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CADEAS Work Programme 2019/20

April 2019

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Background

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Purpose and role of CADEAS

2019/20 will be the first year of implementation for the recently-published NHS Long Term Plan. The Cancer Alliance Data, Evidence and Analysis Service (CADEAS) will continue to support Cancer Alliances' analytical needs enabling them to provide clinical, operational and transformational leadership to their local cancer system ensuring system-wide oversight and transformation of cancer services and outcomes.

CADEAS was established during 2017/18. Our purpose is to help ensure Cancer Alliances:

- take a data-driven approach to support meeting and sustaining operational performance; and transforming cancer outcomes across their local cancer system;
- track the implementation of national transformation priorities and evaluate their impact to share evidence and spread best practice; and
- have access to the very latest analysis to support delivery of transformation activities.

Funded by the National Cancer Programme, CADEAS is a partnership between NHS England & NHS Improvement and Public Health England.

CADEAS is a nationally-coordinated service with a named contact for Cancer Alliances in each region.

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Work programme 2019/20

Our core offer to Cancer Alliances is to:

- give Cancer Alliances access to timely and consistent data held nationally on operational performance and cancer activities, outputs and outcomes in their area to track progress and to identify areas for action;
- provide products such as tools, models and analysis of variation using a variety of analytical techniques to give greater depth and insights into key priority areas;
- offer advice and guidance to support Cancer Alliances to establish robust local evaluations; and
- synthesise emerging evidence generated across Cancer Alliances and publish and disseminate national findings so that all Cancer Alliances can learn from what works.

Our priorities for 2019/20, in line with the *NHS Operational Planning and Contracting Guidance 2019/20* and Cancer Alliance delivery plans, are developed in consultation with the National Cancer Programme and with Cancer Alliances, advised by the Cancer Data and Analytics Advisory Group (CDAAG)*. They are agreed by NHS England & NHS Improvement and Public Health England. See Annex for further details.

**CDAAG is chaired by Jem Rashbass, National Director for Disease Registration and Cancer Analysis at Public Health England, with cross-Arms Length Bodies, Cancer Alliance and charity representation.*

Reflections on 2018/19

Our key achievements last year

Preventable Cancer Projections

Sources, Assumptions, Acknowledgements

Visualisation tool

NHS England | Public Health England

CancerStats

Overview

Prevention is extremely important for cancer and a crucial part of the NHS Long Term Plan. Up to 40% of cancers are preventable, and there is excellent evidence on the link between risk factors and prev

This visualisation tool has been d

to help articulate which cancers a

Preventable cancers are projecte

This tool has been produced by

CADEAS supports Cancer Alliar

How to use the tool

Projections can be viewed at c

Geographies

1. Select one geography level
2. Select Cancer Alliances of i
3. Select geographies of inte

Tumour sites

1. Select tumour sites of i

Alliance Activity: All Cancer Alliance - Cancer Type: All, Period: All

Within 62 Day Standard | Breach of 62 Day Standard

Lung cancer: median days from referral to treatment, by diagnosis (2013-2016)

Median Days

Year of Diagnosis

Referral to First Seen | First Seen to Diagnosis | Diagnosis to MDT Date | MDT Date to Treatment

Cancer statistics: availability and location

September 2018 update

FIT Colonoscopy Demand Modelling - Screening

Blue highlighted cells can be changed by the user to test different scenarios and the effect of these on colonoscopy demand. The default values in these cells are from the BCSP Pilot and Moss et. al (2017) - see 'Methodology' worksheet for further details.

Invitations and annual uptake rates in 2016/17 and 2017/18 are observed data from screening centres.

Positivity rate, additional abnormal ratio, colonoscopy uptake rate, and additional colonscopy ratio are observed data from centres in 2016/17.

2018/19 and 2019/20 are forecasts based on annual growth rates, and are broken down monthly.

Select Region: Mids & NW

Screening Endoscopy Volumes; Current and Projected; Regional View

2016-17 Total | 0% uptake increase | 11% uptake increase

Introduction | Methodology | Summary | Screening Model

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Our achievements last year (continued)

We produced numerous products and outputs, in line with the NHS Planning Guidance for 2018/19, to support Cancer Alliance delivery.

