



# SWAG Cancer Alliance Local Case Finding Pilots

## Expression of Interest Guidance

### Introduction

A core aim of the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Alliance is to increase the number of early diagnoses of cancer each year. An approach which could support with this aim is Case Finding.

*‘Case finding is a strategy for targeting resources at individuals or groups who are suspected to be at risk for a particular disease. It involves actively searching systematically for at risk people, rather than waiting for them to present with symptoms or signs of active disease. Note the similarities to screening - both seek to risk stratify the population for further investigation<sup>1</sup>.’*

Cancer screening identifies potential cancers in large populations of asymptomatic people through organized, population-based programs to catch disease early. Cancer case finding, in contrast, involves actively searching for suspected cases within known high-risk groups or during a clinical encounter for other reasons, often opportunistically, and requires further diagnostic follow-up for confirmation. The key difference is that screening is a proactive, population-level strategy for asymptomatic individuals, whereas case finding is a targeted strategy to identify potential cases in those with some existing risk or condition. This might involve patient record searches, targeted identification and proactive outreach. With the overall aim of improving outcomes by detecting the cancer at an earlier, more treatable stage.

We recognise that our local Primary Care Networks (PCNs) and GP practices are well placed to run local pilots to support this goal, yet often lack the additional funds required to do this important work.

The SWAG Cancer Alliance has therefore developed an EOI application which allows PCNs or GP Practices to propose case finding ideas which could result in earlier diagnosis of cancer.

### How to complete the application

#### 1. Who

Any SWAG PCN or GP practice is invited to complete the application. Please note that if successful, you will be working alongside the SWAG Early Diagnosis project manager when delivering your pilot.

SWAG Cancer Alliance will shortlist the applications and select a maximum of 4 projects to pilot.

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<sup>1</sup> [Differences between screening and diagnostic tests and case finding | Health Knowledge](#)



## 2. What

You must complete the EOI application either via the word document and email it to [swagca@nbt.nhs.uk](mailto:swagca@nbt.nhs.uk) or by completing the online form by **28<sup>th</sup> November 2025**. Both of these can be found on our website – [Case Finding - SWAG Cancer Alliance](#)

Some suggestions of case finding initiatives are detailed below (please note that this is not an exhaustive or mandated list and applications detailing other tumour groups/cohorts of patients will also be considered):

- Bladder cancer – recurrent UTIs/non-visible haematuria
- Bowel cancer – lower age (40-50), lynch patients, FIT negative population
- LEGO cancers (Lung, Endometrial, Gastric, Oesophageal & Colorectal) – raised platelets
- Prostate cancer – black men at higher risk
- Rural communities/vulnerable groups – conducting health checks

We expect that these pilots will last for 12 months to enable effective data collection and evaluation.

## 3. Key dates

- **1<sup>st</sup> October 2025** – Information webinar held & application process opens
- **Between October & November** – drop in sessions
- **28<sup>th</sup> November 2025** – Applications process closes
- **December 2025** – Panel reviews applications
- **19<sup>th</sup> December 2025** – Applicants notified of outcome
- **January 2026** – Mobilisation meeting with SWAG project manager
- **February 2026** – Pilot start

## 4. How much can we bid for?

- There is a total budget of £50,000 available for the project overall – each PCN/GP can bid for a portion of this funding to conduct their pilot. You must detail a breakdown of your cost estimates in the application.
- The £50,000 is the total budget available, whilst there is no cap on how much you can bid for, be mindful that SWAG Cancer Alliance is hoping to fund up to 4 projects with this funding.
- Bids will be reviewed by a panel.

The monies awarded will be paid directly to the successful organisation, a financial schedule will be developed alongside the successful party.

