



North East London
Cancer Alliance

Our vision for the future: Delivery Plan for 2024-2025



Contents

North East London Cancer Alliance

Cross-cutting Initiatives

People & Community Engagement

Early Diagnosis

Diagnosis and Treatment

Personalised Cancer Care

Workforce

North East London Cancer Alliance

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

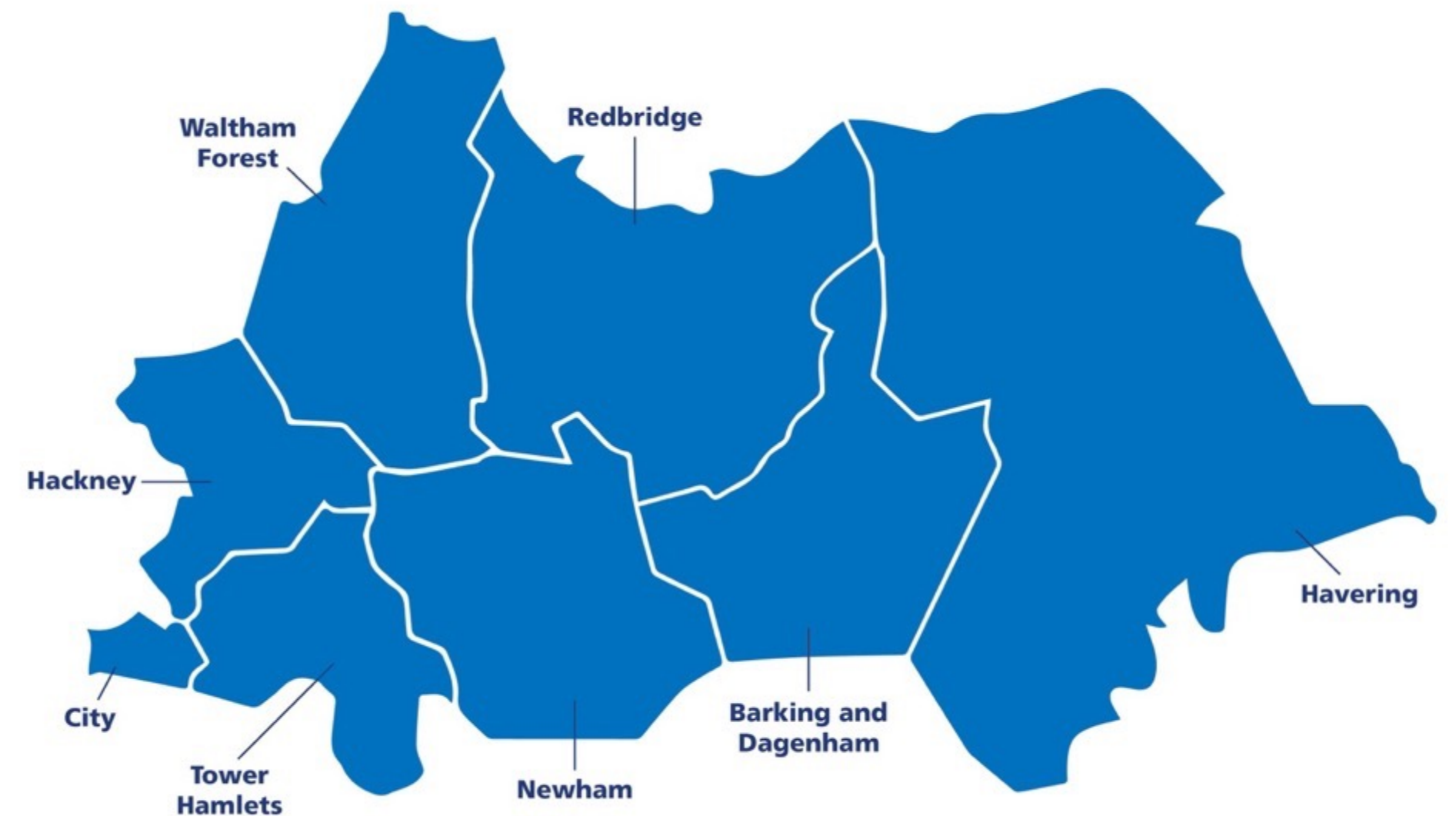
We work with patients, residents, carers, hospitals, GP practices, health and care professionals, local authorities and community and voluntary organisations across north east London.

Watch a short video introducing our work:

<https://youtu.be/xsV4kGInu-Q>

Hear from some of our patients:

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



Our vision for the future

”By March 2026, we will drive equity of access to cancer services and treatment outcomes for the population of north east London, through an innovative and ambitious transformation & improvement programme, leading to survival rates being among the best in UK & Europe”



Angela Wong
Chief Medical Officer
North East London Cancer Alliance



Femi Odewale
Managing Director
North East London Cancer Alliance

Our mission



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We improve the outcomes and quality of life of people in north east London who are affected by cancer and diagnose patients sooner.

Working as an effective team, we engage closely with our local communities and key stakeholders to transform cancer pathways and remove inequalities in access and outcomes for all residents of north east London.



Cross-cutting Initiatives



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Workforce Development

Building a workforce equipped to manage cancer as a chronic condition through the ACCEND framework, upskilling key roles like cancer support workers.



Training Repository

Establishing a comprehensive training repository across the cancer alliance.



Data Management Enhancement

Implementing a unified data source through the NEL CAIN initiative for accurate and streamlined data management.



Operational Performance

Leveraging data analytics to identify areas for improvement and inform operational decisions, streamlining cancer care pathways and facilitating collaboration.

People & Community Engagement

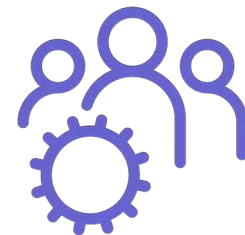


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Engage with our communities

Attend community events and meet residents face-to-face to understand barriers, myths and challenges so that we can take action to help reduce inequalities.



