



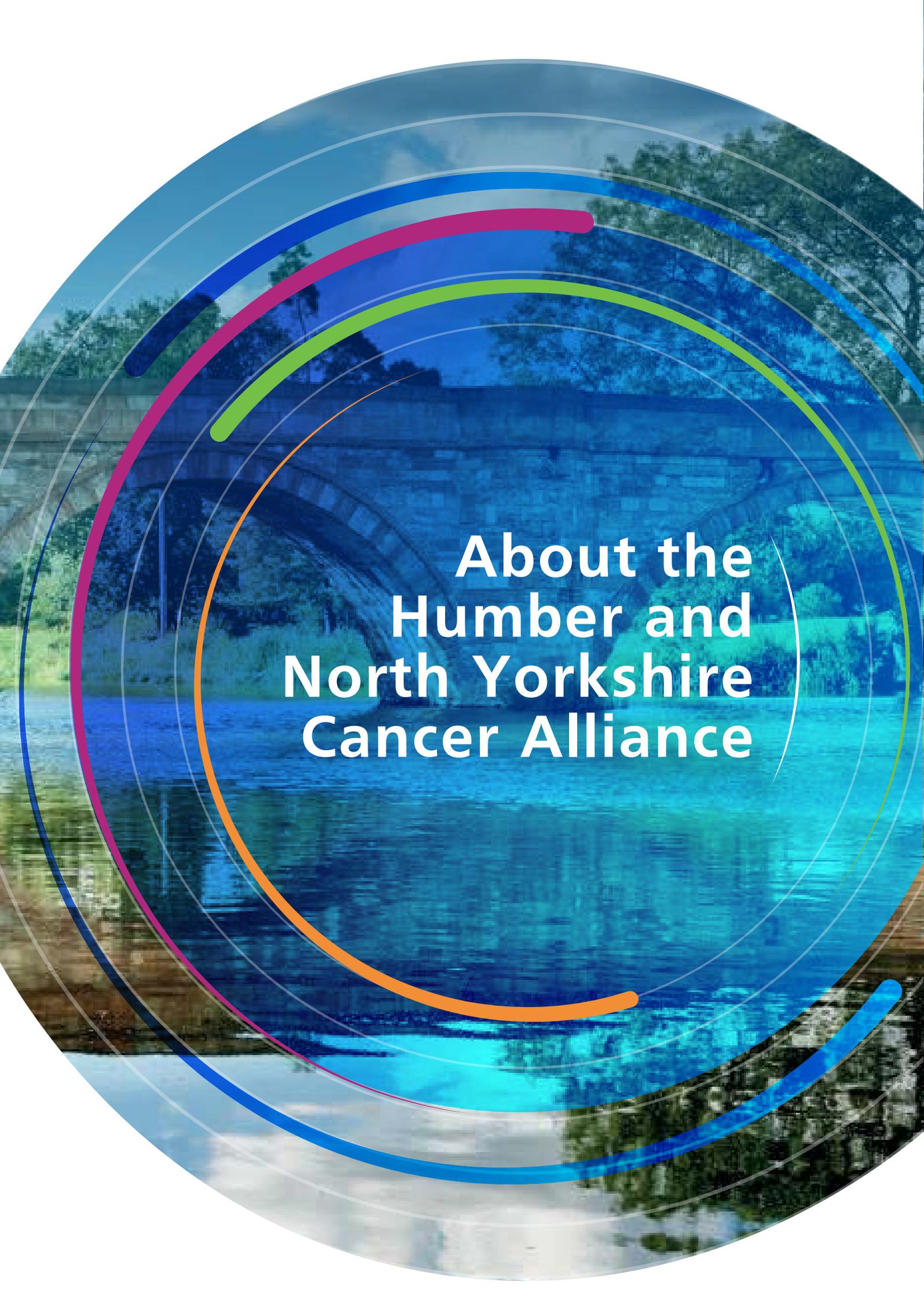
Humber and North Yorkshire  
Cancer Alliance

# Humber and North Yorkshire Cancer Alliance

**2021/22**  
Annual Report

# Contents

- Page 3:** About the Humber and North Yorkshire Cancer Alliance
- Page 5:** Introduction and Summary of 2021/22
- Page 8:** Recovery from impact of Covid-19 on cancer services
- Page 15:** Awareness and Early Diagnosis
- Page 20:** Diagnostics
- Page 25:** Treatment and Pathways
- Page 29:** Living With and Beyond Cancer



**About the  
Humber and  
North Yorkshire  
Cancer Alliance**

# About the Cancer Alliance

Please note: The Cancer Alliance was renamed as the Humber and North Yorkshire Cancer Alliance on 1st April 2022, to align with our local integrated care system (ICS), which was renamed the Humber and North Yorkshire Health and Care Partnership.

Throughout this annual report the Cancer Alliance will be referred to by its new name, even though the rebrand did not occur until the start of the 2022/23 year.

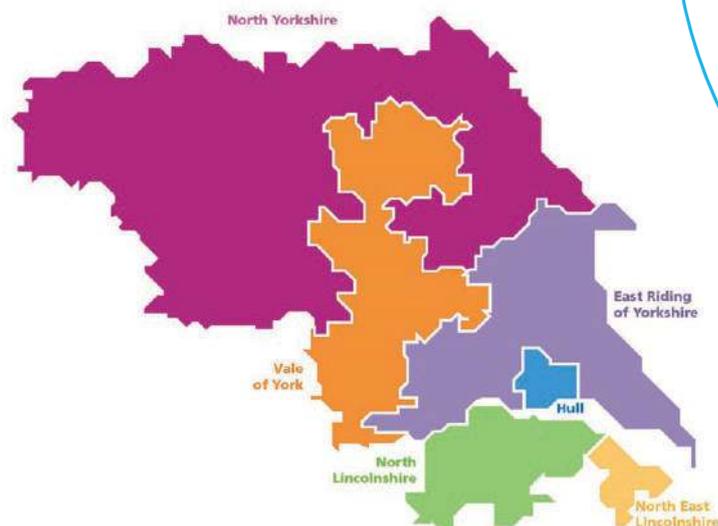
The Humber and North Yorkshire Cancer Alliance (HNY Cancer Alliance) is one of 21 cancer alliances in England. The HNY Cancer Alliance consists of various NHS organisations; voluntary, community and social enterprise organisations; and patients and members of the public.

The Cancer Alliance is part of the Humber and North Yorkshire Health and Care Partnership (HNY Partnership), the integrated care system for our region. The HNY Partnership is a collaboration of health and care organisations which are responsible for planning, paying for and providing health and care services within the Humber and North Yorkshire region.

Similarly, the HNY Cancer Alliance brings together organisations that pay for and provide cancer services, to transform the diagnosis, treatment and care for cancer patients in our region.

The Humber and North Yorkshire Cancer Alliance area covers a population of 1.7 million people and a geographical area of more than 1,500 square miles, taking in cities, market towns and many different rural and coastal communities.

The area stretches along the east coast of England from Scarborough to Cleethorpes and along both banks of the Humber and incorporates the cities of Hull and York, along with rural areas across East Yorkshire, North Yorkshire and Northern Lincolnshire.



