



North East London  
Cancer Alliance

# Delivery Plan 2025 to 2026

North East London Cancer Alliance



# 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

# Introduction to the cancer alliance

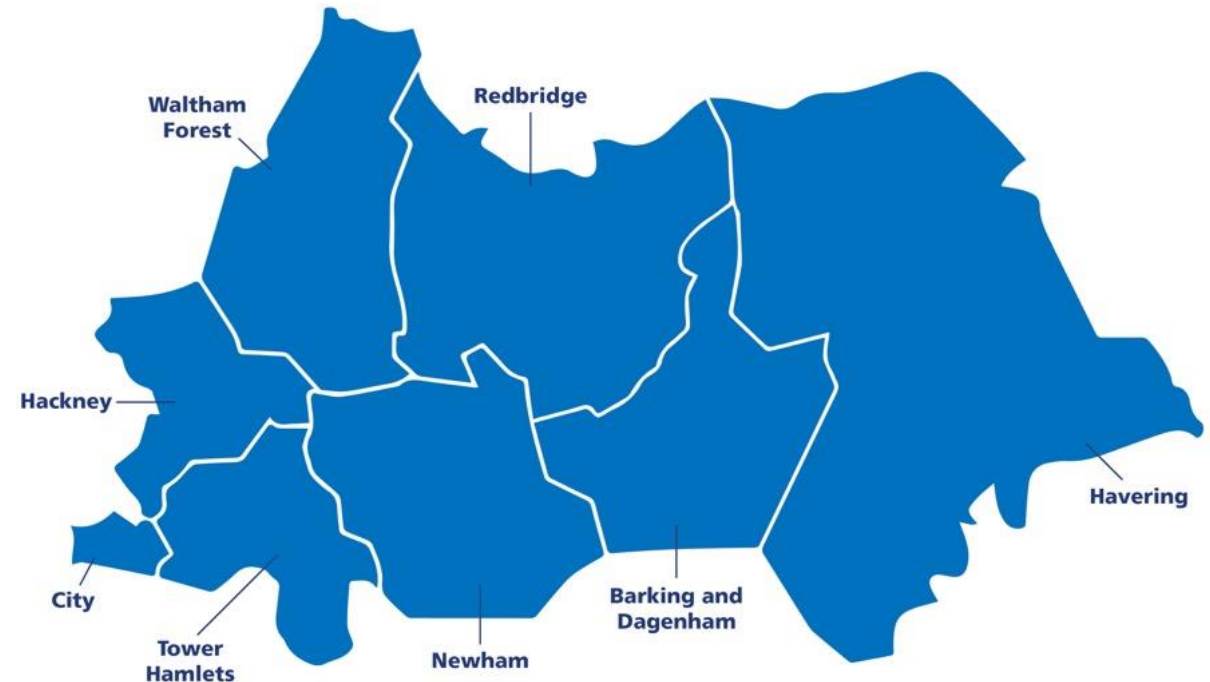
The North East London ICB continues to support the North East London Cancer Alliance, which works with acute providers, GPs, local authorities, public health, voluntary and community organisations, and the local population to improve local cancer services and reduce health inequalities.

The aim is that everyone has equal access to better cancer services to help:

