What can be achieved by using local data and sharing results nationally?

Results from a process evaluation of the Detect Cancer Early Programme

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Contents

1. The Detect Cancer Early (DCE) programme
2. Evaluation methods
3. Evaluation results
4. Take home messages
1. The DCE Programme
The DCE Programme

Launched in 2012 (initially focusing on breast, lung and bowel cancers) with the aim to improve overall 5-year cancer survival in Scotland

Strategies

1. Public awareness and behaviour influencing
   Social marketing campaigns; public relations; field marketing and partnership

2. Primary care symptom management & referral
   Professional training; updating referral guidelines for suspected cancer

3. Secondary care & diagnostic capacity
   Additional funding to be invested in diagnostic capacity

4. Performance management & monitoring
   HEAT target; bowel screening initiative; CWTs


DCE objectives

1. Increase the proportion of people with stage 1 disease at diagnosis by 25% (HEAT target)
2. Improve informed consent and participation in screening programmes
3. Raise public awareness of screening and early signs and symptoms of cancer
4. Promote referral or investigation at the earliest reasonable opportunity
5. Ensure sufficient screening capacity to meet the expected increase in demand
6. Ensure that imaging, diagnostic and treatment centres are prepared for an increase in demand
7. Strengthen data collection and performance reporting within NHSScotland
8. Facilitate further evaluation of the impact of public awareness campaigns and contribute to research
2. Evaluation methods
Aims and underpinning framework

Aims: assess DCE processes and outcomes (2012-2015) and provide recommendations for policy

Theory-based evaluation: all programmes have assumptions on how they are supposed to work

- Semi-structured interviews with DCE stakeholders
- Documentary analysis

Study 1
Developing and refining the evaluation

Process evaluation
Outcome evaluation

Study 2 DCE evaluation

2015-2017

Methods

Outcome evaluation (Jan-Oct/18)

- Assessing whether DCE objectives were met, and for whom

  Documentary analysis (n=159)
  - Policy documents and other Health Intelligence data, evaluation reports
  - Data reported in charts and tables

  Time trends analysis
  - Customised data on requested replacement bowel screening kits

Process evaluation (Jan-Jul/18)

- Investigating implementation, mechanisms of impact and context

  Stakeholder interviews (n=25)
  - Purposive sample; direct recruitment
  - Face-to-face or telephone interviews
  - Framework analysis

  Online Questionnaire (n=53)
  - Pre-tested; indirect recruitment
  - Descriptive and inferential statistics and content analysis
3. Evaluation results
(focus on the use of local data)
Documentary analysis: using local data to drive progress

I. Testing the use of the Faecal Immunochemical Test with symptomatic patients

• Project commenced as a study in NHS Tayside; local results were published – FIT a good “rule out” test, with decrease in referrals

• Further validations before national implementation
Documentary analysis: using local data to drive progress

2. In Partnership with Cancer Research UK (Facilitator Programme)

• First pilot in NHS Greater Glasgow & Clyde (2014)
  • Development of a GP workbook describing local results and sharing successful practices to engage with bowel screening non-responders
  • As of January 2018, the programme was available in six Health Boards (in the North and East Scotland and the West of Scotland)

Process evaluation: the importance of local data
Context: barriers and facilitators

• Having both local and national data was reported to be a facilitator; e.g. it helped to make strategic decisions

• On the other hand, limited practice-level data and limited IT systems connecting data were described as barriers

• It was reportedly difficult to calculate baseline data, discuss local referral patterns and symptomatic presentation, and compare practice level data across the UK

“[Bowel screening initiative] was really successful, but then when we were again looking at the data and analyse it a bit further [...] when you looked at it in more detail actually men in the most deprived category [...] we still weren't doing very well. So most of our work since then has been targeted at looking at addressing inequalities”

Interview participant, ID 17
Process: stakeholder buy-in and communication

- Limited recognition of local activities resulted in frustration, affected engagement and sense of ownership
- Stakeholders wished that local efforts and local evaluations had been more widely disseminated – limited dissemination was considered to be detrimental to peer learning and sharing best practice

“I suppose for me there is something about, we did local work and local evaluation, I’m sure other Health Boards did the same, and I’ve tried sharing our final reports […], but it’s through local networking. So I suppose I was thinking ‘have we missed an opportunity there for…’ So Scottish Government didn’t ask us to send any results from local evaluation to them” Interview participant, ID 28
Outcomes

• Stakeholders reported on local outcomes and anecdotal data when describing programme impact
  • Local outcome data was also limited in policy documents
  • Perceived positive impact was not always associated with DCE’s final aims
• Other stakeholders reported not being able to carry out local evaluations due to time or resource limitations

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Examples of how additional funding was used</th>
<th>Reported benefits (including soft outcomes)</th>
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| NHS Ayrshire & Arran | • Baseline assessment and ongoing measurement (cancer tracking and audit staff)  
• Awareness raising activities, engagement with men and other hard-to-reach bowel screening non-responders | • Better communication with GPs, improved GP engagement to increase bowel screening uptake  
• Better communication and engagement with patients and the public  
• Increase in breast screening and mammography capacity (with subsequent reduction in waiting times); increase in diagnostic capacity (bowel screening, imaging and pathology)  
• Plans to have continuous evaluation, funding and awareness raising, work on health improvement and reduce inequalities, develop and strengthen partnerships, and review pathways |

4. Take home messages
Take home messages

• DCE was a programme with national aims that also incentivised the development of local strategies/partnerships to promote early detection
  • Some strategies resulted in wider roll-out and dissemination of best practices
  • DCE also generated a wealth of data that can be further disseminated and potentially help to improve early detection in the UK
• Local data can help to show programme impact beyond official objectives, to understand challenges and recognise regional variations, facilitate peer learning and engagement – how can we make the most of it?

“There’s lots of wee projects that have been funded over the years that have not been properly shared nationally [...] That kind of sharing and showing all the stuff that’s been done with the money could be done a bit better and a bit more robustly so that people did see all the great things that came out of it and, you know, yeah, really get to reflect on all of it” Interview participant, ID 15
Thank you!

Any questions or comments?

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