Develop partnerships with organisations

Work more closely with Public Health, Local Authorities, voluntary organisations, charities, community groups, and healthcare providers to help raise awareness of cancer screening, prevention and signs and symptoms.



Build our patient community of practice

Involve those with experience as a patient or carer in shaping cancer services and policies to ensure patients are at the heart of all that we do. Make sure this group is representative of our diverse communities across north east London.



Communicate with our residents, patients and stakeholders

Use a mix of online and offline channels to raise awareness, share resources, support our core programmes, and encourage more conversations about cancer.



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Early Diagnosis

Objectives



“By March 2026, we will 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, Early Diagnosis Programme Lead

1

Increase awareness of signs and symptoms of cancer leading to earlier presentation in primary care.

2

Increase participation in all cancer screening programmes.

3

Deliver national programmes which contribute to earlier diagnosis, such as Liver Surveillance, Targeted Lung Health Checks and the Multi Cancer Blood Test.

4

Reduce variation in access and earlier diagnosis across all targeted cancers and communities.

Key priorities in Early Diagnosis



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Targeted Lung Health Checks

Aiming to exceed national target of 40% coverage, reaching 55.36% of eligible population in high-risk areas like Newham and Havering. Uptake aimed above 53% in 2024/25.

Our average uptake rate is 52.2% compared to a national average of 44.6.

Improving access to breast screening for people with a severe mental illness (SMI)

A pilot project in Barking and Dagenham, Havering and Redbridge to support women with an SMI and enable them to participate in breast screening. The aim is to achieve a 35-40% increase in breast screening for women with an SMI, taking the total to 70% of patients in the target demographic being screened.

Liver Surveillance

Supporting >80% of cirrhosis/advanced fibrosis patients to attend 6 monthly ultrasound surveillance. Recruiting clinical nurse, pathway navigator and admin support. Procuring digital solution for tracking and call/recall.

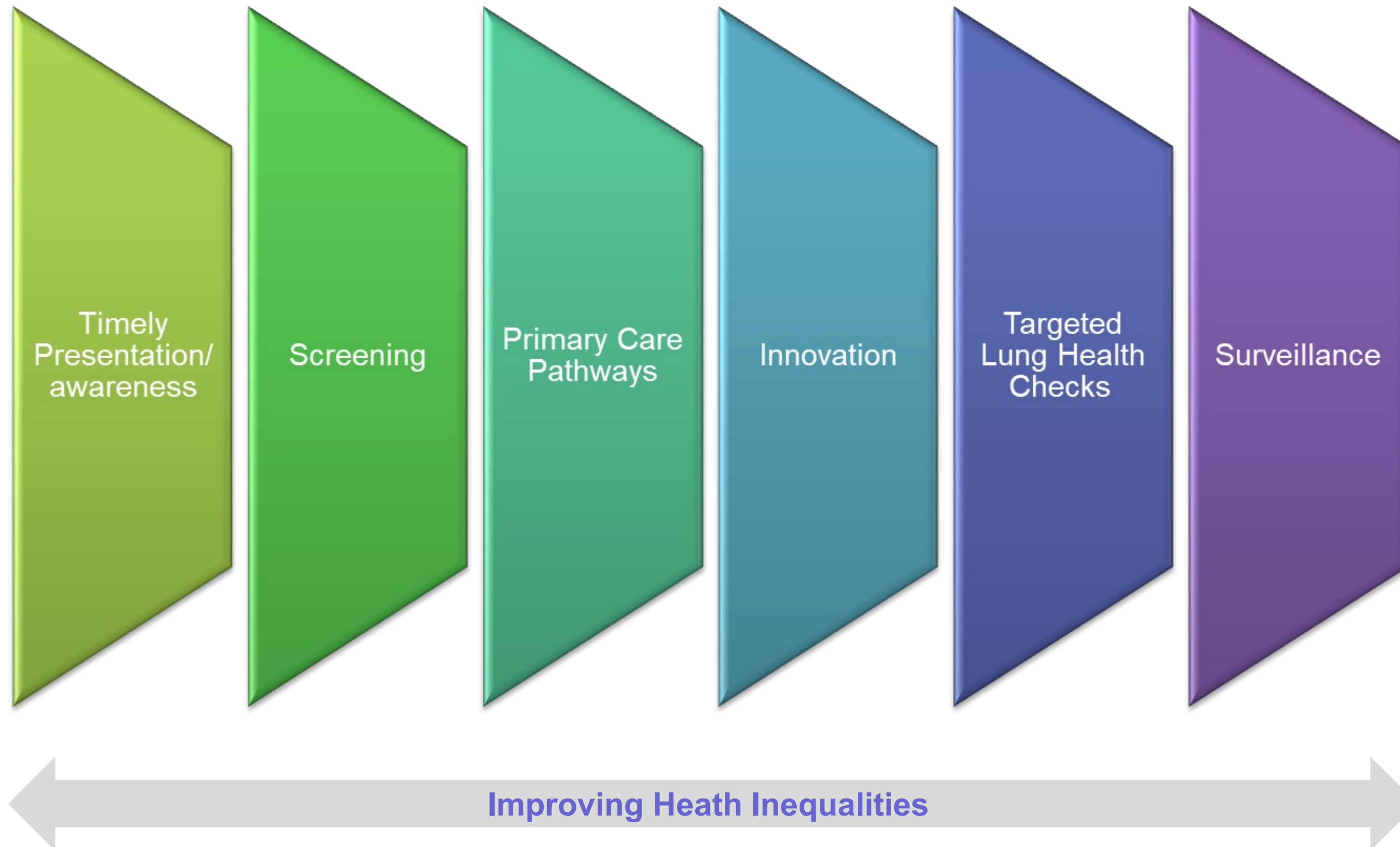
Faecal Immunochemical Testing (FIT)

Considering lowering FIT sensitivity threshold from 120ug/g to 80ug/g. Pilot to make FIT accessible in A&E for hard-to-reach groups. Addressing lower compliance in deprived and ethnic minority groups.

