

Active Cancer Care: Embedding Physical Activity Across NCL Cancer Pathways

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Partner organisation(s) involved - Royal Free London, UCLH, Islington Council, VCSE – Healthy Generations, HealthWatch Islington, Arsenal in the Community, GLL (Leisure provider)

Funding requested (£) - £155,000

Proposed start and end dates - Sept 2026 – March 2029

Summary

This bid aims to make physical activity a routine part of cancer care, addressing the current lack of coordinated support despite strong evidence that exercise improves recovery, reduces fatigue, enhances quality of life, and may lower recurrence risk.

The project will establish an NCL Cancer Physical Activity Programme focused on three areas:

- **Motivation:** A system-wide communications campaign to raise awareness and tackle stigma.
- **Capability:** A “Physical Activity Cancer Champion” model to train healthcare professionals and build confidence in promoting behaviour change.
- **Opportunity:** Creation of integrated referral pathways linking cancer services with community, voluntary, and leisure-sector activity providers.

An Islington-based demonstrator will pilot the approach, building on existing partnerships (e.g. NHS trusts, local authority, VCSE organisations). Around 600 patients will access tailored physical activity support, with emphasis on culturally appropriate provision and underserved groups.

The programme will deliver a scalable NCL model, including a framework, workforce training package, referral pathways, and evaluation toolkit. It aligns with NHS priorities on prevention, community-based care, and reducing health inequalities, with strong potential for wider rollout and external funding.

NCLCA Big Ideas Fund – Expression of Interest

Section 1 – Project Details

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

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Section 2 – The Idea			
1. What is the challenge you are seeking to address?*	<p>Physical activity is increasingly recognised as a core component of cancer care. Evidence demonstrates that physical activity can improve physical function, reduce cancer-related fatigue, enhance quality of life, support recovery from treatment, improve treatment-related outcomes and may reduce the risk of cancer recurrence. However, physical activity is not routinely embedded within cancer pathways and many people living with and beyond cancer do not receive consistent support to become or remain active. Many people affected by cancer are not achieving recommended activity levels, including the guideline of 150 minutes of moderate physical activity per week. While physical activity opportunities are largely delivered through public health, local authority and community services, there is currently no coordinated approach within cancer care to identify and connect people living with and beyond cancer to appropriate support. Provision also varies across NCL, with limited cancer-specific expertise embedded within many local offers and an insufficient range of options to meet diverse needs.</p> <p>Recent NCL community-based projects demonstrated strong engagement when activity was delivered through trusted organisations and incorporated peer support, social connection, cultural tailoring and clinician endorsement. They also identified barriers relating to motivation, capability and opportunity, including cancer stigma, limited confidence among healthcare professionals and weak connections between cancer services and community provision.</p> <p>Ensuring equitable access to appropriate physical activity support across NCL remains a key opportunity. Availability varies considerably between boroughs and cancer-specific expertise is not consistently embedded within local offers. A coordinated NCL approach is needed to strengthen provision where gaps exist, embed physical activity within cancer pathways and connect people living with and beyond cancer to the right support at the right time.</p>		
2. What is your proposed project and – at a high level – how would it be delivered?	<p>We propose establishing an NCL Cancer Physical Activity Programme to embed physical activity as a routine component of cancer care. While physical activity opportunities are largely delivered through public health, local authority and community services, this programme addresses a recognised gap within cancer care by developing the workforce capability, behaviour change support and referral pathways needed to help people living with and beyond cancer access and benefit from these opportunities throughout their cancer pathway. Building on learning from NCL's VCSE physical activity projects and an established Islington partnership, the programme will develop and evaluate a scalable model addressing the Motivation, Capability and Opportunity barriers to participation.</p> <p>Motivation: Deliver an NCL-wide communications and engagement campaign to increase awareness of the benefits of physical activity amongst patients, carers, healthcare professionals and the public, tackling misconceptions and cancer stigma.</p> <p>Capability: Establish a Physical Activity Cancer Champion function to develop training, tools and resources that improve healthcare professionals' confidence to discuss physical activity, support behaviour change and signpost appropriately.</p> <p>Opportunity: Develop and evaluate a coordinated model for embedding physical activity within cancer care. Through a partnership involving RFL, UCLH, Islington Council, Arsenal in the Community, GLL, Healthy Generations and Healthwatch Islington, the programme will support people living with and beyond cancer to access a range of tailored physical activity opportunities in community and leisure settings. The programme will combine cancer-informed exercise, behaviour change support, peer support and culturally responsive approaches to increase participation, particularly amongst underserved communities. A key strength is that partners in Islington have already established a strong cross-sector delivery partnership and are ready to mobilise rapidly following funding approval. The programme will test referral pathways between cancer services and community providers, alongside approaches that promote sustained</p>		

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	<p>engagement through structured activity, social connection and personalised support. The aim is to develop a scalable model that integrates cancer services with community provision and addresses current variation in access to cancer-informed physical activity support. Learning will inform wider implementation across NCL and, through collaboration with RM Partners, could provide a blueprint for how Cancer Alliances can work together to develop, evaluate and spread innovative approaches to embedding physical activity within cancer pathways across the wider ICB footprint.</p>
Section 3 – Impact & Strategic Alignment	
<p>3. Which <u>NCL strategic objectives</u> and/or National Cancer Plan ambitions does your project align with?</p>	<p>This proposal supports SA2 by improving quality of life and patient experience through embedding physical activity within personalised cancer care; SA4 through reducing inequalities via culturally tailored, community-based support; and SA3 through developing sustainable partnerships, workforce capability and referral pathways. It aligns with the NHS 10 Year Health Plan and National Cancer Plan by supporting the shift from hospital to community, promoting prevention and self-management, and expanding access to rehabilitation and supportive care closer to home.</p>
<p>1. What impact do you expect the project to have on NCL cancer outcomes and/or patient experience?</p>	<ul style="list-style-type: none"> • Approximately 600 people living with and beyond cancer will access physical activity support through the Islington demonstrator site. • Increased participation in physical activity amongst people living with and beyond cancer. • Improved quality of life, physical function, fatigue and wellbeing. • Increased workforce capability and confidence to discuss physical activity and support behaviour change. • Established referral pathways between cancer services and community providers. • A scalable NCL implementation model, toolkit and commissioning case to support adoption across additional boroughs.
Section 4 – Resources	
<p>2. What do you see as the likelihood of attracting external funding?</p>	<p>High. Discussions are underway with Islington Council, Sport England and the London Marathon Foundation regarding match funding opportunities. UCLH has already secured £25,000 charitable funding towards a Physical Activity Cancer Champion role, which this programme would expand across NCL. Additional investment will be sought to support wider implementation and scale-up.</p>
<p>3. High-level indication of how the budget would be used*</p>	<p>£25,000 – Motivation: NCL-wide communications, engagement and behaviour change campaign. £30,000 – Capability: Physical Activity Cancer Champion function, workforce development, training and implementation support across NCL. £70,000 – Opportunity: Two-year Islington demonstrator site, including community partnerships, culturally tailored support, referral pathways and testing of a scalable implementation model. £30,000 – Evaluation and Scale-Up: Evaluation, implementation toolkit, sustainability planning, dissemination and commissioning support. Total funding request: £155,000. Match funding: Any external funding secured would either reduce the level of Cancer Alliance funding required or enable greater scale and reach of programme delivery.</p>
Section 5 – Anything Else	
<p>4. Is there anything else</p>	<p>Discussions have commenced with RM Partners to explore how learning from the programme could be spread across the wider ICB footprint, creating a potential model for collaborative innovation and implementation between Cancer Alliances.</p>

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.