Cancer Transformation Programme

Introduction to and supporting documentation for
VALUE BASED TRANSFORMATION FUNDING SITE SELECTION

November 2016

Introduction and Contents

The Planning Guidance for 2017-2019 set out that NHS England would:

1. Use the Best Possible Value framework approach to assess all transformation investment decisions.
2. Run a single co-ordinated application process to minimise the administrative burden on local areas who would be applying for funding. This **single coordinated application process** will support NHS England to make best possible value investment decisions.

Sustainability and Transformation Plans (STPs) are central to this process and all bids should be explicitly linked to the relevant local STP plans. This process is open to any STP, although individual organisations or alliances may bid on behalf of an STP for this funding; submission of applications must be via STPs.

For each national programme there is a set of Call to Bid documents which follow the same approach and outline:

1. A clear set of interventions with supporting evidence base that the national programme is looking to fund.
2. The parameters to funding, governance and delivery requirements.
3. How the Best Possible Value framework approach has been applied to the national programme's interventions and how the framework will be used to appraise the bids received.
4. A standard application form for all interventions within a programme which is aligned to the appraisal criteria. The Call to Bid documentation and application forms are set up such that **applicants only have to fill in the sections applicable for the interventions that they wish to bid for**.

This document sets out the Cancer interventions which have transformation funding from NHS England.

Interventions to be funded

Overview of interventions

Successful implementation of the Cancer Taskforce strategy will require significant transformation of the way in which we approach prevention and early diagnosis, and commission and provide care for our patients. It will also require investment in a truly modern service which can ensure the best outcomes and best patient experience.

The majority of that investment will come from funding already allocated to CCGs and providers in baselines, and Cancer Alliances will be crucial in ensuring that investment is directed in effective and efficient place-based approaches to improve cancer patient outcomes.

However, the Cancer Taskforce also recognised that the strategy includes a number of recommendations that would add incremental costs to those included in baselines. Most significantly for local delivery this includes **driving earlier diagnosis, and implementing the Recovery Package and stratified follow-up pathways.** It is these interventions therefore that the Cancer Transformation Fund will support.

Intervention 1 – Early diagnosis

Earlier diagnosis saves lives. The Taskforce strategy calls for a substantial increase in investigative testing, largely to drive earlier cancer diagnosis. It highlights the importance of the new NICE referral guidelines, GP direct access to tests, follow-up monitoring of those sent for investigative testing, and ensuring adequate diagnostic capacity. It suggests new models and approaches to earlier diagnosis to be tested, for instance with multi-disciplinary diagnostic centres, self-referral and closer pathway management. By 2020, it says, most patients should be told whether they have cancer or not within 28 days of being referred by their GP.

Through this Cancer Transformation Fund, we will support Alliances and Vanguard sites to put into practice a footprint-wide model to achieve earlier diagnosis, through improved diagnostic capability supported by effective diagnostic pathways and appropriate workforce skills and capacity.

Intervention to be funded

Intervention 2 - Recovery package; and Intervention 3 - Stratified pathways

The Taskforce called for an acceleration in the commissioning of services for patients living with and beyond cancer, with a view to ensuring that every person with cancer has access to the elements of the Recovery Package by 2020 and that providers implement stratified follow-up pathways.

A 'Recovery Package' is a set of interventions that help to identify an individual's care and support needs early, including consequences of their cancer and treatment, signpost them to information and support, increase self-management and shared decision making and improve communication across care settings.

Stratified follow-up pathways are a pathway management approach for people who have completed treatment for cancer. The clinical team and the person living with cancer make a decision about the best form of aftercare based on an assessment of individual and clinical needs, including their knowledge of the disease (the type of cancer and what is likely to happen next), the treatment (what the effects or consequences may be both in the short and long term) and the person (whether they have other illnesses or conditions, and how much support they feel they need). If the person is not moving to supportive and palliative care, then they will either be supported to self-manage (with remote monitoring) or have professional-led follow-up. Patients can move between the different levels of care as their needs change.

Through this Cancer Transformation Fund, we will support Alliances and Vanguard sites to put into practice the interventions comprising the Recovery Package and implement stratified follow-up pathways to improve the quality of life of people living with and beyond cancer.

The Taskforce Report recommends the roll out of stratified follow-up pathways for breast cancer. It also recommends further pilots and assessment of stratified follow-up pathways for other cancers, including prostate and colorectal, with a view to roll out across England by 2020. We will therefore consider bids to:

- Implement stratified follow-up pathways for breast cancer.
- Build on existing pilots or continue to implement stratified follow-up pathways for prostate and/or colorectal cancers, where breast pathways are already in place.

