



North East London
Cancer Alliance

North East London Cancer Alliance Annual Report

2023-2024





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Introduction to the cancer alliance

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We are committed to improving cancer outcomes and reducing inequalities for local people. Our aim is that everyone has equal access to better cancer services so that we can help to:

- Prevent cancer
- Spot cancer sooner
- Provide the right treatment at the right time
- Support people and families affected by cancer

We work with patients, residents, carers, hospitals, GP practices, health and care professionals, local authorities and community and voluntary organisations across north east London.



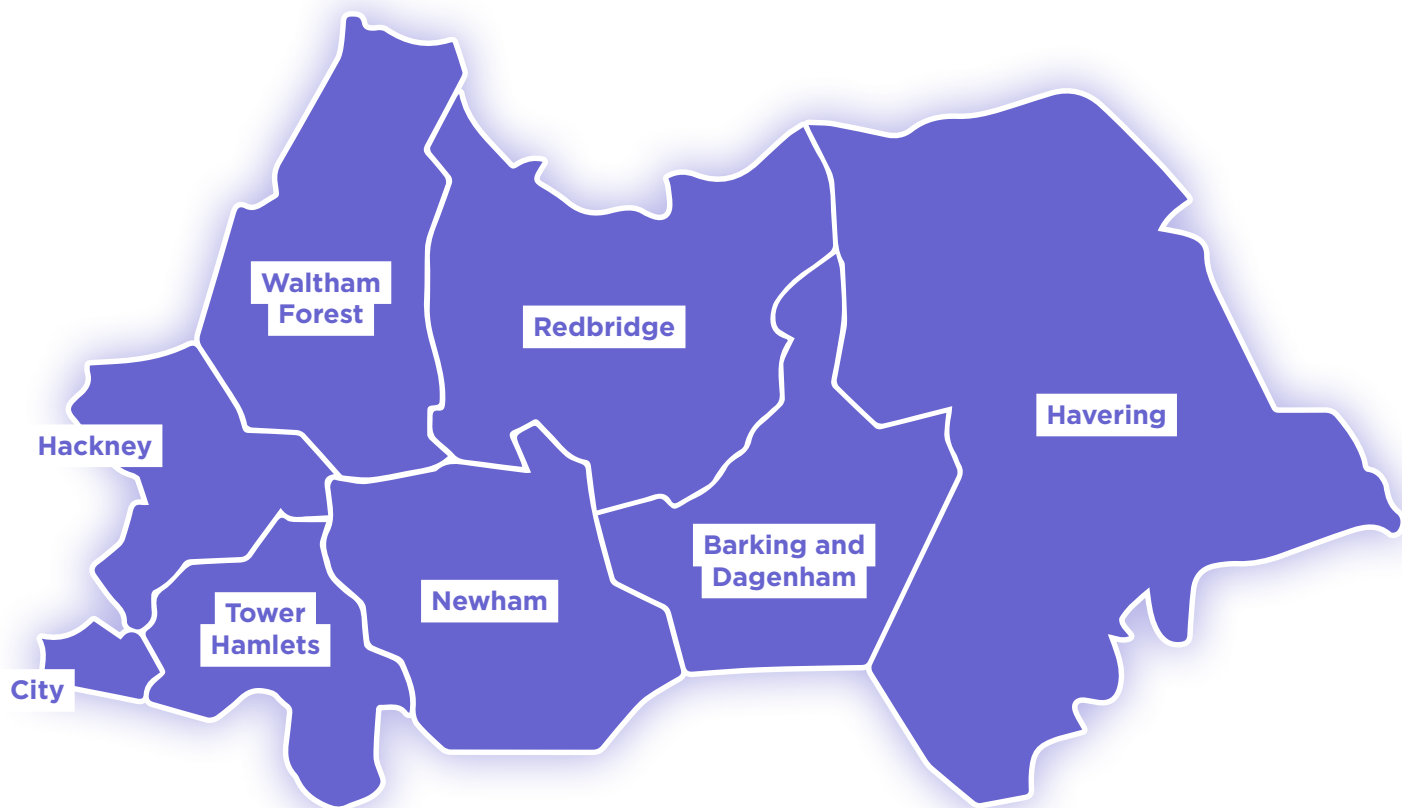
Watch a short video introducing our work:

<https://youtu.be/xsV4kGlnu-Q>



Hear from some of our patients:

<https://youtu.be/yQV5JzV0-IQ>



We cover a population of over two million people across City and Hackney, Tower Hamlets, Waltham Forest, Newham, Redbridge, Barking & Dagenham, and Havering.

We have three main programmes that span the entire cancer pathway, which cover screening and initial referrals (Early Diagnosis), the ability to diagnose and treat our patients for cancer (Diagnosis & treatment) and supporting patients to live with and beyond cancer (Personalised Cancer Care).

We also have a number of cross-cutting programmes to support this work, which focus on operational performance, data, workforce and training, and communications and engagement.

More information about the work of the cancer alliance is on our website: <https://www.nelcanceralliance.nhs.uk>

Executive summary by Professor Charles Knight OBE, Chair of the Cancer Alliance Board



Since becoming chair of the cancer alliance board in late 2022, I have consistently been impressed with the high-quality levels of cancer care we are providing our patients, despite the challenges we are constantly facing.

During 2023 to 2024, we continued to deliver a strong cancer performance when compared to other systems nationally, **bringing our backlog down by nearly 40% during the financial year** and **achieving the 75% Faster Diagnosis Standard every month since December 2023**. This standard ensures that at least 75% of people receive a cancer diagnosis or exclusion within 28 days of referral.

Dame Cally Palmer, National Cancer Director and Professor Peter Johnson, National Clinical Cancer Director, wrote to us and said:

“We are writing to congratulate you and your teams for the fantastic progress you have made on reducing your 62-day backlog over the past year and improving your Faster Diagnosis performance.

“Since the beginning of April 2023, your 62-day backlog has reduced to 216 patients (an improvement of 40.9%), which is below your Fair Shares target for 2023/2024. This is some of the most positive progress we have seen anywhere nationally, and has been a significant contributor to the overall national position.”

This was an impressive performance given that we were faced with the challenge of rising backlogs in the wake of Covid-19, navigating workforce constraints, the impact of strike action, ongoing budgetary constraints, high rates of people not attending appointments, impact of funding based on population health (known as ‘Fair Shares’ allocation) and pressure on primary care.



What made this even more challenging in north east London was the fact that:

- Over half the population is from BAME communities, who have been impacted more by the pandemic and where there is a lack of trust that has to be rebuilt
- A quarter of the population speak a language other than English at home
- A quarter of the population live in areas ranked in the most deprived 20% of the country

A key priority for us in 2023 to 2024 was **reducing health inequalities**, and this remains a key priority. We achieved a lot in this area in 2023 to 2024, through projects like our womb cancer awareness campaign 'You Need to Know'. In partnership with The Eve Appeal, it has improved early diagnosis of womb cancer amongst Black African, Black Caribbean and South Asian women in north east London.

Early diagnosis is a key priority, where work such as the Targeted Lung Health Check Programme is already making an impact. We have one of the highest uptake rates in the country. By March 2024, we had provided over 9,000 CT scans, and 67.7% of lung cancers found were at stage 1 or stage 2.

Innovation continues in **Diagnosis and Treatment**. Examples of innovative diagnostic tools in 2023 to 2024 include Cytosponge, Colon Capsule, use of robotics, the use of Faecal Immunochemical Test (FIT) in secondary care, where we are the only alliance to do this, and our ground-breaking use of the FIT test and improvements to lower GI pathway, which was approved by London Clinical Executive Group, to improve the diagnosis of bowel cancer.

