



Ministry of Health Library

Grey Matter

A Collection of Recent NGO, Think Tank, and International Government Reports

Issue 36, 2016, August

Welcome to Grey Matter, the Ministry of Health Library's Grey Literature Bulletin. In each issue, we provide access to a selection of the most recent NGO, Think Tank, and International Government reports that are relevant to the health context. The goal of this newsletter is to facilitate access to material that may be more difficult to locate (in contrast to journal articles and the news media). Information is arranged by topic, allowing readers to quickly hone in on their key areas of interest. Email library@moh.govt.nz to subscribe.

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Integrated Care

[**Supporting integration through new roles and working across boundaries**](#)

“This report looks at the evidence on new roles and ways of spanning organisational workforce boundaries to deliver integrated health and social care.” *Source: King’s Fund*

[Building bridges, breaking barriers: Integrated care for older people](#)

“Building bridges, breaking barriers looks at how well care for older people is integrated across health and social care, as well as the impact on older people who use services and their families and carers. The review seeks to improve our understanding of how services work together to meet the needs of older people.” *Source: Care Quality Commission*

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Health Systems, Costs & Reforms

[Breaking barriers: Building a sustainable future for health and social care](#)

“The aim of this report is to present a new model for integration and innovation in health and social care that uses collaboration to create a unified, cross sector strategy to estates and infrastructure as the catalyst to meet the current financial and service demand challenges. The model is not intended to be a ‘one size fits all’ solution, in fact it is very firmly based within the context and opportunities provided by devolution and the need to recognise that place and people must be determinants of future sustainability.” *Source: Breaking Barriers*

[Hooked on Health Care: Designing Strategies for Better Health](#)

“The Health Foundation and the Robert Wood Johnson Foundation are pleased to have been able to join together to support the Salzburg Global Seminar session on Hooked on Health Care: Designing Strategies for Better Health. The foundations wanted to explore how other countries were prioritizing actions to maintain and improve health rather than simply seeing the treatment of ill health as an inevitable cost to governments and citizens. This subject matter is not new – indeed the case has been made many times before for the importance of a “health in all policies” approach. However, while this overall objective might be clear, implementation is far more challenging.” *Source: Health Foundation and the Robert Wood Johnson Foundation*

[Transforming Care: Reporting on Health System Improvement](#)

“Nearly 20 years after the landmark Adverse Childhood Experiences study linked traumatic childhood experiences to the leading causes of morbidity and mortality in the U.S., some primary care practices have begun screening for exposure to trauma and are adopting the principles of “trauma-informed care” to engage patients whose childhood and adult experiences may be affecting their health and willingness to seek care.” *Source: Commonwealth Fund*

[A healthier life for all: The case for cross-government action](#)

“When people talk about health, more often than not they are talking about health care. But we know that the real determinants of health relate to how and where we live, learn, work and play. It is clear that social and economic prosperity for people in the UK will require much broader thinking and action. The essay collection concludes that addressing the wider determinants of health is critical to ensuring the prosperity and wellbeing of British society as well as easing pressure on the NHS. The essays support the view that a more proactive

approach to tackling poor health across all policy areas is urgently needed, to help ensure individuals, families and communities can thrive.” *Source: Health Foundation*

Waiting time policies in the health sector

“This OHE Seminar Briefing summarises a seminar given by Professor Luigi Siciliani on waiting time policies in the health sector from an international perspective, and highlights which policies have worked well in the last decade in OECD countries. Professor Siciliani also touches on methods for comparing waiting times internationally and where the UK stands in the international figures. Finally, the Briefing discusses waiting time inequality by socioeconomic status.” *Source: Office of Health Economics*

Expert Panel on Effective Ways of Investing in Health

“In this memorandum, the challenges facing hospitals in Europe are explored in the light of the current socio-economic and financial context and the range of responses being employed are reviewed briefly. The note concludes with some reflections for principles that can underpin hospital reforms.” *Source: European Commission*

Improving Health System Efficiency in Canada: Perspectives of Decision-Makers

“In this qualitative case study, decision-makers from 2 provinces -- British Columbia and Nova Scotia -- reflect on the main actions they have taken and the challenges they face in improving health system efficiency. This study builds on previous work from CIHI's health system efficiency project.” *Source: Canadian Institute for Health Information*

