

Recovery



Increase appropriate referrals for suspected cancer

Triangulate referral data against those of first treatments, and overlay Covid equity pack data to set priorities to recover the shortfall. We work with [CRUK](#) to support [PCN's](#) with lower referrals and higher inequalities.

Ensure there is sufficient diagnostic and treatment capacity to meet increased demand

Refining best practice referral management, including standard referral forms and decision support tools and developing rapid diagnostic pathways including the combined [UGI/LGI](#) pathway.

Reduce the number of people waiting longer than 62 days for treatment to pre pandemic levels

Pathways include upper and [lower GI](#), gynae, urology and skin. There is variation and trusts are being supported with action planning to reduce the numbers of people waiting. We are aiming to achieve an optimal [PTL](#) level equitably.

Operational Performance



Improve performance against Cancer Waiting Time Standards.

Work with the [NHSE](#) locality team and through cancer locality/[ICP](#) groups and with [COOs](#) to monitor performance. We will revisit all of the optimal pathway timings' and implement the new optimal pathway for ovarian cancers and for head and neck cancers. We have identified 'challenged pathways' and are working to support them. We are supporting innovation in pathways including colon capsule endoscopy, cytosponge, increasing [CTC](#) capacity and the use of tele-dermatology.

Achieve the Faster Diagnosis Standard

Work with cancer managers to ensure completeness of the data set and ensure that the work on rapid diagnostic pathways continues to contribute to the achievement of this standard. Work on robotics/automation will contribute to data quality improvement and reduce the administrative burden.

Earlier & Faster Diagnosis



Rapid diagnostic pathways

Expand serious non-specific symptoms pathways to cover our whole population and roll out the combined abdominal symptom pathway in each [ICP](#). We will encourage all pathways to adopt an [RDP](#) approach to any pathway change.

Targeted Lung Health Check project

The Newcastle Gateshead project has restarted and we will look to expand to at least one other [NCA](#) site in year. We will implement the Lynch Syndrome timed pathway, and ensure compliance with [NICE](#) Guidance for colorectal and endometrial cancer.

Managed Clinical Network (MCN) for breast services

Develop an MCN across the [ICS](#) to improve the pathway by addressing pressures in breast diagnostics and reducing variation.

Cancer Screening

Develop a joint action plan with screening colleagues to improve uptake across cancer screening programmes and introduce age extension for bowel screening. In partnership with [CRUK](#) we will support work in primary care to reduce variation in uptake of screening opportunities.

Support screening and symptomatic services to work collectively to ensure appropriate clinical prioritisation.

Endoscopy Network

Lead the development of an endoscopy network across the [ICS](#) to support efficient and effective use of existing and new resources.

Personalised Care



Personalised stratified follow up (PSFU)

Continue to implement PSFU pathways including those newly agreed in gynaecology, haematology and thyroid.

Digital remote monitoring (DRM)

We are supporting trusts to develop systems for DRM. These will be integrated with aligned developments within the [ICS](#) digital strategy to expand the DRM support available to patients.

Personalised Care and Support Planning (PCSP)

We use our patient facing portal to aid digital communications to signpost patients and workforce to resources on Health and Wellbeing Information and Support, End of Treatment Summaries and Cancer Care Review for all cancer patients.

2021 National Cancer Patient Experience Survey (NCPES) and new under-16 Cancer Patient Experience Survey

Implement a communications plan to encourage participation in the NCPES/U16, coproduced with the Alliance Public Involvement Accountability Forum. We will promote the launch of the new 2021 NCPES with key stakeholders to raise awareness of new survey questions and promote uptake.

Treatment



Reducing variation in cancer treatments.

Continue to work through the pathway boards and Breast MCN to drive down variation in cancer treatments. We will ensure that health inequalities are considered when assessing cancer treatment volumes. We will audit the lung pathway following recommendations from [GIRFT](#).

Operational Delivery Networks (ODN)

The Radiotherapy ODN will continue to align radiotherapy services at [NCCC](#) (Carlisle) to [NCCC](#) (Newcastle) and [JCUH](#) (South Tees) and will enable access to advanced and innovative treatments for patients closer to home. We will support Children's and [TYA](#) Operational Delivery Networks to develop and implement the new service specifications for children and young people, including improving access to clinical trials.

Genomics

Work with local NHS Genomic Medicine Service Alliance and Genomic Laboratory Hub partners to implement the National Genomic Test Directory, including whole genome sequencing and the Lynch syndrome timed pathway.

Innovation



Colon Capsule Endoscopy

Implement this technology and increase run-rate to support reduction in endoscopy backlog.

Cytosponge

We are supporting the Cytosponge pilot in North Cumbria and will share learning across the [ICS](#).

FIT in cancer pathway

Support effective use of [FIT](#) as part of the combined [UGI/LGI](#) pathway in both primary and secondary care.

Galleri Trial

We are keen participants in the GRAIL clinical trial and will focus recruitment to the trial from areas of inequalities.

Robotics / Automation

We are working with trusts to support implementation of automation in cancer pathways to reduce the data burden and improve data quality.

Digital [PTL](#) development

We are piloting this approach in the South [ICP](#), sharing data between North and South Tees Trusts to support effective capacity and demand management and improved visibility of the cancer pathways.

Workforce



Partnership with Health Education England (HEE)

Work with HEE and local systems to take up available training opportunities for: reporting radiographers, [CNS](#) and chemotherapy nurse training grants, and biomedical scientist placements. We will also work with HEE and local systems to support a regional approach to endoscopy training and expansion of the [CNS](#) workforce.

Breast workforce

As part of the Breast MCN development we will baseline imaging (and other pathway) staff and develop a workforce strategy to support resilience in these services.

Non-surgical oncology review

Review local oncology services to identify and share skill mix best practice to support sustainability and resilience in these services.

Volunteers

Work with Macmillan to effectively recruit/deploy cancer volunteers to support service delivery and improve patient experience.

Staff wellbeing

Work with our [ICS](#) to ensure we support the take up of all staff wellbeing offers.



← NCA ensures that effective public involvement is present in all projects through the use of lay reps, patients by experience and partnerships with third sector organisations →



Northern
Cancer Alliance