



South Yorkshire and Bassetlaw Cancer Alliance Case Study

Challenge

1 in 2 people in the UK will experience cancer during their lifetime but around 4 in 10 UK Cancer cases are preventable, that's more than 135,000 every year. Early diagnosis is vital to successful treatment with the NHS Long Term (LTP) 2019 setting out an ambition for 75% of cancer patients to be diagnosed at Stage I or II by 2028.

Caja was commissioned to provide consultancy support to business operations in designing behavioural science 'nudges'; to initially improve uptake for cervical and breast screening and to trial the approach with providers in primary care.

Solution

STAKEHOLDER ENGAGEMENT

We designed and delivered stakeholder workshops - both face to face prior to the COVID pandemic and virtual since restrictions have been enforced - aimed at:

- Raising awareness of behavioural science and how it can be used as a tool to support demand management and change management, building capability across the system.
- Understanding existing initiatives underway to improve screening uptake, so that we could ensure our work complemented and added to existing improvement project; and
- To trial nudge design and implementation in practice.

These were supplemented by interviews and engagement across the system to fully understand the local stakeholder landscape and challenge.

ANALYSIS AND DEVELOPING THE NUDGE ASSETS

We constructed decision architectures for Cervical and Breast Cancer, highlighting the points where eligible women make choices that directly impacted screening uptake e.g. whether to book an appointment, to attend an appointment once booked etc. We then developed a set of hypotheses covering each of these decision points that could be addressed by applying behavioural 'nudges'. The development of hypothesis was supported by detailed data analytics, demand forecasting and visualisations to develop 'Behavioural Insights' that layered NHS data and other data sources such as ONS population statistics.

IMPLEMENTATION/TESTING AND SKILLS TRANSFER

We used our analysis to identify the PCNs where the implementation assets could make the greatest impact

and operational improvement e.g. areas of socio-economic deprivation and lower screening uptake and the Cancer Alliance team engaged with a broad range of Practices to identify those most keen to trial the interventions with their patients. This resulted in a range of GP Practices as test sites - several actively testing the change interventions plus a 'control'.

Outcomes

Trials of the approach in primary care are starting to evidence a positive impact. As a result of the project the SYB Cancer Alliance has achieved:

- A suite of implementation resources to be used to improve cervical screening uptake across an area which is home to over 1.5m people (804,000 women)
- Additional breast screening implementation assets ready to trial when provider services return to full capacity post COVID as part of the system recovery plans
- A joint team across the Cancer Alliance and PHE with new knowledge and skills to support the roll out programme in cancer screening and early diagnosis
- Local experience of the design and implementation of behavioural science methods which can be applied to other areas of the cancer pathway and into other clinical services