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# Grey Matter: A Collection of Recent NGO, Think Tank, and International Government Reports

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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](mailto:library@moh.govt.nz?subject=I%20would%20like%20to%20subscribe%20to%20Grey%20Matter.) to subscribe.

Click on any of the bulleted points below to go to a section of interest

[Long-Term Conditions](#_Long-Term_Conditions)

[Health Systems, Costs, & Reform](#_Health_Systems,_Costs,)

[Nutrition, Physical Activity, & Obesity](#_Nutrition,_Physical_Activity,)

[Indigenous Health & Community](#_Indigenous_Health_&)

[Workforce](#_Workforce)

[Child, Youth, & Maternal Health](#_Child,_Youth,_&)

[Social Care & Disability](#_Social_Care_&)

[Health of Older People](#_Health_of_Older)

[Public Health](#_Public_Health)

[Mental Health, Drugs, & Alcohol](#_Mental_Health,_Drugs,)

[Consumer-Centred Care](#_Consumer-Centred_Care)

[Primary Care](#_Primary_Care)

[Cancer & Palliative Care](#_Cancer_&_Palliative)

## Long-Term Conditions

### [Chronic diseases in Australia: Blueprint for preventive action](http://www.mitchellinstitute.org.au/wp-content/uploads/2015/06/Chronic-Diseases-in-Australia-Blueprint-for-preventive-action.pdf)

“This paper identifies strategic priorities for taking action to prevent chronic diseases… Chronic diseases in Australia: Blueprint for preventive action moves beyond the evidence to provide a framework for action. The vision of this Blueprint is to reduce the impact and incidence of chronic diseases through preventive interventions.” *Source: Mitchell Institute*

### [Assessing chronic disease management in European health systems: concepts and approaches](http://www.euro.who.int/__data/assets/pdf_file/0009/270729/Assessing-chronic-disease-management-in-European-health-systems.pdf?ua=1)

“Assessing chronic disease management in European health systems explores some of the key issues, ranging from interpreting the evidence base to assessing the policy context for, and approaches to, chronic disease management across Europe. Drawing on 12 detailed country reports (available in a second, online volume), the study provides insights into the range of care models and the people involved in delivering these; payment mechanisms and service user access; and challenges faced by countries in the implementation and evaluation of these novel approaches.” *Source: European Observatory*

### [‘Staying alive’: transport to treatment for people living with a chronic disease](http://apo.org.au/research/staying-alive-transport-treatment-people-living-chronic-disease)

“Non-emergency health transport makes a significant difference to the lives of people living with cancer or undergoing treatment for chronic kidney disease in NSW. For many of these people it is a lifeline, reducing the burden of travel and improving access to healthcare services.” *Source: Council of Social Service of New South Wales*

[Back to top](#title)

## Health Systems, Costs, & Reform

### [Health and social care priorities for the Government: 2015–2020](http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/nt_policy_brief_web.pdf)

“The Nuffield Trust has produced this briefing, which outlines 10 key health and social care priorities for the new Government. It outlines the challenges…critical to the longer-term success of the health and social care system, and which the new administration will need to prioritise.” *Source: Nuffield Trust*

### [English devolution: local solutions for a successful nation](http://www.local.gov.uk/documents/10180/6917361/L15-178+DevoNext+devolution+publication/7e036308-6ebc-4f20-8d26-d6e2cd7f6eb2?utm_source=The+King%27s+Fund+newsletters&utm_medium=email&utm_campaign=5730009_HWBB+2015-06-08&dm_i=21A8,3ETAX,FLWRH5,C7EYL,1)

“The new Government has set out a long-term agenda for economic and social reform. This paper sets out local government’s offer of a new partnership with Government to tackle the big challenges facing our country and secure a bright future for all.” *Source: UK Local Government Association*

### [Options for integrated commissioning: beyond Barker](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Options-integrated-commissioning-Kings-Fund-June-2015_0.pdf?utm_source=The+King%27s+Fund+newsletters&utm_medium=email&utm_campaign=5783044_HMP+2015-06-09&dm_i=21A8,3FY84,FLWRH5,CBLY7,1)

