



Test Evidence Transition Programme Handout

2025

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What is the Test Evidence Transition Programme?

Test Evidence Transition' (TET) is a multi-phase programme of commissioned research, delivered by Cancer Research UK (CRUK), health system and academic partners, to ensure that "best practice is rolled out consistently, effectively and equitably across health systems to benefit everyone" ([CRUK strategy](#)).

The programme was developed to support CRUK's strategic 'Translate' objective, in improving cancer outcomes by reducing inequalities in access to proven innovations. Essentially, TET is designed to help bridge the gap between innovation and practice – referred to in our strategy as the '**implementation gap**.' The programme is [informed by implementation science methods and frameworks](#) to support innovation implementation and create a generalisable understanding of its sustainability.

The programme provides funding and support to selected teams from across local health systems, who are working in collaboration with academic partners to achieve three core objectives:

- **Test** service innovations at a local health system level, that support the delivery of optimal pathways, improving cancer outcomes.
- **Evidence** the process, impact of implementation and outcomes, focusing on identified metrics that will accelerate further spread and adoption; and
- **Transition** identified best practice into more equitable adoption across UK health systems to benefit everyone.

How is TET organised?

TET is led by CRUK's Evidence and Implementation Department, who ensure the programme design is informed by a detailed understanding of the cancer research and care landscape, underpinned by data and evidence, and supported by strong multi-stakeholder engagement (health system leaders, academic experts, clinicians, patients and the public).

The programme adopts an 'active commissioner' model, in which place-based health systems teams selected for funding, receive ongoing support in implementing, evaluating, and scaling innovations that are proven to be effective, but have not yet seen widespread implementation. This includes support from the

CRUK-based TET programme team, as well as academic partners – who lead the collection and analysis of qualitative and quantitative data, required to evidence the implementation process and outcomes of each innovation, building the case for transition.

A programme phased approach enables learnings from each phase to inform the design of subsequent phases, while overlap between funded projects fosters a 'community of practice' relevant to specific contexts, populations and innovations.

What are the different phases of TET?

Phase 1:

TET Phase 1 launched in April 2023 and supported three NHS teams in Scotland and Wales working to improve the timelier diagnosis of breast and prostate cancer. Teams with capability to implement evidence-based innovations at a local level and motivation to work with us to harness programme level insights supporting wider transition were selected for funding. The programme provides an opportunity for selected teams to take these innovation projects forward in collaboration with academic partners specialising in health services research, evaluation, and implementation science and with support from our Test Evidence Transition programme team.

These are:

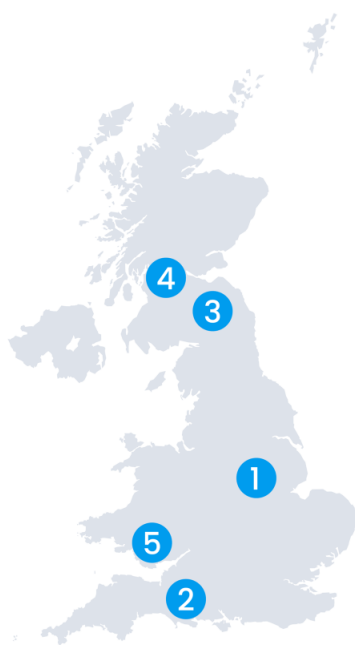
- PROSTAD: Development of Model Prostate Cancer Diagnostic Pathway
 - Rachel Gemine, Hywel Dda University Health Board, Wales
 - Jaynie Rance, Swansea University, Wales
- Access to One Stop Assessment Clinics for Symptomatic Patients with a Breast Lump
 - Juliette Murray, NHS Forth Valley, Scotland
 - Erica Gadbsy, University of Stirling, Scotland
- Rapid Access Referrals for Prostate Cancer: A Nurse-Led Model for Suspected Prostate Cancer Referrals – NHS Fife & University of Stirling, Scotland
 - Jane Thomson, NHS Fife, Scotland
 - Erica Gadbsy, University of Stirling, Scotland

Phase 1 projects concluded in early 2025, with the findings and outputs of each project being disseminated to key audiences as part of our transition objective. These can be found on our [webpages](#).

Phase 1 received sponsorship from the Royal London Group to support their passion of tackling cancer inequalities.

Phase 2:

TET Phase 2 launched in April 2024 and focuses on colorectal (bowel) cancer. Five health system teams have been selected to test and implement a promising innovation that has the potential to improve bowel cancer screening, surveillance, and/or symptomatic service delivery.



1. Nottingham University Hospitals NHS Trust

Comparing approaches to FIT-based risk stratification, based on their local risk-stratification model: COLOFIT.

2. Wessex Cancer Alliance

Optimising discussions about bowel health during the primary care annual health check for people with a learning disability.

