

Pan-London Research Fellowship Programme - Call for Projects

In 2015-16, the then London Cancer Alliance (LCA) launched a programme of 12-month research fellowships with support from BRCs at RM/ICR and Imperial College London. The LCA has now been subsumed into the RM Partners accountable clinical network for cancer (ACNC), which is one of the three local delivery systems which comprise the Cancer Vanguard. Within this larger framework we are now launching our second 12-month research fellowship programme. This now has London-based support from BRCs, London-based Cancer Vanguard delivery systems (RM Partners, UCLH Cancer Collaborative), and South East London Accountable Cancer Network (SEL ACN).

The appointment process will be in two stages:

- a) An invitation to potential supervisors working in relevant areas across London (see below), to submit brief proposals, which will form the basis of a shortlist selected by an appropriate panel.
- b) An advertisement based on this shortlist for potential fellows to submit joint applications for the proposed project alongside supervisor with whom he/she wishes to work.

At this stage, **we are calling for potential supervisors to submit project titles and a short brief describing the project.** Research projects should ideally take advantage of the large scale sampling of population including the broad socio-economic, cultural, ethnic and genetic variations that London covers. Wherever possible, this should utilise the population covered by RM Partners, UCLH Cancer Collaborative and SEL ACN. We aim to offer research fellowships to individuals interested in healthcare improvement, including clinicians, scientists, nurses and allied health professionals (AHP) who wish to obtain further research experience. Funding is available on a full time 12 month basis, but we would also consider part time fellowships over a longer period. The joint fellowship research projects may also lead to the completion of a higher degree.

The Cancer Vanguard is made up of three local delivery systems covering Greater Manchester; north west and south west London; and north central and north east London and west Essex, led by their system leaders The Christie, The Royal Marsden and UCLH. respectively. SEL ACN, while not part of the Cancer Vanguard, covers Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust, and Lewisham and Greenwich NHS Trust (led by King's Health Partners Comprehensive Cancer Centre). It shares focus on accelerating the delivery of the key outcomes from the national cancer strategy: Achieving World Class Cancer Outcomes (July 2015). Although its primary focus was not research, several of its aims are critically dependent on an active research programme, if significant improvements in cancer care are to be made. These include:

- Improving survival through early diagnosis and detection
- Reducing variation and improving access to high quality care
- Focusing on older people with cancer
- Optimising the management of patient surviving cancer during and after their treatment
- Improving access to expert palliative and end of life care

The Cancer Vanguard structure, together with SEL ACN, provides an extremely valuable resource and framework for pan-London cancer research, which now covers a population of over 10 million people.

It has five workstreams which map onto the Vanguard's overall objectives and fellowship projects should be identified with one of these:

1. Early Diagnosis

Early diagnosis/detection is a priority area for the Cancer Vanguard and its research strategy. The top five tumour types diagnosed via A&E in London are: lung, colorectal, prostate, oesophago-gastric and pancreas, and cumulatively account for more than 50% of all cancer diagnoses via emergency presentations. Therefore work proposed by the Cancer Vanguard will explore specific, targeted interventions in these tumour groups to produce replicable models of care that will have high impact and be cost-effective. Our research strategy will follow two major themes: (a) to increase the impact of existing methodology by improving risk stratification; and (b) to examine the utility of new techniques, e.g. circulating biomarkers and imaging, along with improved understanding of risk factors and population behavioural change. In 2017 we anticipate that this topic will be a particular area of focus for the fellowship programme.

2. Reducing Variation

The Cancer Vanguard informatics strategy accesses existing cancer data feeds which may indicate gaps in cancer care. It should identify priorities where change is needed in order to improve patient outcomes, along with improving quality and timeliness of cancer data collection. Our informatics team works closely with analysts from the National Cancer Registration and Analysis Service (NCRAS) in Public Health England (PHE), who support the drive to improve data. Research carried out by cancer epidemiologists is beginning to identify gaps in the delivery of optimal cancer services, together with an understanding of why they exist. Working pan-London could permit contrasts to be drawn in outcomes and variations by socioeconomic, demographic and genetic factors, but would also provide scalable and replicable models of care to take forward across the country.

3. Cancer in Older People

A priority area in the diagnosis and treatment of cancer is the elderly population. There is a growing body of evidence that older people diagnosed with cancer in the UK have poorer outcomes than in other countries and it is conceivable that older patients may be receiving substandard care due to age-related bias. There are age-related variations along the cancer patient pathway, which ultimately affect survival, and research has shown that more emphasis should be placed on a patient's physiological age, rather than their chronological age. Age may co-exist with other geographic, ethnic, cultural and economic factors which may affect outcome.

4. Living with and Beyond Cancer

The number of patients surviving cancer treatment continues to increase and this provides new challenges for the delivery of care for patients' carers and families. This includes supportive care and rehabilitation which aims to minimise consequences of treatment and improve quality of life. The Cancer Taskforce Strategy recommends research into better understanding of the prevalence and incidence of multiple co-morbidities and their effects on outcomes and quality of life. In the recent survey 'Living With and Beyond Cancer: Survey of Healthcare Professionals' Understanding' carried out by the RM Partners Living With and Beyond Cancer Pathway Group, the need to understand long term side effects and/or late effects of cancer was identified as a research priority. Evidence to support models of stratified follow up, including risk-stratification and supported self-management is needed.

5. End of life and Palliative Care

Areas of focus identified by the pan-London palliative care group include, but are not limited to:

- 1) Transformational change in the model of community palliative and end of life care to enable better integration, coordination, together with more responsive and effective use of resource
- 2) Support for specialist palliative care services to develop and deliver seven day, face to face visiting
- 3) Support for earlier advanced care planning to reduce hospital deaths of cancer patients
- 4) Facilities to enable all specialist palliative care services to implement and use a standard set of person centred outcome measures effectively
- 5) Educational support for unified ceiling of care documentation across London.

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Research is needed to improve the coordination and planning of end of life and palliative care services for patients with cancer. This includes early care planning that is personalised to patient's needs and preferences.

This also aligns to the specific priority areas that will be funded through NHS England's transformation fund which are currently welcoming bids from the Cancer Vanguard, namely in: early diagnosis, recovery package, and stratified follow up pathways.

Closing date for research proposals, using attached template, is 10th March 2017. Please send completed proposals to RMPartners.Research@nhs.net with details of how your project will utilise expertise and/or patient populations across London. Shortlisted projects will be notified and advertised for potential fellows who would then be encouraged to contact supervisors of their choice. Interview dates will take place week starting 8th May 2017. Projects should commence no later than September 2017.

Please contact RM Partners R&D Manager, Dr Michelle Chen for any queries:

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