Our Personalised Care team were busy ensuring consistent, high-quality holistic care is available to all our patients. One key example is prehabilitation, or prehab, which helps patients prepare for cancer treatment. Over 1,000 patients benefited from this, and we are working, as a system, to secure funding to continue these services across all of north east London.

Achieving the North East London Integrated Care Board Priorities

This work across all of the cancer alliance programmes helped support the key priorities of the North East London Integrated Care Board, which are:

- 1. Employment and workforce** – to work together to create meaningful work opportunities and employment for people in north east London now and in the future.
- 2. Long term conditions** – to support everyone living with a long-term condition in north east London to live a longer, healthier life and to work to prevent conditions occurring for other members of our community.
- 3. Children and young people** – to make north east London the best place to grow up, through early support when it is needed and the delivery of accessible and responsive services.
- 4. Mental health** – to transform accessibility to, experience of and outcomes from mental health services and well-being support for the people of north east London.

The cancer alliance continues to work closely with North East London Integrated Care Board to connect to each of these four priority areas.



Looking ahead: our vision for 2024/2025

We have a detailed delivery plan for 2024 to 2025, which is available on our [website](#).

Looking ahead, we can expect to see even more collaboration across partners and more joined-up initiatives, combining tailored local approaches with sharing best practice across north east London.

The Cancer Alliance will continue to be the central hub for all cancer work, linking in with the North East London Integrated Care Board and its key priorities.

I'm personally optimistic about the year ahead. We have lots of talent, lots of ideas and we have created a vehicle through the cancer alliance to make these happen. It's essential that we embed these new ideas and ways of working so that they become business as usual.

As always, patients are at the heart of all that we do, and I look forward to seeing the positive impact of all this work for our local population.



A handwritten signature in black ink, appearing to read 'Charles Knight' with a stylized flourish at the end.

Charles Knight

Chief Executive, St Bartholomew's Hospital
and Chair of the Cancer Alliance Board

Reducing the backlog and improving performance

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“During 2023 to 2024, we continued to deliver a strong cancer performance when compared to other systems nationally. bringing our backlog down by nearly 40% during the financial year and achieving the 75% Faster Diagnosis Standard every month since December 2023. This standard ensures that at least 75% of people receive a cancer diagnosis or exclusion within 28 days of referral.”

Angela Wong

Chief Medical Officer



Femi Odewale

Managing Director



National cancer performance standards

The nationally rationalised cancer waiting time standards (concentrating on three key measures - Faster Diagnosis, 31-day Decision to Treat to Treatment, and 62-day Referral to Treatment standards) came into effect from October 2023.

Despite challenges experienced with industrial action, our performance against these standards was strong in north east London and the latest published month of March 2024 saw performance as detailed below:

EA Project	28 Day FDS			31 Day (Combined)		
	Cases	Successful	%	Cases	Successful	%
Trust Name / Performance Standard (%)			75.00			96
Barking, Havering and Redbridge University Hospitals NHS Trust	2363	1805	76.39	422	409	96.92
Barts Health NHS Trust	3096	2389	77.16	370	356	96.22
Homerton University Hospital NHS Foundation Trust	1323	1057	79.89	53	53	100.00
North East London	6782	5251	77.43	845	818	96.80

- 28-day Faster Diagnosis Standard (FDS) – we achieved 77.43% against the 75% standard in Mar-24 surpassing the national requirement, yet slightly below our objective to greatly exceed the standard. This sets an encouraging tone for the start of the next financial year.
- 31-day decision to treat to treatment combined standard – we achieved 96.80% against the 96% standard in March 2024. All providers met and surpassed the 96% benchmark.

In addition, against the 62-day referral to treatment standard, our performance at 71.68% has met the NHSE's combined 62-day standard Operating Plan ask, surpassing the 70% requirement.

Collaboration with partners

Collaboration was key to achieving these results and we took it to new levels. We worked closely with North East London Integrated Care Board, healthcare professionals, trust leadership, primary care, patient advocacy groups, and government agencies. Weekly 1-1 meetings with the Cancer Chief Operating Officers provided focus on challenges and solutions, and we backed this up with deeper dives into specific tumour groups.

This involved us working directly with specific clinicians in each tumour group, taking a look at the individual pathways and working out where improvements could be made. Weekly operational performance meetings helped keep us on track to deliver the results.

North East London Cancer Alliance also continued to work with providers to implement and strengthen best practice timed pathways (BTPs). Four Operational Managers were recently recruited to support BTPs across NEL with particular focus on the providers that are performing below the England Faster Diagnosis standard.



Establishing new roles

To help us achieve our performance results, we established innovative new roles, including the Cancer Performance Programme Manager, Faster Diagnosis Standard (FDS) nurses, Diagnostic Leads, and Consultants, aiming to improve patient outcomes.

We addressed the need to rapidly implement new ideas by adopting an agile approach, emphasising collaboration, and engaging with stakeholders to gather valuable insights, informing the development of new processes and roles:

- **Faster Diagnosis Standard Nurses:** These nurses focus on expediting diagnostic pathways, ensuring timely diagnoses.
- **FDS Diagnostic leads:** Providing clinical leadership and expertise, ensuring that changes are evidence-based and patient-centred.



Using the latest technology

We also used the latest technology in diagnosis, such as:

- **Robotics:** King George Hospital is the first in the country to offer a robotic colonoscopy machine. Patients benefit from a [painless and non-invasive procedure](#).
- **Cytosponge:** a [quick, easy test](#) which is a pill on a string, an alternative to endoscopy.

Impact on Staff

The new roles and initiatives have positively impacted staff by:

- **Enhanced Roles and Responsibilities:** Diagnostic Lead roles and FDS nurses have undertaken pathway mapping and introduced interventions like Straight to Test for upper gastrointestinal and lower gastrointestinal pathways. which streamline processes and reduce workload stress.
- **Improved Work Environment:** By reducing waiting times and improving patient flow, staff experience less pressure and can focus more on providing quality care.

Added Value for Patients

Our initiatives have led to significant improvements in various aspects of patient care, including:

- **Backlog:** reduced by over 40% in 2023-2024, smashing national targets
- **Time:** The introduction of Faster Diagnosis Standard (FDS) nurses and streamlined diagnostic pathways have reduced waiting times for diagnostics and treatment.
- **Quality of Life and Clinical Outcomes:** Early diagnosis facilitated by these initiatives has improved the clinical outcomes for patients, leading to better prognosis and quality of life. Increased cancer diagnosis rates mean patients receive timely treatment, reducing the progression of the disease.
- **Quality of Experience:** Patient experience surveys indicate improvements in specific areas, such as being told about their diagnosis in an appropriate place and having diagnostic test results explained clearly. Although some areas, like explanations of referrals, need improvement, the overall patient experience has been enhanced.
- View a video of our patients about their cancer care:
<https://youtu.be/yQV5JzV0-IQ>

Financial Savings and Efficiencies

The initiatives have led to financial efficiencies through:

- **Reduced Treatment Costs:** Early diagnosis and treatment can lead to significant cost savings by reducing the need for more complex and expensive treatments required at advanced stages of cancer. While specific local data is not available, national data suggests that timely intervention can reduce treatment costs significantly.

