

## NEL Cancer Alliance Primary Care Update March 2026

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### 1 Leading performance against the National Cancer Standards

North East London Cancer Alliance continues to demonstrate strong and sustained performance against the three national cancer waiting time standards, reflecting the collective efforts of local NHS partners, primary care, clinicians and support teams across the system. Read more: <https://www.nelcanceralliance.nhs.uk/news/leading-performance-against-national-cancer-standards>

### 2 North East London Cancer Alliance AI Strategy

We are currently developing the cancer alliance AI Strategy and are keen to ensure it reflects the perspectives and priorities of those who work in primary care.

To support this, we are inviting you to complete a short survey. Your input will play an important role in shaping how AI is adopted and used across north east London, including identifying opportunities, challenges and areas where support may be needed. The survey should take no more than a few minutes to complete, and all responses will be used to inform the overall strategy.

Deadline: 13 April

<https://forms.gle/iCqaQp2H9kn9KvfG6>

Thank you in advance for your time and contribution, your input is genuinely valued and will help ensure the strategy is grounded in real-world needs.

### 3 BHRUT NHS Trust for Non-Specific Symptom (NSS) referrals

Barking, Havering and Redbridge University Hospitals NHS Trust has undertaken a comprehensive review of the sustainability and future viability of the Rapid Diagnostic Clinic (RDC) service. This review has been conducted over the past six months to assess referral patterns, clinical outcomes, workforce requirements, and financial sustainability.

The findings of the review indicate that approximately 76% of patients currently referred to the RDC present with symptoms that align with Upper Gastrointestinal (UGI) cancer referral criteria. In addition, a number of patients have already been referred to site-specific pathways prior to or alongside referral to the RDC. For those patients assessed through the RDC pathway, the average cancer conversion rate has been 1.3%, which is significantly lower than anticipated for a non-specific symptoms pathway.

Due to being unable to secure recurrent funding it has not been possible to establish and maintain a safe and resilient staffing model to support ongoing delivery of the clinic.

As a result of these factors, BHRUT will be progressing plans to close the RDC service currently provided at Barking, Havering and Redbridge

Please see the proposed timeline for service closure below:

Activity	Date
Closure to new referrals	16/02/2026
Manage patients already referred to RDC for discharge or transfer	16/04/2026
Closure of the RDC	16/04/2026

We apologise for the impact this may have, and we fully understand the worries and concerns that this brings to you, your patients and their families.

In the absence of the RDC, we encourage practices to continue to seek the most appropriate direct access pathway for their patient by using:

1. Urgent Suspected Cancer Pathway to specific tumour groups
2. Referral on the routine pathway
3. General Practitioner Direct Diagnostics

Should you require any further advice, clarification, or specialist clinical guidance, please direct your correspondence to the Gastroenterology Leads via the dedicated mailbox at **bhrut.gastroleads@nhs.net**.

This mailbox is monitored on a regular basis, and enquiries will be reviewed and responded to by a member of the Gastroenterology leadership team at the earliest opportunity. To facilitate a timely and comprehensive response, please ensure that all relevant clinical information is included within your communication.

## 4 Heartburn Health and BEST4 Research study – information for London GPs

Heartburn is a common symptom and presentation to GPs. Chronic heartburn is associated with Barrett's Oesophagus, which is a potential precursor to developing oesophageal adenocarcinoma. There are approximately 9,500 new cases of oesophageal cancer per year in the UK and over 8,000 deaths. There is a need to carry out further research for those with chronic heartburn and improve the early detection of oesophageal cancer.

**Men aged 55 and over and women aged 65 and over** with chronic heartburn across England are receiving text messages from 'NHSresearch' inviting them to join Heartburn Health, a new research programme created by clinicians and researchers at the University of Cambridge and Queen Mary University of London.

**People can sign up on Heartburn Health website**

<https://www.heartburnhealth.org/>

Heartburn Health members will be invited to join clinical trials for serious health conditions linked to indigestion, heartburn and acid reflux. The programme hopes to recruit at least 120,000 people to Heartburn Health over this period.

One of the clinical trials Heartburn Health participants may be asked to join is the BEST4 Screening trial. This clinical trial, funded by Cancer Research UK (CRUK) and the National Institute of Health and Care Research (NIHR), is assessing the viability of the capsule sponge test (a "pill-on-a-thread") in a future population screening programme for Barrett's oesophagus and oesophageal cancer. This is a simple, acceptable and effective test and has been shown to increase detection of Barrett's in primary care settings.

Patients taking part in BEST4 Screening will be offered to book a capsule sponge test in their locality via mobile units/vans in accessible locations. If the sponge test comes back positive, they will be referred to participating secondary care sites for upper GI endoscopy.

