



Humber and North Yorkshire  
Cancer Alliance

# Annual Report

2023/24

HNYCA



Humber and North Yorkshire  
Cancer Alliance

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# About the Cancer Alliance



# About the Humber and North Yorkshire Cancer Alliance

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

The HNY Cancer Alliance brings together organisations which pay for and provide cancer services to transform the diagnosis, treatment and care for cancer patients in Humber and North Yorkshire.

The Cancer Alliance is part of the **Humber and North Yorkshire Health and Care Partnership**, the integrated care system for the Humber and North Yorkshire region. Integrated care systems were established on a legislative basis, inheriting responsibility for managing NHS services from clinical commissioning groups, when the Health and Care Act 2022 received Royal Assent in April 2022.

The Humber and North Yorkshire 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** in England.

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 workstreams:

- Awareness and Early Diagnosis
- Cancer Diagnostics and Innovation
- Treatment, Pathways and Personalised Care
- Nursing and Allied Health Professionals Workforce
- Non-Surgical Oncology Workforce
- Health Inequalities
- Communications and Engagement

[Click here](#) to find out more about the Cancer Alliance and its work.

# Introduction and Summary of 2023/24



# Introduction and Summary of 2023/24

Humber and North Yorkshire Cancer Alliance is delighted to announce the publication of its 2023/24 annual report.

The 23/24 edition is the Cancer Alliance's biggest annual report yet - a reflection of the plethora of work which has been carried out during the past 12 months to transform the diagnosis, treatment and care for cancer patients in Humber and North Yorkshire.

HNY Cancer Alliance continues to lead on the delivery from a local perspective of the [NHS Long Term Plan to transform cancer care and outcomes](#), specifically, that by 2028:

- An extra 55,000 people each year in England will survive for five years or more following their cancer diagnosis.
- Three in four cancers are diagnosed at an early stage (stage one or two).

In August 2023, NHSE England announced plans to reduce the number of NHS cancer waiting time targets to focus on the measures that matter most for cancer patients and clinical outcomes.

The changes included the removal of the two-week wait standard in favour of a focus on the [faster diagnosis standard](#).

Subsequently, from 1 October 2023, the cancer waiting time standards were consolidated from nine standards to three, which are:

- The 28-day faster diagnosis standard (75%)
- The 62-day referral to treatment standard (85%, although the target is to achieve 70% by March 2024)

- The 31-day decision to treat to treatment standard (96%)

During 2023/24, the Cancer Alliance and partners have reduced the number of patients waiting longer than 62 days to start treatment for cancer following referral from a peak of 829 patients in October 2023.

As of the week ending 31st March 2024, the Cancer Alliance's over 62-day backlog figure was 421 patients, meaning the Cancer Alliance narrowly missed its end-of-year backlog reduction target of 381 patients.

However Humber and North Yorkshire ICB, of which the Cancer Alliance is a directorate member, did meet its 'fair shares' backlog reduction target. This includes data from Harrogate and District NHS Foundation Trust.

The Cancer Alliance was required to achieve the faster diagnosis standard (FDS) rate of 75% of patients finding out whether they have cancer within 28 days of referral by the end of March 2024.

The Cancer Alliance's FDS rate was 75.9% in March 2024, meaning the Cancer Alliance met the national standard by the end of 2023/24 as required.

Improving awareness of cancer and early diagnosis rates is integral to achieving the NHS Long Term Plans for cancer. It is therefore pleasing to report that the 12-month rolling [Rapid Cancer Registration Data](#) average indicates an increasing trend in early-stage diagnosis in Humber and North Yorkshire from 50% in January 2021 to 58% in October 2023.

In November 2023, the Cancer Alliance appointed Simon Morrill, Chief Executive of York and Scarborough Teaching Hospitals NHS Foundation Trust, as its new Chair. Simon replaced Stephen Eames CBE who had served in the role since the start of 2023.

As Chair, Simon oversees the work of the Cancer Alliance and provides leadership on the key issues affecting cancer services in the Humber and North Yorkshire area. He also chairs the Cancer Alliance's bi-monthly System Board meetings.

While 2023/24 has been another challenging year, there have been plenty of positives to draw inspiration from as the various work programmes have taken great strides over the past 12 months to improve outcomes for the people and communities the Cancer Alliance serves.

Below are just some of the many achievements of the work carried out with partners between April 2023 to March 2024. By working collaboratively with partners, the Cancer Alliance has:

- Significantly reduced the number of patients waiting more than 62 days to start treatment following referral (see earlier in this chapter for more detail).
- Successfully met the 75% faster diagnosis standard rate by the end of 23/24 as required (see earlier in this chapter for more detail).
- Surpassed 5,000 people trained as **Cancer Champions** during 2023/24, a year in which the programme also celebrated its fifth birthday. The programme widened its reach to deliver cancer awareness training to refugee groups, Muslim faith groups, and learning disability groups. During the year, the programme also launched its train-the-trainer programme, which aims to deliver cancer awareness training deeper into the community through trusted and peer voices.
- Extended the **NHS Targeted Lung Health Check service** into East Riding of Yorkshire, meaning the service is now available in three of our region's six places (Hull, North East Lincolnshire and East Riding of Yorkshire) - with plans to extend coverage into North Lincolnshire in 24/25 and York and North Yorkshire soon after.

Between April 2023 and March 2024, 11,404 people had an initial Lung Health Check assessment (from 27,853 invited), with 4,449 people referred for a follow-up scan. From this activity, 84 cancers were detected, 75% of which were detected at an early stage (stage one or two).

- Taken part in NHS England's 23/24 **Cancer Experience of Care Improvement Collaborative**, specifically launching an initial project exploring how to improve psychosocial support for people with a cancer diagnosis who also have a pre-existing mental health condition. This project has features extensive co-production with experts by lived experience.
- Hosted a hugely successful annual conference at Hull's MKM Stadium in September 2023. Despite it falling on a day of industrial action, the Cancer Alliance welcomed more than 130 colleagues to the stadium to hear from guest speakers **Dr Lucy Gossage** and David Fitzgerald, Programme Director, NHS Cancer Programme, and learn about the different ways the Cancer Alliance is working to transform the diagnosis, treatment and care for cancer patients in our region.
- Created the Cancer Alliance's first ever **strategy to address health inequalities** in cancer treatment and care among the most deprived communities in Humber and North Yorkshire. The strategy was approved by the System Board in January 2024.
- Developed its new **Working with People and Communities: Patient and Public Engagement Strategy**, ratified by the Cancer Alliance System Board in September 2023. The strategy outlines how the Cancer Alliance will establish a robust and sustainable approach to involve cancer patients in its work.

- Established a programme to address long-standing challenges facing the non-surgical oncology (NSO) workforce, supported by the appointment of a programme lead and a clinical lead. In November 2023, the NSO programme plan was approved, focusing on improving systemic anti-cancer treatment services (including but not limited to chemotherapy). A clinical delivery group (CDG) has been established to lead this improvement work.
- Secured significant (circa £2.4million) short-term investment into imaging, endoscopy and histopathology from the national cancer H2 performance recovery fund (six-month period from October 2023 to March 2024), which has positively impacted cancer diagnostic backlogs.
- Worked with partners to prioritise public engagement activity to support cancer awareness and early diagnosis in the most deprived communities in Humber and North Yorkshire, including with the Roy Castle Lung Cancer Foundation in Hull during the **Let's Talk Lung Cancer Roadshow** in November 2023 and with NHS England in Grimsby during the **Cancer Myth 'Bus-ting' Tour** during the same month.
- Ensured the **Colon Capsule Endoscopy pilot programme** continues to run successfully, with steady utilisation rates per month. The service will be evaluated with the aim to transition the service to business as usual in 2024/25.
- Created the Cancer Alliance's **Cancer Diagnostics and Innovation Programme** which takes a collaborative, multi-partner approach to explore the opportunities to adopt innovative technology to harness cutting-edge approaches to cancer diagnostics.
- Worked with secondary care and primary care partners to increase the percentage of cancer patient **holistic needs assessments** completed from 52% in 2020/21 to 92% in 2023/24.

- Recruited six new clinical delivery group (CDG) leads, and established three new CDGs – breast cancer, skin cancer and non-surgical oncology – increasing the number of CDGs to nine. These groups cover a wide range of tumour sites and, by working collaboratively, bring together the right people to implement **best practice timed pathways**, achieve cancer waiting times standards, reduce unwarranted variation in treatments and improve the personalised care that people affected by cancer receive.



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**Simon Morritt**  
Chair  
Humber and North Yorkshire Cancer Alliance

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**Dr Kartikae Grover**  
Clinical Director  
Humber and North Yorkshire Cancer Alliance

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**Lucy Turner**  
Programme Director  
Humber and North Yorkshire Cancer Alliance

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# Funding, Backlogs and Performance



# Funding, Backlogs and Performance

As with its previous annual plans since the emergence of Covid, Humber and North Yorkshire Cancer Alliance’s 2023/24 plans placed a strong emphasis on reducing cancer diagnosis and treatment backlogs.

This is reflected in the 23/24 funding allocations where more than half of HNY Cancer Alliance’s service development funding (SDF) was attributed to achieving faster diagnosis and operational performance standards (as outlined in the table below).

## 2023/24 funding for the Cancer Alliance

The 2023/24 the Cancer Alliance budget was made up of £7.9million cancer SDF and targeted cancer funding worth £4.9million. The cancer SDF is **place-based** funding, and was to be spent in line with the indicative percentage values across four workstreams (as outlined in the table below).

Workstream	What is included	Allocation rate	HNY Cancer Alliance amount
Cross-cutting	Core Cancer Alliance team costs, including organisational development, workforce, patient engagement.	7%	£1,183,819
Faster diagnosis and operational performance	Operational improvement, faster diagnosis standard priority pathways and other pathway improvements which support cancer waiting time targets.	45%	£3,426,150
	Non-specific symptoms pathways.	6%	£727,100
Early diagnosis	Local early diagnosis interventions and innovations.	30%	£2,120,050
Treatments and personalised care	Treatment variation.	4%	£49,500
	Living with beyond cancer initiatives (personalised care, personalised stratified follow-ups, psychosocial support, prehabilitation and physical activity, and experience of care.	8%	£591,050
Total		£7.9m	£8m

The targeted cancer funding received is to be spent on rolling out agreed national pilot programmes. In 2023/24 these were:

- NHS Targeted Lung Health Check programme = £4million
- Lynch syndrome = £211,000
- Liver surveillance = £178,000
- Cytosponge = £86,000
- Colon capsule endoscopy = £66,000
- Multi Cancer Blood Test programme = £385,000

## Cancer service development funding (SDF)

In 2023/24 the Cancer Alliance met with key system stakeholders to discuss and agree the funding of a number of key improvement schemes using allocated cancer SDF. These improvement schemes were developed using the national Cancer Alliance planning guidance pack and supported the four workstreams.

### Cross-cutting

The 7% allocation of cross-cutting cancer SDF was used in 23/24 to focus on patient engagement and experience of care.

The Communications and Engagement programme planned an annual programme of work to increase public awareness of cancer symptoms; the importance of early presentation; and attending NHS screening programmes when invited to do so.

The Communications and Engagement programme also included further developing the approach the Cancer Alliance took to involving patients and public in its work (see the **Communications and Engagement programme section** for more information).

The cross-cutting cancer SDF allocation also funds the **core Cancer Alliance team**. In 2023/24 the core team grew to ensure the programme had sufficient capacity and capability to meet the 23/24 Cancer Alliance planning guidance objectives.

### Faster diagnosis and operational performance

The 45% allocation of cancer SDF to faster diagnosis and operational performance was used to deliver the objectives set for 23/24 for the achievement of the faster diagnosis standard (FDS) and the reduction of the number of people waiting more than 62 days to start cancer treatment (62-day backlog) in line national planning guidance and with the agreed system trajectories.