Parameters to Funding, Governance & Delivery

- **All bid participants must have agreed control totals before any transformation funds will be released.**
- **The bids must be explicitly linked to Sustainability and Transformation Plans. Proposals are expected to be made by Cancer Alliances or Vanguard sites and must be submitted via STPs**. Governance of delivery will also need to be cross-system.
- The funding available is for **revenue only.** There is **no capital funding available**. Support for capital costs should be sought through Project Initiation Documents submitted to NHS England regional teams. Funding can be used to support the revenue consequence of capital, but only for 2 years if identified in the plan. Further funding cannot be guaranteed and Alliances/Vanguard sites will need to be confident that ongoing revenue consequences can picked up in year 3 onwards.
- The scope of this bidding process is for **transformation funding in 2017/18 and provisionally in 2018/19**. The application form also asks for projections of funding requirements and savings for subsequent years. This is both to reflect that the evidence demonstrates that savings that emerge from implementation for different aspects of the programme will emerge over different timescales and so to allow overall modelling to be set out. It is also to give an indicative sense of any modelling assumptions of transformation funding beyond 2018/19, should this be available.
- Through this Transformation Fund, we are looking to support models and work that will create transformations in care and outcomes in England, **therefore we will put weight on highly ambitious and large-scale change which seeks to create solutions that could be replicated across the country**.
- Each application can be for one, two or all three interventions.
- Bids from National Cancer Vanguard sites must be agreed by the National Cancer Vanguard Programme Board and the relevant STP leads before it is submitted.
- Bids from Cancer Alliances must be agreed by all constituent CCGs and providers or by the Cancer Alliance Board (if it has the authority to do so); and the relevant STP leads (if they do not sit on the Cancer Alliance Board) before they are submitted.
- Please note, that potential applicants in the **Greater Manchester devolution area are not eligible** for this application process, as they have received a proportion of the funding through the funding top slice for Greater Manchester.
- In return for funding:
    - applicants will be required to sign up the programme financial governance and monitoring arrangements (guidance on this will be issued with the funding decision).
    - we are expecting delivery of outcomes as outlined in the logic models on pages 11, 16 and 21.

Why use a Value Framework?

The Best Possible Value framework is a standardised framework which aims to place consideration of value to population, to patient and to taxpayer at the heart of decision-making, enabling NHS England to evaluate and compare different options using an evidence based methodology.

The value framework will:

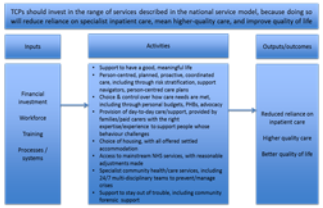
- Identify the evidence base upon which the programme and interventions are built.
- Allow the consistent comparison and monitoring of value across the applicants.
- Support the appraisal panel and the NHS England Investment Committee to allocate investment to applicants in a robust, value-based manner.
- Enable the applicant to bid for funding in a clear, objective manner.

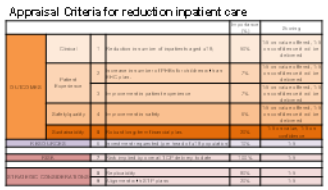
The key steps in the value framework approach are set out in the picture on page 7. The programme has been through steps one to three to create programme specific value equations, logic models and a set evidence base which supports the intervention they wish to fund. These tools have then been used to create value based appraisal criteria. Bidders are encouraged to use these tools and the appraisal criteria to develop their application. Once received the application will be scored against the criteria and an appraisal dashboard and prioritisation matrix will be generated to inform the investment decision.

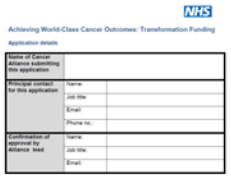
The Best Possible Value framework was developed through the Future Focused Finance programme. More information about the wider Best Possible Value programme can be found on the Best Possible Value Website http://bpv.futurefocusedfinance.nhs.uk/

Value Framework Process - Key Steps

1 Value Equation	2 Logic Model	3 Evidence Base	4 Appraisal Criteria	5 Application	6 Bid Appraisal
What are the elements of value that the invention may seek to generate?	What is the programme and how does it deliver value?	What is the evidence base and how will we track success?	How will we appraise bids?	Bids Submitted	Output – scoring generates appraisal dashboard and prioritisation matrix







What are the **key components driving value** for the early adopter?

- **Outcomes**? (clinical, patient experience, safety/quality, financial sustainability)
- **Resources to put model in place**? (revenue / capital costs, staff)

What **value generation assertions** underpin each element?

- Elements of the plan delivering value?

For each element, what **evidence of value generation** exists?

- What **further evidence is required** to prove value ?

How will success be measured?

- **Which metrics and targets** are we going to use to track value ?
- **When will they be realised?**

Appraisal Criteria has been developed based on the outputs from steps 1 to 3.

This appraisal Criteria assesses applications against **strategic consideration, value,** and **risk** in a robust objective manner.

Bidders should apply the outputs of step 1 to 3 of the value framework as set out in this pack to their applications.

Standard applications forms have been provided for each programme.

- The appraisal of the applications will result in:
  - **Appraisal dashboard** illustrates all applicants results against the appraisal criteria.
  - **Prioritisation matrix** maps all applicants graphically
- These outputs will be used to identify the best value investments

This Call to Bid document sets out how we have applied the value framework to this specific programme

Bid Requirements and Timeline

- Applicants should use Parts A and B of the application form to make their applications.
- Applicants may bid for funding within any of the three interventions set out in this document. Dependent on local requirements, Cancer Alliances / Vanguard sites may choose to bid for one intervention only, any combination of the interventions, or in all three intervention areas. Applicants requesting funding for multiple interventions should be aware that each aspect will be reviewed separately and successful bids may not receive funding for all the intervention areas requested. Applications should clearly state for which of the three interventions funding is required.
- Bids should be submitted via STPs to england.cancerpolicy@nhs.net

National programme **specific webinars** will be set up:

1. To help applicants to understand the Best Possible Value framework.
2. How to best apply this to their applications.
3. To provide additional information such as additional evidence and the scoring system for each intervention.

