

Pearson BTEC Level 3 Nationals Diploma, Extended Diploma

January 2019

Monitored hours: 6 hours

Paper Reference **31494H**

Health and Social Care

Unit 4: Enquiries into Current Research in Health and Social Care

Part A

You do not need any other materials.

Instructions

- **Part A** contains material for the completion of the preparatory work for the set task.
- **Part A** is given to learners four weeks before **Part B** is taken under formal supervision as scheduled by Pearson.
- **Part A** must be given to learners on the specified date so that learners can prepare as directed and monitored.
- **Part A** is specific to each series and this material must only be issued to learners who have been entered to undertake the task in that series.
- **Part B** contains unseen material and is issued to learners at the start of the specified formal supervised assessment session on the timetabled date specified by Pearson.

Turn over ►

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Instructions to Teachers/Tutors

This set task has a preparatory period. **Part A** sets out how learners should prepare for the completion of the unseen task in **Part B** under supervised conditions.

Part A should be issued to learners four weeks prior to undertaking **Part B** of the assessment.

Learners should be provided with the opportunity to conduct independent research in order to select and read secondary source materials such as articles and journals. Centres may need to make facilities available to learners to support independent work. Learners are advised to spend approximately **8 hours** on selecting and reading their secondary sources and that spending any longer on this is unlikely to advantage them. Learners may bring their research, such as copies of articles, into the monitored sessions, and these will be subject to monitoring by the teacher/tutor.

Learners should be monitored in **6 hours** provided by the centre to compile notes on their secondary research. During this time they may only have access to:

- the internet to carry out searches and to access secondary sources in relation to their research
- outcomes of independent research such as sources that they have selected.

Learners must work independently and must not be given guidance or feedback on the completion of the preparatory work. Learners must not prepare potential responses.

Learners may take up to four A4 sides of notes into the supervised assessment. Learners' notes are the outcome of independent preparation and support learners in responding to the additional information and activities presented only in **Part B**.

The notes may be handwritten, or typed in a 12 point size font. Learners' notes can only include:

- facts, figures and data relating to secondary sources covering the article's area of research
- the research methods used in the learner's own secondary research.

Other content is not permitted.

In addition to the four pages of notes, learners should use the monitored sessions to prepare a list of sources that they have used to take into the supervised assessment.

Teachers/tutors should note that:

- Learner notes produced under monitored conditions must be checked to ensure that they comply with the limitations.
- Learner notes should be retained by the centre between the monitored sessions and the formal supervised assessment.
- Learner notes should be retained by the centre after the completion of assessment and may be requested by Pearson.

Part B is a supervised assessment and uses the **Part B** booklet. This is a task book.

This supervised assessment will take place in a timetabled slot. A supervised rest break is permitted.

The supervised assessment is a formal external assessment and must be conducted with reference to the instructions in this task booklet and the Instructions for Conducting External Assessments (ICEA) document.

Instructions for Learners

Read the set task information carefully.

In **Part B** you will be asked to carry out specific written activities using the information in this **Part A** booklet and your own research on this topic.

In your preparation for **Part B**, using this **Part A** booklet you may prepare notes to refer to when completing the set task. Your notes may be up to four sides and may be handwritten or typed in a 12 point size font. Your notes can only include:

- facts, figures and data relating to secondary sources covering the article's area of research
- the research methods used in your own secondary research.

Other content is not permitted.

You will complete **Part B** under supervised conditions.

You must work independently and should not share your work with other learners.

Your teacher will provide a schedule for the **6 hours** of monitored preparation.

Your teacher cannot give you feedback during the preparation period.

Set Task Information

You are required to use your understanding of research methodologies and associated issues related to a piece of current research on a health and social care issue, and to use your own skills in carrying out secondary research around the issue.

You must choose **one** of the two articles covering an aspect of recent research in the health and social care sector to base your secondary research on.

To prepare for the set task in **Part B** you must carry out the following:

1. Analyse the article.
2. Carry out your own independent research using secondary sources.
3. Prepare the following for your final supervised assessment:
 - a list of your secondary sources
 - notes on your secondary research – you can take in no more than four A4 pages of notes.

During the supervised time for **Part B** you will have access to this material. You will be required to address questions based on your chosen article and own secondary research. You will have **3 hours** under supervised conditions in which to complete your final assessment.

Part A of Set Task

Select **EITHER** Article 1 **OR** Article 2.

You are provided with the following information:

Article 1: Health research: New drug shows promise for preventing migraines, pages 7 to 9.

Article 2: Social care research: Three-quarters of older people in the UK are lonely, pages 10 to 11.