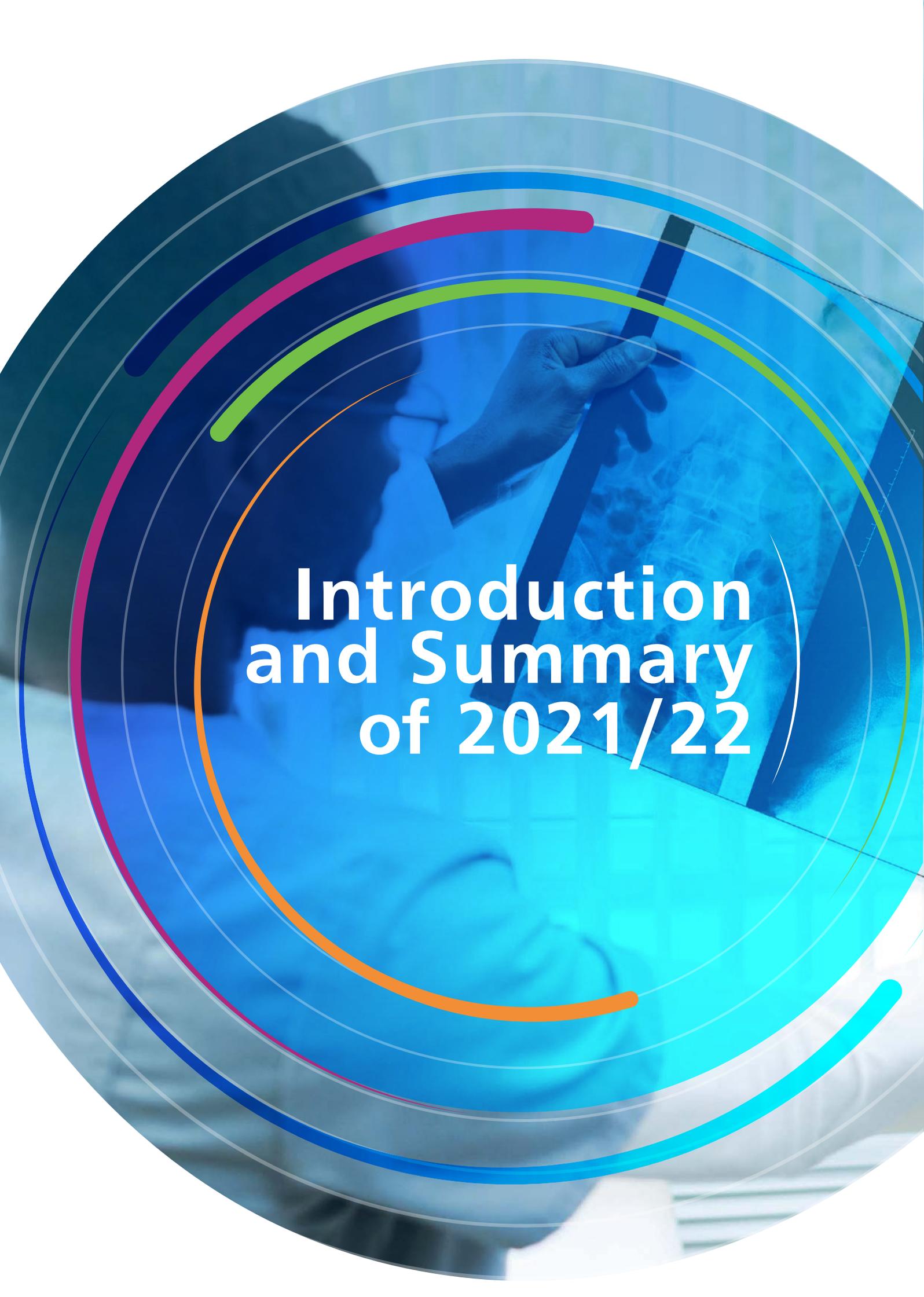
The NHS Long Term Plan, which was published in 2019, set out ambitious targets for cancer. The two key ambitions are:

- By 2028, 55,000 more people each year will survive their cancer for five years or more
- By 2028, the number of cancers caught early (stage one or two) will rise from around half to three-quarters (75%) of cancer patients

To achieve this nationally the NHS is improving screening programmes, giving people faster access to diagnostic tests, investing in new treatments and technologies, and making sure more patients can quickly benefit from precise, highly personalised treatments. The Cancer Alliance is working hard to deliver on these targets, as well as many more, through its four main workstreams.

- Awareness and Early Diagnosis
- Diagnostics
- Treatment and Pathways
- Living With and Beyond Cancer

To find out more about the Humber and North Yorkshire Cancer Alliance's work, please [visit our website](#).



# Introduction and Summary of 2021/22

# Introduction

We are pleased to announce that the 2021/22 Humber and North Yorkshire Cancer Alliance annual report has been published. From the perspective of the Cancer Alliance, 2021/22 has been a year of many successes and many challenges.

Covid-19 is still prevalent in our communities and while considerable resource across the local health and care system remains devoted to the pandemic, the demand on NHS services, including cancer services, continues to grow.

While Covid-19 prevalence might not be as high as previously, the pandemic has had a long-lasting impact on NHS services; but we are committed to building back cancer services in a sustainable way to ensure people who are referred for suspected cancer are seen and treated promptly.

The Cancer Alliance is leading the local delivery of the [NHS Long Term Plan](#) to help transform cancer care and outcomes so that, from 2028:

- An extra 55,000 people each year will survive for five years or more following their cancer diagnosis
- Three in four cancers (75%) will be diagnosed at an early stage

In addition to this and in response to the coronavirus pandemic, the Cancer Alliance is supporting national plans for recovery against Covid-19, which aim to:

- Restore urgent cancer referrals at least to pre-pandemic levels
- Reduce the backlog at least to pre-pandemic levels on 62-day (urgent referral and referral from screening) and 31-day pathways
- Ensure sufficient capacity to manage increased demand moving forward, including follow-up care

The Cancer Alliance will continue to work with the Humber and North Yorkshire Health and Care Partnership (integrated care system) to help ensure longer term recovery plans from Covid-19 can be achieved, and to transform the diagnosis, treatment and care for cancer patients across the region.

The annual report captures the Cancer Alliance's work and documents the key achievements of our different programmes throughout the year in line with the requirements of the NHS Long Term Plan.

Below are just a few of the many achievements of the work that has been undertaken in partnership across the Cancer Alliance from April 2021 to March 2022. By working collectively with partners, the Cancer Alliance:

- Successfully restarted the [NHS Targeted Lung Health Check](#) service in April 2021 following a short pause caused by the impact of Covid-19. The service has since delivered more than 7,800 assessments and helped to diagnose a number of cancers and other respiratory diseases at an earlier stage.
- Provided non-specific symptom pathway coverage across 80% of Humber and North Yorkshire through the [Rapid Diagnostic \(RDC\) programme](#). The national ambition for RDCs is to achieve 75% coverage of non-site specific pathways by 2022. These pathways have helped to diagnose cancer faster.
- Trained more than 600 Cancer Champions in Humber and North Yorkshire during the year to encourage conversations about cancer; and raise awareness about the early signs of cancer to improve chances of early detection, when outcomes are likely to be more successful. The programme has trained more than 3,000 Cancer Champions to date.

- Introduced a new business intelligence report which provides system oversight with regards to the number of patients per hospital trust that are with or without a decision to treat. This report is used to help identify challenged pathways and track the implementation of timed diagnostic pathways, so that actions for recovery can be targeted accordingly.
- Increased the use of teledermatology in Humber and North Yorkshire. Teledermatology enables GPs to provide digital photographs of a patient's skin lesion alongside urgent skin cancer referrals. In 21/22, the Cancer Alliance successfully secured funding for dermatoscopes and iPhones for GP practices in the Humber region.
- Secured funding to commission a new pilot which will see the laboratories at the Scarborough, Hull, and York pathology services take over the management of failed faecal immunochemical tests (FIT), which looks for blood in a sample of your poo. This will help to reduce the number of repeat appointments needed within primary care and support patients to receive a faster FIT result.
- Worked with partners to begin developing Community Diagnostic Centres which will provide diagnostic services in free-standing locations away from main hospital sites.
- Worked with the Integrated Care System (ICS) Diagnostics Board to establish a Humber and North Yorkshire Imagine Network which will improve access to routine and advanced medical imaging including X-rays, ultrasound, CT and MRI scanning.
- Continue to implement more personalised stratified follow-up pathways across the areas covered by the four acute hospital trusts in the Humber and North Yorkshire area - Hull University Teaching Hospitals NHS Trust, York and Scarborough Teaching Hospitals NHS Foundation Trust, Northern Lincolnshire and Goole NHS Foundation Trust and Harrogate and District NHS Foundation Trust. Stratified follow-up improves patient experience and quality of life for people following treatment for cancer.