- 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>





# 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**

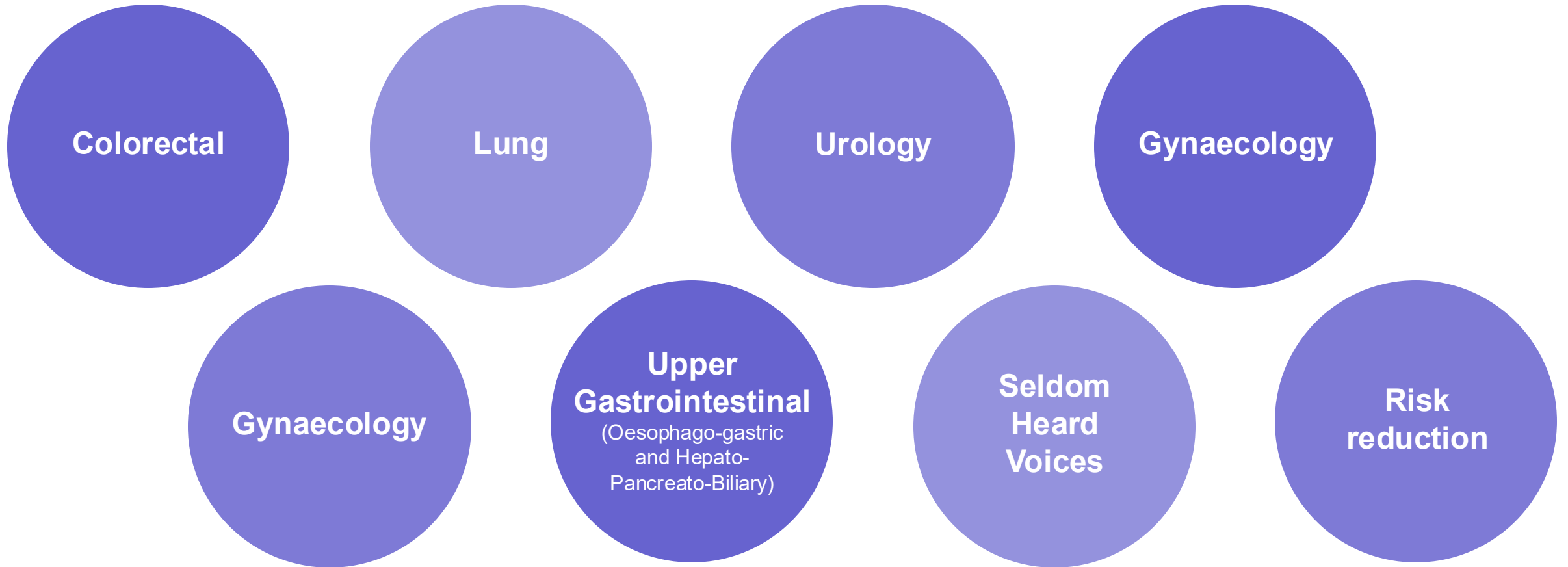
**Deliver national programmes which contribute to earlier diagnosis, such as Liver Surveillance, and Lung Cancer Screening.**

**4**

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

# Priorities for 2025 to 2026

Based on criteria in the Planning Guidance, Early Diagnosis has 8 priority areas:



## Colorectal

### Rationale

- Only 38% diagnosed early; large inequality by deprivation.
- Screening uptake low, especially in Pakistani and Bangladeshi groups.

### Key projects

- Improving uptake of bowel cancer screening – intervention to increase uptake in 50-59 year olds, including people with learning disabilities.
- Deliver a community-based intervention to increase awareness of bowel cancer and screening in the Bangladeshi and Pakistani populations.
- Create and deliver an awareness programme targeting the most deprived communities in north east London.

## Lung

### Rationale

- 910 new lung cancer diagnoses in a year, only 36% early stage.
- High emergency presentation rates and poor early diagnosis in deprived groups.

### Key projects

- Lung Cancer Awareness – localised, co-produced awareness campaign.
- Lung Cancer Screening – continued rollout of the programme to remaining boroughs in north east London, following achieving one of the highest uptake rates in the country.

## Urology

### Rationale

- Prostate cancer has high volume but variable early diagnosis (59%).
- Black and Asian men more likely to be diagnosed early than White men.
- Risk of prostate cancer is higher in black men – 1 in 4 Black men will develop prostate cancer in their lifetime compared to 1 in 8 men in the general population.

### Key projects

- Improving referrals for women with suspected bladder cancer.
- Increasing earlier diagnosis of prostate cancer in men with a high risk.
- Targeted awareness raising of prostate cancer risk.

