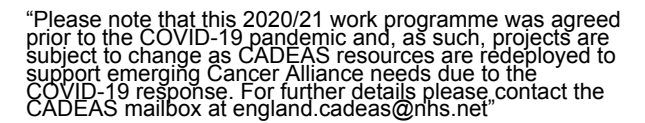




MARCH 2020





Introduction

This report provides details of the third work programme of the Cancer Alliance Data, Evidence and Analysis Service (CADEAS). Our priorities and work programme for 2020/21 were developed following extensive stakeholder engagement, including with Cancer Alliances across the country. The work programme will be reviewed throughout the year and we will continue to work with Cancer Alliances to co-design products ensuring these add maximum value. In addition to providing core products, we will work with Cancer Alliances to support interpretation and to make the best use of data, analysis and evidence and evaluation across the cancer pathway to improve outcomes for patients. We have recently produced the first monthly Cancer Waiting Times data pack tailored to each Cancer Alliance highlighting performance and the key areas for improvement. We will support work on monitoring progress and carry out analysis on early diagnosis and treatment variation to identify priorities for action to contribute to the NHS Long Term Plan ambitions for cancer. The two national evaluations on Targeted Lung Health Checks and Rapid Diagnostic Centres are underway and in partnership with the evaluators, we will provide rapid feedback to enable sharing of best practice.

Purpose and role of CADEAS

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.

Core offer

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.

REFLECTIONS ON 2019/20



Our achievements in 2019/20

http://www.ncin.org.uk/local_cancer_intelligence/cadeas

<https://future.nhs.uk/connect.ti/canc/view?objectId=13344208#13344208>

<https://cancerstats.ndrs.nhs.uk/>



Strategic support

- Summary grid of key indicators and CancerStat2 CADEAS section updated monthly.
- Local evaluation resources produced and published.



Screening

- Cancer screening coverage by deprivation indicators.
- Evaluation of NICE DG30 (FIT in the low-risk symptomatic population) completed.



Sustainable operational performance

- New monthly data packs.
- Various operational and performance reports.
- Monthly data extracts.
- Initial results on time taken from referral to first endoscopy for upper gastrointestinal cancers.



Living with and beyond cancer (LWBC)

- Joint briefing with LWBC team on first set of Holistic Needs Assessment results.
- Personalised stratified follow-up qualitative study commissioned and underway.



Early diagnosis

- Early diagnosis indicator by deprivation.
- Emergency presentation indicator by deprivation, ethnicity and tumour group.
- Tools and guidance to support trajectory setting.
- Analysis of median pathway length for colorectal, lung and prostate cancers published.
- Targeted Lung Health Check evaluation commissioned and underway.
- Rapid Diagnostic Centre (RDC) demand and capacity tool.
- RDC evaluation tendering process complete.
- Publication of (draft) RDC minimum dataset.



Results of the user survey

Background

A survey was carried out with Cancer Alliances in December asking about awareness, usage and usefulness of key CADEAS products in 2019/20. Eighteen Cancer Alliances responded.

The survey also asked for input on the 2020/21 work programme. The feedback has been extremely helpful and has informed the development of our work programme. Details of the feedback are included throughout this report

What we've heard from you

The CADEAS section in CancerStats2 has provided useful data on early diagnosis, diagnostic waits, and routes to diagnosis, which ...was used to look at variation between ...systems.

Use product to review our alliance performance and are used in board meetings, data managers meetings, ICS meetings and within our team and project manager.

Clinical teams have found the trajectory setting tool particularly valuable.

Key findings

- Awareness was generally high (>75% apart from 2 out of a total of 11 products).
- A significant proportion used the products (>75% apart from 3 out of 11 products).
- Usefulness was over 3 for all 11 products (5=very useful; 1=not useful at all)

