Cancer Champions evaluation

NPC learning report #1

Elliot Trevithick, Abbie Manning, Lily Meisner

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Introduction and context

The Cancer Champions programme is a partnership between Macmillan Cancer Support and local community organisations across the UK, aiming to raise cancer awareness and reduce inequities.

Macmillan commissioned NPC to conduct an evaluation of the programme, focused in particular on five of the eleven sites taking part in the programme. This report presents our progress and findings from the first of our four learning cycles. There will be a second report at the end of our next cycle, in October 2025.

Data collection to date

This evaluation is using a mixed-methods approach. In this learning cycle, data collection focused on Most Significant Change stories, Key Informant interviews and Realist interviews. It also included a small amount of project monitoring data and impact anecdote log data.

The quantity of data is skewed towards the two to three sites who were set up earlier in the programme. The data will even out across the sites in future learning cycles.

Findings so far

We analysed all data against five themes, based on the programme's evaluation questions and theory of change. The key findings across these themes are summarised below.

Communication and awareness

- There is strong emerging evidence that the programme is helping people talk more freely about cancer
- This might relate to people who have cancer, who have loved ones with cancer, or who have no personal experience of cancer (but didn't like to think or talk about it in the past)

- There is also emerging evidence about increased knowledge of cancer, and that demystifying it and reducing people's fear of it can contribute to increased uptake of screening and medical appointments

Trust and motivation

- When community members trust the Cancer Champions, this can help them trust local health services by association (because it's the Champions who are recommending and signposting to them)
- Trust can take longer to build with some ethnic minority and LGBTQ+ communities, due respectively to a) Champions needing to build deep connections with those communities first, and b) LGBTQ+ communities having had particularly negative experiences with health services in the past

Health agency and behaviour

- There is emerging evidence that the programme is leading to an increased likelihood of attending screenings and medical appointments
- There is also some evidence of increased preventative behaviours
- We think it is possible, or indeed likely, that the amount of evidence in this area will grow going forward, as these outcomes are some of the programme's more long-term ones

Service adaptation and accessibility

- Interestingly there is one piece of evidence about the programme educating a health professional about the *existence* of a particular community and its uniqueness
- There is useful learning about the importance of services coming to communities' locations rather than vice versa, and emerging evidence that the programme is starting to help make this happen

Experience and support

- Positive stories of emotional support relate not just to being diagnosed oneself, but also to having loved ones who are experiencing cancer
- There is understandably limited evidence so far on changes in the way that health services are delivered, but there is positive feedback on the delivery and experience of the Cancer Champion services themselves

1. Introduction and context

MacMillan's Cancer Champions programme is a partnership between Macmillan Cancer Support and local community organisations across the UK. These community organisations train volunteers to raise awareness of cancer symptoms, with the aim of increasing the understanding of, and access to, cancer support services for under-served communities. The programme aims to reduce health inequalities and ensure everyone gets the help they need.[1]

Macmillan commissioned NPC to conduct an evaluation of the programme. This learning summary presents our progress and key findings to date. Throughout the report we will reflect on challenges and what's worked well, and how we will apply these learnings to the next stages of the evaluation.

Overall, our evaluation aims to answer two key evaluation questions, with this learning report focusing on question one:

1. Does the Cancer Champions Model successfully reduce the four drivers of inequity (knowledge, equitable experience, timely diagnosis and access to treatment)?
2. What learning from how the Cancer Champions model has been delivered can we apply to our new strategic objectives?

The evaluation is focused on five deep dive sites, out of a total of eleven sites taking part in the programme. The five deep dive sites are located in Hastings, Plymouth, Northern Ireland, North Shields and Fenland. For more details on our evaluation approach and plan, please see the Cancer Champions Scoping Paper, available separately from Macmillan or NPC.

Purpose of learning summary

This is the first of two learning summaries for the Cancer Champions programme evaluation. There will also be a longer interim and final report. The purpose of the learning summaries are to:

- Update on data gathered so far for each method, including the quantity to date, and reflections on data quality to date.

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[1] Please contact Julian if you would like to learn more about the programme, at JBackhouse@macmillan.org.uk.

- Present emerging findings from data collected so far, including how this applies to the theory of change, and how learnings so far may influence the next stage of data collection.
- Reflect on whether the evaluation is on track to meet its objectives.

