

Early Diagnosis Industry Challenge

Briefing notes and FAQs

Before completing forms 'part A' and 'part B', ensure you have read both the 'letter' and this 'briefing note' which accompanied them.

If you have any questions, please contact CancerVanguard@uclh.nhs.uk, and/or attend the information event in London on 16 March 2017.

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.

Introduction

Please read the accompanying letter dated 22 February 2017 to understand the context and objectives of the challenge. This briefing note will focus on explaining the process and methods we will use and the key dates.

We are running this challenge process by applying four principles:

- Strategic Alignment
- Openness
- Simplicity
- Fairness

We welcome applications from any partner organisation, including industry, academic or third sector partners.

Submitted proposals will go through five stages (see below for the detailed criteria):

1. Acceptance screening on receipt, against our acceptance criteria
2. Evaluation by our evaluation panels, scoring the answers to the five questions
3. Shortlisting by our evaluation decision team, based on the evaluation scores and also the balancing criteria
4. Interview presentation to clarify the proposals and review scoring (up to 15 interviews)
5. Interview panel discussion to select five to eight proposals to go forwards to project initiation

We expect to choose a few 'quick starters' to go forwards to project initiation immediately in phase 1, and a second set to start a few weeks later in phase 2. We may also offer to refer proposals outside the Challenge if we think that is relevant, and the proposer is in agreement.

We will check with our evaluators and panellists and declare any conflicts of interest.

Panel decisions will be based on a combination of the information provided in your proposal (both balancing and evaluation criteria), in your presentation and through Q&A at interview, in order to achieve a balanced portfolio that aligns with the Vanguard objectives. We will aim to create a balanced portfolio using the balancing criteria (see list in **part A**). These cover a range of pathway elements, intervention types, cancers, clinical teams, across the partnerships, to different demographics, from novel innovations to scaling up proven interventions, with a range of simpler and more complex governance. We reserve the right to take a proposal forward over one with a higher evaluation score if it helps us to achieve this balanced portfolio.

Overview of key dates

Date	Event
22 February 2017	Challenge launch for proposals.
16 March 2017	Information Event, 15:00-17:00 at 52 Club, Bonham Carter House, 52 Gower St, London WC1E 6EB.
16:00 30 March 2017	Deadline for proposal submission (part A & part B).
10 April 2017	Target date for shortlist announcements.
16:00 18 April 2017	Deadline for draft PID (Project Initiation Document) to be submitted by shortlisted participants.
12:00 24 April 2017	Deadline for presentation PPT file submission for shortlisted proposals.
25/26 April 2017	Interview panel for shortlisted proposals - London venue to be announced.
After 27 April 2017	From 27 April, selected potential partners contacted to start work on developing their PIDs and Joint Working Agreements. Once these (and other relevant agreements) are signed off by all parties, including the Cancer Vanguard Board then project kick-off and announcements can take place (subject to the communications policy below).

Proposal development and submission (to 30th March)

The Launch materials consist of:

1. A launch letter from the national Cancer Vanguard leads
2. This briefing note and FAQs
3. Part A proposal form - an MS Excel file
4. Part B proposal form - an MS Word document

Please read all four documents thoroughly, and ensure you have completed both **part A** and **part B** prior to submission. 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.

After 22 February 2017, all questions must be routed through CancerVanguard@uclh.nhs.uk. We will brief all those involved from the national Cancer Vanguard not to discuss questions with participants separately, to ensure fairness and that all Q&A are shared. We will answer further clarification questions as follows:

- When we receive a question from a potential participant, we will normally circulate the question and answer to all registered participants to ensure fairness, and supply it to any later registrants.
- If you believe your question is potentially giving away your IP or ideas, you must tell us that, and ask us not to circulate, and we reserve the right not to answer if we can't do so in a way we feel doesn't disadvantage others.

Once your proposal has been submitted, as noted in **part A**, your submission will be kept confidential to the evaluation team and panellists. If we need to engage outside that group, we will contact you first.

Information event

Please register in advance with CancerVanguard@uclh.nhs.uk if you would like to attend our information event on Thursday 16 March, 15:00-17:00 at 52 Club, Bonham Carter House, 52 Gower St, London WC1E 6EB.