Bidders should contact the programme on england.cancerpolicy@nhs.net for further information.

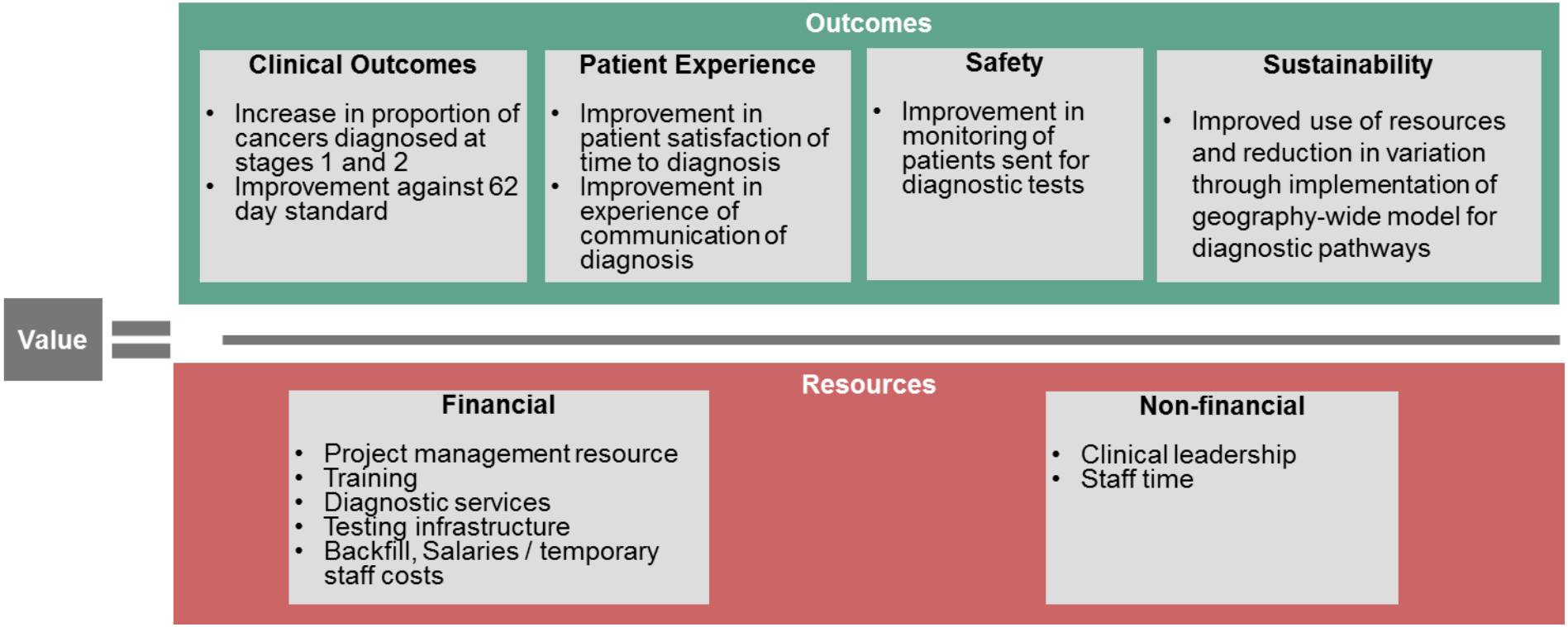
Date	Action
6th December 2016	Process launched and Call to Bid documents published
December 2016 and January 2017	Support provided to bidders through webinars sessions for each programme.
18th January 2017	**Submissions deadline for bidders**
February 2017	Investment Decision taken by NHS England Investment Committee
March 2017	Notification of investment decisions

Intervention 1

EARLY DIAGNOSIS

Through this Cancer Transformation Fund, we will support Alliances and Vanguard sites, via STPs, to put into practice a footprint-wide model to achieve earlier diagnosis, through improved diagnostic capability supported by effective diagnostic pathways and appropriate workforce skills and capacity.

Value Equation for Early Diagnosis



Logic Model for Early Diagnosis

We will support Alliances and Vanguard sites to put into practice a geography-wide model to achieve earlier diagnosis, through improved diagnostic capability supported by effective diagnostic pathways and appropriate workforce skills and capacity.