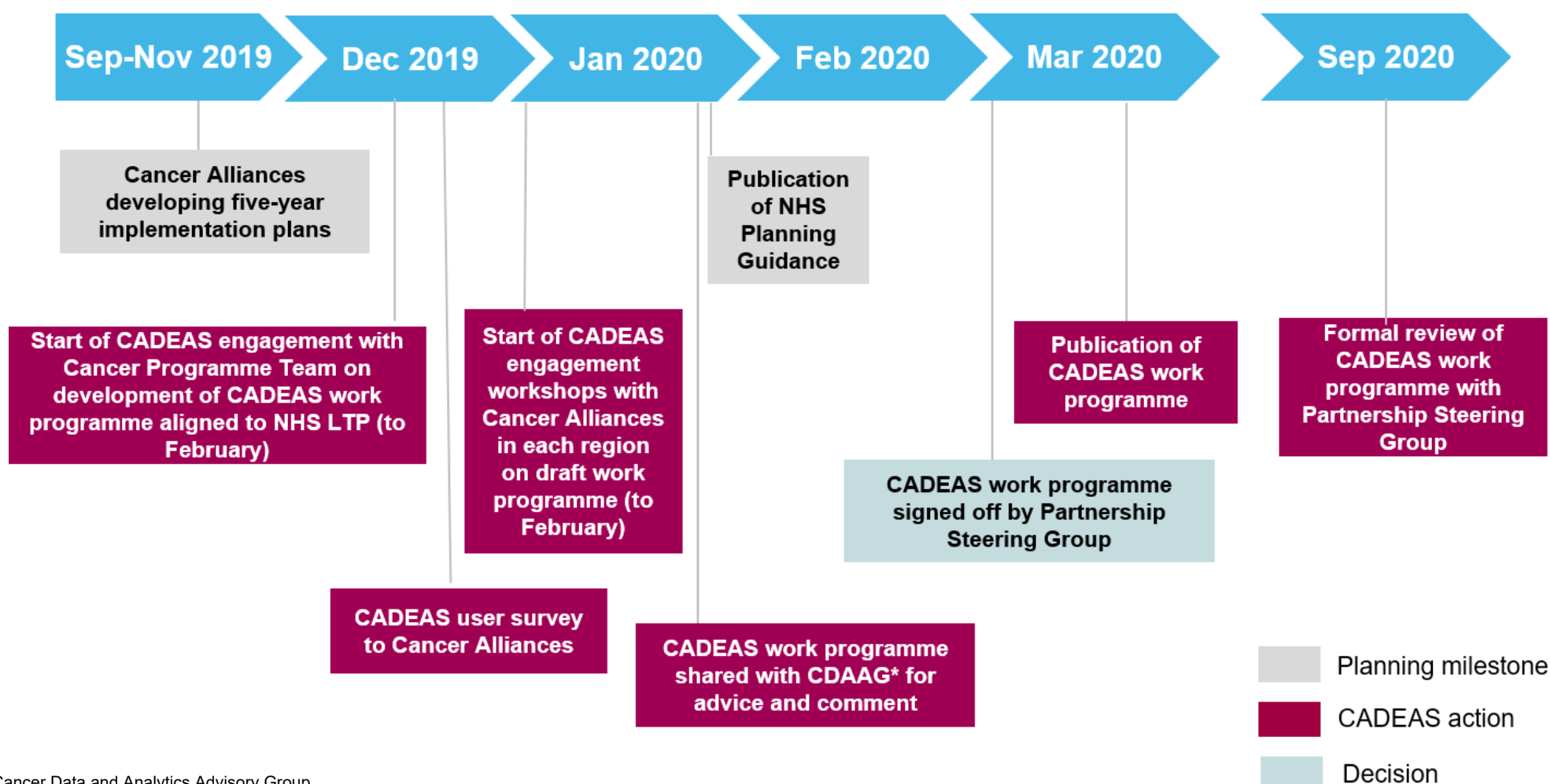
	Awareness	Used product (of those aware)	Usefulness (of those who used product)
Highest/ Most useful	RDC demand and capacity tool (100%)	Operational performance tumour dashboard and tool to support early diagnosis trajectory setting (100%)	Operational performance tumour dashboard (4.2)
Lowest/ Least useful	Local evaluation resources (44%)	Local evaluation resources (50%)	Data on holistic needs assessment (3.2)

**WORK
PROGRAMME
2020/21**



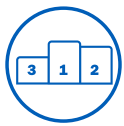
Development of work programme

The work programme was developed in consultation with Cancer Alliances, the National Cancer Programme and the National Cancer Registration and Analysis Service (NCRAS) in Public Health England, advised by the Cancer Data and Analytics Advisory Group (CDAAG)*. The work programme will be reviewed regularly throughout the year to ensure it continues to be fit for purpose and add maximum value to Cancer Alliances.



*Cancer Data and Analytics Advisory Group

<https://www.england.nhs.uk/wp-content/uploads/2019/10/cdaag-tor-tor-v4.0.pdf>



Priorities for CADEAS

Long Term Plan ambitions

Supporting Cancer Alliances to identify priorities for action to contribute to LTP ambitions on early diagnosis and survival (including reducing variation and inequalities)

Operational performance

Providing Cancer Alliances with data and analysis to enable them to be system leaders driving improvements in operational delivery

What works

Understanding the impact of the Cancer Programme and what works

Faecal Immunochemical Test

Understanding the evidence on the use of Faecal Immunochemical Test (FIT) in high and low risk symptomatic populations to facilitate discussion on lowering bowel screening age



Cancer Alliance leadership

What we need to deliver

Planning guidance deliverable (2020/21):

Cancer Alliances will provide clinical and operational leadership for the delivery of plans across their local cancer system. Every partner within that alliance – including commissioners, acute trusts, and primary and community providers – has a responsibility to contribute to effective system-level working, and the focus of national and regional oversight will shift increasingly to system-level performance.

