

Humber and North Yorkshire 10-year cancer plan: patient, public, workforce feedback and engagement report

Table of Contents

Introduction	2
Aims and objectives	2
Engagement approach	3
The need for a Humber and North Yorkshire 10-year plan for cancer	4
Executive summary	5
• What matters most to the cancer workforce?	6
• What matters most to cancer patients and carers?	7
• What matters most to the public in Humber and North Yorkshire?	9
• Who contributed to the development of the plan?	10
Results of the survey and engagement activity: what cancer patients, the cancer workforce and the public are saying	11
• Summer 2025 engagement activity and survey 1 responses	11
• Humber and North Yorkshire Cancer Alliance annual conference workshop	15
• Targeted community engagement activity, campaign and survey 2 responses	19
Summary of responses and recommendations for the plan	30
Appendix	31



Introduction

The [National Cancer Plan](#) was published on February 4 2026 (World Cancer Day), following the publication of the [10-year health plan for England](#) in July last year, which sets out fundamental reform of the NHS through transformational change to ensure its sustainability in the future.

The 10-year health plan focuses on three major shifts to transform the NHS: moving care from hospital to community, from analogue to digital, and from sickness to prevention - aiming to provide more local, tech-enabled, and proactive care, making health services more accessible and efficient for the future.

The national cancer plan is part of this programme of reform, aiming to reduce lives lost to cancer, and to deliver improved care and patient experience through the three shifts.

In support [Humber and North Yorkshire Cancer Alliance](#) and partners worked to develop a 10-year plan for cancer in Humber and North Yorkshire, one that supports the ambitions of the national cancer plan yet provides a tailored approach to reflect our region's diverse geography and communities.

To do this, [Humber and North Yorkshire Cancer Alliance](#) carried out an extensive engagement series from summer 2025 through to spring to 2026 to gather the views and ideas of cancer patients, those working in cancer specific and non-cancer specific healthcare roles, those working in roles supporting people with cancer, as well as the general public, to inform the development of the 10-year Humber and North Yorkshire plan for cancer in order to improve outcomes for people diagnosed with cancer in our region.

The insight captured throughout the engagement series has been used to form the [Humber and North Yorkshire 10-year cancer plan \(link\)](#).



Figure 1- Social media graphic

Aims and objectives

The purpose of the engagement activity was to seek views, largely via a survey, on the main themes and ambitions of the National Cancer Plan and how they can be implemented locally across Humber and North Yorkshire.

The survey also invited feedback on what matters most to people from our region in relation to cancer prevention, diagnosis, treatment and care.

The feedback will help Humber and North Yorkshire Cancer Alliance and partners to better understand local priorities, highlight gaps in services, and ensure that future plans reflect the real needs of our communities.

Engagement approach

To ensure those living and working in Humber and North Yorkshire were given the opportunity to feed into the development of the plan, an extensive engagement series was carried out from June 2025 to March 2026.

The engagement series was targeted to reach a) people affected by cancer b) those working in cancer services and c) the general public, including those communities who experience the greatest health inequalities. Insight from the engagement activity was predominantly captured via a survey, or through workshop activity at Humber and North Yorkshire Cancer Alliances annual conference in September 2025.

The Cancer Alliance, working with key partners, attended local community engagement events throughout summer 2025 to reach priority communities. To further reach those in Humber and North Yorkshire who experience the greatest health inequalities, or who have the highest risk of a late-stage cancer diagnosis, targeted engagement activity was carried out with local community organisations from Autumn 2025 to Spring 2026.

In addition, widespread communications activity took place to reach as many people as possible and encourage their input into the development of the plan. This was done through a paid-for social media advertising campaign encouraging people to complete the survey, a media release, and the sharing of information with key system stakeholders, including but not limited to:

- Trust communication colleagues for sharing with staff working at Humber Health Partnership and York and Scarborough Teaching Hospitals
- Local councils
- Members of the Cancer Alliance's voluntary, community and social enterprise (VCSE) network distribution list, totalling over 250 local organisations with reach into key communities across the region
- Members of the Cancer Alliance's patient and public representative group
- Local cancer support groups and local cancer charities
- Wider system stakeholders, including all local health and care providers



The need for a Humber and North Yorkshire 10-year plan for cancer

Published in July 2025, the [10-Year Health Plan for England: Fit for the Future](#) sets a long-term direction for improving health outcomes and reducing inequalities. It is built around three pillars:

- **Moving from sickness to prevention**
- **Switching from analogue to digital**
- **Moving care from hospital to community**

Cancer is a priority across all three pillars. The 10-year Health Plan recognises that while outcomes have improved nationally, progress has been unequal, with variation across England in prevention, early diagnosis, access to treatment and survival.

This led to the publication of the [National Cancer Plan for England](#), which sets out how the NHS will deliver world-class cancer care through earlier diagnosis, modernised pathways, workforce growth, better use of data, and improved support for people living with and beyond cancer.

The National Cancer Plan makes clear that **successful delivery depends on systems tailoring national priorities to local population needs**. Integrated Care Systems are expected to lead place-based approaches that address local inequalities, geography and variation in outcomes.

A Humber and North Yorkshire-specific cancer plan is essential to translate the ambitions of both the 10-Year Health Plan and the National Cancer Plan into meaningful local impact. By taking this approach, the cancer system can be better equipped to prevent cancer, diagnose disease earlier, reduce unwarranted variation, bring care closer to home, and improve outcomes and experience for people affected by cancer across Humber and North Yorkshire.

Humber and North Yorkshire serves a population of around **1.7 million people**, covering the cities of Hull and York as well as many rural and coastal communities stretching from Scarborough to Cleethorpes.

More than **200,000** people in the region live in **poverty**, including 60,000 children in low-income families. **Deprivation** is strongly linked to **higher cancer incidence, later diagnosis, lower screening uptake, higher cancer mortality** and **increased prevalence of risk factors** such as smoking, alcohol use and excess weight. In Humber and North Yorkshire, over **2,400 people die each year from preventable causes**.

Around **12,000 people are diagnosed with cancer each year**, meaning it remains one of the leading causes of illness locally, with rates higher than the national average, and growing numbers of people living with and beyond a cancer diagnosis.



These pressures reinforce the need to prioritise prevention and early diagnosis in line with one of the priority pillars of the 10-Year Health Plan.

Geography plays a significant role in barriers to equitable cancer care in the region. Some coastal residents travel over an hour to access treatment, increasing the likelihood of delayed uptake or incomplete treatment due to time, cost and physical burden. This highlights the importance of delivering care closer to home, through service redesign, outreach and alternative models of care.

There is also substantial variation in routes to diagnosis and outcomes. **In Hull—the fourth most deprived area in England—26% of cancers are diagnosed as an emergency**, the second highest rate nationally, which is associated with poorer outcomes. In contrast, people living in rural parts of North Yorkshire experience lower survival for some cancers, compared to urban populations. As such, these differences cannot be addressed through a one-size-fits-all national approach.

Executive summary

Humber and North Yorkshire Cancer Alliance 10-year plan for cancer engagement activity



Figure 2 – engagement activity statistics

Through conversations, workshops, events and survey responses, we have a clear picture from our population what the Humber and North Yorkshire 10-year plan for cancer should focus on in relation to cancer care. By asking key stakeholder groups what matters to them, priorities can be identified when it comes to what needs to be done locally to meet the ambitions of the National Cancer Plan. A total of 1,756 people were spoken to, with 1,123 completing a survey to formalise their views.

What matters most to the cancer workforce?

30% of respondents to the survey were from people working in cancer services, and most attendees to the annual conference were from the cancer workforce. This means that those who are delivering cancer care and using the services on a daily basis are well represented in the feedback used to develop the Humber and North Yorkshire 10-year plan for cancer.

Based on the feedback, the following areas are of highest importance to the cancer workforce:

Earlier diagnosis

Faster access to treatment

Better coordination between services and systems

Addressing workforce shortages

Earlier diagnosis priorities include:

- Expand and better utilise Community Diagnostic Centres, particularly in coastal, rural and deprived areas
- Improve support for patients with non-specific or vague symptoms, including better triage and safety-netting
- Address variation in GP referral behaviour, with better access to primary care needed

"We want patients to have timely access to clinics and diagnostic services"

Those working in cancer services would like to see workforce shortages addressed due to the following concerns being highlighted:

- Pressure on the workforce due to staff shortages affects the ability to deliver timely, high-quality care to patients
- There are significant recruitment and retention challenges across the region, especially in rural and coastal areas
- Many staff feel they are being asked to do more with less resource and capacity in the workforce



"We want enough appropriately educated and trained staff to provide a cancer service that meets the needs of all patients"

Better coordination between services and systems is a priority of the workforce:

- Cancer care is seen as fragmented, leading to both patients and clinicians feeling frustrated
- There is a lack of coordination between primary and secondary care, as well as with community and voluntary services
- The workforce feels there is a need for joined-up digital systems and stronger integration between primary and secondary care

"We want better unified systems to prevent duplication of tests and to ensure pathways are not fragmented for patients and staff"

The workforce would prioritise patients receiving faster access to treatment:

- There are delays within the cancer system, caused by theatre capacity, radiotherapy capacity and chemotherapy chair space
- The delays can lead to increased complexity at the treatment stage for patients

"The main barrier to timely, high-quality treatment locally is limited resources within the treating teams, across both radiotherapy and surgical services"

What matters most to cancer patients and carers?

