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Integrating ePROMs: A Key Opportunity for England's National Cancer Plan

Sally Wheelwright¹, Ollie Minton^{1,2}, Kate Absolom³, Corinne Faivre-Finn^{4,5}, Lesley Fallowfield¹, Alexandra Gilbert³, Duncan Gilbert^{1,2}, Alison Large⁶, Thitikorn Nuamek⁴, James Price⁴, Tim Williams⁷, Janelle Yorke^{5,8}, Valerie Shilling¹

¹Brighton and Sussex Medical School, University of Brighton and University of Sussex,

²University Hospitals Sussex NHS Foundation Trust, ³University of Leeds, ⁴Christie NHS Foundation Trust, ⁵University of Manchester, ⁶Nottingham University Hospitals NHS Trust, ⁷My Clinical Outcomes Ltd., ⁸The Hong Kong Polytechnic

Corresponding Author

Dr Sally Wheelwright, Principal Research Fellow

E: S.Wheelwright@sussex.ac.uk

T: +44(0)1273 873024

Department of Clinical and Experimental Medicine, Brighton and Sussex Medical School,
University of Brighton and University of Sussex, Brighton, BN1 9PX

A call for evidence to shape the new [National Cancer Plan](#)¹ for England is open until 29 April 2025. The plan will outline how the government and NHS aim to improve cancer outcomes, expand access to cutting-edge treatments and digital tools, and support patients living with and beyond cancer, all within tight budget constraints. The plan must also align with the [NHS 10-Year Health Plan](#)², due to be published in spring 2025, which will include the shift from analogue to digital healthcare as one of three main priorities.

Integrating electronic patient-reported outcome measures (ePROMs) into routine cancer care presents a unique opportunity to meet these goals. ePROMs provide a standardised, cost-effective way to collect real-time patient-reported data on symptoms, quality of life, and treatment impact, ensuring more responsive, personalised care. Examples of benefits include early symptom detection, which facilitates proactive symptom management, prevents toxicity escalation, and improves treatment adherence. These improvements ultimately lead to better patient outcomes, including improved physical functioning, quality of life, and survival [1-3]. Despite strong research evidence supporting their benefits, and recommendations by ESMO, multiple tumour-specific NICE guidelines and [All-Party Parliamentary Groups \(APPG\)](#)³ that PROMs should be systematically integrated into routine oncology care [1], ePROM adoption remains sporadic across routine NHS cancer services in England. To maximise these benefits and optimise cancer care, ePROMs must be embedded in the National Cancer Plan.

In England, several NHS institutions have attempted to implement ePROMs in routine clinical practice. For example, in Leeds, the pioneering eRAPID research programme was developed to capture patient-reported symptoms online during cancer treatment. Despite both a successful randomised controlled trial completed in 2018 [4], and evidence of the successful use of digital PROMs enabled community cancer follow-up [5], wider implementation across routine care remains challenging due to barriers with hospital IT and healthcare constraints.

At University Hospitals Sussex, around 600 patients have taken part in an enhanced supportive care project supported by ePROMs. This initiative led to earlier implementation of supportive interventions, improved patient monitoring, timely treatment adjustments, and better responsiveness, ultimately reducing emergency and non-elective attendances. The project proved cost-effective, generating a 40% return on investment, with £1.40 saved for every £1 spent per patient [6]. However, ongoing external funding remains necessary for this service to be sustained.

At Nottingham University Hospitals NHS Trust, the introduction of a clinical nurse specialist role has been instrumental in driving the implementation of digital clinical pathways in oncology outpatient services [7]. These pathways were created in response to the increase in oncology outpatient numbers and in line with the 2019 NHS long term plan to reduce face-to-face outpatient appointments by a third. Patients who are clinically stable, tolerating treatment well, and able to complete online questionnaires are eligible for digital clinics, with positive patient feedback supporting the approach. Currently there are 17 eligible treatment pathways across 22 clinics.

The most extensive ePROMs initiative in England is at The Christie NHS Foundation Trust in Manchester. Initially funded by The University of Manchester, Manchester Cancer Research Centre, and The Christie Charity, ePROMs have been integrated into routine care across a wide range of disease sites and treatment pathways since 2019 [8]. By December 2024, more than 20,000 patients from nearly 40 different services completed over 70,000 ePROMs. The service has evolved from enhancing communication about patients' symptom experience and quality of life within clinical consultations to supporting personalised care pathways and improving efficiencies by replacing face-to-face follow-up appointments with digital ePROM reviews [9]. Like Nottingham, a key factor in the initiative's success is having a dedicated team to ensure smooth implementation and maximise ePROM completion, but the engagement of clinical

teams is equally important. Feedback from both patients and clinicians has been excellent, with many highlighting improved communication and a greater sense of patient involvement in their care [10].

