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**Programme Monitoring and Evaluation framework for
the Macmillan Living with and Beyond Cancer Programme
Briefing for pre-procurement discussions - September 2016**

The Macmillan Living with and Beyond Cancer Programme

In May 2015, there was an outline agreement by the Commissioners Working Together Programme to extend the Survivorship project work carried out locally since 2011 into an additional third phase of work, using a full programme approach. The full programme would focus on delivery of the full Living with and Beyond Cancer model of care over a five-year period. It would be a joint programme with Macmillan Cancer Support. The Programme Initiation Document (PID) was approved in October 2015.

The health and care context for this programme is:

- a projected two-fold increase in the number of patients surviving cancer by 2030 (currently around 2 million in the UK and expected to increase to 3 million by 2020 and 4 million by 2030)
- significant improvements in the longevity of patients with cancer - half of people diagnosed with cancer may live for 10 years or more afterwards
- significant co-morbidities as well as social and emotional needs for those living with and beyond cancer, with up to 20% of these needs being unmet within current models of care
- national development of evidence-based models of care for people living with and beyond cancer, which it is recommended will become the standard approach for services from 2020
- the introduction of national guidelines for services to support people living with cancer
- the move towards collaborative commissioning for cancer services based on larger population groups
- new regional alliances for the development of cancer services involving a broad range of stakeholders including patients and carers

Objectives of the Macmillan Living with and Beyond Cancer Programme

The programme will deliver the Living with and Beyond Cancer model of care for three cancer sites across each of the eight CCG areas under the Commissioners Working Together Programme. The three cancer sites are:



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- Breast cancer
- Colorectal cancer
- Prostate cancer

The model of care is based on the development of:

- risk stratification – a standard approach to developing and commissioning pathways of post treatment management
- the Recovery package - access to holistic needs assessment, treatment summary, cancer care review and patient education and support (encompassing rehabilitation, vocational rehabilitation, physical activity and health and well-being clinics).
- supported self-management - understanding and commissioning for improved management of the consequences of treatment, as well as promoting healthy lifestyles

Work on the development of these three cancer sites will be completed and the pathways fully operational by April 2020. A Programme Executive Board will keep the scope of the programme under review in order to respond to changing circumstances, new evidence and the requirements of local patients.

Background and Context to the Monitoring and Evaluation framework

The Programme Executive Board has approved the development of a monitoring and evaluation framework with the supporting business intelligence, to enable the programme and its stakeholders to monitor progress and understand the impact of the programme for people affected by cancer, commissioners, providers and the wider care system.

There is a range of work at a local, region and national level which is relevant in considering the context of this proposal.

NHS England

NHS England have work in progress in response to the [independent cancer taskforce](#) (2015) relevant to the development of an evaluation framework for the programme

- NHS England (2016) Achieving World-Class Cancer Outcomes: Taking the strategy forward. NHS England will work with Macmillan Cancer Support to agree an approach by March 2017 for collecting data on long-term quality of life so that it can be included in the Cancer Dashboard, with the aim that this will start conversations locally through Cancer Alliances about their performance and focus activity on better structuring pathways and services with patients to support their wider needs. Patient



input into this work will be crucial. NHSE will test the approach during 2017 for roll out of a national metric from 2018.

- NHS England have developed CCG level Cancer Dashboards which will be used by a range of stakeholders including CCG's, Cancer Alliances and NHS England.
- Emerging intelligence on the role of Cancer Alliances includes reference to "Alliances should propose local metrics to monitor progress of delivery of their plans. Alliances should also set an ambition against these metrics. In relation to the Recovery Package, local metrics may be replaced by a national measure once it has been developed".
- The LWABC workstream of the National transformation board for Cancer are working on Recovery package metrics over the next 18 months.
- Existing NHSE Report - Living with and Beyond Cancer: Baseline Report Update (January 2016) CCGs are ranked by three levels to identify LWABC in (i) CCG priorities (ii) Commissioning intentions (iii) Contracts.
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Vanguards - Core metrics for MCPs and PACs.

We knew roughly what these would be, but they're set out in full in the new document. Vanguards are getting regular reports against them via a dashboard being sent out from the centre.

Efficiency metrics:

- Emergency admissions: rate per head of registered population
- Total bed days: rate per head of registered population

Care and quality metrics:

- Patient involvement in care (by GPs): proportion of patients rating involvement as "good" or "very good"
- Patient involvement in care (by nurses): proportion of patients rating involvement as "good" or "very good"
- Care plan: percentage of patients who helped put their written care plan together

Health and wellbeing metrics:

- Quality of life (from the GP patient survey).