Early Diagnosis Programme Workstreams



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Focus areas in 2024/25

Areas of focus determined by:

- National programmes
- Late-stage diagnosis
- Seldom heard populations and those with low proportion of screening uptake and/or referrals

Target tumour site
<ul style="list-style-type: none">• Bowel (screening and symptomatic)• Breast (screening and symptomatic)• Cervical• Upper GI• Ovarian• Womb• Pancreas• Prostate

Target populations/communities
<ul style="list-style-type: none">• BAME• Gypsy and Roma Travellers• 'White Other'<ul style="list-style-type: none">- Polish- Turkish/Turkish Cypriot• People with a learning disability• Unpaid Carers

Priority projects for timely presentation (awareness)

Aim: To raise awareness of signs and symptoms of cancer and encourage people to seek medical advice

Some projects started in previous years will continue into 2024/25.

Project	Target tumour site (s)	Target demographic/area
It's Not a Game - Out of home and social media campaign using sport to raise awareness. Linked in with local grass roots football team.	<ul style="list-style-type: none">• Bowel• Lung• Prostate• OG	<ul style="list-style-type: none">• White and Black men• NEL wide - focus on areas of greater deprivation
You Need to Know - Intervention delivered by the Eve Appeal in local women's groups, alongside a grass roots out of home and social media campaign and supporting information in different languages.	<ul style="list-style-type: none">• Womb• Extending to ovarian in 2024/25	<ul style="list-style-type: none">• Black African, Caribbean and South Asian women, extending to White women from 2024/25• NEL wide
Awareness in Schools - Awareness intervention delivered in schools by Cancer Awareness in Teens and Twenties (CATTS). Encourages young people to be aware of cancer, self-check and talk to their families about cancer.	<ul style="list-style-type: none">• All cancers	<ul style="list-style-type: none">• NEL wide• Year 10/11 students
Awareness in the Charedi Jewish Population - Awareness sessions delivered by Achienu Cancer Support (ACS) with supporting literature in Yiddish	<ul style="list-style-type: none">• All cancers• Genetic risk	<ul style="list-style-type: none">• Charedi Jewish population• NEL wide (Hackney based)



Priority projects for timely presentation (awareness)

- New projects in 2024/25 informed by data and learning from previous years
- More co-production
- Move away from wide out of home campaigns to more targeted and localised advertising.

Project	Target tumour site	Target demographic/area
Grass roots awareness raising - grants for grass roots community groups to develop and deliver awareness raising interventions to people in their communities	<ul style="list-style-type: none">• All tumour sites and screening services, with the potential to focus on those most prevalent in their community	<ul style="list-style-type: none">• All ages• Seldom heard communities• NEL wide
Breast cancer awareness in younger women -an awareness campaign to increase awareness of symptoms in women in collaboration with Coppafeel!	<ul style="list-style-type: none">• Breast cancer	<ul style="list-style-type: none">• All people under screening age, main focus under 35s.• Secondary focus may be Black women due to increased rates of triple –ve cancer• NEL wide
Gypsy and Roma Traveller population - long term community engagement and co-production of an intervention to increase awareness of symptoms and screening services.	<ul style="list-style-type: none">• All tumour sites and screening services	<ul style="list-style-type: none">• People from GRT communities• NEL wide
Improving the health of unpaid carers - Working with TH Carers Academy to develop a programme for unpaid carers to include cancer risk reduction, screening, awareness, psychosocial support and what to expect from treatment options.	<ul style="list-style-type: none">• All tumour sites and screening services• Risk reduction	<ul style="list-style-type: none">• Unpaid carers aged over 18• Pilot in Tower Hamlets

Priority projects for screening

Aim: To increase uptake and coverage of cancer screening services

Project	Target tumour site (s)	Target demographic/area
No Time for Cancer - campaign to raise awareness of breast screening and encourage attendance	<ul style="list-style-type: none">NEL wide –intense focus in City and Hackney, Tower Hamlets and Newham (lowest screening rates and least improvement)	<ul style="list-style-type: none">Two strands<ul style="list-style-type: none">Bangladeshi womenAreas of deprivation
Improving uptake of bowel screening in PWLD by providing training for carers in assisted living homes	<ul style="list-style-type: none">NEL wide	<ul style="list-style-type: none">PWLD aged over 50.
Pan-London cervical screening campaign - joint campaign with London Alliances with Team GB athletes	<ul style="list-style-type: none">London/NEL wide	<ul style="list-style-type: none">All people with a cervixFocus on younger cohort - 25 to 49 year olds
Roll out of HPV self-sampling with regional NHSE team.	<ul style="list-style-type: none">London/NEL wideAreas with the lowest coverage	<ul style="list-style-type: none">All people with a cervix who have not responded to a screening invitation.People who have experienced sexual violence/trauma

Other priority areas



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Improving referral practice

- Working with primary and secondary care colleagues to improve referral practices for colorectal, lung and upper GI USC referrals.

Primary care education

- Development of a primary care education syllabus for clinical and non-clinical staff - partly to support referral practices.

Ovarian cancer surveillance

- Early adoption of NG241 - Ovarian cancer: identifying and managing familial and genetic risk
- To be delivered through Barts Health Precision Prevention Clinic

Innovation projects

- SBRI open call - awaiting outcomes
- MammoWave
 - Barts Health lead Trust in NEL
 - Screening device using microwaves to scan breasts.
 - Target 40 to 49 year-old women from Black and South Asian backgrounds.
 - Intention to mount in a mobile van to provide opportunistic screening
- Abtrace and Appt Health
 - Primary care based
 - Interventions to improve uptake of cervical screening in non-responders

Targeted Lung Health Checks

- End-to-end service delivered by InHealth.
- Currently operational in Barking and Dagenham, Tower Hamlets and Newham.
 - Uptake currently 59.1%
 - Over 14,000 LDCT scans delivered.
 - 41 lung cancers detected - 64% at stage I or II.
- Will extend to Havering in Q3.
- Competitive tender process will start in Q2 - to identify a provider to deliver the service in Waltham Forest, City and Hackney and Redbridge.

