Humber and North Yorkshire Cancer Alliance

NHS
Humber and North Yorkshire
Integrated Care Board (ICB)

Humber and North Yorkshire Cancer Plan

www.hnycanceralliance.org.uk @HNYCancer

"Together, we will continue to transform cancer care"

Contents

"This plan, and future iterations of it, is both a statement of intent and a call to action."

Dr Nigel Wells

Section 1

Foreword

The publication of the National Cancer Plan, in February 2026, marks a pivotal moment in our collective ambition to improve cancer outcomes, enhance patient experience, and reduce inequalities across the country.

It sets a clear and compelling vision for the future of cancer care - one that prioritises earlier diagnosis, faster access to treatment, innovation, and personalised care.

Here in Humber and North Yorkshire, we recognise both the opportunity and the responsibility this national direction brings.

Our region is characterised by a rich diversity of communities, spanning coastal, rural, and urban areas, each with distinct health needs and challenges.

It is precisely this diversity that has shaped our approach in developing a bespoke local long-term cancer plan - one that aligns with national priorities while responding directly to the realities faced by our population.

This Humber and North Yorkshire plan reflects the strength of our partnership working across the Cancer Alliance, the Integrated Care Board, providers, local authorities, and, importantly, our patients and communities.

It sets out how we will deliver meaningful improvements in prevention, awareness, diagnosis, treatment, and living with and beyond cancer; ensuring that no one is left behind due to where they live or who they are.

We are committed to tackling inequalities, investing in our workforce, embracing innovation, and strengthening collaboration across organisational boundaries. By doing so, we aim not only to meet the ambitions of the National Cancer Plan but to exceed them in ways that truly matter to the people we serve.

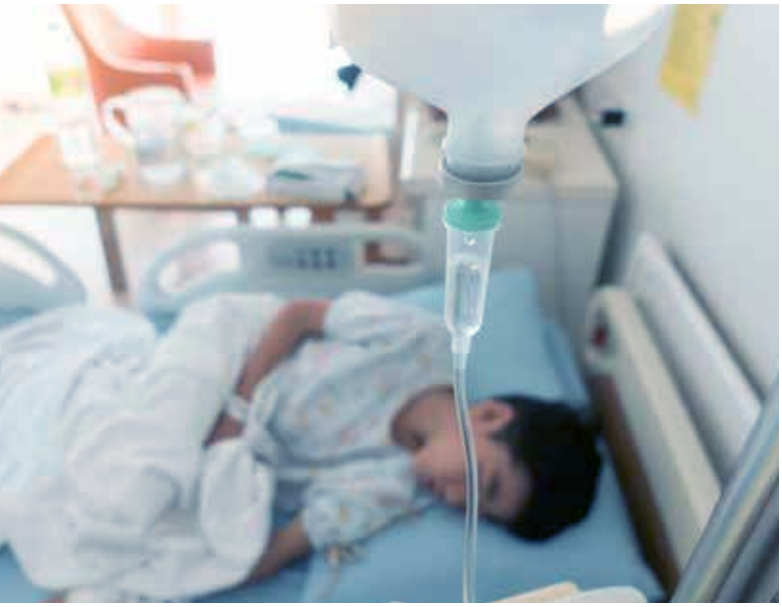
This plan, and future iterations of it, is both a statement of intent and a call to action. Together, we will continue to transform cancer care across Humber and North Yorkshire, improving outcomes and delivering compassionate, high-quality care for all.

Dr Nigel Wells
Medical Director, NHS Humber and North Yorkshire Integrated Care Board
Chair of Humber and North Yorkshire Cancer Alliance

Section 2

About this document

This document summarises the early thinking about how Humber and North Yorkshire Cancer Alliance, working in partnership with NHS organisations, local authorities, voluntary sector partners, and people affected by cancer, intends to contribute to delivering the ambitions of the **National Cancer Plan** on a regional scale.



The national plan outlines a long-term vision to transform cancer outcomes and experience across England over the next decade. Its ambition is that by 2035, 3 in 4 people diagnosed with cancer will survive for 5 years or more, alongside improvements in early diagnosis, faster access to treatment, innovation, and quality of life for people living with and beyond cancer.

The Humber and North Yorkshire Cancer Plan describes the early thinking about how partners across the Humber and North Yorkshire system will work together to support these ambitions locally.

It sets out the priorities, areas of focus, and commitments that will guide the development and delivery of cancer services across the region. The plan reflects the shared goal of improving outcomes, reducing inequalities, enhancing patient and carer experience, and ensuring that cancer services remain sustainable and responsive to the needs of our population.

This document is intended to provide an overall framework rather than a detailed implementation plan. While it outlines the direction of travel for cancer services across Humber and North Yorkshire, the precise mechanisms for delivering all of the ambitions of the national plan are still being developed.

Implementation will evolve over time as national guidance continues to emerge, as evidence and innovation develop, and as system partners work together to determine the most effective approaches for our local population.

As such, this plan should be viewed as a living document. Delivery plans, milestones and measures will continue to be refined through collaboration with partners, clinicians, patients and communities.

The Cancer Alliance will work with system partners to prioritise actions, align with national policy and funding frameworks, and ensure that progress towards the ambitions of the National Cancer Plan is monitored and transparently reported.

Section 3

About Humber and North Yorkshire Cancer Alliance

Humber and North Yorkshire Cancer Alliance (HNY Cancer Alliance) is one of 20 **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.

With the launch of the National Cancer Plan and the 10 Year Health Plan, cancer alliances are uniquely positioned to lead on the fulfilment of national cancer priorities and are set to remain as an essential component to delivery.

Cancer alliances use their expertise to lead whole-system planning and delivery of cancer care on behalf of their integrated care board(s) and integrated care system(s), as well as providing clinical leadership and advice on commissioning.

Delivery priorities, include:

- Improving cancer pathways, reducing waiting times and meeting operational performance targets.
- Diagnosing cancer earlier and improving survival, through innovation and scale-up of successful interventions like Lung
- Cancer Screening, and reducing treatment variation.
- Improving patient experience and quality of life, supporting providers to implement new follow-up pathways for personalised care.
- Reducing health inequalities in cancer, using latest data and working with partners to identify solutions.

Humber and North Yorkshire Cancer Alliance

Cancer services are delivered through a network of hospitals, community services, diagnostic facilities, and specialist centres.

These include acute providers such as Hull University Teaching Hospitals NHS Trust, York and Scarborough Teaching Hospitals NHS Foundation Trust, and Northern Lincolnshire and Goole NHS Foundation Trust, alongside primary care networks, community services and voluntary sector partners.

HNY Cancer Alliance brings these organisations together to transform the diagnosis, treatment and care for cancer patients in Humber and North Yorkshire.

Visit the **HNY Cancer Alliance website** to find out more.

Section 4

Our **communities**

Spanning 1.08 million hectares and covering a population of 1.7 million people, the Humber and North Yorkshire 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, North Lincolnshire, and North East Lincolnshire.

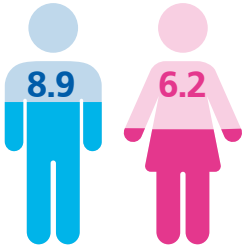
The population of Humber and North Yorkshire is diverse and this presents both opportunities and challenges. The life chances of our citizens can vary significantly across the different neighbourhoods and places that make up our region.

More than **200,000 of the population is living in poverty,** including 60,000 children living in low-income families.

Deprivation is associated with several poor health and cancer-related factors including higher rates of cancer incidence, later stage diagnosis, emergency presentation, cancer mortality, alcohol-related cancers, low screening participation and greater prevalence of risk factors such as smoking and excess body weight.

More than 2,400 people die each year from causes considered to be preventable

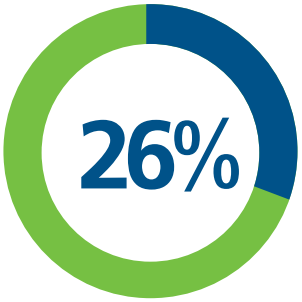
There is also a considerable gap in healthy life expectancy between people living in the least and most deprived communities in the area. In some areas the gap is as high as 15 years.



The difference in life expectancy between people living in the least and most deprived areas is **8.9 years for males and 6.2 years for females.**

Cancer remains one of the leading causes of illness and death across the region. Each year around 12,000 people are diagnosed with cancer in Humber and North Yorkshire, and many more people are living with and beyond a cancer diagnosis.

Despite many strengths in our cancer system, significant challenges face our people



In Hull (the fourth most deprived area in England) more than one in four (26%) cancers are diagnosed through an emergency route such as A&E – the second highest percentage in England.

Emergency presentation is associated with a higher proportion of late stage diagnosis and reduces the likelihood of positive treatment outcomes.

Almost 12,000 people are diagnosed with cancer annually, a higher rate than the England average.

People living in rural areas, such as those found in North Yorkshire, are less likely to survive some cancers, including pancreatic cancer, than those living in urban areas.

Some people who live on Yorkshire's coast have to travel more than one hour for cancer treatment.

This means they may be less likely to take up the offer of some treatments, and less likely to complete their treatment, due to the time and financial and physical costs involved in travelling.

The Humber and North Yorkshire Cancer Plan sets out the initial thinking about how partners across the region will work together to address these challenges and build on existing strengths.

By focusing on prevention, awareness and early diagnosis, high-quality treatment, personalised care, and innovation, we aim to improve outcomes and quality of life for everyone affected by cancer in Humber and North Yorkshire.

Section 5

About the National Cancer Plan

The **National Cancer Plan**, published by the Department of Health and Social Care and NHS England in February 2026, sets out a long-term strategy to transform cancer prevention, awareness, diagnosis, treatment and survivorship over the next decade and beyond.

The plan aims to save 320,000 more lives over the next 10 years with more people supported to live well after treatment, or when living with cancer as a long-term condition.

A central ambition of the plan is that by 2035, **three in four people diagnosed with cancer will survive for at least five years**, representing the fastest improvement in cancer survival this century.

The plan is structured around the following **key commitments:**

- Driving up **NHS cancer performance**
- Becoming a **global leader** in cancer outcomes by 2035
- **Designing cancer care** around people's lives
- Delivering world- class cancer care through **world-class research**
- **Tackling cancer** in children and young people
- **Prioritising** rare and less common cancers

Achieving this ambition will require earlier diagnosis, faster treatment, improved access to innovation and research, and better support for people living with and beyond cancer.

The plan takes a whole-pathway approach, covering prevention and risk reduction, screening and diagnosis, treatment and care, and long-term support. It also recognises the importance of tackling inequalities in cancer outcomes and ensuring that advances in science, technology and service delivery benefit all communities.

Driving up NHS cancer performance

The Government and NHS England have vowed to meet **NHS cancer wait time standards** by the end of this Parliament, by:

> Delivering 9.5 million additional tests by 2029 via investment in diagnostics, ensuring as many community diagnostic centres as possible are fully operational, open 12 hours a day, every day.

> Prioritising improvement in the most challenged trusts.

> Using the **5 big technological bets of the 10-year Health Plan** to free up capacity and give staff more time to care.

> Cutting unnecessary appointments by giving patients control over their care via straight-to-test pathways and patient-initiated follow-up pathways.

> Harnessing innovative technology to triage patients to make better use of diagnostic capacity, allow patients to access testing in their own homes, and prioritise care for the people at highest risk of cancer.

Become a global leader in cancer survival and outcomes by 2035

The successful implementation of National Cancer Plan will mean that 3 in every 4 people diagnosed in 2035 will be cancer-free or living well with cancer after 5 years – which translates to 320,000 more lives saved over the course of this plan.

This will be done, in part, by:

> Rolling out the Lung Cancer Screening programme nationally by 2030, and increasing the sensitivity of bowel cancer screening.

> Passing the Tobacco and Vapes Bill, supporting efforts to end the obesity epidemic (by accelerating GLP-1 medicine uptake), and rolling out catch-up HPV vaccinations to eliminate cervical cancer by 2040.

> Allowing patients greater control of their health by managing screening invitations, appointments, and treatment plans via the **NHS app** and bringing together genomic and lifestyle data with the single patient record to provide personalised risk profiles and prevention advice.

> Providing more patients with access to genomic testing, both to find more people with a higher inherited risk of cancer and so that every patient who needs a genomic test to support treatment gets one.

> Providing every patient with access to top-quality care through a new approach to quality and by providing more patients with access to specialist treatment centres.

Designing cancer care around people's lives

By shifting more cancer care out of hospital and into local neighbourhoods, the NHS will be there for the ever-growing number of people who have got beyond their treatment or who are living with cancer as a long-term condition.

This will be achieved by:

> Ensuring every patient will get a Holistic Needs Assessment and a Personal Cancer Plan – a complete support plan complementing their diagnosis and treatment, and focussing on their wider physical, mental health and social needs.

> Enabling patients to give their treatment team real-time feedback through digital patient reported outcome measures - putting patients in control and helping their clinical team react to changes in their condition.

> Rolling out a national digital first prehabilitation offer from 2028 to help all patients get healthier before they start treatment.

> By 2035, every patient will have a named neighbourhood care lead to coordinate their care and support after treatment.

> Supporting patients to stay in and return to work through a new employer collaborative and health and growth accelerators.

Delivering world class cancer care through world class research

To be at the forefront of the coming revolution in cancer diagnostics and technology by making the NHS the first choice for clinical trials, speeding up the spread of innovation, setting clear priorities for cancer research, and ensuring patients across the country can join clinical trials to access potentially life-saving treatments.

This will be accomplished by:

> Setting 6 research challenges to enable the NHS to deliver breakthroughs in cancer survival.

> Introducing a new cancer trials accelerator to make the NHS the first-choice partner for cancer clinical trials.

- Increasing recruitment to clinical trials - particularly for patients with rare cancers, from poorer areas, and from ethnic minority groups (who have been less able to join clinical trials in the past).
- Genomic testing will report on targets for experimental therapies so patients can be added to clinical trials.
- Delivering up to 10,000 cancer vaccines and speeding up roll out of other new technologies, including AI-assisted analysis of chest x-rays and pathology.

Tackling cancer in children and young people and prioritising rare and less common cancers

The ambitions of the National Cancer Plan cannot be delivered without transforming outcomes for children and young people, and for rare and less common cancers.

The plan's survival goal is only possible if improvement is made to outcomes on cancers where survival has historically remained low.

This transformation and improvement will be achieved by:

- Providing up to £10 million per year to pay for the travel costs for cancer care for children and young people, including their families.
- Neighbourhood multi-disciplinary teams will meet the needs of children and young people with cancer and will support earlier diagnosis.
- Appointing a national lead for rare cancers and ensure we drive up survival rates to match the top nations in Europe.
- Developing **advanced market commitments** to pull through breakthrough diagnostics or treatments for the rare cancers with the most stubbornly low survival rates.
- Making rare cancers a priority for research by implementing the **Rare Cancers Bill** and supporting the **Tessa Jowell Brain Cancer Mission** to extend its approach to other rare cancers.

Section 6

What does the National Cancer Plan mean for cancer alliances

The National Cancer Plan sets out a strengthened role for cancer alliances as the key local delivery mechanism for improving cancer outcomes across NHS systems.

Their primary function is to provide clinical leadership, coordination and targeted investment to ensure national cancer ambitions are translated into effective local action.

Cancer alliances are expected to act as the NHS's local engines for cancer improvement - combining clinical leadership, partnership working, targeted investment and performance management to deliver earlier diagnosis, faster treatment, better patient experience and reduced inequalities in cancer outcomes.

System leadership and coordination

Cancer alliances will lead whole-system planning and delivery of cancer services across local health systems. Working across organisational boundaries (including integrated care boards, trusts and primary care), they will coordinate cancer pathways and ensure consistent implementation of national standards and models of care.

Cancer alliances will provide expert clinical leadership and support commissioners and providers to implement the reforms set out in the plan.