Our initiatives have added significant value for patients by improving diagnostic times, enhancing the quality of life and clinical outcomes, and improving the overall patient experience. These initiatives have also boosted staff satisfaction by enabling them to deliver better quality care in a less stressful environment. Financially, the cancer alliance has realised efficiencies and potential cost savings through early diagnosis and streamlined operations.

By replicating these successes and sharing best practices, we ensured sustained and widespread improvements across the healthcare system, benefiting both staff and patients.



Involving our patients and staff

We were actively involved in the improvement of cancer performance within the region. Our role is central in connecting various organisations to ensure a cohesive approach. The forward-facing cancer performance programme manager role was responsible for overseeing the coordination of efforts and ensuring that all parties were engaged in the process.

Patients are at the heart of all that we do. We prioritised collaboration with patients and end-users to understanding their needs and incorporating their feedback. Despite the urgency of the situation, we made it a priority to involve patients in decision-making processes to ensure that their voices are heard, and their experiences are taken into account.

We established a patient community of practice, which we have grown from 9 members to over 30. We continue to grow this, making sure each community group is represented. Through working in partnership with them, we ensure we have the right patient input into our work, keeping patients at the heart of all that we do.

Clinicians and the wider workforce were actively engaged in the performance recovery efforts. Their input and expertise have been invaluable in identifying areas for improvement and developing strategies to enhance cancer care delivery.

Through regular meetings and communication, we were able to foster a collaborative environment where everyone is working towards a common goal.

We established Expert Reference Groups across 10 different tumour groups. Expert Reference Groups bring together relevant colleagues from across NEL to identify relevant issues and provide expert advice across the whole pathway.

We brought together cancer staff from across north east London for another innovative programme of work to boost performance. This is aimed at improving Multi-Disciplinary Team Meetings (MDTMs), which is still ongoing.

Overall, the involvement of stakeholders across the board – from clinicians and the workforce to patients and external partners – was instrumental in driving progress.

Programme update: Early Diagnosis



“By March 2026, we aim to diagnose 65% of cancers in North East London at stage 1 or 2 (75% by 2028) through innovative, creative and sustainable transformation which reduces health inequalities and improves access, quality and safety.”

Caroline Cook, Programme Lead, Early Diagnosis



Reducing late stage cancer diagnosis

A key priority for north east London was to reduce the number of people coming forward at a late stage to get checked for a cancer diagnosis (for example, going straight to the Emergency Department rather than their GP).

The aim was to reduce the number of people being seen with late-stage cancer (stages 3 and 4, rather than stages 1 and 2) where symptoms are more advanced, and it is more difficult to treat. The target is that by 2028, we will diagnose 75% of cancers at stage 1 or 2. Progress was made in a number of areas to support this, which includes:

- **Working at a borough level to deliver free lung checks:** We worked in partnership with local authorities, GPs, community and voluntary groups and Public Health on a borough-by-borough basis to deliver the Targeted Lung Health Check Programme – free lung checks for people aged 55-74 who have ever smoked.

Our approach led to the one of the highest uptake rates in the country - we delivered over 1,000 scans in Tower Hamlets, just a couple of months after going live there. It is currently available in Barking & Dagenham, Tower Hamlets and Newham. As of 31 March 2024, we had undertaken over 9,000 scans and 67.7% of lung cancers found were at stage 1 or stage 2.

CATTs

CANCER AWARENESS

FOR TEENS & TWENTIES

“The Cancer Awareness sessions given by Natasha Francis to Year 11 students have been invaluable. They are informative and interactive and have given students a really clear understanding of how to check any concerns they have with their own health and the health of their loved ones.”

Justin Reece

PHSE Lead, Valentine's School, Redbridge

- **Lynch syndrome:** This is a genetic condition which runs in families and increases the risk of several cancers. We implemented Lynch Syndrome pathways across north east London for colorectal and endometrial cancers. Patients and their close relatives may be tested for Lynch Syndrome, which can be a risk factor for other cancers, as another mechanism to support with early diagnosis.
- **Cancer awareness in schools:** Working in partnership with the charity Cancer Awareness in Teens and Twenties (CATTs), we delivered cancer awareness raising sessions within secondary schools to over 2,000 Year 10 and Year 11 pupils.
- **Liver Surveillance:** This project supports the establishment of a liver cancer surveillance pathway for patients across the whole of north east London, where people at a higher risk are identified, invited and supported to attend six-monthly surveillance.
- **EUROPAC:** Pancreatic cancer is the 10th most common cancer in the UK. It is difficult to detect, is often diagnosed at an advanced stage, and survival rates are extremely poor. Primary care, secondary care and genetics services can now refer people with a very strong family history of pancreatic cancer to the European Registry of Hereditary Pancreatic Diseases (EUROPAC) for annual surveillance. Self referral is also possible. This helps to spot cancer sooner.
- **Cancer Prevention Information and awareness:** We developed a series of videos to help people take proactive steps to help reduce their risk of cancer: <https://www.nelcanceralliance.nhs.uk/top-tips-lower-your-risk-cancer>



Reducing inequalities

Another key priority was to reduce inequalities in cancer prevention and awareness and our work this year has included:

- **Cancer, It's Not A Game:** An awareness campaign for prostate, bowel, lung, and stomach cancers, in partnership with brand and marketing agency Mobas, which used sport to engage with men in the more deprived areas of north east London. This work was shortlisted for an HSJ Award. Watch a patient story here: <https://youtu.be/V1NxwklegNM>
- **You Need to Know:** We worked in partnership with The Eve Appeal (a leading UK charity raising awareness of, and funding research for, gynaecological cancers) on a campaign called 'You Need to Know' which aims to increase awareness of womb cancer amongst Black African, Black Caribbean and South Asian women in North East London. Watch a local volunteer here: <https://youtu.be/qSAIoJX93Nk?si=hKefjcCKe9TDrqZN>
This helped improve early diagnosis rates by over 5%. Since the campaign launch, 12 community events have been held (engaging 250 attendees), 2000 leaflets distributed and there have been over 340,000 opportunities to see the campaign across owned, earned and paid social media channels.
- **Jewish Population:** We worked on a cancer awareness project which supports our local Charedi Jewish community. The project provides funding to a local charity, Acheinu Cancer Support (ACS), to drive a programme of cancer awareness, engagement events and communications across north east London.
- **Engaging with the 'White Other' population:** Engaging with the 'White Other' population: Working with Claremont communications team, we delivered a series of 10 focus groups in the Polish, Lithuanian, Turkish and Turkish Cypriot communities to understand knowledge of and barriers to cancer screening within these communities, which will inform our projects in 2024/2025.

"Your commitment to empowering others with vital information is a testament to your unwavering dedication to the community. It's particularly important for us, as members of the South Asian community, to address topics like the ones discussed in the workshop."

Attendee

You Need To Know womb cancer workshop

Latest available screening data (NHS Futures)

Breast screening uptake:

Aug 2022

51%

Aug 2023

63%

Bowel screening uptake:

Aug 2022

57%

Aug 2023

61%

Early diagnosis (Covid 19 Rapid Cancer Registration data) - rolling 12 month

57%

cancers diagnosed at stage 1 or 2

Targeted Lung Health Check

21,925 telephone triages and over 9,000 CT scans

68%

of lung cancers found were at stage 1 or stage 2

Cancer screening

Uptake remains a challenge nationally and this was another priority for the work of the cancer alliance. There is low uptake across London as a whole, and we continued working to improve the data, especially the breakdown of those not attending so we can tailor our activity.

