

HORIZON

Monthly current awareness from Intelligence and Research

No 41. September 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:

The annual Cancer Patient Experience Survey is important to Macmillan as a way of driving improvements in hospitals. This years report updates the data, and two Macmillan commissioned reports give us greater understanding of their significance.

2013 cancer patient experience survey: Trust level reports

This survey reported the views of 116,000 cancer patients in all 155 NHS Trusts that provide treatment to patients with cancer.

NHS England. 2 September

Case-mix adjustment of the Cancer Patient Experience Survey Date published: August 2013

Clinicians and managers can be confident in publicly reported performance and that poor performance is unlikely to be explained by the type of patient that the hospital treats alone; so improvement strategies can be implemented accordingly.

Cambridge Centre for Health Services Research. 4 September

The relationship between staff and patient experience

Looking specifically at data from the national Cancer Patient Experience Survey and the NHS Staff Survey, this study demonstrates a number of relationships between CPES and staff survey results at a trust level.

The Picker Institute. 4 September

The Berwick report will make a significant contribution across the NHS to setting the agenda around patient safety and experience.

Independent report: Berwick review into patient safety

This report highlights the main problems affecting patient safety in the NHS and makes recommendations to address them.

Department of Health. 6 August

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

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Policy & politics

30th British Social Attitudes report

This report charts three decades of public views on British society, politics and morality. It also details how the public's view of the NHS has changed over the last 30 years and examines how satisfaction with the NHS has changed and how this correlates with particular policies or spending.

NatCen Social Research. 10 September

'Care funding cap risks overwhelming councils and undermining NHS integration'

Additional hundreds of thousands of assessments arising from care funding cap could damage councils' financial and organisational capacity. Councils will have to provide several hundred thousand additional assessments from April 2016 as this will be the route by which self-funders would be able to benefit from the £72,000 limit on their reasonable care costs. The change will come amid deepening pressures on funding and the introduction, in 2015, of other significant reforms under the Care Bill. This could overwhelm councils' organisational capacity and budgets, risking increased waiting lists for assessments and cuts in funding for service users and care providers.

Strategic Society Centre. 10 September

£1 billion to help A&Es and NHS staff access medical records in hi-tech hospital revolution

The money will form part of the government's long term solution to pressures on A&E by freeing up doctors, nurses and care professionals' time to care for patients and cut down on paperwork and bureaucracy. This new funding will help deliver the government's commitment to allow everyone to book GP appointments and order repeat prescriptions online by March 2015, as well as give everyone who wants it online access to their GP record. One of the key things the money will be spent on will be systems which allow hospitals, GP surgeries and out of hours doctors to share access to patients' electronic records, which means: Doctors, nurses and social care professionals providing emergency care will be able to access patients' complete medical details routinely across the country for the first time, so will be able to give them personal and effective treatment with full knowledge of their medical and care history; Health and care professionals will have this information at their fingertips so can spend more time seeing patients and less time filling in paperwork; and Errors will be reduced, as it will stop drugs being prescribed incorrectly because patients' paper notes have been lost.

Department of Health. 4 September

Future payment systems in the NHS

The HFMA, in conjunction with The King's Fund and Monitor, held a one-day workshop for NHS finance leaders in May 2013 to debate a future NHS payment system. This briefing summarises views from the day on: the limitations of the current system; desirable features of the new system; steps to achieving a new system; considerations and limitations; and ideas for further work.

Healthcare Financial Management Association. 3 September

In sickness and in health: assessing the transition to a more localist health system – the first step towards marriage between the NHS and local government?

This report assesses the recent move to a more localist health system and examines opinions on this from those in local government. It also takes stock of how councils have adapted to the return of public health to their portfolio, and the dismantling of barriers between health and social care.

Localis. 3 September

Personal health budgets: challenges for commissioners and policy-makers

From 2014, personal health budgets will be offered to people in receipt of continuing care. This report looks at what they are, how they will work in practice, and the issues they raise.

The Nuffield Trust. 29 August

Private patients pay for lack of competition

Many private hospitals face little competition in local areas across the UK, leading to higher private medical insurance premiums and charges for private patients. Provisional findings on privately-funded healthcare services have also pinpointed incentive schemes, which encourage consultants to choose particular private providers for diagnosis and treatment, and the lack of available information on the performance of hospitals and consultants as further restrictions on competition.

