

North Central London Complex Rectal Cancer Service: A Network Model for Advanced Rectal Cancer Surgery

Project lead and organisation - Tally Lazarus & Alistair Escott (UCLH), Chetan Bhan (UCLH/NCLCA)

- **Partner organisation(s) involved** - North Central London Cancer Alliance

Funding requested (£) - £235,000

Proposed start and end dates - April 2027 – March 2029

Summary

This bid proposes establishing a networked North Central London (NCL) Complex Rectal Cancer Service, led by UCLH, to deliver coordinated, specialist care for patients with advanced or complex rectal cancer. It addresses a key gap: the absence of a structured regional service for patients requiring highly specialised interventions, such as “beyond TME” surgery, resulting in delays, out-of-area referrals, and worse outcomes. Increasing incidence and advances in treatment mean more patients require tailored pathways, ranging from organ-preserving approaches to complex multi-organ surgery.

The project will create a centralised, end-to-end pathway combining specialist multidisciplinary team (MDT) decision-making, complex surgical capability at UCLH, and coordinated delivery of care across the network. It includes structured prehabilitation and recovery pathways, while maintaining local access to diagnostics and follow-up. Delivery will be supported by enhanced MDT coordination, dedicated clinical staff, and phased implementation to build capacity and scale the service.

Expected benefits include improved survival outcomes, higher rates of successful tumour resection, reduced time to treatment, and improved patient experience through care closer to home. The service will also reduce inequalities and reliance on external providers.

NCLCA Big Ideas Fund – Expression of Interest

Submit by 25 June 2026. Only NCLCA colleagues may submit.

Questions marked with an asterisk indicate additional guidance on page 2 of this document.

Section 1 – Project Details			
Proposal title	North Central London Complex Rectal Cancer Service: A Network Model for Advanced Rectal Cancer Surgery	Project lead and organisation	Tally Lazarus & Alistair Escott (UCLH) Chetan Bhan (UCLH/NCLCA)
Partner organisation(s) involved	<ul style="list-style-type: none"> North Central London Cancer Alliance 	Funding requested (£)*	235000
Proposed start and end dates*	April 2027 – March 2029		
Section 2 – The Idea			
1. What is the challenge you are seeking to address?*	<p>Patients with rectal cancer increasingly require highly specialised, coordinated care. A rising incidence, particularly among younger patients, combined with advances in imaging and multimodal treatments mean more patients are eligible for curative treatment and living longer with complex disease. Consequently, rectal cancer is increasingly managed as a chronic condition. This requires high-quality services with increasing specialisation to be better coordinated. At one end of the disease spectrum there is growing evidence (led by Prof Simon Bach) that selected patients with early and intermediate rectal cancer can be managed successfully through non-surgical, organ-preserving approaches. This improves quality of life by avoiding unnecessary radical surgery. Conversely, patients with locally advanced or recurrent rectal cancer require highly complex pelvic surgery requiring multi-organ resection, known as beyond TME surgery. Currently North Central London lacks a coordinated service to manage patients with beyond TME rectal cancer. and patients that do require complex surgical intervention have traditionally been referred to external centres, resulting in delays to MDT review, clinic assessment and treatment initiation. During these delays, patients may experience disease progression and deterioration in fitness, reducing their eligibility for potentially curative surgery. This is a significant barrier to patients in NCL accessing quality care resulting in suboptimal patient outcomes. UCLH is uniquely positioned to address this unmet need by bringing together expertise in both advanced non-operative management and complex pelvic surgery within a single service. UCLH is the ideal site in NCL to develop a complex rectal/beyond TME service because the majority of pelvic cancers have been centralised to UCH, within NCL and beyond (gynaecological oncology, pelvic sarcoma, pelvic urology and spinal neurosurgical involving the sacrum)</p>		
2. What is your proposed project and – at a high level – how would it be delivered?	<p>We propose the establishment of a networked North Central London Complex Rectal Cancer Service based at UCLH, delivering a fully coordinated, end-to-end pathway for patients with complex rectal cancer incorporating patients eligible for organ preservation those requiring complex surgery.</p> <p>The service model will:</p> <ul style="list-style-type: none"> Provide a centralised specialist complex cancer MDT to enable timely decision-making and reduce variation. Deliver complex surgical planning and intervention at UCLH. Embed structured prehabilitation and post-operative pathways to optimise outcomes and recovery Enable local delivery of appropriate elements of care (e.g. diagnostics, 		

Submit by 25 June 2026. Only NCLCA colleagues may submit.