You can read about these achievements, and many more accomplishments, in greater detail in our 2021/22 annual report.



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**Phil Mettam**  
Senior Responsible Officer  
Humber and North Yorkshire Cancer Alliance

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Clinical Director  
Humber and North Yorkshire Cancer Alliance

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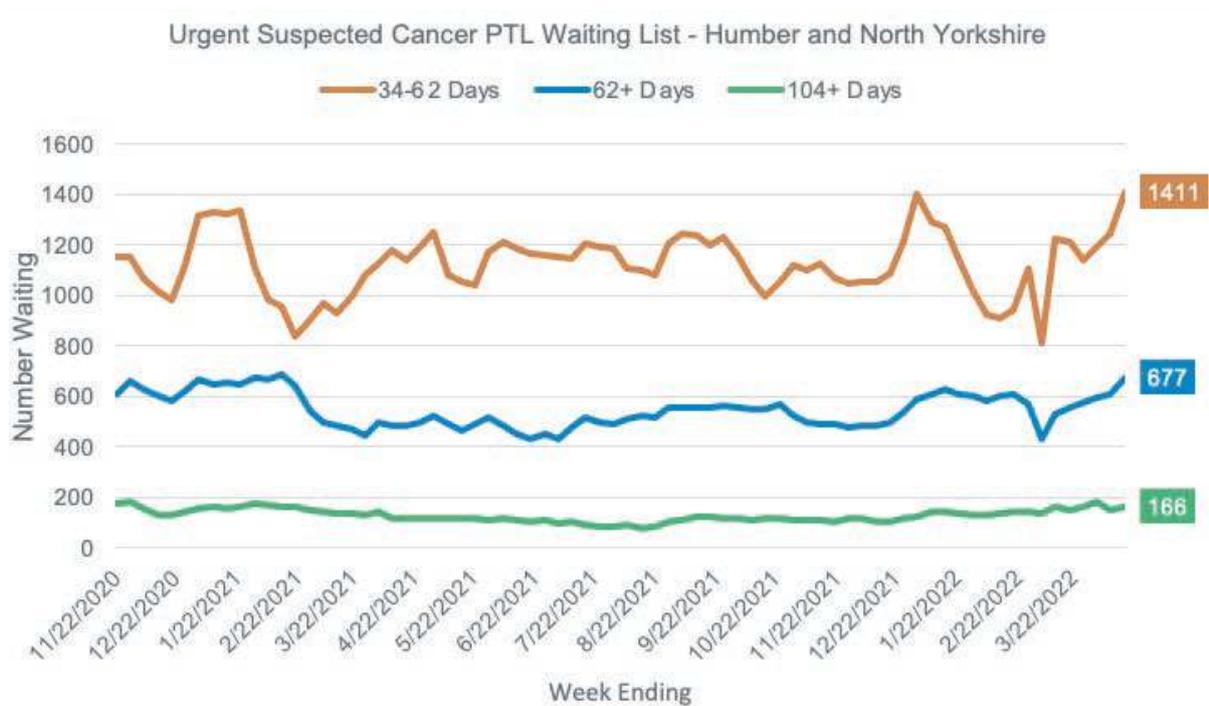


**Recovery  
from impact of  
Covid-19 on  
cancer services**

# Recovery from impact of Covid-19 on cancer services

During the outset of Covid-19 in 2020 referrals for suspected cancer reduced significantly because many people were reluctant to contact the NHS for help because they did not want to burden under-pressure services; or they were worried they might contract Covid-19 if they visited a healthcare facility.

Thanks to some well-positioned media campaigns and pleas from NHS chiefs for people to come forward with cancer symptoms, those hesitant about seeking help soon overcame their reluctance and cancer services have since been working hard to meet this significant surge in demand.



The NHS has revealed that almost three million people were referred for cancer checks between March 2021 and February 2022 – the highest year on record – significantly more than the 2.4 million people referred before the pandemic.

Throughout the duration of the pandemic, there has been a national, regional and integrated care system (ICS) focus on two categories of metrics which have been monitored regularly by the Humber and North Yorkshire Cancer Alliance.

These perspectives are:

- Metrics which are concerned with the recovery of cancer services from the onset of Covid-19 through to the present time.
- Metrics which are concerned with the operational performance of cancer services – which have been applied before, during and post-pandemic environments.

The impact of the consecutive waves of Covid-19 has been to affect where, when and how patients with undiagnosed cancers have presented themselves to health services, and in what numbers.

Inevitably, increased referrals for suspected cancer, as we learn to live with Covid-19, has placed increased pressure on the capacity available to manage these patients from diagnosis, treatment and after care. This, in turn, has resulted in a negative impact on the operational performance of our cancer services.

In addition, there has been the continued impact of Covid-19 infection rates on workforce – resulting in a subsequent reduction in capacity to diagnose and treat patients.

## Recovery

Three recovery metrics which have been used from the onset of the pandemic in 2020 and throughout 2021/22 to monitor the impact of and the recovery from Covid-19 are:

- To recover the referrals for suspected cancer which may have been 'lost' to the pandemic.
- To recover the number of first cancer treatments which may have been 'lost' to the pandemic.
- To reduce the number of patients who have been waiting for more than 62 days from referral to start treatment to pre-pandemic levels.

## Recovery: Referrals

There are many factors which influence an individual's decision to make an appointment to see their GP for suspected cancer. Fear of contracting or transferring Covid-19 while attending a healthcare facility, or not wanting to burden NHS services already under considerable pressure, saw the number of people referred to hospital for tests for suspected cancer reduce significantly during the early stages of the pandemic.

A consequence of delays in people going to their GP with suspected cancer could potentially be diagnosis of cancer at a later stage, which could have an impact on the treatment options available and chances of survival.

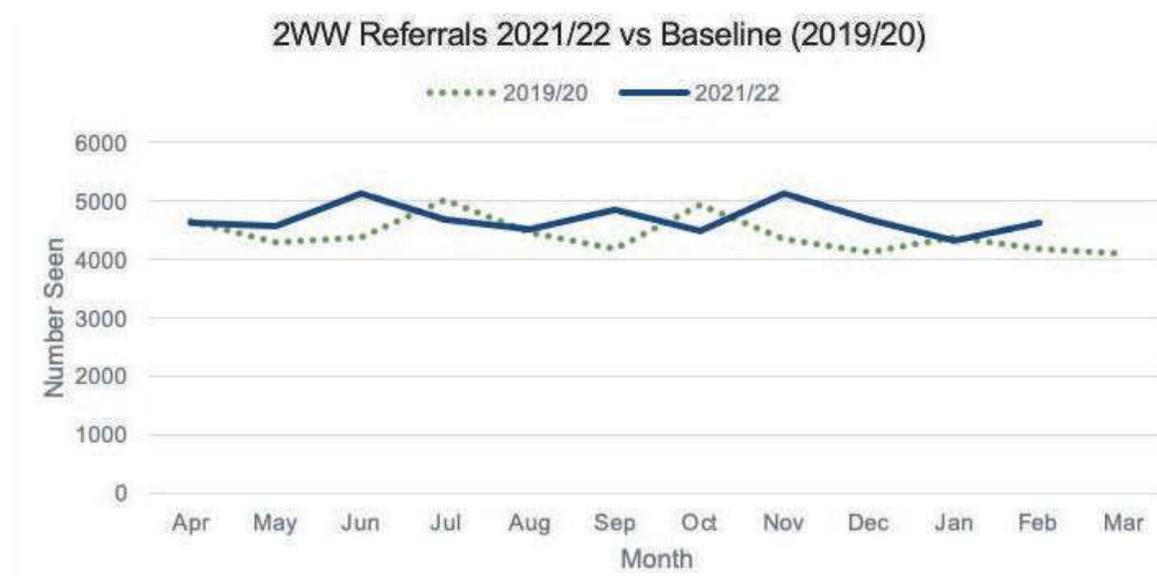
At the start of April 2021, it was estimated that the number of these 'missing' referrals was approximately 7,600 in Humber and North Yorkshire. By the end of February 2022 there have been approximately 2,700 referrals more than usual, reducing the overall number of 'missing' referrals to around 5,000.

