



South West London
Health & Care
Partnership

MACMILLAN
CANCER SUPPORT



Transforming Cancer Services Team for London

Macmillan Primary Care Nursing Project

Evaluation Plan – Summary

Document Creation

Date	Author(s)	Role	Version
19/08/2019	Yvonne Damanhuri	Project Manager	v1

Document Revision History

Revision date	Author(s)	Change Summary	Latest Version
20/09/2019	Yvonne Damanhuri	Project Manager	V2
15/10/2019	Yvonne Damanhuri	Project Manager	V2.1

Approval

This document requires the following approvals before finalisation

Name and position/ group	Date approved	Version
Macmillan Primary Care Nursing Steering Group		V1

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Introduction

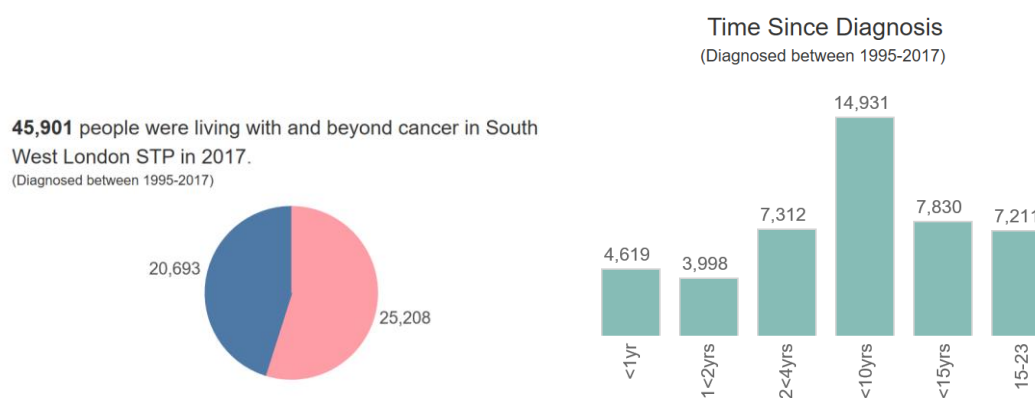
Context of project

With improved outcomes for people diagnosed with cancer and the increased numbers of those living with and beyond cancer (LWBC), there is an increased need for new models of care that best meets the needs of those who are surviving. Cancer is increasingly seen as a long-term condition (LTC) and the role of healthcare services outside of hospital is developing. The numbers of people living with cancer continues to grow with a life time risk of cancer of 1 in 2 (Ahmad et al 2015ⁱ)

Additionally, 70% of people with cancer have another long-term condition (Macmillan 2015ⁱⁱ). Living with another long-term condition (LTC) reduces survival rates and adds complexity to care provision. The numbers of those with one LTC or more is also expected to continue to rise.

Fig 1 below: (Data from National Cancer Registration and Analysis Service, Transforming Cancer Services Team, Macmillan, 2017): Illustrating 45,901 individuals living after a diagnosis of cancer in South West London Health and Care Partnership (HCP) geographical area at the end of 2017.

Fig 1:



NICE (2016ⁱⁱⁱ) outlines best practice for people living with multi-morbidities emphasises the importance of an integrated and holistic approach to care. Initiatives to move follow up care out of hospital (e.g. for prostate cancer) enable an integrated approach to be possible.

However, analysis of patient experience of their care out of hospital reveals many gaps. The National Cancer Patient Experience Survey (NCPES) (2016^{iv}) identifies that nationally only 53% of people feel they had enough support out of hospital during their cancer treatment, and only 45% once their treatment was completed. Locally in South West London 62% of respondents said they felt the GPs and nurses at their general practice did everything they could to support them whilst having cancer treatment, this had decreased from the previous year. These figures outline the challenge ahead to improve the experience for people living with and beyond cancer out of the hospital environment.

The primary care workforce is seeing patients with cancer daily and in particular the nursing workforce has been identified as well placed to meet the needs of this patient group as they typically routinely manage their other long-term conditions. Macmillan describe the primary care workforce as an

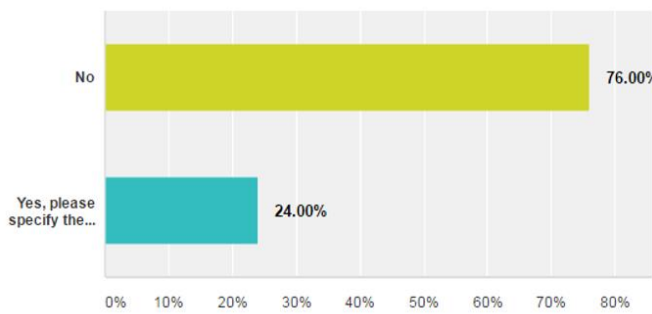
untapped resource (Macmillan 2013^v). Knowledge around the needs of those living with and beyond cancer is however variable and with this group of patients growing in number there is an identified need to develop skills and knowledge. Transforming Cancer Services Team (TCST) carried out a Training Needs Assessment (TNA) in primary care in 2016. As demonstrated in **Fig 2** below, cancer was not commonly a focus of identified learning needs and education of the consequences of treatment was limited. TCST’s work provides a London overview of the training needs of primary care nurses but there is currently no local data available.

Fig 2:

Response from nurses

Has cancer ever been part of a personal appraisal or education / PDP? If so what topic was chosen?

