data from interviews from 18 CSU managing directors and includes budgets and lists of core CCG customers along with structures and strategies of the CSUs which together employ more than 7,000 staff. It provides an insight into the challenges faced by CSUs and views on private sector involvement.

Campden Health. 2 May

The Colorado Beacon Consortium: strengthening the capacity for health care delivery transformation in rural communities (The Commonwealth Fund)

This case study describes a programme which aims to demonstrate how strengthening local health IT infrastructure can support improvements in the quality and efficiency of health care. Early results indicate increased provision of preventive and chronic care, improved workflow and teamwork in physician practices, and enhanced capability to prepare for health care delivery and payment reforms.

The Commonwealth Fund. 30 April

Reclaiming a population health perspective: future challenges for primary care

The recent reforms to the English NHS present opportunities for GPs and other primary care staff to lead a more proactive approach to prevention and helping people remain healthy into old age but only if they are empowered to do so). GPs have untapped the potential to engage in a more proactive approach to improving the health and wellbeing of the local population. Such a focus is essential if the NHS is to meet the challenges of responding to rising rates of chronic illness at all ages of the population, during a time of financial austerity.

The Nuffield Trust. 25 April

Ambition, challenge, transition: reflections on a decade of NHS commissioning

This report marks the end of a significant period of transition for NHS commissioning. It includes interviews with twenty leading figures from this period in an attempt to capture critical lessons and translate them into messages that are relevant to new commissioners. It is intended to be a practical and supportive product for colleagues in the new system, with resonance for commissioners in CCGs, local authorities and NHS England.

NHS Confederation. 23 April

Geographic Patterns of Cancer Survival in England: Patients followed up to 2011

This bulletin presents estimates of age-standardised one- and five-year net survival for adults diagnosed with one of eight cancers in England during 2004–2006 and followed up to 2011. Annual trends in unstandardised net survival during 2002–2006 are also presented. Results are presented by Region, Strategic Health Authority, Cancer Network and by sex.

Office of National Statistics. 18 April

National framework for NHS continuing healthcare and NHS funded nursing care

This guidance sets out the principles and processes of the National Framework for NHS continuing healthcare and NHS funded nursing care. It has been revised to reflect the new NHS framework and structures created by the Health and Social Act 2012, effective from the 1st of April 2013. The associated tools (a checklist, decision support tool and fast track pathway tool), which are designed to assist clinicians and practitioners with the decision making process, have also been revised accordingly.

Department of Health. 12 April

Working with Communities, Developing Communities, Guidance for Primary Care

This guide puts forward both a financial case and health case as to why investing resources in community development is beneficial for local populations, primary care practitioners and CCGs. It emphasises that local populations must be seen as assets in order to make CCGs strong and successful. It stresses on the need for CCGs to work together and build partnerships within their communities between health, education, housing and other services including policing.

Kings Fund. 9 April

Quality

Countering the biggest risk of all: attempting to govern uncertainty in healthcare management

This report develops an approach to engaging healthcare boards in the meaningful use of risk management to effectively govern complex organisations such as hospitals and other healthcare bodies. It provides a conceptual framework for the governance of risk, and poses a series of key questions for boards to ask of themselves.

Good Governance Institute. 3 May

Grumbles, gripes and grievances: the role of complaints in transforming public services

This report looks at how complaints could help to transform public services and whether complaints could potentially lead to innovation. It investigates to what extent complaints help public services to adapt to today's rising and complex demands. It also asks how public services could use complaints to listen and engage with the public as co-producers of better outcomes.

Nesta. 30 April

The hospital complaints system: a case for urgent treatment?

This report highlights systemic problems leading to missed opportunities to learn from mistakes and make NHS hospitals better. A 2012-13 analysis of the main reasons why patients, their families and carers brought their complaint to the ombudsman after their hospital has failed to deal with it include poor explanations, no acknowledgement of mistakes, inadequate financial remedy and unnecessary delays.

Parliamentary and Health Service Ombudsman. 30 April

Medical leadership must move from the margins to the mainstream

The NHS must fill the vacuum in medical leadership in the health service by creating more desirable and attractive leadership roles for doctors. Progress had been made in involving doctors in leadership roles since the Griffiths report in 1983 (the first report of its kind). But the journey was "by no means complete" and that the health service needed to initiate a "step change" to break down the barriers to involving doctors effectively in leadership roles.