Competition Commission. 28 August

An uncertain age: reimagining long term care in the 21st century

This report, commissioned by the Lien Foundation, aims to inform and stimulate the global dialogue on long term elderly care. It includes selected comments and opinions from 46 thought leaders, professionals and practitioners in the aged care sector in selected countries, gained through a series of interviews. Interviewees were asked to offer their views on current and emerging demand and supply trends and to identify innovative approaches and models of long term elderly care delivery from around the world.

KPMG. 13 August

Patients support tax increase to provide long-term care

Patients across the UK fear for their long-term care and believe that it will only be secure if health and social care is paid for through a combination of State and family funding. Yet,

with many families unable to bear the cost of long-term care needs, a significant proportion also argue that taxes should rise to meet the health needs of the UK's ageing population. KPMG questioned 1,000 patients about the future of the NHS and found just 12 percent saying they were 'very confident' that it could meet their long-term healthcare needs. Many of those questioned also acknowledged that the current model of care needs to be refinanced if long-term care needs are to be met. 54 percent, for example, argue that taxes should rise to pay for healthcare and a similar proportion (55 percent) even suggest that other public services, such as defence or education, should be cut so that healthcare costs can be met.

KPMG. 13 August

Statement on the health and social care Integration Transformation Fund

This joint document, from NHS England and the Local Government Association, outlines the planning vision for how the pooling of £3.8 billion of funding will ensure a transformation in integrated health and social care. It provides a roadmap for local areas to plan in the run up to the fund taking full effect from 2015/16.

NHS England. 9 August

The NHS as a driver for growth

This report by the Council for Science and Technology looks at ways to increase innovation and decrease costs in the NHS. It argues that the NHS will need to work with innovative businesses and that cultural change is required in the NHS in order to support innovation.

Department of Health. 7 August

Independent report: Berwick review into patient safety

This report highlights the main problems affecting patient safety in the NHS and makes recommendations to address them. It says that the health system must: recognise with clarity and courage the need for wide systemic change; abandon blame as a tool and trust the goodwill and good intentions of the staff; reassert the primacy of working with patients and carers to achieve health care goals; use quantitative targets with caution - they should never displace the primary goal of better care; recognise that transparency is essential and expect and insist on it; ensure that responsibility for functions related to safety and improvement are established clearly and simply; give NHS staff career-long help to learn, master and apply modern methods for quality control, quality improvement and quality planning; and, make sure pride and joy in work, not fear, infuse the NHS

Department of Health. 6 August

10 principles for better government

This paper sets out a vision for a state that is less dependent on the market-based assumptions that have dominated policymaking over the last 35 years and which puts people at the heart of its thinking. It argues for a citizen-centred model of whole-system reform of public service with an emphasis on concepts such as personalisation; co-production; prevention and the reduction of inequalities

Institute for Public Policy Research (IPPR). 6 August

Climate change and health: a tool to estimate health and adaptation costs

This economic analysis tool was developed to support adaptation planning to protect health from the negative effects of climate change in European Member States. It is based on a review of the science, and provides step-by-step guidance on estimating: the costs associated with damage to health due to climate change; the costs for adaptation in various sectors to protect health from such damage; and the efficiency of adaptation measures: the cost of adaptation versus the expected returns, or averted health costs.

World Health Organization (WHO). 6 August

Commissioning

Health & wellbeing boards: orchestrating the possible for integrated care

This guide is based on experience of direct work with health and wellbeing boards. It addresses key areas that they need to address make sure that they reach their full potential, including: local authority budget cuts; increasing demands due to an ageing population; the restructuring of the NHS; the public health agenda; and the implementation of integrated care.

Office for Public Management. 27 August

Co-ordinated care for people with complex chronic conditions: case studies

This project involves an in-depth examination of approaches to care co-ordination undertaken in primary care settings in different parts of the UK. The project is being undertaken with five case study sites who have developed innovative primary care-based approaches to care co-ordination for people with complex chronic conditions. Each final case study includes an organogram showing the care planning/co-ordination process, patient stories and a video highlighting the work of the team. The first two case studies in the project have now been published: Midhurst Macmillan Community Specialist Palliative Care Service and Sandwell Esteem team.