Article 1: Health Research

New drug shows promise for preventing migraines

Thursday November 30 2017

“Millions of people are set to benefit from the first new migraine drug in 20 years,” reports the Mail Online. New research found the injectable drug erenumab cut the number of days people had migraines from an average of 8 a month to between 4 and 5 a month.

Millions of people in the UK get migraines. Symptoms include severe headache, dizziness, nausea, and aversion to light. Migraine-specific drugs include a group of drugs called triptans, which are used to try to ease the symptoms of attack once it starts, and several drugs that are used to try to prevent attacks. But these drugs aren't always effective and can have unwelcome side effects.

The new drug is thought to disable a protein known as calcitonin gene-related peptide. Previous research found this protein may play a part in migraine symptoms. A second drug that works in a similar way, fremanezumab, is also being tested. Any new drugs will have to be licensed by the European Medicines Agency and assessed by the National Institute for Health and Care Excellence (NICE) before they can be made available on the NHS.

Where did the story come from?

The research on erenumab was carried out by researchers from King's College Hospital in the UK, the Universitätsmedizin Berlin in Germany, St Göran Hospital in Sweden, the Medical University of Innsbruck in Austria, Mercy Research, and the pharmaceutical company Amgen in the US. It was published in the peer-reviewed New England Journal of Medicine. The study was funded by Amgen and Novartis, pharmaceutical companies co-developing the drug.

The UK media greeted the study with enthusiasm, with the Mail Online hailing it as a “Holy Grail” treatment, while The Daily Telegraph said it could “slash in half” the number of days people suffered migraines. Oddly, The Guardian and The Times said it reduced how long migraines lasted by half, which seems to be a misreading of the study results. The study didn't publish data about the length of migraine attacks. The media reports focused on erenumab, with only BBC News discussing the study on fremanezumab (possibly because it's used to treat the less common type, chronic migraine), so we do the same here.

What kind of research was this?

This was a double-blind randomised controlled trial, the best type of study to show whether a treatment works. But the study was quite selective about the participants included, so we don't know whether the drug will work for all people with migraine. This study was multi-centre, conducted across 121 sites across the US, which reduces the risk of the treating team influencing the results.

What did the research involve?

Researchers recruited 955 adults aged 18 to 65 who regularly had at least 4 days of migraine a month on average. First participants were asked to record their migraine symptoms for 4 weeks using an electronic diary. The researchers then randomly assigned 317 to a monthly injection of 70mg erenumab, 319 to a monthly injection of 140mg erenumab, and 319 people to a monthly placebo injection. People continued to record

their migraine symptoms and any other symptoms for 24 weeks (about 6 months) while having the monthly injections. Researchers looked at results from the last 2 months of the trial to see if different treatments had different results.

The trial then continued with everyone being treated with one or other dose of erenumab, but this phase hasn't been analysed yet. The researchers excluded anyone from taking part in the trial who hadn't responded to more than 2 types of existing migraine-preventative drugs. People could take other migraine-preventative or migraine treatment drugs during the study. The main outcome measured was change in the average number of days of migraine a month in the final 2 months, compared with the 4-week baseline period.

Researchers also recorded the proportion of people who saw the number of days on which they had migraines fall by half (which is considered a clinically significant result), and changes to people's scores on questionnaires about how migraines affected their lives.

What were the basic results?

During the first 4 weeks (without treatment), people had on average 8.3 days of migraine a month.

In the last 2 months of the trial, on average:

- people taking erenumab 70mg had migraines on 3.2 fewer days
- people taking erenumab 140mg had migraines on 3.7 fewer days
- people taking a placebo had migraines on 1.8 fewer days

People taking erenumab were also more likely to see the number of days they had migraines fall by half:

- 44.3% of people taking 70mg erenumab 70mg
- 50% of people taking 140mg erenumab 140mg
- 26.6% of people taking placebo

Compared with placebo, people taking erenumab 70mg were 2.13 times as likely to have their migraine days fall by half (odds ratio (OR) 2.13, 95% confidence interval (CI) 1.52 to 2.98) and those taking erenumab 140mg were 2.81 times as likely (OR 2.81, 95% CI 2.01 to 3.94).

The number of possible side effects reported was similar between those taking placebo and those taking erenumab, suggesting they may not be specific to the drug.

Symptoms reported included soreness from the injection, colds and tiredness. And there are reports of people responding negatively to receiving regular injections even though they were only injected with water.

How did the researchers interpret the results?

The researchers say their results "suggest that erenumab may be useful for the prevention of episodic migraine", but "further trials are needed to determine the long-term safety of erenumab and the durability of its effects".