#### 23/24 faster diagnosis standard trajectory

Trust	April 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	March 24
Hull University Teaching Hospitals NHS Trust	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Northern Lincolnshire and Goole NHS Foundation Trust	68.4	68.9%	70%	70.3%	71.4%	73%	73.5%	73.5%	75.1%	75.7%	75.8%	75.6%
York and Scarborough Teaching Hospitals NHS Foundation Trust	67.8%	67.9%	67.9%	70.7%	70.7%	70.8%	72.5%	72.5%	72.5%	75.1%	75.1%	75.1%

23/24 62-day backlog reduction trajectory

Trust	April 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	March 24
Hull University Teaching Hospitals NHS Trust	170	165	160	155	155	150	148	148	148	148	148	148
Northern Lincolnshire and Goole NHS Foundation Trust	163	153	144	138	132	123	116	108	102	75.7%	97	92
York and Scarborough Teaching Hospitals NHS Foundation Trust	221	214	207	200	193	186	179	172	165	158	151	143

(NB: These trajectories were adjusted in H2, the second part of the financial year)

The Cancer Alliance agreed with stakeholders to focus on:

- Facilitating a Cancer Alliance-wide oversight and assurance meeting to provide expert leadership on managing and delivering cancer waiting times standards.
- Providing practical support for patient tracking list (PTL) management.
- Improving turnaround times in diagnostics.
- Increasing diagnosis and treatment capacity.
- Improving performance management and governance.
- Developing Cancer Alliance-wide faster diagnosis standard (FDS) and inter-provider transfer (IPT) protocols.
- Addressing fragile services, with non-surgical oncology being the service chosen for 2023/24.

Non-specific symptoms pathways

In 2023/24 the Cancer Alliance dedicated 10% of the cancer SDF budget to the transition of non-specific symptoms pathways from a pilot programme to business-as-usual services across Humber and North Yorkshire. This was 4% more than the suggested indicative percentage and illustrated the Cancer Alliance’s commitment to ensuring the success of these services for patients.

The Cancer Alliance was in the fortunate position of having achieved 100% population coverage in 2022/23, ensuring all communities across the vast Humber and North Yorkshire area were able to access a non-specific symptoms pathway. The 2023/24 focus was to secure sustainable ongoing commissioning arrangements with the acute trusts (which provide many cancer services) and the Humber and North Yorkshire Integrated Care Board.

## Early diagnosis

In 2023/24 the 30% allocation of SDF for early diagnosis of cancer was focused on:

- Timely presentation
- Primary care pathways
- Faecal immunochemical testing (FIT)
- Pancreatic cancer surveillance
- Local innovation

### Timely presentation

During the year the Cancer Alliance agreed with stakeholders to focus on:

- Amplifying national awareness campaign activity.
- Tailoring our campaign activity to our local areas and communities.
- Continuing to build strong links with local stakeholders and partners.
- Complementing national and local awareness campaign and programme activity through various channels and platforms.
- Continue to facilitate and expand the reach of the Cancer Alliance’s local screening working group.
- Identifying areas (by postcode) where early presentation is at its lowest and targeting local awareness campaign activity in these areas.

### Primary care pathways

The Cancer Alliance agreed with stakeholders to focus on:

- Increasing early presentation by reviewing urgent suspected cancer referral practice / quality.
- Increasing early presentation by engaging directly with primary care networks (PCNs) to adopt and embed the use of the faecal immunochemical test among patients with suspected bowel cancer.
- Increasing early presentation by engaging directly with PCNs to adopt and embed the use of teledermatology among patients with suspected skin cancer.
- Increasing early presentation by engaging directly with PCNs to increase the proactive and opportunistic diagnosis of prostate cancer in their general practices.
- Increasing early presentation by engaging directly with PCNs to increase the uptake of the non-specific symptoms pathway in patients with serious but non-specific symptoms.
- Increasing early diagnosis through the **GP Direct Access scheme**.
- Increasing screening uptake by engaging PCNs in developing local strategies for their general practices.
- Improving staging outcomes by engaging PCNs to participate in the **national cancer diagnosis audit** and use the audit outputs to inform stage at presentation.
- Reducing health inequalities by sharing PCN-level data with PCN and system partners to develop local strategies for their general practices.

### Faecal immunochemical testing (FIT)

The Cancer Alliance agreed with stakeholders to focus on delivery of the Humber and North Yorkshire Integrated Care Board performance trajectory for 2023/24.

2023/24 ICB FIT trajectory	April 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	March 24
	43.3%	46.7%	50%	53.3%	56.7%	60%	63.3%	66.7%	70%	73.3%	76.7%	80%

The Cancer Alliance committed to supporting acute trusts to develop and monitor their discharge or re-routing of patients with a FIT result of less than 10 micrograms (ug) of blood in their stool, a normal full blood count and physical examination; and to minimise the number of colonoscopies performed on patients with a FIT result of less than 10ug.

The Cancer Alliance also committed to facilitating training and education events for primary and secondary care staff working with FIT and to support PCNs to fully embed FIT by providing clinical leadership and practical support to ensure FIT tests are available in primary care. The Cancer Alliance also agreed to facilitate the discussions needed with the Integrated Care Board to confirm sustainable commissioning arrangements for the testing in primary care going forward.

### Pancreatic cancer surveillance

The Cancer Alliance agreed with stakeholders to focus on:

- Facilitating collaboration between trusts; primary care providers; and **EUROPAC**, to ensure all healthcare providers across the geography know how to, and do, triage eligible patients into their regional surveillance co-ordinator.
- Ensuring there is an appropriate self-referral route into their regional surveillance co-ordinator.
- Collaborating with the regional surveillance co-ordinator to monitor referral numbers and follow up with providers which are not making referrals.
- Taking responsibility for ensuring pathways and services are in place to support **NG85** in 24/25 when the national contract ends; and ensure there is a plan in place for how the Cancer Alliance intends to deliver surveillance services in 24/25.

### Local innovation

The Cancer Alliance agreed with stakeholders to focus on:

- Trialling the PinPoint test

## Treatments and personalised care

In 2023/24 HNY Cancer Alliance dedicated 12% of the cancer SDF budget to the treatment and care elements of the programme, with 4% allocated to treatment variation and 8% allocated to personalised care, **patient stratified follow-up (PSFU) pathways** and psychosocial support planning.

### Treatment variation

The Cancer Alliance agreed with stakeholders to focus on:

- Getting it right first-time (GIRFT) metric implementation in the lung cancer pathway.
- Overseeing the implementation of one priority recommendation from each of the four existing national clinical audits for breast, prostate, oesophageal and bowel cancer.

### Personalised care

The Cancer Alliance agreed with stakeholders to focus on:

- Ensuring the personalised care interventions, personalised care and support planning based on holistic needs assessment and end of treatment summary are available for all cancer patients, and data is submitted to the **cancer outcomes services data set**.
- Ensuring fully operational and sustainable PSFU pathways are available for all suitable patients in breast, prostate, colorectal and endometrial cancer pathways.
- Delivering the Cancer Alliance's psychosocial support development plan.

## Targeted cancer funding

### NHS Targeted Lung Health Checks

The Cancer Alliance was awarded £4million in 2023/24 to invest in the continued rollout and expansion of the **NHS Targeted Lung Health Check programme** with a focus on the mobilisation of the service in North Lincolnshire and North East Lincolnshire. See the **NHS Targeted Lung Health Checks programme** section of the annual report for more information.

The programme set the below trajectories, performance, and expansion plan for the year:

Trajectories:

- Hull: 4,192 follow-up scans.
- East Riding of Yorkshire: 2,033 initial lung health check assessments; 1,104 baseline scans; 137 follow-up scans.
- North East Lincolnshire: 8,809 initial lung health check assessments; 4,778 baseline scans; 526 follow-up scans

### *Lung Health Checks performance in Humber and North Yorkshire in 2023/24*

Number of lung health check invitations sent	27,853
Number of initial lung health check assessments undertaken	11,404
Number of CT scans	4,449
Uptake of lung health checks	41%

Expansion plan:

- North East Lincolnshire baseline scans complete in June 2024.
- Start North Lincolnshire assessments in September 2024 and finish in September 2025.
- Further expansion into the East Riding of Yorkshire during 2024/25.

### Lynch syndrome

In 2023/24 the Cancer Alliance was awarded £211,000 to ensure all endometrial and colorectal cancers were tested for lynch syndrome. In 22/23 the Cancer Alliance undertook a baseline audit and recruited a medical and nursing lynch champion in each acute hospital trust.

The Cancer Alliance achieved 100% testing coverage in 2022/23 and the targeted funding allocation for 23/24 was allocated to transitioning the testing to business as usual.

### Liver surveillance

HNY Cancer Alliance received £178,000 of targeted funding to support the implementation of a liver surveillance programme in 2023/24.

The funding was to be used to:

- Project manage and support data collection.
- Recruit liver pathway navigators or care co-ordinator roles.
- To work with the acute hospital trusts to establish whether local providers are consistently inviting patients with cirrhosis or advanced fibrosis to six-monthly ultrasound scans.
- Review surveillance pathways and processes to develop a baseline audit of patient numbers (invite and recall).
- Use the baseline data to capacity and demand plan for the remainder of 2023/24.
- Utilise the Somerset Cancer Registry as the system to collect and store data.
- Recruit to one day of liver or hepatic clinical nurse specialist support to ensure high-quality patient care.
- To scope potential IT solutions for invite and recall processes, with the intention to standardise this across the system.
- Standardising referral forms with radiology (ultrasound scans) and clinical teams.
- To support Hull University Teaching Hospitals NHS Trust's expression of interest for a community liver health checks service.
- GP direct access to fibroscans - develop a protocol with primary care, imaging, and hepatology.
- Develop and implement a patient engagement plan to increase uptake.

### Cytosponge

The Cancer Alliance was awarded a further £86,000 to expand their existing **Cytosponge** pilot in 2023/24. In 22/23 York and Scarborough Teaching Hospitals NHS Foundation Trust was identified as a pilot site and implemented Cytosponge.

In 23/24, the Cancer Alliance planned to work towards achieving the nationally set target for Cytosponge run rates for both routine reflux and Barrett's oesophagus surveillance patients and ensure delivery to those trajectories.

### Colon capsule endoscopy

In 2023/24 the Cancer Alliance was awarded a further £66,000 to invest in the rollout of **colon capsule endoscopy** (CCE). In 22/23 York and Scarborough Teaching Hospitals NHS Foundation Trust was identified as a pilot site and implemented CCE for symptomatic patients.

In 23/24 the trust planned to trial CCE in polyp surveillance patients as well as continue the symptomatic service. The Cancer Alliance committed to working with the other Humber and North Yorkshire hospital trusts to establish a second pilot site.

### Multi-cancer blood test programme

In 2023/24 the Cancer Alliance was awarded £385,000 of targeted cancer funding to plan for its participation in the **multi-cancer blood test programme** in 2024/25. During the year, the Cancer Alliance worked with colleagues at Northern Cancer Alliance, who were participating in the clinical trial in 22/23, help to prepare for the programme's rollout in 24/25.

The Cancer Alliance planned to establish and test the clinical and operational processes and commission a local bio-sampling service to be ready for the programme's launch, following the clinical trial evaluation results.



## 2023/24 successes

Humber and North Yorkshire Cancer Alliance successfully spent all its allocated 2023/24 SDF and targeted cancer funding.

This annual report documents how the funding has been spent to increase cancer awareness among communities; support efforts to diagnosis cancer earlier and more quickly; and improve cancer treatment to improve outcomes for those people affected by cancer in Humber and North Yorkshire.

Please visit the relevant programme sections in this annual report for a more detailed description of the accomplishments this funding has helped the Cancer Alliance achieve during the year.

## Operational performance

### 62-day backlog performance

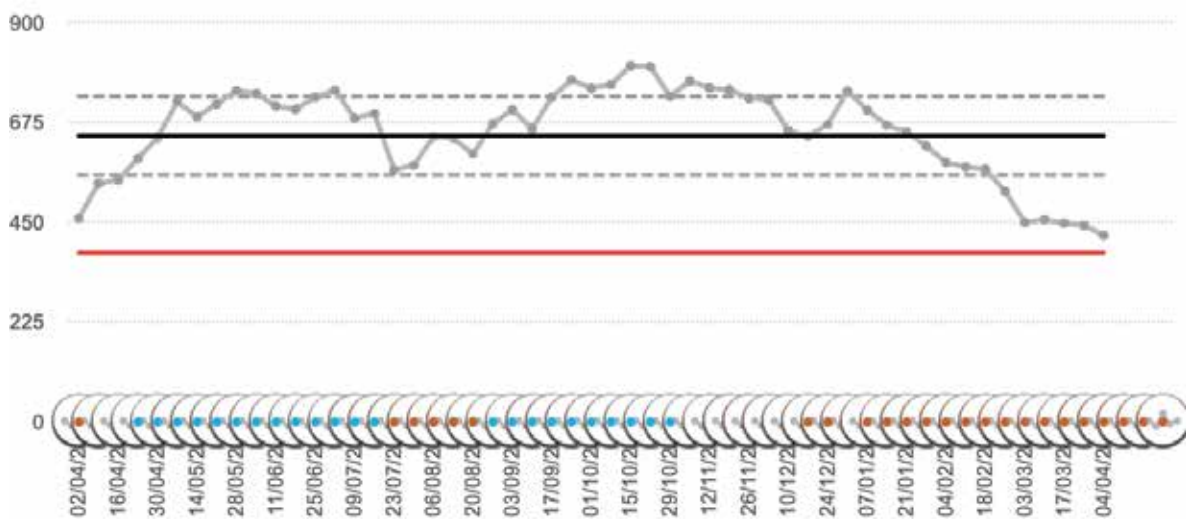
HNY Cancer Alliance was required to achieve its target to reduce the number of patients waiting more than 62 days to start cancer treatment to 381 by the end of March 2024.