During this time, it has been the responsibility of all **Cancer Alliance** partners to monitor the extent of this recovery for the different **cancer pathways** and any variation in the rate of return to services between different patient groups (e.g. male or female or Black, Asian or Minority Ethnic groups).

Examples of initiatives to support the return of patients and referrals have included: cancer symptoms awareness raising via the **Cancer Champions programme**; cancer screening services; roll out of **targeted NHS lung health checks**; local and national cancer awareness campaigns which reinforce the message that health services, including cancer services, remain open and are there to help those who need them.

The impact of delayed or missed referrals caused by the Coronavirus pandemic (e.g. survival rates) remains to be seen.

Of the more common parts of the human body affected by cancer, skin and lung pathways have been slower to recover to pre-pandemic levels compared to upper or lower gastrointestinal, breast and gynaecology.



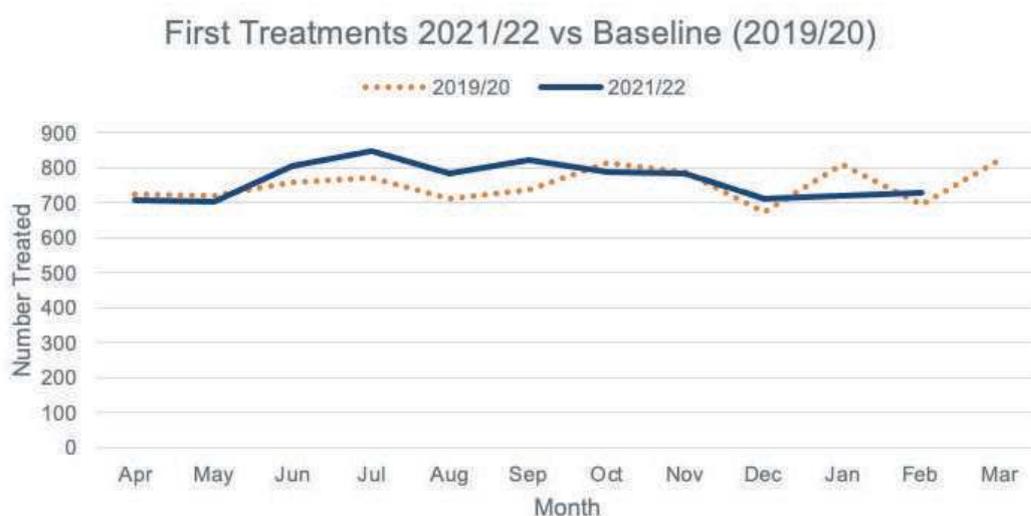
## Recovery: First treatments

Although cancer services (workforce and facilities) have been protected during the pandemic there has inevitably been a reduction in capacity to provide treatment services, for example caused by staff absence due to Covid-19 infection.

In addition, whilst suspected cancer referrals from GPs account for approximately half of all diagnosed cancers, reduced referral rates from primary care has also impacted on the number of diagnosed cancers and treatments.

The estimated reduction in the number of 'first' cancer treatments delivered to newly diagnosed cancer patients across the Humber and North Yorkshire region has been estimated to be approximately 1,000 treatments.

Between April 2021 and February 2022, there were approximately 8,400 'first' cancer treatments delivered to newly diagnosed cancer patients. As a comparison, during April 2019 and February 2020, there were approximately 8,200 treatments delivered.



Whilst the current 'over-performance' on first treatments has reduced the estimated treatment 'gap' from 1,000 to 800, this will need to continue in the foreseeable future to further reduce this 'gap'.

Furthermore, many cancer services were already under pressure prior to the pandemic. Variable month-on-month changes in demand combined with the capacity constraints described above has resulted in 'bottlenecks' at different points in cancer pathways – but in particular access to diagnostics. This has inevitably had an impact on the rate at which cancer treatments are delivered.

Examples of initiatives to support the recovery of treatment capacity have included:

- Investment in diagnostic equipment and workforce.
- Use of the independent sector.
- Investment in cancer pathway co-ordinators, to facilitate the patient journey through services.

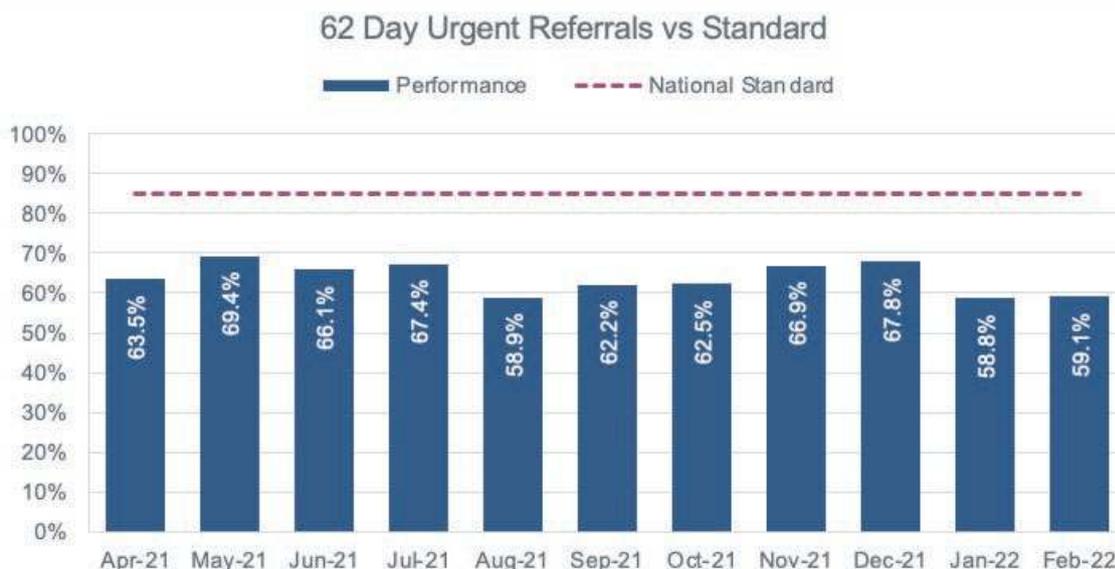
At the start of the year, there was concern nationally about the numbers of urological cancer treatments being delivered and, as a result, a national awareness programme was initiated. For the Humber and North Yorkshire region, urological cancer treatments are at pre-pandemic levels.

## Recovery: 62-day waiting lists backlog

Essentially, the 62-day waiting list backlog consists of those patients who are waiting to be diagnosed or have been diagnosed and not treated two months since being referred from their GP for a suspected cancer.

This 'recovery metric' is directly related to a performance standard which requires 85% of patients referred on these cancer pathways and diagnosed with cancer to receive their first treatment within two months from referral.

As the impact of the pandemic deepened, all cancer alliances and integrated care systems (ICSs) experienced and continue to experience increasing numbers of patients waiting longer than two months for their first treatment.



The increasing number of patients waiting longer than two months continues to be a challenge for cancer services in Humber and North Yorkshire. At its height, more than a fifth (22%) of all patients on suspected cancer pathways were waiting longer than two months either to be diagnosed with or without cancer, or to receive a first treatment following a cancer diagnosis.