Those with lived experience of cancer, either as a patient or carer, make up 63% of responses to the survey. The priorities highlighted by cancer patients and carers include:

Earlier diagnosis
Faster access to treatment
Clear, compassionate
communication



Support during and after treatment

Patients want to feel supported in order for cancer to be diagnosed earlier:

- Patients would like to see faster access to GP appointments and diagnostic tests
- Greater use of mobile screening services, and current screening services being expanded, will help to detect cancer earlier
- More awareness at a younger age about the signs and symptoms of cancer will help people come forward for care earlier

"I want better education of cancer signs and symptoms, starting in schools"

Patients and carers would like to see communication improved across the cancer system:

- Timely, honest, accessible information about a patient's diagnosis and treatment options need to be prioritised
- Patients should feel listened to and involved in decisions about their care, or where this is not possible, family or carers need to be involved

"I want to see better communication from clinicians to suit my individual needs as a patient"

Faster, more localised treatment is another area patients would like to see prioritised:

- Travel for patients to treatment and appointments should be minimised, meaning more local treatment options need to be available
- Patients and carers feel the waiting times between diagnosis and starting treatment is often too long, creating increased fear

"I want to see better local services offering improved availability of diagnostic tests and treatment options"

Support during and after treatment is often missing for patients and needs to be addressed going forward:

- Patients and carers would like to see improved mental health and emotional support both during and after treatment
- Many people referenced feeling abandoned after treatment, and would like better follow-up and ongoing support
- Access to peer support and prehabilitation services is seen as vital



"I want better follow up support options and to not feel abandoned by the hospital once my treatment finishes"

What matters most to the public in Humber and North Yorkshire?

Alongside the cancer workforce and those with personal experience of cancer, members of the public were asked to complete a survey contributing to the development of the regional cancer plan. 1 in 2 people will be affected by cancer, therefore it is vital that all communities had the opportunity to input into the future of cancer services in the area they live or work.

The priorities for the regional cancer plan highlighted by those who indicated they do not have experience of cancer, either through being a patient, carer or member of staff, include:

Earlier and faster diagnosis

Prevention and reducing the risk of cancer

Faster access to treatment

Improved access to screening

People in Humber and North Yorkshire would like to see earlier, and faster, diagnosis prioritised going forward

- Quicker access to diagnostic tests, and the ability to ensure cancers can be caught earlier, are of highest importance
- It's important that access to diagnostic testing is available locally
- GPs should have greater capacity to ensure those with concerns about cancer can access appointments quickly

"I want to be able to have quicker access to GP appointments and diagnostic tests, all in my local area"

The public would like to see access to screening services improved, to help with improving prevention and reducing the risk of cancer

- Access to screening services should be improved for those who face barriers to attending appointments, including those in deprived or rural areas and those with a learning disability



- Education of the public around the key risk factors of cancer is imperative to help prevent or reduce the risk of cancer

"I want to see more support for adults with learning disabilities to access screening services"

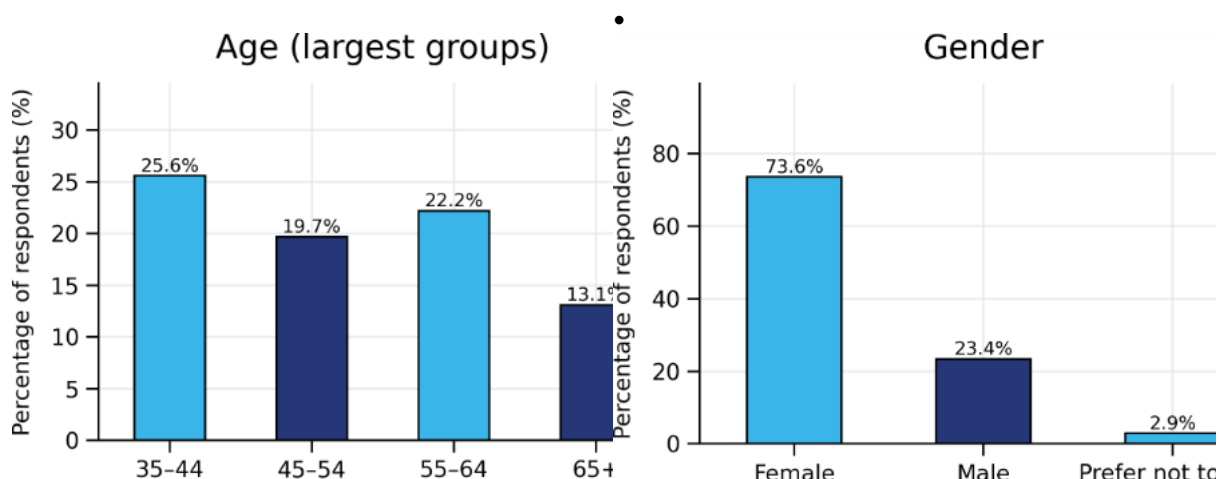
Faster access to treatment once someone has received a cancer diagnosis is important to the public

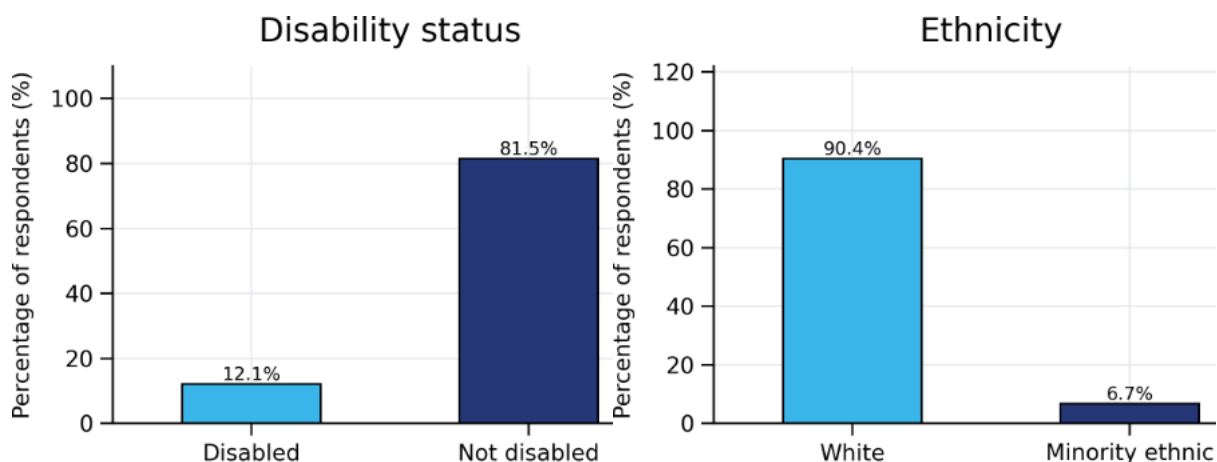
- Treatment should be available locally for patients, rather than patients having to travel to different sites
- Hospitals should be supported to start treatment for patients as soon as they are diagnosed

"I want to see more treatment options available in local hospitals and quicker access to investigations and treatment commencement once diagnosis is made"

Who contributed to the development of the plan?

1123 people completed a survey as part of the campaign to feed into the development of the Humber and North Yorkshire 10-year plan for cancer. **63%** of all respondents said they had **lived experience of cancer**, either as a patient (current or former) or carer, whilst **30% of respondents said they work in cancer services**.





Geography: Over 95% of respondents live or work in Humber and North Yorkshire, with representation from Hull, East Riding, North Lincolnshire, North East Lincolnshire, North Yorkshire and York, including urban and rural communities.

Results of the survey and engagement activity: what cancer patients, the cancer workforce and the public are saying

The engagement activity conducted to capture the views of patients, cancer staff and members of the public was carried out in stages in order to effectively reach key groups.

Summer 2025 engagement activity and survey 1 responses

The activity began in summer 2025 in which members of the Cancer Alliance core team, patient and public representatives, and partners attended community engagement events throughout the region. Cancer Alliance colleagues worked to prioritise which events throughout the region should be attended, in order to ensure capacity was directed towards communities who face the greatest health inequalities and therefore highest risk of a late-stage cancer diagnosis. By doing so, people from across Humber and North Yorkshire in priority areas were given the chance to have their say on the development of the regional cancer plan through completing a survey and having conversations with colleagues.



Figure 3 – Cancer Alliance colleagues attended summer engagement event

Table 1 – summer events attended

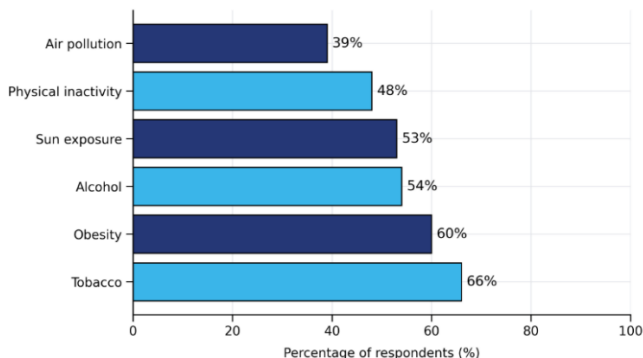
Events attended	Date
Bridlington Active Communities	29/6/25
Messingham Show	7/6/25
Carers Marketplace (Hull)	12/6/25
East Riding Learning Disability community hub, Bridlington	18/6/25
Roma event (York)	12/7/25
Queens Centre Health and Wellbeing event	16/7/25
Driffield Show	16/7/25
Ongo Festival (Scunthorpe)	6/8/25
Community Health Fair (Peel Street Park)	21/8/25
Scunthorpe Pride	23/8/25
Scarborough Pride	13/9/25

The survey used to capture views during the summer community engagement differs to the survey used in targeted activity, though the questions to both surveys centre on similar themes. In total, **341 people** completed a survey during the summer engagement activity.

Of these respondents, **72% were female** with around **60%** saying they had **experience of cancer** – either as a patient (17%), carer (16%), someone referred for tests for suspected cancer (16%) or working in cancer services (10%). In addition, most respondents were in the **35 – 54 age categories** (47%) and described themselves as **White British** (90%).

The key quantitative responses gathered during the summer engagement activity are shown below, alongside some key quotes from the free-text follow-up questions:

Q2. Which risk factors should be focused on to improve cancer prevention?

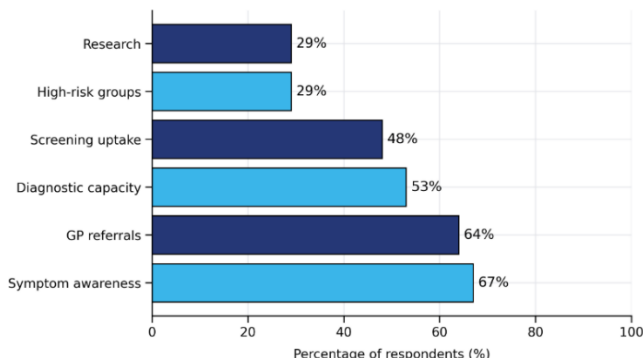


Why did you select these risk factors?

