Northern Cancer Alliance Conference

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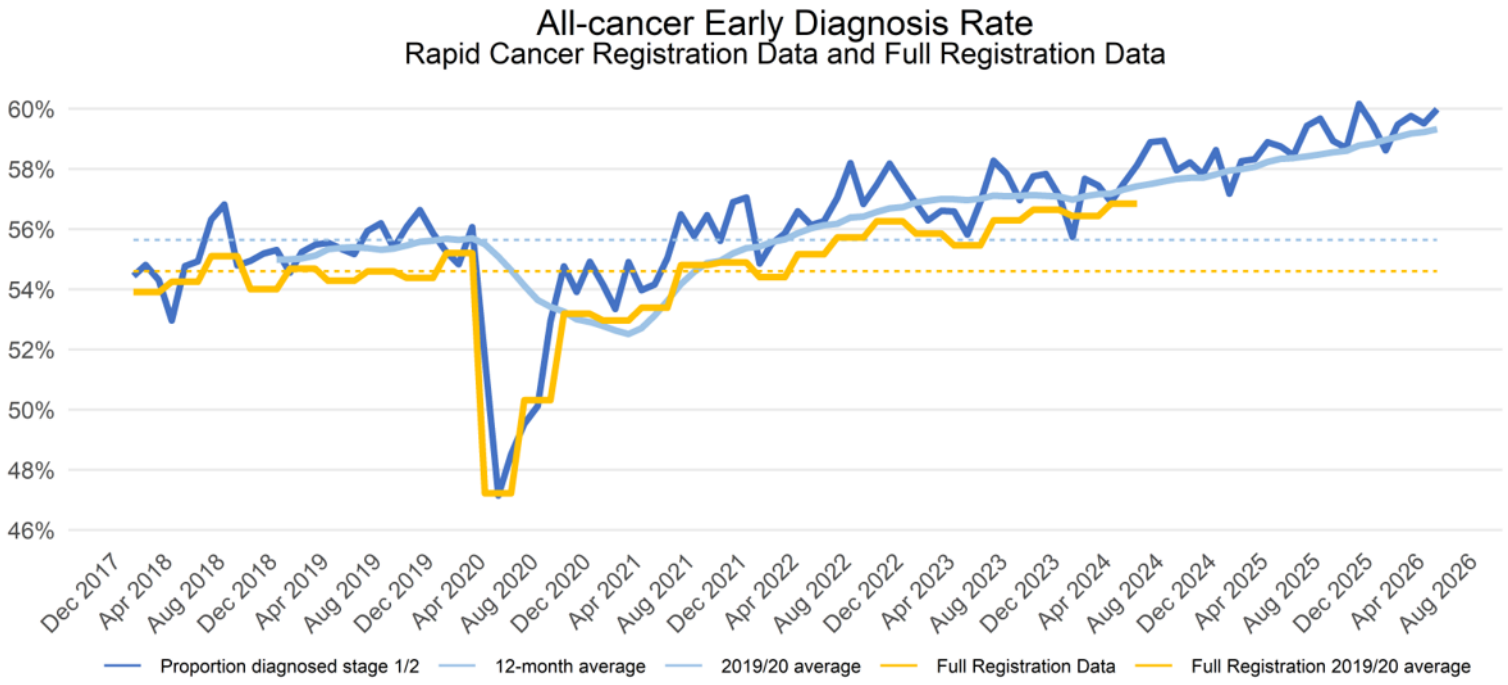
Delivering our priorities and improving care for cancer patients