As of the middle of April 2022, this had reduced to around 16%. Lower gastrointestinal cancer pathways are continuing to provide a challenge in this regard.

Treatment providers Hull University Teaching Hospitals NHS Trust, York and Scarborough Teaching Hospitals NHS Foundation Trust and Northern Lincolnshire and Goole NHS Foundation Trust risk stratify their patients frequently to ensure that those patients most at risk are prioritised for available diagnostic and/or treatment capacity.

In addition to the examples cited above and the recovery plans of the hospital trusts, other initiatives include:

- Implementation of the rapid diagnostic pathways for cancers.
- Streamlining of the decision making about diagnostic or treatment processes.
- Provision of mutual support (capacity) between providers.
- Piloting of new diagnostic processes (e.g. capsule endoscopy, Pinpoint and Grail).

## Performance

As organisations and individuals learn to live with Covid-19, the focus of attention remains at the end of 2021/22 on the recovery of cancer services and services are being developed and transformed to achieve this objective.

However, as we move into 2022/23, this focus will increasingly be shared with delivering the performance standards aligned to cancer treatment and care.

Of these standards, delivering the 62-day target for 85% of patients will continue to be a priority. Again, achieving this standard for most providers was a challenge prior to the pandemic. Throughout the pandemic only on rare occasions has a provider achieved this standard – for the reasons described above.

At the end of the year Humber and North Yorkshire performance against this standard is 62% - which is a reflection of where it has been throughout 2021/22. Other than skin cancer pathways, all pathways are falling short against this standard.

Initiatives such as the introduction of breast pain clinics, tests in primary care such as the faecal immunochemical test (FIT) for the detection of bowel cancer and expanding the use of rapid diagnostic pathways should all assist in improving performance.

There has also been the introduction of a new cancer standard – the faster diagnosis standard (FDS). This metric provides a standard for the diagnosis of cancer. In summary, referred patients should receive a diagnosis of cancer (or not) by day 28 from referral by their GP. Early signs are that Humber and North Yorkshire providers are close to delivering this standard on a regular basis (74% February 2022).



A circular graphic overlaying a photograph of a woman with glasses reading a newspaper. The newspaper has the words 'Early Cancer' visible on it. The graphic consists of several concentric circles and arcs in shades of blue and white.

# Awareness and Early Diagnosis

# Awareness and Early Diagnosis

Humber and North Yorkshire Cancer Alliance seeks to improve cancer survival rates by ensuring more people are diagnosed at an earlier stage, by improving cancer awareness and uptake of screening.

Almost 20,000 people in the Humber and North Yorkshire area are diagnosed with cancer each year. The region's cancer diagnosis rate is significantly higher than the national average in England.

Patients who are diagnosed earlier have a better chance of being treated successfully for cancer and surviving for longer. If cancer is diagnosed early, there is an 81% chance of survival. If diagnosed late, the chance of survival drops to 26%.

The Awareness and Early Diagnosis programme aims to improve the Humber and North Yorkshire population's chances of survival through a range of programmes designed to improve cancer outcomes and support the NHS ambition to diagnose three-quarters (75%) of cancers at an earlier stage.

## Raising awareness about cancer in the community

The Cancer Alliance's Cancer Champions programme, which raises awareness about cancer by teaching people about the early signs of the disease and encourages open conversations, went from strength to strength in 2021/22.

With research showing that four in 10 cancers are preventable, the training highlights the importance of healthy lifestyle choices and helps people to engage in conversations about cancer. More than 3,200 people across the region have undertaken the training since it started in 2018.

The programme is focused on reducing health inequalities and has expanded to include programmes tailored towards educational organisations, businesses, as well as the public.

The training has been offered virtually throughout the pandemic and divided into two sessions. Participants initially attend part one, which covers the five main cancers (bowel, breast, lung, prostate and cervical) and the three national screening programmes (cervical cancer, breast cancer and bowel cancer). The second part of the training covers other cancers.

The sessions are interactive, informal and include videos to vary the content offered. Refresher training has been added to the programme this year and is delivered on a quarterly basis for those who may have previously completed Cancer Champions training.

In addition to extending the programme to include educational organisations and businesses, the programme has also been working to engage with seldom-heard communities and develop a bespoke approach to deliver the training amongst these communities.

Despite workforce challenges the Cancer Champions team has delivered 73 sessions throughout 2021/22 – delivering the training to more than 600 people.

During 2021/22, the training has been delivered to the following groups:

- The Peel Project in Hull – several sessions delivered over three weeks, to encourage as many women as possible to attend. The sessions provided additional time for some attendees to translate for those for whom English is not their first language.
- Secondary educational providers across Humber and North Yorkshire – delivered a Cancer Champions awareness session at Fulford Sixth Form in York. The Cancer Champions training was also delivered to students at East Riding College (at their Bridlington and Beverley campuses) and St Mary's College in Hull.
- North Yorkshire Police and the force's volunteers.
- Parts one and two were delivered to staff at Aviva in York. The sessions were recorded and have been uploaded to the company's staff intranet so those who could not attend the training can complete it in their own time. The Cancer Champions team also delivered a one-off session devoted to breast cancer and testicle cancer symptoms.
- The Cancer Champions programme worked with local Healthwatch and centre for voluntary services (CVS) organisations to promote the training in their communities.

Looking ahead to 2022/23, the Cancer Champions programme will continue to deliver awareness sessions within our local communities. The programme will also develop a 'train the trainer' model, which will teach people how to deliver their training in their local communities and enhance its ties with the voluntary, community and social enterprise sector to explore training opportunities within these communities.

## Supporting primary care

Led by our Cancer Research UK GP Lead, the Cancer Alliance's primary care strategy and delivery group is now established and has been a focal point for discussion and leadership of many topics (as detailed below).

This work is designed to support primary care colleagues to implement the primary care directed enhanced services (DES) contract. Specifically, to increase the uptake of screening programmes, support primary care with innovations that facilitate the achievement of the faster diagnosis standard, and evaluating and education about new technologies.

The programme was supported in GP practices by two Cancer Research UK facilitators. One of the challenges during this year has been the withdrawal of this programme, but this has been mitigated by one of the facilitators joining the Cancer Alliance to work closely with primary care colleagues. Primary care lead GPs provide leadership and support to the Cancer Alliance's clinical delivery groups and have been a key partner in the delivery of targeted NHS lung health checks in Hull.

During 2021/22 the Cancer Alliance has helped to increase the use of tele dermatology in primary care. Tele dermatology enables GPs to provide digital photographs of a patient's skin lesion alongside urgent skin cancer referrals. During the year, the Cancer Alliance successfully secured funding for dermatoscopes and iPhones for GP practices in the Humber region.

The lower gastrointestinal cancer clinical delivery group has supported improved and timely access to referral and treatment by enabling GPs to be able to send a faecal immunochemical test (FIT) result with an urgent two-week wait referral for suspected cancer.

During 2021/22 work has taken place the set up breast pain clinics to serve patients in the North Lincolnshire, North East Lincolnshire, York and North Yorkshire areas. Breast pain alone is not a symptom of cancer, but many patients are referred on a two-week wait breast cancer symptomatic pathway because of a lack of alternative options (see below for more details about breast pain clinics).

Priorities for 2022/23 include:

- Developing education events for primary care staff.
- Procuring innovative technology to support primary care networks to improve earlier cancer detection rates and support implementation of the faster diagnosis standard.
- Aligning the Cancer Alliance's Cancer Champions programme with the Cancer Research UK's cancer awareness training programme.
- Retention of key elements of the Cancer Research UK programme, such as production of data packs and safety netting and increasing screening uptake in primary care.
- Extending the access of breast pain clinics to include people in the Hull and East Riding of Yorkshire areas.

## Screening services

Working with Public Health England and primary care networks, the Cancer Alliance's screening group has been established to oversee screening services across the Humber and North Yorkshire geography.