Driving performance and reducing variation

A central expectation is that cancer alliances will improve performance against cancer waiting time standards and other key indicators.

They will work closely with NHS regional teams to identify underperforming trusts, agree improvement plans and provide targeted support. This may include arranging peer support from high-performing organisations, seconding experienced leaders, or facilitating mentoring partnerships between trusts.

The aim is to systematically raise performance across the system and reduce unwarranted variation in care and outcomes.

Using funding to deliver improvement

Cancer alliances will receive ring-fenced service development funding (SDF) to support sustainable improvements in cancer services.

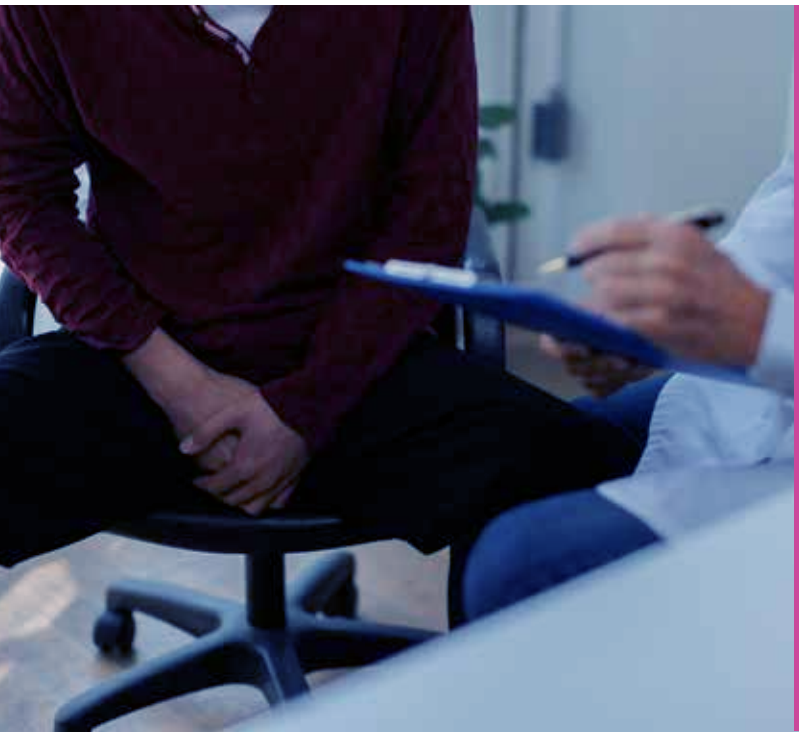
They are expected to direct this investment towards initiatives that improve outcomes, increase productivity and support delivery of national priorities such as earlier diagnosis and faster treatment.

Funding will also be used to reward and scale high-performing models of care.

Improving early diagnosis and pathways of care

Cancer alliances will lead efforts to diagnose cancer earlier and improve patient pathways. This includes scaling evidence-based interventions (for example screening programmes and targeted early-diagnosis initiatives), supporting innovative diagnostic approaches and reducing delays across the referral-to-treatment pathway.

They will also help standardise pathways across providers to ensure equitable access to high-quality care.



Delivering personalised and innovative care

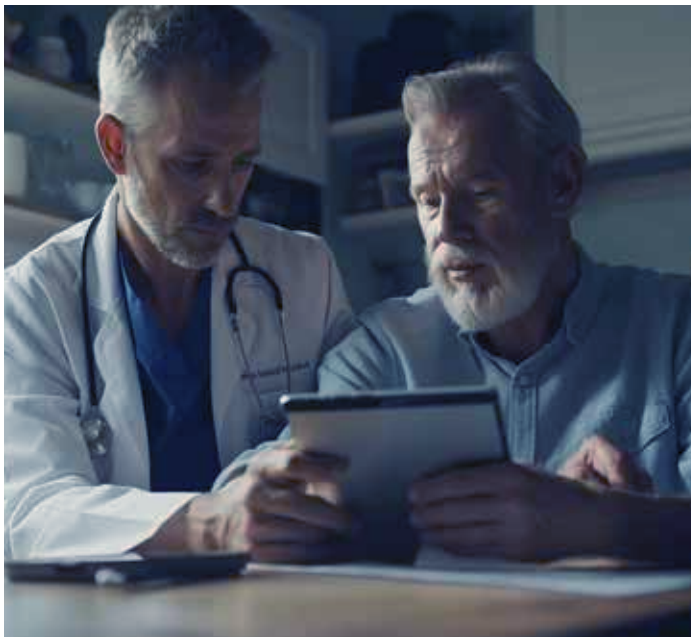
The National Cancer Plan expects cancer alliances to support innovation and service redesign. This includes expanding personalised follow-up models, supporting digital monitoring and enabling clinicians to test and scale new approaches to care delivery.

Alliances will use clinical networks and guidance tools to spread best practice and improve quality across the system.

Tackling inequalities and engaging patients

Cancer alliances will play a major role in addressing inequalities in cancer outcomes. They will analyse local data to identify underserved populations, work with community organisations to improve access to screening and diagnosis, and design targeted outreach campaigns.

Patient forums within alliances will ensure patient experience and feedback shape local service improvement.



Section 7

What matters to our people

Humber and North Yorkshire Cancer Alliance welcomes the publication of the National Cancer Plan and the commitment to reform of cancer services it provides.

The development of a Humber and North Yorkshire Cancer Plan supports the ambitions of the National Cancer Plan and provides a tailored approach to reflect our region's diverse geography and communities.

To help to inform the development of a Humber and North Yorkshire Cancer Plan, the Cancer Alliance embarked on a comprehensive engagement exercise (starting in June 2025 and ending in March 2026) to seek the views of the region's cancer patients, cancer workforce, and members of the public.

The purpose of the engagement was to:

- Understand what people believe is working well within cancer services across Humber and North Yorkshire
- Identify where improvements are needed across the cancer pathway
- Gather ideas on how services can be delivered differently in the future
- Ensure the regional cancer plan reflects the priorities of local communities and professionals

This engagement activity was carried out to ensure that the priorities within the Humber and North Yorkshire Cancer Plan reflect the real experiences and expectations of people living with, affected by, or working within cancer services across our region.

A key element of this engagement was an online survey, which invited people to share their views on what matters most in relation to cancer prevention, diagnosis, treatment, and ongoing care. It was open to current and former cancer patients, carers, people working in cancer services, wider healthcare staff, and members of the public.

In addition to the online survey, insight was gathered through wider community engagement activity, including events and conversations with patients and members of the public across the region, helping ensure the voices of diverse communities were included in the development of the plan. A significant effort was made to prioritise engagement with lesser-heard communities to ensure their voices were heard in this consultation process.

In total, the Cancer Alliance carried out 44 engagement events to seek the views of our region's cancer patients, cancer workforce and members of the public – in a bid to understand what matters to them and to better understand their experience of using, or working in, our region's cancer services.

Location	Number of events
North Yorkshire	4
East Riding Of Yorkshire	2
Bridlington	5
Driffield	1
Hull	12
York	4
Scunthorpe	4
Scarborough	4
Grimsby	6
Selby	1
North Lincolnshire	1

Map showing the **44 engagement events** and where they took place

The views of patients and members of the public on cancer were also captured via Humber and North Yorkshire Integrated Care Board's (ICB) Our NHS: We Need to Talk people and community engagement campaign.

While this engagement exercise focused on people's views on the NHS overall, cancer was a recurring theme across many of the conversations had. The cancer specific Our NHS: We Need to Talk feedback has been taken into consideration during the development of this plan.

This engagement also supports the ambitions of the National Cancer Plan and wider NHS reforms to shift care closer to home, improve use of digital technologies, and place greater emphasis on prevention and earlier diagnosis.

Together, these engagement activities have provided valuable insight into the experiences of people across the cancer pathway, from prevention and screening through to diagnosis, treatment, recovery, and living well with and beyond cancer.

261 Hours of engagement activity

44 Number of events

1756 Number of people spoken to

633 Number of conversations had (at community engagement events)

1123 Number of surveys completed

The full Humber and North Yorkshire 10-Year Cancer Plan people and community engagement report can be **viewed here**.

Below is a summary of this report.

What matters to cancer patients and carers

More than 6 in 10 (63%) survey respondents were people with lived experience of cancer, either as a patient or carer. 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 to staff (cancer-specific and wider healthcare)

Almost a third (30%) of survey respondents were from people working in cancer services, and most attendees at the annual conference (where several 10-Year Cancer Plan engagement workshops took place) were from the cancer workforce.

This means that those who are delivering cancer care and using the services are well represented in the feedback used to develop the Humber and North Yorkshire Cancer Plan.

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 to the general public

The views of the public (those who are not cancer patients, carers of loved ones with cancer, or a member of the cancer workforce) were also captured as part of this engagement activity to contribute to the development of the Humber and North Yorkshire Cancer Plan.

One in 2 people are affected by cancer during their lifetime, 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

In summary...

Across both surveys and engagement events, there is very strong support for the ambitions of the National Cancer Plan, with more than 8 in 10 (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.

Cancer 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

This extensive engagement exercise has helped the Cancer Alliance understand better what is important to our region's cancer patients, staff working to provide our cancer services, and members of the public.

Their views have been instrumental in the initial shaping of our local approach to delivering the key commitments of the National Cancer Plan, which is described in the next section (chapter 8).

Section 8

Our approach in Humber and North Yorkshire

As outlined in Chapter 7, Cancer Alliances will play an integral role in delivering the ambitions of the National Cancer Plan.

To recap, the National Cancer Plan sets out a long-term ambition that from 2035 onwards, three in four people diagnosed with cancer will be cancer-free or living well 5 years after diagnosis. And the plan is structured around 6 key commitments:

- Driving up NHS cancer performance
- Becoming a global leader in cancer outcomes by 2035
- Designing cancer care around people's lives
- Delivering world class cancer care through world class research
- Tackling cancer in children and young people
- Prioritising rare and less common cancers

The National Cancer Plan is a 10-year strategy with many new ambitions to deliver. How HNY Cancer Alliance and its partners will achieve these ambitions over the next decade is still largely to be determined.

We recognise as a Cancer Alliance, in many parts, this local plan describes our ambition and the outcomes we want to achieve and provides less detail around how this will be achieved or specifically what the changes will be.

This document is designed to set out a broad framework rather than a detailed delivery plan. It describes the overall direction for cancer services across Humber and North Yorkshire, while recognising that the specific approaches needed to achieve all the ambitions of the national plan are still in development, or to be developed.

Delivery will continue to evolve as further national guidance is published, new evidence and innovations emerge, and system partners work together to identify the most effective solutions for the local population.

Accordingly, this should be considered a dynamic document. Delivery plans, milestones and success measures will be developed and continually refined through ongoing collaboration with partners, clinicians, patients and communities.

Our region-wide approach also needs to consider the long-term plans our two main cancer service providers – NHS Humber Health Partnership and **York and Scarborough Teaching Hospitals NHS Foundation Trust** – have recently developed to address the challenges and opportunities outlined in the National Cancer Plan.

HNY Cancer Alliance is excited by and well placed to respond to the priorities and ambitions in the National Cancer Plan, building on our progress to date in Humber and North Yorkshire.

We are ready to take on the stronger local cancer leadership role laid out in the National Cancer Plan and will move quickly to begin to implement a new way of working to support delivery of the National Cancer Plan's key ambitions.

This section explores the work the Cancer Alliance is already undertaking to improve outcomes across the six key commitment areas of the National Cancer Plan. It also outlines the initial thinking about how the Cancer Alliance and its partners may develop and implement future initiatives to support the delivery of these ambitions.

8.1 Driving up NHS cancer performance

The National Cancer Plan makes a commitment to drive up NHS cancer performance so that all cancer waiting time standards are met by 2029 – and is forthright in stating that this will not be achieved by doing the same historical things and hoping for different results.

Many of the National Cancer Plan's commitments, including significantly improving NHS cancer performance, can only be realised if diagnostic, treatment, and follow-up pathways operate efficiently and reliably.

Strong performance ensures that patients move through the system quickly, backlogs are minimised, and clinical teams have the capacity to adopt new technologies and best practice.

In 2025 (latest data available) 12,843 cancers were diagnosed in Humber and North Yorkshire. To compare, in 2018, 10,287 cancers were diagnosed in the region.

If recent increases in cancer incidence are a continuing trend, then these numbers are only going to increase – which is why a system-wide approach, together with wider adoption of new innovations and technology to streamline pathways and maximise clinical team and diagnostic capacity, is needed to significantly improve cancer waiting times.

In Humber and North Yorkshire, cancer performance-wise, we know that we must do better. We need to do so to reassure those who have cancer symptoms or those who receive a life-changing cancer diagnosis that the care that follows will begin quickly, be high quality and be personalised to their individual needs.

Improving cancer performance across our region will not happen overnight, but we will develop robust plans that enable us to meet cancer waiting time targets across the board, centred around the following National Cancer Plan themes:

It has been well documented that some of Humber and North Yorkshire acute trusts have been among the bottom-ranked in NHS England's league table of acute trusts. From a system-wide perspective, we have examples of where we are succeeding in improving cancer performance, and we will look to expand adoption of these approaches to make bigger impacts to improving the speed at which our people are diagnosed with cancer and begin treatment, or rule out cancer as a cause of their symptoms.

In 2026/27 HNY Cancer Alliance will provide targeted, hands-on support to our region's provider trusts to accelerate recovery against the cancer waiting times standards, to support their efforts to achieve the National Cancer Plan ambition of meeting cancer waiting time standards by the end of this Parliament (no later than July 2029).

However, the performance and pathway improvement deliverables in the HNY Cancer Alliance's 26/27 delivery plan set out a clear intention to achieve cancer waiting times standards by the end of this financial year (March 2027):

> 28-day faster diagnosis standard (a diagnosis or ruling out of cancer within 28 days of referral): to be maintained at 80% across 2026/27, then above 80% in March 2027

> 31-day standard (commence treatment within 31 days of a decision to treat): to improve to 94% by March 2027, or a 2% improvement (compared to March 2026) capped at 96%, (whichever is greater)

> 62-day standard (commence treatment within 62 days of being referred): to improve to 80% by March 2027, or a 5% improvement (compared to March 2026) - capped at 85%, (whichever is greater)

Building on detailed provider improvement plans and tiering intelligence, the Cancer Alliance will focus its 26/27 resources on the cancer pathways making the greatest contribution to under-performance – gynaecology, urology, lower GI, breast, skin, and lung.

This includes deploying bespoke programme and project management support, targeted investment to increase diagnostic and treatment capacity, and expert analytical input to address root causes of under performance, such as: demand and capacity mismatch, diagnostic and pathology turnaround times, multi-disciplinary team (MDT) inefficiencies, and data quality issues.

Alongside provider-specific recovery actions, a Cancer Alliance-wide approach will be taken to embed the conditions for sustained cancer waiting times standards achievement, including:

> Leading MDT streamlining and standards of care implementation across priority tumour sites to reduce avoidable delays between diagnosis and treatment.

> Expanding and optimising nursing and allied health professional roles through the ACCEND framework to release medical capacity.

> Supporting digital and pathway transformation such as straight-to-test, one-stop models and improved cancer tracking.

The Cancer Alliance will also coordinate cross-system solutions to shared challenges, including imaging, endoscopy, pathology and radiotherapy capacity; and ensure learning and best practice are spread consistently across our three provider trusts.

Through strong governance, judicious use of contingency funding, and close partnership with the ICB and regional NHS England teams, HNY Cancer Alliance will maintain clear accountability for delivery and provide sustained expert improvement support to help all three trusts return to and maintain delivery of the cancer waiting times standards.

Looking further beyond 2026/27, the Cancer Alliance will continue to support the trusts in the ways outlined earlier in this section to help to ensure sustained achievement of the NHS cancer waiting times standards in future years.

Community diagnostic centres (CDCs) are integral to achieving the National Cancer Plan commitment of delivering 9.5 million additional tests by 2029.