This report “outlines the case for integrated health and care services; assesses the evidence of past attempts at joint commissioning and the current policy framework; describes some current local innovations in integrated budgets and commissioning, including the development of new integration boards in Scotland; and considers the potential of health and wellbeing boards to have a wider commissioning role and the changes that would be required for this to happen.” *Source: King’s Fund*

### [Strengthening health system accountability: a WHO European Region multi-country study](http://www.euro.who.int/__data/assets/pdf_file/0007/277990/Strengthening-health-system-accountability-multi-country-study.pdf?ua=1)

“This report takes stock of the measures that countries in the WHO European Region have put in place to strengthen their health systems' accountability since the adoption of the Tallinn Charter: Health Systems for Health and Wealth (2008) and the Health 2020 policy framework (2012)…This report summarizes countries' experiences with strengthening health-system accountability in the context of the momentum created by the Tallinn Charter and Health 2020, by setting rigorous goals and measuring and reviewing health systems' performance.” *Source: WHO*

### [The Art of Change Making](http://www.localleadership.gov.uk/docs/The%20Art%20of%20Change%20Making.pdf)

“The Art of Change Making has recently been published by the Leadership Centre. It is a collection of theories, approaches, tools and techniques for understanding the complex interactions between people and organisations and how to intervene to create meaningful change. These are used by current practitioners in developing systems leadership.” *Source: Leadership Centre*

### [Efficiency estimates of health care systems](http://ec.europa.eu/economy_finance/publications/economic_paper/2015/pdf/ecp549_en.pdf)

“There is ample evidence of widespread inefficiency in health care systems. This paper aims to estimate relative efficiency of health care systems across all EU countries. The paper uses a comprehensive battery of models with different combinations of input and output variables.” *Source: European Commission*

### [A Prevention Prescription for Improving Health and Health Care in America](http://bipartisanpolicy.org/wp-content/uploads/2015/05/BPC-Prevention-Prescription-Report.pdf)

“In 2014, the Bipartisan Policy Center (BPC) convened a Prevention Task Force to focus on opportunities for investing in prevention as a way to improve health outcomes and reduce health care costs. The task force included a diverse group of experts to review the evidence on prevention and to frame a strategy for better integrating prevention in the nation’s approach to health and health care.” *Source: Bipartisan Policy Center*

### [Improving the Fiscal and Political Sustainability of Health Systems through Integrated Population Needs-Based Planning](https://www.ohe.org/publications/improving-fiscal-and-political-sustainability-health-systems-through-integrated)

“It is often argued that the demands for increased healthcare expenditure arising from an ageing population, advancing technologies, and increasing expectations, warrant higher healthcare budgets. Professor Stephen Birch argues that this reactive approach is not sustainable, and that the perceived mismatch between resources and demand is due to poor health service planning. In this briefing, based on an OHE lunchtime seminar, Professor Birch presents a framework to re-focus planning models on population needs. *Source: Centre for Health Economics \*sign up for free account to download*

### [The Roadmap for Health: Measurement and Accountability](http://ma4health.hsaccess.org/docs/support-documents/the-roadmap-for-health-measurement-and-accountability.pdf?sfvrsn=0)

“The Roadmap articulates a shared strategic approach to support effective measurement and accountability systems for a country’s health programs. The Roadmap outlines smart investments that countries can adopt to strengthen basic measurement systems and to align partners and donors around common priorities. It offers a platform for development partners, technical experts, implementers, civil society organizations, and decision makers to work together for health measurement in the post-2015 era.” *Source: Measurement and Accountability for Results in Health*

[Back to top](#title)

## Nutrition, Physical Activity, & Obesity

### [Sugar and Health](http://researchbriefings.files.parliament.uk/documents/POST-PN-0493/POST-PN-0493.pdf)

“Sugars can be added to food and drinks or occur naturally in fruit, vegetables and milk. A high sugar diet increases the risk of tooth decay and weight gain, and high consumption of sugar-sweetened drinks is associated with type 2 diabetes. This paper describes trends in sugar consumption in the UK, the public health implications and outlines policy options.” *Source: Houses of Parliament*

### [Designed to Move: Active Cities](http://e13c7a4144957cea5013-f2f5ab26d5e83af3ea377013dd602911.r77.cf5.rackcdn.com/resources/pdf/en/active-cities-full-report.pdf)