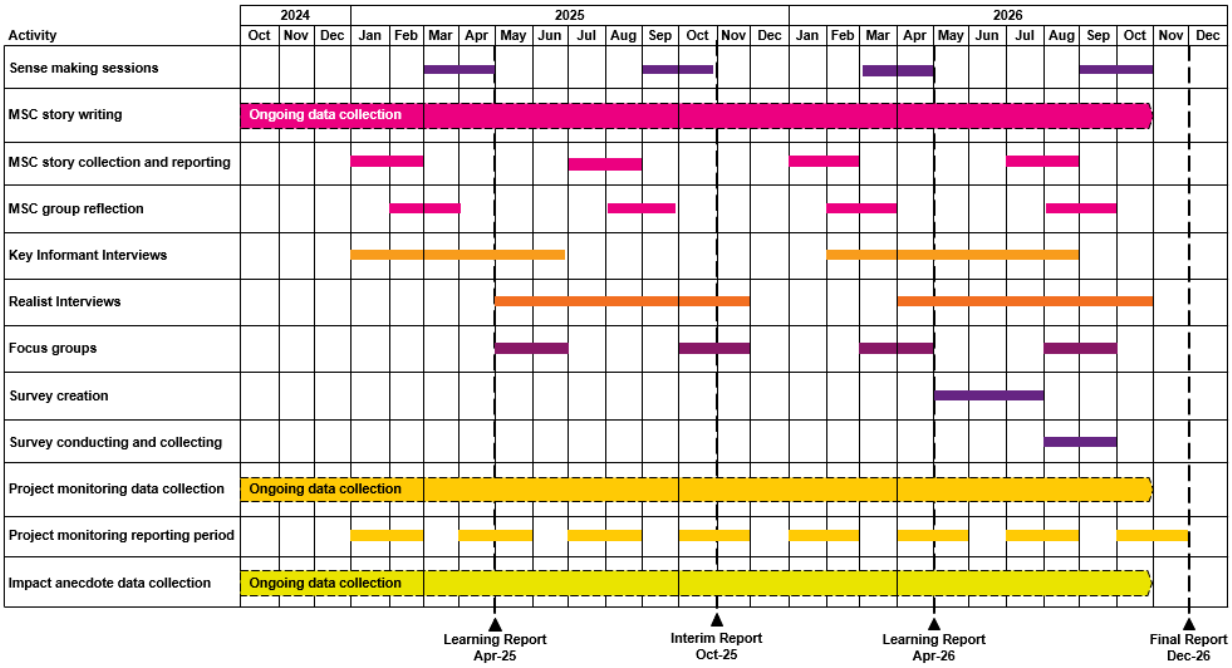
This learning summary represents the culmination of our first of four learning cycles (October 2024 – April 2025). The next learning cycle will finish in October 2025, and will culminate in our interim report.

2. Data collection to date

This evaluation is using a mixed-methods approach. Data collection over the course of the evaluation will include interviews, surveys, focus groups and monitoring data, with tools adapted based on feedback from sites.

At this stage of the programme lifecycle, data collection has started for **Most Significant Change stories, Key Informant interviews, Realist interviews, project monitoring data and impact anecdote logs.** Focus groups will begin in the next learning cycle.

The graphic below, taken from the project’s Scoping Paper, illustrates approximately when each method is taking place. (There is one main change from this graphic - we have brought a small number of Realist interviews forward, to be able to include their findings in this first learning cycle).



Most Significant Change (MSC)

Overview of method

MSC is a qualitative evaluation technique, which involves collecting and systematically analysing stories of change from people who have participated in programme activities. These stories are told by the beneficiaries themselves, and highlight the most significant change they have experienced as a result of taking part in the Cancer Champions programme. These stories are then reviewed by NPC and each deep dive site to identify which changes seem most significant—helping to reveal which outcomes matter most for different stakeholders, and why.

Our aim for Most Significant Change (MSC) is to support sites to gather stories from community members over the course of the programme. To capture these, we have used VideoAsk—a platform which allows participants to record their stories in video, audio or text formats. To ensure our method is accessible to all participants, we have also given them the option to hand-write their story if they would prefer. To support story collection, we developed guidance and templates for sites.

Quantity of data collected for this learning cycle

In the scoping paper, we noted that story collection will be ongoing, and every 4-6 months sites will aim to collect 10-20 stories to bring to a group reflection session. We noted these timelines are flexible and subject to change, as are the number of stories collected for each group session. Embedding flexibility into our data collection has been an important factor in conducting early fieldwork and has enabled us to work collaboratively with sites to ensure they feel ready and supported to begin story collection.

For MSC stories, we identified early on that sites needed more time to meaningfully engage with participants before they felt it was appropriate to invite them to submit a story, particularly for sites with later start dates. Therefore, **we decided to reduce the story collection target for all sites' first group reflection session to <u>five</u> stories per site**. We agreed that this estimate would be more reasonable for sites, whilst still providing enough material to discuss in a group reflection session.

The table below shows how many stories each site collected this learning cycle.

Site	No. stories collected	Further details
Plymouth	9	Stories submitted via VideoAsk in text format.
North Shields	5	Stories submitted via VideoAsk in video (3) and text (2) format.
Northern Ireland	3	One story submitted via VideoAsk in video format and two written stories submitted using NPC's template. Unfortunately, several participants attempted to record and submit stories via VideoAsk but the stories did not upload successfully, meaning the number of stories collected is lower than anticipated. We worked with the site to attempt to recover the missing stories, and were able to receive a re-recorded story from one participant. However, as the other attempts were submitted anonymously we were not able to reach out to the relevant participants.
Hastings	0	Due to a later start date for these projects, we agreed with the sites that it was too soon to begin MSC story collection and efforts were best invested into building relationships and engagement with community members. We expect to receive the first stories from Hastings and Fenland in April/May.
Fenland	0	

N.B. In the long term, we don't expect the Hastings and Fenland sites to have any less data than the other three sites. We expect them to be fully up to speed in the next learning cycle, i.e. to match the other sites, and then to use the subsequent cycles to catch up on the total number of stories and interviews conducted over the course of the whole evaluation. Both sites also took part fully in the group sensemaking session, where NPC and the five sites reflected on the findings from this report together.

Reflections on quantity and quality of data to date

MSC stories so far have been insightful and provided valuable learning. In particular, video stories impactfully demonstrate difference the programme is making to peoples' lives. Video storytellers are evidently passionate about the Cancer Champions programme, and the format enables them to describe their experiences candidly and openly making for rich and nuanced accounts. Written stories have also provided depth and passion, however the detail of written stories varies more than the videos. Some written stories are more brief, whereas others are longer and more descriptive. Overall, the quality of stories received so far has been high, and whilst the videos are perhaps more engaging as a viewer, we still see it valuable to be as open and flexible as possible when it comes to story format to ensure the method is accessible for everyone. Indeed, some sites have fed back that their community members are much more likely to share a written story than a video one.