Staffed by expert clinicians, CDCs provide local residents with faster access to essential diagnostic services, closer to home, for illnesses such as cancer; and can support efforts to reduce waiting times for patients by offering a range of diagnostic tests, checks, and scans, including MRIs, CTs, and ultrasounds.

Community diagnostic centres also give patients greater choice on where and how their tests are carried out. By providing a broad range of tests in accessible community locations, CDCs reduce pressure on hospitals and give patients quicker and more convenient access to the tests they need. Furthermore, all the diagnostic tests a patient needs can be coordinated by the centre and, wherever possible, will be provided in a single visit.

The National Cancer Plan includes the requirement that, where possible, all CDCs are fully operational 12 hours a day, 7 days a week. Making CDCs as fully operational as possible to support efforts to reduce the length of time taken to diagnose or rule out cancer is among the priorities of the Humber and North Yorkshire ICB going forward.

In Humber and North Yorkshire, 7 CDCs are now operational in the region, following the opening of CDCs in Grimsby, Scunthorpe, and Hull over the past year (with CDCs in York, Selby, Ripon, and Beverley opened in previous years).

A CDC is due to open in Scarborough shortly – taking the total number of CDCs operating in Humber and North Yorkshire to 8. These sites will provide up to 300,000 additional tests annually.

Another driver to achieve this particular National Cancer Plan key commitment around improving NHS cancer performance is to reduce unnecessary appointments by giving patients greater control over their care.

Straight-to-test pathways are designed to further reduce the length of time it takes for a person to receive a cancer diagnosis (or have cancer ruled out) and are therefore also integral in improving cancer performance against the NHS cancer waiting time standards.

In Humber and North Yorkshire, straight-to-test pathways are in place for patients experiencing post-menopausal bleeding, breast pain (only symptom), and lower gastrointestinal (for suspected breast cancer patients). The introduction of these straight-to-test services has helped to reduce delays in diagnosis and treatment, while improving patient experience.

Harnessing technology is another lever to achieve the National Cancer Plan key commitment of driving up NHS cancer performance.

Nationally, endoscopy services are under considerable strain and there are long waiting lists for colonoscopy tests. Therefore it is important to use all technology available to support efforts to reduce the length of time a patient must wait for a diagnosis once referred for tests and to reduce the risk of people undergoing unnecessary tests.

Clinicians have observed that many people on the suspected colorectal cancer referral pathway who go on to have a colonoscopy do not have colorectal cancer.

COLOFIT is an algorithm risk model designed to support cancer detection by combining the existing faecal immunochemical test (FIT) results with patient information (age and sex) and blood test results to give a refined risk-score for colorectal cancer for an individual patient and allow a better decision to be made as to whether that patient needs a colonoscopy or further investigation.

The Cancer Alliance is actively exploring the opportunities for using COLOFIT risk stratification within colorectal pathways, closely following national direction and guidance.

We are engaging with secondary and primary care to develop a roadmap to using COLOFIT to better detect colorectal cancer and maximise the use of colonoscopy capacity, which is vital to the aim of improving the sensitivity of the Bowel Cancer Screening Programme through the **national FIT@80 project**.

The 10-Year Health Plan for England positions the NHS app as a central 'front door' to NHS services by 2028, turning it into a 'doctor in your pocket'. This supports the NHS 10-year Plan's shift from analogue to digital, aiming to enhance patient empowerment, self-care, and efficiency.

Humber and North Yorkshire ICB and the Cancer Alliance are committed to ensuring equitable access to services for all our population, regardless of how people choose to engage.

A key priority is strengthening support for those who access care digitally, in line with the NHS ambition for the NHS app to act as a single digital front door. By making digital access simpler and more effective for those who choose it, we can also release capacity to better support people who are not digitally enabled or who prefer traditional routes into services.

Currently more than 6 in 10 (65%) of the Humber and North Yorkshire population who are over 13 years old and registered with a GP have registered for access to the NHS app, which represents a significant increase on the previous year (57%).

Between 1 January 2025 and 31 December 2025, people in Humber and North Yorkshire logged in to the NHS app more than 24 million times and managed more than 117,000 appointments; and used the app more than 2 million times to access hospital digital services. According to NHS England this saved our population more than 880,000 hours and saved primary care staff more than 148,000 hours.

In a cancer context, the Cancer Alliance is working with partners across the local and regional health and care system to explore the opportunity to send Lung Cancer Screening appointment invites via the NHS app, becoming one of the first cancer alliances or ICBs in the country to do so.

Central to the 10-Year Health Plan for England is the ability to share important information about care; a vital step empowering future ways of working and optimising the patient experience.

Humber and North Yorkshire ICB remains among the leading ICBs for record sharing across care provider partners in England. By using the Yorkshire and Humber Care Record (YHCR) the ICB, which includes HNY Cancer Alliance, can provide a holistic view of patient records, for the purposes of direct patient care, to many of our care provider partners.

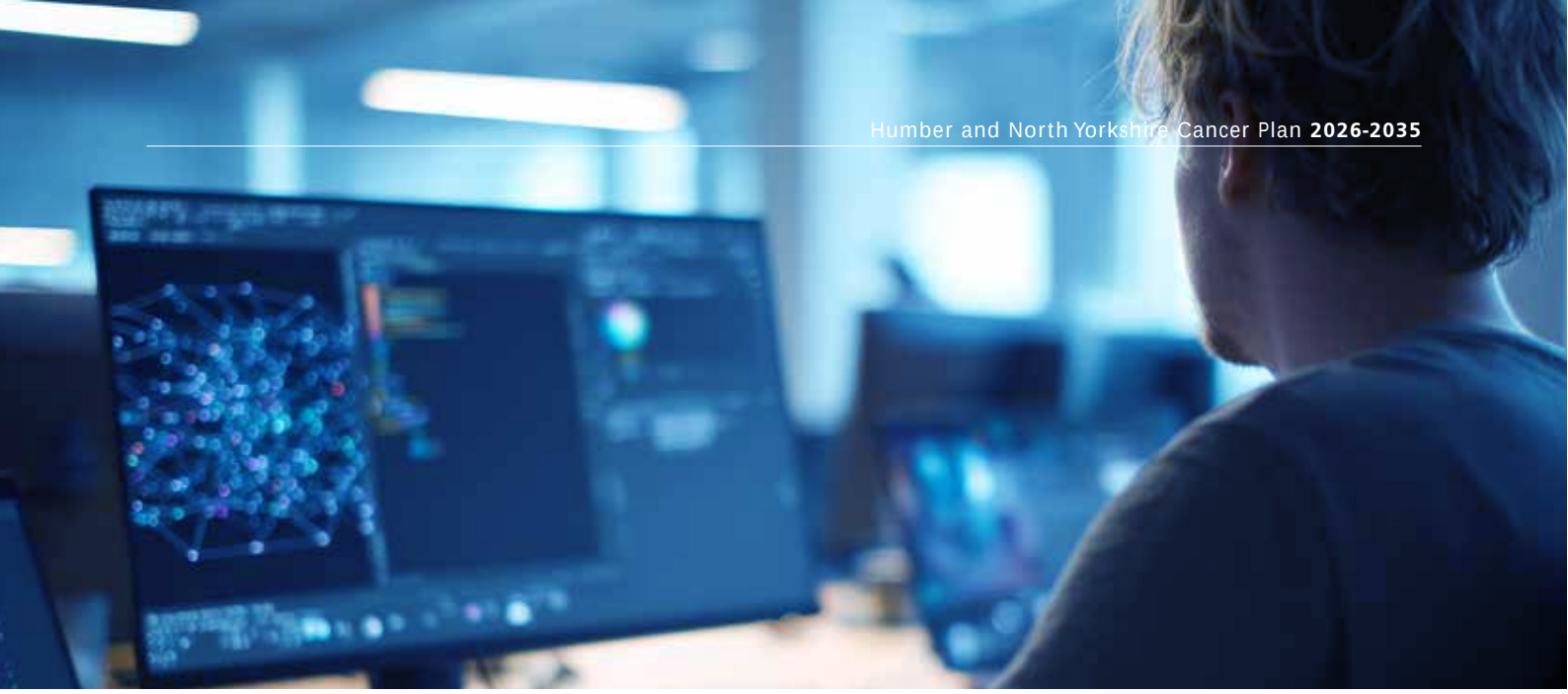
Fourteen different care systems are securely connected to the YHCR providing increased empowerment to 28 care providers across local authority, hospital, mental health, and community providers alongside our GP practices, supporting improved decision making and outcomes.

From a cancer perspective, this enables GP practices, hospital teams, and staff working in community-based health services deliver care to cancer patients to have immediate access to the full picture of a person's medical history, leading to faster and safer decision-making.

In a report published in summer 2025 the ICB identified that approximately 170,000 records were being shared every month, resulting in an efficiency value of over 12 thousand days effort saved, with an associated value of £4million.

The Yorkshire and Humber Care Record also fostered better communication between different parts of the health and care system (for example, primary and secondary care) – a key area cancer patients from our area highlighted as being an opportunity for improvement during the engagement activity carried out to support the development of this plan.

There are many more other ways in which the Cancer Alliance and partners have adopted innovative approaches to improve performance across specific cancer pathways. The case study below is one such example.



The difference we are already making...

Case study: Adopting new software to improve ovarian cancer diagnosis

ADNEX, a risk prediction software for diagnosis of ovarian cancer, uses clinical and ultrasound predictors to differentiate between benign and malignant tumours - addressing the challenge of diagnosing ovarian masses via ultrasound, where benign and malignant features overlap.

HNY Cancer Alliance funded NHS Humber Health Partnership to pay for the adoption of ADNEX software among its radiology department on a pilot basis (covering an initial 34 patients) – to help to relieve MRI capacity and support faster negative cancer diagnoses.

The ADNEX pilot project has delivered a range of benefits, including:

> Faster and more accurate diagnosis of ovarian lesions

> Reduced requirement for surgery

> Reduced MRI demand, reduced need for repeat ultrasound examinations, reduced need for ongoing follow-up of lesions (freeing up capacity across services)

> Improved onward referral to the correct imaging / gynaecology team

Following the success of the pilot, NHS Humber Health Partnership plans to extend the use of ADNEX across the gynaecology pathway in the short-term future. If successful, this could lead to even wider adoption.

Artificial intelligence (AI) can play a valuable role in helping to improve performance against cancer waiting times standards by reducing delays, improving coordination, and supporting earlier decision-making across the cancer pathway.

AI-powered tools can help primary care identify patients at higher risk of cancer based on symptoms, medical history, imaging, and pathology data, enabling faster and more appropriate referrals into urgent suspected cancer pathways.

Within diagnostics, AI can support radiologists and pathologists by prioritising urgent scans, flagging potential abnormalities, and reducing reporting backlogs, helping patients move more quickly from referral to diagnosis.

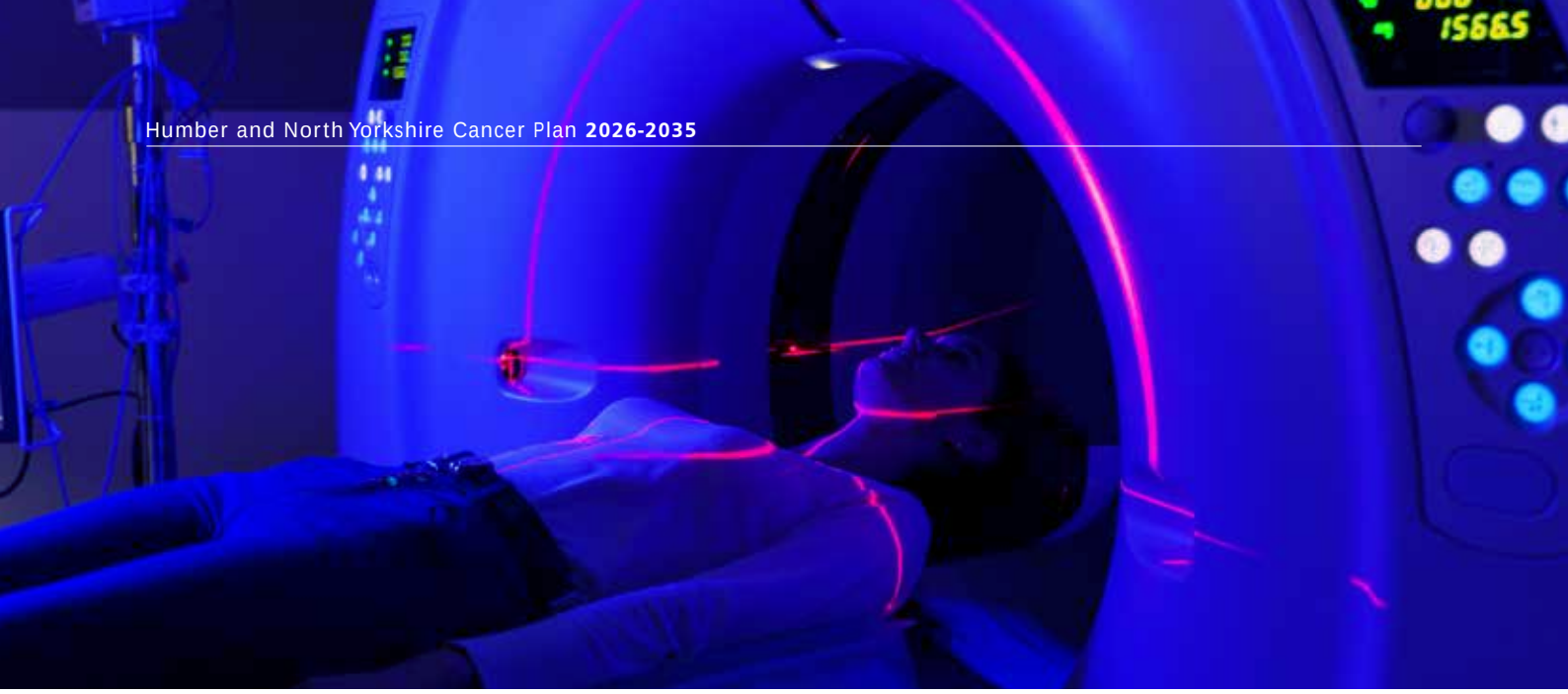
Predictive analytics can also be used to forecast demand, identify pathway bottlenecks, and optimise scheduling of diagnostics, theatre time, and outpatient capacity.

Beyond diagnosis, AI can improve operational efficiency and patient flow by supporting smarter workforce deployment, automated administrative tasks, and real-time pathway tracking.

AI offers the NHS an opportunity to improve cancer pathway performance while enhancing patient experience, reducing unwarranted variation, and making more effective use of constrained resources.

As a system we must embrace AI technology to support our efforts to diagnose or rule out cancer earlier, and ensure those who receive a cancer diagnosis are able to start treatment as quickly as possible.

AI is already being used to support cancer teams in Humber and North Yorkshire to support early diagnosis and prompt treatment ambitions, as well as improve quality of service. Below is one such example.



The difference we are already making...

Case study: Using AI to improve radiotherapy treatment quality and reduce treatment pathway time

In 2024/25 the Cancer Alliance supported NHS Humber Health Partnership to introduce artificial intelligence (AI) in the form of auto contouring software in radiotherapy.

Auto-contouring automatically delineates specific areas of the body for radiotherapy, with the ability to improve treatment quality and consistency, and to reduce the treatment pathway time.

The six-month pilot project, which benefitted 6,461 patients, has helped to deliver notable efficiencies and early results indicate the potential for significant improvements in operational performance and patient outcomes in future.

For example, the AI contouring system takes just 3 minutes to auto-contour the required body area in a CT scan. However, it would take 90 minutes on average to manually contour a head and neck cancer patient, for example.

The trust predicts that, based on the number of licences adopted for the pilot, around 1,000 staffing hours per year could be saved if auto-contouring was adopted permanently, assuming the average patient took an hour to manually contour.