As of the week ending 31st March 2024, the Cancer Alliance’s over 62-day backlog figure was 421 patients, meaning the Cancer Alliance narrowly missed its end-of-year backlog reduction target of 381 patients.

However Humber and North Yorkshire Integrated Care Board, of which the Cancer Alliance is a directorate member, did meet its ‘fair shares’ cancer backlog reduction target. This includes data from Harrogate and District NHS Foundation Trust.

The table below highlights the substantial amount of work that has gone into reducing the backlog in Q4 (January to March 2024) and the indicates the impact of the operational performance schemes which have been funded by cancer SDF.

*Humber and North Yorkshire Cancer Alliance >62-day backlog trend 4 April 2024 - source: NHS Digital*



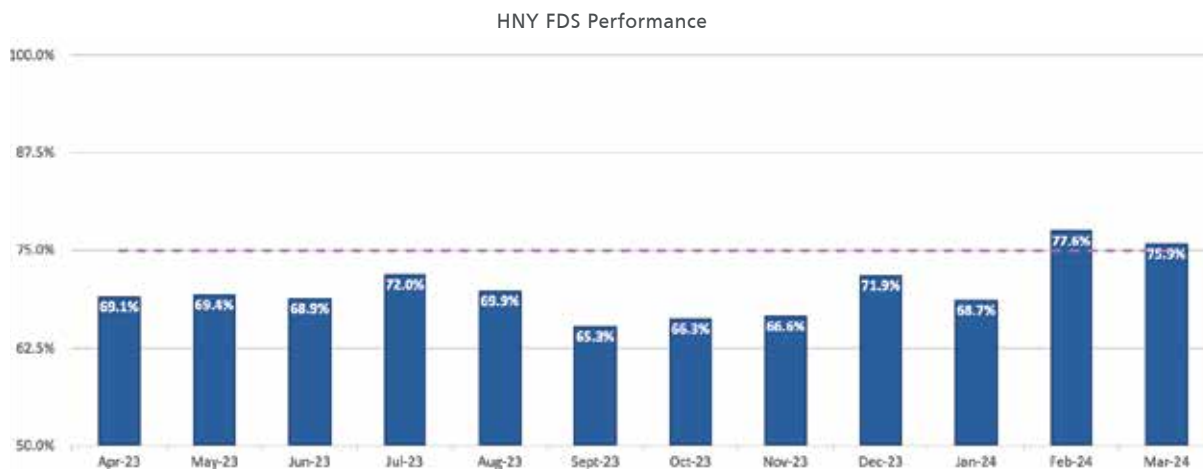
Cancer waiting times standards performance

The delivery of cancer waiting times standards remained challenging in Humber and North Yorkshire in 2023/24.

The ongoing impact of the Covid pandemic saw GP services struggling to meet the demand for face-to-face appointments. Hospital trusts also struggled to meet the rising demand for cancer diagnostic tests and treatment, an issue compounded by the disruption caused by regular industrial action throughout the year.

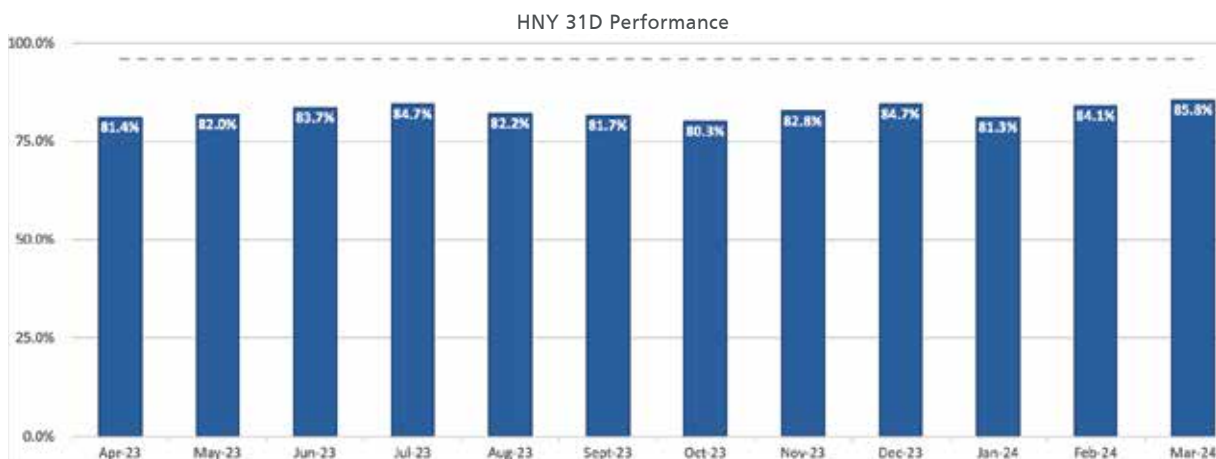
The Cancer Alliance was required to achieve the faster diagnosis standard (FDS) rate of 75% of patients finding out whether they have cancer within 28 days of referral by the end of March 2024. The Cancer Alliance’s FDS rate was 75.9% in March 2024, meaning it had achieved the national standard as required by the end of the year.

*Faster diagnosis standard March 2024 - source: NHS Digital*



The combined 31-day decision to treat, to treatment standard (96%) remained unachieved in 2023/24. The table below shows sporadic achievement of the target by Northern Lincolnshire and Goole Hospitals NHS Foundation Trust and York and Scarborough Teaching Hospitals NHS Foundation Trust. However, the Cancer Alliance as a whole was unable to deliver against this target. The Cancer Alliance’s rate was 85.8% in March 2024.

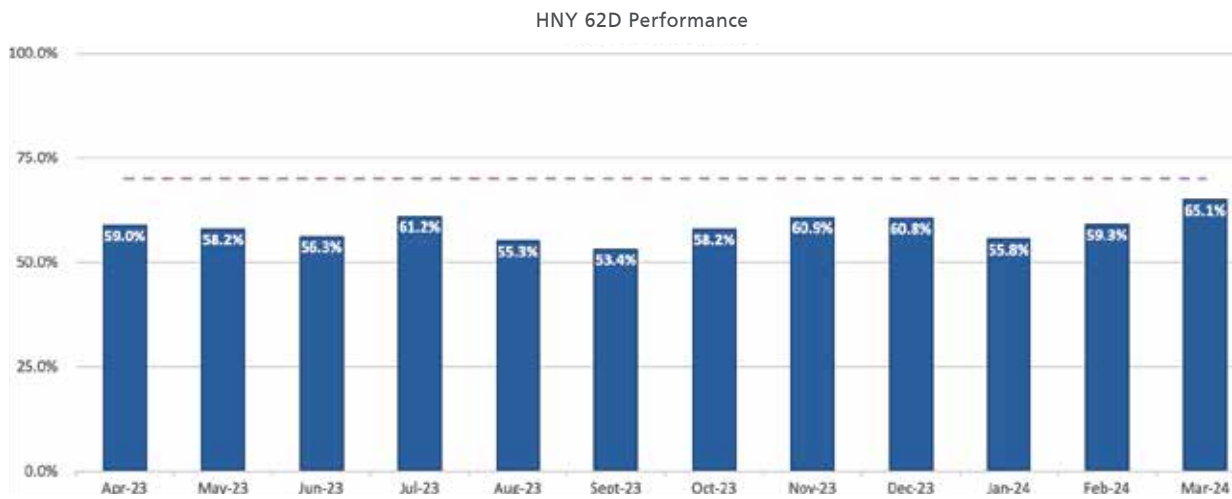
*Combined 31-day decision to treat, to treatment standard March 2024 - source: NHS Digital*



The combined 62-day referral to treatment standard (70%) also remained unachieved. The table shows a relatively static performance in 2023/24 against this standard, with none of the three acute trusts achieving the standard at any point during the year. The Cancer Alliance's rate was 65.1% in March 2024.

The data does support a maintenance of performance against the standard, however, with limited deterioration in performance despite the significant operational pressures faced this year.

*Combined 62-day referral to treatment standard March 2024 - source: NHS Digital*



# Awareness and Early Diagnosis



# Awareness and Early Diagnosis

One in two of us will develop some form of cancer over our lifetimes. Cancer awareness is vital in ensuring that more people can avoid getting cancer and that more cancers are diagnosed at the earliest possible opportunity.

The NHS Long Term Plan has two key ambitions for cancer to be met by 2028:

- 55,000 people in England surviving their cancer for five years or more.
- 75% of cancers being diagnosed at an early stage (stage one or two).

If cancers can be diagnosed at an early stage, the opportunities to treat those patients are greater and their outcomes are likely to be better.

The Cancer Alliance's **Awareness and Early Diagnosis programme** works to improve the cancer outcomes of the people in Humber and North Yorkshire by supporting a spectrum of activities.

This includes improving the public's understanding of their risks of cancer and how they might be able to reduce those risks. It also involves increasing our population's engagement with the three national cancer screening programmes, which, along with **Targeted Lung Health Checks**, can both prevent cancer and help detect it early.

Finally, we aim to ensure that more people can recognise the possible symptoms of cancer, that those people are supported in acting swiftly to access health services, and that those services work effectively to increase the chances of a cancer being diagnosed early.

We prioritise our work based on those cancers that have the highest impact on the people of Humber and North Yorkshire and where there is the greatest opportunity to diagnose cancers earlier and improve outcomes.

Not everyone's chances of getting cancer are equal and some communities and groups in Humber and North Yorkshire have poorer outcomes from cancer than others. A key focus of the Cancer Alliance's Awareness and Early Diagnosis programme is to help tackle and reduce these health inequalities and much of our programme of work is shaped by this need.

## 2023/24 priorities

### Timely presentation

Guided by national objectives, the Cancer Alliance had a clear set of objectives 2023/24. A key tenet of our plan was to contribute to the shift towards earlier stage diagnosis by encouraging people to recognise and report worrying symptoms sooner – what is known as 'timely presentation'.

An important factor in this was to focus on those who are among the most deprived 20% of our population, as evidence indicated that these people tend to have cancers diagnosed later, and therefore have worse outcomes. This priority threaded through a number of work areas in the Cancer Alliance, including the Communications and Engagement programme and the Health Inequalities programme, alongside the Awareness and Early Diagnosis programme, particularly the Cancer Champions team.

### Primary care support

GPs and primary care teams have vital roles to play in early cancer diagnosis, so effectively supporting early cancer diagnosis activity in this area of the health system was a focus for the Cancer Alliance.

This could be considered a full-depth approach, from ensuring there was clinical leadership for primary care cancer activities at each **place in Humber and North Yorkshire**, through to training and supporting non-clinical practice staff in cancer awareness and the roles they can play in improving cancer outcomes.

Primary care networks (groups of GP practices) had a number of early cancer diagnosis activities they were expected to contribute to in 2023/24, so ensuring they were supported in this was important if the Cancer Alliance was to positively impact early diagnosis in the year.

### Non-specific symptom referral pathways

There were a number of areas of primary care activity the Cancer Alliance had a focus on.

Encouraging reviews and reflection on cancer referral best practice is critical to ensuring that patients are directed to the most appropriate diagnostic services. The use of non-specific symptom pathways (sometimes called vague symptoms pathways) was a particular focus.

These referral routes allow patients with worrying, but not clearly defined symptoms, to rapidly access a breadth of diagnostic tests to ensure a wide range of possible cancers can be detected and diagnosed swiftly. It avoids patients being referred to multiple different diagnostic pathways, which reduces diagnostic delay.

### Cancer screening

Cervical screening is an activity directly undertaken by primary care, so ensuring uptake is as high as it can be – particularly in deprived areas and communities with low screening rates – is a natural focus for primary care teams. However, these teams can also be very effective in increasing the uptake of both breast and bowel screening among their patients, so the Cancer Alliance looked to encourage and support this broader activity as well.

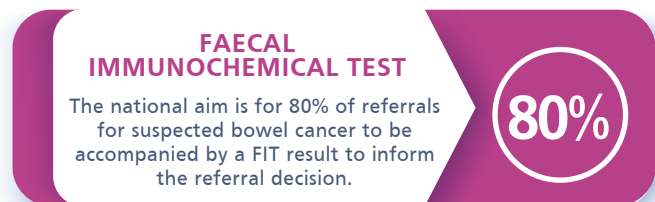


### Prostate referrals

Prostate cancer referrals were an area PCNs were asked to review, to assess whether they had recovered to pre-pandemic levels and look at ways of increasing them if they had not. Supporting this activity was a focus for the latter half of the year.

