

Early Diagnosis Industry Challenge

Information Event
Thurs 16 Mar, 2017
London

Early Diagnosis Industry Challenge Information Event Agenda

Introduction to the Cancer Vanguard's
Early Diagnosis Agenda

Early Diagnosis Industry Challenge
– How it works

Plenary Q & A

50 Vanguards were selected in 2015 to develop five types of new care models

Pressures
facing
health &
social care

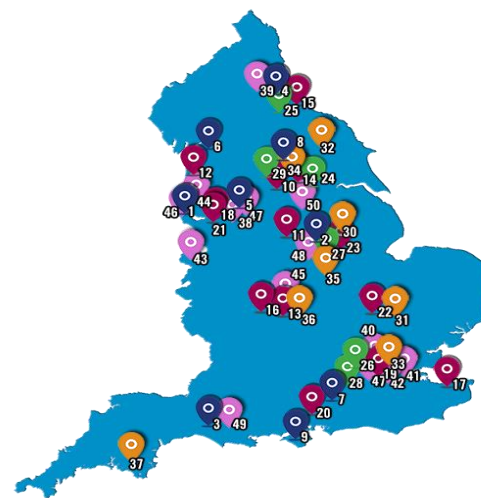
FIVE YEAR
FORWARD VIEW

- Prevention
- Engaging Communities
- Social Movement
- New models of Care

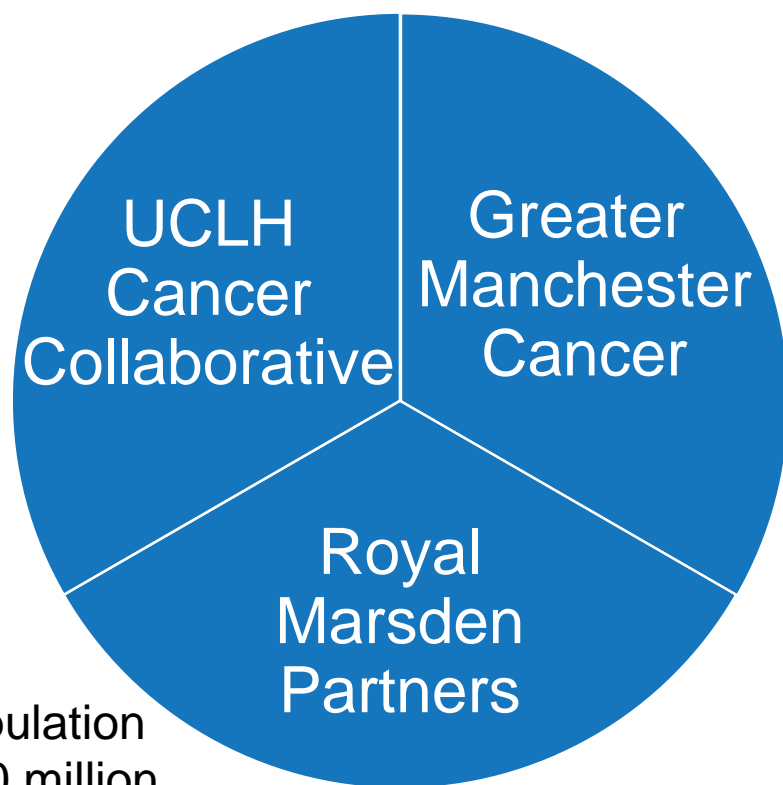
NHS England Strategy
for the NHS 2015-2020

October 2014

- Multispecialty Community Providers (MCP)
- Primary and Acute Care Systems (PACS)
- Enhanced Care in Care Homes
- Urgent and Emergency Care (UEC)
- **Acute Care Collaborations (ACC)**

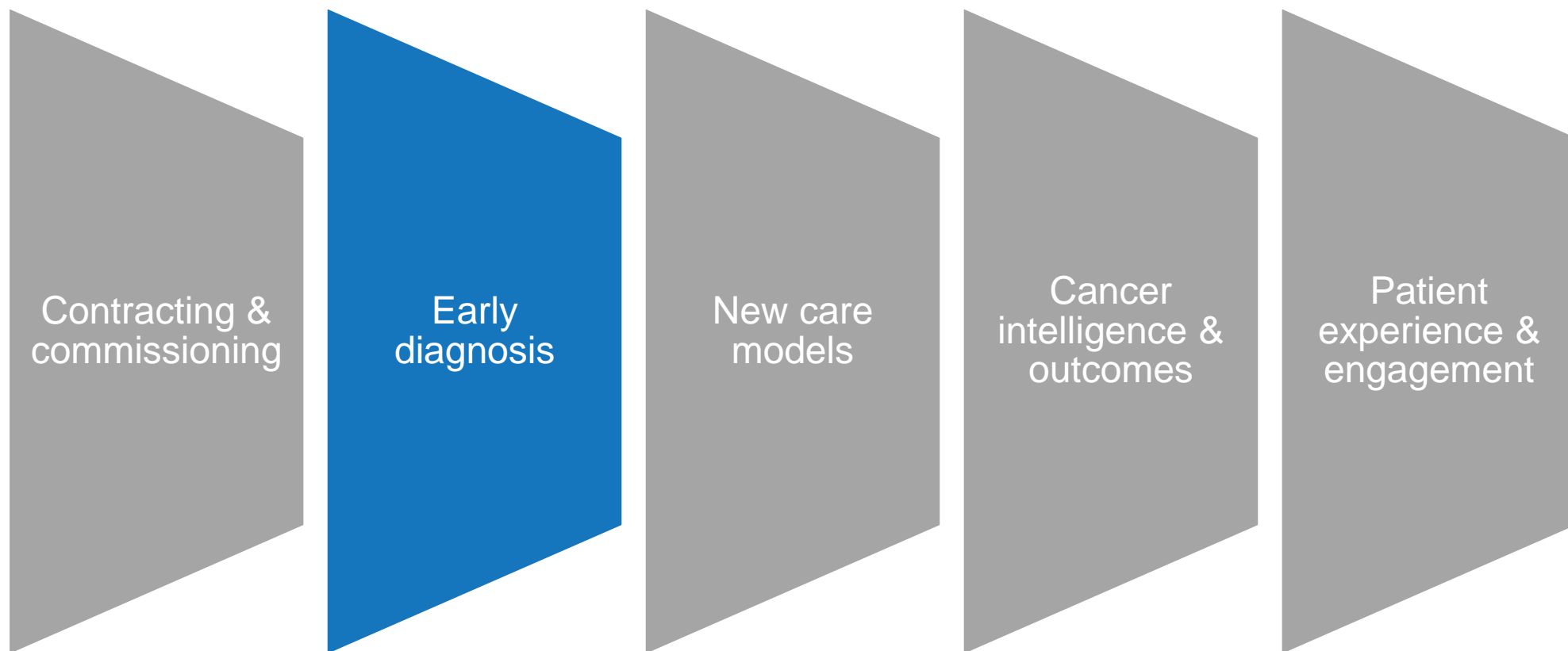


One of the Acute Care Collaborations is the national Cancer Vanguard - a single accountable clinical network for Cancer



‘Each vanguard site will take a lead on the development of new care models which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system’

The Vanguard has five delivery streams – this Challenge focuses on Early Diagnosis



Earlier diagnosis of cancer will improve survival outcomes and patient experience

CURRENT OUTCOMES

Survival rates are much higher for cancers diagnosed at **earlier stages**

Cancers diagnosed via **emergency presentations** correspond disproportionately to **late stage cancers**

The **UK performs poorly at early diagnosis** compared to other similarly developed countries