## Gynaecology

### Rationale

- Gynaecology referrals have increased significantly. However, this has not translated into earlier diagnosis.
- Cervical screening uptake low among younger women. Aiming to eliminate cervical cancer in London by 2030.

### Key projects

- HPV Self-sampling: support NHSE with local implementation for non-responders.
- Raising awareness of cervical screening, continuing the pan-London awareness raising campaign.
- Increase uptake of HPV vaccinations in catch-up cohorts.
- Ovarian Cancer Surveillance.
- Improving access to cervical screening via Women's Health Hubs.



## Upper Gastrointestinal

### Rationale

- Upper Gastrointestinal : Low early diagnosis (Oesophago-gastric: 31%, Pancreatic: 30%).
- High emergency diagnoses and concentration in deprived groups.

### Key projects

- Case-finding OG cancer and Barrett's Oesophagus using cytosponge (the sponge-on-a-pill test).
- Intervention to raise awareness of oesophageal cancer (linked to case-finding).
- Pancreatic case-finding – national pilot.
- Liver surveillance - continue support to roll out across north east London and implement a digital call/recall system.

## Breast

### Rationale

- Breast: High early-stage rate (86%) but disparities by ethnicity and deprivation.
- Screening coverage still below targets, especially for Bangladeshi women.

### Key projects

- Improving uptake of breast screening in people with learning disabilities - training carers and staff in assisted living.
- Put Yourself First – a campaign to raise awareness of breast cancer screening.
- Check-in breast cancer awareness campaign aimed at under 35 year olds, particularly ages 18-25.

## Equity & Inclusion

### Rationale

- Language, culture, and socioeconomic barriers affect access and outcomes.
- Over 200 languages spoken in north east London; some households with no English speakers at home.
- Need for tailored, community-specific approaches.

### Key project

- Grass Roots Awareness projects – allocating grants to small community organisations to deliver cancer symptom and screening awareness.
- Gypsy and Roma Travellers – training community champions and providing cultural sensitivity training.
- Improving screening and HPV vaccination uptake in the Bangladeshi community.

## Risk Reduction

### Rationale

- Address preventable cancers via public health efforts.
- Skin: High referrals; 86% preventable.
- Mouth & throat: Increasing rates, especially among Asian communities using betel/shisha.

### Key projects

- Risk reduction App – targeted lifestyle advice and signposting with ability to measure progress in reducing risk.
- Sun Safety Campaign – to increase awareness of how to stay safe in the sun.
- Raising awareness of risks of reverse smoking, betel/paan and shisha.



# Diagnosis and Treatment

# Objectives



**“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.**

# Operational Performance

As part of the Cancer Alliance Delivery Plan for 2025 to 2026, we aim to enhance cancer waiting times across three key standards: Faster Diagnosis, 31-day Decision to Treat, and 62-day Urgent Referral to First Treatment.

**62-Day  
Performance:  
Focusing on  
tumour types in  
lowest quartile**

**31-Day Decision  
to Treat (96%):  
Reducing  
variation in  
pathways**

**Faster Diagnosis  
(80%): Improving  
access across  
pathways to provide  
an outcome within  
28 days of referral**

**Managing  
seasonal  
variations, such  
as peak in skin  
referrals in  
summer months**

# Faster Diagnosis Targets

Within 28 days at least 80% of all patients are provided with a cancer diagnosis or discharged following a referral

## Urology

- Implement non-medical LATP biopsy ensuring at least one trained non-medical staff member for each provider
- Broaden the scope to cover kidney and bladder pathways, aiming to enhance referral practices and create comprehensive haematuria services.
- Use pathway analyser tools to identify delays and assess variations in FDS and 62-day performance, focusing on gaps for cancer patients compared to those ruled out. Develop improvement plans by Q2, including triage models for providers with the lowest FDS performance, excluding tier 1 providers with existing recovery plans.