We have an Early Diagnosis Programme Delivery Group, which is chaired by Matthew Cole, Director of Public Health at London Borough of Barking and Dagenham. The Group worked on a range of local initiatives to address the low uptake of bowel, breast, and cervical screening.





Partnering with Public Health, Local Authorities and Charities to increase screening, we implemented a range of place-based initiatives and programmes across north east London to boost uptake of bowel, breast, and cervical screening:

- **Best For My Chest:** partnering with leading LGBTQI+ cancer charity, OUTpatients, we delivered a breast screening campaign aimed at the LGBTQI+ community which features local volunteers. Read a story from [one of the local volunteers](#) and watch a video: <https://youtu.be/5MfZAlguSKk>
- **Bowel screening for the African population in City and Hackney:** partnering with the Community African Network, we delivered bowel screening and bowel cancer awareness and also developed a patient story which you can watch here: <https://youtu.be/ieHkvvh5kT8>
- **Muslim Sisterhood:** partnered with the Muslim Sisterhood to encourage young Muslim women to attend cervical screening. Our video has received over 260,000 views: <https://youtu.be/ie0AnarOwOo?si=LPKkr5wwKID7jP8w>
- **Breast screening for people with a Severe Mental Illness:** Increasing uptake of breast screening for residents with a serious mental illness in Barking & Dagenham, Havering, and Redbridge by reducing barriers to access.
- **Population awareness:** partnering with Community Links, Public Health and Local Authorities to deliver cancer screening awareness (breast, bowel and cervical) directly to communities across north east London through face-to-face events at community centres, including libraries, places of worship and shopping centres.

Programme update: Diagnosis and Treatment

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By March 2026, we will improve diagnosis and treatment, and increase cancer survival rates, for the population of north east London. We will do this by facilitating delivery of high quality services, providing equitable access for all, and embracing innovation and transformation.

Wayne Douglas, Programme Lead, Diagnosis and Treatment



“Much quicker and gentle”

“Very kind and helpful staff. Procedure simple and short”

“Very lovely people made me feel very relaxed. Thank you for everything”

“Less invasive procedure. Everything explained well.”

Cytosponge patients at Whipps Cross

Using new technology

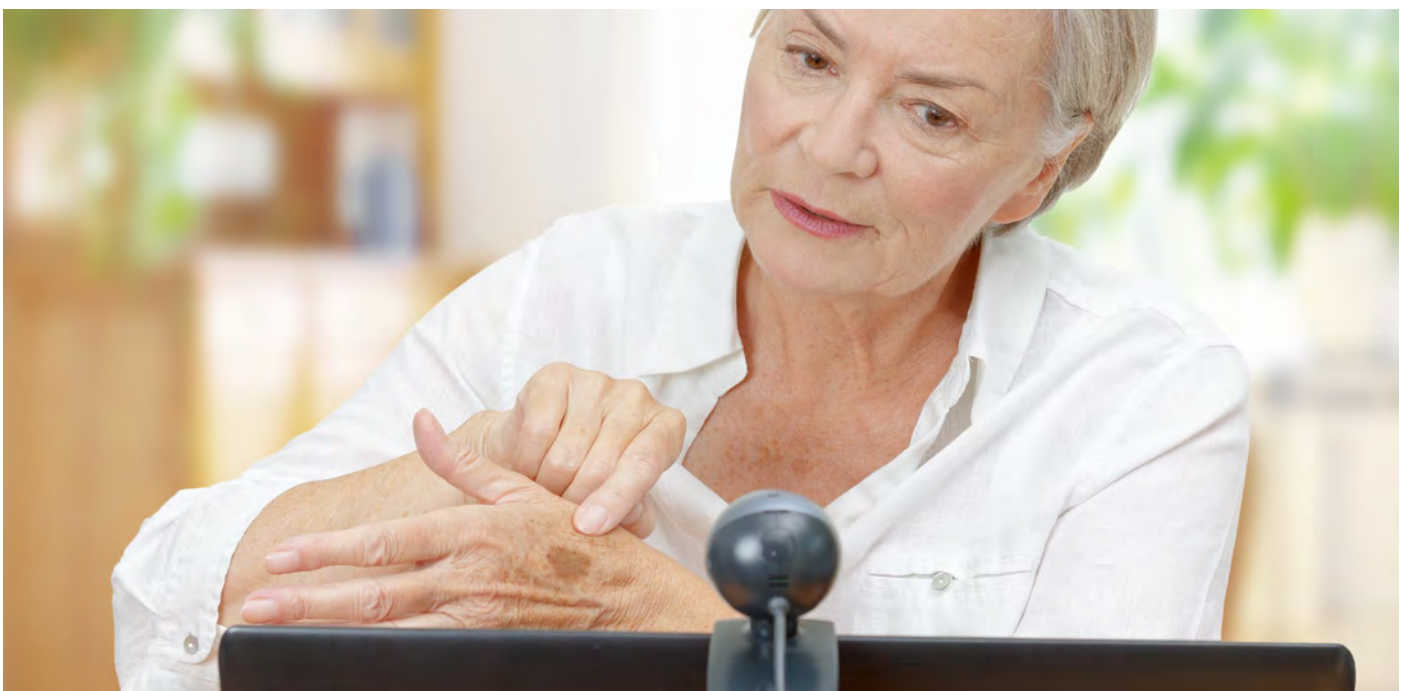
We continued to explore innovative techniques to boost diagnostic capacity for our residents, as well as use tools to speed up a diagnosis. These help patients to receive a quicker, more effective service and, in many cases, one which is less invasive. For example:

- **Robotics:** King George Hospital is the first in the country to offer a robotic colonoscopy machine. Patients benefit from a painless and non-invasive procedure compared to a traditional colonoscopy and do not require any sedation meaning faster recovery.
- **Cytosponge:** a quick, easy test which is a pill on a string and is an alternative to endoscopy. It can help detect and monitor Barrett’s oesophagus and, in rare cases, oesophageal cancer.
- **AI for Chest X-Ray:** Trusts across north east London have supported the development of an innovative solution using ground-breaking artificial intelligence (AI), which can help clinicians to diagnose lung cancer quickly and accurately.

Innovation in diagnostics and cancer pathways

As well as using new technology, progress was also made on introducing new innovations and improvements to diagnostic pathways. This work included:

- **Teledermatology:** the use of static digital images to triage, diagnose, monitor, or assess skin conditions: Implementation of the teledermatology project is successfully supporting providers to manage demand and reduce the backlog, and we are developing a photography hub in the Community Diagnostic Centre.
- **FIT in secondary care:** Barking, Havering and Redbridge University Trust (BHRUT) and Barts Health are currently the only two hospitals in the country to take part in a pilot which offers FIT (Faecal Immunochemical Test) in their A&E department, which will help spot bowel cancer sooner.
- **Non-Symptom Specific (NSS) pathway:** The rollout for patients with non-symptom specific suspected cancer was completed and embedded ahead of the national expectation of 100% by March 2023. Symptoms considered 'non-specific' include unexplained weight loss, fatigue, abdominal pain, or nausea; and/or a GP 'gut feeling' about cancer. The pathway helps patients to get a faster diagnosis and also helps reduce the number of times a GP sees a patient before a referral, or having to make a referral on multiple pathways.