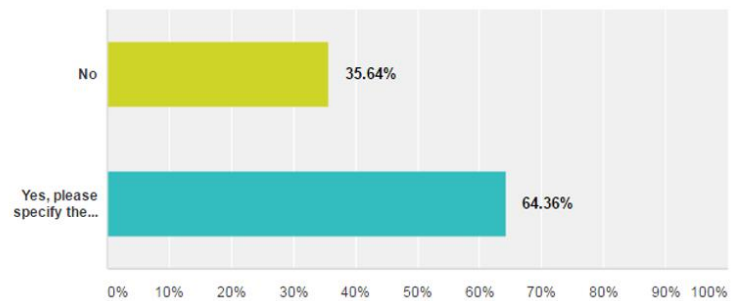
Answered: 100 Skipped: 14



Response from GPs

Has cancer ever been part of a personal appraisal or educational/PDP? If so what topic was chosen?

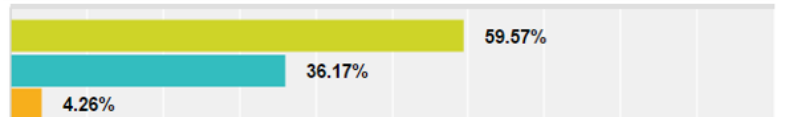
Answered: 188 Skipped: 35



Responses from nurses

Education received on specific consequences of treatment

General training on consequences of cancer treatment



Specific to consequences to cardiovascular health

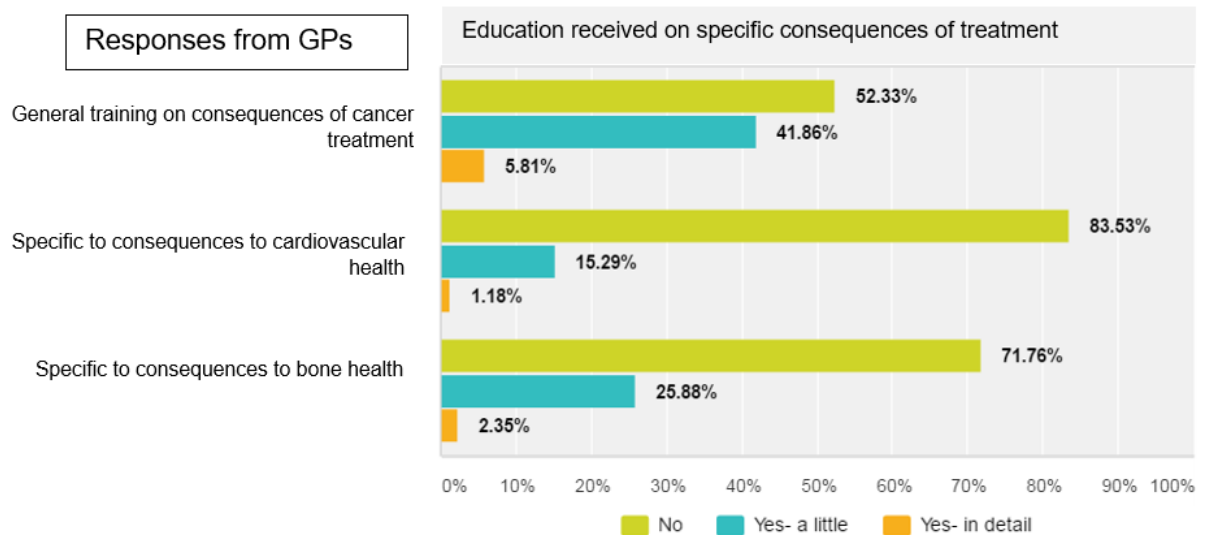


Specific to consequences to bone health



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Legend: No (Yellow), Yes- a little (Teal), Yes- in detail (Orange)



(Training Needs Assessment for London: Highlight report for the Primary and Community Education Group, December 2016)

Work by Macmillan to support and develop the primary care nursing workforce has proven that there is an appetite to develop and transfer long term conditions management skills into cancer (Macmillan 2013). With the right support, primary care nurses are very well placed to provide high quality care to patients living with and beyond cancer. The Macmillan Practice Nurse Course has demonstrated good outcomes in terms of learning but there is a need to apply learning into practice. There is good evidence that the value of classroom-based learning is limited without the opportunity to also learn through doing (Kolb 1984.^{vi}) Experiential learning is therefore crucial to this process of skills and knowledge development.

Primary Care Nursing and Cancer

Clearly a primary care workforce that is confident and skilled in provision of care to this patient group is required. The project is focused on the reframing of cancer as a long-term condition. Primary care nurses are in the forefront of long-term condition management in both general practice and community settings and have developed advanced practice skills in these areas. The process of skills transfers to those living with cancer, for example prostate cancer, requiring follow up out of hospital, will enable good quality holistic care to be provided.

Community nurses have daily contact with patients living with and beyond cancer throughout the treatment phase and after, and are key healthcare contacts for housebound patients who may be living with the consequences of their cancer treatments such as continence issues, bowel dysfunction etc. Anecdotally however, we know that there is little cancer specific education in post registration programmes and CPD for this group of nurses. There is an opportunity to develop their expertise so that the unmet needs of those living with and beyond cancer may be better met.

There is a large primary care workforce in South West London (SWL). This is broadly split between General Practice Nurses and Community Nurses. GPNs being employed by individual practices and Community Nurses by 5 different NHS trusts.

