### **Humber and North Yorkshire Cancer Alliance**

### Stakeholder Newsletter

August 2025

### **Humber and North Yorkshire Cancer Alliance** announces Research and Innovation Award winners

Trialling the use of artificial intelligence (AI) to speed up cancer diagnosis is a recurring theme among this year's winners of Humber and **North Yorkshire Cancer Alliance's Cancer Research and Innovation** Awards programme.

This is the second year running that the Cancer Alliance has run an innovation scheme, setting aside £400,000 to fund a wide variety of projects to improve early cancer detection or improve treatment or recovery for cancer patients in Humber and North Yorkshire. This year, the scope was widened to include research projects.

The Cancer Research and Innovation Awards programme, which reaches out directly to staff working with patients across the NHS, voluntary sector and academic research partners, has proved enormously popular with 30 applications received, totalling £900,000.

Dr Kartikae Grover, Clinical Director, Humber and North Yorkshire Cancer Alliance, said: "The fact that for the second year running we have been inundated with entries by frontline staff demonstrates the crucial role that research and innovation can play in improving NHS services, by using the finite resources at our disposal.

"For the first time this year we have included research projects and received some excellent entries, including tests that can speed up cancer diagnosis."

Pamela Parker, PhD, Consultant Sonographer at Hull University Teaching Hospitals NHS Trust, and part of the team behind a project that hopes to use AI to speed up the diagnosis of prostate cancer, said: "The award will support the radiology team to improve the pathway for men with suspected prostate cancer.

"This is because the money we have been awarded will be used to help finance the installation of computer assisted imaging (CAI) software which facilitates the interpretation of diagnostic MRI scans of the prostate.

"Consultant Radiologist Dr Oliver Byass and I are delighted to be awarded the funding and to have the opportunity to develop a novel use of CAI in this highdemand cancer pathway"

Rachel Iveson, Programme Lead for Cancer Diagnostics and Innovation, said: "We are hugely grateful to the clinical staff, patient representatives and our partners - including Health Innovation Yorkshire & Humber, Humber and North Yorkshire Integrated Care Board and the VCSE Collaborative – for helping us with the difficult task of selecting the successful projects from so many worthy applicants."

"We are so looking forward to seeing the benefits that these schemes will bring to our patients".

Details of the winners:

- · A pilot using AI to speed up the diagnosis of lung cancer
- Developing a blood test to enable earlier diagnosis of pancreatic cancer
- · Using AI to speed up diagnosis of prostate cancer
- The introduction of a risk tool to improve colonoscopy outcomes
- · Evaluating the impact of cancer care coordinators in primary care
- The analysis of a dataset to improve use of faecal immunochemical testing (FIT)
- · Using AI to support multi-disciplinary breast cancer meetings

- · A pilot to test whether gynaecological trousers can reduce fear and embarrassment in vulnerable groups of women undergoing cervical screening (including ethnic minorities and women who have been victims of sexual abuse)
- Introducing CALM training to support staff when working with people who have metastatic cancer
- · A trial to determine whether exercise in breast cancer patients can reduce cardiotoxicity
- Using AI in North and North East Lincolnshire to improve awareness of cancer symptoms and increase uptake of cancer screening

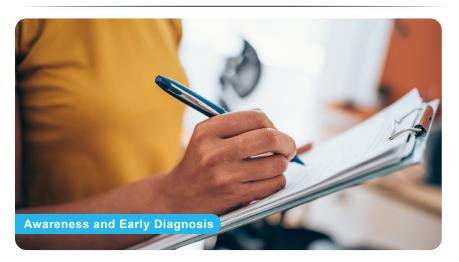
For more information about the Cancer Alliance's Research and Innovation Award initiative, please visit: www.hnycanceralliance.org. uk/cancer-research-and-innovationawards-2025-26/.







### Cancer Alliance and partners to use insight from CPES results to drive improvements in patient experience of care



### The latest annual National Cancer Patient Experience Survey (NCPES) results have been published.

The 2024 NCPES results were published in July, and the Humber and North Yorkshire NCPES Cancer Alliance area results are available to view here.

The survey was undertaken by Picker on behalf of NHS England and was overseen by a National Cancer Patient Experience Advisory Group. This Advisory Group set the principles and objectives of the survey programme and guided questionnaire development.

Results for our main provider of cancer services can also be viewed at Hull University Teaching Hospitals NHS Trust, Northern Lincolnshire and Goole NHS Foundation Trust and York and Scarborough Teaching **Hospitals NHS Foundation Trust.** 

Humber and North Yorkshire Cancer Alliance programme staff will work with partners from across the regional health and care system to understand the results and use them to identify areas where improvement to patient experience of care can be made.