EVIDENCE

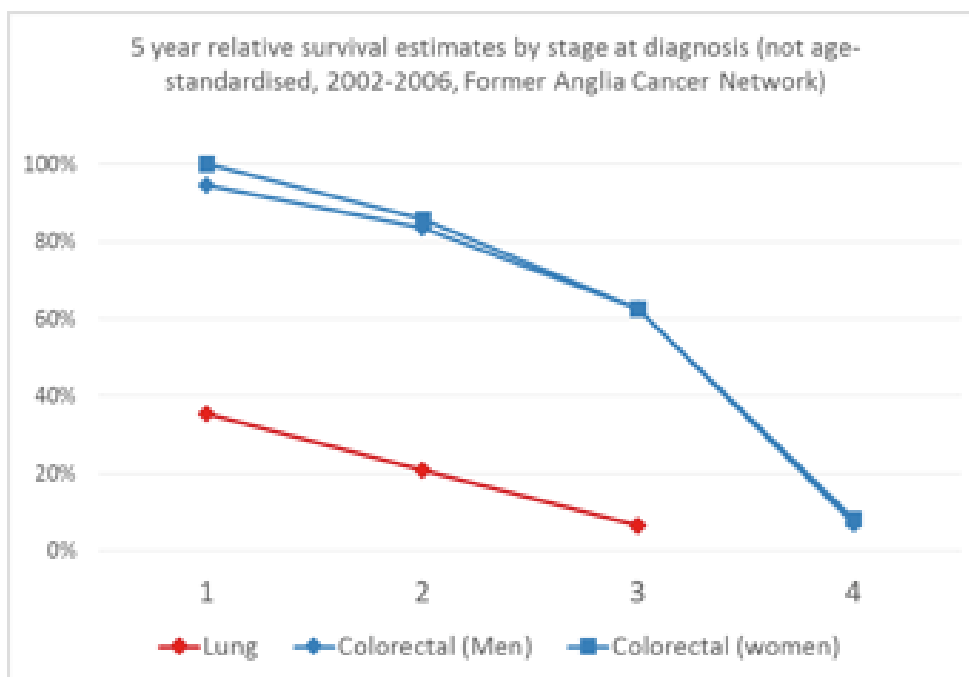
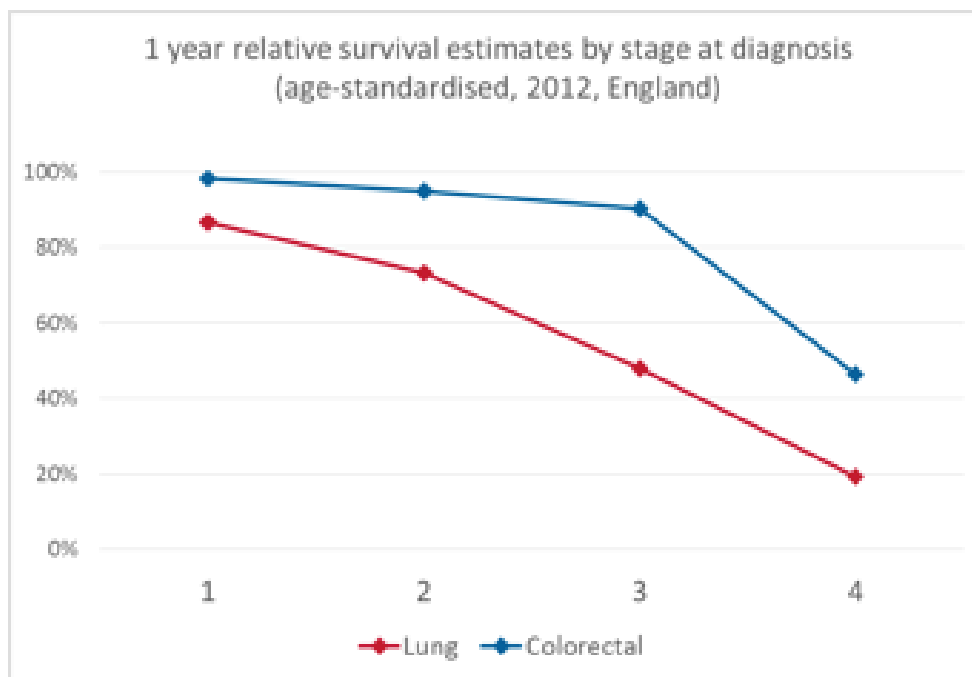
1-year relative survival for lung cancer varies from 87% for cancers diagnosed at Stage 1 to 19% for cancers diagnosed at Stage 4

Only 26% of colorectal cancers diagnosed via emergency presentation are at Stages 1-2, compared to 41% for diagnoses via 2WW referral

The proportion of non-small cell lung cancers diagnosed at stage 1-2 in the UK is nearly 5% lower than that in Canada

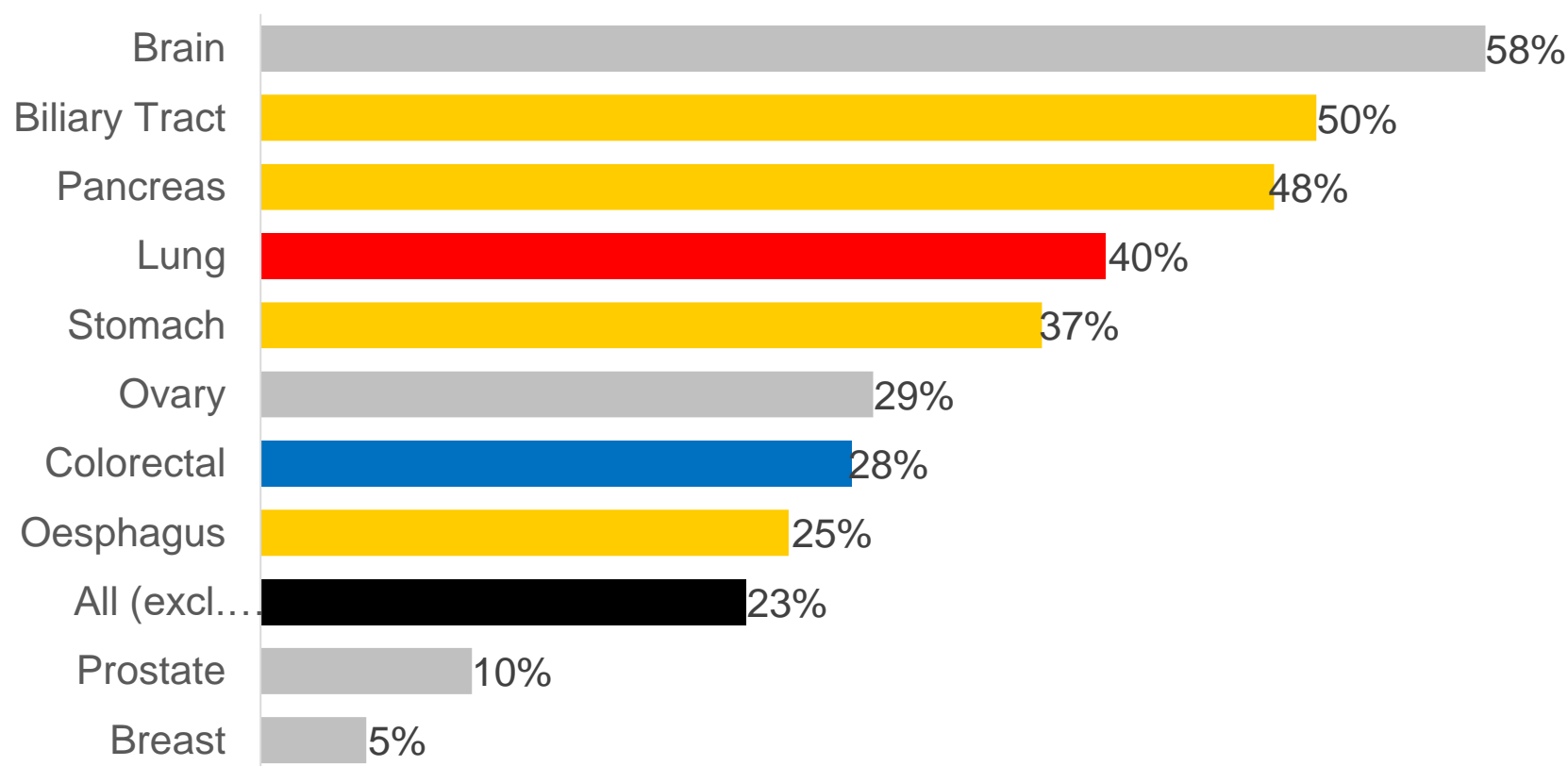
Survival rates are much higher for cancers diagnosed at earlier stages ('stage shift')