General Practice Nursing

Fig 3 below describes the general practice nursing workforce in South West London, split by Clinical Commissioning Group. The numbers reported in this table are FTE. (*locally obtained data¹ March 19*).

Fig 3:

CCG	Practice Nurses & Nurse Practitioners	Health Care Assistants	Mentors
Kingston	38	23	Unknown
Merton	39	19	Unknown
Sutton	45	16	Unknown
Wandsworth	77	38	Unknown
Croydon	90	42	Unknown
Richmond	36	22	Unknown
SWL Total	325	160	Unknown

Nationally, the General Practice Nursing workforce faces issues around numbers and capacity, for example 33.4% of General Practice Nurses are due to retire by 2020 (QNI 2016^{vii}) and there are challenges in relation to access to education and training; in the Queens National Institute (QNI) work referenced above, only 53.0% reported that their employer always supported their professional development. There is however recognition of these challenges, a recent report by ISOS/MORI commissioned by NHSE (2016^{viii}) provides recommendations to strengthen the workforce which includes:

- Developing a greater understanding of the realities of the role through exposure to general practice in pre-registration placements and greater promotion of the role
- Standardising and clarifying routes in to the role
- Reducing unwarranted variation when in the role through clearer career pathways and standardised pay scales.

The NHSE 10-point plan for General Practice Nursing provides a strategic plan to improve recruitment as well as providing a robust career pathway for primary care nursing.

Community Nursing

The community registered nursing workforce consists broadly of Community Nurses, District Nurse team leaders, Community Matrons, and Specialist Nurses. There are also several support roles such as healthcare assistants. There are 5 different employing organisations across SW London which adds complexity in education planning and coverage.

¹ Data obtained through Transforming Primary Care Nursing team, Merton CCG, figures taken as indicative rather than exact.

Given the challenges around current patient experience and increasing numbers of patients living with cancer the project aims to develop the role of primary care nursing to help meet the needs of those living with cancer as a long-term condition. The challenges in relation to workforce require a clear strategic approach working together with key stakeholders to ensure that cancer has high visibility in workforce development for primary care nurses both locally and at scale across London. Developing a high-profile team within the Health and Care Partnership (HCP) provides an opportunity to work collaboratively across the system to implement sustainable change.

Macmillan Primary Care Nursing project

A successful application to Macmillan has provided funding for a Primary Care Lead Nurse for Cancer for 2 years. There are 2 additional Macmillan funded posts; Macmillan Project Manager and Macmillan Specialist Clinician who will support the delivery of identified outcomes of this project.

Primary Care Lead Nurse Role

This role is new to SW London and is the first of its kind in London and nationally. This role aims to provide strategic leadership and increase the visibility of primary care nurses in relation to cancer. The role will lead the project team, and work across SW London with GPN and Community nursing leaders and commissioners to influence role development in relation to cancer.

Project objectives

The objective of the project is to increase the visibility of the role of primary care nurses in relation to cancer as a long-term condition. A part of this is a focus on nurse-led cancer care activity, specifically around holistic cancer care reviews and prostate cancer follow-up reviews within primary care. The project aims to improve patient experience and clinical outcomes by training and supporting primary care nurses to care for cancer as a long-term condition and increase the capacity to deliver cancer care in primary care settings. The planned outcome is the delivery of consistent, high-quality, patient-focused, out-of-hospital care for those living with and beyond cancer.

The project also aims to test the impact of the 'Primary Care Lead Nurse' role as described above in the introduction. This element of the project aims to provide leadership for primary care nursing to develop and strengthen the focus on cancer as a priority area.

Evaluation purpose

There is an overarching purpose to demonstrate project objectives and have been achieved and benefits realised. However, specific include;

- To highlight the value of the Primary Care Nurse (PCN) in cancer care, and the value of specific roles (e.g. Primary Care Lead Nurse) in sustaining PCN role development.
 - Findings will be used to recommend to stakeholders what role GPNs can have in long-term cancer care/ services / models, and opportunities for new roles to be developed.
- Building the case for sustainability of specific cancer education and support for primary care nurses.
 - Findings will be used to build the case for sustainable education models, ongoing practical support, and mentorship. They will advise stakeholders on training needs, necessary training resources and support models.

Findings from the evaluation aims to inform wider programmes of work, e.g. local implementation of the 10-point action plan for general practice nursing, Macmillan's L&D ambitions and primary care at scale plans.

Stakeholders

Outlined below, in fig 4, are the groups with an interest in the outcomes of this evaluation, their perspective and role. (*indicates member of planning team)