## Gynae

- Complete the implementation of Unscheduled Bleeding on HRT pathways for all eligible providers by Q2 2025/26, using local evaluations to transition to BAU for active services by March 2026.
- Utilise pathway analyser tools to pinpoint delays and assess reasons for discrepancies in FDS and 62-day performance
- Ensure improvement plans are in place, including clear triage models for providers in the lowest FDS performance quartile.

## Breast

- Complete the rollout of breast pain Pathways to all eligible providers by early 2025/26 and complete transition to BAU for all live services by March 2026

## Breast

- Complete the rollout of tele dermatology to over 50% of USC referrals in all applicable services.
- Optimise tele dermatology pathways to achieve benefits realisation and ensure services have BAU funding mechanisms in place.
- Expand opportunities for nurse roles and one-stop surgery on the skin pathway to improve dermatologist capacity



# Treatment Variation

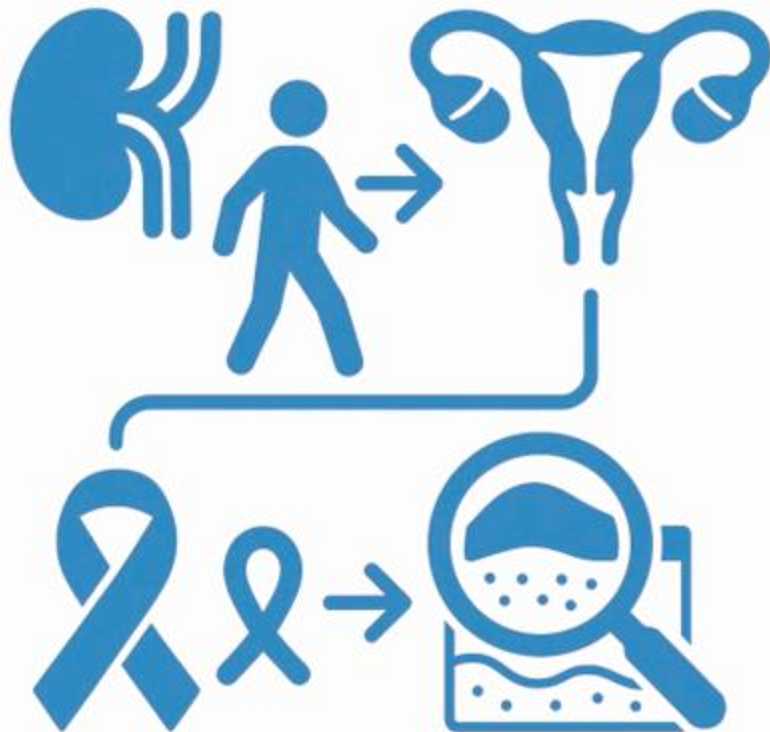
Implement national priority recommendations from clinical audit/GIRFT reports to reduce treatment variation in trusts not meeting NHS targets:

- **Lung:** Aim for 70% of NSCLC stage IIIB-IVB patients with PS 0-1 to receive systemic anti-cancer therapy.
- **Bowel:** Ensure 50% of stage III colon cancer patients receive adjuvant chemotherapy post-major resection.
- **Primary Breast:** Target 25% of primary breast cancer patients for immediate reconstruction after mastectomy.
- **Ovarian:** Strive for 80% of women with stage 2 to 4 ovarian cancer to receive treatment.
- **Pancreatic:** Achieve treatment for 65% of non-metastatic pancreatic cancer patients (stages 1-3) and 35% of metastatic patients (stage 4) with targeted therapies.
- **OG:** Reduce the number of OG cancer patients waiting over 62 days for treatment by improving planning and delivery efficiency.
- **Non-Hodgkin Lymphoma:** Decrease the number of high-grade NHL patients waiting over 62 days for chemotherapy by enhancing treatment planning and delivery processes.
- **SACT** - Regularly assess the demand and capacity of SACT services across the Alliance to identify potential factors causing delivery challenges.