SURVIVAL BY STAGE, 1YR & 5YR

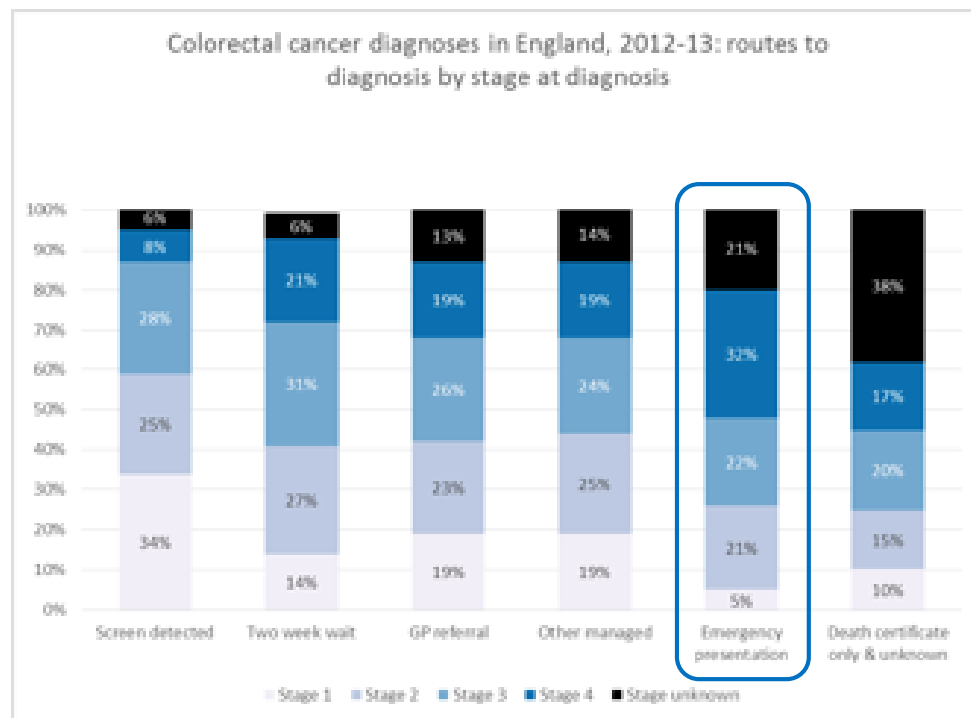
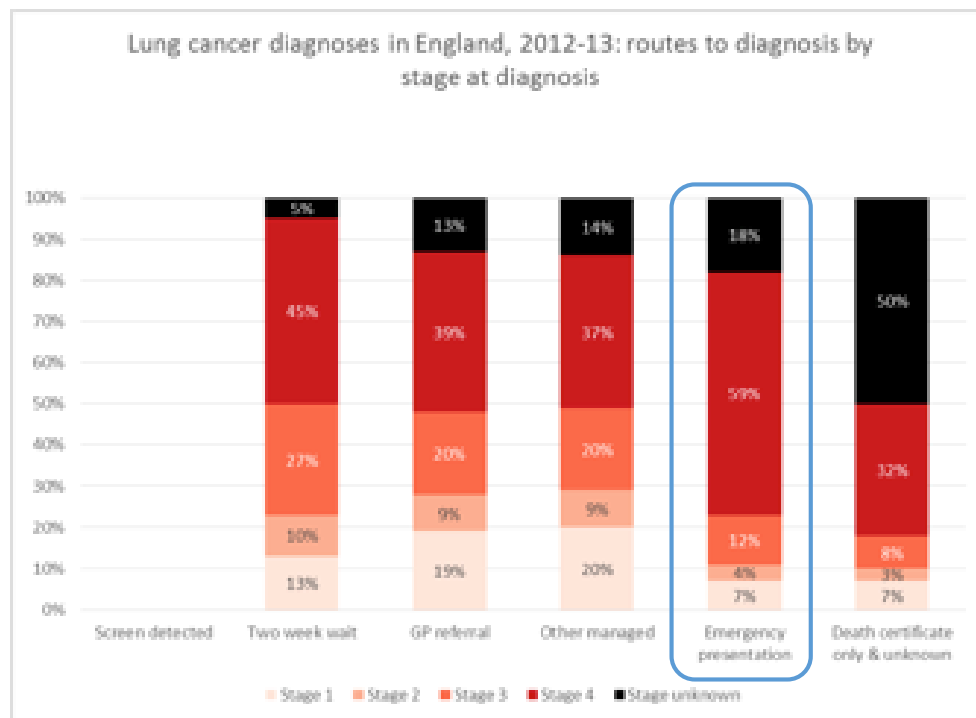


Overall, 23% of new cancer diagnoses in London occur via an A&E presentation...

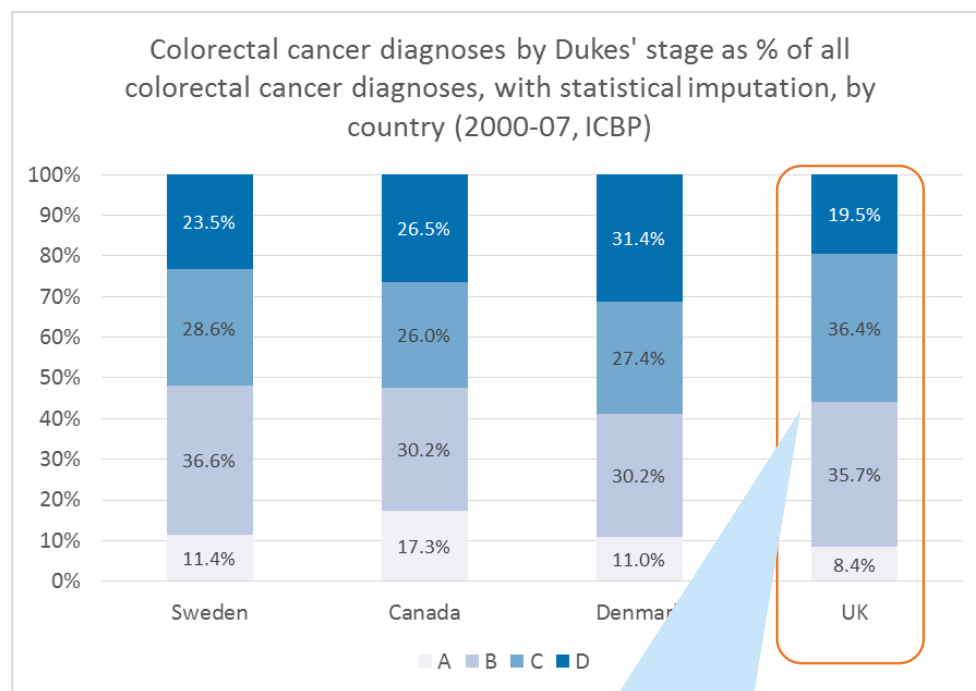
Emergency presentations as % of all diagnoses, by tumour group
(London 2006-2013 average)



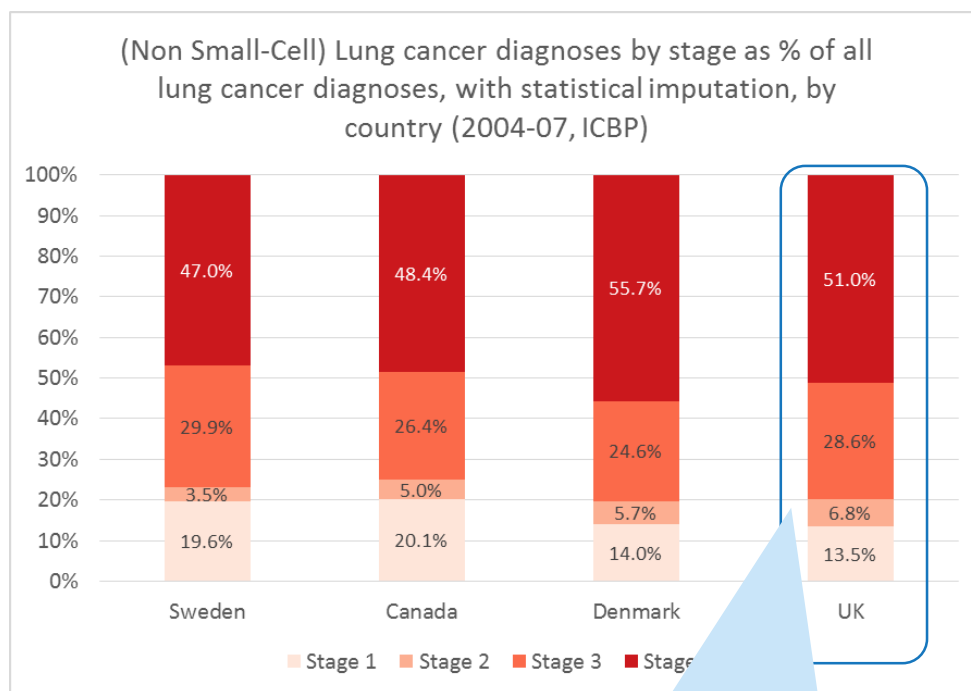
... and these correspond largely to advanced cancers at stage 3 or later



The UK performs poorly at Early Diagnosis compared to similarly developed countries