Strategic support

Data

- ✓ CADEAS section in CancerStats2 portal
- ✓ Summary of key indicators grids
- ✓ Signposting guides

Cancer Waiting Times (CWTs)

- ✓ Monthly data extracts*
- ✓ Various operational and performance reports:
  - ✓ Provider by tumour site
  - ✓ Prostate activity and performance
  - ✓ Pathway length by tumour group, phase and geography
  - ✓ Sharing national reports produced by NHS England Operational Information for Commissioning (OIC)

Rapid diagnostic and assessment pathways (prostate, lung and colorectal cancers)

- ✓ Reports on variation in CWTs pathway length split by first treatment modality
- ✓ Reports on median pathway lengths by patient demographics, cancer stage and for the first time routes to diagnosis

Strategic support

Evidence and evaluation

- ✓ Guide on procuring local evaluation

Faecal immunochemical test (FIT)

- ✓ FIT endoscopy modelling tools
- ✓ Synthesis of evidence on FIT for high risk symptomatic patients

Other

- ✓ Preventable Cancers Toolkit
- ✓ Evaluation of multi-disciplinary team meeting streamlining pilot
- ✓ Evaluation questions developed for Targeted Lung Health Check

**Interim support until Cancer Alliances can access data directly from the National Cancer Waiting Times System.*

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What you told us you liked…

Products on CWTs

FIT tools

Summary of key indicators grids

CancerStats2

Engagement with Cancer Alliances

CADEAS sharing national products

> I want to express my joy at the new CADEAS section on the new CancerStats site. Very useful and user friendly!

> Consultation on development of products; Opportunities for feedback; Engagement with Stakeholders at regional and national events

We will continue to develop the products/areas above to ensure they meet Cancer Alliances' needs.

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…and areas for improvement

Areas for improvement	How we will address these in 2019/20
More tumour site breakdowns of data to support work such as implementation of best practice timed pathways	CADEAS will be working with partners to (i) report indicators, starting with early stage and emergency presentation, by tumour site; and (ii) produce summary CWTs activity and performance reports for specific cancer sites starting with OG cancers to support implementation of best practice timed pathways*. We have and will continue to produce activity and performance reports on prostate and colorectal cancers (data on lung are already available)*.
Time series/dynamic reports rather than just snapshots/static reports and more tools to enable CA to interrogate data	• We will continue to develop the CADEAS section on CancerStats2 and work with NHS England OIC to develop the new CWTs tableau reporting tool to ensure it meets Cancer Alliances' needs. • Cancer Programme Team are continuing to work with NHS Digital to make CWTs reports available to Cancer Alliances via the Cancer Waiting Times System. • Data from our two pathway projects already released to Cancer Alliances will be made available in CADEAS section of CancerStats2 to enable further interrogation.

**Subject to approval of NHS England's CWTs Data Sharing Agreement with NHS Digital*

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…and areas for improvement (continued)

Areas for improvement	How we will address these in 2019/20
Lots and lots of data – a single point of access to intelligence (outcomes and performance); catalogue of all products in one place and guide on how to use products	• Data governance issues make it challenging to create a single point of access for all cancer-related data. We will continue to develop the CADEAS section on CancerStats2 to make data available or to signpost to where data can be found. Cancer Alliances should also refer to the our signposting guide. • We are working with NHS England OIC to rationalise the number of CWTs reports and to incorporate these over time into the new CWTs tableau reporting tool. • We will (work with partners to) host webinars when key cancer analytical outputs/products are released to support Cancer Alliances to make the best use of the products starting with cancer survival.
Capacity for bespoke reporting and statistical advice	CADEAS is a nationally-co-ordinated service. We aim to support Cancer Alliances as a group, for example, by addressing important evidence gaps. We are keen to continue to work with Cancer Alliances to identify reporting and other needs that could be of value to a number of Cancer Alliances.
Greater transparency on work programme	The CADEAS work programme for 2019/20 was shared with Cancer Alliances at the end of April 2019.

Work programme

Strategic support

NHS England's objectives for monitoring and evaluation are to:

- *monitor progress where the evidence base is more established for interventions; and*
- *develop the evidence base for novel interventions.*

Data

What Cancer Alliances have told us they want

- Continued support and development of KPI's and analytics around Delivery Plans.
- Timely data to monitor progress of interventions.

CADEAS is working with the National Cancer Programme to develop an overarching framework for monitoring delivery of the Long Term Plan at National, Regional and Alliance levels. To support Cancer Alliances to track delivery, we will continue to produce the monthly **summary of key indicators** across the pathway at Alliance and CCG-levels, ensuring indicators are aligned to Long Term Plan priorities and 2019/20 Planning Guidance deliverables.