Early diagnosis has continued to improve

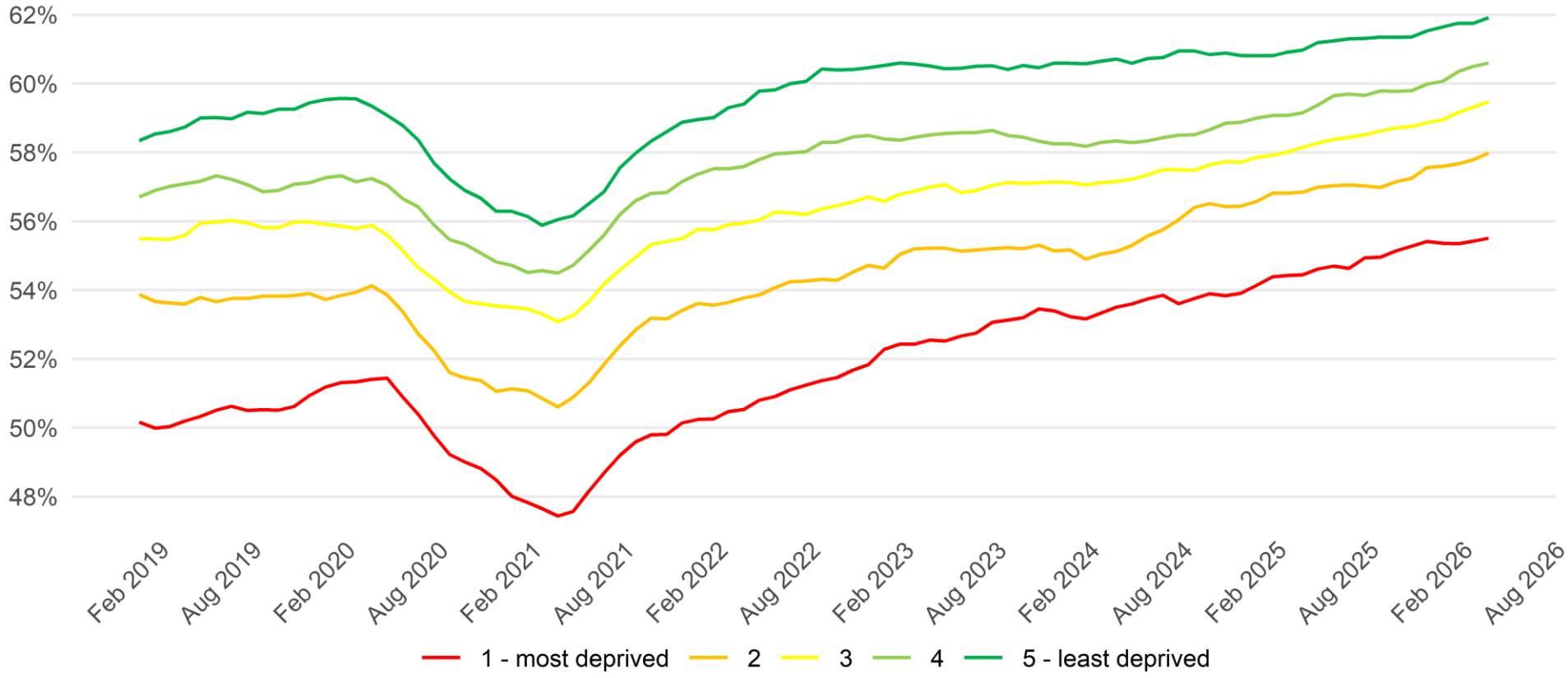


The most recent 12-month average for All sites combined is 3.7 percentage points higher than the pre-covid year: 59.3% (Jun-25 to May-26) compared to 55.6% (Mar-19 to Feb-20).

The most recent 12-month average for All sites combined is significantly higher (1 percentage point) than the previous year: 59.3% (Jun-25 to May-26) compared to 58.3% (Jun-24 to May-25).

This increase equates to an estimated 10,700 additional early diagnoses in the most recent 12-months compared to pre-pandemic ED.