UK nearly 4% below Canada in diagnosis at Stage A-B



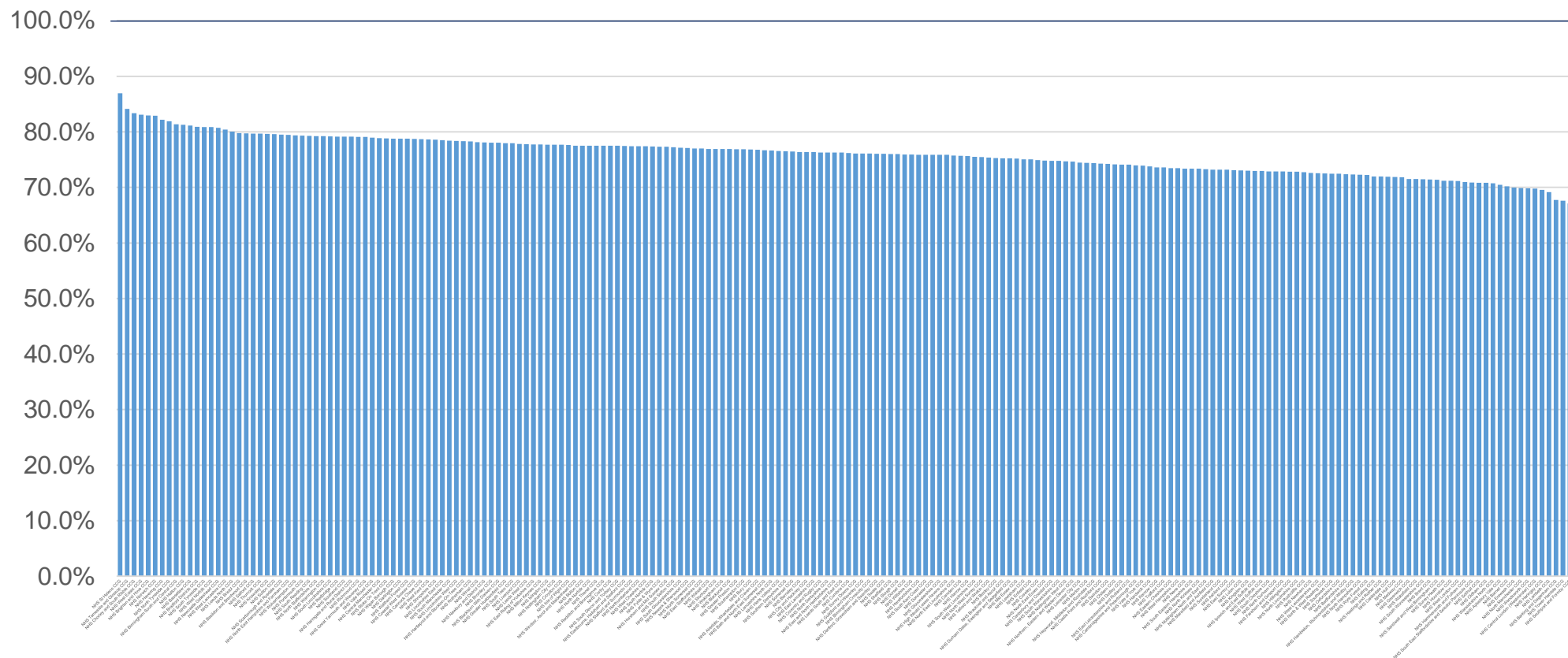
UK nearly 5% below Canada / Sweden in diagnosis at Stages 1-2

We are also looking for opportunities which improve patient experience



NCPES* tells us that experiences vary c.10% across the the UK

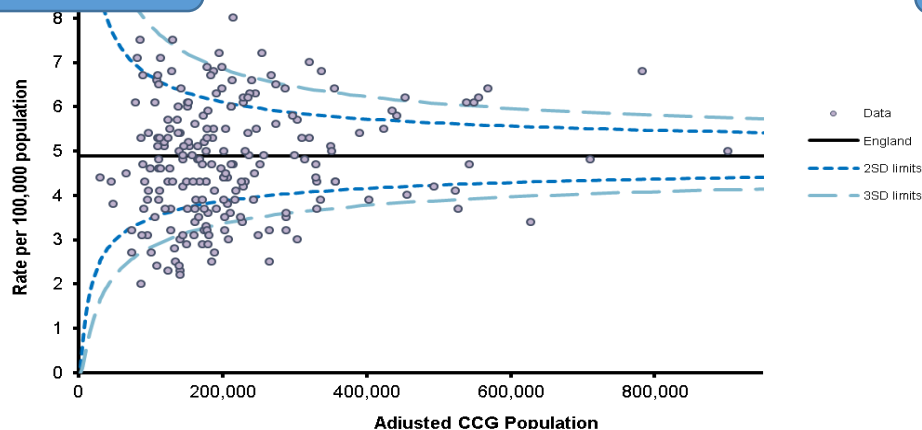
*Q1- Saw GP once or twice before being told you needed to go to hospital to see a doctor?
by CCG*



...and NCIN* shows variation in route

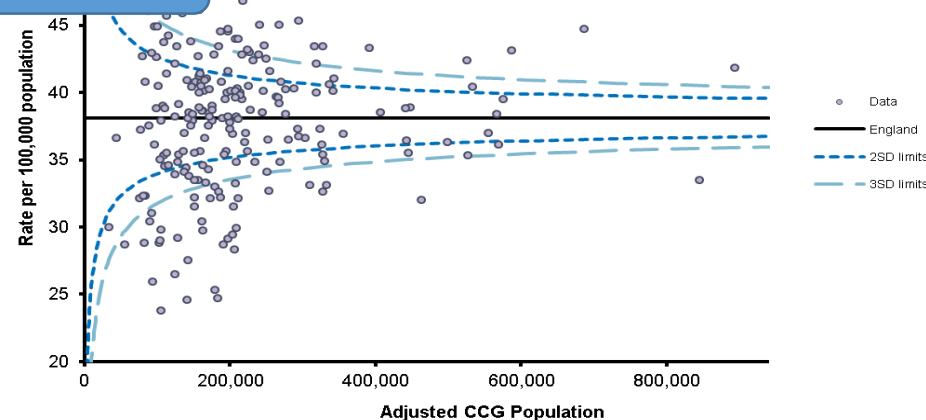
Screening

Funnel plot for screening route, colorectal cancer, persons, age-standardised rate, by CCG, England, 2006-2013



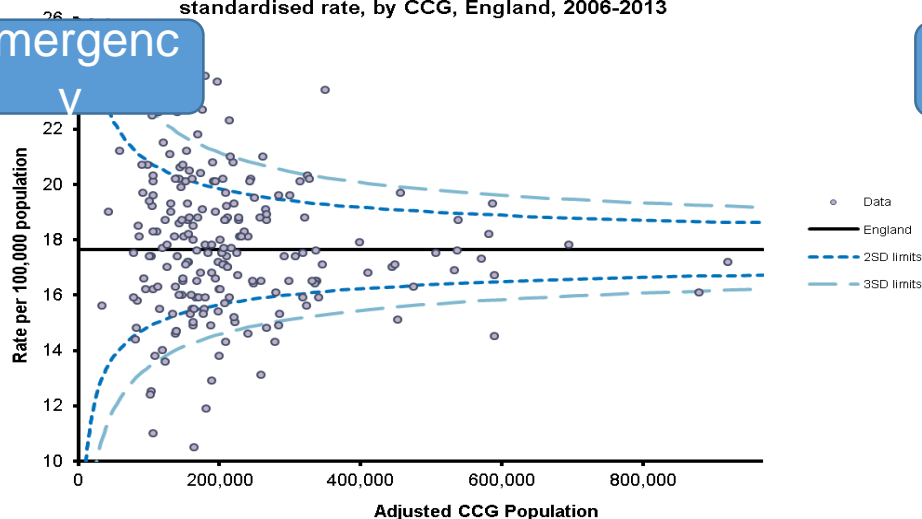
Managed

Funnel plot for managed route, colorectal cancer, persons, age-standardised rate, by CCG, England, 2006-2013



