

North East London Cancer Alliance Annual Report 2024-2025





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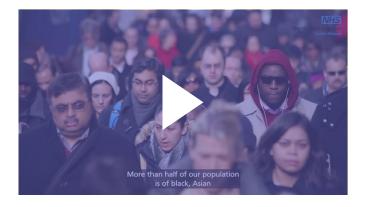
Introduction to the cancer alliance



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

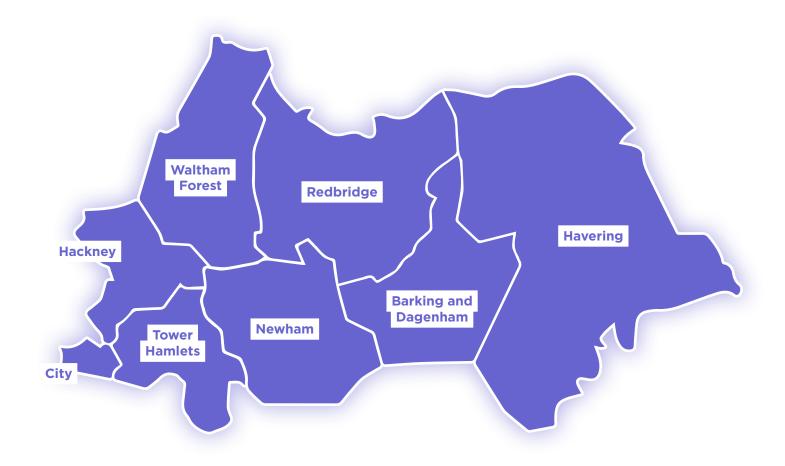
We work with patients, residents, carers, hospitals, GP practices, health and care professionals, local authorities and community and voluntary organisations across north east London.



Watch a short video introducing our work: https://youtu.be/xsV4kGInu-Q



Hear from some of our patients: https://youtu.be/yQV5JzV0-IQ



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



In my second full year as Chair of the Cancer Alliance Board, I have been incredibly impressed with the progress we have made over the last year in improving cancer outcomes, as well as reducing health inequalities, in north east London.

Our performance

Looking at our performance against the national cancer standards, data for England showed that North East London Cancer Alliance was the top performing alliance for ensuring cancer patients receive their first treatment within 31 days of a decision to treat.

In addition, North East London Cancer Alliance consistently met the Faster Diagnosis Standard. This standard ensures patients receive a diagnosis or have cancer ruled out within 28 days of referral. Against a national target of 77%, the Alliance achieved an impressive 80.6%.

The third national standard – the 62-day referral to treatment target – was also exceeded in north east London. A total of 76.5% of patients began treatment within 62 days of an urgent GP referral, well above the national operational plan target of 70% and positioned us as 4th highest in the country.

Our performance led to us being <u>shortlisted for an HSJ award</u> in the Performance Recovery category.

To help us achieve this, we continued to receive brilliant support from the North East London Integrated Care Board, working in partnership with them to not only help achieve cancer priorities, but also the wider health priorities across north east London.

This has involved even closer collaboration with other key programmes of work, such as elective care and long-term conditions, and resulted in effective partnership working through projects such as the opening of the Community Diagnostic Centre at Barking Hospital, which will see diagnostic teams carry out 50,000 additional scans and tests every year.



Our work on reducing health inequalities

With a population in north east London greater than the whole of Wales, over half are from ethnic minority groups; over a quarter speak a language other than English at home; and a quarter live in areas ranked in the most deprived 20% in England.

Reducing health inequalities therefore continued to be a huge priority for us. I'm pleased to report we have made more progress in this area. Achievements over the last year include:

- delivered awareness campaigns such as You Need To Know, which was <u>shortlisted for an HSJ Award</u> and a <u>winner of three other awards</u>.
- worked in partnership with local communities such as the London Bangladeshi Health Partnership Board to overcome barriers to cancer screening within the Bengali community.
- developed clinical animations to support those from socially deprived and ethnic minority backgrounds, where there is a higher prevalence of poor health literacy, language barriers or cultural mistrust of healthcare authority.
- attended community events to speak to residents face-to-face, such as the <u>Black African and Caribbean Community</u>.
- improved <u>psychosocial support services</u> to make them more accessible for more people.

Our innovation

With technology advancing at pace in a wide range of areas, we have done our upmost this year to stay at the forefront of technology to enhance the experience for our patients and residents.

We introduced the use of Artificial Intelligence in cancer diagnostic pathways, and its use in chest X-Rays, for example, is <u>reducing the</u> <u>wait time for results from three weeks to just three days</u> for scans with significant findings.

We also <u>expanded the use of Cytosponge</u> - an innovative cancer test which is a quicker alternative to traditional techniques such as an endoscopy, and have continued to improve Multidisciplinary Team Meetings so that patients receive the right treatment at the right time.

Our patients

And it is our patients who are at the heart of all the work we have undertaken throughout the year. You can hear from some of them in our <u>patient video</u> and read more <u>patient stories</u> on our website.

Our Patient and Carer community of practice expanded this year to over 70 members, meaning we have direct patient feedback and involvement in all our key projects, essential to ensuring what we do is fit for purpose.





Our vision for 2025 - 2026

Our progress this year – as you can see from just the few highlights I have given – means we are looking ahead with excitement and optimism about the positive difference we can make for our local residents.

