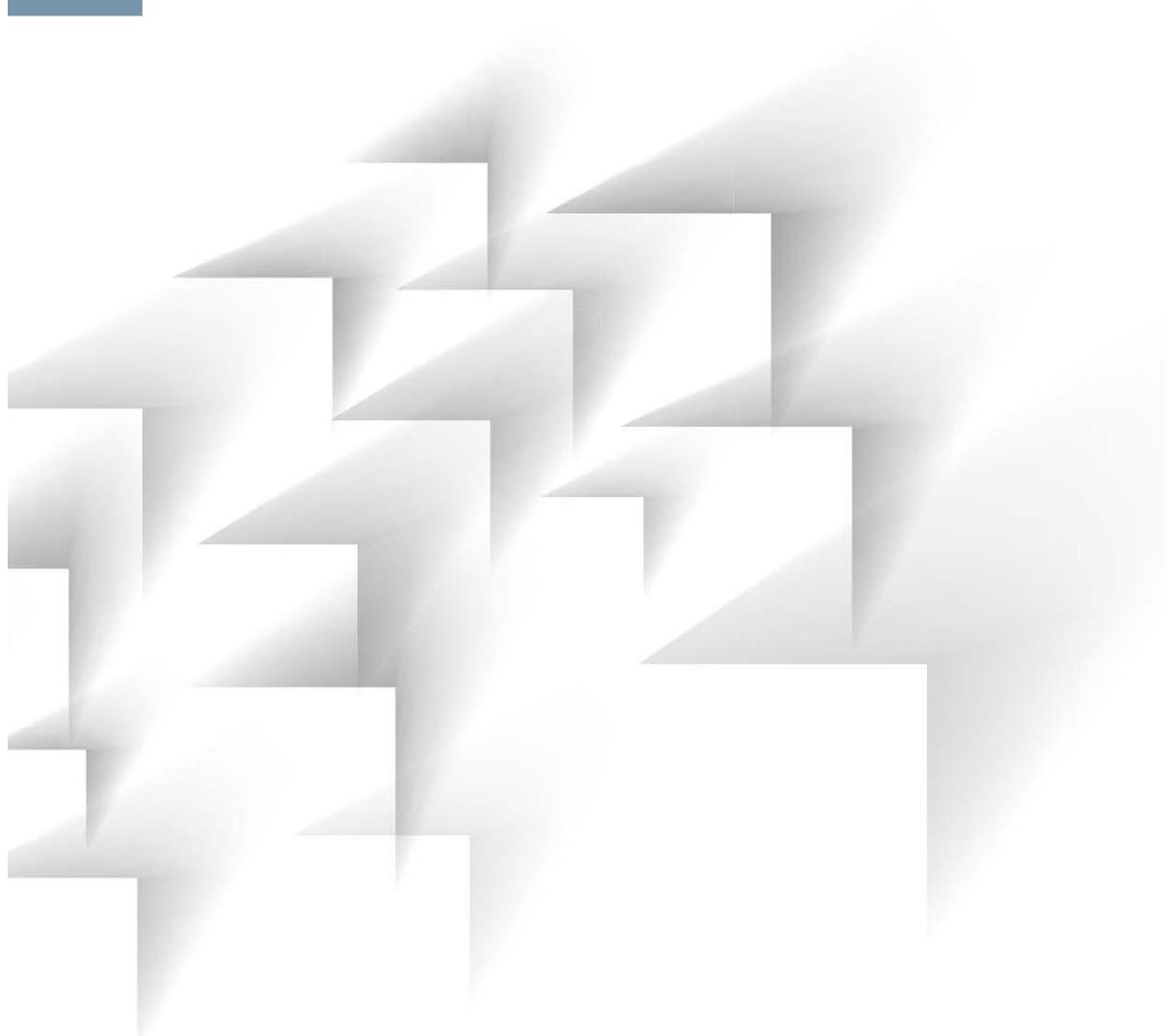


APPLICATION FORM

Interreg CENTRAL EUROPE - Call 2



CE1047 INTENT Version: 2

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SECTION A - Project overview

A.1 Project identification

<i>Programme priority</i>		1. Cooperating on innovation to make CENTRAL EUROPE more competitive
<i>Programme priority specific objective</i>		1.2 To improve skills and entrepreneurial competences for advancing economic and social innovation in central European regions
<i>Project acronym</i>		INTENT
<i>Project title</i>		Using guidelines and benchmarking to Trigger social entrepreneurship solutions towards better patient-centred cancer care in cENTral Europe
<i>Project index number</i>		CE1047
<i>Name of the lead partner organisation/original language</i>		Masarykův onkologický ústav
<i>Name of the lead partner organisation/English</i>		Masaryk Memorial Cancer Institute
<i>Project duration</i>	<i>Start date</i>	01.07.2017
36 months	<i>End date</i>	30.06.2020

A.2 Project summary

<p><i>Please give a short overview of the project and describe in the style of a press release (please cover all the points below)</i></p> <ul style="list-style-type: none"> <i>the common challenge of the programme area you are jointly tackling in your project</i> <i>the main objective of the project and the expected change your project will make to the current situation</i> <i>the outputs of the project and who will benefit from them</i> <i>the project approach you plan to take and its transnational character</i> <i>what is innovative about it</i> <i>the transnational added value of the project</i> 	
<p>Cancer is a leading cause of death in the EU. But how we experience cancer is changing because survival rates are improving. This shift in 'what cancer is' requires a more patient-centered approach to care. To help achieve this, INTENT will: "Put in place know-how, competencies & capacity to capitalise on benchmarking & social entrepreneurship in harmonising & improving patient centered cancer care in Central Europe". This will result in: better understanding of what patient-centered care means; new tools and methods to implement this approach; relevant policy recommendations & local stakeholders working together to identify what needs improving & generating innovative solutions.</p> <p>INTENT outputs that will benefit cancer care providers, patients & policy makers taking part in 5 pilot actions include:</p> <ul style="list-style-type: none"> A patient-centered cancer care model with implementation guidelines Policy recommendation(s) for adopting the patient-centered model An online benchmarking tool to show what needs doing better to deliver patient-centered care Performance Improvement Plans that identify local improvement priorities & prospects for social entrepreneurial actions A virtual 'know how' centre that will host good practices, benchmarking results & innovative ideas. <p>The project uses a unique online benchmarking method to leverage improvements in patient-centered cancer care & social entrepreneurial solutions to improve performance. Transnational cooperation matters because the need for better patient-centered care is a shared challenge in Central Europe & making this happen is highly dependent on comparable benchmarking results, good practices & innovative solutions.</p> <p>Looking to the future, INTENT will provide the basis for crossover collaboration with industry in unlocking the innovation potential of public services as part of RIS3 and ESIF Operational Programme implementation & next period planning in pilot & partner regions.</p>	

A.3 Project budget - breakdown per partner

Partner name and N°			Programme Co-financing			Partner Co-financing					TOTAL ELIGIBLE BUDGET
Partner Name	Partner abbreviation	Country	ERDF	ERDF co-financing rate (%)	% of Total ERDF	Public co-financing			Private co-financing	Total co-financing	
						Automatic public co-financing	Other co-financing	Total public co-financing			
1 - Masarykův onkologický ústav	MMCI	CZECH REPUBLIC	374.002,49	85,00 %	24,87 %	0,00	66.000,45	66.000,45	0,00	66.000,45	440.002,94
2 - Istituto Oncologico Veneto - IRCCS	IOV	ITALY	185.610,56	80,00 %	12,34 %	46.402,64	0,00	46.402,64	0,00	46.402,64	232.013,20
3 - Centro di Riferimento Oncologico - IRCCS	CRO AVIANO	ITALY	200.506,40	80,00 %	13,33 %	50.126,60	0,00	50.126,60	0,00	50.126,60	250.633,00
4 - Országos Onkológiai Intézet	OOI	HUNGARY	142.970,00	85,00 %	9,50 %	0,00	25.230,00	25.230,00	0,00	25.230,00	168.200,00
5 - Nacionalni inštitut za javno zdravje	NIJZ	SLOVENIA	164.303,14	85,00 %	10,92 %	0,00	28.994,68	28.994,68	0,00	28.994,68	193.297,82
6 - Ústav zdravotnických informací a statistiky České republiky	IHIS	CZECH REPUBLIC	144.257,96	85,00 %	9,59 %	0,00	25.457,29	25.457,29	0,00	25.457,29	169.715,25
7 - Onkološki inštitut Ljubljana	OI Lj	SLOVENIA	128.987,50	85,00 %	8,57 %	0,00	22.762,50	22.762,50	0,00	22.762,50	151.750,00
9 - Ministero della Salute	MINSAL	ITALY	80.597,60	80,00 %	5,36 %	20.149,40	0,00	20.149,40	0,00	20.149,40	100.747,00
<i>Sub-total for PPs inside the programme area</i>			1.421.235,65	---	94,53 %	116.678,64	168.444,92	285.123,56	0,00	285.123,56	1.706.359,21
8 - Associazione Italiana Malati di Cancro, parenti e amici	AIMaC	ITALY	82.200,00	80,00 %	5,46 %	0,00	0,00	0,00	20.550,00	20.550,00	102.750,00

<i>Sub-total for PPs outside the programme area</i>	82.200,00	---	5,46 %	0,00	0,00	0,00	20.550,00	20.550,00	102.750,00
<i>Total</i>	1.503.435,65	---	99,99 %	116.678,64	168.444,92	285.123,56	20.550,00	305.673,56	1.809.109,21

A.4 Project outputs

<i>Programme output indicator</i>	<i>Project output indicator target</i>	<i>Measurement Unit</i>	<i>Project output quantification (target)</i>	<i>Project output number</i>	<i>Project output (title)</i>
S.O.1.2 - Number of strategies and action plans developed and/or implemented for improving skills and competences of employees and entrepreneurs	11,00	Number	1,00	Output O.T1.2.1	Policy recommendation(s) for adopting the patient-centred model and guidelines
			5,00	Output O.T3.3.1	Five Pilot Actions
			5,00	Output O.T3.4.1	Performance improvement plans (PIP)
S.O.1.2 - Number of tools developed and/or implemented for improving skills and competences of employees and entrepreneurs	3,00	Number	1,00	Output O.T1.1.1	A patient-centred cancer care model with implementation guidelines
			1,00	Output O.T2.4.1	Online benchmarking tool
			1,00	Output O.T4.1.1	Virtual 'Know-how' centre

SECTION B - Partners

Partner list

<i>Number</i>	<i>Partner name in English</i>	<i>Country</i>	<i>Abbreviation</i>	<i>Role</i>	<i>Associated to (in case of AP)</i>
1	Masaryk Memorial Cancer Institute	CZ	MMCI	LP	
2	Veneto Institute of Oncology - IRCCS	IT	IOV	PP	
3	National Cancer Institute - IRCCS CRO AVIANO	IT	CRO AVIANO	PP	
4	National Institute of Oncology	HU	OOI	PP	
5	National Institute of Public Health	SI	NIJZ	PP	
6	Institute of Health Information and Statistics of the Czech Republic	CZ	IHIS	PP	
7	Institute of Oncology Ljubljana	SI	OI Lj	PP	
8	Italian Association for Cancer patients, relatives and friends	IT	AIMaC	PP	
9	Ministry of Health	IT	MINSAL	PP	
10	PANAXEA B.V.	NL		AP	Institute of Health Information and Statistics of the Czech Republic
11	ANGOLO National Association of Healed or Long-living Oncologic Patients - Onlus	IT		AP	Italian Association for Cancer patients, relatives and friends
12	Hungarian League Against Cancer	HU		AP	Italian Association for Cancer patients, relatives and friends
13	Cancer Patients' Association of Slovenia	SI		AP	Italian Association for Cancer patients, relatives and friends
14	European Cancer Patient Coalition	BE		AP	Veneto Institute of Oncology - IRCCS
15	Diagnosis of Leukaemia	CZ		AP	Italian Association for Cancer patients, relatives and friends
16	Netherlands Cancer Institute- Antoni van Leeuwenhoek	NL		AP	Institute of Health Information and Statistics of the Czech Republic
17	Organization of European Cancer Institutes - OECI - EEIG	BE		AP	Masaryk Memorial Cancer Institute
18	The South Moravian Region	CZ		AP	Masaryk Memorial Cancer Institute

B.1 Lead partner

Project partner number	1	
Partner role in the project	LP	
Name of organisation in original language	Masarykův onkologický ústav	
Name of organisation in English	Masaryk Memorial Cancer Institute	
Abbreviation of organisation	MMCI	
Department/unit/division		
<u>Address</u>		
Country (NUTS 0)	CZ	
Region (NUTS 2)	CZ06, Jihovýchod	
Sub-region (NUTS 3)	CZ064, Jihomoravský kraj	
Street, house number, postal code, city	65653 Brno Žlutý kopec 7	
Website	www.mou.cz	
Assimilated partner	No	
<u>Legal and financial information</u>		
Type of partner	Infrastructure and (public) service provider	
VAT number (if applicable)	CZ00209805	
Other national identifying number (if no VAT number is provided)		Type of identifying number (e.g. registry number, tax No.)
Is your organisation entitled to recover VAT based on national legislation for the activities implemented in the project?	Yes	
Co-financing %	85.00	
Legal status	public	
Economic status	-	
Legal representative	Jan Žaloudík	
Contact person	Marek Svoboda	
	msvoboda@mou.cz	
	+42543134231	
<u>Experiences of partner</u>		
<u>Competences</u> Which are the organisation's thematic competences and experiences relevant for the project? What is the main business of the organisation? Is the organisation normally performing economic activities on the market? If yes, please specify.	Specialized and comprehensive state-controlled oncology institute (founded in 1935, the only one in the CR) closely cooperating with the Masaryk University of Brno (see www.mou.cz). Non-profit state health institution with a countrywide organisational role which integrates clinics and departments for diagnostic, surgical, radiation and medical oncology together with experimental and translational cancer research. The Institute consists of 13 diagnostic and clinical departments with 250 beds, research facilities and 880 employees. Financed mainly by public health insurance and partly by grant agencies. No economic activities except some cash-paid health care services and clinical trial refunds.	

<p><u>Role in the project</u> What is the partner's role (and responsibility) in the project? What is the expected benefit for the organisation from participating in the project?</p> <p>Is the organisation performing any economic activity within the project or as a result of it ?</p>	<p>The MMCI will lead the project. It will be responsible for the overall coordination of activities and financial management of the project as well as regular communications with the MA. Moreover, it will organise, lead, and document all project meetings. I will also lead the WPT2. As an important cancer institute and OEI member, it will contribute to the development of the patient centered model of care by incorporating the CanCon guidelines on integration of care and patient centered services, from the perspective of a care provider. This partner will contribute to the identification of the indicators to be included in the benchmarking tool. It will also contribute to the preparation of the technical specificities of the benchmarking tool. As an experienced and important cancer institute, it will pilot the model of care using the guidelines and the on line benchmarking tool produced by the project. It will contribute to the implementation of the communication plan/road map and the development of the know how center by providing input in the preparation of the training modules. This partner will benefit from the exchange of experience with other cancer institutes involved in the project and from the adoption of the new model of care and new tools which will contribute to improve standards of care and patient satisfaction and to become an OEI accredited comprehensive cancer center. Efficiency gains are expected to be another benefit</p>
<p><u>EU/international projects experience</u> If applicable, describe the organisation's experience with EU co-financed or other international projects (both participation and their management). In case of lead partner, please describe your capacity to manage a transnational cooperation project.</p>	<p>MMCI has been and is actively involved in several pan-European projects in the field of research and research infrastructure, that are/were co-funded by EU: ERA-NET on Translational Research (TRANSCAN) and BBMRI (Biobanking and BioMolecular resources Research Infrastructure) funded under FP7, ADOPT BBMRI-ERIC funded under H2020 and EGI-Engage co-funded by the EU Commission. In the case of BBMRI project, MMCI plays a role of the national coordinating node. Beside these, there are other international research projects funded by grant agencies (e.g. IBCCS study financed by International Agency for Research on Cancer) and multicentric clinical trials in MMCI. MMCI has the necessary experience to lead transnational cooperation.</p>

<h2>B.1 Project partner</h2>	
Project partner number	2
Partner role in the project	PP
Name of organisation in original language	Istituto Oncologico Veneto - IRCCS
Name of organisation in English	Veneto Institute of Oncology - IRCCS
Abbreviation of organisation	IOV
Department/unit/division	Scientific Directorate
<p><u>Address</u></p>	
Country (NUTS 0)	IT
Region (NUTS 2)	ITH3, Veneto
Sub-region (NUTS 3)	ITH36, Padova
Street, house number, postal code, city	35128 Padova Via Gattamelata 64
Website	http://www.ioveneto.it
Assimilated partner	No
<p><u>Legal and financial information</u></p>	
Type of partner	Infrastructure and (public) service provider
VAT number (if applicable)	IT04074560287
Other national identifying number (if no VAT number is provided)	
Is your organisation entitled to recover VAT based on national legislation for the activities implemented in the project?	No
Co-financing %	80.00
Legal status	public
Economic status	-

<i>Legal representative</i>	Patrizia Simionato
<i>Contact person</i>	Silva Mitro
	silva.mitro@ioveneto.it
	+39 049 8215878
<u><i>Experiences of partner</i></u>	
<u><i>Competences</i></u> <i>Which are the organisation's thematic competences and experiences relevant for the project? What is the main business of the organisation? Is the organisation normally performing economic activities on the market? If yes, please specify.</i>	The Veneto Institute of Oncology (IOV) was established by the Veneto Regional Government in December 2005, after obtaining recognition of its scientific character from the Italian Health Ministry; It is a public institution subordinate to both the Veneto Regional Authorities and the Ministry of Health. It is characterized as a translational health research center and a highly specialized hospital of national importance in the field of oncology. Its mission is the prevention, diagnosis and treatment of cancer, through the development of basic, translational and clinical research and improvement of the organization of care. Key elements include the multidisciplinary approach to the disease and the creation of a network of cancer care throughout the Veneto Region (The Regional Oncology Network - ROV). Moreover, it has special commitment to education and training in the fields of cancer care and research, in strict collaboration with the Faculty of Medicine of the Padua University. The IOV was recently accredited by OECl (May 2015) and is a member of the network of excellence Alliance Against Cancer. The staff of the International Relations and European Grants Office (IREG) has a consolidated long-term experience with the management of structured funds and Interreg programs.
<u><i>Role in the project</i></u> <i>What is the partner's role (and responsibility) in the project? What is the expected benefit for the organisation from participating in the project?</i> <i>Is the organisation performing any economic activity within the project or as a result of it?</i>	This partner will contribute to the development of the patient centered model of care by bringing in the perspective of a care provider. It will also contribute to the identification of the indicators to be included in the benchmarking tool. As an experienced and important cancer institute, it will pilot the model of care using the guidelines produced by the project and the on line benchmarking tool. It will contribute to the implementation of the communication plan/road map and the development of the know how center by providing input in the preparation of the training modules. This partner will benefit from the exchange of experience with other cancer institutes involved in the project and from the adoption of the new model of care and new tools which will contribute to improve standards of care and patient satisfaction . Efficiency gains are expected to be another benefit. The partner expects that the improvements made during the life of the project will prepare the grounds for its OECl accreditation as a comprehensive cancer center. No economic activities are foreseen -Membership in the partnership will allow the exchange of good practices and strengthening of relations with sister institute members of OECl.
<u><i>EU/international projects experience</i></u> <i>If applicable, describe the organisation's experience with EU co-financed or other international projects (both participation and their management). In case of lead partner, please describe your capacity to manage a transnational cooperation project.</i>	The Istituto Oncologico Veneto IRCCS (IOV) has been and currently is involved several international projects. These include: CTC-TRAP Tumor Cells TheRapeutic APheresis: a novel biotechnology https://www.trans-int.eu/ Trans-int: New Oral Nanomedicines: transporting macromolecules across the Intestinal Barrier http://trans-int.eu/ PaSQ European Union Network for patient safety and quality of care http://www.pasq.eu Cancer-ID Blood based biomarker assays for personalized tumor therapy. Value of latest circulating biomarkers. http://www.cancer-it.eu/ Lymphotarg - Lymphonanocarriers for the treatment of metastatic cancer funded by EuroNanoMed ERA-NET to develop specifically targeted anticancer treatments. FONDiag - Fluorescent Organic Nanocrystals for the Early Diagnosis of Esophageal and Colon Cancer) ranked as first in Europe in the third call for proposal of the EuroNanoMed Programme. NICHE - Nano Immuno CHEmoTherapy "Metabolic changes associated with ovarian cancer as possible new diagnostic tools to be transferred into clinical practice" funded by IATRIS. EPAAC (European Partnership for Action Against Cancer) conduct the activities of Work Package 6, objective 3 on regional screening programmes concerning the Pan-European Regional implementation of guidelines on Cervical Cancer Screenings.

B.1 Project partner	
<i>Project partner number</i>	3
<i>Partner role in the project</i>	PP
<i>Name of organisation in original language</i>	Centro di Riferimento Oncologico - IRCCS
<i>Name of organisation in English</i>	National Cancer Institute - IRCCS CRO AVIANO
<i>Abbreviation of organisation</i>	CRO AVIANO

Department/unit/division	Scientific Direction	
<u>Address</u>		
Country (NUTS 0)	IT	
Region (NUTS 2)	ITH4, Friuli-Venezia Giulia	
Sub-region (NUTS 3)	ITH41, Pordenone	
Street, house number, postal code, city	33081 Aviano Via Franco Gallini 2	
Website	http://www.cro.it/it/index.html	
Assimilated partner	No	
<u>Legal and financial information</u>		
Type of partner	Infrastructure and (public) service provider	
VAT number (if applicable)	IT00623340932	
Other national identifying number (if no VAT number is provided)		
Is your organisation entitled to recover VAT based on national legislation for the activities implemented in the project?	No	
Co-financing %	80.00	
Legal status	public	
Economic status	-	
Legal representative	Mario Tubertini	
Contact person	Silvia Franceschi	
	dirscienti@cro.it	
	+39 0434 659282	
<u>Experiences of partner</u>		
<u>Competences</u> Which are the organisation's thematic competences and experiences relevant for the project? What is the main business of the organisation? Is the organisation normally performing economic activities on the market? If yes, please specify.	<p>Leading center for cancer research, diagnosis and therapy. 700 employees work to advance medical knowledge, provide outstanding medical care, train physicians, scientists, other professionals. Clinical activities (9500 admissions/year) and research activities (1000 points IF) target predisposing events and mechanisms of tumor growth and progression, epidemiology and prevention, hematologic neoplasms, diagnosis and therapy of solid tumors, tumors associated with infectious agents. Relevant is CRO Aviano's experience in Patient Education; coordinator of an innovative multipartner project - "Extending Comprehensive Cancer Centers' Expertise in patient education: the power of partnership with patient representatives", 13 centers, €580000 MoH grant. Competences directly linked to existing high-quality integrated model of care: effective clinical team work across disciplines (eg research based on several multidisciplinary therapeutic protocols) and transdisciplinary approach (doctors, nurses, pharmacists, librarians, patient representatives) to patient centrality and subsequent processes to tackle patients' needs. Knowledge transfer builds on collaborations: Alliance Against Cancer (excellence network of centers promoted by MoH), Virtual Network of National Oncology Biobanks (software shared by 7 Cancer centers), local networks (leader of Regional Cancer Registry; FVG Breast Cancer Dept for physical integrity conservation in surgery and therapeutic innovation).</p>	
<u>Role in the project</u> What is the partner's role (and responsibility) in the project? What is the expected benefit for the organisation from participating in the project? Is the organisation performing any economic activity within the project or as a result of it?	<p>CRO as a leading cancer institute in Italy on using patient centered approaches and care integration, it will lead the the WP T1: developing a patient centered model of care. set up of specific competences for the development of effective patient centered networks of care. Thanks to its expertise in coordinating oncology and primary care teams, and palliative units at local level, CRO will coordinate the comparative analysis of models to identify strengths and weaknesses. It will supervise the identification of criteria for continuity of care as a basis for transnational alignment of standards among partners, implemented through procedures (e.g. integration between levels, care provider coordination). CRO will foster the involvement of patients in the education/empowerment processes, which aims to improve information and communication between hospitals, health care workers, and the general public. CRO will also contribute to the identification of the performance indicators and development of the benchmarking tool . Just like the other cancer institutes involved in the project, it will be involved in the piloting of the new patient centered model of care and benchmarking tool. It will reach the local stakeholders by disseminating the outputs and project results and contribute to the development of the know how center. No economic activity is foreseen.</p>	

<p><u>EU/international projects experience</u> If applicable, describe the organisation's experience with EU co-financed or other international projects (both participation and their management). In case of lead partner, please describe your capacity to manage a transnational cooperation project.</p>	<p>Innovative experience with H2020/FP co-financed projects (VITAL coordinator, €3,015,000; QUIDPROQUO, Co-PI of ERC Advanced Grant, €2,900,000; CCPRB, €6,050,000; TUBAFROST €1,831,466; ERICBSB) attests to the ability to take part in transnational initiatives aimed at gaining more insight from cancer studies of in different populations. International experience also benefits from cross-border cooperation (Interreg 2007-2013, partners from Austria and Slovenia: GerONKO coordinator, €79,000; SIGN, €1,285,441) and other international multidisciplinary grants (European Space Agency, €160,000; NATO Science for Peace and Security, collaboration with the Institute of Nuclear Sciences, Belgrade). CRO has also taken part in international projects that focus on training, featuring up-to-date methodologies, resources, and research facilities at Aviano. These include: IAEA fellowships, host Institution for Albanian PhDs; MARIE CURIE CIG fellowship, Transposon get ncRNA, €75,000; several on-site activities include POR Romania, Consultancy to the Romanian Health Ministry, Training and Prevention for a Healthy Life, and Education and Training Courses for pathologists, gynecologists, radiotherapists, nurses, technicians, epidemiologists, biostatisticians in Mauritania, Zambia, Ethiopia, Tanzania, Benin, China, Algeria, Morocco, Tunisia, Turkey.</p>
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B.1 Project partner	
Project partner number	4
Partner role in the project	PP
Name of organisation in original language	Országos Onkológiai Intézet
Name of organisation in English	National Institute of Oncology
Abbreviation of organisation	OOI
Department/unit/division	International Relations Department
<u>Address</u>	
Country (NUTS 0)	HU
Region (NUTS 2)	HU10, Közép-Magyarország
Sub-region (NUTS 3)	HU101, Budapest
Street, house number, postal code, city	1122 BUDAPEST Ráth György 7 - 9
Website	http://www.onkol.hu/
Assimilated partner	No
<u>Legal and financial information</u>	
Type of partner	Infrastructure and (public) service provider
VAT number (if applicable)	HU15309769
Other national identifying number (if no VAT number is provided)	
Is your organisation entitled to recover VAT based on national legislation for the activities implemented in the project?	No
Co-financing %	85.00
Legal status	public
Economic status	-
Legal representative	Csaba POLGÁR
Contact person	Peter Nagy
	peter.nagy@oncol.hu
	++36-1-224-8600
<u>Experiences of partner</u>	

