EVALUATION OF THE CANCER RESEARCH UK FACILITATOR PROGRAMME

EXECUTIVE SUMMARY
October 2017 | Cancer Intelligence & Healthfocus Research

BACKGROUND
Cancer Research UK Facilitators work with health professionals to help achieve CRUK’s ambition to see three-quarters of people surviving cancer within the next 20 years.

The programme aims to accelerate translation of evidence into clinical practice, in particular improving prevention and early diagnosis of cancer. To achieve this, the programme works directly with the NHS to drive improvement by delivering interactive face to face engagement with healthcare professionals, supporting local improvement projects, influencing local and regional strategies and sharing learning across the UK. The programme was piloted in 2012-2014, with seven staff in two areas. 88 staff now work across the UK.

An evaluation was conducted in 2017 in order to quantify and describe the extent and impact of the programme as well as explore how and why the programme is having an impact.

METHODS

Programme coverage and activity monitoring – 6 months’ results from March-August, 2017

Training evaluation – 64 training events, 782 attendees

Practice-visit feedback survey – 100 practice visits

Independent qualitative interviews – 7 Strategic, 15 Commissioners/Planners, 39 General Practice

Case studies

The multi-component evaluation comprised routine monitoring data and independent external interviews with programme stakeholders.

Face to face engagement with primary care teams

Work with Health Boards to influence local plans and drive projects

Influence regional priorities through strategic relationships
Independent evaluation concluded overall that CRUK Facilitators have played a significant role in introducing and embedding improvement in cancer screening and referral.

PROGRAMME COVERAGE & ENGAGEMENT

As of August 2017, over 5,700 GP practices were actively engaged by the programme. 61% of CCG/Health Board areas received maximum support, including practice-level visits through to involvement of facilitators in strategic decision-making fora.

Facilitators had around 700 engagements every month, equating to 8,500 a year. The majority of their work was with GP practices and CCGs.

IMPACT AT GENERAL PRACTICE LEVEL

Frontline engagement with General Practice via visits and training events forms the mainstay of the programme’s work and practice engagement was highly valued by practices and at a strategic level.

Practice visits were an effective way to engage busy practices in quality improvement. Post-visit surveys showed that 91% rated the visit as ‘very useful’, 99% would recommend a meeting with the CRUK Facilitator to other practices in their area, and 96% planned to take action as a result of it.

Practice visits had significant impact on individuals (clinical and non-clinical) and at a practice system level (see graphic below). Individuals reported improved knowledge, attitudes, confidence, motivation and behaviour. At practice systems level, facilitator visits led to the introduction or improvement of key processes to increase screening uptake, make and track urgent referrals, carry out audit, and improve patient awareness of cancer prevention.

Ongoing contact with practice staff was considered to be an important factor in successfully embedding new processes such as referral tracking, safety netting and follow up of screening defaulters. Where facilitators have worked most intensively, analysis showed greater improvements in bowel screening uptake. Practices attributed increases of up to 17 percentage points in bowel screening uptake to working with facilitators.

There were a number of factors perceived to enable the success of the programme. These included frontline outreach: practice visits created the time and opportunity for practices to discuss cancer and allowed an interactive focus on that individual practice’s needs.

Facilitators were perceived as impressively knowledgeable, well-resourced and well prepared as well as having a supportive, non-directive engagement style.

Finally, the fact the facilitators were ‘neutral’, i.e. separate from the NHS, was extremely important, and the ‘badge’ of CRUK conveyed that the programme was focussed on evidence-based quality improvement rather than performance management.

“From the point of view of bowel screening, there is no doubt that the drop in non-engagement is at least in part attributable to the Facilitators.” - GP Lead

“I would encourage anyone to invite them in. Their approach is educational, not telling us what we should do but discussing it with us and what might be helpful in our practice.” - GP
IMPACT AT STRATEGIC LEVEL

The programme engages all Cancer Alliances/Vanguards and 93% of CCGs/Health Boards within target areas. At this strategic level the programme has played a significant role in introducing and embedding improvements in prevention and early diagnosis.

Factors contributing to impact at this level include its ‘connectedness’: both acting as a two-way conduit of information between strategic organisations and frontline general practice teams, and facilitating cross-UK learning including the connection with CRUK nationally. The facilitators’ independent perspective, which bring fresh insights to organisational decisions, was also highly valued.

CRUK Facilitators’ provision and interpretation of data and intelligence ensured that decisions and quality improvement initiatives were driven by the best available evidence.

Without the programme, NHS stakeholders perceived that plans would be less well informed by ‘on the ground’ intelligence, national developments and emerging evidence. They said that the pace of improvements in cancer prevention and early diagnosis in general practice would be significantly slower.

“This programme helps to make those big strategic ambitions into actual workable size pieces, operational actions that we can add together to make a difference to patients.”
- Alliance Manager

“This pace of improvement in cancer prevention and early diagnosis in primary care would be significantly slower – we don’t have staff with the time and expertise to engage with GP teams and implement change on the ground”
- Strategic Lead

PROGRAMME CHALLENGES

There were three main challenges for the programme:

1. Having capacity to deliver practice visits and to be able to maintain an ongoing relationship with practices. Ongoing contact was seen as important in the successful embedding of change.

2. Getting access to general practice in the first instance. Local incentive schemes could be a successful strategy in engaging with practices, after which an ongoing relationship could be developed.

3. The ratio of frontline practice work and the important role facilitators have played in strategic work was challenging to balance when they could have impact at all levels.

IMPACT ON PERCEPTIONS OF CRUK

Stakeholders reported that contact with CRUK Facilitators had a positive impact on their perceptions of CRUK. It promoted understanding of CRUK’s relevance for general practice, and role in service improvement and the application of research.