Health Services Management Centre. 29 April

Quality governance: how does a board know that its organisation is working effectively to improve patient care?

This guidance is aimed at members of boards of NHS organisations to enable them to perform their role in improving health services for patients. It is designed for use across all types of NHS providers. It may also be of use to other staff in NHS bodies, such as senior management, operational, clinical and nursing staff and those working on internal, external and clinical audits.

Monitor. 23 April

Making the case for continuous learning from routinely collected data

This article suggests that in order to achieve better health, patients and clinicians will need to view every health care encounter as providing an opportunity to improve outcomes. It cites widely-reported examples of routinely collected digital health data being applied to improve services, inform patients, avoid harm, and speed research.

Institute of Medicine. 17 April

Inpatient survey 2012

This survey looked at the experiences of over 64,500 people who were admitted to an NHS hospital in 2012.

Care Quality Commission. 16 April

Compassion in practice implementation plans

These implementation plans are part of a wider strategy which aims to transform care in England. It aims to encourage independent living; improvement of health outcomes; working with people to provide a positive experience of care; and building strengthening leadership.

NHS England. 15 April

Bring it on: 40 ways to support patient leadership

This guide explains what patient leadership means, as well as the role and purpose of patient leaders. It aims to help NHS organisations foster patient leadership by providing descriptions of key concepts, examples, case studies, tools (such as self-assessment frameworks and checklists), top tips and useful background material.

Centre for Patient Leadership. 12 April

Delivering high quality care for patients: the accountability framework for NHS Trust Boards

This framework sets out how the NHS Trust Development Authority will work with NHS Trusts on a day-to-day basis, how it will assess the progress NHS Trusts are making, and how it will provide the development support each organisation needs to meet the challenges that lie ahead.

NHS TDA. 9 April

Doctor know: a knowledge commons in health

Society's growing ability to mobilise knowledge from different fields and sources is beginning to show the potential of a 'knowledge commons' in healthcare: an open system of knowledge with researchers, practicing clinicians, patients, their families and communities all involved in capturing, refining and utilising a common body of knowledge in real time. It sets out what this might mean in practice, and steps that can be taken to get there.

Nesta. 8 April

Workforce

Planning the social care workforce: skilled, capable, confident and fit for the future

This briefing paper aims to help the adult social care sector in England plan future workforces to cope with increasing demand.

Centre for Workforce Intelligence. 2 May

Modernising healthcare science and quality patient care: making the connection

This briefing explores the contribution of healthcare science and the opportunities Modernising Scientific Careers (MSC) provides to delivering patient-led services that enhance the quality and outcomes of care.

NHS Employers. 12 April

Improving workforce planning for the psychological therapies workforce

This report summarises a Department of Health commissioned review of the workforce delivering adult psychological therapies to the NHS in England, with the aim of gaining a clearer understanding of the difficulties in planning for this group, and gathering information on current and potential sources of further information. It makes recommendations including asking providers of NHS commissioned psychological therapy services to gather workforce intelligence; and employers and providers undertaking workforce capacity assessments for their psychological therapies workforce.

Centre for Workforce Intelligence. 10 April

Primary/community care

Public Health

The Wells Family Challenge: A pharmacist first approach

This social experiment, independently monitored and evaluated by the respected think tank, assessed the impact of in-store pharmacy advice on the health and lifestyles of a sample of ten UK families, all with the surname Wells, over the course of a year 65% of adult participants lost weight during the course of the year; On average, women lost 5cms off their waist line; 58% of participants reduced their risk of a stroke or heart attack; 68% had unhealthy levels of cholesterol at the beginning but by the end of the challenge this halved to 32%; Those participants with high blood pressure halved by the end of the challenge.

2020health. 23 April

Understanding society: how do we change behaviour? Make it simple

This issue of *Understanding Society* includes discussion of the role of behavioural economics and social psychology in public health, and the huge challenges for public health interventions, in the face of pervasive encouragement to act in less healthy ways. It also includes case studies of how the Ontario Ministry of Health and Long-Term Care in Canada

used behavioural approaches to re-vamp their smoking cessation and free seasonal flu vaccination programmes.