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Full evaluation strategy can be found here:

https://www.england.nhs.uk/wp-content/uploads/2015/07/ncm-evaluation-strategy-may-2016.pdf?mkt_tok=eyJpIjoiWVdJMFIUWmhPVEprTTJVNClSnQiOiJSVVB0XC9NQUI1UnpHWmdoaFZjbzZnU0xNcTRLdEs5bG5GTHINSmFaVm15dFI6em5pYnhJc2ZPTVBuSGRpMXN0WjlOM25aRnZXREhqYlhNa0RSTjlkWJnbFhJSUZZM3RTWVJ6U1RNakZHcDQ9In0%3D

Other areas for considerations

Based on one of the programme principles for engagement, we will work with existing networks and groups to build upon any work which has already been developed locally so this will always be our starting point.

A range of evaluations and outputs already exist and our task is to bring together the existing learning to use as our starting point, such as:

- LWABC Programme phase 2 evaluation
- Learning from other Macmillan RTS programmes eg: Glasgow/N.Ireland
- Learning from implementation and testing of the recovery package eg: eHNA themes
- Local experience for example SchARR evaluation Doncaster
- What PABC have already told us from the 8 CCG's to date
- Related frameworks such as Sheffield City Council outcomes framework

Proposal

In proposing to develop a monitoring and evaluation framework with the supporting business intelligence we have identified two phases of work which may be resourced from either: the existing programme team, the wider NHS or Macmillan team or from additional resource yet to be quantified.

As part of the existing agreed non-standard grant there is an amount identified for Data collection/Analysis and Evaluation (£30k) some of which will have been used for the baseline data work undertaken by Attain Commissioning.

Phase 1 - Baseline

A current baseline is required to identify key current messages which the programme team can utilise when working with stakeholders, support the development of the framework and advise the programme executive board on prioritisation decisions.

- Work on the baseline analysis has already been undertaken by Attain and provides a useful starting point. The baseline covers the eight CCG areas, over the last three years and includes the following data items: unique patients, admissions, emergency admissions, outpatients, cost, stage, survival, deprivation and key CPES questions.



- When we develop a clear agreed monitoring and evaluation framework we will be able to build on this data with additional programme specific metrics/indicators to complete the baseline.

Phase 2 – Developing the programme ‘theory of change’ and draft monitoring and evaluation framework

The theory of change is implicit within the current Project Initiation Document (PID) and benefits realisation plan but needs to be brought together and made explicit to ensure common understanding of the programme among all stakeholders and in order to develop an effective evaluation framework.

There are three aspects to the theory of change currently contained in the programme documents:

- the theory around the programme approach and why it will enable effective implementation of the LWABC model
- the theory around how best to bring about implementation of the LWABC model (changes to pathways, workforce etc...)
- the theory around the LWABC model itself and its benefits (to patients, resourcing)

The monitoring and evaluation framework will develop these theories of change to identify causal links between programme activities and desired outcomes with associated assumptions.

The monitoring and evaluation framework will aims to test these theories, identify key questions, components and data needs, informing what data we have already and what new data may need to be collected.

This framework will also support programme team and programme Executive Board requirements for advice and expertise, access to data and analysis of data including support for the development of business case(s).

The monitoring and evaluation framework will include a key minimum data set/dashboard for the programme, a methodology for data collection and options for data sharing protocols.



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The LWABC Programme Evaluation framework will include four elements:

1. A scorecard approach which is '**balanced**' across four domains:
 - **Patient experience** – what is the patient experience of the Recovery package
 - **Economic impact** – what is the activity, cost implications and consequences
 - **System maturity** – to what extent has the Recovery package been implemented (enablers/barriers)
 - **Quality** – to what extent/how well is the Recovery package impacting on the quality services, including staff satisfaction.
2. The benefits identified in the **benefits** plan in the PID **mapped against the fours domains** (See Appendix 3). This matrix will help us build key questions across the domains and expected benefits.
3. **Impact on Patient outcomes** – the extent to which the programme can realistically influence those patient outcomes in the standardised dashboard measures/CCG Cancer Dashboard. Such as:
 - 'healthy' survival
 - emergency admissions
 - stage at recurrence
 - waiting times as a proxy for capacity for new outpatient demand
 - screening uptake

This work will require discussion through a task and finish group.

4. A model to assess the **impact of the Programme** an approach, the expected deliverables, testing the rationale and the 'Theory of change'



Establishing monitoring systems and process/formative evaluation of the programme

We need to consider the assurance of the programme as an approach; is the programme doing what it set out to do, and how effectively.