### Faecal immunochemical tests for suspected bowel cancer

The faecal immunochemical test (FIT) is a way of assessing the risk of a patient having bowel cancer. Evidence suggests that this should be used by GPs to help them decide whether they should send a patient for an urgent suspected cancer referral, or whether to investigate the other potential causes of their symptoms first.



There is a national aim for 80% of referrals for suspected bowel cancer to have had a FIT test completed to inform the referral decision – supporting primary care colleagues to work towards this was a clear priority.

### Liver surveillance

Patients with some liver diseases can be at a higher risk of developing liver cancers. We have worked with our local hepatology service to develop an effective process and service to identify these patients and then ensure they have regular surveillance to help detect liver cancers early.

## 2023/24 achievements

### Cancer Champions

The Cancer Champions programme is a comprehensive cancer awareness education and outreach programme. At its core is a one-and-a-half hour interactive training event that gives participants a good understanding of:

- What cancer is
- Preventable cancer risks
- Cancer screening programmes
- Signs and symptoms of the most prevalent cancers



The aim of the Cancer Champions programme is to equip people with the knowledge and confidence to have conversations about cancer with family members, friends, and colleagues.

In September 2023 the programme celebrated its fifth birthday by reaching a total of over 5,000 trained Cancer Champions. The programme has developed different streams over that time, targeting a range of different groups and communities.

In 2023/24, this included:

- Delivering sessions for health and social care workers.
- In educational settings to target the future health and social care workforce.
- Within large employers, as part of their wellbeing offering.
- Faith community groups.
- Refugee groups.
- Learning disability groups.

In addition, the team attended a range of public engagement opportunities throughout the year. Over 1,400 new Cancer Champions were trained in Humber and North Yorkshire in 2023/24, with the total trained reaching 5,500 by the end of the year.

As well as public open sessions, highlights among many for the programme team included:

- Simultaneous sessions at two sites for all East Riding of Yorkshire's primary care non-clinical staff.
- Training for Howdens Joinery and BAE Systems apprentices.
- Sessions for all of Humberside Fire and Rescue Service's watch crews, in response to evidence of the increased cancer risk experienced by fire crews.
- An engagement with East Riding Women's Institute groups, leading to a session with a refugee group in Bridlington.
- Delivering a truly interactive session with the learning disability drama group Starlight Arts.
- Working with Inclusion North to support and develop cancer awareness sessions for people with learning disabilities and autism in York and North Yorkshire.

The next step in the development of the Cancer Champions programme is the Train-the-Trainer model, which seeks to extend the scale and reach of the programme by training and equipping people to deliver training at a scale the Cancer Alliance could not achieve alone, and most importantly to people the Cancer Alliance would struggle to reach.

This model has been under development in 2023/24 and has been tested in educational settings and in healthcare environments with the training of East Midlands Ambulance Service tutors in delivering Cancer Champions sessions to their staff.

This work through 2023/24 has established the model for the next step in the Train-the-Trainer programme, reaching out to voluntary sector organisations and community groups to recruit trainers and explore ways of reaching communities and people the Cancer Alliance would struggle to with its current model.

### Screening

Throughout 2023/24 the Awareness and Early Diagnosis programme team has focused on ensuring the engagement of all stakeholders concerned with cancer screening in Humber and North Yorkshire.

The Cancer Alliance now brings all partners in screening – including screening commissioners, providers, local authority public health team, and voluntary sector representatives – around a table on a regular basis, which has dramatically increased coordination and cooperation.

This more integrated approach has supported improved co-working and resulted in opportunities being maximised, across screening promotion, primary care activity, and communication and engagement.



### FIT adoption in primary care

Work on increasing the adoption of FIT as a tool for risk stratification in primary care has been under way for several years. This year saw the recommendations on FIT enshrined within clear clinical guidance from NICE, which significantly changed the nature of discussions about FIT, across both primary and secondary care clinicians and managers.

With significant work from partners in the hospital trusts and primary care leaders, the Cancer Alliance has seen a significant improvement across several areas of Humber and North Yorkshire. While the Cancer Alliance has not met the 80% target, at the end of the year it was very close to the target in these areas, with significant engagement of clinical leadership in those areas that have been slower to adopt.

## 2023/24 challenges

The overarching issue that impacted much of the Awareness and Early Diagnosis programme's work was that of the health system being stretched to an extent where the space and capacity to deliver transformational change has been shrunk.

This has been evident across both primary and secondary care, where the willingness to improve is always present, but the practicalities of delivering that change seem unreachable as the necessary preoccupation is keeping essential services going.

It is, however, one clear area of value that the Cancer Alliance can deliver – bringing together partners and stakeholders to constructively address these issues and develop working solutions.

For example, the Awareness and Early Diagnosis programme helped to overcome an issue that was holding back breast cancer uptake, due to a lack of primary care capacity, by exploring the issue and linking stakeholders who were able to develop a sustainable system-level solution.

While FIT has provided some of the programme's successes in 2023/24, it has also presented some of its greatest challenges. The highly varied character of the Humber and North Yorkshire region has meant that solutions that have succeeded in some areas have not naturally transitioned into other areas.

The pressures felt by the health care system have impacted this activity in both primary and secondary care, but the willingness of those involved to progress change and improve services means that these challenges will be overcome in time.

## 2024/25 priorities

The Cancer Alliance aims to set an ambitious agenda for Awareness and Early Diagnosis programme activity in the coming year. Some of the focus areas are:

- Undertaking work to better understand our population's awareness of cancer through a wide-reaching cancer awareness measures survey.
- Increasing the support available to primary care to improve their cancer activities – across prevention, screening, and patient support, after diagnosis.
- Improving primary care referral practice through a coordinated and guided audit of lung cancer cases.
- Embedding FIT with primary care referral practices for suspect bowel cancer across Humber and North Yorkshire.

# NHS Targeted Lung Health Checks



# NHS Targeted Lung Health Checks

Lung cancer causes more deaths than any other cancer in the UK. Often, there are no signs or symptoms at the early stages.

The aim of the **NHS Targeted Lung Health Check programme** is to detect lung cancer early (stage one or two), when treatment is likely to be simpler and more successful.



People aged between 55 and 74, who smoke or used to smoke and are registered with a GP, receive invites to have an initial telephone assessment with a specially trained nurse. Those who are assessed as high risk are offered a low-dose CT scan at the lung health check unit, which is located in community settings such as supermarket car parks.

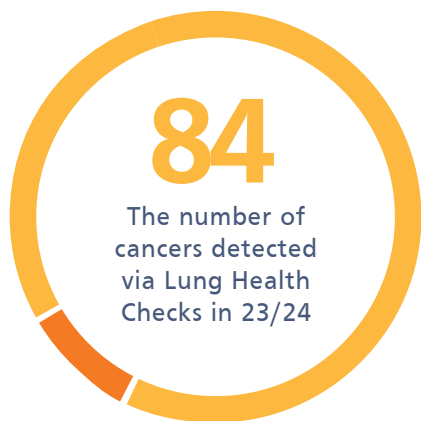
The Lung Health Check programme targets those most at risk of lung cancer and was initially introduced to areas in England with the highest lung cancer mortality rates. The service contributes to the **NHS Long Term Plan** ambition to improve early diagnosis and survival for those diagnosed with cancer.

Following the rollout of these 10 pilot sites, in June 2023 NHS England announced that lung health checks will become part of the national cancer screening programme from 2029. All 21 of England's cancer alliances have been tasked with offering lung health checks in all areas in their region by 2028/29.

## 2023/24 priorities

The main priorities in 2023/24 for the Cancer Alliance's NHS Targeted Lung Health Check programme were:

- Expansion of the Lung Health Check programme in Hull into parts of the East Riding of Yorkshire.
- Deliver lung health checks to the eligible population of North East Lincolnshire.
- Discussion with partners to deliver the Lung Health Check programme in York and North Yorkshire.
- Continue surveillance scans in Hull, and develop criteria for those participants who scored just below the high-risk threshold but were still deemed to be at risk.
- Assessments for people in Hull who were now eligible for a lung health check but were not old enough when the initial programme was operating in the city.
- Develop a five-year expansion plan to ensure lung health checks would be offered in all areas of Humber and North Yorkshire by 2028/29.



## 2023/24 achievements

It was another productive year for the Cancer Alliance's Lung Health Check programme, with lung health checks in operation in three of the six place areas in Humber and North Yorkshire.

Following on from the pilot programme in Hull, lung health checks started to be offered in the areas of North East Lincolnshire (from March 2023) and East Riding of Yorkshire (from October 2023) in 2023/24.

During the year, across all three areas, the services invited 27,853 people, completed 11,404 assessments and 4,449 scans, resulting in 84 cancers being found (75% at an early stage).

Acceleration of the delivery of lung health checks in North East Lincolnshire was achieved during 2023/24. At the end of February 2023 (the most recent figures available), 7,738 of the 19,887 people invited for a lung health check in North East Lincolnshire were assessed (which equates to a 39% take-up rate); and 3,223 people were referred for a follow-up scan; resulting in 14 cancers being found.

In the latter half of 2023/24 lung health checks were extended into the Withernsea and Hornsea areas of East Riding of Yorkshire. Developing a strong working partnership with local primary care teams helped the programme achieve a 68% uptake rate in the Withernsea area, far exceeding the 50% national target rate. At the end of February 2023 (the most recent available figures), 2,467 of the 5,019 people invited for a lung health check in East Riding of Yorkshire were assessed (which equates to a 49% take-up rate); and 1,362 people were referred for a follow-up scan, resulting in four cancers being found.

Helping people to stop smoking is also an important part of the Lung Health Check programme. Following receipt of government funding, a team of tobacco dependency advisors were recruited to pilot a service in North East Lincolnshire to support more people in this area to give up smoking.

The service, which started in June 2023, received 622 referrals by the end of the year. Of the 607 people who accepted support following their referral, at the time of writing, 250 were receiving help to stop smoking, with 175 people (29%) stopping smoking for four weeks or more and 110 of these people reaching the 12-week smokefree milestone.

In June 2023, the Cancer Alliance established a lung health check steering committee to oversee the programme as it expands service coverage to all areas of Humber and North Yorkshire by 2029. An expansion plan was agreed by the committee, which covers workforce, gaps in service delivery, IT and other key considerations

From a national perspective, the NHS Targeted Lung Health Check programme is developed and overseen by NHS England, with advice from NHS England's clinical expert group on lung cancer. Michelle Clark, respiratory nurse specialist lead for NHS Targeted Lung Health Checks in Hull and East Riding of Yorkshire, has been accepted onto this national group.

## 2023/24 challenges

Overall, 2023/24 was a successful year for the NHS Targeted Lung Health Check programme, but it was without its challenges.

Planning of the service and the location of the mobile units is challenging due to the multiple requirements of the service and because lung health checks are simultaneously delivered in several areas. As well as offering lung health checks to new participants, the Hull programme also carries out follow-up and interval scans; assessments for those people who did not meet the age eligibility criteria when the service first operated in the city, but do so now; and assessments for people who originally scored slightly below the risk threshold for a scan.

During the year the service experienced occasional breakdowns and IT issues, which challenged the lung health check team to manage demand for the service at times.

The service is delivered via two large mobile units, which are powered by large generators, so finding suitable community sites to locate the units in some of the smaller villages in East Riding of Yorkshire was challenging.

As the Lung Health Check programme expanded to offer the service to more diverse communities, it was challenging to engage with certain communities who might not traditionally engage with healthcare services – such as those people who live in caravans on the east coast but whose permanent address is listed as elsewhere in the country. The Cancer Alliance also worked with a Grimsby GP practice to offer lung health checks to homeless people in the town.

## 2024/25 priorities

During the next year, the Humber and North Yorkshire NHS Targeted Lung Health Check programme will focus on:

- Developing and mobilising the service in York and North Yorkshire (to commence in April 2025).
- Delivering lung health checks in Goole (to commence in June 2024) and the East Riding villages surrounding Hull (to commence in July 2024).
- Completing the North East Lincolnshire lung health check assessments and scans (by June 2024) and commencing the programme in North Lincolnshire (from July 2024).
- Developing a workforce and service for the future, prior to the service becoming part of the national cancer screening programme from 2029.
- Increasing uptake of the service in all areas through partnership working with primary care, local authorities and third sector partners.