The stratification of patients by risk is not new; the approach is similar to personalised stratified follow up (PSFU) which was included in the [2019 NHS Long Term Plan](#)⁴. ePROMs can serve as a tool to support the delivery of PSFU, and it is a natural progression to move from solely clinician-based decisions to utilise patient reported outcomes to inform follow up. Also included in the 2019 plan was the ambition to provide everyone diagnosed with cancer personalised care, including needs assessment, a care plan and health and wellbeing information and support. Again, ePROMs offer a streamlined approach to delivering on this ambition, helping ensure that patients are getting the right support at the right time. As cancer survival improves and the number of patients requiring long-term treatment grows, the NHS must embrace digital solutions such as ePROMs to manage demand and future challenges.

Both NHS Scotland and NHS Wales have ePROM initiatives. In Wales, a [national electronic platform](#)⁵ is in development to collect PROMs and Patient-Reported Experience Measures (PREMs) from all secondary care patients, not just those with cancer. Meanwhile, in Scotland, the [Cancer Action Plan 2023 to 2026](#)⁶ aims to incorporate the collection and analysis of PROMs and PREMs into routine care to enhance person-centred care and support shared decision-making. Without the integration of ePROM collection in the new National Cancer Plan, both the NHS and patients in England risk missing out on its benefits.

Implementing new approaches is challenging, even when they ultimately reduce pressures on staff. Currently ePROMs adoption in the routine setting in England depends on the interest of individual clinicians leading to inequitable access. Even when research projects have demonstrated benefit, such as in Leeds and University Hospitals Sussex, Trusts may not prioritise for funding in routine care. To ensure all cancer patients receive consistent, high-

quality care, ePROMs must be embedded in the National Cancer Plan. Achieving this will require upfront investment in personnel and infrastructure, extending beyond a few pioneering sites. We hope the new Cancer Plan will provide the momentum needed to make ePROMs a standard of care for all patients with cancer across England.

References

1. Di Maio, M., et al., *The role of patient-reported outcome measures in the continuum of cancer clinical care: ESMO Clinical Practice Guideline*. *Ann Oncol*, 2022. **33**(9): p. 878-892.
2. Basch, E., et al., *Symptom monitoring with electronic patient-reported outcomes during cancer treatment: final results of the PRO-TECT cluster-randomized trial*. *Nature Medicine*, 2025.
3. Balitsky, A.K., et al., *Patient-Reported Outcome Measures in Cancer Care: An Updated Systematic Review and Meta-Analysis*. *JAMA Netw Open*, 2024. **7**(8): p. e2424793.
4. Velikova, G., et al., *Electronic self-reporting of adverse events for patients undergoing cancer treatment: the eRAPID research programme including two RCTs*. *Programme Grants for Applied Research*, 2022. **10**(1): p. 1-110.
5. Lindner, O.C., G. Velikova, and D.P. Stark, *Digitally enabled patient-reported outcome measures in cancer care*. *Lancet Oncol*, 2019. **20**(1): p. e2.
6. Stewart, E., et al., *A health economic evaluation of a supportive oncology service at a cancer centre*. *BMJ Supportive & Palliative Care*, 2022.
7. Large, A. and E. Shawcroft, *Digitising cancer care: using electronic patient-reported outcome measures*. *Nursing Times*, 2023: p. 2.
8. Crockett, C., et al., *The Routine Clinical Implementation of Electronic Patient-reported Outcome Measures (ePROMs) at The Christie NHS Foundation Trust*. *Clinical Oncology*, 2021. **33**(12): p. 761-764.
9. Shipman, L.A., et al., *Service Evaluation of MyChristie-MyHealth, an Electronic Patient-Reported Outcome Measure Integrated Into Clinical Cancer Care*. *JCO Clinical Cancer Informatics*, 2024(8): p. e2300162.
10. Payne, A., et al., *Patient and clinician-reported experiences of using electronic patient reported outcome measures (ePROMs) as part of routine cancer care*. *J Patient Rep Outcomes*, 2023. **7**(1): p. 42.

Hyperlinks

1. <https://www.gov.uk/government/calls-for-evidence/shaping-the-national-cancer-plan/shaping-the-national-cancer-plan>

2. <https://www.gov.uk/government/publications/road-to-recovery-the-governments-2025-mandate-to-nhs-england/road-to-recovery-the-governments-2025-mandate-to-nhs-england>
3. <https://radiotherapy.org.uk/radiotherapy-vision/>
4. <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>
5. <https://www.gov.wales/transforming-and-modernising-planned-care-and-reducing-nhs-waiting-lists>
6. <https://www.gov.scot/publications/cancer-action-plan-scotland-2023-2026/>