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Working together to improve cancer care across the North East and North Cumbria

NHS

The next chapter for early diagnosis

Improving survival through earlier diagnosis

Dr Katie Elliott | Clinical Director

Northern Cancer Alliance

The strategy sets our three-year direction

Improving survival through earlier diagnosis.

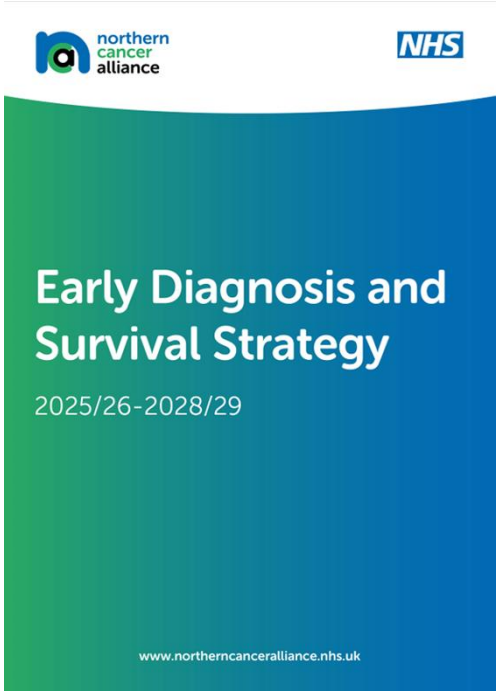
NCA Early Diagnosis and Survival Strategy

2025/26–2028/29

Diagnosing more cancers earlier

Reducing emergency presentations

Helping people live well for longer



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The next chapter starts with the outcome

Early diagnosis is the route. Improved survival is the destination.

57%

five-year survival
in NENC in 2020

England: 63%

75% of people diagnosed in 2035 cancer-free or living well with cancer after five years

Our strategy connects earlier diagnosis to survival, quality of life, performance improvement, population health and sustainable services.

A shift from measuring activity to changing outcomes

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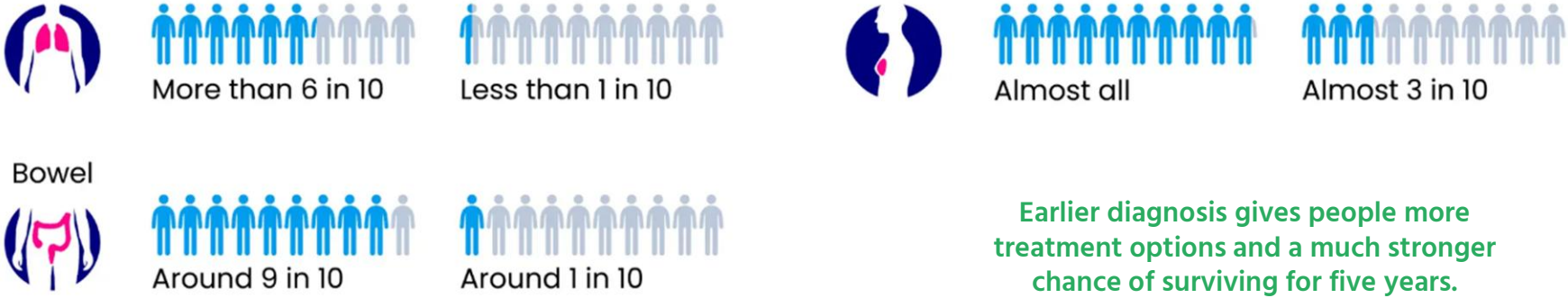
Cancer survival by stage at diagnosis in England

Proportion of people surviving their cancer for five years or more

	Diagnosed at earliest stage (stage 1)	Diagnosed at latest stage (stage 4)
Lung	More than 6 in 10	Less than 1 in 10
Bowel	Around 9 in 10	Around 1 in 10
Breast	Almost all	Almost 3 in 10



Earlier diagnosis gives people more treatment options and a much stronger chance of surviving for five years.

Data is age-standardised net survival for adults (aged 15 to 99 years) in England in 2016–2020 followed up to 2021, for lung, bowel and breast cancer. Breast cancer data is for females only. Source: Cancer survival in England, NHS Digital 2023.

CANCER RESEARCH UK

Together we are beating cancer

Progress is real, but it is uneven

Overall improvement can mask tumour groups and communities being left behind.

Momentum to build on

58.6%

Current early diagnosis

≈2% a year

Improvement rate

+16 points

Lung early diagnosis since 2020

Where the next chapter must focus

High volume, flat or worsening	Breast and colorectal
Very low survival	Lung, pancreatic and oesophago-gastric
Local survival gap	Bladder
Less visible in headline measures	Rare cancers and cancers in children and young people

Headline improvement is not enough if avoidable variation remains.

Six shifts will define the next chapter

A connected model, not six separate programmes.

1 Lead with equity

Target effort where need and late diagnosis are greatest

2 Move closer to communities

Embed cancer in neighbourhood delivery

3 Remove access barriers

Make timely investigation easier

4 Optimise screening

Increase uptake and reduce inequalities

5 Broaden the focus

Rare cancers and children and young people

6 Adopt innovation with purpose

Improve survival, equity or pathway efficiency

Guiding principle: scale what works, measure outcomes and adapt as evidence changes.

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Equity is not an add-on. It is the method.

Almost 60%

of the NENC population live in the four most deprived deciles.

7.4% point gap

in early-stage diagnosis between the most and least deprived groups.

Universal offer. More support where need is greatest.

Work through neighbourhood teams, primary care, local authorities, community pharmacies and the VCSE sector.

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From strategy to action

What people should see changing over the next three years.

Find risk earlier

- Targeted case-finding
- Liver surveillance
- Barrett's oesophagus
- Child Cancer Smart

Make access easier

- Self-referral chest X-ray
- Direct access diagnostics
- Stronger safety-netting
- More acceptable tests

Scale what works

- Full lung screening rollout
- Higher FIT uptake
- Behavioural campaigns
- Targeted non-attender support

Every intervention must answer three questions:

Will it improve survival? Will it narrow inequalities? Can it be delivered sustainably?

Delivery needs shared ownership

Clear measures, clear accountability and the confidence to adapt

1 Prioritise

Tumour groups and communities where gains are greatest

2 Deliver

Through neighbourhood, primary, secondary and community partnerships

3 Measure

Early stage, late stage, emergency presentation, screening uptake and inequality gaps

4 Learn and adapt

Review priorities annually as evidence and technology change

Near-term trajectory: increase early diagnosis by around 2 percentage points per year, while reducing emergency presentation and inequality gaps.

What is possible together?

Earlier diagnosis must become:

- More proactive
- Closer to communities
- More equitable
- Focused relentlessly on survival

Scale what works. Target where the need is greatest. Keep survival as our shared outcome.

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What is possible together?

This

Here

Now

Scale what works. Target where the need is greatest. Keep survival as our shared outcome.

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