## 5. EOI principles

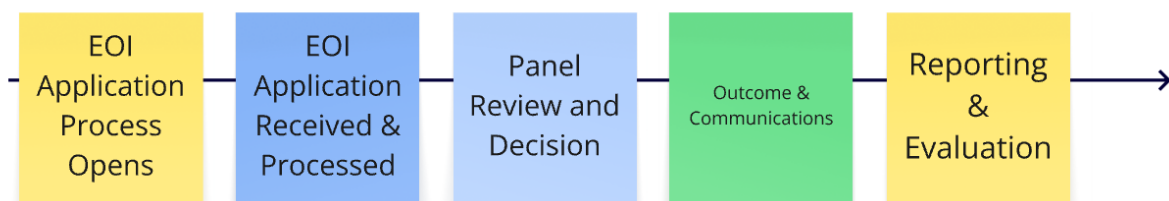
EOI applications should consider the following areas of strategic focus:

1. Supports the aim of increasing earlier diagnosis of cancer



2. Clarity on the expected outcomes of the project within the project lifecycle
3. Commitment to working with the Health Innovation Network to support the evaluation of the project, this will include securing information governance approvals and patient level data on key measures
4. Is replicable to other areas across the Cancer Alliance footprint
5. Commitment to reporting benefit and progress
6. Commitment to shared learning and education via a Community of Practice
7. Not an extension of an initiative already funded by the Cancer Alliance funding
8. Your project may be shared at SWAG, regional and national events
9. You will be required to use the SWAG logos in any communication

## 6. EOI application process



**Step 1:** All EOI applications are to be completed in full either through the online Microsoft Forms link or through downloading the Word document (these should be returned to SWAG using this email address [swagca@nbt.nhs.uk](mailto:swagca@nbt.nhs.uk))

**Step 2:** All Word document EOI applications will receive a 'receipt of proposal' email within 2 working days of submission.

**Step 3:** All EOI applications will be reviewed by a panel made up of the following stakeholders:

- SWAG Early Diagnosis and Health Inequalities Programme Manager
- SWAG Clinical Lead for Case Finding
- SWAG Project Manager responsible for Primary Care
- SWAG Patient & Public Voice (PPV) member

Each application will be scored against the EOI principles and scoring criteria detailed below which are specific to the priority workstream and the associated deliverables.

**Step 4:** The EOI author will be informed of the outcome of the application by **19<sup>th</sup> December 2025**. If your bid was unsuccessful, you will be provided with feedback. Unfortunately, due to the small size of the project there is no appeal process.

**Step 5:** The EOI author will work with the SWAG Project Manager to mobilise the pilot and the Health Innovation Network to design an appropriate evaluation approach. Progress regarding implementation will then be reported monthly (narrative and any relevant metrics) by the EOI author against project outputs. The site will need to collect evaluation data throughout the project and report this at the end for analysis by the Health Innovation Network. The EOI author will need to submit a final project/initiative report at the end of the project.



## 7. Panel review scoring

The review panel will score the application as follows:

1 (Very Limited)	Major weaknesses, does not meet criteria.
2 (Limited)	Limited evidence, significant gaps.
3 (Adequate)	Meets criteria but lacks depth/detail.
4 (Good)	Strong evidence, minor gaps.
5 (Excellent)	Excellent – Fully meets or exceeds expectations.

Below is the detail on the different assessment areas (which mirror the sections within the application form) and their weighting:

Assessment Area	Weighting (%)
Project Management and Clinical Resource	15
Case Finding Idea	25
Delivery & Feasibility	20
Monitoring & Evaluation	15
Value for Money	15
Sustainability & Risk Management	10

Please note that consideration will also be given to the equity, variety and diversity of projects across the SWAG region.

## 8. Top tips

Before completing your application, please take the time to read through the following learnings from previous case finding pilots:

- It is advisable that the case finding searches are not carried out by GP's – to protect their time, it is useful to have data leads/project managers/HCAs available to conduct the search and contact patients.
- Ensure that you have a robust IT system in place and an accurate case finding search – it may be useful to keep a manual track of the patients, especially for evaluation purposes.
- Whilst we are supportive of PCNs applying, it can add a layer of difficulty if there are not staff members in post who work across the whole PCN – it is important that there is standardisation across the PCN, and the pilot leads can access the data of all GP practices. If in doubt, start small and scale up.
- We would expect the pilot to begin in February 2026, and the patient cohort would be picked up from that point, in our experience, conducting retrospective searches can be resource intensive and add a layer of complication.