"Smoking is the main cause of cancer along with obesity, these two causes should be highlighted to children and young adults and monitored regularly."

Respondents identified the following cancer risk factors as key areas the cancer plan should focus on to help improve cancer prevention: tobacco, obesity and alcohol, closely followed by sun exposure.

Q3. What actions should be taken locally to diagnose cancer earlier?

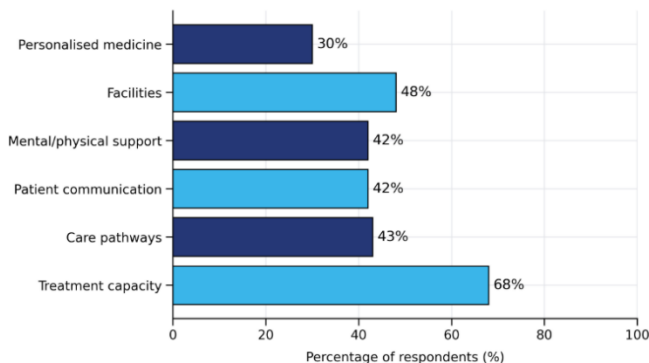


Why did you select these actions?

"All actions that increase awareness and aid people to be diagnosed early could mean getting treatment that is successful, education is key"

Respondents felt targeted symptom awareness with the public, improvements in GP referrals and increased diagnostic capacity locally will help to diagnose cancer earlier in Humber and North Yorkshire.

Q4. What actions should improve access to cancer treatment and quality?

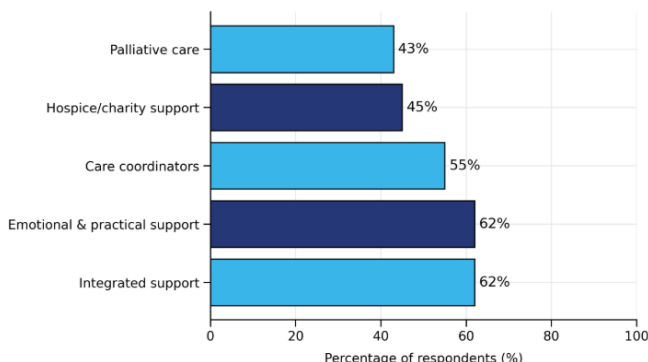


Why did you select these actions?

"More staff are needed across the system, as well as more support is needed for people with cancer including improved communication"

Respondents identified increasing treatment capacity, including increasing the cancer workforce, will have the biggest effect on improving access to, and the quality of, cancer treatment.

Q5. What would most improve support for people living with and beyond cancer?

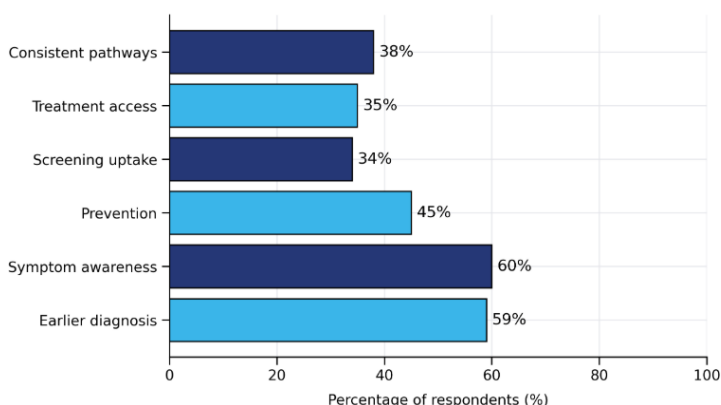


Why did you select these areas?

"Speaking as someone with cancer, I need different types of support at different times, and the support is often not available or flexible - it needs to suit the patient, not the services"

Respondents stated that improving access to support through all points of a cancer journey, from diagnosis to post treatment, would make a big difference, with many feeling emotional and practical support is especially important.

Q6. Where could greatest impact be made in reducing cancer inequalities?

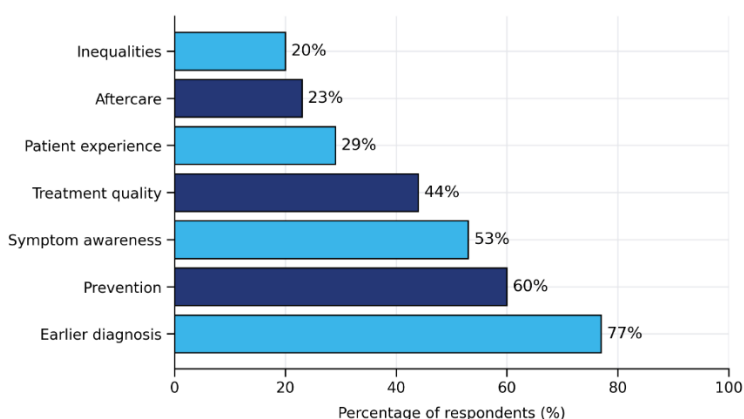


Why did you select these areas?

"Earlier diagnosis is important for successful treatment. Education and knowing the signs and symptoms can help catch cancer early for everyone."

Respondents felt that increasing symptom awareness, particularly in communities experiencing health inequalities, would help to diagnose cancer earlier and therefore reduce inequalities.

Q7. What should be the top priorities for the cancer plan?



Why did you select these as your priorities?

"A priority for the national plan should be having a comprehensive project looking at health inequalities and education around prevention/ reducing the risks of cancer, such as smoking, drinking, obesity etc"

Respondents felt that earlier diagnosis of cancer should be the main priority the cancer plan addresses, followed by a focus on prevention. Many respondents highlighted the importance of education around symptoms awareness to help achieve these.

Humber and North Yorkshire Cancer Alliance annual conference workshop

Stakeholders from across the cancer system, and wider, were invited to attend Humber and North Yorkshire Cancer Alliance's annual conference on 25 September 2025.

200 people attended the event, the majority of which worked in the cancer system. However, there was representation from **primary care and secondary care**, including those working in cancer-specific and non-cancer specific roles, **patient and public representatives**, as well as those working in **VCSE sector organisations** supporting people with a cancer diagnosis or communities who experience the greatest health inequalities.

During the conference, all delegates took part in a workshop to contribute to the development of the Humber and North Yorkshire cancer plan. The workshop was split into 2 exercises, the first of which asked delegates to discuss and capture thoughts on the following questions:



Figure 4- 10-year plan workshop at HNY annual conference

1. What's working well in our cancer services right now?
2. Where are our biggest pain points?
3. What risks do you see in the next decade?"

Exercise 2 asked attendees to gather in to groups and identify 1-2 short-term priorities (next 2-3 years) and 1-2 longer-term priorities (5+ years) the local cancer plan should address by choosing one of the following topics to focus on:

1. Moving care from hospitals to the communities
2. Shifting from analogue to digital systems
3. Moving from a focus on sickness to prevention
4. Early detection – How do we drive earlier presentation, uptake of screening, and awareness?
5. Faster diagnosis – How do we meet the 28-day diagnosis standard consistently?



6. Treatment and personalised care – How do we scale precision medicine and wrap-around support?
7. Workforce and digital– How do we address staffing shortages and use tech to work smarter?
8. Reducing inequalities – How do we ensure access and outcomes are equal across urban, rural, and deprived areas?

The key insight captured from both exercises is shown below:

Exercise 1

What is working well in our cancer services right now?

Passionate, enthusiastic and flexible workforce
Compassionate care
Earlier diagnosis is more common
Screening services
Increase in patient experience of care satisfaction ratings

It's vital that the Humber and North Yorkshire specific cancer plan maintains best practice in areas where the cancer system is working well.

Delegates at the annual conference felt that the workforce provide excellent, patient centered care – something that needs to be built upon. In addition, the cancer plan should prioritise initiatives that support earlier diagnosis.

Where are our biggest pain points?

Performance across the pathway
Capacity in the system
Difficulty navigating digital systems
Long travel times for patients
Financial pressures and organizational boundaries

The regional cancer plan should address the biggest issues facing the local cancer system. The above indicates where key stakeholders within the cancer system see the biggest challenges.



What risks do you see to cancer services over the next decade?

Staff recruitment and retention

Capacity in the system

Ageing population

Increase in cancer referrals

Funding of services

Delegates of the annual conference, largely from the cancer workforce, were well placed to advise of the long-term risks they see in the local cancer system. These risks should be used to help identify potential areas of improvement in the cancer plan to ensure high quality care can be achieved for all patients.

Exercise 2

The key short-term priorities identified by exercise 2 are as follows:

- Moving from hospital to community**
 Improving collaboration between primary, secondary and community services to deliver more care closer to home. This includes reviewing how community nursing, Allied Health Professionals (AHPs) and acute oncology services can better support cancer care. Short-term action is needed to scope existing services, workforce, equipment and technology requirements, alongside accelerating progress towards unified digital systems and a single patient record.
- Shifting from analogue to digital systems**
 The short-term focus is on transitioning to digital-first pathways, particularly at the front end of cancer care. This includes piloting AI-enabled triage, screening and diagnostic support to manage an increase in referrals, reduce manual processes and improve pathway efficiency. Data sharing across systems is essential.
- Early detection and faster diagnosis**
 Priorities include increasing public awareness and screening uptake, educating primary care on red-flag symptoms and referral processes, and improving referral communication with patients. Meeting the 28-day faster diagnosis standard will require addressing system blockages through better navigation, increased diagnostic and MDT capacity, and targeted use of innovation and technology to support earlier and faster diagnosis.
- Treatment and personalised care**
 Short-term priorities are to strengthen personalised care and shared decision-making by identifying patient barriers, improving education and engagement, and reinforcing GP involvement in referral pathways. Workforce planning is essential to ensure sufficient care navigators, AHPs and Clinical



Nurse Specialists are in place to deliver wrap-around support and empower patients to manage their care more independently.

