



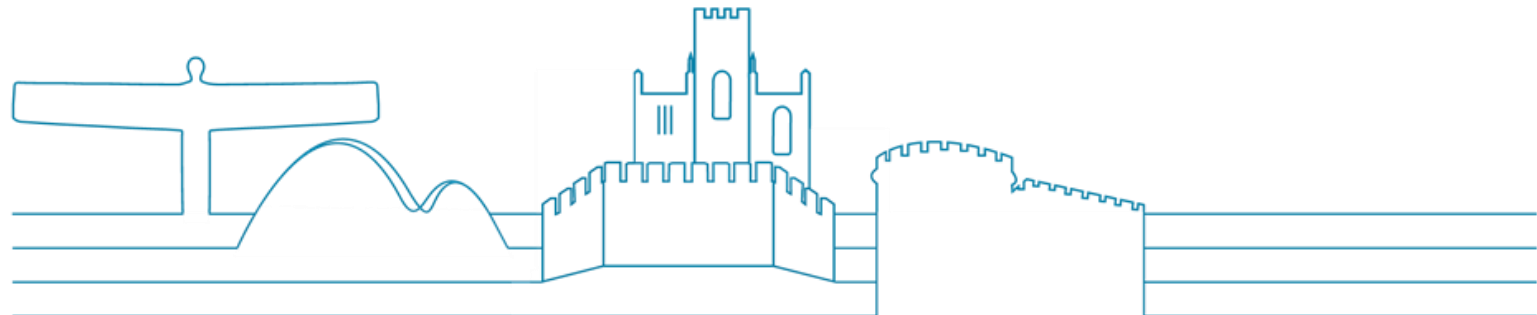
# Welcome to

**RDC Cancer navigator and co-ordinator shared networking event and regional discussion.**

Please stay on mute throughout the meeting, unless actively taking part in the discussion.

Do feel free to use the chat facility and raise your hand to enable us to facilitate the discussion.

*If you have any queries please get in touch with a member of the NCA team via chat*

