

Please check the examination details below before entering your candidate information

Candidate surname

Other names

Pearson BTEC
Level 3 Nationals
Diploma,
Extended Diploma

Centre Number

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Learner Registration Number

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Wednesday 9 January 2019

Supervised hours: 3 hours

Paper Reference **31494H**

Health and Social Care

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

Part B

You will need notes prepared in Part A.

Total Marks

Instructions

- Use **black** ink or ball-point pen.
- **Fill in the boxes** at the top of this page with your name, centre number and learner registration number.
- Answer **all** activities.
- Answer the activities in the spaces provided
– *there may be more space than you need.*
- **Part A** will need to have been used in preparation for completion of **Part B**.
- **Part B** booklet must be issued to learners as defined by Pearson and should be kept securely.
- **Part B** booklet must be issued to learners on the specified date.
- **Part B** 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** should be kept securely until the start of the supervised assessment periods.

Information

- The total mark for this paper is 65.
- The marks for **each** activity are shown in brackets
– *use this as a guide as to how much time to spend on each activity.*

Advice

- Read each activity carefully before you start to answer it.
- Try to answer every activity.
- Check your answers if you have time at the end.

Turn over ►

P52822RA

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Instructions to Teachers/Tutors

Part B set task is undertaken under supervision in a single session of **3 hours** in the timetabled session. Centres may schedule a supervised rest break during the session.

Part B set task requires learners to apply research. Learners should bring in notes as defined in **Part A**. The teacher/tutor needs to ensure that notes comply with the requirements.

Learners must complete the set task using this task and answer booklet.

The set task 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 to ensure that the supervised assessment is conducted correctly and that learners submit evidence that is their own work.

Learners must not bring anything into the supervised environment or take anything out without your approval.

Centres are responsible for putting in place appropriate checks to ensure that only permitted material is introduced into the supervised environment.

Maintaining security:

- During supervised assessment sessions, the assessment areas must only be accessible to the individual learner and to named members of staff.
- Learners can only access their work under supervision.
- Any work learners produce under supervision must be kept secure.
- Only permitted materials for the set task can be brought into the supervised environment.
- During any permitted break and at the end of the session materials must be kept securely and no items removed from the supervised environment.
- Learners are not permitted to have access to the internet or other resources during the supervised assessment period.
- Learner notes related to **Part A** must be checked to ensure length and/or contents meet limitations.
- Learner notes will be retained securely by the centre after **Part B** and may be requested by Pearson if there is suspected malpractice.

After the session the teacher/tutor will confirm that all learner work has been completed independently as part of the authentication submitted to Pearson.

Outcomes for Submission

One document will need to be submitted by each learner.

- A completed taskbook.

Each learner must complete an authentication sheet.

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Instructions for Learners

This session is of **3 hours**. Your teacher/tutor will tell you if there is a supervised break. Plan your time carefully.

Read the set task information carefully.

Complete all your work in this taskbook in the spaces provided.

You have prepared for the set task given in this **Part B** booklet. Use your notes prepared during **Part A** if relevant. Attempt all of **Part B**.

You will complete this set task under supervision and your work will be kept securely during any breaks taken.

You must work independently throughout the supervised assessment period and should not share your work with other learners.

Outcomes for Submission

You will need to submit one document on completion of the supervised assessment period.

- A completed taskbook.

You must complete a declaration that the work you submit is your own.



Set Task Information

Select **EITHER** Section 1 beginning on page 6 **OR** Section 2 beginning on page 24 and answer the questions in the spaces provided.

You will need to refer to Article 1 on pages 41 – 43 **or** Article 2 on pages 44 – 45 and the notes of any research completed in **Part A**.

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**SECTION 1: HEALTH RESEARCH
BEGINS ON THE NEXT PAGE.**



SECTION 1: Health Research

Activity 1

How have different research methods been used in this research?

In your answer, you should consider the:

- suitability of research methods referred to in the article
- reliability and validity of the research methods.

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(Total for Activity 1 = 15 marks)





Activity 2

How does secondary research support the importance of research into this issue?

In your answer, you should consider:

- secondary research and its relationship to the issue
- an analysis of the effects on individuals, practitioners and/or wider society.

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Activity 4

Carla is a neurologist who specialises in migraine research. She wants to investigate how new medication would help sufferers of chronic migraine.

Carla is planning to investigate a new treatment with 10 participants who report symptoms of chronic migraine on over 15 days each month. She will conduct neurological tests of the participants while using medication, or a placebo, and interview the participants over a period of six months to assess the changes in symptoms and occurrence of migraine.

What should Carla consider when undertaking this research?

You should include judgements on:

- planning considerations
- ethical issues
- research methodologies
- research skills required to explore the issue.

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TOTAL FOR PAPER = 65 MARKS



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**SECTION 2: SOCIAL CARE RESEARCH
BEGINS ON THE NEXT PAGE.**



SECTION 2: Social Care Research

Activity 1

How have different research methods been used in this article to find out about loneliness in older adults?

In your answer, you should consider the:

- suitability of research methods referred to in the article
- reliability and validity of the research methods.

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Activity 2

How does secondary research support the importance of research into this issue?

In your answer, you should consider:

- secondary research and its relationship to the issue
- an analysis of the effects on individuals, practitioners and/or wider society.

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(Total for Activity 2 = 15 marks)



Activity 3

How could this research affect social care provision when caring for older adults to prevent loneliness?

In your answer, you should consider:

- the effect on provision and/or practice
- recommendations for change
- secondary research findings.

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Activity 4

Natasha works in the social care sector. She is responsible for commissioning services to support older people. She wants to carry out research to discover ways to avoid older people becoming isolated from society.

She intends to carry out focus groups with 50 older adults living within the local authority. Family members will also be given questionnaires to gather their opinions about the individuals' daily routines and habits.

What should Natasha consider when undertaking this research?

You should include judgements on:

- planning considerations
- ethical issues
- research methodologies that could be used
- research skills required to explore the issue.

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(Total for Activity 4 = 15 marks)

TOTAL FOR PAPER = 65 MARKS



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
- 50% of people taking 140mg erenumab
- 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".

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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.

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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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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>.