The King's Fund. 8 August

Quality

Case-mix adjustment of the Cancer Patient Experience Survey Date published: August 2013

Macmillan funded research

The national cancer patient experience survey allows hospitals to benchmark themselves with others across England. Uncertainty about how performance is influenced by the types of the patients served by different hospitals can lead to reluctance to use the survey results. Those working in poorly performing hospitals may attribute bad performance to (a perceived) 'more difficult case-mix of patients'. This can lead to staff disengagement and de-motivation - in the hospitals where staff need to be most engaged in improvement work. Our report shows, for most questions in the survey, case-mix adjustment makes a measurable but small change to overall rankings of hospitals. This means clinicians and managers can be confident in publicly reported performance (which does not take case-mix

into account) and that poor performance is unlikely to be explained by the type of patient that the hospital treats alone; so improvement strategies can be implemented accordingly.

Cambridge Centre for Health Services Research. 4 September

The relationship between staff and patient experience

Macmillan funded research

Studies have shown examples of positive links between employee engagement and patient experience. The precise nature of the relationship between staff and patients' experience is only beginning to be understood by researchers. Looking specifically at data from the national Cancer Patient Experience Survey and the NHS Staff Survey, this study demonstrates a number of relationships between CPES and staff survey results at a trust level.

The Picker Institute. 4 September

2013 cancer patient experience survey: Trust level reports

This survey reported the views of 116,000 cancer patients in all 155 NHS Trusts that provide treatment to patients with cancer. It showed improvements in many areas since last year, and outlined very positive experience of aspects of care such as privacy, being treated with respect, being listened to and given good information.

NHS England. 2 September

Friends and Family Test resources

This set of online resources aims to support healthcare staff in using results from the Friends and Family test. The resources include accessible, impartial guidance and interactive calculators to help professionals to understand how to use and interpret data.

Picker Institute. 30 August

Innovation, Excellence and Strategic Development (IESD) Fund information pack 2014 to 2015

The information pack and application forms are for voluntary sector organisations wishing to apply for funding under the IESD scheme. The scheme is open for applications for projects starting in April 2014 or later which: test and develop innovative approaches to health and care; actively share and disseminate excellent practice; and improve collaboration and partnerships within the voluntary sector to provide better outcomes, greater efficiencies and sustainability.

Department of Health. 27 August

Choosing a model to predict hospital admission: an observational study of new variants of predictive models for case finding

The objective was to test the performance of new variants of models to identify people at risk of an emergency hospital admission. The authors compared the impact of using alternative data sources (hospital inpatient, A&E, outpatient and general practitioner electronic medical records) the effects of local calibration on the performance of the models

and the choice of population denominators. These models provide a basis for wider application in the National Health Service. Each of the models examined produces reasonably robust performance and offers some predictive value. The addition of more complex data adds some value, but we were unable to conclude that pooled models performed less well than those in individual sites. Choices about model should be linked to the intervention design. Characteristics of patients identified by the algorithms provide useful information in the design/costing of intervention strategies to improve care coordination/outcomes for these patients.

BMJ Open. 26 August

Exploring the system-wide costs of falls in older people in Torbay

This paper uses Torbay's unique patient-level linked data set to explore the NHS and social care costs of the care pathway for older people in the 12 months before and after being admitted to hospital as a result of a fall. It finds that one in three people aged over 65, and half of those aged over 80, fall at least once a year and that falls cost the NHS more than £2 billion per year. With the number of people aged 65 and over predicted to increase by 2 million by 2021, these costs are set to rise further.

The King's Fund. 22 August

NHS hospital complaints

These three pieces of research aim to support the government review into how NHS hospitals deal with complaints. The first analyses the evidence from example cases and explores the themes underlying patient's experience of complaint handling. The second gathers evidence of how NHS trust boards use information from complaints to put things right and to learn. The third outlines feedback from patients, complainants, carers and NHS staff who participated in a two-day workshop on the NHS hospital complaints system.

- [The NHS hospital complaints system: a case for urgent treatment?](#)
- [NHS governance of complaints handling](#)
- [Designing good together: transforming hospital complaint handling](#)

Parliamentary and Health Service Ombudsman. 13 August.

'Care left undone' during nursing shifts: associations with workload and perceived quality of care

This report aims to examine the nature and prevalence of care left undone by nurses in English National Health Service hospitals and to assess whether the number of missed care episodes is associated with nurse staffing levels and nurse ratings of the quality of nursing care and patient safety environment. It recommends that hospitals could use a nurse-rated assessment of 'missed care' as an early warning measure to identify wards with inadequate nurse staffing.