Years of good life based on income and health: re-engineering cost-benefit analysis to examine policy impacts on wellbeing and distributive justice

“In this paper, [the authors] propose a practical measure of individual wellbeing to facilitate the economic evaluation of public policies. [They] propose to evaluate policies in terms of years of good life gained, in a way that complements and generalises conventional cost-benefit analysis in terms of money. [They] aim to show how years of good life could be measured in practice by harnessing readily available data on three important elements of individual wellbeing: income, health-related quality of life, and longevity. [They] also aim to identify the main ethical assumptions needed to use this measure.” *Source: York Centre for Health Economics*

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Workforce

Digital Skills for Health Professionals

“The digitization of healthcare has long been on the European agenda to modernize and improve healthcare across Member States. The focus has recently shifted from developing the technology to implementation of digital healthcare and eHealth. To explore the results of this shift, the Digital Skills for Health Professionals Committee of the European Health Parliament surveyed over 200 health professionals. It discovered that no change has yet resulted in the education of health professionals to prepare them for this implementation. The EU risks spending time and resources on implementation strategies that will have little effect because attention to the front-line ability to adopt this change has been insufficient.” *Source: European Health Parliament*

[Value of Physician Assistants: Understanding the Role of Physician Assistants Within Health Systems](#)

“Delivering high-quality, effective, and sustainable services is both a top priority and one of the most pressing challenges facing governments and businesses. Physician assistants (PAs) are academically prepared and highly skilled health care professionals who provide a broad range of medical services in different clinical settings, under the supervision of a physician. One of the current challenges of the profession in Canada is the lack of data on the impact of PAs from a productivity and cost-effectiveness perspective. The first in a series, this report aims to set the stage and act as a backgrounder to better understand the role of PAs within health care systems.” *Source: Conference Board of Canada* *sign up for free account to download

[The future of pathology services](#)

“Pathology, the branch of medicine involving the examination of organs, tissues and whole bodies, is involved in 70 to 80 per cent of diagnosis and treatment decisions. It also faces some of the fastest and most radical technological changes in health care. The Nuffield Trust has looked at the important opportunities to deliver better care and save money in this field, what could hold them back, and how they can be realised.” *Source: Nuffield Trust*

[New Care Models and Staff Engagement: All Aboard](#)

“This publication brings together the experiences of four vanguards which are placing staff at the centre of new care models. The vanguards featured recognise that those on the front line of care have the best ideas about how to improve it – but need to feel empowered to do so.” *Source: NHS Confederation*

[Helping in Hospitals: A guide to high impact volunteering in hospitals](#)

“The Helping in Hospitals programme was founded on the belief that much more can be achieved through well-designed and implemented volunteering in hospital settings - that we are only scratching the surface of what volunteering can do for ‘hospital life’. Millions of people, including young people, already volunteer in health and care, but tens of millions would consider it. And they can do more than is often supposed. With funding from the Cabinet Office and the Department of Health, Helping in Hospitals worked with ten hospital trusts from 2014 to 2016 to help them build significant impact volunteering programmes. This included increasing both the scale and scope of impact volunteering in hospitals.” *Source: Nesta*

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Health Innovation & Technology

[Going digital to deliver wellbeing services to young people? Insights from e-tools supporting youth mental health and parenting](#)

“Targeting programme funders and providers as well as policymakers, this What Works offers high-level guidance for better understanding what works –and what doesn’t – in digitising services to support the wellbeing of young people.” *Source: Superu*

[State of Telehealth](#)

“Telehealth is the provision of health care remotely by means of a variety of telecommunication tools, including telephones, smartphones, and mobile wireless devices, with or without a video connection. Telehealth is growing rapidly and has the potential to transform the delivery of health care for millions of persons. Although several reviews have examined the historical use and effects of telehealth, few articles have characterized its current status. Here we examine the trends of telehealth, its limitations, and the possibilities for future adoption.” *Source: NEJM Catalyst*

[From innovation to implementation – eHealth in the WHO European Region](#)