In 2018/19, working closely with a group of Cancer Alliances to understand requirements, we released a suite of metrics in **CancerStats 2**, an interactive tool managed by the National Cancer Registration and Analysis Service (NCRAS). These metrics bring together the latest data from a variety of different sources across the cancer pathway, from operational performance and prevention through to outcomes and patient experience. Cancer Alliances can use the data to track progress, benchmark and help prioritise and lead delivery of improved outcomes for patients locally. Phase 2 of the work will focus on working with partners to break key indicators down by tumour site and deprivation, as well as development of inequality indicators.

Strategic support (continued)

Evaluation

What Cancer Alliances have told us they want

- Sharing best practice/evaluation from transformation work to date from across the country.
- Evidence on interventions that drive outcome improvements to support making business cases locally.
- Understand what specific resources CADEAS will provide to Alliances to undertake evaluation of 19/20 programmes of work / interventions locally.

CADEAS will support a number of local and national evaluations. Cancer Alliances have been asked to undertake local evaluations in prescribed areas, set out below, in line with Cancer Alliance Planning Guidance expectations:

- Approaches to increase screening uptake
- Each 'additional deliverable' where the intervention is novel and the evidence is less established e.g. personalised (stratified) follow up care beyond breast, colorectal, and prostate pathways
- Innovation fund

Evaluation is crucial for developing evidence and best practice that can be shared across all Cancer Alliances and with the National Cancer Programme to support evidence-based decision making. Areas not covered by the above are where the evidence base is more established or where a national evaluation is planned (see slides 20, 24 and 27).

CADEAS will support Cancer Alliances to undertake **local evaluation** by developing an overarching framework for key areas setting out key evaluation themes to be addressed; potential metrics and supporting guidance including introduction to evaluation and navigating information governance. CADEAS will synthesise emerging evidence generated by local evaluations and share the learning across all Cancer Alliances.

Strategic support (continued)

Other

What Cancer Alliances have told us they want

- A forward look of what will be available to Cancer Alliances.
- Support with interpretation of analyses.

In addition to developing products, CADEAS work with partners to ensure their products are useful to Cancer Alliances, for example, by feeding in Cancer Alliance requirements and making sure Cancer Alliance level data are available. CADEAS will continue to act as the **interface between Cancer Alliances and other national teams** including producing forward looks of what will be available to Cancer Alliances and making them aware of recent relevant analytical releases through the CADEAS monthly email.

To support interpretation and understanding of key cancer products, CADEAS has hosted a number of **webinars** following publication of CADEAS key products including FIT tools; CancerStats2 and pathway projects. We will continue with this approach. We will also produce more **tailored ad hoc briefings and host webinars with partners** for other key cancer products starting with cancer survival statistics.

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Strategic support - summary

	PROJECT	Q1			Q2			Q3			Q4		
DATA	**CancerStats2 - ongoing update of existing indicators**	√	√	√	√	√	√	√	√	√	√	√	√
	CancerStats2 - development of new indicators	√ Overall patient experience and smoking prevalence indicators by deprivation; data loaded into CancerStats2 on variation in CWTs pathway length project		√ Breakdown of emergency presentation indicator	√ Breakdown of early stage indicator	√ Breakdown of screening indicators							
		Ongoing engagement and feedback from Cancer Alliances; scoping and development of work plan for next phase											
	Summary of key indicators grids	√	√	√ Aligned to quarterly assurance metrics	√	√	√	√	√	√	√	√	√
		Further development of grids											
EVALUATION	**Evaluation framework and supporting guidance for screening and 'additional deiverables'**	Development of local evaluation framework plus suite of evaluation resources		√ Release framework and resources	Ongoing support to Cancer Alliances on evaluation framework						Synthesis of evidence and best practice expected to be from Q3		√ Begin dissemination of evidence
	Evaluation framework and supporting guidance for innovaton fund	To be confirmed											
OTHER	**Email to Cancer Alliances with latest and upcoming releases of relevant cancer products**	√	√	√	√	√	√	√	√	√	√	√	√
	Ad hoc brefing and webinars on release of substantive cancer products		√ Briefing and webinars on cancer survival	To be confirmed									

√ Deliverables

Activities

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Sustainable operational performance