The gap in early diagnosis between the richest and poorest is narrowing

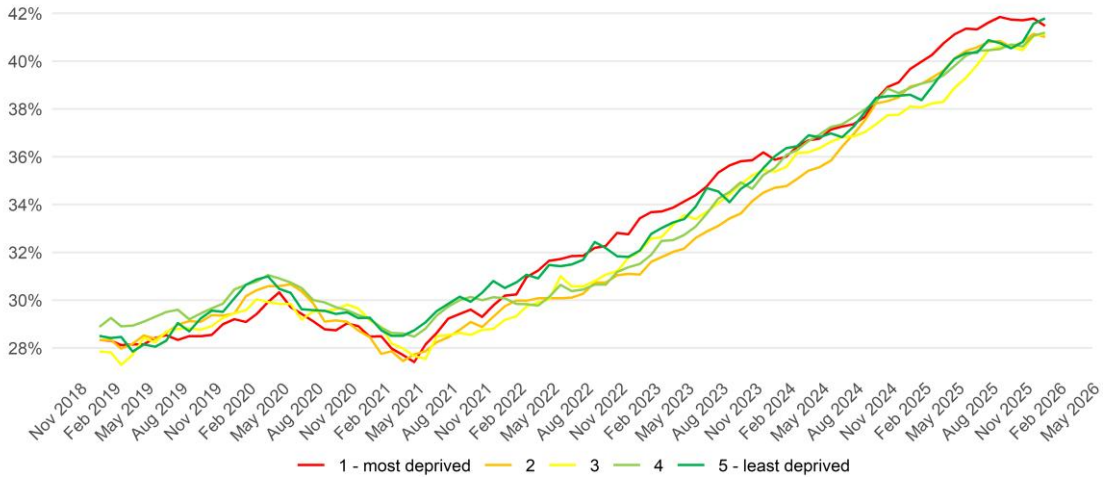


- For all sites combined, the deprivation difference in the early-stage proportion was narrower in the most recent year at 6.4ppt (55.5% in the most deprived and 61.9% in the least deprived, Apr-25 to Mar-26), compared to 8.2ppt in the pre-Covid year (51.3% in the most deprived and 59.6% in the least deprived, Mar-19 to Feb-20) ($p<0.001$ for the change in deprivation difference between these two time points).

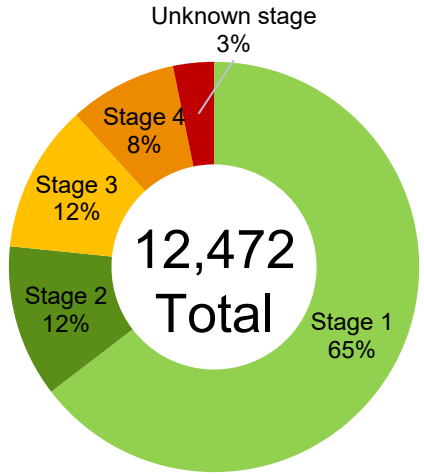
Lung Cancer Screening is transforming the early diagnosis of lung cancer, especially for the most disadvantaged

- **More than 3.8 million people (3,814,963) have been invited for a Lung Health Check, as part of the biggest programme to improve early lung cancer diagnosis in health service history.**
- **The programme is live in all 20 Cancer Alliances and is issuing between 80,000 and 110,000 invitations each month.**
- **12,472 lung cancers have been diagnosed - 79% at stage 1 or 2 (vs ~30% historically).**
- **Early diagnosis rates for lung cancer have increased for all deprivation quintiles post-pandemic, with the biggest gains seen among those living in the most deprived areas.**

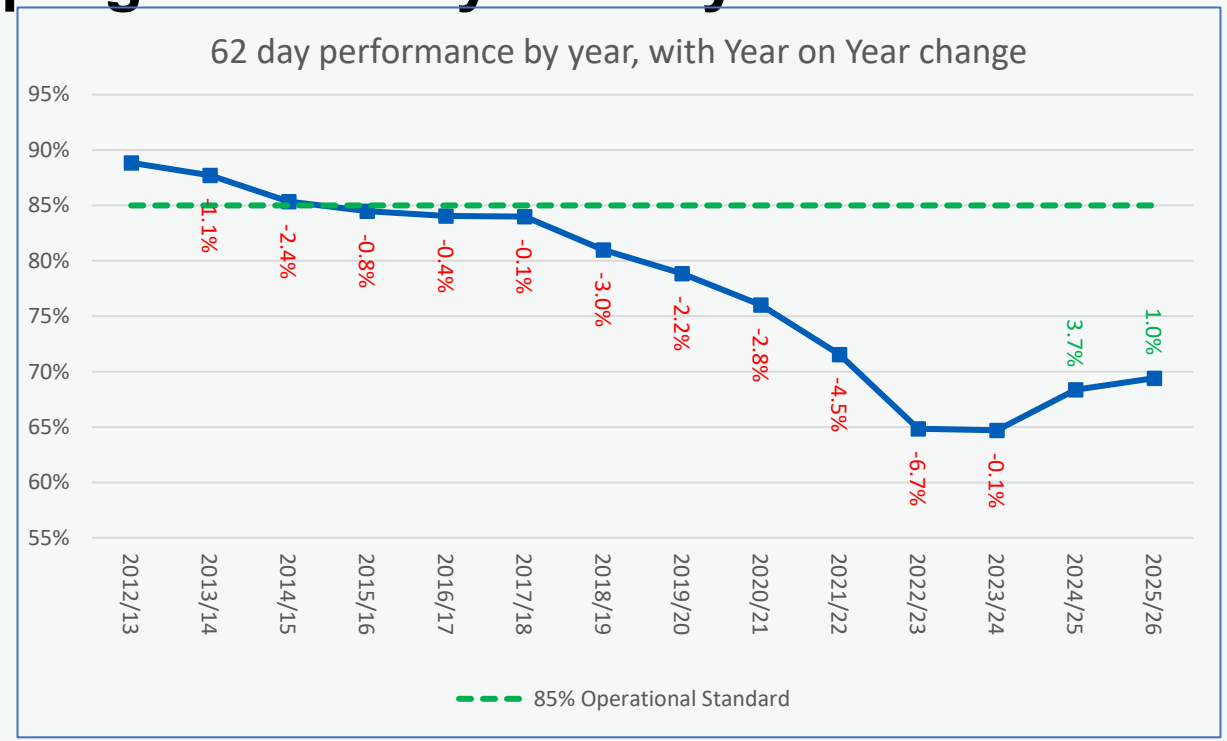
12-month moving average of lung cancer early diagnosis rate by deprivation quintile, Rapid Registration Data