In terms of engagement with the tool, MSC presented some initial challenges, which we can reasonably attribute to ‘teething problems’. Supporting the sites to feel comfortable and up to speed with VideoAsk took some time, and at first there was some resistance to using the tool. In most cases, resistance stemmed from concerns around the comfort of participants to record stories. When we first launched the tool, sites felt they needed more time to build relationships with community members before asking them to take part. We met these concerns with understanding and patience and agreed with sites that the tool would only be of value if people felt comfortable to use it and share stories freely and openly.

Interestingly, the term ‘most significant’ was off-putting to both sites and participants—in such early days of the programme, many did not feel they had enough experience to be able to comment on what the most significant change had been. In one case, we discussed this concern with the site and adapted the VideoAsk title, from Most Significant Change story, to Most Important Change story—which felt more approachable and less daunting for community members. We have maintained the original language for other sites, but we will keep monitoring story collection and whether this challenge persists with other sites, and invite them to make a similar change if needs be.

We have collaboratively overcome these challenges with sites, which has provided opportunities to have open and thoughtful conversations, supporting our relationship building and overall engagement with sites.

Takeaways for next learning cycle

- We should be able to increase the number of stories across all sites, especially those who had the fewest stories in this cycle

- We will continue to stay flexible on video vs audio vs written, whilst encouraging sites to use video or audio wherever possible and appropriate, and discussing how best to make this possible
- We will ensure that the few teething issues we had with VideoAsk do not repeat themselves
- We will continue to reflect on the wording of the questions, and be open to tweaking it where appropriate (without losing the spirit and robustness of the original wording)

Interviews

Overview of method

We are conducting two types of interviews as part of this evaluation. Key informant interviews are with community leaders, who can speak about the impact they've seen across their community; and realist interviews are with staff from local health services, who can talk about the impact of the programme on those services.

Quantity of data collected for this learning cycle

We are conducting a total of 12 interviews per site across the whole evaluation. Broadly speaking these will be divided in two – one set of six interviews across the first two learning cycles, and a second set of six across the final two learning cycles. We were open as to which of the two learning cycles the first interviews took place in, and what the split should be between Key Informant and Realist, based on each site's unique context and stage of delivery. The table below shows how many interviews we ended up conducting in this cycle for each site. (In summary, two sites are splitting their first six interviews across the first two learning cycles, and the other three sites will do all of their first six interviews in the second cycle).

Site	No. interviews conducted	Further details
Plymouth	2	Both Key Informant
North Shields	5	2 Key Informant, 3 Realist
Northern Ireland	0	

Hastings	0	Due to a later start date for these projects, we agreed with the sites that it would be better to conduct their first interviews in the next learning cycle, when there will be more insight to gain.
Fenland	0	

Reflections on quantity and quality of data to date

In January, we conducted one-to-one calls with each site to agree timings and logistics of interviews, focus groups and MSC reflections. We also discussed potential interviewees with sites, whether they had people in mind and how we can support the organisation of interviews. It was positive to hear that all sites had already began thinking about potential interviewees, and there were no concerns around ability to engage these people. Following these conversations, we created email templates for sites to use to reach out to interviewees.

So far we have conducted interviews with North Shields and Plymouth. Interviews have provided rich insight into the experience and progress of the programme in each site location, as well as valuable context about the specific communities themselves, helping to build our understanding of the connections between activities, outcomes and target groups.

Interviewees to date have given overwhelmingly positive reports on their experiences and perspectives of the Cancer Champions programme. Whilst this reflects positively on the programme's impact, we are mindful that interviewees—particularly in early stages of a programme—are likely to be those most engaged, and therefore naturally may be those with the most positive experiences of the programme. Whilst this isn't a major concern at this stage, we will consider tweaking our approach to recruiting interviewees if this trend continues, to ensure we are collecting data that accurately reflects the breadth and diversity of experiences involved in the Cancer Champions programme.

Takeaways for next learning cycle

- Consider working with sites to identify and reach potential interviewees who are not the very closest to the programme
- Consider increasing the interview length from 30 to 45 minutes, as the projects become longer-running and potentially have even more detail to cover

Impact anecdote logs

Overview of method

We plan to set up a communal impact anecdote log, by which we mean a platform where sites can record informal anecdotes or learning about the programme's impact and implementation.

Quantity of data collected for this learning cycle

36 anecdotes from North Shields, from January to March 2025.

Reflections on quantity and quality of data to date

We haven't yet set the communal log up, because we decided to focus on MSC and interviews for this cycle, as we didn't want to distract sites from those methods by adding another method into the mix. Going forward we are considering using the Fuse platform to set up the communal log, depending on sites' engagement with it to date. In the meantime, North Shields are already using their own internal log, so we drew on that for this learning cycle.

Takeaways for next learning cycle

- Set the communal log up, whilst ensuring it doesn't feel duplicative to sites like North Shields who already have their own internal log

Project monitoring data

Overview of method

We've also had access to the latest monitoring data that the sites share with Macmillan periodically, as part of their funder-grantee relationship. This includes quantitative data on the amount and type of activities sites have been providing, and the demographics of the people engaging with those activities. It also includes some qualitative data, where sites have directly shared some thoughts under the heading 'Context and Insight'.

Quantity of data collected for this learning cycle

This data is provided by Macmillan; we understand that it is comprehensive and up-to-date data from all sites.

