



Co-funded by the Health Programme of the European Union

# Work Package 4: Integration in National policies and sustainability

Explanatory Note : the One Pagers of the iPAAC Roadmap

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Version: Date: 2.0 16/1/2020

### Explanatory note on the preparation of a 'Onepager' document for the Roadmap of the Joint Action IPAAC

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#### 1. Scope

This explanatory note aims to provide guidance and instructions on the content and format of the 'One-pager' documents of the iPAAC Roadmap on Implementation and Sustainability of Cancer Control Actions

#### 2. Introduction

It has been agreed between the Governmental Board (GB) of the Joint Action iPAAC and iPAAC WP leaders that the Roadmap should be developed as <u>an IT tool</u> that aims at facilitating and encouraging the <u>mutual learning</u> among EU MSs professionals in charge of the implementation of (innovative) cancer policies.

To support the presentation of the information displayed in the Roadmap, it has been proposed that all information on a particular innovative action should preferentially be contained on one single page. As such, we decided to call such document **'One-pager'**.

At the 3th GB meeting in October 2019, the GB members, together with iPAAC partners agreed by consensus on the general structure and content of these 'One-pager' documents. The agreed fields of the 'one-pager' are listed hereafter:

- 1. Title
- 2. Status
- 3. Definition/ Objectives
- 4. Background/ Country experience
- 5. Implementation steps
- 6. Lessons learnt
- 7. Added value
- 8. Contact
- 9. Key references
- 10. Version number and date

The WP4 prepared this explanatory note in order to streamline and ensure coherence and harmonization of the One Pagers which are prepared by different partners. This note presents 1°) the kind of information expected to be included in each field of the 'One-pager' and 2°) an indication on the maximum amount of information that can be included in each of the fields.

#### 3. Guidance for 'One-pager' document preparation

#### **3.1. GENERAL COMMENTS**

#### What can be the purpose of a One pager?

Three type of information can be the purpose of a One Pager in the iPAAC Roadmap.

1; **implemented programs**. These are actions/measures/initiatives/policies that have already been implemented, even recently, and which can be in a pilot phase; ongoing, finished or structural.

2; **planning for implementation**. These are frameworks that have been developed in order to plan/organize the implementation of a program. These are rather theoretical and technical information, that can be linked to broader documents (e.g. Roadbooks, legal texts, strategies, plans, etc.).

3; **recommendations** or **guidance** for implementation. These type of One pagers encompass the results from scientific exercise (e.g. literature reviews, surveys, mapping exercise, expert consultation, benchmarking exercise, etc.).

#### Which style for a One Pager?

The font-size of the field-heading is indicated as the first number between brackets below.

The second number between brackets represents the maximum number of words that can be used for the description of the item.

Note that excessing the maximum number will <u>NOT</u> be technically possible for none of the fields.

#### 3.2. TITLE (MAX 15 WORDS)

The title should reflect as closely as possible the <u>content</u> of the action and if possible/where relevant, its <u>main added value</u> or the <u>results</u> expected by its implementation. The tiles have to be clear and attractive. Please do not include abbreviations.

The title should also mention whether the One pager is about an implemented action, a plan for implementation or guidance.

Please carefully avoid including concepts that are not familiar to the broader audience (unless the title explains the concept).

#### 3.3. STATUS (12, MAX 15)

In this field the implementation status of the action is indicated. We foresee the following options:

- Fully implemented = the action is ongoing aims at running over a long period; can have a structural/ formal / funding and/or a legal basis;
- Pilot = an intervention rolled out in reality and aiming at preparing a structural implementation
- Planned: the action is under development and foreseen to be rolled out soon (within the coming 2y); implementation support strategies are ready
- Stopped = action was not successful or could not be sustained

#### 3.4. DEFINITION/ RATIONALE/ OBJECTIVES (MAX 50 WORDS)

→ 'What is the policy/measure seeking to achieve?' Rational for implementation? Please provide details on the major problem that the 'One-pager' is addressing, i.e. a description of the main objective of the policy/measure and any specific targets (barriers or challenges that can be overcame).

Each aim/objective can be listed as a bullet point, with a brief and clear description.

The problem/objective should be presented in *overall* terms, even if there are other related or underlying problems – the idea of the field is to present the <u>'fundamental</u> <u>difficulty'</u> that the policy/measure is aiming to resolve, which is a difficulty that other users of the Roadmap may share and may therefore be interested to hear about.

#### 3.5. BACKGROUND/COUNTRY EXPERIENCE (MAX 100 WORDS)

In this field, the specific context wherein the 'One-pager' is taking place should be presented.