- **Workforce and digital enablement**

The most immediate need is investment in workforce capacity and retention, alongside creating time and opportunities for training and development. Standardising and integrating digital systems will reduce inefficiency, streamline communication and clarify roles. Early adoption of AI and digital tools should support demand management and smarter working, underpinned by fair pay and improved working conditions.

- **Reducing inequalities**

Short-term action should strengthen the use of data to understand variation in access and outcomes, supported by refreshed health inequalities strategies and improved digital integration. Working closely with local authorities, public health, Primary Care Networks and social care will be key to addressing the needs of underserved groups and spreading learning from successful pathways, while ensuring information is accessible and proportionate for patients.

The key long-term priorities identified by exercise 2 are as follows:

- **Moving from hospital to community**

A sustained shift of cancer care into community settings requires coordinated, cross-system working and significant investment in infrastructure and workforce capacity. Long-term priorities include building trust in community services, understanding and respecting patient choice, and changing public perceptions about where care can be safely delivered. Developing GPs with specialist cancer expertise, addressing knowledge gaps, and enabling seamless cross-setting working—including the delivery of clinical trials in the community—will be essential as pressure on community services increases.

- **Shifting from analogue to digital systems**

Digital transformation remains challenging due to system complexity and inconsistent adoption. Long-term priorities focus on replacing analogue processes with integrated digital systems that enable virtual clinics, improve efficiency, and support more flexible and accessible models of care.

- **Early detection**

Improving early detection depends on increasing awareness, screening uptake, and earlier presentation—particularly in underserved populations. Priorities include expanding community-based and at-home screening, strengthening education and messaging (including in schools), and embedding genetic risk awareness and testing into routine pathways to support prevention and early diagnosis.

- **Faster diagnosis**

Consistently meeting faster diagnosis standards requires investment in



diagnostic capacity and pathway efficiency. Long-term priorities include strengthening screening services, expanding community diagnostics, improving access to phlebotomy, and ensuring robust results management to reduce delays across the diagnostic pathway.

- **Treatment and personalised care**
Priorities include delivering personalised care closer to home and increasing prehabilitation and rehabilitation services across the region. Workforce capability, digital tools such as virtual wards, improved follow-up, and consistent personalised care approaches across the region are crucial to reducing variation and inequality. Community-based support should be strengthened, and work should be done to ensure personalised information is provided at key points along the cancer pathway, supported by a suitably trained workforce.
- **Workforce and digital**
Addressing workforce shortages alongside digital innovation is critical for sustainability. Priorities include using technology to reduce administrative burden, support patient self-management, and improve staff wellbeing, while preserving meaningful human contact. Long-term investment in career pathways, transferable training, and specialist cancer education for nurses and AHPs is essential.
- **Reducing inequalities**
Reducing inequalities requires coordinated action across transport, service availability, digital access, and workforce capability. Long-term priorities include improving access for rural and deprived communities, ensuring inclusive and culturally competent care, strengthening health literacy, and improving communication so patients can make informed choices and access appropriate support across the system.

The full list of short- and long-term priorities captured during exercise 2 can be shown in the Appendix (table 3).

Targeted community engagement activity, campaign and survey 2 responses

Following the conclusion of the summer engagement activity, work was done to identify gaps in engagement amongst key areas or groups to ensure all of those in the region who either a) live in an area of high deprivation or b) experience the greatest health inequalities, were given the chance to feed into the development of the local cancer plan.

After identifying where gaps occurred, the Cancer Alliance worked with members of its VCSE network to **target engagement activity** amongst the relevant groups and communities by visiting local community organisations to encourage members of communities to complete a survey and have conversations about cancer priorities. The full list of targeted engagement activity is shown on the next page.

Table 2 – all targeted engagement activity

Organisation/ community group	Inclusion group/ demographic
Age UK North Yorkshire	Older people, rural
Age UK Hull and East Riding	Older people, deprivation
Knit and Natter (Scunthorpe, support for older people)	Older people, deprivation
Centre 4 (Grimsby)	Older people, deprivation
Hull and East Riding Interfaith Network	Ethnic minority
The Health Gospel, Compassionate Hub	Ethnic minority
Gallows Close Centre, Scarborough	Deprivation, coastal
The Hinge Centre, Bridlington	Deprivation, coastal
Ashby Community Hub, Carers Group, Scunthorpe	Carers, deprivation
Warrior Women, Grimsby	Deprivation, women experiencing domestic violence
Carers Support Centre, Grimsby	Carers, deprivation
North Yorkshire LGBT Network	LGBT
Hull and East Riding LGBT Forum	LGBT
York LGBT Network	LGBT
Moorview Care, covering North Yorkshire, York and East Riding	Learning disability
Special Stars Hull	Learning disability
Learning Disability Partnership Board, East Riding	Learning disability
Farming Community Network, North Yorkshire	Rural
Scarborough, Whitby and Ryedale Mind	Severe mental illness, carers
East Riding Safeguarding Adults	Severe mental illness
United Response York	Severe mental illness
Humber Teaching Patient Forum	Severe mental illness
Castle Hill Hospital Fit 4 Life event	Patients, workforce, carers
Diane, Princess of Wales Hospital Fit 4 Life event	Patients, workforce, carers
Scarborough Prostate Cancer Support Group	Patients, carers
Selby Cancer Café	Patients, carers
Bridlington Cancer Café	Patients, carers, coastal
Yorkshire's Brain Tumour Charity Support Group – York	Patients
Bosom Buddies, Grimsby	Patients, deprivation
Bridlington Prostate Cancer Support Group	Patients, carers, coastal
North Lincolnshire Prostate Cancer Support Group	Patients, carers
Hull Breast Cancer Now Peer Support	Patients
Humber Teaching NHS Foundation Trust staff briefing	Workforce



Alongside the targeted engagement activity, a **comprehensive communications campaign** took place to reach as many people as possible throughout Humber and North Yorkshire to give them the opportunity to have their say on the regional cancer plan.

The campaign centred on:

- A paid-for social media advertising campaign, reaching people across the region, encouraging survey completion
- A media release shared with all key media outlets throughout Humber and North Yorkshire
- Sharing of the campaign and survey with all system stakeholders and wider partners, including VCSE network

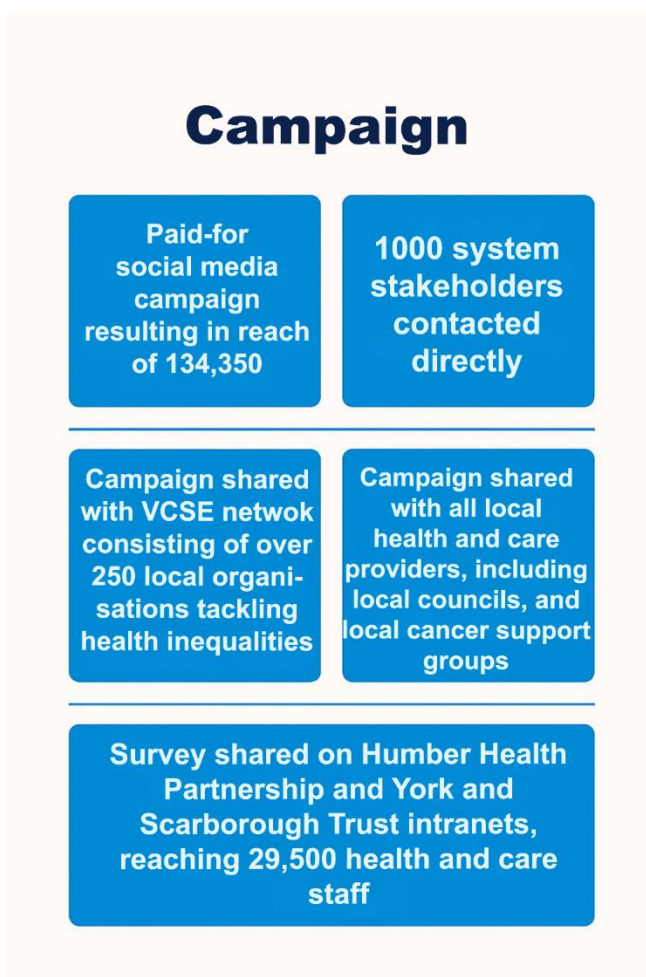


Figure 6- campaign statistics

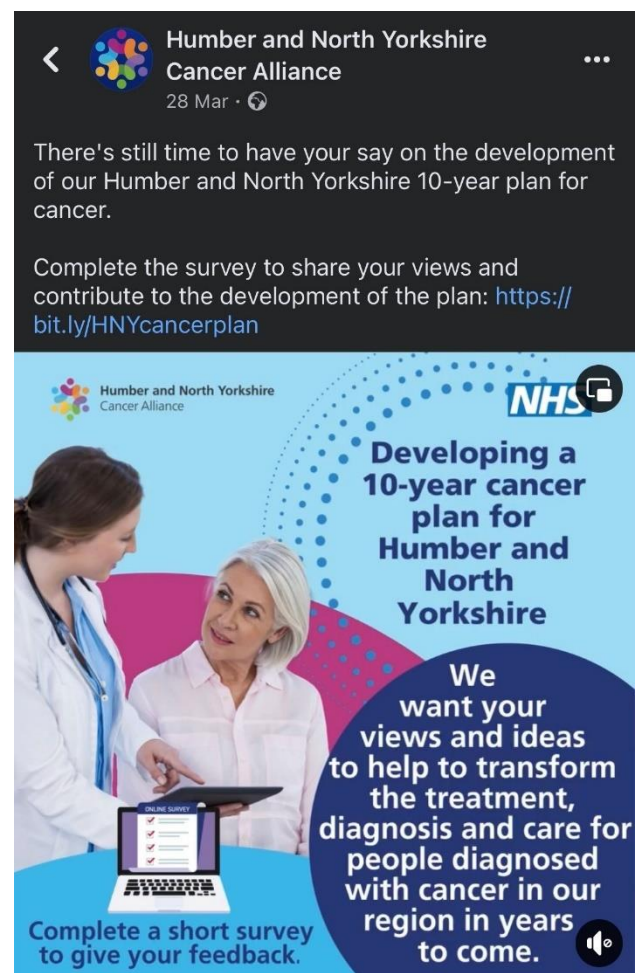


Figure 5- example Facebook post

The targeted engagement activity and communications campaign resulted in **782 responses** to the survey, which slightly differed from the survey used during the summer community engagement activity.

