



# CADEAS Work Programme 2018/19

NHS England and Public Health England – Working together for the NHS

November 2018 (with additional projects added in January 2019)



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# Background



# Introduction

The Cancer Alliance Data, Evidence and Analysis Service (CADEAS), established during 2017/18, supports Cancer Alliances' analytical needs enabling them to lead transformation using a whole pathway and cross-organisational approach. Funded by the National Cancer Transformation Programme, CADEAS is a partnership between NHS England and Public Health England.

The purpose of this document at the midway point of 2018/19 is to set out what we have achieved so far and to communicate what we will deliver for the remainder of 2018/19 and beyond. We will continue to build on this work, publishing a programme of activity for 2019/20. This will be aligned to the priorities of the Long Term Plan covering the whole cancer pathway ranging from prevention to living with and beyond cancer. The vision is for Cancer Alliances to continue to provide strong and clear leadership across the system and CADEAS will be crucial in enabling this.

CADEAS is a nationally-coordinated service with a named contact for Cancer Alliances in each region. We aim to add value to the National Cancer Transformation Programme as a whole, and support Cancer Alliances as a group, for example, by addressing important evidence gaps.

Our priorities, in line with the [\*NHS Planning Guidance: Refreshing NHS Plans for 2018/19\*](#), are developed in consultation with the National Cancer Transformation Programme and with Cancer Alliances, advised by the Cancer Data and Analytics Advisory Group (CDAAG)\*. They are agreed by NHS England 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-ALB, Cancer Alliance and charity representation. See [\*Progress Report 2016/17\*](#) for further details on governance of the Programme.  
[www.nhs.uk](http://www.nhs.uk)



# Purpose and role of CADEAS

CADEAS' 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.

To that end, 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 effective 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 achievements so far in 2018/19

**304** Cancer Waiting Times (CWTs) monitoring data extracts sent out to enable Cancer Alliances to support regional and local teams meet operational standards\*.

**39** reports produced on variation in pathway lengths from a CWTs referral to first treatment for prostate, lung and colorectal cancers to highlight differences within and across Cancer Alliances.

**Five** monthly [summary of key indicators](#) across the pathway from screening to survival giving a 'single version of the truth' and highlighting where performance is below the benchmark.

**Two** [guides](#) – one to support Cancer Alliances looking to procure an evaluation partner locally and one on availability of national and sub-national cancer statistics.

**One** [FIT endoscopy modelling tool](#) for screening produced to estimate impact on demand so capacity can be put in place.

**One** [CWTs provider report](#) by tumour site to be updated on a monthly basis to complement existing reports giving Cancer Alliances an up-to-date picture of CWTs performance.

**One** CADEAS Team of 14 analysts established with extensive Cancer Alliance engagement including on the development of our work programme and on specific products.

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

# Work programme

# Strategic support to Alliances

## Monitoring progress

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.

CADEAS will use existing routine national data, as far as possible, and will supplement this by collecting and analysing data on priority initiatives. We have already provided each Alliance with a [data pack](#) containing CCG-level benchmarking data. We are also providing a monthly [summary of key indicators](#) across the pathway at Alliance and CCG-levels. We are following these up with an interactive tool containing core cancer metrics at a granular level that can be downloaded by Alliances - across the pathway; by tumour site; and with inequality breakdowns as far as possible to inform local strategies to address health inequalities. This will be delivered through [CancerStats 2](#), managed by the National Cancer Registration and Analysis Service (NCRAS).

## Evidence and evaluation

CADEAS has and will continue to develop a suite of resources to support Cancer Alliances to: (i) [procure a local evaluation partner](#); (ii) navigate information governance; and (iii) use or develop logic models and a theory of change for key intervention areas. Cancer Alliances that are undertaking evaluations locally, either by procuring an external evaluation partner or utilising internal analytical resource, should draw upon these resources as necessary. CADEAS will synthesise emerging evidence generated by both CADEAS and Alliance-led evaluation activity to share learnings across Cancer Alliances.