## NATCAN data

<https://www.natcan.org.uk/news/the-first-results-from-six-new-national-cancer-audits-have-been-published/>

# Cancer Pathway Improvements



## Urology:

- Expand Local Anaesthetic Transperineal Prostate biopsy to all providers, cover kidney/bladder.
- Identify gaps with analyser tools, develop triage plans.
- Recruit Clinical Fellow to resolve treatment variation in north east London

## Gynaecology:

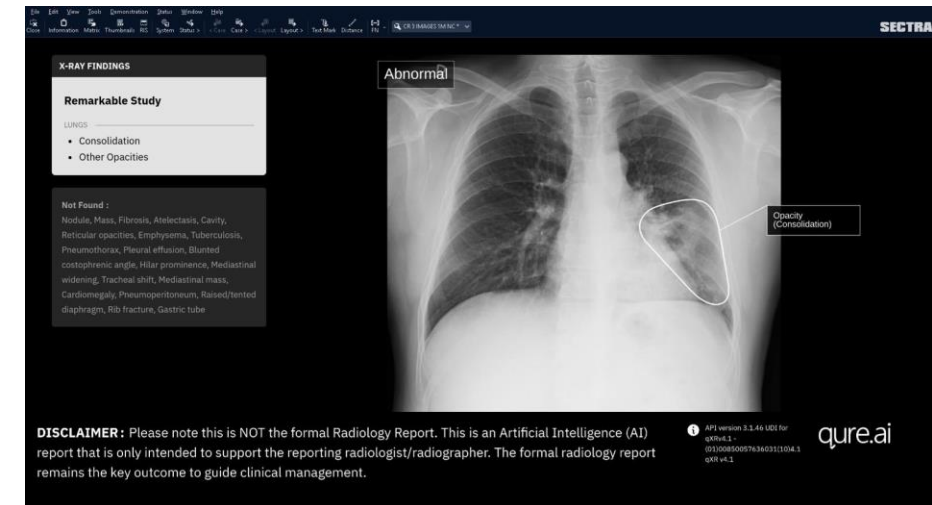
- Complete unscheduled HRT bleeding pathway rollout.
- Use analyser tools to address delays.
- Nurse Hysteroscopy Training.

## Breast & Skin:

- Rollout breast pain pathway across the sector.
- Implement and optimise teledermatology across skin services.

## Other key focus areas in north east London

- Expand **imaging capabilities**, using AI to improve the quality of MRI scans and Prioritise high-volume MRI specialties such as prostate cancer for pathway optimization.
- Streamline **Multi Disciplinary Team Meetings** discussions to reduce bottlenecks, introduce further technology developments and implement training and education.
- Improve **histopathology** turnaround and capacity.
- Rollout CT AI solution to speed up identification of **lung cancer** in north east London.
- Develop series of **educational videos** for all Faster Diagnosis Standard pathways to improve patient comprehension and engagement when referred onto the pathway.
- Target improvements across **tumour groups** with a focus on: Urology, Gynae, Gastrointestinal , Lung, Breast, Skin, Oncology.





# 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.



# Core interventions

Target: 5–10% increase in delivery of all cancer care interventions in 2025/26.

## PSFU Pathways

- Develop NEL-wide Standard Operating Procedures for Breast, Prostate, and Colorectal PSFU.
- Identify best practices and improve Standard Operating Procedures across Trusts.

## Remote Monitoring System (RMS) Implementation

- Implement digital remote monitoring and ensure patients are offered the necessary information related to remote monitoring to further assist with supportive self monitoring.
- Continue to explore routes to embed RMS as part of business as usual.

## Cancer Care Reviews

- In 25/26 we will continue to support the Improving quality of support for cancer patients in primary care project which aims to improve the quality of support cancer patients are offered in the community.
- Increase awareness of Holistic Needs Assessment and treatment summary components within primary care.
- Understand inequalities in cancer care in the community by investigating disparities in cancer services and outcomes to address unmet needs.