Boosting diagnostic capacity

Designed by patients for patients, the [Mile End Early Diagnosis Centre](#) is an innovative collaboration between all three acute providers (Barts Health; Barking Havering and Redbridge University Trust; and Homerton Healthcare), which is delivering over 16,500 vital cancer tests annually. We added a [new MRI suite](#), which is providing an extra 4,500 scans a year for all residents across north east London. This work was shortlisted for an HSJ Award.

This is a step on the journey to becoming a Community Diagnostic Centre (CDC) and has recently secured additional funding. Work also progressed well on our other CDC for north east London, which is at [Barking Community Hospital](#).

Faster Diagnosis Standard

hit target of

75%

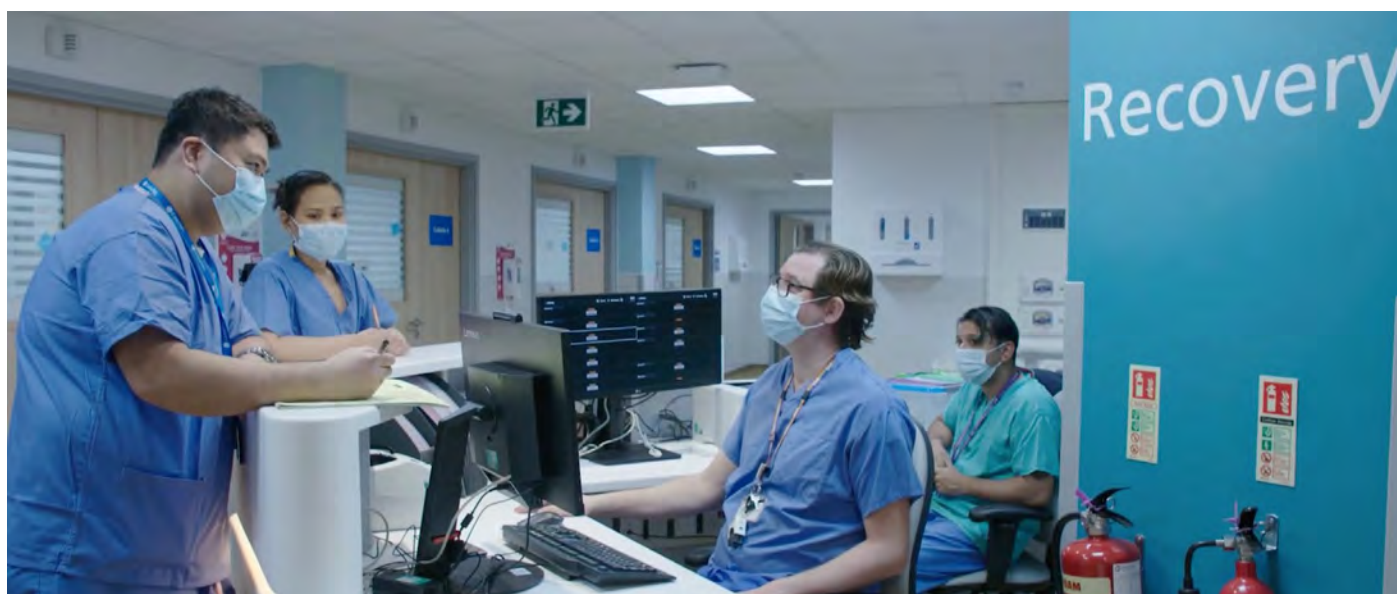
since December 2023

Reducing backlog of patients

reduced backlog by

40%

over the last year across all three Trusts



“This has been the best hospital experience I have had - all the staff are super friendly, reassuring and so kind. Everything was explained very clearly throughout. It's a great service you have”

“Very impressed by the beautiful unit and all the staff. They all were very professional, courteous and very kind. Also very impressed by all. The feedback explained beautifully. Top marks and a very BIG Thank you”

“Amazing service. Probably the best experience I had at an NHS facility”

“What an excellent service today. Every single nurse and doctor were outstanding. It felt like I was in a BUPA private hospital!! Well done. Efficient, friendly, timely, punctual and professional”

**Patients at Mile End
Early Diagnosis Centre**


Treatment

If a patient does have cancer, we want to reduce any differences in cancer treatment, so that all residents in north east London receive the best possible care. We progressed a number of programmes to help achieve this, including

- **Improving Multi-Disciplinary Team Meetings:** These are central to the management of patients with cancer, and they were introduced over 20 years ago to reduce variation in decision-making and access to best care for cancer patients. Our work to improve these is an example of [true collaboration](#) across north east London, with teams from each Trust coming together to help improve outcomes for patients.
- **Clinical animations:** We have been developing high quality, easy to understand clinical animations, in order that complex treatment options, (including clinical trials), are made more accessible to patients.
- **Workforce review:** Reviewing oncology workforce and looking to identify any areas of improvement for treatment for local patients.
- **Patient information:** We have developed [patient videos](#) explaining chemotherapy and immunotherapy treatment, along with what they should look out for in terms of potential side effects from the treatment.



Programme update: Personalised Cancer Care



“By March 2026, we will ensure that all cancer patients across north east London receive all their personalised cancer care. We will connect with our patient partners to improve patient experience and quality of life for all cancer patients.”

Sarita Yaganti, Programme Lead, Personalised Cancer Care



Equity of access

We believe that all residents in north east London living with cancer should have access to high quality care that is personalised to their individual needs. This is from the moment a cancer is diagnosed, all the way through to end of treatment and follow-up.

We developed a personalised cancer care pathway for patients so they can understand what support is available for them at every stage of their journey, from diagnosis through to treatment and post treatment.

Our aim is to improve patient outcomes and experience whilst reducing variation for all people affected by cancer. Patients, carers, and their families, remain at the very heart of all we do.

“Now, weeks on from surgery, I feel much stronger. I regularly walk to the chemist and my surgeon has challenged me to do 10,000 steps a day. I am even doing belly crunches! There’s no way I’d be in this position without my pre-hab team.”

Kitchen assistant from Dagenham – Patient, Barts Health Prehabilitation Service

“Prehab was brilliant. Rather than me sitting at home or worrying about my treatment, I get an opportunity to release the stress. So this is helping me mentally and physically”

Judy
Patient, Homerton Prehabilitation Service

Prehab benefits: Cost savings for reduced length of stay

Colorectal

£176

saved per case

Upper GI

£410

saved per case

Gynae

£3689

saved per case

Cost savings for reduced Emergency Department attendance

Lung

£72,315

due to reduction in Emergency Department

Upper GI

£37,111

due to reduction in total Emergency Department attendances despite the increase in average per patient

Prehabilitation

Over 1,000 patients benefited from prehabilitation interventions resulting in increased fitness for treatment, reduced consequences of treatment and length of stay in hospital. Watch a patient who has benefited from this treatment:

<https://youtu.be/AocMJd4YNA8?si=7cw9Z6I8hiiiKfCV>



Remote Monitoring System for patients

All three trusts procured, upgraded, and installed the required Somerset Remote Monitoring System. Barts Health has operationalised RMS and went live for colorectal and prostate patients. Barking, Havering and Redbridge University Trust, and Homerton Healthcare also went live with breast, prostate and colorectal.

“Without the prehab team, I wouldn’t have been prepared for my treatment, and would have felt alone, frightened and unprepared. Their vital support has changed the way I feel about my future. I have hope. My family and I can’t thank them enough.”

Mrs D

Patient, BHRUT
Prehabilitation Service

Psychosocial

We worked with our partners to ensure that appropriate psychological support is available to all people affected by cancer and their significant others. We implemented our 2023 to 2024 Psychosocial Development Plan to address inequities across the system and improve psychosocial support for people across north east London.