<p><u>Competences</u> Which are the organisation's thematic competences and experiences relevant for the project? What is the main business of the organisation? Is the organisation normally performing economic activities on the market? If yes, please specify.</p>	<p>The National Institute of Oncology (NIO) has been the epidemiological, organizational, methodological, treatment, research and training center of Hungarian oncology for more than half a century. NIO coordinates the Hungarian Oncology Network and our Institute is the only OECE accredited Comprehensive Cancer Center in Central and Eastern Europe (2013, reaccreditation is currently ongoing). Annually, we treat approximately 16,000 new inpatients, and the number of our outpatient events is close to 500,000. NIO has been participating in various European projects over the past few years including: CoCan CPG, EPAAC, BenchCan, Transcan, Eurocanplatform, and the BenchCan project. Its experience in the BenchCan project is crucial for the purposes of this proposal</p>
<p><u>Role in the project</u> What is the partner's role (and responsibility) in the project? What is the expected benefit for the organisation from participating in the project? Is the organisation performing any economic activity within the project or as a result of it?</p>	<p>NIO will lead the Work Package on piloting. As an OECE accredited insitute, it will contribute to the development of the patient centered model of care by incorporating OECEs principles on integration of care and patient centered services, from the perspective of a care provider. Building on the Benchcan project experience, this partner will contribute to the identification of the indicators to be included in the benchmarking tool. As an experienced and important cancer insittute, it will pilot the model of care using the guidelines and the on line benchmarking tool produced by the project. It will contribute to the impemenation of the communication plan/road map and the development of the know how center by providing input in the preparation of the training modules. This partner will benefit from the exchange of experience with other cancer institutes involved in the project and from the adoption of the new model of care and new tools which will contribute to improve standards of care and patient satisfaction . Efficiency gains are expected to be another benefit.</p>
<p><u>EU/international projects experience</u> If applicable, describe the organisation's experience with EU co-financed or other international projects (both participation and their management). In case of lead partner, please describe your capacity to manage a transnational cooperation project.</p>	<p>NIO has taken part in various European projects over the past few years. These include: CoCan CPG, EPAAC, BenchCan, Transcan, Eurocanplatform, and the BenchCan project. The BenchCan project (2013-2016) aims to benchmark comprehensive cancer care and to yield best practice examples in a way that contributes to improving the quality of interdisciplinary patient treatment. NIO was the leader of WP5 (benchmark tools piloting). The INTENT project will build upon the results and experiences of the BenchCan project in the CEE region.</p>

<h2>B.1 Project partner</h2>	
Project partner number	5
Partner role in the project	PP
Name of organisation in original language	Nacionalni inštitut za javno zdravje
Name of organisation in English	National Institute of Public Health
Abbreviation of organisation	NIJZ
Department/unit/division	
<p><u>Address</u></p>	
Country (NUTS 0)	SI
Region (NUTS 2)	SI02, Zahodna Slovenija
Sub-region (NUTS 3)	SI021, Osrednjeslovenska
Street, house number, postal code, city	1000 Ljubljana Trubarjeva 2
Website	www.nijz.si
Assimilated partner	No
<p><u>Legal and financial information</u></p>	
Type of partner	Infrastructure and (public) service provider
VAT number (if applicable)	SI44724535
Other national identifying number (if no VAT number is provided)	
Is your organisation entitled to recover VAT based on national legislation for the activities implemented in the project?	No

Co-financing %	85.00
Legal status	public
Economic status	-
Legal representative	Ivan Eržen
Contact person	Tit Albreht
	Tit.Albreht@nijz.si
	+386 1 2441 420
<u>Experiences of partner</u>	
<u>Competences</u> <i>Which are the organisation's thematic competences and experiences relevant for the project? What is the main business of the organisation? Is the organisation normally performing economic activities on the market? If yes, please specify.</i>	The National Institute of Public Health (NIJZ) is the central Slovenian institution for public health practice, research and education. It also functions as the central health statistics authority. The main function of NIJZ is to carry out research in the field of health and health care services, protect and increase the level of health of the population by raising awareness and implementing other preventive measures. NIJZ's main activities are funded by the Ministry of Health and include activities to identify health threats and design measures for their control; design and provide health promotion programmes and prepare a scientific background for health-friendly policies, programmes and measures for disease prevention. NIJZ is a public institute. Following legislative changes brought about by the Slovenian Health Services Act in 2013, NIJZ is organised as one central unit with nine regional offices. NIJZ employs over 400 staff members. NIJZ has successfully participated in various international projects. NIJZ has also taken on the role of lead partner in three prominent EU-funded Joint Actions: EPAAC – European Partnership for Action Against Cancer, PARENT – Cross-border Patients' Registries Initiative and CANCON – Development of a European Guide on Quality Improvement in Comprehensive Cancer Control.
<u>Role in the project</u> <i>What is the partner's role (and responsibility) in the project? What is the expected benefit for the organisation from participating in the project?</i> <i>Is the organisation performing any economic activity within the project or as a result of it?</i>	The NIJZ as a policy making and research body with a high visibility and contacts with stakeholder networks at the EU level due to its large involvement in cancer related projects, mainly joint actions, will lead the work package on communication and appoint a communications officer in the project. In addition, NIJZ will lead the task on policy analysis. Considering its experience on policy research, it will develop the necessary instruments for policy making purposes, coordinate the data collection and lead the preparation of the policy recommendations document. It will closely collaborate with the Italian Ministry of Health who will support the data collection process. Considering that the current proposal will build on the EPAAC and CanCon project, led by NIJZ, this partner will provide valuable input in the preparation of the patient centered model of care and benchmarking tool. NIJZ considers INTENT as an excellent opportunity to push forward the outputs of recent projects, in which they had a leading role, and translate them into action in the Slovenian reality. No economic activity is foreseen or will result from the project.
<u>EU/international projects experience</u> <i>If applicable, describe the organisation's experience with EU co-financed or other international projects (both participation and their management). In case of lead partner, please describe your capacity to manage a transnational cooperation project.</i>	NIJZ is the central Slovenian institution for public health practice, research and education, NIJZ is engaged in numerous projects covering the areas of epidemiology, health promotion, statistics, and national coordination of preventive health programmes. NIJZ and its regional offices provide the vast majority of important public health functions and services. NIJZ has been the leading partner in three prominent EU-funded Joint Actions: EPAAC – European Partnership for Action Against Cancer, PARENT – Cross-border Patients' Registries Initiative and CANCON – Development of a European Guide on Quality Improvement in Comprehensive Cancer Control. NIJZ led the project AHA.SI (2014-2016): Active and Healthy Ageing in Slovenia (co-financed by EASI programme), EUROSTAT eCCD (2013-2016): E-certification of causes of death and others. In addition, NIJZ has successfully participated in various international projects such as: JA RARHA (2014-2016): Joint Action on Reducing Alcohol Related Harm, JA CHRODIS (2014-2017): Addressing chronic diseases and health ageing across the life cycle, The full list of the project NIJZ has been involved is available at: http://www.nijz.si/en/programmes-and-projects .

B.1 Project partner	
Project partner number	6
Partner role in the project	PP
Name of organisation in original language	Ústav zdravotnických informací a statistiky České republiky
Name of organisation in English	Institute of Health Information and Statistics of the Czech Republic

Abbreviation of organisation	IHIS	
Department/unit/division		
<u>Address</u>		
Country (NUTS 0)	CZ	
Region (NUTS 2)	CZ01, Praha	
Sub-region (NUTS 3)	CZ010, Hlavní město Praha	
Street, house number, postal code, city	128 01 Praha 2 Palackého nám. 4	
Website	http://uzis.cz/en	
Assimilated partner	No	
<u>Legal and financial information</u>		
Type of partner	Infrastructure and (public) service provider	
VAT number (if applicable)	CZ0020002383	
Other national identifying number (if no VAT number is provided)		
Is your organisation entitled to recover VAT based on national legislation for the activities implemented in the project?	No	
Co-financing %	85.00	
Legal status	public	
Economic status	-	
Legal representative	Ladislav Dušek	
Contact person	Ondřej Májek	
	ondrej.majek@uzis.cz	
	+420 224 972 107	
<u>Experiences of partner</u>		
<u>Competences</u> Which are the organisation's thematic competences and experiences relevant for the project? What is the main business of the organisation? Is the organisation normally performing economic activities on the market? If yes, please specify.	<p>The Institute of Health Information and Statistics of the Czech Republic (IHIS) is a government (public) organisation established by the Czech Republic Ministry of Health. IHIS is responsible for all national projects on health statistics, develops models of health care organization and is responsible for applied research in the field of health care informatics. The main task of IHIS is the management and coordination of the National Health Information System (NHIS), including its legal status, further development and optimization. The NHIS is a unified national information system designated to process data on the health status of the population, activities of health care providers and their economy, health care workers and other professional personnel in health services, to obtain information about the extent and quality of provided health services, for their management and creation of health policies. The NHIS support of cancer management policies is based on the Czech National Cancer Registry (CNCR) and the National Register of Hospitalised Patients, which are the essential source of data for defining and validating cancer care indicators, and optimizing cancer care management. IHIS is a member of the International Association of Cancer Registries (IACR) and the European Network of Cancer Registries (ENCR). IHIS thus works as knowledge center and data repository supporting development of cancer care organization, including validation and bench-marking of quality indicators.</p>	

<p><u>Role in the project</u> What is the partner's role (and responsibility) in the project? What is the expected benefit for the organisation from participating in the project?</p> <p>Is the organisation performing any economic activity within the project or as a result of it?</p>	<p>The institute will be involved as coordinator of WP4 aimed at the development of a know-how center for a patient centered model of care. It will lead the creation and further testing of the know-how center on its website linked to OECl in order to permit all its members and linked stakeholders to download and evaluate the materials produced from the INTENT Project: training manual, guidelines, benchmarking tools, et. It will be working on the preparation of training modules on how to implement a patient centered model of care, how to benchmark and produce innovation and socio entrepreneurial solutions in health care . It will perform the IT work related to the preparation of the online benchmarking . In addition considering the high level of expertise of the institute on health services performance and its experience in CanCon, it will contribute to the development of the patient centered model of care and benchmarking tool by providing its input . Being a renomated institute from Central Europe it will play a key role in reaching out to the major target groups of the various outputs and ensuring that they are effectively used. This is especially important for the guidelines of the implementation patient centered model of care and benchmarking tool that will probably be incorporated in the OECl accreditation program.</p>
<p><u>EU/international projects experience</u> If applicable, describe the organisation's experience with EU co-financed or other international projects (both participation and their management). In case of lead partner, please describe your capacity to manage a transnational cooperation project.</p>	<p>CanCon (European Guide on Quality Improvement in Comprehensive Cancer Control, 2014-2017). Joint action of the EU CanCon was a joint action initiative, co-funded by participating organisations, institutes, universities and health care units, and the European Union. CanCon aimed to contribute in different ways to reducing the cancer burden in the EU. It aimed to help raise cancer survival and reduce cancer mortality by improving the quality of cancer care among member states; improving the quality of life of cancer patients and survivors with proposals on survivorship; and ensuring reintegration and palliative care and a decrease in inequalities at various levels of the cancer control field. These key elements were combined with other relevant aspects of cancer control to create a European Guide on Quality Improvement in Comprehensive Cancer Control. IHIS experts participated at guide chapters dealing with cancer screening and integrated cancer care. IHIS and IBA MU cooperated on piloting of the Comprehensive Cancer Care Network (http://cccn.onconet.cz/) in the Czech Republic. This network implemented patient-centred model of cancer care organization in the Czech republic and verified methodical standard recommended by the CanCon experts. Inventory on Morbidity Statistics in the Czech Republic (2015-2016). Grant agreement from European Commission – Eurostat. IHIS was a sole beneficiary. The aim of this action was to create an inventory of potential data sources for the prod</p>

<h2>B.1 Project partner</h2>	
Project partner number	7
Partner role in the project	PP
Name of organisation in original language	Onkološki inštitut Ljubljana
Name of organisation in English	Institute of Oncology Ljubljana
Abbreviation of organisation	OI Lj
Department/unit/division	Division of Nursing and Care
<p><u>Address</u></p>	
Country (NUTS 0)	SI
Region (NUTS 2)	SI02, Zahodna Slovenija
Sub-region (NUTS 3)	SI021, Osrednjeslovenska
Street, house number, postal code, city	1000 Ljubljana Zaloška 2
Website	http://www.onko-i.si/
Assimilated partner	No
<p><u>Legal and financial information</u></p>	
Type of partner	Infrastructure and (public) service provider
VAT number (if applicable)	SI34052674
Other national identifying number (if no VAT number is provided)	

<i>Is your organisation entitled to recover VAT based on national legislation for the activities implemented in the project?</i>	No
<i>Co-financing %</i>	85.00
<i>Legal status</i>	public
<i>Economic status</i>	-
<i>Legal representative</i>	Zlata Štiblar Kisič
<i>Contact person</i>	Gordana Lokajner
	glokajner@onko-i.si
	+38615879113
<u><i>Experiences of partner</i></u>	
<u><i>Competences</i></u> <i>Which are the organisation's thematic competences and experiences relevant for the project? What is the main business of the organisation? Is the organisation normally performing economic activities on the market? If yes, please specify.</i>	Institute of Oncology Ljubljana is a public health institution providing health services on the secondary and tertiary levels as well as performing educational and research activities in oncology in Slovenia. As a principal national institution, the Institute supervises programs on the comprehensive management of cancer diseases in terms of prevention, early detection, diagnosis, treatment and rehabilitation, research and education. The work at the institute is organised with a multidisciplinary approach to the comprehensive care of cancer patients by assuring harmonious progress through all aspects of oncology care.
<u><i>Role in the project</i></u> <i>What is the partner's role (and responsibility) in the project? What is the expected benefit for the organisation from participating in the project?</i> <i>Is the organisation performing any economic activity within the project or as a result of it?</i>	This partner will contribute to the development of the patient centered model of care by bringing in the perspective of a care provider. It will also contribute to the identification of the indicators to be included in the benchmarking tool. As an experienced and important cancer institute, it will pilot the model of care using the guidelines produced by the project and the on line benchmarking tool. It will contribute to the implementation of the communication plan/road map and the development of the know how center by providing input in the preparation of the training modules. This partner will benefit from the exchange of experience with other cancer institutes involved in the project and from the adoption of the new model of care and new tools which will contribute to improve standards of care and patient satisfaction. Efficiency gains are expected to be another benefit. The partner expects that the improvements made during the life of the project will prepare the grounds for its OECl accreditation as a comprehensive cancer center. No economic activities are foreseen.
<u><i>EU/international projects experience</i></u> <i>If applicable, describe the organisation's experience with EU co-financed or other international projects (both participation and their management). In case of lead partner, please describe your capacity to manage a transnational cooperation project.</i>	The Institute of Oncology Ljubljana has a long experience with EU and other international projects. The Institute has participated as a partner in different projects within the frame of 5th, 6th 7th EU programme as well as in H2020. In addition, the Institute participates in several academic as well as pharmaceutically funded clinical studies at different phases (mainly clinical studies phase II and III). Furthermore, the Institute of Oncology also has experience with ERA NET projects, Erasmus + programme. In addition, the Institute has also been a partner several times in applications to different Cross Border and InterReg programmes; however, the applications were not successful.

B.1 Project partner	
<i>Project partner number</i>	8
<i>Partner role in the project</i>	PP
<i>Name of organisation in original language</i>	Associazione Italiana Malati di Cancro, parenti e amici
<i>Name of organisation in English</i>	Italian Association for Cancer patients, relatives and friends
<i>Abbreviation of organisation</i>	AIMaC
<i>Department/unit/division</i>	
<u><i>Address</i></u>	
<i>Country (NUTS 0)</i>	IT
<i>Region (NUTS 2)</i>	IT14, Lazio
<i>Sub-region (NUTS 3)</i>	IT143, Roma

Street, house number, postal code, city	00187 Rome Via Barberini 11	
Website	www.aimac.it	
Assimilated partner	No	
<u>Legal and financial information</u>		
Type of partner	Interest groups including NGOs	
VAT number (if applicable)	IT08368441005	
Other national identifying number (if no VAT number is provided)		
Is your organisation entitled to recover VAT based on national legislation for the activities implemented in the project?	No	
Co-financing %	80.00	
Legal status	private	
Economic status	non-profit	
Legal representative	Salvatore Maria Aloj	
Contact person	Laura Del Campo	
	ldelcampo@aimac.it	
	+39 06 4825107	
<u>Experiences of partner</u>		
<u>Competences</u> Which are the organisation's thematic competences and experiences relevant for the project? What is the main business of the organisation? Is the organisation normally performing economic activities on the market? If yes, please specify.	AIMaC is a non profit organization founded by cancer patients in 1997. AIMaC provides tailored information and psychological support to cancer patients, their families and friends through a National Cancer Information System (SION). SION makes use of the following multimedia system: - A national helpline (phone,fax,e-mail); - 40 cancer information desks in oncology departments of major teaching and general hospitals; - 34 booklets on major types of cancer,treatment and effects; - www.aimac.it provides information on various types of cancer, treatments and their complications and support services; - www.oncoguida.it - a directory of cancer care services; - Online Forum, where cancer patients can meet, share and discuss their experiences; - Psycho-oncology Center provides psychological support to cancer patients, their families and friends. AIMaC also carries out various projects that aim to provide a better quality of life to cancer patients, in collaboration with institutional partners and oncology Institutes. International Collaborations: AIMaC is founding member of European Cancer Patient Coalition (ECPC) and Italian Federation of Volunteer-based Cancer Patients Organizations (FAVO). Since 1999, AIMAC is member of International Union Against Cancer (UICC). AIMaC has close contacts with Cancer MacMillan (UK); CIS, Cancer Information Service of NCI (USA),ICISG, International Cancer Information Service group. AIMaC is also affiliated member of ACC - Alliance Against Cancer.	
<u>Role in the project</u> What is the partner's role (and responsibility) in the project? What is the expected benefit for the organisation from participating in the project? Is the organisation performing any economic activity within the project or as a result of it?	AIMaC will make sure that patient associations in the regions involved in the project actively participate in the preparation of the new tools. More specifically it will organize,through the involvement of the local associations, an on line multilingual survey to gather patient perspectives and expectations of a patient centered model of care and satisfaction indicators, and prepare the survey report. It will also ensure the active participation of the representatives of local associations in the local stakeholder panels. Thanks to its outreach capacity, relationship with ECPC and extensive communication experience, it will play a key role in the communication activities. AIMaC can effectively disseminate the project outputs to the national and EU policy makers and patients using a variety of channels such as press releases, website tools, newsletters.,dedicated meetings with policy makers. INTENT represents an opportunity for AIMACin strengthening the relations with the sister associations and learning more about patient needs and expectations. It is also a great opportunity to strengthen its visibility as a large national patient association in Europe. No economic activities are foreseen.	

<p><u>EU/international projects experience</u> If applicable, describe the organisation's experience with EU co-financed or other international projects (both participation and their management). In case of lead partner, please describe your capacity to manage a transnational cooperation project.</p>	<p>AIMaC's main experience with EU co-financed or other international projects: - European Fund for the Integration of Third Country Nationals - managed by the Directorate for prevention of the Ministry of Health: "Socio-sanitary Integration of third countries nationals"- Project n° 106 741 - 2015, which follows up and continues European Fund for the Integration of Third Country Nationals 2007 - 2013 - Managed by the Ministry of Interior - Department for Civil Liberties and Immigration - 2013-214: Foreign Women Cancer Care - a territorial network to facilitate access to prevention and treatment of cancer female of foreign women -Overall Objective for both projects: promote through a process of empowerment of migrant women present on the territory of Rome, the assumption of responsibility for their own health condition, facilitating , as an essential basis for better integration, access to performance of the National Health Service on an equal footing with nationals. - Fund of the United Nations Relief and Rehabilitation Administration (UNRRA) managed by the Ministry of Interior - Department for Civil Liberties and Immigration: The tree of life - A project against the social exclusion of cancer patients - 2014. Overall Objective: to fight the social and labor exclusion of cancer patients and their caregivers.</p>
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B.1 Project partner	
Project partner number	9
Partner role in the project	PP
Name of organisation in original language	Ministero della Salute
Name of organisation in English	Ministry of Health
Abbreviation of organisation	MINSAL
Department/unit/division	
<u>Address</u>	
Country (NUTS 0)	IT
Region (NUTS 2)	IT14, Lazio
Sub-region (NUTS 3)	IT143, Roma
Street, house number, postal code, city	00144 Roma Viale Giorgio Ribotta 5
Website	www.salute.gov.it
Assimilated partner	Yes
<u>Legal and financial information</u>	
Type of partner	National public authority
VAT number (if applicable)	
Other national identifying number (if no VAT number is provided)	Fiscal Id code 80242290585
Is your organisation entitled to recover VAT based on national legislation for the activities implemented in the project?	No
Co-financing %	80.00
Legal status	public
Economic status	-
Legal representative	Raniero Guerra
Contact person	Giovanni Nicoletti
	g.nicoletti@sanita.it
	+390659943173
<u>Experiences of partner</u>	

<p><u>Competences</u> Which are the organisation's thematic competences and experiences relevant for the project? What is the main business of the organisation? Is the organisation normally performing economic activities on the market? If yes, please specify.</p>	<p>The Italian Ministry of Health (Ministero della Salute; MoH) is the central body of the National Health Service, which is responsible for the orientation and planning in matters of health at the national level, as well as the definition of objectives for the improvement of the health conditions of the population. The Ministry also establishes the level of care for all citizens throughout Italy. The MoH, through triennial national health plans, establishes the fundamental objectives to safeguard human health, including: preventive care; therapy and rehabilitation; veterinary health; safeguarding health and safety in the workplace; and, food safety and hygiene. Furthermore, the MoH plans and supports biomedical research. The MoH aims to ensure that healthcare is guaranteed to all citizens and issues guidelines for the organisation, delivery and funding of healthcare services. Ultimately, the MoH provides guidance, monitors and helps to harmonize the Regional Health plans in accordance with the national health plan.</p>
<p><u>Role in the project</u> What is the partner's role (and responsibility) in the project? What is the expected benefit for the organisation from participating in the project? Is the organisation performing any economic activity within the project or as a result of it?</p>	<p>The Italian MoH together with the Slovenian Institute of Public Health will constitute the policy hub in the partnership. More specifically, this partner will liaise with health policy bodies in Hungary, Croatia, Czech Republic, Slovenia, Veneto Region and FVG Regions and will ensure collection of information for the purposes of the policy mapping exercise to be coordinated by NIJZ. It will be a key player in communicating the policy recommendations and other outputs to the other policy makers at the Central European regional level but also at the EU level. - Provide input in the development of a patient centered model of care and identification of performance indicators, guaranteeing that the new tools that reflect the CanCon guidelines and experience - Oversee the development and adoption of the local models in Veneto and FVG regions and ensure that the national guidelines and policies are respected - Ensure coordination between the regions in order to ensure harmonization of the standards of care. - Handle the evaluation of the pilot interventions in the five pilot sites making use of external expertise: more specifically representatives of the MoH would participate to the technical workshops of the project, organize stakeholder events in Italy targeting the stakeholders in Veneto and FVG, and review the draft tools developed in the project and manage the pilot evaluation.</p>
<p><u>EU/international projects experience</u> If applicable, describe the organisation's experience with EU co-financed or other international projects (both participation and their management). In case of lead partner, please describe your capacity to manage a transnational cooperation project.</p>	<p>The Italian MoH has extensive experience in participating in EU funded projects. More specifically it has been actively involved in two joint actions on cancer : EPAAC and CanCon.</p>

B.2 Associated partners (if applicable)	
<i>Associated partner number</i>	10
<i>Name of organisation in original language</i>	PANAXEA B.V.
<i>Name of organisation in English</i>	PANAXEA B.V.
<i>Project partner to which the organisation is associated</i>	Institute of Health Information and Statistics of the Czech Republic
<u>Address</u>	
<i>Country (NUTS 0)</i>	NL
<i>Region (NUTS 2)</i>	NL32, Noord-Holland
<i>Sub-region (NUTS 3)</i>	NL326, Groot-Amsterdam

B.2 Associated partners (if applicable)

<i>Associated partner number</i>	11
<i>Name of organisation in original language</i>	ANGOLO Associazione Nazionale Guariti O Lungoviventi Oncologici - Onlus
<i>Name of organisation in English</i>	ANGOLO National Association of Healed or Long-living Oncologic Patients - Onlus
<i>Project partner to which the organisation is associated</i>	Italian Association for Cancer patients, relatives and friends
<u>Address</u>	
<i>Country (NUTS 0)</i>	IT
<i>Region (NUTS 2)</i>	ITH4, Friuli-Venezia Giulia
<i>Sub-region (NUTS 3)</i>	ITH41, Pordenone

B.2 Associated partners (if applicable)

<i>Associated partner number</i>	12
<i>Name of organisation in original language</i>	Magyar Rákellenes Liga
<i>Name of organisation in English</i>	Hungarian League Against Cancer
<i>Project partner to which the organisation is associated</i>	Italian Association for Cancer patients, relatives and friends
<u>Address</u>	
<i>Country (NUTS 0)</i>	HU
<i>Region (NUTS 2)</i>	HU10, Közép-Magyarország
<i>Sub-region (NUTS 3)</i>	HU101, Budapest

B.2 Associated partners (if applicable)

<i>Associated partner number</i>	13
<i>Name of organisation in original language</i>	Društvo onkoloških bolnikov Slovenije
<i>Name of organisation in English</i>	Cancer Patients' Association of Slovenia
<i>Project partner to which the organisation is associated</i>	Italian Association for Cancer patients, relatives and friends
<u>Address</u>	
<i>Country (NUTS 0)</i>	SI
<i>Region (NUTS 2)</i>	SI02, Zahodna Slovenija
<i>Sub-region (NUTS 3)</i>	SI021, Osrednjeslovenska

B.2 Associated partners (if applicable)

<i>Associated partner number</i>	14
<i>Name of organisation in original language</i>	European Cancer Patient Coalition
<i>Name of organisation in English</i>	European Cancer Patient Coalition
<i>Project partner to which the organisation is associated</i>	Veneto Institute of Oncology - IRCCS
<u>Address</u>	
<i>Country (NUTS 0)</i>	BE
<i>Region (NUTS 2)</i>	BE10, Région de Bruxelles-Capitale/Brussels Hoofdstedelijk Gewest
<i>Sub-region (NUTS 3)</i>	BE100, Arr. de Bruxelles-Capitale/Arr. van Brussel-Hoofdstad

B.2 Associated partners (if applicable)

<i>Associated partner number</i>	15
<i>Name of organisation in original language</i>	Diagnóza Leukemie z.s.
<i>Name of organisation in English</i>	Diagnosis of Leukaemia
<i>Project partner to which the organisation is associated</i>	Italian Association for Cancer patients, relatives and friends
<u>Address</u>	
<i>Country (NUTS 0)</i>	CZ
<i>Region (NUTS 2)</i>	CZ01, Praha
<i>Sub-region (NUTS 3)</i>	CZ010, Hlavní město Praha

B.2 Associated partners (if applicable)

<i>Associated partner number</i>	16
<i>Name of organisation in original language</i>	Nederlands Kanker Instituut-Antoni van Leeuwenhoek
<i>Name of organisation in English</i>	Netherlands Cancer Institute- Antoni van Leeuwenhoek
<i>Project partner to which the organisation is associated</i>	Institute of Health Information and Statistics of the Czech Republic
<u>Address</u>	
<i>Country (NUTS 0)</i>	NL
<i>Region (NUTS 2)</i>	NL32, Noord-Holland
<i>Sub-region (NUTS 3)</i>	NL326, Groot-Amsterdam

B.2 Associated partners (if applicable)

<i>Associated partner number</i>	17
<i>Name of organisation in original language</i>	Organization of European Cancer Institutes – OEI - EEIG
<i>Name of organisation in English</i>	Organization of European Cancer Institutes – OEI - EEIG
<i>Project partner to which the organisation is associated</i>	Masaryk Memorial Cancer Institute
<u>Address</u>	
<i>Country (NUTS 0)</i>	BE
<i>Region (NUTS 2)</i>	BE10, Région de Bruxelles-Capitale/Brussels Hoofdstedelijk Gewest
<i>Sub-region (NUTS 3)</i>	BE100, Arr. de Bruxelles-Capitale/Arr. van Brussel-Hoofdstad

B.2 Associated partners (if applicable)

<i>Associated partner number</i>	18
<i>Name of organisation in original language</i>	Jihomoravský kraj
<i>Name of organisation in English</i>	The South Moravian Region
<i>Project partner to which the organisation is associated</i>	Masaryk Memorial Cancer Institute
<u>Address</u>	
<i>Country (NUTS 0)</i>	CZ
<i>Region (NUTS 2)</i>	CZ06, Jihovýchod
<i>Sub-region (NUTS 3)</i>	CZ064, Jihomoravský kraj

SECTION C - Project description

C.1 Project relevance

What are the territorial challenges that will be tackled by the project?