**GPs do not need to do any additional clinical work for their patients who are taking part in the trial.**

**If patients from your surgery receive a text message from 'NHSresearch' inviting them to join Heartburn Health, please be reassured it is a legitimate invitation to take part in a major NHS supported research programme.**

Self-referral to the programme has started so you may see communications from for example your local cancer alliance. We would like to encourage GPs to share information about Heartburn Health with patients who might meet the eligibility criteria for the programme, particularly as the research is happening in your area.

For more information on Heartburn Health and the BEST4 Screening trial, visit <https://www.heartburnhealth.org/> and <https://best4trial.org/>.

[Heartburn Health programme - NHS England Digital](#)

## 5 Closure of skin clinic pilot in Barking and Dagenham

The AI Assisted Lesion Diagnostic Service, a dermatology diagnostic pilot delivered by Together First and supported by the North East London Cancer Alliance, will be closing in March 2026.

The service was commissioned as a pilot in March 2025. Unfortunately, overall referral volumes reached 16% of the agreed KPI for the pathway, reflecting lower than anticipated uptake; 372 of an agreed 2,300 (84% away from target). As a result, the decision has been taken to bring the pilot to a close.

The pilot demonstrated a number of positive operational outcomes, such as;

- exceeding the acute avoidance target: 58% against a 40% target
- delivering rapid case turnaround: average case closure of 0.65 days against a five-day target
- positive patient feedback: 94.3% positive FFT

We would like to thank practices for their support and engagement throughout the pilot period.

To support a safe and orderly closure, please share the following with all relevant staff and referring clinicians.

### What this means for practice referrals:

#### 1. Patients already in the pathway

Patients will continue to be managed to completion under the current process, including results communication with patients and documentation in the GP record (complete with AI report and any onward referrals managed on the practice's behalf).

#### 2. Current Referrals

Current GP referrals up until 20 March will be:

- seen in the final clinics and before 25<sup>th</sup> March 2026
- clinically reviewed if the patient does not, or is unable to attend, with redirection to the appropriate pathway, patients contacted (up to three contact attempts) and documented to the referring GP practice to support safe onward management.
- Practices are asked to advise patients referred near the cut-off date that appointment slots will be limited and that non-attendance could result in re-referral via alternative pathways (see below).

#### 3. Future referrals

The e-RS link will now close and no further appointments will be available.

Please revert to the (pre-pilot) pathways:

- USSC for suspected skin cancers
- DMC for routine dermatology cases

Thank you for supporting this service.

## 6 Team changes in the cancer alliance

We can confirm the sad news that three members of our team – Wayne Douglas, Sarah Koya and Thelma George – will be leaving us on 31 March 2026.

Interim arrangements will be in place to pick up their areas of work until the completion of the NEL ICB restructure. Femi will be overseeing Diagnosis and Treatment in the interim after Wayne's leaving date, to manage the gap.

## 7 Podcasts

The latest episodes from our series, Taking Control of Cancer, are available here: <https://www.nelcanceralliance.nhs.uk/taking-control-cancer>

## 8 Temporary Pause of the Chelsea and Westminster Sarcoma Diagnostic Service

In response to the significantly high volumes of referrals that the Chelsea and Westminster Diagnostic Service has received, NHS England approved a three-week pause to new referrals to help the service stabilise. During this time, the service will not be available on eRS and the other diagnostic services in London will provide mutual aid. This change started from Monday 9<sup>th</sup> March to Sunday 29<sup>th</sup> March.

**Below is a reminder of the referral pathway for suspicious or highly suspicious/confirmed soft tissue sarcoma:**

*For **suspicion** of soft tissue sarcoma or **further diagnostics**, please refer patients to **their nearest diagnostic spoke**:*

### **London**

- *Barts Health - St Bartholomew's Hospital*
- *Croydon University Hospital*
- *Royal National Orthopaedic Hospital (RNOH)*

### **East of England**

- *Norfolk and Norwich Hospital*

### **South East**

- *Southampton Hospital*
- *Bournemouth Hospital*
- *Portsmouth Hospital*
- *Brighton Hospital*

*For **confirmed** or **highly suspicious** soft tissue sarcoma refer directly to a hub:*

- *The Royal Marsden Hospital NHS Foundation Trust*

- **The London Sarcoma Service (RNOH and University College London Hospital (UCLH))** - RNOH (limb, trunk, spine, abdominal wall) and UCLH (Intra-abdominal, retroperitoneal, head & neck, urology, breast).

NHS England will review this change with the service and RM Partners Cancer Alliance following the temporary pause and agree on next steps, which will be communicated.

## 9 For more information

Web: [www.nelcanceralliance.nhs.uk](http://www.nelcanceralliance.nhs.uk)  
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