# Meeting and sustaining 62-day standard

*“Ensure all eight waiting time standards for cancer are met...The ‘10 high impact actions’ for meeting the 62 day standard should be implemented in all trusts, with oversight and coordination by Cancer Alliances.”*

***NHS Planning Guidance: Refreshing NHS Plans for 2018/19***

Since June 2018, CADEAS has been providing Cancer Alliances with CWTs data extracts for performance management and monitoring\*. CADEAS has also worked with colleagues in NHS England Operational Information for Commissioning (OIC) to: (i) include and make available Cancer Alliance level data in [existing reports](#); and (ii) produce a monthly CWTs provider report by tumour site to complement existing reports.

We are working with NHS England OIC to use patient level data to report: (i) CWTs data for different tumour sites within urology (prostate) and lower gastro-intestinal cancers (colorectal); and (ii) variation in pathway lengths by phases of the pathway and tumour groups. These are aimed at helping Cancer Alliances to better understand performance following recent increases in urology demand and to support implementation of rapid assessment and diagnostic pathways (see below).

In addition to reporting, CADEAS will complete three in-depth projects to better understand cancer pathways (see rapid assessment and diagnostic pathways below).

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



# Rapid assessment & diagnostic pathways

*“Ensure implementation of the nationally agreed rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers, ensuring that patients get timely access to the latest diagnosis and treatment.”*

***NHS Planning Guidance: Refreshing NHS Plans for 2018/19***

CADEAS will complete four discrete projects to support earlier and faster diagnosis. The first project, published in November, uses the 2017/18 CWTs monitoring dataset to provide timely analysis. The other projects use cancer registry linked data which offer greater depth of analysis. The projects highlight where variation exists across and within Cancer Alliances (at CCG and provider levels) to inform local discussions and to enable Cancer Alliances to explore these further locally:

- Analysis of referrals to first treatment pathways for colorectal, lung and prostate cancers – variation in pathway lengths for all and 62-day referrals; first treatment modalities and associations between first treatment modalities and pathway lengths.
- Analysis of the median pathway times by phases of the pathway, route to diagnosis and inequality breakdowns for colorectal, lung and prostate to inform local strategies to address health inequalities.
- Median time pathway variation by provider first seen, diagnosis provider and treatment provider to provide insight into if and how performance might vary depending on the different roles of providers.
- Analysis of time from referral to 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 cancers and to inform implementation of a similar pathway soon to be published for OG cancers.



# Rollout of FIT

*“Support the rollout of FIT in the bowel cancer screening programme during 2018/19 in line with the agreed national timescales following PHE’s procurement of new FIT kit, ensuring that at least 10% of all bowel cancers diagnosed through the screening programme are detected at an early stage, increasing to 12% in 2019/20”.*

**NHS Planning Guidance: Refreshing NHS Plans for 2018/19**

CADEAS, working with NHS England OIC, has developed a Faecal Immunochemical Test (FIT) for [screening tool](#) in response to requests from a number of Cancer Alliances who have been supporting their regional and local teams prepare for roll out. It allows the user to test colonoscopy demand scenarios in 2018/19 and 2019/20 to support capacity planning. The tool was released in August via NHS England Regional Teams.

To support broader FIT roll-out, CADEAS has developed a tool similar to the FIT screening tool for low risk symptomatic patients. CADEAS is currently working with a small number of Cancer Alliances to test and apply the tool locally before making it available to all Cancer Alliances.

In addition to the development of these tools, CADEAS will work with the ‘FIT Pioneering Group’, and relevant Cancer Alliances, who have been testing and evaluating the use of FIT for symptomatic high risk patients since 2017. CADEAS will appraise and synthesise the evidence generated by the Group to support NICE to evaluate the clinical and cost effectiveness of using FIT in this population.



# Targeted lung health check programmes

*“Participate in pilot programmes offering low dose CT scanning based on an assessment of lung cancer risk in CCGs with lowest lung cancer survival rates.”*

***NHS Planning Guidance: Refreshing NHS Plans for 2018/19***

CADEAS will lead the analytical work in designing and commissioning a national evaluation to understand the impact of the programme on case finding, stage at diagnosis, survival, feasibility, scalability, and reducing variation nationally in lung cancer outcomes.