Please describe the relevance of your project for the programme area in terms of common challenges and/or joint assets addressed. Please specify the situation for the territories participating in the project.

Cancer is a leading cause of death in the EU. But how we experience cancer is changing from an acute condition to one where survival rates are improving. People with cancer are living longer and it can be managed as a chronic illness. That said, survival usually decreases with age, although to different degrees depending on cancer type and region. The shift in 'what cancer is' requires a more patient-centered approach to care. This approach should deliver more equitable access to care, harmonised and coherent care pathways, policy incentives for performance improvement and openness to more relevant and affordable innovations. This mirrors evidence that the acute hospital model is costly and economically unsustainable in its present form and that current and emerging innovations will accelerate the capacity to transfer more services to local communities. In similar terms the drive for economies of scale and scope in high-technology investment will result in a much greater concentration of specialist services such as oncology care in regional tertiary centres. Actually, EU health systems need to shift from a hospital centric model of care to a more pluralistic care model. The need for change in CE is challenging because public services in the newer EU Member States are still experiencing the impact of the 2007-2009 crises including static health care budgets, growing demand for care from ageing populations & a shortage of available staff. This also translates into ongoing disparities in access to & quality of care. But the challenge is not simply about competing for money from static public budgets. As a recent Independent Expert Group report 'Powering European Public Sector Innovation' states: *there is an urgent need to power innovation within the public sector itself in order to unlock radical productivity improvements and efficiency gains, to foster the creation of more public value and a better response to societal challenges.*

What is the project's approach in addressing these common challenges and/or joint assets and what is innovative about this approach?

Please describe new or innovative solutions that will be developed during the project and/or existing solutions that will be adopted and implemented during the project lifetime. Please explain how far the approach goes beyond existing practice in the sector and/or participating regions.

In this changing context, INTENT will see collaboration between the various stakeholders involved in the policymaking process and cancer care provision (clinicians, policy makers and patients). However, knowledge sharing and dialogue need an informed practical focus on how to make changes if a new patient centered and financially sustainable model for continuity of care is to be realised and implemented. One practical way of helping health facilities to maintain and improve high-quality health care is by benchmarking their services. The adaption and use of a multidimensional interregional benchmarking tool complemented by practical guidance on adopting and using a more patient-centered approach in cancer care and associated investment in competencies for social entrepreneurship will help scope local needs and how these can be met using social (and maybe affordable technological) innovation solutions in care delivery to drive this process. Specifically, access to and comparative analysis of care models in use and good practice case examples of oncology care across participating regions will help (i) identify and use a set of common performance indicators on quality of care, patient benefits, cost-effectiveness and innovation capacity (ii) produce related implementation guidelines for cancer care providers (iii) policy recommendations on changes to support this type of innovation in care delivery. Overall, INTENT will provide and pilot the methodological tool(s) and practical knowledge to guide improving the quality of services while using the performance improvement process to mobilise health care managers, clinicians and staff around the purpose of positive change and innovation: allowing them to join with patients and business in creating social entrepreneurial solutions for improving patient-centered cancer care in Central Europe.

Why is transnational cooperation needed to achieve the project's objectives and results?

Please explain why the project goals cannot be efficiently reached acting only on a national/regional/ local level and/or describe what benefits the project partners/target groups/project area gain in taking a transnational approach.

Transnational cooperation is needed because: (i) adapting public health care services to the changing experience of cancer is a common challenge across borders in Central Europe and beyond (ii) meaningful impact is highly dependent on collection of good practices, comparative analysis of existing models and sharing of lessons learned across borders (iii) sustainability of the outputs and impacts achieved by INTENT needs the scalability and credibility provided by a European-wide entity (the Organisation of European Cancer Institutes) to be maintained. Collection of evidence needed to develop this new model and adapt the benchmarking tool requires collaboration among stakeholders across each pilot region because sufficient data is rarely available in one single country and region. This more innovative model of care is under-developed in many of the CE countries with no shared and large-scale attention to this issue so far. Learning from countries with similar health systems, similar social and economic challenges and cultural similarities will make the efforts of all the project partners during the piloting exercise more efficient and productive and the results obtained are likely to be sustainable. Consequently, the social (and perhaps some technological) innovation that the project aims to bring into the system, jointly developed by all the partners involved, is more likely to be adopted in the region thanks to harmonized efforts and synergy of all the network members. It is important to underline that a transnational benchmarking tool that encourages continuous improvement and innovation can be effectively used only if it contains jointly identified indicators based on the capacity of the information systems of the countries involved to capture them.

Cooperation criteria	
<i>What is the degree of transnational cooperation within the partnership? Please select at least 3 cooperation criteria that apply to the project and provide a brief explanation.</i>	
<i>Cooperation criteria</i>	<i>Description</i>
<i>Joint development (compulsory)</i>	X Partners shared ideas, experience and priorities to shape a common focus and actions required for INTENT. This involved bilateral and multilateral communication and a preparation workshop in Budapest.
<i>Joint implementation (compulsory)</i>	X The project structure was agreed by all partners with attention to clear content-based links and the complementary expertise needed to maximise cooperation.
<i>Joint staffing</i>	X INTENT does not duplicate staff functions. We clearly distinguish between project-level functions e.g. project management and work package-level functions and activities.
<i>Joint financing (compulsory)</i>	X Allocation of the project budget matches the activities provided by each partner. The lead partner has experience in administration, reporting and distribution of funds for transnational projects.

C.2 Project focus

Project objectives, expected result and outputs

Programme specific objective	1.2 To improve skills and entrepreneurial competences for advancing economic and social innovation in central European regions
Project main objective	
<i>What is the main objective of the project and how does it link to the overall programme goal? How does it contribute to the programme priority specific objective?</i>	
Put in place the know-how, competencies and capacity to capitalise on benchmarking and social entrepreneurship in harmonising and improving patient centred cancer care in Central Europe.	

Programme result (pre-defined)
<i>Programme result indicator to which the project has to contribute</i>
R 1.2 Status of capacities of the public and private sector for skills development of employees and entrepreneurial competences achieved through transnational cooperation driving economic and social innovation in central European regions
Expected project results
<i>What are the project's main results and how do they contribute to the programme result indicator? Please describe the change the project expects to achieve at the territorial level.</i>
1. Shared understanding of a patient-centred care model & performance indicators identified by project partners & incorporated into local information systems - Consensus on performance indicators is critical as are viable indicators influenced by data availability. The benchmarking tool will be made available on the OECE website guaranteeing a sustainable result. 2. Policy recommendations produced by INTENT & integrated into local/regional/national policies - During the mapping exercises, clinicians & patients will review study findings & produce recommendations to policy makers on specific policy areas that need attention. Adoption of recommendations supported by clinician/patient authorship, will be important in sustaining this project result. 3. The new model and benchmarking tool successfully applied in all selected pilot areas with cancer care providers - The results of piloting will be important because it will show: the advantages of the new model & benchmarking; strengthen member relations; help to identify needed improvements paving the way to further replication. 4. A critical mass of professionals trained in participating regions to ensure proper application of the new model, associated benchmarking and innovative solutions - A series of training events and mentoring will build knowledge, capacities and competencies needed to (i) apply the new patient-centered model (ii) benchmark (iii) generate socially entrepreneurial solutions for performance improvement.

Project specific objectives	
<i>Which are the specific objectives the project aims to achieve? Define max. 3 specific objectives of the project.</i>	
Title of specific objective	Please shortly explain each of the defined specific objectives
Create a patient-centered care model and performance indicators using integrated care principles and local dialogue between managers, clinicians & patients.	There is a clear lack of evidence about the impact of benchmarking on patient benefits (Thonon et al. 2015). In this context, building consensus on a patient-centered model and implementing it using relevant performance indicators will rely on: available data from relevant information systems and attention to a mix of process, structure and outcome indicators. Dialogue between managers, clinicians and patients will be informed by mapping current policies and care models and an online survey of patient organisations in participating regions.
Adapt a benchmarking tool & build competencies to improve patient-centered care through benchmarking, organisational change and social entrepreneurial solutions.	Project partners will build on the Bench-Can benchmarking tool by adapting it to accommodate patient-centered performance indicators and related health innovation capacity indicators. The revised tool and guidelines will be shared with local stakeholder panels (clinicians, patients, managers) for comment using a 'test and learn' process for each section of the tool before the actual conduct of benchmarking exercises. This will be Stage 2 of a 3 stage piloting exercise (preparation, MIS/tools compatibility & benchmarking). Training workshops introducing stakeholder panel members to a practical approach to and methods for generating innovative solutions to areas for improvement identified by the benchmarking exercise will complement this.
Build capacity and establish a virtual transnational 'Know-How' Centre to inform the continuous improvement of patient-centered care in Central Europe and beyond.	The intention is to create an online repository of good practice in delivering patient-centered care & results from benchmarking exercises (including data for quality of care, patient outcomes, cost-effectiveness & innovation capacity). The benchmarking results & associated good practice should allow comparative analysis, ongoing & collaborative measuring and comparing of results for these key work elements with those of leading performers. Using the learning generated by this practical intelligence, improved dialogue between patients, clinicians & managers, conduct of the benchmarking exercise and follow-up using social entrepreneurial processes to generate innovative solutions can deliver breakthrough improvements in patient-centered care

C.3 Project context

How does the project contribute to wider strategies and policies?

Please describe the project's contribution to relevant strategies and policies at different levels (EU/national/regional); in particular, those concerning the thematic scope of the project and the participating regions.

INTENT aligns with several wider strategies & policies at EU, national & local levels encompassing health, innovation, economic growth, employment & ICT etc. For example:

- EU Cohesion Policy 2014-2020 thematic objectives - TO 1 (i) including indicators for innovation capacity & technology transfer in O.T2.4 (ii) social entrepreneurial solutions to address areas for improvement; TO 2 developing & testing the online benchmarking tool & virtual 'know-how' centre; TO 9 improving equitable access to cancer care providers; TO 10 with a series of training workshops for policy makers, clinicians & patients/survivors on patient-centered cancer care, benchmarking & creating innovative solutions.
- European Innovation Partnership on Active and Healthy Ageing (B3 Action Plan replicating & scaling up integrated care - Objs 1-8)
- ITALY Digital Agenda /Digital Health. ALISEI National Cluster strategy (Biomedicine /eHealth). Smart Cities actions. Friuli Region S3 Specialization, Smart Health/eHEALTH
- S3 SLOVENIA Pillar II: Value chains & network. Products, services and systems to be developed on the cross-section of technologies from domains: Biomedicine and translational medicine; Smart healthcare
- Czech Republic - RIO Country Report 2015 Challenge 1 Improve the research excellence & internationalisation of Czech science system
- Although there is no direct contribution to the 4 pillars, it INTENT is aligned with Specific Objective 1.1 of ADRION. It contributes to supporting the development of a regional innovation system for Adriatic-Ionian area by improving the innovation governance system of Adrion area for healthcare (Italy and Slovenia)

Looking to the future, INTENT will provide the basis for crossover collaboration with industry in unlocking the innovation potential of public services as part of RIS3 and ESIF Operational Programme implementation and next period planning in pilot regions.

Please indicate if the project contributes to macro-regional strategies and, if applicable, describe its contribution(s).

<i>EU Strategy for the Baltic Sea Region</i>	The ScanBalt HealthRegion is a flagship in the EU Baltic Sea Region Strategy. Its focus is that the health economy offers a strategic opportunity to meet some of the grand societal challenges of the individual regions and the BSR. This means industry+academic+ health care providers. INTENT will draw on experience and expertise from the BSR via the DanuBalt project in which ScanBalt is a partner and offer Polish regions the opportunity to be pilots in WP3.
<i>EU Strategy for the Danube Region</i>	Health care suffers from a lack of attention in the EU Strategy for the Danube Area. But the DanuBalt Project (HCO-14-2014) has prepared a roadmap for remedial actions in the Danube Macro-Region to reduce the health innovation gap. These include redefining the parameters for health care & transnational projects for innovation in the health economy. INTENT can show how to leverage opportunities in a more patient-oriented care approach for clinical-industry collaboration.
<i>EU Strategy for the Adriatic and Ionian Region</i>	INTENT aligns with ADRION Obj 1.1. It supports development of regional innovation systems here by improving the innovation governance system for healthcare professionals & by enabling partners/stakeholders from Slo/Cro/Ita who are integrated in healthcare systems via hospitals & universities benefiting in shaping future developments in cancer medicine (healthcare). INTENT also accelerates uptake of networks & ehealth services for clinicians & researchers in the Adriatic-Ionian area.

What are the synergies with other EU projects (past, on-going or planned) as well as other projects or initiatives? In how far does the project build on available knowledge?

Where applicable please refer to existing or planned projects co-funded by EU and/or national/regional funds. In particular please specify if the application is linked to any other proposal under preparation within other EU funds, also specifying the concerned EU-funded programmes (e.g. other Interreg programmes, Horizon 2020, COSME, national or regional programmes supported by ERDF, ESF, cohesion Fund, EAFRD, EMF, etc.)

Please also describe the experiences/lessons learned the project builds on, and how available knowledge will be used. Where applicable, linkages to CENTRAL EUROPE 2007-2013 projects should be highlighted.

3 resources & associated knowledge initially developed with Central Europe partners and stakeholders will be used to help achieve INTENT project objectives:

PO 1 - Draws on guidelines produced by the CanCon Joint Action on integrated cancer care (<http://www.cancercontrol.eu/how-we-work/integrated-cancer-control>). That project has a specific focus on using innovation & quality to help people access the best & most comprehensive pathways for cancer care near to where they live. This information source will help preparation of a patient centered model of care, local adaptation and related pathways as well as an initial set of indicators for use in WP2.

PO 2 – WP2 adapt a benchmarking tool developed and tested by the BenchCan Project (funded by CHAFEA and completed June 2016). (www.oeci.eu/Benchcan/Doc/general/Resources/BenchCan_Manual_2016_FINAL.pdf). The current version is downloadable but can only be used manually. INTENT will select a set of indicators adaptable to the CE area and identify additional ones to produce and test an online version to benchmark on clinical outcomes, efficiency, patient satisfaction and innovation capacity.

PO 2 - Building on 'Processes, products and services' quality indicators in the current Bench-Can tool, a set of indicators to better understand how innovation capacity & technology transfer is used by cancer care providers to improve patient-centred care will be developed in WP2 and tested in WP3. New indicators will be drawn from a consensus framework for regional health innovation enablers developed by the DanuBalt project (www.danubalt.eu). A follow-up project 'HealthConnect' (ICE 2nd Call Programme objective 1.1) offers other synergy opportunities if funded.

PO 3 - All three synergies will contribute to the final version of the online benchmarking tool (WP2) that will generate results and data for the proposed 'Know-How' Centre repository in WP4

C.4 Horizontal principles

Horizontal principles

<i>Please indicate how the project is likely to affect the following horizontal principles and provide a brief explanation.</i>		
Horizontal principles	Possible effect	Description of possible effects and/or planned measures
<i>Sustainable development: how does the project affect the sustainable development of the programme area and in particular the participating regions?</i>	positive	The project will contribute to more sustainable health systems by improving the efficient & effective use of current resources & especially resource allocation to affordable solutions for patient-centred care. Also, because cancer is increasingly experienced as a chronic illness that can be managed (among working age adults) it increases opportunities to retain employment in some capacity from full time to partial. In this context, INTENT will contribute to helping cancer survivors continue working where this is practical.
<i>Equal opportunity and non-discrimination: how does the project affect equal opportunities, non-discrimination and reduction of disparities?</i>	neutral	Some partners have equal opportunity and non-discrimination recruitment policies that are also applied as part of public procurement policy along their supply chains. In addition, the Steering Group will ensure that Network management, activities and participation in those activities is sensitive to equal opportunities through the integration of non-discrimination into relevant Network protocols and opportunities.
<i>Equality between men and women: how does the project affect gender equality?</i>	neutral	Most partners have made progress on gender equality with relevant policies applied to their operations. In addition, the Steering Group will ensure that Network management, activities and participation in those activities is sensitive to gender issues through the integration of gender perspectives into relevant Network protocols and opportunities. It is planned that partners will involve 30-40% of women in their activities according to the percentage recommended by the European Parliament for the electoral lists (2008).
<i>Environment: what are the foreseeable effects on the environment (e.g. water, soil, air and climate, population and human health, fauna, flora and biodiversity, cultural heritage and landscape)?</i>	positive	The INTENT project will follow a carbon emission reduction policy to minimise the environmental impact of its operating processes based on extensive use of modern tele-presence technology. The project will benefit from the fact that the partners participating in INTENT have proven models for remote coordination and management, including videoconferencing. The majority of regular INTENT project governance is expected to convene without travel. Efforts will be taken to hold various INTENT meetings back-to-back, co-locating in the same venue to minimise the overall net travel. For example, each pilot site partner will convene regular Stakeholder Panels locally. All panels will come together once a year during an INTENT AGM.

C.5 Additional Indicators

Thematic result indicators			
Please indicate to which indicators the project results will contribute (<u>selecting those indicators of relevance</u> for the project scope and the planned achievements) and provide a quantification of the target together with a brief explanation specifying the expected contribution.			
Thematic result indicator	Measurement unit	Target	Explanations
Number of institutions adopting new and/or improved strategies and action plans	Institutions	36,00	Each cancer care provider taking part in the pilot actions are expected to adopt: (i) the new patient-centered care model (ii) Performance Improvement Plans [including an action plan] to address areas for improvement identified by the benchmarking exercises & also the resources needed. Beyond these pilot actions, we expect associate partners OECl & ECPC and Ministerial Partners (PP4, PP9, AP18) to promote adoption of the new model among members or their health care providers.
Number of institutions applying new and/or improved tools and services	Institutions	24,00	Again, each pilot site will apply the new tools (O.T1.1 and O.T2.4) that are intended to guide and stimulate improved patient-centred cancer care. Performance Improvement Plans to improve services will be prepared by December 2019. Beyond the project we expect in 5 years more than 19 new cancer care providers to use INTENT tools and seek comparator benchmarking opportunities with those centres who have already benchmarked & registered with the INTENT Virtual 'Know-How' Centre.
Amount of funds leveraged based on project achievements	EUR	1,00	We anticipate that INTENT will stimulate roll-out of the OECl accreditation and designation scheme (A&D) with cancer care providers in CE. Achieving A&D combined with roll out of the new patient-centered model, good practices & the online benchmarking tool is likely to leverage new funds in 2 ways (i) accredited cancer centres will be in a stronger position to compete for and secure capital and revenue (ii) this momentum will stimulate new clinic-industry partnerships generating innovations.
Number of jobs created (FTE) based on project achievements	FTE	1,00	This is hard to estimate. The point of INTENT is not to create jobs but use the already existing structures and human resources more efficiently for the benefit of cancer patients and survivors. Adopting a more patient-oriented care model will have a number of workforce development consequences (e.g. right skilling, resource reallocation) within the participating institutes. That said, we expect engagement with local innovation networks to stimulate local activity including new jobs.
Number of trained persons	Persons	200,00	From the three training workshops in each pilot site to introduce O.T1.1 and O.T2.4 we expect 60 trained persons. Beyond the project's lifetime, we expect OECl and its members, and associated Ministries (PP4, PP9 & AP18) to sponsor or run training events as part of promoting and rolling out the uptake of INTENT outputs. These will be EU-wide, national or location-specific events.

Communication result indicators			
Please provide a quantification of the targets for each of the communication result indicators together with a brief explanation.			
Communication result indicator	Measurement unit	Target	Explanations
Unique visits to the project website (digital reach; monthly average in the reporting period)	Number of stakeholders reached	550,00	INTENT will have two websites: a micro site hosted on the ICE Programme website and the Virtual Know how Center (OT4.1.1) that will host O.T1.1, O.T.1.2 and O.T2.4 Based on previous monitoring of the OECl website and estimates for the proposed micro site, we expect the combined number of unique visits to both sites will be very high
Participants at project events in WP C (physical reach)	Number of stakeholders reached	310,00	There will be 13 professional events during the lifetime of INTENT. 12 of these events will have approximately 15-20 participants and the final conference will have up to 100 people. Of the 13 events, 8 will be project level (2 consensus workshops, 1 innovation workshops, 3 training workshops, an interim challenge workshop and the final conference). There will be local stakeholder panels meetings in all 5 pilot sites (N=5).
WP C Event participants satisfied with information provided (satisfaction with information)	Percentage of stakeholders satisfied	80,00	Internal evaluation questionnaires will be used at each project event. We expect 80% of participants to be satisfied with information provided. Experience with past projects shows that satisfaction is affected by the professional background of participants, work experience, position, scope of work, expectations towards learning opportunities. A training workshop will not fit everyone's needs. In contrast, consultation workshops usually have a higher satisfaction level
Joint communication activities implemented with external stakeholders (external cooperation)	Number of communication activities	23,00	A minimum 23 project events and activities (e.g. strategic outreach to OECl Working Groups, the EIP AHA Action Group B 2, ESIF Managing Authorities and pilot site local innovation networks) will be conducted as joint communication activities.

SECTION D Work plan

Work package list

(overview on work packages as defined in the work plan - automatically filled in from WPs)

Work package type (number)	WP name	Start date	End date
Preparation P	Preparation	03.2016	06.2016
Management M	Management	07.2017	06.2020
Thematic T1	Developing a new patient-centred cancer care model	07.2017	06.2018
Thematic T2	Developing an online benchmarking tool for implementing a patient-centred cancer care approach	04.2018	06.2020
Thematic T3	Piloting in Central European Regions	01.2018	12.2019
Thematic T4	Capacity Building and virtual 'know-how' centre	03.2018	06.2020
Communication C	Communication	07.2017	06.2020

D.1 Work package description

WP type: Preparation

WP Nr	WP title	WP start date	WP end date	WP budget
P	Project preparation	03.2016	06.2016	15.000,00

WP type: Management

WP Nr	WP title	WP start date (month)	WP end date (month)	WP budget
M	Project management	07.2017	06.2020	343.078,85

Partner	
WP responsible partner	Masaryk Memorial Cancer Institute
Partner's involvement	
1	Masaryk Memorial Cancer Institute , LP, MMCI
2	Veneto Institute of Oncology - IRCCS , PP, IOV
3	National Cancer Institute - IRCCS CRO AVIANO, PP, CRO AVIANO
4	National Institute of Oncology , PP, OOI
5	National Institute of Public Health, PP, NIJZ
6	Institute of Health Information and Statistics of the Czech Republic, PP, IHIS
7	Institute of Oncology Ljubljana, PP, OI Lj
8	Italian Association for Cancer patients, relatives and friends, PP, AIMaC
9	Ministry of Health, PP, MINSAL

Description
<p>Describe the WP objective and how the management on the strategic and operational level will be carried out in the project, specifically:</p> <ul style="list-style-type: none"> • structure, responsibilities and procedures for the day-to-day management and co-ordination; • internal communication within the partnership; • reporting and evaluation procedures; • risk and quality management <p>Indicate whether it is foreseen to outsource the project management.</p>

WP M objective - Establish and implement the project management and coordination functions including internal communications, risk management, reporting and evaluation. This has the following strategic & operational layers: Steering Group (SG) - Partner representatives oversee project progress identifying issues, risks, opportunities & needed actions. Risks or opportunities involving more than 1 WP will be elevated to the SG. The SG meets face-to-face 2 times per year to allow in-depth discussions of content & progress, complemented by quarterly calls. Project Coordinator (PC) - The PC represents the legal entity (MMC) with overall responsibility for reporting & financial management. The PC chairs the SG. A Project Manager & Finance Officer assist daily management. Specifically: legal, contractual, ethical, financial, administrative & technical project issues, internal & commissioned external evaluation, monitoring & reporting progress, overseeing activities & outputs, risk management, internal communication & project meetings. Work Package Teams (WPT) - WP Leaders manage individual WPs & are jointly responsible for ensuring the integrity of the WP, that all activities are completed including deliverables & outputs. They contribute to the annual project report for their own WP. WPTs include staff from partners. They will hold regular meetings or conference calls as well as staff exchanges as appropriate. Internal Communications -IOV (WPM) and NIJZ (WPC) will prepare a plan for internal & external communications (adopted by the SG in M3). Effective communication is key to all project management activities including efficient meetings. IOV will organise, lead, & document all project meetings. Risk management and quality control INTENT will have 4 major areas that need special attention: stakeholder engagement, IT tools, work package synergies & dissemination. A contingency plan will ensure follow-up & control of risk areas.