Ipsos MORI. 23 April

Physical Activity

Independent report: Let's Get Moving care pathway: feasibility study results

The evaluation objectives of this feasibility study included: assessing the relative success of different patient recruitment methods; the feasibility of delivery by different health professionals; identifying characteristics of patients recruited into the care pathway; economic analysis of the care pathway to the NHS; and collation of feedback from practitioners about their experiences of implementation.

Department of Health. 24 April

Inequalities



Why the rich drink more but smoke less: the impact of wealth on health behaviors

This paper seeks to explain this phenomenon by developing a theory of health behaviour, and exploiting both lottery winnings and inheritances to test the theory. It distinguishes between the direct monetary cost and the indirect health cost (value of health lost) of unhealthy consumption. It suggests that differences in health costs may indeed provide an explanation for behavioural differences, and ultimately health outcomes, between wealth groups.

RAND. 22 April

Older People

Agenda for later life 2013: improving later life in tough times

This report sets out some of the challenges facing older people in 2013. It gives a snapshot of both the over 65s and those approaching later life detailing the current challenges and opportunities facing the nation.

Age UK. 25 April

Bladder cancer patients over 70 less likely to get curative treatment

Older bladder cancer patients are less likely than younger patients to receive treatments intended to cure their disease such as surgery to ...

British Journal of Cancer. 17 April

Care transitions project: resource pack

This resource pack has been put together following a recently completed project exploring older service user and carer experiences of transitions across service boundaries, in particular of moves into and out of hospital, and into and between dementia services. It includes resources on co-researcher recruitment and training as well as information on conducting interviews.

IASS. 10 April

Social Care



The state of caring 2013

This report details the results of a survey of over 3,000 carers across the UK and shows that many are struggling alone without advice or support and are seeing caring taking a toll on their health, family finances and careers as a result. It also highlights five challenges to improve carers' lives.

Carers UK. 2 May

Using vouchers to improve access to short breaks: case study from Falkirk Council (IRISS)

Following research published by IRISS which highlighted that, despite the fact that less than one in every two surveyed carers accessed short breaks, they were considered fundamental to help alleviate the physical and emotional demands of caring, to sustain the caring relationship and to prevent admission to residential care. This case study describes how Falkirk Council embarked on a process of understanding how they could improve the short break experience for carers.

IRISS. 30 April

Long-term care funding in England: an analysis of the costs and distributional effects of potential reforms

The paper provides detailed estimates of the public expenditure costs of the government's plans. It projects that the government's current proposals, with a cap of £75,000, would add £2 billion (2010 prices) to public expenditure by 2030. This is in contrast to a projected extra £3.3 billion cost of the Dilnot Commission's proposals, which had recommended a cap of £35,000.

LSE. 25 April

Leadership starts with me

This strategy sets out the fundamental principles of leadership in the social care sector, showing how everyone can play their part in developing leadership in social care. It aims to

outline why leadership is important; what leaders can do to make social care excellent; and what needs to be done to make it happen.

National Skills Academy. 16 April

Isolation



Cancer's hidden price tag: revealing the costs behind the illness

Macmillan publication

This research was commissioned in order to calculate the financial impacts of cancer, revealing just how hard the costs are hitting patients. It shows that financial support is not always easy to access or good enough for cancer patients. The benefits system can be complex and difficult to understand. People are not always aware of the financial help available to them, such as free prescriptions.

Macmillan Cancer Support. 19 April

Dementia 2013: the hidden voice of loneliness

This second annual report on how well people with dementia are living found that over half of the general public believe that people with dementia have a bad quality of life. This was echoed in the feedback from people with dementia with 70 per cent saying they had stopped doing things they used to do because of lack of confidence. The majority of people with dementia also felt anxious or depressed, and a third of people said they'd lost friends after a diagnosis. It calls on commissioners to ensure appropriate support services are available, and urges people and organisations to play their part in helping ensure their communities are dementia friendly.

Alzheimer's Society. 10 April

Palliative/end of life care



RCGP commissioning guidance in end of life care

This guidance provides a six-step framework and overview to support the delivery of practical improvements across the health, social care and voluntary and independent sectors. It aims to ensure that the needs of dying patients and those closest to them are paramount whilst services are commissioned and developed around them. It cautions that improvements in treating long term conditions, dementia, frailty and reducing hospitalisation cannot be achieved unless end of life care is seriously considered and integrated.