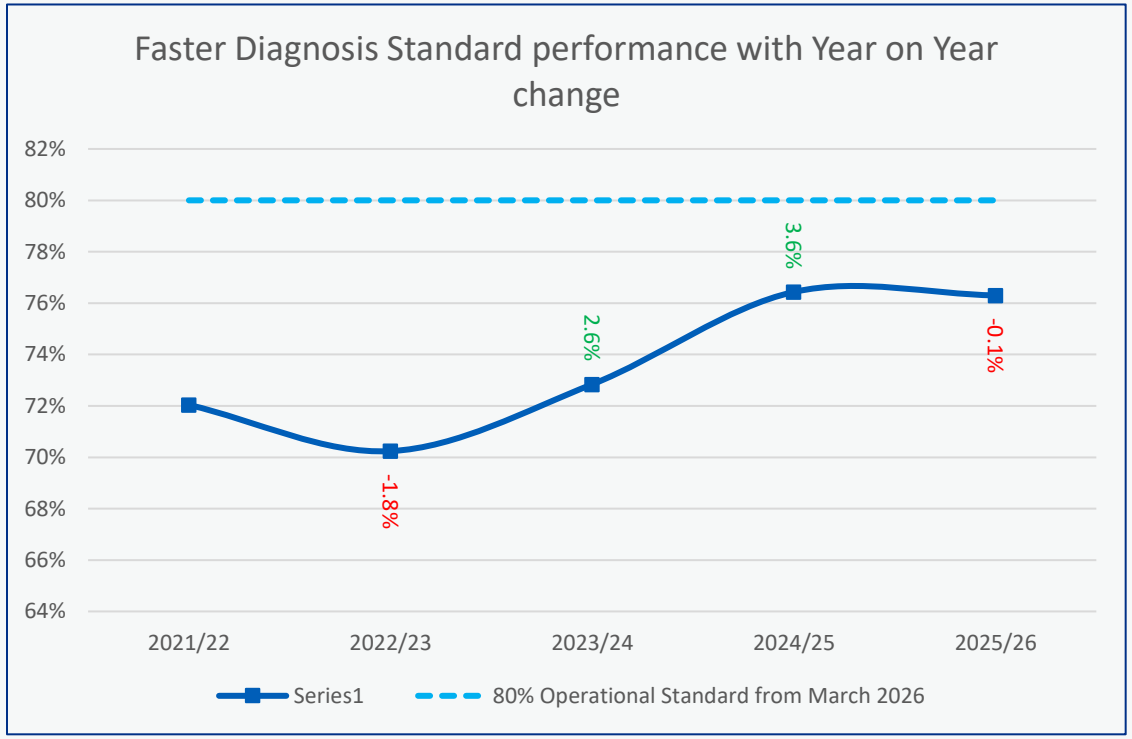


Stage breakdown of cancers diagnosed April 19 - Jun 26



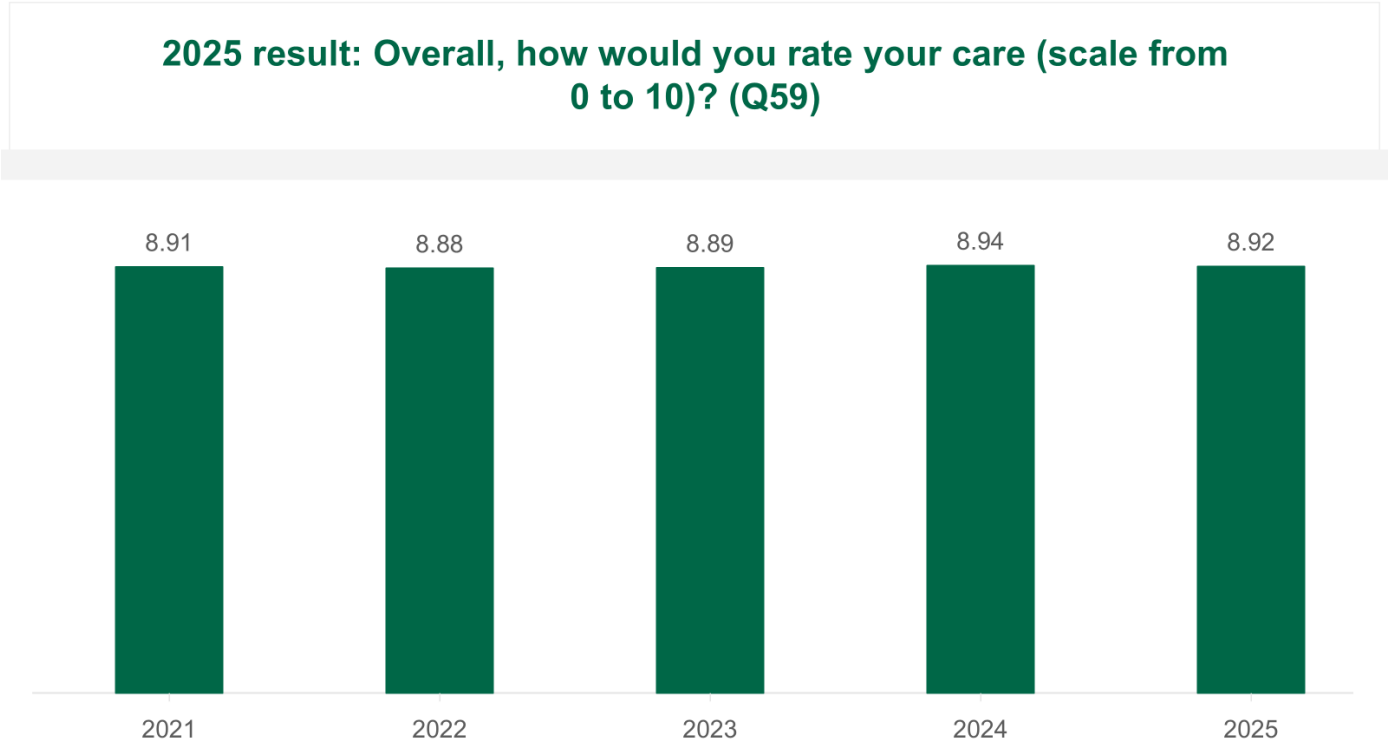
Over the last 3 years we have seen a decade long trend reversed with progress seen year on year on the cancer standards





- ✓ In recent years we have started to reverse a decade long reduction in Cancer Waiting Times performance with year on year improvements starting to be on the 62 day Standard.
- ✓ Faster Diagnosis Standard achieved and maintained at 75% with the standard raised to 80% from April 2026. Specific challenges on the Breast and Skin pathways mean that in the most recent year we've seen a fractional decrease in FDS performance, with progress made across other pathways
- ✓ This year (2026/27) we are also focusing on recovering the 31 day Standard, with an initial focus to reach 94%, ahead of achieving the operational standard of 96% in 2027/28. We achieved a year on year improvement of 1.3pts meaning we are firmly on track to achieve this years ambition

Cancer patients rate their overall experience of care at 8.94 out of 10, and this is rising steadily



- **The 2025 Cancer Patient Experience Survey (CPES)** found that more than 64,000 people rated their overall experience of cancer care at **8.92 out of 10**, the second-highest score on record.
- **Cancer Alliances are helping to expand personalised cancer care**, supporting the development of neighbourhood-based models of care, prehabilitation services and approaches that make better use of patient-reported outcomes.
- **More people are receiving holistic support throughout their cancer journey**, with continued progress on supportive oncology, employment support and palliative and end of life care.