“This report describes the development of and emerging trends in electronic health (e-health) in the WHO European Region in 2016. Its content and key messages are based on data collected from the 2015 WHO Global eHealth Survey and the assistance of a number of key practitioners in the field. The report gives case examples to illustrate success stories in countries and the practical application of e-health in various settings. The key outcomes given provide evidence of an increasing appetite for e-health and indicate tangible progress in the mainstreaming of technology solutions across the European Region to improve public health and health-service delivery.” *Source: World Health Organization*

[Telehealth: Mapping the Evidence for Patient Outcomes From Systematic Reviews](#)

“The purpose of this technical brief is to identify and describe the body of research evidence currently available in the form of systematic reviews to inform decisions related to contemporary practice and policy issues about telehealth. Beyond describing what is available, the brief also aims to identify key areas in which systematic reviews are insufficient for these purposes and suggest what future research (systematic reviews or primary studies) is needed.” *Source: Agency for Healthcare Research and Quality*

[Applying an Implementation Science Approach to Genomic Medicine: Workshop Summary](#)

“The field of implementation science may be able to provide insights concerning efficient ways to incorporate genomic applications into routine clinical practice. The focus of implementation science studies is to identify integration bottlenecks and optimal approaches for a given setting and ultimately to promote the up-take of research findings. To explore the potential of implementation science to improve the integration of genomics into medicine, the National Academies of Sciences, Engineering, and Medicine held a workshop in Washington, DC, in November 2015. Participants explored the challenges and opportunities of integrating genomic advances into the clinic through the lens of implementation science. This report summarizes the presentations and discussions from the workshop.” *Source: National Academies Press*

[Smart cities in Europe: The future of the built environment](#)

“The Osborne Clarke report, explores how smart built environments leverage data, new technology and innovative and collaborative thinking to deliver services that benefit citizens. The interviews highlighted a huge number of obstacles to the built environment becoming smarter. Yet, despite the challenges, the case studies demonstrate that built environments are becoming smarter and an essential shift in mind-set to a smart way of thinking is under way.” *Source: Osborne Clarke*

[What if every patient were to have their genome mapped?](#)

“Precision health – where treatments or prevention can be targeted to take account of individual variability in genes, environment and lifestyle – will transform health care economies around the world. It will spur innovation, while provoking important ethical and social debates that will require significant public engagement and leadership to co-develop sound and sustainable practices.” *Source: King’s Fund What If Series*

[New Zealand Health Technology Review: 2016](#)

“This review has been commissioned by the Medical Technology Association of New Zealand (MTANZ), New Zealand Health IT (NZHIT), the Consortium for Medical Device Technologies (CMDT) and Auckland Tourism, Events and Economic Development (ATEED) to assess the economic and Research and Development (R&D) dynamics present in the local health technology industry.” *Source: New Zealand Health IT*

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Person-Centred Care

[Patients as partners: Building collaborative relationships among professionals, patients, carers and communities](#)

“More collaborative relationships among health and care professionals, patients, service users, carers and communities are essential for the future of the NHS, but what helps to build effective relationships? This guide stems from an evolving body of the Fund’s work focused on exploring and supporting shared leadership. This work is reinforced by a growing consensus that health services, agencies, patients and communities need to work together more – and differently.” *Source: King’s Fund*

[Towards a model of evidence-informed decision making and service delivery](#)

“This new paper unpacks the evidence for the efficacy of a community engagement process that sees service providers seek out community values, concerns and aspirations, and incorporate them into their decision-making processes. The ongoing partnership that service providers create out of this process can ensure that community priorities and values continue to shape their services and service system.” *Source: Royal Children’s Hospital Melbourne*

[Engaging with Patients: Stories and Successes from the 2015/2016 Quality Improvement Plans](#)

“Health Quality Ontario hopes that the findings in this report will help inform health care organizations about what methods are being used successfully to engage patients in the health system and, through that sharing, encourage uptake of innovations and help guide patient engagement planning efforts for the coming year.” *Source: Health Quality Ontario*

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Disability & Social Care

[Technology is changing the way we live: can it also transform the way we deliver adult social care?](#)

“This report looks at how social care providers are embracing technology to improve services and argues that commissioning practices must keep pace with technological

change to support quality improvement. It finds that digital technology is enabling people using care and support services to exercise greater choice, control and autonomy and to live more safely.” *Source: Voluntary Organisations Disability Group*