	<p>follow-up) to maintain care closer to home</p> <p>Delivery will be enabled through:</p> <ul style="list-style-type: none"> • Dedicated MDT coordination and Fellow + CNS to support patients • Radiology and specialist clinical input to support timely decisions <p>Phased implementation:</p> <ol style="list-style-type: none"> 1. Establish MDT coordination and referral pathways 2. Build workforce and theatre capacity 3. Scale to a sustainable regional service
Section 3 – Impact & Strategic Alignment	
3. Which <u>NCL strategic objectives</u> and/or National Cancer Plan ambitions does your project align with?	<p>This project aligns strongly with NCL and national cancer priorities, specifically:</p> <ul style="list-style-type: none"> • Reducing variation and improving equity of access <ul style="list-style-type: none"> ○ Establishing a single pathway ensuring all NCL patients have timely access to specialist MDT review, decisions on organ preservation and complex surgery, regardless of referral site • Delivering personalised, patient-centred care <ul style="list-style-type: none"> ○ Providing coordinated MDT decision-making and bespoke tailored treatment pathways based on disease complexity • Improving clinical outcomes for complex cancers <ul style="list-style-type: none"> ○ Increasing rates of R0 resection through specialist surgical planning and high-volume expertise supported by prehabilitation
4. What impact do you expect the project to have on NCL cancer outcomes and/or patient experience?	<ul style="list-style-type: none"> • Improved R0 resection rates and survival outcomes • Reduced time to surgery for complex cancer patients • Reduced inequalities & improved patient experience across NCL – no need to transfer out of area • Development of a sustainable regional specialist service
Section 4 – Resources	
5. What do you see as the likelihood of attracting external funding?	<p>High. This proposal establishes the core infrastructure for a coordinated, network-wide complex rectal cancer service, supported by specialist MDT decision-making and prospective outcomes data. These elements are key enablers for future external funding, including NIHR, Cancer Research UK and industry partnerships. Internationally, clinical leadership at UCLH is already engaged in a major Horizon Europe bid focused on precision rectal cancer (organ preservation), involving leading European centres. The development of a networked service with robust pathway coordination and data capture will strengthen the region’s ability to participate in and attract such large-scale collaborative funding. Funding from this grant will be used as pump-prime investment to establish essential clinical, coordination and data infrastructure. Following this the programme will be well positioned to leverage further external funding to expand, sustain and innovate the service over time.</p>
6. High-level indication of how the budget would be used*	<p>£235Complex MDT: £20k</p> <ul style="list-style-type: none"> - Pre-Hab/Post-Op Physio: £14k - Snr Fellow/CNS: £200k
Section 5 – Anything Else	
7. Is there anything else you would like to flag?	

Additional Guidance on Completing this EOI

General

- All EOIs must not exceed 2 pages.
- Please submit to uclh.nclcanceralliance@nhs.net by 25th June 2026.
- Only NCLCA colleagues may submit.

Section 1 – Project Details

- Our current expectation is that we will fund a small number of projects from a total funding pot of ~£600k.
- Proposed end date for the project must be no later than March 2029.

Section 2 – The Idea

- Question 1 - Describe the problem or unmet need. Include relevant data or evidence where possible.

Section 4 – Resources

- Question 6 - e.g., staffing, clinical time, technology, evaluation, overheads. Precise costings are not required at EOI stage.