Cancer Alliance delivery requirements:

- *All eight existing Cancer Waiting Times (CWTs) standards to be delivered*
- *All trusts to be collecting the faster diagnosis standard (FDS) mandatory data items starting from 1st April 2019*
- *Demonstrable improvement in numbers of lung, prostate and colorectal cancer patients diagnosed in 28 days*
- *Implement the oesophago-gastric pathway in all trusts*

Additional deliverable:

- *Demonstrable improvement in numbers of patients diagnosed in 28 days on other pathways (based on local need)*

Data

What Cancer Alliances have told us they want

- Median waits data
- CWTs breakdown of broader tumour groups - e.g. prostate in urology; colorectal in lower GI; oesophagus and stomach in upper GI.

Reports for performance and monitoring use*

We will continue to work with NHS England OIC to report on 62-day CWTs:

- **Activity and performance by providers** mapped to Cancer Alliance by tumour group (to complement existing OIC reports)
- **Activity and performance data for prostate and colorectal cancers** and start to report data on other tumour sites including **oesophago-gastric cancers**
- **Variation in pathway lengths** (including median waits) by phases of the pathway, first treatment modality and tumour groups

**Subject to approval of NHS England's CWTs Data Sharing Agreement with NHS Digital*

Sustainable operational performance (continued)

Data continued

What Cancer Alliances have told us they want
A single interactive data source for all CWTs standards

NHS England and NHS Improvement have developed **a new interactive tableau report tool** which includes data on CWTs. This will be made available to Cancer Alliances from May. We are aiming to incorporate existing reports including those above into the tool over time.

What Cancer Alliances have told us they want
FDS performance data including connecting with CWTs and pathways data

We will work with NHS England OIC to report progress on:

- collecting the **fast diagnosis standard mandatory data items**
- **diagnosing cancer patients in 28 days** as reported in the Cancer Waiting Times monitoring dataset

Analytical projects

CADEAS will complete a more in-depth analytical project which started in 2018/19. We will assess the feasibility and if possible carry out analysis of **time from referral to first endoscopy** for individuals with suspected colorectal and oesophago-gastric (OG) cancers using CWTs monitoring dataset linked to Hospital Episodes Statistics. This is aimed at assessing implementation of the rapid assessment and diagnostic pathway for colorectal and OG cancers.

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Sustainable operational performance - summary

	PROJECT	Q1			Q2			Q3			Q4		
DATA	**Activity and performance summary report by provider**	√	√	√	√	√	√	√	√	√	√	√	√
	Activity and performance summary reports for specific tumour sites (joint with NHS England OIC)	√ (Prostate and colorectal from April)	√ (OG from May)	√	√	√	√	√	√	√	√	√	√
	Variations in CWTs pathway length by phases of pathway, first treatment modality and tumour groups (joint with NHS England OIC)		√			√ To include treatment modality from this report			√			√	
	NHS England and NHS Improvement new CWTs tableau reporting tool		√ Host demonstration webinars										
	Share NHS England OIC FDS reports			√	√	√	√	√	√	√	√	√	√
ANALYSIS	**Analysis of time taken from referral to first endoscopy for suspected colorectal and OG pathways**	Develop methodology and assess data quality. Link data and carry out analysis (if feasible)	√ Results shared with Cancer Alliances (subject to data quality)										

√ Deliverables

Activities

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Screening

Cancer Alliance delivery requirements:
Demonstrable impact on uptake of the screening programmes (based on local need), through delivery of project(s) aimed at reducing variation in uptake between different patient groups

Data

What Cancer Alliances have told us they want
Timely screening information, in addition to support in analysing data by deprivation and ethnic groups.

CADEAS will work with the screening team in Public Health England to make screening data by inequality groups available in **CancerStat2**. CADEAS will also **continue to share monthly screening reports** produced by NHS OIC for performance and monitoring use.

Evaluation

CADEAS will lead the **development of an evaluation framework** to support local evaluation on interventions to increase uptake of screening programmes. This will set out the key evaluation themes to be addressed, potential metrics and supporting guidance. CADEAS will synthesise emerging evidence generated and share the learning across all Cancer Alliances.