The increased efficiency also means that time has been freed up for staff to carry out other patient-centred activity to support increased clinical demand.

Essential to delivering the National Cancer Plan's ambitions to improve NHS cancer performance on a regional basis, HNY Cancer Alliance plans to strengthen its work with providers to streamline referral and diagnostic pathways, reduce variation in waiting times, while also exploring innovative ways to support delivery of the Faster Diagnosis Standard.

Data and clinical insight will be crucial in identifying bottlenecks, targeting improvement support, and scale best practice, while also strengthening collaboration across primary care, secondary care and community services to ensure patients move seamlessly through the system.

We are already making strong progress in improving cancer performance to support efforts to meet early diagnosis and cancer survival targets. Between 2020 and 2022 (most up to date data available), five-year cancer survival in Humber and North Yorkshire increased by 5.4% from 42.3% to 47.7%.

Although performance against the 62-day cancer waiting time standard (where patients begin their first treatment within 62 days of referral) has been challenging across the system, there are robust plans in place to improve this position so that more patients are starting treatment sooner.

There is no quick fix to solve these long-standing issues but the Cancer Alliance and partners are fully focused on addressing performance against the NHS cancer waiting time standards to ensure that patients no longer face unnecessary delays to being diagnosed with cancer and receiving timely treatment.

8.2 Becoming a global leader in cancer outcomes by 2035

The National Cancer Plan, as highlighted in earlier sections of this plan, sets out a central target to improve outcomes for people diagnosed with cancer, which is that:

> 3 in 4 people diagnosed with cancer will be cancer-free or living well with cancer after 5 years (by 2035)

The National Cancer Plan (page 81) states that "early diagnosis is a key thread in this National Cancer Plan... there is no path to world leading cancer survival, without world leading early diagnosis".

Improving early diagnosis rates is therefore integral to achieving the National Cancer Plan's core ambition around improving cancer survival - because survival is commonly dependent on the stage in which the cancer is diagnosed (with treatment for early-stage cancers often simpler and more successful).

Therefore, improving early diagnosis rates is not just simply one action among many which will contribute to the improvement in cancer outcomes for people living in England, it is the central lever to achieving many of the outcome-specific ambitions outlined in the National Cancer Plan.

Other actions such as freeing up cancer service capacity, improving treatment speed, harnessing innovation, and developing the workforce are important enablers, but early diagnosis is the primary driver to achieve the headline targets around cancer survival.

Early diagnosis is at the heart of many HNY Cancer Alliance initiatives to improve outcomes for people at greater risk of developing cancer or people living with the disease.

One example of this in action is the Cancer Alliance's roll out of NHS Lung Cancer Screening across many parts of Humber and North Yorkshire, which has successfully identified cancers at an earlier, more treatable stage in high-risk communities.

The difference we are already making...

Case study: Rolling out lung cancer screening in Humber and North Yorkshire

Lung cancer is one of the most common types of cancer, with more than 43,000 people in the UK diagnosed with the condition every year. Early detection is important because there are usually no signs or symptoms in the early stages of lung cancer.

The NHS Lung Cancer Screening programme, formerly known as the NHS Targeted Lung Health Check programme, is a screening programme which targets current and former smokers, helping to detect lung cancer as early as possible 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 cancer screening unit, which is in community settings such as supermarket car parks.

The Humber and North Yorkshire NHS Lung Cancer Screening programme, since it was first introduced in 2020, has been one of the key drivers to increasing the proportion of cancers diagnosed early, when treatment is likely to simpler and more successful.

As of the end of March 2026 (latest data available), since its introduction in January 2020, the Humber and North Yorkshire NHS Lung Cancer Screening service has issued 125,527 invitations, delivered 59,608 assessments, carried out a further 50,072 CT scans, which has helped to diagnose 532 cases of cancer, of which 75% were diagnosed early (stage 1 or stage 2).

The service has also diagnosed other health conditions in 23,204 patients - including coronary calcification, emphysema and other breast and oesophageal cancers - helping patients to also receive appropriate treatment for these conditions.

And we're on track to fully roll out across Humber and North Yorkshire by 2029/30, with lung cancer screening currently available in 5 of the 6 local authority areas in our region.

Smoking, as is well documented, is the leading cause of preventable death and accounts for 1 in 5 cancer deaths in the UK. Like early detection of cancer, prevention altogether is key to achieving the ambitions of the National Cancer Plan.

Smoking is responsible for 7 in 10 lung cancer cases in Humber and North Yorkshire, while lung cancer is the leading cause of cancer death across the region, with 1,010 deaths recorded in the last year.

In Humber and North Yorkshire, smoking prevalence is higher than the national average, with 11.7% of our region's population classed as smokers (compared to a 10.4% England average). Smoking prevalence tends to be higher in more deprived communities and contributes to wider health inequalities.

Reducing the number of people who smoke and preventing people from taking up the habit in the first place will help to play a pivotal role in achieving the National Cancer Plan's key commitment to make England a global leader in cancer outcomes over the next decade.

Humber and North Yorkshire Integrated Care Board established the **Centre for Excellence in Tobacco Control** in 2023 to address tobacco harm among our regional population. Its team works with the NHS, local authorities and VCSE organisations to coordinate strategy and treatment and deliver large-scale public health campaigns.

The scope of the Centre for Excellence has since been widened to address tobacco, alcohol, and unhealthy food and drink - the three leading causes of preventable ill health and death and each major causes of cancer incidence.

Since the Centre for Excellence was established, smoking rates have fallen through coordinated leadership and action across NHS trusts, local authorities and commissioned stop smoking services. Smoking in pregnancy has reduced from 10.1% to 5% during this time.

The **Tobacco and Vapes Act**, which received royal assent in April 2026 and became law from 1 January 2027, aims to stop anyone born after 1 January 2009 from taking up smoking by making it illegal for shops to sell them tobacco products, to create smoke-free generations in the future.

Government modelling estimates that by 2100 it will have prevented 154,800 deaths and almost 470,000 cases of disease (including stroke, COPD, lung cancer and coronary heart disease). The Act also proposes measures to reduce smoking-related harm, reduce exposure to second-hand smoke, and tackle the appeal and availability of vapes to young people.

Since the Tobacco and Vapes Act was first proposed in November 2023 the Centre for Excellence has worked with regional partners and national charity ASH to highlight tobacco harms and support the bill to become law.

More detail about this pioneering programme and its role in helping to raise awareness about the dangers of smoking, excessive alcohol consumption and unhealthy food and drink (which all contribute to increasing your cancer risk), can be found in chapter 9.

The Cancer Alliance will also support efforts to increase HPV vaccine uptake in Humber and North Yorkshire by delivering education sessions in schools, colleges and higher education institutions to raise awareness about how the HPV vaccine can help to prevent or reduce the risk of developing certain cancers in women and men.

In the last 2 years, the Cancer Alliance's Cancer Champions programme has delivered cancer awareness educational sessions in 13 schools, colleges and higher education institutions, including information around the importance of the HPV vaccine in preventing certain cancers.

Our Cancer Champions team plans to forge links with more schools, colleges and higher education institutions in Humber and North Yorkshire over the lifespan of this long-term plan to make sure pupils and students are aware of the signs and symptoms of cancer which are more common in children and younger people and what steps they can take to reduce their risk of developing the disease.

More detail about this initiative can be found in chapter 9.

Improving quality of care will play an important role in realising the goal of transforming England into a global leader in cancer survival and outcomes over the next decade – and it is already an area of focus for the Cancer Alliance.

Over the past 12 months, an extensive amount of work has taken place across the local health and care system to develop quality of care and safety insight data dashboards which mix quantitative and qualitative insights to provide an up to date, barometer of patient experience, and highlight issues which require immediate action.

This insight has been fed into various strategic groups across not only the local cancer system, but the wider local health and care system, too. There is an opportunity to further extend the reach of this insight into other areas of the local health and care system, to realise the ambition of ensuring that the focus on cancer adopted more widely across the local health and care system.

This collaborative approach to insight collection and sharing will enable the Cancer Alliance and partners to identify quality of care issues more timely, allowing corrective measures to be taken.

This directly supports the ten-year cancer plan ambition to deliver earlier, fairer and better cancer outcomes, by strengthening system-wide oversight of patient experience, safety and quality of care from diagnosis onwards, and supporting proportionate escalation, learning and targeted system improvement.

In terms of other ways the HNY Cancer Alliance will support efforts to make England a global leader in cancer outcomes by 2035, we will:

Work with local communities, screening commissioners, and providers, to reduce the gap in screening uptake between the most and least deprived areas and to increase uptake in ethnic minority and underserved communities (by 2029).

Work with local authorities to co-develop prevention campaigns (by 2029).

Use SDF (Neighbourhood Early Diagnosis funding) to work with local partners to address barriers to early diagnosis.

Facilitate quality improvement collaboratives to review data.

Ensure local accountability for delivery of this plan through strengthened Cancer Alliances and lead accountable executive officers for cancer and explore new funding mechanisms through integrated health organisations (IHOs) across lifespan of plan.

Extend cancer nursing training and career development pathways through the ACCEND programme (by 2027).

In addition, HNY Cancer Alliance will support NHSE / DHSC efforts to:

- Complete the national roll out of lung cancer screening (by 2030).
- Complete the national roll out of self-testing to women and people with a cervix who have not taken up the offer of cervical screening (by 2029).
- Increase sensitivity of the faecal immunochemical test in the bowel cancer screening programme to 80µg Hb/g (by 2029).
- Engage with manufacturers to promote the development of mammography machines accessible to people with physical disabilities (across life of plan).
- Pilot an incentive to encourage the use of electronic safety netting in general practice (by 2027).
- Extend the use of direct to patient genetic testing, enabling individuals with greater risk of cancer to have faster access to genetic testing and ongoing targeted intervention (by 2027).
- Ensure that information from the National Inherited Cancer Predisposition Register (NICPR) is accessible to clinical teams alongside other cancer data for both solid and haematological malignancies (by 2026).
- Continue to identify through the community liver health checks programme 4,000 people each year who are at risk of hepatocellular carcinoma (by 2029).
- Review the final recommendation of the UK National Screening Committee (UK NSC) on prostate cancer screening, and implement a screening programme where the evidence supports it (by 2026).
- Explore how digital tools are used to introduce a more risk stratified approach for screening programmes (across life of plan).
- If evidence shows that multi-cancer early diagnosis tests are effective, and if the fiscal position permits, the NHS will be ready with a fully worked up implementation plan to offer the test at scale through phlebotomy services (across life of plan).
- Give patients personalised insights into their personal cancer risk (by 2035).

8.3 Designing cancer care around people's lives

Cancer alliances will play a central role in delivering the National Cancer Plan's commitment to designing cancer care around people's lives.

Acting as regional coordinators, cancer alliances will bring together hospitals, community services, primary care, and voluntary sector partners to develop patient centred care pathways that are flexible, accessible, and minimally disruptive.

Cancer alliances will also identify opportunities to innovate, share best practice, and implement models of care that give patients greater autonomy while maintaining safety and clinical excellence.

By fostering initiatives such as home-based treatment, remote consultations, and streamlined care pathways, cancer alliances will help to ensure that care fits around patients' daily lives, reducing unnecessary travel, stress, and disruption. Their work enables services to be both high-quality and truly responsive to the individual needs and priorities of the communities they serve.

HNY Cancer Alliance is committed to advancing initiatives that will ensure that care is designed around the lives of our people.

We will:

> Work with communities and people with lived experience to develop and support the introduction of new neighbourhood cancer care models alongside the wider National Neighbourhood Health Implementation Programme (by 2029)

We will ensure:

> Every patient is provided with a personalised cancer plan, involving carers and families where appropriate (by 2026)

> Every patient is offered a personalised assessment of their needs (by 2026)

> Offer every patient an end of treatment summary (by 2026)

In terms of the above three ambitions, HNY Cancer Alliance has made great strides over the past couple of years.

The introduction of patient-initiated follow-up (PIFU) and patient stratified follow-up (PSFU) models across cancer pathways is also helps to empower patients through self-management, reducing unnecessary hospital visits while providing rapid, expert access when needed. These models also improve quality of life, alleviate anxiety, and allow clinical teams to focus resources on patients with complex needs.

HNY Cancer Alliance has worked closely with our local hospital trust cancer personalised care leads to develop PSFU and PIFU protocols. All 3 local trusts now have PSFU pathways operating to local protocols.

The personalised care leads and teams are working in collaboration with the clinical and nursing teams to develop PSFU protocols where there is capacity to undertake the in-depth work required to change systems and implement new ways of working.

The Cancer Alliance's clinical delivery groups (CDGs) monitor and evaluate PSFU protocols as part of their annual workplans to review and amend protocols on a regular basis, using the collective expertise in the field to collaborate on reviewing and aligning follow-up systems.

Currently there are 7 PSFU protocols in place within the three trusts providing cancer care across the Cancer Alliance geography. The Cancer Alliance expects that the trusts will have more than the required 8 protocols in place by the end of March 2029.

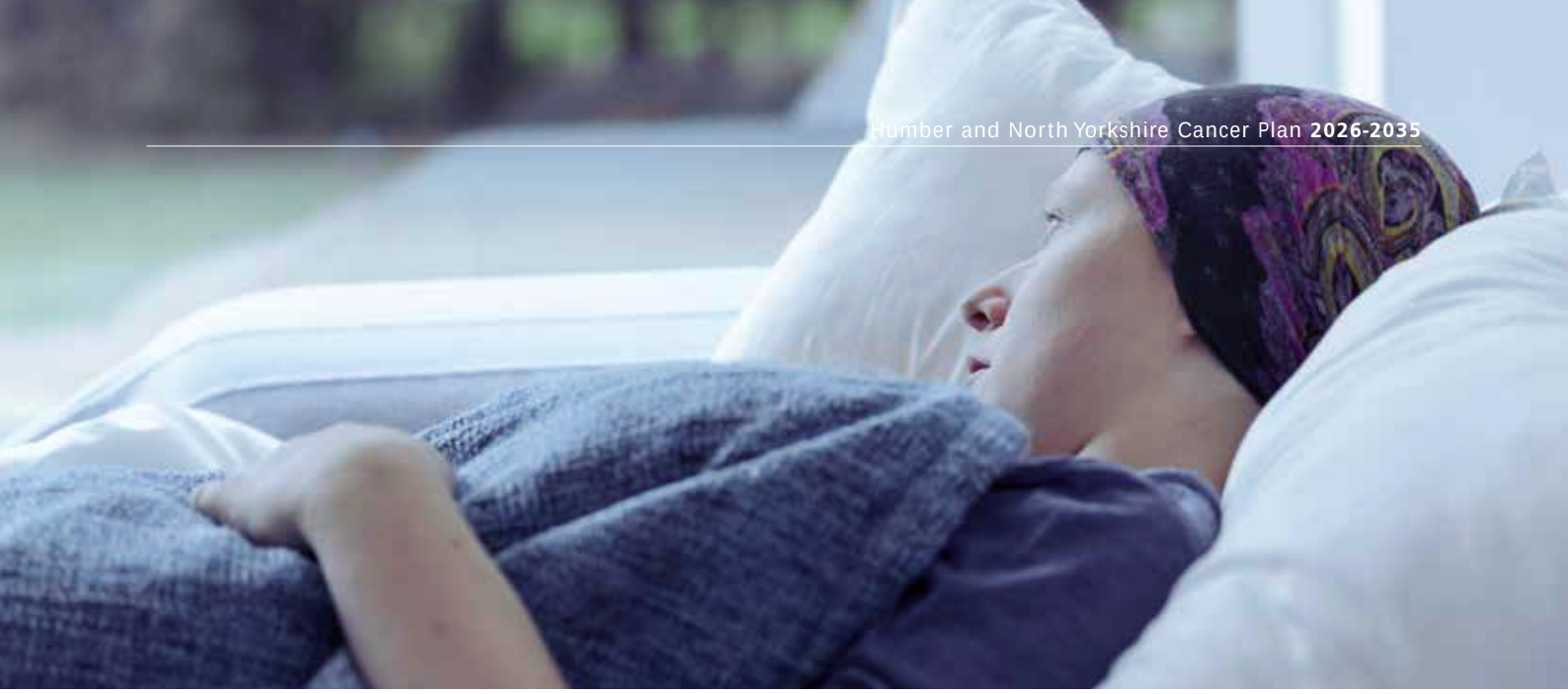
The Cancer Alliance's 26/27 focus is on regular reviews of these protocols and evaluating their effectiveness, using learning to benefit future PSFU protocol development and developing further protocols to support National Cancer Plan ambitions in this area, especially targeting pathways where protocols are not yet in place to ensure safe follow-up for as many patients as possible.