Lynch Syndrome

- Mainstreaming of Lynch Syndrome testing.
- Business case to be developed to commission as BAU.

Pancreatic surveillance

- Referrals into EUROPAC for surveillance with familial high-risk.
- To date 10 referrals from NEL, 3 of these from secondary care.

Liver Surveillance

- Community Liver Health Checks (CLHC)
 - Support the ODN to identify people at high risk in the community and bring them into a liver surveillance pathway.
 - Resource peer support and advocates to improve compliance.
- CLHC case-finding pilot
 - Pilot with 3 practices in the East End Health PCN in Tower Hamlets.
 - Search practice lists using set criteria to identify high-risk patients and refer them for diagnosis and surveillance.
- Implementation of liver surveillance pathway
 - Already operational in Barts Health, focus on set up in BHRUT.
 - Priority in Barts Health to implement a digital registry and call/recall system.

Project 1: Improving the health of unpaid carers

“Unpaid carers typically neglect their own health, while prioritising the health of the person they care for. This intervention will increase recognition of signs and symptoms of cancer and the importance of acting on these quickly”



Scope

- The project will be piloted in Tower Hamlets, but designed to be replicated NEL wide. It will include the whole pathway from risk reduction to psychosocial support and will be co-produced with carer groups

Project 2: Increasing awareness of breast cancer in younger women

“A breast cancer awareness project in collaboration with the cancer charity, Coppafeel! focussing on women under screening age, particularly those from minority ethnic communities”

Scope

- The project will be co-produced with local young women to design an intervention to increase awareness of signs and symptoms of breast cancer and the importance of self-examination



Project 3: Grassroots awareness raising

“A grant award scheme for local community groups and small charities to deliver cancer awareness to their communities ”



Scope

- Small grants for groups who work with local communities, recognising that they are best placed and trusted to develop and deliver services to their communities

Project 4: Pan-London cervical screening campaign



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“A collaboration across all London Cancer Alliances to deliver a cervical screening awareness campaign to the younger cohort”

Scope

- Will include anyone with a cervix and be delivered on social media as well as in gyms and other locations. Currently working with Team GB athletes



Project 5: Ovarian cancer surveillance

“Early implementation of NG241 - Ovarian cancer: identifying and managing familial and genetic risk - published March 2024”



Scope

- Extension of genetic testing for women with risk of ovarian cancer as well as surveillance and preventative measures



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Diagnosis and Treatment

Objectives



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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, Diagnosis and Treatment Programme Lead

Implement innovative approaches to transform and improve our:

1

Speed of cancer diagnosis by achieving the Faster Diagnosis Standard.

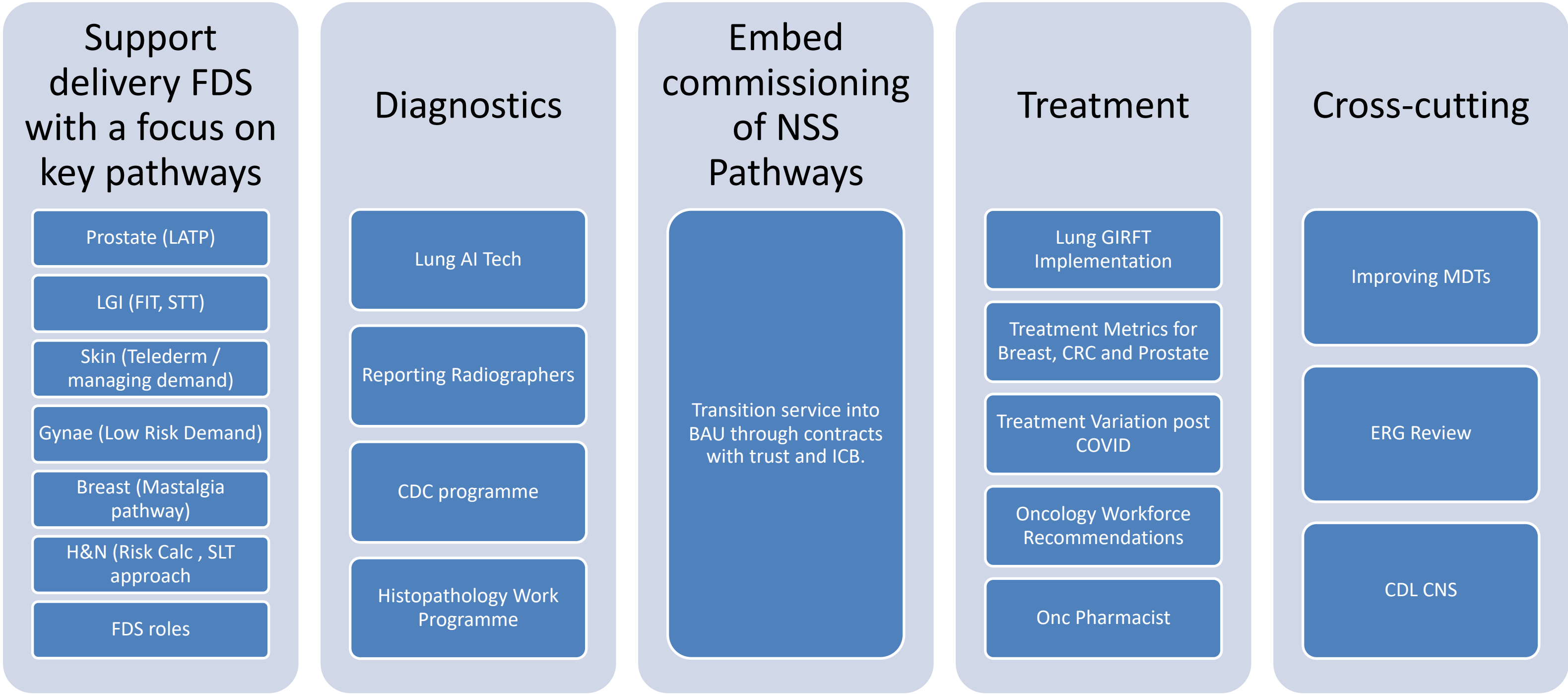
2

Variation in treatment outcomes by treating patients effectively and efficiently.