# Cancer Diagnostics and Innovation



# Cancer Diagnostics and Innovation

Innovation is a cornerstone of the NHS, and helps with many aspects of the work of Humber and North Yorkshire Cancer Alliance, including:

- Operational pressures
- Increased demand
- Health inequalities
- Improving outcomes

One of the aims of the **NHS Long Term Plan** is that by 2028, three in four cancers (75%) will be diagnosed at an early stage (stage one or two). To achieve this, the Cancer Alliance works with partners on cutting-edge approaches to cancer diagnostics.

With the help of the Cancer Alliance's **Cancer Diagnostics and Innovation programme**, ground-breaking achievements in cancer diagnosis and treatments have been made possible.

## 2023/24 priorities

During 2023/24, the main priorities for the Cancer Alliance's Diagnostics and Innovation programme were:

- Planning the **Cancer Innovation Grants** scheme.
- Developing implementation plans for the **Multi-Cancer Blood Test programme** for the early detection of cancer.
- Introduction of the **Cytosponge test** for the early detection of oesophageal cancer.
- Implementation of **colon capsule endoscopy (CCE)** using imaging technology as an alternative to colonoscopy, at York and Scarborough Teaching Hospitals NHS Foundation Trust.



- **Lynch syndrome testing audit.** The Cancer Alliance’s lynch syndrome testing programme ensured patients at a heightened risk of bowel and endometrial cancer were offered surveillance and preventative treatment.
- Continued monitoring of the **PinPoint test** on the non-specific symptoms pathway.
- Transitioning the non-specific symptoms pathway to business as usual.

## 2023/24 achievements

The following pieces of work have been progressed in 2023/24 with the Cancer Alliance to support the improvement of diagnosis for cancer patients.

- Collaborated with Health Innovation Yorkshire & Humber and the Innovation, Research and Improvement System on the Cancer Innovation Grants scheme, due to be launched in April 2024.
- CCE was piloted successfully at York and Scarborough Teaching Hospitals NHS Foundation Trust. Following the implementation, the trust was awarded £3million to lead national research through the **ColoCap study**, which will further evaluate colon capsule endoscopy. Work on recruiting patients onto the trial will start in 2024/25 and the results will be made public in 2026/27.
- Implementation of the pilot to test Cytosponge, developed to identify **Barrett’s oesophagus**, was carried out at York and Scarborough Teaching Hospitals NHS Foundation Trust but had to be paused nationally due to technical issues.
- Engaged with a wide range of stakeholders to start readiness planning for the Multi-Cancer Blood Test Pilot programme, with the aim to start testing in December 2024. The Cancer Alliance is currently working on where testing will take place, to address health inequalities, in addition to the development and implementation of secondary care pathways.
- **Non-specific symptoms (formerly known as rapid diagnostic centres) pathways** have continued to be delivered at York and Scarborough Teaching Hospitals NHS Foundation Trust, Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust. This will become business as usual in 2024.



- The Cancer Alliance rolled out a genetic test for lynch syndrome, an inherited condition that increases the risk of certain cancers, including bowel, ovarian and pancreatic. It is estimated that 1 in 400 people in England have Lynch syndrome (equivalent to around 175,000 people), but just 5% are aware they are living with the condition.

The programme ensures people diagnosed with bowel and endometrial cancer are offered genomic testing, with a diagnosis for lynch syndrome not only helping to guide more personalised cancer treatment but enabling their families and relatives to be offered testing too. Lynch syndrome educational events and meetings have also provided an opportunity for vital networking and shared learning, all of which drive innovation and improvements.



- The PinPoint test continued to be tested on the non-specific symptoms pathway at York and Scarborough Teaching Hospitals NHS Foundation Trust. PinPoint promises to deliver shorter referral waiting times, reduced patient anxiety and improved early cancer detection. Testing has been extended into 2024/25.

## 2023/24 challenges

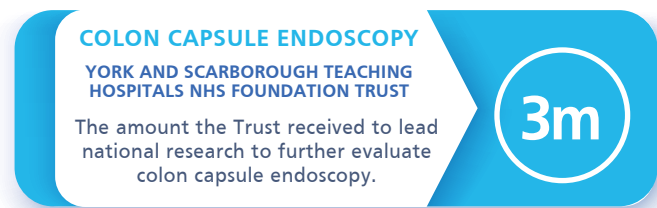
The main challenges faced by the Cancer Diagnostics and Innovation programme in 2023/24 included:

- The national pause of the Cytosponge programme.
- Transitioning of the non-specific symptoms pathway to become business as usual.

## 2024/25 priorities

In 2024/25 the Cancer Alliance Diagnostics programme aims to deliver the following:

- Launch of the Cancer Innovation Grants Scheme, with awarding scheduled for spring. The grants allow the opportunity to develop the Cancer Alliance's local culture of innovation through adopting and developing new ideas which have a positive impact on patient experience and outcomes, plus the local cancer system.
- Rollout of Multi Cancer Blood Test programme.
- Working with partners to implement innovations that speed up earlier and faster diagnosis.



# Treatment, Pathways and Personalised Care



# Treatment and Pathways

The Treatment and Pathways element of the **Treatment, Pathways and Personalised Care programme** involved working with partners to ensure there is equitable access to urgent suspected cancer pathways; that each of the pathways reflects the national **best practice timed pathways**; and that they achieve the national cancer waiting times standards, as set out in the NHS constitution, to offer patients the highest standard of diagnostic, treatment and personalised care.

Humber and North Yorkshire Cancer Alliance works in collaboration with partners to develop rapid diagnostic and assessment pathways, to achieve the national 28-day faster diagnosis standard - where a patient receives a diagnosis or cancer is ruled out 28 days from their initial GP referral into the specialist hospital service.



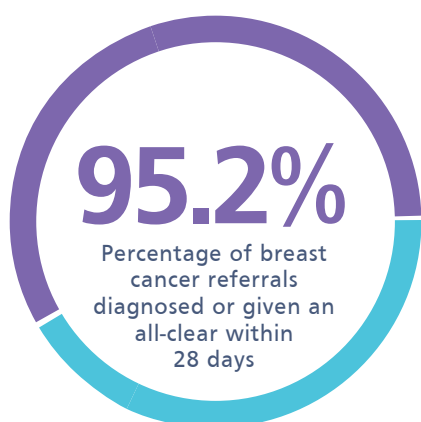
The importance of doing this is to rule out cancers as soon as possible, to put the patient's mind at rest when cancer is not diagnosed and provide the right treatment in a timely manner when cancer is diagnosed.

By collaborating with partners, the Cancer Alliance maintains a system-wide overview of cancer services and supports the implementation of a wide range of service improvements and innovations which help improve performance, patient experience and outcomes.

## 2023/24 priorities

- Implement best practice timed pathway milestones in urgent suspected prostate, lower gastrointestinal, upper gastrointestinal, gynaecology, skin, lung and breast cancer pathways.
- Implement standards of care and the multi-disciplinary team streamlining processes.
- Treatment variation – **getting it right first time** and national cancer audit recommendations

### 2023/24 28-day faster diagnosis standard performance



Suspected cancer type	Percentage of referrals diagnosed or given an all-clear within 28 days
Breast cancer	95.2%
gynaecological cancer	60.0%
Lower gastrointestinal cancer	42.8%
Lung cancer	72.6%
Skin cancer	74.3%
Upper gastrointestinal cancer	68.7%
Urological malignancies (excluding testicular)	63.1%

## 2023/24 successes

### Clinical engagement

During 2023/24 the Cancer Alliance successfully recruited eight new clinical leads and initiated new clinical delivery groups to support them.

Clinical leads focus on reducing variation across the pathways and inequity in access to diagnostics, treatment, and personalised care. The clinical delivery groups (CDGs) they lead enable the Cancer Alliance to be clinically led.

The CDGs are the 'engine room' of the Cancer Alliance - they educate clinical teams and support them to clinically analyse pathway performance data to drive pathway improvement, standardisation, reduce variation and inequity, and improve experience and outcomes for our patients.

There are nine CDGs operating in Humber and North Yorkshire:

- Breast cancer (new clinical lead appointed and CDG established)
- Gynaecological cancer (new clinical lead appointed)
- Head and neck cancer (new clinical lead appointed)
- Lower gastrointestinal cancer (new clinical lead appointed and CDG established)
- Lung cancer (CDG established)
- Non-surgical oncology (New clinical lead appointed and CDG established)
- Skin cancer (new clinical lead appointed)
- Upper gastrointestinal cancer (new clinical lead appointed and CDG established)
- Urological cancer (new clinical lead appointed)

In 2023/24 the CDGs became established with clear objectives and work plans to support the Cancer Alliance's overall aims and to identify and address any opportunities for improvement within their specialist remit. This approach will help to significantly improve achievement against the 2024/25 plans in the treatment and pathways element of the programme.

### Teledermatology

The implementation of **teledermatology** was a significant success in 2023/24, with the Cancer Alliance achieving a faster diagnosis standard performance of 74.3%. Teledermatology uses digital images to triage, diagnose, monitor, or assess skin conditions without the patient being physically present.

Use of this technology aims to significantly improve the diagnosis part of a patient's pathway and reduce the time to treatment. Teledermatology is now available for GPs to use across all the entire Humber and North Yorkshire region.

In 2024/25 the focus of the skin cancer clinical lead and the skin CDG will be to increase the number of referrals that are supported by teledermatology imaging and improving the quality of the images provided in the referrals. Improving referral quality will enable faster diagnosis of patients and more appropriate use of secondary care capacity.

## National cancer audit recommendations (treatment variation)

In 2023/24 work commenced to gather the relevant data needed to understand if the national recommendations made required implementation in Humber and North Yorkshire.

The national cancer audit recommendations were:

### Breast cancer

All hospital trust breast cancer surgical teams should examine their reoperation rates after breast conservation surgery to identify areas where reoperation rates can be reduced, whilst supporting safe breast conservation.

### Prostate cancer (urological cancer)

All trust prostate multi-disciplinary teams consider all eligible and/or appropriate patients for radical treatment.

### Oesophageal cancer (upper gastrointestinal cancer)

Ensure all patients with oesophageal cancer considered for curative treatment have a **PET-CT scan**. Hospitals with low reported use of PET-CT scans should investigate the reasons. Use of PET-CT scans for gastric cancer patients should be reviewed in line with recent evidence.

### Bowel cancer (lower gastrointestinal cancer)

Reduce variation in neoadjuvant radiotherapy treatment in rectal cancer patients undergoing resection, ensure evidence-based local radiotherapy policies are in place.

These recommendations required the Cancer Alliance to investigate the appropriateness of the recommendations across our regional healthcare system and, if required, generate and implement a plan to address them. The clinical leads for breast, upper gastrointestinal and lower gastrointestinal cancer were tasked with collecting and analysing relevant data and to work with their clinical delivery group to develop a plan where necessary.



Initial data received for the breast cancer recommendation suggests that the three hospital trusts providing cancer services in Humber and North Yorkshire have similar rates to the national position, and therefore this recommendation is not required. The breast cancer clinical lead and CDG have commenced validation of the data and is ascertaining if any more can be done to further reduce reoperation rates.

The upper and lower gastrointestinal clinical leads and CDGs have started collecting data on the oesophageal and bowel cancer audit recommendations and these will be completed in 2024/25.

The prostate cancer data collection has not yet started due to a delay in recruiting a clinical lead. This work will start in Q1 of 2024/25 in line with the start of the urological cancer CDG.

## 2023/24 challenges

There have been several challenges to the delivery of the Treatment, Pathways and Personalised Care programme, the first being the merging of the programme in 2023/24.

Treatment and Pathways was moved out of the Cancer Alliance's deputy programme manager's portfolio and, along the retirement of the programme Lead for Personalised Care, enabled a reorganisation into a combined programme of work.

The new combined programme was developed to ensure an end-to-end approach was taken, viewing the pathways from specialist referral through to living with and beyond cancer.

The Treatment, Pathways and Personalise Care programme Lead commenced in post in June 2023, as did the Treatment and Pathways project delivery manager. Therefore, progress was slow in the early part of 2023, but with a well-resourced and skilled programme team in place from June 2023, the overall programme of work began to progress at pace.

### Implement best practice timed pathway milestones in urgent suspected prostate, lower gastrointestinal, upper gastrointestinal, gynaecology, skin, lung, and breast cancer pathways

Long-standing medical, nursing, and allied health professional vacancies and insufficient diagnostic capacity have been an ongoing challenge for the delivery of the 28-day faster diagnosis standard and the best practice timed pathway milestones.