BMJ Quality and Safety. 12 August

18,000 cancer patients' medical files lost during their hospital stay

One in nine of the estimated 170,000 cancer patients in England admitted to hospital each year for treatment say their doctor or nurse lost their medical file at some point during their

stay. This equates to an estimated 18,000 patients a year. This carelessness could be putting the health of some patients at risk. The YouGov survey of 2,217 UK adults living with cancer also reveals that, of the people who had stayed overnight in hospital to receive treatment in the last two years, one in ten say they were examined in an open ward or with their curtain at least partly open - infringing on their right to privacy. One in five cancer patients also say they felt patronised by hospital staff and 15% say they felt humiliated by the nurses treating them at some point during their stay.

Macmillan Cancer Support. 9 August

Better procurement, better value, better care: a procurement development programme for 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. It sets out four key actions: achieving immediate efficiencies and productivity gains; improving data, information and transparency; improving outcomes at a reduced cost through clinical procurement review partnerships; and improving leadership and capability of procurement in the NHS. It also gives examples of how money can be saved in the main NHS spending areas.

Department of Health. 6 August

Integrated care teams in practices help east London treat the 'whole patient'

Integrated care teams were incorporated into GP Practices in East London. Outcomes include: Year-on-year reductions in length of hospital stay for patients with long-term conditions across the three CCGs, fewer admissions to residential care and coordinated care by multidisciplinary teams that has improved the patient experience and reduced wasteful duplication.

Primary Care Commissioning. 6 August.

Workforce

Employee outlook: focus on culture change and patient care in the NHS

CIPD, in partnership with the Healthcare People Management Association (HPMA), commissioned YouGov to conduct a survey of employees working in the healthcare sector in the UK to find out their attitudes to working in the sector, the values in NHS organisations, trust within the health service, and culture change to improve patient care in the NHS.

Chartered Institute of Personnel and Development (CIPD). 9 September

Primary/community care

Public Health

Reducing health inequalities: the challenge of public health

This think piece suggests that a solution to tackling inequalities in public health lies with creating co-produced services which utilise the assets within people. It draws from findings

of the *People Powered Health* project, as well as horizon scans from around the world to explore the capacity within people and communities to help themselves and each other.

Innovation Unit. 29 August

Physical Activity

How active are our children?: findings from the Millennium Cohort Study

These findings showed that only half of 7-year-old children in the UK achieve recommended levels of physical activity, with significant gender, ethnic and geographic variations. The report states that further longitudinal studies are needed to better understand the relevance of these patterns for long-term health and wellbeing. It also recommends that in the meantime, population-wide efforts to boost physical activity among young people are needed, and will be reliant on a broad range of policy interventions.

BMJ Open. 22 August

Study reveals extent of physical inactivity disparities in England

Findings show nearly 80 per cent of adults do not hit government physical activity targets. England is building up a large future health problem in the amount of individuals who are physically inactive according to new research. The study, which examined data on over one million adults in England, reveals nearly 80 per cent of people do not hit national physical activity government targets and finds disparities between inactivity and socioeconomic status.

Centre for Market and Public Organisation. 10 August

The evaluation report of the Champions for Health campaign

The Champions for Health campaign, aimed to build on the energy and excitement created by the London 2012 Olympic Games, encouraging NHS Wales staff to lead fitter, healthier lives and become advocates for healthy lifestyles. This report outlines the initial response to the campaign, interaction of participants with the campaign and the final evaluation.

Public Health Wales - Champions for Health. 7 August

Inequalities



Older People

Working longer: an EU perspective

This report presents a view of policies in place to enable people to stay in work up to retirement age and beyond. It identifies a number of key trends and challenges which need to be overcome in order to address the discrimination and lack of support faced by many

people who wish to continue working. This includes health issues and inequalities faced by older people; the report presents case studies and recommendations to address this.

International Longevity Centre. 4 September

Social Care



Does it pay to care?: under-payment of the National Minimum Wage in the social care sector

This report highlights evidence that of the estimated 2 million care workers in the UK, up to 220,000 may be paid less than the minimum wage. Last year HMRC, which is responsible for enforcing the minimum wage, served notices on 879 employers (in all sectors) advising them of underpayments to staff.

Resolution Foundation. 29 August

Supporting working carers: the benefits to families, business and the economy

The Employers for Carers and Department of Health Task and Finish Group was set up in 2012 to explore ways in which carers can be supported to combine work and care. This report of findings and recommendations includes information on the current complexity of care and support services; and the part that assistive technologies such as telehealth and telecare have to play in enabling carers to combine work and care.