Activity A.M.1	Activity title Start-up activities	Start date 07.2017	End date 08.2017	Indicative budget 15.990,65
Deliverables for activity A.M.1				
Deliverable D.M.1.1	Deliverable title Kick-off meeting	Description of deliverable A kick-off meeting for all project partners, associate partners & the Project Officer (assigned by the JTS) will take place in Padova at the IOV (PP1). Its purpose is to get everyone 'on the same page' as INTENT starts.	Delivery month 08.2017	Quantification/target 1,00

Activity A.M.2	<i>Activity title</i> Project management, coordination	<i>Start date</i> 07.2017	<i>End date</i> 06.2020	<i>Indicative budget</i> 152.920,00
Deliverables for activity A.M.2				
Deliverable D.M.2.1	<i>Deliverable title</i> Project meetings	<i>Description of deliverable</i> Efficient meetings are central to good project management. MMCI will organize, lead, & document Steering Group meetings (1 per semester). WP leaders will do the same for their teams. The latter will be more regular & online to minimize our carbon footprint	<i>Delivery month</i> 06.2020	<i>Quantification/target</i> 6,00
Deliverable D.M.2.2	<i>Deliverable title</i> Interim technical reports every semester to the JTS	<i>Description of deliverable</i> In line with the Subsidy Contract & Partner Agreements, WP leaders will routinely monitor their activities, deliverables, outputs & contribute to interim technical report prepared by MMCI, approved by the SG & sent to the JTS	<i>Delivery month</i> 06.2020	<i>Quantification/target</i> 6,00
Deliverable D.M.2.3	<i>Deliverable title</i> Final technical report to JTS	<i>Description of deliverable</i> WP leaders will routinely monitor their activities, deliverables, outputs, and any adjustments after M18. They will contribute to a final overall technical report prepared by IOV, approved by the SG & sent to the JTS	<i>Delivery month</i> 06.2020	<i>Quantification/target</i> 1,00
Activity A.M.3	<i>Activity title</i> Steering and monitoring of the project implementation	<i>Start date</i> 07.2017	<i>End date</i> 06.2020	<i>Indicative budget</i> 32.320,00
Deliverables for activity A.M.3				
Deliverable D.M.3.1	<i>Deliverable title</i> Internal communications	<i>Description of deliverable</i> MMCI is responsible for internal communication with partners, its interface with the JTS, agreement and implementation of the decision-making structures and conflict management measures.	<i>Delivery month</i> 09.2017	<i>Quantification/target</i> 1,00
Deliverable D.M.3.2	<i>Deliverable title</i> Risk Management Plan	<i>Description of deliverable</i> The Lead Partner & Steering Group will develop a risk management plan. Risk will be assessed particularly in 4 major project areas: stakeholder motivation, WP interdependencies, reliability of IT outputs, policy alignment and ensuring sustainability.	<i>Delivery month</i> 09.2017	<i>Quantification/target</i> 1,00
Activity A.M.4	<i>Activity title</i> Financial management	<i>Start date</i> 07.2017	<i>End date</i> 06.2020	<i>Indicative budget</i> 88.828,20
Deliverables for activity A.M.4				

Deliverable D.M.4.1	<i>Deliverable title</i> Financial monitoring and interim financial reports	<i>Description of deliverable</i> Semester reports will be used as a monitoring tool. Project expenditure will be closely followed, cost statements checked against progress towards contractual deliverables, and changes (when JTS permission is granted) will be tracked & managed.	<i>Delivery month</i> 06.2020	<i>Quantification/target</i> 6,00
Deliverable D.M.4.2	<i>Deliverable title</i> Financial monitoring and final financial report	<i>Description of deliverable</i> Drawing on the semester reports, this final report covers project expenditure, cost statements checked against progress towards contractual deliverables, and how changes (when JTS permission was granted) were tracked & managed.	<i>Delivery month</i> 06.2020	<i>Quantification/target</i> 1,00
Activity A.M.5	<i>Activity title</i> Internal evaluation complementing the external evaluation of the 5 pilot actions (A.T3.3)	<i>Start date</i> 01.2018	<i>End date</i> 06.2020	<i>Indicative budget</i> 53.020,00
Deliverables for activity A.M.5				
Deliverable D.M.5.1	<i>Deliverable title</i> Interim internal evaluation report	<i>Description of deliverable</i> The interim report will focus on the first two steps in the change management continuum that provides the logic flow for INTENT: A. Need for change (documentation) B. Preparation for change (evidence from WP1, 2, 3 and 4)	<i>Delivery month</i> 01.2019	<i>Quantification/target</i> 1,00
Deliverable D.M.5.2	<i>Deliverable title</i> Final internal evaluation report	<i>Description of deliverable</i> The final report complements the interim report with attention to: C. Priorities for change (evidence from WP3 and WP5) D. Creating change (outputs and impact evidence from WP1-5) E. Sustaining change (evidence from WP1-5)	<i>Delivery month</i> 05.2020	<i>Quantification/target</i> 1,00

WP type: Thematic work package (maximum 4 work packages)

WP Nr	WP title	WP start date (month)	WP end date (month)	WP budget
T1	Developing a new patient-centred cancer care model	07.2017	06.2018	336.670,58

Partner

<i>WP responsible partner</i>	National Cancer Institute - IRCCS CRO AVIANO
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Partner's involvement

1	Masaryk Memorial Cancer Institute , LP, MMCI
2	Veneto Institute of Oncology - IRCCS , PP, IOV
3	National Cancer Institute - IRCCS CRO AVIANO, PP, CRO AVIANO
4	National Institute of Oncology , PP, OOI
5	National Institute of Public Health, PP, NIJZ
6	Institute of Health Information and Statistics of the Czech Republic, PP, IHIS
7	Institute of Oncology Ljubljana, PP, OI Lj
8	Italian Association for Cancer patients, relatives and friends, PP, AIMaC
9	Ministry of Health, PP, MINSAL

Summary

Provide a well-written summary of what will be done in this work package. Please explain what you want to achieve (outputs), why those outputs are relevant for reaching the project specific objectives and how you plan to get there (activities and deliverables). Please also describe how partners will be involved. If applicable, please indicate whether any pilot investment is foreseen. Any pilot investment has to be linked to a pilot action of the work package:

- *Smaller pilot investments (below EUR 15.000 total cost) should be described within this work package.*
- *In case of pilot investments exceeding EUR 15.000 total cost a separate "Investment specification" has to be filled in and the link has to be described in this summary.*

In achieving PO1 [and as a prelude to implementation guidelines and an online benchmarking tool in WP T2], this thematic WP will develop a consensus-based model of patient-centred cancer care (O.T.1.1) that guide the effective integration of services offered by the five pilot sites (WP T3). It will use moderated local stakeholder panels (see also WP C) to promote dialogue and coordination between oncology & primary care teams, patient groups including P13-P17) and policy makers encompassing continuity of care from prevention and early diagnosis to treatment, rehabilitation & survivorship. This WP will particularly focus on new organizational perspectives in cancer care, specifically networks of cancer care at regional/local level as well as interregional/transnational networks among the stakeholders operating at the same level of care. Evidence suggests that evidence-based guidelines in cancer are often not put into practice, hampering improvement in cancer care and patient outcomes.

To achieve this, the Implementation of this WP will go through three stages of consensus building: Stage 1 – a situational analysis of existing care models in pilot regions (A.T.1.1); Stage 2 – conducting an online survey and follow-up interviews with local stakeholders to identify their expectations for a new model (A.T.1.2); Stage 3 - Development & adoption of a patient centered cancer care model (A.T.1.3).

The bottom-line is that this WP will focus on generating a new care model that local partners, associate partners and patients are committed to through co-design and co-ownership. This level of engagement is translated into helping to shape, test and eventually endorse other INTENT outputs (patient centered model and implementation guidelines I O.T.1.1; an online benchmarking tool O.T.2.4 and performance improvement plans including social entrepreneurial solutions O.T.3.4).

Project outputs
Please describe in more detail **the outputs of the project** that will be the outcome of the activities carried out in this work package. Explain which activities will be taken to achieve an output.
Each output should be linked to a programme output indicator (please ensure that it has the same measurement unit).
In case of investment specification, the investment as such is to be defined as output and linked to the category "investment" as included in the list of output indicators.

Output title		Please provide a brief description of the project output	Programme output indicator to which the output will contribute	Quantification / target	Delivery date
Output O.T1.1	A patient-centred cancer care model with implementation guidelines	Based on a multidimensional comparative analysis of models in use and good practice case examples of oncology care across Central Europe, INTENT will design and validate an optimal and cross-cultural patient-centered model of oncology care (and related implementation guidelines). This output will be the result of a three-stage consensus building exercise with partners and stakeholders: situational analysis, stakeholder expectations and stakeholder sign-off on the new model.	S.O.1.2 - Number of tools developed and/or implemented for improving skills and competences of employees and entrepreneurs	1,00	06.2018
Output O.T1.2	Policy recommendation(s) for adopting the patient-centred model and guidelines	The project partners (including policy makers) will discuss the policy implications for adopting the new model and its implementation guidelines (D.T1.3.2). This discussion will identify entry points in participating Health Ministries to present a clear policy recommendation(s) for consideration & adoption. The Italian MoH, PP6 & AP18 will work with the health ministries to deliver a multiplier effect across CE. Recommendation(s) include an initial assessment of the financial impact of its adoption.	S.O.1.2 - Number of strategies and action plans developed and/or implemented for improving skills and competences of employees and entrepreneurs	1,00	06.2018

Target groups	
Who will use the outputs of this work package or the investment?	<ul style="list-style-type: none"> • Local public authority • Regional public authority • National public authority • Infrastructure and (public) service provider • Interest groups including NGOs • International organisation, EEIG under national law
How will you involve those target groups (and other stakeholders) in the development of the outputs of this work package or the implementation of the investment?	The target groups shown above will be actively engaged as co-producers of a patient-centred cancer care model and guidelines for its implementation in the 6 pilot sites. This is done by setting up a local stakeholder panel at each pilot site comprising clinicians, patients/carers, managers & policy makers. (See also Activity A.C.4 & deliverable D.C.4.1) They will review results of WP T1 soft actions against the local context & contribute to consensus for a patient-centred model & guidelines.

**Sustainability and transferability of work package outputs
(not applicable for investment specification)**

<p><u>Sustainability (institutional, financial and political)</u> How will the work package outputs be further used by project partners once the project has ended? Please describe concrete measures (including e.g. institutional structures, financial resources, policy improvements etc.) taken during and after project implementation to ensure the sustainability of the project outputs. If relevant, please explain who will be responsible and/or the owner of the outputs.</p>	<p>The new patient-centred cancer care model is co-owned by project partners & associate partners (AP12-AP16, AP18) who produced the model. They will endorse & promote the new model (plus associated guidelines, benchmarking tool & good practice) using their own members and/or networks for a multiplier effect. The pilot sites will also act as demonstrators in-country & cross-border for adoption & use of the model to improve patient-centred cancer care.</p>
<p><u>Transferability (linked to the WP Communication)</u> Which work package outputs will be transferred to which additional target audiences during project lifetime and beyond? Why are these outputs the most relevant ones to be transferred? Please describe the additional target audiences (e.g. other organisations/regions/countries outside of the current partnership) and ensure links to the strategy of the communication work package.</p>	<p>The new model (O.T1.1) is co-produced by partners & stakeholders at local & national levels for the 5 pilot sites (inc. AP12-AP16) . They are expected to formally adopt & implement the new model of patient-centred cancer care during the project's lifetime. Beyond this, the established digital platforms & networks provided by the associated partners will promote the new model in CE & beyond while participating health ministries (PP4, PP9, AP18) promote the model (& guidelines) in-countr</p>

Activity A.T1.1	Activity title Stage 1 - Situational analysis	Start date 07.2017	End date 12.2017	Indicative budget 100.000,00
Deliverables for activity A.T1.1				
Deliverable D.T1.1.1	<p><i>Deliverable title</i> Report on situational analysis of current care models in the five pilot regions</p>	<p><i>Description of deliverable</i> Survey of the existing models, desk research (inc. from CanCon and EPAAC joint actions) and subsequent comparative analysis by CRO will identify commonalities & differences in care models in the pilot sites from an organisational perspective</p>	<p><i>Delivery month</i> 12.2017</p>	<p><i>Quantification/target</i> 1,00</p>
Deliverable D.T1.1.2	<p><i>Deliverable title</i> Report on policy mapping across the five pilot regions</p>	<p><i>Description of deliverable</i> NIJZ (PP5) & their national health ministry will work together to map how current health policies are shaping cancer care across the five pilot regions with a particular focus on patient empowerment, performance measures & innovation incentives</p>	<p><i>Delivery month</i> 12.2017</p>	<p><i>Quantification/target</i> 1,00</p>
Activity A.T1.2	Activity title Stage 2 - Stakeholder expectations	Start date 10.2017	End date 04.2018	Indicative budget 70.000,00
Deliverables for activity A.T1.2				

Deliverable D.T1.2.1	<i>Deliverable title</i> Online survey of stakeholder expectations from a patient-centred cancer care model	<i>Description of deliverable</i> D.T.1.1.1 results will inform design of an online survey targeting stakeholders represented in the local stakeholder panels. Special attention is given to (i) maximizing uptake of this survey among patient groups (ii) translation into relevant languages	<i>Delivery month</i> 04.2018	<i>Quantification/target</i> 1,00
Activity A.T1.3	<i>Activity title</i> Stage 3 - Consensus-based patient-centred cancer care model and guidelines	<i>Start date</i> 04.2018	<i>End date</i> 06.2018	<i>Indicative budget</i> 166.670,58
Deliverables for activity A.T1.3				
Deliverable D.T1.3.1	<i>Deliverable title</i> Draft model and guidelines	<i>Description of deliverable</i> A draft model and guidelines will be prepared by CRO (PP3) & a group of experts from associate partners. Preparation will be informed by the results of previous WP T1 deliverables. The draft version will be shared with workshop participants (D.T1.3.2)	<i>Delivery month</i> 04.2018	<i>Quantification/target</i> 1,00
Deliverable D.T1.3.2	<i>Deliverable title</i> Consensus workshop	<i>Description of deliverable</i> The consensus building exercise concludes with a workshop where stakeholders discuss (i) the draft new model and guidelines (ii) how they can be used to leverage social entrepreneurial solutions (iii) policy implications for its adoption	<i>Delivery month</i> 05.2018	<i>Quantification/target</i> 1,00
Deliverable D.T1.3.3	<i>Deliverable title</i> Policy recommendation(s) for adopting the new model and guidelines	<i>Description of deliverable</i> PP5 and PP9, will review the knowledge generated previously in this WP including the policy implications identified in each region. A comprehensive document will be prepared with clear policy recommendation(s) for submission to relevant policy-makers	<i>Delivery month</i> 06.2018	<i>Quantification/target</i> 1,00

WP type: Thematic work package (maximum 4 work packages)

WP Nr	WP title	WP start date (month)	WP end date (month)	WP budget
T2	Developing an online benchmarking tool for implementing a patient-centred cancer care approach	04.2018	06.2020	263.577,30

Partner

WP responsible partner	Masaryk Memorial Cancer Institute
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Partner's involvement

1	Masaryk Memorial Cancer Institute , LP, MMCI
2	Veneto Institute of Oncology - IRCCS , PP, IOV
3	National Cancer Institute - IRCCS CRO AVIANO, PP, CRO AVIANO
4	National Institute of Oncology , PP, OOI
5	National Institute of Public Health, PP, NIJZ
6	Institute of Health Information and Statistics of the Czech Republic, PP, IHIS
7	Institute of Oncology Ljubljana, PP, OI Lj
8	Italian Association for Cancer patients, relatives and friends, PP, AIMaC
9	Ministry of Health, PP, MINSAL

Summary

Provide a well-written summary of what will be done in this work package. Please explain what you want to achieve (outputs), why those outputs are relevant for reaching the project specific objectives and how you plan to get there (activities and deliverables). Please also describe how partners will be involved. If applicable, please indicate whether any pilot investment is foreseen. Any pilot investment has to be linked to a pilot action of the work package:

- Smaller pilot investments (below EUR 15.000 total cost) should be described within this work package.
- In case of pilot investments exceeding EUR 15.000 total cost a separate "Investment specification" has to be filled in and the link has to be described in this summary.

This WP is focused on realising PO2 'Adapt a benchmarking tool & build competencies to improve patient-centered care through benchmarking, organisational change and social entrepreneurial solutions'. And specifically a unique online benchmarking tool (O.T2.4). The latter output will require sub-contracting using current public procurement rules in the Czech republic where the WP T2 lead partner is located. An external expert appointed by the CRO (PP3) will prepare terms of reference for approval by the SG and then monitor and manage a full external bid quotation process for the actual development work on the tool. Also, the partners responsible for significant content in the original Bench-Can tool (AP11 & AP17) will provide technical advice during adaption of the tool (to incorporate new indicators & online format).

Patient outcomes, patient satisfaction, sustainability via resource allocation

Development of the two tools will be done over two stages: (i) preparing two new indicator sets (patient-centred cancer care D.T2.1.1 and health innovation D.T2.1.2) and integrating them into the benchmarking tool (D.T2.1.3) (ii) ongoing review of the tools during their piloting with end-users (WP T3) by local stakeholder panels informing periodic adjustments to the online benchmarking tool (from v1.0 to v2.0) before the final version of the benchmarking tool is ready.

Central to this development process will be ensuring that the indicator sets in the original Bench-Can tool fit with and can use local information systems.

In achieving PO2, this thematic workpackage builds on:

- WP T1
- Synergies with recent projects (Bench-Can from the 2nd Health Programme <http://www.oeci.eu/Benchcan/>) and current projects near completion (the CanCon Joint Action <http://www.cancercontrol.eu/how-we-work/integrated-cancer-control> and the DanuBalt Project www.danubalt.eu)
- Piloting of the tools A.T3.1 - A.T3.3.

Project outputs
 Please describe in more detail **the outputs of the project** that will be the outcome of the activities carried out in this work package. Explain which activities will be taken to achieve an output.
 Each output should be linked to a programme output indicator (please ensure that it has the same measurement unit).
 In case of investment specification, the investment as such is to be defined as output and linked to the category "investment" as included in the list of output indicators.

Output title		Please provide a brief description of the project output	Programme output indicator to which the output will contribute	Quantification / target	Delivery date
Output O.T2.4	Online benchmarking tool	The online benchmarking tool will mainly focus how to improve: clinical/ patient outcomes, patient satisfaction, efficiency and cost effectiveness, social entrepreneurial competencies and innovation capacity. The activities that will inform this output are: A.T1.3, A.T2.1-A.T2.2 and A.T3.1-A.T3.3	S.O.1.2 - Number of tools developed and/or implemented for improving skills and competences of employees and entrepreneurs	1,00	06.2020

Target groups	
Who will use the outputs of this work package or the investment?	<ul style="list-style-type: none"> • Infrastructure and (public) service provider • Interest groups including NGOs • International organisation, EEG under national law
How will you involve those target groups (and other stakeholders) in the development of the outputs of this work package or the implementation of the investment?	A local stakeholder panel at each pilot site will be established at each pilot site comprising clinicians, patients/carers (including AP12-AP16), managers & policy makers from relevant governance levels including PP5, PP9 & AP18 (See also Activity A.C.4 & deliverable D.C.4.1). Through activities in WP T1 and A.T2.1 and piloting in WP T3, they will be involved in developing and testing 2 outputs (O.T1.1 and O.T2.4).

Sustainability and transferability of work package outputs (not applicable for investment specification)	
<p><u>Sustainability (institutional, financial and political)</u> How will the work package outputs be further used by project partners once the project has ended? Please describe concrete measures (including e.g. institutional structures, financial resources, policy improvements etc.) taken during and after project implementation to ensure the sustainability of the project outputs. If relevant, please explain who will be responsible and/or the owner of the outputs.</p>	Pilot sites will adopt Performance Improvement Plans (O.T3.3) & a Health Ministry partner (PP5) will lead policy reviews across pilot region. Implementation of PIPs will require resources (staff time & money) from the individual cancer care provider and/or associated sub-national & national governance authorities in order to achieve changes to improve patient outcomes. In this context, pilot sites will also act as 'demonstrators' for new public service providers looking to use the outputs
<p><u>Transferability (linked to the WP Communication)</u> Which work package outputs will be transferred to which additional target audiences during project lifetime and beyond? Why are these outputs the most relevant ones to be transferred? Please describe the additional target audiences (e.g. other organisations/regions/countries outside of the current partnership) and ensure links to the strategy of the communication work package.</p>	The 5 pilot sites & their associated Ministries (PP5, PP9 & AP17) are expected to formally adopt and endorse use of the patient centered cancer care with implementation guide guidelines (O.T1.1) and online benchmarking tool (O.T2.4.) before project completion in-country and within CE using the INTENT, and associated networks. Output O.T2.4 will be also promoted and made accessible for use beyond Central Europe via the established digital platforms and networks provided by the assoc. partners.

Activity A.T2.1	Activity title New Indicator sets for the online benchmarking tool	Start date 04.2018	End date 09.2018	Indicative budget 146.902,05
Deliverables for activity A.T2.1				

Deliverable D.T2.1.1	<i>Deliverable title</i> Patient-centred cancer care indicator set	<i>Description of deliverable</i> A indicator set will be prepared drawing on consensus achieved for the new model and guidelines (O.T1.1) and analysis of the 'fit' between local information systems & the original Bench-Can indicators (D.T3.1.1 & D.T3.1.2)	<i>Delivery month</i> 09.2018	<i>Quantification/target</i> 1,00
Deliverable D.T2.1.2	<i>Deliverable title</i> Health innovation indicator set	<i>Description of deliverable</i> Colleagues from the H2020 DanuBalt project will run a workshop (Brno) to assess suitability of Bench-Can indicators to assess innovation capacity. They will then recommend an indicator set for testing in the online tool, review its use & give final advice	<i>Delivery month</i> 06.2018	<i>Quantification/target</i> 1,00
Deliverable D.T2.1.3	<i>Deliverable title</i> Integration of new indicator sets into online benchmarking tool	<i>Description of deliverable</i> The WP T2 lead partner (MMCI) will finalise integration of the new indicator sets into the benchmarking tool. Stakeholder experiences in the pilot sites in using the new indicator sets will be critical in making final adjustments.	<i>Delivery month</i> 09.2018	<i>Quantification/target</i> 2,00
Deliverable D.T2.1.4	<i>Deliverable title</i> Consensus workshop	<i>Description of deliverable</i> This stakeholder workshop shares their appraisal of the revised indicator sets for the online benchmarking tool (including those from D.T2.1.1 and D.T2.1.2) and the contribution of these indicators to assessing social entrepreneurial readiness.	<i>Delivery month</i> 09.2018	<i>Quantification/target</i> 1,00
Activity A.T2.2	<i>Activity title</i> Developing and using the benchmarking tool	<i>Start date</i> 10.2018	<i>End date</i> 06.2020	<i>Indicative budget</i> 116.675,25
Deliverables for activity A.T2.2				
Deliverable D.T2.2.1	<i>Deliverable title</i> Online benchmarking tool v1.0	<i>Description of deliverable</i> v1.0 will be produced by PP6 following the terms of reference prepared by an IT consultant identified by CRO. On site training will be provided (results from D.T3.1.1 - D.T3.1.3 by June	<i>Delivery month</i> 10.2018	<i>Quantification/target</i> 1,00

Deliverable D.T2.2.2	<i>Deliverable title</i> Online benchmarking tool v2.0	<i>Description of deliverable</i> Review feedback from internal benchmarking teams about readiness of the tool for use and compatibility between the tool, pilot site management information systems and additional information systems (A.T3.1 results). Revisions to tool will be made.	<i>Delivery month</i> 01.2019	<i>Quantification/target</i> 1,00
Deliverable D.T2.2.3	<i>Deliverable title</i> Final version of online benchmarking tool	<i>Description of deliverable</i> Review of pilot site experience using the tool v2.0 with particular attention to the final results of the exercise in each pilot site including assessment of local MIS/tool compatibility & integrating data into the virtual 'know-how' centre (O.T4.1.1)	<i>Delivery month</i> 05.2020	<i>Quantification/target</i> 1,00

WP type: Thematic work package (maximum 4 work packages)

WP Nr	WP title	WP start date (month)	WP end date (month)	WP budget
T3	Piloting in Central European Regions	01.2018	12.2019	441.462,57

Partner

<i>WP responsible partner</i>	National Institute of Oncology
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Partner's involvement

1	Masaryk Memorial Cancer Institute , LP, MMCI
2	Veneto Institute of Oncology - IRCCS , PP, IOV
3	National Cancer Institute - IRCCS CRO AVIANO, PP, CRO AVIANO
4	National Institute of Oncology , PP, OOI
5	National Institute of Public Health, PP, NIJZ
6	Institute of Health Information and Statistics of the Czech Republic, PP, IHIS
7	Institute of Oncology Ljubljana, PP, OI Lj
8	Italian Association for Cancer patients, relatives and friends, PP, AIMaC
9	Ministry of Health, PP, MINSAL

Summary

Provide a well-written summary of what will be done in this work package. Please explain what you want to achieve (outputs), why those outputs are relevant for reaching the project specific objectives and how you plan to get there (activities and deliverables). Please also describe how partners will be involved. If applicable, please indicate whether any pilot investment is foreseen. Any pilot investment has to be linked to a pilot action of the work package:

- *Smaller pilot investments (below EUR 15.000 total cost) should be described within this work package.*
- *In case of pilot investments exceeding EUR 15.000 total cost a separate "Investment specification" has to be filled in and the link has to be described in this summary.*

This WP contributes to achieving PO2 and generates knowledge, data and good practice for use in achieving PO3. Specifically, this WP will facilitate piloting the guidelines and online benchmarking tool in 5 pilot sites (provided by P1, P2, P3, P4, P7. Piloting is key to assessing how practical each tool (O.T1.1 & O.T2.4.) is in implementing a patient-centred approach to improve patient benefits and outcomes achieved by public cancer care providers in CE.

Each pilot site will have different starting points that will influence the conduct, results and consequences of their benchmarking exercises. Each pilot will be led by a stakeholder panel that will decide how to set up the pilot locally. they will either focus on a specific department, care pathway or the whole organization depending on the resources, size of the organization. This WP has three elements that together will deliver effective piloting of the tools & the generation of appropriate Performance Improvement Plans (O.T.3.4.1): (i) assessing the preparedness of pilot sites to conduct piloting & of management information systems to generate the data required for benchmarking; (ii) testing the tools & producing practical PIPs; (iii) external evaluation of the pilot process. Critically, benchmarking will be supported using realtime support for problem solving, site visits where needed and comparing results and experience of benchmarking. For the INTENT consortium this will be the first step toward a long term sustainable collaboration among the partner institutions as the CE 'spoke' to the Know-How Centre/Hub linked to OECl. INTENT will contribute to establishing a culture of exchange of clinical/professional, communication approaches and ethical considerations as well as information on training opportunities at EU, CE and local levels. The lessons learned during the piloting will also inform policy recommendations made by the consortium and other engaged stakeholders.

Project outputs
Please describe in more detail **the outputs of the project** that will be the outcome of the activities carried out in this work package. Explain which activities will be taken to achieve an output.
Each output should be linked to a programme output indicator (please ensure that it has the same measurement unit).
In case of investment specification, the investment as such is to be defined as output and linked to the category "investment" as included in the list of output indicators.