Through harnessing the power of new technology, increasing links to our local communities to better understand their needs, driving more awareness of cancer signs and symptoms and screening programmes, and better supporting our workforce, we can continue to improve local cancer services.



Charles Knight

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

Improving local cancer services



"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 the UK & Europe."

Femi OdewaleManaging Director

Angela WongChief Medical Officer

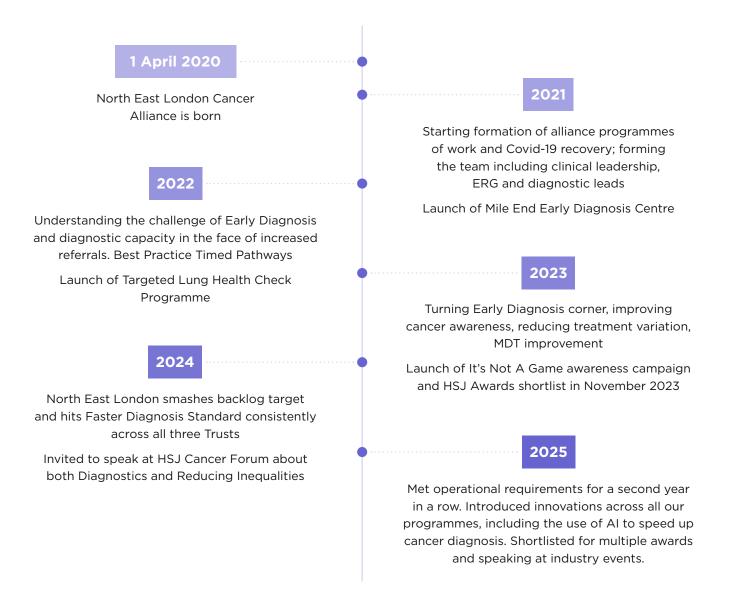


"The involvement of prominent figures from both the medical field and the celebrity world highlights the seriousness with which the community is addressing early diagnosis of prostate cancer. Early detection is critical because, in nearly all cases, treatment is highly successful, and lives can be saved."

Angela Wong Chief Medical Officer North East London Cancer Alliance As one of the youngest cancer alliances in the country, formed in April 2020, we are proud of our achievements over the last five years in improving local cancer services.



Five years of Progress



Our key successes over the year are outlined below across each programme, covering early diagnosis, diagnosis and treatment, personalised cancer care, workforce and communications and engagement.

We would like to thank all our partners in North East London Integrated Care Board, primary care, secondary care, public health, local authorities, and community organisations for their fantastic work to make this happen. Together, we will continue to achieve great things and provide the best possible care for our residents.

3.1 The cancer picture in north east London

In 2024 to 2025

7,272 people

in north east London were diagnosed with cancer

The total number of people living with cancer in north east London in 2025 is

52,979 people

(compared to 51,588 last year).

Cancer type	2024/25	2024/25 %	2023/24	2023/24 %	2022/23	2022/23 %
Prostate	1032	14.20%	1421	18.4%	1428	18.5%
Breast	984	13.50%	1143	14.8%	1267	16.4%
Lung	821	11.30%	882	11.4%	839	10.8%
Colorectal	811	11.20%	828	10.7%	847	11.0%
Haemo	784	10.80%	671	8.7%	668	8.6%
Urology	655	9.00%	546	7.1%	673	8.7%
Upper GI	542	7.40%	511	6.6%	534	6.9%
Gynae	455	6.30%	495	6.4%	551	7.1%
O-G	432	5.90%	282	3.6%	254	3.3%
Head and Neck	224	3.10%	256	3.3%	265	3.4%
Melanoma	197	2.70%	237	3.1%	223	2.9%
Endocrine	111	1.50%	159	2.1%	128	1.7%
Brain and CNS	95	1.30%	137	1.8%	289	3.7%
Unknown	77	1.10%	107	1.4%	94	1.2%
Bone and ST	52	0.70%	60	0.8%	73	0.9%
Total	7272		7735		8133	

In 2024 to 2025

88,040 people

were referred via the Faster Diagnosis Standard for suspected cancer.

Of these,

84,898 people

96.4% - were given the all clear.



3.2 Cancer performance

The nationally rationalised cancer waiting time standards concentrated on the following three key measures which came into effect from October 2023.

These are:

- Faster Diagnosis Standard: patients to receive a diagnosis or ruling out of cancer within 28 days of referral
- 31-day treatment standard: all cancer patients to commence treatment within 31 days of a decision to treat
- 62-day treatment standard: patients to commence treatment within 62 days of being referred either by a GP or through cancer screening, or from consultant upgrade

The key focus is for cancer services to reduce long waits and move towards recovery of the 62-day referral to treatment standard and 28-day faster diagnosis standard.

Despite challenges experienced with previous industrial action and impact of GP collective action from August 2024, performance against the constitutional cancer standards has been exceptional in north east London.