Dr Kartikae Grover, Clinical Director, Humber and North Yorkshire Cancer Alliance, said: "Humber and North Yorkshire Cancer Alliance welcomes the publication of the 2024 National Cancer Patient Experience Survey results, as it does every year.

"The survey is an important tool to help the Humber and North Yorkshire Cancer Alliance, our region's Trusts which provide cancer services, and other partners from the local health and care system to identify what areas of cancer services are working well, and areas where we need to make further improvements."

The NCPES is an annual survey commissioned by NHS England, designed to gather feedback from cancer patients on their experiences of cancer care.

The survey covers a wide range of topics, from diagnosis and treatment to communication, emotional support and aftercare. By hearing directly from patients, the NHS can better understand what matters most to people with cancer and ensure services are designed with their needs at the centre.

Importantly, the survey helps local systems benchmark their performance against national results, highlighting where there are variations in care. It also enables continuous monitoring of progress over time and gives patients a meaningful voice in shaping future cancer care. Received feedback is essential for delivering compassionate, personalised care that reflects the diverse needs of people affected by cancer.

To find out more about the NCPES, please visit: www.ncpes.co.uk

## York Hospital unveils £2.4 million Macmillan Cancer **Support Centre**

The new-look for the estimated £2.4 million investment to improve a vital cancer support service for patients and their families have been unveiled.

to undergo a major expansion and refurbishment programme to meet growing demand, thanks to a new partnership between York and Scarborough Teaching Hospitals NHS Foundation Trust and leading cancer support charity Macmillan Cancer Support.

The new Macmillan Cancer Support Centre will significantly improve support services for people living with cancer and their loved ones by enhancing the overall patient experience.

The centre will have a modern homely feel, creating a welcoming holistic space that reflects the collaborators' commitment to compassionate, person-centred care.

Head of Cancer, Beth Eastwood, York and Scarborough Teaching Hospitals NHS Foundation Trust, said she was looking forward to the opening.

"As a Trust we are committed to improving the patient experience, centre will enable us to continue providing a quality service at what is a particularly difficult and distressing time. The existing centre is well used, and we felt there were limitations in what we currently offer. The improvements will see us being able to deliver even more care and support."

**Cancer Alliance News** 





### **Cancer Alliance** staff spotlight



In this edition, we shine the staff spotlight on Robert Wells, Senior Specialist Pharmacist in Cancer Services at Hull University Teaching Hospitals NHS Trust (HUTH), in a role funded by the Cancer Alliance.

Robert qualified in 2004 from the University of Manchester before beginning his pre-registration year with HUTH. Since then, he has occupied many roles, starting as a junior rotational pharmacist while completing his clinical diploma.

After progressing to a Band 7 role in surgery, Robert became involved in the nutritional teams, specifically Total Parenteral Nutrition (TPN) prescribing. This experience steered him towards aseptics, where he discovered systemic anti-cancer therapy (SACT) and made a sideways move into cancer services.

Robert subsequently became a Band 8A pharmacist and completed his independent prescribing qualification.

#### What is your new Cancer Alliance role, and what does it entail?

Within the Cancer Alliance, I contribute to initiatives aimed at optimising SACT delivery, improving patient safety, and reducing medicine waste.

Specifically, I have completed a secondment leading the cancer services team at Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and continue to contribute to group-wide initiatives across both HUTH and NLaG.

At HUTH, I work within the Chemotherapy Day Unit (CDU), clinically verifying prescriptions and acting as a vital link between the clinical and aseptic teams.

I am actively involved in projects exploring the self-administration of subcutaneous therapies, helping to alleviate capacity pressures from within the organisation.

I also support the Clinical Nurse Specialist & Advanced Healthcare Practitioner (CNSAHP) clinics.

#### What attracted you to the role?

Having worked in this field for so long and played a part in shaping patient pathways, both the patients and the staff matter deeply to me.

We have a unique opportunity to get to know our patients well due to the cyclical nature of their treatment, which enables us to provide more empathetic, personalised care. The role also provides a unique opportunity to collaborate beyond my own Trust, influence systemwide improvements, and contribute to more equitable access to high-quality cancer care.

#### What do you see as the main challenges?

With improved diagnostic techniques and treatments, people are living longer with cancer. We face capacity pressures that will only ever increase.

The strain on our aseptic units, clinical teams, and supply chains means the demand for treatment will continue rising. We must develop novel ways of working to manage this demand effectively while preventing staff burnout.

#### What are you looking forward to most?

Although capacity strains present significant challenges, I believe they also offer exciting opportunities to evaluate how treatment is delivered and to make meaningful changes to patient pathways.