These have been mitigated through waiting list initiatives; extra contractual activity (overtime); insourcing and outsourcing companies; locum/agency staff; and pathway redesign across the three acute trusts. The 24/25 plans focus on developing and delivering the longer-term solutions to address these gaps.

Best practice timed pathway performance monitoring has also been a challenge in 2023/24, with data on performance against the milestones having to be collected manually. The 24/25 plans include the implementation of a specific module of the [Somerset cancer register](#) (available in all three acute Trusts) to automate the collection and analysis of the best practice timed pathway performance data.

### Implement standards of care and the multi-disciplinary team streamlining processes

Because the Treatment, Pathways and Personalised Care programme team and clinical leads and CDGs were only formed during the year, only three standards of care were developed in 23/24 - breast, prostate and lower gastrointestinal. The successful recruitment and establishment of the nine CDGs will support the acceleration of this work next year.

### Treatment variation: getting it right first time and national cancer audit recommendations

Similar to the implementation of standards of care, the assessment and implementation of the **getting it right first time** and NCA recommendations in 23/24 was slow to progress because the clinical leads and CDGs were only formed during the year. The plan for 24/25 is to progress this project in the early part of the year, and for it to be completed by the end of Q2 (July to September).

## 2024/25 priorities

- Implementation of the deliverables for the 24/25 priority pathways (skin, gynaecology, urology, breast cancer).
- Assessment and implementation of national cancer audit recommendations where required.
- Assessment and implementation of getting it right first time recommendations where required.
- Best practice timed pathway delivery against the pathway milestones.
- Administrate, deliver and support the nine CDGs.
- Establish a further CDG for non-specific symptoms pathways, and a pan-alliance CDG for rare tumours.

# Personalised Care

The Personalised Care element of the Treatment, Pathways and Personalised Care programme works with hospital trusts, primary care, and other health, social, voluntary and charity sector partners, to ensure there is an emphasis on what matters to a patient following a cancer diagnosis, not just what is the matter with the patient. This can meaningfully improve care outcomes, quality of life and patient experience.

Each patient diagnosed with cancer should be offered personalised care and support interventions throughout their diagnosis, treatment and follow-up.

These are:

- Holistic needs assessments and care plans.
- End of treatment summaries.
- Health and wellbeing information, education and support.
- Cancer care reviews.

Personalised stratified follow-up is another key intervention in personalised care delivery. It has been proven to be an effective way of adapting care to the needs of patients after cancer treatment. It enables the tailoring of follow-up care to meet an individual's needs and assists healthcare teams to ensure patients are having their needs met in a timely manner; that they are better informed about their disease; treatment; signs of reoccurrence; and any longer-term effects.

It has a focus on health and wellbeing and helps patients make healthier lifestyle choices and manage their follow-up care better.

The use of personalised stratified follow-up in supporting patients has significantly reduced the number of hospital outpatient appointments needed for follow-up care, and has enabled services to convert those appointments to see new patients sooner, reducing waiting times and improving experience for those patients also.

## 2023/24 priorities

- Fully operational and sustainable Patient Stratified Follow Up pathways for all suitable patients in breast, prostate, colorectal and endometrial cancer.
- Ensure the following personalised care interventions are available for all cancer patients, and data is submitted for personalised care and support planning, based on holistic needs assessment, and end of treatment summary.
- Deliver the Cancer Alliance's psychosocial support development plan.

## 2023/24 successes

### Patient stratified follow-up protocols

Patient stratified follow-up protocols have been developed and are in place for all breast and colorectal cancer patients.

Patient stratified follow-up protocols for prostate cancer patients undergoing Radical Radiotherapy are in place in Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust, but full prostate pathway protocols are yet to be agreed across all three of the acute providers.

Patient Stratified Follow-Up protocols for endometrial cancer are in place and operational in York and Scarborough Teaching Hospitals NHS Foundation Trust, and a joint protocol has been agreed for Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust, but this has yet to be implemented.

### Cancer experience of care improvement collaborative

The Cancer Alliance was successful in its application to join NHS England's **cancer experience of care collaborative** programme for a pilot project to improve psychosocial support for people who have been diagnosed with cancer and also have a pre-existing mental health condition.

In collaboration with the national team and Great Ormond Street Hospital, the Treatment, Pathways and Personalised Care programme team started an exceptional quality improvement project.

The team engaged with a group of people with lived experience of both cancer and mental health conditions and identified several improvement opportunities and possible solutions. Work on systematically trying to address those opportunities and test and implement the solutions will continue in 2024/25.

### Cancer-related fatigue pilot programme

A successful pilot was carried out at York and Scarborough Teaching Hospitals NHS Foundation Trust to provide information and interventions for people suffering with cancer-related fatigue. A blueprint has been developed from this work that suggests possible solutions that organisations can put in place to support this group of people - e.g. exercise plans; healthy eating solutions; and gym memberships.



### Metastatic cancer services

Following patient and partner feedback, the programme commenced a project to establish whether there are issues with access to services for people with metastatic cancer, and how the Cancer Alliance might approach addressing any opportunities for improvement. A group of partners with lived experience have been recruited to co-develop the project, which will continue in 2024/25.



During the year, the team worked with NHS England to improve the experience of cancer patients with pre-existing mental health conditions

## 2023/24 challenges

Personalised care: personalised stratified follow-ups; holistic needs assessments; personalised care plans; end of treatment summaries; and development of psychosocial support plans

The merging of the Treatment and Pathways programme and the Living With and Beyond Cancer programme, and the expansion of the programme team in June 2023, has led to this element of the programme being slow to progress and has prevented the programme from exiting the personalised stratified follow-up; holistic needs assessment; personalised care plan and end of treatment summary schemes in 23/24. The programme has a clear plan for exit in 24/25 and should progress to monitoring these programmes only from Q3 (October to December 2024).

Staffing levels in the three hospital trusts has also been a challenge in 2023/24 and impacted successful delivery of the personalised care interventions element of the programme.

Data availability has also been a challenge within the personalised care element of the programme, leading to an inability to properly assess whether improvements are required or successful.

Work is ongoing to link closer to the business intelligence colleagues across the Humber and North Yorkshire ICB to improve understanding of the data, its limitations and how other data can be collected to support improvement.

## 2024/25 priorities

- Commission and monitor personalised stratified follow-up and personalised care.
- Deliver the psychosocial support plan.
- Assess and develop an improvement plan for prehabilitation interventions, behaviour change and increasing physical activity.

# Nursing and Allied Health Professionals Workforce



# Nursing and Allied Health Professionals Workforce

The cancer nursing and allied health professional workforces are the backbone of cancer care provision. Humber and North Yorkshire Cancer Alliance is committed to supporting, developing and ensuring a sustainable workforce now and for the future.

The Cancer Alliance would also like to ensure that the work and dedication of its workforce is celebrated and recognised at all levels across the Humber and North Yorkshire region.

## 2023/24 priorities

The Cancer Alliance made an important step forward in 2023/24 in attempting to build a sustainable cancer nursing and allied health professionals workforce for the future by recruiting a Clinical and Professional Nursing and Allied Health Professional programme lead.

One of the other key programme priorities for the year was to launch a clinical nurse specialist development programme.

## 2023/24 achievements

The Cancer Alliance appointed to the Clinical and Professional Nursing and Allied Health Professional programme lead role in October 2023.

This position is vital in supporting and working collaboratively with cancer clinical leads across Humber and North Yorkshire to achieve the aim of being a clinically led Cancer Alliance.

The objectives for this role are to provide expert and highly specialist professional and clinical leadership and advice in the delivery of the nursing and allied health professional-related elements of the **NHS Long Term Plan for Cancer**.

The role specifically focuses on:

- Operational performance
- Faster diagnosis
- Early diagnosis
- Personalised care
- Workforce development

The programme lead works collaboratively with stakeholders from the healthcare; local authority; voluntary, community and social enterprise sectors; and patients and the public to ensure that quality care and experience is at the forefront of transformation in cancer pathways.

The Cancer Alliance helped to ensure clinical nurse specialists from the region's hospital trusts were able to take part in the clinical nurse specialist development programme in 2023/24, as part of wider project involving all the cancer alliances in the North East and Yorkshire.

The development programme aims are to upskill a cohort of nurses aspiring to become a cancer clinical nurse specialist. The role of the cancer clinical nurse specialist is to improve the quality and experience of care for patients. This is multifaceted and often complex, involving interventions and communication with a variety of professionals across many organisations.

The Clinical and Professional Nursing and Allied Health Professional Workforce programme lead has taken time to scope, engage and build relationships with key workforce stakeholders across the region. This has been vital, as their input, understanding and full support of the Cancer Alliance's 2024/25 workforce plan is essential if it is to be developed and delivered collaboratively.

## 2023/24 challenges

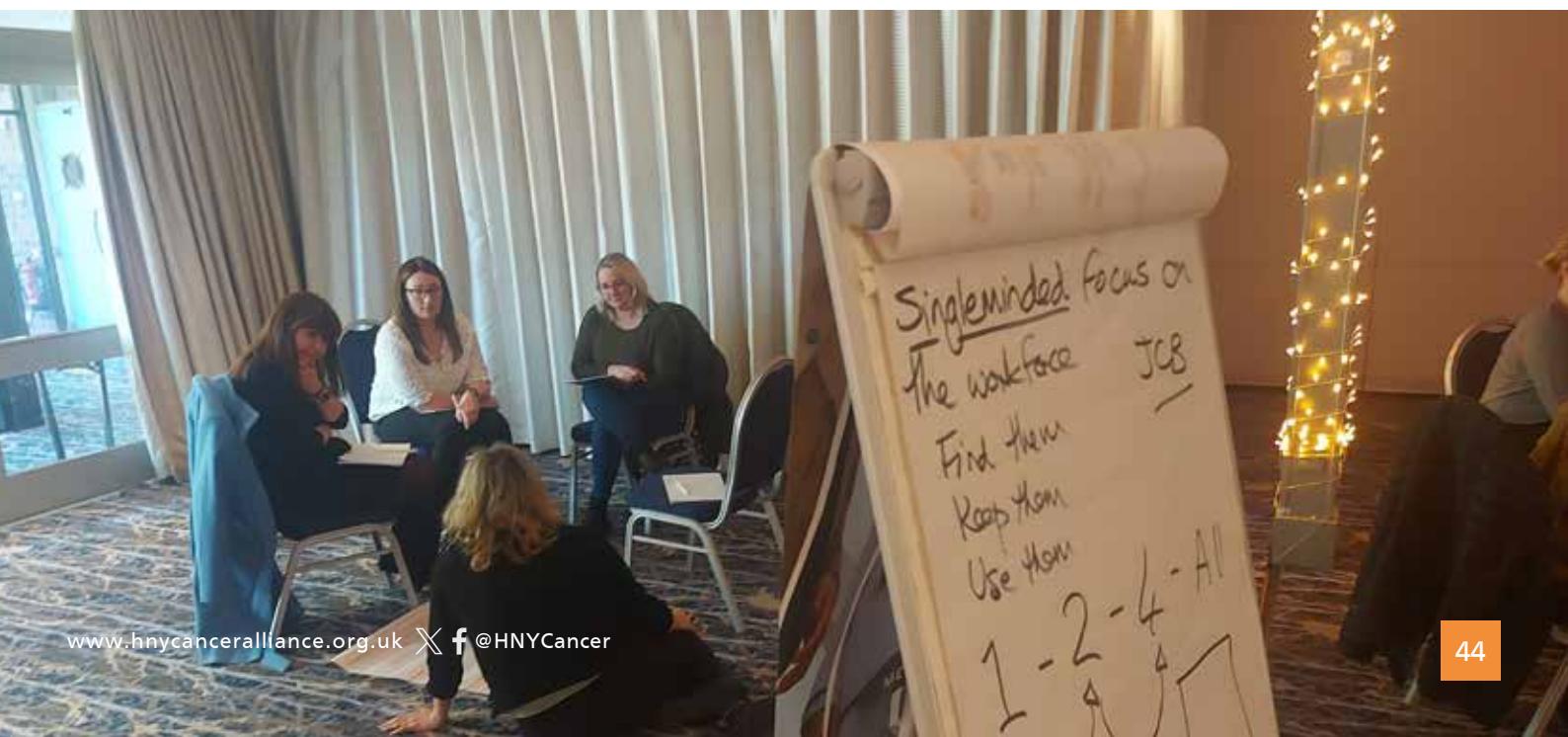
The clinical nurse specialist is frequently the first point of contact for cancer patients and advocates on their behalf within multidisciplinary teams. It has been recognised for several years that the cancer nursing workforce, specifically clinical nurse specialists, are heavily pressured, with increasing workload and often reduced capacity within teams.