[A spectrum of obstacles: an inquiry into access to healthcare for autistic people](#)

This report “calls for greater training of health professionals to increase awareness of the health care needs of autistic people; the implementation of annual health checks for autistic people; and also that the Care Quality Commission should establish autism-specific inspection questions into their inspection framework.” *Source: Westminster Commission on Autism*

[Keep on caring: supporting young people from care to independence](#)

“This document sets out a vision for the further reform of support for care leavers based on innovation, system reform, and the embedding of corporate parenting responsibility across society.” *Source: HM Government*

[Transitioning Australian respite](#)

“This research examined the costs, benefits and impacts for participants, carers, communities and government of the transition to consumer directed care (CDC) markets for respite outputs and outcomes. Drawing on a policy and literature review, stakeholder consultations, and cost/benefit and impact modelling, the project mapped the service infrastructure as it transitions to consumer-directed care and possible implications for respite outputs and outcomes. The research aimed to increase understanding of the impact of the structural adjustment and contribute an evidence base to guide governments and their agencies, participants and carers, and respite services on action they may take during the transition that could maximise stakeholder benefit and minimise negative impact.” *Source: Social Policy Research Centre (UNSW)*

[Determining the workforce development needs of New Zealand’s autism workforce](#)

“This information gathering report describes the current learning and development activities that are in place across New Zealand for the workforce supporting children and adults with autism through funding from Disability Support Services.” *Source: Te Pou*

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Child, Youth & Maternal Health

[Modernising child protection in New Zealand: Learning from system reforms in other jurisdictions](#)

“The report captures a snapshot of child care and protection services in other jurisdictions and highlights their challenges and actions taken. Other jurisdictions included in the report are Australia (New South Wales), England, the United States, Canada (Ontario) and Norway.” *Source: University New South Wales Australia and Superu*

[Parenting Matters: Supporting Parents of Children Ages 0-8](#)

“Parenting Matters identifies parenting knowledge, attitudes, and practices associated with positive developmental outcomes in children ages 0-8; universal/preventive and targeted strategies used in a variety of settings that have been effective with parents of young

children and that support the identified knowledge, attitudes, and practices; and barriers to and facilitators for parents' use of practices that lead to healthy child outcomes as well as their participation in effective programs and services. This report makes recommendations directed at an array of stakeholders, for promoting the wide-scale adoption of effective programs and services for parents and on areas that warrant further research to inform policy and practice." *Source: National Academies Press*

[Growing up unequal: gender and socioeconomic differences in young people's health and well-being](#)

"This book presents findings from the 2013/2014 survey on the demographic and social influences on the health of almost 220 000 young people in 42 countries and regions in the WHO European Region and North America. Responding to the survey, the young people described their social context (relations with family, peers and school), health outcomes (subjective health, injuries, obesity and mental health), health behaviour (patterns of eating, tooth brushing and physical activity) and risk behaviours (use of tobacco, alcohol and cannabis, sexual behaviour, fighting and bullying). For the first time, the report also includes items on family and peer support, migration, cyberbullying and serious injuries." *Source: World Health Organization*

[Good maternal nutrition: The best start in life](#)

"This publication presents a summary of the most recent evidence on maternal nutrition, the prevention of obesity and noncommunicable disease. It provides an overview and explores what national recommendations for nutrition, physical activity and weight gain during pregnancy are in place in the Member States of the WHO European Region. The publication concludes with a summary of some possible national-level opportunities for action, exploring how to promote nutrition and health throughout the life-course, ensure optimal diet-related fetal development and reduce the impact of morbidity and risk factors attributed to noncommunicable disease by improving maternal nutritional health." *Source: World Health Organization*

[Not seen, not heard: a review of the arrangements for child safeguarding and health care for looked after children in England](#)

"The Care Quality Commission (CQC) has been reviewing the health care aspects of children's services in England, under Section 48 of the Health and Social Care Act, since September 2013. The 'Children Looked After and Safeguarding' (CLAS) in-depth inspections assess how health services in a local authority area work together to provide early help to children in need, improve the health and wellbeing of looked after children, and identify and protect children who are at risk of harm. In this report, [the authors] analyse the findings of our inspections and focus on the experiences of children to see whether services make a difference to them, and [they] make recommendations for improvement." *Source: Care Quality Commission*