The event will be a plenary presentation, followed by audience Q&A. We will not be offering planned 1:1 conversations at this event, in order to ensure we follow our own process for sharing questions and answers with all registrants. We will make notes of the Q&A discussion, and any other discussions at the event which our facilitators decide need to be shared to align with our principles of openness, simplicity and fairness. We will share these notes afterwards with all registrants (so no one is disadvantaged if they cannot attend).

Acceptance screening

We reserve the right to reject proposals (without evaluating them) which do not fit our acceptance screening criteria. These criteria are listed in proposal form **part A**, section 2 “acceptance screening criteria”.

If your proposal is rejected for one of these reasons, we will inform you by email.

Shortlisting

Proposals which meet our acceptance screening criteria will be taken forward to evaluation.

Evaluation panels of three to five people will evaluate a randomly selected set of 10-16 proposals, and agree the evaluation question scoring for that set. Note that this evaluation scoring is only a guide because we want a balanced portfolio. We reserve the right to take a proposal forward over one with a higher score if it helps us achieve a balanced portfolio.

Each evaluation question will be scored on a scale of 0-5 using the guidance in the table below:

Score	Description
5	An excellent answer, indicating a response to this question that fully meets the national Cancer Vanguard’s Early Diagnosis Challenge needs and requirements with no weaknesses or issues.
4	A good answer, indicating a response to this question that generally meets the national Cancer Vanguard’s Early Diagnosis Challenge needs and requirements, with only very minor weaknesses or issues.
3	A satisfactory answer, indicating a response to this question that meets the national Cancer Vanguard’s Early Diagnosis Challenge basic needs and requirements but which demonstrates tangible weaknesses or requires some minor compromises from the national Cancer Vanguard.
2	A poor answer, indicating a response to this question that fails to meet some of the national Cancer Vanguard’s Early Diagnosis Challenge basic needs and requirements, and which demonstrates significant weaknesses or requires major compromises from the national Cancer Vanguard.
1	A very poor answer, indicating a response to the question that fails to meet the very basic needs and requirements of the national Cancer Vanguard’s Early Diagnosis Challenge , or requires an unacceptable compromise.
0	No answer or totally irrelevant response.

The evaluation decision team (which will include representatives of each evaluation panel) will then use these scores alongside the balancing criteria to select a shortlist of 15 proposals to go forward to interview.

We will contact you by email to confirm whether you will be invited to present to the panel and any further details about this opportunity once written proposals have been evaluated.

Interview panel

After shortlisting is complete, the interview process will be the same for everyone who is invited. We will offer up to 15 proposals an interview slot on either Tuesday 25 or Wed 26 April. Selected applicants will be asked to:

- complete a draft PID (Project Initiation Document) and submit it by 16:00 on Tuesday 18 April
- prepare a 10 minute presentation, and submit the PowerPoint file by 12:00 on Monday 24 April

The interview is for clarification of your written proposal, to ensure we understand your answers. As such the interview is not being scored separately, and you should not rely on the interview to make important points about your proposal - these should be in the original written submission.

The presentation team should be the planned project delivery team. On arrival at the interview, we will share with you a list of the panellists, so they will not introduce themselves individually to you (this is to maximise the time for your presentation and Q&A).

Each interview will consist of:

- 10 minute presentation - note that the chair will ask you to stop presenting after 10 minutes. As this is a very short presentation, we do not expect everyone on your team to introduce themselves in this time.
- 20 minutes Q&A from the panel, led by the chair.

Panel decisions will be based on a combination of the information provided in your proposal and the presentation and Q&A at interview, in order to achieve a balanced portfolio that aligns with the Vanguard objectives. We reserve the right to take a proposal forward over one with a higher evaluation score if it helps us achieve a balanced portfolio.

Project Initiation

Selection by the panel does not guarantee that your project will be taken forward - a full agreed PID (Project Initiation Document), Joint Working Agreement, and relevant signoffs from all parties will be required.

Once selected, all projects must comply with our communications policy, which requires that all publications are approved by both sides before publication in any media. A copy is available on request.

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

Frequently Asked Questions - FAQs

SCOPE:

Are survival outcomes within the call?