3

Inequalities in cancer care with solutions to remove them.

Summary of areas of focus



Faster Diagnosis Standard Pathway Improvement: 5 Priority Areas

Gynae

- PMB for pts with HRT to be managed outside of CWT
- LA vs GA
- Pathway analyser

Urology

- Risk management via tool such as PREDICT
- Complete implementation of Nurse led LATP Bx
- Pathway analyser – Prostate and Bladder focus

LGI

- FIT standards remain (80% + ways to reduce no's of colonoscopies)
- IDA (Anaemia) management consistent to avoid need for colonoscopies
- Pathway Analyser

Breast

- Implement Breast Pain Clinic for patients to be managed outside of the CWT
- Pathway Analyser

Skin

- Rollout Telederm pathway to all trusts by June 2024.
- Pathway Analyser

Identifying and improving equities of care

Treatment Variation	Focus on Treatment in NEL
<p>Lung: Continuation of Lung GIRFT recommendations selected locally.</p> <p>Breast: Reduce reoperation rates after breast conservation surgery, whilst supporting safe breast conservation</p> <p>Prostate: >75% of men receiving radical treatment for high-risk/locally advanced prostate cancer</p> <p>Bowel: >50% patients receiving adjuvant chemotherapy after major resection for stage III colon cancer</p> <p>OG: Reduce the number of patients with OG cancer waiting more than 62 days from referral to curative treatment, by identifying and implementing quality improvement interventions to improve speed and efficiency of treatment planning and delivery</p>	<ul style="list-style-type: none">• It has been felt in NEL we need to increase our focus on the treatment end of the pathway.• Initial scoping of the issues and challenges are underway and the programme will build on some of the existing work in place (Onc Pharm role in BHRUT and clinical animations to improve SACT uptake from some of our most deprived communities)• We will look to build a programme plan and consider how best to incorporate the challenges and work collaboratively across NEL.• Some of the ideas have been AHP roles as well as a national review on AOS provision anticipated.• We will continue to support the alignment with NCEL working groups (i.e. Radiotherapy ODN) and consideration the support required locally to drive improvements for NEL residents.

- **Optimising Space Utilisation** - We aim to maximise the current use of space and identify additional areas for use (BHRUT).
- **Streamlining Sample Transport** - Pinpoint these delays and collaborate with departments to resolve them
- **Data Management and Reporting** - We plan to establish a histopathology reporting dashboard integrating existing dashboards from Barts and BHRUT for a system-wide interpretation, crucial for accurate performance measurement and resource allocation.
- **Medical and Scientific Staffing** - We are undertaking projects to improve recruitment and retention and to develop a stronger training pipeline for both disciplines.
- **Engaging Users and Staff** - It is essential to ensure that users understand the capabilities of histopathology and have realistic expectations. Similarly, lab staff must be informed about improvement projects and be involved where necessary.
- **Managing Demand** - This workstream encompasses ensuring adherence to clinical guidelines for biopsies and clinical practice to minimise unnecessary procedures. It also involves prioritising specimens appropriately to prevent overuse of urgent requests, especially in non-cancer pathways. While changing clinical practice may take time, we hope that a unified approach led by our clinical and ERG leads will facilitate this change.
- **Resource Allocation** - Meeting the growing demand is challenging due to staff shortages and inadequate equipment, which also increases the risk to TAT and overall performance metrics. We will explore potential funding sources for equipment and ways to improve staffing levels.

Optimising MDTs

Increase Capacity and Effectiveness

Expand MDT meeting capacity and improve effectiveness by ensuring comprehensive discussion of complex cases and availability of complete patient results.

Implement Streamlining Initiatives

Adapt MDT meetings to virtual formats and follow NHS England's guidance on streamlining processes, addressing delays caused by the pandemic.

Enhance Stakeholder Engagement

Build on the 2023 stakeholder event to drive consensus on MDT improvements, establish priority workstreams, and form a steering group to oversee progress.

Develop Strategic Approaches

Introduce Standards of Care documents, develop technology for improved referral processes and data collection, and provide training for MDT Leads and coordinators.

Ensure Preparedness and Effective Working

Ensure staff have necessary information and improve teamwork and staff well-being to enhance patient outcomes



AI Technology in Cancer Pathways

North East London Cancer Alliance, has led the bidding and subsequent procurement of AI for chest Xray and will be supporting this throughout the year as part of the evaluation process locally and nationally. We are also aware of additional opportunities which will arise and as such we will be considering how innovative technology can support an improvement in the programme.

Challenges

Capacity

Limited availability of dermatologists and non-medical staff trained in skin cancer diagnosis and biopsy procedures.

Increasing Demand

NELs USC referrals year-on-year growth

Elective Procedure Impact

The high volume of urgent referrals for suspected cancer can impact on the necessary elective work, affecting patient access to non-urgent care.

Workforce Shortages

Shortage of clinical workforce in particular imaging reporting timelines.

Benefits to AI in NHS

Optimised resource utilisation

Automating to filter between high-risk and low risk/ non-cancerous lesions
Provide some more efficient use of clinical resources, including dermatologists' capacity.

Streamlined workflow and reduced waiting times

Automated analysis will expedite the triage process, reduce diagnostic delays and optimise resource allocation.

Improved patient experience

time saved by clinicians
speed up the pathway for benign patients by discharging sooner
Identified cancers are provided a decision sooner than the current.

Clinical decision support & training

support training our emerging workforce in their detection of cancers
Aide clinical decision by prioritising patients into high and low/no risk pathway

ERG Review



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North East London Cancer Alliance established ERGs during COVID recovery and at the time implemented practices inherited from the previous alliance.

We are undertaking a review of current ERGs including a survey to members and interviews with chairs to gather information and then run a workshop to improve engagement and productivity of ERGs.

It is hoped this review will ensure that existing and new ERGs are established in a way to affectively support our pathways.