Inputs

- Cancer Transformation Funding
- CCG baseline funding
- IT infrastructure and support
- Project management resource
- Data and analysis
- Management and clinical leadership and support

Activities

- With clinical and patient input, and based on the best available evidence (including NICE guidelines), map optimum diagnostic pathways including screening, primary and secondary care
- Baseline current situation against optimum pathways including:
  - Diagnostic capacity
  - Workforce capacity and capability
  - Adherence to NICE guidelines
- Design a geography*-wide model to achieve earlier diagnosis

*Alliance or Vanguard site

Outputs

- A geography*-wide model to achieve earlier diagnosis, which:
  - Ensures implementation of optimum pathways
  - Ensures adequate diagnostic capacity
  - Ensures appropriate workforce capacity and capability
  - Aligns with STP service configuration plans

Outcomes

- Increase in proportion of cancers diagnosed at stages 1 and 2
- Reduction in emergency presentations
- Improvement against 62 day standard
- Improvement against new 28 days to diagnosis standard
- Reduction in time to diagnosis (real and perceived)
- Improvement in experience of communication of diagnosis
- Improved monitoring of patients sent for investigative tests
- Reduced variation in referral pathways

Evidence Tracker for Early Diagnosis

	Primary assertion	Sub-assertion	Evidence available	Further evidence to be gathered	Metrics	Target
Clinical	• Diagnosing patients earlier in the progression of their cancer improves survival rates.	• Putting in place a geography-wide model provides an opportunity to improve outcomes, create efficiencies and reduce variation.	• The Cancer Taskforce report, published in July 2015, highlights the case for earlier diagnosis. • New NICE guidelines were launched in June 2015, recommending that patients should be referred for further tests where symptoms indicate a three per cent or higher risk of cancer. • The NHS England / Cancer Research UK / Macmillan Cancer Support ACE programme on earlier diagnosis has trialled various models to achieve early diagnosis. Their outputs to date are available here.	• Utilisation of NICE cancer referral guidelines (NG12). • Impact of straight to test pathways.	• Performance against the 62 day cancer waiting times standard. • Stage at diagnosis. • Diagnosis through emergency presentation. • One-year survival rates. • Patient satisfaction.	• 85% of patients treated within 62 days of GP urgent suspected cancer referral. • Percentage increase in proportion of patients diagnosed at stage 1 and 2. • Percentage decrease in diagnosis through emergency presentation. • Percentage increase in one-year survival rates.

Appraisal Criteria for Early Diagnosis

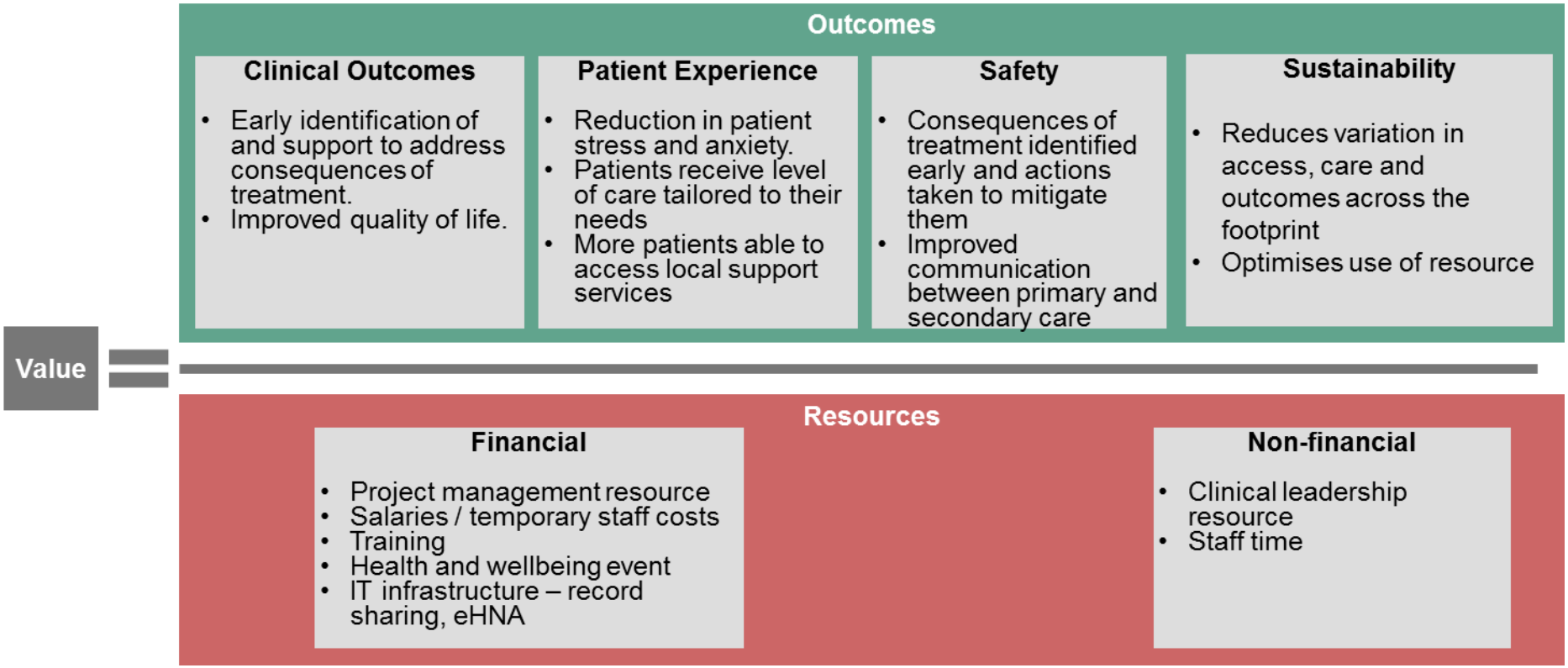
Value equation		Ref	Outcomes/Criteria	Importance (%)
OUTCOMES	Clinical	1	Please describe your geography-wide model for achieving earlier diagnosis.	25%
		2	Quantify the increase in proportion of cancers diagnosed at stages 1 and 2 to be achieved through implementation of your model.	10%
		3	Quantify the reduction in the proportion of diagnoses via emergency presentation to be achieved through implementation of your model.	10%
		4	Quantify the improvement against the 62 day standard to be achieved through implementation of your model.	10%
	Patient Experience	5	Quantify the improvement in patient satisfaction in time to diagnosis to be achieved through implementation of your model.	5%
		6	Quantify the improvement in experience of communication of diagnosis to be achieved through implementation of your model.	5%
	Safety/quality	7	Quantify the improvement in monitoring of patients sent for diagnostic tests to be achieved through implementation of your model.	5%
RESOURCES		8	Total cost - please populate the financial templates for: revenue costs, capital costs and savings.	20%
		9	Please describe any non-financial resources required to ensure the effective management of your programme and / or which will impact on your ability to deliver the outcomes.	10%
RISKS		1	Assessment of identification of implementation risks and mitigating actions.	25%
		2	Assessment of identification of degree of support of key partners.	25%
		3	Assessment of risk that intervention is not well targeted.	25%
		4	Assessment of degree to which inter-relationship with other strategic plans are identified and addressed.	25%
STRATEGIC		1	How your proposal aligns with the STP(s) in your area.	100%