Carers UK. 27 August

Isolation



Most adult survivors of childhood cancer cope well but some are susceptible to symptoms of depression

The majority of adult survivors of childhood cancer reported no or few symptoms of psychological distress over a 13 year follow-up period. The results indicated that at least 65 per cent of adult survivors of childhood cancer remained free of elevated symptoms of psychological distress over the course of the study and a further 15 per cent showed initial signs of distress, but this decreased during the follow up period. But 10 per cent of respondents felt increasing levels of anxiety over time and another one in ten experienced persistently high levels of depressive symptoms throughout the 13 year study, particularly by those who reported worsening health later in life.

British Journal of Cancer. 4 September

Report launched today highlights the need for communities to become dementia-friendly

Up to 180,000 people with dementia feel trapped in their own. One in three people (35 per cent) with dementia surveyed only leave their homes once a week and one in 10 get out just once a month. Almost half (44 per cent) of people with dementia feel like a burden and so avoid getting involved with local life. The general public recognised the issue too with 59 per cent of UK adults saying the inclusion of people with dementia in their communities is bad.

Alzheimer's Society. 3 September

Palliative/end of life care



Commissioning children's palliative care: a guide for Clinical Commissioning Groups (CCGs)

This document describes the population of children who need palliative care; the services and professionals who provide it; and recommendations for the commissioning of children's palliative care within the context of the five stages of commissioning set out by the NHS Institute for Innovation and Improvement.

Together for Short Lives. 13 August

Blogs and Opinion



Understanding our growing cancer population

Macmillan author

In cancer care, we simply don't understand enough about the needs of patients to be able to consistently make effective, evidence based decisions. We know that clinical outcomes for cancer patients in the UK lag behind those in the rest of Europe, patient experience is variable, and care isn't joined up. At Macmillan, we're playing our part by investing in our research activities. Our newly launched Cancer Population Evidence Programme, a major new initiative for the charity, will go a step further and bring together data on the cancer population from four different areas: health economics, epidemiology, patient experience and outcomes, and effective services.

Mike Hobday. BMJ. 23 Aug

Ageing: opportunity or challenge?

There are some reasons to be cheerful. A familiar political Achilles heel is over-estimating what can be achieved in the short term and under-estimating what can be achieved in the

long term. Though there are now 25 times more people aged 85 and over than there were in 1901, services have not collapsed. Short-term views that define ageing as a problem or burden ignore the extent to which older people are net contributors to society through continuing employment, volunteering, caring (including child care) and the important roles they play in civic society (the average age of elected councillors, for example, is 60). And some cohorts of older people are the wealthiest ever – 60 per cent of people aged 65 and over have household wealth of £250,000

Richard Humphries. Kings Fund. 14 August

What exactly do you want to change?

The NHS has to change. Everyone says so but no one says from what to what or how. LaLite says the NHS must change and GPs must do more. How, what and where? He doesn't say. ...You can't change anything based on a lie. Sustainable NHS? We spend - 8% of GDP on the NHS. The Netherlands spend 12% and Germany 11%. Austria, Denmark, France and Luxembourg manage more than us per head. As do Switzerland, Norway and Iceland. We are a long way from 'unsustainable'.

Roy Lilley. 14 August

Oncologists must not allow personal attitudes to influence discussions on fertility preservation for cancer survivors

Macmillan authors

As the authors highlight, patients may not be best placed to consider issues of fertility preservation during the emotionally charged aftermath of receiving a cancer diagnosis. Also, we know from experience that if the health-care professional does not raise the issue of sexuality, many patients who have questions feel too uncomfortable to ask them unprompted. Giving patients accurate and up-to-date written information enables them to review their options in their own time and can reduce the barrier presented by embarrassment. Macmillan has high-quality written information for both men and women available from our website that we would urge all oncologists to consider as a key resource for patients and their families.

Noeline Young, Anna Leibowitz and Rachel Bowden. British Journal of Cancer. 13 August

The curious case of 600 extra deaths a week

Here's a headline I'm astonished I haven't already read: "NHS reforms blamed for 600 extra deaths a week." That's the number of additional deaths in England and Wales that occurred in the first half of 2013. The figures are fairly sensational, given the long experience of steadily falling mortality and rising life expectancy. Starting in 2012 and persisting into the middle of this year, deaths have been consistently higher, and by strikingly big margins, than they were in the years 2008 to 2011. Up to 65 years of age there are no changes, but in older age groups there are sharp increases, especially marked in those aged over 85. A summary of the data by Tom Hennell of the Office for National Statistics shows that mortality of women aged over 85 rose by 5% in 2012, and male mortality in the same age group rose by 3%. The first 27 weeks of 2013 show a further deterioration, though recent weeks show a return nearer to trend.