RCGP. 22 April

Improving end of life care in Wales

Plans setting out how people in Wales will be supported and cared for at the end of their life have been launched. Ensuring families and professionals work together to plan for the end of life, as well as making sure people are well-supported, wherever they choose to die, are central to the plans. The “Delivering End of Life Care” plan sets out the Welsh Government’s expectations of NHS Wales, and its partners, to make end of life care consistently good across the country.

NHS Wales. 18 April

Physical Environment



Guidance: Design of circulation and communication spaces in healthcare buildings

This document provides guidance on the design of circulation and communication spaces in hospitals and other healthcare buildings, including corridors, internal lobbies and stairs, and lifts. It also provides supporting information on doors and handrails. Circulation spaces provide access within hospital departments whereas communication spaces provide access between departments and may include main hospital streets.

Department of Health. 16 April

Blogs and Opinion



Bet the farm on information over competition

Odd isn't it that after ten years of policies to encourage competition and choice and ten years of an increasing share of NHS cash spent on non-NHS providers, the evidence base supporting the benefits of competition in health care is too thin to make a sound judgement. Odd, until you think of the evidence base to support integrated care, which is equally thin.

Dr Jennifer Dixon. Nuffield Trust. 30 April

Why I, a Labour peer, am supporting a regulated market for NHS competition

It is a fantasy to believe that we can solve the NHS's problems without the help of many new providers with fresh ideas and better management techniques. Other countries facing the same problems are doing just this. To allow new entrants from the private, voluntary and social enterprise sectors to enter the NHS market a set of fair procurement rules are required and that is what the new regulations do.

Norman Warner. Guardian. 23 April

The NHS has its own currency crisis

The currencies for acute care actively impeded the aspiration of integrated care. The likelihood is that the health environment will get noisier, with local prioritisation of services proceeding in the bright glare of a transparent environment. The currencies that drive activity and behaviour in the NHS, however, still remain rooted in the past. They are becoming more and more anachronistic and they need urgent attention if the dreams of integration, population health, whole-person value and citizen empowerment are going to become reality in my (or your) lifetime.

Charles Alessi. HSJ. 19 April

I've got long term condition...get me out of here!

The author compares being diagnosed with a long-term condition to suddenly having to live in the jungle - facing an unfamiliar landscape where you lack knowledge and understanding of what you might encounter.

Graham Kramer. Nuffield Trust. 16 April

Service reconfiguration – trapped in Groundhog Day?

Do reconfiguration debates ever remind you of the film Groundhog Day, in which the protagonist Bill Murray is trapped in a world where he relives the same day over and over again? The same arguments run and rerun; evidence is presented and then retracted; one step forward, one step back. The protracted process around the proposed closure of the children's heart surgery unit at Leeds is the latest example of the difficulties associated with delivering change. Is there a way through this?

Candace Imison. Kings Fund. 16 April

Procuring controversy: why I don't buy the argument that section 75 leads to privatisation

The s75 regulations reflect the overarching requirements of EU procurement law. Nonetheless, opponents of the regulations are caricaturing them as a watershed moment for the NHS, ushering in its 'privatisation'. This is, for want of a better word, nonsense.

Bill Morgan, MHP Communications. 11 April

A new beginning for the care of older people in hospital?

Our ageing population is a game-changer for health and care services. When the NHS was founded, nearly half of the population died before the age of 65. Now life expectancy is 79 years for men and 83 years for women, with the 'oldest old' (those over 85) the fastest growing demographic. Yet, although the care of older people will be 'core business' for the foreseeable future, numerous reports have highlighted serious failings in that care.

David Oliver, Kings Fund. 11 April

Clinical research



Macmillan funded research or researcher

A Systematic Review of Complementary and Alternative Medicine Interventions for the Management of Cancer-Related Fatigue.

Fatigue, experienced by patients during and following cancer treatment, is a significant clinical problem. It is a prevalent and distressing symptom yet pharmacological interventions are used little and confer limited benefit for patients. However, many cancer patients use some form of complementary and alternative medicine (CAM), and some evidence suggests it may relieve fatigue. A systematic review was conducted to appraise the effectiveness of CAM interventions in ameliorating cancer-related fatigue. There is currently insufficient evidence to conclude with certainty the effectiveness or otherwise of CAM in reducing cancer-related fatigue. The design and methods employed in future trials of CAM should be more rigorous; increasing the strength of evidence should be a priority.