The latest published data for March 2025 shows performance as detailed in the table below:

March 2025	North East London Providers			
Cancer Target	BHRUT	Barts Health	Homerton	North East
28 Day - Faster Diagnosis Standard (75%)	80.35	80.43	80.92	80.65
31 Day Combined (96%	98.98	97.03	100.00	97.46
62 Day Combined (85%)	81.12	70.82	88.15	76.53

Key findings in March 2025:

- For 28-day faster diagnosis standard the performance improved to 80.6%, surpassing the national target of 77% to be achieved by March 2025. We were the highest performing Cancer Alliance in London against this standard.
- 31-day combined standard achieved 97.5%, surpassing the 96% standard. We are the best-performing Cancer Alliance and ICB in the country against this standard.
- 62-day combined standard recorded 76.5%, meeting the monthly trajectory and exceeding the 70% national operational plan target for 2024/25. Ranked 4th highestperforming Cancer Alliance, achieving 76.5% and ranked 5th in the Integrated Care Board (ICB) league against this standard.

Throughout 2024 to 2025, our recovery action plans remained in place to enable continuous improvements in our cancer position and create a better experience for our patients.

Delays in histopathology and imaging (CT PET scans and MRI reporting) affected treatment timelines across all hospital sites for lung, gynaecology, head and neck, and gastroenterology tumour sites.

These delays also impacted the Faster Diagnosis Standard. Notable rise in referrals for Skin and Head and Neck Pathways, led to increased demand. The spending controls have contributed to delays in implementing key pathway improvements funded by the Cancer Alliance.





3.3 Reducing health inequalities

North East London is one of the UK's most diverse and socioeconomically deprived regions:

- Over half of our population is from Black, Asian and Minority Ethnic backgrounds
- A quarter of our population speak a language other than English at home.
- A quarter of our population live in areas ranked in the most deprived 20% in England.

We know that significant health inequalities exist between ethnic groups; this was highlighted and exacerbated by Covid-19. Reducing health inequalities is therefore a key priority for North East London Cancer Alliance and is a feature across all our activities.

Health Inequalities Strategy

After much deliberation, we made the decision to commission an external organisation to support the development of a health inequalities strategy for cancer in north east London. The inequalities strategy will include all work programmes as we recognise that there are inequalities across the pathway. It will be produced in collaboration with key stakeholders to ensure consensus across the area. This strategy is due to be launched in 2025 to 2026 and will be available on the Cancer Alliance website.

Achievements in helping to reduce health inequalities in 2024 to 2025 included:

- Working with the London Bangladeshi Health Partnership Board to overcome barriers to cancer screening within the Bengali community, including engaging with Bangladeshi women in Tower Hamlets and Newham by a co-production group to work on a breast screening awareness project. The Partnership has agreed to support us to improve the uptake of HPV vaccinations and cancer screening. Insights from this will also inform our Elimination of Cervical Cancer and Health Inequalities Strategies.
- Engaging with our seldom heard populations to ensure
 their needs are met and voices heard while developing our
 new interventions. For example, we have engaged with the
 Gypsy, Roma and Traveller (GRT) community via community
 organisations and recruited GRT champions to continue
 community engagement.



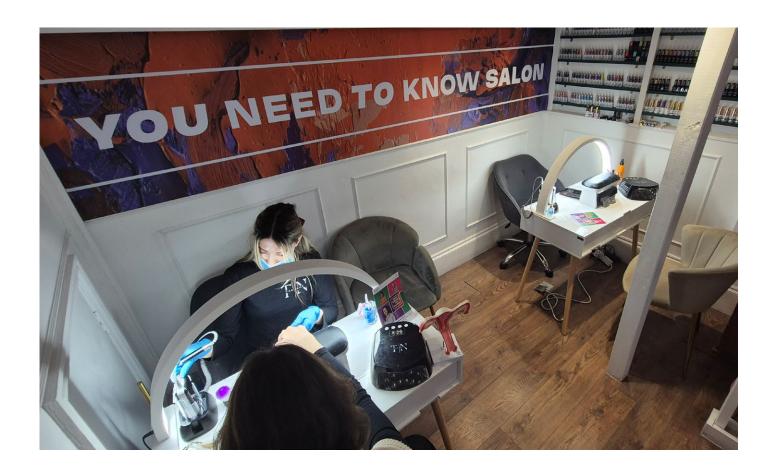


"Rates of ovarian cancer are rising in north east London. A key priority for us as a Cancer Alliance is to help local people understand the signs of ovarian cancer, so they can act without delay when they notice something unusual. This will help them to receive an earlier diagnosis, resulting in better outcomes."

Caroline Cook

Early Diagnosis
Programme Lead for
the North East London
Cancer Alliance

- Working with the Clinical Effectiveness Group to obtain improved screening data by ethnicity (this is already available for people with a Severe Mental Illness or Learning Disability, and homelessness, which will help us to focus on different groups. The granular detail will enable a better understanding of areas of greater deprivation by postcode areas.
- Linking more closely with the ICB Business Insights team
 to determine what data is available to continue monitoring
 progress in reducing health inequalities. Alongside this,
 qualitative data is being collected via focus and coproduction groups; as we gain a greater understanding of the
 barriers that the seldom heard communities encounter when
 engaging with health services.
- Delivering Grass Roots Awareness projects. We were pleasantly surprised at the number of small community organisations who were keen to develop interventions to raise awareness of cancer. They are already embedded and trusted within their communities and in an ideal position to reach those who are seldom heard. Of the 31 applications, we have been able to support 16 and have ensured that all boroughs are covered. We have endeavoured to award grants to organisations supporting communities we have not yet worked with, such as; deaf people, the Chinese community, sex-workers, French and Swahili speaking African communities and asylum seekers.