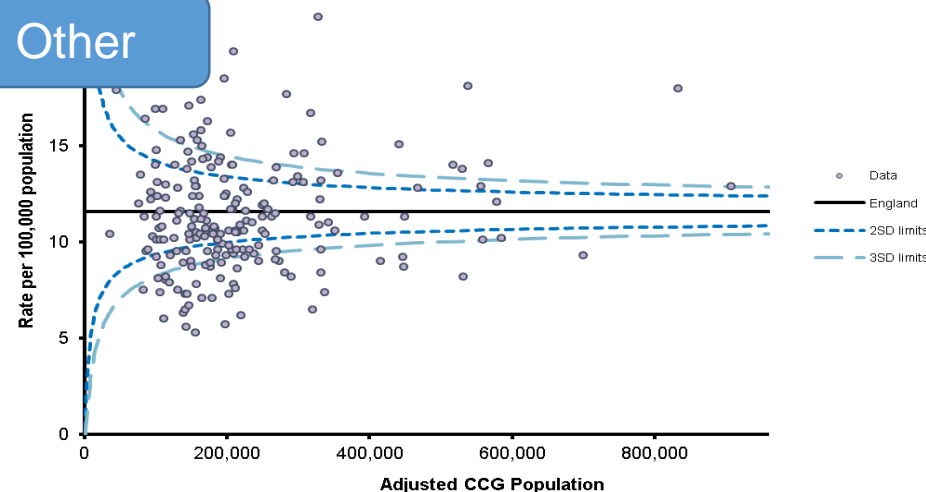
Emergency

Funnel plot for emergency route, colorectal cancer, persons, age-standardised rate, by CCG, England, 2006-2013

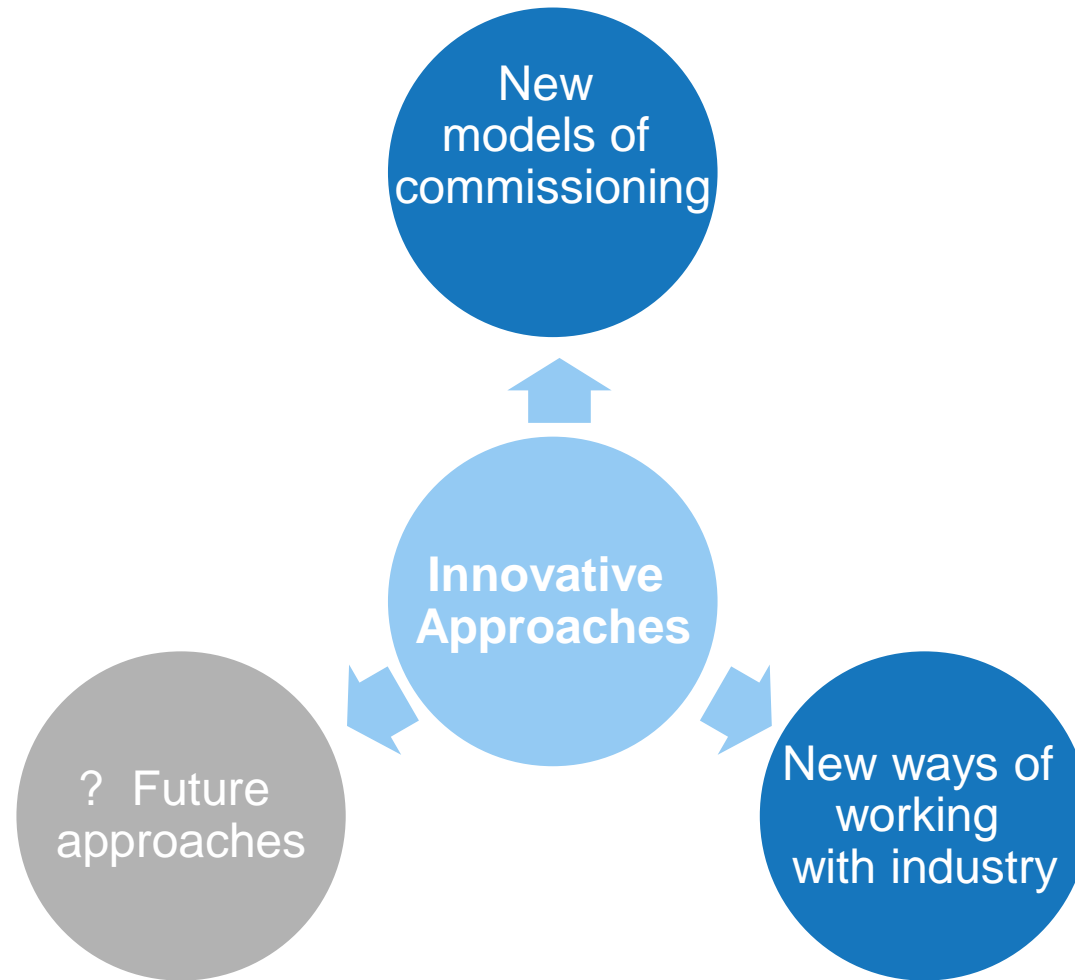


Other

Funnel plot for other route, colorectal cancer, persons, age-standardised rate, by CCG, England, 2006-2013

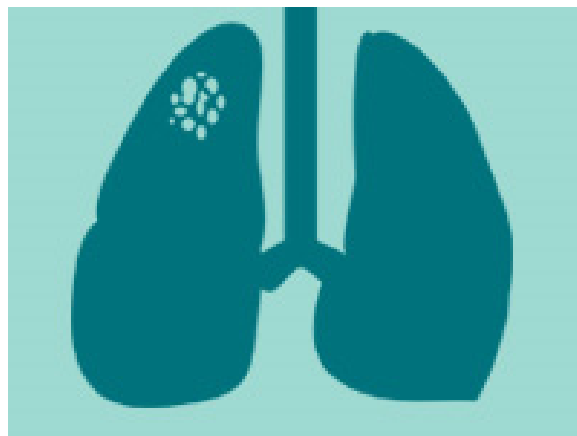


One of our aims is to explore innovative approaches...



... and we already have innovative programmes in four areas of early diagnosis

Lung
Cancer



Colorectal
Cancer



Multi-Disciplinary
Diagnostic Centres



Population
Education
&
Primary Care
Education



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Why an Early Diagnosis Industry Challenge?

Engaging the
expertise &
capability of
Industry
Partners

Realizing
improvements
which can be
scaled across
the NHS

Improved
patient survival
outcomes
(internationally
comparable)

What are our aims from the Early Diagnosis Industry Challenge?

6-8 projects of potential mutual benefit,
across a balanced portfolio

Meet or exceed International benchmarks for survival outcomes & patients experience