Fig 4

Stakeholder name	Interest or perspective	Role in the evaluation
South West London Cancer Commissioning Board	Cost benefits/ effectiveness of project	Interpreting findings/ receiving results
Clinical Commissioning Groups - Cancer Clinical Leads	Cost benefits/ Effectiveness of project / inform commissioning intentions	Interpreting findings/ receiving information
Clinical Commissioning Groups/Local Delivery Unit-Cancer Commissioners	Cost benefits/ Effectiveness of project/ inform commissioning intentions	Receiving information
Community Provider Education Networks	Effectiveness of the project/ shared learning	Receiving information
General Practice Nurse Leads *	Effectiveness of the project	Receiving information
Health Education England	To inform strategy	Receiving information
Pan London Cancer Boards; Cancer Commissioning Board, Living With and Beyond Cancer Partnership Board, Primary & Community Care Education Group	Cost benefits/ Effectiveness of project/ shared learning, outputs	Interpreting findings / Receiving information
Macmillan *	The effectiveness of project / outputs / adoption of tested models	Planning team / interpreting findings / External reviewer
NHS England	Cost benefits/ Effectiveness of project / inform commissioning intentions	Receiving information
Patient / carer representatives *	Involvement of patient voice / improvement of patient experience, clinical outcomes	Receiving information
RM Partners and other cancer alliances	Provider / Effectiveness of project / shared learning/ adoption	Collecting data / interpreting data/ receiving results
Sustainability and Transformation Programmes and Primary Care Boards	'Fit' with wider programmes of work	Receiving information
Transforming Cancer Services Team for London *	Effectiveness of project /outputs/ shared learning	Planning team / interpreting findings / External reviewer
Community nursing providers and lead nurses	User	Collecting data / receiving results
Primary care nurses	User	Collecting data / receiving results

General Practitioners	User	Collecting data / receiving results
Higher Education Institutes	Provider	Receiving results
Project Team *	Staff / Effectiveness of Project	Planning team / Collecting, interpreting, presenting data

Description of the project

Need

The project considers two key needs;

- A need for people with cancer to be better supported in primary care.
- A need to understand how primary care nurses and primary care lead nurse roles can better support people with cancer in primary care.

Population addressed

The primary population is the workforce; registered primary care nurses (general practice and community nurses) working within the South West London Health and Care Partnership catchment area.

Also considered are the population of people with cancer accessing primary care support within South West London.

Resources/ inputs

The project has funding from Macmillan Cancer Support to employ a project team comprising 3 individuals; Primary Care Lead Nurse, Specialist Clinician and Project Manager. All 3 are hosted within the **South West London Health and Care Partnership** and supported by a Cancer Programme Manager and Programme Director for UEC and Cancer. There is no additional funding to this, but essential operational technology and space is provided by the host organisation.

As part of the South West London Health and Care Partnership, the project can seek support from the **South West London Cancer Delivery Group**. The project also reports to this group.

The team has external support from **Macmillan Cancer Support** (Evidence Officer/ Partnership Manager / L&D Manager), and also the **Transforming Cancer Services Team** (Associate Director – Personalised Care for Cancer)

The project will also work collaboratively with **The Royal Marsden School** and **RM Partners** in the development of training resources, funded by Cancer Transformation Funding from NHS England.

The project has been allocated £25,000 for delivery of the education component of the influencing and education delivery plan (Health Education England funding for cancer nursing education).

Activities

(summary of individual activities listed in Fig 5)

Outputs

- Scoping report
- General Practice Nursing learning toolkit (formerly titled as a competency framework)
- Training Needs Analysis

- Education strategy and implementation plan
- Education (e.g. face to face education, video resources, webinar and podcast).
- A pan London Community of Practice of Practice Nurses with an interest in managing cancer as a long-term condition.
- Pilot and evaluation of a community nursing course – cancer in the community in partnership with CLCH learning academy.
- Inputting and influencing HEE rotational programme for experienced GPNs with a special interest in cancer and a long-term condition.

Intended Outcomes

- Primary care nurses obtaining the skills to lead holistic cancer care reviews and prostate cancer follow-ups. This will empower primary care nurses to better support people living with and beyond cancer.
- Sustainable education, resources and opportunities to practice in place for primary care nurses to help them better support patients living with and beyond cancer
- Primary Care Lead Nurse role recognised as important in developing the role of primary care nurses in cancer and is commissioned/adopted in SW London, pan-London and wider
- Improved understanding, visibility and standardisation of the role of general practice nurses in delivering cancer care, leading to a raised profile and visibility within cancer
- A longer-term outcome, or impact, would be an improved patient experience of people with cancer accessing primary care support in South West London.
- Managing cancer as a long-term condition to be included in pre and post graduate programmes.

Fig 5: Logic model

Inputs What we will invest	Outputs		Outcomes		
	Activities What we will do	Participation Who we will reach	Short term results Learning	Medium term results Behavioural action	Long term results Ultimate impact
Staff	Conduct workshops	Nurses	Education needs of Primary care nurses around cancer as a LTC better understood	Improved confidence of GPN workforce to support those LWBC	Increased number of GPNs leading CCRs and Prostate follow-up
Patient volunteers	Focus groups	GPs	Understanding of community nursing role to patients LWBC	Education resources implemented and accessed (course/ videos/ mentorship)	Cancer LTC content sustained as in higher education teaching curriculum
Partners	Online surveys	Students	Understanding of how the Primary Care Lead Nurse role enables PCN role development	Cancer LTC management included in higher education teaching curriculum in SWL	Increased value for CCRs and the Recovery Package
Time	Lead training sessions	Decision makers	Video / audio production and the value in supporting learning for GPNs understood	Buddy list developed / COP developing	Increased value of GPN role in cancer care
Training	Engagement meetings	Education providers	Increased understanding of patient experience relating to LWBC	Commissioners and employers supportive of education package with a commitment to support nurses to attend training / access resources to put learning into practice.	GPN recruitment and retention improvements and clear career paths implemented
Money	Develop training modules	Commissioners	Possible new GPN with special interest (GPNsi) Cancer roles scoped – increased understanding how they may support and sustain GPN role development.	General Practice Nurses identified as key to the delivery of primary care follow up for prostate cancer by commissioners and employers	Sustainable education on ongoing support/ / COP established and embedded
Equipment	Develop education resources (video/audio)	Partners			Primary care nurse's role in supporting patients LWBC considered in new models of out of hospital cancer care.
Travel	Develop competency framework	Patients			
	Sign-post existing resources	Carers			
	Collaborate with partners				
	Disseminate learning				
	Data collection (caseload audits)				
	Develop case studies of good practice				
	Develop Buddying / CoP model				