What we've heard from you

Granularity of data:

Make data available by as many tumour sites as possible, in a way that can be aggregated or drilled down into.

Trust and CCG level outputs.

Inequalities

Local population and demographic information to show variation and opportunities to reduce inequalities.

We are... looking at more detailed inequalities analysis so continuing support with identifying data at the lowest level available, and SII data.

Further demographic and geographic breakdowns of survival and ED core datasets to support identifying and reducing inequalities workstreams.

Format of data

Easier to read and display information

How CADEAS will support you

Data

CADEAS will continue to support Cancer Alliance-led delivery through providing cancer data across the pathway to track delivery. We will:

- update the CADEAS section in [CancerStats2](#) and link up with NCRAS to explore platforms/tools to improve visualisation and functionality;
- produce the monthly [summary of key indicators](#) across the pathway at Alliance and CCG-levels; and
- support the Cancer Alliance quarterly assurance process - working with relevant teams to develop appropriate indicators and supporting interpretation of data ensuring these are used to inform and drive discussions.

In 2019/20, CADEAS carried out a programme of work with partners to develop indicators by deprivation. Reducing inequalities is a priority in the NHS Long Term Plan. We will continue to build on this:

- Work with Cancer Alliances and health inequality experts to highlight priority small geographical areas within Cancer Alliances where cancer inequality is shown to be worse locally. Focus on screening, early stage diagnosis and emergency presentation indicators.
- Explore breaking down indicators by ethnicity, gender and age where numbers are sufficiently large to allow meaningful results and where analyses are likely to add value.



Cancer Alliance leadership

	Project	Activity/deliverable	Q1			Q2			Q3			Q4		
Data	Update key indicators in summary grids and CancerStats2	Publish in grid/CancerStats	√	√	√	√	√	√	√	√	√	√	√	√
	Inequality briefing & webinar for Cancer Alliances	Publish briefing and run webinar	√											
	Support for quarterly assurance process	Development of indicators												
		Interpretation data			√			√			√			√
	Priority inequality geographical areas	Develop for screening, early diagnosis and emergency presentations in consultation with Cancer Alliances												
		Publish in CancerStats						√						
	Breakdown inequalities by ethnic group, gender and age	Develop ethnic groups for survival and emergency presentation data												
		Publish survival by ethnic group in CancerStats2						√						
		Publish emergency presentation by ethnic group in CancerStats2							√					
		Develop gender and age breakdown for survival data												
		Publish survival by gender and age in CancerStats2									√			

√ Deliverables

Activities



Screening

<https://www.england.nhs.uk/cancer/early-diagnosis/#be-clear>

What we need to deliver

LTP five year milestones:

- From September 2019, all boys aged 12 and 13 will be offered the HPV vaccination.
- By 2020, HPV primary screening for cervical cancer will be implemented across England.
- From summer 2019, the Faecal Immunochemical Test will be used in the bowel screening programme.
- Lower the starting age for FIT screening to 50.
- By 2023/24, significant improvements will be made on uptake of the screening programmes.

Planning guidance deliverables (2020/21):

- Leading the adoption of new guidance on polyp surveillance, with a demonstrable reduction in the number of surveillance colonoscopies undertaken, and the implementation of a new lynch syndrome best practice testing pathway, which will be published in the autumn.

How CADEAS will support you

Data

CADEAS will continue to:

- share monthly screening reports produced by NHS Performance Analysis Team (PAT) for performance and monitoring use; and
- provide screening uptake and coverage data, and coverage data by deprivation in CancerStat2; and explore the feasibility of producing coverage by deprivation at STP and CCG levels (currently at Cancer Alliance level only).