Output title		Please provide a brief description of the project output	Programme output indicator to which the output will contribute	Quantification / target	Delivery date
Output O.T3.3	Five Pilot Actions	Five pilot actions will be run by cancer care institutes (PP1, PP2, PP3, P4, PP7) in collaboration with local & national patient representatives and policy makers. Preparation for these pilot actions come from the activities in WP T1 and WP T2. The pilot actions will have three elements: pilot site preparedness (including local meetings & training events); testing the tools (O.T1.1) and (O.T2.4) and external evaluation of the pilot actions to be commissioned via the Italian Health Ministry	S.O.1.2 - Number of strategies and action plans developed and/or implemented for improving skills and competences of employees and entrepreneurs	5,00	06.2020
Output O.T3.4	Performance improvement plans (PIP)	The benchmarking exercise in each pilot site will inform a PIP written in plain & simple language. It will be transparent about where and why improvements using social entrepreneurial solutions are needed by the benchmarked care provider & external stakeholders to improve orientation towards patient-centred care. It will include an action plan that prioritises action areas & resources needed to achieve necessary changes within a given timeframe	S.O.1.2 - Number of strategies and action plans developed and/or implemented for improving skills and competences of employees and entrepreneurs	5,00	06.2020

Target groups

Who will use the outputs of this work package or the investment?	<ul style="list-style-type: none"> • Local public authority • Regional public authority • National public authority • Infrastructure and (public) service provider • Interest groups including NGOs
How will you involve those target groups (and other stakeholders) in the development of the outputs of this work package or the implementation of the investment?	Each cancer care pilot site will produce a Performance Improvement Plan. The PIP is based on the results of the benchmarking exercise they conduct. The benchmarking exercise will involve those stakeholder groups represented on the Local Stakeholder Panels for each pilot site (clinicians, patients & or local & national patient groups, senior managers & policy makers from public authorities who fund the cancer care provider). They will approve the PIP & also provide feedback on the piloted tools.

Sustainability and transferability of work package outputs (not applicable for investment specification)

<p><u>Sustainability (institutional, financial and political)</u> How will the work package outputs be further used by project partners once the project has ended? Please describe concrete measures (including e.g. institutional structures, financial resources, policy improvements etc.) taken during and after project implementation to ensure the sustainability of the project outputs. If relevant, please explain who will be responsible and/or the owner of the outputs.</p>	<p>For the 5 pilot sites, benchmarking is not a one-off exercise. The first exercise will inform a Performance Improvement Plan (PIP) that will be formally adopted, actions resourced & implemented to generate needed improvements in patient-oriented cancer care. Expectation is that the benchmarking exercise will be repeated regularly to assess where and how performance improves against the previous results and what further improvements using social entrepreneurship competencies will be needed.</p>
<p><u>Transferability (linked to the WP Communication)</u> Which work package outputs will be transferred to which additional target audiences during project lifetime and beyond? Why are these outputs the most relevant ones to be transferred? Please describe the additional target audiences (e.g. other organisations/regions/countries outside of the current partnership) and ensure links to the strategy of the communication work package.</p>	<p>With relevant permissions, the results of the benchmarking exercise in each pilot site will be held in a central repository hosted by OEC and PP5 as part of the Virtual 'Know-How' Centre (O.T4.1). The results will be anonymised. But any OECl member or non-member cancer care provider wanting to conduct a benchmarking exercise will upon request be connected with an agreed contact person for a benchmarked site whose results (or part thereof) identify them as lead performers in patient-centred care.</p>

Activity A.T3.1	<i>Activity title</i> Assessing pilot sites preparedness to pilot guidelines (O.T1.1) & online benchmarking tool (O.T2.4.)	<i>Start date</i> 01.2018	<i>End date</i> 04.2018	<i>Indicative budget</i> 124.095,57
Deliverables for activity A.T3.1				
Deliverable D.T3.1.1	<i>Deliverable title</i> Assessing the readiness of each pilot site to test WP outputs (O.T1.1 and O.T2.4)	<i>Description of deliverable</i> Report on the readiness of each pilot site to (i) test the new patient centered model & guidelines (O.T1.1) & (ii) capacity of local information systems to generate data for the adapted benchmarking tool (O.T.2.4) (iii) what IT changes are needed	<i>Delivery month</i> 04.2018	<i>Quantification/target</i> 5,00
Deliverable D.T3.1.2	<i>Deliverable title</i> Local stakeholder panels prepare change management action plans	<i>Description of deliverable</i> Stakeholder consensus on actions needed in each pilot site to enable effective use of the new patient-centered model (& guidelines), using the benchmarking tool locally and building social entrepreneurial competencies as one resource for solving problems	<i>Delivery month</i> 04.2018	<i>Quantification/target</i> 5,00
Activity A.T3.2	<i>Activity title</i> Testing the tools	<i>Start date</i> 06.2018	<i>End date</i> 12.2019	<i>Indicative budget</i> 116.947,00
Deliverables for activity A.T3.2				

Deliverable D.T3.2.1	<i>Deliverable title</i> Report on use of the implementation guidelines for a patient-centred care model	<i>Description of deliverable</i> In each pilot site the local stakeholder panel will apply their change management action plan. Simultaneous attention is given to piloting the guidelines & the benchmarking tools. Piloting will be monitored and is single project report produced.	<i>Delivery month</i> 05.2019	<i>Quantification/target</i> 1,00
Deliverable D.T3.2.2	<i>Deliverable title</i> Report on using the benchmarking tool	<i>Description of deliverable</i> The benchmarking tool (in full or partial mode) will be piloted in parallel to the guidelines. Data will be collected and analysed in 4 month cycles. All pilot sites will share their experiences in a single project report	<i>Delivery month</i> 05.2019	<i>Quantification/target</i> 1,00
Deliverable D.T3.2.3	<i>Deliverable title</i> Translation of benchmarking results into performance improvement plans	<i>Description of deliverable</i> The results of the benchmarking exercise in each pilot site will inform preparation & adoption of action plans to address where improvements are needed to improve a patient-centred approach to cancer care	<i>Delivery month</i> 12.2019	<i>Quantification/target</i> 5,00
Activity A.T3.3	<i>Activity title</i> External evaluation of pilot actions	<i>Start date</i> 03.2018	<i>End date</i> 06.2019	<i>Indicative budget</i> 200.420,00
Deliverables for activity A.T3.3				
Deliverable D.T3.3.1	<i>Deliverable title</i> Monitoring and evaluation tools	<i>Description of deliverable</i> The commissioned external evaluator will work with project partners in preparing a mixed method approach (based on a process>impact model) to monitor and evaluate pilot site experience in using the tools and identify needed changes to improve the tools	<i>Delivery month</i> 07.2018	<i>Quantification/target</i> 1,00
Deliverable D.T3.3.2	<i>Deliverable title</i> Mid-term evaluation report and interim challenge workshop	<i>Description of deliverable</i> The WP T3 leader OOI (PP3) and the external evaluator will organise an interim challenge project-level workshop for the pilot sites. Interim evaluation findings will be presented and discussed. Solutions to identified problems will be agreed	<i>Delivery month</i> 01.2019	<i>Quantification/target</i> 1,00

Deliverable D.T3.3.3	<i>Deliverable title</i> Evaluation report of INTENT's pilot actions	<i>Description of deliverable</i> This report of the experience of pilot sites in using the two tools and the effectiveness of their change management action plans in preparing for & conducting the piloting will inform improvements to and finalisation of the guidelines & benchmarking tool	<i>Delivery month</i> 06.2019	<i>Quantification/target</i> 1,00
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WP type: Thematic work package (maximum 4 work packages)

WP Nr	WP title	WP start date (month)	WP end date (month)	WP budget
T4	Capacity Building and virtual 'know-how' centre	03.2018	06.2020	177.473,57

Partner	
<i>WP responsible partner</i>	Institute of Health Information and Statistics of the Czech Republic
<i>Partner's involvement</i>	
1	Masaryk Memorial Cancer Institute , LP, MMCI
2	Veneto Institute of Oncology - IRCCS , PP, IOV
3	National Cancer Institute - IRCCS CRO AVIANO, PP, CRO AVIANO
4	National Institute of Oncology , PP, OOI
5	National Institute of Public Health, PP, NIJZ
6	Institute of Health Information and Statistics of the Czech Republic, PP, IHIS
7	Institute of Oncology Ljubljana, PP, OI Lj
8	Italian Association for Cancer patients, relatives and friends, PP, AIMaC
9	Ministry of Health, PP, MINSAL

Summary
Provide a well-written summary of what will be done in this work package. Please explain what you want to achieve (outputs), why those outputs are relevant for reaching the project specific objectives and how you plan to get there (activities and deliverables). Please also describe how partners will be involved.
If applicable, please indicate whether any pilot investment is foreseen. Any pilot investment has to be linked to a pilot action of the work package:

- Smaller pilot investments (below EUR 15.000 total cost) should be described within this work package.
- In case of pilot investments exceeding EUR 15.000 total cost a separate "Investment specification" has to be filled in and the link has to be described in this summary.

With its focus on capacity building & creating a virtual 'Know-How' Centre hosted by PP6 & linked OEI web and generating social entrepreneurial solutions to improving patient-centred care, WP T4 is focused on next steps to sustaining and transferring project outputs. The '**Know-How' Centre** will be hosted by IHIS (P6) and links to ECPC members will secure sustainability and wider adoption of INTENT outputs. In this context, PO3 'Establish a virtual transnational 'Know-How' Centre to inform the continuous improvement of patient-centered care in Central Europe and beyond.' is eminently achievable (A.T4.2).

Capacity building will focus on 3 workshops to improve competencies for implementing a patient-centered care model, how to benchmark effectively & generating innovative solutions.

Opportunities for **social entrepreneurial solutions** that improve patient-centred care will be identified in the pilot site Performance Improvement Plans. Health professionals & patients/representatives will be shown how to work together to craft innovative solutions to critical performance problems identified by during benchmarking (A.T4.3). This process requires a small team of 4-6 people in each pilot site to identify a problem to solve (using the PIP) and then to receive training in a creative thinking process. The teams are given a clear development pathway to develop an innovation idea to address the selected problem and how it will contribute to improving patient-centred cancer care. Local SMEs and innovation support agencies will be approached to provide mentoring to the local teams as appropriate.

This last element of WP T4 will generate particular synergies with regional innovation systems (as a precursor to clinic-industry partnerships) if INTENT & HealthConnect (a proposal being submitted to Programme Objective 1.1 of the 2nd Interreg CE call) are both funded.

Project outputs
Please describe in more detail **the outputs of the project** that will be the outcome of the activities carried out in this work package. Explain which activities will be taken to achieve an output.
Each output should be linked to a programme output indicator (please ensure that it has the same measurement unit).
In case of investment specification, the investment as such is to be defined as output and linked to the category "investment" as included in the list of output indicators.

Output title		Please provide a brief description of the project output	Programme output indicator to which the output will contribute	Quantification / target	Delivery date
Output O.T4.1	Virtual 'Know-how' centre	The virtual centre will be an online repository of good practice in delivering patient-centered care & results from benchmarking exercises. It will enable comparative analysis of results, mapping continuous improvements and comparing of results between OEI members and non-members who use the tools (O.T1.1 and O.T2.4) it will also host details about the innovative solutions developed to address areas for improvement in patient-centred care: their development, testing and availability.	S.O.1.2 - Number of tools developed and/or implemented for improving skills and competences of employees and entrepreneurs	1,00	06.2020

Target groups	
Who will use the outputs of this work package or the investment?	<ul style="list-style-type: none"> • Local public authority • Regional public authority • National public authority • Sectoral agency • Infrastructure and (public) service provider • Interest groups including NGOs • SME • International organisation, EEIG under national law
How will you involve those target groups (and other stakeholders) in the development of the outputs of this work package or the implementation of the investment?	INTENT has 4 target groups (see WP C). We will consult with each target group at local, national and EU levels to identify expectations for a virtual 'Know-How' Centre with special attention to structure, content, accessibility and interaction elements. This dialogue will help set parameters for the terms of reference to be used when sub-contracting development of the virtual 'Know-How' Centre as part of A.T4.2.

**Sustainability and transferability of work package outputs
(not applicable for investment specification)**

<p><u>Sustainability (institutional, financial and political)</u> How will the work package outputs be further used by project partners once the project has ended? Please describe concrete measures (including e.g. institutional structures, financial resources, policy improvements etc.) taken during and after project implementation to ensure the sustainability of the project outputs. If relevant, please explain who will be responsible and/or the owner of the outputs.</p>	<p>The WP T4 leader , PP8 & the WP C leader NIJZ (PP5) will liaise with policy makers involved as partners (PP9 & AP17) to gather ministerial support in CE for maximising use of the Know-How Centre & related outputs (the patient-centered model and the implementation guidelines O.T1.1 and the online benchmarking tool O.T2.4). Support would include policy improvements, expertise & financial resources to promote patient-centered care. PP5 will host the output and link it to OEI website</p>
<p><u>Transferability (linked to the WP Communication)</u> Which work package outputs will be transferred to which additional target audiences during project lifetime and beyond? Why are these outputs the most relevant ones to be transferred? Please describe the additional target audiences (e.g. other organisations/regions/countries outside of the current partnership) and ensure links to the strategy of the communication work package.</p>	<p>As the WP T4 leader, PP6 has responsibility for producing the Virtual Know-How Centre (O.T4.1) & will host the Centre on its own website during & after the project: promoting content with its members & beyond. Transfer of this output is essential to enable us to build on the content generated during INTENT. Preparation for this is part of the strategic outreach activity (D.C.4.2) conducted by the Communication WP with Action Group B2 of the EIP AHA, ESIF consultations & related projects.</p>

Activity A.T4.1	Activity title Capacity building	Start date 03.2018	End date 06.2020	Indicative budget 101.523,57
Deliverables for activity A.T4.1				
Deliverable D.T4.1.1	<p><i>Deliverable title</i> Training workshop on how to implement a patient-centred cancer care model</p>	<p><i>Description of deliverable</i> A training module will be prepared by PP6 about how to implement the new care model. With sensitivity to differing local circumstances it will show how cancer institutes can take a stepped approach to introducing patient-centered care.</p>	<p><i>Delivery month</i> 09.2018</p>	<p><i>Quantification/target</i> 1,00</p>
Deliverable D.T4.1.2	<p><i>Deliverable title</i> Training workshops about how to benchmark effectively</p>	<p><i>Description of deliverable</i> A workshop will show teams from the pilot sites and other institutes how to use the online benchmarking tool & conduct an efficient & effective benchmarking exercise. This will include a briefing of the fit between the benchmark indicators & local MIS</p>	<p><i>Delivery month</i> 11.2018</p>	<p><i>Quantification/target</i> 1,00</p>
Deliverable D.T4.1.3	<p><i>Deliverable title</i> Workshop on generating social entrepreneurial solutions to improve patient-centred cancer care</p>	<p><i>Description of deliverable</i> This workshop will introduce representatives from each of the pilot sites to a method and process for generating an innovative solution (social or technological) to an area for improvement identified in their post-benchmarking PIPs (O.T3.2)</p>	<p><i>Delivery month</i> 01.2020</p>	<p><i>Quantification/target</i> 1,00</p>

Deliverable D.T4.1.4	<i>Deliverable title</i> Presenting social entrepreneurial solutions at the final conference	<i>Description of deliverable</i> Working with local innovation networks, the local stakeholder panel from each pilot site develop a social innovation idea to be presented at the final conference. This idea will meet a need identified in their Performance Improvement Plan (O.T3.4.1)	<i>Delivery month</i> 06.2020	<i>Quantification/target</i> 5,00
Deliverable D.T4.1.5	<i>Deliverable title</i> IT development plan	<i>Description of deliverable</i> The IT Development Plan will ensure coherence, quality and sustainability of all IT-related processes and deliverables during the INTENT lifecycle: web profile, and use of online benchmarking tool & virtual know-how centre, data management.	<i>Delivery month</i> 06.2018	<i>Quantification/target</i> 1,00
Activity A.T4.2	<i>Activity title</i> Creating a virtual 'know-how' centre	<i>Start date</i> 06.2018	<i>End date</i> 06.2020	<i>Indicative budget</i> 75.950,00
Deliverables for activity A.T4.2				
Deliverable D.T4.2.1	<i>Deliverable title</i> Assessing partner and pilot site expectations of a virtual 'know-how' centre	<i>Description of deliverable</i> PP6 will conduct a survey of the consortium and other cancer institutes (including their own members) to identify expectations of a virtual 'Know-How' Centre. Specifically, its structure, content and ease of use.	<i>Delivery month</i> 09.2018	<i>Quantification/target</i> 1,00
Deliverable D.T4.2.2	<i>Deliverable title</i> Design and construction of virtual 'know-how' centre with an anonymised data repository	<i>Description of deliverable</i> A highly specialized experts will prepare the design (structure, content and accessibility) for a virtual 'know-how' centre for approval by the Steering Committee	<i>Delivery month</i> 12.2018	<i>Quantification/target</i> 1,00
Deliverable D.T4.2.3	<i>Deliverable title</i> Launching and populating the virtual 'know-how' centre	<i>Description of deliverable</i> Initial knowledge, data and all outputs generated by INTENT (WP T1-3) will be collected & reviewed using agreed selection criteria and then curated for appropriate access.	<i>Delivery month</i> 01.2020	<i>Quantification/target</i> 1,00

Type: Communication

WP Nr	WP title	WP start date (month)	WP end date (month)	WP budget
C	Communication	07.2017	06.2020	231.846,34
Partner				
<i>WP responsible partner</i>	National Institute of Public Health			
<i>Partner's involvement</i>				
1	Masaryk Memorial Cancer Institute , LP, MMCI			
2	Veneto Institute of Oncology - IRCCS , PP, IOV			
3	National Cancer Institute - IRCCS CRO AVIANO, PP, CRO AVIANO			
4	National Institute of Oncology , PP, OOI			
5	National Institute of Public Health, PP, NIJZ			
6	Institute of Health Information and Statistics of the Czech Republic, PP, IHIS			
7	Institute of Oncology Ljubljana, PP, OI Lj			
8	Italian Association for Cancer patients, relatives and friends, PP, AIMaC			
9	Ministry of Health, PP, MINSAL			
<i>Summary description and objectives of the work package (including activities and deliverables) and how partners will be involved.</i>				
<p>To achieve the comm. objectives we considered target groups, comm. tactics, activities</p> <p>Target groups: We use a multiple streams model to identify & engage 4 target groups: TG1 pilot site stakeholder panels (clinicians, patients [AP12-AP16], managers and policy makers [PP5, PP9, AP17 & AP18]; TG2 CE Member States & key stakeholders not directly involved (Health Ministries, Cancer Care providers, patient associations); TG3 EU stakeholders (EC line-directorates & agencies) who can review & adapt own policies based on project findings; TG4 European organisations whose networks can provide a multiplier effect for dissemination.</p> <p>Tactics: Communication with our target groups will happen at 3 interrelated levels (raising awareness, influencing attitudes towards patient-centeredness, generating actions at the level of care) while ensuring Interreg CE branding. Project & associate partners will be involved in all 3 levels using (i) project dissemination meetings (local stakeholder panels, interim challenge workshop, final conference) and partner networks & connections with national & EC stakeholders to discuss, approve & promote evolving key messages & resources, build on the results and strengthen complementary stakeholder engagement (ii) digital exchange platforms, publications to promote and sustain key messages & results (e.g. website, brochure & other materials, virtual know-how centre) (iii) thematic WPs activities with dissemination purposes as well to influence attitudes & directly generate local actions (e.g. stakeholder consensus workshops, piloting the tools, change management action plans, performance improvement plans, innovation workshop, training workshops).</p> <p>Activities: preapring a communication roadmap, interactive websites (ICE microsite, Know how Center, promotional materials, use of social media, dissemination events and strategic outreach via partners own networks& connections to promote results, thematic events with dissemination effect.</p>				

Project key outputs for communication <i>(choose up to five outputs)</i>	Communication objectives <i>What can communication do to increase the sustainability of the selected output? Please choose at least one of the communication objective(s)</i>	Approach/Tactics <i>Briefly summarise your approach to reaching the communication objective: To which target audiences will the selected key output be transferred? Which communication tactic(s) will you use?</i>
O.T1.1	Raise awareness and increase knowledge	Local stakeholder panels (TG1) in pilot sites will be actively engaged in raising awareness & knowledge. Their remit is to co-produce a patient-centred cancer care model & guidelines for its local use while aligned to relevant national & regional strategies. They will consider the results from of WP T1 'soft actions' (mapping study, online survey, comparative study of current care models) & their implications for tools testing & pilot actions (WP T2-T3). The model (and guidelines) will be adopted by & available from project partners & promoted via their networks
O.T1.2	Influence attitude and behaviour	While EU health systems face similar challenges with ageing populations, rising comorbidities & financial insecurities, those in Central & Eastern Europe are still going through a transition to more modern, responsive & sustainable systems. In some ways, change seems risky and is further limited by cost & performance pressures. Accordingly, policy recommendation(s) from INTENT to our target groups (TG1-3) will be clear & implementable & be supported by incentives to promote wider adoption. The policy making partners & associate partners will be the main communication routes for this output. They have the capacity to reach both regional and national level policy making bodies.
O.T2.4	Influence attitude and behaviour	The patient-centred model and associated indicators will be integrated into the online benchmarking tool (WP T2) which is then piloted (WP T3). The benchmarking exercise in each pilot site will influence new attitudes & behaviour within the TG1 target group to adopt a patient-centred cancer care model by identifying strengths and weaknesses in operational efficiency, quality, patient experience & resource allocation. These will be captured in a performance improvement plan (PIP & O.T3.4) for each pilot site and more critical, commitment to changed attitudes and actions will be supported by their formal adoption and resourcing.
O.T3.3	Influence attitude and behaviour	The 5 pilot actions enable intense engagement with TG1 stakeholders. The primary tactics for this include: project level consensus workshops; dialogue within & between local stakeholder panels; self assessment of compatibility between tools, local information systems & existing policies, benchmarking exercises delivering Performance Improvement Plans. This mix of methods allow the tools developed in WP T1 and WP T2 to be practically implemented and improved through pilot actions. The experiences of pilot sites in testing these tools will establish practical points of reference (PIPs) for transferring results, practices & outputs more widely to Ministries, cancer care providers & patient groups in Central Europe & beyond (TG2-TG)
O.T4.1	Raise awareness and increase knowledge	OECI is the host of a manual version of a benchmarking tool (the Bench-Can tool). This tool is being re-cast as an online benchmarking tool (O.T.2.4) with revised indicator sets for patient-centred care (D.T2.1.2) and health innovation (D.T2.2.2). The OECI members were engaged in the preparation of this proposal and are an INTENT partners. More specifically, they have agreed to host & promote the online tools (O.T1.1, O.T2.4) & the virtual 'Know--How' Centre (O.T4.1) and to maintain these INTENT outputs beyond the project. The primary target audiences will be OECI members (accredited and non-accredited), non-member cancer care providers and health ministries in CE (TG2), patient advocates (TG 4) and EC stakeholders (TG 3).

Activity A.C.1	<i>Activity title</i> Start-up activities including communication strategy and website	<i>Start date</i> 07.2017	<i>End date</i> 10.2017	<i>Indicative budget</i> 70.000,00
Deliverables for activity A.C.1				
Deliverable D.C.1.1	<i>Deliverable title</i> Communication roadmap	<i>Description of deliverable</i> The Communications roadmap sets out a layered approach to communication (internal measures, involvement & sustainability-related measures, harmonised Interreg CE branding) blending passive and interactive tactics in engaging our 4 target groups.	<i>Delivery month</i> 09.2017	<i>Quantification/target</i> 1,00
Deliverable D.C.1.2	<i>Deliverable title</i> INTENT website(s)	<i>Description of deliverable</i> The website will be the main communication hub where deliverables will be published including a link to VKH centre. To ensure sustainability beyond the life of the project, the VKH centre will be hosted by PP6 with links on OECI's website	<i>Delivery month</i> 10.2017	<i>Quantification/target</i> 2,00
Deliverable D.C.1.3	<i>Deliverable title</i> Local stakeholder panels as project champions	<i>Description of deliverable</i> As members of the local stakeholder panels, clinicians, managers and patient representatives will agree how to implement the Communications Roadmap in each pilot region. And specifically, how to contribute to A.C.2, A.C.3 and A.C.5	<i>Delivery month</i> 10.2017	<i>Quantification/target</i> 5,00
Activity A.C.2	<i>Activity title</i> Promotional materials	<i>Start date</i> 07.2017	<i>End date</i> 10.2017	<i>Indicative budget</i> 45.000,00
Deliverables for activity A.C.2				
Deliverable D.C.2.1	<i>Deliverable title</i> Project brochure and other local materials used during piloting	<i>Description of deliverable</i> The brochure & other local materials will make crystal clear for external audiences: what the focus of INTENT is; what key messages it promotes; how INTENT is unique & what resources will be available to enable better patient-centred cancer care	<i>Delivery month</i> 10.2017	<i>Quantification/target</i> 1.000,00
Activity A.C.3	<i>Activity title</i> Digital activities including social media and multimedia	<i>Start date</i> 07.2017	<i>End date</i> 06.2020	<i>Indicative budget</i> 30.000,00
Deliverables for activity A.C.3				

Deliverable D.C.3.1	<i>Deliverable title</i> Use of social media profiles	<i>Description of deliverable</i> Partners will use their existing social media presence to promote INTENT and to moderate real-time dialogue within & between clinicians and patients during the project lifecycle. Short videos will be used for direct & quick communication	<i>Delivery month</i> 06.2020	<i>Quantification/target</i> 2,00
Activity A.C.4	<i>Activity title</i> Targeted events	<i>Start date</i> 07.2017	<i>End date</i> 06.2020	<i>Indicative budget</i> 46.000,00
Deliverables for activity A.C.4				
Deliverable D.C.4.1	<i>Deliverable title</i> Use of the partners events to reach out to the various stakeholders to maximize take-up of output	<i>Description of deliverable</i> NIJZ (PP5), associated partners will use their networks and connections to promote INTENT outputs. But more specifically, they will utilize connections with national (TG 2) and EC (TG 3) stakeholders to build on the results & outputs delivered by INTENT	<i>Delivery month</i> 06.2020	<i>Quantification/target</i> 10,00
Deliverable D.C.4.2	<i>Deliverable title</i> Final conference	<i>Description of deliverable</i> The WP C leader (PP4) will host the final conference in Ljubljana. The tools will be introduced (T1-2/4), pilot actions to improve patient-centred care presented (T3) & innovation ideas developed locally assessed by an expert panel (D.T4.3.4)	<i>Delivery month</i> 06.2020	<i>Quantification/target</i> 1,00
Activity A.C.5	<i>Activity title</i> Media relations	<i>Start date</i> 07.2017	<i>End date</i> 06.2020	<i>Indicative budget</i> 40.846,34
Deliverables for activity A.C.5				
Deliverable D.C.5.1	<i>Deliverable title</i> Local and national media relations	<i>Description of deliverable</i> The Steering Group will agree & periodically review a number of key messages to be promoted by partners alongside the launching or adoption of the INTENT outputs. The partners will use established media relations to establish media interest and a profile.	<i>Delivery month</i> 06.2020	<i>Quantification/target</i> 10,00