Reflections on quantity and quality of data to date

The qualitative data mostly covered a mix of: explanations of the quantitative data; outlines of staffing and project activities; and insights on sites' communities' current/previous views and experiences of cancer (i.e. before the programme's impact). There was a small amount of reflection on outcomes and impact from one site – most of this aligned with what we already learned from the interviews, but there was one additional example (the use of a podcast to share stories and information) that we have included in the findings below.

The quantitative data collected provides a useful overview of site activity; however, at this early stage in the programme, it is difficult to draw conclusions from, as sites are still at varying levels of maturity due to staggered start times, so the dataset is more reflective of this than substantive impact at this point. Going forward, we expect this data will provide useful insights into engagement rates across the sites and specific activities. Ideally, we will be able to draw links between specific activities, mechanisms and outcomes, as we apply quantitative project monitoring data to qualitative data we collect through evaluation activities. We will also use insights from project monitoring data to inform focus group discussions—as we can ask about the impact of specific activities—and to inform survey development.

Takeaways for next learning cycle

- Make more use of the quantitative data, once all sites are fully up to speed with delivery

Sensemaking

Before finalising this report, we shared all the findings from these methods with the five deep dive sites, and ran a group workshop to discuss those findings - both to add nuance and depth to the findings, and to support sites to learn from the findings and each other.

We will also be attending the next Community of Practice meeting to share and discuss the findings with the other non-deep-dive sites. (We attend these meetings periodically to ensure that those other sites are also up to speed with the evaluation, and can learn from the findings too).

3. Findings so far

Our findings so far are based on data collected through most significant change stories and reflection sessions, key informant interviews, realist interviews, Macmillan programme reporting data and more ad hoc data from one-to-one calls with sites and community of practice meetings.

Using the high-level data analysis framework included in the scoping paper, we have analysed data against the theory of change's intended outcomes. We mapped the outcomes onto the evaluation questions to create five key themes to evaluate data against—communication and awareness; trust and motivation; health agency and behaviour; service adaptability and accessibility; and experience and support. See Appendix 1 for reference.

Note that these findings relate mostly to the evaluation's primary impact question: does the Cancer Champions Model successfully reduce the four drivers of inequity?

The primary *process* question - Is the Cancer Champions Model a useful method of delivery for Macmillan's EDI work? – will be covered in more detail in later reports, particularly via data from focus groups with staff and volunteers.

Communication and awareness

Summary of key learning:

- There is strong emerging evidence that the programme is helping people talk more freely about cancer
- This might relate to people who have cancer, who have loved ones with cancer, or who have no personal experience of cancer (but didn't like to think or talk about it in the past)
- There is also emerging evidence about increased knowledge of cancer, and that demystifying it and reducing people's fear of it can contribute to increased uptake of screening and medical appointments

Outcomes: people talk more freely about cancer; people share cancer information with others; more knowledge.

It is clear from data collected so far that the Cancer Champions programme is improving communication and awareness around cancer amongst the target communities. Across the five deep-dive sites, evidence shows that people are talking more freely about cancer in communities. For these communities, a common theme is that prior to the Cancer Champions programme, cancer was not openly or frequently discussed for a variety of reasons—a main one being stigma. For example, the fishermen community in North Shields has seen a significant reduction in stigma around cancer, and health generally, amongst fishermen since the programme started. In interviews with key informants, we heard that for fishermen, health generally tended to be far down on their priorities due to the nature and demands of their work - fishermen have little time on land to think about going to see a doctor. One interviewee, a local personalised care manager, reported that the programme highlighted just how little fishermen used to talk about health. Another interviewee, a fishery manager, shared that in addition to fishermen having limited time to talk about health, stigma and stereotypes were also barriers to discussing these topics.

“You have the traditional gender stereotypes of alpha-males not wanting to talk about problems, they’re not going to show any kind of potential weakness or soft-spots. This scheme is definitely breaking down those barriers.”

Fish Quay Manager, North Shields (interview)

In other cases, the programme has provided communities with the opportunity and space to discuss cancer openly for the first time. As the programme seeks to engage communities that have been previously excluded from spaces like this due to systemic inequalities and barriers, this is a significant positive outcome.

“Through attendance at the recent Death Café… I have been able to speak openly about the cancer diagnosis and palliative care of a loved one. As a member of the LGBTQIA+ community, the opportunity to speak of pre-bereavement and loss is not a common experience and I have welcomed the change to be heard and understood in a warm and welcoming environment.”

Participant, Northern Ireland (MSC story)

Other communities, such as those from ethnic minority backgrounds, also face specific barriers to speaking openly about cancer, such as cultural stigma and taboo. In our sense-making session with the deep-dive sites, we heard about the challenges around engaging these communities in particular. For example, in Plymouth, the site team is finding that in these groups, people don’t want others to know about their cancer because of the shame and stigma around cancer—in some cases people are ousted in these communities if they share that they have cancer. When asked what has worked to engage with these groups and overcome these barriers, we heard that starting small is key—running light-touch, informal information sessions about what cancer is, and finding ways to break down the taboo.

Another outcome we have seen evidence of is people gaining more knowledge about cancer, which is also enabling people to have more conversations about it. It's clear that lack of knowledge and awareness is a distinct barrier to accessing and engaging with cancer services—without an understanding of what cancer is and what different types there are, people are not equipped to identify potential reasons to see a healthcare professional. Lack of awareness also leads to misconceptions about cancer, which also stops people seeking help or speaking about cancer. Interviews with healthcare professionals highlighted how important education and awareness sessions have been for communities, in terms of demystifying cancer and debunking myths that drive fear and prevent people from taking action when it comes to their health. For example, a Bowel Cancer Specialist from North Shields found that few people knew what a bowel cancer screening was for - most assumed screenings always led to diagnosis, when in reality screenings are more about prevention. The programme therefore is helping to reduce the fear people experience around cancer through supporting people to improve their understanding of it, which in turn helps them to take better care of themselves.

