

## **Delivering Personalised Cancer Prehabilitation Across North Central London: An Alliance-Wide Coordination Hub**

**Project lead and organisation** - Sharon Cavanagh, John Whittle and Anant Patel, UCLH and RFL

**Partner organisation(s) involved** - UCLH, Royal Free London

**Funding requested (£)** - £200,000

**Proposed start and end dates** - October 2026 – March 2029

### **Summary**

This bid addresses significant variation and inequity in access to cancer prehabilitation across North Central London (NCL), where current provision is inconsistent, pathway-specific and often dependent on local capacity or short-term funding. Many patients lack support for physical, nutritional and psychological needs that influence treatment tolerance and recovery, while existing community and digital resources remain poorly integrated into cancer pathways.

The project would establish an Alliance-wide Cancer Prehabilitation Programme through a hub-and-spoke model. Building on existing expertise at UCLH and the Royal Free London, it would create standardised pathways, governance, workforce models, and digital and data infrastructure to enable equitable, needs-based access across NCL. Patients would enter via an opt-out model and undergo holistic assessment, with support stratified into universal, targeted or specialist interventions.

A key feature is the use of a digital prehabilitation platform to support assessment, personalised care planning, remote monitoring and outcomes collection, enabling scalable, community-based delivery. Implementation will be phased, initially focusing on priority pathways, with evaluation informing wider rollout.

The programme aims to improve treatment readiness, outcomes, patient experience and equity, while reducing variation and shifting care closer to home. It will deliver a scalable, sustainable framework to support future commissioning and system-wide adoption.

# NCLCA Big Ideas Fund – Expression of Interest

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

Section 1 – Project Details			
Proposal title	<b>Delivering Personalised Cancer Prehabilitation Across North Central London: An Alliance-Wide Coordination Hub</b>	<b>Programme Lead (NCLCA) Project leads and organisation</b>	<b>Sharon Cavanagh, John Whittle and Anant Patel, UCLH and RFL</b>
Partner organisation(s) involved	<b>UCLH, Royal Free London</b>	<b>Funding requested (£)*</b>	<b>£200,000</b>
Proposed start and end dates*	<b>October 2026 – March 2029</b>		
Section 2 – The Idea			
<b>1. What is the challenge you are seeking to address?*</b>	<p>Cancer prehabilitation is recognised as a key component of personalised cancer care, yet access across NCL remains highly variable. While services exist at some providers, provision is often dependent on local capacity, short-term funding or individual clinical champions. Access is concentrated within a limited number of tumour pathways and provider sites, with considerable variation in availability across NCL boroughs, meaning support is frequently determined by postcode and pathway rather than clinical need. There is currently no Alliance-wide model for consistent access, standardised pathways, shared governance, workforce development, data infrastructure or outcome monitoring. Patients frequently experience physical, nutritional and psychological challenges that affect treatment tolerance and recovery, yet access remains inequitable. Variation in provision and outcomes persists.</p> <p>While community, voluntary-sector and digital resources that could support prehabilitation already exist across NCL, they are not consistently connected to cancer pathways. The absence of a coordinated hub-and-spoke model limits opportunities to provide care closer to home and contributes to variation in access, experience and outcomes across providers and boroughs.</p>		
<b>2. What is your proposed project and – at a high level – how would it be delivered?</b>	<p>We propose establishing an NCL Cancer Prehabilitation Programme through an Alliance-wide hub-and-spoke model. Building on existing services and expertise, the programme will develop the pathway, governance, workforce, digital and data infrastructure required to make equitable, evidence-based prehabilitation available across NCL. The programme will create the foundations needed to make prehabilitation a routine component of cancer care rather than a service available only within selected pathways and locations.</p> <p>UCLH brings an established multidisciplinary prehabilitation model, digital experience and outcomes evaluation infrastructure. RFL brings HPB, colorectal and complex surgical pathways, oncology physiotherapy expertise, and an opportunity to test the model across different patient populations, clinical pathways and organisational settings.</p> <p>Patients will enter the programme through an opt-out model, ensuring access is based on need rather than tumour pathway, provider or referral practice. Recognising the scale of demand, implementation will be phased, with the initial scope and priority pathways agreed by the hub sites. Patients within the pilot pathways will receive a standardised assessment of physical function, nutrition, psychological wellbeing, frailty, lifestyle risks and social complexity and be stratified into universal, targeted or specialist prehabilitation support. Evaluation of activity, outcomes and capacity requirements will inform subsequent rollout to additional pathways and providers across NCL.</p> <p>The programme will utilise existing provider, community and voluntary-sector resources, supported by shared governance, common standards and consistent outcome measurement. A key component will be the implementation and evaluation of a digital prehabilitation platform (for example, Pre-Activ) across the hub sites. This will provide standardised assessment, personalised care planning, self-management resources, remote monitoring and outcomes collection, enabling the programme to support substantially larger patient cohorts than would be achievable through face-to-face services alone. The model will support a left shift of care from acute settings towards community, home-based and digitally enabled delivery, providing a scalable platform for future NCL-wide implementation.</p>		