Nigel Hawkes. BMJ. 9 August

Have there been 13 000 needless deaths at 14 NHS trusts?

The author examines the latest media outrage over excess hospital deaths and concludes that most of the media (and parliament) seem incapable of understanding that half of all trusts will always have above-expected mortality. Just as it says, “higher than expected” mortality means the observed number of deaths is greater than expected. The crucial fact is that both the SHMI and HSMR are standardised to recent national performance, and so we would expect at any time that around half of all trusts would have “higher than expected” mortality, just by chance variability around an average.

David Spiegelhalter. BMJ. 7 August

Why is integrating care so hard? Paul Corrigan talks specialists, supply chains, service users and the Shard

The difference between the Shard and the problem of fragmented social and healthcare is that in building it, someone was totally responsible for the whole project. The best glaziers in Europe only turned up to do their work after the best builders had built the floors and the structure. The Shard worked because someone more important than all the specialists made the whole supply chain of specialists work. Someone stood up for the whole building and ensured that the specialists worked together. In developing integrated care, we must continue to recognise how important crucial specialist skills are. But we need someone to stick up for the service user, who has more power than all the specialists, to organise them into a single and simple supply chain that forms their skills around the user.

Paul Corrigan. NHS Voices. 5 August

Clinical research



Macmillan funded research or researcher

Adolescent Cancer Education (ACE) to increase adolescent and parent cancer awareness and communication: study protocol for a cluster randomised controlled trial

Results from the ACE study will provide evidence about the public health effectiveness of a school-based intervention designed to increase adolescent and parent cancer awareness and adolescent-parent cancer communication

Trials. 10 September

'They're survivors physically but we want them to survive mentally as well': health care professionals' views on providing potential late effect information

Providing cancer survivors with information on potential late effects requires further consideration. Evidence for survivor preference for late effect information and the benefit afforded to survivors who receive it could inform the practice of HCPs. If a culture of proactivity is to be encouraged regarding discussions of future potential risk, HCPs may

need support in considering ways of presenting survivors with reality whilst being mindful of their need to retain hope during the survivorship phase.

Supportive Care in Cancer. 5 September

Coordination of care for individuals with advanced progressive conditions: a multi-site ethnographic and serial interview study

Care is poorly coordinated in generalist settings for patients in the last year of life, although those with cancer have better coordinated care than other patients. A model to improve coordination of care for all individuals approaching the end of life must ensure that patients are identified in a timely way, so that they can be assessed and their care planned accordingly.

British Journal of General Practice. 27 August

The withdrawal of the Liverpool Care Pathway in England: implications for clinical practice and policy

The Liverpool Care Pathway for the Dying Patient (LCP) was introduced as a structured guide to best practice in care of the dying for use by professional staff without specialist palliative care experience or knowledge. Earlier this year, an independent review into the use of the LCP in England was convened at the request of Norman Lamb, MP, Minister of State for Care Support, as the culmination of a gathering media storm.

International Journal of Palliative Nursing. 24 August

What went wrong with the Liverpool Care Pathway and how can we avoid making the same mistakes again?

A degree of consternation in the palliative and end-of-life care community greeted the news that the Liverpool Care Pathway for the Dying Patient (LCP) will be 'phased out' in England following the publication of the findings of an independent review into its use. The review was commissioned by the UK Government in response to a tabloid press furore that highlighted poor practice in the implementation of the LCP in some circumstances.

International Journal of Palliative Nursing. 24 August

Chemotherapy for advanced, recurrent or metastatic endometrial carcinoma

Although endometrial adenocarcinoma is a common gynaecological cancer, a comparatively small proportion of patients present with, or develop, recurrent or advanced disease. However, for those women whose disease does progress or recur the prognosis is poor and the best treatment is yet to be identified. Co-morbidity, including obesity and cardiac disease, and concerns over toxicity have prevented more extensive studies of cytotoxic chemotherapy, although there are a number of active agents. This review suggests that more-intense chemotherapy regimens may improve both OS and PFS for women with advanced or recurrent endometrial cancer. However, owing to inconsistencies between cytotoxic drug combinations that have been assessed in randomised trials to date, the optimum regimen has still to be defined.