N.B. For greater detail on the planned activities relating to the design and delivery of education/ resources, please see the Project Education and Influence Strategy ([link here](#) for SWL internal use, or request a copy with Macnursingproject@swlondon.nhs.uk)

Evaluation Design

Stakeholder Needs

The evaluation findings will be used by the following stakeholders;

Macmillan Cancer Support

- Recommendations for the model and content of the Macmillan Practice Nurse (PN) Course
- Informing strategy/ambition for care models and roles, e.g. 'Right by You' community offer, and affiliate offer to GPNs.
- Evidence to support the effectiveness of General Practice Nursing learning toolkit.
- Education outcomes to consider on the unique contribution of community nurses to patients living with and beyond cancer (LWBC) and using this to inform future work.
- Evidence highlighting the value and challenges implementing CCRs as part of the Recovery Package

Transforming Cancer Services Team

- Primary Care Nursing Leadership represented at pan London Boards; Personalised Cancer Care Partnership Board and Primary & Community Care Education Group
- Informing the value of the Primary Care Lead Nurse role to influence the possible role out of the Primary Care Lead Nurse role across London
- Sharing best practice Pan-London / nationally
- Contributing to the Pan-London LWBC 'Train the Trainer' primary care education programme (in conjunction with HEE).
- Contributing to the TCST refresh of training needs analysis surveys for primary and community care workforce
- Contributing to the development, testing and evaluation of the TCST LWBC safety netting guidance for primary care

South West London Cancer Commissioners

- Recommendations to consider the role of primary care nurses in supporting all new out of hospital pathways of care for cancer
- The evidenced need and value of education and support for primary care nurses
- The value of the CCR as part of the Recovery Package and caring for people LWBC

Higher Education Providers

- Value of LWBC content included in post-registration teaching curriculum

South West London Health & Care Partnership

- To support future ambitions for cancer transformation funding and associated programmes of work

Royal Marsden Partners

- To inform and support RMP led projects in primary care and workforce development through shared learning/best practice, and engagement and influence activity.

There is enough capacity within the project team to engage with these stakeholders throughout the evaluation process and ensure credible information is collated and shared.

Credible information to support stakeholder needs will include;

- Patient experience relating to primary care support, specifically delivered by nurses
- Number of nurses able to deliver CCRs and Prostate Cancer Follow-up, providing reviews that were not happening or previously conducted by GPs; measures of improved Quality of Care and financial savings associated with this.
- Number of nurses completing the Macmillan PN course
- Exemplars of good/ best practice through case studies
- The training need of primary care nurses
- Adoption / professional recognition of GPN competency document
- Teaching resources viewed, accessed, and subscribed to
- Number of nurses Subscribing to a 'buddy' scheme by senior mentors and those less qualified/confident in this area of work

The findings of the evaluation will be used as proof of concept for wider roll out or development of this project, e.g. the education strategy and resources shared pan-London, and the recommendation for other geographical areas to adopt a Primary Care Lead Nurse role to support continued development of primary care nurses.

The findings be used as an influencing tool and help implement sustainable LWBC content delivered on higher education courses, and influence commissioners to financially and operationally support education and support for primary care nurses.

They will also recommend the commissioning of models, services and roles to best support the growing number of patients LWBC.

Findings will also be used to demonstrate the value of CCRs and the Macmillan Recovery Package and the role nurses play in embedding this in practice.

Evaluation Questions

We have developed a set of potential evaluation questions. For a full list of suggested evaluation questions please see full evaluation plan [here](#). These will be reviewed by the evaluation team who will apply criteria from the Good Evaluation Questions checklist² to identify the ones that are most likely to provide useful information.

The result will be three to five major questions we intend to answer through this evaluation;

Potential evaluation questions:

(Outcomes, impact and effectiveness)

- To what extent has the project improved the knowledge of primary care nurses and treating cancer as a long- term condition?
- Does the increased knowledge of nurses improve confidence to change practice?
- To what extent does a senior nursing role working across the SWL system add value and lead change across the system?
- To what extent has the understanding of the role of community nurses in supporting people living with cancer increased?

(Learning, adapting, and improving)

- What are the critical success factors that make the project effective?
- What other SW London system and Macmillan interventions work effectively with or alongside this project? How interdependent is this project?
- What lessons might be transferable to other areas of SW London and Macmillan activity or wider healthcare sector?
- How might the project be improved in terms of outcomes or impacts?

(Value for money)

- How does the project enable changes in the cancer pathway that might reduce the resources required to care and treat people with cancer (e.g. carrying out tasks that would otherwise have been done by more senior/expensive healthcare professionals)
- How does the project contribute to outcomes that result in measurable reductions in the demand on health and social care services (e.g. fewer emergency admissions / GP appointments)?

Evaluation Design

Gather credible evidence

For more details on how the project will be gathering credible evidence please see full evaluation plan [here](#).