We have set up Expert Reference Groups for the following tumour groups:

- **Brain and Spine**
- **Breast**
- **Gynae**
- **Head and Neck**
- **Hepato Pancreatic Biliary (HPB)**
- **Lower Gastrointestinal**
- **Lung**
- **Oesophageal**
- **Non Site Specific (NSS)**
- **Skin**
- **Urology**

Focus on oncology

As per national guidance a focus has been on the diagnostic end of the pathway predominantly.

- It has been felt in NEL we need to increase our focus on the treatment end of the pathway.
- Initial scoping of the issues and challenges are underway and the programme will build on some of the existing work in place (Onc Pharm role in BHRUT and clinical animations to improve SACT uptake from some of our most deprived communities)
- We will look to build a programme plan and consider how best to incorporate the challenges and work collaboratively across NEL.
- Some of the ideas have been AHP roles as well as a national review on AOS provision anticipated.
- We will continue to support the alignment with NCEL working groups (i.e. Radiotherapy ODN) and consider the support required locally to drive improvements for NEL residents.

Project 1: Chemotherapy ERG

“Developing our support for treatment pathways shifting the focus which nationally has been predominantly focused on the diagnosis of cancer”



Scope

- Enhance collaborative working for those delivering chemotherapy services in NEL
- Support the delivery of improvement projects
- Provide expert clinical advice and leadership
- Act as a mechanism for reducing treatment variation and standardisation
- Highlight innovation and research to improve patient care
- Review chemotherapy performance metrics to measure the impact of improvement projects

Project 2: Skin AI deployment

“Rollout of AI to support BHRUT and HUH following EOI award to adopt for 1yr to rapidly assess and discharge patients on the USC pathway”

Scope

- Optimise resource utilisation by expediting the triage process and increase clinician capacity
- Streamline workflows and reduce waiting times
- Improve patient experience
- Measure the impact of the technology on patient care, the USSC pathway and clinician satisfaction



Project 3: Breast Pain Pathway

“The Breast Pain Pathway aims to provide support to patients, whilst utilising workforce, more effectively by reducing the pressure on Trusts’ workforce”



Scope

- Deliver the 24/25 planning guidance
- Relieve pressure on Trust workforce, particularly radiology
- Recruit Primary Care Champions
- Upskill Primary Care workforce through training and education
- Improve patient experience by streamlining workflows and reducing waiting times

Project 4: Predict Prostate

“Predict Prostate is a risk stratification tool looking at the moderate risk prostate cancer patients and giving them the quantifiable benefit of their treatment options”

Scope

- Deliver on the 24/25 planning guidance to implement a risk stratification tool within the prostate pathway
- Utilise Predict Prostate to serve as a decision-making tool for clinicians, by having the information available at the point of MDT.
- We expect to see more patient being indicated for active surveillance and therefore a reduction in surgical referrals
- Empower patients, by giving them tangible information with statistics, to make decisions re surgery vs active surveillance





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Personalised Cancer Care

Objectives



“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, Personalised Cancer Care Programme Lead

1

Offer all patients, from the point of diagnosis, personalised conversations and ensure their needs are discussed at each point of their pathway.

2

Reduce unnecessary outpatient appointments and enable supportive self-management using digital remote technology.

3

Provide comprehensive prehabilitation interventions that reduce length of stay in hospital and manage effects of cancer at the earliest possible point.

4

Embed psychological assessments as part of core services and ensuring access to services is equitable and any inequalities identified and addressed.

Summary of key priorities

Reducing Treatment Variation

Implement recommendations from clinical audits and GIRFT reports to standardise treatment protocols for lung, breast, prostate, bowel, and oesophagogastric cancers. Focus on improving outcomes for fit patients with advanced lung cancer.

Living With and Beyond Cancer

Establish core personalised care interventions and Personalised Stratified Follow Up pathways to support patients' recovery and quality of life after treatment. Provide psychosocial support services.

Prehabilitation Services

Roll out prehabilitation programs across trusts based on the findings of ongoing pilot evaluations, aimed at optimising patients' physical and mental health before cancer treatment.

Promoting Physical Activity

Initiate initiatives to encourage physical activity and facilitate behavioral changes among cancer patients to improve overall health and well-being.

Project 1: Improving the Quality of Support Cancer patients receive within the GP setting

“A collaboration with Place-based GP leads and PCNs with the objective to improve the quality of holistic support out of hospital”



Scope

- Examination of the quality of holistic interventions conducted in primary and community setting
- Identify unmet need in the current CCR offer and provide recommendations for a gold standard of care

Project 2: Cancer Patient Partners Community of Practice

“The Cancer Patient & Public Involvement Community of Practice aims to transform the way we engage and involve our diverse communities and to have authentic representation at all levels of cancer care ”

Scope

- Our aim is to develop patient involvement to initiate projects, identify gaps in patient involvement, improve patient experience, and be part of NELCA's transformation journey



Project 3: Workforce: Implementation of ACCEND

“Facilitate the implementation of the ACCEND Career Pathway, Core Cancer Capabilities and Education Framework in providers for non-medical cancer workforce roles”



Scope

- Identify local training and development opportunities within the ACCEND Framework
- Provide leadership to the nursing and AHP workforce within the Alliance, and engage them in ACCEND and wider workforce development, through cancer nursing and AHP networks

Project 4: Integrated Lymphoedema prevention and support

“NEL has a well-established lymphoedema service; Accelerate, which specialises in wound care and lymphoedema for both cancer and non-cancer patients. However, the workforce require support due to lack of lymphoedema specialist workforce ”

Scope

- Explore and scope the workforce challenges, review service delivery model and establish a more efficient referral process and pathway.
- Identify key touchpoints for lymphoedema prevention



Project 5: Physical Activity and Behavioural change

“Physical activity and behavioural change is an educational requirement needed for all our cancer patients to improve their quality of life”