- Producing Clinical Animations. We commissioned a series of clinical animations to support patients in decision making when considering Systemic Anti-Cancer Therapy, targeted therapies and clinical trials. The animations breakdown complex, often hard to understand treatment options, which can be overwhelming for patients particularly after having been told they have cancer. The animations can benefit all patients; though are specifically targeted to those from socially deprived and ethnic minority backgrounds, where there is a higher prevalence of poor health literacy, language barriers or cultural mistrust of healthcare authority.
- Expanding our award-winning campaign, You Need to Know, which has raised awareness of womb cancer symptoms amongst Black African, Black Caribbean and South Asian women in north east London, to focus on Ovarian cancer too.
- Improving accessibility of our web content. We have been
 working on improving our use of Recite Me a language and
 accessibility tool which enables translations in over 100 languages
 as well as voiceovers to read the text in different languages. It
 also supports a range of accessibility functions, such as font size
 and colour schemes for people with visual impairments.

- Working with the Polish community including GPs and patients to produce a film in Polish with key messages about cancer screening, a social media campaign in Polish and Polish webpages on cancer screening.
- Working in partnership with a GP in Tower Hamlets, where
 there is a very large Bengali population, to display our animated
 screening videos in Bengali, in every practice waiting room to
 help increase uptake of life-saving cancer screening.
- Developing a partnership with non-league football team,
 Hackney Wick FC. This is helping spread awareness and
 engagement of cancer signs and symptoms across North
 East London. It is part of our 'Its Not A Game' campaign,
 which not only aims to raise awareness but also to address
 some of the inequalities with cancer diagnosis and treatment
 and encourages people to speak to their GP with concerning
 symptoms, which will help to improve health outcomes.
- Highlighting the increased risk of black men getting prostate cancer by promoting our video with British Athlete Joe Appiah: https://youtu.be/bp-KG7OWdX0



Early Diagnosis Programme



"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





Cancer Screening

Figures showing the uptake of the three national screening programmes for 2024 to 2025 are shown below for each borough, alongside the previous year's figures as a comparison:

		2024 to 2025	2023 to 2024		
	Barking & Dagenham	56.40%	57%		
	City and Hackney	56.80%	57.30%		
	Havering	70.50%	70.90%		
Bowel screening	Newham	55.40%	54.80%		
	Redbridge	62.40%	63.20%		
	Tower Hamlets	54.40%	55.10%		
	Waltham Forest	61.50%	61.70%		
		2024 to 2025	2023 to 2024		
	Barking & Dagenham	63.25%	61.56%		
	City of London	45.02%	47.14%		
	Hackney	49.38%	46.22%		
Breast screening	Havering	74.38%	76.86%		
breast screening	Newham	52.58%	45.29%		
	Redbridge	70.49%	57.38%		
	Tower Hamlets	51.58%	45.10%		
	Waltham Forest	65.19%	56.68%		
		2024 to 2025	2023 to 2024		
	Barking & Dagenham	61.50%	61.20%		
	City and Hackney	62.60%	62.50%		
	Havering	70.30%	70.20%		
Cervical screening	Newham	59.40%	59.10%		
	Redbridge	58.70%	58.40%		
	Tower Hamlets	53.70%	53.50%		
	Waltham Forest	65.50%	65.10%		

Lung Cancer Screening

Uptake of lung cancer screening – a free scan of the lungs for 55-74 year olds who have ever smoked – has remained very positive in north east London (this programme was previously known as the Targeted Lung Health Check Programme).

Our lung health check attendance rate was approximately 61%, which is above the national average and also the highest against other London ICBs. Since going live, we have diagnosed over 100 lung cancers, with 77% in stages 1 or 2, as shown below:

Lung cancers diagnosed: 122

Stage 1 55%

Stage 2 **22%**

Stage 3 **10%**

Stage 4 **10%**

No stage info 3%

Referrals to Stop Smoking also increased due to our Lung Cancer Screening Programme. As a result of the programme, 4,049 patients were offered a referral, 847 patients took up courses, and 308

completed the course (with a quit date confirmed).

"I had my operation in January 2024 and my treatment at Barts Health was incredible. There was a really good atmosphere in the ward, lots of laughter and visitors so my experience in hospital was perfect. Now it is June 2024 and I'm almost fully recovered, and I am back cycling again."

William Selden

Lung Cancer Screening Patient



Early Diagnosis Campaigns and **Projects**

The team has delivered several successful cancer awareness campaigns and projects in 2024 to 2025, including:

- You Need to Know recognised by patients and carers at the Cancer Research UK Early Diagnosis Conference as an example of an inclusive and sustainable intervention - has expanded to focus on ovarian cancer as well as womb cancer.
- Pancreatic Cancer Surveillance 27 patients were referred to EUROPAC, a study to learn more about the genetic causes of pancreatic cancer in people with a family history of pancreatic cancer and hereditary pancreatitis (none had been referred in the previous year).
- With other London Alliances, we ran a pan-London cervical screening campaign with Olympic athletes.
- Cancer Awareness in Schools This innovative project funded by the cancer alliance delivered a series of engaging cancer awareness workshops to Year 10 and Year 11 pupils in secondary schools across north east London. The project has engaged with a number of schools to date, reaching over 5,000 pupils in the last 2 years. It is looking for more schools in north east London to get on board.
- Partnership with Hackney Wick F.C. to take forward the Its Not a
 Game campaign, providing grassroots advertising across north
 east London and improving links with the local community.