In addition to improving screening uptake, supporting the roll-out of FIT in the bowel screening programme remains a priority. CADEAS in 2018/19 developed tools for FIT for screening and low risk symptomatic patients. These will be updated in 2019/20. To support broader FIT roll-out, CADEAS will:

- **continue work with the 'FIT Pioneering Group'** who have been testing and evaluating the use of FIT for high risk symptomatic patients building on the evidence included in the NICE DG30 guidance for the low risk population. An appraisal and synthesis of evidence generated by the Group in Q3 2018/19 concluded that a number of important gaps in knowledge remain. CADEAS will continue to support the Group and synthesise the evidence generated by the Group to support NICE to evaluate the clinical and cost effectiveness of using FIT in this population including the number of cancers that are missed in people who are found to be FIT negative, the appropriate cut-off levels for different subgroups and the impact on endoscopy and other services including CT colonography.
- **evaluate implementation of FIT for low risk symptomatic patients.** The evaluation will seek to understand how the DG30 guidance has been implemented and impact on demand for endoscopy.

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Screening – summary

	PROJECT	Q1			Q2			Q3			Q4		
DATA	**CancerStats2 - screening by deprivation and ethnicity**					√							
	Share NHS England OIC screening reports	√	√	√	√	√	√	√	√	√	√	√	√
EVALUATION	**Evaluation framework to support local evaluations on screening**	Development of local evaluation framework plus suite of evaluation resources		√ Release framework and resources	Ongoing support to Cancer Alliances on evaluation framework						Synthesis of evidence and best practice expected to be from Q3		√ Begin dissemination of evidence
	Appraisal and synthesis of evidence from Pioneering Group for FIT high risk symptomatic patients				Reassess developments in evidence from Pioneering Group								
	Evaluation of FIT for low risk symptomatic patients				Define scope of evaluation			Work with Cancer Alliances to define approach to ongoing monitoring and evaluation			Implement approach to ongoing monitoring and evaluation		

√ Deliverables

Activities

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Early diagnosis

Cancer Alliance delivery requirements:

- *Working as part of the national Rapid Diagnostic Centre (RDC) programme, develop an implementation plan for further development, testing and roll out of RDC models across the Alliance geography*
- *Implement one RDC for a defined population within the Alliance geography*
- *Working as part of the national Targeted Lung Health Checks Programme, develop and implement a plan for year one (only relevant to the 10 Alliances involved in the Programme)*

Additional deliverables

- *Expand scope of RDC in line with the national RDC programme*
- *Implementation of additional RDCs within the Alliance geography*
- *Implementation of existing (i.e. already started in 2018/19) local lung health checks programmes*

Data

What Cancer Alliances have told us they want
More tumour site breakdowns

CADEAS will work with NCRAS and other partners to break down key indicators such as **early diagnosis and emergency presentation by tumour site and inequality groups** as far as possible in CancerStats2. We need to ensure that this is done in a meaningful way given the small numbers at sub-national levels.

Analytical projects

What Cancer Alliances have told us they want
Analysis into early diagnosis ambition and opportunities for making progress towards ambition

Long Term Plan ambitions

The LTP has set out clear ambitions for early diagnosis. CADEAS will work with Cancer Alliances to take an **in-depth look at early diagnosis** - understand the current position for each Cancer Alliance and identify where improvements are needed to make progress to reach the ambition.

Early diagnosis (continued)

Analytical projects continued

What Cancer Alliances have told us they want

- Diagnostics capacity and demand modelling
- Tools that allow scenario testing
- Forward looking data
- Forecasting on CWTs activity and performance by tumour site

Demand and capacity

Understanding diagnostic demand and capacity is important for a number of Cancer Alliance delivery requirements including sustainable operational performance, implementation of RDCs and roll-out of FIT. CADEAS will be undertaking a number of projects to support these areas:

- Endoscopy - **exploring in greater depth use of endoscopy** using CWTs monitoring dataset linked to Hospital Episodes Statistics. We will address, as far as possible subject to data quality, the proportion of endoscopies used for diagnosing suspected cancer and treating cancer out of total endoscopy activity; changes over time; and variation by Cancer Alliance; CCGs and trust.
- **Diagnostic demand and capacity** – a small number of Cancer Alliances have undertaken work in this area. This project would initially scope what has been done (including by NHS Improvement) and how to extend to all Cancer Alliances. Due to the need for detailed local data, it is anticipated that CADEAS will (i) develop a template to support planning in this area; and (ii) synthesise the data across Cancer Alliances to support planning and implementation of RDCs
- **Understanding future demand** – through the preventable cancers toolkit, CADEAS has produced estimates of incidents of cancer by tumour site for each year to 2035 at Cancer Alliance, STP, CCG and local authority levels. We will explore the feasibility and approach to developing projections on demand for services.