"Knowing what I know about lung cancer now, I would be more open minded after learning about the interventions and treatments on offer and that it's not a death sentence. I now know that there are different treatments on offer if you get seen early."

Participant, North Shields (MSC story)

"I have not had cancer, but I was scared of it. I used to hide away and not want to hear about it. I am able to accept and understand what cancer is now. I know what to look for and what would happen if I got it."

Participant, Plymouth (MSC story)

Through interviews we have also heard that gaining knowledge has given people the confidence to speak about cancer, and people are sharing cancer information with others in their social and professional networks, and with family. Word-of-mouth is a key way for people to find out about the Cancer Champions programme, leading to them either engaging with the programme themselves, or engaging with information and resources provided by the programme through a peer or family member who is more closely involved.

"Since I've gotten to know the C Aware team, I've asked questions and they give us answers. So many of my friends are asking me questions now, it becomes a topic of conversation. I just think its fantastic."

Participant, North Shields (MSC story)

Trust and motivation

Summary of key learning:

- When community members trust the Cancer Champions, this can help them trust local health services by association (because it's the Champions who are recommending and signposting to them)
- Trust can take longer to build with some ethnic minority and LGBTQ+ communities, due respectively to a) Champions needing to build deep connections with those communities first, and b) LGBTQ+ communities having had particularly negative experiences with health services in the past

*Outcomes**:** People have more trust in the system; more motivation; more opportunity.*

Many communities across the deep-dive sites have previously been isolated from access to health services, which is exacerbated by local care services often overlooking these communities and being unaware of their needs. The Cancer Champions programme aims to improve community trust in local services, and evidence shows early signs of achieving this outcome as sites work with local health professionals to deliver activities. For example, in North Shields, interviewees have mentioned that community members trust the programme delivery team and Cancer Champions, and therefore feel encouraged to speak to them openly and actively seek their support if they are worried about their health and would like to speak to a professional.

"Being able to form relationships with fishermen and build trust means they're not as wary of health services and more open to getting screenings and getting checked."

Bowel Specialist, North Shields (Interview)

Evidence also shows that as people have positive experiences when they engage with Cancer Champions, they feel encouraged and motivated to come back. For example, In Plymouth, Cake and Cuppa sessions have worked well in creating a safe and welcoming space for people to seek support, reinforcing their motivation to keep actively engaging with cancer support.

“Prior to coming along [to the Cake and Cuppa sessions] I felt guilty and ashamed for asking for help… Now I feel supported and its like, yippee I want to go!”

Participant, Plymouth (MSC story)

Building trust is particularly important for engaging people from ethnic minority communities where there is significant stigma around cancer. In the sense-making session, sites agreed on the importance of getting out into these communities and investing time in building trust. In Plymouth, the team have found trust isn’t built after just one interaction - it can take six months of going into that community, and slowly people will start to see them as a trusted figure and start to open up.

“It’s about knowing your audience. We don’t go in with a cancer agenda. We just go into the community, people get to know our face—we don’t always wear the Cancer Champions t-shirts straight away. It’s about knowing who you’re talking to and where you are.”

Site Lead, Plymouth (Sense-making session)

In the same session, Northern Ireland’s site lead shared that trust is an extremely difficult area for the LGBTQIA+ communities they are working with:

“It’s very hard to get people to trust in a system that is actively exclusionary in some of its elements. We had a service user who was having cancer treatment on a ward, and his husband got in his bed to give him a hug, and a nurse came in and made the sign of a cross and ran out again, saying it was inappropriate patient contact.”

Site Lead, Northern Ireland (Sense-making session)

In this context, investing time into building connections with individuals in a community is crucial—professionals that take time to go into community spaces and services and build personal connections make a significant difference to people’s trust and feeling of safety to engage with a service. Often this relies on the time and capacity of health care professionals, which is limited, but when it can happen, it should be encouraged.

Health agency and behaviour

Summary of key learning:

- There is emerging evidence that the programme is leading to an increased likelihood of attending screenings and medical appointments
- There is also some evidence of increased preventative behaviours
- We think it is possible, or indeed likely, that the amount of evidence in this area will grow going forward, as these outcomes are some of the programme's more long-term ones

Outcomes: Greater health agency; more likely to attend screening/seek diagnostic check sooner; earlier diagnosis and treatment.

As peoples' trust and motivation increases, data shows that people are already experiencing greater health agency and are more likely to attend doctor appointments, screenings, and seek diagnostic checks sooner. In some cases, Cancer Champions have enabled people to remove risks of cancer as a result of successfully getting checked early. For example, a community member from North Shields was supported by Cancer Champions to go through the process of getting moles checked and removed.

"If it wasn't for these lasses being at the retired fishermen's do, our meeting place, I would have just left it and it could have been worse for me later on. If it wasn't for them lasses I would have let it go on and I could have been in a serious state."

Participant, North Shields (Interview)

Professionals who work with the North Shields fishing community have also reported that they have already seen people changing behaviours and taking more agency when it comes to their health.