Working with local authority, community, and voluntary partners

Through our many partners at a place-based level across north east London, there is a wide variety of non-medical support for cancer patients, and we worked with these partners to promote the services available so patients are aware of these and can access them. These services cover things like financial advice, benefits, housing, employment, bereavement, healthy living, and social prescribing.





End of life care

We worked on making sure that all cancer patients that enter the cancer pathway were offered a holistic needs assessment (HNA) at key points in their pathway. These key points include an HNA at the point of diagnosis, HNAs at the end of the treatment episode, and a HNA when patients enter either follow-up, curative discharge, supportive palliative care, or end of life care.

The North East London Cancer Alliance's Personalised Cancer Care programme worked with the North East London Integrated Care Board's (ICB) End of Life Programme to actively link key cancer End of Life Care activities for local patients.

We also invested in piloting an [Advanced Care Planning](#) Nurse that operated with the Enhanced Supportive Team at BHRUT. The programme looked into establishing an Advance Care Planning clinic which is a safe space for patients and their families to have in depth conversations about their future care.

Discussions on resuscitation status and patients and family are educated about this means. Conversations varied from detailed funeral plans to what death is like, to spirituality and belief in afterlife. The Team at BHRUT are linked to the wider ICB End of Life programme.

Most recently, the North East London Cancer Alliance shared with the ICB's End of Life programme, a funding opportunity from Macmillan regarding investing in transformational adult end of life care (cancer and non-cancer).

Communications and Engagement



Our communications and engagement strategy aims to reduce health inequalities by helping to overcome barriers to accessing cancer services. It raises awareness of life-saving cancer screening programmes, signs and symptoms, and cancer support for our diverse population.

Paul Thomas, Communications and Engagement Manager



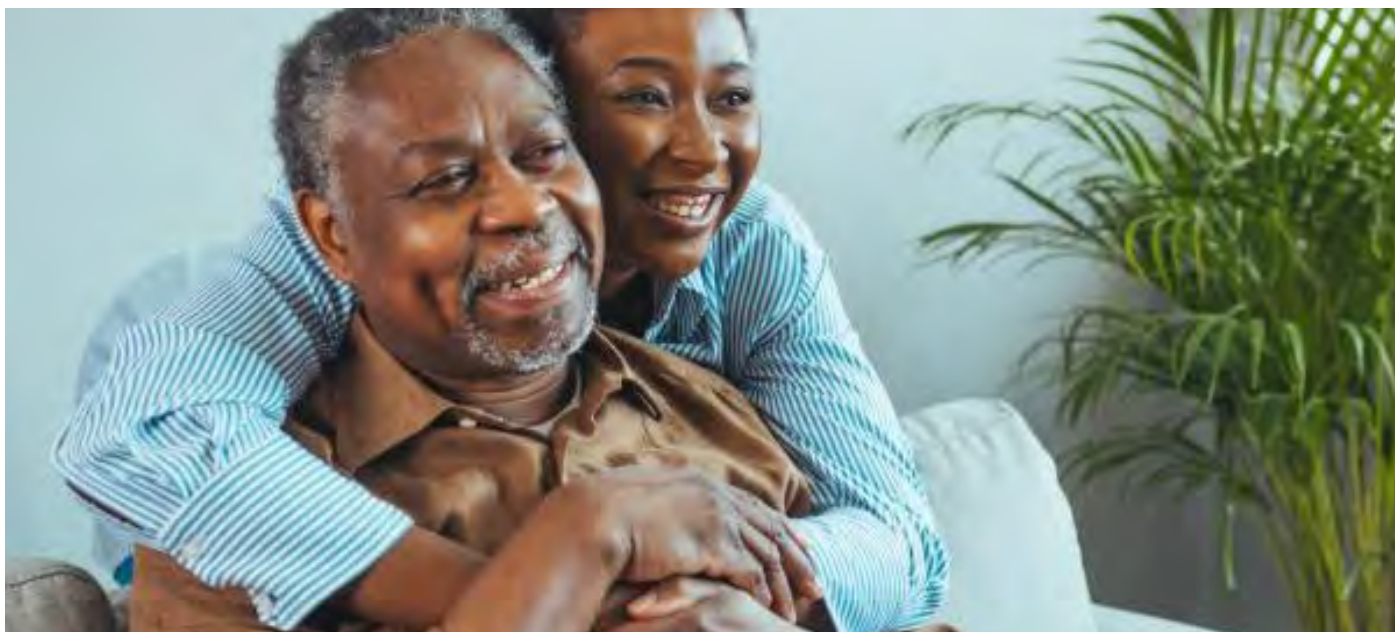
Engaging with our local communities

North East London is a diverse, vibrant, and thriving part of London with a rapidly growing population of over two million people, living across seven boroughs and the City of London.

Just over half (53%) of our population are from ethnic minority backgrounds – we know that significant health inequalities exist between ethnic groups; this was highlighted and exacerbated by Covid-19.

Nearly a quarter of local people live in one of the most deprived 20% of areas in England; and overall, among our boroughs, Barking & Dagenham is ranked 21st, Hackney 22nd, Newham 43rd, and Tower Hamlets 50th most deprived of all (312) England local authority areas.

We developed an approach to effectively engage with individual communities through working with them directly and with local partners to produce support which meets their requirements, and which speaks to them individually.



Our approach was as follows:

- Hold focus groups made up of community members to help:
 - Understand barriers (e.g. fear, myths, lack of trust, cultural)
 - Get feedback on plans for the campaign
 - Provide input into design of the campaign
- Find local community members to actively participate in the campaign - e.g. as models for posters, appearing in videos, providing testimonials etc.
- Work with local partners and charities - e.g. OUTpatients
- Ask patients to share their stories as a follow up
- Be brave - understanding the risks, e.g. negative feedback from other groups

Patient engagement

To support this work, getting patient input was a key part across all of our projects and we have a [Patient and Carer Voice in Cancer](https://www.nelcanceralliance.nhs.uk/pcvc/representatives) group set up which is made up of local patient and carer representatives. You can hear from some of them here: <https://www.nelcanceralliance.nhs.uk/pcvc/representatives>

We developed a Patient and Carer Community of Practice and set up a steering group, as well as held meetings to discuss the future direction of this group. We grew the membership from 9 to over 25 and we are planning a formal launch in 2024 to 2025.

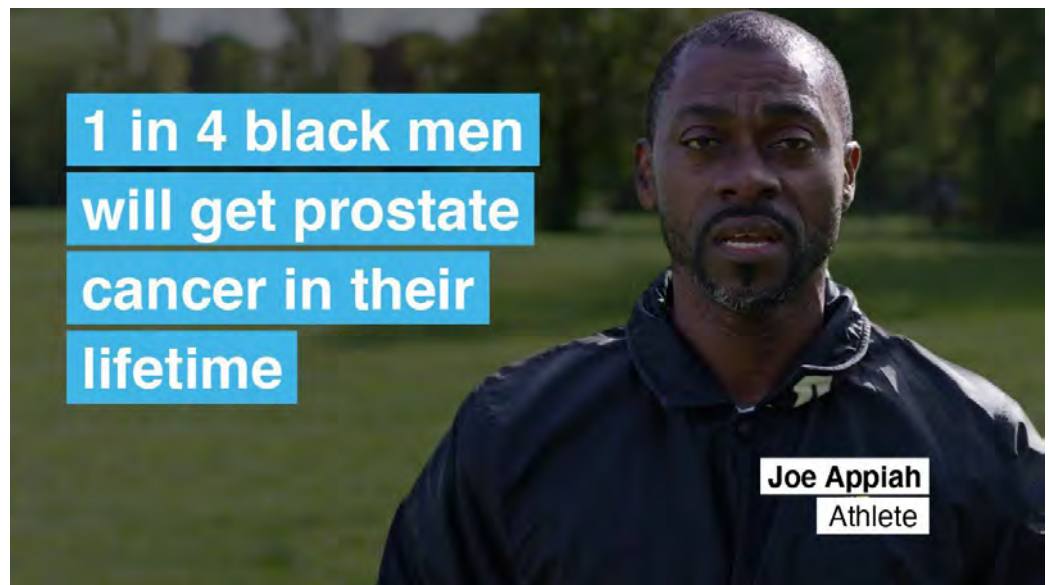
Engagement events

We attended a range of local community events in each borough to meet our local residents face-to-face, share life-saving information about cancer signs and symptoms and cancer screening programmes, and took questions about their concerns and feedback on local cancer services.