D.2 Target groups

<u>Target groups</u>	<i>Please further specify the target groups (e.g., ministry, university, chamber of commerce etc.) - see examples in annex IV of the application manual (classification of target groups)</i>	<u>Target value</u> <i>Please indicate the size of the target group the project aims to actively involve.</i>
Local public authority	Through the communication channels of the council of Local Municipalities and Regions municipalities will be informed on the project deliverables. Their perspective will be as a funder of health care and/or as a player in improving quality of life locally	10,00
Regional public authority	Through the communication channels of the Com of Regions and their inclusion in the local stakeholder panel regions will be informed and involved Their perspective will be as a funder of health care and/or as a player in improving quality of life locally	10,00
National public authority	National health ministries /inst of public health of other countries not involved in the project will be reached through the network of the Italian MoH and Slovenian Inst of Public Health especially through the network of the Joint action CanCon	9,00
Infrastructure and (public) service provider	INTENT piloting institutions are members of OEIC. Therefore through the OEIC network and regular publications they will inform on the project results and desirable a large number of cancer care providers in Central Europe and outside.	30,00
Interest groups including NGOs	Through the AIMAC/ECPC network and the Associated patient organizations additional patient groups will be reached and involved. European Society of Medical Oncology will also be reached through its members (oncologists) involved in the pilot sites	10,00
International organisation, EEIG under national law	Organisation for European Cancer Institutes (EEIG under Belgian Law) and European Cancer Patients Coalition (Association Internationale sans but lucratif - AISBL under Belgian Law)	2,00
Sectoral agency	The local or regional development agencies in the 5 pilot action regions are gatekeepers providing access to local innovation networks and SMEs. They will be invited to share experience & insights as part of the social entrepreneurship training in A.T4.3	5,00
SME	Via (L)RDA's or Chambers of Commerce in pilot regions. SMEs in the Health, Medical, Bio & ICT sectors will receive regular project briefings & be invited to engage in mentoring local innovation teams (A.T4.3) as a pre-cursor to clinic-industry partnership	5,00

D.3 Periods

<i>Period number</i>	<i>Start date</i>	<i>End date</i>	<i>Reporting date</i>
0	01.03.2016	01.06.2016	30.06.2020
1	01.07.2017	31.12.2017	28.02.2018
2	01.01.2018	30.06.2018	30.08.2018
3	01.07.2018	31.12.2018	28.02.2019
4	01.01.2019	30.06.2019	30.08.2019
5	01.07.2019	31.12.2019	29.02.2020
6	01.01.2020	30.06.2020	30.09.2020

SECTION E - Partner budget

E.1.1 Partner list

<i>Partner number</i>	1
<i>Name of partner organisation</i>	Masarykův onkologický ústav
<i>Country</i>	CZ
<i>Abbreviation</i>	MMCI
<i>Partner role</i>	LP

E.1.2 Budget flat rates

<i>Budget flat rates</i>	Yes	
<i>Flat rate staff costs</i>	No	20,00
<i>Flat rate office and administrative expenditure</i>	Yes	15,00

E.1.3 Partner budget overview

E.1.3.a Partner budget overview - budget line/ per work package

Budget line	Specification	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL
BL1 Staff costs	BL1 Staff costs	0,00	122.941,18	53.235,29	59.411,76	53.235,29	28.235,29	14.411,76	331.470,57
BL2 Office and admin.	BL2 Office and admin.	0,00	18.441,16	7.985,29	8.911,76	7.985,28	4.235,28	2.161,76	49.720,53
BL3 Travel and accom.	BL3 Travel and accom.	0,00	2.400,00	2.400,00	1.800,00	2.400,00	6.900,00	1.800,00	17.700,00

BL4 External exp. and services	D.T2.1.2 Health innovation workshop in Brno with pilot sites to generate an initial set of innovation indicators. 1 day event with approximately 20 participants (venue, catering, handouts, etc.) and related External expert costs to run the workshop with pilot sites to generate the initial set of innovation indicators, to periodically review use of the set, identifying problems & solutions before final recommendations (Expert 1) (Expert 2 is at PP4)	0,00	0,00	0,00	8.223,53	0,00	0,00	0,00	8.223,53
	D.T3.1.3 Local stakeholder consensus meeting to maximise piloting benefits sensitive to local context, 1 day meeting in Brno with app. 15 people (catering, venue, handouts, technician etc)	0,00	0,00	0,00	0,00	1.050,00	0,00	0,00	1.050,00

	D.M.2.2. 3rd and 4th Steering group meeting, 1 day event with app. 15 participants (catering, venue, handouts, technician, project dinner etc.)	0,00	3.338,31	0,00	0,00	0,00	0,00	0,00	3.338,31
	D.M.4.1 & D.M.4.2 External expertise for the preparation of the semester reports	0,00	15.000,00	0,00	0,00	0,00	0,00	0,00	15.000,00
	D.T3.1.3 Change management consultant to support the process analysis and preparation of change management plan and IT improvement (IT consultant)	0,00	0,00	0,00	0,00	10.000,00	0,00	0,00	10.000,00
	D.C.2.1 Local promotional materials to disseminate project information and learning	0,00	0,00	0,00	0,00	0,00	0,00	2.000,00	2.000,00
	Total BL4 External expertise and services costs	0,00	18.338,31	0,00	8.223,53	11.050,00	0,00	2.000,00	39.611,84
	BL5 Equipment								
	D.T3.2.2 Thematic equipment: 1 computer exclusively used for inputting and analyzing data related to the benchmarking tool.	0,00	0,00	0,00	0,00	1.500,00	0,00	0,00	1.500,00

Total BL5 Equipment expenditure		0,00	0,00	0,00	0,00	1.500,00	0,00	0,00	1.500,00
BL6 Infrastructure and works expenditure	BL6 Infrastructure and works expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Net revenues expected	Net revenues expected	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total		0,00	162.120,65	63.620,58	78.347,05	76.170,57	39.370,57	20.373,52	440.002,94

E.1.3.b Partner budget overview - budget line/ per period

Budget line	Specification	Period 0	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	TOTAL
BL1 Staff costs	BL1 Staff costs	0,00	13.500,00	25.500,00	94.294,10	66.058,82	66.058,81	66.058,84	331.470,57
BL2 Office and admin.	BL2 Office and admin.	0,00	2.025,00	3.825,00	14.144,10	9.908,81	9.908,81	9.908,81	49.720,53
BL3 Travel and accom.	BL3 Travel and accom.	0,00	2.400,00	4.500,00	4.200,00	2.400,00	0,00	4.200,00	17.700,00

BL4 External exp. and services	D.T2.1.2 Health innovation workshop in Brno with pilot sites to generate an initial set of innovation indicators. 1 day event with approximately 20 participants (venue, catering, handouts, etc.) and related External expert costs to run the workshop with pilot sites to generate the initial set of innovation indicators, to periodically review use of the set, identifying problems & solutions before final recommendations (Expert 1) (Expert 2 is at PP4)	0,00	0,00	8.223,53	0,00	0,00	0,00	0,00	8.223,53
	D.T3.1.3 Local stakeholder consensus meeting to maximise piloting benefits sensitive to local context, 1 day meeting in Brno with app. 15 people (catering, venue, handouts, technician etc)	0,00	0,00	1.050,00	0,00	0,00	0,00	0,00	1.050,00

	D.M.2.2. 3rd and 4th Steering group meeting, 1 day event with app. 15 participants (catering, venue, handouts, technician, project dinner etc.)	0,00	0,00	0,00	1.669,16	1.669,15	0,00	0,00	3.338,31
	D.M.4.1 & D.M.4.2 External expertise for the preparation of the semester reports	0,00	0,00	0,00	3.750,00	3.750,00	3.750,00	3.750,00	15.000,00
	D.T3.1.3 Change management consultant to support the process analysis and preparation of change management plan and IT improvement (IT consultant)	0,00	0,00	0,00	5.000,00	5.000,00	0,00	0,00	10.000,00
	D.C.2.1 Local promotional materials to disseminate project information and learning	0,00	0,00	500,00	500,00	500,00	0,00	500,00	2.000,00
	Total BL4 External expertise and services costs	0,00	0,00	9.773,53	10.919,16	10.919,15	3.750,00	4.250,00	39.611,84
BL5 Equipment	D.T3.2.2 Thematic equipment: 1 computer exclusively used for inputting and analyzing data related to the benchmarking tool.	0,00	0,00	1.500,00	0,00	0,00	0,00	0,00	1.500,00

Total BL5 Equipment expenditure		0,00	0,00	1.500,00	0,00	0,00	0,00	0,00	1.500,00
BL6 Infrastructure and works expenditure	BL6 Infrastructure and works expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Net revenues expected	Net revenues expected	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total		0,00	17.925,00	45.098,53	123.557,36	89.286,78	79.717,62	84.417,65	440.002,94

E.1.3.c Partner budget overview - period/ per work package

Period	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL
Period 0	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Period 1	0,00	3.550,00	14.375,00	0,00	0,00	0,00	0,00	17.925,00
Period 2	0,00	1.150,00	16.775,00	15.123,53	8.300,00	2.100,00	1.650,00	45.098,53
Period 3	0,00	40.189,74	32.470,58	17.155,88	18.867,64	10.517,64	4.355,88	123.557,36
Period 4	0,00	40.189,74	0,00	15.355,88	21.267,64	8.117,64	4.355,88	89.286,78
Period 5	0,00	38.520,58	0,00	15.355,88	13.867,64	8.117,64	3.855,88	79.717,62
Period 6	0,00	38.520,59	0,00	15.355,88	13.867,65	10.517,65	6.155,88	84.417,65
TOTAL	0,00	162.120,65	63.620,58	78.347,05	76.170,57	39.370,57	20.373,52	440.002,94

E.1.4 Partner co-financing

E.1.4.a Partner budget and co-financing

	<i>Amount</i>	<i>Co-financing rate</i>
<i>ERDF co-financing</i>	374.002,49	85,00
<i>Partner co-financing</i>	66.000,45	
<i>PARTNER TOTAL ELIGIBLE BUDGET</i>	440.002,94	

E.1.4.b Origin of partner co-financing

Source of co-financing	Legal status	% of total partner co-financing	Amount
Masarykův onkologický ústav	public	100,00 %	66.000,45
<i>Sub-total public co-financing</i>		100,00 %	66.000,45
<i>Sub-total automatic public co-financing</i>		0,00 %	0,00
<i>Sub-total private co-financing</i>		0,00 %	0,00
TOTAL partner co-financing		100 %	66.000,45
<i>Partner co-financing (target value)</i>			66.000,45
<i>Total public expenditure (= ERDF + public co-financing + automatic public co-financing)</i>			440.002,94

E.1.1 Partner

<i>Partner number</i>	2
<i>Name of partner organisation</i>	Istituto Oncologico Veneto - IRCCS
<i>Country</i>	IT
<i>Abbreviation</i>	IOV
<i>Partner role</i>	PP

E.1.2 Budget flat rates

<i>Budget flat rates</i>	Yes	
<i>Flat rate staff costs</i>	No	20,00
<i>Flat rate office and administrative expenditure</i>	Yes	15,00

E.1.3 Partner budget overview

E.1.3.a Partner budget overview - budget line/ per work package

Budget line	Specification	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL
BL1 Staff costs	BL1 Staff costs	0,00	25.341,92	30.000,00	4.000,00	60.000,00	2.000,00	10.000,00	131.341,92
BL2 Office and admin.	BL2 Office and admin.	0,00	3.801,28	4.500,00	600,00	9.000,00	300,00	1.500,00	19.701,28
BL3 Travel and accom.	BL3 Travel and accom.	0,00	1.600,00	600,00	2.400,00	2.100,00	1.800,00	2.400,00	10.900,00

BL4 External exp. and services	D.M.1.1 Kick off meeting in Padova with app. 20 people (catering, handouts, venue, technician, project dinner etc.)	0,00	2.000,00	0,00	0,00	0,00	0,00	0,00	2.000,00
	D.T3.1.3 Local stakeholder consensus meeting to maximise piloting benefits sensitive to local context, Padova with app. 15 people (catering, venue, handouts, technician etc)	0,00	0,00	0,00	0,00	1.300,00	0,00	0,00	1.300,00
	D.T4. 1.1 Training workshop on how to implement a patient-centred cancer care model in Padova with app. 20 persons (catering, venue, technician etc)	0,00	0,00	0,00	0,00	0,00	1.300,00	0,00	1.300,00

D.T2.1.4 Consensus workshop in Padova for INTENT stakeholders to introduce & discuss the revised indicator sets for the online benchmarking tool (catering, handouts, venue, technician, project dinner etc.)	0,00	0,00	0,00	2.000,00	0,00	0,00	0,00	2.000,00
D.M.4.1 & 2 Control and audit costs of the 6 semester (no exact figure is available at the time of submitting the application, app. 3% of the total budget is calculated)	0,00	8.970,00	0,00	0,00	0,00	0,00	0,00	8.970,00
D.T3.1.3 Change management consultant to support the process analysis and preparation of change management plan and IT improvement (IT consultant)	0,00	0,00	0,00	0,00	35.000,00	0,00	0,00	35.000,00
D.C.2.1 Local promotional materials to disseminate project information and learning	0,00	0,00	0,00	0,00	0,00	0,00	3.500,00	3.500,00

	P. External expertise for the preparation of the project application	15.000,00	0,00	0,00	0,00	0,00	0,00	0,00	15.000,00
Total BL4 External expertise and services costs		15.000,00	10.970,00	0,00	2.000,00	36.300,00	1.300,00	3.500,00	69.070,00
BL5 Equipment	D.T3.2.2 Thematic equipment: 1 computer exclusively used for inputting and analyzing data related to the benchmarking tool.	0,00	0,00	0,00	0,00	1.000,00	0,00	0,00	1.000,00
	Management: Purchase of 1 laptop for project management	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total BL5 Equipment expenditure		0,00	0,00	0,00	0,00	1.000,00	0,00	0,00	1.000,00
BL6 Infrastructure and works expenditure	BL6 Infrastructure and works expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Net revenues expected	Net revenues expected	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total		15.000,00	41.713,20	35.100,00	9.000,00	108.400,00	5.400,00	17.400,00	232.013,20

E.1.3.b Partner budget overview - budget line/ per period

Budget line	Specification	Period 0	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	TOTAL
BL1 Staff costs	BL1 Staff costs	0,00	15.000,00	15.000,00	26.335,48	27.035,48	27.035,48	20.935,48	131.341,92
BL2 Office and admin.	BL2 Office and admin.	0,00	2.250,00	2.250,00	3.950,32	4.055,32	4.055,32	3.140,32	19.701,28
BL3 Travel and accom.	BL3 Travel and accom.	0,00	0,00	3.000,00	900,00	3.700,00	0,00	3.300,00	10.900,00

BL4 External exp. and services	D.M.1.1 Kick off meeting in Padova with app. 20 people (catering, handouts, venue, technician, project dinner etc.)	0,00	2.000,00	0,00	0,00	0,00	0,00	0,00	2.000,00
	D.T3.1.3 Local stakeholder consensus meeting to maximise piloting benefits sensitive to local context, Padova with app. 15 people (catering, venue, handouts, technician etc)	0,00	0,00	1.300,00	0,00	0,00	0,00	0,00	1.300,00
	D.T4. 1.1 Training workshop on how to implement a patient-centred cancer care model in Padova with app. 20 persons (catering, venue, technician etc)	0,00	0,00	1.300,00	0,00	0,00	0,00	0,00	1.300,00

D.T2.1.4 Consensus workshop in Padova for INTENT stakeholders to introduce & discuss the revised indicator sets for the online benchmarking tool (catering, handouts, venue, technician, project dinner etc.)	0,00	0,00	0,00	2.000,00	0,00	0,00	0,00	2.000,00
D.M.4.1 & 2 Control and audit costs of the 6 semester (no exact figure is available at the time of submitting the application, app. 3% of the total budget is calculated)	0,00	0,00	0,00	2.242,50	2.242,50	2.242,50	2.242,50	8.970,00
D.T3.1.3 Change management consultant to support the process analysis and preparation of change management plan and IT improvement (IT consultant)	0,00	0,00	5.000,00	15.000,00	15.000,00	0,00	0,00	35.000,00
D.C.2.1 Local promotional materials to disseminate project information and learning	0,00	0,00	0,00	1.750,00	750,00	0,00	1.000,00	3.500,00

	P. External expertise for the preparation of the project application	15.000,00	0,00	0,00	0,00	0,00	0,00	0,00	15.000,00
Total BL4 External expertise and services costs		15.000,00	2.000,00	7.600,00	20.992,50	17.992,50	2.242,50	3.242,50	69.070,00
BL5 Equipment	D.T3.2.2 Thematic equipment: 1 computer exclusively used for inputting and analyzing data related to the benchmarking tool.	0,00	0,00	1.000,00	0,00	0,00	0,00	0,00	1.000,00
	Management: Purchase of 1 laptop for project management	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total BL5 Equipment expenditure		0,00	0,00	1.000,00	0,00	0,00	0,00	0,00	1.000,00
BL6 Infrastructure and works expenditure	BL6 Infrastructure and works expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Net revenues expected	Net revenues expected	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total		15.000,00	19.250,00	28.850,00	52.178,30	52.783,30	33.333,30	30.618,30	232.013,20

E.1.3.c Partner budget overview - period/ per work package

Period	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL
Period 0	15.000,00	0,00	0,00	0,00	0,00	0,00	0,00	15.000,00
Period 1	0,00	2.000,00	17.250,00	0,00	0,00	0,00	0,00	19.250,00
Period 2	0,00	0,00	17.850,00	2.400,00	7.300,00	1.300,00	0,00	28.850,00
Period 3	0,00	9.528,30	0,00	2.000,00	38.000,00	900,00	1.750,00	52.178,30
Period 4	0,00	11.128,30	0,00	1.725,00	34.350,00	805,00	4.775,00	52.783,30
Period 5	0,00	9.528,30	0,00	1.725,00	17.250,00	805,00	4.025,00	33.333,30
Period 6	0,00	9.528,30	0,00	1.150,00	11.500,00	1.590,00	6.850,00	30.618,30
TOTAL	15.000,00	41.713,20	35.100,00	9.000,00	108.400,00	5.400,00	17.400,00	232.013,20

E.1.4 Partner co-financing

E.1.4.a Partner budget and co-financing

	Amount	Co-financing rate
ERDF co-financing	185.610,56	80,00
Partner co-financing	46.402,64	
PARTNER TOTAL ELIGIBLE BUDGET	232.013,20	

E.1.4.b Origin of partner co-financing

Source of co-financing	Legal status	% of total partner co-financing	Amount
Istituto Oncologico Veneto - IRCCS	public	0,00 %	0,00
rotation fund	automatic public	100,00 %	46.402,64
Sub-total public co-financing		0,00 %	0,00
Sub-total automatic public co-financing		100,00 %	46.402,64
Sub-total private co-financing		0,00 %	0,00
TOTAL partner co-financing		100 %	46.402,64
Partner co-financing (target value)			46.402,64
Total public expenditure (= ERDF + public co-financing + automatic public co-financing)			232.013,20

E.1.1 Partner

Partner number	3
Name of partner organisation	Centro di Riferimento Oncologico - IRCCS
Country	IT
Abbreviation	CRO AVIANO
Partner role	PP

E.1.2 Budget flat rates

Budget flat rates	Yes	
Flat rate staff costs	No	20,00
Flat rate office and administrative expenditure	Yes	15,00

E.1.3 Partner budget overview

E.1.3.a Partner budget overview - budget line/ per work package

Budget line	Specification	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL
BL1 Staff costs	BL1 Staff costs	0,00	15.000,00	70.000,00	20.000,00	50.000,00	0,00	5.000,00	160.000,00
BL2 Office and admin.	BL2 Office and admin.	0,00	2.250,00	10.500,00	3.000,00	7.500,00	0,00	750,00	24.000,00
BL3 Travel and accom.	BL3 Travel and accom.	0,00	2.600,00	0,00	3.300,00	2.100,00	2.100,00	2.400,00	12.500,00
BL4 External exp. and services	D.M.3.3 External exp.: Technical implementation Project Manager role: to develop the IT Development Plan to ensure coherence, quality and sustainability of all IT-related processes and deliverables, monitor quality, to coordinate with the different W	0,00	0,00	0,00	0,00	0,00	30.938,00	0,00	30.938,00
	D.T1.3.2 Consensus workshop, 1 day event in Aviano with approximately 20 participants (catering, venue, handouts, technician, project dinner etc.)	0,00	0,00	1.700,00	0,00	0,00	0,00	0,00	1.700,00

D.T1.3.1 External expertise to guide the preparation of the patient-centred cancer care guidelines & ensure English editing (professional writer)	0,00	0,00	11.000,00	0,00	0,00	0,00	0,00	0,00	11.000,00
D.M.2.2. 2nd Steering group meeting, Aviano linked to the Consensus Workshop (D.T1.3.2), 1 day event with app. 20 participants (catering, venue, handouts, technician, etc.)	0,00	800,00	0,00	0,00	0,00	0,00	0,00	0,00	800,00
D.C.2.1 Local promotional materials to disseminate project information and learning	0,00	0,00	0,00	0,00	0,00	0,00	0,00	2.500,00	2.500,00
D.T3.1.3 Local stakeholder consensus meeting to maximise piloting benefits sensitive to local context, Padova with app. 15 people (catering, venue, handouts, technician etc)	0,00	0,00	0,00	0,00	1.100,00	0,00	0,00	0,00	1.100,00

	D.M.4.1 & 2 Control and audit costs of the 6 semester (no exact figure is available at the time of submitting the application, app. 3% of the total budget is calculated)	0,00	4.595,00	0,00	0,00	0,00	0,00	0,00	4.595,00
Total BL4 External expertise and services costs		0,00	5.395,00	12.700,00	0,00	1.100,00	30.938,00	2.500,00	52.633,00
BL5 Equipment	D.T3.2.2 Thematic equipment: 1 computer exclusively used for inputting and analyzing data related to the benchmarking tool.	0,00	0,00	0,00	0,00	1.500,00	0,00	0,00	1.500,00
Total BL5 Equipment expenditure		0,00	0,00	0,00	0,00	1.500,00	0,00	0,00	1.500,00
BL6 Infrastructure and works expenditure	BL6 Infrastructure and works expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Net revenues expected	Net revenues expected	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total		0,00	25.245,00	93.200,00	26.300,00	62.200,00	33.038,00	10.650,00	250.633,00

E.1.3.b Partner budget overview - budget line/ per period

Budget line	Specification	Period 0	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	TOTAL
BL1 Staff costs	BL1 Staff costs	0,00	37.500,00	52.500,00	17.500,00	17.500,00	17.500,00	17.500,00	160.000,00
BL2 Office and admin.	BL2 Office and admin.	0,00	5.625,00	7.875,00	2.625,00	2.625,00	2.625,00	2.625,00	24.000,00
BL3 Travel and accom.	BL3 Travel and accom.	0,00	600,00	2.700,00	1.800,00	4.100,00	0,00	3.300,00	12.500,00

BL4 External exp. and services	D.M.3.3 External exp.: Technical implementation Project Manager role: to develop the IT Development Plan to ensure coherence, quality and sustainability of all IT-related processes and deliverables, monitor quality, to coordinate with the different W	0,00	0,00	15.469,00	15.469,00	0,00	0,00	0,00	30.938,00
	D.T1.3.2 Consensus workshop, 1 day event in Aviano with approximately 20 participants (catering, venue, handouts, technician, project dinner etc.)	0,00	0,00	1.700,00	0,00	0,00	0,00	0,00	1.700,00
	D.T1.3.1 External expertise to guide the preparation of the patient-centred cancer care guidelines & ensure English editing (professional writer)	0,00	0,00	5.500,00	5.500,00	0,00	0,00	0,00	11.000,00

	D.M.2.2. 2nd Steering group meeting, Aviano linked to the Consensus Workshop (D.T1.3.2), 1 day event with app. 20 participants (catering, venue, handouts, technician, etc.)	0,00	0,00	800,00	0,00	0,00	0,00	0,00	800,00
	D.C.2.1 Local promotional materials to disseminate project information and learning	0,00	0,00	1.000,00	500,00	500,00	0,00	500,00	2.500,00
	D.T3.1.3 Local stakeholder consensus meeting to maximise piloting benefits sensitive to local context, Padova with app. 15 people (catering, venue, handouts, technician etc)	0,00	0,00	1.100,00	0,00	0,00	0,00	0,00	1.100,00
	D.M.4.1 & 2 Control and audit costs of the 6 semester (no exact figure is available at the time of submitting the application, app. 3% of the total budget is calculated)	0,00	765,00	765,00	765,00	765,00	765,00	770,00	4.595,00
Total BL4 External expertise and services costs		0,00	765,00	26.334,00	22.234,00	1.265,00	765,00	1.270,00	52.633,00

BL5 Equipment	D.T3.2.2 Thematic equipment: 1 computer exclusively used for inputting and analyzing data related to the benchmarking tool.	0,00	0,00	1.500,00	0,00	0,00	0,00	0,00	1.500,00
Total BL5 Equipment expenditure		0,00	0,00	1.500,00	0,00	0,00	0,00	0,00	1.500,00
BL6 Infrastructure and works expenditure	BL6 Infrastructure and works expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Net revenues expected	Net revenues expected	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total		0,00	44.490,00	90.909,00	44.159,00	25.490,00	20.890,00	24.695,00	250.633,00

E.1.3.c Partner budget overview - period/ per work package

Period	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL
Period 0	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Period 1	0,00	4.240,00	40.250,00	0,00	0,00	0,00	0,00	44.490,00
Period 2	0,00	4.440,00	47.450,00	7.000,00	14.100,00	15.769,00	2.150,00	90.909,00
Period 3	0,00	3.640,00	5.500,00	5.500,00	11.500,00	16.369,00	1.650,00	44.159,00
Period 4	0,00	5.640,00	0,00	4.600,00	13.600,00	0,00	1.650,00	25.490,00
Period 5	0,00	3.640,00	0,00	4.600,00	11.500,00	0,00	1.150,00	20.890,00
Period 6	0,00	3.645,00	0,00	4.600,00	11.500,00	900,00	4.050,00	24.695,00
TOTAL	0,00	25.245,00	93.200,00	26.300,00	62.200,00	33.038,00	10.650,00	250.633,00

E.1.4 Partner co-financing

E.1.4.a Partner budget and co-financing

	<i>Amount</i>	<i>Co-financing rate</i>
<i>ERDF co-financing</i>	200.506,40	80,00
<i>Partner co-financing</i>	50.126,60	
<i>PARTNER TOTAL ELIGIBLE BUDGET</i>	250.633,00	

E.1.4.b Origin of partner co-financing

Source of co-financing	Legal status	% of total partner co-financing	Amount
Centro di Riferimento Oncologico - IRCCS	public	0,00 %	0,00
rotation fund	automatic public	100,00 %	50.126,60
Sub-total public co-financing		0,00 %	0,00
Sub-total automatic public co-financing		100,00 %	50.126,60
Sub-total private co-financing		0,00 %	0,00
TOTAL partner co-financing		100 %	50.126,60
Partner co-financing (target value)			50.126,60
Total public expenditure (= ERDF + public co-financing + automatic public co-financing)			250.633,00