"We are delighted that the You Need To Know campaign has won a third award, as it shows what can be achieved through effective collaboration both with partner organisations and with the communities you are trying to reach."

Sherrice Weekes

Project Manager for North East London Cancer Alliance

"Sport has a unique opportunity to bring communities together and we must not forget about the massive visibility and impact grassroots football has."

Obi Onyiah

Programme Manager for Prevention Awareness and Screening, North East London Cancer Alliance



"At North East **London Cancer** Alliance, we are passionate about bringing awareness of important screening and cancer campaigns to the local community. We hope that this collaboration with **Hackney Wick FC** will not only bring more awareness to young people, but also act as subtle reminder to parents and spectators of these games across north east London."



Programme Manager for Prevention Awareness and Screening, North East London Cancer Alliance







- Breast Screening for Women with a Severe Mental Health Illness: 5 out of 16 PCNs successfully launched activity, in collaboration with the North East London Foundation Trust. Feedback is being collected from the active PCNs to support and adapt the project as required and it is expected that the project will provide demonstrable metrics in 2025 to 2026.
- Launched a campaign with CoppaFeel!, the UK's only breast cancer awareness charity for young people, highlighting that breast cancer can and does happen to young people.
- Increasing awareness in the 'White Other' population: Following insight and codesign work that was undertaken with the Turkish and Turkish Cypriot communities, four interventions are currently under development which include the production of shareable digital assets, showing real people from the Turkish and Turkish Cypriot community in north east London. Information leaflets about symptoms and the three cancer screening programmes are also being created and community ambassadors are being upskilled to spot and signpost on an ongoing basis.
- Awareness in the Charedi Jewish Population: Cancer awareness sessions delivered by Achienu Cancer Support (ACS) with supporting literature in Yiddish.

Primary care

The North East London Cancer Academy was officially launched in 2024 to 2025 and has so far delivered education to primary care on the early diagnosis PCN DES, Lower GI and Lung cancer. The aim of the academy is to provide:

- Access to essential primary care cancer resources like session recordings, presentation slides, and registration links.
- A curated collection of in-depth educational materials and links, offering valuable insights and knowledge about cancer.
- A comprehensive repository of up-to-date information, guidelines, and tools designed to improve cancer care in primary care.

In addition to the education work delivered through the Academy in partnership with the NEL Training Hub we have provided face to face training via Red Whale. The cancer update course provides practical, straightforward evidence-based learning.

The PCN Facilitator Service continues to support practices and PCNs with the requirements of the PCN DES.



Diagnosis and Treatment Programme



"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

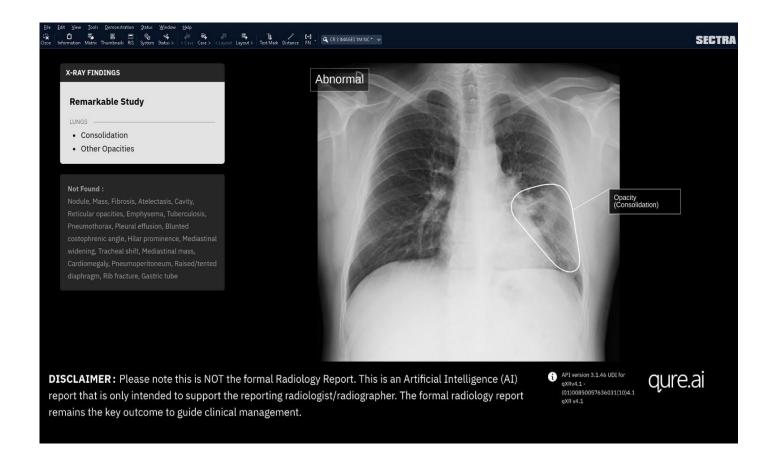


"It has been great working with Qure. ai and Sectra to deliver an Al-driven solution aimed at revolutionising diagnostic pathways in north east London. This provides patients with faster access to crucial diagnostic tests and improves overall healthcare delivery."

Oliver Hawkins

Senior Project Manager for North East London Cancer Alliance Alongside work on improving performance against the national cancer standards, the team has successfully made progress in a number of areas to improve the diagnosis and treatment experience for patients, including:

- Use of Artificial Intelligence in Chest X-Rays: In collaboration with Sectra and Qure.ai, North East London Cancer Alliance has rolled out the use of Artificial Intelligence to help radiologists and reporting radiographers prioritise urgent cases, enhance decision-making, and streamline the patient journey. This has reduced the wait time for chest X-ray results from three weeks to just three days for scans with significant findings.
- Through multilingual clinical animations, we empower patients
 to understand their treatment options, engage in informed
 decision-making, and navigate their care with confidence.
 These animations have been rolled out across all three
 trusts. Focused on underserved communities, the animations
 remove barriers such as language and health literacy, ensuring
 inclusivity and equity in access to systemic anti-cancer
 therapies and clinical trials.