3. NHS Borders

Improving the management of the endoscopy booking system and bowel cancer surveillance list.

4. NHS Greater Glasgow and Clyde

Evaluating an increase in the symptomatic FIT threshold and bespoke safety netting in response to national guidelines changes.

5. Bowel Screening Wales (Public Health Wales)

Improving follow-up communication after a positive FIT screening result to support attending a specialist screening practitioner appointment.

A combined team of academics from the Universities of Oxford and Cambridge, led by Principal Investigators Professor Brian Nicolson, Dr Anna Dowrick and Dr Sharon Tonner (University of Oxford) and Dr Juliet Usher-Smith (University of Cambridge), have been funded as academic partners to the Phase 2's health system teams. They are working with these teams and CRUK to harness programme level insights, enabling wider transition activities.

The selected health systems teams and their stakeholders will collaborate with CRUK and the academic partner to co-design their innovation and the overall approach to implementation and evaluation. The co-design process is intended to ensure:

- a robust and deliverable project design, informed by the local health service delivery context and factors influencing evaluability (data, resources, feasibility)
- a methodological approach informed by relevant frameworks (implementation and behavioural science, NHS project-based research, service evaluation)
- appropriate patient and public involvement, ensuring that the perspectives of potential service users are considered in the design, implementation and evaluation of the innovations.
- robust research governance and project management (ethical review, timeline delivery, risks and mitigation and key deliverables)

Following co-design, each site will begin project set up and innovation mobilisation, before implementation and service delivery commences. Approximately midway through implementation, each site will produce an interim report, highlighting project status, early signs of impact and prospects for scalability. Once all data has been collected, it will be analysed and evaluated, with each site producing a final report and any required additional outputs to mark their completion.

Phase 2 has received sponsorship from the Bowelbabe Fund to support their mission of improving bowel cancer diagnosis for everyone. This phase is expected to complete in late 2026.

What are the programme outputs and key deliverables?

Health system delivery teams, academic partners and CRUK will co-produce a series of high-quality case-studies detailing the evidence of, how and why each intervention worked across their local health system, supporting the overall programme transition strategy.

Essentially, each innovation will demonstrate how it ensures equitable access, to improve both patient experience and measurable cancer outcomes.

Key deliverables and analysis of programme level data will also include:

- a detailed sustainability assessment of each innovation, supporting wider financial analysis to inform business case content.
- evaluation protocols enabling innovations to be transitioned to other sites, including feasibility, plausibility, and reasonable pathway adjustment.
- an analysis of the overall health economic impact.
- a demonstration of how acceptable the innovation is to patients and their support networks and to healthcare professionals, and how these groups are involved in the design, implementation and ongoing development.
- Identification of enablers and barriers to change which are equally transferable for innovations across other tumour site areas.

The Centre for Health Services Studies at the University of Kent supported us to co-create resources and learning materials that will assist teams across health systems in scoping, implementing and scaling up innovation and evaluation projects (e.g. providing guidance on developing logic models and theories of change, evaluation frameworks and evaluability assessments).

How will 'Transition' be achieved?

A core objective of the programme is to create opportunities for the transition and transformative spread and adoption of effective TET innovations to benefit everyone. In supporting this objective, TET will focus on three enabling strategies:

- **Evidence Generation** - the production and dissemination of multi-dimensional high impact programme outputs, informed by relevant frameworks, essential to understand what works, for whom, in what circumstances, and with what outcomes (patient and health system)
- **Active Engagement** - working in collaboration with identified local health system and national policy stakeholders to inform and influence.
- **Routes to Scale** - understanding and acknowledging the different approaches required for transformative spread and adoption and building the infrastructure to support more widespread implementation.

How are people affected by cancer involved throughout TET?

Cancer Research UK is committed to putting people affected by cancer at the heart of our work. We ensure that their needs and opinions are considered in what we do, representing the diverse patient population. Our Patient Advisory Group (PAG) provides unique lived experiences and valuable insights into TET.

PAG members are people affected by cancer (including both patients and carers) from across the UK. They support us to select and manage the projects we fund. This guarantees that TET is relevant to people affected by cancer and has the potential to make a real difference. TET also has local patients and members of the public involved throughout each project.

What are TET's priorities for 2025/26?

TET has been developed in the context of the significant global burden of cancer and the urgent need to address cancer inequalities, recognising that targeted work is needed to address the implementation gap in cancer care.

TET priorities for 25/26 will focus on:

- Continuing the dissemination of learning and outputs from Phase 1 projects following their completion.
- Support Phase 2 teams to continue implementation of their innovations.
- Review Phase 2 interim reports to assess early findings and identify opportunities for adoption and scale-up at project completion.

For more information, please contact TET@cancer.org.uk.