Screening services have recovered to pre-pandemic levels. However there is plenty of work to do in bowel cancer screening with the implementation of the faecal immunochemical test (FIT), and the UK National Screening Committee's recommendation to lower the bowel cancer screening age from 60 to 50. A targeted approach is being developed to increase the uptake of cervical screening, working with primary care networks and the Cancer Alliance's Cancer Champions programme.

## Targeted NHS lung health checks

The targeted NHS lung health check programme targets those most at risk of lung cancer to reduce health inequalities, improve survival rates for cancer and improve the population's health and wellbeing. People aged from 55 to 74, who smoke or used to smoke, are offered a lung health check. The lung health check takes place in two stages. The first stage involves an initial phone assessment with a specially trained respiratory nurse. If the assessment finds the person to be at high risk, they will be offered a low dose CT scan of their lungs for further investigation.

In Humber and North Yorkshire, targeted NHS lung health checks have been available in Hull since January 2020, and will be available in North Lincolnshire and North East Lincolnshire in 2022/23. There are aspirations for the lung health checks to be available in all areas of Humber and North Yorkshire over the next few years.

The lung health check service in Hull was paused a few months after launch due to Covid-19 but restarted in April 2021. Since then it has delivered over 7,800 assessments, helping to diagnose and treat cancer and other respiratory diseases at an early stage, which has helped to save people's lives.

Despite the challenges Covid-19 and workforce shortages have posed, the programme has received positive feedback from participants and has also supported people to reduce their risk of cancer by providing referrals to the local stop smoking service.

## Breast pain clinics

Breast pain on its own is not a symptom of breast cancer and the risk of a breast cancer diagnosis is below the population risk. However, if after no other symptoms are found on examination in primary care and simple measures to manage the breast pain have been tried, many patients are referred on a two-week wait breast cancer symptomatic pathway because of a lack of alternative options.

In line with many other parts of the country, breast pain clinics are being set up in the North Lincolnshire, North East Lincolnshire, York and North Yorkshire areas to provide a better service.

From Q1 2022/23, patients in these areas will be able to be referred to a specialist breast pain clinic where, following further examination, their symptoms will be addressed, and treatment suggested.

In addition, the patient's family history of breast cancer will be taken as concerns about this are often a key reason for seeking help with the pain. Any patients with a moderate or high risk will be referred to the appropriate service for further investigation.

Benefits of the breast pain clinics include better patient experience, less patient anxiety as they are not required to be on the two-week urgent cancer referral pathway and no need for invasive tests. The breast pain clinics also free up appointments for other patients referred on the two-week wait referral pathway, helping them to be seen more quickly.



# Diagnostics

# Diagnostics

Earlier diagnosis of cancer is critical to improving outcomes for the patient, as it means they can receive treatment when there is a better chance of achieving a successful outcome. Equitable and consistent access to high-quality diagnostic services is an essential part of achieving early diagnosis of cancer.

The Humber and North Yorkshire Cancer Alliance's Diagnostics programme works with partners across all diagnostic disciplines, including imaging, endoscopy, pathology and genomics, to identify and carry out actions that reduce service pressures and increase capacity, productivity and efficiency of our diagnostic services. This supports delivery of timely pathways for patients with suspected cancer across the region.

In 2021/22, the Cancer Alliance's Diagnostics programme was aligned to delivery of the recommendations made in Sir Mike Richards' review of diagnostics capacity in the NHS, as well as the elective care and cancer recovery plans across Humber and North Yorkshire.

The programme's focus of work included the following elements:

- Recovery of diagnostic services - expanding capacity to aid reduction in backlogs supporting elective and cancer recovery plans.
- Preparatory work to develop and launch an imaging network in line with national guidance. Imaging networks are seen as important vehicles in improving care and services for patients and staff, and reducing variation and inequality. In operating as networks, imaging services will be better placed to manage resources effectively and optimise the access to quality care for all patients served by the region. This in turn leads to more timely delivery of the diagnostic pathway for patients with suspected cancers.
- Developing collaboration across endoscopy and nuclear medicine services.
- Commencing delivery of community diagnostic centres in line with national ambitions to improve access to diagnostic tests and increase capacity to reduce waiting times.
- Delivery of year three of the rapid diagnostic centre programme in line with national guidance, supporting Covid-19 recovery and timely diagnosis of cancers in patients who present with non-specific symptoms.
- Workforce development - ensuring safety and sustainability of fragile services, supporting delivery of existing services and community diagnostic centres development, creating a pipeline for future workforce to match demand and service models, improving recruitment and retention of staff.
- Delivery of innovation to support recovery from Covid-19 and transformation of diagnostic services, including:
  - Pinpoint: a blood test that can predict the likelihood that a person has cancer.

- Colon capsule endoscopy: a small camera that can be swallowed and used to produce images of the digestive system instead of a person having an endoscopy.
  - Cytosponge: a small sponge that can be used to obtain cells from the digestive system in place of more invasive tests.
  - Artificial intelligence: to reduce pressures on clinical and administrative staff.
- Continued digitalisation of pathology services.
  - Work with the North East and Yorkshire Genomic Medicine Service Alliance and the North East and Yorkshire Genomic Laboratory Hub to implement and ensure equitable access to the criteria set out in the National Genomic Test Directory, including whole genome sequencing for all eligible cancer indications and the Lynch syndrome timed pathway.

## 2021/22 priorities

- To put an imaging network infrastructure in place and commence work on standardising use of reference data, improving digital infrastructure and moving toward being able to share reporting of images and collaboration on workforce solutions.
- To ensure at least three-quarters (75%) of the Humber and North Yorkshire population has access to a non-specific symptom pathway.
- Ensuring delivery of the year one community diagnostic centres plans and supporting the development of plans for years two to five.
- Commencing delivery of colon capsule endoscopy in at least one location across Humber and North Yorkshire.
- Commencing delivery of Cytosponge in at least one location in Humber and North Yorkshire.
- Identifying at least one clinical area for piloting artificial intelligence.
- To develop a research proposal for the use of Pinpoint alongside our non-specific symptom pathway in one area of Humber and North Yorkshire.
- Ensuing clinical champions for Lynch syndrome are in pace in endometrial and colorectal multi-disciplinary teams to support implementation of Lynch syndrome testing in line with national guidance.

## 2021/22 achievements

During 2021/22, the main achievements of the Cancer Alliance's Diagnostics programme were:

- Delivery of the non-specific symptom pathway across at least three-quarters (75%) of the Cancer Alliance population. This has meant more than 1,800 patients with vague symptoms have been managed on a rapid pathway instead of waiting longer for their diagnosis. Fifty-four cancers have been diagnosed this way.

- Establishment of an imaging network across the Humber and North Yorkshire area. The network has achieved 'emerging' status in terms of its maturity and has developed workforce and digital investment plans. Working with community diagnostic centre colleagues, the network has supported development of a collaborative workforce model that has enabled delivery of the first year of the community diagnostic centre plans across Humber and North Yorkshire.
- Delivery of year one community diagnostic centre plans. This has included delivery of additional diagnostic activity that supports cancer pathways, including more than 5,000 additional CT scans and 3,000 additional MRI scans.
- Working with partners at York and Scarborough Teaching Hospitals NHS Foundation Trust and Pinpoint to agree a proposal for a research study to evaluate the potential for using the Pinpoint blood test alongside the non-specific symptom pathway to predict the likelihood that a patient has cancer and reduce the need for urgent referrals and diagnostic tests, improving the patient experience and enabling best use of diagnostic capacity.
- Participating in national innovations that might reduce the future need for endoscopy. We have piloted the use of Cytosponge and colon capsule endoscopy in at least one locality and submitted data to the national evaluation process to support future decision making.
- Engaging in the work of the North East and Yorkshire Genomic Medicine Service Alliance and the North East and Yorkshire Genomic Laboratory Hub to maximise implementation of Lynch syndrome testing in Humber and North Yorkshire, and identifying clinical champions in colorectal and endometrial multi-disciplinary teams to support this programme of work.
- Completing the update and submission of a three-year digital roadmap for the pathology network to ensure continued delivery of digital improvements.
- Working in partnership with the University of Hull and Health Education England to secure the agreed development of an undergraduate radiology course, due to commence in September 2023.