[Identifying and managing clinical risks in newborn babies and providing care for infants in the community who need respiratory support](#)

"Newborn babies may need extra care in a neonatal intensive care unit or special care baby unit if they were born prematurely or if they need care for a particular health condition. Babies and infants that need long-term care can be transferred to a local unit or discharged to receive care at home. A baby with complex health needs may move between distinct

areas of care or 'pathways'. For this review, [the authors] have focused on the quality and variability of NHS care, to help us identify if there are gaps that need to be addressed. By doing this, [they] aim to identify opportunities for improvement and influence the development of clear national guidelines.” *Source: Care Quality Commission*

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Nutrition, Physical Activity & Obesity

[Ad brake: primary school children’s perceptions of unhealthy food advertising on TV](#)

“A common view is that weight gain is largely driven by personal choice and if people just had more self control, they wouldn’t become overweight or obese. The decisions we make for ourselves are important, but things in our environment also affect our choices. This is particularly the case for children who can’t always control what they are exposed to, or be as critical about what they see and hear, as adults may be. This report examines one of the key aspects of children’s environments that influences behaviour – advertising and promotion.”

Source: Cancer Research UK

[Who sets the agenda? Learning lessons from the responsibility deal's failure to tackle junk food marketing and promotion](#)

“This briefing paper examines the Responsibility Deal’s lack of progress on food marketing and promotion measures, to see how the Government’s Childhood Obesity Strategy might successfully avoid repeating such mistakes.” *Source: Children’s Food Campaign*

[The Role of Business in Multisector Obesity Solutions: Working Together for Positive Change](#)

“On April 12, 2016, the Roundtable on Obesity Solutions convened a 1-day workshop in Washington, DC, to examine the role of the business sector in obesity solutions. The goal of the workshop was threefold: (1) explore why companies should be involved in obesity solutions and how to encourage them to do so; (2) identify reasons why businesses might be interested in being involved in obesity solutions; (3) identify ways in which business can be engaged in obesity solutions. This report highlights key points made during the presentations and discussions at the workshop.” *Source: National Academies Press*

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Quality & Safety

[Quality Improvement at Counties Manukau Health: A case study evaluation](#)

“Counties Manukau Health’s population and funding context is a significantly challenging one, requiring it to embark on an ambitious quality improvement response. It is clear from our findings that Counties Manukau Health has developed the cultural and quality improvement science approaches necessary to operate a quality improvement initiative largely in accordance with international best practice.” *Source: Centre for Health Systems, University of Otago*

[Beyond maternal death: improving the quality of maternal care through national studies of 'near-miss' maternal morbidity](#)

Studies of maternal mortality have been shown to result in important improvements to women's health. It is now recognised that in countries such as the UK, where maternal deaths are rare, the study of severe complications of pregnancy, so called 'near-misses', provides additional information to help disease prevention and treatment. The objectives of this programme were to investigate risk factors, management and associated outcomes of 'near-misses' and explore methods for reviewing the quality of care. *Source: National Institute for Health Research*

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Building Equity

[Engaging First Peoples: A review of government engagement methods for developing health policy](#)

"Researchers from the Universities of Melbourne, La Trobe and Notre Dame conducted an analysis of national, State and regionally constructed engagement policies and strategies in Aboriginal and Torres Strait Islander health and wellbeing to identify best practice examples and lessons learned. These learnings aim to support those working on the challenges of effective implementation of policies and programs within the Aboriginal and Torres Strait Islander health arena, and Indigenous affairs more generally. They have particular relevance for practitioners concerned with the difficulties of contributing to the achievement of equity in health and wellbeing for First Peoples in increasingly complex policy and community contexts." *Source: Lowitja Institute*

[Thinking about burden of disease with equity in mind](#)

"Standard burden of disease measures identify differences in disease patterns and trends for a population, but do not always look for differences within the population. There are substantial gaps in our understanding of which subpopulations experience the greatest burden of disease and these information gaps need to be filled. Even when burden of disease measures identify who is sick and dying, they may not be able to explain why some populations are more likely than others to be exposed to infectious agents, to develop non-communicable disease, to become severely ill or disabled, and to die prematurely. We need a different approach to thinking about and measuring burden of disease—one that considers the social determinants of health and the effects of inequity." *Source: National Collaborating Centre for Infectious Disease*