These events included:

- Raising awareness at a [Faith in Health](#) event in Tower Hamlets
- Partnering with [Healthwatch in Barking and Dagenham](#) to meet with local residents and the Mayor of the London Borough of Barking and Dagenham
- Attending awareness sessions for patients, staff and residents at [St Bartholomew's](#) and Newham hospitals
- Barking & Dagenham Health and Wellbeing event: <https://www.nelcanceralliance.nhs.uk/news/joining-healthwatch-raise-cancer-awareness-barking-and-dagenham>
- World cancer day awareness events:
 - [Presenting at Tower Hamlets Council staff networks event](#)
 - Awareness day at [Homerton Hospital](#)
 - Awareness day at [Royal London Hospital](#)

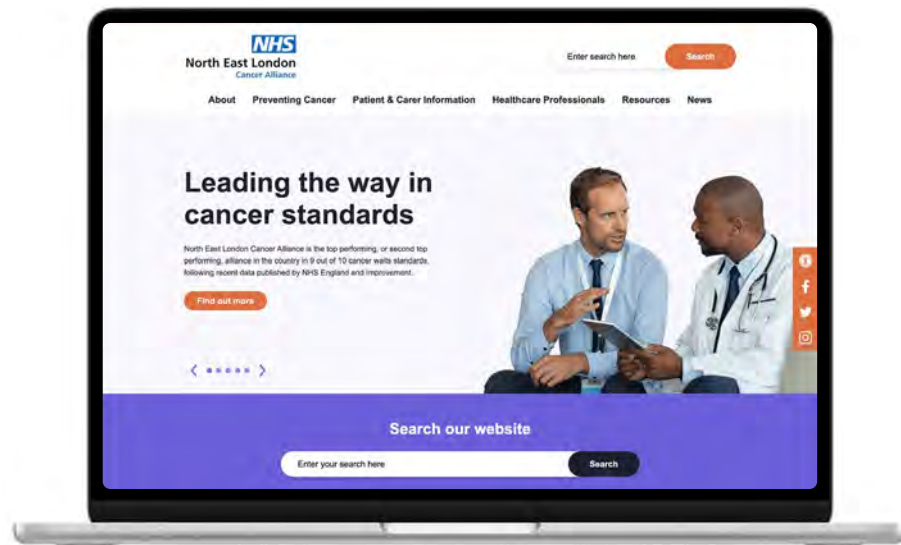




New patient material

- [Patient case study](#) on breast cancer diagnosis and treatment
- New [stop smoking video](#) produced as part of our series of tips to help people lower their risk of cancer
- Launch of new [breast cancer video](#) for the LGBTIQ+ community
- Prostate cancer videos for the black community:
 - Video with Joe Appiah, British Athlete:
<https://youtu.be/bp-KG7OWdXO>
 - Video with Dr Bunmi Olajide from Havering:
<https://youtu.be/KToupbfprUI>



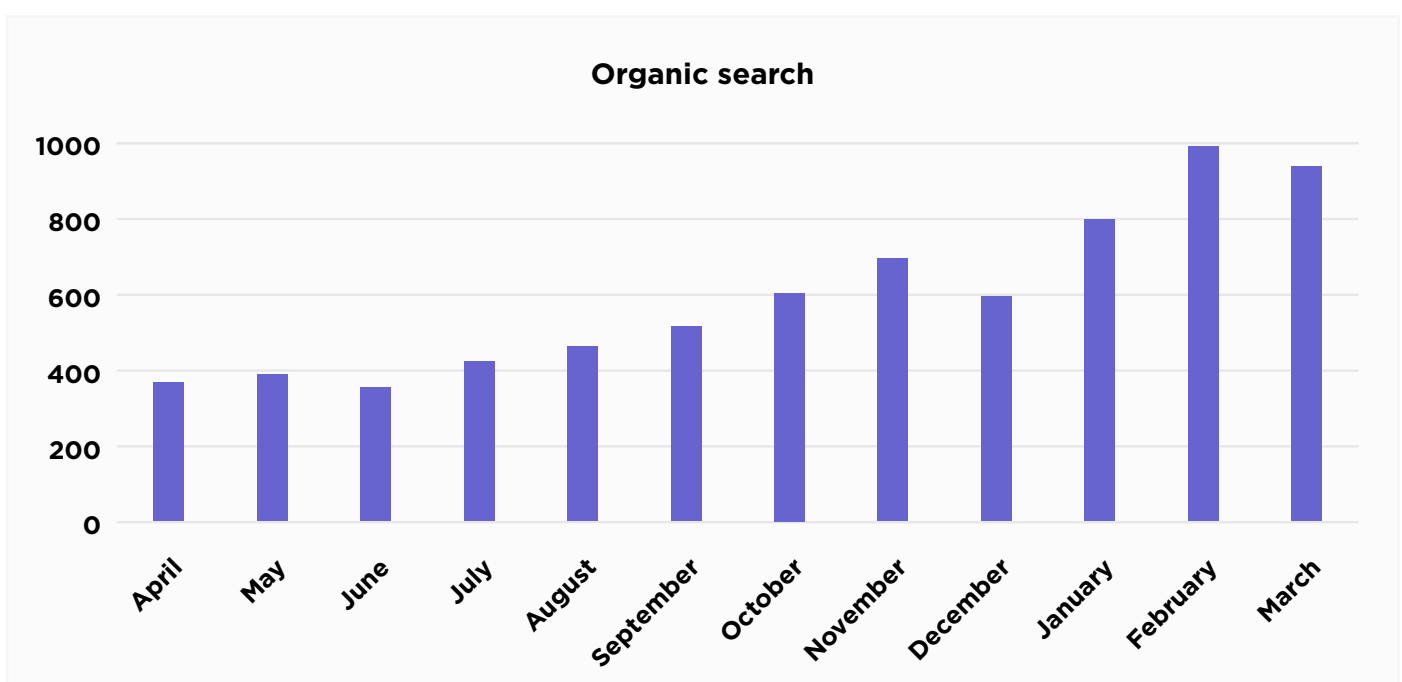


Website

We made further updates to our website, adding new content and making improvements to the design, functionality, and Search Engine Optimisation. This is reflected by the increase in visitors to our website and continued growth of organic and direct traffic to our website.