Cochrane Database of Systematic Reviews. 22 August

The Case for Including Bowel Urgency in Toxicity Reporting After Pelvic Cancer Treatment

Bowel toxicity is a major complication of cancer treatment, and its accurate reporting is important for assessing outcomes. The NCI's Common Terminology Criteria for Adverse Events (CTCAE) is the preferred method for capturing adverse events after all cancer treatments, particularly within clinical trials. However, the CTCAE version 4 does not include urgency of defecation as an item, despite this being one of the most common and persistent adverse consequences of treatment of pelvic cancers. The importance of bowel urgency to patients is well documented, and this treatment effect has a negative impact on social function and quality of life. Bowel urgency is also important clinically because it may represent significant underlying problems. This article presents the case for including patient reported assessment of bowel urgency as an independent item in cancer treatment adverse event reporting.

Journal of the National Comprehensive Cancer Network. 8 August

Structured gastroenterological intervention and improved outcome for patients with chronic gastrointestinal symptoms following pelvic radiotherapy

Fifty percent of patients develop chronic gastrointestinal (GI) symptoms following pelvic radiotherapy that adversely affect quality of life. Fewer than 20 % are referred to a gastroenterologist. We aimed to determine if structured gastroenterological evaluation is of benefit to this patient group. Gastroenterological evaluation identifies significant, potentially treatable diagnoses in patients who develop chronic GI symptoms following pelvic radiotherapy. Some findings are incidental and unrelated to previous cancer treatment. Radiation-induced GI symptoms have historically been considered "untreatable." We report the first data to show that structured gastroenterological assessment has the potential to improve outcome by identifying diagnoses and facilitating focused treatment.

Supportive Care in Cancer. 8 August

Other research

Laser technique improves accuracy of brain tumour surgery

A new laser-based technology could make brain tumour surgery much more accurate, according to US research. Scientists from the University of Michigan Medical School and Harvard University used an approach called Stimulated Raman Scattering (SRS) microscopy to find microscopic areas of tumour cells in brain tissue of live mice. The technique needs to be tested in clinical trials, but could one day help surgeons to better distinguish between cancer tissue and healthy tissue.

Science Translational Medicine. 4 September

Skin cancer death rates 70 per cent higher in men

Death rates from malignant melanoma – the most serious type of skin cancer – are 70 per cent higher in men than women, despite similar numbers being diagnosed with the disease each year. Each year in the UK, 3.4 men per 100,000 compared with 2.0 women die from malignant melanoma. But incidence rates are similar with 17.2 men per 100,000 diagnosed compared with 17.3 women. This means that, of the 6,200 men who develop melanoma each year, 1,300 die from the disease, while 900 of the 6,600 women who develop it die.

The gap is predicted to widen in the future, with death rates from malignant melanoma on the increase in men but remaining stable for women.

Cancer Research UK. 21 August

New clues to origins of myeloma

A gene that helps control ageing could also be linked to a type of blood cancer, according to an international team of researchers. The team found that four specific areas of human genetic code - our genome - are linked to an altered risk of developing myeloma, a type of cancer that from blood cells in the bone marrow. This brings the total known number of genetic regions linked to myeloma to seven. Around 4,700 people in the UK develop myeloma every year, after they develop genetic mutations in immune cells called plasma cells. In people with myeloma, these cells start to grow uncontrollably in the bone marrow and get stuck there, which can lead to a disruption of normal blood production.

Nature Genetics. 19 August

Research suggests mouth bacteria promote bowel cancer

Two US studies have shown how bacteria that are sometimes found in the mouth and gut can fuel the development of bowel cancer. The research could lead to more effective strategies for the early diagnosis, prevention and treatment of the disease. The studies show how gut bacteria called fusobacteria can stimulate immune responses and turn on cancer growth genes.

Cell Host and Microbe. 14 August

Genetic map of cancer reveals trails of mutation that lead to disease

The first detailed map of genetic faults that cause cancers is published today, offering profound insights into the disease. The map describes more than 20 "genetic signatures", or patterns of mutation, that alone or in combination drive 30 different types of cancer, including brain, lung, pancreas and breast tumours. Independent cancer specialists who have seen the research said it was "extremely important" and was likely to lead to new strategies to prevent and ultimately treat the disease.

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