A holistic needs assessment (HNA) is key to understanding the range of needs a person with cancer has and supporting them to address these needs ensuring they are enabled to manage their diagnosis, treatment and recovery. A written care plan, often referred to as a personalised care plan (PCP), summarising the actions to be taken as a result of the HNA is equally important.

In 25/26, the three Trusts providing cancer care in Humber and North Yorkshire are recording and submitting HNA and care plan activity. End of treatment summary (EOTS) offer and completion rates have increased during the year.

HNY Cancer Alliance plans to create a personalised care dashboard in Q1 of this year (26/27) and use it in future to monitor HNA/PCP and EOTS offer / completion rates, identify inequalities (by tumour group and population characteristics), and drive trust-level improvement actions through programme governance and quarterly reporting.

As part of our commitment to designing cancer care around people's lives, Humber and North Yorkshire Cancer Alliance is pioneering approaches that reduce the burden of treatment on patients. Two examples are described below.



The difference we are already making...

Case study: Delivering chemotherapy at home

Cancer patients often face long journeys and time away from work or family when attending hospital for chemotherapy. This creates additional stress, travel costs, and impacts on quality of life.

Through a Cancer Alliance-funded innovation pilot, the nursing and pharmacy teams at York and Scarborough hospitals introduced home-based delivery of Subcutaneous Bortezomib.

Patients were given the choice to administer their treatment at home following guidance and support from the clinical team. This was the first time this approach had been trialled locally, offering greater flexibility and autonomy for patients.

Patients reported significant benefits, saving an average of 2.5 hours per visit and reducing travel by around 17 miles. The approach has improved convenience, reduced disruption to daily life, and maintained safe delivery of treatment.

During 2026/27, the Cancer Alliance will work with York and Scarborough Teaching Hospitals NHS Foundation Trust to support the introduction of self-administration for other subcutaneous SACT treatments.

The initial focus will be on breast cancer, where existing regimens present a strong opportunity to broaden access to self-administration and realise benefits for a larger patient cohort. This approach will be especially beneficial for patients on the east coast, who frequently face extended travel times, helping to reduce the burden of treatment and improve equity of access.

While the above case study outlines just one of the ways we are supporting people who are currently undergoing treatment for cancer, for those who have been discharged following treatment for cancer, the effects of the disease and the treatment can be lasting and impact their day-to-day quality of life.

HNY Cancer Alliance recognises the importance of supporting people to live well with and beyond cancer, and is encouraged that this, also, is an over-arching ambition of the National Cancer Plan.

The following case studies illustrates just some of the many ways we are supporting people who have undergone cancer treatment to improve their day-to-day quality of life.

The difference we are already making...

Case study: Developing the UK's first vulvovaginal atrophy clinic for female cancer survivors

Vulvovaginal atrophy is a common post-treatment side effect for women with breast, gynaecological and some colorectal cancers. This is caused by pelvic radiotherapy, pelvic surgery, systemic chemotherapy, and/or hormone therapy causing oestrogen deprivation.

Treatments induce early menopause, causing a range of symptoms which vary in severity including cardiac and skeletal complications which can significantly shorten life.

Evidence from the International Menopause Society indicates 70-90% of breast or gynaecological cancer survivors suffer from vulvovaginal atrophy, which can affect their day-to-day quality of life and sexual health. However fewer than half of patients seek medical help and, of those who do, 90% are dismissed without adequate outcomes, causing repeated trips to their GP.

The Cancer Alliance approved a 2023/24 innovation grants application to pilot a vulvovaginal clinic across Humber and North Yorkshire – a first of its kind for female cancer survivors in the UK.

A monthly clinic delivered from the Queen's Centre at Castle Hill Hospital was launched in January 2025, with referrals from primary care and secondary care following agreed referral criteria and protocols.

The clinic, which is accessible to patients living in Humber and North Yorkshire, aims to.

> Provide ease of access

> Providing time and opportunity for exploration and discussion of vulvovaginal atrophy, taking pressure away from busy primary and secondary care services

> Improve knowledge of latest treatments available

The difference we are already making...

Case study: Introducing a cancer café to provide support to people affected by cancer in Selby

In the North Yorkshire town of Selby, which is among the most deprived areas in Humber and North Yorkshire, cancer patients face multiple barriers to accessing specialist services including transport, financial and time constraints.

Launched in 2024, thanks to HNY Cancer Alliance's Research and Innovation Funding Awards Scheme, the Selby Cancer Café supports the recovery of people living with and beyond cancer (and their carers), offering peer-led social support and a structured rehabilitation programme focused on physical, emotional, practical wellbeing, and therapeutic activities to promote mindfulness.

The project is part of a broader effort to enhance cancer treatment and provide integrated support services.

The café is delivered by a multi-disciplinary team including a cancer care coordinator, exercise specialist, social prescriber, dietitian, Macmillan Citizens Advice representative and volunteers from Selby's VCSE sector.

Users have benefitted from reduced isolation, new friendships, and increased confidence. Dozens of people have accessed tailored nutritional support, rehabilitation programmes, or secure benefits, travel reimbursements and housing improvements.

The café continues to operate, providing wide-ranging support to people in Selby who have been affected by cancer.

Whereas cancer previously was usually a death sentence, nowadays a cancer diagnosis is something that many people, if not cured, will live with for decades. Currently 60% of people with a cancer diagnosis live for 5 years or longer and, upon successful implementation of the National Cancer Plan, this figure will rise to 75%.

Where a hospital-led, episodic model of care is appropriate for time-limited, highly acute disease, it is not a model suited to deliver the best possible outcomes for a long-term, life course condition, which cancer can now considered to be.

While we still need excellent hospital care for those with acute cancer need, there is an increasing need for a new approach to support those cancer patients with need for ongoing care.

Ongoing care needs to be tailored to the individual cancer patient, delivered closer to their home and offering a range of choice to suit their individual needs. Prehabilitation is one such example which is often best delivered at home or in community settings, rather than at hospitals.

In Humber and North Yorkshire, we are fortunate to have the **Active Together programme**, funded by Yorkshire Cancer Research, a free, personalised support service which supports cancer patients before, during, and after treatment - offering tailored exercise programmes, nutrition and wellbeing support, individual and group support to improve recovery and survival, reduce complications and hospital stays, and lower the risk of cancer returning.

In Humber and North Yorkshire there is an Active Together hub in Hull and cancer patients in North Yorkshire can access services and support at the Harrogate hub. The future ambition is to expand the number of hubs operating in our region.

There is also a community-based prehabilitation and rehabilitation service in Selby which has been operating for more than a year and is managed by York and Scarborough Teaching Hospitals NHS Foundation Trust.

In 26/27, HNY Cancer Alliance will build on progress to date by using Macmillan Cancer Support's prehabilitation recommendations to create a system-wide action plan, develop a minimum dataset to track access and impact, and strengthen consistent prehabilitation, rehabilitation, and physical activity messaging and referral practice across primary care, to support the 10 Year Health Plan's shift from hospital to community.

Both Humber Health Partnership and York and Scarborough Teaching Hospitals NHS Foundation Trust have health and wellbeing services which have been developed to support people affected by cancer holistically with their health and wellbeing, including non-medical support linking in with the VCSE sector to offer support such as finance and benefit advice and support.

Enabling patients to give their treatment team real-time feedback through digital patient reported outcome measures is another driver to ensure the National Cancer Plan commitment to design care around people's lives is met.

This is because it helps to put patients in control while also helping their clinical team react to changes in their condition.

In Humber and North Yorkshire, the Cancer Alliance has been involved in the introduction of an ePROMs (electronic patient-reported outcome measures) platform across breast cancer treatment services for patients receiving oral systemic anticancer therapy (SACT) treatment on a one-year pilot basis from May 2026 at York and Scarborough Teaching Hospitals NHS Foundation Trust.

The ePROMs platform allows patients to submit responses about their treatment (symptoms and side effects, for example), providing real-time feedback for clinicians for remote monitoring and treatment review. The benefits to patients and clinical teams are plenty: the remote monitoring aspect means those who are tolerating treatment well will be able to report to the clinical teams from the comfort of their own home and collect medication closer to home, without the need to attend an in-hospital appointment – saving them time in the process.

This reduction in demand for outpatient appointments will free up time for clinical teams to see more patients and provide prompt support to those patients who are unwell and require a face-to-face review. The latter benefit will also support efforts to improve performance against cancer waiting time standards (as outlined earlier in this chapter).

8.4 Delivering world class cancer care through world class research

Embracing research and innovation is vital to achieving the National Cancer Plan's ambitions in Humber and North Yorkshire because it accelerates earlier diagnosis, drives more precise and effective treatments, and ensures the NHS can rapidly adopt the latest evidence-based advances.

Innovations such as AI-enhanced imaging, genomics, and new screening technologies help detect cancer sooner, while breakthroughs in immunotherapy and targeted therapies improve survival and quality of life.

By embedding research into everyday care, the NHS strengthens outcomes, reduces inequalities, and ensures patients benefit from the most modern and effective cancer care available.

Humber and North Yorkshire Cancer Alliance is working to develop a dynamic cancer research and innovation programme of work aimed at transforming cancer care and improving outcomes for the 1.7 million people living across the region.

The Cancer Alliance is working with our local hospital trusts, Health Innovation Yorkshire & Humber, industry partners, research organisations and other cancer alliances to strengthen access to cancer clinical trials and innovation across the region.

To expand access to cancer trials within Humber and North Yorkshire, the Cancer Alliance is now expanding its research collaborative (see case study on P45), investing in cancer research and innovation programmes, and encouraging participation in national pilot programmes and research studies. This includes continued work to develop a stronger innovation pipeline and build a culture of research and continuous learning across local services.

The Humber and North Yorkshire cancer system is already participating in several national **Cancer Vaccine Launch Pad** (CVLP) and immunotherapy studies, helping to increase opportunities for local patients to access cutting-edge treatments and clinical trials.

Humber Health Partnership and York and Scarborough Teaching Hospitals NHS Foundation Trust are participating in the ROSETTA breast-01 study, while both trusts have submitted feasibility assessments for the ROSETTA lung-201, lung-202 and CRC-203 vaccine and immunotherapy trials. These studies focus on lung and colorectal cancers through the national CVLP programme.

The Humber and North Yorkshire cancer system has also demonstrated strong participation in the BNT113-01 head and neck cancer vaccine trial, with Humber Health Partnership and York and Scarborough Teaching Hospitals NHS Foundation Trust among the highest recruiting and referring sites nationally. This trial combines a therapeutic cancer vaccine with immunotherapy for patients with advanced HPV16-positive head and neck cancer, supporting the wider national ambition to deliver up to 10,000 cancer vaccines and accelerate access to personalised cancer treatments.

Alongside clinical trial activity, the Humber and North Yorkshire cancer system is supporting the roll out and evaluation of innovative technologies that can improve diagnosis and treatment pathways. Current priorities include: exploring the use of AI DERM, a prediagnostic app, on the skin cancer pathway; monitoring the roll out of IOTA Adnex to preoperatively estimate ovarian cancer risk on gynaecology pathways; and undertaking a cancer digital maturity assessment across the region.

The Cancer Alliance will continue to work with national partners to support innovation, improve access to research opportunities, and increase participation in clinical trials for underserved populations.

The Cancer Alliance's **Cancer Research and Innovation Awards Scheme** is a hugely successful example of how the Cancer Alliance takes innovative approaches to improving cancer care and outcomes for our population.

The scheme forms part of the Cancer Alliance's aim to build a culture of cutting-edge cancer innovations and research, essential to improving early diagnosis, treatment, recovery, and patient experience. Innovations introduced on a pilot basis as part of the Research and Innovation Awards Scheme which are proven to be successful in improving cancer care or patient outcomes often secure further funding to be rolled out permanently.

And because there is already 'proof of concept' these innovations can be rolled out speedily – **something the National Cancer Plan acknowledges the NHS must become better at** in order deliver world class cancer care through world class research.

From 2026/27, applications for the Research and Innovation Awards Scheme will be centred around the three main shifts outlined in the National Health Plan for England: 1) Moving from hospital to community (neighbourhood health service; 2) from analogue to digital (digital transformation); and 3) from sickness to prevention (preventative healthcare).

We will speed up implementation of proven cancer innovation. The Cancer Alliance's fledgling Research Collaborative will be a key driver for this ambition. More information about the collaborative can be found in the below case study.

Embracing research and innovation is vital to achieving the National Cancer Plan's ambitions because it accelerates earlier diagnosis, drives more precise and effective treatments, and ensures the NHS can rapidly adopt the latest evidence-based advances.

The difference we are already making...

Case study: Establishing a Humber and North Yorkshire Cancer Alliance Research Collaborative

Recognising the importance of research and innovation in improving outcomes for cancer patients in our region, and the likely emphasis placed on the importance of research in the National Cancer Plan, HNY Cancer Alliance launched a Research Collaborative last year.

Led by the Cancer Alliance's Clinical Director along with academic leaders from local universities, the HNY Cancer Alliance Research Collaboration's vision is: To make Humber and North Yorkshire a nationally recognised centre of excellence for patient centred cancer research.

It aims to do this by linking across organisational boundaries - bringing together clinicians, researchers, patients, communities, and system partners to stimulate research in cancer and accelerate translation of research into practice.

The collaborative seeks to create an environment that: 1) stimulates the birth of new ideas; 2) promotes collaborative working to translate these ideas into research projects; and 3) has institutions that support and encourage these projects become reality.

The collaborative endeavours to raise the profile of cancer research, to empower our workforce, strengthen cross-sector collaboration, and champion equitable, impactful research that reflects the needs of our diverse populations.

Since its launch, the Cancer Alliance, though the research collaborative, have provided support and funding to:

> develop a blood test for earlier diagnosis of pancreatic cancer

> analyse data from the FIT pathway to determine where improvements could be made

> evaluate the role and impact of cancer care co-ordinators in primary care and test disposable trousers for use in cervical screening to improve privacy and dignity especially for vulnerable women

> Conduct a randomised controlled trial to assess the impact of exercise on levels of cardiotoxicity in breast cancer patients.

This will lead to the improvement in patient outcomes such as faster access to innovative treatments, earlier and faster diagnosis through new technologies, reduced variation in care quality, and improved patient experience through holistic, personalised support.

The collaborative has played an integral role in the successful participation in the Cancer Vaccine Launch Pad in Humber and North Yorkshire – with cancer patients from our region successfully taking part in trials for lower gastrointestinal, breast, lung and head and neck cancers.

In 26/27 there are robust plans to build on this success by delivering and scaling a research and innovation awards scheme; building and managing a system-wide innovation pipeline (with Health Innovation Yorkshire & Humber); and strengthening research infrastructure and participation in national research programmes such as the NHS Cancer Vaccine Launch Pad. The collaborative will continue to build on this encouraging start further in years to come.

Fully utilising every interaction with patients or members of the public is integral to making best use of NHS resource, and widening the scope of what cancers or health conditions can be detected at a single appointment will further support efforts to improve outcomes for cancer patients.