# Personalised stratified follow-up pathway

*“Progress towards the 2020/21 ambition for all breast cancer patients to move to a stratified follow-up pathway after treatment... All Cancer Alliances should have in place clinically agreed protocols for stratifying breast cancer patients and a system for remote monitoring by the end of 2018/19”.*

**NHS Planning Guidance: Refreshing NHS Plans for 2018/19**

CADEAS will undertake qualitative and quantitative studies working with partners to further build the evidence base on personalised stratified follow-up pathway (PSFUP) including for other tumour sites - understand Cancer Alliance approaches to implementation and associated barriers and enablers across different cancer types; and the impact of PSFUP on patient outcomes and activity in secondary care, including the financial and economic impacts as far as possible.

CADEAS will also undertake a qualitative process evaluation to understand Cancer Alliance approaches to (i) implementation of different elements of Recovery Package interventions, and (ii) ensuring sustainability of Recovery Package interventions locally.



# Other projects

## Preventable cancers toolkit

Public Health England, Cancer Research UK and the East Midlands Cancer Alliance worked in partnership to develop a preventable cancers toolkit. The toolkit provides the evidence base for driving action to address risk factors of preventable cancers in the East Midlands area. It looks at how many cancers (of different types) are caused by which risk factor and estimates how many more are expected each year to 2035. CADEAS has updated the dataset and developed a toolkit to cover the whole of England.

## Evaluation of multi-disciplinary team meeting streamlining pilot

In Quarters 3 and 4 2018/19, the National Cancer Transformation Programme is piloting an approach to streamlining Multi-Disciplinary Team Meetings (MDTMs) by introducing pre-determined Standards of Care (SoC). A number of Cancer Alliances are participating in this pilot. CADEAS is supporting the Programme to test and evaluate this pilot using a mixed methods approach. The evidence generated will inform the development of policy guidance before publication later in 2018/19.

# Engagement & contacts



# Ongoing engagement

We have engaged Cancer Alliances extensively in the development of this work programme and on a number of specific products (see Annex for further details). Continued Cancer Alliance engagement will be vital to ensure CADEAS meets their needs. We will achieve this via:

- Cancer Data and Analytics Advisory Group (CDAAG) where Cancer Alliances are represented
- CADEAS Data Task and Finish Group set up to provide ongoing feedback and advice on the development of an interactive tool within CancerStats2
- Webinar series to be hosted (with partners) on release of key cancer products
- National Cancer Transformation Programme events aimed at Alliances
- Cancer Data and Outcomes conference hosted by NCRAS
- Regional analyst forums - CADEAS chair and organise both the London Cancer Intelligence Operational Meetings and the North Cancer Alliance Analysis Group and is in the process of setting up a similar network in the Midlands and East
- Existing Region specific cancer meetings (e.g. South Region Cancer Board)





# Contacts

For further information, please get in touch with the CADEAS team:

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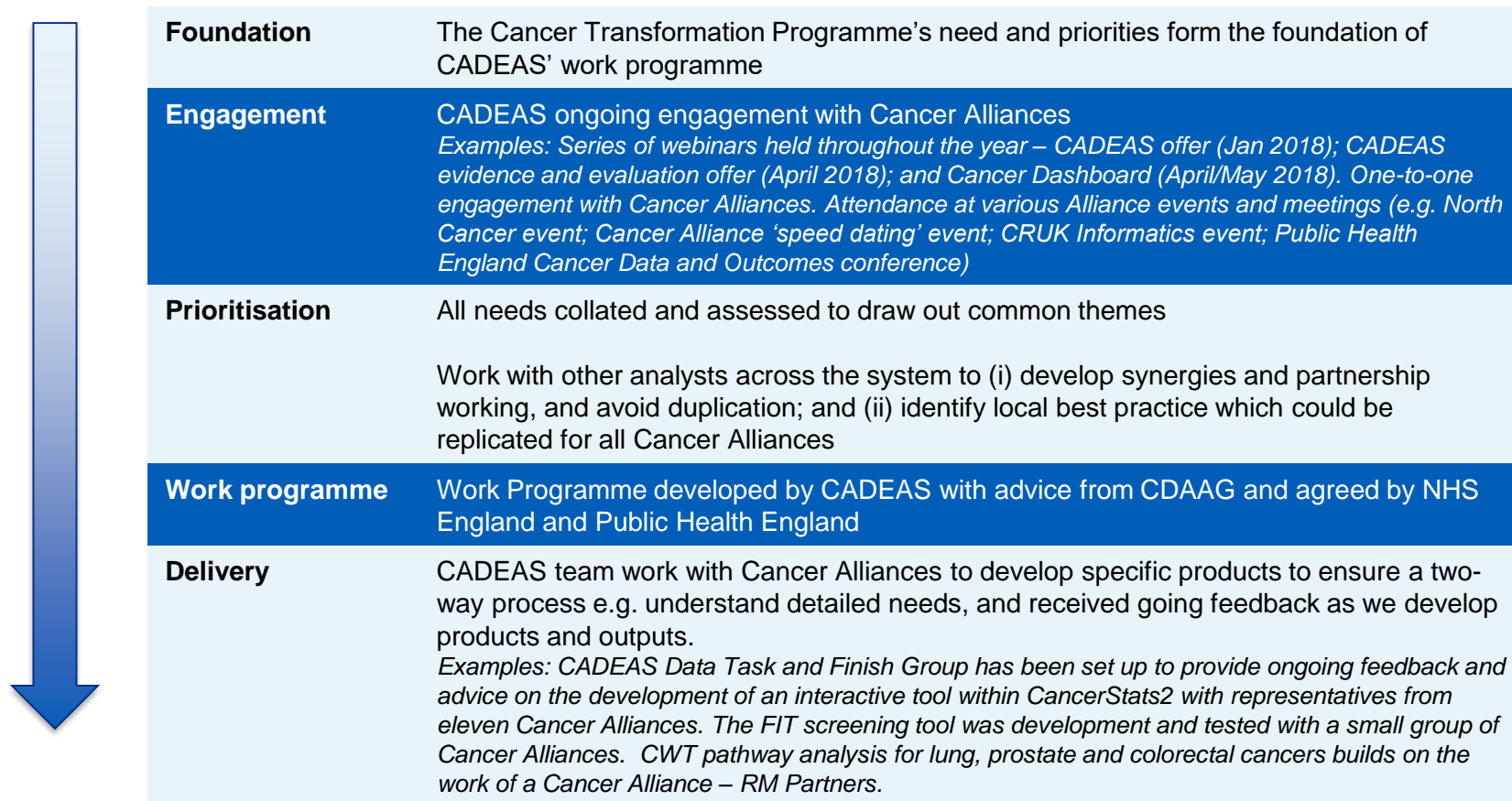
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London Region

# Annex

# Development of work programme

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



# Timelines

	2018/19 Q3	2018/19 Q4
Strategic support to Cancer Alliances - monitoring progress		
CancerStats2	Phase 1: Bringing together and releasing a suite of national core metrics across the pathway that are routinely collected and published.	Phase 2: From this quarter, provision of more indicators and granular breakdowns of the key indicators including by inequality groups as far as possible.
Strategic support to Cancer Alliances - evidence and evaluation		
Resources to support Cancer Alliance-led evaluations	To be released throughout this period.	
Meeting and sustaining 62-day standard		
CWTs data extracts and established reporting	Release of CWT data extracts and CWTs reports including new provider tumour level report on a monthly basis.	
Additional reporting based on patient level data	Joint working with NHS England OIC to produce regular reports on prostate and colorectal cancers; and variation in pathway lengths by phases of the pathway and tumour groups.	
Rapid assessment & diagnostic pathways		
Analysis of the variation in median pathway times by route to diagnosis and inequality breakdowns	Publication of results.	
Median time pathway variation by trust first seen, diagnosis trust and treatment trust		Publication of results.
Analysis of time from referral to endoscopy for individuals with suspected colorectal and oesophago-gastric (OG) cancers		Project start. Publication of results in 2019/20 Q1.

# Timelines

	2018/19 Q3	2018/19 Q4
Roll-out of FIT		
Fit tool for low-risk symptomatic patients	Release of tool to all Cancer Alliances.	
Evidence from Pioneering Group	Appraise and synthesise the evidence generated by the Group.	
Targeted health check programme		
Evaluation	Development of research specification and procuring evaluation partner.	
Stratified follow-up pathways		
Personalised (stratified) follow up pathway		Impact assessment feasibility study completed; commencement of qualitative research.
Recovery package interventions		Commencement of qualitative research.
Other projects		
Preventable cancers toolkit		Release of toolkit
Evaluation of multi-disciplinary team meeting streamlining pilot		Completion of evaluation