Integrative Cancer Therapies. 30 April

Evaluating complex interventions in End of Life Care: the MORECare Statement on good practice generated by a synthesis of transparent expert consultations and systematic reviews.

Despite being a core business of medicine, end of life care (EoLC) is neglected. It is hampered by research that is difficult to conduct with no common standards. We aimed to develop evidence-based guidance on the best methods for the design and conduct of research on EoLC to further knowledge in the field. The MORECare statement provides 36 best practice solutions for research evaluating services and treatments in EoLC to improve study quality and set the standard for future research. The statement may be used alongside existing statements and provides a first step in setting common, much needed standards for evaluative research in EoLC. These are relevant to those undertaking research, trainee researchers, research funders, ethical committees and editors.

BMC Medicine. 24 April

Improving end-of-life care in nursing homes: Implementation and evaluation of an intervention to sustain quality of care.

Internationally, policy calls for care homes to provide reliably good end-of-life care. We undertook a 20-month project to sustain palliative care improvements achieved by a previous intervention. A lower level of nursing support managed to sustain and build on the initial outcomes. However, despite increased adoption of key end-of-life care tools, hospital deaths were higher during the sustainability project. While good support from palliative care nurse specialists and GPs can help ensure that key processes remain in place, stable management and key champions are vital to ensure that a palliative care approach becomes embedded within the culture of the care home.

Palliative Medicine. 23 April

Emerging nursing roles for late effects care for children and young adults with cancer

Annually around 3500 children and young adults are diagnosed with cancer in the UK. While five year childhood cancer survival rates are high, many will experience long-term health problems as a result of their illness and its treatment. Providing late effects services is vital for this group of patients. The skills and expertise needed for nurses working within these services has not been systematically clarified or agreed. Our work has identified existing and ideal roles for nurses providing late effects services. This information has provided the foundation for the development of a nurse competence framework which has been ratified by the Royal College of Nursing,

European Journal of Oncology Nursing. 18 April.

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

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. 16 April

Qualitative analysis of patients' feedback from a PROMs survey of cancer patients in England.

This study examined how free-text comments from cancer survivors could complement formal patient-reported outcome measures (PROMs), as part of the England PROMs survey programme for cancer. This analysis of free-text comments complements quantitative analysis of PROMs measure's by illuminating relationships between factors that impact on quality of life (QoL) and indicate why cancer patients may experience significantly worse QoL than the general population. The data suggest more systematic preparation and aftercare for individuals to self-manage post-treatment problems might improve QoL outcomes among cancer survivors.

BMJ Open. 13 April

Patient-reported outcomes of cancer survivors in England 1-5 years after diagnosis: a cross-sectional survey.

The aim was to determine the feasibility of collecting population-based patient-reported outcome measures (PROMs) in assessing quality of life (QoL) to inform the development of a national PROMs programme for cancer and to begin to describe outcomes in a UK cohort of survivors. This method of assessing QoL of cancer survivors is feasible and acceptable to most survivors. Routine collection of national population-based PROMs will enable the identification of, and the support for, the specific needs of survivors while allowing for comparison of outcome by service provider.

BMJ Open. 13 April

Developing guidelines for disclosure or non-disclosure of bad news around life-limiting illness and death to people with intellectual disabilities.

There is insufficient evidence to guide decisions around (non-)disclosure of bad news of life-limiting illness and death to people with intellectual disabilities. Disclosure of bad news could cause harm in some situations, but this needs careful assessment. The authors present guidelines for disclosure that now need to be tested in practice.

Journal of Applied Research in Intellectual Disabilities. 13 April

Developing a community-based intervention to improve quality of life in people with colorectal cancer: a complex intervention development study.

Through multidisciplinary collaboration, a theory-based, acceptable and feasible intervention to improve QoL in colorectal cancer patients was developed, and can now be evaluated.

BMJ Open. 11 April

Other research

Genetic 'fine tuners' control body's own attack against cancer

The body's own immune system's fight against breast cancer is controlled by genetic 'fine tuners', known as microRNAs. Looking at 1,300 breast cancer samples, scientists found that the influence of these microRNAs, which help control how genes behave, varies between different subtypes of breast cancer.