An example of how the Cancer Alliance and partners are already doing this can befound below.

The difference we are already making...

Case study: TACTICAL-1: Pioneering 'move the scanner down' ambitions to expand early cancer detection within lung cancer screening

The Cancer Alliance was involved in the collective effort to launch the TACTICAL-1 trial study within the Hull and East Riding of Yorkshire phases of the Humber and North Yorkshire NHS Lung Cancer Screening Programme in 2025/26. In addition, the Cancer Alliance had supported alignment of the study with the wider Lung Cancer Screening programme, ensuring appropriate oversight and system awareness.

TACTICAL-1 (targeted abdominal CT in conjunction with lung cancer screening activity) is a randomised controlled pilot study exploring whether it is feasible to extend routine Lung Cancer Screening CT thorax scans to include a non-contrast abdominal CT – exploring the feasibility of realising the ambition in the **National Cancer Plan to 'move the scanner down'** – to investigate cost-effective ways to look for other cancers during lung cancer scans.

Funded by Yorkshire Cancer Research the study is being delivered by Hull University Teaching Hospitals NHS Trust (part of NHS Humber Health Partnership) as the pilot site, undertaken in conjunction with the University of Cambridge. It is the first study of its kind to explore this opportunity to take place in the country.

It focuses on individuals invited to LCS who are identified as being at high risk of lung cancer, recognising that this population also has an increased risk of other serious conditions.

The core objective of TACTICAL-1 is to test whether the process of offering lung cancer screening patients an additional abdominal scan during the same appointment is feasible within live screening services, without negatively impacting screening uptake, patient flow or experience.

As this is a feasibility pilot, the study is not designed around predefined activity volumes. Instead, scan numbers, operational learning and delivery experience over the remainder of the year will inform decisions about any future expansion or larger-scale study.

Following completion of the study, running until the end of 2026, the next step will be to evaluate whether this delivery model creates the conditions for earlier detection of serious disease, providing the evidence needed to justify wider implementation. The Cancer Alliance will be involved in plans to extend the TACTICAL-1 study to other Yorkshire-based hospital trusts, through system- wide and national promotion of the study and its findings.

Aside from the above, HNY Cancer Alliance will support national ambitions to deliver world-class cancer care through world-class cancer research, which are:

Expand access to trials

by improving digital trial-finding tools and using genomic testing to open up personalised treatment options.

Ensure faster and fairer access to trials,
cutting set-up times from 250 to 150 days and launching a Cancer Trials Accelerator Programme.

Speed up adoption of proven innovations through a clear cancer innovation pathway and the National HealthTech Access programme – including four new diagnostic technologies by 2027.

Set clear national cancer research priorities,
applying data, AI, genomics, wearables and robotics to accelerate progress.

By 2030, up to 10,000 cancer immunotherapies will be delivered via the Cancer Vaccine Launch Pad and Vaccine Innovation Pathway.

Throughout the lifespan of the National Cancer Plan, HNY Cancer Alliance expects that further guidance and initiatives will emerge to describe how cancer alliances are expected to contribute to achieving this key ambition around enhancing cancer research to deliver real benefit to cancer patients and help to prevent people from developing the disease altogether.

The Cancer Alliance will respond to future guidance accordingly, utilising the collaborative approach the research collaborative has fostered to deliver solutions and benefits to patients across our entire geography.

8.5 Tackling cancer in children and young people

Around 3,755 young people aged under 25 are diagnosed with cancer in the UKevery year. Broken down by age category, that's 1,645 children (0-14 years) and 2,110 teenagers and young adults (15-24 years) cancer diagnoses per year.

In Humber and North Yorkshire, that equates to 91 people aged under 25 - 40 children (0-14 years) and 51 teenagers and young adults (15-24) receiving a cancer diagnosis each year.

In Humber and North Yorkshire, people aged under 16 diagnosed with cancer tend to receive primary cancer treatment and care at Leeds Teaching Hospitals NHS Foundation Trust or Sheffield Children's NHS Foundation Trust.

This is because these two Trusts are the designated principal treatment centres in Yorkshire. These specialist hubs provide comprehensive, multi-disciplinary care, including intensive treatments like chemotherapy and surgery, which require specialised paediatric teams and infrastructure.

At Castle Hill Hospital there is a Teenage Cancer Trust unit designed specifically to support young people aged 16–24 with cancer. The unit provides age-appropriate care, focusing on treating the person rather than just the cancer, in a comfortable environment tailored to teenagers and young adults.

The National Cancer Plan recognises that while cancer survival among children and young adults has more than doubled in the UK since the 1970s, it remains the leading cause of death by disease among children and young adults in England.

In recognition of the above, HNY Cancer Alliance welcomes the inclusion of several commitments to improve outcomes for children and young people diagnosed with cancer.

We will support the National Cancer Plan ambitions to increase cancer survival among children and young people, and reduce the impact the disease has on these people and their families, which are:

Providing up to £10 million per year to pay for the travel costs for cancer care for children and young people, including their families.

Neighbourhood multi-disciplinary teams will meet the needs of children and young people with cancer and will **support earlier diagnosis.**

Improve early detection and diagnosis, ensuring primary and emergency care clinicians can access paediatric advice for suspected cancer cases.

Advance neighbourhood care by providing a lead paediatrician in every Neighbourhood MDT for children.

Speed up diagnosis by ensuring imaging for suspected cancer is reported, or reviewed, by a paediatric radiologist.

Strengthen psychosocial and long-term support by standardising access to psychological care, improving surveillance for late effects, and providing neurorehabilitation keyworkers for children with CNS tumours.

Ensure equitable access to genomics and research by making CYP genomics a core NHS Genomic Medicine Service deliverable and tackling age-related barriers to clinical trials for 16 to 24-year-olds.

Locally, HNY Cancer Alliance will work strategically with partners across the Humber and North Yorkshire health and care system to improve outcomes for children and young people with cancer, including within our integrated care board, particularly the **Children and Young People's Alliance** and strategic commissioning teams.

While the Government's **£10 million financial support package** for families of children and young people with cancer to cover travel costs to and from appointments is a welcome commitment, we must also explore how we provide as much care locally as possible – to ensure that we meet the **NHS 10-year plan** commitment of moving care from hospitals to community settings where possible.

There are already things we are doing to support children and young people who are diagnosed with cancer. Examples of these are highlighted in the following case studies.

The difference we are already making...

Case study: Using VR to support teenagers and young adults with cancer

Humber and North Yorkshire Cancer Alliance awarded funding to provide virtualreality (VR) headsets at the Queen's Centre at Castle Hill Hospital for teenagers and young adults to support them throughout their diagnosis and treatment journey.

This project sought to assess how using VR technology could reduce their anxiety, improve wellbeing, and enhance patient experience for teenagers and young adults living with cancer - a group for whom digital engagement is both natural and potentially therapeutic.

The project initially began at the Teenage and Young Adult Unit at Castle Hill Hospital but was eventually expanded to include patients of all ages attending the Queen's Centre and the Macmillan Information Centre, where a regular weekly VR clinic was established.

All users reported that using the VR headsets had improved their mood, with as much as a 7-point improvement in mood reported among some patients. Nine in 10 patients reported a 10/10 score for relaxation, while some patients also reported improvements in sleep and reduced pre-treatment anxiety.

Plans are under way in the coming year to pilot VR-based preparation for procedures such as PET scans, blood draws, and chemotherapy to reduce procedural anxiety.

> "It was really relaxing. I liked the guided meditation the best. Once you've had the headset on for a minute you forget it's there and you can easily focus on what's going on around you and have that escape and that peace.

Supporting children and young people who have been diagnosed with cancer is an incredibly important area of focus, which is welcomed by HNY Cancer Alliance, as part of the key commitments outlined in the National Cancer Plan.

The Cancer Alliance also recognises the importance of raising awareness to help to prevent children and young people from developing cancer altogether. An example of work we already carry out in this area is detailed below.

The difference we are already making...

Case study: Raising awareness in schools, colleges – targeted Cancer Champions training

Educating children and young people about cancer symptoms and risk factors builds lifelong healthy habits, increases awareness of prevention and screening, reduces stigma and fear, and helps them encourage earlier diagnosis and healthier behaviours within their families and communities.

HNY Cancer Alliance's Cancer Champions team has worked in collaboration with many schools, colleges and higher education institutions in our region to develop a tailored training sessions to raise awareness about cancer symptoms, prevention and screening programmes among pupils and students.

These interactive sessions are focused on cancer-related topics most relevant to these age groups, including testicular cancer, cervical screening, the HPV vaccine (which helps to protect against cervical cancer), and leading preventable cancer risk factors.

In the past two years, the Cancer Champions team has delivered training to more than 1,100 pupils and students at 13 schools, colleges, and higher education institutions across our region. with plans in place to deliver the training to many more in the future.

In addition, the team has delivered 'train the trainer' sessions to help colleges and sixth forms embed cancer awareness into personal, social, health and economic curriculum. Tutors are provided with presentations, teaching materials and support so they can deliver sessions independently.

8.6 Prioritising rare and less common cancers

The National Cancer Plan brings a dedicated focus to rare and less common cancers - which account for 47% of cases but as many as 55% of deaths nationally.

Rare and less common cancers are often associated with poorer outcomes and patient experience. Specialist care is required, meaning patients may be treated in a different area of the region than where they live.

Improving outcomes for these cancers is described in the National Cancer Plan as critical to achieving the plan's overall survival ambitions.

Key commitments include: appointing a national clinical lead for rare cancers; improving data and transparency; and making rare cancers a research priority, with expanded access to clinical trials and innovation.

The National Cancer plan also aims to diagnose these cancers earlier, supporting GPs with decision tools, reducing emergency presentations, and exploring new detection approaches such as multi-cancer early detection tests.

Care will be increasingly centralised in specialist centres, with wider use of genomic testing and personalised treatments to improve outcomes. Alongside this, the National Cancer Plan emphasises better patient support, including access to specialist staff and tailored care.

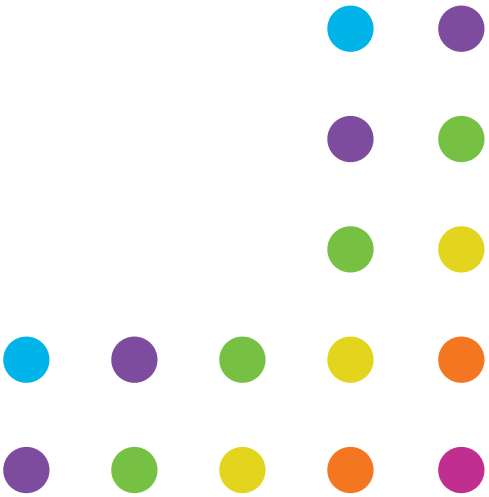
These commitments seek to address long-standing inequities in diagnosis, treatment, and survival for people with rare and less common cancers.

HNY Cancer Alliance and neighbouring cancer alliances have taken a pan-region approach - the only cancer alliances in England to do so - to bring healthcare professionals together to improve services for patients with rare and less common cancers in these regions.

The North East and Yorkshire Rare Tumours Network is a collaboration between the 4 North East and Yorkshire cancer alliances, which currently focuses on hepatopancreato-biliary cancers (liver, pancreatic, bile duct and gall bladder cancers) and sarcoma (cancers which develop in connective tissues such as fat, muscle, nerves, or bones).

This collaboration offers a wealth of benefits including knowledge and resource sharing to improve performance, quality, patient outcomes and experience.

More information about how we are improving outcomes for people with rare and less common cancers can be found in the below case study.



The difference we are already making...

Case study: Pancreatic cancer case finding in primary care

Pancreatic cancer has one of the lowest survival rates due to common late-stage diagnosis (in the UK, three in four cases are diagnosed late when curative treatment is no longer an option). Half of patients die within three months of diagnosis and fewer than 1 in 10 patients (7%) survive for more than 5 years.

Case-finding, the proactive identification of at-risk individuals, often through searching electronic health records for specific symptoms or high-risk factors, is estimated to lead to a 2.6% to 4.7% improvement in early-stage diagnosis of pancreatic cancer, when the disease is more treatable.

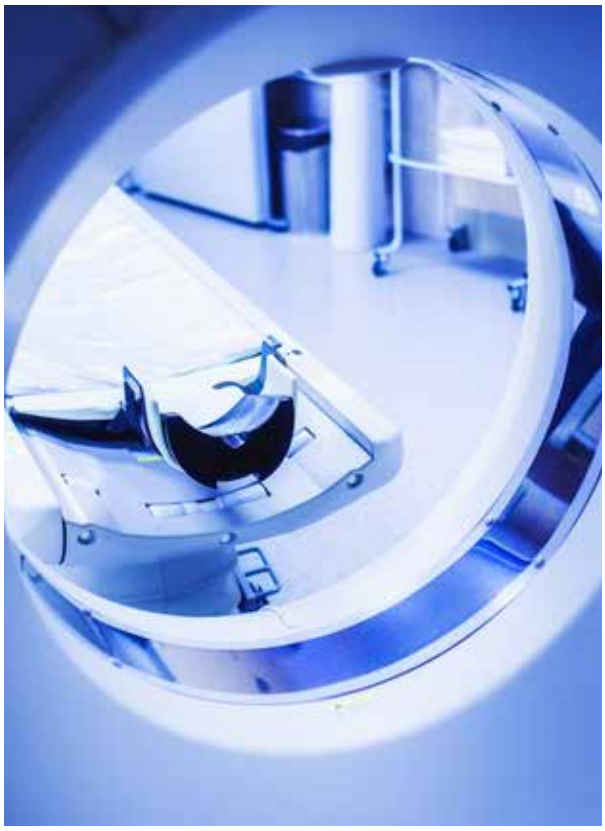
Humber and North Yorkshire Cancer Alliance was selected as one of the first cancer alliances in the country to take part in a national programme to carry out pancreatic cancer case finding activity through GP practices.

Funding worth around £174,000 enabled the Cancer Alliance to pay GP practices within five Hull-based primary care networks to carry out proactive identification of high-risk individuals using GP record searches – to find patients aged over 60 with new-onset diabetes and unexplained weight loss (both early warning signs of pancreatic cancer).

Identified patients will be sent for urgent blood tests and CT scans to detect pancreatic cancer earlier.

The 2-year pilot commenced in December 2025 and is expected that 1,744 patients over 60 with new-onset diabetes will be assessed for unintentional weight loss, resulting in an expected 57 patients needing a follow-up CT scan and 17 cases of pancreatic cancer being detected.

This activity ultimately will help to increase the early detection of pancreatic cancer and, potentially, better outcomes for those diagnosed with the disease.



Section 9

Our strengths and how else we are already improving outcomes for our patients and our population

HNY Cancer Alliance welcomes the ambition of the National Cancer Plan and while there is no doubt that it will be challenging to deliver all of the commitments outlined in the plan over the next decade, we take confidence in the outstanding work we are already doing to improve outcomes for cancer patients, further examples of which are featured in this section of the plan.

Importantly, we approach this challenge from a position of strength. Across our Cancer Alliance, we are already delivering multiple streams of work that is improving outcomes for people affected by cancer, with further examples highlighted throughout this section of the plan.

These achievements reflect the dedication of our clinical teams, operational leaders, voluntary sector partners, and wider health and care colleagues, all working together to improve prevention, earlier diagnosis, faster access to treatment, personalised care, and long-term support for those living with and beyond cancer.

We also take great confidence from the considerable strengths of our region and our wider health and care system. Our established culture of collaboration, strong provider partnerships, excellent clinical leadership, and shared commitment to population health improvement provide a firm foundation on which to build.

By harnessing these strengths, continuing to learn from best practice, and scaling the improvements already under way, we are well placed to make further meaningful progress in improving outcomes for cancer patients and the wider population we serve.

9.1 Our workforce

Over the next decade, the Humber and North Yorkshire health and care system will only be able to deliver earlier cancer diagnosis, high quality treatment and consistent personalised care for cancer patients if we protect, grow and continuously develop our workforce.