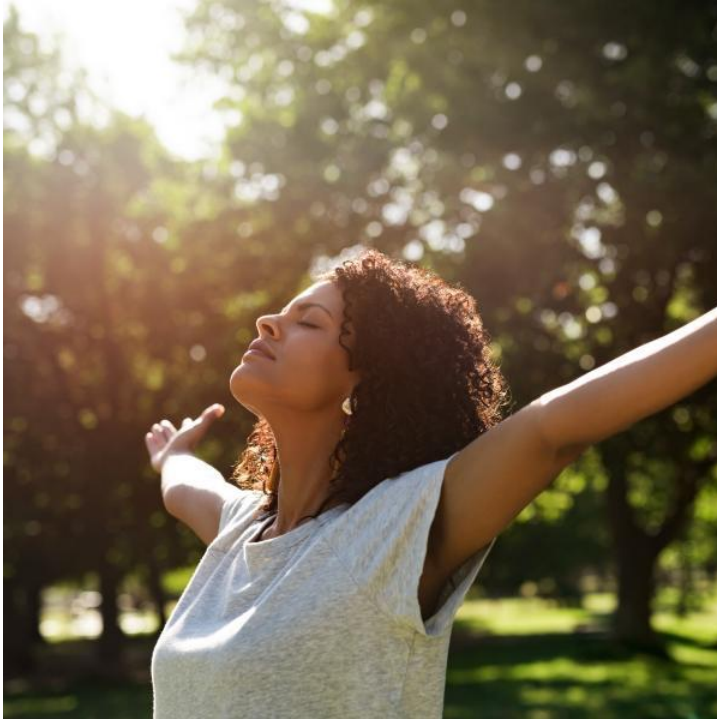


Key components:

- **Universal Support:** pathways for psychological care available to patients and carers.
- **Enhanced Support:** A comprehensive, North East London-wide central training repository has been developed, identifying psychosocial courses for nurses, support workers, and AHPs.
- **Specialist Support:** Enhanced Level 3-4 psycho-oncology posts and developments with Talking Therapies and psycho-oncology teams are focused on improving integrated care.

For 25/26: there will be an increased emphasis on gathering evidence to support business cases for additional psycho-oncology resources, including Psychiatry.

- A refresher on Level 2 training will be considered for CNSs and Support Workers
- Efforts will focus on addressing inequalities in access to specialist psychological support for cancer patients requiring specialist palliative care, particularly those approaching end-of-life care.
- The approach to Level 2 training and palliative care support will be further refined.



## Cancer prehabilitation (Prehab)

- We are pleased to have sustained our prehab services.
- Within the NELCA Prehabilitation and Rehabilitation working group, we continue to work on the bridging inequalities across NEL, by ensuring universal prehab is being provided for all low-risk patients
- We are currently scoping the rehabilitation services available locally and reviewing any tumour groups that require specialist rehab services; i.e Head and Neck and Upper GI teams.

## Physical Activities

- A working group for physical activity has been established to take the physical activity and behaviour change agenda.
- Within this group, we will decide a strategy plan for 25/26 for physical activity to further support our cancer patients and our health care professionals through their cancer journey.
- NELCA will be collaborating with Community Games and will be holding a series of free events for residents to try new sports and physical activities.



# Improving Quality of Life

- Cancer Quality of Life Survey. Launched in September 2020 initially surveying people with breast, prostate or colorectal cancer around 18 months after their diagnosis. In 2021, the survey was extended to people with other cancer types 18 months after diagnosis.
- According to the latest results, people diagnosed with cancer in NEL rate their quality of life at 74.3 out of 100. This score is slightly below the general population's quality of life rating, of 81.8 out of 100.
- The survey helps identify areas where support can be improved to enhance the quality of life for cancer patients and our challenge is to increase the response rates.