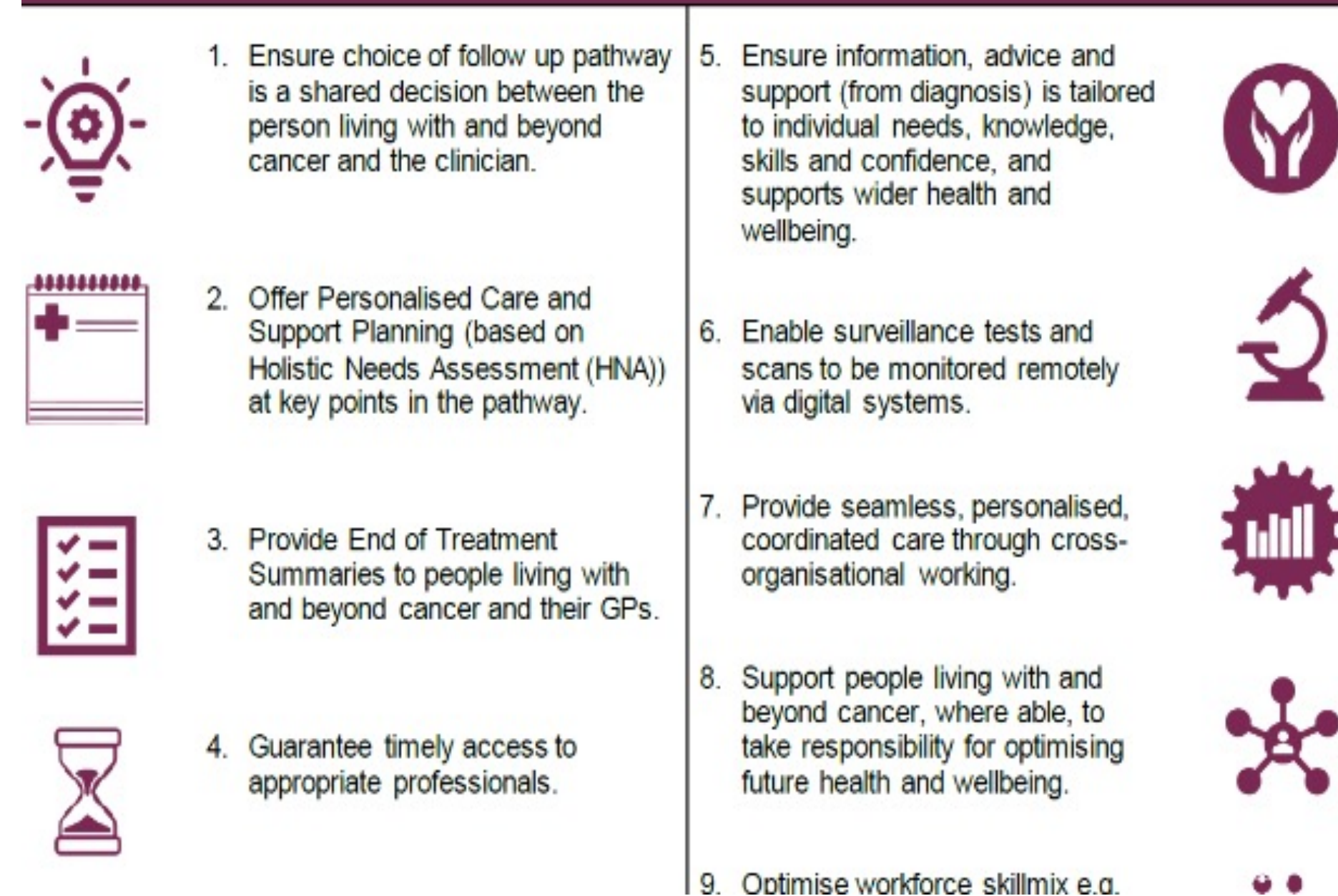
Scope

- Training and educational resources for support workers, social prescribers to provide basic advice on physical activities.
- Information co-produced with our Patient Partners will be shared and made available to patients at the start of their cancer pathway and include resources to support holistic conversations with AHP, CNS and support worker teams

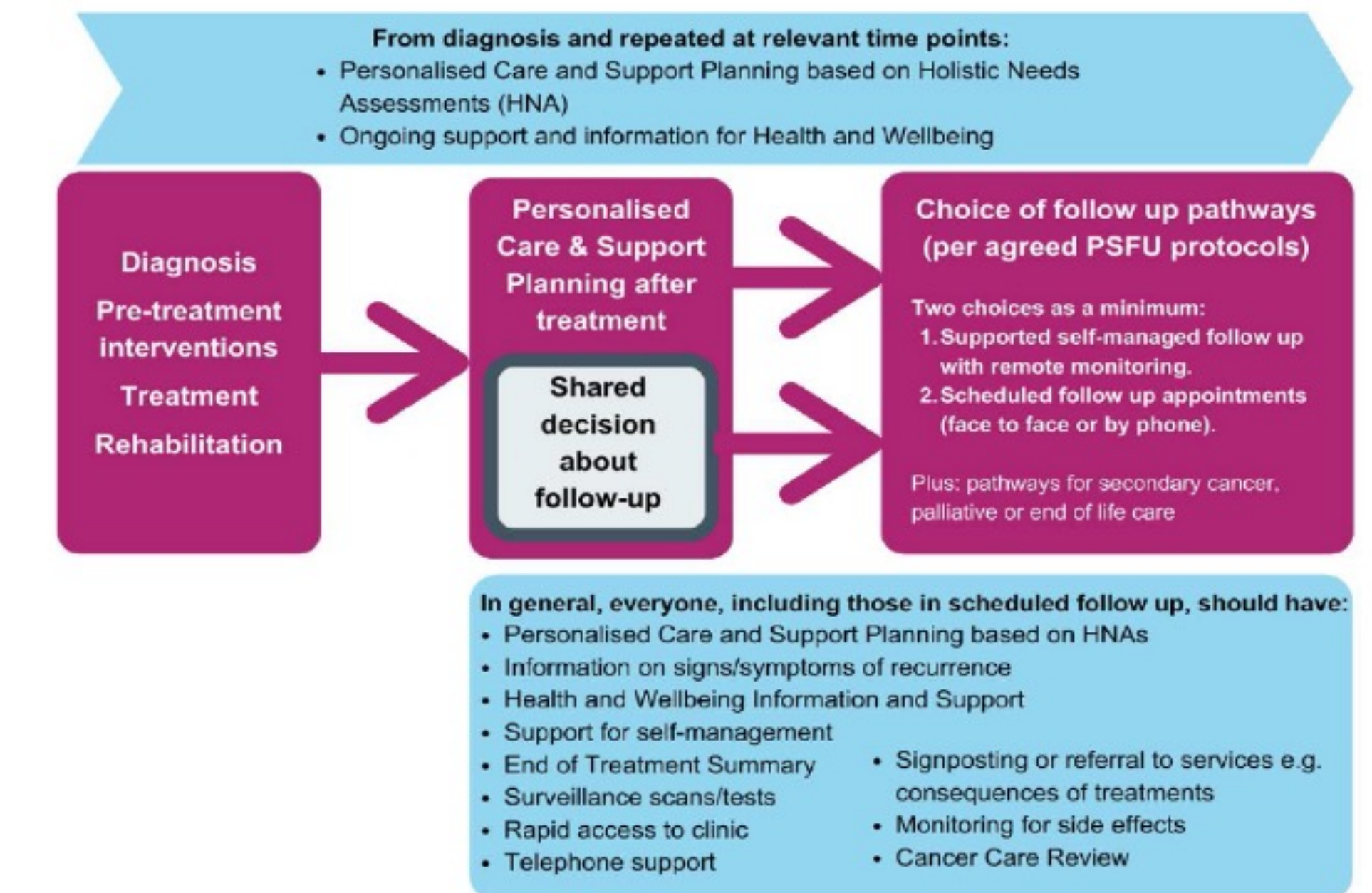
Project 6: Personalised Stratified Follow up with Digital Remote Monitoring