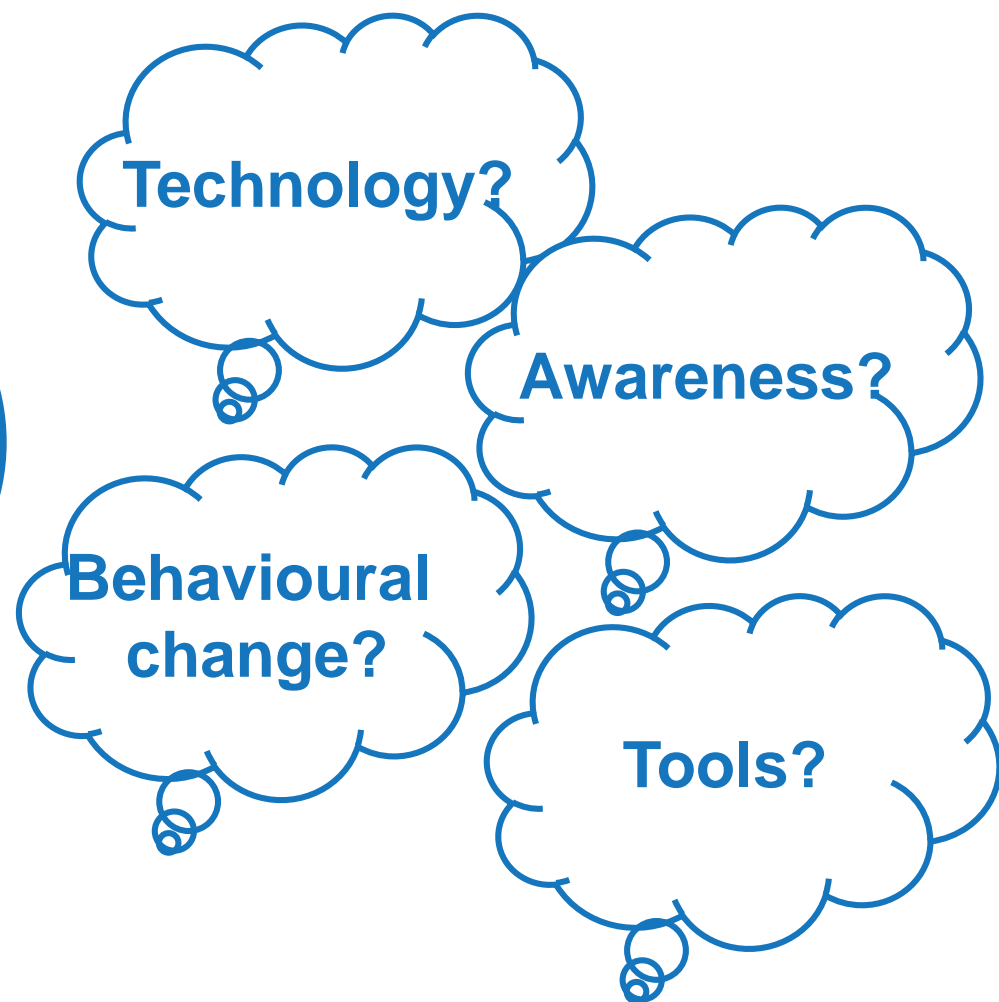
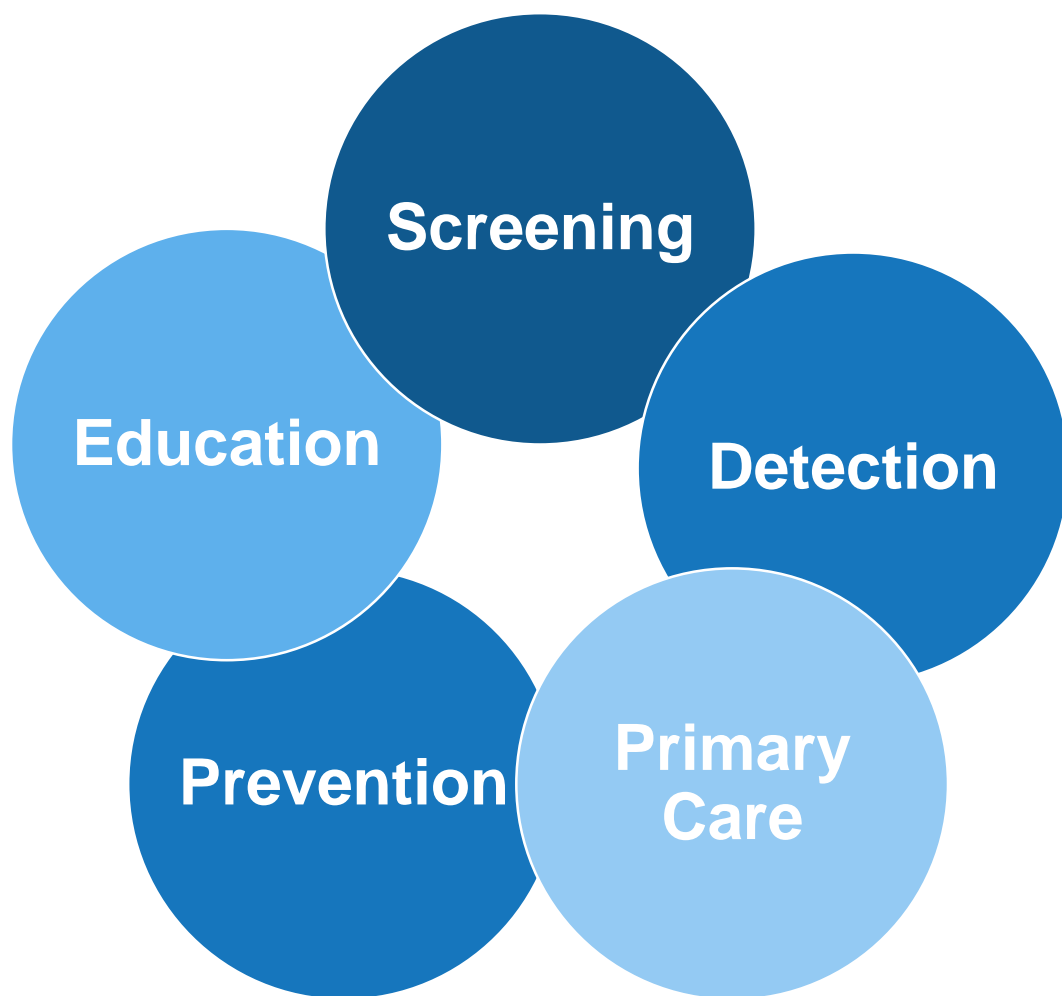
Through Early Diagnosis Agenda priorities:
Stage shift
Emergency presentations

Co-deliver over 12 months a proven & established intervention by May 2018

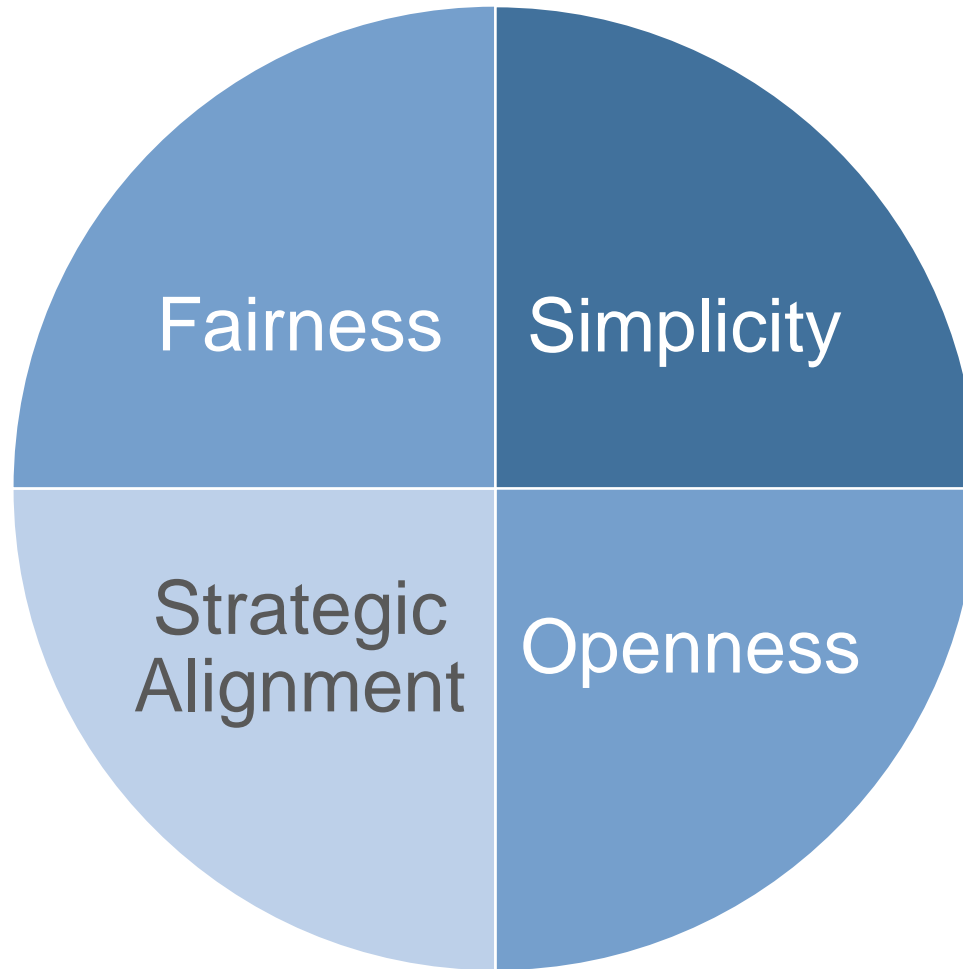
Encourage New Solutions:
Testing of inventions
Scaling of innovations

Can be scaled across the NHS

What is in scope for Early Diagnosis?