- Teledermatology: The Homerton is in the process of implementing the Isla platform to enable the use of teledermatology for the urgent suspected skin cancer pathway. Isla will allow GPs to submit high-quality images of suspicious lesions and refer patients to the urgent suspected skin cancer pathway. The platform is currently live for dermatology consultants at Homerton to review images.
- Histopathology Improvements: A joint Histopathology dashboard was created. BHRUT has successfully accommodated additional medical posts through reconfiguration, which has seen increased capacity. BHRUT has improved 10 day turnaround time in March 2025 to 39.1% from 28.4% in March 2024. This is due to increased capacity with the addition of extending working times. Barts currently have a business case in the last stage of sign off that will ensure significant uplift in the scientific workforce which is the main barrier to improving performance, having already successfully increased the consultant workforce.

"Innovations such as Cytosponge really help us to boost our diagnostic capacity in north east London, helping more patients to get tested sooner.

Early diagnosis is key, as that is when treatment is easier and more likely to be effective. At the same time as increasing capacity, the Cytosponge test is a lot quicker than traditional procedures, which helps to improve the patient experience. This is something we are continuously aiming to do as a cancer alliance."

Jenni McGivney

Programme Manager for North East London Cancer Alliance

- Progress has continued to improve Multidisciplinary Team Meetings (MDT). These meetings are where a group of health and care staff who are members of different organisations and professions (e.g. GPs, clinicians, nurses) come together to make decisions regarding the treatment of individual cancer patients and service users. The benefit of this is that in cases that are routinely observed by our clinical team, patients get treatment more quickly and, at the same time, freeing up capacity for MDTs is increased for patients with more complex needs, so they can get the specialist levels of support required.
- Breast Pain Pathway: Breast Pain Task and Finish Group has
 developed a NEL Breast Pain Pathway which has been signed off
 by the NEL Breast Expert Reference Group. The establishment of
 a Breast Pain Clinic at Barts Health is complete with the first clinic
 underway in March 2025. The Breast Pain Clinic at St Bartholomew's
 will run alongside the USC clinic initially to allow for safety netting.
- Oncology: We have established our Oncology element of the cancer pathway as our focus continues to grow on the variation in treatment observed nationally. BHRUT has been supported to establish the first nurse consultant role for chemotherapy and increase our capacity to see patients as our numbers of treatment patients rise.
- Gynaecology: We have introduced a new pathway in north east London to support patients who have unscheduled bleeding whilst on HRT, which will help support patients with a lower risk of cancer. Training and education sessions have been provided by our NEL Gynaecology Clinical ERG (Expert Reference Group) Chair to ensure GPs are aware of the latest information and how best to manage these patients initially within primary care.



Personalised Cancer Care Programme



"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



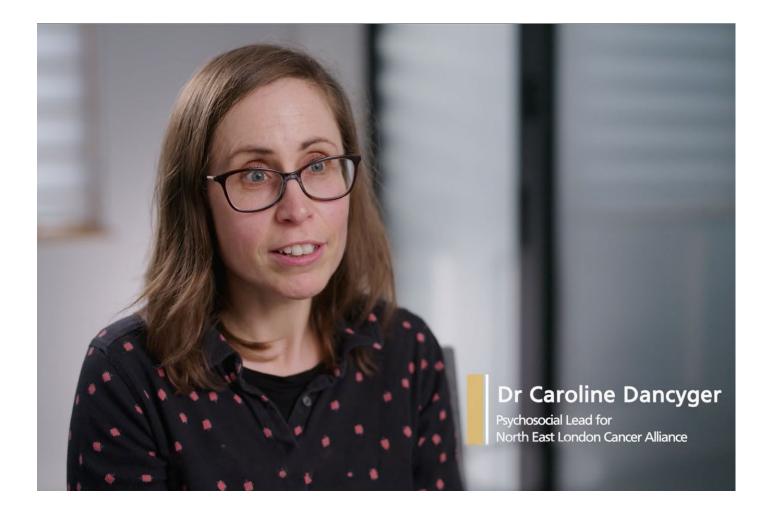
The team has successfully delivered a number of projects in 2024 to 2025 including:

- All three Trusts now have operational Personal Stratified
 Follow Up for Breast, Colorectal and Prostate.
- Remote Monitoring System is live at BHRUT and Barts, with Homerton expected to also go live soon. A dedicated Alliance resource is in place to assist Homerton RMS go-live.
- Prehabilitation services have been sustained at BHRUT, Maggies and Barts Health. We have received great engagement from both the ICB and Trusts in collectively finding a sustainable solution for our prehab services. As well as improving patient experience the benefits to the system include more patients being ready for treatment, reducing length of stay in hospital, improving consequences of treatment and reducing emergency admissions for treatment related emergency admissions. Over 1800 patients have received cancer prehabilitation across north east London allowing quicker routes to treatment and recovery.

"Thanks to prehab,
I was able to
have the keyhole
sugery. And I'm
stronger now after
my surgery than I
ever was before I
was even told I had
cancer."

Sam Patient Our 2023 National Cancer Patient Experience Survey results included improvement in the way that people are told that they have cancer, having families or carers involved in their treatment decisions and getting the right information.