“The Active Cities Report includes practical guidance, sample metrics and inspirational examples - as well as a summary of the evidence that proves an active city is a competitive city.” *Source: Designed to Move*

### [Cross-Sector Responses to Obesity: Models for Change: Workshop Summary](http://www.nap.edu/catalog/21706/cross-sector-responses-to-obesity-models-for-change-workshop-summary?utm_source=NAP+Newsletter&utm_campaign=d873e2292b-Final_Book_2015_06_15_21706&utm_medium=email&utm_term=0_96101de015-d873e2292b-102579513&goal=0_96101de015-d873e2292b-102579513&mc_cid=d873e2292b&mc_eid=887bc22fe0)

:Cross-Sector Responses to Obesity is a summary of a workshop convened by the Institute of Medicine Roundtable on Obesity Solutions in September 2014 to explore models of cross-sector work that may reduce the prevalence and consequences of obesity. This report identifies case studies of cross-sector initiatives that engage partners from diverse fields, and lessons learned from and barriers to established cross-sector initiatives.” *Source: Institute of Medicine \*sign up for free account to download*

[Back to top](#title)

## Indigenous Health & Community

### [What works in effective Indigenous community-managed programs and organisations](https://aifs.gov.au/cfca/publications/what-works-effective-indigenous-community-managed-program/export)

“Many Indigenous organisations in urban, rural and remote areas are successfully managing a broad range of programs and services for their communities. This paper reviews available literature on Indigenous community-managed programs and organisations and summarises what is working in successful community-managed programs. It also considers some literature about the use of community development approaches and how they support successful Indigenous community-managed programs.” *Source: Government of Australia*

### [Indigenous wellbeing in Australia: evidence from HILDA](http://caepr.anu.edu.au/sites/default/files/Publications/WP/WorkingPaper_101_Manning_Ambrey_Fleming.pdf)

“Report focusses on mean levels of self-reported life satisfaction, inequality in life satisfaction within the Indigenous and non-Indigenous Australian populations, and the prevalence and severity of dissatisfaction with one’s life. Evidence on differences in the determinants of life satisfaction between Indigenous and non-Indigenous Australians is provided. Results indicate that Indigenous life satisfaction peaked in 2003 and has since declined.” *Source: Centre for Aboriginal Economic Policy Research ANU College of Arts & Social Sciences*

### [Watering the garden of family wellbeing](http://apo.org.au/files/Resource/li-fwb-report-final.pdf)

“This report contains the recommendations and outcomes of the national roundtable Empowering Aboriginal and Torres Strait Islander people through the Family Wellbeing program, Adelaide, March 2014.” *Source: Lowitja Institute*

[Back to top](#title)

## Workforce

### [Sector insights: skills and performance challenges in health and social care](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/430137/Skills_and_Performance_Challenges_in_Health_and_Social_Care.pdf)

“This report examines skills and performance challenges facing the health and social care sector. It provides a synthesis of evidence on the sector outlook, identifies major trends affecting skills demand, investigates employer perceptions of skills challenges facing specific occupations, and investigates employer awareness of, engagement with and interest in National Occupational Standards.” *Source: UK Commission for Employment and Skills*

### [Research into nurse staffing levels in Wales](http://gov.wales/docs/caecd/research/2015/150529-research-into-nurse-staffing-levels-en.pdf)

“This report falls into two sections, namely: a critical examination of the evidence base associated with setting and monitoring safe nurse staffing levels followed by the presentation and analysis of findings related to developing a better understanding of the availability and accessibility of nurse staffing data in medical and surgical hospital wards in Wales.” *Source: Welsh Government*

### [Workplace policy and management practices to improve the health and wellbeing of employees](http://www.nice.org.uk/guidance/ng13)

“This guideline makes recommendations on improving the health and wellbeing of employees, with a particular focus on organisational culture and context, and the role of line managers.” *Source: NICE*

[Back to top](#title)

## Child, Youth, & Maternal Health

### [The impact of living in regional and remote areas on the wellbeing of WA children and young people](http://apo.org.au/files/Resource/policy_brief_-_regional_and_remote_areas.pdf)

“This policy brief explores key information from the two Wellbeing Monitoring Framework reports related to children and young people in regional and remote areas.” *Source: Commissioner for Children and Young People Western Australia*