Elements that one could expect to be inserted in this field are:

- the relevant cancer control policy area/frameworks/context to which the policy/measure relates (e.g.. NCD strategy; palliative care program; after care strategy; quality of care);
- whether the responsible body has a remit covering the national, regional or local level;
- the name/type of organizations involved in the design and implementation of the policy/measure. These may include public administrations at different levels, public/private agencies, Public Employment Services, educational institutions, social partners, private employers, etc...
- If the policy/measure concerns particular target groups, please specify them by selecting from the following list.

#### **iPAAC 'ONE-PAGER'**

Note that specific contextual characteristics of the HCS or other particular features of the country that are affecting most (if not all) implementation of interventions in the country could be include, but will be linked to the generic contextual features add-in of the country.

## 3.6. IMPLEMENTATION STEPS (INCL PERFORMANCE INDICATORS, EVALUATION, PLAN ....)

Please provide a description of the main activities and actions that have been led in order to implement the policy/measure.

The main activities/actions should be listed in bullet points, with a brief and clear description for each bullet point (max one sentence). Please provide a brief and clear description of how the implementation of the policy/measure is managed (e.g. coordination arrangements between the responsible and implementing bodies, roles and responsibilities, sub-contracting, etc.).

When possible and relevant, please try to refer as much as possible to the four phases and 14 steps of implementation as described by Meyers et al. : <a href="https://www.ncbi.nlm.nih.gov/pubmed/22644083">https://www.ncbi.nlm.nih.gov/pubmed/22644083</a>

Phase One: Initial considerations regarding the host setting

Assessment strategies

1. Conducting a needs and resources assessment

2. Conducting a fit assessment

3. Conducting a capacity/readiness assessment

Decisions about adaptation

- 4. Possibility for adaptation
- Capacity-building strategies

5. Obtaining explicit buy-in from critical stakeholders and fostering a supportive community/organizational climate

6. Building general/organizational capacity

- 7. Staff recruitment/maintenance
- 8. Effective pre-innovation staff training
- Phase Two: Creating a structure for implementation

Structural features for implementation

9. Creating implementation teams

10. Developing an implementation plan

Phase Three: Ongoing structure once implementation begins

Ongoing implementation support strategies

- 11. Technical assistance/coaching/supervision
- 12. Process evaluation
- 13. Supportive feedback mechanism
- Phase Four: Improving future applications
  - 14. Learning from experience

#### 3.7. LESSONS LEARNT (MAX 100 WORDS)

Please provide a description of the key success factors in ensuring the effective formulation and implementation of the policy or measure (e.g. considering, among others, success factors such as the intersect oral/ministry collaboration; partnerships in place; funding framework and sustainability etc.).

Please provide a description of the actual outputs and outcomes of the policy/measure i.e. what have been the results? If possible, how do these compare with the planned results? Where possible indicate whether a detailed quantification of the outcomes is planned/performed.

Where possible, please provide a description of key barriers encountered and how they were overcame, *which could help replication in another context* i.e. what essential elements should one bear in mind when thinking about implementing it in another country, sector, target group, etc.?

Each success factors should be listed as a bullet point, with a brief and clear description. The key words for each success factor should also be highlighted in bold.

Please specify whether the policy/measure has been assessed through internal/external monitoring/evaluation or academic studies (E.g.: internal monitoring; internal evaluation; academic study; external evaluation).

Please specify the methodology used to assess the policy/measure.

Please provide details of the duration and frequency of the assessment (e.g. annual monitoring/evaluation, 4-years evaluation, etc.).

#### 3.8. ADDED VALUE (MAX 100 WORDS)

Currently, "value" in the context of healthcare is often discussed as "health outcomes relative to monetized inputs", aiming at increasing cost-effectiveness. This interpretation of "value" may be too narrow.

We propose to look at the added values from a four pillars perspective:

- appropriate care to achieve patients' personal goals (personal value),
- achievement of best possible outcomes with available resources (**technical value**),
- equitable resource distribution across all patient groups (allocative value) and
- contribution of healthcare to social participation and connectedness (**societal value**).

These values may be presented, when relevant and possible, with the key (national) contextual features.

#### iPAAC 'ONE-PAGER'

#### 3.9. CONTACT(S)

Please specify the name of the body with overall responsibility for the design and implementation of the policy/measure.

E.g.: institution in charge of the implementation + department + service or unit

#### **3.10. KEY REFERENCES**

Please provide hyperlinks to any online information relating to the policy/measure, such as relevant pages of the government website, legal frameworks, guidelines, evaluation/monitoring reports and other relevant background information, where appropriate. Please briefly clarify whether the link relates to the policy/measure website, evaluation, monitoring or other information.

Please add five or more keywords that describe the main focus of the policy/measure. These keywords are important because they will enable the database users to search for the policy/measure quickly and easily.

#### 3.11. VERSION NUMBER AND DATE

Please insert at the bottom: Version mm/yyyy

- XX: natural number from 1 to 12
- yyyy: year