While the National Cancer Plan does not present a single standalone workforce commitment, it is clear that expanding diagnostic capacity, reducing variation and shifting more care closer to home increases the need for a workforce with the right skills, confidence and support to sustain the transformation outlined in the national plan.

Our extensive engagement activity, which has heavily influenced the development of this plan, saw us talk to a large number of colleagues who work in cancer services across secondary care, primary care, commissioning, and community services.

These conversations confirmed what we already knew about our regional healthcare workforce. Humber and North Yorkshire is incredibly fortunate to have so many dedicated, passionate and hard-working colleagues across primary care, secondary care and commissioning who are all working hard to improve cancer care for our population.

Feedback from our engagement activity also highlighted a workforce which recognises that how cancer services are delivered in the future needs to change to ensure patients get the best possible treatment in a timely manner; and they are keen to play their part to move to new ways of working but require development and support in order to do so.

Trust	Number of nurses and AHPs engaged with the ACCEND programme to date (latest data available) since digital learning solutions (DLS) pilot inception (July 2025)	Number of expected nurses and AHPs engaged with the ACCEND programme by the end of 2026/27
NHS Humber Health Partnership Trust	27 started on DLS platform as part of a national digital portfolio pilot (pilot now closed) Any new CNS posts engaged with ACCEND as part of their probation. All SACT competent workforce have completed a large proportion of ACCEND capabilities.	TBC / not centrally captured yet. Proposed approach in alliance planning: baseline + end-of-year manual audit (26/27) to quantify wider (paper/non-DLS) ACCEND uptake while national DLS roll out is delayed.
York and Scarborough Teaching Hospitals NHS Foundation Trust	23 started on DLS platform as part of a national digital portfolio pilot (pilot now closed) Any new CNS posts engaged with ACCEND as part of their probation. All SACT competent workforce have completed a large proportion of ACCEND capabilities.	TBC / not centrally captured yet. Same proposed approach: baseline + end-of-year manual audit (26/27) to quantify wider (paper/non-DLS) ACCEND uptake.
Total	50 known staff started ACCEND on DLS across Humber and North Yorkshire	26/27 activity includes undertaking manual audits for non-digital uptake and using SACT and acute oncology passport completion data converted to ACCEND capability equivalence as a proxy engagement measure.

Table: Expected engagement by end of 2026/27 is not currently available as a single definitive headcount because ACCEND activity outside the DLS pilot within new CNS posts inductions and local competency sign-off is not centrally recorded. Cancer Alliance 26/27 plans include provider baseline and end-of-year audits for 26/27 to establish a measurable position, alongside proxy reporting using SACT and acute oncology passport equivalence mapping.

The **ACCEND (Aspirant Cancer Career Education and Development) programme** is a workforce framework designed to strengthen cancer nursing, allied health professionals (AHPs), and the wider cancer workforce. It does this by creating clear career pathways, standardising core cancer capabilities, and aligning education, training, and development to these capabilities.

The approach supports workforce attraction, retention, skills optimisation, and succession planning, while also equipping generalist staff to deliver high-quality cancer care across settings, all of which are guiding principles of **ARO (Attract, Retain, Optimise): HNY Cancer Alliance's long-term workforce development strategy**.

In Humber and North Yorkshire, implementation has focused on embedding ACCEND into everyday workforce processes rather than treating it as a one-off initiative. This includes integrating it into induction, appraisal, and workforce planning; enabling team-level ownership; establishing governance groups; and aligning service development funding and education investment to workforce priorities. Mentorship and champion roles further support engagement and sustainability.

In 2024/25 the Cancer Alliance focused on building successful foundations for ACCEND delivery, including: stakeholder engagement, early pilots, and partnerships with higher education institutions to promote cancer careers. A pilot programme was introduced to use self-assessment against the ACCEND framework to identify development needs and begin integrating it into practice.

In 2025/26, the Cancer Alliance focused on progressing the ACCEND programme from foundation work to system-level alignment and delivery at scale. Key achievements included widespread engagement, reducing duplication by aligning existing local competency frameworks, developing consistent induction tools, and conducting regional education gap analyses.

Digital learning initiatives and national leadership contributions positioned HNY Cancer Alliance as a leader in ACCEND implementation, while the Cancer Alliance further strengthened links with higher education institutions in the region and doubled down on cancer workforce pipeline development to ensure there are sufficient, skilled staff to diagnose, treat, and care for cancer patients in the future.

The Cancer Alliance's long-term workforce strategy and commitment to ACCEND implementation will ensure there are clearer career pathways, improved access to education, reduced duplication of competencies, and lower administrative burden for our current and future cancer workforce – which we expect will enhance staff confidence, job satisfaction, and, ultimately, retention within our regional cancer workforce.

Our regional workforce is central to supporting Humber and North Yorkshire regionwide efforts to deliver the ambitions of the National Cancer Plan. The progress made to date demonstrates how national priorities can be translated into meaningful delivery at a regional level through a coordinated, system-wide approach.

Through ACCEND and the wider workforce strategy, HNY Cancer Alliance has established strong foundations to support this delivery - strengthening capability, improving consistency, and enabling new models of care.

By continuing to embed this work, strengthen accountability and align with emerging national direction, HNY Cancer Alliance is well positioned to play a key role in delivering the ambitions of the National Cancer Plan - reducing variation, improving outcomes and ensuring equitable, high-quality cancer care for its population over the next decade and beyond.

9.2 Providing system leadership and coordination / being clinically led / using funding to deliver improvement

Humber and North Yorkshire Cancer Alliance plays a core system leadership role by bringing together NHS organisations and other partners to deliver a coordinated approach to cancer across the region.

The Cancer Alliance does not operate as a provider of frontline services, but as a strategic convenor - aligning partners around shared priorities to translate national policy into locally deliverable programmes of work delivered consistently across the whole system.

Across 2025/26, Humber and North Yorkshire Cancer Alliance maintained a strong system-wide focus on operational recovery and delivery of national priorities, despite significant financial, workforce, and system pressures. The Cancer Alliance progressed from a "partially assured" position in Q1 to "fully assured" in Q3 and Q4, demonstrating improved delivery confidence, governance, and financial control.

HNY Cancer Alliance is responsible for the allocation of annual service development funding (SDF) to drive transformation and improve cancer services across the region. For 2026/27 HNY Cancer Alliance has received £6.023million in SDF (along with a further £6.174m for targeted initiatives such as the Lung Cancer Screening programme).

The Cancer Alliance is strongly committed to collaborative working and this is demonstrated in the development of its 26/27 delivery plan with its partners, with multiple workshops held with partners to collaboratively agree on initiatives to take forward during the year to transform cancer services and improve outcomes for cancer patients in Humber and North Yorkshire.

Some of the initiatives that the Cancer Alliance has funded using 2026/27 SDF are listed below:

> Improvements across colorectal, urology, gynaecology, skin and lung cancer pathways.
> To provide additional gynaecology clinics and increase surgical capacity.
> Support cancer services with localised pathway optimisation and straight-to-test pathway processes.
> Locum recruitment to increase radiotherapy treatment capacity and support current radiotherapy workforce.
> Increase histology sample reporting resource to reduce backlogs.
> Improve data quality and establish workforce training programme.
> Improve radiology and pathology turnaround times.

Furthermore, many other examples of other initiatives which were previously funded by HNY Cancer Alliance SDF are included throughout this plan.

The Cancer Alliance has a well-established network of strategic leadership boards and delivery groups to provide support and assurance that the regional cancer system is well placed to achieve all 323 deliverables committed to in the 26/27 Humber and North Yorkshire Cancer Alliance plan.

From a primary care perspective, there is much value in developing a cancer-specific communication and leadership network within primary care to maximise shared learning and encourage widespread good practice.

As ICB restructuring reduces local support, the Cancer Alliance is strengthening both clinical and non-clinical leadership within primary care while maintaining strategic clinical input at system level.

Targeted funding for cancer lead roles in primary care networks is creating an engaged group of GPs and managers with clear responsibilities, fostering greater ownership and driving sustained cancer improvement at a community level - generating sustainable action in primary care with a cancer focus.

Over the past few years, Humber and North Yorkshire Cancer Alliance has developed strong tumour-specific clinical delivery groups (CDGs), which bring together clinical leaders from across the regional cancer system to collaboratively reduce variation across the pathways and inequity in access to diagnostics, treatment, and personalised care.

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 8 CDGs operating in Humber and North Yorkshire:

- Breast cancer
- Gynaecological cancer
- Head and neck cancer
- Lower gastrointestinal cancer
- Lung cancer
- Skin cancer
- Upper gastrointestinal cancer
- Urological cancer

In the coming year, the CDGs will deliver an agreed workplan focused on performance recovery, unwarranted variation and best practice timed pathways implementation.

9.3 Our population

The challenges faced by our population has been acknowledged earlier in this plan (see chapter 5) but it would be remiss not to acknowledge our region's strengths, which are plentiful.

Humber and North Yorkshire is home to thriving cities, striking coastline and beautiful countryside – and is celebrated for its stunning and diverse landscapes. Our population is incredibly resilient, too. We're renown for our stoicism, strong community spirit, hard work – not to mention a good sense of humour.

Community engagement reveals that our people want to help to ease the burden on the NHS and understand that they have a responsibility to work with regional health and care services to ensure they are sustainable in the future.

This commitment to 'doing their bit' is demonstrated in the results of our **2024 Cancer Awareness Measures (CAM) survey** and cancer screening uptake, which is consistently higher than national averages: cervical: 78% compared to 72%; bowel: 74% compared to 63%; and breast: 88% compared to 79%.

The CAM survey revealed that a large proportion of people of Humber and North Yorkshire are trying to improve their health behaviours. The survey found that 57% of respondents were trying to eat healthier foods and 51% were trying to lose weight - clear indicators that many people are willing to make lifestyle changes linked to reducing cancer risk.

Their understanding of cancer has also increased significantly, particularly less common symptoms such as unexplained weight loss, tiredness and a change in bowel habits, while they have a strong understanding of the major risk factors such as smoking, excessive alcohol consumption and an unhealthy diet.

9.4 Improving early cancer diagnosis

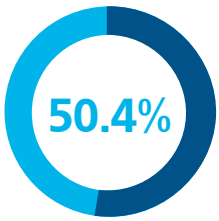
Aside from strong cancer screening take-up HNY Cancer Alliance has developed a comprehensive programme of work around early cancer diagnosis, which supports efforts to increase the percentage of cancers diagnosed at stage 1 or stage 2, when treatment is likely to be simpler and more successful.

GPs are the 'gateway' to cancer diagnosis because they are usually the patient's first point of contact within the healthcare system when symptoms arise. The GP role is crucial in early detection and timely referral for suspected cancer cases, which significantly impacts survival rates.

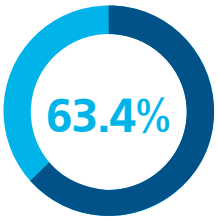
In 2025 the Cancer Alliance launched a cancer incentive scheme to support primary care networks in maximising the contribution primary care teams can make to early cancer diagnosis.

Forty-one of the 44 Humber and North Yorkshire primary care networks are engaged in the scheme with each delivering multiple projects covering case-audits, cancer case finding, safety netting, and quality improvement activities across cancer referrals, screening uptake, and cancer awareness.

Improving early diagnosis rates is integral to achieving the ambitions of the National Cancer Plan. Rapid Cancer Registration Data indicates the percentage of cancer diagnosed at an early stage (stage 1 or 2) has improved from 50.4% in January 2021 to 63.4% in September 2025, and the Cancer Alliance has developed a plan to grow this further to 64.6% in 2026/27.



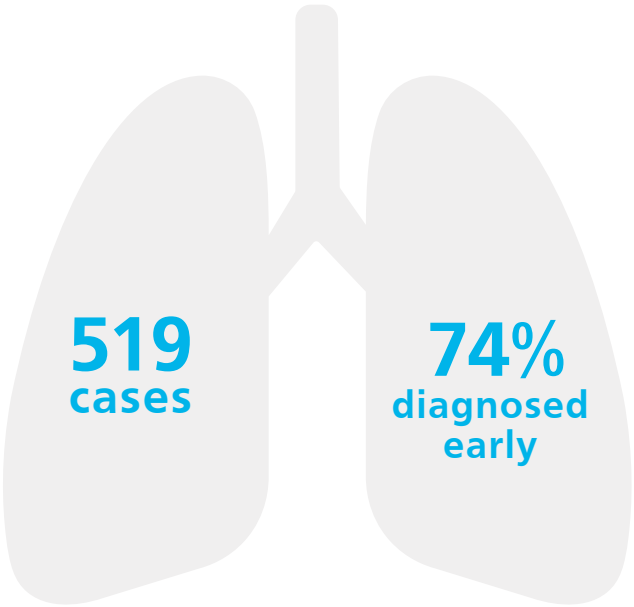
January 2021



September 2025

Percentage of cancer diagnosed at an early stage (stage 1 or 2)

A shift in early diagnosis has certainly been achieved by the NHS Lung Cancer Screening programme. As of February 2026 (latest data available), since its introduction in April 2019, the programme has diagnosed 519 cases of lung cancer, of which 74% were diagnosed early (stage 1 or stage 2).



9.5 Raising awareness of cancer

The National Cancer Plan finds people from deprived backgrounds are less likely to recognise cancer symptoms and there are different levels of knowledge about genetic risk and preventable risk factors.

In Humber and North Yorkshire, the Cancer Alliance works with a wide variety of partners in the local health and care system and wider communities to raise awareness of cancer, focusing much of its efforts to reach areas and communities where late-stage diagnosis is most prevalent.

Over the past year, the Cancer Alliance has delivered a series of creative public awareness campaigns to raise awareness about some of the most common cancers, including lung, bowel, breast, prostate and cervical cancers. This activity has yielded more than more than 60 separate media coverage instances and delivered a total reach of more than 2 million.

This activity has been complemented by a busy schedule of community awareness events, focused in the most deprived and underserved communities in our region, where cancer outcomes are less favourable than in more prosperous areas. In 2025/26 we have carried out 26 awareness campaign-linked community engagement events, speaking to more than 1700 people on a one-on-one basis about a range of topics in the process.

The Cancer Alliance's award-winning **Cancer Champions** programme delivered inperson training to 1,825 people in-year, again focused largely in our most deprived and underserved communities, as well as in prisons.

The team has also worked hard to develop close working ties with schools, colleges and higher education institutions in our region – to deliver bespoke awareness training to children and young people, to raise their awareness around relevant and the steps they can take to reduce their risk of developing cancer in the future. More information on this initiative can be found in the tackling cancer in children and young people chapter in section 8.

The launch of an e-learning version of the Cancer Champions awareness training shortly is projected to lead to a five-fold increase in the number of Cancer Champions trained annually.

Like the Cancer Alliance, Humber and North Yorkshire ICB's Centre for Excellence in Tobacco Control has also committed heavily to high-profile activity to raise public awareness about the dangers of smoking and has created many creative and thought-provoking campaigns to encourage our region's smokers give up.

In 2025, the Centre for Excellence ran a TV-led What Will You Miss? campaign. Independent evaluation found the campaign prompted nearly 20,000 people to cut down and 9,825 to make a quit attempt in Humber and North Yorkshire alone, and across the wider Yorkshire and Humber region, 48,000 cut down and 24,000 made a quit attempt.

It's 2026 Turn the Corner campaign features the **real-life story of Wendy**, a local person who had kidney and lung cancer, which she attributes to smoking, and is currently. It will be independently evaluated after completion.

9.6 Closing the gap: tackling inequalities in cancer care

Further to the health inequalities focus of the aforementioned public awareness activity, HNY Cancer Alliance has a bespoke **Health Inequalities programme** which has the over-arching goal of ensuring a health inequalities focus is threaded through all the work we do.