### [London Child Safety Update – Sudden Unexpected Deaths in Infancy: Advice for people working with children, young people and families](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/431396/London_sudden_deaths_in_infancy_update_factsheet.pdf?utm_source=The+King%27s+Fund+newsletters&utm_medium=email&utm_campaign=5730009_HWBB+2015-06-08&dm_i=21A8,3ETAX,FLWRH5,C7VR6,1)

The aims of this short report are to “summarise the evidence about sudden unexpected deaths in infancy (SUDI) and to develop an evidence-based resource about prevention of SUDI that can be shared with key stakeholders.” *Source: Public Health England*

### [Progress for Children – Beyond Averages: Learnings from the MDGS](http://www.unicef.org/publications/files/Progress_for_Children_No._11_22June15.pdf)

“This report shows progress for the most vulnerable, proving that a more equitable world is within reach. But despite this progress, millions of the children in greatest need have been left behind – the most marginalized and vulnerable children whose future the MDGs (Millennium Development Goals) were designed to safeguard.” *Source: UNICEF*

[Back to top](#title)

## Social Care & Disability

### [Access to health services by Australians with disability 2012](http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129551401)

“In 2012, 17% of people with disability who needed to see a GP delayed or did not go because of the cost; 20% who needed to see a medical specialist did not go mainly due to the cost; and 67% who needed to see a dentist delayed seeing or did not go because of the cost. Compared with people with disability living in Major cities, people with disability living in Outer regional and Remote areas had lower use rates of services provided by GPs, medical specialists and dentists as well as coordinated care provided by different types of health professionals. They were more likely to visit a hospital emergency department for health issues that could potentially be dealt with by non-hospital services, and to face barriers to accessing health services.” *Source: Australia Institute of Health and Welfare*

### [Does Poor Health Affect Employment Transitions](http://www.jrf.org.uk/sites/files/jrf/health-employment-transitions-full.pdf)

“People who class themselves as having poor health are far less likely to remain in work than those with good health. However, there has been very little research about the transitions people with poor health make between different employment states over time.” *Source: Joseph Rowntree Foundation*

### [Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges](http://www.nice.org.uk/guidance/NG11/)

“This guideline offers evidence-based advice on prevention and interventions for children, young people and adults with a learning disability and behaviour that challenges.” *Source: NICE*

### [Technology changing lives: how technology can support the goals of the Care Act](http://www.scie.org.uk/publications/reports/report73-technology-changing-lives.pdf)

“Technology can support individuals to make the right choices for the care that they have. It can help professionals to see that people are accessing the right care and those professionals can have quicker access to records and histories.” *Source: Social Care Institute for Excellence*

### [Working together 2: Easy steps to improve support for people with learning disabilities in hospital](https://www.improvinghealthandlives.org.uk/publications/1247/Working_together_2:_Easy_steps_to_improve_support_for_people_with_learning_disabilities_in_hospital)

“Working together 2 is an update of the Working together guide published in 2008 to help hospital staff, family members and paid support staff work jointly before, during and towards the end of any hospital admission (unplanned or planned) so an individual with learning disabilities could get good support and treatment.” *Source: Public Health England*

[Back to top](#title)

## Health of Older People

### [How can and should UK society adjust to dementia?](http://www.jrf.org.uk/sites/files/jrf/society-adjust-dementia-summary.pdf)

“This paper explores the application of the social model of disability to dementia. This involves looking in some detail at what this social model is, and where it has come from.” *Source: Joseph Rowntree Foundation*

### [Implementing the Namaste Care programme for people with advanced dementia at the end of their lives: an action research study in six care homes with nursing](http://www.stchristophers.org.uk/sites/default/files/education_downloads/Namaste%20Care%20Study%20research%20report%20%28final%20Feb2014%29.pdf)

“The Namaste Care programme is a seven days a week enhanced nursing programme that integrates compassionate nursing care with individualised meaningful activities. “Namaste” means “to honour the spirit within”. The care programme was developed in the USA and seeks to engage people with advanced dementia through sensory input, especially touch, and to enrich their quality of life. Families are supported to acknowledge the progression of dementia in the positive context of seeking to provide quality of life to the end of life. The programme claims not to require additional staff or expensive equipment.” *Source: St. Christopher’s*