- For early diagnosis, we cannot measure survival outcomes within 12 months, and therefore have chosen to focus on two key outcomes: stage shift and reducing emergency presentation. We would expect that any early diagnosis intervention which affected either stage shift or route of presentation would later in life affect survival outcomes.

How would you expect to measure improvement, as stage shift has a measurement lag?

- We would expect to measure proxies (which you should include in your proposal) - for example more people going to GPs would result in a proxy metric of more referrals on the two week wait pathway; or for lung or pancreatic cancer we would see the number of surgeries increase (as don't operate at stage 3 or 4); for education or awareness interventions we would expect you to use proxy measurements such as the national 'Be clear on cancer' proxy of 'increased number of urgent referrals'.

Will capacity to implement be used as a criteria (because there are many interventions which have been proven, but the NHS does not have the capacity to implement)?

- A route to scaling up and replicating a proven invention across the NHS is within scope for this Challenge, and is a separate score.

Are you looking for invention or innovation?

- Both - projects could include feasibility or development of tools, ideas being transitioned out of the laboratory, or putting enablers in place for an existing intervention (e.g. an algorithm or delivery model).

Are you interested in projects to improve screening uptake?

- Yes, we would welcome social innovation or mind-shift interventions.

Is training in scope?

- Yes.

Would you consider projects to develop alternative service models?

- Yes, we are open to innovations in access which are not currently being used across the NHS, (or require scaling up).

What kinds of projects are likely to be rejected?

- (please see the acceptance criteria on the part A form).

PROJECT DEFINITION

How far would you expect a project to get in 12 months & would you expect a demonstrated stage shift ?

- We are looking for projects taking either a novel invention to a proven invention or a proven invention to a proven scale-up approach. As well as 'proven' with the proxy metrics, it also needs to include credibility to achieve stage shift in the longer term.

HOW THE CHALLENGE WORKS

Can the submitted proposal be refined?

- No, as this would not be fair to the other proposals.

Who are the organizations we could access through the Challenge?

- Greater Manchester Cancer Vanguard Innovation partners include:
 - The Christie NHS Foundation Trust
 - Trafford Clinical Commissioning Group
 - Devolution Manchester
 - Healthier Together
- RM Partners:
 - RM Partners consists of health organisations across north west and south west London, including 10 acute providers, 14 clinical commissioning groups, 4 community providers and 9 hospices. See a full list at: <http://rmpartners.cancervanguard.nhs.uk/about-us/about-rm-partners/partners/>
- UCLH Cancer Collaborative:
 - **North East** : City & Hackney CCG; Newham CCG; Tower Hamlets CCG; Waltham Forest CCG; Havering CCG; Redbridge CCG; Barking & Dagenham CCG; Barts Health NHS Trust; BHRUT NHS Trust; Homerton University Hospital NHS FT
 - **North Central**: Barnet CCG; Camden CCG; Islington CCG; Enfield CCG; Haringey CCG; NNUH NHS Trust; Royal Free London NHS FT; Whittington Health NHS Trust; UCLH FT

When will it be decided which of the three Cancer Vanguard partner organisations each project will work with?

- On the proposal we ask you if your project requires one or more partners, and which (if any are most suitable). This will be refined through the interview process, and potentially during project initiation.

What is the funding model for the Early Diagnosis Industry Challenge?

- The national Cancer Vanguard and the partner organization each pay their own costs - no funds are provided in either direction.

What will the national Cancer Vanguard contribute to each project?

- The Vanguard will provide a programme facilitator, who will support the project team's access, for example to contract & commissioning pathways, or clinical communities. Note that the partner company is expected to provide their own project lead and project management.

What happens to IP (Intellectual Property)?

- Note that the Cancer Vanguard cannot invest in developing IP outside the NHS - any IP arrangements would need to be covered by the project's joint working agreement.

What are the next steps once the project delivers (e.g. from May 2018)?

- It depends on the project. A successful project does not guarantee further work with the NHS outside the Cancer Vanguard, but we would hope that a path can be found to take the work forwards. If the Cancer Vanguard decides not to take forward a project after April 2018 (which could be for many reasons, including financial, support, strategic fit), the evidence will be available to leverage outside the Cancer Vanguard.

What is the next Industry Challenge after Early Diagnosis?

- We will let you all know, and advertise on our websites, once we have decided and set a date.

=END=