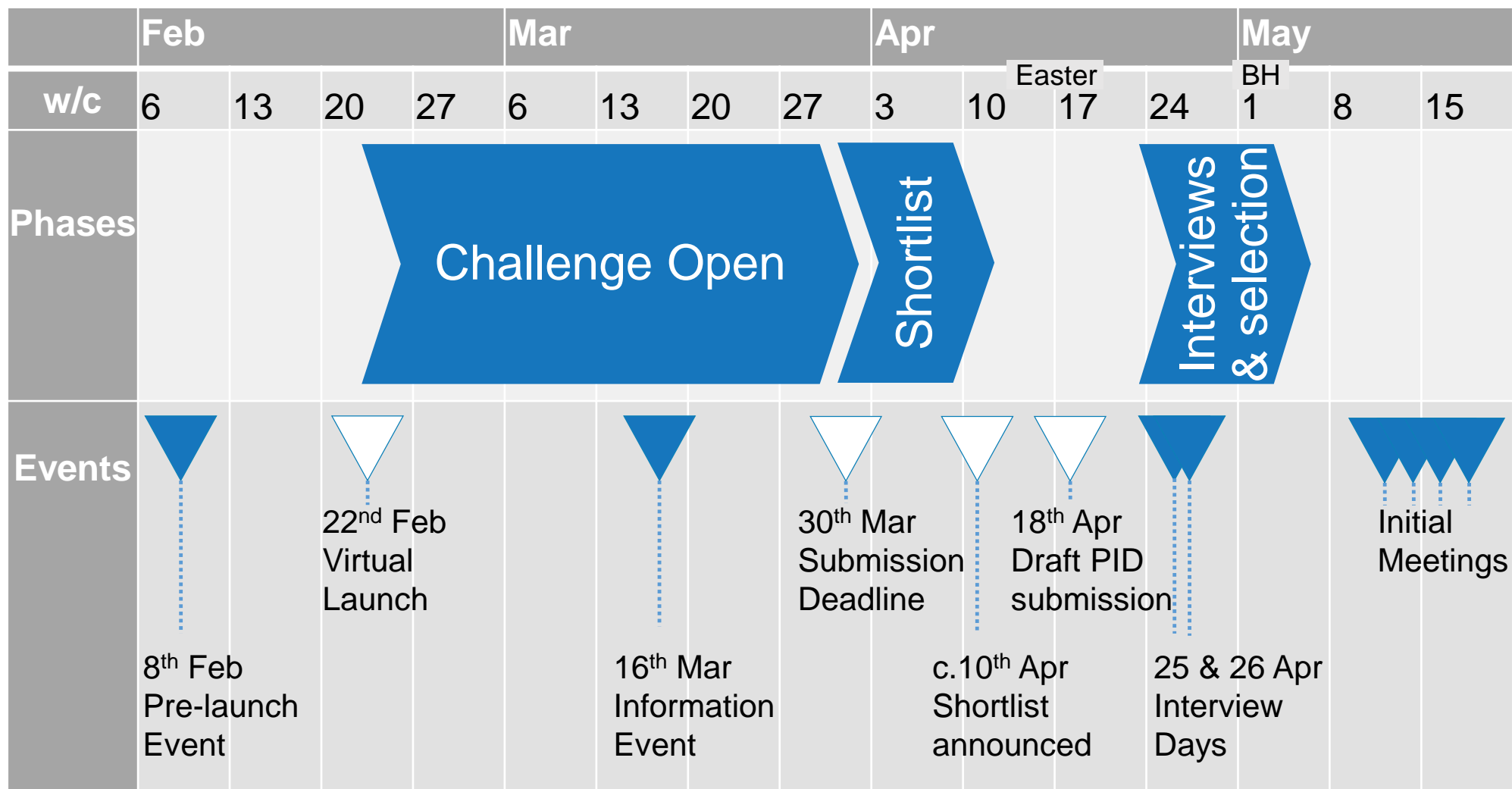


We are running this challenge process by applying four principles



The challenge launched on 22nd Feb, with a submission deadline of 30th Mar

v2017-03-16



Submission forms, the briefing doc and invitation letter are on the website

Letter

- Introduction
- Instructions

Briefing & FAQ

- Introduction
- Detailed notes
- FAQs

Part A (Excel)

- Basic Information
- Acceptance Screening Criteria
- Unscored Balancing criteria
- Check that Part B has been completed

Part B (Word)

- 5 x Evaluation Questions

<http://cancervanguard.nhs.uk/cancer-vanguard-launches-early-diagnosis-industry-challenge/>

Email questions and final submissions to:
CancerVanguard@uclh.nhs.uk

All applications will be checked on receipt against the acceptance screening criteria

2 Acceptance Screening Criteria

Please read the briefing notes - if your proposal does not meet these criteria it will be rejected.

<for Vanguard use only>

<for Vanguard use only>
<for Vanguard use only>
<for Vanguard use only>
<for Vanguard use only>

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<for Vanguard use only>

Application is

complete, on time, without spelling or other errors

Proposal is:

related to Cancer

related to Early Diagnosis

substantially different from existing programmes

planned to be complete by end April 2018

Proposal does:

NOT require any capital investment by the Cancer Vanguard during the project

NOT require public consultation over a service reconfiguration

NOT require patient identifiable data to be transferred outside the NHS

Evaluation panels will score proposals against five weighted evaluation criteria

#	%	Words	Criteria
1	40%	1000	Expected Intervention Outcomes
2	15%	500	Scalability / replicability
3	10%	500	Vanguard aims
4	15%	500	Financial Implications of Intervention
5	20%	750	Credible < 12m project delivery

Part B includes a question and guidance for each criteria – 40% is for outcomes...

#	%	Words	Criteria	Question	Guidance
1	40%	1000	Expected Intervention Outcomes	<p>What is your project going to achieve, and what is the logic model for how this will contribute to the Vanguard objectives of:</p> <ul style="list-style-type: none">• Increase in proportion of cancers diagnosed at stages 1 and 2;• Reduction in the proportion of diagnoses via emergency presentation• improved patient experience <p>What current evidence do you have that it is or will be successful, and how would your project build on this?</p>	<p>Your answer should include: a coherent theory and model of impact, showing how the project intervention will achieve impact, with a logic model such as input-output-outcome; the relevant proxy metrics for the outcomes (and recognition of relevant international benchmarks) this could include PROMS; the metrics the project will be evaluated against (and who & how these will be evaluated); how robust the current evidence base is; how evolved your intervention is now, and where you expect it to be at the end of the 12m project.</p>

...15% for scalability...

#	%	Words	Criteria	Question	Guidance
2	15%	500	Scalability / replicability	How could this be scaled up and replicated across the NHS, what are the barriers, and how far is there to go to achieve that?	Your answer should include a clear model for providers; route for commissioner support; engagement with relevant communities, and demonstrate your understanding of appropriate route to scale (eg. Alliances, NICE, CCGs/NHSE commissioning). Include the barriers to nationwide implementation (e.g. awareness in NHS, capacity, resources, awareness in population, time to implement...), and an indication of what the project might achieve within 2 years (i.e. April 2020), assuming the project is successful over the 12 months to April 2018.

...10% for alignment with the Vanguard aims...

#	%	Words	Criteria	Question	Guidance
3	10%	500	Vanguard aims	How would your project be fast-paced and innovative, and contribute to our Vanguard aim of developing new models of care that are ambitious and transformational?	Your answer should show how your project is fast-paced, unique, different, or new, and so in line with the Vanguard aims and ambitions

...15% for financial implications...

#	%	Words	Criteria	Question	Guidance
4	15%	500	Financial Implications of Intervention	What would the annual / ongoing costs & benefits to NHS be of this intervention, at the scale achieved by the end of the project period?	Your answer should include a high level view of the benefits the intervention will deliver, and the associated costs Benefits might include released capacity, improved productivity, reduced direct costs, and wider Cancer system benefits or savings. If relevant, include Value for money, or savings by year over next 4+ years, noted as cash releasing Y/N Note that the Challenge projects will not be funded by the Vanguard.

...and the final 20% for credible project delivery

#	%	Words	Criteria	Question	Guidance
5	20%	750	Credible < 12m project delivery	How are you going to successfully deliver this project over the next 12 months?	We expect you to include within your answer: details of your proposed project management and how you will ensure delivery in 12m; an outline project plan (this may be an image); how you will handle relevant regulatory and compliance issues and other complexities such as financial, operational, political; what data and data sharing requirements the project has; how this fits into your organization's priorities; your organization and team's experience

Shortlisting decisions will also be based on eight balancing criteria (1/3)

1

Which elements of the Early Diagnosis pathway does your project affect?

- Prevention
- Education
- Screening
- Self-diagnosis
- Investigations
- Decision to Refer
- Referral
- Other(s) - please specify:

2

What type of intervention is it?

- Patient Engagement – in person
- Patient Engagement – virtual & synchronous (e.g. skype or text chat)
- Patient Engagement – virtual & asynchronous (e.g. an app)
- Professional engagement
- Data analysis
- Clinical decision making
- Novel testing
- Other(s) - please specify:

3

Which cancers does it relate to?

- ALL CANCERS
- OR select from (*20 most common cancers, UK, 2014*)
 - Breast
 - Prostate
 - Lung
 - Bowel
 - Melanoma Skin Cancer
 - + 15 more individually listed
- Other(s) - please specify:

Shortlisting decisions will also be based on eight balancing criteria (2/3)

4

Which clinical / service teams or patients would you need to engage with or have access to?

e.g. GPs, lung cancer team at Acute hospital, breast cancer screening service

5

Working with the Vanguard partners..