Data analysis and interpretation

Some measurable elements that can serve as markers of the projects ongoing performance include;

Access/use data relating to teaching resources; published videos and podcasts, Macmillan PCN course, buddying scheme, and training sessions delivered by the project team. Currently no specific KPIs have been assigned to these markers to constitute what 'success' looks like other than an improving trend.

Analysis

To analyse data a combination of descriptive statistics and qualitative analysis will be used. Descriptive statistics will summarise the quantifiable data around number of nurses accessing

training courses/resources, whereas the qualitative analysis will pull the themes from focus groups and interviews to create case studies modelling good practice and the associated benefits.

Expertise from the host organisation and partners will be sought where appropriate to support the analysis of information. Partners will also be involved to draw, interpret and justify conclusions. Representatives from the project team, South West London Health & Care Partnership, Macmillan Cancer Support and Transforming Cancer Services Team will hold regular development meetings to ensure collaborative involvement throughout the planning and evaluation process.

Use and communication of evaluation findings

Use

The detail of how the findings of the evaluation will be used and by whom will be developed during the planning process.

However, the timeline for reporting findings and potential recommendations will need to align with the project life and take place between January – March 2020.

As part of potential recommendations, the project team will consider who should be responsible for creating and monitoring an action plan to guide the implementation of evaluation recommendations and what follow-up is needed.

Lessons learned about evaluation will be included in final project reports and stored/shared per local reporting governance.

Communication

Representatives from the project team, South West London Health & Care Partnership, Macmillan Cancer Support and Transforming Cancer Services Team will hold regular meetings to develop the education plan and ensure collaborative involvement throughout the planning and evaluation process.

Updates on the status of evaluation and final findings will be presented to the project steering group and South West London Cancer Delivery Group for information and commentary. Dissemination of information to this audience will be monitored and if any stakeholders are not sighted on information, targeted communication will take place. Updates will be presented via written reports and presentations, from project manager or member of the project team.

Evaluation Management

Evaluation Team

The evaluation will be project managed and implemented by the project manager. All three of the project team will complete an identified eLearning teaching module on 'Evaluation of projects – Impact Evaluation'³ to increase knowledge of evaluation and develop the skills and confidence to evaluate the work.

³ Delivered through Macmillan Learnzone <https://learnzone.org.uk/macprofs/229>

External review and feedback of the evaluation plan will be invited from partners Macmillan Cancer Support and Transforming Cancer Services Team (TCST).

The following table will be discussed and completed following the first development meetings

Fig 6:

Individual	Title or Role	Responsibilities
Sandra Dyer	Macmillan Primary Care Lead Nurse	Collectively responsible for all aspects of the project evaluation
Sarah Dewhurst	Macmillan Specialist Clinician	
Yvonne Damanhuri	Macmillan Project Manager	
Victoria Heald	Macmillan Partnership Manager	Review and input into plan
Maggie Lam	Deputy Director (Cancer and UEC)	Review and input into plan
Liz Price	TCST – Associate Director (LWBC) and Co-Chair of Project Steering Group	Review and input into plan
Anna Chourdaki	Macmillan Evidence Adviser (London)	Review and input into plan
Dr Owen Carter	Macmillan GP	Review and input into plan

Data Collection Management

The below (Fig 7) table will outline what data will be collected, what activities are needed to carry out the data collection successfully, and when each of these activities should be completed. It will also name who is responsible for conducting each activity and for assuring appropriate implementation.

Fig 7: Logic Model – Evaluation Questions

Note: ‘level’/‘perspective’ of the questions have been coded to help better articulate project relationship(s).

Individual/patient Healthcare Professional(s) System

Evaluation Question	Data Collection Method	Source of Data	Criteria or Indicator	What constitutes success	Activities Needed	Person(s) Responsible	Due Date
1. How has patient voice been incorporated into project outputs	<ul style="list-style-type: none"> Questionnaire Focus group Product review Interview 	<ul style="list-style-type: none"> Steering Group Membership Event registers Review of outputs (e.g. TNA/ video / podcasts) 	<ul style="list-style-type: none"> Project logs (patient engagement) Ongoing product development 	Contribution visible in all outputs	With each defined project output, record how and when patients have contributed to the development	Collective project team	End of 2019
2. How has the project contributed to the cultural shift of cancer being viewed as a LTC in primary care	<ul style="list-style-type: none"> Project logs 	<ul style="list-style-type: none"> Influence log Engagement log Related projects database 	Project logs (engagement and influence logs)	<ul style="list-style-type: none"> Publication Speaking at conferences Posters Outputs from engagement for example Community of Practice 	<ul style="list-style-type: none"> Identify opportunities to influence (include in log) Scope award/recognition opportunities Create bespoke outputs as required 	Collective project team	End of 2019
3. To what extent has the project improved the ability of primary care nurses in treating cancer as a long- term condition, in terms of; <ul style="list-style-type: none"> a) Knowledge b) Confidence c) Other factors 	<ul style="list-style-type: none"> Survey Case studies 	<ul style="list-style-type: none"> TNA’s Evaluation of taster sessions Evaluation of case studies Evaluation of teaching module for community nurses Review of HEI course content Digital analytics CoP evaluation Event registers 	<ul style="list-style-type: none"> Use of developed resources Attendance at teaching events Membership of CoP 	<ul style="list-style-type: none"> Demonstrable improvement in repeat TNA Positive evaluations from training events Target of 80% of SWL practices having a nurse / HCP attend a training session 	<ul style="list-style-type: none"> Evaluation form developed (for teaching sessions) Create database or nurses attending events Conduct case studies Website / resources developed Networking with HEI’s Develop/evaluate CoP model Develop/ evaluate bespoke teaching material & module 	Collective project team	End of 2019