Setting the direction for 2026/27 and beyond

The Medium Term Planning Guidance has set the priorities for delivery up to 2029

The guidance states that:

> Management attention needs to be maintained on meeting cancer standards and securing further improvements to early diagnosis. This should include the continued prioritisation of diagnostic (including CDC) and treatment capacity for urgent suspected cancer (USC) pathways, stratifying referrals in primary care, identifying alternative pathways to the USC pathway and diverting lower-risk people to more appropriate access routes for their condition. Cancer alliances will continue to be a source of expert performance improvement advice and support to providers, ICBs and wider system partners. Regions will continue to encourage close working and co-ordinated support across alliances and diagnostic networks to tackle the key performance challenges across their areas.

Success measure	2026/27 target	2028/29 target
Improve the percentage of patients waiting no longer than 18 weeks for treatment	Every trust delivering a minimum 7% improvement in 18-week performance or a minimum of 65%, whichever is greater (to deliver national performance target of 70%)	Achieving the standard that at least 92% of patients are waiting 18 weeks or less for treatment
Improve performance against cancer constitutional standards	Maintain performance against the 28-day cancer Faster Diagnosis Standard at the new threshold of 80%	
	Every trust delivering 94% performance for 31-day and 80% performance for 62-day standards by March 2027	Maintain performance against the 31-day standard at 96% and 62-day standard at 85%
Improve performance against the DM01 diagnostics 6-week wait standard	Every system delivering a minimum 3% improvement in performance or performance of 20% or better, whichever level of improvement is greater (to achieve national performance of no more than 14% of patients waiting over 6 weeks for a test)	Achieving the standard that no more than 1% of patients are waiting over 6 weeks for a test

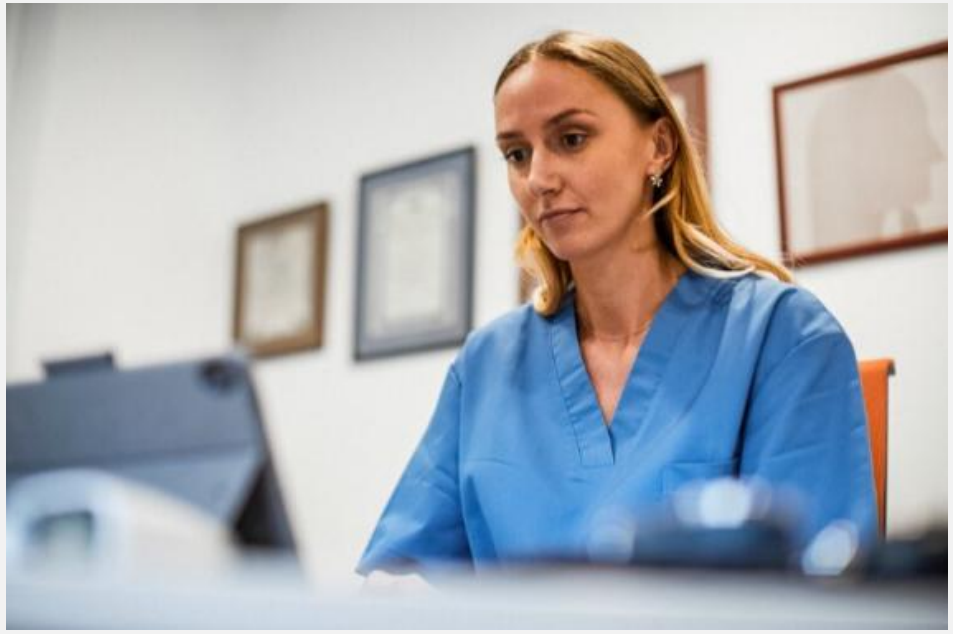
The National Cancer Plan takes the 10 Year Health Plan's 3 shifts and new care model and hardwires it into cancer pathways

The three big shifts will transform how we deliver cancer services:

- **Analogue to digital:** harnessing new technology to improve access, efficiency and outcomes
- **Sickness to prevention:** accelerating work on primary prevention and early diagnosis
- **Hospital to community:** improving support to people before, during and after treatment, and for people living with and beyond cancer

Over 11,000 people responded to our call for evidence

- Respondents included:
  - 7,000 people **living with** or who've **experienced cancer**
  - 2,000 people **caring for people** with cancer
- People with lived experience of cancer participated in a series of **Expert Reference Groups**, providing key insights for the plan
- **Clinicians, charities, Royal Colleges** and **industry** representatives provided key evidence and ideas which shaped the plan

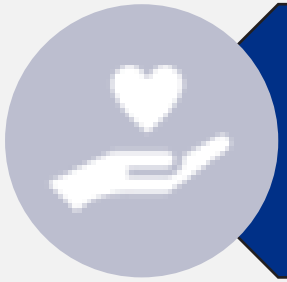


The message was clear: we must do better

We have 3 key ambitions

We will meet the Cancer Waiting Time standards by the end of this Parliament

By 2035, three in four people diagnosed with cancer will be cancer-free, or living well with cancer after five years



We will improve quality of life for people being diagnosed with, treated or living with cancer

Our plan is structured around 6 key themes

- Driving up NHS cancer performance
- Becoming a global leader in cancer outcomes by 2035
- Designing cancer care around people's lives
- Delivering world class cancer care through world class research
- Tackling cancer in children and young people
- Prioritising rare and less common cancers

Delivering across these priorities will make England a global leader in cancer care over the next 10 years

To drive progress and deliver greater benefits to patients, as an NHS we will need to change the way we work

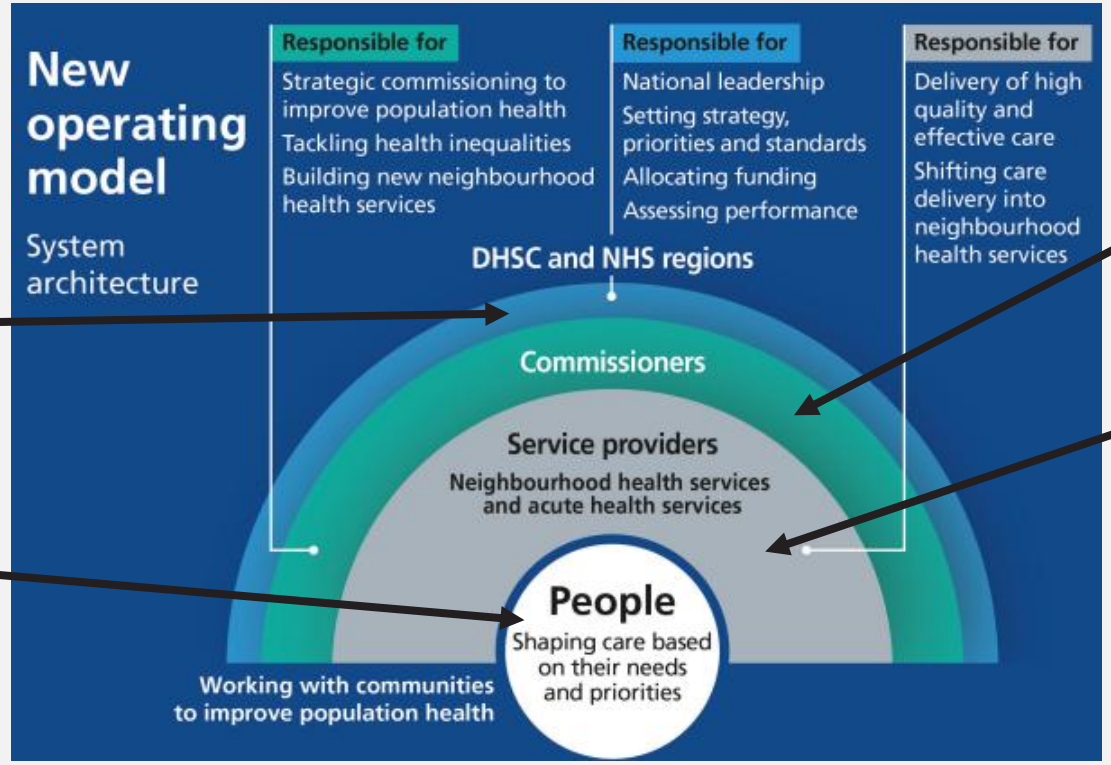
- **Patient power -** NHS App to be come the primary portal for appointments, patient records, real time feedback and patient choice.
- **Performance -** Meet the waiting times standards in this Parliament through expanded diagnostics, digitisation, targeted improvement and workforce reform.
- **Productivity -** Digital and AI-driven transformation of diagnostics, treatment and pathway management. Better ways of working eg MDTs.
- **Partnership –** We will forge new partnership to deliver on prevention, neighbourhood health and clinical trials, with Cancer Alliances paying a leading role.
- **Personalised and predictive care -** more targeted approaches to prevention and early diagnosis. Over time, AI may drive more predictive models of care.