Evaluation

To support roll-out of FIT in the bowel screening programme and lowering the starting age for bowel screening to 50 from the current age of 60, CADEAS will develop a monitoring and evaluation framework and work with Cancer Alliances to start data collection to track the implementation of FIT in symptomatic populations as set out in DG30. The work will seek to understand the impact on (i) the number of urgent two-week wait referrals and endoscopy services; and (ii) stage of colorectal cancer diagnosis



Screening

<https://www.england.nhs.uk/cancer/early-diagnosis/#be-clear>

	Project	Activity/deliverable	Q1			Q2			Q3			Q4		
Data	Share NHSE&I PAT screening report	Circulate report	√	√	√	√	√	√	√	√	√	√	√	√
	Publishing screening coverage by deprivation at STP and CCG level	Investigate feasibility												
		Publish in grid/Cancer Stats							√					
Evaluation	FIT Monitoring and Evaluation framework	Develop M&E framework for symptomatic FIT populations												
		M&E framework and supporting guidance published						√						

√ Deliverables

Activities



Operational performance

<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>

What we need to deliver

Planning guidance deliverable (2020/21):

- Improvement against the cancer 62-day standard and delivery of the 28-day Faster Diagnosis Standard (FDS), which will be introduced from 1 April 2020. From April, every alliance and trust should be delivering data completeness of at least 80% and should be meeting the FDS at the proposed initial threshold of at least 70%.
- Ensuring all trusts within the alliance have in place appropriate processes, systems and capacity for supporting patients to navigate cancer pathways and robust PTL management.
- Implementing optimal timed pathways (see earlier and faster diagnosis) and identifying challenged pathways and prioritising these for operational improvement.
- Evidence of the impact of funded NHS Long Term Plan projects on operational performance.

What we've heard from you

...guidance on analysing and interpreting the Faster Diagnosis Standard data...A list of the trusts who are compliant with FDS completeness, to accompany summary grids.

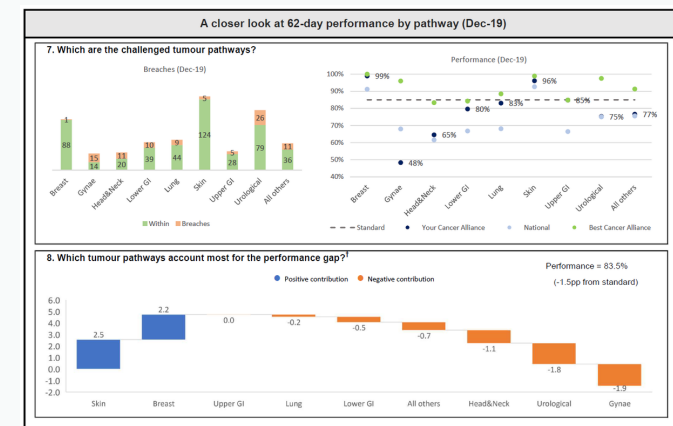
...breaking down of each tumour area for CWT and performance e.g. Head and Neck - Thyroid etc.

Ability to link TWW referral rates with those diagnosed finally with cancer.

How CADEAS will support you

Data

Timely data and reporting are essential for tracking performance against operational standards for cancer across the system. CADEAS from February started producing new monthly data packs. These are tailored to each Cancer Alliance and give an overview of the latest 62-day performance and areas to focus on to drive improvements. We will continue to develop and produce these over 2020/21.





Operational performance

<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>

Data

CADEAS will continue to work in partnership with NHS England & Improvement Performance and Analysis Team to*

- provide monthly data extracts to Cancer Alliances**;
- report on FDS data completeness and performance; and
- report on 62-day cancer waiting times including activity and performance for specific tumour sites***; variation in pathway lengths by phases of the pathway, first treatment modality and tumour groups; inter-provider transfer shadow reporting; and activity and performance for each Cancer Alliance by provider and tumour group.

We will also continue to work with NCRAS to produce tumour specific Two Week Wait (TWW) conversion and detection rates using linked CWTs and registry data.