Intervention 2

RECOVERY PACKAGE

Through this Cancer Transformation Fund, we will support Alliances and Vanguard sites, via STPs, to put into practice the interventions comprising the Recovery Package to improve the quality of life of people living with and beyond cancer.

Value Equation for Recovery Package



Logic Model for Recovery Package

The Recovery Package is a set of interventions which, when delivered together, can greatly improve quality of life outcomes, ability to self-manage and coordination of care. This includes better and earlier identification of consequences of treatment, reducing inappropriate use of services.

Inputs

- Cancer Transformation Funding
- CCG baseline funding
- IT infrastructure and support
- Project management resource
- Data and analysis
- Management and clinical leadership and support

Activities

- Understand/map the patient cohort and current availability and take up of the 4 components
- Develop, agree and communicate changes required to implement the four components, building on existing availability, including:
  - project management resource
  - infrastructure and IT (eg templates, electronic HNA)
  - information sharing systems/protocols
  - workforce requirements including training.
- Ensure patient information resources are accessible and identify local services to refer to.
- Identify and engage clinical leaders; obtain clinician and patient buy-in and support.
- Agree audit and baseline measures and ongoing monitoring and evaluation.

Outputs

- Every patient completes a Holistic Needs Assessment at key points in the pathway and contributes to written individual care & support plan. Clinicians and patients own care plans.
- Treatment summary completed at every phase of acute treatment & shared with the GP and patient.
- A cancer care review between GP and patient happens within 6 months of the GP being notified of the patient's diagnosis.
- All patients have access to patient education to support self management including signposting to rehab, work and financial support.
- Patients receive timely information about side effects and potential consequences of treatment and are referred on to local support services.
- Patients receive timely advice about healthy lifestyle changes including physical activity.

Outcomes

- Patients are better informed and better able to self-manage their condition.
- Patients feel reassured knowing what to expect, who to contact and where to get support locally.
- Treatment and follow up care is holistic, where clinical, psychosocial and practical needs are effectively managed through a patient centred approach.
- Side effects and consequences of treatment are identified and addressed early leading to better patient outcomes and reduced future need for services.
- Patients are better supported in primary care and transitions between acute and primary care are smoother.
- Take up of healthy lifestyle advice and physical activity leads to behaviour changes and reduced risk of recurrence and other long term conditions.

Evidence Tracker for Recovery Package

	Primary assertion	Sub-assertion	Evidence available	Further evidence to be gathered	Metrics	Target
Clinical	• Using the Recovery Package interventions to identify and address a patients' holistic needs (including consequences of treatment) as early as possible, quality of life and patient experience outcomes will improve and avoidable service use can be reduced.	• A reduction in the number of unplanned hospital admissions for consequences of cancer/treatment. • Improved patient experience including reduction in anxiety and increased reassurance. • Increase in patient confidence in self-management and ability to access local support services. • Better and earlier identification of consequences of treatment, including information provision. • Clinicians have improved confidence in shared decision making and communicating with patients. • Discussion of healthy lifestyle advice, including physical activity, can lead to lifestyle changes that will reduce the risk of disease recurrence, lower the impact of comorbid disease and improve quality of life.	• HNA – a study in 11 sites found patients reported being better able to self-manage their condition, and having improved self-confidence and control over their situation. • TS – In a study of 11 sites, around 80% of GPs found the summary 'useful' or 'very useful', over 50% felt it would make a difference to the way they managed patients, and 90% wanted its use to continue. (Wilkinson A. National Cancer Survivorship Initiative (NCSI); Treatment Record Summary; 2010) • CCR – a study looking at 171 participants found 71% of patients surveyed were very satisfied with their CCR. • HWC – an evaluation by the Office for Public Management found patients' QoL improved. Evidence from Northern Ireland programme: • 79% of patients were made aware of importance of life style changes as opposed to 45% at the programme outset. • 67% felt supported to manage emotional impact of cancer as opposed to 44% at programme outset. • 75% felt supported to manage physical impact of cancer as opposed to 59% at programme outset.	• Baseline of activity and review of enablers and barriers to implementation to be carried out in 2017 (to be commissioned by NHSE). • Macmillan Cancer Support is piloting an electronic HNA – currently 48 sites . Early evidence shows significant potential for use of data to track patient outcomes and plan services based on reported needs. • Further economic assessment of Recovery Package.	% patients who have had: • HNA within 31 days of diagnosis. • HNA at end of treatment. • Treatment summary at end of each episode of treatment. • Cancer Care Review within 6 months of diagnosis. • Accessed a HWBE or similar. (target % to be set locally depending on baseline). • Cost of delivery per patient. • Improved patient experience AND increase in patients receiving written information about consequences of treatment (CPES or local data collection). • Increase in referrals to local services for COT/other support e.g. financial advice.	Ensure everyone with cancer has access to the elements of the Recovery Package by 2020 (Report of the Independent Cancer Taskforce, recommendation 65).