In addition, it is anticipated that approximately 30% of the clinical nurse specialist workforce will retire within the next five years. The Cancer Alliance will work closely with its partners to evaluate the success of the clinical nurse specialist development programme when it ends in September 2024.

The Cancer Alliance has a strategic role to play in the future implementation of development roles and sees the value through the ensuring of continuous clinical nurse specialist development and succession planning.

## 2024/25 priorities

In April 2024, the Cancer Alliance is holding a workshop event to develop the 24/25 workforce plan in collaboration with partners. At the event stakeholders will be asked to shape the Cancer Alliance's main 24/25 workforce priorities, with an emphasis on:



- Developing communities of practice for every cancer tumour site, consisting of clinical nurse specialists and allied health professionals from across Humber and North Yorkshire. The inaugural Cancer Alliance workforce conference will be held in Q4 January to March 2025). The Cancer Alliance is committed to collaborating with our workforce in this manner, as it is essential to ensure high-quality standardised care and excellent patient experience is achieved.
- Ensuring our cancer nursing and allied health professional workforce is supported and has equitable access to training, education and development across the region. This will be achieved through the implementation of the **aspirant cancer career and education and development programme**. The Cancer Alliance recruit a project delivery manager to support its partners to deliver this ambition.
- Mapping out and ensuring that the wider health and care workforce which comes into regular contact with cancer patients have the support and knowledge to care, advise and signpost patients appropriately.

This will also improve communication and collaboration across all sectors, which will improve patient experience and quality of care. A project delivery manager will be recruited to help to deliver this ambition with partners.

The Cancer Alliance looks forward to working with its partners in 2024/25 to continue to support, develop and celebrate a cancer workforce which provides outstanding care the people affected by cancer in Humber and North Yorkshire.

# Non-Surgical Oncology Workforce



# Non-Surgical Oncology Workforce

Non-surgical oncology (NSO) is the name given to services that provide treatment for cancer without surgery - mainly radiotherapy and systemic anti-cancer treatment (SACT), formerly referred to as chemotherapy.

Non-surgical oncology services were identified in 2022/23 as an area of concern due to the pressures these services were facing across Humber and North Yorkshire with workforce, capacity and demand. This local concern was reflected nationally and has continued to be felt in 2023/24 both locally and nationally.

## 2023/24 priorities and challenges

The delivery of NSO services is challenging for a number of reasons, including because more people are being diagnosed with cancer; patients with cancer are living longer due to earlier diagnosis and advances in treatment; and many more SACTs becoming available, most of which are much more complex.

An NSO service review carried out on 2022/23 identified that the existing service model and workforce would not be able to meet the future demand on services, with demand for SACT services rising by 6-8% every year.

## 2023/24 achievements

In 2023/24 Humber and North Yorkshire Cancer Alliance appointed a Non-Surgical Oncology programme lead to review the current model of services and propose a new, sustainable model of working to meet the future demand for services.

The assessment of the need for change suggested a programme of improvement should first be undertaken, facilitating standardisation across the Cancer Alliance geography and reducing variation.

This proposal, with a focus on SACT services, was agreed by the Cancer Alliance's System Board in November 2023, acknowledging the changes to the service model already made over a number of previous years.

An NSO clinical lead was also appointed in 2023/24, tasked with developing a NSO clinical delivery group (CDG) to bring together a number of the NSO multidisciplinary workforce from across Humber and North Yorkshire to work on a series of improvements for services in the NSO programme plan.

The NSO CDG has been successfully established and has held a number of meetings, which have been well attended. The CDG has already worked on projects such as SACT pre-assessment and oral SACT service development across the treatment sites in Humber and North Yorkshire – the Queen's Centre in Cottingham, East Yorkshire; York Hospital; Scarborough Hospital; Diana Princess of Wales Hospital in Grimsby; and Scunthorpe General Hospital.

The NSO CDG is looking to provide education for the NSO workforce and wider stakeholders prioritising Immunotherapy as a key learning point given the rapidly increasing use of immunotherapy and the complexities that the treatment brings to patient management.

The Cancer Alliance has continued to be a key stakeholder of the Yorkshire and Humber Radiotherapy Operational Delivery Network (YHODN). The YHODN facilitates collaboration between providers of radiotherapy services, ensuring consistent and equitable access to specialist services for patients whilst supporting advances in practice and innovation across the Yorkshire and Humber area, which spans multiple integrated care systems. The YHODN has met regularly in 2023/24 and has made progress in a number of key areas, including:

- Identifying and mitigating the risk of single-handed practice.
- Addressing known areas of variation in clinical practice.
- Completing clinical protocol reviews, with breast and radical lung completed; and urology-prostate, lower GI and head and neck reviews in progress and due to be completed in July 2024.
- Developing a YHODN apprenticeship academy.
- Supporting clinical oncologist recruitment and workforce sustainability
- Exploring the development and upskilling of the radiotherapy support workforce.

## 2024/24 priorities

A 2024/25 priority for the Cancer Alliance will be the bi-annual evaluation of capacity and demand for day-case SACT services for all providers across the Cancer Alliance geography.

This collaboration will utilise a specifically designed tool for SACT services to provide insight into the current capacity and demand of day-case units, as well as being able to model future scenarios of demand. The evaluation will also review the current SACT workforce and provide a workforce model to meet the increasing future demand.

In 24/25 the Cancer Alliance will also continue to support the NSO programme plan of improvements, whilst supporting providers with some service development pilots.

The programme plans to support the pilot of an oral SACT service, delivering oral SACT to oncology and haematology patients by specially trained and skilled non-medical professionals including nurses and pharmacists, under the supervision of the consultant team.





Oral SACT is the main contributor to the increasing demand on SACT services, with many new treatments having become available for use within the NHS. The pilot will seek to demonstrate how a designated Oral SACT service can utilise resources in the most appropriate way whilst providing a high-quality, specialist service for patients. The Cancer Alliance will also support an immunotherapy clinical nurse specialist pilot programme. This pilot will provide patients, carers and those healthcare professionals looking after patients receiving immunotherapy with expert clinical advice, skills, education and knowledge to safely manage the specific side effects of these treatments.

The NSO CDG will prioritise education for the NSO workforce with initial focus on baseline assessment and management of immunotherapy-related toxicity and adverse events, at an event for multidisciplinary teams in September 2024.

The Cancer Alliance will continue to be a key stakeholder of the YHODN in 2024/25, with a shared focus on the following objectives to improve services to benefit patients:

- Continuing to address areas of unwarranted variation.
- Continuing work to build a sustainable workforce.
- Continuing work on the YHODN strategy.
- Developing a YHODN workforce sustainability strategy.

# Health Inequalities



# Health Inequalities

Health Inequalities, according to the [King's Fund](#), are avoidable, unfair and systematic differences in health between different groups of people.

However the term is also used to refer to differences in the care that people receive and the opportunities they have to lead healthy lives – both of which can contribute to their health status. Health inequalities can therefore involve differences in:

- Health status (e.g. life expectancy)
- Access to healthcare
- Quality and experience of care
- Behavioural risks to health (e.g. smoking)
- Wider determinants of health (e.g. housing quality)

## 2023/24 priorities

During 2023/24, the main priorities for the Cancer Alliance's Health Inequalities programme were to:

- Appoint a programme lead to oversee projects to reduce health inequalities among cancer patients and those living with cancer in Humber and North Yorkshire.
- Develop a strategy which outlined how health inequalities affecting cancer patients and those living with cancer in Humber and North Yorkshire would be reduced by the Cancer Alliance and partners.

## 2023/24 achievements

In August 2023, the Cancer Alliance appointed its first Health Inequalities programme lead. Their initial objective in 2023/24 was to develop a strategy which sets out how the Cancer Alliance would reduce the impact of health inequalities among the most disadvantaged communities and groups in Humber and North Yorkshire.

A multi-professional community of key stakeholders was set up soon after to form the Cancer Alliance's health inequalities steering group.

This group includes representatives from primary and secondary care; cancer service and population health teams; the voluntary, community and social enterprise (VCSE) sector, and cancer patients.

These colleagues are working together to reduce the impact of health inequalities experienced by cancer patients in Humber and North Yorkshire.

In November 2023, the group convened in Bridlington – one of the most deprived areas in Humber and North Yorkshire – to develop the Cancer Alliance's [health inequalities strategy](#). The strategy was approved by the Cancer Alliance's System Board in January 2024.

The strategy outlines key initial steps for the Cancer Alliance in its mission to ensure equity for everyone in their cancer diagnosis, treatment and care.

The Cancer Alliance’s key objectives to address health inequalities among cancer services and affecting cancer patients in Humber and North Yorkshire include:

<p><b>Understanding cancer health inequalities</b> in Humber and North Yorkshire</p>	<p>Building <b>awareness of cancer health inequalities</b> and expertise in our workforce</p>	<p>Designing <b>inclusive Cancer Alliance policies</b> and programmes</p>
<p><b>Delivering patient information resources</b> that are accessible to all.</p>	<p>Developing a community of <b>cancer-focused</b> health inequality professionals.</p>	<p><b>Understanding cancer patients</b> experience of inequality.</p>
<p><b>Building stronger links</b> with inclusion groups at place and across the region.</p>	<p>Establishing health inequalities as a <b>'golden thread'</b> through all regional cancer work.</p>	



## 2024/25 priorities

In 2024/25 the Health Inequalities programme plans to achieve the following outcomes:

- Understand and share the scale and location of health inequalities in Humber and North Yorkshire.
- Raise awareness and understanding of health inequalities for those at risk of developing cancer.
- Raise awareness and understanding of inequalities in healthcare for those who have been diagnosed with cancer.
- To establish a shared understanding with our stakeholders of cancer screening rates, diagnostic rates in communities across the region.
- To ensure that sources of information for patients and families meet the diverse needs of our disadvantaged communities.
- To ensure that tackling health inequalities is central aim for all the Cancer Alliance programmes and their internal processes.
- To continue to develop the community of practice that exists within the local integrated care system (ICS).
- Further develop the Cancer Alliance’s patient and public engagement activity in Humber and North Yorkshire’s most deprived areas and communities, to better understand the barriers they face to accessing cancer services (see the Communications and Engagement programme section for more information).
- To work with the local ICS’s population and public health partners to develop cancer-specific plans to tackle health inequalities in the six places in Humber and North Yorkshire.
- To establish health inequalities as a ‘golden thread’ through all the work the Cancer Alliance leads on to transform the treatment, diagnosis, and care for cancer patients in the region.

# Communications and Engagement



# Communications and Engagement

Humber and North Yorkshire Cancer Alliance's **Communications and Engagement programme** is responsible for raising the profile of the Cancer Alliance and enhancing its reputation.

The programme therefore links the Cancer Alliance with a number of stakeholders including:

- Patients
- Members of the public
- Local and national media
- MPs and health overview and scrutiny committees
- Partner organisations and their staff
- Partners from the voluntary, community and social enterprise (VCSE) sector

The Communications and Engagement programme has a wide-ranging remit for all activities relating to internal and external communications and engagement, such as:

- Strategic communications
- Public relations
- Internal and external communications
- Marketing
- Media relations
- Patient and public engagement and involvement
- Event management
- Branding and corporate identity

During 2023/24, the Cancer Alliance has:



Published **35 newsletters, media releases, patient stories, blogs and website articles**, and contributed many more pieces of content for various partner channels, attracting almost 21,000 visitors to the Cancer Alliance website



Published more than **2,200 posts on our social media channels** (which achieved a reach of more than 500,000, and yielded almost 30,000 engagements)



Responded to **40 MP enquires, freedom of information requests, media queries and enquiries** from members of the public



Hosted more than **20 events to engage with various stakeholders about our work** – including patient and public engagement activity, awareness-raising activity, workshops and conferences

## 2023/24 priorities

The Communications and Engagement programme's 2023/24 priorities were divided into two categories:

- NHS England-mandated activity: 1) timely presentation awareness campaigns 2) patient engagement and involvement 3) patient experience of care

- Corporate communications and engagement activity: to raise the profile of and / or enhance the reputation of the Cancer Alliance

## NHS England-mandated activity

### Timely presentation awareness campaigns

NHS England requires cancer alliances to complement national NHS Help Us Help You campaigns with localised activity to increase cancer symptom awareness and encourage cancer screening take-up among local communities.

The Cancer Alliance also delivers campaigns to coincide with awareness months for the 'big four' cancers – breast, lung, prostate, and bowel cancer; or the three cancer screening programmes – cervical, breast, or bowel cancer.

In 2023/24, the Communications and Engagement programme built on its approach to deliver a consistent multifaceted campaign model which utilises a mixture of earned media coverage and paid-for activity.