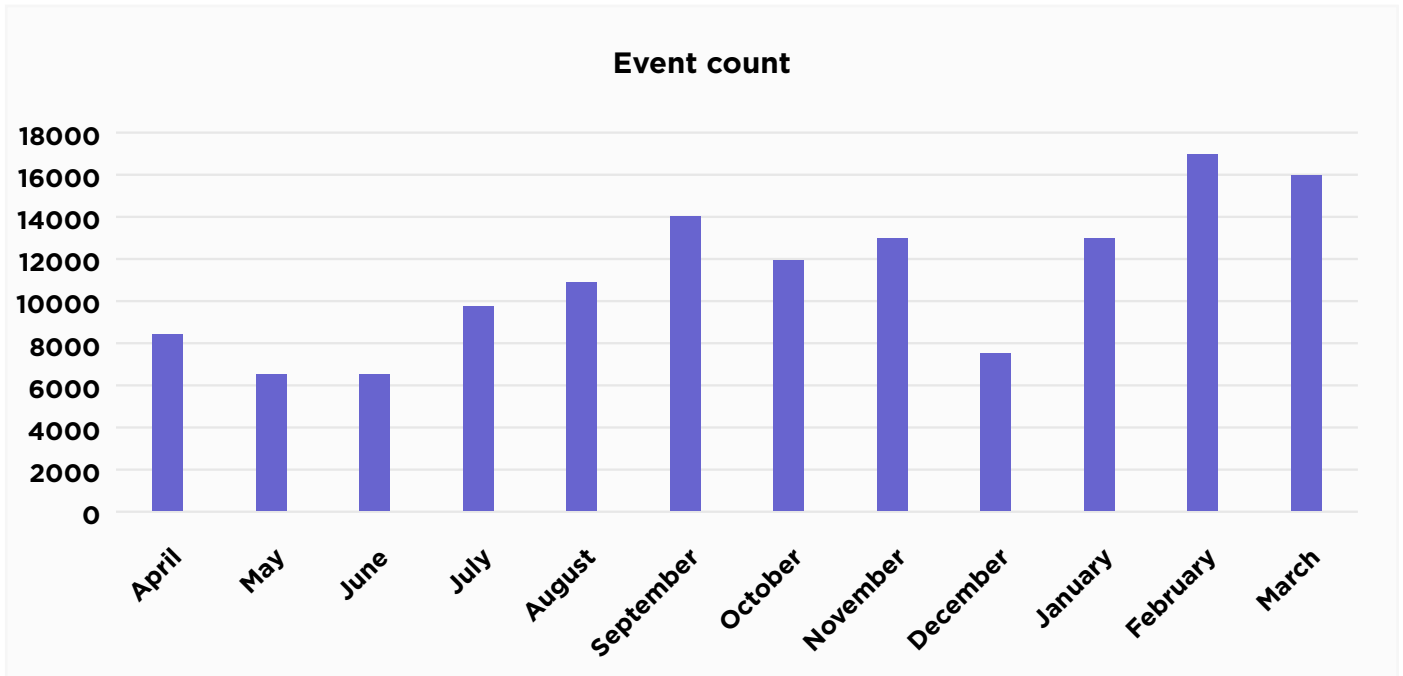
Organic search

Users finding our content through search functions such as Google has increased from 400 a month to around 1,000 a month.



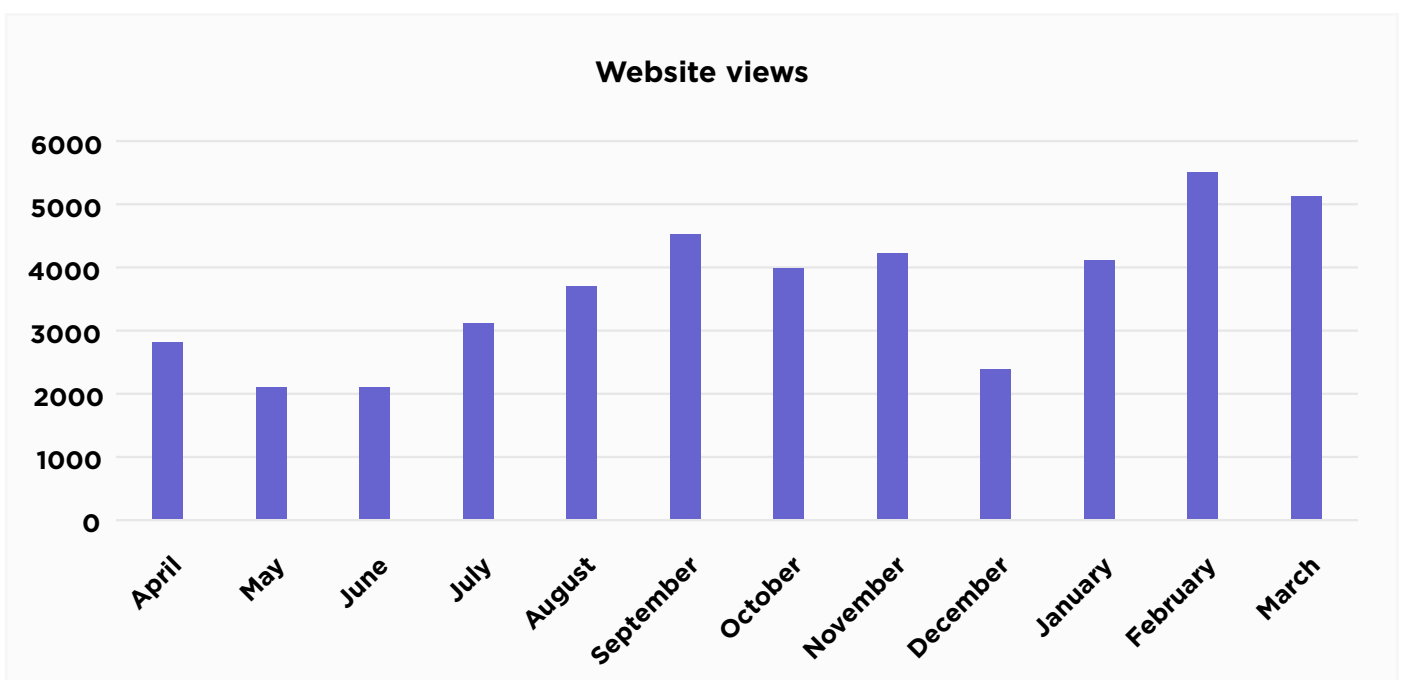
Event Count

The number of interactions on our website has doubled over the year from around 8,000 a month to over 16,000.



Website views

Monthly unique website views doubled during the year from 2,500 a month to over 5,000 a month.



Social Media



Organic search

Users finding our content through search functions such as Google has increased from 400 a month to around 1,000 a month.



YouTube

We gained accreditation from YouTube as trusted provider of health information so that our videos appear on their 'Health Shelf' and show that the content is verified.

Our videos grew in number to over 100 and were watched over 89,000 times, with a total watch time of 800 hours.



X (Twitter)

Number of followers grew steadily from 1,100 to 1,400.

315 posts over the year generated just under 100,000 impressions (number of times our content is shown to other users).



LinkedIn

Number of followers increased at a much faster rate than X, growing from 192 to just under 1,000.

Over 70,000 impressions were achieved from a range of posts throughout the year.



Facebook and Instagram

Through a combination of paid and organic campaigns, we reached over 500,000 people on Facebook and 62,500 on Instagram.



NextDoor

Over 100 posts on this neighbourhood app over the year were generated 288,000 impressions for local residents.



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Visit nelcanceralliance.nhs.uk