Cancer Vanguard

Early Diagnosis Industry Challenge
Information Event Q&A

This document summarises the Q&A at the Information Event held on 16th March. It should be read alongside the presentation from that date and the original documents from the launch: forms 'part A' and 'part B', the 'letter' and the 'briefing note' which were sent out for the launch on 22nd February.

If you have any questions after reading all the documents, please contact CancerVanguard@uclh.nhs.uk.

Both part A and part B of your proposal must be received by CancerVanguard@uclh.nhs.uk by 16:00 on Thursday 30 March 2017 to be considered.

Q&A

1. What funding is available for the Challenge?

   - The Challenge does not include any direct revenue or capital investment from the NHS. There are other forms of investment that have been committed to delivery projects that are selected, such as project management and expertise across a wide portfolio of technical and clinical domains. The *Pharma Challenge* process has proven there are many benefits to being involved: for example, (i) working with the national cancer vanguard which covers 10m of the UK's population; (ii) access to the widest range of clinicians possible to guide the development of an idea; (iii) access to NHS data sets (to the extent that it is consented by patients, legally compliant and ethical to share them); and (iv) a strong sense of the route to market for an idea once the challenge period is over

2. Is it possible (or preferable) to work with all 3 of the partners?

   - Yes, you can, and in the proposal we ask you to specify any preference, and the depth of that preference. The benefit of working with all three would be the scale that would be achieved across the 10 million population. However that is balanced by the challenge of three sets of governance between the partners.

3. What GP representation is there?

   - GPs are well represented within the vanguard programme, for example:
     - GPs sit on our boards
     - We (the UCLH Cancer Collaborative) fund a GP on safety netting tools
     - There is GP appetite to improve outcomes, but also a scarcity of GPs and they are heavily involved in STPs
     - As regards the projects, we can ask GPs to run new methods in parallel – they are interested in things which make their work more effective, and we are starting to see this in more testing to improve outcomes

4. What are the costs, and who would bear them (for example licences, academic reports etc)

   - Assume that the partner organisation would need to bear all costs as the Vanguard has no additional funding for this

5. If we provide NHS number, can you help us to track those patients across providers to get outcome data?

- Yes, potentially, this would need specific permissions, but is not insurmountable

6. If we funnel people to a specific centre can we get the data?

- Again, yes, this would need to be in co-ordination with PHE and the relevant Trusts

7. If our test is post-research and ready for an NHS pilot, would we pilot implement with you, and then you would help us go to commissioners? What kind of support would be available?

- Yes, that is an option – our QFIT programme in colorectal cancer is one of five which we are now discussing with commissioners and NICE to build a route to commissioning
- Also we are Cancer Alliances (as well as Cancer Vanguards), for our areas for the next four years, and are looking for evidence based, transformational ideas to 'move the needle', and are likely to continue to work with some of the Challenge partners

8. What outputs will there be at the end of the year?

- For your project, it depends on the next logical step – that could be a clinical trial, or route to commissioning
- For us, we formally report to the NHSE New Care Models team every quarter, and that will include this, and there will be a formal evaluation of the Cancer Vanguard

9. Are you looking for outcomes by the end of 12m alongside partner ROI?

- We think it's unlikely that outcomes will move directly in 12m – it's more likely that a project will show changes in a related KPI and indicate a credible mechanism through which patient outcomes will be impacted in the longer term

10. Is there any differential weight to 'new inventions' over existing?

- No – we are just as interested in a proven intervention which is not being used at scale in the UK as we are in a very novel invention.

11. Who might the Vanguard provide to the project?

- Firstly, we will have appointed a Senior Project Manager overseeing the programme
- Across the 3 partners there will be commercial and ICT project sign off
- Then it depends on the project – you might need a tumour pathway lead, or a functional lead (such as Radiology Eexpert Reference Group chair, or digital ICT lead)

12. How fully do you want the costing in the proposal?

- Coming up with a fully costed, robust, evidence based proposal for commissioners would be a useful outcome of a project
- For the proposal, give your best understanding now, which may include estimates & assumptions & other reference examples
- Reference cost information is available from publicly accessible portals (**https://www.gov.uk/government/collections/nhs-reference-costs**) which may be helpful to bidders

13. Please comment on which is the comfortable vehicle for these transactions (such as Joint Working Agreements, JWAs)

- Pharma Challenge has found JWAs effective, and we expect to as well
- For example at the Christie, the team includes the Chief Pharmacist, contacts and ICT as needed
- Be aware that the PID may need multiple iterations to get to a joint agreement

14. What scale should we consider for pilot – full site, part of site?

- Sub-geography is an option – there is a trade off of wider having more impact, but for some projects that would be a step too far on complexity.

15. How much do you expect a full health economy analysis alongside the pilots?

- We don't necessarily expect to need to go that far - as strong an analysis as you can provide.

16. Do projects have to last the full 12 months?

- No, you could propose a shorter project, or a series of phases with clear gates for both sides if that suits you best

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