Evaluation Question	Data Collection Method	Source of Data	Criteria or Indicator	What constitutes success	Activities Needed	Person(s) Responsible	Due Date
4. To what extent has the project produced tools to facilitate development of nurse's roles	<ul style="list-style-type: none"> Focus group Questionnaire Case studies Digital analytics 	<ul style="list-style-type: none"> Evaluation of individual teaching resources Evaluation of case studies 	Ongoing product development	<ul style="list-style-type: none"> Positive evaluations Adoption of tools Endorsement 	<ul style="list-style-type: none"> Set-up and run digital analytics Design & deliver evaluation forms Plan & conduct case studies 	Collective project team;	End of 2019
5. What are the other factors that enable sustained change in practice	<ul style="list-style-type: none"> Project logs Case studies Product review 	<ul style="list-style-type: none"> Evaluation of case studies Project logs Evaluation of teaching resources 	<ul style="list-style-type: none"> Networking Collaborative opportunities Attendance at key stakeholder/system meetings 	<ul style="list-style-type: none"> Endorsement from stakeholders (e.g. CCG/CEPN) e.g. invitation to collaborate/ lead teaching events and resources. Endorsement from wider GP community, e.g. federations, so nurses are given the scope to conduct a CCR and prostate follow-up. 	<ul style="list-style-type: none"> Stakeholder engagement Conduct case studies Develop and evaluate products 	Collective project team	End of 2019
6. To what extent has our understanding of the role of community nurses in supporting people living with cancer increased	<ul style="list-style-type: none"> Audit Workshop 	<ul style="list-style-type: none"> Case load audit Scoping report Evaluation of teaching module 	<ul style="list-style-type: none"> Completing audit Teaching module development 	Evaluation of teaching module	<ul style="list-style-type: none"> Completing audit Design and evaluate teaching module 	Collective project team	Audit, by end of March 2018 Evaluation by end of 2019
7. To what extent does a primary care lead nurse role embedded in the SWL HCP team add value and lead change across the system	<ul style="list-style-type: none"> 360° Feedback from stakeholders Case study 	<ul style="list-style-type: none"> Influence log Related projects database Evaluation of case studies 	<ul style="list-style-type: none"> Networking Collaborative opportunities Attendance at key stakeholder/system meetings 	<ul style="list-style-type: none"> Adoption of role in other STP areas Ongoing funding for SWL position Demonstrable achievement of outcomes Feedback from key stakeholders (e.g. TCST, HEE, CEPNs) 	<ul style="list-style-type: none"> Conduct case study Manage influence log Plan for 360° Feedback 	Collective project team	End of 2019

Data Analysis Management and Interpretation

Local data management and information governance policy (South West London Health & Care Partnership) will be followed.

Any patient identifiable data will be stored locally in password protected files. Only members of the project team will have access to these files. Paper documents will be digitally uploaded and then disposed of using confidential waste bins.

Patients can choose to opt out of participation in any patient survey without detriment to their care. Any returned surveys will be sent to the project team, and not any care provider. Patients will give written consent for any questionnaires posted/ emailed to them by the team. The results of patient surveys will be anonymised.

Patient participation in focus groups or semi structured interviews will be voluntary and non-participation will have no effect on their care. The recordings of the interview and the transcripts will be anonymised. The analysis and report from the interviews will not identify which patients took part in the interviews.

Online surveys will be delivered through Survey Monkey⁴ anonymously. The results of the survey will not identify practices or individual patients/ clinicians.

Semi structured interviews with clinicians will be voluntary. Written consent will be sought before conducting the interview. The recordings of the interview and the transcripts will be anonymised. The analysis and report from the interviews will not identify which clinicians took part in the interviews.

Participants in the semi structured interviews will be given the opportunity to see the thematic summary of their interviews and quotations to support this. This will safeguard against participant's comments being taken out of context or misunderstood by the report writers.

The Information Governance lead and Caldecott Guardian for the host organisation will approve the evaluation plan. The Health Research Authority online tool for determining what is research will be used to confirm that the process is not research and therefore not requiring NHS REC approval.

Most of the analysis will be conducted by the project team hosted at South West London Health & Care Partnership. However, if expertise is needed from one of the collaborating partners every effort will be made to ensure information is shared in a safe and confidential manner e.g. NHS Mail addresses used, or information accessed and reviewed onsite at host organisation.

The following plan (Fig 8) will be used to track who is responsible for analysis, and when. The plan will be shared with evaluation stakeholders to keep them engaged with any analysis or interpreting activity required.

⁴ <https://www.surveymonkey.co.uk/>

Fig 8:

Analysis to be performed	Data to be analysed	Person Responsible	Due Date
A mixed analysis approach will be used encompassing both quantitative and qualitative techniques.	<ul style="list-style-type: none"> • Product evaluations • Teaching evaluations • Project Logs • Focus Group reports • Case Studies • Event registers/ databases • TNA (initial and repeat) • Questionnaires/ surveys • 360° feedback • HEI syllabuses • Digital analytics 	Collective project team; (lead nurse/ specialist clinician / project manager	Complete by the end of 2019

Communicating and Reporting Management

The audiences for the reporting of progress made on the evaluation and / or evaluation findings include the project steering group and South West London Cancer Delivery Group.