Early diagnosis (continued)

Evaluations

CADEAS will continue to lead the analytical work on:

- **designing and commissioning a national evaluation of targeted lung health checks**. Working with each local site and an external evaluation partner, the evaluation will seek to understand the impact of the programme on case finding, stage at diagnosis, survival, feasibility, scalability, and reducing variation nationally in lung cancer outcomes. Monthly management information will be shared with sites to facilitate rapid learning and improvement.
- a **national evaluation of RDCs**. It is expected that this will be carried out with an external evaluation partner. The evaluation will seek to understand whether the programme is being implemented as expected; and whether expected impacts are being achieved.

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Early diagnosis - summary

	PROJECT	Q1			Q2			Q3			Q4		
DATA	**CancerStats2 - breakdown of early stage and emergency presentation indicators**			√ Emergency presentation	√ Early stage								
ANALYSIS	**LTP ambition**	Analysis into current position and opportunities for improvement		√ Output shared with Cancer Alliances									
	Understanding endoscopy use		Develop methodology and assess data quality. Link data and carry out analysis (if feasible)		√ Results shared with Cancer Alliances (subject to data quality)								
	Diagnostic demand and capacity for RDCs	To be confirmed											
	Understanding future demand		Explore feasibility and approach to developing projections on demand for services										
EVALUATION	**TLHC national evaluation (working with an external evaluation partner)**				√ Evaluator appointed	Ongoing evaluation							
	RDCs evaluation (working with an evaluation partner)	To be confirmed											

√ Deliverables

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Living with and beyond cancer

Cancer Alliance delivery requirements:

- *From April 2020 approximately two-thirds of patients who finish treatment for breast cancer to be on a supported self-management follow-up pathway*
- *From diagnosis, all breast cancer patients (including secondary cancer) to have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support*
- *All Alliance Trusts to have in place protocols for stratifying the follow up of prostate and colorectal patients and systems for remote monitoring for these patients*
- *From diagnosis, all colorectal and prostate cancer patients (including secondary cancer) to have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support*

Additional deliverables

- *Make the following available to patients with cancer types other than breast, prostate and colorectal: Holistic needs assessment, personalised care and support plan, end of treatment summary and health and wellbeing information and support*
- *Improve access to psychological care (all cancers)*
- *Improve access to care for/prevention of other consequences of treatment (all cancers)*
- *Improve quality of cancer care reviews*
- *Full implementation of protocols for prostate and/or colorectal patients - approximately half of patients who finish treatment for colorectal or prostate cancer to be on a supported self-management follow-up pathway*
- *Develop clinically agreed personalised stratified follow up protocols and remote monitoring in other, clinically appropriate, cancer type(s)*

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Living with and beyond cancer (continued)

Data

What Cancer Alliances have told us they want

- Emerging metrics on personalised care
- HNA data

In 2018, considerable work was done by a group of stakeholders to create a group of ten LWBC metric definitions, with the intention that Cancer Alliances, MDTs and other organisations would be able to consistently monitor progress on LWBC transformation. While the metric definitions are ready to use, they will not be adopted as formal national metrics in 2019/20. From April 2021, Public Health England will (pending final approval) be introducing changes to the Cancer Outcomes and Services Dataset (COSD) version 9 that will require secondary care to submit additional information about LWBC interventions, including HNA, Personalised Care and Support Plans (PCSPs) and End of Treatment Summaries.

In 2019/20, CADEAS will work with NCRAS to report on **Holistic Needs Assessment** as currently recorded in the COSD (to be made available via CancerStats2 from June 2019). Each quarter we will produce a short report summarising the findings from the data including the quality of the data.

Evaluation

We will undertake a **qualitative study** to further build the evidence base on living with and beyond cancer, including personalised stratified follow-up pathway (PSFUP) - understand Cancer Alliance approaches to implementation and associated barriers and enablers.

We will also carry out a **feasibility study** to understand if and how we may identify the impact of PSFUP on patient outcomes and activity across the system.