E.1.1 Partner

Partner number	4
Name of partner organisation	Országos Onkológiai Intézet
Country	HU
Abbreviation	OOI
Partner role	PP

E.1.2 Budget flat rates

Budget flat rates	Yes	
Flat rate staff costs	No	20,00
Flat rate office and administrative expenditure	Yes	15,00

E.1.3 Partner budget overview

E.1.3.a Partner budget overview - budget line/ per work package

Budget line	Specification	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL
BL1 Staff costs	BL1 Staff costs	0,00	10.000,00	15.000,00	25.000,00	62.000,00	0,00	5.000,00	117.000,00
BL2 Office and admin.	BL2 Office and admin.	0,00	1.500,00	2.250,00	3.750,00	9.300,00	0,00	750,00	17.550,00
BL3 Travel and accom.	BL3 Travel and accom.	0,00	3.000,00	1.800,00	3.900,00	0,00	5.400,00	1.800,00	15.900,00

BL4 External exp. and services	D.T3. 1.3 Local stakeholder consensus meeting to maximise piloting benefits sensitive to local context, Budapest (catering, venue, technical support)	0,00	0,00	0,00	0,00	500,00	0,00	0,00	500,00
	D.T3. 3.2 Interim Challenge Workshop (1 day), Budapest with app. 25 people (catering during the day, venue, technical support, project dinner)	0,00	0,00	0,00	0,00	1.000,00	0,00	0,00	1.000,00
	D.M.2.2 3rd Steering group meeting (1 day), Budapest linked to the Interim Challenge Workshop held in Budapest (D.T3.3.2) (catering, venue, technical support)	0,00	550,00	0,00	0,00	0,00	0,00	0,00	550,00

	D.T2.1.2 External expert to run a workshop with pilot sites to generate an initial set of innovation indicators, to periodically review use of the set, identifying problems & solutions before final recommendations (Expert 2) (Expert 2 is at LP)	0,00	0,00	0,00	5.000,00	0,00	0,00	0,00	5.000,00
	D.M.4.1 & D.M.4.2 External expertise for the preparation of the semester financial reports (financial assistance)	0,00	7.200,00	0,00	0,00	0,00	0,00	0,00	7.200,00
	D.C.2.1 Local promotional materials to disseminate project information and learning	0,00	0,00	0,00	0,00	0,00	0,00	2.000,00	2.000,00
Total BL4 External expertise and services costs		0,00	7.750,00	0,00	5.000,00	1.500,00	0,00	2.000,00	16.250,00
BL5 Equipment	D.T3.2.2 Thematic equipment: 1 computer exclusively used for inputting and analyzing data related to the benchmarking tool.	0,00	0,00	0,00	0,00	1.500,00	0,00	0,00	1.500,00
Total BL5 Equipment expenditure		0,00	0,00	0,00	0,00	1.500,00	0,00	0,00	1.500,00

BL6 Infrastructure and works expenditure	BL6 Infrastructure and works expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Net revenues expected	Net revenues expected	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total		0,00	22.250,00	19.050,00	37.650,00	74.300,00	5.400,00	9.550,00	168.200,00

E.1.3.b Partner budget overview - budget line/ per period

Budget line	Specification	Period 0	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	TOTAL
BL1 Staff costs	BL1 Staff costs	0,00	10.500,00	24.400,00	19.900,00	19.900,00	20.900,00	21.400,00	117.000,00
BL2 Office and admin.	BL2 Office and admin.	0,00	1.575,00	3.660,00	2.985,00	2.985,00	3.135,00	3.210,00	17.550,00
BL3 Travel and accom.	BL3 Travel and accom.	0,00	1.800,00	5.400,00	3.900,00	1.200,00	0,00	3.600,00	15.900,00
BL4 External exp. and services	D.T3. 1.3 Local stakeholder consensus meeting to maximise piloting benefits sensitive to local context, Budapest (catering, venue, technical support)	0,00	0,00	500,00	0,00	0,00	0,00	0,00	500,00
	D.T3. 3.2 Interim Challenge Workshop (1 day), Budapest with app. 25 people (catering during the day, venue, technical support, project dinner)	0,00	0,00	0,00	0,00	1.000,00	0,00	0,00	1.000,00

	D.M.2.2 3rd Steering group meeting (1 day), Budapest linked to the Interim Challenge Workshop held in Budapest (D.T3.3.2) (catering, venue, technical support)	0,00	0,00	0,00	0,00	550,00	0,00	0,00	550,00
	D.T2.1.2 External expert to run a workshop with pilot sites to generate an initial set of innovation indicators, to periodically review use of the set, identifying problems & solutions before final recommendations (Expert 2) (Expert 2 is at LP)	0,00	0,00	0,00	5.000,00	0,00	0,00	0,00	5.000,00
	D.M.4.1 & D.M.4.2 External expertise for the preparation of the semester financial reports (financial assistance)	0,00	1.200,00	1.200,00	1.200,00	1.200,00	1.200,00	1.200,00	7.200,00
	D.C.2.1 Local promotional materials to disseminate project information and learning	0,00	0,00	500,00	500,00	500,00	0,00	500,00	2.000,00
Total BL4 External expertise and services costs		0,00	1.200,00	2.200,00	6.700,00	3.250,00	1.200,00	1.700,00	16.250,00

BL5 Equipment	D.T3.2.2 Thematic equipment:1 computer exclusively used for inputting and analyzing data related to the benchmarking tool.	0,00	0,00	1.500,00	0,00	0,00	0,00	0,00	1.500,00
Total BL5 Equipment expenditure		0,00	0,00	1.500,00	0,00	0,00	0,00	0,00	1.500,00
BL6 Infrastructure and works expenditure	BL6 Infrastructure and works expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Net revenues expected	Net revenues expected	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total		0,00	15.075,00	37.160,00	33.485,00	27.335,00	25.235,00	29.910,00	168.200,00

E.1.3.c Partner budget overview - period/ per work package

Period	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL
Period 0	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Period 1	0,00	5.300,00	8.625,00	0,00	0,00	0,00	1.150,00	15.075,00
Period 2	0,00	2.925,00	10.425,00	5.250,00	16.260,00	1.800,00	500,00	37.160,00
Period 3	0,00	2.925,00	0,00	14.000,00	14.260,00	1.800,00	500,00	33.485,00
Period 4	0,00	4.675,00	0,00	6.900,00	15.260,00	0,00	500,00	27.335,00
Period 5	0,00	2.925,00	0,00	5.750,00	14.260,00	0,00	2.300,00	25.235,00
Period 6	0,00	3.500,00	0,00	5.750,00	14.260,00	1.800,00	4.600,00	29.910,00
TOTAL	0,00	22.250,00	19.050,00	37.650,00	74.300,00	5.400,00	9.550,00	168.200,00

E.1.4 Partner co-financing

E.1.4.a Partner budget and co-financing

	<i>Amount</i>	<i>Co-financing rate</i>
<i>ERDF co-financing</i>	142.970,00	85,00
<i>Partner co-financing</i>	25.230,00	
PARTNER TOTAL ELIGIBLE BUDGET	168.200,00	

E.1.4.b Origin of partner co-financing

Source of co-financing	Legal status	% of total partner co-financing	Amount
Országos Onkológiai Intézet	public	100,00 %	25.230,00
<i>Sub-total public co-financing</i>		100,00 %	25.230,00
<i>Sub-total automatic public co-financing</i>		0,00 %	0,00
<i>Sub-total private co-financing</i>		0,00 %	0,00
TOTAL partner co-financing		100 %	25.230,00
<i>Partner co-financing (target value)</i>			25.230,00
<i>Total public expenditure (= ERDF + public co-financing + automatic public co-financing)</i>			168.200,00

E.1.1 Partner

<i>Partner number</i>	5
<i>Name of partner organisation</i>	Nacionalni inštitut za javno zdravje
<i>Country</i>	SI
<i>Abbreviation</i>	NIJZ
<i>Partner role</i>	PP

E.1.2 Budget flat rates

<i>Budget flat rates</i>	Yes	
<i>Flat rate staff costs</i>	No	20,00
<i>Flat rate office and administrative expenditure</i>	Yes	15,00

E.1.3 Partner budget overview

E.1.3.a Partner budget overview - budget line/ per work package

Budget line	Specification	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL
BL1 Staff costs	BL1 Staff costs	0,00	15.000,00	25.000,00	9.200,00	800,00	10.000,00	70.606,80	130.606,80
BL2 Office and admin.	BL2 Office and admin.	0,00	2.250,00	3.750,00	1.380,00	120,00	1.500,00	10.591,02	19.591,02
BL3 Travel and accom.	BL3 Travel and accom.	0,00	3.200,00	1.200,00	2.100,00	1.600,00	0,00	0,00	8.100,00

BL4 External exp. and services	D.C.2.1 Producing project promotional materials to disseminate project information and learning	0,00	0,00	0,00	0,00	0,00	0,00	10.000,00	10.000,00
	D.T1.3.1 External expertise: professional writing of guidelines & ensure English editing	0,00	0,00	10.000,00	0,00	0,00	0,00	0,00	10.000,00
	D.C.4.2. INTENT Final conference, 1 day event with app. 100 participants (catering, venue, technician, handouts etc.)	0,00	0,00	0,00	0,00	0,00	0,00	13.600,00	13.600,00
	D.M.2.1 6th Steering group meeting, Ljubljana, app. 20 participants (catering, venue, technician, handouts, project dinner)	0,00	1.400,00	0,00	0,00	0,00	0,00	0,00	1.400,00
Total BL4 External expertise and services costs		0,00	1.400,00	10.000,00	0,00	0,00	0,00	23.600,00	35.000,00
BL5 Equipment expenditure	BL5 Equipment expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
BL6 Infrastructure and works expenditure	BL6 Infrastructure and works expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Net revenues expected	Net revenues expected	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total		0,00	21.850,00	39.950,00	12.680,00	2.520,00	11.500,00	104.797,82	193.297,82

E.1.3.b Partner budget overview - budget line/ per period

Budget line	Specification	Period 0	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	TOTAL
BL1 Staff costs	BL1 Staff costs	0,00	26.767,80	26.767,80	19.067,80	19.067,80	19.867,80	19.067,80	130.606,80
BL2 Office and admin.	BL2 Office and admin.	0,00	4.015,17	4.015,17	2.860,17	2.860,17	2.980,17	2.860,17	19.591,02
BL3 Travel and accom.	BL3 Travel and accom.	0,00	1.200,00	1.200,00	2.100,00	3.000,00	0,00	600,00	8.100,00
BL4 External exp. and services	D.C.2.1 Producing project promotional materials to disseminate project information and learning	0,00	3.000,00	1.000,00	1.000,00	1.000,00	1.000,00	3.000,00	10.000,00
	D.T1.3.1 External expertise: professional writing of guidelines & ensure English editing	0,00	0,00	10.000,00	0,00	0,00	0,00	0,00	10.000,00
	D.C.4.2. INTENT Final conference, 1 day event with app. 100 participants (catering, venue, technician, handouts etc.)	0,00	0,00	0,00	0,00	0,00	0,00	13.600,00	13.600,00
	D.M.2.1 6th Steering group meeting, Ljubljana, app. 20 participants (catering, venue, technician, handouts, project dinner)	0,00	0,00	0,00	0,00	0,00	0,00	1.400,00	1.400,00
Total BL4 External expertise and services costs		0,00	3.000,00	11.000,00	1.000,00	1.000,00	1.000,00	18.000,00	35.000,00

BL5 Equipment expenditure	BL5 Equipment expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
BL6 Infrastructure and works expenditure	BL6 Infrastructure and works expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Net revenues expected	Net revenues expected	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total		0,00	34.982,97	42.982,97	25.027,97	25.927,97	23.847,97	40.527,97	193.297,82

E.1.3.c Partner budget overview - period/ per work package

Period	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL
Period 0	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Period 1	0,00	4.075,00	14.375,00	0,00	0,00	0,00	16.532,97	34.982,97
Period 2	0,00	2.875,00	25.575,00	0,00	0,00	0,00	14.532,97	42.982,97
Period 3	0,00	2.875,00	0,00	4.745,00	0,00	2.875,00	14.532,97	25.027,97
Period 4	0,00	4.275,00	0,00	2.645,00	1.600,00	2.875,00	14.532,97	25.927,97
Period 5	0,00	2.875,00	0,00	2.645,00	920,00	2.875,00	14.532,97	23.847,97
Period 6	0,00	4.875,00	0,00	2.645,00	0,00	2.875,00	30.132,97	40.527,97
TOTAL	0,00	21.850,00	39.950,00	12.680,00	2.520,00	11.500,00	104.797,82	193.297,82

E.1.4 Partner co-financing

E.1.4.a Partner budget and co-financing

	<i>Amount</i>	<i>Co-financing rate</i>
<i>ERDF co-financing</i>	164.303,14	85,00
<i>Partner co-financing</i>	28.994,68	
<i>PARTNER TOTAL ELIGIBLE BUDGET</i>	193.297,82	

E.1.4.b Origin of partner co-financing

Source of co-financing	Legal status	% of total partner co-financing	Amount
Nacionalni inštitut za javno zdravje	public	100,00 %	28.994,68
	private	0,00 %	0,00
Sub-total public co-financing		100,00 %	28.994,68
Sub-total automatic public co-financing		0,00 %	0,00
Sub-total private co-financing		0,00 %	0,00
TOTAL partner co-financing		100 %	28.994,68
Partner co-financing (target value)			28.994,68
Total public expenditure (= ERDF + public co-financing + automatic public co-financing)			193.297,82

E.1.1 Partner

Partner number	6
Name of partner organisation	Ústav zdravotnických informací a statistiky České republiky
Country	CZ
Abbreviation	IHIS
Partner role	PP

E.1.2 Budget flat rates

Budget flat rates	Yes	
Flat rate staff costs	No	20,00
Flat rate office and administrative expenditure	Yes	15,00

E.1.3 Partner budget overview

E.1.3.a Partner budget overview - budget line/ per work package

Budget line	Specification	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL
BL1 Staff costs	BL1 Staff costs	0,00	10.000,00	1.000,00	45.435,00	2.000,00	17.100,00	13.000,00	88.535,00
BL2 Office and admin.	BL2 Office and admin.	0,00	1.500,00	150,00	6.815,25	300,00	2.565,00	1.950,00	13.280,25
BL3 Travel and accom.	BL3 Travel and accom.	0,00	2.200,00	2.000,00	3.200,00	1.600,00	600,00	2.800,00	12.400,00

BL4 External exp. and services	D.T4.1.2 Training workshop about how to benchmark effectively, in Prague, 1 day event with app. 20 participants (catering, venue, technicians, handouts etc.)	0,00	0,00	0,00	0,00	0,00	1.500,00	0,00	1.500,00
	D.T4.1.1, 2, 3 External experts to assist training modules development and the trainings and to provide technical assistance and support of the exchange of good practices	0,00	0,00	0,00	0,00	0,00	17.000,00	0,00	17.000,00
	D.T4.2.2 & D.T4.2.3 Design and construction of virtual 'know-how' centre with an anonymised data repository	0,00	0,00	0,00	0,00	0,00	20.000,00	0,00	20.000,00
	D.M.4.1 & 2 Control and audit costs of the 6 semester	0,00	6.000,00	0,00	0,00	0,00	0,00	0,00	6.000,00
	D.C.2.1 Promotional materials to disseminate project information and learning	0,00	0,00	0,00	0,00	0,00	0,00	2.000,00	2.000,00

	D.M.2.2. 5th Steering group meeting, Prague, 1 day event with app. 15 participants (linked to the 3rd Workshop of WP4) (catering, venue, handouts, technician, etc.)	0,00	1.000,00	0,00	0,00	0,00	0,00	0,00	1.000,00
	D.T4.1.3 Workshop on generating social entrepreneurial solutions to improve patient-centred cancer care (catering, venue, technician, handouts, project dinner etc)	0,00	0,00	0,00	0,00	0,00	1.500,00	0,00	1.500,00
Total BL4 External expertise and services costs		0,00	7.000,00	0,00	0,00	0,00	40.000,00	2.000,00	49.000,00
BL5 Equipment	D.T4.2.2 & D.T4.2.3 Thematic equipment:1 computer and 1 server to be used for data storage and analysis to support the benchmarking tool and know how center	0,00	0,00	0,00	0,00	0,00	6.500,00	0,00	6.500,00
Total BL5 Equipment expenditure		0,00	0,00	0,00	0,00	0,00	6.500,00	0,00	6.500,00
BL6 Infrastructure and works expenditure	BL6 Infrastructure and works expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00

Net revenues expected	Net revenues expected	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total		0,00	20.700,00	3.150,00	55.450,25	3.900,00	66.765,00	19.750,00	169.715,25

E.1.3.b Partner budget overview - budget line/ per period

Budget line	Specification	Period 0	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	TOTAL
BL1 Staff costs	BL1 Staff costs	0,00	1.500,00	13.587,00	18.087,00	20.087,00	20.087,00	15.187,00	88.535,00
BL2 Office and admin.	BL2 Office and admin.	0,00	225,00	2.038,05	2.713,05	3.013,05	3.013,05	2.278,05	13.280,25
BL3 Travel and accom.	BL3 Travel and accom.	0,00	600,00	4.200,00	1.600,00	3.200,00	0,00	2.800,00	12.400,00
BL4 External exp. and services	D.T4.1.2 Training workshop about how to benchmark effectively, in Prague, 1 day event with app. 20 participants (catering, venue, technicians, handouts etc.)	0,00	0,00	0,00	1.500,00	0,00	0,00	0,00	1.500,00
	D.T4.1.1, 2, 3 External experts to assist training modules development and the trainings and to provide technical assistance and support of the exchange of good practices	0,00	0,00	8.500,00	0,00	8.500,00	0,00	0,00	17.000,00
	D.T4.2.2 & D.T4.2.3 Design and construction of virtual 'know-how' centre with an anonymised data repository	0,00	0,00	0,00	10.000,00	10.000,00	0,00	0,00	20.000,00
	D.M.4.1 & 2 Control and audit costs of the 6 semester	0,00	1.000,00	1.000,00	1.000,00	1.000,00	1.000,00	1.000,00	6.000,00

	D.C.2.1 Promotional materials to disseminate project information and learning	0,00	0,00	500,00	500,00	500,00	0,00	500,00	2.000,00
	D.M.2.2. 5th Steering group meeting, Prague, 1 day event with app. 15 participants (linked to the 3rd Workshop of WP4) (catering, venue, handouts, technician, etc.)	0,00	0,00	0,00	0,00	0,00	0,00	1.000,00	1.000,00
	D.T4.1.3 Workshop on generating social entrepreneurial solutions to improve patient-centred cancer care (catering, venue, technician, handouts, project dinner etc)	0,00	0,00	0,00	0,00	0,00	0,00	1.500,00	1.500,00
Total BL4 External expertise and services costs		0,00	1.000,00	10.000,00	13.000,00	20.000,00	1.000,00	4.000,00	49.000,00
BL5 Equipment	D.T4.2.2 & D.T4.2.3 Thematic equipment: 1 computer and 1 server to be used for data storage and analysis to support the benchmarking tool and know how center	0,00	0,00	6.500,00	0,00	0,00	0,00	0,00	6.500,00

Total BL5 Equipment expenditure		0,00	0,00	6.500,00	0,00	0,00	0,00	0,00	6.500,00
BL6 Infrastructure and works expenditure	BL6 Infrastructure and works expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Net revenues expected	Net revenues expected	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total		0,00	3.325,00	36.325,05	35.400,05	46.300,05	24.100,05	24.265,05	169.715,25

E.1.3.c Partner budget overview - period/ per work package

Period	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL
Period 0	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Period 1	0,00	2.750,00	575,00	0,00	0,00	0,00	0,00	3.325,00
Period 2	0,00	2.150,00	2.575,00	12.050,05	0,00	16.750,00	2.800,00	36.325,05
Period 3	0,00	3.300,00	0,00	12.050,05	0,00	17.250,00	2.800,00	35.400,05
Period 4	0,00	4.900,00	0,00	10.450,05	2.750,00	24.250,00	3.950,00	46.300,05
Period 5	0,00	3.300,00	0,00	10.450,05	1.150,00	5.750,00	3.450,00	24.100,05
Period 6	0,00	4.300,00	0,00	10.450,05	0,00	2.765,00	6.750,00	24.265,05
TOTAL	0,00	20.700,00	3.150,00	55.450,25	3.900,00	66.765,00	19.750,00	169.715,25

E.1.4 Partner co-financing

E.1.4.a Partner budget and co-financing

	<i>Amount</i>	<i>Co-financing rate</i>
<i>ERDF co-financing</i>	144.257,96	85,00
<i>Partner co-financing</i>	25.457,29	
<i>PARTNER TOTAL ELIGIBLE BUDGET</i>	169.715,25	

E.1.4.b Origin of partner co-financing

Source of co-financing	Legal status	% of total partner co-financing	Amount
Ústav zdravotnických informací a statistiky České republiky	public	100,00 %	25.457,29
Sub-total public co-financing		100,00 %	25.457,29
Sub-total automatic public co-financing		0,00 %	0,00
Sub-total private co-financing		0,00 %	0,00
TOTAL partner co-financing		100 %	25.457,29
Partner co-financing (target value)			25.457,29
Total public expenditure (= ERDF + public co-financing + automatic public co-financing)			169.715,25

E.1.1 Partner

Partner number	7
Name of partner organisation	Onkološki inštitut Ljubljana
Country	SI
Abbreviation	OI Lj
Partner role	PP

E.1.2 Budget flat rates

Budget flat rates	Yes	
Flat rate staff costs	No	20,00
Flat rate office and administrative expenditure	Yes	15,00

E.1.3 Partner budget overview

E.1.3.a Partner budget overview - budget line/ per work package

Budget line	Specification	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL
BL1 Staff costs	BL1 Staff costs	0,00	10.000,00	25.000,00	20.000,00	40.000,00	0,00	5.500,00	100.500,00
BL2 Office and admin.	BL2 Office and admin.	0,00	1.500,00	3.750,00	3.000,00	6.000,00	0,00	825,00	15.075,00
BL3 Travel and accom.	BL3 Travel and accom.	0,00	3.400,00	1.800,00	3.600,00	1.800,00	4.500,00	0,00	15.100,00

BL4 External exp. and services	D.T3.1.3 Change management consultant to support the process analysis and preparation of change management plan and IT improvement (IT consultant)	0,00	0,00	0,00	0,00	10.000,00	0,00	0,00	10.000,00
	D.T3.1.3 Local stakeholder consensus meeting to maximise piloting benefits sensitive to local context, Ljubljana, 1 day meeting, with app. 15 people (catering, venue, handouts, technician etc)	0,00	0,00	0,00	0,00	975,00	0,00	0,00	975,00
	D.M.4.1 & D.M.4.2 External expertise for the preparation of the semester financial reports (financial assistance)	0,00	6.600,00	0,00	0,00	0,00	0,00	0,00	6.600,00
	D.C.2.1 Local promotional materials to disseminate project information and learning	0,00	0,00	0,00	0,00	0,00	0,00	2.000,00	2.000,00
Total BL4 External expertise and services costs		0,00	6.600,00	0,00	0,00	10.975,00	0,00	2.000,00	19.575,00

BL5 Equipment	D.T3.2.2 Thematic equipment:1 computer exclusively used for inputting and analyzing data related to the benchmarking tool.	0,00	0,00	0,00	0,00	1.500,00	0,00	0,00	1.500,00
Total BL5 Equipment expenditure		0,00	0,00	0,00	0,00	1.500,00	0,00	0,00	1.500,00
BL6 Infrastructure and works expenditure	BL6 Infrastructure and works expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Net revenues expected	Net revenues expected	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total		0,00	21.500,00	30.550,00	26.600,00	60.275,00	4.500,00	8.325,00	151.750,00

E.1.3.b Partner budget overview - budget line/ per period

Budget line	Specification	Period 0	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	TOTAL
BL1 Staff costs	BL1 Staff costs	0,00	10.000,00	30.000,00	15.000,00	15.000,00	15.500,00	15.000,00	100.500,00
BL2 Office and admin.	BL2 Office and admin.	0,00	1.500,00	4.500,00	2.250,00	2.250,00	2.325,00	2.250,00	15.075,00
BL3 Travel and accom.	BL3 Travel and accom.	0,00	1.800,00	5.400,00	3.600,00	3.400,00	0,00	900,00	15.100,00
BL4 External exp. and services	D.T3.1.3 Change management consultant to support the process analysis and preparation of change management plan and IT improvement (IT consultant)	0,00	0,00	0,00	5.000,00	5.000,00	0,00	0,00	10.000,00

	D.T3.1.3 Local stakeholder consensus meeting to maximise piloting benefits sensitive to local context, Ljubljana, 1 day meeting, with app. 15 people (catering, venue, handouts, technician etc)	0,00	0,00	975,00	0,00	0,00	0,00	0,00	975,00
	D.M.4.1 & D.M.4.2 External expertise for the preparation of the semester financial reports (financial assistance)	0,00	1.100,00	1.100,00	1.100,00	1.100,00	1.100,00	1.100,00	6.600,00
	D.C.2.1 Local promotional materials to disseminate project information and learning	0,00	0,00	500,00	500,00	500,00	0,00	500,00	2.000,00
Total BL4 External expertise and services costs		0,00	1.100,00	2.575,00	6.600,00	6.600,00	1.100,00	1.600,00	19.575,00
BL5 Equipment	D.T3.2.2 Thematic equipment:1 computer exclusively used for inputting and analyzing data related to the benchmarking tool.	0,00	0,00	1.500,00	0,00	0,00	0,00	0,00	1.500,00
Total BL5 Equipment expenditure		0,00	0,00	1.500,00	0,00	0,00	0,00	0,00	1.500,00

BL6 Infrastructure and works expenditure	BL6 Infrastructure and works expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Net revenues expected	Net revenues expected	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total		0,00	14.400,00	43.975,00	27.450,00	27.250,00	18.925,00	19.750,00	151.750,00

E.1.3.c Partner budget overview - period/ per work package

Period	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL
Period 0	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Period 1	0,00	2.900,00	11.500,00	0,00	0,00	0,00	0,00	14.400,00
Period 2	0,00	3.400,00	19.050,00	6.400,00	11.675,00	1.800,00	1.650,00	43.975,00
Period 3	0,00	3.400,00	0,00	6.400,00	14.200,00	1.800,00	1.650,00	27.450,00
Period 4	0,00	5.000,00	0,00	4.600,00	16.000,00	0,00	1.650,00	27.250,00
Period 5	0,00	3.400,00	0,00	4.600,00	9.200,00	0,00	1.725,00	18.925,00
Period 6	0,00	3.400,00	0,00	4.600,00	9.200,00	900,00	1.650,00	19.750,00
TOTAL	0,00	21.500,00	30.550,00	26.600,00	60.275,00	4.500,00	8.325,00	151.750,00

E.1.4 Partner co-financing

E.1.4.a Partner budget and co-financing

	<i>Amount</i>	<i>Co-financing rate</i>
<i>ERDF co-financing</i>	128.987,50	85,00
<i>Partner co-financing</i>	22.762,50	
<i>PARTNER TOTAL ELIGIBLE BUDGET</i>	151.750,00	