Appraisal Criteria for Recovery Package

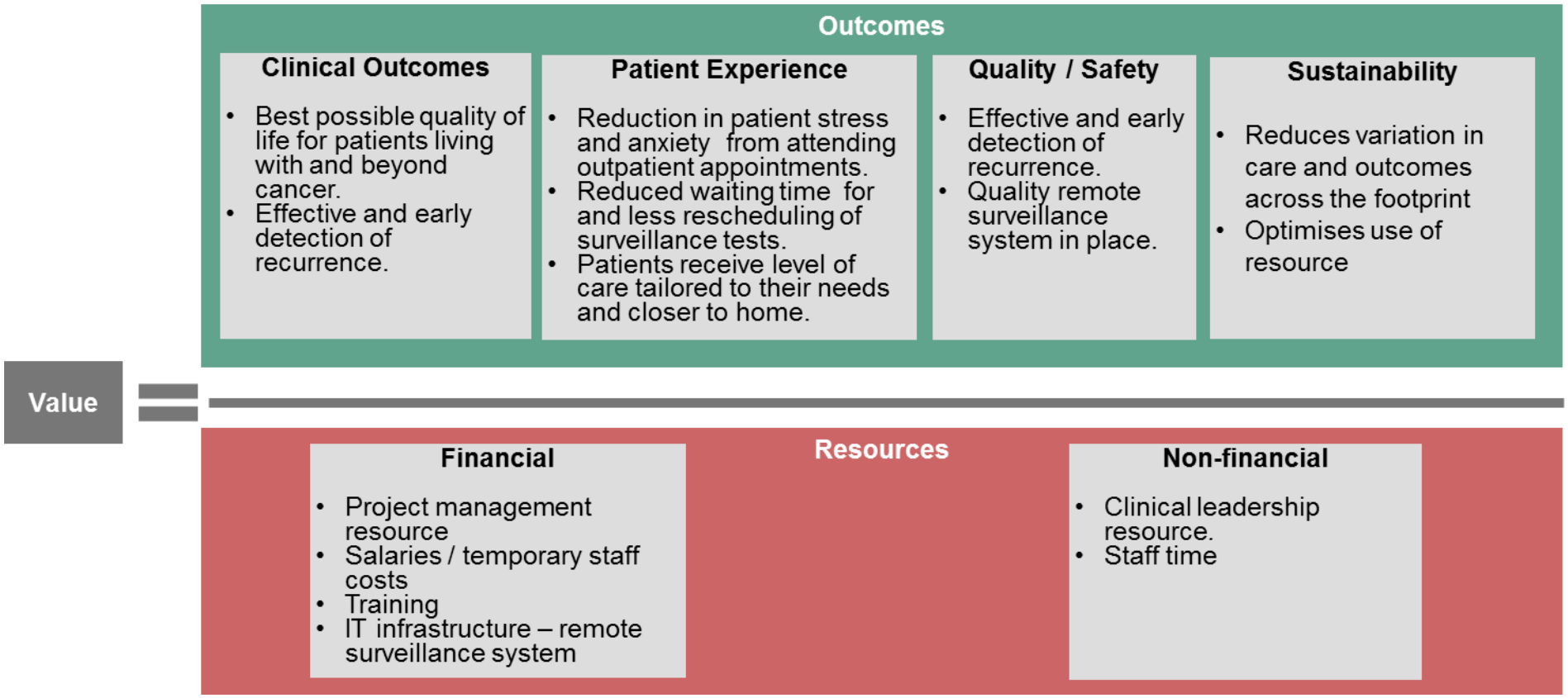
Value equation		Ref	Outcomes/Criteria	Importance (%)
OUTCOMES	Clinical	1	Quantify the increase in patients who receive a Holistic Needs Assessment and Care Plan within 31 days of diagnosis.	5%
		2	Quantify the increase in patients who receive a Holistic Needs Assessment and Care Plan within six weeks of end of acute period of treatment.	5%
		3	Quantify the increase in patients who receive a Treatment Summary.	5%
		4	Quantify the increase in patients who receive a Cancer Care Review and outline your plan to work with Primary Care to improve compliance with this and communication between primary and secondary care.	5%
		5	Quantify the increase in patients accessing holistic information and support through a 'Health and Wellbeing Event' or similar. AND Outline plan to increase access to Health and Wellbeing Events or similar and improve efficiency of delivery by mapping availability and working across sectors within Alliance footprint.	5%
		6	Please outline your plan to monitor and measure the outcomes of the interventions. Would you be willing to evaluate any of the following sub-assertions from pilots as part of delivery? 1. The impact of healthy lifestyle and physical activity advice (given during HNA and CCR) on risk of recurrence. 2. The impact of healthy lifestyle and physical activity advice (given during HNA and CCR) on development of other long term conditions. 3. The impact of early identification and treatment of consequences of treatment on reduced prescription costs. 4. The impact of the Recovery Package interventions on an individual's confidence to self-manage.	10%
	Patient Experience	7	Please outline plans to monitor patient experience. Please draw on any relevant projects or initiatives in your footprint.	10%
	Safety/quality	8	Please outline plans to assure the quality of delivery of the four components of the Recovery Package.	15%
	Sustainability	9	Strategic approach - Alliance-level plan	15%
		10	Please demonstrate commitments to fund service after transformation funding is withdrawn.	5%
RESOURCES		11	Total cost - please populate the financial templates for: revenue costs, capital costs and savings.	15%
		12	Please describe any non-financial resources required to ensure the effective management of your programme and / or which will impact on your ability to deliver the outcomes	5%
RISKS		1	Assessment of identification of implementation risks and mitigating actions	25%
		2	Assessment of identification of degree of support of key partners	25%
		3	Assessment of risk that intervention is not well targeted	25%
		4	Assessment of degree to which inter-relationship with other strategic plans are identified and addressed.	25%
Strategic		1	How your proposal aligns with the STP(s) in your area	100%