### [Women and Dementia: A Global Research Review](http://www.alz.co.uk/sites/default/files/pdfs/Women-and-Dementia.pdf)

“Across all regions of the world, dementia disproportionately affects women. More women than men develop dementia, and a large proportion of carers are women, in both informal and formal capacities. While the higher prevalence of dementia amongst women is noted in the research, there is little evidence of policy being put into place and actioned in response to this.” *Source: Alzheimer’s Disease International*

### [Aboriginal and Torres Strait Islander People and dementia: a review of the research](https://fightdementia.org.au/sites/default/files/Alzheimers_Australia_Numbered_Publication_41.pdf)

“This report outlines the prevalence of dementia and modifiable risk factors in Aboriginal and Torres Strait Islander communities.” *Source: Alzheimer’s Australia*

[Back to top](#title)

## Public Health

### [Sexual health commissioning in local government](http://www.local.gov.uk/documents/10180/6869714/L15_227+Sexual+health_V4_41035.pdf/9d269bdd-ef36-4beb-9068-e68d5780a2c5)

“This resource describes how public health in a number of councils has started to build on the opportunities of a local government setting to improve sexual health and wellbeing. The case studies were chosen because they show a range of ways in which public health in councils is approaching the commissioning of sexual health services. They include councils spread across England, covering both rural and urban environments and with varying levels of deprivation and affluence.” *Source: Local Government Association*

### [Tuberculosis – A Complex Health Threat](http://csis.org/files/publication/150409_Nieburg_TBComplexHealthThreat_Web.pdf)

“The pervasiveness of global tuberculosis (TB) poses a particular set of challenges to policymakers. In order to make the necessary strategic decisions, it is essential to understand how the disease works and its impact on individuals, families, communities, and broader global health goals. This report is intended to lay out the basics for a nontechnical audience to give policymakers the information they need to make informed and accurate decisions about the future of U.S. TB control efforts.” *Source: Center for Strategic & International Studies*

### [Connecting Global Priorities: Biodiversity and Human Health](https://www.cbd.int/getattachment/health/Meetings-and-Other-Activities/SOK-Summary-Finalv4_reduced.pdf)

"Healthy communities rely on well-functioning ecosystems. They provide clean air, fresh water, medicines and food security. They also limit disease and stabilize the climate. But biodiversity loss is happening at unprecedented rates, impacting human health worldwide, according to a new state of knowledge review of the Convention on Biological Diversity (CBD) and WHO." *Source: WHO*

### [Smoking Still Kills](http://www.ash.org.uk/files/documents/ASH_962.pdf)

“This report proposes new targets for a national strategy, consistent with the long-term vision described above, that challenge all stakeholders in tobacco control to increase their efforts and accelerate the rate of decline of smoking prevalence over the next decade.” *Source: Action on Smoking and Health*

[Back to top](#title)

## Mental Health, Drugs, & Alcohol

### [Right here, right now: people’s experiences of help, care and support during a mental health crisis](http://www.cqc.org.uk/sites/default/files/20150611_righthere_mhcrisiscare_summary_3.pdf)

“[The] review explored the lived experience of people during a mental health crisis and the response they received when they reached out to services for help and support. It paints a picture of variation and inconsistency in the quality of care given and while some of the evidence it draws on is new, some of the key messages are not.” *Source: Care Quality Commission*

### [How patterns of injecting drug use evolve in a cohort of people who inject drugs](http://aic.gov.au/media_library/publications/tandi_pdf/tandi502.pdf)

“This research found an overall movement away from street based drug purchasing and drug use, towards more activity in private settings, which has important implications for the harms experienced by people who inject drugs.” *Source: Australian Government*

### [The Integration of Harm Reduction and Health Care](http://www.nyam.org/news/docs/pdf/Harm_Reduction-Report.pdf)

“The overarching theme that emerged is the need for healthcare reform strategies to move beyond the array of clinical care needs of patients to embrace and promote models of holistic person-centered care. Clinical care should be coordinated and co-located with services that address basic needs including food, housing, counseling and advocacy, access to safe injection equipment and harm reduction education, as well as social support. For marginalized populations living in precarious circumstances, such services are essential to establishing the stability that allows them to take care of their health.” *Source: New York Academy of Medicine*