	Question	2021	2022	2023	National 2023	Change from 2022	2023 Difference from national average
03. Finding out	Q14. Cancer diagnosis explained in a way the patient could completely understand	75.6%	76%	77.3%	76.7%	1.3%	0.6%
you had cancer	Q15. Patient was definitely told about their diagnosis in an appropriate place	83%	85.9%	86.3%	85.5%	0.4%	0.8%
05. Deciding on the best treatment	Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	72.6%	80.5%	84.1%	83.5%	3.6%	0.6%
07. Support from hospital staff	Q27. Staff provided the patient with relevant information on available support	87.2%	89.7%	91.3%	91%	1.6%	0.3%
08. Hospital care	Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	87.3%	87.8%	89.1%	88.3%	1.3%	0.8%
	Q41.1. Beforehand patient completely had enough understandable information about surgery	86.8%	85.9%	90.5%	89.9%	4.6%	0.6%
00 Vt	Q41.2. Beforehand patient completely had enough understandable information about chemotherapy	86.1%	84.3%	86.5%	85.6%	2.2%	0.9%
09. Your treatment	Q41.3. Beforehand patient completely had enough understandable information about radiotherapy	85.5%	87.3%	89.7%	88.8%	2.4%	0.9%
	Q42.3. Patient completely had enough understandable information about their response to radiotherapy	81.8%	80.7%	85.4%	85%	4.7%	0.4%
12. Care from your GP practice	Q52. Patient has had a review of cancer care by GP practice	20.5%	21.4%	23.9%	22.6%	2.5%	1.3%
14. Your overall NHS care	Q58. Cancer research opportunities were discussed with patient	46.3%	48%	49.8%	44.7%	1.8%	5.1%



"Clinical discussion groups for cancer palliative care and nurse specialists are a safe space for them to come together and enhance their psychological skills and think about their wellbeing."

Caroline Dancyger

Psychosocial Clinical Lead for North East London Cancer Alliance

- The number of patients that take up the holistic interventions such as HNAs continued to rise along with the number of patients that become suitable for stratified follow-up.
- Strong engagement and collaboration with Place Based Leads in regard to driving forward our Cancer Care Review QI project which will become an effective springboard for future primary care-based projects.
- Psychological representation now providing input at various NELCA tumour pathway Expert Reference Groups. A training repository has been developed identifying psychosocial courses for nurses, support workers, and AHPs. The repository has been published on the North East London Cancer Alliance website. The Macmillan Liaison Psychiatry pilot started which aims to design a new clinical pathway to address the needs of cancer patients with Severe Mental Illness to improve access, outcomes and experiences for those with the most complex mental heath needs.

Workforce Programme



- Oncology Workforce Review: North East London has conducted a review of the oncology workforce, revealing potential strategies for enhanced involvement of Allied Health Professionals (AHPs) and pharmacists. Additionally, we plan to undertake a demand and capacity analysis across north east London to pinpoint workforce shortages and determine where to focus our support efforts moving forward.
- Cancer MDT Enhancement: The MDT Improvement programme
 has crafted specialised training and support for MDT chairs and
 coordinators. Moreover, there is an opportunity to adopt a theatre
 in education method for our Clinical Nurse Specialist (CNS)
 workforce, further enriching their professional development.
- Pan-London Cancer Clinical Nurse Specialist Development Lead
 (CDL): Macmillan and NHSE Workforce training and education
 directorate funded a pilot to lead a Cancer CNS Development Lead
 programme across London. This project is piloting five Cancer
 Nurse Specialist Development Lead (CDL) roles; one in each
 Integrated Care System for a period of two years. The CDL Pilot is
 an initiative designed to improve cancer care by supporting and
 developing CNSs.





"Cancer Clinical **Nurse Specialists** are at the heart of good cancer care; patients often tell us how much they value their **CNS** and support they provide. This investment will ultimately make a huge difference to people living with cancer in London at a distressing time in their lives."

Yvonne Beadle

Programme Manager
Personalised Cancer Care
and Workforce, North East
London Cancer Alliance

- Facilitate the implementation of the ACCEND framework: Elements of ACCEND implementation will dovetails into the Macmillan London Cancer CNS Development Lead (CDL). In 2024 to 2025 we:
 - Undertook universal engagement with nursing teams and engaging with heath & wellbeing events.
 - Explored patient experience and understanding gaps in heath & wellbeing regarding signposting patients appropriately.
 - Completed teaching sessions in day units with chemo staff and expanding teaching role to all Trusts and sites.
 - Gathered feedback on educational needs of key cancer staff with a view to develop 6 weekly teaching sessions.
- Cancer workforce scoping and mapping: We commissioned a scoping and mapping exercise. The outputs of this project will inform the development of a NEL Cancer Workforce strategy through 25/26.

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





Patient Experience and Engagement

- We launched our patient and carer community of practice, with over 50 members attending the launch event.
- We have grown membership of this group from 10 to over 70.



"It was wonderful to see patients and carers come together to share experiences, learn from each other and benefit from a series of presentations and workshops.

There was a really positive vibe in the room, and we can really build on this with more events and support in the future."

Sarah Koya

Patient Engagement and
Experience lead for the
cancer alliance

Patient support: We launched two useful materials to support patients through their cancer diagnosis, treatment and recovery, which were both co-produced with our patient and carer community of practice. These are: 'Top 10 Tips for Cancer Patients' and '4 Elements of Support for Cancer Patients'.

National Cancer Patient Experience Survey results:

As well as sharing the national results through our communications channels and through our Tumour specific groups, a piece of work was started to analyse these at a local level with a view to informing some key areas of improvement, which will continue into next year.