"It's difficult to put a price on the benefit of C Aware – the staff have encouraged fishermen to go to the doctor to get checked. People are taking action and picking up early warning signs. Fishermen would have never gone to the doctor about this if it wasn't for [the Cancer Champions]"

Director of 55 Fisheries, North Shields (Interview)

Similarly in Plymouth, community members are adopting new behaviours to reduce risk of cancer. For example one interviewee from Salvation Army mentioned people in her service are taking up vaping as a step towards stopping smoking after a Cancer Champions training on smoking and the risk of cancer. This suggests better awareness and knowledge provided by Cancer Champions training sessions are enabling people to actively apply learning to their own lives, in an effort to improve their health.

"I think we're looking after each other much better as well, not only the services but each other and being quite supportive. Like people vaping—they come to me and they say, '4 weeks now I've been vaping', which is brilliant. I think we are looking after each other and ourselves much better."

Participant, Plymouth (Interview)

Service adaptation and accessibility

Summary of key learning:

- Interestingly there is one piece of evidence about the programme educating a health professional about the *existence* of a particular community and its uniqueness
- There is useful learning about the importance of services coming to communities' locations rather than vice versa, and emerging evidence that the programme is starting to help make this happen

Outcomes: Local services make policy-level adaptations to make services more accessible and adaptable; local networks take on and drive these activities themselves.

At this early stage in the evaluation, it would be unlikely that policy-level change is already happening across the sites. However, early signs of progress and evidence of outcomes show the programme may be creating the foundations for this level of change in the future. Interviews with local health care professionals have been particularly revealing in terms of conversations about service accessibility for marginalised communities. In some sites, the Cancer Champions programme is helping to educate health care professionals about the experience of specific groups and make them aware of the unique needs community members face. A bowel cancer specialist from North Shields told us that she would never have thought of the fishing community as a group that would be particularly marginalised when it comes to accessing health care or attending screenings, as they just weren't on her radar. Another lung cancer specialist shared that the programme has enlightened her to the experiences of fishermen, and motivated her to work towards adapting local cancer services to be more accessible to them.

“Working with [C Aware] has enabled me to connect with the fishing community and to create bridges between an isolated community and health services.”

Lung cancer specialist, North Shields (Interview)

It is clear from this particular site that making services more accessible for isolated communities means bringing information and support directly to those people. Cancer Champions in North Shields are situated on the quayside, directly in the working location of fishermen every day, and according to interviewees, this direct proximity makes all the difference. Educating health care professionals about the needs of isolated communities is crucial to enabling local services to make changes in order to support them, and it is clear from interviews with health care professionals that they now understand the barriers fishermen face in accessing health services. Similarly in Plymouth, interviewees highlighted the isolation many community members experience, particularly when it comes to accessing healthcare due to the distance of hospitals and health centres across the city. Bringing Cancer Champions activities directly to people in the community has helped reach people in need who otherwise may not be able to access support.

“What I’ve seen mostly is that because [Cancer Champions] are there, there is definitely a much more joined up way of thinking about cancer and support services in the city. Before, we felt quite isolated and alone.”

Participant, Plymouth (Interview)

Understanding the barriers of communities helps local services adapt to meet communities where they are, and to provide the service in the way that they need, rather than expecting them to be able to engage in conventional ways which is not possible. A community member in Plymouth who runs a community dance club for those experiencing cancer has been able to reach more people through connecting with Cancer Champions. In an interview, she described the Cancer Champions as ‘signposts’, and somewhere she can direct people on to, and vice versa. This collaboration with local services has strengthened community links and networks, which has strengthened the provision and accessibility of support.

“Before, there was somebody else over here doing something, and someone else there. I think the Cancer Champions project has sort of threaded it all together, really. They’re the signposts. As an organisation we can pass people on to them and I’ve been sharing what they share. I think they’ve really helped us [become] a cohesive, city-wide programme.”

Participant, Plymouth (Interview)

Experience and support

Summary of key learning:

- Positive stories of emotional support relate not just to being diagnosed oneself, but also to having loved ones who are experiencing cancer
- There is understandably limited evidence so far on changes in the way that health services are delivered, but there is positive feedback on the delivery and experience of the Cancer Champion services themselves

Outcomes: More positive experience of care; more emotional support pre and post diagnosis.

So far, we have seen some evidence of progress towards the programme's longer-term outcomes around experiences of care and emotional support. Additionally, what is becoming clear is that the support for communities expands beyond pre and post diagnoses, as in many cases, a diagnosis is not an outcome of engaging with Cancer Champions. What feels more important at this stage is the emotional support that enables communities to begin to speak about cancer openly, or come to terms with family members' cancer, or to begin to engage with health care services about cancer. Data collected so far reveals overwhelmingly positive experiences of care, and instances of emotional support.

"It's lovely knowing there is someone to talk to for advice and help. I feel like [my Cancer Champion] is my guardian angel."

Participant, Plymouth (MSC story)

We are also starting to see evidence of the community-based nature of the Cancer Champions programme having a positive impact on people's experience of care. In addition to improving accessibility to support, the informal and non-clinical feel of activities delivered in community spaces, or indeed by innovative mediums like podcasts, is being well received. In interviews with key informants, many have mentioned that the activities have felt relaxed, and that they felt at ease in the spaces, especially those spaces that are already familiar to the community. For example, Cancer Cafes are successfully engaging people across the deep-dive sites.

"The more support that can be done out of hospital environments the better, you know, it has to be sterile, it's clinical and it's formal, and so to be able to have support out of that environment I think

is really important for people. At cafes its much more informal and people feel able to ask questions that they might not want to in a medical situation."