The purpose of this communication is to encourage collaborative working, engage and influence external stakeholders, share learning, report any issues, and invite commentary, feedback and support. This will also act as an external review of the evaluation plan and process.

The most appropriate type of communication will be presentations and written reports delivered at regular meetings throughout the year. The frequency of steering group meetings is under review but currently every 2-3 months, and the SWL Cancer Delivery Groups are scheduled every 2 months. Delivery of presentations is most appropriate from the project team (project manager, lead nurse or specialist clinician).

A forward planner is outlined below to help monitoring.

Fig 9:

Audience	Purpose of communication	Possible formats	Possible messenger	Timing/ dates	Notes
<ul style="list-style-type: none"> • Evaluation team • External reviewers • Steering Group 	Include in decision making about evaluation design/activities	<ul style="list-style-type: none"> • Draft versions of strategy • Applicable templates • Presentations 	Collective project team	Nov / Dec 2018	Workshop style events

Audience	Purpose of communication	Possible formats	Possible messenger	Timing/ dates	Notes
<ul style="list-style-type: none"> External reviewers Steering Group 	Inform about specific upcoming evaluation activities	<ul style="list-style-type: none"> Email Project updates 	Collective project team	Ongoing throughout 2019	
<ul style="list-style-type: none"> External reviewers Steering Group 	Keep informed about progress of the evaluation	<ul style="list-style-type: none"> Draft evaluation report Applicable templates Project updates Presentations 	Collective project team	Ongoing throughout 2019	
<ul style="list-style-type: none"> Steering Group CDG Stakeholders External reviewers 	Present initial/interim findings		Collective project team	From June 2019, onwards	To align with commissioning planning rounds to influence ongoing funding
<ul style="list-style-type: none"> Steering Group CDG Stakeholders External reviewers 	Present complete/final findings		Collective project team	March 2019	
<ul style="list-style-type: none"> Evaluation team Steering Group External reviewers 	Document the evaluation and its findings	Final evaluation	Collective project team		
<ul style="list-style-type: none"> External reviewers SWL HCP cancer programme team CDG 	Document implementation of actions taken because of the evaluation	Post-project action log / recommendations	Collective project team	After March 2019	Individuals to complete this needs to be identified as post project

Timeline

Evaluation training for the project team will take place in November 2018, with planning and administrative tasks starting in the same month.

Test data collection will start in January 2019, with any amendments to plans made by February 2019. Formal data collection, analysis and interpretation will run from Feb 2019 until Dec 2019. A repeat TNA will be conducted November 2019.

Jan – Feb 2020 will be allocated to writing final reports and preparing for information dissemination tasks to take place between Feb – March 2020.

Based on the above an identified sequencing issue is that patient focus groups are scheduled for Dec 2018, before test data collection. This will be raised during the first planning workshop and mitigations sought.

See Fig 10 for High Level Gantt Chart. For the purpose of this document a static view of the Gantt chart has been included however, an active view to enable tracking and monitoring is stored here: [Evaluation strategy Gantt - high level](#)

This location is only accessible to individuals within the South West London Health & Care Partnership.

N.B. Dates may change throughout the strategy development with final sign-off expected January 2019.

Evaluation Budget

Macmillan have allocated up to £10k budget for evaluation of the project which will be used to evaluate the Macmillan Primary Care Lead Nurse role.

Wrapping Up

At the end of the evaluation, the contributions of planning team members and others who have contributed to the successful implementation of the plan will be recorded in final reports and presented to stakeholders.

Any lessons learned about evaluation will be included in final project reports and archived by South West London Health & Care Partnership per local reporting governance and shared with evaluation partners Macmillan Cancer Support and Transforming Cancer Services Team.

The below tool will document evaluation implementation

Fig 11:

- Evaluation was implemented as planned
- Changes were made to the plan (describe changes as well as the rationale for changes)

References

- ⁱ Ahmad A, Ormiston-Smith N, Sasieni P (2015) Trends in the lifetime risk of developing cancer in Great Britain: comparison of risk for those born from 1930 to 1960 *British Journal of Cancer*. doi:10.1038/bjc.2014.606
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- ^{iv} Quality Health (2017) National Cancer Patient Experience Survey 2016. Available: <http://www.ncpes.co.uk/index.php/reports/2016-reports>
- ^v Macmillan Cancer Support (2013) *cancer as a long term condition: practice nurse pilot evaluation*. Available: https://www.macmillan.org.uk/documents/aboutus/health_professionals/primarycare/new_slettermay2013/cancerasalongtermconditionfullevaluationreportfinal2.pdf
- ^{vi} Kolb, D.A. (1984): *Experiential learning: experience as the source of learning and development* Englewood Cliffs, NJ: Prentice Hall.
- ^{vii} Queens Nursing Institute (2016) *General Practice Nursing A Time Of Opportunity in the 21st Century* Available: https://www.qni.org.uk/wp-content/uploads/2016/09/gpn_c21_report.pdf
- ^{viii} Ipsos MORI Research (2016) *The recruitment, retention and return of nurses to general practice nursing in England*. Available: https://www.england.nhs.uk/wp-content/uploads/2017/07/recruitment-retention-return-of-nurses-to-general-practice.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=8521695_NEWSL_HMP%202017-08-01&dm_i=21A8,52NDR,I1JDCR,JFEJ6,1