- How many of the three Vanguard partners would you ideally need to work with?
- Does your project require specific partner(s), or exclude specific partner(s)?
(*REQUIRED=required; OPTION=a possible option; NOT = not this partner*)
- Greater Manchester Cancer Vanguard Innovation
- RM Partners
- UCLH Cancer Collaborative

6

Which groups of people would be impacted by your project?

- < *please answer ' ALL' if your project is independent of this factor*>
- Ages
- Sex (Male/Female)
- Ethnicity
- Social/economic
- Geography
- Other (please specify)

Shortlisting decisions will also be based on eight balancing criteria (3/3)

7

Intervention current development

- Is the intervention proven?
- At what scale?
- Is it in use anywhere already?
- If yes, please describe

8

What governance would need to be in place as part of the joint working agreement before the project could commence?

- Information Governance
- Data Sharing
- Anonymised patient level data sharing
- Patient cohort recruitment and involvement
- Clinical team involvement sign off
- Ethics approval (this includes clinical trials)
- Other (please specify)

Overview: 5 scored, weighted evaluation criteria, and 8 balancing criteria

#	%	Criteria
1	40%	Expected Intervention Outcomes
2	15%	Scalability / replicability
3	10%	Vanguard aims
4	15%	Financial Implications of Intervention
5	20%	Credible < 12m project delivery

1 Which elements of the Early Diagnosis pathway does your project affect?

2 What type of intervention is it?

3 Which cancers does it relate to?

4 Which clinical / service teams or patients would you need to engage with or have access to?

5 Working with the Vanguard partners...

6 Which groups of people would be impacted by your project?

7 Intervention current development...

8 What governance would need to be in place as part of the joint working agreement before the project could commence?

Shortlisted proposals will be asked to submit a draft PID and attend an interview

Notification of interview

- C. 10th April
- Email with:
 - Interview date, time & location (central London)
 - Template PID
 - Reminder of next submission deadlines:
 - 16:00 Tues 18 April (draft PID)
 - 12:00 Mon 24 Apr (PPT file)

The PID expands on some of the questions in the proposal form B

	PID HEADINGS	In proposal?
1	Purpose	
2	Aim	
3	Structure	
4	Scope	
5	Benefits	
6	Assumptions & dependencies	
7	Project key milestones	
8	Resources to deliver the project	
9	Stakeholders	
10	Risks	

The interview format will be a short presentation followed by panel Q&A

Interview purpose

- To clarify your written proposal, ensure we understand your answers, and so evolve the evaluation scoring

Interview plan

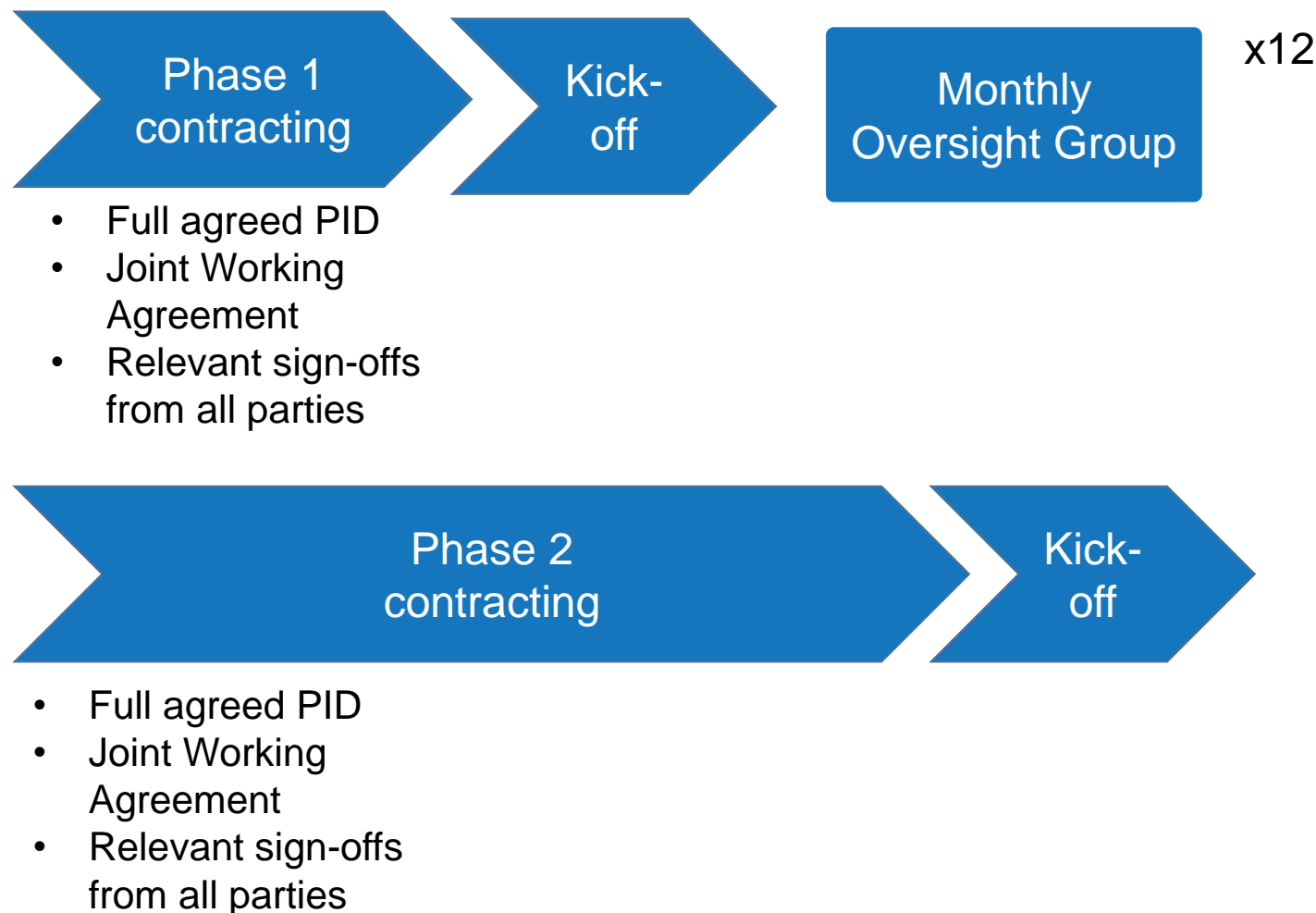
- Up to 15 shortlisted proposals to interview
- 2 days:
 - Tues 25th April
 - Wed 26th April
- Presentation team should be the planned project delivery team

We don't expect everyone in your team to introduce themselves

Interview format

- Panellist list shared when you arrive, so no individual introductions (to maximize time for presentation and Q&A)
- Time split:
 - 10 mins presentation – the panel chair will stop you after this time
 - 20 mins Q&A led by panel chair

What happens after selection?



Once selected, all projects must comply with our communications policy: all publications to be approved by both sides before publication in any media.

All partner projects will be registered on the relevant Trust's Hospitality & Gift Register(s).

Questions submitted since the launch (1/2)

You state that “The national Cancer Vanguard and the partner organization each pay their own costs – no funds are provided in either direction”.

- **Is this referring to bid costs?**
- **How will any successful projects be funded during the 12 months?**
- **Will there be any additional funding above the basic NHS tariff payments for treatment to pump prime the investment in new technology?**
- **What happens after the 12 months to a successful project?**

There is no pump priming funding from the Industry Challenge. The National Cancer Vanguard is providing overarching project management, coordinated access to expertise (such as academics, commissioners and procurement) and sustainable access to market (such as co-development of business cases and navigation of commissioning processes). The funding after 12 months is a key consideration and will depend on the nature of the project.

This is the same approach that was adopted as part of the 2016 Pharma Challenge which the Vanguard led and has resulted in five projects.

Questions submitted since the launch (2/2)

Can this project include commissioning, whereby commissioning groups would actually find budget to pay for (service, products or activity), or is there an expectation that (the partner organisation) would need to provide (this/these) free of charge for the duration of the project?

Considering the timescales I would consider it too high risk to base the proposal on an assumption that CCGs or NHS England will agree to fund the intervention during the timeline that the project needs to deliver within. It may be more realistic to target an endpoint that describes a commissioning decision to have been made. The proposition could be more appealing if there is a period of provision free of charge to augment the evidence base within an NHS service setting.

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Plenary Q & A

Questions to you

- How do we make partnership working successful with you?
- What could prevent or limit success?

Q & A with today's speakers

- **Professor Kathy Pritchard Jones**, Chief Medical Officer, UCLH Cancer Collaborative and London Cancer
- **Nick Kirby**, Divisional Manager – UCLH Cancer Collaborative (lead, Early Diagnosis Industry Challenge)

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