

Long Term Plan Commitments

- 2028: ¾ patients diagnosed stage 1&2
- ↑ awareness of symptoms cancer
- ↑ Cancers identified via screening
- Fewer cancers diagnosed as an emergency
- 2019 – extend lung health checks – starting with areas lowest lung cancer survival. Full roll out 2022
- 2020 HCV primary screening for cervical cancer

Long Term Plan Commitments

- 2020: referral – diagnosis 28 day standard
- TWW: 93%
- 62 day target (classic) 85%
- Roll out of more specific timed pathways for cancer e.g. upper GI
- Multiple successive tests in one visit

Long Term Plan Commitments

- 2019 roll-out Rapid Diagnostic Centres
- Invest in CT & MRI scanners
- Pathology & Imaging networks
- Over next 10 years routinely offer genomic testing to people with cancer whom clinically benefit
- 2021 offer more extensive genomic testing to patients newly diagnosed with cancer

Long Term Plan Commitments

- Complete upgrade Linacs
- Commission proton beam
- Radiotherapy Networks
- 2021 every cancer patient diagnosed have access to personalised care and care plan (inc HNA)
- Stratified approach to f/u
 - 2019 Breast
 - 202 Prostate/Colorectal
 - 2023 All other cancers
- 2019 Intro services and innovative quality of life metric to track and respond to LT impact of cancer

HCV CA VISION: TO ACHIEVE WORLD CLASS CANCER OUTCOMES FOR OUR COMMUNITIES

GOAL:
Lifestyle choices: minimise risk of cancer

HCV CA Objectives

1. Continue Cancer Champions training & introduce 'train the trainer' to ensure sustainability
2. Introduce Lung Health Checks & improve stage 1&2 diagnosis
3. Full roll-out of qfit for low risk symptomatic patients
4. Support PHE colleagues to roll out FIT for screening
5. Support increase of 2ww referrals and screening uptake

GOAL:
Standardised Treatment Pathways

HCV Objectives

1. Improve 62 day performance in prostate pathway by utilising IST improvement analysis & agreeing Alliance wide clinical guidance.
2. Create vision and begin to implement a new model of lung services across HCV
3. Embed rapid diagnostic pathways across HCV for colorectal
4. Commence work on rapid pathway for UGI
5. Focus on tumour site delivery groups
6. Implement MDT standardisation

GOAL:
Equity of access to high quality services

HCV CA Objectives

1. Introduce network model of radiology reporting
2. Commence digitalisation of pathology
3. Agree future model of diagnostic services [RDC]
4. Complete capital OBC for diagnostic investment across HCV
5. Collaboratively create vision and model for sustainable oncology service across HCV utilising available technology
6. Refine CA workforce strategy

GOAL:
Services designed to reduce inequalities in health outcomes

HCV CA Objectives

1. Introduce Risk Stratification across HCV in breast across all providers
2. Embed consistent Recovery Package across HCV, including HNA, personalised care and Cancer Care Reviews
3. Co design services and continue to develop meaningful patient engagement
4. Increase uptake of cervical screening in target populations.