[Perils of place: identifying hotspots of health inequality](#)

"Hospitalisation rates for diabetes, tooth decay and other conditions that should be treatable or manageable out of hospital show how Australia's health system is consistently failing some communities. Places such as Frankston and Broadmeadows in Victoria and Mount Isa and Palm Island in Queensland have had potentially preventable hospitalisation rates at least fifty percent above the state average in every year for a decade. The problem can be addressed, but only if governments come up with targeted solutions for individual places. Australia is not a uniform country and a one-size-fits-all approach will not work. Local, tailored policy responses are required." *Source: Grattan Institute*

[Integrating Health Literacy, Cultural Competence, and Language Access Services: Workshop Summary](#)

“To better understand how the dynamic forces operating in health care today impact the delivery of services in a way that is health literate, culturally competent, and in an appropriate language for patients and their families, the National Academies of Sciences, Engineering, and Medicine conducted a public workshop on the integration of health literacy, cultural competency, and language access services. Participants discussed skills and competencies needed for effective health communication, including health literacy, cultural competency, and language access services; interventions and strategies for integration; and differing perspectives such as providers and systems, patients and families, communities, and payers. This report summarizes the presentations and discussions from the workshop.”
Source: National Academies Press

[Advancing Health Equity for Native American Youth: Workshop Summary](#)

“More than 2 million Americans below age 24 self-identify as being of American Indian or Alaska Native descent. Many of the serious behavioral, emotional, and physical health concerns facing young people today are especially prevalent with Native youth (e.g., depression, violence, and substance abuse). Arrayed against these health problems are vital cultural strengths on which Native Americans can draw. At a workshop held in 2012 by the Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities of the National Academies of Sciences, Engineering, and Medicine, presenters described many of these strengths, including community traditions and beliefs, social support networks, close-knit families, and individual resilience.” *Source: National Academies Press*

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Health of Older People

[The Characteristics and Experiences of Older New Zealand Caregivers](#)

“This research aimed to describe the experiences of older caregivers in New Zealand, to explore the impacts of caregiving, and determine whether coping differs according to demographic factors and health.” *Source: Health and Ageing Research Team*

[Meeting the Dietary Needs of Older Adults: Exploring the Impact of the Physical, Social, and Cultural Environment](#)

“An examination of evidence is needed to better understand how nutritional status is associated with aging and risk of mortality or chronic disease among older adults. Underpinning many, if not most, nutritional problems in older adults is socioeconomic status. Therefore, understanding access challenges to healthy food, including geographic, financial, and transportation barriers, also is needed to better understand how to meet the nutritional needs of older adults. The Food and Nutrition Board convened a workshop, Meeting the Dietary Needs of Older Adults, in Washington, DC. Participants examined factors in the physical, social, and cultural environment that affect the ability of older adults to meet their daily dietary needs. This report summarizes the presentations and discussions from the workshop.” *Source: National Academies Press*

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Primary Care

[Clinical commissioning: GPs in charge?](#)

“Clinical commissioning: GPs in charge? culminates a four year research project conducted with The King’s Fund, which examined how GP attitudes towards clinical commissioning have evolved since their launch in 2013. The report looks at what has been learnt in the last three years – including strategies to overcome challenges and identification of the main barriers to effective involvement – and makes recommendations for the future. Its findings about clinical involvement are relevant not only to policy-makers and CCGs but also to other organisations across the NHS involved in planning and designing services.” *Source: Nuffield Trust*

[Is bigger better? Lessons for large-scale general practice](#)

“This research report is drawn from a 15-month study of large-scale general practice organisations in England. The study examined the factors affecting their evolution and their impact on quality, staff and patient experience. It was informed by an extensive literature review, which will be published separately, and combined national surveys with in-depth case studies of contrasting, large-scale general practice organisations and analysis of 15 quality indicators.” *Source: Nuffield Trust*

[The future of GP collaborative working](#)

“This paper brings together case study examples of GPs taking the initiative and working in an integrated fashion, alongside secondary care physicians and the wider health and social care system, in order to redesign services to better meet the needs of their patients. The examples given show how it is possible to take advantage of the opportunities available and work within existing frameworks to create a service that responds flexibly to patients’ changing needs.” *Source: Royal College of General Practitioners (UK)*