Survey 2 responses

The first 4 questions were on gathering information on the types of people responding to the survey.

62% of respondents said they had personal experience of cancer, either as a current or former patient (45%) or as the carer or a family member of somebody with cancer (17%). In addition, **28% said they worked in cancer services**, compared with 9% who worked in non-cancer specific health care roles.

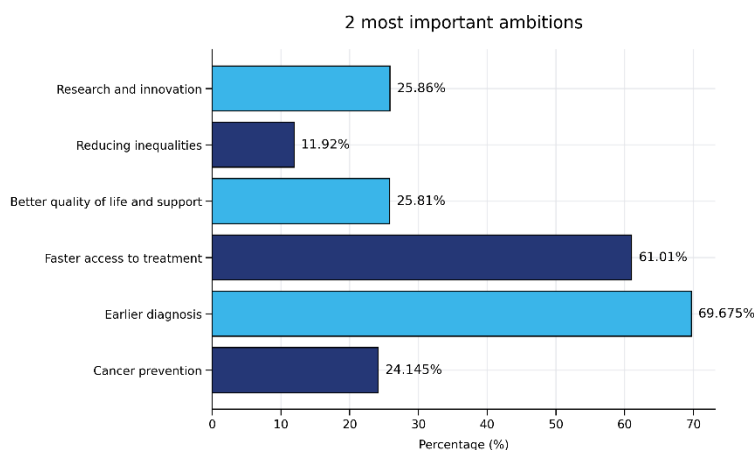
Respondents were asked to share which area of Humber and North Yorkshire they are most associated with (e.g. where they live and/or work) – **21.3% respondents said North Yorkshire**, compared with **20% for East Riding**, **15.4% for Hull**, **13.8% for York**, **12.5% for North East Lincolnshire**, and, **11.3% for North Lincolnshire**. 5.8% respondents fell under the 'other' category, meaning they said somewhere out of area or did not answer the question.

Respondents were asked to rank how strongly they support the National Cancer Plan ambitions to

- Improve cancer prevention
- Diagnose cancer earlier
- Start treatment faster
- Improve quality of life and personalised care
- Reduce inequalities
- Enhance research and innovation

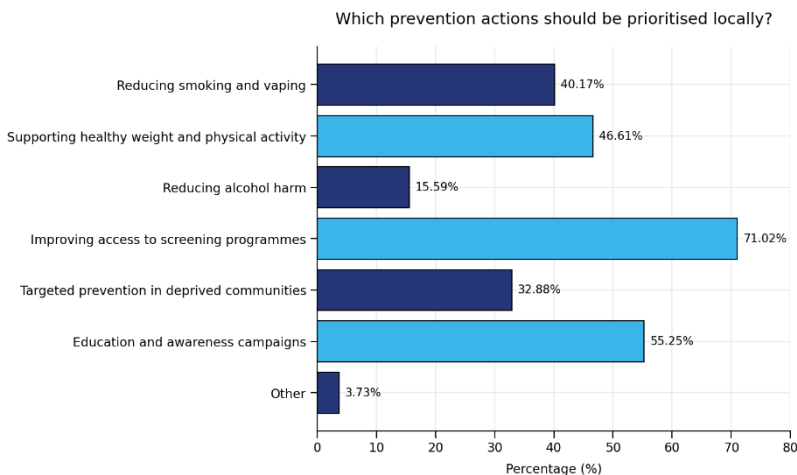
94% of respondents said they **strongly support** these ambitions.

Respondents were then asked to identify the 2 most important ambitions to them:



Earlier diagnosis and faster access to treatment are the most important ambitions according to respondents

When asked how important **cancer prevention** is, **94%** of respondents said it was **very or extremely important**.



Most respondents stated that **improving access to screening programmes** and focussing **education and awareness campaigns** would help with cancer prevention, and therefore should be prioritised within the cancer plan.

The survey asked respondents how strongly they agreed with the following statement: **"Prevention services in my local area are easy to access and meet the needs of different communities."**

- Only **12.88%** of people **agreed** with this statement
- **56.44%** of respondents said they were **neutral**
- Over **30%** of respondents said they **disagreed or strongly disagreed** with the statement, meaning the local cancer plan should address issues around access to prevention services

Respondents were asked **"what could be done differently or better locally to help prevent cancer?"** – the main themes captured include:

More education and awareness raising amongst local communities

Better access to screening services, including mobile services

More support for rural and coastal communities

Help for people to live healthier lives

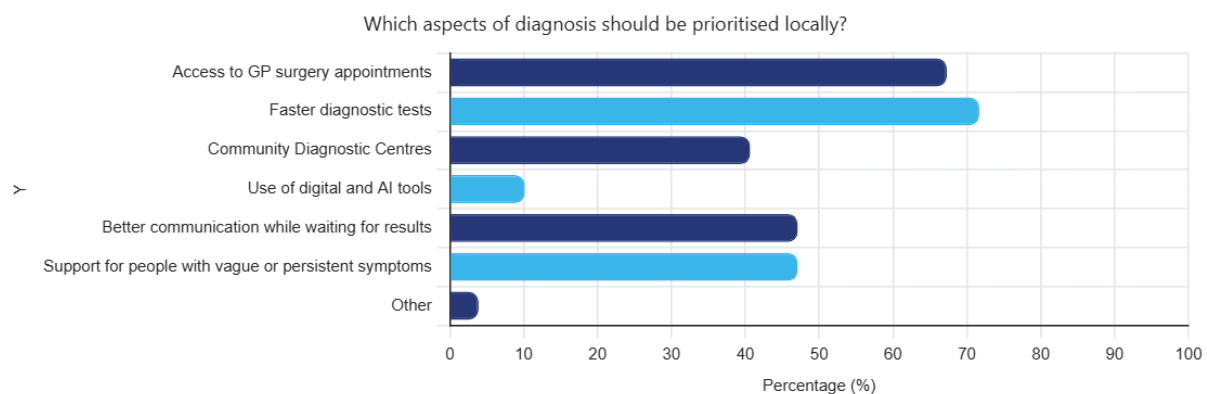


The survey asked respondents how **confident** they are that people in Humber and North Yorkshire can get a **cancer diagnosis quickly** when they need one.

- Only **11.86%** of people said they were **confident or very confident**
- **45.26%** of people said they were not **confident or slightly confident**
- **43.22%** of people said they **moderately confident**

The above rankings indicate that faster diagnosis should be a priority addressed by the Humber and North Yorkshire 10-year plan for cancer.

Following on from this, respondents were asked to choose which aspects of diagnostics should be prioritised locally (respondents could select up to 3 answers):



Faster diagnostic tests and **access to GP surgery appointments** were identified as the main priorities.

The survey asked respondents how strongly they agreed with the following statement: "**Diagnostic services in my area are organised around people's lives (location, opening times, accessibility).**"

- Only **17.8%** of respondents **agreed or strongly agreed**
- **44.75%** of respondents were **neutral**
- **38.65%** of respondents said they **disagreed or strongly disagreed**

Respondents were asked "**what would make the biggest difference to improving cancer diagnosis locally?**" – the main themes identified include:

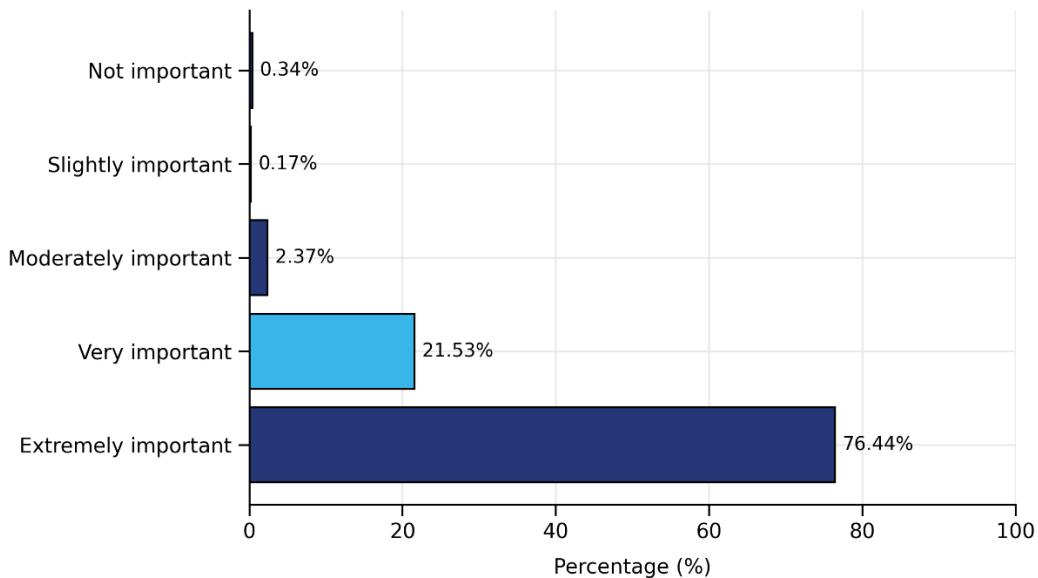
- Easier access to GP appointments**
- Better access to screening services, including mobile services**
- Better funding for local diagnostic services**
- Patients not having to travel for tests**

The surveys asked respondents how **confident** they are that people **start cancer treatment quickly** once a decision is made:

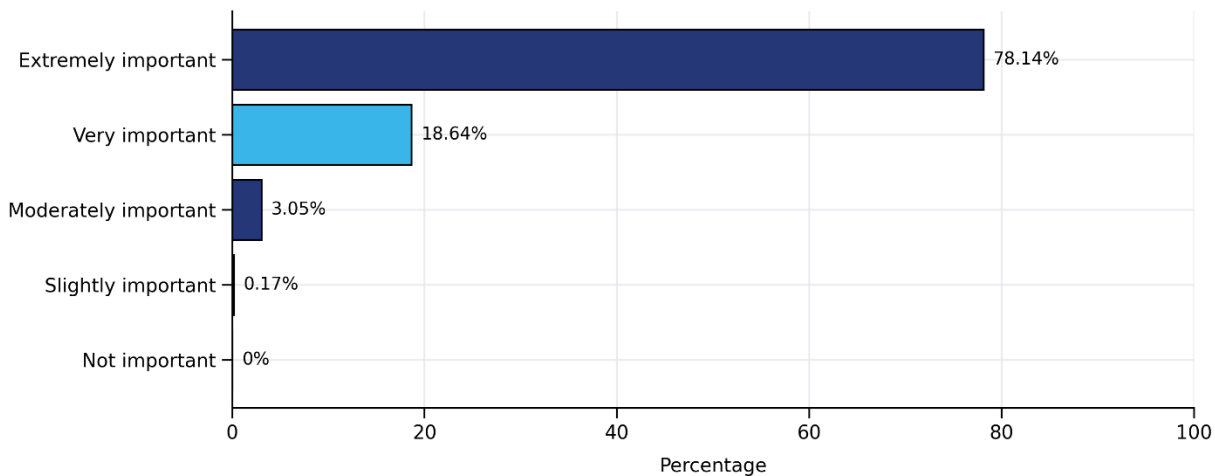
- **21.86%** of people were **confident or extremely confident**
- **42.03%** were **moderately confident**
- **37.29%** were **not or slightly confident** – meaning the cancer plan needs to address people not starting treatment quickly

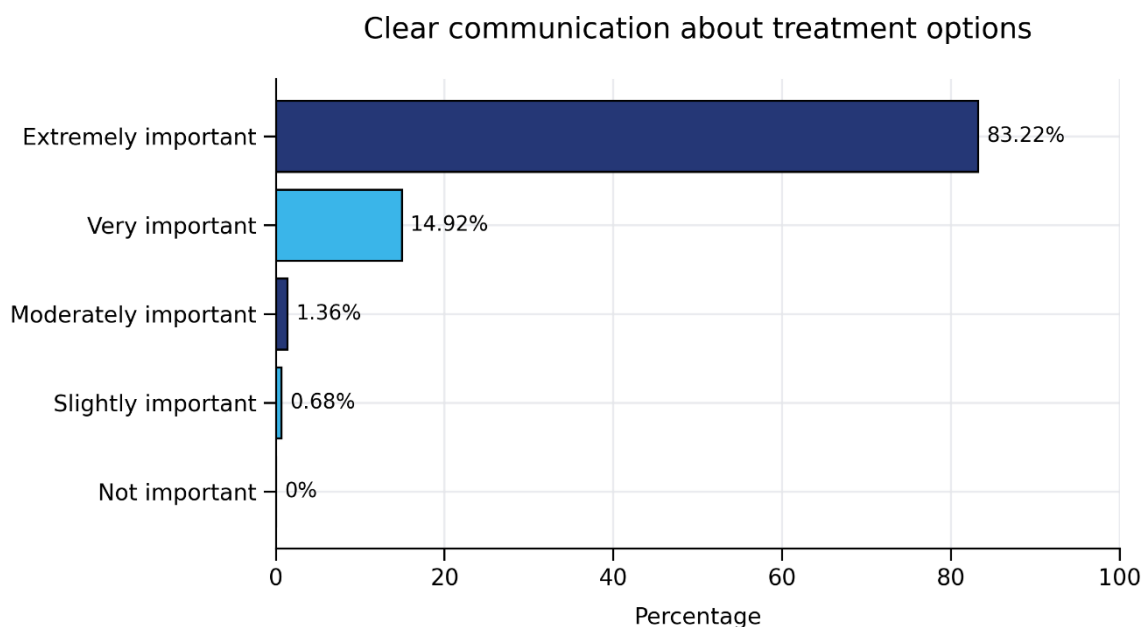
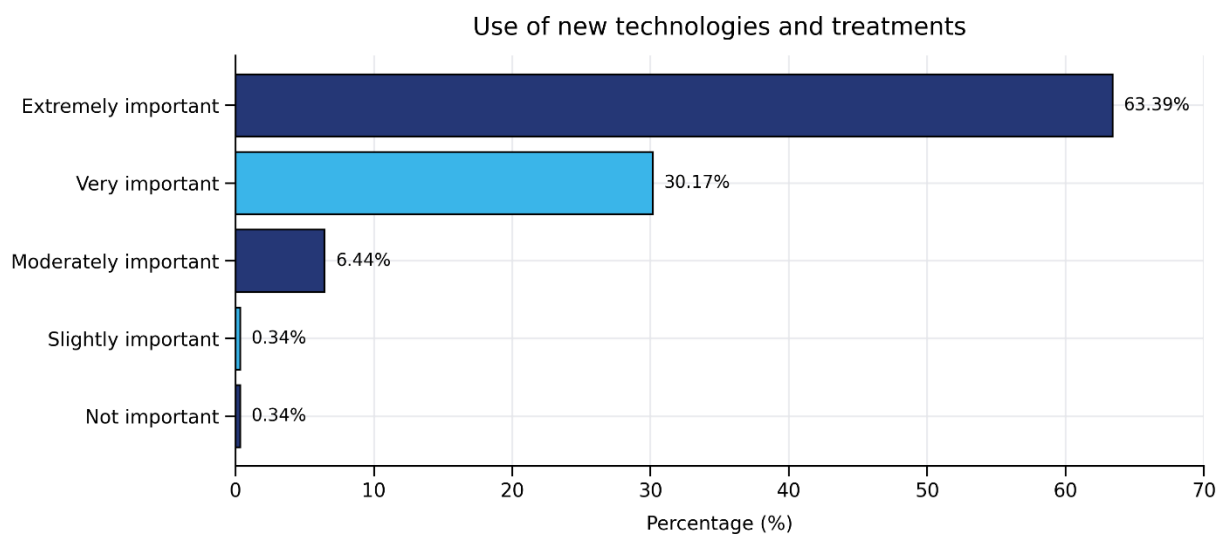
Respondents were asked 'How important are the following in improving cancer treatment locally?'

Access to specialist expertise



Coordinated care between services





Those who work in cancer services were asked **'what are the main barriers to delivering timely, high-quality treatment locally?'** – responses included the following:

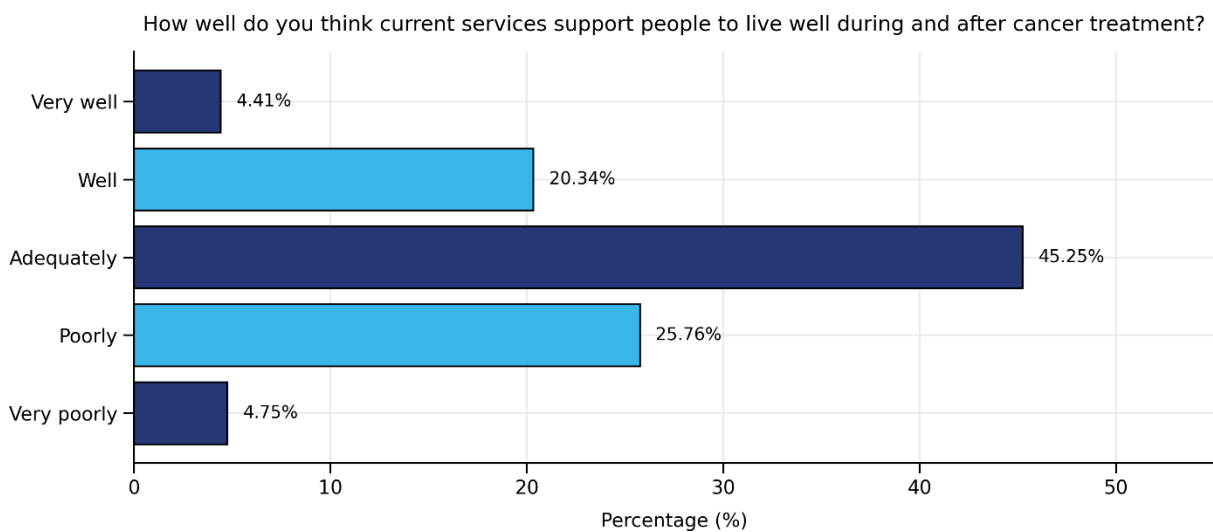
- "Growing year on year demand, increasing diagnostic complexity where capacity has failed to grow at the same rate"
- "Staffing levels and building space. Postcode - not every cancer centre provides the relevant treatments (chemotherapy, immunotherapy and radiotherapy)"
- "Lack of staff and administration support as well as a poor IT infrastructure"



Following on from this, all respondents were asked "what one change would most improve cancer treatment in Humber and North Yorkshire?" – key themes captured include the following:

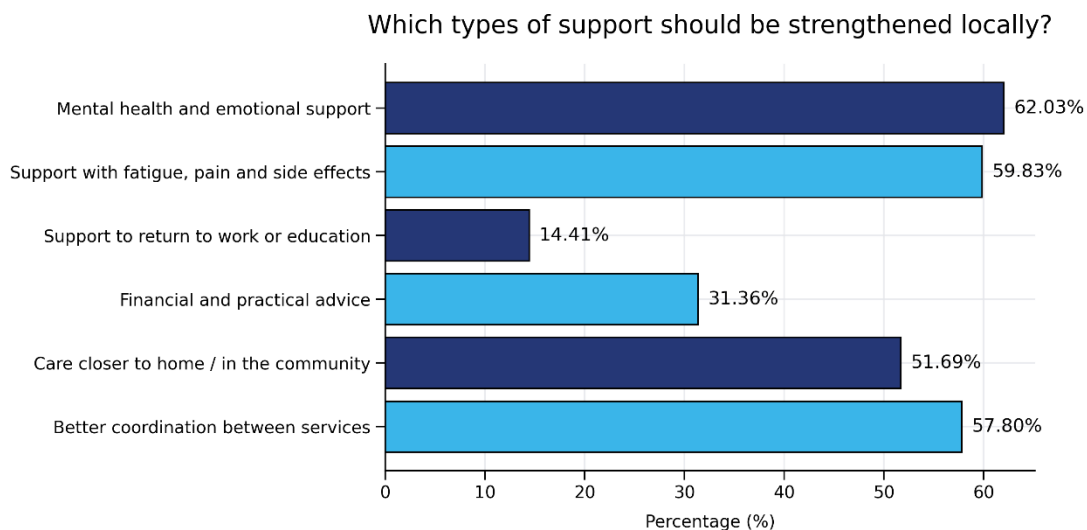
- Personalised communication and support**
- More efficient sharing of information between various arms of the NHS**
- Treatment starting quicker following a diagnosis**
- Patients not having to travel for treatment**

Respondents were asked how well they think cancer services support people to live well during and after treatment:



Around 30% of people think people are not supported well (poor or very poor), something that needs to be addressed in the regional cancer plan.