- We will utilise the expected deliverables of the programme, already articulated in the PID such as: an effective and productive working partnership, a simplified approach to funding and prioritisation as well as a range of products to support the programme (full list in Appendix 1).
- We will also utilise the rationale for recommending a joint programme approach, again articulated in the PID such as: equality of access to services, pathways which cross-cut organisational and geographic boundaries, accelerated implementation and sharing of expertise and resources (full list in Appendix 2)
- We will work with stakeholders to qualitatively assess what is the added value of the programme and will be the legacy of the programme eg: co-production with people affected by cancer and partnership working within the locality as well as staff satisfaction.

The impact of the implementation of the LWABC model and learning

We will also consider the impact of the implementation of the model or the 'programme outputs' – ie: the testing, piloting of the model prior to full implementation and then post full implementation. The benefits realisation plan which would need to be measured over a significant period, given that the measure of success is survivorship at 1, 5 and 10 years. This would include:

- The development of a continuous evaluation model throughout the life of the programme, contained within the programme monitoring and evaluation framework.
- We will need to develop of new measures based on a balance between programme and local measures, explicitly including evaluation from local people affected by cancer.
- Building on the baseline with further existing business intelligence, nationally regionally or from the localities.
- To keep in line with the current national thinking on metrics and PROMS from NHSE.
- Making the most of connections to Working Together, within Macmillan, Public Health England, NHS England, SCN/Cancer Alliance and Academic Health Science Network.



Appendix 1 - Programme Deliverables from the PID

In order to achieve the overall objective, the programme will need to deliver:

- an effective and productive working partnership between the NHS and Macmillan Cancer Support
- a full gap analysis, mapping current service delivery against the requirements of the LWABC model of care and national guidance
- a full resource plan, mapping current financial and non financial resources and identifying the changes needed including workforce skills and development
- a full business case/case for change for the proposed changes
- a comprehensive communication, engagement and consultation strategy which enables local communities, individuals and stakeholders to be directly involved and also supports the delivery of the national development of Cancer Alliances for the Yorkshire and Humber region
- an implementation plan, developed with each locality for the sustainable development of the LWABC model (supported comprehensive local implementation plans); this will include all aspects of implementation of the new pathways from commissioning through to skills, training and development
- a simplified approach to funding and prioritisation, to maximise the impact of available funding from Macmillan Cancer Support to enable the transformation of services
- a comprehensive learning and development strategy to ensure that all changes are fully assessed, evaluated and the lessons learned are shared

Appendix 2 - Rationale for recommending a joint programme approach from the PID

- commissioning and development of cancer services is already done collectively to some extent and the requirements of the new Cancer Alliances and commissioning routes recommended by the [independent cancer taskforce](#) will continue this approach
- the continued development of individual projects in localities is unlikely to address the issues of patient pathways which currently cross geographic and organisational boundaries; currently patients do not have equality of access to the same services
- evaluation of the local project work done in the previous two phases identified the need for more co-ordination and greater flexibility in order to realise the potential benefits of the LWABC model, as well as to ensure equity of access and quality of care for all patients
- there is already a significant amount of investment in LWABC services in some of the eight CCG areas which should ensure that by capitalising on this, the CCGs are able



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to accelerate the implementation ensuring that services are in place in line with the expected national timescales

- the programme approach will facilitate the sharing of expertise and resources, as well as maximise the opportunities to access future funding. This expertise will have wider application than cancer services.

Appendix 3 - Benefits plan in the PID mapped against the four domains

		Domain			
		Patient experience	Economic impact	System maturity	Quality
Benefit from PID					
1	Workforce	x	x	x	x
2	Closer to home	x		x	x
3	Integration of H&SC	x	x	x	
4	Reduced Follow up	x	x	x	x
5	Release resource (Comm)		x	x	
6	Release resource (Provider)		x	x	
7	Risk stratification	x		x	x
8	Co-ord/navigation of pathway	x		x	x
9	Better quality of life	x			x
10	Availability of Keyworker (8).	x			x
11	Equality of access			x	x



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Appendix 4 - A scorecard approach which is 'balanced' across four domains

<p>Patient experience what is the patient experience of the Recovery package</p>	<p>Quality to what extent/how well is the Recovery package impacting on the quality services, including staff satisfaction</p>
<p>System maturity to what extent has the Recovery package been implemented (enablers/barriers)</p>	<p>Economic impact what is the activity, cost implications and consequences</p>