[Back to top](#title)

## Consumer-Centred Care

### [Engaging with consumers: a guide for district health boards](http://www.hqsc.govt.nz/assets/Consumer-Engagement/Publications/DHB-guide/engaging-with-consumers-3-Jul-2015.pdf)

“This resource is a practical guide to help New Zealand district health boards, and the health and disability services they fund, to engage better with consumers. It covers consumer engagement in the design and delivery of services, as well as the development of policy and governance procedures.” *Source: Health Quality and Safety Commission*

### [People-centred and integrated health services: an overview of the evidence](http://apps.who.int/iris/bitstream/10665/155004/1/WHO_HIS_SDS_2015.7_eng.pdf?ua=1)

“This document presents some of the evidence on strategies to implement people-centred and integrated health services. It accompanies the World Health Organization (WHO) global strategy on people-centred and integrated health services. It looks at examples from around the world, in differing country contexts, and identifies some models of good practice and lessons learnt. In particular, it discusses the five strategic directions towards people-centred and integrated health services and looks at the different approaches used to achieve them. It further considers some of the issues involved in leading and managing change in the health sector, and how to measure success and build learning into the process.” *Source: WHO*

### [Making sense and making use of patient experience data](https://www.membra.co.uk/sites/default/files/MES-Patient-Experience-Report-June-2015.pdf)

“This report usefully investigates just what is happening on the ground in relation to listening to patients, collecting feedback about their experience of services and putting the intelligence that is gathered from different approaches to use. Based on interviews with patient experience managers and others in NHS trusts closely associated with the work of collecting, analysing and using data from patients, it provides answers to questions about: Who is doing this work? What kind of training and preparation do they have for the tasks? Who supports them? Where do they fit in their organisation? To whom do they report? And how do they feel about their roles?” *Source: Membership Engagement Services*

[Back to top](#title)

## Primary Care

### [Transforming general practice: what are the levers for change?](http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/transforming_general_practice_levers_change.pdf)

“In this briefing, [the authors] examine the approaches and levers for change that can be utilised by policy-makers and regulators to promote change in general practice.” *Source: Nuffield Trust*

### [Review of after hours primary health care](http://www.health.gov.au/internet/main/publishing.nsf/Content/79278C78897D1793CA257E0A0016A804/$File/Review-of-after-hours-primary-health-care.pdf)

“This review considered the most appropriate and effective delivery mechanisms to support ongoing after hours primary health care services nationally.” *Source: Government of Australia*

### [How to engage men in self-management support](http://menshealthresearch.ubc.ca/wp-content/uploads/2015/03/How-to-engage-men-in-self-management-support_MHF-guide.pdf)

“The guide explores some of the challenges and evidence for what type of self-management support appeals to men. It identifies and explores five core themes that support better engagement of men in self-management.” *Source: Health Foundation*

### [Towards Responsible Self Care: The Role of Health Literacy, Pharmacy and Non-Prescription Medicines](http://www.globalaccesspartners.org/GAP_Taskforce_on_Self_Care_Report_released_23_June_2015.pdf)

“This paper outlines the pressures and opportunities facing Australia’s health system and offers self care and improved health literacy as a ‘win-win’ solution delivering better outcomes and lower costs for consumers, health professionals and the Federal Budget.” *Source: Global Access Partners*

[Back to top](#title)

## Cancer & Palliative Care

### [Suspected cancer: recognition and referral](http://www.nice.org.uk/guidance/NG12)

“This guideline updates and replaces NICE clinical guideline CG27 (published June 2005). It offers evidence-based advice on the recognition of and referral for suspected cancer in children, young people and adults. New recommendations have been added about recognising suspected cancer and referral. The recommendations have been organised by symptoms and investigation findings, as well as by the site of suspected cancer.” *Source: NICE*

### [Triggers for palliative care: Improving access to care for people with diseases other than cancer](https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/june-2015/triggers-for-palliative-care-full-report.pdf)

“This report explores the evidence around access to palliative care for people with terminal illnesses other than cancer. It also uses existing evidence to identify factors which trigger palliative care referrals for people with these conditions.” *Source: Marie Curie*

[Back to top](#title)

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