The survey asked respondents which types of support should be strengthened locally, the results are shown below (respondents could select multiple options).



Mental health and emotional support are seen as the priority type of support to be strengthened in Humber and North Yorkshire.

Respondents were asked how strongly they agreed with the following statement: **"People affected by cancer feel listened to and involved in decisions about their care."**

- 20.5% strongly disagreed or disagreed
- 43.05% were neutral to the statement
- 36.45% agreed or strongly agreed

Respondents were asked to state what matters most to them about cancer care and support, the main themes captured include:

Access to local support for before, during and after treatment

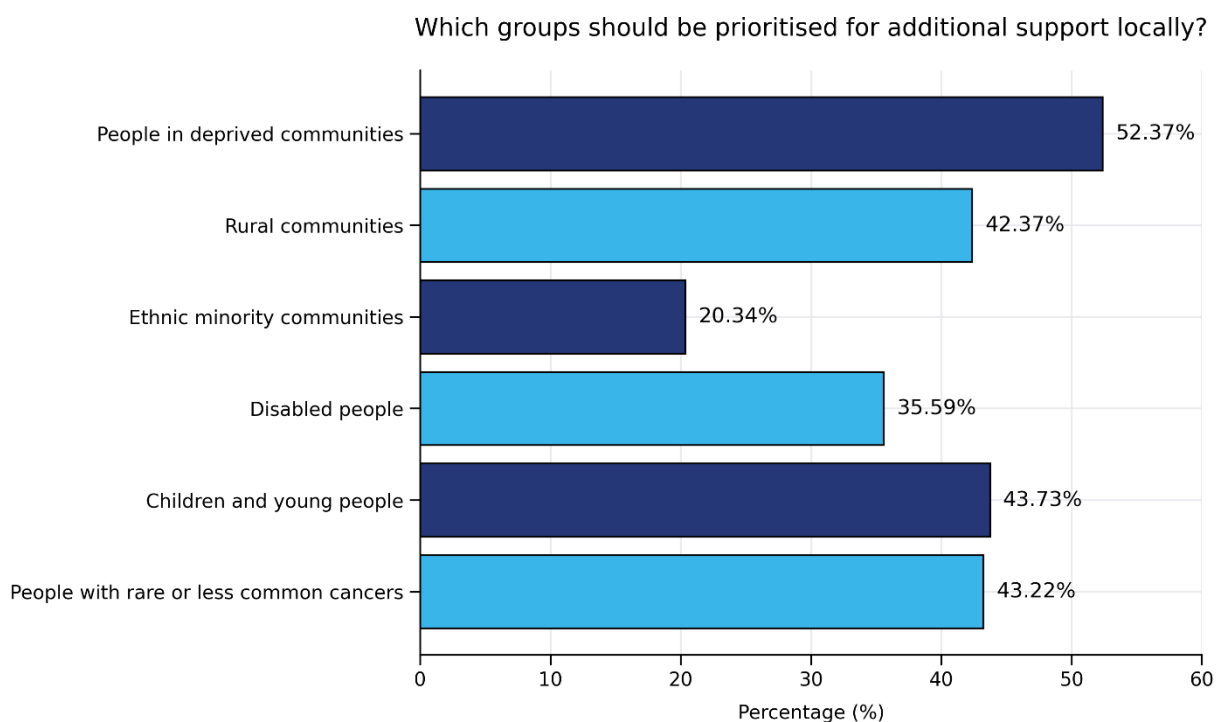
Patients feeling listened to and informed

Clear communication on all aspects of cancer treatment from clinical teams

Support being tailored to the individual

84.54% of respondents felt that it is **very or extremely important** that **local cancer services actively reduce inequalities between communities.**

When asked which **groups should be prioritised for additional support locally**, respondents gave the following results (more than 1 group could be selected):



Respondents indicated that people in deprived communities should be prioritised.

Respondents were asked "what should local NHS organisations do differently to deliver the ambitions of the National Cancer Plan in Humber and North Yorkshire? – the key themes captured include the following:

Fix workforce shortages and support staff

Join up services and improve communication

Deliver care faster and closer to home

Listen to patients and design services around real need

Tackle inequalities through prevention and education

Respondents said:

"We want the cancer plan to address workforce shortages in the area and account for health inequalities across HNY, particularly in coastal areas"

"We want to see the cancer plan help with improving communication amongst different departments and with patients"



Summary of responses and recommendations for the plan

Across both surveys and all respondents there is very strong support for the ambitions of the 10-year cancer plan, with over 84% strongly supporting the ambitions.

The clearest message is that earlier diagnosis and faster access to treatment are seen as the most urgent priorities, underpinned by a strong expectation that services should be accessible, coordinated, equitable and person-centred.

While prevention is viewed as critically important, confidence is lower in current delivery of prevention and diagnostic services, particularly in terms of accessibility, responsiveness, and reducing inequalities across Humber and North Yorkshire.

The cancer workforce, cancer patients and members of the public in Humber and North Yorkshire all identify similar priorities that the Humber and North Yorkshire 10-year plan for cancer should address:

- Earlier and faster diagnosis is continuously highlighted by all stakeholder groups as the number one priority
- Workforce shortages are seen as a major concern in the region, and the cancer plan needs to ensure that the workforce is adequately supported to ensure it can deliver high quality care for patients
- Patients and the public would like to see the cancer plan prioritise improvements in communication from clinical teams across both primary and secondary care
- All stakeholder groups identify an opportunity for greater education around cancer signs and symptoms, particularly amongst groups and communities facing the greatest health inequalities

The priorities identified above are in line with many of the ambitions set out in both the National Cancer Plan and the 10-year Health Plan for England, meaning the **Humber and North Yorkshire 10-year plan for cancer (TO ADD LINK)** builds upon the national ambitions and tailors the approach to appropriately reflect the needs of those using cancer services in Humber and North Yorkshire.

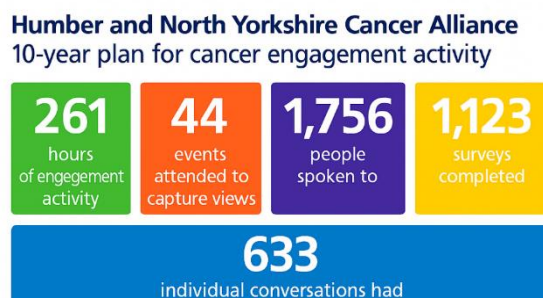
Appendix

- [Survey 1](#) (used during summer engagement activity)
- [Survey 2](#) (used during targeted engagement activity and communications campaign)
- [Humber and North Yorkshire 10-year cancer plan webpage](#)
- [Example Facebook post used during campaign](#)
- [Example X post used during campaign](#)
- [Example LinkedIn post used during campaign](#)

Figure 1: Social media graphic used during campaign



Figure 2: summary of HNY engagement activity



Humber and North Yorkshire
Cancer Alliance

Figure 3: Cancer Alliance colleagues at summer events



Figure 4: HNY Cancer Alliance annual conference workshop



Figure 5 – example Facebook post

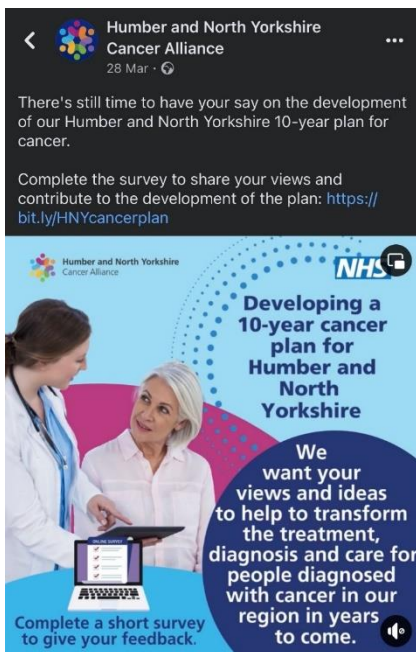


Figure 6 – campaign statistics



Table 1: summer events attended

Event attended	Date
Bridlington Active Communities	29/6/25
Messingham Show	7/6/25
Carers Marketplace (Hull)	12/6/25
East Riding Learning Disability community hub, Bridlington	18/6/25
Roma event (York)	12/7/25
Queens Centre Health and Wellbeing event	16/7/25
Driffield Show	16/7/25
Ongo Festival (Scunthorpe)	6/8/25



Community Health Fair (Peel Street Park)	21/8/25
Scunthorpe Pride	23/8/25
Scarborough Pride	13/9/25