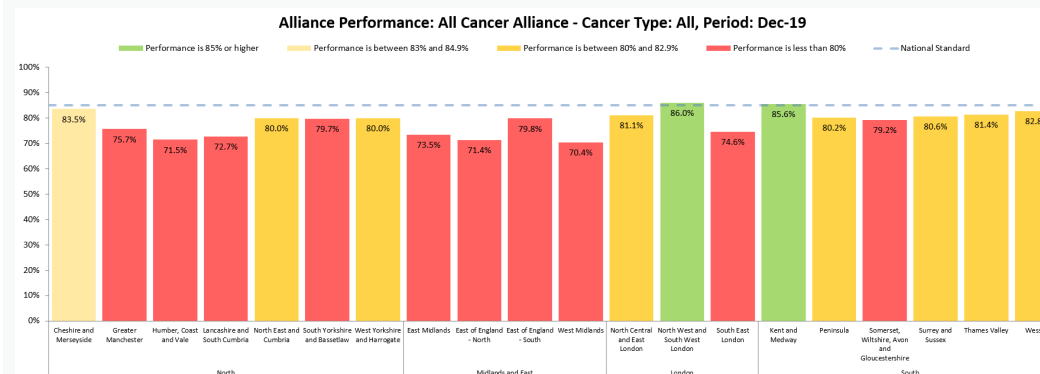
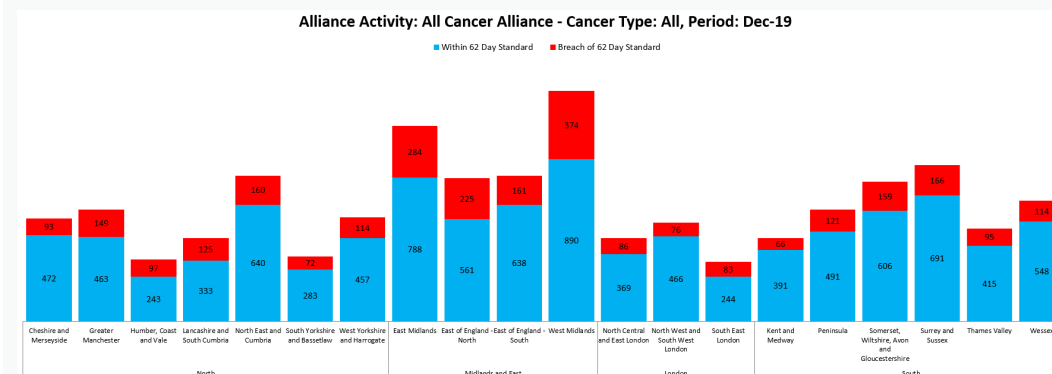
**Formerly Operational Information for Commissioning. Work is subject to approval of NHS England's CWTs Data Sharing Agreement with NHS Digital.*

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

****In addition to reports by tumour groups, monthly reports are also available for prostate; oesophago-gastric (OG) and colorectal cancers. Quarterly reports are available for:*

- Urology (prostate, bladder, kidney, other urological)
- Lower gastrointestinal (GI) (colorectal and other lower GI)
- Upper GI (OG, liver, pancreatic, other UGI)
- Head and neck (ear, nose and throat, oral and maxillofacial surgery and either); and
- Gynaecological (cervical, ovarian, uterine and other).

Provider by tumour dashboard





Operational performance

<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>

	Project	Activity/deliverable	Q1			Q2			Q3			Q4		
Data	Data packs	Publish on Cancer Alliance workspace	√	√	√	√	√	√	√	√	√	√	√	√
	Data extracts	Send to named contacts in each Cancer Alliance*	√	√	√	√	√	√	√	√	√	√	√	√
	FDS data completeness and performance report	Send to named contacts in each Cancer Alliance	√	√	√	√	√	√	√	√	√	√	√	√
	62-day CWTs reports	Send monthly reports on prostate, colorectal and OG to named contacts in each Cancer Alliance	√	√	√	√	√	√	√	√	√	√	√	√
		Send quarterly reports on breakdown of tumour groups to named contacts in each Cancer Alliance		√			√			√			√	
		Publish pathway lengths by phases of the pathway, first treatment modality and tumour groups report on Cancer Alliance workspace		√						√				
		Send NHSE&I PAT IPT reports to named contacts in each Cancer Alliance	√	√	√	√	√	√	√	√	√	√	√	√
		Tumour by provider dashboard publish on Cancer Alliance workspace	√	√	√	√	√	√	√	√	√	√	√	√
	Two Week Wait (TWW) conversion and detection rates	Final quality assurance (with NCRAS)												
		Publish in CancerStats2		√										

*Until data can be accessed via the CWTs System

√

Deliverables



Activities



Earlier and faster diagnosis

<https://www.england.nhs.uk/cancer/early-diagnosis/>

What we need to deliver

LTP five-year milestones:

- By 2023 the first phase of the Targeted Lung Health Checks Programme will be complete, with a plan for wider roll out (depending on evaluation).
- From 2020, scaling up Rapid Diagnostic Centres (RDCs) from one non-specific and one site-specific symptom RDC pathway in each Cancer Alliance, aiming for full population coverage for all cancer diagnostic pathways.
- By 2023/24 Primary Care Networks will be working with Cancer Alliances to help to improve early diagnosis of patients in their own neighbourhoods.

Planning Guidance deliverables (2020/21):

- Ensure optimal timed pathways (lung, prostate, colorectal and oesophago-gastric) are fully implemented.
- Work with local systems to support improvements to diagnostics services (PG section 5.6)

What we've heard from you

Ongoing refresh of the early diagnosis cancer site specific tracker as this is really valued by our clinical and managerial teams alike...

Tackling the challenges set by the ambitions for 75% of people being diagnosed at an early stage of cancer and the individual cancer alliances contributions to 55k more people surviving their cancer for at least 5 years.