Intervention 3

STRATIFIED FOLLOW-UP PATHWAYS

Through this Cancer Transformation Fund, we will support Alliances and Vanguard sites, via STPs, to implement stratified follow-up pathways to improve the quality of life of people living with and beyond cancer.

Value Equation for Stratified Follow-up Pathways



Logic Model for Stratified Follow-up Pathways

Stratified follow-up pathways which comprise needs assessment, support for patients to self-manage, remote monitoring and re-entry pathways, can offer a more effective approach to aftercare than traditional models, delivering improved quality; at best delivering cost savings and at worst on a cost neutral basis.

Inputs

- Cancer Transformation Funding
- CCG baseline funding
- IT infrastructure and support
- Project management resource
- Data and analysis
- Management and clinical leadership and support

Activities

- Understand/map the patient cohort and current follow-up pathway/s.
- Engage with patients to understand what they need and expectations
- Design new pathways and plan for their implementation:
  - Develop, agree and communicate stratification criteria.
  - identify and commission project management and implementation resource
  - Set up remote surveillance system including IT and clinical input.
  - Deliver guidance and training.
- Identify and engage key clinical leaders; obtain clinician and patient buy-in and support
- Agree audit and baseline measures, including:
  - Proportion of patients on self-management pathway
  - Number of self-management pathway patients re-accessing the service with a recurrence
  - Number of patients contacting named contact/helpline
  - Patient experience measures

Outputs

- Pathway redesign project is delivered to time and budget.
- Effective stakeholder engagement; buy-in from patients and clinicians.
- A system for remote monitoring and managing ongoing surveillance is in place.
- An agreed protocol is in place for stratifying patients at the end of treatment, which is understood and owned by clinicians.
- Stratification model results in more patients on self-management pathway and patients with complex needs receiving more support.
- Reduced cancer waiting times as follow up outpatient capacity is recycled.
- Audit tracks measures vs baseline
- A reduction in the proportion of outpatient follow up appointments (Hospital Episodes Statistics).
- Early detection of recurrence
- Holistic Needs Assessments and Treatment Summaries built into patient pathway and supported by workforce and IT.

Outcomes

- Reduction in patient anxiety and increase in reassurance (increased patient knowledge of signs and symptoms of recurrence and who to contact).
- Patients feel supported after their treatment ends and care transitions smoothly into the community.
- Improved patient experience. Low-risk patients feel supported to self-manage and receive care closer to home with fewer outpatient attendances. Higher risk patients well supported through professionally-led follow-up.
- Patients with complex needs have more contact with their specialist team.
- Improved quality of life outcomes
- Effective use of clinical time through redistribution of capacity freed up from outpatient follow-up appointments.