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

	<p>Key outputs by March 2029</p> <ul style="list-style-type: none"> <li>• NCL-wide prehabilitation pathway and governance framework.</li> <li>• Common assessment and triage toolkit covering physical function, nutrition, psychological wellbeing, frailty, lifestyle risk and social complexity.</li> <li>• Shared dataset, dashboard and evaluation framework to monitor access, outcomes, inequalities and resource utilisation.</li> <li>• Digital prehabilitation solution implemented and evaluated.</li> <li>• Hub-and-spoke model tested across selected pathways at UCLH and Royal Free and ready for wider rollout.</li> <li>• Commissioning and sustainability plan for NCL-wide implementation.</li> </ul>
<b>Section 3 – Impact &amp; Strategic Alignment</b>	
<p>3. Which <a href="#">NCL strategic objectives</a> and/or National Cancer Plan ambitions does your project align with?</p>	<p>SO1a Improving survival by optimising patients before treatment, improving treatment tolerance and supporting completion of optimal cancer treatment pathways. SO2a and SO2b Improving quality of life and patient experience through personalised, needs-based support that improves physical, nutritional and psychological wellbeing. SO4a Reducing inequalities by providing a consistent prehabilitation model based on need rather than tumour type, postcode, provider or referral practice, supported by digital and non-digital delivery options.</p>
<p>4. What impact do you expect the project to have on NCL cancer outcomes and/or patient experience?</p>	<p><b>Patients:</b> improved treatment readiness, treatment tolerance, recovery, wellbeing, quality of life and equitable access to support. <b>System:</b> reduced variation in access to prehabilitation, improved pathway integration, increased use of evidence-based supportive care, better utilisation of existing resources and a measurable shift towards community-based and digitally enabled models of care <b>NCL:</b> a scalable Alliance-wide framework including a shared pathway, governance model, workforce model, digital solution, dataset and evaluation framework capable of supporting future expansion and commissioning.</p>
<b>Section 4 – Resources</b>	
<p>5. What do you see as the likelihood of attracting external funding?</p>	<p><b>High.</b> The programme aligns closely with national priorities relating to personalised cancer care, rehabilitation, health inequalities and implementation science. The development of a shared dataset, evaluation framework and scalable digital infrastructure will strengthen opportunities for future funding from NIHR, Macmillan Cancer Support, Sport England, charitable foundations, local authority partners and digital innovation programmes.</p>
<p>6. High-level indication of how the budget would be used*</p>	<p>Funding will support programme leadership, project management, pathway and governance development, service mapping, stakeholder co-production, workforce planning, local implementation capacity within hub sites, procurement and implementation of a digital prehabilitation platform, cross-provider referral and outcome monitoring systems, data and evaluation capability, and development of a future commissioning model</p>
<b>Section 5 – Anything Else</b>	
<p>7. Is there anything else you would like to flag?</p>	<p>This project provides an opportunity for NCL to develop and evaluate a scalable model for equitable cancer prehabilitation. By establishing the pathway, governance, workforce, digital and data infrastructure needed for delivery, the programme will create the foundations for sustainable NCL-wide implementation and future commissioning. The model supports the wider NHS ambition to shift care upstream and closer to home, ensuring access to prehabilitation is increasingly determined by need rather than postcode, provider, tumour pathway or workforce availability.</p>

## Additional Guidance on Completing this EOI

### General

- All EOIs must not exceed 2 pages.
- Please submit to [uclh.nclcanceralliance@nhs.net](mailto:uclh.nclcanceralliance@nhs.net) by 25<sup>th</sup> 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.

Oncology PT RFL Only RFL site – Mile HPB surgery, colorectal surgery and non cancer vascular.