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Living with and beyond cancer - summary

	PROJECT	Q1			Q2			Q3			Q4		
DATA	**HNA**			√ First quarterly report			√ Quarterly report			√ Quarterly report			√ Quarterly report
EVALUATION	**LWBC qualitative study**							Define scope of study and carry out work					√ Summary of findings
	PSFUP impact assessment feasibility study							Carry out feasibility study					

√ Deliverables

Activities

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Contacts

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Annex

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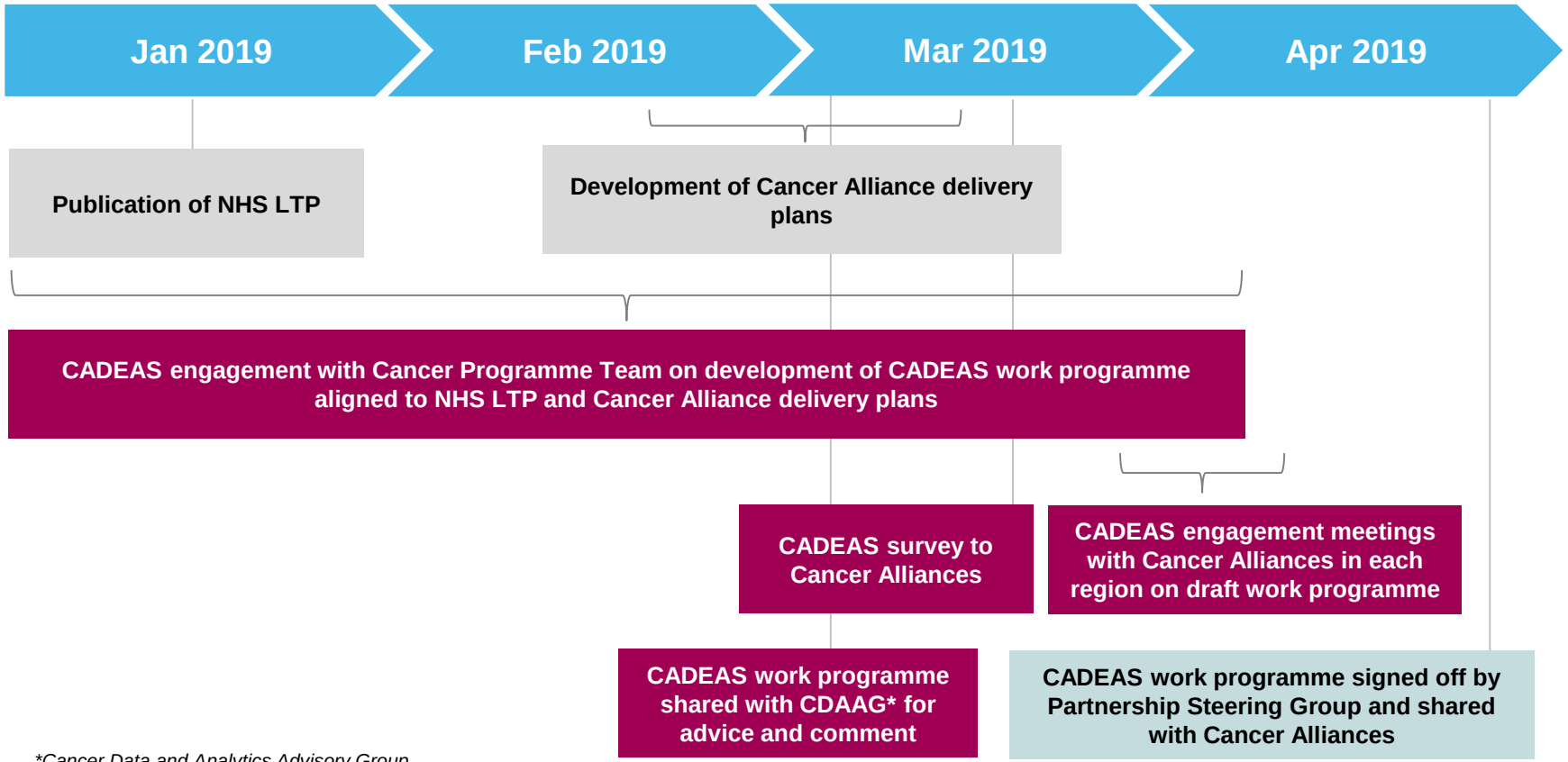
Development of work programme

The diagram below shows the process we have undertaken to develop the work programme.



Cancer Data and Analytics Advisory Group