Patient stories shared at Cancer Alliance Board:

We also continued to introduce a different patient at each Cancer Alliance Board, so that a patient can share their story and highlight areas for improvement. An example of a patient story was from William Selden, who explained how a trip to Asda saved his life. This was for a free lung health check, which resulted in early-stage lung cancer, treatment and successful recovery. His full story is here:

https://www.nelcanceralliance.nhs.uk/trip-asda-saved-my-life







"The inaugral
Bangladeshi
Health Inequalities
Summit was a
ground-breaking
event which united
over 130 key
stakeholders from
various sectors,
including North
East London Cancer
Alliance, public
health teams and
the voluntary,
community and

faith sector. The summit was a call

to action, bringing

people, place, system and region

together to address health inequalities."

Riyad Karim

Chair of the London Bangladeshi Health Partnership

People and Community Engagement

During 2024 to 2025, we attended a wide range of community engagement events across North East London to engage directly with local patients and residents, such as:

- Provided a cancer awareness event with The Association of Redbridge African and Caribbean Community (TARACC)
- Supported Homerton Healthcare with Cancer Awareness Sessions with local GP practices
- Attended 32 Boro Cup day aimed at young black men
- Attended Health in the City event with Healthwatch City of London
- Supported Barts Health with a cancer awareness event at Christ Apostolic Church
- Attended Tower Hamlets Together Summer Fair
- Attended Healthwatch Newham's awareness event
- · Healthwatch Newham's 'Value of Listening' event
- Men's and Women's Health events at the Loxford Practice in Redbridge
- Stoptober event with Barkling & Dagenham Council at Barking Learning Centre
- Heath awareness event at Tower Hamlets Town Hall
- All Carers Conference with a focus on screening, including lung cancer screening
- Event for Somali Senior Citizens in Tower Hamlets
- Tower Hamlets 'Working Together Group' meeting for carers and service users
- Cancer awareness session at Newbury Park Mosque in Redbridge

"What a great session delivered by The Association of **Redbridge African** and Caribbean **Community, where** I had the pleasure of meeting Errol **McKellar MBE who** was keen to share his achievements with the community and highlight only by truly collaborating can we make a significant difference in our community."

Wayne Douglas

Programme Lead of Diagnosis and Treatment for North East London Cancer Alliance In total, we attended 86 patient and community events, providing us with the opportunity of speaking directly to over 4,000 local people.

The breakdown of these events is as follows:

Region	Number of events
Barking and Dagenham	8
City and Hackney	7
Havering	2
Newham	7
Redbridge	6
Tower Hamlets	20
Waltham Forest	1
North East London Wide	27
UK	8
Total	86







Communications

Podcasts

- Launched a brand-new podcast series to help raise awareness of cancer screening, early diagnosis, signs and symptoms of cancer and health inequalities.
 More information and access to all episodes is available here: https://www.nelcanceralliance.nhs.uk/taking-control-cancer
- We achieved over 10,000 listens from our first 10 episodes.



Website

Work continued to improve and develop our website: www.nelcanceralliance.nhs.uk

As well as adding new content and improving the design and functionality, we have made it easier for users to access the Recite Me function, which enables translations in over 100 languages as well as voiceovers to read the text in different languages.

This function also features Accessibility Toolbar Software which allows users to customise and adjust website elements to their individual needs. This looks at aspects such as font style, size, colour, zoom functionality, keyboard navigation, screen readers and more to make our content more accessible to more people.

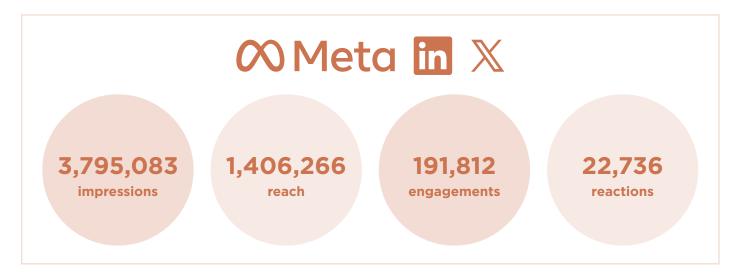
We have also subscribed to their Accessibility Checker Tool which monitors all content across or site and flags anything that needs improving or updating to ensure accessibility, We monitor this monthly and work with our web agency to implement any changes that are needed.

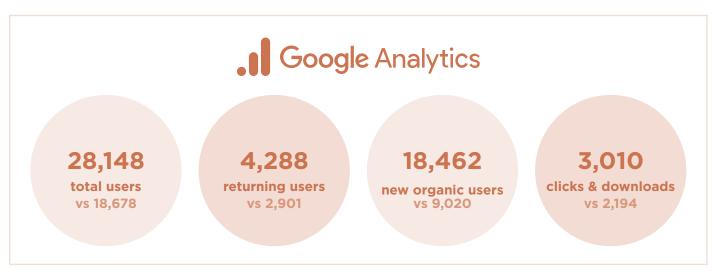
Our website is now reaching over 5,000 unique users a month, which has doubled over the last year, and we are looking to double this again over 2025 to 2026.

Social Media

Engagement with our patients, residents and stakeholders continued to grow via social media and we regularly posted important cancer updates, information and resources across all our channels.

April 2024-March 2025 Performance Statistics







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