

Transforming the diagnosis, treatment, and care for cancer patients in **Humber and North Yorkshire**

## NHS Long Term Plan goals for cancer:

By 2028

- 55,000 more people each year will survive their cancer for five years or more
- Three in four cancers will be caught early (stage one or stage two)

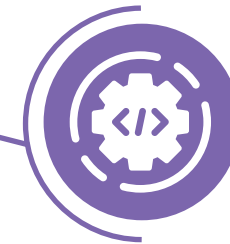
### Early Diagnosis

- 1% increase in screening uptake among the most disadvantaged communities
- 5% increase in Cancer Champions trained and transition to a 'community trainer' model
- Improved referral quality
- 80% of lower gastrointestinal urgent suspected cancer referrals to be informed by a FIT result; reduce colonoscopies carried out on those with low threshold results and without FIT result by 20%
- Colonoscopies based on a FIT result with less than 10u/gm with normal FBC and exam to be minimised
- More than 80% of eligible participants invited for liver surveillance and more than 60% to have a surveillance scan
- 25 patients referred to EUROPAC programme for pancreatic cancer surveillance
- Carry out 66,000 multi-cancer blood tests in the most disadvantaged communities
- Expand NHS Targeted Lung Health Check service into more communities
- Allocate £400,000 to local innovation projects



### Faster Diagnosis and Operational Performance

- 77% of patients diagnosed with cancer (or have cancer ruled out) within 28 days
- 70% of patients receive a diagnosis and start treatment within 62 days of cancer first being suspected
- 1% increase in number of cancer patients diagnosed early (stage 1 or 2)
- 1% increase in number of cancer patients surviving 10 years or more



### Cross-Cutting

- Effective programme management office and organisational development
- Implement the ACCEND Framework in non-medical roles
- Take action to support vulnerable cancer services
- Address health inequalities in all we do



### Treatment and Care

- Work with people with lived experience to co-design and improve cancer services
- Improved patient experience of care survey results
- Reducing variation in treatment (therefore improving patient care equity)
- Personalised stratified follow-up pathways available for all appropriate patients
- Psychosocial support and a prehabilitation / rehabilitation offers available for all patients