The self-administration of subcutaneous therapies can give patients greater freedom to receive their medication at their convenience.

### Lung Cancer Screening programme begins in Bridlington



June saw the first Lung Cancer Screening programme scans begin outside Bridlington Hospital, East Riding of Yorkshire.

Past and current smokers, aged between 55 and 74, are being invited in phases and eligible participants who live in Bridlington and are registered with a GP practice are being invited for the appointments.

They will receive a letter inviting them to book a telephone assessment with a respiratory nurse who will ask you some questions about your overall lung health.

Following the assessment, participants may be invited for a low-dose CT scan onboard a high-tech mobile unit.

Lung Cancer Screening is free and can help identify lung cancer and other respiratory diseases early, often before symptoms occur and when treatment could be more successful

Pictured are Lead Nurse Natalie Garnett, and Graham Brookes, the first patient to be scanned in the area, along with other members of the screening team

Graham, 73, from Bridlington, said: "I was very happy to be told I was the first patient to take part in the Lung Cancer Screening programme locally.

"The whole experience was very easy, and free, and painless. I'd urge anyone who gets an invite and is offered an appointment to make sure they attend, because they could save your life by detecting lung cancer, or another disease, quicker than you may have found out otherwise. Which means you're more likely to survive





### Cancer Alliance annual conference: save the date

The 2025 Cancer Alliance annual conference will take place on Thursday, 25 September at Canham Turner Building, University of Hull.

keynote speech from Dr Mar Estupiñán Fernandez de Mesa, Research Fellow in Cancer Care, School of Health Sciences. Faculty of Health & Medical Sciences, University of Surrey.

Don't miss out – book your place **here** to attend.

### Cancer Alliance **Cancer Innovation** Grant winner to improve pre-surgical diagnosis of ovarian malignancy

One of the Cancer Alliance Cancer **Innovation Grant 2024 winners has** run a successful pilot study to help improve ovarian cancer diagnosis.

Ultrasound is the primary imaging when gynaecological pathology is suspected, but ovarian pathology can be affected by confusion across imaging due to overlapping features for both benignity and malignancy.

Cancer Alliance funding was used to purchase ADNEX - a risk prediction software - that takes into account three clinical predictors and six ultrasound imaging features, to categorise ovarian masses. ADNEX can determine how likely a lesion is to be benign, borderline, stage 1, stages 2-4, or metastatic.

The pilot proved that the ADNEX software performed incredibly well compared to MRI/histology.

It also proved that the use of ADNEX can have a positive impact for patients with benign findings, as they can be informed that their findings are nonconcerning faster.

The pilot has shown that ADNEX can help improve onward triage of patients when a malignancy is found. For example, patients with borderline/ stage 1 malignancy would require MRI imaging for staging, whereas those with stage 2 and above would require CT imaging for staging.

Shaunna Smith, the project lead, said: "I am optimistic about the findings from this pilot. It could have a positive effect on the way women in our locality who have suspected ovarian cancer are managed, and hopefully reduce the need for imaging duplications and delayed referrals".



# New garden unveiled for cancer patients and their families in Grimsby



A new garden has been created in memory of a patient who died of cancer recently opened at Diana, Princess of Wales Hospital in Grimsby, North East Lincolnshire, following a £20,000 fundraising drive.

On 24 February 2022, Lee Clarke, known to loved ones as Clarky, died of bowel cancer at the age of just 50. Lee's friends and family promised him they would keep his memory alive.

Lee spent a lot of time in the Amethyst Ward at the hospital, and his wish was for the garden to be made into a welcoming area for patients and their family and friends.

In February 2022, his friends organised a fundraising day to raise money for Lee and he chose for it to be donated to the garden at the Amethyst Ward. The fundraising has continued for more than three years with epic challenges.

Emma Wright and her husband were close friends of Lee, and she asked The Health Tree Foundation – North Lincolnshire and Goole Hospitals NHS Foundation Trust's charity – to improve the garden.

She said: "Lee was diagnosed with bowel cancer in 2020 and spent a lot of time in the Amethyst Garden. He was an inpatient on the ward and would go to the garden for a bit of peace and quiet. It was in a bit of a state and he said before he passed away that his wish was to see it improved for others to use.

"There's been so many events over the past few years, I'm so proud of everyone who has taken part and helped us make this dream come true. Lee would absolutely love how the garden looks now. It's great to know his legacy will be enjoyed by patients and families for many years to come."

Natalie Stockley, Amethyst Ward Manager added: "All the donations have contributed to the transformation of the Amethyst Garden, making it a welcoming tranquil environment that patients can enjoy all year round."