Support collecting minimum datasets for RDC / TLHC etc.

Cancer diagnostics data - who, what, when...

How CADEAS will support you

Data

To support implementation and monitoring of best practice timed pathways CADEAS working in partnership with NHSE&I PAT produce regular analysis by tumour groups of time taken for different phases of the pathway including referral to first seen and first seen to decision to treat. We also carry out analysis looking at time from referral to first diagnostic endoscopy for urgent referrals with suspicion of upper GI cancer using CWTs data linked to Hospital Episodes Statistics. Proportions of pathways with straight to test are also estimated.



Earlier and faster diagnosis

<https://www.england.nhs.uk/cancer/early-diagnosis/>

Data

To provide greater depth of analysis and to understand potential causes of variation, we will update strategic analysis carried out in 2019/20. This examined median days taken for phases of the patient pathway from referral to first treatment by patient demographics, cancer stage and route to diagnosis, for colorectal, lung and prostate cancer. We will expand the analysis to 12 further tumour sites* and develop a visualisation tool to facilitate exploration of the data.

*OG, bladder, breast, cervical, head and neck, kidney, liver, melanoma, NHL, ovarian, pancreatic and uterine cancers

Analysis

The LTP has set out clear ambitions for early diagnosis. In 2019/20, CADEAS produced an early diagnosis tool to help Cancer Alliances take an in-depth look at early diagnosis, identify where improvements are needed compared with England and the best Cancer Alliance, as well as develop trajectories as part of five-year planning. We will continue to develop and update the tool using it to support Cancer Alliances to monitor progress.

To further support Cancer Alliance contribution to early diagnosis, we will carry out analysis to identify priorities for action including reducing variation and inequalities.

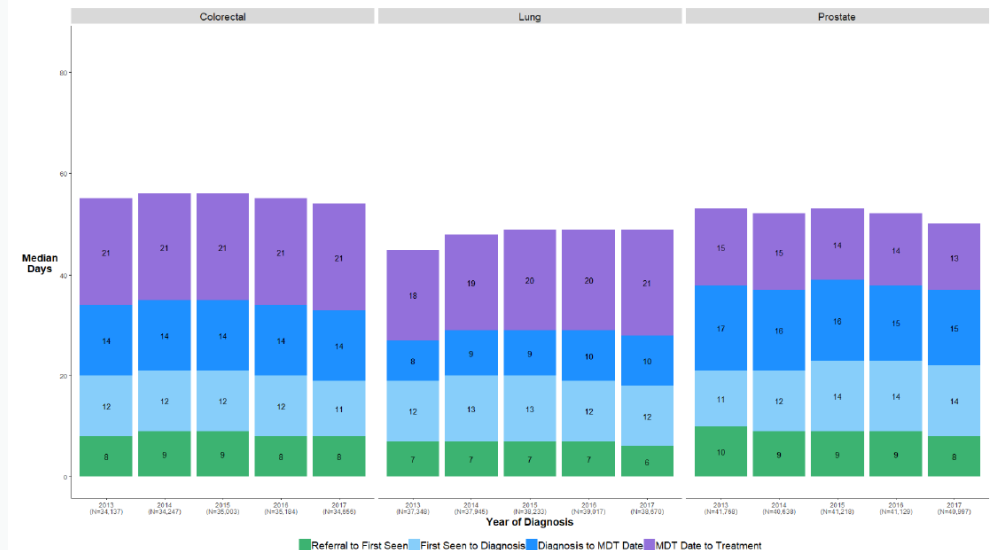
Demand and capacity

Understanding endoscopy activity continues to be important for a number of Cancer Alliance deliverables including sustainable operational performance, roll-out of RDCs and using FIT in Bowel Cancer Screening Programme.

In 2019/20, CADEAS through the project on time to first diagnostic endoscopy carried out some exploratory analysis on endoscopy data. This year, we will continue the analysis and explore endoscopy activity including the proportions used for suspected and diagnosed cancer.