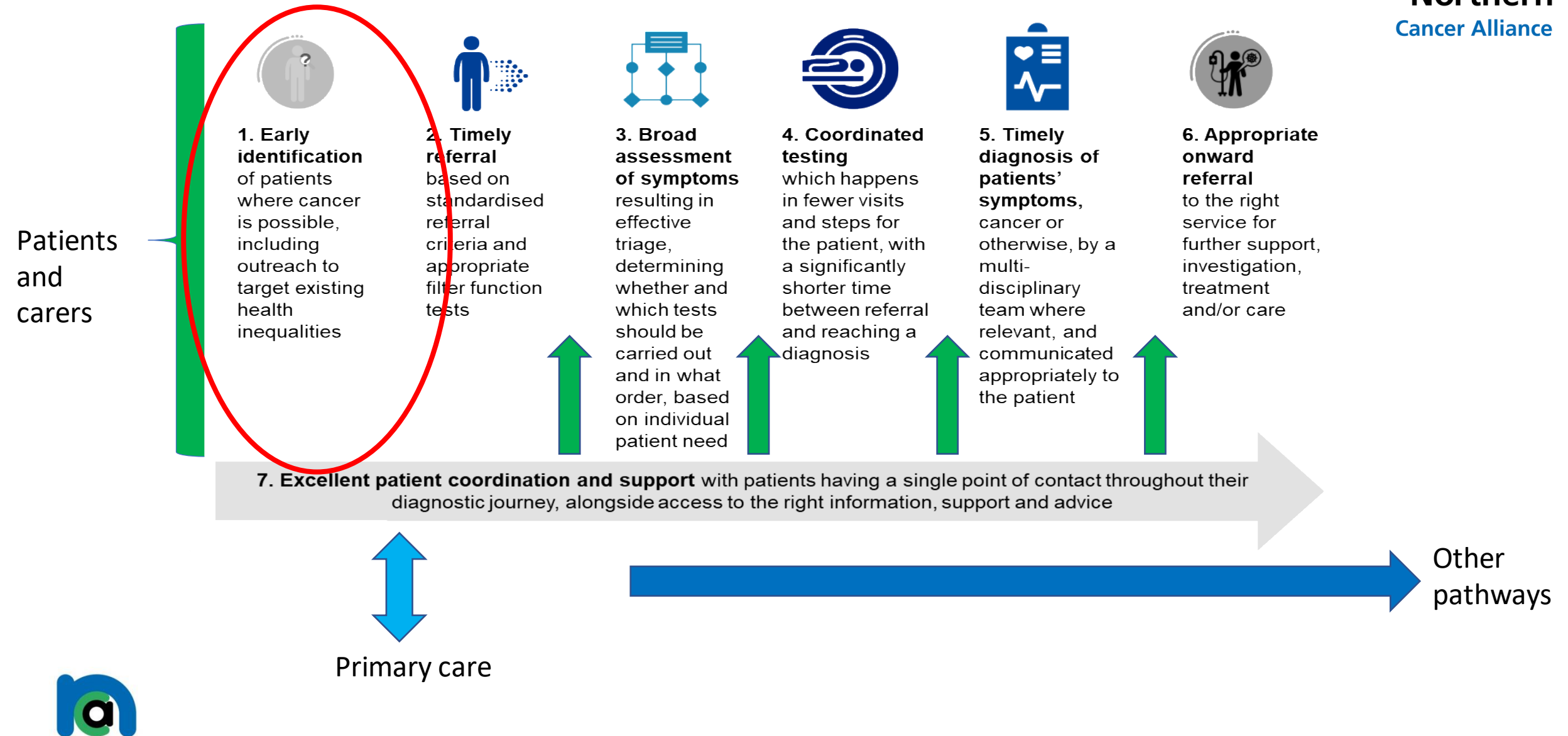


AGENDA		Timings
1.	Welcome and Introduction – Dr Katie Elliott, Primary Care Clinical Director NCA	9.00-9.10
2.	Overview of RDS – Andrew Copland, Programme Manager, NCA	9.10-9.30
3.	Experiences from the GM Cancer Prostate Best Timed Pathway – The Pathway Navigator Role – Susan Todd, Programme Lead Greater Manchester Cancer Academy	9.30-10.00
4.	Macmillan Resources – Tina Thompson, Partnership Manager, Macmillan Cancer Support	10.00-10.20
	Coffee Break	10.20-10.30
5.	Patient involvement in RDSs – Joanne Mackintosh, Delivery Manager NCA	10.30-11.00
6.	CRUK – Primary Care and Community Links Update – Fiona McQuiston, Regional Relationship Manager (North East)	11.00-11.20
7.	Local Experience and Learning – Debbie Hall, Cancer care coordinator, South Tees	11.20-11.40
8.	Q&A from the Day and AOB	11.40–12.00
MEETING CLOSE		

Collaborating to improve cancer care



# What makes an RDP/S ?



# Faster and earlier diagnosis of cancer

***Faster*** = Meet/ beat the cancer waiting times standards

**14 day**                      from date 2WW referral received to first 'seen'                      **81.1%** ( 93%)

**28 days**                      (Faster diagnosis standard) patient told they have cancer  
or cancer has been reasonably excluded                      **74%** (75%)

**31 day**                      from decision to treat to first treatment                      **93.8%** (96%)

**62 day**                      from date 2ww referral received to first treatment                      **73.3%** (85%)

***Earlier*** = stage shift

National ambition 75% early stage (1+2) diagnosis by 2028 (**54% + covid**)



# Aims



## Potential

- Develop a network for support and education
- Share innovation and learning
- Share patient/ public involvement feedback
- Networking. - make some friends

## Challenge

- Earlier diagnosis
- Outreach
- Addressing inequalities