Nature. 5 May

Breast cancer in women under 50 tops 10,000 cases for first time

The number of women under 50 diagnosed with breast cancer each year in the UK has exceeded 10,000 for the first time. This means that one in five breast cancer cases are in women under 50 as latest figures show the total number of women diagnosed each year is now approaching 50,000. But the good news is that fewer women under 50 than ever before are dying from the disease, largely because of better treatment thanks to research.

Cancer Research UK. 3 May

US researchers unveil womb cancer and acute leukaemia genomes

US researchers have published the intricate details of the genetic makeup of two more forms of cancer - acute myeloid leukaemia (AML) and womb (endometrial) cancer. The analyses will help design more sophisticated clinical trials of new treatments, and could even affect current clinical practice.

Nature and **New England Journal of Medicine**. 1 May

Diabetes drug makes lung cancer vulnerable to radiotherapy

The diabetes drug metformin slows the growth of lung cancer cells and makes them more likely to be killed by radiotherapy. Scientists found that metformin acted on the defence mechanisms that non-small cell lung cancers — the most common form of the disease — use to resist radiotherapy.

British Journal of Cancer. 1 May

Tamoxifen class drugs reduce breast cancer rates by more than a third in women at high risk

Tamoxifen and three similar drugs reduce breast cancer incidence by 38 per cent in women at an increased risk of the disease. In the most comprehensive study to date scientists calculate that one breast cancer would be prevented for every 42 women who took the drug for five years and followed for a further five. Researchers examined the records of more than 83,000 women to review the effectiveness of four specific drugs - tamoxifen, raloxifene, arzoxifene, and lasofoxifene.

Lancet. 30 April

Personalised radiotherapy treatment set to benefit from CERN software

A collaboration of scientific disciplines is developing pioneering software to design radiotherapy tailored to individual patients. Researchers at the University of Cambridge have recruited their first patients onto the VoxTox clinical study - an exciting project to test computer programmes that track how organs move between radiotherapy sessions to minimise any possible damage to healthy tissue.

Cancer Research UK. 29 April

Genetic changes that cause prostate cancer 'develop in periodic bursts'

The genetic changes that lead to prostate cancer seem to develop in sudden bursts rather than gradually over time, according to new international research. The traditional view is that genetic changes typically happen steadily, eventually overwhelming the ability of a cell to control its own growth. But researchers found these changes appear to occur in spurts, with complex, large-scale reshuffling of DNA and driving the development of prostate cancer. The process was dubbed "punctuated cancer evolution," in a nod to the theory of evolution, which states that changes in a species occur in abrupt shifts.

Cell. 26 April

Geographic patterns of cancer survival in England: patients followed to 2011

This bulletin presents estimates of age-standardised one- and five-year net survival for adults diagnosed with one of eight cancers in England during 2004-2006 and followed up to 2011. Annual trends in unstandardised net survival during 2002-2006 are also presented. Results are presented by region, strategic health authority, cancer network and by sex.

Office for National Statistics. 18 April

New type of bowel cancer discovered

A unique sub-type of bowel cancer has been discovered which has a worse outcome than other types of colon cancer and is resistant to certain targeted treatments. Researchers analysed tumours from 90 separate patients with stage II colon cancer and found that they could group the samples into three distinct sub-types. Two of these sub-types were already known, but in more than a quarter of the patients a new kind of cancer was detected, which was previously not regarded as a separate sub-type.

Nature Medicine. 14 April

Researchers uncover 'fingerprint' of breast cancers that spread to the brain

Breast cancer cells that break off from tumours have a biological 'fingerprint' that could allow doctors to spot women whose disease is likely to spread to the brain, according to US research. This could lead to better ways of treating women with the disease, and even to new drugs to stop it spreading. The discovery came after a team of researchers took cells that had broken away from women's breast cancers into their bloodstream and - in a world first - grew them in the laboratory. Analysis of the cells revealed that those from women whose cancer had spread to the brain bore a unique combination of proteins in their surface.

Science Translational Medicine. 10 April

Scientists develop simple blood test to track tumour evolution in cancer patients

Scientists have developed a new way of looking at how tumours evolve in real-time and develop drug resistance by tracking changes in the patients' blood. Scientists used traces of tumour DNA, known as circulating tumour DNA (ctDNA) found in cancer patients' blood to follow the progress of the disease as it changed over time and developed resistance to chemotherapy treatments.

Nature. 7 April