Analysis of median days taken for phases of the pathway from referral to first seen (lung, colorectal and prostate)

National Overview: median days from referral to treatment, for colorectal, lung and prostate cancers, by year of diagnosis (2013-2017)





Earlier and faster diagnosis

<https://www.england.nhs.uk/cancer/early-diagnosis/>

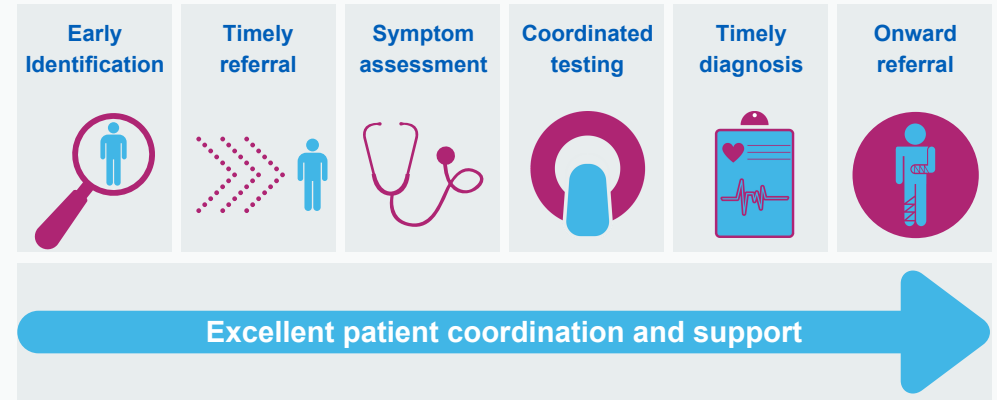
Evaluation

A national evaluation partner has been commissioned to comprehensively evaluate the Targeted Lung Health Check programme to 2023/24. Evidence generated will support refinement of national and local operating models, drive service improvement and inform wider roll-out. The evaluation will deliver monthly management information to participating projects, six-monthly reports and evaluation sessions at Collaboration Events to facilitate rapid learning and improvement. The evaluator also has a comprehensive support offer for projects to collect and submit required data.

Similarly, a national evaluation of Rapid Diagnostic Centres is in the process of being commissioned to an evaluation partner (Q4 2019/20). Evidence generated will drive local service improvements to RDC models and inform refinement of the RDC specification. The evaluation will examine approaches to implementation; symptoms and diagnoses; capacity, demand, resource utilisation and cost-effectiveness; variation; patient experience and potential harms. In 2020/21, the evaluation is expected to deliver monthly management information and quarterly reports.

CADEAS will be working with evaluation partners and the National Cancer Programme team to support both qualitative and quantitative data collection at projects/RDCs and ensuring the evaluation questions are addressed by the evaluations.

7 key components of a Rapid Diagnostic Centre





Earlier and faster diagnosis

<https://www.england.nhs.uk/cancer/early-diagnosis/>

	Project	Activity/deliverable	Q1			Q2			Q3			Q4		
Data	Best practice timed pathways	Publish pathway lengths by phases of the pathway, first treatment modality and tumour groups report on Cancer Alliance workspace		√						√				
		Publish update in time from urgent referral to first diagnostic endoscopy in CancerStats2			√		√			√			√	
		Expand analysis of median pathway length for phases of the pathway to other tumour sites												
		Publish median pathway length for phases of the pathway in data visualisation tool			√									
Analysis	Early diagnosis tool	Publish tool with 2018 data on Cancer Alliance workspace		√										
	Priorities for early diagnosis	Carry out deep dive analysis of available early diagnosis data												
		Publish analysis				√								
	Endoscopy activity analysis	Linking and analysis of data. Develop report content with Cancer Alliances and clinicians												
		Publish analysis and hold webinar										√		

√ Deliverables

Activities



Earlier and faster diagnosis

<https://www.england.nhs.uk/cancer/early-diagnosis/>

Project		Activity/deliverable	Q1			Q2			Q3			Q4		
Evaluation	TLHC national evaluation	Ongoing evaluation support including quality assurance of all outputs, project management and supporting Collaboration Events (May, September, March)												
		April 2020 report delivered (project implementation checklist)	√											
		Monthly reporting including management information	√	√	√	√	√	√	√	√	√	√	√	√
		October 2020 report delivered (project implementation checklist)						√						
	RDC national evaluation	Ongoing evaluation support including quality assurance of all outputs, project management and supporting Collaboration Events (June, October, January)												
		Evaluator appointed	√											
		Evaluation briefing pack circulated		√										
		Evaluation strategy delivered by evaluator				√								
		Monthly reporting including management information				√	√	√	√	√	√	√	√	√
		Quarterly report						√			√			

√ Deliverables

Activities



Treatment

<https://www.england.nhs.uk/commissioning/spec-services/>

What we need to deliver

LTP five-year milestones:

- 11 Radiotherapy networks will be established across England by 2019/20 to fully implement new service specifications by 2021/22.
- New service specifications for children and young people's cancer services will be implemented by 2021.
- More children and young people will be supported to take part in clinical trials, so that participation among children remains high, and the NHS is on track to ensure participation among teenagers and young adults rises to 50% by 2025.
- From 2019, whole genome sequencing will begin to be offered to all children with cancer.
- From 2020/21, more extensive genomic testing should be offered to patients who are newly diagnosed with cancers so that by 2023 over 100,000 people a year can access these tests.