Table 2 – targeted engagement activity

Organisation/ community group	Inclusion group/ demographic
Age UK North Yorkshire	Older people, rural
Age UK Hull and East Riding	Older people, deprivation
Knit and Natter (Scunthorpe, support for older people)	Older people, deprivation
Centre 4 (Grimsby)	Older people, deprivation
Hull and East Riding Interfaith Network	Ethnic minority
The Health Gospel, Compassionate Hub	Ethnic minority
Gallows Close Centre, Scarborough	Deprivation, coastal
The Hinge Centre, Bridlington	Deprivation, coastal
Ashby Community Hub, Carers Group, Scunthorpe	Carers, deprivation
Warrior Women, Grimsby	Deprivation, women experiencing domestic violence
Carers Support Centre, Grimsby	Carers, deprivation
North Yorkshire LGBT Network	LGBT
Hull and East Riding LGBT Forum	LGBT
York LGBT Network	LGBT
Moorview Care, covering North Yorkshire, York and East Riding	Learning disability
Special Stars Hull	Learning disability
Learning Disability Partnership Board, East Riding	Learning disability
Farming Community Network, North Yorkshire	Rural
Scarborough, Whitby and Ryedale Mind	Severe mental illness, carers
East Riding Safeguarding Adults	Severe mental illness
United Response York	Severe mental illness
Humber Teaching Patient Forum	Severe mental illness
Castle Hill Hospital Fit 4 Life event	Patients, workforce, carers
Diane, Princess of Wales Hospital Fit 4 Life event	Patients, workforce, carers
Scarborough Prostate Cancer Support Group	Patients, carers
Selby Cancer Café	Patients, carers
Bridlington Cancer Café	Patients, carers, coastal
Yorkshire's Brain Tumour Charity Support Group – York	Patients
Bosom Buddies, Grimsby	Patients, deprivation



Bridlington Prostate Cancer Support Group	Patients, carers, coastal
North Lincolnshire Prostate Cancer Support Group	Patients, carers
Hull Breast Cancer Now Peer Support	Patients
Humber Teaching NHS Foundation Trust staff briefing	Workforce

Table 3 (from annual conference exercise 2)

<u>Short term priorities</u>	<u>Long term priorities</u>
Moving care from hospital to community	
<ul style="list-style-type: none"> ➤ Collaborative meetings ➤ Primary care and community services – scope what exists (we know there are integrated services) ➤ Better collaboration and integration between primary and secondary care – i.e. bloods and prescriptions ➤ Share the aim – primary and secondary care ➤ Change in relationship / behaviours <ul style="list-style-type: none"> - self administration of chemotherapy - Occupational therapists / physio input ➤ Review community nursing services – what more could they do regarding cancer care? ➤ Acute oncology service – community service? Versus virtual wards ➤ Scope what kit, technology, staffing is needed to deliver care closer to home ➤ Unify software across Cancer Alliance geography ➤ Single patient record 	<ul style="list-style-type: none"> ➤ A collaborative approach across multiple teams to ensure infrastructure is in place to deliver safe and effective care by well trained professionals ➤ Lack of resources to deliver effectively (long term) – therefore assessment of needs is required (short term) ➤ Will put more pressure on community services ➤ Lack of infrastructure ➤ Patient choice – do they actually want to change from hospital care to community ➤ Changing patients' perspective of where care should be delivered ➤ Developing trust in community services ➤ Collaborative working ➤ GPs with specialist interest in cancer ➤ Gaps in knowledge ➤ Cross-setting work ➤ How do we delivery clinical trials in the community?
Shifting from analogue to digital systems	
<ul style="list-style-type: none"> ➤ Move to AI at front end of the pathway – diagnosis and screening; prior and at referral 	<ul style="list-style-type: none"> ➤ IT systems (analogue to digital) – too difficult/ too big a problem ➤ Facilitated virtual clinics



triage (referral rates increasing / conversion static)	
Early detection – How do we drive earlier presentation, uptake of screening, and awareness?	
<ul style="list-style-type: none"> ➤ Raising public awareness via posters and social media ➤ Additional screening ➤ Faster diagnosis <ul style="list-style-type: none"> - system clogged up – therefore system needs not to be declogged - education with primary care 	<ul style="list-style-type: none"> ➤ More ‘at home’ screenings ➤ Commitment to increase capacity for screenings in community and among seldom heard groups ➤ Better conversations around cancer in schools – change messaging ➤ Genetics <ul style="list-style-type: none"> - Awareness raising of heightened cancer risk - Testing - Discover Me - Lynch – regular colonoscopy
Faster diagnosis – How do we meet the 28-day diagnosis standard consistently?	
<ul style="list-style-type: none"> ➤ Education ➤ Improving GP referrals ➤ Appointment navigation / contact ➤ Importance of GPs recognising red flag symptoms / and importance of referral communication to patients ➤ Innovation / technology developments to help identify more common factors ➤ Cytosponge ➤ Availability of tests / MDTs slots / navigator filtration role ➤ Decoupling cancer services from acute / emergency care 	<ul style="list-style-type: none"> ➤ Screening ➤ Improve local services and phlebotomy ➤ Stop capacity ➤ Diagnostics ➤ Results management
Treatment and personalised care – How do we scale precision medicine and wrap-around support?	
<ul style="list-style-type: none"> ➤ Identify patient barriers – improve engagement and identify education needs ➤ Engaging GPs to engage in the referral processes ➤ Empower patients to make shared decision making ➤ Workforce in place to support personalised care – analysis of what is needed – care navigator? AHPs? CNSs? ➤ Cancer car map 	<ul style="list-style-type: none"> ➤ Delivering personalised care locally – living with and beyond cancer services (outreach) ➤ Using evidence-based approaches, frameworks, and national direction to apply and adopt impactful work – ‘lift and drop’ approach ➤ Outcome-based commissioning for prehab and rehab ➤ Local 10-year plans to determine how it becomes standardised care for everyone



<ul style="list-style-type: none"> ➤ Educate patients – empower them to have more autonomy 	<ul style="list-style-type: none"> ➤ Using wider system partnership-based approaches. For Active Together – including model of neighbourhood health. ➤ Changing culture – becoming truly patient informed ➤ Using technology to deliver personalised care – virtual wards? ➤ Learning from what is done with other chronic conditions ➤ How to scale precision medicine <ul style="list-style-type: none"> - vaccines - technology - Workforce ➤ Follow-up clinics <ul style="list-style-type: none"> - improved management of these - Staff education - Safety netting ➤ Consistency of TPPC across all parts of HNY – reduce care inequalities <p>Genetic testing at birth – expand this approach into cancer</p> <ul style="list-style-type: none"> ➤ Reviewing BRCA gene (and similar) mutation testing in the same method as screening ➤ Looking at inequalities to research and clinical trials access in the same way that we examine health inequalities <ul style="list-style-type: none"> - Applying access to research to a lens to cancer waiting times - Expand study access in district hospitals - Review research conversation access – NCPES results - Expand cancer vaccine launchpad - Working together in engaging with targeted screening population ➤ Personalised care – tailoring information at the touchpoints within the pathway ➤ Support groups within the community
-----------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



	<ul style="list-style-type: none"> ➤ Workforce <ul style="list-style-type: none"> - Training - Wraparound support within the community - Patient-led activities
Workforce and digital – How do we address staffing shortages and use tech to work smarter?	
<ul style="list-style-type: none"> ➤ Staffing – taking care of future proofing ➤ Training and development posts ➤ Staffing to meet service demands but also upskill existing workforce (commit to making the time so they can do training) ➤ Digital systems which link in to each other ➤ Fair pay for role and conditions (parking) ➤ Investment short term needs to be on increasing workforce ➤ Ways of working: standardised digital systems ➤ Reducing limited contract value ➤ Integration of data – digital systems ➤ Streamline communication ➤ Define roles / responsibilities / boundaries ➤ AI ➤ Use AI to filter out issues ➤ Making use of apps for symptom checking – to assist with time constraints 	<ul style="list-style-type: none"> ➤ Online booking and cancellation of appointments – saving time and money in the process ➤ Reducing staff hours – positive outcome of better adoption and use of technology ➤ Patient-directed surveillances – happening ‘with’ not ‘to’ ➤ Staff wellbeing ➤ Technology adoption saves money through avoiding duplication of appointments ➤ Technology adoption: How do we maintain human contact? ➤ Ease of access for staff and patients alike ➤ Technology enables patient autonomy – therefore less need for admin staff and cultivates patient independence and self direction. ➤ Career pathways ➤ Review mandatory and statutory training (relevance) – ensure training is transferable from one organisation to another, rather than having to do multiple times. Some training needs to be done too often. ➤ Focus on enabling patients to self manage care (short and long term) ➤ Preventative medicine ➤ Sustain investment in workforce ➤ Provide education and training for specialist nurses and AHPs to support ongoing / long term cancer patient care. ➤
Reducing inequalities – How do we ensure access and outcomes are equal across urban, rural, and deprived areas?	



<ul style="list-style-type: none"> ➤ Continued improvement of HI dashboards and place plans ➤ Cancer HI strategy refresh ➤ Data audit and digital transformation – lack of integrated systems ➤ Knowing needs of health inclusion groups – e.g. LD, deprived areas, people living with multiple conditions ➤ Link with council / social care / ICB / PCN – public health agenda ➤ Look at examples of good pathway to help model for less successful areas ➤ Recognise stress of ‘over information’ 	<ul style="list-style-type: none"> ➤ Public transport and assisted transport (so patients can easily get to their appointments) – universal coverage: accessibility for rural areas and availability of services ➤ Review what is available – in heard to reach areas <ul style="list-style-type: none"> - Diagnostics (CDCs) - Hospices - Counselling / clinics - Access to ➤ IT compatibility across HNY region <ul style="list-style-type: none"> - Digital advertising of services - Use of AI to support reduction of health inequalities ➤ Innovation / research: Use of molecular markers to determine malignancy – reduce use of CT scans ➤ Transport - integrated to all councils ➤ Eligibility for patients for transport ➤ Translation of letters into native language for non-English speaking patients / those who are illiterate ➤ Education (health literacy) ➤ GPs as main contact for bowel screening ➤ Continuing care funding, screening vans ➤ LGBTQIA – accessibility – stigma (barrier to seek help) and necessary support – staff education to support this group ➤ Disability accessibility – couches ➤ Ethnicity education – particularly skin cancer education for staff and patients ➤ Need team to match new initiatives ➤ Public education re palliative / future planning ➤ Communication to patient to help them make informed choices about treatment and raise
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



	awareness about reasonable adjustments which can be made to support them to access healthcare / peer support.
--	---------------------------------------------------------------------------------------------------------------