Evidence Tracker for Stratified Follow-up Pathways

Clinical

Primary assertion	Sub-assertion	Evidence available	Further evidence to be gathered	Metrics	Target
• Stratified follow-up pathways which comprise needs assessment, support for patients to self-manage, remote monitoring and re-entry pathways, can offer a more effective approach to aftercare than traditional medical, delivering improved quality at worst on a cost neutral basis. Low-risk patients are supported to self-mange their follow up, with remote surveillance and rapid re-entry pathways, while patients with more complex needs will continue with professionally led follow up.	• A reduction in the proportion of outpatient follow up appointments (Hospital Episodes Statistics). • Redistribution of outpatient capacity allowing more focus on people with complex needs. • Patients with more complex needs can access the higher level of follow up support they need. • Reduction in waiting times for surveillance tests eg mammogram . • Improved patient experience / satisfaction including improved confidence in signs and symptoms of recurrence and who to contact. • Improved quality of life outcomes. • Can improve rate of detection of recurrence- an open access approach encourages patients to contact a service earlier with any worries or concerns.	• N Ireland pilot by Macmillan and evaluated by PWC show 58% of breast cancer patients could self-manage, with rapid access back into the system if necessary; 3,000 appointments were released over a 26 month period; 90% of mammogram appointments took place at the scheduled time, compared to 70% previously. • NI pilot on prostate cancer - patients reported improved confidence in managing their care, and less anxiety as a result of knowing who their CNS was. • Broomfield Hospital, Mid Essex NHS Trust has provided stratified follow up for colorectal cancer patients for almost 10 years, saving approximately 600 outpatient appointments per year. With 200 new cases a year, about half the patients are suitable for stratified follow up and they have received 85 per cent positive feedback. • QIPP case study (based on testing in 14 sites) estimated 77% of breast cancer patients could self-manage with 4 appointments saved per patient over 5 years. There would be additional costs for the pathway but a net saving overall for these patients. Savings would be reduced from reinvestment to support those with more complex needs. • QIPP case study suggests positive patient experience, but quantitative data was not available for patient outcomes when this was written. • 2012 Ipsos Mori evaluation found 78% of patients on stratified pathways reported they had the information, advice and support that they needed to manage their condition.	• Further evidence review to be carried out in 2017 (to be commissioned by NHSE). • Baseline of activity for breast, colorectal and prostate stratified follow-up pathways to be carried out in 2017 (to be commissioned by NHSE). • Evaluation of ongoing pilots of stratified follow-up pathways for colorectal and prostate cancer. • Pilots of stratified follow-up for other cancer types.	• Number of people who finish treatment and are ready for follow up (eligible cohort). • % of patients on supported self-management pathway. • % of patients on professional-led pathway. • Proportion of outpatient appointments given to follow up. • % patients receiving surveillance tests within scheduled time. • Number of patients using re-entry pathway for suspected recurrence. • Number of recurrences detected through re-entry pathway. • Improved patient experience / satisfaction.	Aim to roll out stratified follow-up pathways for breast cancer nationally by 2020 (Report of the Independent Cancer Taskforce, recommendation 67). Further pilot stratified pathways for prostate and colorectal cancer, with aim to roll out nationally by 2020 (Report of the Independent Cancer Taskforce, recommendation 67).

Appraisal Criteria for Stratified Follow-up Pathways

Value equation		Ref	Outcomes/Criteria	Importance (%)
Outcomes	Clinical	1	Please provide the baseline for stratified follow-up pathways across the Cancer Alliance	10%
		2	Quantify the increase in new patients on a supported self-management pathway. (Please break down by cancer type if relevant).	5%
		3	Quantify the expected increase in patients admitted through a re-entry pathway for suspected recurrence.	5%
		4	Outline any changes you expect to see in quality of life outcomes, any evidence you have of current levels of need in this area, where applicable, please draw on any relevant projects, initiatives or previous pilot work in your footprint. Please indicate if your Cancer Alliance is interested in participating in a pilot project to measure long-term quality of life of people living with and beyond cancer?	5%
	Patient Experience	5	Please outline plans to ensure patient satisfaction improves or at worst remains steady. How will this be monitored? Please draw on any relevant projects or initiatives in your footprint.	5%
		6	Please outline plans to monitor waiting times for surveillance tests (eg mammogram) and any expected change in waiting times.	5%
	Safety/quality	7	Please provide evidence of the remote surveillance systems in place. If only in place in some areas or not at all, please outline plans to ensure quality remote surveillance system/s in place before patients moved to new pathways.	5%
		8	Are you able to monitor the rate/ speed at which recurrence is detected to ensure it does not worsen? And, ultimately, are you able to monitor survival and ensure that it does not worsen? If not, how will you put this in place before patients moved to supported self-management pathway?	5%
		9	Outline the process and structures in place to ensure patients on supported self-management pathways have a clear point of contact . How will contacts made be monitored?	5%
	Sustainability	10	Strategic approach - Alliance-level plan	15%
		11	Evidence of commitment to fund service after transformation funding is withdrawn	5%
		12	Tracking of savings and drivers of savings	15%
RESOURCES		13	Total cost - please populate the financial templates for: revenue costs, capital costs and savings.	10%
		14	Please describe any non-financial resources required to ensure the effective management of your programme and / or which will impact on your ability to deliver the outcomes	5%
RISKS		1	Assessment of identification of implementation risks and mitigating actions	25%
		2	Assessment of identification of degree of support of key partners	25%
		3	Assessment of risk that intervention is not well targeted	25%
		4	Assessment of degree to which inter-relationship with other strategic plans are identified and addressed.	25%
Strategic		1	How your proposal aligns with the STP(s) in your area	100%