Barts Health first in NEL to successfully implement PSFU pathways with digital SCR RMS for breast, colorectal and prostate cancers with nearly 3000 patients

Key Principles of a Personalised Stratified Follow Up Pathway



PSFU Protocol development: Outline pathway





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Workforce

Primary Care Education workforce projects 24/25

Primary Care Education:

- **Objective:** Deliver an education program to clinical and non-clinical primary care staff.
- **Collaboration:** Led by our GP training lead and training hub.

Strands for Different Audiences:

- Syllabus divided into strands for varying needs.
- Empower staff to support patient journeys and improve cancer pathways.
- Address training imbalance for non-clinical staff*.

Impact:

- Motivated and stable workforce.
- Enhanced patient care and outcomes.

Commitment to Early Detection and Chronic Management:

- NEL aims to develop a skilled workforce proficient in early cancer detection and managing cancer as a chronic condition.
- Key roles include cancer support workers, non-medical primary care staff, and link workers.

Diagnosis and Treatment Workforce projects



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Enhancing Cancer Imaging Reporting

- **Objective:** Improve the quality of cancer imaging reporting across North East London.
- **Collaboration:** Working closely with the NEL Imaging group and leading clinicians.
- **Challenge:** The Pathway Analyser is expected to highlight this as a significant challenge.
- **Innovative Solutions:** Developing workforce solutions to address this challenge.

- **Future Focus:** Demand and capacity analysis to identify workforce shortages and prioritize support efforts.

Cancer MDT Enhancement MDT Improvement Programme:

- Specialized training and support for MDT chairs and coordinators.
- Opportunity to adopt a theatre-in-education method for Clinical Nurse Specialists (CNSs).
- Enriching professional development for the CNS workforce.

Oncology Workforce Enhancement

- **Review:** NEL conducted a comprehensive review of the oncology workforce.
- **Strategies:**
 - Enhanced involvement of Allied Health Professionals (AHPs) and pharmacists.
 - Introduction of an oncology pharmacist role in the 23/24 period.

Workforce Personalised Cancer Care specific projects 24/25



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Enhancing PCC Intervention Outside Hospitals

- **Objective:** Improve uptake of Holistic Needs Assessments (HNAs) beyond hospital settings.
- **Collaboration:** Partnering with community and primary care services.
- **Key Players:** Social prescribers, cancer facilitators, and practice nurses.
- **Implementation:** Embedding HNAs and Cancer Care Reviews (CCRs) into core services.

Empowering Primary Care Professionals

- **Training and Education:** Collaborating with ICB's Long Term Conditions and Personalised Teams.
- **Focus:** Developing cancer training via NEL training hubs.
- **Support Package:** Seminars, training materials, and toolkits.
- **Goal:** Equip primary care teams to confidently manage cancer as a chronic condition in the community.

ACCEND Framework for Non-Medical Workforce:

- Collaboration with the ICB to improve confidence in key roles.
- Focus on cancer support workers, non-medical primary care staff, and link workers.

Diagnosis and Treatment and Personalised Cancer Care joint workforce projects 24/25

Macmillan London Cancer CNS Development Lead (CDL) Role

- **Objective:** Bolster the cancer nursing workforce in London.
- **Focus:** Ensure individuals living with cancer receive necessary support throughout their treatment pathway.
- **Implementation:** Establish CDL roles within five clusters across London, each comprising Trusts within an Integrated Care System (ICS) region.
- **Clinical Leadership:** CDLs operate under the guidance of lead Cancer nurses at host Trusts.
- **Evaluation:** Comprehensive evaluation planned as part of the pilot, with NEL as one of the clusters.

Key Project Activities

1. Mentoring Newly Appointed CNSs

1. Mentor 10-18 newly appointed CNSs to become independent professionals.
2. Utilize educational and coaching methodologies.

2. Expanding the Pool of Prospective Cancer CNSs

1. Outreach efforts aligned with the overarching London cancer nursing communications strategy.
2. Engage in outreach to expand the pool of prospective cancer CNSs.

3. Advocacy and Representation

1. Act as a local and international advocate for the Cancer CNS role.



North East London
Cancer Alliance

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