Participant, Plymouth (Interview)

In the sense-making session, sites shared experiences of being a bridge between services for community members—they don't expect to have all the answers, but they are able to connect with people who can help. As a place-based intervention, the Cancer Champions programme enables local sites to concentrate resources and energy into specific communities—to fully embed themselves into communities and deliver in line with current needs and trends those groups face, whilst creating lines of communication between communities and services.

4. Lessons learnt for this cycle, and future plans

Working with sites

Summary of key points:

- The data from this learning cycle has been skewed towards two to three of the five deep sites, but that was an expected and natural consequence of sites' different starting points with the programme
- Opportunities for the sites to reflect on learning together has proven very valuable
- Building trusting and open relationships with each site has been important, to be able to surface and address any issues or challenges with the evaluation

As anticipated, due to the staggered start times of projects across the sites, data collected so far is mainly from the three more established sites: Plymouth, North Shields and Northern Ireland. Therefore a key objective for the next cycle of the evaluation is to build up data collection from the remaining sites, Hastings and Fenland. Whilst these sites have not yet been in a position to engage with fieldwork in the same way as more established sites, we embedded enough flexibility and adaptability into our evaluation plan from the outset that this is not a cause for concern. We expect quantity of data collection across sites to balance over the course of the next learning cycles, and will continue to monitor each site's progress and address any barriers to engagement collaboratively.

Our approach to working and building relationships with sites has been positive so far. Sites have been responsive and receptive to our communications over the first learning cycle, and engagement is strong during meetings and group sessions. It seems clear in group sessions that sites value the opportunity to connect with each other to share learning; for example, in our first sense-making session during a discussion about engaging community members, sites shared examples of resources they have developed, including Hastings' 'bingo cards'—which have been circulated to the deep-dive sites. We will continue to create opportunities for sites to connect with one another in this way in the next learning cycle.

Sites have also been receptive to working with us to address any challenges or concerns. For example, in a community of practice meeting, one site shared that having plenty of notice for scheduling meetings is key, and we have taken this into account and aim to give sites at least a month’s notice for scheduling. Also, after identifying slight hesitancies around using the MSC tool, we arranged one-to-one calls with each site to discuss this in more detail as part of a wider conversation about planning fieldwork over the next year. These conversations were extremely valuable for us and for sites, and we received positive feedback from each of them informally during the meeting that openly discussing evaluation plans and providing clarity around what is needed from them was helpful. In the sense-making session, we asked sites to share any reflections on evaluation activities so far, and positive feedback around one-to-one meetings was echoed. As the next learning cycle progresses, we will hold another round of one-to-one planning meetings, as sites mentioned it would be useful to touch base on current progress and also to begin outlining plans for 2026.

Next steps

The next learning cycle – number two - will take place between now (April 2025) and October 2025. It will culminate in a slightly longer interim report, covering the first two learning cycles together.

In the second learning cycle we will continue with all of the methods covered in this cycle/report, as well as starting a new method – focus groups with site staff and volunteers – which will be more focused on the implementation of the projects behind the scenes, and learning what has worked well and less well. This will give us more data for our second evaluation question: ‘What learning from how the Cancer Champions model has been delivered can we apply to our new strategic objectives?’

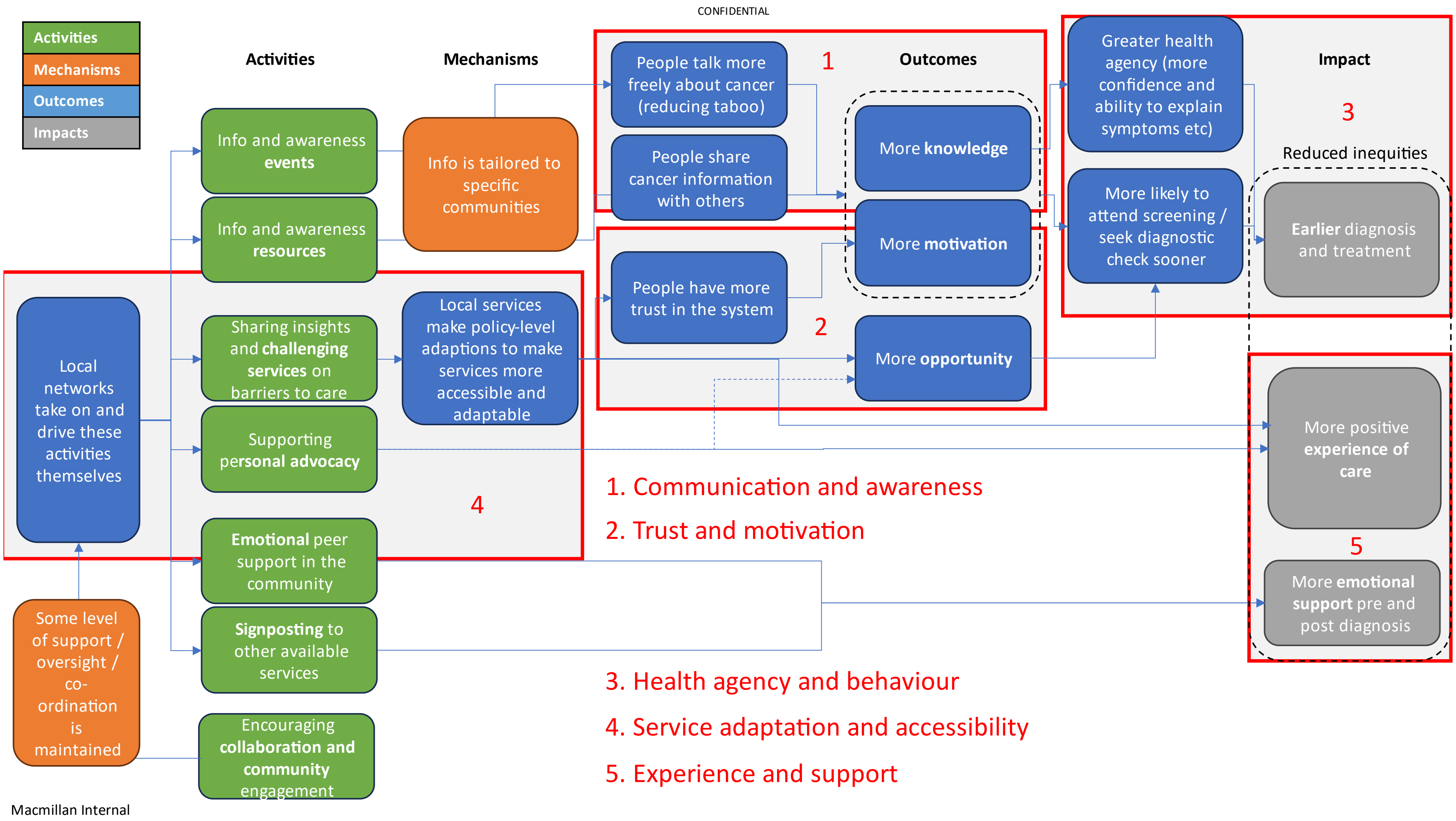
We also expect to have a more even spread of data across the five sites, as they all get fully up and running; and to get even more evidence on some of the longer-term outcomes, like improved experience of care.