## 2021/22 challenges

During 2021/22 the Cancer Alliance's Diagnostics programme faced many challenges, including:

- Whilst a significant amount of money has been made available to support diagnostic recovery, not all the funding has been recurrent which has limited our ability to use the money to full effect, for example by recruiting to permanent posts or investing in developments that need resourcing across more than one year.
- Rapid turnaround for bids and late release of capital have impacted on our ability to make best use of available funding.
- Availability of clinical supervision to support workforce development.
- Workforce shortages and workforce fatigue has created difficulties in sustaining safe service delivery and reduced ability to expand services to manage backlogs.

- The overlap between multiple programmes and diagnostics given that diagnostics is an enabler for multiple programmes has meant that the programme needs to support many stakeholders, creating a complex working environment.
- Inconsistencies in the way activity is recorded across the system means that comparison across services and joint working can be harder to achieve.
- Uncertainties regarding the impact of Covid-19 on future demand or ways of working makes forward-planning more difficult.
- Pressures within digital and technology services have limited the rate of progression for some technical initiatives.
- Supply chain issues have reduced availability of equipment which has reduced our ability to increase capacity in services.

## 2022/23 priorities

- During 2022/23 the Diagnostic programme plans to undertake the following activities in support of delivering the faster diagnosis standard and earlier diagnosis of cancer:
  - Implement a region-wide shared reporting system across Humber and North Yorkshire to make better use of reporting capacity and reduce time to diagnosis.
  - Implement the workforce strategy that was developed and agreed in 2021/22 as part of plans to increase service capacity and complete the plans for delivery of the new undergraduate training scheme in Hull.
  - Agree training academy models for imaging and endoscopy to support training for our future workforce and long-term sustainability of cancer services.
  - Deliver the agreed activity within community diagnostic centres, including 4,000 additional MRI scans, 4,000 additional CT scans and 9,000 ultrasounds as part of improving diagnostic pathways for cancer patients.
  - Deliver 100% coverage of the non-specific symptom pathway across Humber and North Yorkshire.
  - Continue to maximise access to Lynch syndrome testing.
  - Continue the roll-out the improvements to the digital infrastructure of the imaging and pathology networks.
  - Recruit the first 500 patients to the Pinpoint research project and complete an initial review of the data. Increase the use of artificial intelligence across diagnostics to support faster diagnosis of cancer.



**Treatment  
and  
Pathways**

# Treatment and Pathways

Timely access to treatment is integral to improving a person's chances of surviving cancer and their quality of life after treatment. From the initial suspicion of cancer and subsequent clinical investigation, to diagnosis and treatment; a cancer patient's journey can be a complex one.

The Treatment and Pathways programme is working with partners within the Humber and North Yorkshire Cancer Alliance to ensure there is enough capacity in the local healthcare system to deliver equitable access to cancer treatments and care for all people living in our region.

As a Cancer Alliance, we are working together to develop rapid diagnostic and assessment pathways. The importance of doing this is to rule out cancers as soon as possible to put the patient's mind at rest when cancer is not diagnosed, and provide the right treatment in a timely manner when cancer is diagnosed.

By collaborating with our partners, the Cancer Alliance maintains a system-wide overview of cancer services and supports the implementation of many interventions that help improve performance, including:

- Use of faecal immunochemical tests (FIT) to guide the management of people with symptoms of colorectal cancer.
- Introduction of an image pathway for two-week-wait referrals and suspected skin referrals.
- Achieving faster diagnostic standards across all cancer pathways.

## 2021/22 priorities

- Support, review and redesign the purpose, function and facilitation of the Cancer Alliance's clinical delivery groups – to reduce variation in access, treatment and outcomes within cancer pathways
- Finalise recruitment to new clinical leads for skin cancer, head and neck cancer and gynaecological cancer – having these clinical leads in place will also help to ensure there is less variation across treatments and pathways, to support timely flow, triage and treatment of patients.
- Non-surgical oncology – supporting a system-wide review and workforce development of non-surgical oncology services in Humber and North Yorkshire, as well as the wider cancer workforce, to address via training and recruitment.
- The Cancer Alliance and hospital trusts have been working together to develop and implement areas of work to support early diagnosis and improved timed pathways. These pieces of work help to achieve ambitions for cancer set out in the NHS Long Term Plan.

## 2021/22 achievements

Strong partnership working is key within the Cancer Alliance and the continuation of groups such as the primary care strategy and delivery group and the clinical delivery groups has helped to provide ongoing peer review and support. These groups have also provided a platform for supporting standardisation of clinical protocols across networks and sharing of good practice, which helps to improve the quality of cancer services across our region.

The following pieces of work have been progressed with the Cancer Alliance to support transformation of diagnosis, treatment, and care for cancer patients. All the work has been funded by the Cancer Alliance or NHS England and NHS Improvement.

- The establishment of more clinical delivery groups, which provide a platform for clinical discussion to improve patient pathways. These are supported by clinical leads, and the Cancer Alliance has successfully recruited clinical leads for the head and neck cancer, gynaecological cancer and skin cancer clinical delivery groups.
- The skin pathway group has developed and implemented the new skin image pathway, helping to achieve the faster diagnosis standard. The Cancer Alliance has helped to fund the use of dermatoscopes by GPs to provide digital photographs of a patient's skin lesion alongside urgent skin cancer referrals.
- The Cancer Alliance's prostate cancer clinical delivery group has supported a wider roll-out of prostate transperineal biopsies, which helps to reduce variation in treatment across Humber and North Yorkshire and improve patient experience.
- The lower gastrointestinal cancer clinical delivery group has supported improved and timely access to referral and treatment by enabling GPs to be able to send a faecal immunochemical test (FIT) result with an urgent two-week wait referral for suspected cancer.
- Cancer treatment providers in Humber and North Yorkshire have analysed cancer pathways to identify and address challenges. Plans have been developed to monitor and evaluate the changes made, including patient feedback.

## 2021/22 challenges

The growth of the cancer workforce is not keeping pace with the increasing demand for cancer services. Health Education England's Cancer Workforce Plan and the NHS People Plan pledge to increase and transform the cancer workforce to support the delivery of 21st century care.

The NHS Operational Planning and Contracting Guidance also highlights significant workforce challenges to ensure that targets are met for elective care for cancer patients.

To achieve these ambitions and ensure Humber and North Yorkshire Cancer Alliance has a sustainable medical and non-medical cancer workforce to deliver safe and effective care for cancer patients, a cancer workforce strategy has been created and will continue to be implemented in 2022/23.

The lack of required workforce is the main challenge to implementing service improvement, as well as fatigue within the existing workforce.

Other challenges include:

- Increasing demand on cancer services.
- Difficulties in recruiting to the Humber and North Yorkshire area.
- Lack of programme management office support to manage increased workload.

## 2022/23 priorities

- Non-surgical oncology workforce analysis – to have a greater understanding of gaps in services and the resources required to address these issues.
- Monitor planning deliverables – to keep the Cancer Alliance updated about how it is performing against required standards.
- Redesign clinical delivery groups – to enhance these groups to enable informed conversations and processes to be developed.
- Clinical engagement – making sure the appropriate clinical colleagues are involved in conversations about pathway development to help foster a more joined-up approach.
- Recruitment to programme management office roles – to support the administrative duties and process of the clinical delivery groups.
- Maintain and find new funding opportunities to support cancer pathways.