The work carried out in 2022/23 (and carried on this year) to forge close working relationships with the media outlets in Humber and North Yorkshire bore fruit in 2023/24, with a record amount of media coverage earned across local print, broadcast and online outlets.

The extensive media coverage earned was also a result of the Communications and Engagement team developing media packages for every campaign – supplying media releases, case studies, images, videos, audio soundbites, and other content to journalists to support their efforts to meet their daily article quotas.

The Communications and Engagement team has sought to maximise the reach of its awareness campaigns by complementing its earned media coverage with some strategic paid-for activity, focused in the areas of Humber and North Yorkshire where screening take-up or early-stage presentation is lowest. This paid-for activity has been complemented by community engagement activity in these priority areas which has been delivered in collaboration with local partners where possible.





### Patient engagement and involvement

Cancer alliances are tasked by NHS England to establish and maintain a people and community engagement structure to enable co-production throughout work programmes and in conjunction with local integrated care boards (ICBs) and trusts.

ICBs have a legal duty to involve patients and the public in decision making and service development. As part of the Humber and North Yorkshire ICB, there are clear standards for patient and public engagement and involvement for the Cancer Alliance to meet.

Moreover, involving cancer patients in the work of the Cancer Alliance is the right thing to do – they are experts by lived experience, therefore are best placed to help to develop better cancer services for the future.

Therefore, improving practices around involving cancer patients and members of the public in the Cancer Alliance's work was identified as a key communications and engagement priority for 2023/24.

How the Cancer Alliance would improve its patient and public engagement approach was defined in the first half of 2023/24 when the Cancer Alliance designed its new **Working with People and Communities: Patient and Public Engagement Strategy**. The strategy, which was developed in partnership with various stakeholders, was ratified by the Cancer Alliance's system board in September 2023.

To help to deliver the transformational activity set out in the strategy, the Cancer Alliance recruited a senior patient and public engagement co-ordinator in October 2023. The primary responsibility of this new role is to act as a conduit between the Cancer Alliance's work programmes and its patient and public representative group. The patient and public representative group continues to be involved in many programmes of work across the Cancer Alliance, whether on a group or individual basis.

Members have supported the Cancer Alliance in many ways, including (but not limited to): Sitting on the Cancer Alliance's programme boards and providing patient advocacy in board meetings; co-producing patient information, patient surveys and communications and PR campaign materials; supporting the Cancer Alliance to raise awareness about cancer symptoms at community events; and joining recruitment panels to interview candidates for Cancer Alliance job vacancies.

A campaign to grow and diversify this group further will be launched in Q1 24/25 (April to June 2024). Please see the 24/25 priorities section later in this chapter for more information about this activity.

### Patient experience of care

Cancer alliances are asked to work with systems and trusts to ensure they use insight and feedback to develop and deliver co-produced (with people who have relevant lived experience and staff) quality improvement action plans to improve experience of care.

In 2023/24, the Cancer Alliance undertook a deep-dive analysis of the latest **cancer patient experience survey** (CPES) results (released in July 2023) on behalf of the acute trusts providing cancer services in our area.

This analysis has helped to demonstrate to the Cancer Alliance's nine clinical delivery groups (CDGs) where services are performing well in terms of patient experience of care and where action is required to improve patient experience of care.

While CPES offers an indication of a patient’s experience of using cancer services, it does not explore their experience of using cancer services in detail – so does not provide a greater understanding about why their experience was good, bad or adequate.

With that in mind, many of the CDGs have agreed to carry out further research (in the form of surveys and focus group interviews) to better understand where action can be taken to improve patient experience of care. The Communications and Engagement team is supporting the CDGs to carry out this engagement activity in 2024/25

## Corporate communications and engagement activity

### Annual conference

In September 2023, the Cancer Alliance hosted its annual conference at MKM Stadium in Hull, featuring keynote speakers David Fitzgerald (Programme Director, NHS Cancer Programme) and Dr Lucy Gossage (oncologist, former professional triathlete and 5K Your Way Move Against Cancer co-founder).

The conference, which was attended by around 150 people (on a day of industrial action), celebrated the work that is taking place across the Humber and North Yorkshire area to improve the diagnosis, treatment, and care for cancer patients.

Feedback about the event from attendees was overwhelmingly positive. Praise was reserved for keynote speaker Dr Lucy Gossage – her talk described as “informative”, “heartfelt” and “inspirational” by many; and the patient representatives – with their presentation helping to remind those working in cancer services “why we do so” and also giving them “plenty to contemplate to improve patient experience of care”.

### Website

During 2023/24, the Cancer Alliance website has expanded to feature new sections. In 2024/25, the Cancer Alliance website will undergo significant redevelopment to ensure it contains the information and functionality its users require. Work will also take place to develop website sections which describe the work of some of the newer Cancer Alliance work programmes.

### Newsletters

The Communications and Engagement team produces a wide variety of content to keep stakeholders up to date about the Cancer Alliance’s various programmes of work. The Cancer Alliance’s quarterly stakeholder newsletters can be found [here](#), while its media releases, blogs and articles can be located [here](#).

The Cancer Alliance also contributes blogs, articles and other items to various channels of the [Humber and North Yorkshire Health and Care Partnership \(Integrated Care System\)](#).

### Social media

The Cancer Alliance continues to develop its presence on social media and use the platforms below to engage with audiences (which the figures below attest to).



X: @HNYCancer



Facebook: @HNYCancer



YouTube: @HNYCancer

During 2023/24, the Cancer Alliance has consistently tried to highlight the people behind the transformational work that the Cancer Alliance is responsible for and the people who help to deliver cancer services and care for patients in the Humber and North Yorkshire area.

## 2024/25 priorities

Aside from continuing to deliver its mandatory and corporate activity, the Communications and Engagement programme will further improve its function around these two key workstreams in a number of ways.

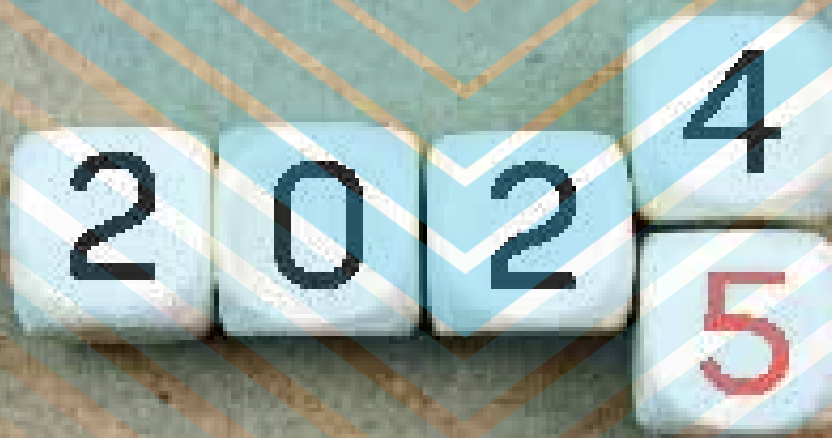
Much of the programme's focus will be on further developing its practice relating to patient and public involvement and experience of care, including:

- Growing and diversifying its patient and public representative group – so it is truly reflective of the Humber and North Yorkshire region, and has the capacity to support the Cancer Alliance programmes to transform cancer services to improve outcomes for patients.
- Delivering a series of community roadshow engagement events to better understand the Humber and North Yorkshire population's understanding and experience of cancer and their attitudes towards the disease (many of these will be held in Humber and North Yorkshire's most deprived communities).
- Work with the Cancer Alliance clinical delivery groups and cancer service providers to develop and enact actions plans to improve patient experience of care, based on primary research carried out in partnership, which will be complemented by secondary research (e.g. Cancer Patient Experience Survey).

The programme will also work with stakeholders to develop a new communications strategy, which refocuses the Cancer Alliance's approach to communications and public relations; marketing; media relations; stakeholder management; digital channels; and more.



# Objectives for 2024/25



# Objectives for 2024/25

This final section of the annual report sets out Humber and North Yorkshire Cancer Alliance's 2024/25 objectives, based on the targets outlined in NHS England's planning guidance for the 21 cancer alliances operating across the country.

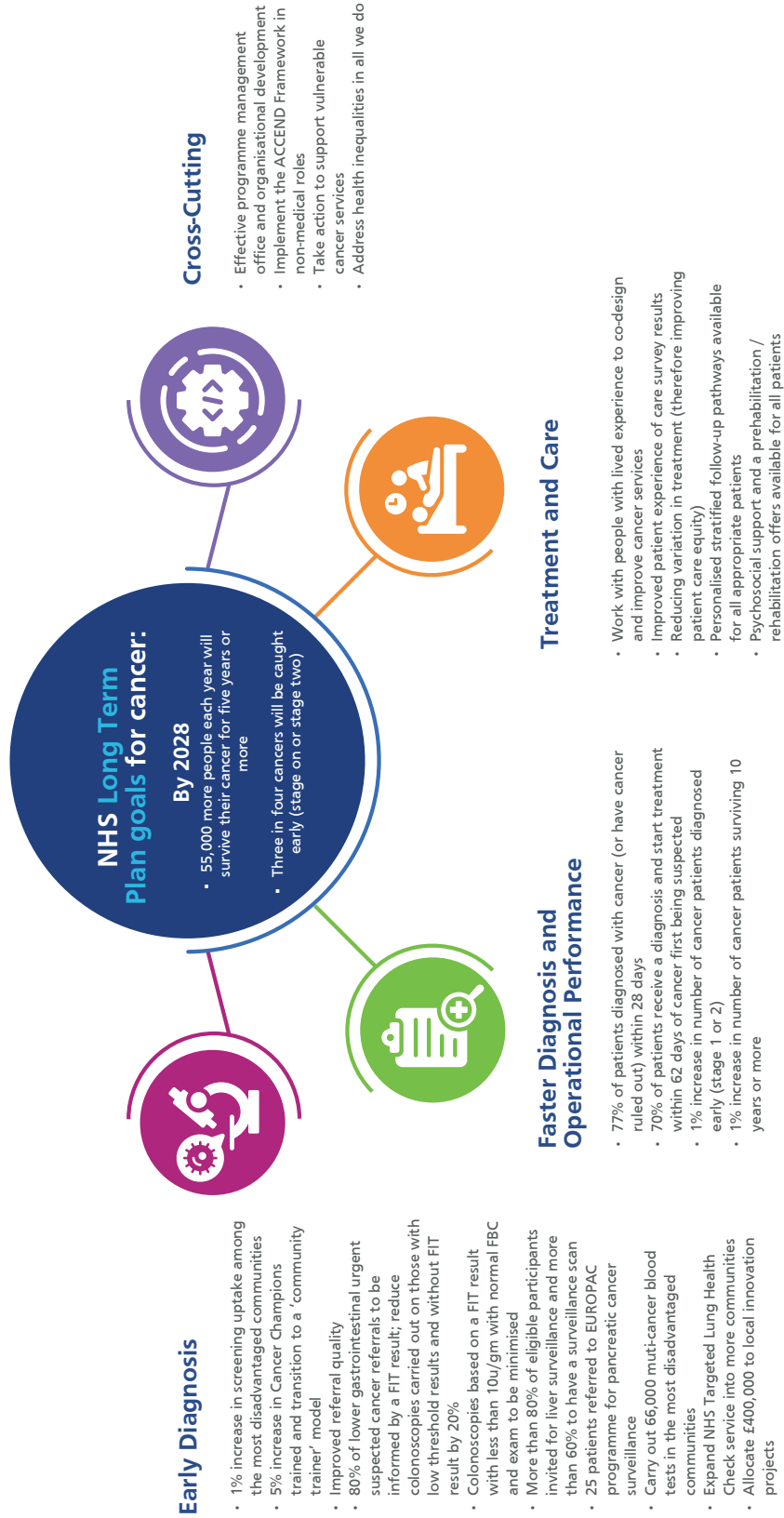
HNY Cancer Alliance will continue to lead on the delivery from a local perspective of the **NHS Long Term Plan to transform cancer care and outcomes**, specifically, that by 2028:

- An extra 55,000 people each year in England will survive for five years or more following their cancer diagnosis.
- Three in four cancers are diagnosed at an early stage (stage one or two).
- 

The Cancer Alliance's overall vision remains to transform the diagnosis, treatment, and care for cancer patients in Humber and North Yorkshire.

The Cancer Alliance's 24/25 objectives are outlined overleaf.

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



## Accessibility

If you need this document in an alternative format, such as large print or another language please email: [admin.hnycanceralliance@nhs.net](mailto:admin.hnycanceralliance@nhs.net) or message on social media: [@HNYCancer](https://twitter.com/HNYCancer).

## Contact the 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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