The Health Inequalities programme has identified 6 health inclusion priority groups to concentrate on over the lifespan of the Cancer Alliance's **health inequalities strategy – Core20** (most deprived areas and communities), older people, people with serious mental health illness, people with learning disabilities, those living in coastal communities, and those living in rural communities - all of whom have a greater risk of developing cancer or dying from the disease.

Since the programme's inception in 2024, the Health Inequalities programme has established strong networks with key system partners to work together to tackle the most pertinent cancer-related issues affecting these priority groups, recognising that the Cancer Alliance cannot successfully deliver the large-scale change required to genuinely improve outcomes for our disadvantaged or underserved communities alone.

Education of those people who come into regular contact with people and communities which experience greater health inequalities is critical to achieving this. However, health professionals can be unaware of the factors that influence the decisions people in exclusion groups make about their health, or the difficulties they may face.

Over the last two years, the Cancer Alliance has delivered a series of 'lunch and learn' sessions to educate health and care staff, as well as other people who come into regular contact with people from health inclusion groups, to increase their awareness, knowledge, and understanding of the needs of these groups.

This supports the Cancer Alliance's longer-term ambition to create more compassionate, equitable, and accessible cancer care for all patients, while also promoting staff wellbeing and sustainable ways of working.

The programme has also built on this work by positioning itself as sector leaders and innovators in health literacy and trauma-informed care, while championing a focus on cancer-specific health inequalities across networks which extend throughout and beyond our regional health and care system.

Health literacy is critical to reducing health inequalities in the UK, with more than 6 in 10 (62%) of adults in Humber and North Yorkshire England struggling to understand daily health information, directly contributing to poorer health outcomes, lower engagement with preventative services, and higher emergency service usage.

Looking ahead to the next year and beyond, the programme is focused on establishing HNY Cancer Alliance a health literate organisation, which means it will make certain commitments to make sure its public-facing information and communication platforms accessible to all.

9.7 Engaging with patients

Cancer alliances involve patients to ensure services are designed around user needs, improve care quality, and reduce inequalities by incorporating lived experience. This collaboration ensures that cancer pathways are compassionate, effective, and tailored to local community needs.

While there are mandatory requirements around patient engagement and involvement, enshrined in the NHS Constitution and the Health and Care Act (2022), involving cancer patients in our work 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.

The Cancer Alliance has worked hard to develop, a diverse and inclusive patient and public representative group, growing membership from just six representatives at the start of 2024/25 to over 50 by the end of the 2025/26 year.

Over the last year, our representatives have been involved in 32 projects across the various Cancer Alliance workstreams - ensuring that the voice of those who have lived experience of cancer is reflected in the work undertaken to transform cancer services across the region.

This activity was coupled with the further expansion of a Humber and North Yorkshire cancer patient and carer network, consisting of local cancer support groups, local cancer charities, and other VCSE partners. This group now stands at 250 organisations, with more than 3,000 members.

In 26/27 and beyond the focus is to bring the Cancer Alliance workstreams and the wider Humber and North Yorkshire cancer patient and carer network closer together so our work can benefit from more influence from those with lived experience of cancer.

Year after year, HNY Cancer Alliance has devoted considerable time and resource to carry out a series of community engagement events, combining engagement activity in high-footfall areas in our most deprived communities with targeted engagement activity aimed at inclusion health groups.

In 2025/26, 72 events were held, 3,586 people were engaged with and the insight from this activity was shared with various Cancer Alliance boards and working groups.

The people and community engagement exercise to support the development of this long-term plan for cancer also demonstrates our commitment to seeking the views, and devoting significant time and resources to making sure that the views of people from under-represented or under-served communities is heard and acted on.

HNY Cancer Alliance also supports organisations from the local health and care system utilise patient feedback in their work to improve or adapt cancer services.

Each year, the Cancer Alliance provides 'deep-dive' analysis of the latest national cancer patient experience survey (NCPES) results on behalf of the acute trusts providing cancer services in our area.

This analysis has helped to demonstrate to the trusts and other stakeholders involved in the commissioning and provision of cancer services where services are performing well in terms of patient experience of care and where action is required to improve patient experience of care.

The Cancer Alliance has worked with cancer colleagues at NHS Humber Health Partnership Trust and to develop and deliver a shortened version of the NCPES to provide more detailed and frequent patient feedback on patient experience of using cancer services.

Section 10

How we will measure success

Throughout this plan, we have tried to focus on outcomes, rather than outputs, when describing what it is we are seeking to change. We face challenges, however, in measuring these outcomes as they are often more difficult to count and find definitive measures for.

There is a range of performance measures, set out below, which will be monitored by the Cancer Alliance and partners as proxy measurements for the progress we are making in delivering the key commitments of the National Cancer Plan.

In addition, we will continue our ongoing engagement with patients, the public, staff and other stakeholders to find out what difference our work is making to them.

These are the sorts of things we want cancer patients, staff and the public in Humber and North Yorkshire to be able to say because of the changes we are making in this plan (these have been informed by our engagement work and what people have told us matters most to them).

Patients / members of the public

I know the signs and symptoms of cancer, can access **trustworthy information about prevention, screening, treatment, and recovery**, and feel confident about when to seek help.

I can quickly access **cancer screening, appointments, tests, and treatment** without unnecessary delays, and I understand what will happen next.

I am **listened to, treated with respect, and involved in decisions** about my cancer care and treatment.

I receive clear, understandable information about my diagnosis, treatment, test results, and ongoing care.

I feel reassured that services work well together, communicate effectively, and provide smooth transitions between stages of care.

I have access to **high-quality, personalised cancer care** regardless of where I live or my background.

I feel supported emotionally, physically, and practically throughout and beyond my cancer journey, including access to mental health, rehabilitation, financial, recovery, and palliative care support where needed.

I know who to contact if I have questions or concerns during or after treatment.

I feel confident that staff are well trained, supported, and able to provide highquality cancer care.

I see that feedback from patients, carers, and staff is listened to and used to improve services.

Cancer workforce

I feel valued, respected, and supported in my role caring for cancer patients or those being investigated for suspected cancer.

I work in a well-staffed team with manageable workloads, the right skill mix, and enough time to provide safe,

I have access to the training, education, and development opportunities I need to feel confident and capable in my role.

I work in an environment where my wellbeing is prioritised and where I feel safe to speak up, share concerns, and suggest improvements.

I experience visible, supportive leadership and am involved in decisions that affect my work and service delivery.

I have access to the tools, technology, information, and systems I need to do my job effectively.

I work across services that communicate and collaborate effectively, with **clear and efficient cancer pathways designed around patient needs.**

I am supported to improve and innovate cancer services, contribute toresearch and service development, and see that patient feedback leads to meaningful change.

I am supported to deliver equitable, safe, high-quality care for all cancer patients, regardless of background or location.

I am proud to work in cancer services and would recommend this organisation as a great place to work.

Performance measures

The following set of performance measures will be used to measure our progress as a Cancer Alliance against delivering key aspects of the National Cancer Plan.

Improve cancer survival: so that 3 out of 4 people (75%) diagnosed with cancer in 2035 should be cancer free or living well with cancer after 5 years

Action	Aim
Achievement of cancer waiting time standards (by March 2029)	**28-Day Faster Diagnosis Standard:** 80% of patients should receive a diagnosis, or have cancer ruled out, within 28 days of an urgent referral. Maintain 80% throughout 2026/27 and above 80% in March 2027. **31-Day Decision to Treat:** 96% of patients start treatment within 31 days of decision to treat being made. Improve to 94% by March 2027, or a 2% improvement (compared to March 2026 position, capped at 96%, whichever is greater). **62-Day Referral to Treatment:** 85% of patients start treatment within 62 days of referral (or consultant upgrade). Improve to 80% by March 2027, or a 5% improvement (compared to March 2026 position, capped at 85%, whichever is greater).
Increasing the percentage of cancers diagnosed early (stage 1 and 2)	Increase to 64.6% in 2026/27 from 63.4% (September 2025 position).
Reducing the percentage of cancers diagnosed late (stage 3 or 4)	Reduce from current rate of 36.6% to 35.4% in 2026/27.
Reducing the gap in rates of early diagnosis between the most and least deprived areas	Triangulate available early diagnosis and health inequalities data to create a baseline against which to measure improvement during the lifespan of this plan. Metrics will be established once baseline assessment activity has been carried out.
Reducing the proportion of cancers diagnosed in an emergency setting	Work with trusts to access this data and triangulate with other relevant data to create a baseline against which to measure improvement during lifespan of this plan. Metrics will be established once baseline assessment activity has been carried out.
Roll out Lung Cancer Screening across all parts of Humber and North Yorkshire	Full coverage by 2029/30 (national target is to complete full rollout by end of 2030) and achieve 62% uptake in 2026/27, 64% uptake in 2027/28, and 66% uptake in 2028/29.
Increase uptake for breast, bowel, cervical screening	Improve or maintain uptake rates so they meet or exceed national targets – bowel (60%); breast (80%) and cervical (80%). 2024 HNY rates: cervical: 78%; bowel: 74%; breast: 88%.
Improve quality of life for people diagnosed with, being treated for, or living with and beyond cancer	Work with partners to scope relevant data sources available, and identify any data gaps in the process. Once this scoping activity has been completed, agree on a set of data sources with which to measure improvement during the lifespan of this plan.
Workforce – number of ACCEND-accredited cancer nurses and AHPs	Metrics will be established in 2026/27 after baseline assessment activity carried out.

Section 11

Next steps

As mentioned in chapter 9, how the Cancer Alliance and its partners will achieve the ambitions of the National Cancer Plan over the next decade is still largely to be determined – but the Cancer Alliance supports the plan's commitments to ensuring more people survive cancer, are diagnosed earlier and faster, and receive more personalised support.

HNY Cancer Alliance is excited by and well placed to respond to the priorities and ambitions in the National Cancer Plan, building on our progress to date in Humber and North Yorkshire.

This final section of the plan explores the steps HNY Cancer Alliance and partners will take over the next year to begin to plan for the delivery of the National Cancer Plan's key commitments over the next decade, which will be further shaped by future guidance from NHS England and the Department of Health and Social Care.

2026/27 planning guidance for cancer alliances and our subsequent plan for the year was developed prior to the publication of the National Cancer Plan. While the overall ambition of our 26/27 plans are to improve outcomes for cancer patients, understandably, it does not include specific approaches to achieve the key National Cancer Plan's key commitments.

That said, there are many activities which overlap and, wherever possible, HNY Cancer Alliance will adapt its plans accordingly to align more closely with delivering against the key commitments outlined in the NCP while also achieving our 26/27 targets.

The National Cancer Plan outlines they key commitments to improving outcomes for cancer patients over the next decade, so a long-term approach to delivery is required and is reflected in this Humber and North Yorkshire 10-year cancer plan, and will be reflected in our subsequent yearly HNY Cancer Alliance delivery plans during the lifespan of the National Cancer Plan (i.e. up to, and including, 2035/36).

We also expect, through the duration of the lifetime of the National Cancer Plan (to 2035), that further guidance and initiatives will emerge to describe how cancer alliances will contribute to achieving the key commitments of the National Cancer Plan.

As and when this materialises, the Cancer Alliance will continue to work as it always does – in collaboration with partners across the regional health and care system to transform the diagnosis, treatment and care for cancer patients in Humber and North Yorkshire.

Below is a RACI chart which defines and clarifies roles and responsibilities for tasks, milestones, or decisions which will be actioned over the next year, in relation to implementing activity to begin to deliver the key commitments of the National Cancer Plan.

Like this 10-year Humber and North Yorkshire Cancer Plan, the RACI is likely to evolve as future direction is provided and plans are developed in accordance.

RACI and next steps in 2026/27: Starting to implement the National Cancer Plan in Humber and North Yorkshire

Action	Action	Aim	Action	Aim
Develop detailed delivery plans for 26/ 27, aligned to National Cancer Plan where possible	Cancer Alliance / provider trusts	Cancer Alliance	NHS England / ICB / primary care / patients	Local authorities / VCSE
Improve cancer waiting time performance (28, 31, 62 day standards	Cancer Alliance / provider trusts / ICB	Cancer Alliance / NHS England	Primary care / local authorities / VCSE / patients	Wider system stakeholders
Expand Community Diagnostic Centres and diagnostic capacity	ICB / provider trusts	ICB / NHS England	Cancer Alliance / primary care / local authorities / VCSE / patients	Wider system stakeholders
Roll out and optimise screening programmes (including Lung Cancer Screening)	Provider trusts / primary care / Cancer Alliance	NHS England / provider trusts	ICB / primaryvcare / local authorities / VCSE / patients	Wider system stakeholders
Continue to implement personalised care (HNAs, PCSPs, PSFU/PIFU)	Cancer Alliance / provider trusts	Cancer Alliance / provider trusts	NHS England / ICB / primary care / local authorities / VCSE / patients	Wider system stakeholders
Drive cancer research and innovation participation	Cancer Alliance / provider trusts / ICB	NHS England / Cancer Alliance	Primary care / local authorities / VCSE / patients	Wider system stakeholders
Reduce cancer inequalities and improve engagement with underserved groups	Cancer Alliance / provider trusts / ICB	Cancer Alliance / NHS England	Primary care / local authorities / VCSE / patients	Wider system stakeholders
Strengthen workforce capacity (ACCEND implementation)	Cancer Alliance / provider trusts	Cancer Alliance / NHS England	ICB / primary care / local authorities / VCSE, patients	Wider system stakeholders
Enhance digital transformation (NHS App, data sharing, AI tools)	Cancer Alliance / provider trusts / ICB / primary care	NHS England	Local authorities / VCSE / patients	Wider system stakeholders
Monitor cancer performance, reporting and governance	Cancer Alliance / provider trusts / primary care	Cancer Alliance / ICB	NHS England / local authorities / VCSE / patients	Wider system stakeholders
Drive cancer research and innovation participation	Cancer Alliance / provider trusts	Cancer Alliance / ICB	NHS England / Primary care / local authorities / VCSE / patients	Wider system stakeholders
Reduce cancer inequalities and improve engagement with underserved groups	Cancer Alliance / provider trusts / primary care	Cancer Alliance / ICB	NHS England / local authorities / VCSE / patients	Wider system stakeholders
Strengthen workforce capacity (ACCEND implementation)	Cancer Alliance / provider trusts	Cancer Alliance / provider trusts	NHS England / ICB / primary care / local authorities / VCSE / patients	Wider system stakeholders
Enhance digital transformation (NHS App, data sharing, AI tools)	Cancer Alliance / provider trusts / ICB / primary care	NHS England / ICB / Cancer Alliance	Local authorities / VCSE / patients	Wider system stakeholders

Section 12

References and further reading

List of docs attributed in the Humber and North Yorkshire Cancer Plan, as well as any other relevant reports and publications.

- **National Cancer Plan: Full version**
- **National Cancer Plan: technical annex** (setting out supporting evidence, data analysis and graphs to supplement the National Cancer Plan
- **National Cancer Plan: equality impact assessment**
- **Shaping the National Cancer Plan** (call for evidence outcome)
- **Humber and North Yorkshire 10-year Cancer Plan: People and Community engagement report**
- NHS Humber Health Partnership Long-Term Cancer Plan
- **York and Scarborough Teaching Hospitals NHS Foundation Trust Cancer Strategy (2025 – 2030)**
- **Cancer Awareness Measures Survey: Full report**
- Humber and North Yorkshire ICB: **NHS: We Need to Talk (2025) report**
- **HNY Cancer Alliance: health inequalities strategy**

Humber and North Yorkshire
Cancer Alliance

NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

Accessibility

If you need this document in an alternative format, such as large print or another language please email: **admin.hnycanceralliance@nhs.net** or message on social media: **@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:

admin.hnycanceralliance@nhs.net

www.hnycanceralliance.org.uk

Health House, Grange Park Lane,
Willerby, HU10 6DT