5. Concluding thoughts

The first cycle of the Cancer Champions programme evaluation has provided rich learning about the impact of the programme which we can take forward into the next cycles. Whilst there have been more challenging aspects of data collection in early stages as mentioned above, such as engagement with the MSC method, we have collected substantial, strong data across the deep-dive sites to provide sufficient insight into the successes of the programme.

Reflecting on the programme's theory of change (see overleaf), we are beginning to see substantial evidence around the programme's intended outcomes—particularly those we identified as shorter-term. For example, outcomes around communication and awareness, trust and motivation and health agency and behaviour have considerably more evidence against them so far compared to service adaptation and accessibility, and experience and support, which we anticipate seeing more evidence for as the programme develops. Evidence gathered at this stage is highly applicable to the impact evaluation questions, whereas we expect more evidence for process evaluation questions to come in the next learning cycles. This is largely due to the impact questions relating more to the shorter-term outcomes, and process questions relate more to the more system-level, longer-term outcomes. Overall, we feel the first learning cycle has provided a strong foundation for us to build on and develop over the duration of the evaluation.

Figure 1: Cancer Champions programme Theory of Change



Appendix 1: Analysis framework

Building on the high-level data analysis framework included in the scoping paper, we developed the frameworks below to map outcomes from the theory of change against secondary evaluation questions. Starting with the impact questions, we mapped outcomes to the relevant evaluation question—for example, for the question ‘are people in the community talking more freely about cancer?’, the corresponding outcome is ‘people talk more freely about cancer’. In doing this, we were able to group questions and outcomes into five thematic areas: communication and awareness; trust and motivation; health agency and behaviour; service adaptation and accessibility and experience and support.

Figure 2: Impact evaluation framework

Impact evaluation questions	Grouped outcomes								
	Communication and awareness		Trust and motivation		Health agency and behaviour		Service adaptation and accessibility		Experience and support
Are people in the community talking more freely about cancer?	People talk more freely about cancer	Do people in the community trust that local services care about and are adapting to their needs?	People have more trust in the system	Are people in the community taking informed action around their health?	Greater health agency	Are local services making policy-level adaptations to make their services more accessible?	Local services make policy-level adaptations to make services more accessible and adaptable	Do people in the community trust that local services care about and are adapting to their needs?	More positive experience of care
Are people in the community sharing cancer information with others?	People share cancer information with others	Do people in the community have the knowledge, motivation and opportunity to seek diagnostic checks?	More motivation	Do people in the community have the knowledge, motivation and opportunity to seek diagnostic checks?	More likely to attend screening/seek diagnostic check sooner	Has partnership working with community networks in the project sites created impact that will last beyond the life of the programme?	local networks take on and drive these activities themselves	Are people in the community taking informed action around their health?	More emotional support pre and post diagnosis
Are cancer champion partnerships (CCPs) sharing cancer in knowledge in a way which is tailored to people in the community?	More knowledge	Are people in the community taking informed action around their health?	More opportunity	Are people in the community more likely to attend screening/seek diagnostic checks sooner?	Earlier diagnosis and treatment	Are CCPs helping to identify/remove/overcome barriers to accessing cancer services?			
Are CCPs helping to identify/remove/overcome barriers to engagement with the cancer champions project?									

Figure 3: Process evaluation framework

For the process questions, as outcomes don’t correspond exactly to questions, we created a matrix using the existing five themes from the impact analysis framework and marked where each process question will likely feed into each theme. We are using these frameworks to code qualitative data from fieldwork so far for our analysis.

Process evaluation questions					
	Communication and awareness	Trust and motivation	Health agency and behaviour	Service adaptation and accessibility	Experience and support
What activities were delivered and how did these align with those planned at the start of the project?	x	x	x	x	x
What are the circumstances/wider conditions needed to allow the model to work/thrive?		x	x	x	
What learning have we gathered about local system change through the programe?				x	x
What learning have we gathered about the experience of working with Macmillan for community organisations?	x	x			x
What learning have we gathered on how we collect and use data and insight when working with community organisations?	x	x	x	x	x