**Living With  
and Beyond  
Cancer**

# Living With and Beyond Cancer

The Living With and Beyond Cancer programme is focused on supporting people after treatment, ensuring everyone receives the most appropriate care for their needs through the introduction of personalised stratified follow-up.

This work is supported by offering personalised care and support interventions such as holistic needs assessments and care plans; end of treatment summaries; health and wellbeing information, education and support; and cancer care reviews.

Remote Digital Monitoring is also being introduced and the findings of the Quality of Life survey are beginning to give insight into the health needs of patients 18 months post cancer diagnosis.

Considerable progress has been made in these respects in Humber and North Yorkshire despite the challenges of Covid-19 during the last two years.

## 2021/22 achievements

Hospital trusts are set targets by NHS England to achieve annually. For 2021/22 these were that all trusts should have the following in place:

- Clinically agreed and implemented personalised stratified follow-up pathways for breast cancer, colorectal cancer and prostate cancer. Three other cancer pathways should be agreed, one of which should be implemented by March 2022. It was agreed locally that one of the three cancer pathways should be lung cancer.
- Personalised care and support interventions should be available for all patients. This includes the offer of a holistic needs assessment and care plan, based on what matters to the patient; an end of treatment summary; health and wellbeing information and education and support. Cancer care reviews should be offered to all patients through primary care.
- Remote digital monitoring should be implemented to ensure an additional safety net is in place to support patients being invited for all follow-up tests and, where appropriate, they can access results digitally.

## Personalised stratified follow-up pathways

The challenge of developing and implementing personalised stratified follow-up pathways in the different tumour sites is significant.

In some tumour sites, a form of personalised stratified follow-up is already in place which only requires modifying and the protocol developing and gaining clinical sign-off. For others, it requires developing and implementing a different way of working.

The challenges of the pandemic have not made this any easier, but progress has still been made during 2021/22 as demonstrated in the table below.

Progress against 21/22 personalised stratified follow-up targets	Hull University Teaching Hospitals NHS Trust	York and Scarborough Teaching Hospitals NHS Foundation Trust	Northern Lincolnshire and Goole NHS Foundation Trust
Breast cancer	Protocol agreed and implemented	Protocol agreed and implemented	Protocol agreed and implemented
Colorectal cancer	Protocol agreed and implemented	Protocol agreed and implemented	Protocol agreed and implemented
Prostate cancer	Radical radiotherapy only; protocols for other treatments being developed	Protocol being developed	Protocol being developed
Lung cancer	Thoracic surgery patients only - in place	For appropriate surgical patients – implemented; protocol being developed	
Additional personalised stratified follow-up pathway one (trust choice)	Endometrial – in place	Endometrial – in place	
Additional personalised stratified follow-up two (trust choice)	Myeloproliferative neoplasms, haematological cancer – in place	Low-risk melanoma – implemented; protocol being developed	

## Personalised care and support interventions

Offering the different elements of personalised care and support interventions (e.g. holistic needs assessments and care plans; end of treatment summaries; health and wellbeing education and information and support) to all patients through secondary care has been particularly challenging during 2021/22 due to the continuing impact of the pandemic.

In our area, as in others, some staff who normally conduct these interventions have been moved to other departments to support the Covid-19 response or have been absent from work due to Covid-19 which has reduced capacity. The restrictions imposed by Covid-19 have also changed the one-to-one nature of how many of the interventions are conducted, which has added its own challenges.

## Holistic needs assessments and care plans

There was a significant drop in the number of holistic needs assessments and care plans being offered or conducted at the beginning of the pandemic, followed by some recovery.

This pattern continued with each wave of Covid-19. However there seems to be more stability now, thanks in part to staffing levels being less vulnerable although there are still considerable challenges, including staff absence. In addition, other ways of undertaking holistic needs assessments have been developed and implemented.

## End of treatment summaries

These remain a challenge in the hospital trusts in Humber and North Yorkshire. York and Scarborough Teaching Hospitals NHS Foundation Trust remains the trust offering the most end of treatment summaries, using a bespoke system developed in 2019/20. However staffing issues and Covid-19 has meant that, even at this trust, the number of completed summaries has been lower than would have been anticipated.

Northern Lincolnshire and Goole NHS Foundation Trust will begin to be able to offer more end of treatment summaries as they continue to embed the Somerset NHS Foundation Trust remote monitoring system.

Hull University Teaching Hospitals NHS Trust has begun offering a limited number of end of treatment summaries to patients with gynaecological and prostate cancers but more work is needed to increase this and ensure that these summaries are offered to patients with other types of cancer.

## Health and wellbeing information, education and support

Providing health and wellbeing information, education and support takes many different forms, but prior to the pandemic this included a group or one-to-one discussion and the sharing of educational literature. Some adaptation has taken place during the pandemic including online courses, virtual or telephone support and the provision of literature.

To support those running support groups during this challenging time, the Living With and Beyond Cancer programme team hosted seminars for colleagues across the Cancer Alliance to provide ideas about how to facilitate running online health and wellbeing information, education and support sessions.

## Cancer care reviews

These are provided in primary care. In 2021/22 the remit was adjusted to patients being offered:

- The opportunity of a discussion and being informed of the support available from primary care within three months of diagnosis.
- A conversation, recorded using a structured template within 12 months from the date of diagnosis.

Due to the pandemic, cancer care reviews were suspended by NHS England until the end of March 2022 to enable primary care colleagues to focus on supporting the Covid-19 vaccination programme.

## Quality of Life survey

The Quality of Life survey was launched in September 2020 by NHS England and NHS Improvement and NHS Digital in response to the NHS Long Term Plan commitment to introduce an innovative quality of life metric to track and respond to the long-term impact of cancer. All people aged 16 and over are invited to take part 18 months after their cancer diagnosis.

The initial survey only included responses from people diagnosed with breast cancer, colorectal cancer or prostate cancer. It has since been extended to include responses from all cancer patients. The Humber and North Yorkshire Quality of Life survey response rate was 56% in September 2021 when the first set of results was released. This was higher than the national average of 51.7%. The findings will be used to identify areas where more support is required, starting with psychosocial and another area according to local need in 2022/23.

## 2022/23 priorities

The Living With and Beyond Cancer programme for Humber and North Yorkshire will focus on achieving the NHS 2022/23 targets of:

Personalised stratified follow-up pathways	Status (protocol agreed or protocol signed off and implemented)	Remote digital monitoring in place and operational where available	Due by
Breast cancer, colorectal cancer, prostate cancer, lung cancer	Protocol agreed and implemented	In place and operational	June 2022
Endometrial cancer	Protocol agreed and implemented	In place and operational	September 2022
Additional personalised stratified follow-up pathway one	Protocol agreed and implemented	In place and operational (where available)	March 2023
Additional personalised stratified follow-up two	Protocol agreed and signed off	In place and operational (where available)	March 2023; to be fully implemented in Q1 2023/24
Personalised care and support	All patients (where appropriate) with a diagnosis of cancer should be offered <ul style="list-style-type: none"> <li>• At least one holistic needs assessment and care plan</li> <li>• End of treatment summary</li> <li>• Health and wellbeing information, education and support</li> <li>• Cancer care reviews (via primary care)</li> </ul>		
Cancer outcomes and services dataset	Improve the quality of data for Living With and Beyond Cancer elements captured on the cancer outcomes and services dataset. Currently the number of patients who receive at least one holistic needs assessment; will also include other elements going forward.		
Quality of Life survey data	Undertake a gap analysis of psychosocial support available for patients and one other issue highlighted in the Quality of Life survey results for Humber and North Yorkshire in 2022/23. Develop a plan with stakeholders to address the issues raised in 2023/24.		



**Humber and North Yorkshire**  
Cancer Alliance

If you would like to find out more about the **Humber and North Yorkshire Cancer Alliance** please get in touch



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