E.1.4.b Origin of partner co-financing

<i>Source of co-financing</i>	<i>Legal status</i>	<i>% of total partner co-financing</i>	<i>Amount</i>
Onkološki inštitut Ljubljana	public	100,00 %	22.762,50
<i>Sub-total public co-financing</i>		100,00 %	22.762,50
<i>Sub-total automatic public co-financing</i>		0,00 %	0,00
<i>Sub-total private co-financing</i>		0,00 %	0,00
<i>TOTAL partner co-financing</i>		100 %	22.762,50
<i>Partner co-financing (target value)</i>			22.762,50
<i>Total public expenditure (= ERDF + public co-financing + automatic public co-financing)</i>			151.750,00

E.1.1 Partner

<i>Partner number</i>	8
<i>Name of partner organisation</i>	Associazione Italiana Malati di Cancro, parenti e amici
<i>Country</i>	IT
<i>Abbreviation</i>	AIMaC
<i>Partner role</i>	PP

E.1.2 Budget flat rates

<i>Budget flat rates</i>	Yes	
<i>Flat rate staff costs</i>	No	20,00
<i>Flat rate office and administrative expenditure</i>	Yes	15,00

E.1.3 Partner budget overview

E.1.3.a Partner budget overview - budget line/ per work package

Budget line	Specification	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL
BL1 Staff costs	BL1 Staff costs	0,00	6.000,00	27.000,00	3.000,00	0,00	3.000,00	20.000,00	59.000,00
BL2 Office and admin.	BL2 Office and admin.	0,00	900,00	4.050,00	450,00	0,00	450,00	3.000,00	8.850,00
BL3 Travel and accom.	BL3 Travel and accom.	0,00	2.200,00	4.200,00	4.500,00	4.200,00	0,00	4.200,00	19.300,00
BL4 External exp. and services	D.T1.2.1 Translation costs for the on line survey in all the languages of the countries involved to ensure larg patient participation	0,00	0,00	6.000,00	0,00	0,00	0,00	0,00	6.000,00
	D.T1.2.1 External expert to desing and manage the online survey	0,00	0,00	1.600,00	0,00	0,00	0,00	0,00	1.600,00
	D.M.4.1 & 2 Control and audit costs of the 6 semester	0,00	6.000,00	0,00	0,00	0,00	0,00	0,00	6.000,00
	D.C.2.1 Promotional materials to disseminate project information and learning	0,00	0,00	0,00	0,00	0,00	0,00	2.000,00	2.000,00
Total BL4 External expertise and services costs		0,00	6.000,00	7.600,00	0,00	0,00	0,00	2.000,00	15.600,00
BL5 Equipment expenditure	BL5 Equipment expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
BL6 Infrastructure and works expenditure	BL6 Infrastructure and works expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Net revenues expected	Net revenues expected	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total		0,00	15.100,00	42.850,00	7.950,00	4.200,00	3.450,00	29.200,00	102.750,00

E.1.3.b Partner budget overview - budget line/ per period

Budget line	Specification	Period 0	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	TOTAL
BL1 Staff costs	BL1 Staff costs	0,00	14.500,00	21.000,00	7.500,00	5.000,00	6.000,00	5.000,00	59.000,00
BL2 Office and admin.	BL2 Office and admin.	0,00	2.175,00	3.150,00	1.125,00	750,00	900,00	750,00	8.850,00
BL3 Travel and accom.	BL3 Travel and accom.	0,00	600,00	4.200,00	4.500,00	5.000,00	0,00	5.000,00	19.300,00
BL4 External exp. and services	D.T1.2.1 Translation costs for the on line survey in all the languages of the countries involved to ensure larg patient participation	0,00	0,00	6.000,00	0,00	0,00	0,00	0,00	6.000,00
	D.T1.2.1 External expert to desing and manage the online survey	0,00	0,00	1.600,00	0,00	0,00	0,00	0,00	1.600,00
	D.M.4.1 & 2 Control and audit costs of the 6 semester	0,00	1.000,00	1.000,00	1.000,00	1.000,00	1.000,00	1.000,00	6.000,00
	D.C.2.1 Promotional materials to disseminate project information and learning	0,00	0,00	500,00	500,00	500,00	0,00	500,00	2.000,00
Total BL4 External expertise and services costs		0,00	1.000,00	9.100,00	1.500,00	1.500,00	1.000,00	1.500,00	15.600,00
BL5 Equipment expenditure	BL5 Equipment expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
BL6 Infrastructure and works expenditure	BL6 Infrastructure and works expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Net revenues expected	Net revenues expected	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total		0,00	18.275,00	37.450,00	14.625,00	12.250,00	7.900,00	12.250,00	102.750,00

E.1.3.c Partner budget overview - period/ per work package

Period	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL
Period 0	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Period 1	0,00	2.750,00	15.525,00	0,00	0,00	0,00	0,00	18.275,00
Period 2	0,00	2.150,00	27.325,00	1.725,00	0,00	1.150,00	5.100,00	37.450,00
Period 3	0,00	2.150,00	0,00	6.225,00	0,00	1.150,00	5.100,00	14.625,00
Period 4	0,00	2.950,00	0,00	0,00	4.200,00	0,00	5.100,00	12.250,00
Period 5	0,00	2.150,00	0,00	0,00	0,00	1.150,00	4.600,00	7.900,00
Period 6	0,00	2.950,00	0,00	0,00	0,00	0,00	9.300,00	12.250,00
TOTAL	0,00	15.100,00	42.850,00	7.950,00	4.200,00	3.450,00	29.200,00	102.750,00

E.1.4 Partner co-financing

E.1.4.a Partner budget and co-financing

	Amount	Co-financing rate
ERDF co-financing	82.200,00	80,00
Partner co-financing	20.550,00	
PARTNER TOTAL ELIGIBLE BUDGET	102.750,00	

E.1.4.b Origin of partner co-financing

Source of co-financing	Legal status	% of total partner co-financing	Amount
Associazione Italiana Malati di Cancro, parenti e amici	private	100,00 %	20.550,00
Sub-total public co-financing		0,00 %	0,00
Sub-total automatic public co-financing		0,00 %	0,00
Sub-total private co-financing		100,00 %	20.550,00
TOTAL partner co-financing		100 %	20.550,00
Partner co-financing (target value)			20.550,00
Total public expenditure (= ERDF + public co-financing + automatic public co-financing)			82.200,00

E.1.1 Partner

Partner number	9
Name of partner organisation	Ministero della Salute
Country	IT
Abbreviation	MINSAL
Partner role	PP

E.1.2 Budget flat rates

Budget flat rates	Yes	
Flat rate staff costs	No	20,00
Flat rate office and administrative expenditure	Yes	15,00

E.1.3 Partner budget overview

E.1.3.a Partner budget overview - budget line/ per work package

Budget line	Specification	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL
BL1 Staff costs	BL1 Staff costs	0,00	6.000,00	8.000,00	8.000,00	8.000,00	7.000,00	8.000,00	45.000,00
BL2 Office and admin.	BL2 Office and admin.	0,00	900,00	1.200,00	1.200,00	1.200,00	1.050,00	1.200,00	6.750,00
BL3 Travel and accom.	BL3 Travel and accom.	0,00	2.700,00	0,00	400,00	800,00	0,00	1.600,00	5.500,00
BL4 External exp. and services	D.T3.3.1, 2, 3 Commissioning an external evaluator for the project	0,00	0,00	0,00	0,00	39.497,00	0,00	0,00	39.497,00
	D.M.4.1 & 2 Control and audit costs of the 6 semester	0,00	3.000,00	0,00	0,00	0,00	0,00	0,00	3.000,00
	D.C.2.1 Promotional materials to disseminate project information and learning	0,00	0,00	0,00	0,00	0,00	0,00	1.000,00	1.000,00
Total BL4 External expertise and services costs		0,00	3.000,00	0,00	0,00	39.497,00	0,00	1.000,00	43.497,00
BL5 Equipment expenditure	BL5 Equipment expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
BL6 Infrastructure and works expenditure	BL6 Infrastructure and works expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Net revenues expected	Net revenues expected	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total		0,00	12.600,00	9.200,00	9.600,00	49.497,00	8.050,00	11.800,00	100.747,00

E.1.3.b Partner budget overview - budget line/ per period

Budget line	Specification	Period 0	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	TOTAL
BL1 Staff costs	BL1 Staff costs	0,00	6.000,00	9.600,00	7.850,00	7.850,00	7.850,00	5.850,00	45.000,00
BL2 Office and admin.	BL2 Office and admin.	0,00	900,00	1.440,00	1.177,50	1.177,50	1.177,50	877,50	6.750,00
BL3 Travel and accom.	BL3 Travel and accom.	0,00	600,00	600,00	400,00	1.600,00	0,00	2.300,00	5.500,00
BL4 External exp. and services	D.T3.3.1, 2, 3 Commissioning an external evaluator for the project	0,00	0,00	0,00	20.000,00	0,00	19.497,00	0,00	39.497,00
	D.M.4.1 & 2 Control and audit costs of the 6 semester	0,00	500,00	500,00	500,00	500,00	500,00	500,00	3.000,00
	D.C.2.1 Promotional materials to disseminate project information and learning	0,00	0,00	0,00	0,00	0,00	0,00	1.000,00	1.000,00
Total BL4 External expertise and services costs		0,00	500,00	500,00	20.500,00	500,00	19.997,00	1.500,00	43.497,00
BL5 Equipment expenditure	BL5 Equipment expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
BL6 Infrastructure and works expenditure	BL6 Infrastructure and works expenditure	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Net revenues expected	Net revenues expected	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Total		0,00	8.000,00	12.140,00	29.927,50	11.127,50	29.024,50	10.527,50	100.747,00

E.1.3.c Partner budget overview - period/ per work package

Period	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL
Period 0	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
Period 1	0,00	2.250,00	4.600,00	0,00	0,00	0,00	1.150,00	8.000,00
Period 2	0,00	2.250,00	4.600,00	1.150,00	2.300,00	690,00	1.150,00	12.140,00
Period 3	0,00	1.650,00	0,00	2.412,50	22.300,00	1.840,00	1.725,00	29.927,50
Period 4	0,00	2.450,00	0,00	2.012,50	3.100,00	1.840,00	1.725,00	11.127,50
Period 5	0,00	1.650,00	0,00	2.012,50	21.797,00	1.840,00	1.725,00	29.024,50
Period 6	0,00	2.350,00	0,00	2.012,50	0,00	1.840,00	4.325,00	10.527,50
TOTAL	0,00	12.600,00	9.200,00	9.600,00	49.497,00	8.050,00	11.800,00	100.747,00

E.1.4 Partner co-financing

E.1.4.a Partner budget and co-financing

	<i>Amount</i>	<i>Co-financing rate</i>
<i>ERDF co-financing</i>	80.597,60	80,00
<i>Partner co-financing</i>	20.149,40	
<i>PARTNER TOTAL ELIGIBLE BUDGET</i>	100.747,00	

E.1.4.b Origin of partner co-financing

<i>Source of co-financing</i>	<i>Legal status</i>	<i>% of total partner co-financing</i>	<i>Amount</i>
Ministero della Salute	public	0,00 %	0,00
rotation fund	automatic public	100,00 %	20.149,40
<i>Sub-total public co-financing</i>		0,00 %	0,00
<i>Sub-total automatic public co-financing</i>		100,00 %	20.149,40
<i>Sub-total private co-financing</i>		0,00 %	0,00
<i>TOTAL partner co-financing</i>		100 %	20.149,40
<i>Partner co-financing (target value)</i>			20.149,40
<i>Total public expenditure (= ERDF + public co-financing + automatic public co-financing)</i>			100.747,00

E.2 Activities outside the programme area

If applicable, please list activities to be carried out outside the programme area by CE partners (as further explain in part B, chapter II.2 of the application manual). Describe how these activities will benefit the programme area and why they are essential for the implementation of the project.

N/A

ERDF for activities implemented by CE partners outside the programme area (indicative)

0,00

% of total (indicative) ERDF

0,00 %

SECTION F Project budget

F.0 Project budget - breakdown per partner

Partner name and N°			Programme Co-financing			Partner Co-financing					TOTAL ELIGIBLE BUDGET
Partner Name	Partner abbreviation	Country	ERDF	ERDF co-financing rate (%)	% of Total ERDF	Public co-financing			Private co-financing	Total co-financing	
						Automatic public co-financing	Other co-financing	Total public co-financing			
1 - Masarykův onkologický ústav	MMCI	CZECH REPUBLIC	374.002,49	85,00 %	24,87 %	0,00	66.000,45	66.000,45	0,00	66.000,45	440.002,94
2 - Istituto Oncologico Veneto - IRCCS	IOV	ITALY	185.610,56	80,00 %	12,34 %	46.402,64	0,00	46.402,64	0,00	46.402,64	232.013,20
3 - Centro di Riferimento Oncologico - IRCCS	CRO AVIANO	ITALY	200.506,40	80,00 %	13,33 %	50.126,60	0,00	50.126,60	0,00	50.126,60	250.633,00
4 - Országos Onkológiai Intézet	OOI	HUNGARY	142.970,00	85,00 %	9,50 %	0,00	25.230,00	25.230,00	0,00	25.230,00	168.200,00
5 - Nacionalni inštitut za javno zdravje	NIJZ	SLOVENIA	164.303,14	85,00 %	10,92 %	0,00	28.994,68	28.994,68	0,00	28.994,68	193.297,82
6 - Ústav zdravotnických informací a statistiky České republiky	IHIS	CZECH REPUBLIC	144.257,96	85,00 %	9,59 %	0,00	25.457,29	25.457,29	0,00	25.457,29	169.715,25
7 - Onkološki inštitut Ljubljana	OI Lj	SLOVENIA	128.987,50	85,00 %	8,57 %	0,00	22.762,50	22.762,50	0,00	22.762,50	151.750,00
9 - Ministero della Salute	MINSAL	ITALY	80.597,60	80,00 %	5,36 %	20.149,40	0,00	20.149,40	0,00	20.149,40	100.747,00
<i>Sub-total for PPs inside the programme area</i>			1.421.235,65	---	94,53 %	116.678,64	168.444,92	285.123,56	0,00	285.123,56	1.706.359,21

8 - Associazione Italiana Malati di Cancro, parenti e amici	AIMaC	ITALY	82.200,00	80,00 %	5,46 %	0,00	0,00	0,00	20.550,00	20.550,00	102.750,00
<i>Sub-total for PPs outside the programme area</i>			82.200,00	---	5,46 %	0,00	0,00	0,00	20.550,00	20.550,00	102.750,00
<i>Total</i>			1.503.435,65	---	100 %	116.678,64	168.444,92	285.123,56	20.550,00	305.673,56	1.809.109,21

F.1 Project budget - overview per partner/ per budget line

<i>Partner name and N°</i>	<i>BL1 Staff costs</i>	<i>BL2 Office and admin.</i>	<i>BL3 Travel and accom.</i>	<i>BL4 External exp. and services</i>	<i>BL5 Equipment</i>	<i>BL6 Infrastr. and works</i>	<i>TOTAL BUDGET</i>	<i>Net revenues expected</i>	<i>TOTAL ELIGIBLE BUDGET</i>
1 - Masarykův onkologický ústav	331.470,57	49.720,53	17.700,00	39.611,84	1.500,00	0,00	440.002,94	0,00	440.002,94
2 - Istituto Oncologico Veneto - IRCCS	131.341,92	19.701,28	10.900,00	69.070,00	1.000,00	0,00	232.013,20	0,00	232.013,20
3 - Centro di Riferimento Oncologico - IRCCS	160.000,00	24.000,00	12.500,00	52.633,00	1.500,00	0,00	250.633,00	0,00	250.633,00
4 - Országos Onkológiai Intézet	117.000,00	17.550,00	15.900,00	16.250,00	1.500,00	0,00	168.200,00	0,00	168.200,00
5 - Nacionalni inštitut za javno zdravje	130.606,80	19.591,02	8.100,00	35.000,00	0,00	0,00	193.297,82	0,00	193.297,82
6 - Ústav zdravotnických informací a statistiky České republiky	88.535,00	13.280,25	12.400,00	49.000,00	6.500,00	0,00	169.715,25	0,00	169.715,25
7 - Onkološki inštitut Ljubljana	100.500,00	15.075,00	15.100,00	19.575,00	1.500,00	0,00	151.750,00	0,00	151.750,00
8 - Associazione Italiana Malati di Cancro, parenti e amici	59.000,00	8.850,00	19.300,00	15.600,00	0,00	0,00	102.750,00	0,00	102.750,00
9 - Ministero della Salute	45.000,00	6.750,00	5.500,00	43.497,00	0,00	0,00	100.747,00	0,00	100.747,00
Total	1.163.454,29	174.518,08	117.400,00	340.236,84	13.500,00	0,00	1.809.109,21	0,00	1.809.109,21
% of total budget	64,31 %	9,64 %	6,48 %	18,80 %	0,74 %	0,00 %	100,00 %	0,00 % Of Total Budget	100,00 % Of Total Budget

Project budget - overview ERDF co-financing per budget line

ERDF	969.169,04	145.375,29	97.380,00	280.161,31	11.350,00	0,00	1.503.435,65	0,00	1.503.435,65
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F.2 Project budget - overview per partner/ per period

Partner name and N°	Period 0	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	TOTAL BUDGET	Net revenues expected	TOTAL ELIGIBLE BUDGET
1 - Masarykův onkologický ústav	0,00	17.925,00	45.098,53	123.557,36	89.286,78	79.717,62	84.417,65	440.002,94	0,00	440.002,94
2 - Istituto Oncologico Veneto - IRCCS	15.000,00	19.250,00	28.850,00	52.178,30	52.783,30	33.333,30	30.618,30	232.013,20	0,00	232.013,20
3 - Centro di Riferimento Oncologico - IRCCS	0,00	44.490,00	90.909,00	44.159,00	25.490,00	20.890,00	24.695,00	250.633,00	0,00	250.633,00
4 - Országos Onkológiai Intézet	0,00	15.075,00	37.160,00	33.485,00	27.335,00	25.235,00	29.910,00	168.200,00	0,00	168.200,00
5 - Nacionalni inštitut za javno zdravje	0,00	34.982,97	42.982,97	25.027,97	25.927,97	23.847,97	40.527,97	193.297,82	0,00	193.297,82
6 - Ústav zdravotnických informací a statistiky České republiky	0,00	3.325,00	36.325,05	35.400,05	46.300,05	24.100,05	24.265,05	169.715,25	0,00	169.715,25
7 - Onkološki inštitut Ljubljana	0,00	14.400,00	43.975,00	27.450,00	27.250,00	18.925,00	19.750,00	151.750,00	0,00	151.750,00
8 - Associazione Italiana Malati di Cancro, parenti e amici	0,00	18.275,00	37.450,00	14.625,00	12.250,00	7.900,00	12.250,00	102.750,00	0,00	102.750,00
9 - Ministero della Salute	0,00	8.000,00	12.140,00	29.927,50	11.127,50	29.024,50	10.527,50	100.747,00	0,00	100.747,00
Total	15.000,00	175.722,97	374.890,55	385.810,18	317.750,60	262.973,44	276.961,47	1.809.109,21	0,00	1.809.109,21
% of total budget	0,82 %	9,71 %	20,72 %	21,32 %	17,56 %	14,53 %	15,30 %	100,00 %	0,00 % Of Total Budget	100,00 % Of Total Budget

project budget - overview ERDF co-financing per period

ERDF	12.000,00	144.863,77	310.189,51	320.894,15	265.005,46	218.970,02	231.512,70	1.503.435,65	0,00	1.503.435,65
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F.3 Project budget - overview per partner/ per WP

Partner name and N°	WP P	WP M	WP T1	WP T2	WP T3	WP T4	WP C	TOTAL BUDGET	Net revenues expected	TOTAL ELIGIBLE BUDGET
1 - Masarykův onkologický ústav	0,00	162.120,65	63.620,58	78.347,05	76.170,57	39.370,57	20.373,52	440.002,94	0,00	440.002,94
2 - Istituto Oncologico Veneto - IRCCS	15.000,00	41.713,20	35.100,00	9.000,00	108.400,00	5.400,00	17.400,00	232.013,20	0,00	232.013,20
3 - Centro di Riferimento Oncologico - IRCCS	0,00	25.245,00	93.200,00	26.300,00	62.200,00	33.038,00	10.650,00	250.633,00	0,00	250.633,00
4 - Országos Onkológiai Intézet	0,00	22.250,00	19.050,00	37.650,00	74.300,00	5.400,00	9.550,00	168.200,00	0,00	168.200,00
5 - Nacionalni inštitut za javno zdravje	0,00	21.850,00	39.950,00	12.680,00	2.520,00	11.500,00	104.797,82	193.297,82	0,00	193.297,82
6 - Ústav zdravotnických informací a statistiky České republiky	0,00	20.700,00	3.150,00	55.450,25	3.900,00	66.765,00	19.750,00	169.715,25	0,00	169.715,25
7 - Onkološki inštitut Ljubljana	0,00	21.500,00	30.550,00	26.600,00	60.275,00	4.500,00	8.325,00	151.750,00	0,00	151.750,00
8 - Associazione Italiana Malati di Cancro, parenti e amici	0,00	15.100,00	42.850,00	7.950,00	4.200,00	3.450,00	29.200,00	102.750,00	0,00	102.750,00
9 - Ministero della Salute	0,00	12.600,00	9.200,00	9.600,00	49.497,00	8.050,00	11.800,00	100.747,00	0,00	100.747,00
Total	15.000,00	343.078,85	336.670,58	263.577,30	441.462,57	177.473,57	231.846,34	1.809.109,21	0,00	1.809.109,21
% of total budget	0,82 %	18,96 %	18,60 %	14,56 %	24,40 %	9,80 %	12,81 %	100,00 %	0,00 % Of Total Budget	100,00 % Of Total Budget

Project budget - overview ERDF co-financing per WP

ERDF	12.000,00	286.884,11	277.152,49	221.398,20	364.028,33	148.355,63	193.616,88	1.503.435,65	0,00	1.503.435,65
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F.4 Project budget - overview per WP/ per budget line

<i>WP number</i>	<i>BL1 Staff costs</i>	<i>BL2 Office and admin.</i>	<i>BL3 Travel and accom.</i>	<i>BL4 External exp. and services</i>	<i>BL5 Equipment</i>	<i>BL6 Infrastr. and works</i>	<i>TOTAL BUDGET</i>	<i>Net revenues expected</i>	<i>TOTAL ELIGIBLE BUDGET</i>
WP P	0,00	0,00	0,00	15.000,00	0,00	0,00	15.000,00	0,00	15.000,00
WP M	220.283,10	33.042,44	23.300,00	66.453,31	0,00	0,00	343.078,85	0,00	343.078,85
WP T1	254.235,29	38.135,29	14.000,00	30.300,00	0,00	0,00	336.670,58	0,00	336.670,58
WP T2	194.046,76	29.107,01	25.200,00	15.223,53	0,00	0,00	263.577,30	0,00	263.577,30
WP T3	276.035,29	41.405,28	16.600,00	100.422,00	7.000,00	0,00	441.462,57	0,00	441.462,57
WP T4	67.335,29	10.100,28	21.300,00	72.238,00	6.500,00	0,00	177.473,57	0,00	177.473,57
WP C	151.518,56	22.727,78	17.000,00	40.600,00	0,00	0,00	231.846,34	0,00	231.846,34
Total	1.163.454,29	174.518,08	117.400,00	340.236,84	13.500,00	0,00	1.809.109,21	0,00	1.809.109,21
% of total budget	64,31 %	9,64 %	6,48 %	18,80 %	0,74 %	0,00 %	100,00 %	0,00 % Of Total Budget	100,00 % Of Total Budget

Project budget - overview ERDF co-financing per budget line

ERDF	969.169,04	145.375,29	97.380,00	280.161,31	11.350,00	0,00	1.503.435,65	0,00	1.503.435,65
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F.5 Project budget - overview per WP/ per period

WP number	Period 0	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	TOTAL BUDGET	Net revenues expected	TOTAL ELIGIBLE BUDGET
WP P	15.000,00	0,00	0,00	0,00	0,00	0,00	0,00	15.000,00	0,00	15.000,00
WP M	0,00	29.815,00	21.340,00	69.658,04	81.208,04	67.988,88	73.068,89	343.078,85	0,00	343.078,85
WP T1	0,00	127.075,00	171.625,00	37.970,58	0,00	0,00	0,00	336.670,58	0,00	336.670,58
WP T2	0,00	0,00	51.098,58	70.488,43	48.288,43	47.138,43	46.563,43	263.577,30	0,00	263.577,30
WP T3	0,00	0,00	59.935,00	119.127,64	112.127,64	89.944,64	60.327,65	441.462,57	0,00	441.462,57
WP T4	0,00	0,00	41.359,00	54.501,64	37.887,64	20.537,64	23.187,65	177.473,57	0,00	177.473,57
WP C	0,00	18.832,97	29.532,97	34.063,85	38.238,85	37.363,85	73.813,85	231.846,34	0,00	231.846,34
Total	15.000,00	175.722,97	374.890,55	385.810,18	317.750,60	262.973,44	276.961,47	1.809.109,21	0,00	1.809.109,21
% of total budget	0,83	9,71	20,72	21,33	17,56	14,54	15,31	100,00 %	0,00 % Of Total Budget	100,00 % Of Total Budget

Project budget - overview ERDF co-financing per period

ERDF	12.000,00	144.863,77	310.189,51	320.894,15	265.005,46	218.970,02	231.512,70	1.503.435,65	0,00	1.503.435,65
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SECTION G - Annexes

Uploaded file list (annexes attached to this application form)

<i>File name</i>	<i>File type</i>	<i>Upload date</i>
NEW_declrration_partner_n.5.pdf	pdf	09.05.2017
Declar_project_partner_n_3.pdf	pdf	22.06.2016
Declar_project_partner_n_4.pdf	pdf	22.06.2016
Declar_project_partner_n_2.pdf	pdf	22.06.2016
Declar_project_partner_n_8.pdf	pdf	23.06.2016
Declar_project_partner_n_9.pdf	pdf	23.06.2016
Declar_project_partner_n_5.pdf	pdf	23.06.2016
Declar_project_partner_n_7.pdf	pdf	23.06.2016
Declar_project_partner_n_6.pdf	pdf	23.06.2016
Declar_project_partner_n_9_signed.pdf	pdf	09.05.2017
Declar_project_partner_n_9_signed.pdf	\$annex.filetype	
NEW_declrration_partner_n.5.pdf	pdf	09.05.2017
NEW_declrration_partner_n.5.pdf.pdf	pdf	09.05.2017
NEW_declaration_partner_7.pdf	pdf	09.05.2017

List of obligatory annexes as defined in the application manual (part D chapter IV.2.6):

- Lead applicant and partner declarations (template is provided as annex V of the application manual)
- In case of private lead applicants: Interreg CE simplified financial statement (SFS) (template is provided as annex VII of the application manual) and further supporting documents