What we've heard from you

Staging data by speciality at point of diagnosis and each treatment modality to help inform the impact on earlier diagnosis and then survival, as well as informing how better we could be targeting work such as enhanced supported care.

Analysis of treatment variation across England by cancer alliance/STP.

How we will support you

Data

CADEAS in partnership with NHSE&I PAT began in Q3 2019/20 to produce data on first treatment modality received for each tumour groups at national, regional and Cancer Alliance levels. This builds on previous CADEAS analysis for colorectal, lung and prostate cancers using annual CWTs data. These are aimed at exploring variation in treatment. We will continue to update the data.

The NHS Long Term Plan set an ambition for cancer survival. Whilst achieving the early diagnosis ambition will help deliver the survival ambition, treatment is also a key component. CADEAS will explore treatment variation by tumour site and cancer stage; and with clinical advice, explore any treatment associated with early diagnosis such as lung resection rates. This work will form part of a wider programme of ongoing work led by the Cancer Programme to reduce inequalities and access to treatment, in collaboration with Getting it Right First Time (GIRFT) and the national cancer audits.



Treatment

<https://www.england.nhs.uk/commissioning/spec-services/>

	Project	Activity/deliverable	Q1			Q2			Q3			Q4		
Data	Pathway lengths by phases of the pathway, first treatment modality and tumour groups report	Publish on Cancer Alliance workspace		√					√					
Analysis	Treatment variation	Analysis of variation in treatment rates												
		Publish analysis					√							

√ Deliverables

Activities



Personalised care

<https://www.england.nhs.uk/cancer/living/>

What we need to deliver

LTP five-year milestones:

- By 2021 everyone diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.
- From April 2020 approximately two-thirds of patients who finish treatment for breast cancer to be on a supported self-management follow-up pathway.
- All Trusts to have personalised (stratified) follow-up pathways in place for colorectal and prostate cancer by April 2021.
- From 2021, the new Quality of Life (QoL) Metric will be in use locally and nationally.

What we've heard from you

Personalised care data - to evidence impact of interventions.

Support with capturing living with and beyond metrics.

...comparison of rates of HNAs per diagnoses between STPs/CAs...

How we will support you

Data

In addition to the existing Holistic Needs Assessment (HNA) data items, a number of new living with and beyond cancer (LWBC) data items will be introduced in the Cancer Outcomes and Services Dataset (COSD) v9. These include physical activity status, personalised care and support planning and end of treatment summary. CADEAS will continue to work with the LWBC team and NCRAS to report more timely HNA data and to explore, analyse and report the new COSD v9 data items.

CADEAS will also work with the LWBC team to bring together data and metrics from different sources to monitor progress across personalised care*.

* There are potentially a number of different sources available including quarterly assurance data from Cancer Alliances; LWBC metrics in COSD; Quality and Outcome Framework data – Cancer Care Review; measure(s) of Health and Wellbeing Information and Support; Quality of Life metric; CPES; eHNA and local data – audits, surveys, evaluations etc.



Personalised care

<https://www.england.nhs.uk/cancer/living/>

COSD v9 LWBC data items

CR7840	Risk Factor Assessment	Physical Activity (Current)	New	Required
CR7900	Holistic Needs Assessment	Assessment Offered	New	Required
CR3140		Assessment Completed Date	Existing	Required
CR3150		Assessment Point	Existing	Required
CR7910		Staff Role Carrying Out The Assessment	New	Required
CR8000	Personalised Care and Support Planning	Care Planning Offered	New	Required
CR8010		Care Planning Completed Date	New	Required
CR8020		Point Of Pathway	New	Required
CR8030		Staff Role Carrying Out The Planning	New	Required
CR8420	Treatment	End Of Treatment Summary Date	New	Optional

Evaluation

In 2019/20, CADEAS commissioned a qualitative process study to further build the evidence base on personalised stratified follow-up (PSFU) to understand Cancer Alliance approaches to implementation and associated barriers and enablers. We will continue to work with the evaluation external partners and report findings from the study in early 2020/21.



Personalised care

<https://www.england.nhs.uk/cancer/living/>

	Project	Activity/deliverable	Q1			Q2			Q3			Q4		
Data	New LWBC data items in COSD v9	Analysis of data												
		Report new data items in Cancer Alliance briefing								√			√	
	Monitoring progress across personalised care	Briefing highlighting available personalised care indicators and data								√				
Eval.	PSFU process evaluation study (CSU led)	Final report delivered to NHSE&I	√											



Deliverables



Activities