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Mental Health

[Focus on: People with mental ill health and hospital use: Exploring disparities in hospital use for physical healthcare](#)

“[The] aim for this work is to improve understanding of how people with mental ill health use hospital services differently from those without. The differences observed should help those planning services so that resources are adequately assigned and influence future policies to continue striving towards parity of esteem. The analyses shown here may also provide a new way of understanding the quality of care for those with mental ill health and provide a way to track whether things get better or worse over time.” *Source: Health Foundation and Nuffield Trust*

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Long-Term Conditions

[Mobile health: empowering people with type 2 diabetes using digital tools](#)

“This report outlines a project aimed at developing evidence-based strategies to support wider adoption of mobile tablet devices in healthcare, initially focusing on type 2 diabetes. A multi-disciplinary team of researchers from the University of Canberra, NICTA, ANU Medical School and Canberra Hospital, in collaboration with Ochre Health Medical Centre Bruce, conducted the project at the ACT GP Super Clinic.” *Source: University of Canberra*

[Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2015 global survey](#)

“Noncommunicable diseases (NCDs) are currently responsible for over 60% of global deaths. This burden is one of the major public health challenges facing all countries, regardless of their economic status. NCDs threaten economic and social development and, without concerted efforts at country level, are predicted to increase in the coming decade. To respond to this burden, WHO conducts periodic assessment of national capacity for NCD prevention and control through the use of a global survey to all Member States known as the NCD Country Capacity Survey (NCD CCS). Such periodic assessment allows countries and WHO to monitor progress and achievements in expanding capacities to respond to the epidemic of noncommunicable diseases.” *Source: World Health Organization*

[National Diabetes Plans in Europe – What lessons for the prevention and control of chronic diseases?](#)

“This new policy brief presents the findings of a survey on National Diabetes Plans in EU and EFTA Member States as of August 2014. It seeks to identify the key enablers and barriers to the development, implementation and sustainability of national diabetes plans in European countries and so inform countries' efforts to build a successful and comprehensive strategy through the exchange of good practices.” *Source: World Health Organization*

[Centre for Chronic Disease Prevention: Strategic Plan 2016–2019 Improving Health Outcomes - A Paradigm Shift](#)

“This strategic plan provides a frame that structures efforts over a three year period. [This] work will be framed across three spheres of work: Discovery, Innovation, Breakthrough. While each space has its own purpose and strategic objectives, they are connected by common corridors of innovation, transformation and a focus on outcomes, supported by a high performing, adaptable and skilled workforce.” *Source: Public Health Agency of Canada*

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Cancer & End of Life Care

[Policy Issues in the Clinical Development and Use of Immunotherapy for Cancer Treatment: Proceedings of a Workshop](#)

“Immunotherapy is a form of cancer therapy that harnesses the body’s immune system to destroy cancer cells. In recent years, immunotherapies have been developed for several cancers, including advanced melanoma, lung cancer, and kidney cancer. In some patients with metastatic cancers who have not responded well to other treatments, immunotherapy treatment has resulted in complete and durable responses. Given these promising findings, it is hoped that continued immunotherapy research and development will produce better cancer treatments that improve patient outcomes. With this promise, however, there is also recognition that the clinical and biological landscape for immunotherapies is novel and not yet well understood. To examine these challenges and explore strategies to overcome them, the National Academies of Sciences, Engineering, and Medicine held a workshop in February and March of 2016. This report summarizes the presentations and discussions from the workshop.” *Source: National Academies Press*

[What if ‘assisted dying’ were legalised?](#)

“The legalisation of assisted dying is an issue that divides opinion. Those in favour argue that the current law means that terminally ill people suffer against their wishes. Here Baroness Finlay argues against changing the law.” *Source: King’s Fund What If Series*

Diet, nutrition, physical activity and oesophageal cancer

In this report from our Continuous Update Project (CUP) – the world’s largest source of scientific research on cancer prevention and survivorship through diet, weight and physical activity – [the authors] analyse global research on how certain lifestyle factors affect the risk of developing oesophageal cancer. *Source: World Cancer Research Fund*

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