**NHS**

## Cancer Patient?

Please fill in the Cancer Quality of Life Survey if you're asked

Tell us, how are you doing?





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# Workforce



# 2025/26 Workforce Priorities

- **NELCA Workforce Strategy:** Scope and map current cancer workforce across the full pathway and programs to identify priorities, opportunities, and risks. Completion by start of 2025/26.
- **ACCEND Implementation:** Enhanced support for new CNSs, including a TNA, development toolkit, and action plan; Support for line managers, LCNs, and HR to embed ACCEND in professional development: Sharing best practices through the national ACCEND CoP and publications/conferences.
- **Training and Education:** Develop content on NELCA website and NEL Cancer Academy platform to promote training and education aligned to ACCEND; Enhance local psychological supervision and training for new CNSs, refresher courses, and support workers.
- **Uniform Job Descriptions:** Collaborate with LCNs and HR to review cancer nursing job descriptions and establish core JDs across NEL.; Explore opportunities for pan-London consistency through London LCN Forum and London Alliance Workforce Leads group.
- **Cancer Nursing and AHP Leadership, Networking, and Communications:** Support Trusts with Senior CNS Day on 17 March (National CNS Day); Develop a CNS recognition day/event in Q3; Develop a communication strategy to raise the profile and create a repository for cancer workforce information, resources, and training.





North East London  
Cancer Alliance

# Communications and Engagement



# Communications strategy

We have a communications and engagement strategy to support our residents, patients, partners, and cancer care colleagues. The objectives are to:

- Provide access to key cancer information for all our residents across north east London to reduce health inequalities
- Grow our Patient and Carer Community of Practice
- Engage with residents and patients in the planning and development of future activity
- Help our stakeholders to better understand the work of the cancer alliance and how we add value
- Keep all stakeholders informed of progress and achievements of the cancer alliance
- Recognise the hard work of all cancer care staff across north east London

**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**



# Key priorities for 2025 to 2026

## Community engagement



To attend over 100 local community events, speaking to over 5,000 residents face-to-face. As well as increasing awareness of cancer signs and symptoms and cancer screening programmes, this will help us to understand the barriers and challenges communities are facing, informing future activity.

## Patient and Carer Community of Practice



To grow our patient and carer community of practice from 70 to over 100 members. This will allow us to have even stronger patient input to the work of the cancer alliance. At the same time, we want to share more patient stories with others who are experiencing the impact of cancer.

## Patient support




To continue to develop useful resources and materials to support cancer patients, their carers and their loved-ones.

This includes looking at a range of accessible formats and in different languages.

This will involve working with patients, carers and a diverse range of local community groups, voluntary organisations and charities.

# Key priorities for 2025 to 2026

Website



To double visitors to our website from over 5,000 unique visitors a month to over 10,000 a month.

At the same time to increase the amount of information on our website, creating tumour specific resource hubs.

Accessibility Score

We believe your site has a rating of:

95%

A 100%

AA 97%

AAA 95%

First Scan, Well Done

What does that mean?

Find out more

Share

Choose how your score is calculated

Target WCAG rating

Select WCAG Level

AAA (Fully Comprehensive)

To make our content as accessible as possible, using the ReciteMe toolbar and checker tool.

This translates our content into over 100 languages, as well as allowing users to customise and adjust website elements to their individual needs.

Podcast



To continue to release episodes every two weeks and increase number of listens from 10,000 to 30,000. This will help raise awareness of the work of the cancer alliance and to highlight health inequalities, including how we can overcome these through working together in partnership.

Social Media



To build our following across all our social media channels to provide residents, patients, healthcare professionals, colleagues and peers with timely information on the work of the alliance and key information.



North East London  
Cancer Alliance

**X:** @CancerNEL

**Facebook:** @NELCancerAlliance

**Instagram:** @CancerNEL

**TikTok:** @nelcanceralliance

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