Conclusion

This is a good-quality study that holds promise for a treatment that may help people who have migraines. But there are limitations to be aware of:

- The study didn't include people who had found no effect from more than 2 classes of migraine prevention drugs, so we don't know whether it works in these people.
- The study didn't include people with chronic migraine (migraines on 15 or more days a month).
- The trial period of 6 months may not be long enough to pick up all possible side effects. The trial continued beyond this to allow for a safety analysis, so more information about the drug's safety may emerge.

Only half the people who took erenumab saw results as good as those stated in the newspaper headlines. Some people may not have seen any improvement: we don't know if it works for everyone.

The drug has to be approved and then assessed by NICE, who will decide whether it should be prescribed on the NHS.

*Analysis by Bazian
Edited by NHS Choices*

Links to the science

Goadsby PJ, Reuter U, Hallström Y, et al. A Controlled Trial of Erenumab for Episodic Migraine. *The New England Journal of Medicine*. Published online November 30 2017.

(Source: NHS)

Article 2: Social Care Research

Three-quarters of older people in the UK are lonely, survey finds.

Individuals and firms urged to look for signs after results of poll carried out for Jo Cox commission on loneliness

Haroon Siddique

Tuesday 21 March 2017

Almost half of the 73% who described themselves as lonely in the online poll said they had been so for years.

Almost three-quarters of older people in the UK are lonely and more than half of those have never spoken to anyone about how they feel, according to a survey carried out for the Jo Cox commission on loneliness.

The poll by Gransnet, the over-50s social networking site, also found that about seven in 10 (71%) respondents – average age 63 – said their close friends and family would be surprised or astonished to hear that they felt lonely.

Gransnet is one of nine organisations – including Age UK, the Alzheimer's Society and the Silver Line helpline for older people – working to address the issue of loneliness in older people, which is the current focus of the commission, set up by Cox before her murder last June.

They are urging individuals and businesses to look for signs of loneliness and refer people to organisations that can help. But they also want people to take time to speak to neighbours, family, old friends or those they encounter randomly.

The chairs of the cross-party commission, the Labour MP Rachel Reeves and Conservative MP Seema Kennedy, said there was a stigma around loneliness that must be tackled.

"We all need to act and encourage older people to freely talk about their loneliness," they said. "Everyone can play a part in ending loneliness among older people in their communities by simply starting a conversation with those around you." "How we care and act for those around us could mean the difference between an older person just coping, to them loving and enjoying later life."

Almost half (49%) of the 73% who described themselves as lonely in the online poll said they had been so for years, 11% said they had always felt lonely and 56% said they had never spoken about their loneliness to anyone.

Laura Alcock-Ferguson, the executive director of the Campaign to End Loneliness – another organisation working with the commission – said the percentage of lonely older people had stayed the same for five decades, but an ageing population meant the number was increasing in absolute terms. "Loneliness is a serious public health issue and dealing with it will take the strain off the NHS and social care services," she said.

Common trigger events said to have contributed to feelings of loneliness were bereavement, retirement and children leaving home. Being shy, living alone or far from family and low income were other commonly cited contributory factors.

The rise of social networking to the detriment of face-to-face interaction has been blamed for contributing to an "epidemic" of loneliness, but the survey of just over 1,000 people found it could also offer solace.

Almost three in five respondents (59%) said social media helped people feel less lonely and about eight in 10 (82%) said talking about loneliness was much easier when anonymous and online. While the results indicate the potential benefits of online interaction, the older people are the less likely they are to have access to the internet, particularly women.

The commission is encouraging supporters and followers to post #happytochat on social media to create discussion around loneliness and for people to wear badges with the same slogan. Ultimately, they hope some customer-facing organisations will encourage their staff to wear the badges.

Respondents highlighted greater public awareness - a key goal of the commission – as the best way to combat loneliness.

Caroline Abrahams, charity director at Age UK, said: “There are reasons to believe that we can all do something to change things for the better: a simple thing like saying hello and having a chat can brighten up an older person’s day and do more good than most of us would ever guess.”

In coming months, the commission will focus on loneliness in other groups, including men, people with disabilities, carers, refugees, children and parents.

(Source: The Guardian)

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Acknowledgements:

NHS. New drug shows promise for preventing migraines. 30 November 2017. Source: <https://www.nhs.uk/news/medication/new-drug-shows-promise-preventing-migraines/>

Siddique H. Three quarters of older people in the UK are lonely, survey finds. 21 March 2017. Source: <https://www.theguardian.com/society/2017/mar/21/three-quarters-of-older-people-in-the-uk-are-lonely-survey-finds>