Cancer Alliance Plan 2023-24

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

Workstream	Objectives	What success looks like
Faster Diagnosis and Operational Performance	Reduce the number of patients waiting over 62 days for diagnosis and treatment	Less than 381 patients waiting to start first treatment more than 62 days after a GP urgent suspected cancer referral
	Achieve the Faster Diagnosis Standard for 75% of all patients	75% of all patients referred urgently by their GP for suspected cancer will be diagnosed, or have cancer ruled out, within 28 days
	Meet Best Practice Timed Pathway milestones for 80% of patients with suspected prostate, lower gastrointestinal and breast cancer	Improved operational performance and patient experience for 80% of patients with suspected prostate, lower gastrointestinal and breast cancer
	Achieve the Faster Diagnosis Standard for 75% of patients on a suspected skin cancer pathway	75% of all patients with suspected skin cancer will be diagnosed, or have cancer ruled out, within 28 days of referral
	Roll out Teledermatology in all areas of Humber and North Yorkshire	An increase in high spec images accompanying suspected skin cancer referrals, leading to faster diagnosis and treatment of skin cancer
	Patients with non-specific symptoms (NSS) in all areas of Humber and North Yorkshire can be referred on to a NSS pathway	Sustainable commissioning arrangements in place to continue service provision in 2024/25 and increased referrals into NSS pathways
Early Diagnosis	Improve early diagnosis rates for the 20% most deprived communities in Humber and North Yorkshire	More people from the 20% most deprived communities are accessing primary care and cancer screening services Improved staging outcomes for the 20% most deprived, with increased numbers of people being diagnosed at stage one or two Reduced health inequalities for the 20% most deprived Increased use of GP Direct Access for the 20% most deprived
	Deliver NHS Targeted Lung Health Check invitation, attendance, and CT scan run rates in line with the national ambition	Increased number of Lung Health Check invitations sent to eligible patients and a higher number of checks and CT scans completed.
	Achieve 50% uptake of Lung Heath Checks	50% or more eligible patients take up their Lung Health Check invitation
	Develop clear expansion plans for the Lung Health Check service in 2024/25	Clear plans for the increased roll out of Lung Health Check services across Humber and North Yorkshire will be developed and ratified
	Ensure 80% of lower gastrointestinal suspected cancer referrals are accompanied by a known Faecal Immunochemical Test (FIT) result	A known FIT result is included in 80% of lower gastrointestinal suspected cancer referrals and the Faster Diagnosis Standard is achieved.
	Increase the use of Colon Capsule Endoscopy	Increased numbers of patients receiving a diagnosis at stage one or two Increased number of patients using colon capsule endoscopy and a higher number of case reports uploaded to an electronic case report form.
	Test all patients with lower gastrointestinal and endometrial cancers for Lynch syndrome	100% of tumours tested for Lynch syndrome
	Invite more than 80% of patients with cirrhosis to participate in surveillance programme	More than 80% of patients with cirrhosis invited to take part in surveillance
	More than 60% of patients with cirrhosis to attend surveillance ultrasound	More than 60% of patients with cirrhosis attended surveillance ultrasound
	Commission a Cytosponge service by March 2024	Cytosponge service commissioned and attended by patients at most risk of developing oesophageal cancer by March 2024
	Establish a process to identify and triage patients who are at high risk of pancreatic cancer and refer to the regional surveillance coordinator for enrolment into the EUROPAC study	An increased number of patients at high risk of pancreatic cancer are enrolled into the EUROPAC study
	Use the PinPoint blood test to optimise patient referral on suspected cancer referral pathways	Improved tools are available for clinical decision making and can support referrals into suspected cancer pathways
	Establish and test clinical and operational processes in readiness for implementing the GRAIL blood test	Approved processes for the use of GRAIL blood test, which can detect more than 50 types of cancer before symptoms appear, are implemented by April 2024.
	Commission a bio sampling service for GRAIL	A bio sampling service for GRAIL will go live in April 2024
Treatment and Care	Implement the three agreed "Getting it Right First Time" (GIRFT) recommendations for the lung cancer pathway	85% radical treatment rates, 20% surgical resection rates for Non-Small Cell Lung Cancer (NSCLC), and radical therapies follow up protocols approved and operational
	Implement National Audit recommendations for breast, prostate, oesophageal and bowel cancer	Reduced re-operation rates for patients with breast cancer Increased number of high risk / locally advanced patients with prostate cancer are considered for radical treatment
	Offer four personalised care interventions to all patients diagnosed with cancer	100% of patients with curative oesophageal cancer have PET CT scans Reduced variation in neoadjuvant radiotherapy treatment in patients with rectal cancer 100% of patients diagnosed with cancer are offered end of treatment summaries, health and wellbeing support, cancer care reviews, and personalised care plans based on the results of holistic needs assessments
	Collect and submit 100% of personalised care data to the Cancer Outcomes Service Data (COSD) set	100% of personalised care data collected from the four personalised care interventions and submitted to the COSD set
	Fully operational Personalised Stratified Follow Up pathways for all eligible patients with breast, prostate, lower gastrointestinal, and endometrial cancer	Personalised Stratified Follow Up pathways for eligible patients with breast, prostate, lower gastrointestinal and endometrial cancer, are operational in all Trusts across Humber and North Yorkshire
	Deliver a Psychosocial Support plan	A plan to support people's psychological health from diagnosis of cancer is delivered
Patient engagement and experience of care	Establish a strategy and structure for co-production	Published strategy and structure in operation
	Use insight and feedback to develop and co-produce projects and new services within the programme	Programme plans illustrative of patient engagement and co-production backed with purpose designed patient engagement plans