Alliances within the new operating model

It is clear that there is a role for Cancer Alliances at all levels of the new operating model

Translate and support delivery and oversight of **national** strategic objectives

Ensure that the voice and needs of cancer patients is integral to system design and service delivery, including a focus on cancer prevalence driven by health inequalities and support before, during and after cancer treatment to improve outcomes and quality of life



Support the strategic commissioning role of **Integrated Care Boards** for cancer

Continue direct support to **NHS providers** as they seek to better integrate, modernise and improve care for cancer patients through diagnosis, treatment and follow up care.

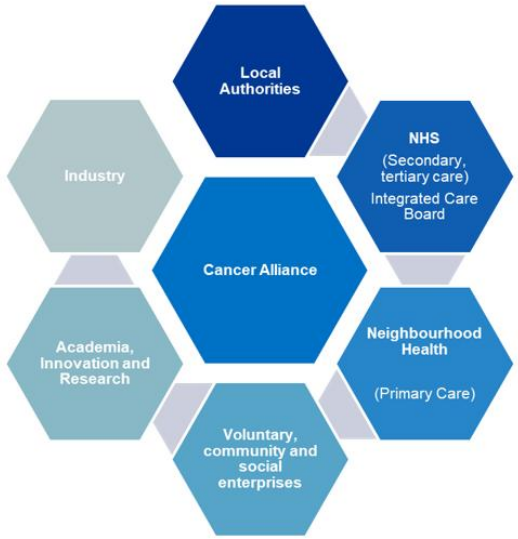
"Cancer Alliances are an essential component of our delivery architecture. Regional teams will engage with ICBs to ensure there is sufficient capacity locally to deliver agreed cancer plans"

Model ICB FAQs

Alliances can offer a significant contribution within the new regional operating model, supporting improvement and being a key support offer for outlier organisations or pathways

Regional approach to improvement, support and intervention to ensure high quality and sustainable care, developing capability, addressing underperformance and overseeing regulatory interventions as required	
Intervention to address challenged performance or organisations	• Coordinating the provision of expert improvement resources to systems, providers and related organisations, triangulating data and working collaboratively with regulators and other partners (including clinical networks and Cancer Alliances)

And the role of Cancer Alliances within the new operating model has now been confirmed



CORE ROLE	WHAT ALLIANCES DO	WHAT IT ENABLES
Planning & Delivery	Translate national priorities into local delivery	Align system plans
Performance Improvement	Drive pathway improvement and best practice	Improve CWT performance
Convening Expertise	Bring together clinicians and partners	Stronger commissioning
Transformation	Deliver priority programmes	Outcome improvement
Innovation & Digital	Scale innovation and digital tools	Modernised pathways
Financial Stewardship	Target investment effectively	Sustainable change
Engagement	Co-design with patients	Better access & experience
Partnership	Coordinate across organisations	Integrated system working

- We will meet the Cancer Waiting Time standards by the end of this Parliament
- By 2035, three in four people diagnosed with cancer will be cancer-free, or living well with cancer after five years
- We will improve quality of life for people being diagnosed with, treated or living with cancer

Convening local partners → With clear role and purpose → To deliver improved cancer care

- Cancer care is complex and cuts across organisational boundaries with multiple organisations responsible for contracting, delivery and improvement
- Cancer Alliances have an essential role as the system's convenor and coordinator, bringing partners together to improve cancer care
- They will also provide direct support to regional teams in their formal performance and improvement role, with clear accountability for the impact of their work

Thank You

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